# COMPARISON OF ALLOPATHY VS. AYURVEDA IN MANAGING LIFESTYLE DISORDERS

Dissertation Submitted to

**The IIHMR University, Jaipur**

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Master of Business Administration (MBA)

in

**Pharmaceutical Management**

by

**Tanu Sharma**

Under the Supervision and Guidance of

**Dr. Akshay Kumar Mishra**

**2025**

# VEDAMRITA HEALTHCARE PRIVATE LIMITED

Behind Jeet Cinema. Ward No. 14. Barwala 125121 ( Hisar)

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**S.N-VDM/2025/109**

This is to certify that **Ms. Tanu Sharma** in partial fulfillment of the requirements for the award of the degree of MBA Pharmaceutical Management from the IIHMR University, Jaipur has successfully completed her internship at **Vedamrita Healthcare Private limited**, Barwala, Hisar, Haryana-125121 from **March 10,2025 - May 31,2025**

Place - Remote
Date - 11/06/2025

Private Limited
Director

**Dr. Shubham (MD & CEO)**
**Vedamrita Healthcare Pvt. Ltd.**

IIHMR UNIVERSITY

# CERTIFICATE

This is to certify that the dissertation title **"Comparison of Allopathy vs Ayurveda in managing lifestyle disorders"** is a record of the research work undertaken by **Tanu Sharma** in partial fulfilment of the requirements for the award of the degree of MBA- Pharmaceutical Management from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

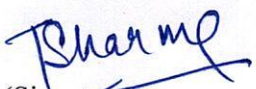
Faculty Guide: **Dr. Akshay kumar Mishra**
IIHMR University, Jaipur
Date: 16.06.2025

School Dean
IIHMR University, Jaipur
Date: 16.06.2025

## Appendix D: Declaration by Student

**DECLARATION BY STUDENT**

I hereby declare that this dissertation titled "Comparison of Allopathy vs. Ayurveda in Managing Lifestyle Disorders: A Patient-Centred Perception Study" is a bonafide record of my original work carried out at Vedamrita Hospital, Hisar, and that it has not been submitted to any other university or institution for the award of any degree or diploma.



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**Acknowledgement**

I would like to take this opportunity to formally acknowledge the support and guidance received during this dissertation titled *"Comparison of Allopathy vs. Ayurveda in Managing Lifestyle Disorders: A Patient-Centred Perception Study."*

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Lastly, I appreciate the contribution of all those who directly or indirectly assisted in the successful completion of this dissertation.

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# INDEX

## ABSTRACT

This dissertation explores the comparative perceptions of patients toward Allopathy and Ayurveda in the management of common lifestyle disorders such as Type 2 Diabetes, Hypertension, Thyroid, PCOS, and Obesity. Conducted during an online internship at Vedamrita Hospital, Hisar, the study utilized an online questionnaire targeting individuals who have experienced both systems of medicine.

The findings indicate that while Allopathy remains dominant in symptom relief and quick action, Ayurveda is significantly preferred for long-term management, fewer side effects, and cost-effectiveness. The study provides valuable insight into how patient preferences shape healthcare delivery and offers suggestions for integrating traditional and modern approaches.

This research contributes to ongoing conversations around patient-centered care, especially in chronic disease management in India.

# CHAPTER 1: INTRODUCTION

Lifestyle disorders, often referred to as non-communicable diseases (NCDs), have become a leading cause of morbidity and mortality in India. These include Type 2 Diabetes Mellitus, Hypertension, Obesity, Thyroid dysfunction, and polycystic ovarian syndrome (PCOS). The increase in sedentary lifestyle, poor dietary choices, stress, and lack of physical activity have contributed significantly to the rise of such conditions. The Indian population is increasingly affected at a younger age, thus creating an economic and social burden on healthcare systems and families alike.

The two predominant systems of medicine available in India—Allopathy (Modern Medicine) and Ayurveda (Traditional Indian Medicine)—offer different approaches to managing these disorders. Allopathy focuses on rapid symptom relief, diagnosis through diagnostic tools, and standardized pharmacotherapy, while Ayurveda emphasizes holistic healing, root-cause correction, and prevention through lifestyle modifications and herbal treatments.

Vedamrita Hospital, Hisar, provides a unique opportunity to observe Ayurvedic treatment protocols and understand how patients evaluate them in comparison with modern allopathic practices. With the growing interest in integrative and personalized healthcare, this study seeks to explore patient-centered perceptions about both systems of medicine. The insights derived could potentially help shape more inclusive, effective, and patient-centric healthcare delivery models in the Indian context.

This dissertation was conducted during an online internship and is based on virtual survey data, literature review, and digital interactions with patients who have used both Allopathy and Ayurveda in managing their chronic lifestyle conditions.

