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# **“ALTERNATE MEDICINE SYSTEM IN INDIA : A COMPARATIVE STUDY OF AYURVEDA AND OTHER SYSTEM OF MEDICINE ”**

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## **Abstract**

India, with its deeply rooted tradition of holistic healing, presents a unique and rich landscape for the coexistence of multiple medical systems—ranging from modern Allopathy to traditional systems such as Ayurveda, Homeopathy, Unani, Siddha, and others. Among these, Ayurveda stands out as one of the oldest and most widely practiced systems, often regarded not just as a form of treatment, but as a way of life. The increasing burden of chronic diseases, lifestyle disorders, and the limitations of Allopathy in preventive care have renewed public interest in alternative and traditional healing systems.

This study aims to explore and evaluate the role, relevance, and public perception of Ayurveda in the current Indian healthcare scenario, particularly in comparison to Allopathy and Homeopathy. It examines the awareness, usage patterns, satisfaction levels, perceived benefits, limitations, and challenges associated with alternate medicine systems among healthcare users and students. The research also delves into the factors influencing treatment preferences, such as cost, effectiveness, availability, cultural beliefs, and government promotion.

## **Chapter 1: Introduction**

India's healthcare system is a fascinating blend of modern scientific medicine (Allopathy) and a variety of traditional and alternate medical systems, with Ayurveda being the most prominent among the latter. These diverse approaches co-exist, often overlapping in treatment choices, patient preferences, and institutional support. This coexistence has created a unique opportunity to understand how different systems serve the health needs of the Indian population.

In recent years, there has been a noticeable shift in public interest towards alternative and traditional medicine, driven by increasing concerns over the side effects of synthetic drugs, rising costs of modern healthcare, and a renewed appreciation for natural and preventive treatment methods. The COVID-19 pandemic further accelerated this shift, as people sought immune-boosting and holistic wellness solutions offered by systems like Ayurveda, Unani, and Homeopathy.

### **Background and Rationale**

Historically, Ayurveda has been deeply embedded in Indian culture and daily life, often practiced at home in the form of herbs, dietary practices, and lifestyle routines. Despite the widespread use and cultural acceptance of Ayurveda and other traditional systems, modern Allopathy remains the dominant medical model, particularly in urban and emergency healthcare settings. The Ministry of AYUSH, established in 2014, has played a key role in promoting and institutionalizing alternative systems, yet challenges persist in achieving equal acceptance, visibility, and integration.

## **1.1 Situational Analysis**

India is home to more than 0.8 million registered AYUSH practitioners, with thousands of hospitals, dispensaries, and wellness centers functioning under various traditional systems. However, their services are often underutilized, and patients tend to turn to Allopathy for more acute or hospital-based care. Despite the increasing demand for natural and side-effect-free treatments, infrastructural gaps, lack of awareness, and regulatory challenges have prevented Ayurveda and other alternate systems from achieving their full potential.

On the other hand, the rise of lifestyle diseases, mental health concerns, and antibiotic resistance has highlighted the limitations of a purely allopathic approach. This has prompted a growing segment of the population to seek more sustainable and holistic care models.

## **1.2 Literature Review**

Previous studies have found that while Allopathy is widely trusted for quick relief, surgeries, and emergency interventions, Ayurveda is gaining popularity for managing chronic conditions, improving immunity, and promoting overall well-being. Researchers such as Patwardhan (2010) and Bodeker (2002) emphasize the need for evidence-based validation, better communication, and policy reforms to help traditional systems coexist with scientific credibility.

## **1.3 Explanation of Research Topic**

In this study, alternate medicine refers to any non-allopathic system of medicine, primarily focusing on Ayurveda, while also considering Homeopathy and Unani as comparative systems. The study investigates public awareness, usage patterns, satisfaction, and perception related to these systems.

The scope is limited to individual users such as students and general healthcare seekers, providing a realistic picture of how different systems are accessed and perceived in everyday health decisions.

## **Research Questions**

- What is the level of awareness regarding Ayurveda and other alternate systems among the general population?
- What factors influence the preference for Allopathy or Ayurveda?
- How satisfied are users with Ayurvedic treatments compared to Allopathic ones?
- What is the perceived role of the government in promoting alternate medicine?

