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Review Paper

Premium Niche and Mass Wellness Models in Bengaluru Adaptogen Retail

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ABSTRACT

This article investigates how pack quantity, pricing, retailer spread, and manufacturer dispersion distinguish Panax ginseng from ashwagandha in product listings available to Bengaluru buyers. The cleaned audit comprises 182 SKUs, of which 78 are ginseng and 104 are ashwagandha; 85.64% of products with a recorded form are solid doses. Ashwagandha carries the larger average total pack price and quantity, whereas ginseng records the higher average MRP and PTR after normalization by unit. The unit-MRP gap is not statistically significant, but the unit-PTR difference reaches the 5% threshold. Quantity architecture separates the categories more clearly: ginseng represents 76.06% of packs containing no more than ten units, while ashwagandha exceeds 92% among packs above sixty. Herfindahl measures are low and neither assortment is controlled by a leading producer. A regression including quantity and manufacturer effects retains a positive coefficient for ginseng. The observed structure is consistent with coexistence between a compact, premium ginseng niche and a larger-format ashwagandha wellness market; it does not establish relative efficacy, quality, or sales demand.

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1. INTRODUCTION

Retail assortments make competitive choices visible in ways that attitude surveys alone may not. Pack quantity offers clues about the expected regimen and purchase occasion, unit prices reveal whether a product carries a premium, and the spread between MRP and retailer purchase price may shape willingness to stock it. Although Panax ginseng and ashwagandha are both sold as adaptogens, they differ in provenance, cultural familiarity, supply arrangements, and regulatory identity. This study asks whether Bengaluru-facing product listings translate those differences into distinct retail structures.

The audit sits within India's extensive but difficult-to-observe medicinal-plant economy. According to the National Medicinal Plants Board, 8,610 licensed herbal units operate alongside cottage enterprises, traditional healers, households, and intermediaries connecting raw materials with manufacturers and users. The Board also notes that reliable information on arrivals, prices, and trade direction is limited because botanicals pass through mandis, wholesale centres, and layered distribution networks (National Medicinal Plants Board, 2026a). Product-level evidence cannot establish total revenue, but it can illuminate the commercial outcomes of this otherwise opaque chain.

Bengaluru is relevant for institutional as well as consumer-market reasons. It appears on the National Medicinal Plants Board's list of ten major herbal mandis, from which monthly reference prices are collected for 50 heavily traded medicinal plants (National Medicinal Plants Board, 2026b). Trade in raw herbs and the sale of finished supplements are separate activities; nevertheless, their presence in the same city makes Bengaluru a useful site for studying how botanical inputs become dosage forms, pack configurations, prices, and retail incentives.

Panax ginseng and ashwagandha provide a commercially meaningful comparison because promotional language may overlap even though the underlying value chains do not. Ginseng is internationally traded and commonly appears as a standardized extract or part of a multi-ingredient formulation. Ashwagandha draws on Ayurvedic recognition and a domestic material base, and it is available in powders, capsules, tonics, and broader wellness products. If these distinctions matter at retail level, they should appear in assortment depth, pack design, unit economics, manufacturer participation, and claim strategy.

2. MARKET AND EVIDENCE CONTEXT

2.1 Medicinal plant trade and retail transformation

A botanical passes through several value-adding stages before it becomes a retail stock-keeping unit: cultivation or importation, initial processing, extraction, formulation, testing, packing, distribution, and retailer acceptance. Accordingly, the printed MRP cannot be interpreted as a simple reflection of raw-material cost. It can embody concentration, dosage technology, quality assurance, packaging, promotion, channel payments, and deliberate brand positioning. Although the present audit cannot allocate price among those components, it can identify recurring patterns that warrant explanation.

Quantity per pack is central to that interpretation. A compact pack may invite trial, cover a short regimen, or hold down the amount paid at checkout while preserving an expensive unit price. Larger formats may be designed for repeat use, longer courses, family consumption, or value signalling. Looking only at total MRP can therefore produce the opposite of the unit-level conclusion. Both MRP and purchase-to-retailer price must be normalized by quantity to separate premium from pack-size effects.

The purchase-to-retailer price provides a second perspective. MRP is the ceiling shown to consumers, while PTR approximates the retailer's acquisition basis in this dataset. Subtracting PTR from MRP yields a nominal rupee opportunity; expressing that difference as a proportion of MRP gives a percentage margin. These indicators are not realized profit because taxes, schemes, discounts, financing, expiry, platform charges, and shop costs may alter the outcome. They remain useful for comparing headline stocking incentives across categories.

