

Exploring Healthcare Preferences: A Comparative Analysis of Attitude and Belief towards Existing Medical Practices in and around West Bengal, India

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ABSTRACT

Over the past few decades, the field of medicine has faced unprecedented challenges with the proliferation of diseases that goes beyond the age, gender and economic boundaries. The survey revealed that allopathy remained the most preferred medical system, favoured by 73.2% of participants. Homoeopathy, with its holistic approach, garnering substantial trust, was chosen by 17.2% of respondents. Ayurvedic medicine, while less favoured, still held a presence at 2.5% of participants. These preferences reflected a diversity of healthcare choices in West Bengal and the adjoining areas. The study underscored the importance of medicine availability in shaping individual choices. Additionally, the survey highlighted a perception of allopathic medicines as expensive and potentially influencing healthcare decisions. Twenty one per cent of the respondents agreed that their changing patterns of lifestyle influenced their choice of medicine, 28% portrayed neutral attitude towards their choice of medicine and 14.6% did not perceive a strong connection between lifestyle choices and medical decisions. This work contributed to a deeper understanding of healthcare preferences and their determinants, offering valuable insights into the complex dynamics of medical choices in a diverse and dynamic society.

Key words: Allopathy, homoeopathy, ayurveda, healthcare, medicine

INTRODUCTION

21st century medicines are facing tough competition with the growing number of diseases. Diseases of the present day do not have the boundaries of age, gender, or economic background. And to prevent these diseases, mankind has opted for various forms of medication; these medications are not only facing competition from the growing diseases but also within itself. Individuals are facing the dilemma of choosing any one kind of medication. Homoeopathy, allopathy and ayurvedic medicines have come a long way from where it started. It has changed its forms and compositions in relevance to people's needs but as human beings our needs change every day regarding our lifestyle, economic conditions and body capacity (Torkadi *et al.*, 2021). The fundamental differences between allopathic, homoeopathic and ayurvedic medicines extend beyond their physical

applications to encompass the philosophical underpinnings that guide their practice. Allopathic medicine, grounded in evidence-based practices and modern scientific advancements, often relies on pharmaceutical interventions and surgical procedures to treat illnesses (Eldridge, 2022). On the other hand, homoeopathy emphasizes the administration of highly diluted substances to stimulate the body's innate healing abilities (Ratini, 2021). Ayurveda seeks harmony through a balance of mind, body and spirit using natural substances and holistic practices (Roy, 2015; Somani *et al.*, 2016). Understanding the psychology of health seekers and their perspectives on allopathic, homoeopathic and ayurvedic medicine holds multifaceted implications. This research delves into the cognitive processes, emotional considerations and social contexts that contribute to the adoption, continuation, or rejection of specific medical practices (Ahmad *et al.*, 2015; Blazer

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et al., 2018). By examining the factors that drive individuals to choose one approach over others, light was shed on the intricate interplay between medical belief systems and psychological influences. The ancient Indian systems of medicine and homoeopathy lay great emphasis on prevention of disease and promotion of health. Ayurveda, yoga, Unani, Siddha, Homoeopathy and naturopathy comprise the acronym (AYUSH) used to refer to alternative medical systems that are being practiced in India (Singhal and Roy, 2018; Tillu, 2018). Lifestyle disorders are associated with the way a person lives or a group of people lives. It appears to increase in frequency as our country tends to become more industrialized and the mortality rate decreases. The lifestyle disorder has also been called a disease of longevity or disease of civilization (Basavareddy *et al.*, 2017).

This study aimed at providing insights into the motivations behind health-seeking behaviours and the factors that shape individuals' choices among allopathic, homoeopathic and ayurvedic treatments. By examining the intricate relationship between medical paradigms and psychological constructs one can contribute to a more comprehensive understanding of how cultural, cognitive, and emotional aspects guide healthcare decisions in a diverse and dynamic society. It would help to understand the awareness level of lifestyle based disorder and to understand the serving class personnel's attitude towards these systems of medicine in management of the lifestyle based disorder. With the help of this study, one can understand the various attributes which affect the preference of the consumers in the selection of treatment (Naikwade *et al.*, 2016). Ultimately, this research has the potential to inform medical practitioners, policymakers and healthcare providers about the diverse needs and preferences of patients, leading to more patient-centered and effective healthcare practices (Roy *et al.*, 2015).

This research was tried to emphasize the social and psychological factors of human beings of a developing country and their approach towards medication. Surveys were mainly conducted on subjects from West Bengal and few from other parts of India. This study endeavoured to recognize the evolving trends in people's selection of treatments. The main objective and the long-term goal of this

research was to unravel the intricate interplay of psychological factors that shape individuals' attitudes and beliefs towards allopathic, homeopathic and ayurvedic medicine, fostering a comprehensive understanding of healthcare decision-making.

