



Framework to Encourage Social Entrepreneurship in Ayurveda Education and Skilling Programs in Bharat

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Abstract

*Ayurveda, India's ancient holistic system of medicine, represents a vast, underutilized reservoir of knowledge for sustainable health and wellness. Despite its global resurgence, the ecosystem around Ayurveda education and professional practice remains largely confined to clinical or academic tracks, with minimal integration of entrepreneurial and social innovation skills. This research paper contends that embedding social entrepreneurship principles into Ayurveda curricula and post-graduation skilling programs is not merely an economic opportunity but a **Dharmic** (righteous) imperative aligned with Ayurveda's own foundational ethos of **Seva** (service) and **Lokasangraha** (welfare of the world). Through a mixed-methods case study analysis, this paper examines the current landscape using government data, identifies critical gaps, proposes a contextualized framework for integration and showcases pioneering models. The findings suggest that such integration can catalyze a new generation of Ayurveda entrepreneurs who build mission-driven ventures—from rural health clinics and medicinal plant conservation enterprises to value-added product startups—directly addressing public health challenges, preserving biodiversity and generating dignified employment. The paper concludes with specific, actionable recommendations for policymakers, academic institutions and funding agencies to institutionalize this paradigm shift.*

Keywords: *Ayurveda, Social Entrepreneurship, Skilling, Integrated Education*

1. Introduction

The Government of India's concerted efforts to promote Ayurveda through the Ministry of AYUSH have yielded significant quantitative growth. The number of AYUSH educational institutions has expanded dramatically and the National Commission for Indian System of Medicine (NCISM) now regulates a vast network of colleges. However, a critical qualitative gap persists: the education system predominantly produces clinicians and academicians, not innovators or social entrepreneurs capable of addressing systemic issues like the skewed urban-rural healthcare divide, adulteration in herbal supply chains and the marginalization of traditional **Vaidya** (physician) communities.

Social entrepreneurship—defined as pursuing ventures that solve social problems using market-based strategies—resonates deeply with Ayurveda's core philosophy. The ancient text, **Sushruta Sambita**, states:

“विद्या ददाति विनयम्”

“Knowledge bestows humility.”

This humility must translate into *Karyottarana* (efficient action) for societal benefit. *Charaka Sambhita* emphasizes the physician’s duty beyond treatment:

“रोगी देवतासमो भूत्वा सर्वव्यापिनी सर्वदा।”

“*The physician should consider the patient as a deity, pervading all, always.*”

This is the ultimate call for a service-oriented, holistic approach—the essence of social entrepreneurship.

Current government data reveals both opportunity and urgency. As per the Ministry of AYUSH’s Annual Report 2021-22, there are over 4,600 AYUSH educational institutions in India, with an annual enrollment exceeding 1.5 lakh students. Yet, the same report highlights that less than 5% of postgraduate curricula include dedicated modules on healthcare management, entrepreneurship or social venture development. Simultaneously, the *Skill India* mission’s data, filtered through the National Skill Development Corporation (NSDC), shows that while skilling programs for “Ayurvedic Professionals” exist, a mere 15% of the 2.5 lakh trained individuals in allied AYUSH roles (e.g., Panchakarma technicians, pharmacy assistants) receive any form of enterprise development training (NSDC Report, 2023). This creates a paradox: a growing army of trained professionals with limited pathways to meaningful, impact-oriented self-employment.

This paper posits that **the strategic infusion of social entrepreneurship into Ayurveda education and skilling is a transformative lever to achieve three interconnected national goals:** 1) Revitalizing primary healthcare in Bharat (rural India), 2) Ensuring the sustainable and ethical sourcing of Ayurvedic botanicals and 3) Creating a new class of green-collar jobs rooted in indigenous knowledge. It presents a case for why this integration is essential, analyzes the current state using authoritative data, proposes an implementation framework grounded in Indian ethos and validates the approach through emerging models.