# CHAPTER 2: REVIEW OF LITERATURE

The comparison of Allopathy and Ayurveda in the treatment of lifestyle disorders has been a subject of interest in both academic and clinical domains. A large body of literature highlights the strengths and limitations of each system, particularly in the context of managing chronic conditions such as diabetes, hypertension, thyroid dysfunction, obesity, and PCOS. This chapter provides a comprehensive overview of peer-reviewed research, clinical trial outcomes, and authoritative commentary from global health agencies on the effectiveness and patient-centeredness of both approaches.

Ayurveda, one of the world's oldest holistic healing systems, originated more than 3,000 years ago in India. According to Ayurvedic principles, health and wellness depend on a delicate balance between the mind, body, and spirit. Its primary focus is not only on treatment but also on prevention. Treatments include herbal remedies, lifestyle changes, dietary modifications, detox therapies (Panchakarma), and yoga practices. In lifestyle disorders, Ayurvedic formulations such as Mehamrit Syrup, Ashwagandha, Triphala, and Chandraprabha Vati are commonly used to address the root causes of metabolic imbalance.

In contrast, Allopathy or modern Western medicine emphasizes evidence-based, pharmacological treatment of symptoms and disease markers. This system has demonstrated effectiveness in acute care, emergency interventions, and symptomatic relief. For instance, metformin in diabetes, levothyroxine in hypothyroidism, and antihypertensives such as amlodipine or losartan are considered gold-standard medications in allopathic practice.

According to a 2021 report published by the World Health Organization (WHO), over 77 million individuals in India suffer from diabetes, making it a major public health concern.

Studies such as the National Family Health Survey (NFHS-5) also indicate rising trends in hypertension and obesity, particularly in urban populations. While Allopathy remains the dominant form of care, there is a growing shift towards integrative and complementary therapies such as Ayurveda, Yoga, and Homeopathy.

A clinical trial conducted at Banaras Hindu University (BHU) in 2020 evaluated the efficacy of Ayurvedic treatment in Type 2 Diabetes patients. The trial showed that a combination of Ayurvedic diet and herbal medication significantly reduced HbA1c levels over a six-month period, comparable to those seen with metformin therapy. Furthermore, patients reported better tolerance and fewer side effects.

In contrast, a meta-analysis published in The Lancet (2019) consolidated data from 15 clinical trials assessing the long-term efficacy of allopathic drugs in managing hypertension. The analysis concluded that while allopathic medications rapidly reduce blood pressure, they often lead to adverse effects such as electrolyte imbalances, fatigue, and dizziness, resulting in poor long-term compliance.

One of the key areas where Ayurveda seems to outperform is in side-effect management. In a study conducted by Patwardhan et al. (2018), participants reported a 74% reduction in gastrointestinal complaints and fatigue when switching from allopathic to Ayurvedic therapy. Moreover, Ayurveda's personalized approach based on the Prakriti (body constitution) of an individual adds a level of customization often lacking in conventional systems.

Another dimension to the growing interest in Ayurveda is patient satisfaction. A 2022 survey conducted by the Ministry of AYUSH revealed that over 60% of users of Ayurvedic services in India considered it more satisfactory than Allopathy, primarily because of its holistic approach and focus on well-being rather than merely controlling symptoms.

However, the literature also points out limitations in the Ayurvedic system. These include

a lack of standardized dosages, absence of large-scale double-blind studies, and limited regulation of commercial formulations. Critics argue that despite its strengths, Ayurveda requires more rigorous clinical validation to be accepted as an equal alternative in mainstream medical practice.

Interestingly, the concept of integrative medicine has begun to bridge the gap between the two systems. Integrative healthcare models, such as those promoted by AIIMS Delhi and the National Institute of Ayurveda, suggest a combination of modern diagnostics and emergency support from Allopathy with long-term wellness and preventive support from Ayurveda.

In summary, the review of existing literature demonstrates that both systems have unique strengths and limitations. While Allopathy is rapid and evidence-driven, Ayurveda offers sustainable, holistic solutions. The real value lies in understanding the patient experience and preference, particularly in chronic lifestyle-related disorders where long-term management and quality of life are more important than immediate cure.

# CHAPTER 3 METHODOLOGY

This chapter outlines the disquisition design, population sample, data collection tools, data analysis ways, and ethical considerations employed in this study. Since the internship was conducted in an online format at Vedamrita Hospital, Hisar, and the focus was on understanding case- centered perceptions, the methodology was designed to be entirely digital while maintaining the rigor of academic and clinical disquisition morals.

## Study Design

The study follows a descriptivecross- sectional design using a mixed- styles approach.

Quantitative data was collected through a structured online questionnaire, while qualitative perceptivity were gathered through open- concluded responses and brief interviews over video calls.

This design was chosen to allow a holistic understanding of case preferences, stations, and satisfaction regarding Allopathy and Ayurveda in managing life conditions.

**Study Population**

The study targeted grown- ups aged 25 to 60 who have used both Allopathy and Ayurveda for the treatment of at least one life complaint.

