Primary Market Research on NAFLD/MAFLD

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Mankind Pharma

Mankind Pharma was incorporated in 1991 and actively started its operations in 1995 with the contributions of two brothers, Mr. Ramesh C. Juneja and Rajeev Juneja with only 53 Medical Representatives and Managers.
Today Mankind Pharma is one of the top 5 leading pharmaceutical companies in India.
Mankind Pharma focuses on a variety of therapeutic segments such as Cardio, Antibiotics, Gastro, OTC, etc.

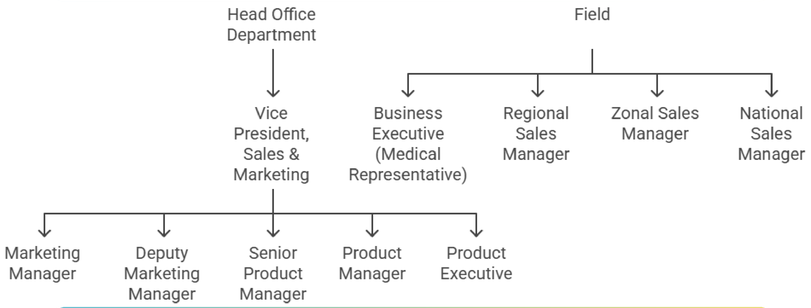
Vision

To be able to provide cost-effective, innovation-based on superior quality pharmaceutical products across the globe, that improve the lives of the patients.

Mission

To be a global pharmaceutical company, most admired for its Affordability, Quality, and Accessibility of products.

Organization Structure



What did I do in internship

1. Conducted a field-based market survey with doctors across clinics and hospitals.
2. Gathered data on how NAFLD/MAFLD is diagnosed and treated in real-world settings.
3. Focused on the role of dietary counseling, especially refined carbs (maida) and fast food.
4. Evaluated how doctors use UDCA and their views on its efficacy
5. Provided insights to support Mankind Pharma's product positioning in liver health.

Responses Of the Questionaries

1) Screening
1. Most doctors prefer routine screening for high-risk patients (obese, diabetic).
2. Ultrasound and Fibro Scan were the most commonly used diagnostic tools.

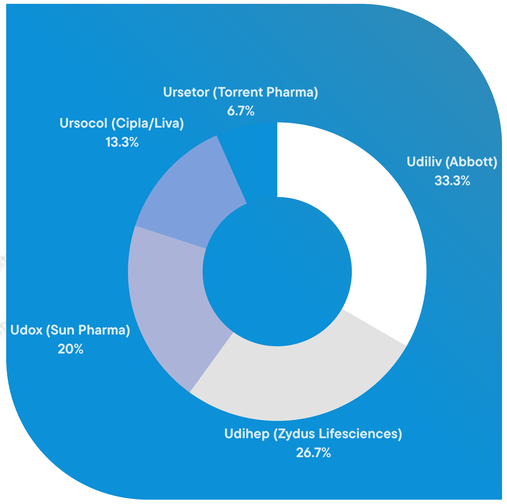
2) Dietary
1. Over 80% of doctors believe that refined flour (maida) plays a significant role in NAFLD.
2. Many felt it is equally harmful as overall calorie excess.

3) Fast Food
1. Around 60–70% of doctors said they often see NAFLD in patients consuming fast food.
2. Most felt that this risk is under communicated during routine counseling.

4) Dietary Counselling
1. 85%+ doctors said they routinely advise patients to avoid mida and processed food.
2. Strong support for including refined carb restriction in formal guidelines

Competitor Analysis

- ✅ Udiliv (Abbott) leads the market significantly.
- 📊 Udhep and Udox show moderate usage.
- 📉 Ursocol and Ursofalk have minimal market share.
- 💼 Strong brand trust drives Udiliv's dominance.
- 🚀 Scope for others to grow via pricing & doctor engagement.



SWOT Analysis

S — STRENGTHS
- Large and diverse sample (300 clinicians).
- Ground-level data collection through direct interaction.
- Focus on a clinically relevant and growing disease (NAFLD/MAFLD).
- Balanced coverage of both dietary and pharmacological aspects.

W — WEAKNESSES
- Limited to selected districts in Madhya Pradesh.
- No inclusion of patient outcome data.
- Short survey duration (2 month).
- Limited specialty representation (e.g., few hepatologists).

O — OPPORTUNITIES
- Introduce visual dietary counseling aids for doctors.
- Conduct larger, pan-India follow-up study.
- Launch educational campaigns (CME, digital tools).

T — THREATS
- Rapidly changing NAFLD/MAFLD guidelines.
- Competitor brands with aggressive liver segment strategies.
- Doctors' time constraints may limit future engagement.

Theoretical Learning vs Practical Exposure

- Practiced presentations and roleplays in controlled settings
- Studied ideal strategies, market analysis, case studies
- Worked on fixed class timelines and exam schedules
- Mostly discussed hypothetical challenges
- Textbook-based and concept-focused learning
- Gained theoretical base, terminology, and frameworks

- Spoke with doctors and staff, improved confidence and clarity
- Understood actual market behavior, doctor needs, & feedback
- Managed schedules, field visits, and survey deadlines
- Faced rejection, OPD delays, travel fatigue, entry issues
- Experiential and people-focused learning
- Collected data, built confidence, observed pharma-doctor relations

Key Learnings

1. Understood NAFLD/MAFLD causes and treatment basics
2. Learned professional doctor communication and survey skills
3. Gained confidence in explaining medical terms simply
4. Saw real challenges in liver disease and dietary counseling
5. Improved field visit handling and time management
6. Learned to deal with rejection calmly and professionally

Challenges

1. Many doctors were busy during OPD hours, so I had to wait or revisit.
2. Managing time and traveling between locations was quite exhausting.
3. Some doctors were initially hesitant to share detailed responses.
4. Managing multiple visits in one day was physically and mentally tiring.
5. Sometimes the clinic staff didn't allow me in without an appointment.
6. Finding clinics or navigating new areas was sometimes hard.

Suggestions

1. Give doctors simple tools (charts, leaflets) to explain diet to patients.
2. Share more info about UDCA's benefits during doctor meetings.
3. Include tips on patient counseling in awareness campaigns.
4. Add questions in future surveys about herbal remedies and follow-up care.
5. Offer starter kits with UDCA samples and patient leaflets.
6. Focus on Tier-2 & Tier-3 cities where awareness is low.