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Bridging the Skill Gap: Abhyangakarta (Ayurveda Massage Therapists) Training in Nepal's Health and Wellness Sector

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Abstract

Nepal's Ayurveda and wellness sector faces a lack of a formally trained workforce of Abhyangakarta *(Ayurveda oil massage therapists). Abhyangakarta are employed across central, provincial Ayurveda hospitals, district Ayurveda centers, naturopathy centers, private wellness spas, and tourism resorts. Employing a qualitative approach, including stakeholder interviews and observational audits, the study addresses the human resource gap resulting from the lack of formally trained Abhyangakarta. The existing Abhyangakarta training is not sufficient for national Ayurveda healthcare delivery and wellness tourism. The study also identifies key lacunae as absence of a standardized curriculum, the lack of integration with the labour market, and no clear career pathway. Basic health service is the responsibility of local government and the Abhyangakarta have a scope of getting appointed as therapists in health centers as it is a component of basic health service package. The analysis identifies a need for a nationally accredited, competency based vocational training program integrating core Ayurveda principles, biomedical safety, standardized technical skills, and client management to uplift Ayurveda and wellness services. Initiating the process to formalize Abhyangakarta training is the necessary step to bridge the skill gap and unlock the full potential of Nepal's Ayurveda health sector and wellness tourism economy.*

Keywords: Abhyangakarta, Ayurveda, Wellness Tourism, Vocational Training, Human Resource Development

Introduction

An *Abhyangakarta* is a practitioner of *Abhyanga* Ayurveda warm oil massage (Shaikh & Gadge, 2022). Ayurveda is deeply interwoven with cultural and spiritual practices since the Vedic period and plays a vital role in Nepal's health care delivery system (Nirmal et al., 2025). Ayurveda health system faces challenges of skilled manpower, limited research and training. The *National Health Policy* (2019) emphasizes the integration of traditional medicine into the primary healthcare system to address the growing burden of diseases where *Abhyanga* is profoundly indicated. *Abhyanga* (medicated oil massage) is a core therapeutic and wellness procedure delivered across Ayurveda hospitals to private resorts and spas and naturopathy centres. Abhyanga is not only a simple procedure of oil application and maneuvers rather it maintains the excellence of body tissues (Madhukar *et al.,*

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2018). *Abhyanga* is not a luxurious spa treatment but a core *Dinacharya* (daily routine) practice for health maintenance (Agarwal et al., 2021) and a vital preparatory procedure of *Panchakarma*. Tourism provides employment opportunities and helps in economic growth of the country (Shrestha & Shrestha, 2012). Nepal's identity in the global marketplace is linked to its majestic Himalayas and profound spiritual heritage, which has successfully attracted tourism and hospitality for decades. On the basis of their purpose of visit, tourists are categorized into holiday/pleasure, pilgrimage, trekking and mountaineering and other. (Kunwar & Sharma, 2020). Wellness tourism is one of the most well-known types of tourism (Lokesh & Jaya, 2025). The tourism markets forecast a further growth of health tourism, mainly due to changes in people's lifestyle (Khanal & Shimizu, 2019). Internationally, destinations like Kerala (India) (Patil et al., 2025) and Bali (Indonesia) (Utama & Krismawintari, 2025) have built robust wellness economies by professionalizing such traditional roles. There are about 1100 Ayurveda doctors, about 5000 Ayurveda health workers, registered in Nepal Ayurveda Medical Council. Ayurveda spa, massage, meditation, herb tourism and other forms can attract high-spending international tourists, which contributes to the integrated development of tourism and health sectors. *Abhyangakarta* currently enter the system through different pathways. Nepal, despite possessing huge potential, has yet to systematically develop this sector. *Abhyangakarta* are the frontline ambassadors of this therapeutic experience. Their skill, knowledge, and professionalism directly determine therapeutic outcomes, client satisfaction, and the perceived authenticity of Nepal's Ayurveda sector. However, this critical human resource exists in an informal, unstructured, and largely unregulated space. The purpose of this paper is to analyze the current training and practice landscape for *Abhyangakarta* in Nepal to identify the critical skill gaps and propose a framework for formalizing their vocational training.

