

Why patients prefer allopathy and ayurvedic therapy in India?

Hemant Katole

EasyChair preprints are intended for rapid dissemination of research results and are integrated with the rest of EasyChair.

November 8, 2019

Research Paper on Why patients prefer allopathy and ayurvedic therapy in India? By Dr. Hemant Katole (Assistant Professor) Department of Management Sciences (PUMBA) Savitribai Phule Pune University, Pune, Maharashtra, India-411007 Email: hjkatole@gmail.com

Abstract:

The purpose of this research article was to identify the reasons of choosing/preferring Allopathy and Ayurvedic therapy in India. The primary data were collected by using structured questionnaire, with sample of 1018 consumers. The findings revealed that 72.88% of the consumers preferred Allopathic medicines in comparison with Ayurvedic (27.11%). Gender wise males preferred Allopathy medication while female prefer ayurvedic medication. Age wise 61% of the respondents who prefers allopathic system belongs to 21-40yrs age group while only 22% of respondents who belong to this Age group prefers Ayurvedic as medication therapy. Survey also reveals that post graduated customers prefer Ayurvedic as a medication therapy. Customer Prefer Allopathy Therapy because of convenient to hectic Lifestyle and Easily availability of allopathy medicine Customer Prefer Ayurvedic Therapy because of its cheap price followed by no side effect on human body and inclusion of natural ingredients in ayurvedic medicine.

Keywords: Medicines, Allopathy therapy, Ayurvedic therapy

Introduction:

Allopathy therapy is 100 years old and the most suitable medicine therapy. (Raut 2011) Allopathic therapy starting from Greek medicinal therapy consists of relationship between cells, tissues and organs. Allopathic therapy focuses on diagnosis and treatment, cure for severe illnesses via drugs, radiation, and surgery. (Go, Champaneria 2002) Allopathy therapy is base of major three steps: Hypothesis, experimentation and observation and, conclusion. (Basisht 2007) Allopathy follows unpleasant rather than self-protective therapy for building healthy society. (Tewari 2012) Allopathy therapy works with advanced technology that used for diagnostic procedures, sophisticated surgical procedures, drugs with specific actions, vaccine, transplants. (Garodia 2007) Allopathy therapy adjudicating the reason of illness and eradicate with the help of allopathy medicine. (Basisht 2007) Allopathy therapy have lot of benefits hence it is at top of medicine therapy, but it has drawbacks like inefficacy in healing definite chronic illnesses and also inevitable unfavorable effects, which requires to be deal with critically to produce an competent and secure healthcare system (Gadgil D 2010, Basisht 2007, Jawla S 2009, Sharma R 2005). Advantages of allopathy therapy are it uses advanced technology, it define suitable therapy by discovering and verifying the targets in disease initiation and progression, well organized management of emergency conditions, helpful surgical management of the patient, recognizing specific microorganisms involved in picky diseases and giving specific targeted action.

Ayurveda therapy, normally experienced form of harmonizing and substitute therapy in India. Around 80% of Indians use Ayurvedic therapy. (Verma U 2007) Ayurveda therapy intends to incorporate the balance between mind, body,spirit to avoid illness and endorse wellness. The efficacy of ayurvedic medicine was tested scientifically just like allopathy therapy, yet it surround with plentiful practical harms. (Ernst E 2007) Most customers think that Ayurvedic

