



INTERNATIONAL JOURNAL OF RESEARCH IN PHARMACEUTICAL SCIENCES

Published by JK Welfare & Pharmascope Foundation

Journal Home Page: www.ijrps.com

Reasons of Customer Preference towards Allopathy versus Ayurvedic therapy

Hemant Katole*

Department of Management Sciences (PUMBA) Savitribai Phule Pune University, Pune, Maharashtra, India-411007

Article History:

Received on: 03.09.2019

Revised on: 05.12.2019

Accepted on: 12.12.2019

Keywords:

Medicines,
Allopathy therapy,
Ayurvedic therapy

ABSTRACT



The purpose of this research article was to identify the reasons of choosing/preferring Allopathy and Ayurvedic medicines in India. Based on the perception about medication therapy, patients either have a choice to prefer allopathy or ayurvedic therapy. In an ultimate combination of allopathic and ayurvedic medication will be very much influenced and used by allopathic doctors. This research helps to know why patient prefer allopathy or ayurvedic therapy, whether demographic parameters affects the selection of medication therapy etc. For this research, 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 females prefer ayurvedic medicines. Age-wise, 61% of the respondents who prefer the allopathic system belong to the 21-40yrs age group, while only 22% of respondents who belong to this Age group prefer Ayurvedic as medication therapy. As per as expenses are concerned, 41.06 percent of respondents have a monthly expense on medication of Rs. 1000-5000. Survey also reveals that post-graduated customers prefer Ayurvedic as 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 the human body and inclusion of natural ingredients in ayurvedic medicine.

*Corresponding Author

Name: Hemant Katole

Phone:

Email: hjkatole@gmail.com

ISSN: 0975-7538

DOI: <https://doi.org/10.26452/ijrps.v11i1.1941>

Production and Hosted by

IJRPS | www.ijrps.com

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organs. Allopathic therapy focuses on diagnosis and treatment, a cure for severe illnesses via drugs, radiation, and surgery (Go and Champaneria, 2002). Allopathy therapy is the base of the major three steps: Hypothesis, experimentation and observation and, conclusion (Basisht, 2011). Allopathy follows unpleasant rather than self-protective therapy for building a healthy society (Tewari, 2009). Allopathy therapy works with advanced technology used for diagnostic procedures, sophisticated surgical procedures, drugs with specific actions, vaccines, transplants (Garodia et al., 2007). Allopathy therapy adjudicating the reason of illness and eradicate with the help of allopathy medicine (Basisht, 2011). Allopathy therapy have a lot of benefits hence it is at the top of medicine therapy, but it has drawbacks like inefficacy in healing definite chronic illnesses and also inevitable unfavorable effects,

INTRODUCTION

Allopathy therapy is 100 years old and the most suitable medicine therapy (Raut, 2011). Allopathic therapy starting from Greek medicinal therapy consists of the relationship between cells, tissues and

which requires to be deal with critically to produce a competent and secure healthcare system (Gadgil, 2010; Basisht, 2011; Sunil *et al.*, 2008; Sharma *et al.*, 2005). Advantages of allopathy therapy are it uses advanced technology, it defines 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 a form of harmonizing and substitute therapy in India. Around 80% of Indians use Ayurvedic therapy (Verma *et al.*, 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 surrounds with plentiful practical harms (Ernst, 2007). Most customers think that Ayurvedic therapies are natural and thus secure, but this is a risky overview. One-fifth of Americans and Indians produced Ayurvedic medicines purchased using the Internet and it contains noticeable arsenic, lead, and mercury (Saper, 2008). Ayurvedic medications are connected with bad effects, which comprise links with arranged drugs. Current analysis reveals that fifteen percent of patients receiving allopathy therapy also consume ayurvedic products (Izzo and Ernst, 2009). The integrative medicine approach came with confidence that it provides a reasonable and rational explanation to the worldwide healthcare disaster, particularly in a rising nation like India. Department of AYUSH, planned a new approach of joining together Ayurveda, Unani, Siddha with Allopathic system to ensure health (by Ayush, 2012). 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 of both medication methods and are able to select the right mixture to create the finest utilization of both medicines (Bodeker, 2001). In the 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 (Münstedt *et al.*, 2011; Greiner *et al.*, 2000) and medical colleges are alert of the need (Astin *et al.*, 2006). But there was no research found to appraise knowledge, attitude, and practice (KAP) of allopathic doctors toward Ayurvedic medicine regarding its utilization. The advantages of ayurvedic therapy are Safety, surety,

availability, and cost-effective therapy.