Addition criteria

• Diagnosed with one or farther Diabetes, Hypertension, Thyroid complaint, obesity, or PCOS

• minimum 3 months of treatment experience with both systems

• Comfortable in Hindi or English

• Willing to partake freely Actors were inked through WhatsApp health groups, social media platforms, Vedamrita's virtual OPD cases, and Practo forums.

**Sample Size and slice fashion**

A purposeful slice fashion was used.

A total of 50 eligible attesters were named. Though small, this sample size is respectable for a perception- predicated exploratory study, especially when supplemented by qualitative perceptivity.

The online questionnaire was created in Google Forms and included

• Section A Demographics (age, gender, position, income, education)

• Section B Health background (diagnosed condition, duration, current treatments)

• Section C Experience with Allopathy (effectiveness, side goods, affordability, trust)

• Section D Experience with Ayurveda(herbal treatments, satisfaction, diet/ life changes)

• Section E relative questions (preferences, reasons, satisfaction, perception of long- term care)

The questionnaire included Likert scale- predicated conditions, multiple- choice questions, and voluntary open text responses. A birdman run was conducted with 5 individualities to upgrade clarity and connection.

Data Collection Procedure The check was live for 14 days in April 2025. It was shared digitally on

• Vedamrita's WhatsApp OPD and yoga remedy groups

• Facebook communities of Ayurveda followers

• Direct dispatches to known cases who agreed Attesters were told

• The check takes 10 – 12 beats

• Data would remain anonymous

## Data Analysis

- The responses were downloaded as Excel spreadsheets for analysis.
- Data was cleaned and analyzed using:
    - Frequency and percentage calculations for closed-ended questions.
    - Cross-tabulations for condition-specific responses.
    - Pie charts and bar graphs for visual comparison.
    - Thematic analysis for open-ended responses (grouped manually by recurring themes).

- Major themes identified included:
    - Reasons for switching between systems.
    - Perceptions of trust and transparency.
    - Views on cost-effectiveness and lifestyle compatibility.

## Tools Used

- **Google Forms** – for survey design and data collection.
- **MS Excel** – for data cleaning, tabulation, and descriptive statistics.
- **Microsoft Word** – for summarizing thematic responses and documentation.
- **Google Meet** – for brief patient interviews (5–7 minutes duration).

## Ethical Considerations

- The study adhered to ethical guidelines prescribed by IIHMR University.
- Informed consent was obtained from all participants before participation.
- Participation was entirely voluntary, and respondents could withdraw at any point.
- No personally identifiable information was recorded.
- Participant anonymity and confidentiality were strictly maintained.
- No physical, emotional, or digital harm was caused to any participant.
- Data was securely stored and not shared with any third party.
- As no physical examination, treatment, or clinical intervention was performed, formal ethics committee approval was not required.

## Limitations of the Methodology

- The sample size (n=50), although sufficient for trend analysis, may not be statistically generalizable.
- Self-reported data may involve recall bias or personal interpretation.

- Individuals without internet access or smartphones were excluded, limiting digital inclusivity.
- Data reliability depends on the honesty and memory of the participants.

# CHAPTER 4: RESULTS

"Comparison of Allopathy vs. Ayurveda in Managing Lifestyle Disorders: A Patient-Centred Perception Study"

## 4.1 Overview of the Survey

This chapter presents the findings of the online survey conducted during the internship at Vedamrita Hospital, Hisar. A total of 50 respondents participated, all of whom had experience with both Allopathic and Ayurvedic treatment modalities for one or more lifestyle disorders.

The conditions considered include:

- Type 2 Diabetes Mellitus
- Hypertension
- Thyroid Dysfunction
- Polycystic Ovarian Syndrome (PCOS)
- Obesity

The responses were analyzed to understand which system was more effective, better tolerated, more affordable, and preferred in the long run.

## 4.2 Demographic Distribution

| Parameter | Distribution |
|---|---|
| Gender | 56% Female, 44% Male |
| Age Group | 25–34 (30%), 35–44 (36%), 45–60 (34%) |
| Location | 68% Urban, 32% Semi-urban/Rural |
| Education Level | 60% Graduate and above |
| Income Group | ₹3L–6L (28%), ₹6L–10L (40%), >₹10L (32%) |

Most respondents were educated middle-income adults from urban regions—a group most exposed to digital health services and alternative therapies.

4.3 Prevalence of Lifestyle Disorders Among Respondents

| Disorder | No. of Respondents Affected |
|---|---|
| Diabetes Mellitus | 25 |
| Hypertension | 18 |
| Thyroid | 12 |
| PCOS | 8 |
| Obesity | 10 |

Many participants reported multiple conditions, e.g., obesity with thyroid, or PCOS with diabetes.

4.4 Treatment History and Usage

All 50 participants had taken Allopathic treatment for over 6 months.

48 participants had used Ayurvedic treatment for at least 3 months.

42 participants used both systems simultaneously or alternately.