## **1.4 Research Objectives**

- \* To compare the usage and effectiveness of Ayurveda with Allopathy and Homeopathy.
- \* To identify the key factors influencing healthcare system preferences among Indian users.
- \* To assess the level of satisfaction and trust in Ayurvedic practices.
- \* To evaluate the perceived effectiveness of government efforts in promoting alternate medicine systems.

## **Chapter 2: Research Design and Methodology**

### **2.1 Research Strategy and Plan**

This study adopts a mixed-method research strategy, combining descriptive and exploratory designs. The descriptive aspect helps in quantifying awareness, usage, and satisfaction levels related to various medical systems, while the exploratory approach investigates the deeper reasons behind preferences, beliefs, and perceptions of alternate medicine users.

The study also utilizes both primary and secondary data sources. Secondary data was gathered from journals, WHO and AYUSH reports, and existing literature, while primary data was collected via a structured survey questionnaire.

#### **Type of Research Design Used**

- **Descriptive Research Design:** Used to measure awareness, satisfaction, and usage statistics of Ayurveda, Allopathy, and Homeopathy among respondents.
- **Exploratory Research Design:** Utilized to explore reasons behind medical system preferences, opinions on government support, and expectations from alternate systems.
- This dual approach is ideal for uncovering both factual insights and subjective experiences of healthcare users.

### **2.2 Data Collection Methods**

The study employed the following tools:

**Primary Data Collection:** Conducted through a structured questionnaire, distributed both physically and digitally.

**Secondary Data Collection:** Sourced from WHO health reports, Ministry of AYUSH databases, research papers, journals, and government portals.

The data collection focused on:

- Demographics (age, gender, occupation)
- Awareness and usage of medical systems
- Satisfaction and side effects
- Factors influencing choice
- Perceived government support

### **2.3 Questionnaire Design**

The survey included closed-ended questions for easy quantification and comparison. It covered 10 major questions under the following sections:

**Section A:** Demographic profile

**Section B:** Awareness and usage patterns

**Section C:** Satisfaction with Ayurvedic treatments

**Section D:** Cost perception and side effects

**Section E:** Opinions on government promotion

#### **Question Types:**

- Multiple choice
- Yes/No
- Likert scale (e.g., very satisfied to dissatisfied)

#### **Scales Used:**

- Nominal and ordinal scales

#### **Data Collection Medium**

Mediums Used:

- Google Forms for online responses

### **2.4 Sampling Design and Plan**

**Purpose of Sampling:** To represent a cross-section of healthcare users and students with varying levels of exposure to alternate medicine.

**Target Population:** General healthcare users and college students.

**Sampling Frame:** Individuals aged 18–45 who have access to any healthcare system.

**Sampling Unit:** Individual respondents (students, professionals, health seekers).

**Sample Size:** 50 respondents (45 valid responses used for analysis).

**Sampling Method:**

- Convenience Sampling: For quick access to available participants.
- Purposive Sampling: Focus on those who have experienced alternate medicine.
- Snowball Sampling: Participants referred others with relevant experience.
- Response Rate: Approximately 94% (45 out of 50 responses were complete and valid).

**2.5 Data Analysis and Interpretation****Data Preparation**

Responses were coded and tabulated using Microsoft Excel.

Data cleaning involved checking for inconsistencies and blanks.

Descriptive statistics were used for percentage analysis.

**Analysis Logic**

Each survey question was analyzed for:

Distribution of responses

Key trends and outliers

Cross-tabulations (e.g., satisfaction vs. age group)

**Interpretation**

Interpretations were based on both the numerical trends and qualitative feedback, connecting results to the broader research objectives.

**2.6 Findings and Discussion**

- Highlights dominance of Allopathy but growing trust in Ayurveda.
- Strong interest in integrative healthcare.
- Need for better communication, regulation, and evidence.
- Identifies gaps in standardization and awareness.

## **Chapter 3: Limitations**

This study provides useful insights into the comparative use of Ayurveda and other medical systems in India, but it is subject to several limitations:

### **1. Small Sample Size**

The survey included only 42 valid responses, limiting the generalizability of findings to the larger population.

### **2. Geographical Restriction**

Most respondents were from urban areas and educational institutions. Rural perspectives, where Ayurveda is more widely practiced, are underrepresented.

### **3. Sampling Bias**

Convenience and snowball sampling may have led to overrepresentation of students and healthcare-aware individuals.