Objectives of the study

To study the Reasons of Customer Preference towards Allopathy therapy and Ayurvedic therapy.

The hypothesis of the study

Hypothesis 1

Gender, age, education of respondent are the major demographic parameters for the 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 the human body and inclusion of natural ingredients in ayurvedic medicine.

Research Methodology

It was descriptive research. The study comprises of several questions about their buying behavior towards medication system. The sample size for this study is 1018 customers. Primary data collection was conducted through an online survey. Online survey through Google doc was appropriate for this study as it reaches a 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 improves the reliability of data (Parker *et al.*, 2004; Gunn, 2002; Mehta and Sivadas, 1995; Lee and Kent, 1999; Archer, 2003; Ilieva *et al.*, 2002; Katole, 2011). Data analysis covers descriptive statistics and for hypothesis testing, researchers use the chi-square test and multiple regression analysis.

Findings and discussion

Demography

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

Table 1: Sample Demographics

| Parameter(s) | % (= 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

have a monthly expense on medication of Rs. 1000-5000.

Data Analysis & Hypothesis testing

Data Analysis

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

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

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

From Table 4, the 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.

From Table 5, the 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 the selection of medication therapy.

The researcher used the chi-square test to verify the hypothesis. According to the chi-square test and Table 6, the value of significance (i.e., P-value) for all three demographic parameters versus the usage of medication therapy is 0.000, which shows that the relationship between gender, age and education of respondent and medication system preferred by the respondent are strongly associated. Hence the researcher accepts the hypothesis and concludes that there is a significant association between gender, age, education of respondent and usage of medication therapy. Therefore the hypothesis, genders,

Table 2: Gender versus Medication therapy preferred

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

Table 3: Age versus Medication therapy preferred

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

Table 4: Education versus Medication therapy preferred

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

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 |

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.

The researcher used multiple regression analysis to verify the hypothesis. The general multiple regres-

sion equation is,

$$Y =$$

$$a + b_1x_1 + b_2x_2 + b_3x_3 + b_4x_4$$

Where,

Y= Monthly Expenditure on medicines on allopathy therapy

a= constant

X1= Provides Instant Relief

Table 6: Probability value of Demographic parameters and usage of medication therapy

| Demographic parameters | P-value | Remark |
|---|---------|---|
| Gender and usage of medication therapy | 0.000 | Association between gender and medication therapy. The researcher observed that males preferred Allopathy medication, while females prefer ayurvedic medicines. |
| Age and usage of medication therapy | 0.000 | Association between age and medication therapy. 61% of the respondents who prefer the allopathic system belongs to the 21-40yrs age group, while only 22% of respondents who belong to this Age group prefer Ayurveda as medication therapy. |
| Education and usage of medication therapy | 0.000 | Association between education and medication therapy. Survey also reveals that post-graduated customers prefer Ayurveda as medication therapy. |

X2= Easily available

X3= Widely Accepted therapy

x4= Convenient due to hectic lifestyle

From the above Table 7, 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 the new regression equation is as follow,

Y =

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

Hence from the above equation, researcher infer that monthly expenditure on medication on allopathy therapy mainly because of easily availability of allopathy medicines(x₂) and allopathy therapy is more convenient due to hectic lifestyle(x₄).

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

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

Y =

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

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

From the above Table 8, 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 the 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 the researcher concludes that customer prefers ayurvedic therapy because of its cheap price followed by no side effect on the human body and inclusion of natural ingredients in ayurvedic medicine.

Table 7: Regression analysis for allopathy therapy

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

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

Table 8: Regression analysis for ayurvedic therapy

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

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

CONCLUSIONS

Allopathy and ayurvedic therapies are most preferred by patients which protecting and refreshing health. Patients have the 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 patients 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 the human body and inclusion of natural ingredients in ayurvedic medicine.