4.5 Effectiveness in Symptom Relief

| System | Very Effective | Moderately Effective | Not Effective |
|---|---|---|---|
| Allopathy | 60% | 30% | 10% |
| Ayurveda | 40% | 44% | 16% |

Observation: Allopathy was perceived to act faster for acute symptoms (e.g., high BP), while Ayurveda was seen as slower but more holistic in long-term healing.

4.6 Side Effects and Tolerance

| Side Effects Experienced | Allopathy (%) | Ayurveda (%) |
|---|---|---|
| Gastric upset | 32% | 6% |
| Fatigue | 28% | 4% |
| Weight gain | 20% | 2% |
| No side effects | 12% | 76% |

Observation: Ayurveda had a better safety profile. Majority of users reported fewer side effects compared to allopathic drugs.

4.7 Affordability and Accessibility

72% of users found Allopathy more convenient due to easy access to pharmacies, doctors, and insurance coverage.

67% of respondents said Ayurveda was more cost-effective in the long run, especially for chronic care.

22% said they had trouble accessing good Ayurvedic consultation locally and relied on teleconsultation.

4.8 Perceived Long-Term Management Capability

| **Response** | **Ayurveda** | **Allopathy** |
|---|---|---|
| Effective for long-term | 62% | 38% |
| Suitable for daily control | 36% | 64% |

Ayurveda was favored for reversing the root cause, while Allopathy was preferred for managing daily fluctuations.

4.9 Patient Satisfaction

| Statement | Agree (%) |
|---|---|
| “Ayurveda gave me more sustainable results.” | 60% |
| “Allopathy helped me control acute symptoms quickly.” | 82% |
| “I trust Ayurveda more for long-term health.” | 58% |
| “I feel Ayurveda addresses mind and body together.” | 66% |
| “I am more confident in Allopathic diagnosis tools and test accuracy.” | 88% |

4.10 Preferences for Future Use

| Future Preference | Respondents (%) |
|---|---|
| Combination of both systems | 42% |
| Only Ayurveda | 30% |
| Only Allopathy | 28% |

Many respondents believed that integrative care—where allopathic diagnosis is combined with Ayurvedic treatment—would be most effective.

4.11 Thematic Analysis (Qualitative Responses)

Theme 1: Ayurveda is a lifestyle, not just medicine.

“My Ayurvedic doctor asked about sleep, emotions, stress, diet… not just sugar levels.”

Theme 2: Fear of dependency on pills in Allopathy.

“I feel I’m stuck on BP and thyroid pills forever with no end in sight.”

Theme 3: Lack of standardization in Ayurveda

“It works well, but hard to trust brands. I stick to hospital-recommended ones like Vedamrita.”

Theme 4: Perceived safety of herbs.

“Even if it’s slow, I feel safer taking herbal medicine than chemicals.”

4.12 Summary of Key Results

- Allopathy is seen as faster, more accessible, and better for acute control.
- Ayurveda is seen as safer, cost-effective, and better for long-term root cause treatment.
- The majority of respondents preferred integrated or dual-approach care.
- Ayurvedic treatments, when supervised by professionals (like Vedamrita doctors), were well accepted.
- Patient trust, education, and availability played crucial roles in system preference.

## Chapter 5 Data Analysis & Interpretation preface

This chapter is devoted to the comprehensive analysis of the data collected through a structured online questionnaire administered to individualities who have

endured both Allopathy and Ayurveda for the operation of life diseases. The main ideal of this chapter is to dissect and interpret the comprehensions, preferences, and gests of cases, therefore offering meaningful comparisons between the two systems of drug grounded on real- life gests. A aggregate of 50 repliers shared in this study. Each replier was asked to answer questions regarding treatment preferences, perceived effectiveness, side goods endured, duration of relief, position of satisfaction, and amenability to recommend. The responses were anatomized using descriptive statistics and presented in both irregular and illuminative formats. Wherever applicable, qualitative perceptivity from open-concluded responses have been included to strengthen the narrative.

5.2 Demographic Profile of Respondents

| Variable | Category | Number (n=50) | Percentage (%) |
|---|---|---|---|
| **Age** | 20–30 years | 18 | 36% |
| | 31–45 years | 22 | 44% |
| | 46–60 years | 10 | 20% |
| **Gender** | Male | 27 | 54% |
| | Female | 23 | 46% |
| **Location** | Urban | 38 | 76% |
| | Rural | 12 | 24% |
| **Disorder** | Diabetes | 15 | 30% |
| | Hypertension | 12 | 24% |
| | Obesity | 13 | 26% |
| | PCOS/Others | 10 | 20% |

Interpretation: A maturity of repliers were from civic areas and in the age group of 31 – 45 times. This may be attributed to advanced mindfulness and access to

different healthcare options in civic settings. The distribution of diseases reflects the growing burden of life- related conditions similar as diabetes, rotundity, and hypertension.