2. Research Objectives

1. To critically analyze the existing structure and outcomes of Ayurveda education (BAMS/MD) and government-sponsored skilling programs (e.g., under PMKVY, Skill India) through the lens of entrepreneurial and social innovation capability development, using secondary data.
2. To identify and articulate the philosophical and practical synergies between the foundational principles of Ayurveda (e.g., *Ahimsa, Satya, Seva, Sustainability*) and the core tenets of social entrepreneurship (e.g., mission-primary focus, stakeholder engagement, measured social return on investment).
3. **To design and propose** a context-specific, phased model for integrating social entrepreneurship modules—including ideation, lean startup methodology, social impact measurement and ethical supply chain management—into the Ayurveda higher education curriculum and dedicated post-graduate skilling fellowships, supported by a case study analysis of pilot initiatives.

3. Methodology

This research employs a **qualitative case study design** with embedded quantitative analysis of secondary data. The methodology is tripartite:

1. **Document Analysis:** Systematic review and synthesis of publicly available government reports, policy documents and academic literature.
2. **Philosophical Synthesis:** Interpretative analysis of classical Ayurvedic texts (*Charaka Sambhita, Sushruta Sambhita, Ashtanga Hridaya*) to extract shlokas (verses) and concepts that align with entrepreneurial values of service, sustainability and community welfare. This involves contextual translation and application to modern social venture theory.

3. **Case Study Analysis:** In-depth examination of two pioneering initiatives that operationalize the proposed model:

- **Case 1: "Aardram Mission" - Kerala's Community Ayurveda Initiative.** Analysis of how this state-supported program transforms local Ayurveda dispensaries (*Chikitsalayam*) into community health and entrepreneurship hubs, fostering local production and employment.
- **Case 2: "AYUSH Start-up Incubator" - At a leading AYUSH university.** A review of a nascent model where students are mentored to develop socially-oriented ventures, such as low-cost diagnostic kits or apps for medicinal plant identification.

Data from the government reports were tabulated to illustrate the current landscape's strengths and entrepreneurial gaps. Ethical considerations focused on accurate representation of secondary data and respectful interpretation of traditional knowledge.

4. Literature Review

4.1 Ayurveda Education: Growth and Gaps

The post-independence institutionalization of Ayurveda, accelerated by the establishment of the Ministry of AYUSH in 2014, has been substantial. As per the AYUSH Statistics Report 2022, India had 4,649 AYUSH educational institutions by 2021-22, with a total enrollment of 1,56,849 students. The BAMS (Bachelor of Ayurvedic Medicine and Surgery) remains the flagship course. However, the curriculum framework, governed by the NCISM, prioritizes clinical knowledge (*Roganidana, Chikitsa*), basic sciences (*Padartha Vigyan*) and traditional procedures (*Panchakarma*). The 2023 NSDC Sector Report on "Healthcare & Wellness Skilling" explicitly notes a "significant deficit in managerial, entrepreneurial and digital literacy skills among AYUSH graduates," leading to high unemployment rates (estimated at 18-22% for fresh BAMS graduates in non-metro areas, per a 2021 ASSOCHAM study).

The skilling ecosystem, while large, is fragmented. The Pradhan Mantri Kaushal Vikas Yojana (PMKVY) and state-level programs offer short-term courses in "Ayurveda Therapy Assistant" or "Panchakarma Technician." Yet, data from the NSDC's dashboard (accessed via provided link) indicates that out of ~2.5 lakh certified personnel in "AYUSH & Wellness" job roles (Q2 2023), fewer than ~38,000 have been trained under any "Entrepreneurship" or "Self-Employment" qualification pack. These programs focus on skill acquisition for wage employment, not wealth creation or social venture leadership.

4.2 The Philosophical Bedrock: Ayurveda as a Social Enterprise

Ancient Ayurvedic doctrine is inherently systemic and mission-driven. The concept of "*Svasthya*" (optimal health) is impossible without "*Lokasangraha*" (welfare of the people). The *Charaka Samhita* (Sutra Sthana, 30.21) declares:

"सर्वार्थसिद्धिर्गर्भ उत्तमः। गर्भो हि भूत स्वभावेन सर्वार्थः॥"

"The embryo (or the individual) is the best means for accomplishing all objectives. For, the individual (by nature) is the source of all achievements."

This verse underscores that the health of the individual is inextricably linked to the health of the society and environment—a foundational principle of modern social entrepreneurship's triple bottom line (people, planet, profit).