therapies are natural and thus secure, but this is a risky overview. One fifth of American and Indian produced Ayurvedic medicines purchased using Internet and it contain noticeable arsenic, lead, and mercury. (Saper RB 2008) Ayurvedic medications are connected with bad effects, which comprise links with arranged drugs. A current analysis reveals that fifteen percent of patients receiving allopathy therapy also consume ayurvedic products. (Izzo A 2009) Integrative medicine approach came with confidence that it provide reasonable and rational explanation to the worldwide healthcare disaster, particularly in rising nation like India. Department of AYUSH, planned a new approach of joining together Ayurveda, Unani, Siddha with Allopathic system to ensure health. China has effectively integrated practices of old and new medicine. Medical students of China are necessarily opt for the courses of current and old medication therapy. Hence, Chinese doctors are aware with both medication methods and be able to select the right mixture to create finest utilization of both medicines. (Bodeker G 2001) In future combination of allopathic and ayurvedic medication will be very much influenced by allopathic doctors. Developed country's medical students have consistently shown interest in CAM (Munstedt K 2011, Greiner KA 2000) and medical colleges are alert of the need. (Astin JA 2006) But there were no research found to appraise knowledge, attitude, and practice (KAP) of allopathic doctors toward Ayurvedic medicine regarding its utilization. Advantages of avurvedic therapy are Safety, surety, availability, and cost effective therapy.

Objectives of study: Reasons of Customer Preference towards Allopathy therapy and Ayurvedic therapy.

Hypothesis of study:

Hypothesis1: Gender, age, education of respondent are the major demographic parameters for selection of medication therapy.

Hypothesis 2- Customer prefers allopathy therapy because of convenient to hectic lifestyle and easily availability of allopathy medicine.

Hypothesis 3- Customer prefers ayurvedic therapy because of its cheap price followed by no side effect on human body and inclusion of natural ingredients in ayurvedic medicine.

Research Methodology:

It was a descriptive research. The study comprises of several questions about their buying behavior towards medication system. Sample size for this study is 1018 customers. Primary data collection was conducted through online survey. Online survey through Google doc was appropriate for this study as it reach large number of audience across the world (Neuman, 2004). It was the most cost effective and time saving method of primary data collection from the audience (Lokken et al., 2003). Respondents are not disclosed their identity while filling the questionnaire. The secrecy of respondents actually improve the reliability of data (Parker et al., 2004; Gunn, 2002; Mehta and Sivadas, 1995; Kent and Lee, 1999; Archer, 2003; Ilieva et al., 2002; Katole, 2011). Data analysis covers descriptive statistics, and for hypothesis testing researcher use chi square test and multiple regression analysis.

Findings and discussion Demography

Table 1: Sample Demographics

Parameter(s)	% (n = 1018)
Gender	
Male	57.26

Female	42.73
Age (years)	
Below 21 years	11.68
21-40	83.69
40-60	03.83
60 and above	00.78
Highest level of education	
Below 12 th standard	00.68
12 th standard	06.09
Graduation	49.01
Post Graduation	44.20
Monthly expense on medication	
(in INR)	
Below 1000	46.07
1000-5000	41.06
5000-10000	08.64
10000 and above	04.22
Usage of Medication	
Allopathy	72.88
Ayurvedic	27.11

Source: survey data.

Table 1 explains that 83.69 per cent of the respondents were belonging to 21-40 age group. This shows that the respondents are mature enough to take their own choices about usage of medication system. Data in Table 1 also shows that 49.01 per cent of the respondents were graduate while 44.20 percent respondents had post graduation degree. For usage of medication, it was observed that 72.88 per cent respondent prefer allopathy medication and 27.11 per cent respondents prefer ayurvedic medication. 41.06 per cent respondents have monthly expense on medication of Rs. 1000-5000.

Data Analysis & Hypothesis testing:

Data Analysis:

Researcher analyze the demographic data of respondent which includes gender, age and education. Monthly expenditure on medication is another parameter is analyzed by researcher. The detail analysis of demographic data versus usage of medication therapy is given as follow,

Counts		Medication therapy preferred by Respondent		Total
		Allopathy	Ayurveda	
	Male	583	0	583
Gender of Respondent	Female	159	276	435
Total		742	276	1018

Table 2: Gender versus Medication therapy preferred

From Table 2, researcher observed that allopathy therapy preferred by male is 78.6% and females is 21%, whereas for ayurvedic therapy preferred by female are 27% and males are 0%.