2.2 Standardization authenticity and price signals

Authenticity and preparation standards are economically significant for a globally traded herb such as Panax ginseng. Fan et al. (2023) describe its wide use in medicine, foods, healthcare products, and consumer goods, but identify substantial international differences in the number, content, and distribution of applicable standards. Such inconsistency complicates quality assurance and cross-border trade. References to standardized extracts can therefore operate simultaneously as technical information and as a premium signal on a retail label.

Ichim and de Boer (2021) reviewed authentication findings for 507 commercial ginseng products in 12 countries. Their synthesis classified 76% as authentic and 24% as adulterated; reported substitutions included other Panax species and use of leaves, stems, or flowers instead of the medicinally recommended root. They advocated practical verification using species markers and profiles of secondary metabolites. These international findings cannot be used to estimate Bengaluru adulteration, but they explain why credible authentication may add cost and influence trust.

Comparable uncertainty occurs in ashwagandha products. Avula et al. (2026) evaluated 25 commercial supplements against British and United States Pharmacopoeia approaches and found wide dispersion in steroidal-lactone content. More than 44% did not meet the assessed British criteria, 60% did not meet the assessed US criteria, and only ten satisfied both. The authors linked some problems to plant-part differences and analytical interference and recommended stronger source verification and control. Although that sample is independent of the Bengaluru audit, it cautions against treating the lowest price as synonymous with the best value.

Variation at formulation level has also been documented in India. Using physicochemical tests, HPTLC profiles, and biological assays, Singh et al. (2014) compared three Ashwagandhadyarishta brands. Most measured specifications

remained within Ayurvedic Pharmacopoeia limits, yet biological activity was not uniform across products. A shared ingredient name or traditional formulation designation therefore does not guarantee analytical or functional equivalence.

2.3 Evidence boundaries and retail positioning

Evidence about health outcomes informs positioning, but it cannot be converted automatically into unrestricted claims. The National Center for Complementary and Integrative Health reports that certain ashwagandha preparations may help with stress and insomnia, while evidence for anxiety and many other marketed uses is unclear or inadequate. Studies use heterogeneous preparations, and information about longer-term safety remains limited (NCCIH, 2023). Familiarity can support an everyday-wellness narrative, but the defensibility of that narrative depends on the actual preparation and wording.

NCCIH's assessment of Asian ginseng is similarly qualified. Most trials involved fewer than 200 participants and lasted under three months. A 2023 synthesis of 19 studies and 2,413 participants indicated a small reduction in general fatigue; support for other outcomes varies, and most evidence does not confirm improved athletic performance (NCCIH, 2025). Premium unit pricing may signal specialization or standardization, but price itself is not proof of superior clinical benefit.

2.4 Indian regulatory and labelling environment

FSSAI's current regulations portal separates rules for nutraceuticals and health supplements from those governing claims, packaging, and label display. It also includes the Food Safety and Standards (Ayurveda Aahara) Regulations, 2022 and a July 2025 order on the scope of Ayurveda Aahara (Food Safety and Standards Authority of India, 2026). Which rule applies to a ginseng or ashwagandha product is determined by the entire formulation, intended use, and claims—not simply by the botanical named on the front of the pack.

For applicable nutraceutical products, published FSSAI provisions call for clear category naming, directions for recommended use, relevant precautions, and a prominent 'NOT FOR MEDICINAL USE' declaration. Disease-treatment, cure, mitigation, and prevention claims are restricted unless approved, while general wellness statements require scientific support. Complete, compliant information can reduce ambiguity for both physical and online retail. Future price research should therefore record regulatory class and label completeness as possible explanatory variables.

2.5 Price transparency digital comparison and sustainability

Limited transparency in the raw-herb trade also shapes interpretation of finished-product prices. Unequal access to information among growers, traders, manufacturers, retailers, and customers can cause observed prices to reflect bargaining position and search cost as well as production. Mandi reference prices improve visibility, but the quotation for a root is not directly comparable with a finished standardized tablet. Extraction yield, conversion loss, laboratory testing,

formulation, logistics, and compliance intervene between the two values.