REFERENCES

- Archer, T. M. 2003. Web-Based Surveys. *Journal of Extension*, 41:1-5.
- Astin, J. A., Soeken, K., Sierpina, V. S., Clarridge, B. R. 2006. Barriers to the Integration of Psychosocial Factors in Medicine: Results of a National Survey of Physicians. *The Journal of the American Board of Family Medicine*, 19(6):557-565.
- Basisht, G. 2011. Symbiohealth-Need of the hour. *An International Quarterly Journal of Research in Ayurveda*, 32(1). AYU.
- Bodeker, G. 2001. Lessons on integration from the developing world's experience. *Clinical Research Ed.*, 322:164-167. BMJ.
- by Ayush, R. 2012. National Policy on Indian Systems of Medicine and Homoeopathy-2002. .
- Ernst, E. 2007. Herbal Medicines: Balancing Benefits and Risks. *Novartis Foundation Symposium*, 282:154-167. discussion 167.
- Gadgil, V. 2010. Understanding Ayurveda. *Journal of Ayurveda and Integrative Medicine*, 1(1).
- Garodia, P., Ichikawa, H., Malani, N., Sethi, G., Aggarwal, B. B. 2007. From Ancient Medicine to Modern Medicine: Ayurvedic Concepts of Health and Their Role in Inflammation and Cancer. *Journal of the Society for Integrative Oncology*, (01):5-5.
- Go, V. L., Champaneria, M. C. 2002. The new world of medicine: Prospecting for health. *Nihon Naika Gakkai Zasshi*, 91.
- Greiner, K. A., Murray, J. L., Kallail, K. J. 2000. Medical Student Interest in Alternative Medicine. *The Jour-*

- nal of Alternative and Complementary Medicine*, 6(3):231-234.
- Gunn, H. 2002. Web-based Surveys: Changing the Survey Process. *First Monday*, 7(12):1-14.
- Ilieva, J., Baron, S., Healey, N. M. 2002. Online Surveys in Marketing Research. *International Journal of Market Research*, 44(3):1-14.
- Izzo, A. A., Ernst, E. 2009. Interactions Between Herbal Medicines and Prescribed Drugs. *Drugs*, 69(13):1777-1798.
- 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.
- Lee, M., Kent, R. 1999. Using the Internet for Market Research: A Study of Private Trading on the Internet. *Market Research Society Journal*, 41(4):1-10.
- Lokken, S. L., Cross, G. W., Halbert, L. K., Lindsey, G., Derby, C., Stanford, C. 2003. Comparing online and non-online shoppers. *International Journal of Consumer Studies*, 27(2):126-133.
- Mehta, R., Sivadas, E. 1995. Comparing Response Rates and Response Content in Mail versus Electronic Mail Surveys. *Market Research Society Journal*, 37(4):1-12.
- Münstedt, K., Harren, H., Georgi, R. V., Hackethal, A. 2011.
- Neuman, L. W. 2004. Basics of Social Research: Qualitative and Quantitative Approaches. page 416. 2nd edition , ISBN: 978-0205484379.
- Parker, S., Schroeder, M. J., Fairfield-Sonn, J. W. 2004. Advantages of online surveys. *Foresight Survey Support International*, pages 1-10. Inc. [WWW documents.
- Raut, A. 2011. Integrative endeavor for the renaissance in Ayurveda. *Journal of Ayurveda and Integrative Medicine*, 2(1).
- Saper, R. B. 2008. Lead, Mercury, and Arsenic in US- and Indian-Manufactured Ayurvedic Medicines Sold via the Internet. *JAMA*, 300(8):915-915.
- Sharma, R., Sharma, C., Kapoor, B. 2005. Antibacterial resistance: Current problems and possible solutions. *Indian Journal of Medical Sciences*, 59(3).
- Sunil, J., Gupta, A., Singla, R., Gupta, V. 2008. General awareness and relative popularity of allopathic, ayurvedic and homeopathic systems. *J Chem Pharm Res*, (1):105-112.
- Tewari, S. 2009. Ayurvedic healthcare in India: An alternate to allopath.
- Verma, U., Sharma, R., Gupta, P., Gupta, S., Kapoor, B. 2007. Allopathic vs. ayurvedic practices in tertiary care institutes of urban North India. *Indian Journal of Pharmacology*, 39(1).