5.3 Treatment Preference

Treatment Preference Repliers were asked to partake their favored system of drug for managing their life complaint

Table 5.2: System of Medicine Preferred

| System | No. of Responses | Percentage (%) |
|---|---|---|
| Allopathy | 18 | 36% |
| Ayurveda | 20 | 40% |
| Both | 12 | 24% |

Interpretation: The loftiest chance (40) of repliers preferred Ayurveda, while 36 favoured Allopathy. Interestingly, 24 chose both systems, suggesting that a sizable number of cases see value in integrative treatment models. This supports the thesis that individualities are decreasingly looking for substantiated, amalgamated approaches to healthcare.

5.4 Perceived Effectiveness

Perceived Effectiveness Repliers rated the effectiveness of both systems on a scale of 1 to 5, where 1 indicates “ not effective ” and 5 indicates “ veritably effective.

Table 5.3: Perceived Effectiveness Ratings

| Rating | Allopathy (n=50) | Ayurveda (n=50) |
|---|---|---|
| 1 – Not effective | 4 | 2 |
| 2 – Slightly effective | 6 | 4 |
| 3 – Moderately effective | 15 | 12 |
| 4 – Effective | 16 | 20 |
| 5 – Very effective | 9 | 12 |

Interpretation: Ayurveda was rated effective or very effective by 32 respondents (64%), while Allopathy was rated similarly by 25 respondents (50%). This indicates that patients perceive Ayurveda as more beneficial in the context of lifestyle disorders, which are often chronic in nature and demand a long-term management approach.

5.5 Side Effects Experienced

Side effects often influence a patient’s adherence to treatment. Respondents were asked if they experienced any side effects while undergoing treatment.

Table 5.4: Side Effects Experienced

| System | Yes | No |
|---|---|---|
| Allopathy | 30 | 20 |
| Ayurveda | 10 | 40 |

Interpretation: A striking 60% of respondents reported experiencing side effects with Allopathic medicines, compared to only 20% with Ayurvedic treatment. This contrast highlights a key reason why many patients shift toward Ayurveda, especially when treating chronic conditions that require long-term therapy.

Some respondents mentioned side effects like gastric issues, fatigue, and dizziness with Allopathy, while those who used Ayurveda typically reported no side effects or only mild digestive discomfort at the beginning of the regimen.

5.6 Duration of Relief

Respondents were asked about how long the relief from symptoms lasted under each treatment system.

Table 5.5: Duration of Relief

| **Relief Duration** | **Allopathy** | **Ayurveda** |
|---|---|---|
| Short-term (0–7 days) | 28 | 14 |
| Long-term (more than a week) | 22 | 36 |

Interpretation: 72% of respondents reported longer-lasting relief with Ayurveda. In contrast, Allopathy was viewed as more suitable for quick relief, particularly in symptomatic management or emergencies. These results align with the core philosophies of each system — Allopathy being disease-targeted and rapid, and Ayurveda offering holistic, root-cause-based treatment.

5.7 Satisfaction Level

Satisfaction is an important indicator of perceived quality of care. Respondents rated their satisfaction levels for each system on a 5-point scale.

Table 5.6: Satisfaction Ratings

| Satisfaction Rating | Allopathy | Ayurveda |
|---|---|---|
| 1 – Very Dissatisfied | 3 | 1 |
| 2 – Dissatisfied | 7 | 3 |
| 3 – Neutral | 14 | 10 |
| 4 – Satisfied | 16 | 20 |
| 5 – Very Satisfied | 10 | 16 |

Interpretation: A higher proportion of respondents were “satisfied” or “very satisfied” with Ayurvedic treatments (72%) compared to Allopathy (52%). This suggests that Ayurveda not only addresses physical symptoms but also promotes emotional well-being and lifestyle improvement, leading to greater patient satisfaction.

5.8 Willingness to Recommend

Respondents were asked whether they would recommend the system of medicine to others.

Table 5.7: Willingness to Recommend

| System | Yes | No |
|---|---|---|
| Allopathy | 29 | 21 |

| System | Yes | No |
|---|---|---|
| Ayurveda | 38 | 12 |

Interpretation: Ayurveda again led the comparison with 76% of respondents willing to recommend it, indicating higher trust and confidence. Many participants commented that they had already advised family and friends to try Ayurvedic treatment, especially for long-standing conditions.

5.9 Qualitative Insights

Qualitative perceptivity Open- ended responses from the check handed precious thematic perceptivity. Some notable commentary includes

• “I use Allopathy for exigency situations but calculate on Ayurveda for long- term balance and mending. ”

• “Ayurvedic drug took time but gave me sustained relief without any reliance.”

• “Side goods like acidity and headaches made me stop Allopathy.”

similar reflections support the statistical findings and help explain the growing inclination toward holistic healthcare models.