Methodology

This study utilizes a qualitative, exploratory design, including a review of literature, government documents, secondary data and semi-structured interviews. The study also includes a brief analysis of relevant training provisions for developing *Abhyangakarta*. Individual Semi-structured interviews were conducted with 15 *Abhyangakarta*, 5 Ayurveda physicians, working at government Ayurveda institutions, college faculty, individual practitioners and 5 center managers at private sector. A review of existing short-course syllabi from private institutes, training module content, and policy documents was done. Data was analyzed using thematic analysis to identify key themes and patterns.

Results

Current State of *Abhyanga* Service Delivery: A situational analysis reveals that *Abhyangakarta* are deployed across Ayurveda, naturopathy, wellness and spa sector. There is no nationally recognized curriculum, no certification body, no defined career ladder, and consequently, no quality assurance for the end-user be it a patient requiring therapeutic intervention or a tourist seeking rejuvenation. They are formally appointed in government Ayurveda centers as office helpers or *Abhyangakarta*. *Abhyangakarta* are employed in central and provincial Ayurveda hospitals and a significant number out of the 305 local-level Ayurveda dispensaries and even in few Nagarik Arogya Kendra which are expected to reach all local level by this year. Private Ayurveda clinics, wellness centers, spa facilities within star-rated hotels, and dedicated tourist resorts in key hubs like Kathmandu, Pokhara are increasing the intake of *Abhyangakarta.* Data taken from purposive sample of 15 Ayurveda centers, spas, and hospital *Panchakarma* units from Kathmandu Valley (n=10), Pokhara (n=3) and Janakpur(n=2) found that majority of practicing *Abhyangakarta* had at least one year of experience. Most of the *Abhyangakarta* learned through informal "on-the-job" training at their first workplace, few learnt through short (1-4 week) private courses of variable quality. Auxiliary Ayurveda Health Workers were also working as *Abhyangakarta* but were not satisfied with the work which vary with what they have learnt from CTEVT. 90% possessed no certificate recognized by any national

educational or medical body. The observational views of *Abhyangakarta* revealed significant deviations from classical and safety protocols.

Training Landscape and Quality: *Abhyangakarta* start job as administrative assistants receiving brief in-house training, as recruits from private spa institutes with variable curricula, or through short-term modules offered by provincial health training centers. Provinces Gandaki and Bagmati have developed training manual of 6 days training for *Abhyangakarta* working in their Ayurveda hospitals and centers and provided training to some working in their province. The National Ayurveda Training and Research Centre is in line to start 7 days training for working *Abhyangakarta* to enhance skill. None of the institutions has started training for new participants who desire to learn in this sector. In private Ayurveda clinics, wellness centers, and hotels, practitioners typically come from short-term (2week to 3month) courses offered by private institutes with no national accreditation. The curriculum varies wildly, often prioritizing relaxation massage over authentic Ayurveda therapeutic principles. Only 1 center in Kathmandu has taken the CTEVT based massage training but the core competencies are not focused to Ayurveda base and the center is currently providing mostly massage based training to international students rather than Nepalese learners. Private centers offer certificate after onsite learning where curricula are commercially driven, often blending Ayurveda *Abhyanga* with Thai, Swedish, and other massage forms, diluting therapeutic specificity. Certification from these institutes holds no national validity. However, priority is still given for those who had been working in such centers. Significant number of Abhyangakarta were unaware of key contraindications for *Abhyanga* (e.g., acute fever, skin infections, certain hypertension stages). There was a wide variation in stroke sequences, pressure application (often either too superficial or excessively forceful), and total duration. The durations of training and curriculum vary and there is lack of standardization.