Online retail makes comparison faster without necessarily making it technically consistent. A shopper can inspect many brands and quantities quickly, but listings variously emphasize milligrams, extract ratios, capsule counts, withanolides, or ginsenosides. Advertising placement and short-lived discounts further affect perceived value. Valid economic comparison requires a price per recommended daily serving and enough specification data to confirm that the servings being compared are reasonably equivalent.

The price printed or listed also differs from the amount ultimately paid. Promotions, subscription plans, coupons, bundles, and negotiation may pull the transaction below MRP. PTR is closer to acquisition cost for the retailer but does not expose every scheme, credit arrangement, or retrospective incentive. The current audit is therefore a snapshot of structure rather than a record of realized economics. Longitudinal observation is needed to estimate actual consumer expenditure and retailer retention.

Source geography introduces different risks for the two categories. Panax ginseng formulations may rely on imported roots or extracts and are consequently exposed to foreign-exchange movements, transport disruption, documentation, and cross-border standards. Ashwagandha benefits from domestic supply, but local provenance does not remove variation in plant part, species identity, growing conditions, storage, or constituent concentration. The quality studies reviewed here show why familiarity with a supply base cannot substitute for analytical confirmation.

Environmental and livelihood attributes are another part of value that the dataset does not observe. Medicinal plants may be cultivated or collected from the wild, grown under different land and water conditions, and purchased through chains that distribute returns unevenly. NMPB emphasizes that industry, traditional users, and expanding markets require an understanding of annual demand and supply for sustainable access. Retail audits could contribute by coding source region, cultivation claims, certifications, and traceability, then testing whether verified attributes command a premium or affect demand.

For these reasons, the analysis treats unit price as a signal of position rather than evidence of production expense, therapeutic superiority, ecological performance, or botanical quality. Interpretation is more credible when price is read together with quantity, margin, manufacturer dispersion, legal category, technical disclosure, and the information visible to consumers.

3. DATA AND METHODS

The dataset was assembled from established pharmacy, marketplace, and herbal-product channels that serve Bengaluru. After duplicate, outdated, and internally inconsistent entries were removed, 182 stock-keeping units remained: 78 categorized as ginseng and 104 as ashwagandha. Recorded fields covered form, MRP, purchase-to-retailer price, quantity, manufacturer, and absolute and percentage margin; unit prices

were derived where applicable. The analysis used summary measures, independent mean tests, pack-size cross-tabulations, concentration indicators, and ordinary least-squares specifications with robust errors and manufacturer controls.

3.1 Study design and unit of analysis

A cross-sectional retail audit was conducted with the SKU as the observation. The unit is therefore neither a firm nor a consumer purchase: a single company may account for several listed items, and listing presence reveals nothing about turnover. Results describe the construction and positioning of the observed assortment, not category sales share.

3.2 Product identification and inclusion

Eligible products were drawn from pharmacy and e-commerce listings accessible to Bengaluru buyers. Classification followed the principal herb identified in the source dataset. Data cleaning removed duplicates, obsolete entries, and records whose fields conflicted internally. The resulting sample contained 78 ginseng and 104 ashwagandha SKUs, for a total of 182; dosage-form information was available for 181.

Products containing several active ingredients complicate the category comparison because the observed price need not be attributable to the named herb alone. The analysis retains the source dataset's category assignment. Findings should thus be read as evidence about retail groups, not as a laboratory-equivalent comparison of single-herb preparations at identical strength. A richer audit would distinguish mono-products from blends and capture marker concentration, origin, and regulatory route.

3.3 Variables and calculations

Core measures comprised herb group, manufacturer, dosage form, number of units, pack MRP, pack PTR, and retailer margin. For solid dosage products, MRP per unit and PTR per unit were calculated by dividing each pack-level value by the pack count. Nominal margin equals MRP less PTR; percentage margin equals that difference divided by MRP and multiplied by 100.

Quantities were classified into four bands: no more than 10 units, 11-30, 31-60, and above 60. Assortment concentration was evaluated from the leading manufacturers' SKU shares and a Herfindahl-Hirschman Index calculated on those shares. A small index indicates that listings are spread across numerous firms. It should not be interpreted as a sales-concentration estimate because the observations are unweighted by volume or revenue.

3.4 Statistical analysis

Category composition, forms, prices, quantities, and margins were first summarized descriptively. Independent comparisons tested mean unit MRP and unit PTR, while a cross-tabulation examined herb category across the four quantity bands. A regression estimated the ginseng differential conditional on quantity and manufacturer effects, with heteroskedasticity-robust standard errors. Interpretation considered confidence intervals and economic size alongside p-values and remained bounded by the observational design.