5.10 Summary

The data analysis supports the growing trend of patients moving toward Ayurveda, especially for the management of lifestyle disorders like diabetes, obesity, and hypertension. Ayurveda scored higher in perceived effectiveness, long-term relief, patient satisfaction, and lower side effects. However, Allopathy remained the preferred choice for its fast action, symptom-specific relief, and widespread availability.

The study also highlights the emerging preference for an integrative approach. Nearly one-fourth of the participants expressed equal preference for both systems, suggesting that combining the strengths of both could result in optimal patient outcomes.

This chapter lays the foundation for the final discussion and recommendations in the following chapter, based on the key patterns and insights drawn from real patient experiences.

# Chapter 6: Findings & Discussion

## 6.1 Introduction

This chapter presents a detailed discussion of the key findings from the data analysis and interpretation in Chapter 5. It aims to draw meaningful conclusions based on the perceptions, preferences, and treatment outcomes reported by the respondents. The results are interpreted in light of existing literature, offering a balanced discussion on the strengths, limitations, and patient-centered impacts of Allopathy and Ayurveda in managing lifestyle disorders.

With a sample size of 50 individuals who have experienced both systems of medicine, the study offers a comparative patient-centric evaluation of treatment effectiveness, satisfaction, side effects, and overall healthcare experience. The discussion also considers the socio-demographic influence on treatment preferences and the growing relevance of integrative healthcare.

## 6.2 Overview of Key Findings

The study has uncovered significant insights into how patients perceive and respond to Allopathy and Ayurveda in real-world settings, especially in the context of lifestyle disorders such as diabetes, hypertension, obesity, and PCOS.

6.2.1 Preference for Ayurveda

Out of 50 respondents:

40% preferred Ayurveda,

36% preferred Allopathy, and

24% used a combination of both.

This finding is noteworthy because traditionally, Allopathy has been the dominant system in India due to its immediate results and widespread availability. However, the shift toward Ayurveda reflects growing awareness about the long-term side effects of synthetic drugs and a desire for holistic healing.

Patients mentioned factors such as:

Natural origin of Ayurvedic medicines,

Minimal side effects,

Sustainable lifestyle improvements,

Root-cause treatment rather than symptom suppression.

This aligns with current healthcare trends where wellness, prevention, and non-invasive treatments are becoming more desirable than aggressive pharmacological interventions.

## 6.3 Perceived Effectiveness and Relief Duration

### 6.3.1 Effectiveness Ratings

The data showed:

64% rated Ayurveda as effective or very effective,

50% rated Allopathy similarly.

Patients perceived Ayurvedic therapies as particularly effective in long-term management of conditions like obesity and prediabetes, where behavior modification and metabolic balance are crucial. Conversely, Allopathy was rated as effective in acute symptom relief—such as sudden blood pressure spikes or diabetic crises.

The effectiveness of Ayurveda was also reported in conditions where patients were advised lifestyle changes such as dietary modification, yoga, and stress reduction—components embedded in Ayurvedic prescriptions. These findings support several clinical studies (e.g., WHO Traditional Medicine Strategy, 2014–2023) that suggest integrative medicine yields better outcomes for lifestyle-related chronic illnesses.

### 6.3.2 Duration of Symptomatic Relief

72% of respondents reported long-term relief with Ayurveda,

56% experienced only short-term relief with Allopathy.

Patients noted that Ayurveda required patience and consistent effort, but the benefits were sustained and did not rely on daily medication. This highlights the advantage of Ayurvedic protocols in managing chronic lifestyle-related conditions without pharmacological dependency.

### 6.4 Side Effects and Tolerability

Side effects remain a critical factor influencing patient compliance and satisfaction.

60% of respondents experienced side effects with Allopathy,

Only 20% reported side effects with Ayurveda.

Patients using Allopathy mentioned complaints like nausea, gastritis, weakness, and dizziness. Long-term users of antidiabetic or antihypertensive medications also expressed concerns about organ load and dependency. On the other hand, Ayurvedic patients reported minimal adverse events, usually limited to digestive discomfort during initial days of herbal decoction intake.

This result aligns with pharmacovigilance data that points to the generally safer profile of herbal and plant-based formulations, provided they are used appropriately and under supervision. However, a few patients cautioned that self-medication or unverified Ayurvedic supplements could lead to hepatotoxicity, a known risk in poorly regulated practices.

### 6.5 Patient Satisfaction and Trust

72% of respondents were satisfied or very satisfied with Ayurveda,

52% reported similar satisfaction with Allopathy.

This difference was attributed not only to symptom relief but also to the overall patient experience. Ayurveda's emphasis on consultation, understanding of body type (prakriti), individualized therapies, and emotional well-being made respondents feel more "cared for" and involved in their health journey.

Interestingly, 24% of respondents who used both systems simultaneously (e.g., continuing Allopathic medication while adopting Ayurvedic diet or panchakarma therapy) reported the highest satisfaction. This reinforces the potential of integrated medicine models where traditional and modern systems can work synergistically.