 Table 3: Age versus Medication therapy preferred

		Medicatio preferred by	Total	
		Allopathy	Ayurveda	
	Below 21 years	119	0	119
Age of	21-40 years	623	229	852
respondent	40-60 years	0	39	39
	Above 60	0	8	8
	years			
Total		742	276	1018

From Table 3, researcher observed that for age group 21-40 years, 61% respondents prefers allopathic therapy and 22% respondents prefer ayurvedic therapy.

		Medication system preferred by Respondent		Total
			Ayurveda	
	Below 12 th	7	0	7
Education of monondant	12^{th}	62	0	62
Education of respondent	Graduation	499	0	499
	Post-Graduation	174	276	450
Total		742	276	1018

Table 4: Education versus Medication therapy preferred

From Table 4, researcher observed that post graduated prefers ayurvedic therapy. The data shows that 73% of respondent prefers allopathic therapy and 27% of respondents prefer ayurvedic therapy. In which 50% of the respondents who prefer allopathy are graduates. And 27% of the respondents who prefer ayurvedic medication are post-graduates.

Table 5: Monthly expenditure on medicines versus Medication therapy preferred

		Medication therapy preferred by Respondent		Total
		Allopathy	Ayurveda	
Monthly Expenditure on medicines (in INR)	Below 1000	469	0	469
	1000-5000	273	145	418
	5000-10000	0	88	88
	Above 10000	0	43	43
Total		742	276	1018

From Table 5, researcher observed that 46% of the respondents spend below INR1000 per month on allopathic medication. Respondents whose monthly expenditure on medication is INR 1000-5000 are mediocre and spends on both medication therapy. And the respondent whose monthly expenditure on medication is INR 5000-10000 and above INR 10000 prefers ayurvedic therapy.

Hypothesis Testing:

Hypothesis1: Gender, age, education of respondent are the major demographic parameters for selection of medication therapy.

Demographic	P value	Remark

parameters		
Gender and usage of	0.000	Association between gender and medication therapy.
medication therapy		Researcher observed that males preferred Allopathy
		medication while female prefer ayurvedic medication.
Age and usage of	0.000	Association between age and medication therapy.
medication therapy		61% of the respondents who prefers allopathic system
		belongs to 21-40yrs age group while only 22% of
		respondents who belong to this Age group prefers
		Ayurveda as medication therapy.
Education and usage	0.000	Association between education and medication therapy.
of medication therapy		Survey also reveals that post graduated customers prefer
		Ayurveda as a medication therapy.

Researcher used chi square test to verify the hypothesis. According to chi-square test the value of significance (i.e. P value) for all the three demographic parameters versus usage of medication therapy are 0.000 which shows that the relationship between gender, age and education of respondent and medication system preferred by respondent are strongly associated. Hence researcher accepts the hypothesis and concludes that there is significant association between gender, age, education of respondent and usage of medication therapy. Therefore the hypothesis; genders, age, education of respondents are the major demographic parameters for selection of medication therapy is accepted.

Hypothesis 2- Customer prefers allopathy therapy because of convenient to hectic lifestyle and easily availability of allopathy medicine.

Researcher used multiple regression analysis to verify the hypothesis. The general multiple regression equation is,

Y = a + b1x1 + b2x2 + b3x3 + b4x4

Where,

Y= Monthly Expenditure on medicines on allopathy therapy

a= constant

X1= Provides Instant Relief

X2= Easily available

X3= Widely Accepted therapy

x4= Convenient due to hectic lifestyle

Model		Unstandardiz Coefficients	zed	Standardized Coefficients	t	Sig.
		В	Std. Error	Beta		
	(Constant)	.438	.037		11.890	.000
	Provides Instant Relief	-4.896	.174	.000	.000	1.000
	Easily available	278	.146	361	-1.906	.057
1	Widely Accepted therapy	-4.190	.191	.000	.000	1.000
	Convenient due to hectic lifestyle	.920	.166	1.167	5.551	.000