Table 1: Product composition

Measure	Ginseng	Ashwagandha	Total
SKUs	78	104	182
Share of sample	42.86%	57.14%	100%
Unique manufacturers	54	65	-
Solid forms	-	-	155 of 181
Liquid forms	-	-	12 of 181
Powder or other	-	-	14 of 181

4. RESULTS

A pack-level view and a unit-level view produced different rankings. The average ashwagandha pack listed at INR 577.59, versus INR 208.92 for ginseng, but its mean quantity was 83.81 units compared with 16.87. Once quantity was considered, ginseng averaged INR 16.74 in MRP and INR 12.32 in PTR per unit; the corresponding ashwagandha figures were INR 14.20 and INR 10.03.

4.1 Category and dosage form composition

Of the listed products, 57.14% were ashwagandha and 42.86% were ginseng. Among the 181 SKUs with a recorded dosage form, 155—or 85.64%—were tablets, capsules, or strips. Liquids represented 6.63%, and powders or other gram-based formats represented 7.73%. This concentration in solid forms makes unit normalization more workable, while limiting inference about loose herbs and traditional preparations.

Ashwagandha's larger SKU count is compatible with its stronger cultural recognition and its adaptability across formats. Even so, 78 ginseng listings constitute a meaningful niche rather than a merely symbolic presence. Since the audit contains no sales weights, the difference indicates breadth of assortment, not dominance in consumer demand.

4.2 Pack-level and unit-level economics

Total pack values initially suggest the opposite of a premium-ginseng pattern: mean ashwagandha MRP was INR 577.59 against INR 208.92. Quantity explains much of that contrast,

with averages of 83.81 units for ashwagandha and 16.87 for ginseng. The nominal margin similarly followed the value of the pack, averaging INR 178.91 and INR 55.19, respectively. Proportional margins were much more alike: 26.89% for ashwagandha and 25.20% for ginseng. Headline percentage return alone is therefore unlikely to determine which category a

retailer prefers. Expected sales velocity, capital tied up in stock, expiry exposure, consumer requests, discount depth, and the

likelihood of selling at MRP may matter more.

Table 2 Price pack and margin profile

Metric	Ginseng	Ashwagandha
Mean MRP per pack	208.92	577.59
Mean PTR per pack	153.73	398.67
Mean pack size	16.87	83.81
Mean MRP per unit	16.74	14.20
Mean PTR per unit	12.32	10.03
Mean margin INR	55.19	178.91
Mean margin percent	25.20	26.89

The estimated mean gap in MRP per unit was INR 2.54 and did not reach conventional statistical significance ($t = 1.59$, $df = 152$, $p = 0.113$). The INR 2.29 mean difference in PTR per unit was significant at 5% ($t = 2.06$, $df = 152$, $p = 0.042$). Quantity bands showed a much sharper split: ginseng made up 76.06% of packs with ten units or fewer, whereas ashwagandha represented 92.68% of 31-60-unit packs and 92.31% of packs above 60.

4.3 Statistical comparison of per-unit prices

Normalizing by pack count changed the direction of the category comparison. Ginseng exceeded ashwagandha by INR 2.54 in mean unit MRP, but sampling uncertainty was too large for significance at 5%. Its mean unit PTR was INR 2.29 higher and statistically significant. This points to a modest retailer acquisition premium for ginseng among the solid products observed; the data cannot establish whether import reliance, brand strategy, extract specification, formulation, or channel arrangements generate that premium.

Table 3 Pack architecture

Pack size	Ginseng n	Ashwa n	Ginseng row %	Ashwa row %
10 units or fewer	54	17	76.06	23.94
11-30 units	19	24	44.19	55.81
31-60 units	3	38	7.32	92.68
Above 60 units	2	24	7.69	92.31

Neither assortment was highly concentrated. The leading firm supplied 10.3% of ginseng listings and 11.5% of ashwagandha listings. The five largest firms accounted for 23.1% and 25.0%, while the respective Herfindahl values were 0.032 and 0.038. On an SKU basis, the market-facing selections were dispersed rather than controlled by a few manufacturers.