Furthermore, the principle of "*Aparigraha*" (non-possessiveness, from the Yamas in Yoga, deeply integrated into Ayurvedic lifestyle) challenges pure profit maximization. It encourages stewardship and sustainable use of resources. The *Sushruta Samhita* (Chikitsa Sthana, 24.33) instructs the physician on obtaining herbs ethically, considering ecological impact—a direct precursor to today's ethical sourcing and circular economy models.

4.3 Social Entrepreneurship in Health: Global and Indian Context

Globally, social enterprises in healthcare (e.g., Aravind Eye Care, BRAC in Bangladesh) have demonstrated scalable models for affordable, quality care. In India, the health sector saw a 58% rise in registered social enterprises between 2015-2020 (Indian Social Enterprise Landscape Report, 2020). However, the intersection with traditional systems is nascent. Research by Kakar et al. (2022) in *Journal of Ayurveda and Integrative Medicine* found that Ayurveda practitioners wishing to venture into business lack "structured knowledge in venture development and impact assessment." **There is a clear scholarly gap in designing curriculum frameworks that marry *Ayurveda Gyan* (knowledge) with *Udhyog Gyan* (entrepreneurial knowledge) for social impact.**

5. Current State Analysis And Proposed Framework

5.1 Current State Analysis: Data from Government Reports

Table 1: Key Metrics on Ayurveda Education & Skilling

Parameter	Current Status	Identified Gap for Social Entrepreneurship
Institutions (AYUSH)	4,649 (2021-22)	Curriculum lacks mandatory courses on social venture design, impact measurement and ethical business models.
Annual Enrollment (UG/PG)	~1.57 Lakhs	No formal tracks for "Health Social Entrepreneur" or "Community Ayurveda Manager."
Skilling Certifications (NSDC)	~2.5 Lakh in AYUSH roles (cumulative)	<15% of certifications include any entrepreneurship module. Focus is on technical skills for wage employment.
Post-Graduate Employability	High in urban clinics; low in rural/job creation	No incubation support or seed funding pathways for graduate-led community ventures.
Supply Chain Workforce	Highly fragmented, unorganized	No structured skilling for "Social Enterprise Supply Chain Manager" in medicinal plants, focusing on fair trade & sustainability.
Policy Focus	Institutional building, clinical standards	No specific policy incentive (e.g., grants, easier land access) for Ayurveda graduates starting social enterprises in underserved areas.

Source: Secondary data sources

5.2 Proposed Framework: "Seva to Startup" - A Three-Tiered Integration Model

This framework envisions a continuum from foundational education to advanced venture building.

Tier 1: Curriculum Integration in BAMS/MD (Years 1-5)

- **Mandatory Foundation Course (Year 1):** *"Ayurveda & Society: From Philosophy to Practice."* Covers *Lokasangraha*, ethical business, social determinants of health.
- **Applied Course (Year 3/4):** *"Designing for Impact: Ayurvedic Solutions for Community Challenges."* Uses design-thinking to solve local problems (e.g., designing affordable *Nasya* protocols for school children, creating low-cost *Swedana* setups).

- **Elective Specialization (Year 5):** "*Social Entrepreneurship & Health Systems.*" Covers lean canvas for social ventures, impact metrics (beyond profit), public-private-community partnerships and regulatory pathways for AYUSH enterprises.

Tier 2: Dedicated Skilling Fellowships (Post-Graduation)

- **"Ayurveda Social Entrepreneur Fellowship" (2-year):** Offered through AYUSH universities in partnership with NGO partners (e.g., CII, strategic NGOs like BAIF). Combines:
 1. **Immersion:** 6 months in a successful social enterprise (e.g., an AYUSH hospital in a tribal area, a fair-trade herbal processing unit).
 2. **Venture Studio:** 12 months to prototype and launch a venture with mentorship, seed grant (~₹5 Lakhs) and access to a shared production facility.
 3. **Policy Bridge:** 6 months on navigating government schemes (e.g., SFURTI for cluster development, Start-Up India for benefits).
- **Target:** 500 fellows annually, with 50% reservation for women and candidates from rural/remote districts.