### **4. Self-Reported Data**

The study relies on personal opinions, which may include biases or inaccurate recall regarding treatment satisfaction or side effects.

### **5. Focus on Few Systems**

The research primarily compares Ayurveda, Allopathy, and Homeopathy, with limited analysis of other alternate systems like Unani or Siddha.

### **6. Limited Time Frame**

Time constraints restricted in-depth interviews or follow-up studies that could have enriched the qualitative analysis.

## **Chapter 4: Conclusions & Recommendations**

### **Conclusion**

The study concludes that while Allopathy remains the primary choice for most individuals due to quick relief and accessibility, Ayurveda is increasingly valued for its natural, holistic, and preventive approach. Many respondents reported satisfaction with Ayurvedic treatments, especially when used in combination with Allopathy. However, limited awareness, lack of standardization, and inconsistent government promotion still hinder its widespread adoption.

There is growing interest in integrative healthcare models, where traditional and modern systems coexist. To strengthen Ayurveda's role, better scientific validation, awareness, and accessibility are necessary.

## **Recommendations**

### **1. Enhance Government Support**

Expand AYUSH awareness and accessibility through public campaigns and more local clinics.

### **2. Promote Research and Validation**

Support scientific studies and standardization of Ayurvedic treatments.

### **3. Encourage Integrative Care**

Develop models where Ayurveda and Allopathy can be offered together under one system.

### **4. Improve Training and Education**

Upgrade curricula and promote cross-disciplinary understanding among practitioners.

### **5. Use Digital Platforms**

Spread awareness and offer Ayurvedic consultations through trusted online sources.

## **Chapter 5: References**

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## **Chapter 6: Appendices**

### **Appendix A: Survey Questionnaire**

#### **Title: Survey on Perception and Use of Alternate Medicine Systems in India**

##### **Section A: General Information**

1. Age Group:  
☐ Below 18   ☐ 18–25   ☐ 26–35   ☐ 36 and above
2. Gender:  
☐ Male   ☐ Female   ☐ Other
3. Occupation:  
☐ Student   ☐ Working Professional   ☐ Healthcare User   ☐ Other

##### **Section B: Usage and Awareness**

4. Are you aware of the following medical systems? (Tick all that apply)  
☐ Ayurveda   ☐ Allopathy   ☐ Homeopathy   ☐ Unani   ☐ Siddha   ☐ Naturopathy
5. Which medical system do you use most frequently?  
☐ Ayurveda   ☐ Allopathy   ☐ Homeopathy   ☐ Combination (e.g., Ayurveda + Allopathy)   ☐ Other
6. How satisfied are you with Ayurvedic treatments?  
☐ Very Satisfied   ☐ Satisfied   ☐ Neutral   ☐ Dissatisfied   ☐ Very Dissatisfied   ☐ Not Applicable
7. If you prefer Allopathy over Ayurveda, what are the main reasons? (Tick all that apply)  
☐ Faster results   ☐ Doctor's recommendation   ☐ Greater availability  
☐ Limited knowledge of Ayurveda   ☐ Habitual use   ☐ Other: \_\_\_\_\_

##### **Section C: Costs, Beliefs, and Preferences**

8. How do you compare the cost of Ayurvedic treatment to others?  
☐ Ayurveda is more affordable   ☐ Allopathy is more affordable  
☐ Homeopathy is more affordable   ☐ All are similar in cost   ☐ Not sure
9. Have you experienced any side effects from Ayurvedic treatment?  
☐ Yes   ☐ No   ☐ Not Applicable
10. What factors influence your choice of medical system? (Tick all that apply)  
☐ Cost   ☐ Availability   ☐ Effectiveness   ☐ Cultural belief/trust   ☐ Side effects   ☐ Other
11. Do you use a combination of medical systems (e.g., Ayurveda + Allopathy)?  
☐ Yes   ☐ No

#### **Section D: Sources and Government Role**

12. What are your main sources of information about Ayurveda?

- ☐ Family/Friends   ☐ Internet/Social Media   ☐ Doctors   ☐ Books/Newspapers  
☐ Television   ☐ Other: \_\_\_\_\_

13. Do you believe the government is effectively promoting Ayurveda and other alternate medicine systems?

- ☐ Very Effectively   ☐ Somewhat Effectively   ☐ Not at All   ☐ Not Sure