Gaps and Challenges from Stakeholder Perspectives: The managers, owners and physicians of these therapy centers reported difficulty in recruiting readily skilled therapists. They stated that they would pay a higher salary to a therapist with a nationally recognized, competency-based certification. Among the 5 Senior Ayurveda Physicians from different institutions all emphasized the need for training and recognized the economic potential but cited the lack of a "responsible agency" and a standardized curriculum. 5 international wellness clients asked particularly expressed a strong desire for authenticity. Among 10 Patients in Ayurveda hospitals and centers who were asked also stated the uniformity and quality issues changing according to center or therapist. *Abhyangakarta* also reported low job security especially in the tourism sector, with many seeking better-paid spa work abroad. Due to lack of recognized training or certificate even in Ayurveda centers the job description **is o**ften viewed as unskilled labor rather than therapy professionals. The Ayurveda Auxiliary Health Worker (AAHW) working as *Abhyangakarta* felt more secured and professional than the ones who started working as onsite trainee but Ayurveda Auxiliary Health Worker were not satisfied with the job of *Abhyangakarta* which vary with what they had expected during study of AAHW CTEVT training.

In cities there is also demand from international tourists seeking authentic, cultural, and wellness experiences. In tourism trekkers also seek post trek recovery massage / *Abhyanga.* In healthcare the role is centered on healing, and improving patients' well-being. In wellness sector the role can be as spa / massage therapist within the nation and abroad. The profession is labor-intensive and can lead to physical strain and fatigue for the therapist, impacting long-term sustainability. Although *Abhyanga* is basic health service but still many may not always view it as essential healthcare, potentially limiting the domestic customer base to a higher-income segment. The opportunities of *Abhyangakartas* are increasing. Basic health service is the responsibility of local government and the *Abhyangakarta* have a scope of getting appointed as therapist in health centers as it is a component of basic health service package. At least 753 local levels should appoint at least 2 *Abhyangakarta* immediately to implement the

basic health service which is legal right of individual. There is an opportunity to integrate and propagate Ayurveda and *Panchakarma* as brand in wellness tourism. Collaborating with hotels, luxury resorts, and trekking agencies to offer in-house or packaged services can attract a steady stream of wellness tourists. Growing middle-class awareness about preventive health, stress management, and natural therapies opens up the local market. Also, Nepal can provide the skillful manpower (therapists) in global hospitality and wellness sectors. But the unfair competition exists not only from other Ayurveda centers but also from numerous spas, and unqualified massage providers may offer less authentic services. Unqualified individuals offering poor services under the Ayurveda label can damage the reputation of the entire profession. International clients may have misconceptions about the therapeutic nature of the treatment or may be uncomfortable with the traditional methods or attire, requiring careful communication and education. Intense competition among regional countries in attracting health tourists like India, Sri Lanka, and Thailand**.**

Discussion

This study finds a growing demand for *Abhyanga* services exists alongside a complete lack of standardized human resource development for the *Abhyangakarta* who deliver them. While India offers structured courses for *Panchakarma* therapists, Nepal lacks a nationally recognized, accredited training program specifically for *Abhyangakarta*. More importantly, the current informal model is lacking to meet the needs of public health, the tourism industry, and the workforce itself. The knowledge gap and inconsistent practice are not failures because of lack of formal educational infrastructure. The informal onsite training prevents standardization and quality assurance. Ayurveda health resorts contribute significantly to the medical tourists' satisfaction (Arachchi & Kaluarachchi, 2019) India has started skill-based trainings (Nesari, 2023) integrating them into various sectors of Ayurveda health and wellness. Sri Lanka and Thailand have similarly developed certified training programs for traditional massage therapists, ensuring quality and safety for tourists. The consequence of using formally untrained *Abhyangakarta* is a matter of serious patient and client safety, as the widespread unawareness of contraindications poses risk during procedure. In the present scenario, Nepal being a tourism country along with rich ancient health culture, skillful therapists are much more needed and must to address the Ayurveda hospitals and wellness hospitality sectors. The Assistant Massage Therapist course curriculum by CTEVT is not able fulfill the gap because of lack of implementation from its own constituent schools/ training centres and many *Abhyangakarta* are unaware of the training. As wellness center managers are willing to pay higher salary for certified therapists demonstrates that formalization is not a burden but a market-driven demand for quality assurance as human capital investments have high economic returns (Deming, 2022). The disappointment of public-sector physicians over therapeutic performance highlights that the public health system is equally compromised by this skills deficit of *Abhyangakarta.* Despite the presence of competent doctors, problems sometimes may persist due to attitudes displayed by the staff (Bhusal, & Sharma, 2025).