4.4 Pack size as a positioning device

The quantity cross-tabulation provides the strongest evidence of distinct retail models. More than three in four packs of ten units or fewer were ginseng, while ashwagandha exceeded 92%

among packs above 60. Such a distribution is consistent with ginseng as a specialty, trial, or short-course offer and ashwagandha as a longer-duration wellness purchase. Confirmation would require label-based regimen data and actual repeat-purchase behaviour.

Compact formats can simultaneously lower the buyer's checkout commitment and preserve a high price for each dose. Larger formats may display a bigger total ticket while delivering a lower perceived or actual daily cost. Presenting both pack and unit prices is therefore necessary to avoid an erroneous conclusion based on only one level of measurement.

Table 4: Market structure

Metric	Ginseng	Ashwagandha
SKUs per manufacturer	1.44	1.60
Top manufacturer share	10.3%	11.5%
Top three share	19.2%	21.2%
Top five share	23.1%	25.0%
Herfindahl index	0.032	0.038

4.5 Manufacturer fragmentation

Fifty-four manufacturers supplied the 78 ginseng SKUs; 65 supplied the 104 ashwagandha SKUs. These figures translate to only 1.44 and 1.60 listings per manufacturer. With top-five shares below 26% and Herfindahl values near zero, both observed assortments are highly fragmented. Buyers encounter

many labels, although each company may offer relatively few directly comparable variants.

Many participating firms can promote entry and experimentation, but fragmentation also raises information costs and increases the importance of dependable quality cues. The global findings on ginseng authentication and the ashwagandha pharmacopoeial comparison are therefore commercially

relevant: an extensive assortment does not ensure consistency in species, plant part, extraction strength, or laboratory quality. In the model including quantity and manufacturer fixed effects, the ginseng coefficient was positive at 62.96 (robust SE = 30.21, $t = 2.08$, $p = 0.043$; 95% CI 2.02-123.89). Quantity itself was not significant ($b = 0.71$, $p = 0.295$). The regression used 181 observations and produced $R\text{-squared} = 0.972$. Within this particular assortment, the estimate is compatible with a category premium; it does not identify causal production costs or consumers' willingness to pay.

5. DISCUSSION

The categories perform different functions in the observed retail architecture. Ashwagandha's high total pack price is partly an outcome of the larger quantities associated with continuing wellness use. Ginseng's smaller formats and positive adjusted coefficient fit a trial, short-course, vitality, or performance proposition. Since average percentage margins are similar, turnover and the predictability of local demand are likely to be more important to assortment choice than proportional margin alone.

Fragmentation creates room for entrants while making credible differentiation harder. Clear dosage directions, complete ingredient disclosure, defensible claims, and transparent standardization allow manufacturers to distinguish products without relying only on promotion. Retailers can also improve navigation by grouping products according to use occasion and regimen duration rather than placing every adaptogen in a single undifferentiated category.

5.1 Premium niche and mass wellness models

Taken together, the indicators support two coexisting commercial logics. Ginseng is disproportionately represented in compact packs, shows a higher mean unit PTR, and retains a positive coefficient after adjustment for quantity and manufacturers. Ashwagandha offers more listings, far larger quantities, a higher total pack MRP, and a familiar continuing-wellness proposition. By reducing direct like-for-like comparison at purchase, these architectures allow the categories to occupy the same market.

The word 'premium' is used here in a narrow empirical sense: the observed category carries a higher price after the controls available in the dataset. It is not a conclusion about purity, clinical effectiveness, or willingness to pay. Likewise, 'mass wellness' describes wide access, familiar use, and larger regimen packs rather than inferior quality. Technical quality must be established for each product.

5.2 Retail incentives and assortment decisions

Near-equal margin percentages provide little reason for a pharmacy to select one herb solely for proportional return. Larger ashwagandha packs generate a greater average rupee spread but may consume more working capital and sell less frequently. Smaller ginseng packs can limit stock exposure while maintaining a higher dose-level price. Local enquiries, shelf life,

replenishment terms, discounting, and staff capacity to counsel consumers will determine the commercially appropriate mix.

E-commerce introduces a different set of incentives. Visibility depends on paid placement, ranking algorithms, reviews, platform charges, and temporary offers, all of which influence the transaction price. Digital comparison can reveal unit-price differences, but only when quantity and serving information are shown consistently. Repeated audits should therefore capture both listed and paid prices across time.