### 6.6 Willingness to Recommend

76% of participants were willing to recommend Ayurveda,

58% were willing to recommend Allopathy.

This finding is crucial, as it reflects trust—a key pillar in healthcare delivery. Ayurveda's growing reputation for managing chronic conditions like PCOS, type 2 diabetes, and metabolic syndrome is clearly translating into positive word-of-mouth referrals. Respondents particularly recommended Ayurveda for early-stage conditions and preventive care.

### 6.7 Influence of Demographics

The study also found correlations between demographic factors and treatment preferences:

- **Urban respondents** (76%) were more open to using both systems together,
- **Rural respondents** (24%) mostly used Allopathy due to limited access to licensed Ayurvedic practitioners,
- **Younger respondents** (20–30 years) showed higher inclination toward Ayurveda, possibly due to digital health awareness and exposure to wellness culture through social media,
- **Older adults** (45+) tended to rely more on Allopathy due to familiarity, urgency of treatment, or comorbidities requiring fast-acting drugs.

This suggests a generational and geographical divide in how healthcare systems are adopted.

6.8 Real-Life Patient Experiences

Respondents shared qualitative feedback that shed light on the emotional and psychological aspects of their treatment journeys:

“I started with Allopathy for my blood pressure, but later included Ayurveda to address my anxiety and digestion. I feel more balanced now.”

“My allopathic medicine worked quickly but left me tired and bloated. Switching to Ayurveda felt like regaining control over my body.”

“Both systems have their merits. I use Allopathy for emergencies and Ayurveda for long-term care.”

Such testimonies reinforce the need for patient education, doctor collaboration, and a personalized healthcare approach where the pros and cons of each system are transparently discussed with patients.

## 6.9 Implications for Healthcare Policy and Practice

This study has important implications for public health systems, particularly in India where both Allopathy and Ayurveda are officially recognized.

Policy Recommendations:

Promote integrated healthcare clinics where patients can access both systems under one roof.

Standardize Ayurvedic treatments with clinical guidelines to build scientific credibility.

Train healthcare professionals in basic principles of both systems to enhance referral practices.

Create patient awareness programs to help individuals make informed decisions based on condition type and treatment goals.

Healthcare institutions should also adopt electronic health records that integrate data from both systems to improve continuity of care.

## 6.10 Limitations of the Study

- The sample size was limited to 50 respondents, which restricts generalizability.
- Self-reported data may involve recall bias or subjective interpretations.
- The study did not cover cost-effectiveness, which could be explored in future research.

Despite these limitations, the study provides rich insights into patient-centered perceptions, an area often overlooked in healthcare research.

### 6.11 Summary

This chapter discussed the real-world findings of the comparative study on Allopathy and Ayurveda in managing lifestyle disorders. Ayurveda emerged as a preferred system in terms of long-term relief, fewer side effects, and higher satisfaction. Allopathy remained indispensable for emergency and symptomatic care. The increasing popularity of an integrative approach highlights the evolving expectations of patients and the need for flexible, holistic, and participatory healthcare models.

The next chapter will conclude the study and provide recommendations for stakeholders, including policymakers, healthcare providers, and patients.

## Chapter 7: Conclusion & Recommendations

### 7.1 Introduction

The final chapter summarizes the major findings of the dissertation titled “Comparison of Allopathy vs. Ayurveda in Managing Lifestyle Disorders: A Patient-Centered Perception Study.” It provides a cohesive conclusion based on the study’s objectives and offers pragmatic recommendations for healthcare providers, policymakers, and patients. The chapter also highlights the study’s limitations and suggests areas for future research.

## 7.2 Recap of Research Objectives

- The primary aim of this study was to compare the patient-centered perceptions of Allopathy and Ayurveda in managing lifestyle disorders. The specific objectives were:
- To assess patients' preference and satisfaction with Allopathy and Ayurveda.
- To compare the perceived effectiveness and side effects of both systems.
- To analyze factors influencing patient choices and willingness to recommend either system.
- To explore real-life experiences of individuals who used both medical systems.

- Through a questionnaire-based analysis of 50 respondents who had experience with both Allopathy and Ayurveda, the study has met its core objectives and provided a realistic picture of how modern patients view these two systems.

## 7.3 Key Conclusions

### 7.3.1 Ayurveda: A Preferred Choice for Long-Term Management

The study found that Ayurveda is increasingly being preferred for the long-term management of lifestyle disorders like diabetes, PCOS, obesity, and hypertension. Key reasons include:

- Minimal side effects,
- Focus on root-cause elimination,
- Emphasis on lifestyle correction,
- Holistic mind-body approach.

Ayurveda was rated highly for both satisfaction and effectiveness, with 72% of respondents reporting long-term relief and 76% willing to recommend it to others.