Development of a national curriculum is needed with **c**ore Ayurveda knowledge of simplified principles of *Tridosha*, *Prakriti*, the role of *Abhyanga* in *Dinacharya*, *Panchakarma*, focused anatomy/physiology of the musculoskeletal system, mandatory protocols for contraindications (e.g., hypertension, diabetes, acute inflammation). Special skills in dealing with children and elderly people must be added. The professional practice of hygiene and sanitation standards, client consultation and record-keeping, and ethics need to be included. The proposed curriculum must be validated by a committee including senior hospital physicians, private spa managers, and hoteliers to ensure job-market relevance. Formal partnerships with leading Ayurveda hospitals (e.g., Ayurveda Teaching Hospital, Kirtipur, central Ayurveda hospital, Naradevi) and wellness resorts are required to provide mandatory clinical internships, ensuring hands-

on experience and direct employment pathways.

International wellness tourists spend considerably more per trip than average tourists (Dubey & Pattanayak, 2025). The integration of wellness services presents an opportunity to attract high-spending tourists, enhancing revenue potential. Despite its potential, Nepal's health tourism sector faces several challenges, including inadequate infrastructure, limited marketing, and inconsistent quality standards (Sharma & Pant, 2022). Trained manpower can enhance clinical efficacy in healthcare settings and enable branding in tourism. The current designation "*Abhyangakarta* " is a functional title, not a professional qualification. There is an urgent need for the National Skill Testing. CTEVT, in collaboration with NAMC should define a national occupational skill standard for *Abhyangakarta* (Certified *Abhyanga* Practitioner). Without this formal identity, standardization is impossible. The results show that most of the public health authorities, private sector, and the practitioners themselves are dissatisfied with the status quo and are aligned in their demand for change. The public sector needs effective para-clinical staff; the tourism industry needs a quality-assured product; and workers need dignified careers. CTEVT offers three levels of TEVT programs namely Diploma, Technical SLC and Short-term Vocational Trainings and also conducts skills testing and standardization of skills learnt from formal or informal means (Ghimire, 2011). Thus, *Abhyangakarta* training is required through CTEVT affiliated technical schools.

Rather than current three day-based trainings National Ayurveda Research and Training Centre should start a new training dedicated for fresh enrolled candidates who desire to work in the sector as a *Abhyangakarta* in coordination with CTEVT. For the health system, developing trained certified *Abhyangakarta* means safer, more effective therapeutic support for preventing and managing diseases. For the tourism industry, it creates a marketable Nepal certified brand of authenticity. The primary challenge is inter-ministerial inter-institutional coordination. The findings provide a mandate for the Council for Technical Education and Vocational Training (CTEVT), Department of Ayurveda & Alternative Medicine (DOAA), Nepal Ayurveda Medical Council (NAMC), and industry stakeholders to collaborate in building this human resource and transform the potential to sustainable economic development through skilled employment generation. The purposive small sample of stakeholders and facilities primarily from the Kathmandu, Pokhara, and Janakpur limits the generalizability.

Conclusion

The existing *Abhyangakarta* training is not sufficient for national Ayurveda healthcare delivery and wellness tourism. There is a need for the systematic development of *Abhyangakarta* with certified accredited courses. The Council for Technical Education and Vocational Training in collaboration with the Department of Ayurveda & Alternative Medicine and the Nepal Ayurveda Medical Council must officially recognize *Abhyangakarta* as a distinct occupation within the skills testing framework. Like the record of Ayurveda Health workers NAMC can start making a special record of *Abhyangakarta* human resources so that they become more responsible with professional ethics. In policy reforms a directive from the Ministry of Health, NAMC, DOAA requiring certified therapists in all registered Ayurveda health facilities and wellness resorts, spa providing Ayurveda based services within a defined timeframe (e.g., 3-5 years), would create immediate demand and justify investment. Future research should employ a nationwide survey and include in-depth case studies of training implementation.

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