5.3 Quality assurance as part of price architecture

A durable premium is most convincingly supported by qualities that can be verified. For ginseng, relevant disclosures include the correct *Panax* species, root or other plant part, preparation method, marker constituents, and contaminant testing. For ashwagandha, plant part, withanolide content, extraction technique, and suitable pharmacopoeial assessment matter. Such assurance may carry a cost, but the existing audit lacks the specifications needed to estimate its contribution to price.

Price alone is an unreliable shorthand for quality. In the international ginseng review, 24% of assessed products were reported as adulterated; in the recent ashwagandha comparison, only ten of 25 products met both evaluated pharmacopoeial criteria. Those rates must not be projected onto Bengaluru. Their proper implication is that documentation and testing are necessary wherever quality risk is plausible.

5.4 Claims evidence and consumer value

Premium positioning is difficult to sustain when benefit language goes beyond the supporting evidence. Ginseng is promoted for outcomes ranging from fatigue and cognition to sport, immunity, diabetes, and ageing, whereas authoritative reviews remain cautious and outcome-specific. Some evidence supports stress- and sleep-related communication for ashwagandha, but preparations vary and long-term safety evidence is limited. Accurate qualification reduces the risk of disappointed consumers and damage to category trust.

Compliance is therefore part of a product's economic proposition. Appropriate usage instructions, precautions, the required 'not for medicinal use' declaration, and evidence-aligned wellness language may be less dramatic than disease claims, yet they create a more durable basis for confidence. Retailers should give transparent, compliant products priority over items distinguished only by aggressive promises or a wide nominal margin.

6. MANAGERIAL AND POLICY IMPLICATIONS

Ginseng manufacturers seeking premium status should make it measurable through species identification, plant-part disclosure, standardized marker levels, serving quantity, and traceable origin. Trial-sized packs remain useful, but repeat adoption may justify refill or value formats. Ashwagandha producers can retain accessible long-duration packs while improving plant-part and batch information; Ayurvedic recognition should complement rather than replace quality verification.

Retail navigation should distinguish adaptogens by use occasion, expected duration, preparation standard, and legal category. Showing price per unit or serving beside total MRP would make unlike pack sizes easier to compare. Procurement review should extend beyond margin to certificates of analysis, historical complaints, expiry exposure, and compliance of label claims.

Improved visibility across raw and finished-product prices would benefit both policy and industry. NMPB's mandi identification and reference-price work provide infrastructure on the input side, while FSSAI sets the rules for claims and presentation at retail. Connecting traceable source information with compliant finished labels could increase confidence without government prescription of a market price.

7. LIMITATIONS AND FUTURE RESEARCH

Several constraints delimit the findings. The observations are cross-sectional, drawn from channels serving Bengaluru, and based on listed rather than transacted prices. SKU presence is not a proxy for sales share. MRP and PTR omit taxes, commissions, consumer offers, stock losses, and operating expenditure. Formulations also vary in concentration, extract ratio, additional ingredients, plant part, origin, and regulatory status, and these attributes were not fully controlled. The unusually high regression R-squared must therefore not be read as a causal account of price formation.

Further work should assemble repeated observations of selling prices, transaction volumes, extract specifications, claims, review scores, and inventory velocity. Hedonic models could examine whether authentication, marker disclosure, overseas origin, organic status, dosage technology, or evidence references explain price. Interviews with pharmacies could test how expiry, margin, and demand consistency influence stocking. Replication in other cities would reveal whether the Bengaluru split between a premium niche and mass wellness is geographically robust.

A study linking successive stages of the value chain would add particular value. Prices reported in major mandis could be matched with manufacturer specifications and final cost per serving. This would help allocate the observed premium across sourcing, processing, laboratory standardization, packaging, branding, and distribution—and distinguish documented quality investment from premium symbolism alone.

8. CONCLUSION

The Bengaluru audit shows two differentiated adaptogen categories operating side by side. Ginseng is organized around small formats, a higher average PTR per unit, and a positive adjusted category coefficient. Ashwagandha offers more SKUs, substantially larger packs, and a higher average pack price, consistent with a broad continuing-wellness role. Similar percentage margins and low SKU concentration mean that neither category is defined by a dominant manufacturer or a decisive proportional incentive for retailers. External work on ginseng standards and authenticity, ashwagandha plant-part quality, medicinal-plant price transparency, and nutraceutical labelling clarifies why the price findings require caution. Retail price is evidence of positioning, not proof of efficacy or quality.

Sustainable category development depends on verifiable specifications, responsible claims, comparable serving-level information, and longitudinal evidence of realized purchases and repeat use.

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