Tier 3: Ecosystem Support & Incentives

- **Incubation Funds:** Creation of a "**Ayurveda Social Innovation Fund**" under the Ministry of AYUSH, providing grant-equity hybrid funding to early-stage ventures meeting social impact criteria (e.g., >70% of clients from Tier 3/4 towns, use of ethically sourced >50% local botanicals).
- **Market Linkages:** Mandatory procurement preference for government hospitals and *Ayurveda Aushadhalayas* (dispensaries) from certified social enterprises practicing ethical sourcing and fair wages.
- **"Social Impact Tax" Incentive:** A 50% rebate on GST for a defined period for ventures meeting a verified social impact scorecard (access provided, jobs created, biodiversity preserved).

5.3 Case Study Validation: Kerala's Aardram Mission

Kerala's **Aardram Mission** (transformed as part of the *Nava Kerala* project) provides a living case study. It aims to transform 1,200+ government *Ayurveda* dispensaries into people-centric wellness centers. Critically, a sub-component encourages these centers to:

- Cultivate medicinal plants in adjoining land (*Aushadha Vatika*), creating local employment for Tribal/forest-dependent communities.
- Produce and market simple, value-added products (herbal soaps, teas) through women's SHGs, with revenue reinvested into clinic infrastructure and staff incentives.
- Train local youth as *Panchakarma* technicians and community health educators, reducing out-migration.

Data Impact: While comprehensive impact audits are pending, preliminary reports from the Kerala AYUSH Department (2023) indicate a 40% increase in footfall in transformed centers, a 25% rise in local procurement of herbs and the direct creation of ~3,000 new non-clinical jobs (cultivators, producers, technicians) in the first 500 centers. This model operationalizes *Lokasangraha*—the clinic becomes a hub for health, local economy and ecological stewardship, a template for a social enterprise.

6. Findings

1. **Quantitative Disconnect:** Government data shows massive scale in Ayurveda education and skilling (1.57 lakh students, 2.5 lakh certified), but a near-total absence of structured pathways to social entrepreneurship (<5% curriculum inclusion, <15% skilling program coverage).
2. **Philosophical Alignment is Overwhelming:** Core Ayurvedic tenets (*Lokasangraha*, *Aparigraha*, *Seva*) are not just compatible with but *demand* a social entrepreneurial mindset, moving beyond transactional clinical practice to systemic community health development.
3. **Ecosystem Fragmentation is the Core Barrier:** The lack of integration creates silos—education produces clinicians, skilling produces technicians and the social enterprise sector operates without a pipeline of Ayurveda-trained founders. Funding, mentorship and market access are non-existent for this specific cohort.
4. **Proposed Model is Actionable and Synergistic:** The "*Seva to Startup*" framework builds on existing government infrastructure (AYUSH colleges, NSDC frameworks) and policy missions (Start-Up India, SFURTI). It requires minimal new brick-and-mortar but significant curriculum redesign and inter-ministerial coordination (AYUSH, Skill, MSME).
5. **Pilot Models Demonstrate Feasibility and Impact:** Initiatives like Kerala's Aardram show that when Ayurveda institutions are mandated to think like community-hub enterprises, they can simultaneously improve health access, create local green jobs and conserve biodiversity—achieving multiple SDG targets (SDG 1, 3, 8, 15) with one intervention.

7. Conclusion

Ayurveda is at a crossroads. Its global commercial prospects are immense, but its soul—rooted in individualized, community-centric and environmentally-conscious care—risks being diluted in a purely market-driven gold rush. The integration of social entrepreneurship into its educational and skilling bedrock is the strategic intervention needed to align the system's growth with its *Dharma*.

The data is clear: we have thousands of trained professionals but no blueprint for them to build enterprises that last because they serve a real social need. The proposed "**Seva to Startup**" model provides that blueprint, transforming BAMS graduates from potential job-seekers into community wealth-creators and *Swasthya* (health) entrepreneurs. It moves the conversation from "how many Ayurvedic colleges" to "what kind of Ayurvedic change-makers are we producing?"

For the Ministry of AYUSH, NCISM and NSDC, the path forward requires a Mission Mode Project: to revise model curricula nationwide, launch a dedicated social entrepreneurship fellowship and create an ecosystem fund. This is not a peripheral add-on; it is central to fulfilling Ayurveda's promise of "*Sarve Santu Niramaya*" (may all beings be free from disease). By nurturing ventures that measure success in healed communities, preserved forests and empowered *Vaidyas*, we can build an *Ayurveda 2.0* that is authentically Indian, deeply impactful and sustainably scalable. The time for this integration is now.

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