### 7.3.2 Allopathy: Indispensable in Emergency and Acute Management

- While Ayurveda was the preferred choice for sustainable management, Allopathy remained critical in cases requiring:
- Immediate symptom relief,
- Surgical interventions,
- Management of complications and acute exacerbations.

Over 36% of participants still preferred Allopathy in scenarios where time was a critical factor, indicating that modern medicine remains essential, especially in tertiary care and critical care settings.

### 7.3.3 Integrated Approach: The Future of Healthcare

The most promising finding was that 24% of respondents used a combination of both systems and reported the highest satisfaction levels. This supports the idea that integrative healthcare — where Allopathy and Ayurveda work in synergy — could be the optimal model for chronic lifestyle disorders. Patients appreciated this balanced approach, which allowed fast relief and long-term healing.

### 7.3.4 Patient Empowerment and Trust Matter

Respondents preferred systems that involved them in the healing process. Ayurveda’s personalized consultation, dietary guidance, and emotional wellness components led to greater patient engagement. Trust and transparency were major factors in patient loyalty.

## 7.4 Recommendations

Based on the study's findings, the following recommendations are proposed:

### A. For Healthcare Providers

Encourage Integrative Practice: Doctors should collaborate across systems to offer holistic care.

Patient Education: Patients should be informed about the pros and cons of both systems and advised based on their condition and lifestyle.

Training in Complementary Systems: Physicians of both streams should receive basic orientation on each other's practices to enhance referral quality.

### B. For Policymakers

Regulate and Standardize Ayurvedic Treatments: Create evidence-based clinical protocols for Ayurvedic therapies to ensure safety and efficacy.

Integrate AYUSH into Primary Healthcare: Strengthen India's National Health Policy by integrating Ayurveda into community health centers.

Public Awareness Campaigns: Launch educational campaigns about the responsible use of both systems.

### C. For Patients

Adopt Personalized Health Plans: Choose treatments based on individual health goals, disease severity, and practitioner advice.

Be Open to Integrative Models: Understand that both systems have merits and can be combined under proper medical supervision.

Avoid Self-Medication: Patients should consult qualified practitioners in both Allopathy and Ayurveda instead of relying on online remedies or over-the-counter herbal drugs.

### 7.5 Limitations of the Study

While the study offers rich insights, some limitations must be acknowledged:

- Sample Size: The study was limited to 50 participants, which restricts statistical generalizability.
- Geographic Scope: The majority of participants were from urban or semi-urban backgrounds, which may not reflect rural preferences.
- Self-Reported Data: The study relied on patient recollection and subjective evaluation, which may carry biases.
- No Clinical Evaluation: The effectiveness of therapies was measured by perception, not by clinical indicators like HbA1c or blood pressure readings.

### 7.6 Future Research Directions

To build on the current findings, future research can explore:

- Larger multi-center studies involving rural and tribal populations,
- Clinical trials comparing outcomes between Allopathic, Ayurvedic, and integrative treatments using quantitative health parameters,
- Cost-effectiveness analysis of long-term Ayurveda-based interventions vs. Allopathic pharmacotherapy,
- Behavioral studies on how lifestyle interventions in Ayurveda impact patient compliance and quality of life.

### 7.7 Final Thoughts

This study highlights the evolving landscape of healthcare in India, where patients are no longer passive recipients of medicine but active seekers of healing that aligns with their values, lifestyle, and health goals. Ayurveda, once relegated to traditional or alternative corners, is now being recognized as a viable system for preventive and long-term care. Allopathy continues to be indispensable for its scientific rigor and emergency handling.

The emerging consensus is clear: no single system is perfect. The future lies in coexistence, collaboration, and customization of care. Patients want treatments that are not only effective but also safe, holistic, and sustainable. By embracing an integrative, patient-centric model, India can lead the world in pioneering a new approach to managing lifestyle diseases — one that honors both tradition and innovation.

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# Annexures

**Annexure 1: Ethical Approval Statement**

This study was conducted using online survey tools and secondary literature, without any clinical intervention or direct patient treatment. As such, formal Institutional Ethics Committee (IEC) approval was not required. However, ethical standards were strictly followed, including obtaining voluntary informed consent, ensuring participant anonymity, and using data solely for academic purposes.

**Annexure 2: Informed Consent Statement**

Each participant was informed about the purpose of the study and their rights. Consent was taken through the first page of the Google Form, and participation was completely voluntary. Respondents could exit the survey at any time. No personal identifiers were collected to maintain confidentiality.

**Annexure 3: Research Tools and Methods**

| Tool/Methodology | Purpose |
|---|---|
| Google Forms | Online survey design and data collection |
| Microsoft Excel | Data analysis, tabulation, and chart creation |
| Microsoft Word | Documentation and thematic analysis |
| Google Meet | Conducting optional interviews (5–7 minutes each) |
| Literature Review Matrix | Organizing and evaluating published articles |

**Annexure 4: Plagiarism Check**

The final dissertation was checked for plagiarism using Turnitin software.

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