MARKET RESEARCH ON PHARMACOLOGICAL INTERVENTIONS IN NAFLD

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Mankind Pharma

Mankind Pharma, founded in 1995 by Mr. R.C. Juneja, is headquartered in New Delhi and is among India's leading pharmaceutical companies. With over 17,000 employees and operations in more than 34 countries, the company delivers affordable, high-quality medicines across multiple therapeutic areas such as gastroenterology, cardiology, dermatology, and liver care.

Vision

Mankind Pharma envisions a healthier world where quality healthcare is accessible and affordable to all. The company strives to serve life by delivering innovative, effective, and reliable pharmaceutical products that improve patient well-being and uplift communities across diverse regions.

Mission

The mission is to develop, manufacture, and market high-quality medicines at prices within reach of the common man. Guided by strong ethics and a patient-centric approach, the company continuously invests in research, innovation, and infrastructure to expand its therapeutic offerings.

Domestic business segmentation	FY20	FY21	FY22	CAGR (%) Mankind	CAGR (%) IPM
Acute	41,276	43,678	55,433	*15.9*	*11.4*
% growth		*5.8*	*26.9*		
% of sales	*50.2*	*53.1*	*67.4*		
Chronic	19,371	22,462	26,765	*17.5*	*10.6*
% growth		*16.0*	*19.2*		
% of sales	*23.6*	*27.3*	*32.6*		
Domestic sales	**60,647**	**66,140**	**82,198**	***16.4***	***11.0***

Source: Company, RHP

Objective

- Conduct primary market research on NAFLD treatment practices among Indian doctors.
- Study clinical perceptions of UDCA and Role of dietary components in NAFLD
- Identify gaps in awareness, diagnosis, and treatment.
- Provide actionable insights for Mankind Pharma's liver care strategy.

Introduction

Non-Alcoholic Fatty Liver Disease (NAFLD) is a growing health concern in India, closely linked to obesity, diabetes, and sedentary lifestyles. Prevalence is estimated at 25–32%, and early stages are often underdiagnosed, leading to risk of progression to NASH (non-alcoholic steatohepatitis) and fibrosis.

Methodology

- Collected primary data from 280+ doctors – Included general practitioners, gastroenterologists, and diabetologists
- Covered metro, semi-urban, and rural regions to capture diverse clinical practices
- Used a pre-designed structured questionnaire – The questionnaire, developed by the organization, provided a standardized set of questions
- Conducted in-person interviews and obtained written responses – Interacted directly with doctors during field visits
- Analyzed the collected data to identify trends in diagnosis and treatment practices

PESTEL Analysis

Political.

- Non communicable disease(NCD) policy is there but lack of specific national NAFLD programs creates policy gaps.

Economic

- Rising treatment costs and limited insurance coverage affect patient compliance.
- Urbanization and increasing incomes are contributing to NAFLD

Social

- Sedentary lifestyles and poor dietary habits drive NAFLD prevalence.
- Low awareness among patients leads to late diagnosis and treatment.

Technological

- Improved diagnostic tools (FibroScan, non-invasive biomarkers) are available but not widely accessible .

Environmental

- Urban pollution and lifestyle stressors may indirectly influence metabolic disorders.

Legal

- Need to adhere to clinical guidelines, ethical marketing, and regulatory norms for liver-care drugs.

Strenghts

- High awareness among doctors for the possible role of dietary components.
- Availability of safe options like UDCA and newer therapies like Saroglitazar.
- Increasing screening by doctors for high-risk patients (diabetics, obese).

Weaknesses

- Limited awareness among primary care physicians and patients.
- Low adoption of advanced diagnostics due to cost and accessibility issues.

Oppurtunities

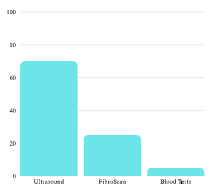
- Rising prevalence offers scope for targeted awareness campaigns.
- Potential to introduce innovative, combination, or supportive therapies.
- Collaboration with diagnostic companies for early detection.

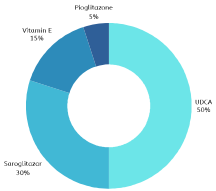
Threats

- Competing therapies and rapidly evolving treatment guidelines.
- High dependence on lifestyle modification compliance, which is hard to enforce.

Findings

- Most doctors screen high-risk patients (obese, diabetic).
- Ultrasound is the most used diagnostic tool (70%).
- FibroScan use is limited (25%) due to cost/access.
- UDCA is commonly used in mild NAFLD due to safety (50%).
- Saroglitazar is preferred in NAFLD with metabolic syndrome (30%).
- Vitamin E used selectively in non-diabetics (15%).
- Pioglitazone minimal use (5%).
- Treatment often starts at NASH or fibrosis stage.





Theoretical Learnings

- Learned research design, data collection methods, and analysis in theory
- Studied epidemiology, pharmacology, and healthcare systems conceptually
- Learned communication and reporting techniques in an academic setting

Practical Observations

- Saw diagnostic practices evolve, with growing use of non-invasive tools.
- Observed improved data collection through digital tools and structured surveys.
- Gained insight into how market research directly drives product strategies.

Major Learnings

- Deepened my understanding of how market research directly shapes product strategies.
- Enhanced my ability to interpret diverse clinical practices across different regions.
- Strengthened communication skills by engaging with doctors and internal teams.
- Improved time management and planning to handle large-scale data collection.

Challenges faced

- Even with my prior field experience, reaching doctors in remote and semi-urban areas was tougher than expected due to their packed schedules and limited availability.
- Despite my familiarity with the field, building trust for in-depth discussions with some practitioners took extra effort.
- At times I had to adapt my usual field approach to align with organizational processes, which was a valuable learning curve.
- I often encountered gaps in access to advanced tools like FibroScan, which affected how uniformly data could be gathered.

Suggestions

- Organize targeted awareness programs for physicians on early NAFLD diagnosis and management.
- Improve accessibility of advanced diagnostics like FibroScan in semi-urban and rural areas.
- Provide regular training sessions for sales and field teams on newer pharmacological options.
- Develop patient education materials to promote lifestyle changes alongside pharmacological therapy.