Fable 6	
----------------	--

a. Dependent Variable: Monthly Expenditure on medicines on allopathy therapy

From the above Table 6 of Coefficient, multiple regression equation is as follow,

 $Y=0.438-4.896x_1-0.278x_2-4.190x_3+0.920x_4$

As the significance value of X1 and X3 is more than 0.05, hence researcher rejects those parameters. Hence new regression equation is as follow,

 $Y=0.438-0.278x_2+0.920x_4$

Hence from the above equation researcher infer that monthly expenditure on medication on allopathy therapy mainly because of easily availability of allopathy medicines(x_2) and allopathy therapy is more convenient due to hectic lifestyle(x_4).

Hypothesis 3- Customer prefers ayurvedic therapy because of its cheap price followed by no side effect on human body and inclusion of natural ingredients in ayurvedic medicine.

Researcher uses multiple regression analysis to test this. The general multiple regression equation is,

Y=a+b1x1+b2x2+b3x3+b4x4

Where,

Y= Monthly Expenditure on medicines on ayurvedic therapy

a= constant

X1= No side effects

X2= Traditionally excepted

X3= Cheap prices

x4= Natural ingredient based medicine

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		В	Std. Error	Beta		
	(Constant)	436	.054		-8.097	.000
	No side effects	.511	.147	.291	3.482	.001
1	Traditionally accepted	040	.049	035	801	.424
1	Cheap prices	.671	.038	.611	17.459	.000
	Natural ingredient	.324	.135	.199	2.399	.017
	based medicine					

Table	7
Lanc	

a. Dependent Variable: Monthly Expenditure on medicines on ayurvedic therapy

From the above Table 7 of Coefficient, multiple regression equation is as follow,

 $Y = -0.436 + 0.511x_1 - 0.40 + 0.671x_3x_2 + 0.324x_4$

As the significance value of X2 is more than 0.05, hence researcher rejects X2 i.e. traditionally accepted as ayurvedic therapy parameter. Hence new regression equation is as follow,

 $Y = -0.436 + 0.511x_1 + 0.671x_3 + 0.324x_4$

Hence from the above equation researcher infer that monthly expenditure on medication on ayurvedic therapy mainly because of the parameters like no side effects of ayurvedic medicine (x1), cheap prices of ayurvedic medicine (x3) and natural ingredient based in ayurvedic medicine (x4).

Hence researcher concludes that customer prefers ayurvedic therapy because of its cheap price followed by no side effect on human body and inclusion of natural ingredients in ayurvedic medicine.

Conclusion:

Allopathy and ayurvedic therapies are most preferred by patients which protecting and refreshing health. Patients have choice to either prefer allopathy or ayurvedic therapy or combination. After consultation with their friends, relatives they decide for appropriate therapy. Hence it is necessary to understand, why patient prefer allopathy or ayurvedic therapy? This research article identifies the reasons of choice made by patients towards ayurvedic and allopathy therapy. Customer Prefer Allopathy Therapy because of convenient to hectic Lifestyle and Easily availability of allopathy medicine. Customer Prefer Ayurvedic Therapy because of its cheap price followed by no side effect on human body and inclusion of natural ingredients in ayurvedic medicine.

References:

- 1. Archer, T.M. (2003) Web-based surveys. Journal of Extension, 41, 1–5.
- 2. Astin JA, Soeken K, Sierpina VS, Clarridge BR. Barriers to the integration of psychosocial factors in medicine: Results of a national survey of physicians. J Am Board Fam Med 2006;19:557-65.
- 3. Basisht GK. Symbiohealth-need of the hour. Ayu 2011;32:6-11
- 4. Bodeker G. Lessons on integration from the developing world's experience. BMJ 2001;322:164-7
- 5. Ernst E. Herbal medicines: Balancing benefits and risks. Novartis Found Symp 2007;282:154-67.
- 6. Gadgil D. Understanding ayurveda. J Ayurveda Integr Med 2010;1:77-80.
- Garodia P, Ichikawa H, Malani N, Sethi G, Aggarwal BB. From ancient medicine to modern medicine: Ayurvedic concepts of health and their role in inflammation and cancer. J Soc Integr Oncol 2007;5:25-37.
- 8. Go VL, Champaneria MC. The new world of medicine: Prospecting for health. Nihon Naika Gakkai Zasshi 2002;91:159-63.
- 9. Greiner KA, Murray JL, Kallail KJ. Medical students interest in alternative medicine. J Altern Complement Med 2000;6:231-4.
- 10. Gunn, H. (2002) Web-based surveys: changing the survey process. Firstmonday, 7 (12), 1–14 (2 December 2002) (online version).
- 11. Ilieva, J., Baron, S. & Healey, N. (2002) Online surveys in marketing research: pros and cons. International Journal of Market Research, 44, 361–376.
- 12. Izzo A, Ernst E. Interactions between herbal medicines and prescribed drugs: An updated systematic review. Drugs 2009;69:1777-98
- 13. Jawla S, Gupta AK, Singla R, Gupta V. General awareness and relative popularity of allopathic, ayurvedic and homeopathic systems. J Chem Pharm Res 2009;1:105-12.
- 14. Katole, H.J. (2011). A study of problems & prospects of internet retailing in India. International Journal of Research in Commerce, IT & Management. 1(3), 114-117.
- 15. Kent, R. & Lee, M. (1999) Using the Internet for market research: a study of private trading on the Internet. Journal of the Market Research Society, 41, 377–386.
- 16. Lokken, S. L., et al., (2003). Comparing online and non-online shoppers. International Journal of Consumer Studies, 27 (2 March), 126-133.
- 17. Mehta, R. & Sivadas, E. (1995) Comparing responses rates and response content in mail versus electronic mail surveys. Journal of the Market Research Society, 37, 429–440.
- MNT Editorial Team, Nov 2018, What is medicine? Available on https://www.medicalnewstoday.com/articles/323679.php (accessed on 2019 July 5)
- Munstedt K, Harren H, von Georgi R, Hackethal A. Complementary and alternative medicine: comparison of current knowledge, attitudes and interest among German medical students and doctors. Evid Based Complement Alternat Med 2011;2011:790951
- 20. Neuman, L.W. (2004) Basics of Social Research: Qualitative and Quantitative Approaches. Pearson, Boston, New York, San Francisco.

- Parker, S., Schroeder, M.J. & Fairfield-Sonn, J.W. (2004) Advantages of online surveys. Foresight Survey Support International, Inc. [WWW documents]. URL http://www.websm.org/uploadi/editor/1140798811WhySurveyOnline.pdf (accessed on 27 August 2006).
- 22. Raut AA. Integrative endeavor for renaissance in ayurveda. J Ayurveda Integr Med 2011;2:5-8.
- 23. Report by Ayush: National Policy on Indian Systems of Medicine and Homoeopathy-2002. Available from: http://www.whoindia.org/LinkFiles/AYUSH_NPolicy-ISMandH-Homeopathy. [accessed on 2012 Aug 14]
- 24. Saper RB, Phillips RS, Sehgal A, Khouri N, Davis RB, Paquin J, *et al.* Lead, mercury, and arsenic in US- and Indian-manufactured Ayurvedic medicines sold via the Internet. JAMA 2008;300:915-23.
- 25. Sharma R, Sharma CL, Kapoor B. Antibacterial resistance: Current problems and possible solutions. Indian J Med Sci 2005;59:120-9.
- 26. Tewari S. Ayurvedic healthcare in India: An alternate to allopath? Available from: http://isaconf.confex.com/isaconf/forum2012/ webprogram/Paper10697.htm (accessed on 2012 Aug 2).
- 27. Verma U. Allopathic vs. Ayurvedic practices in tertiary care institutes of urban North India. Indian J Pharmacol 2007;9:52-4.