MATERIALS AND METHODS

This study utilized a questionnaire-based approach distributed to 157 willing participants through an online platform, specifically Google Forms. The research employed data visualization techniques and descriptive statistics to gauge the awareness levels among the respondents. These participants were categorized into four distinct age groups: 11-20, 21-40, 41-60 and 61 and above. The survey questions were intentionally designed to be straightforward, ensuring that individuals with varying levels of expertise could easily comprehend and respond, thus generating pertinent data for this investigation (Rudra *et al.*, 2023).

RESULTS AND DISCUSSION

The extent of familiarity with various medical disciplines is closely linked to people's knowledge, the credibility of information they possess, and their understanding of these medical fields within a given population. This investigation was conducted within the West Bengal region and other parts of India, with a particular focus on assessing the level of awareness regarding existing medical preferences. The survey had 157 participants, as it was conducted over a limited period of four weeks. During this time frame, questionnaires were created and distributed to individuals of varying age groups, both known and unknown to the researchers. The data were analyzed for the statistical insights (Mondal *et al.*, 2023).

The survey sample primarily consisted of individuals between the ages of 21 to 40 years, suggesting that this age group was more actively engaged or accessible for participation. Participants aged 11 to 20 years represented 30.6% of the sample, while those aged 41 to 60 years represented 14.6% and 60 and above constituted 5.1% of the sample, respectively (Table 1). This indicated that the survey had a relatively balanced distribution across

Table 1. Distribution of educational qualification across the age groups among the study participants (N=157)

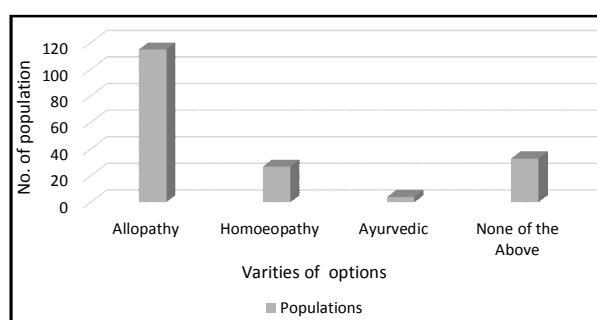
Variables	Frequency	Percentage
Age group (year)		
11-20	48	30.6
21-40	78	49.7
41-60	23	14.6
60 and above	8	5.1
Educational qualification		
Matriculate/Intermediate	62	39.5
Graduate	67	42.7
Postgraduate	26	16.6
Doctorate	2	1.3

different age groups, with a slight skew towards younger adults. There was a relatively balanced distribution across education levels, with a notable presence of 42.7% holding graduate qualifications, followed closely by those with a matriculate/intermediate education at 39.5%. Postgraduates represented 16.6% of the sample, while individuals with a doctorate degree comprised only 1.3%. This suggested that most participants attended at least a graduate-level education, indicating a relatively educated sample population. Thus, the data provided insights into the demographic profile of the survey respondents, which could be valuable for interpreting their perspectives and attitude towards the study topic.

Out of 157 individuals, 132 participants (84.1%) did not have any existing chronic diseases and 14% of them suffered from chronic diseases which included 14 individuals (8.9%) having respiratory disorders, four individuals (2.5%) dealt with cardiovascular problems and three individuals (1.9%) had diabetes. Notably, many of the participants, specifically 140 out of 157 (89.2%) did not have any specific chronic illnesses. It reassured that most of the participants were in good health.

Among the 157 participants, 11 individuals (7%) experienced fever, 23 individuals (14.6%) dealt with acidity issues, and 18 individuals (11.5%) were encountered shortness of breath. Thus, many of the respondents, specifically 112 out of the 157 (71.3%) did not report any chronic symptoms. It indicated that most of the participants enjoyed good health.

Most individuals, 115 participants (73.2%) favoured allopathy as their preferred treatment, while 27 participants (17.2%) opted for homoeopathy, and four participants (2.5%) chose ayurvedic medicines (Fig. 1). Allopathy

**Fig. 1.** Response of participants about the choice of existing medical branches.

held a dominant position as the preferred medical system among the surveyed individuals. This might be due to its wide availability, scientific backing and effectiveness in addressing various health issues. Homoeopathy, while less popular as allopathy, still enjoyed a significant level of trust and usage. This suggested that many individuals were open to alternative and holistic approaches to healthcare. India had rich traditional medical heritage, but ayurveda appeared to have a relatively smaller following among the surveyed individuals.

Allopathy was the most widely recognized medical practice among the surveyed individuals, with a substantial portion of respondents indicating high familiarity (Table 2). This aligned with the prominence of allopathic medicine in India's healthcare system. A note worthy proportion of respondent's remained entirely unfamiliar with homoeopathic practice. Ayurvedic medicine was not widely familiar among the surveyed participants. There is potential for increased awareness and education about ayurvedic practices among the general population.

Table 3. Response of participants towards the type of medicine opted for treatment

Variables	Allopathic	Homoeopathy	Ayurvedic
Adult	129	12	4
Children	70	45	12

There was a diverse range of beliefs regarding the side effects of different medical practices among the participants. A significant portion of respondents (55 individuals) believed that Ayurvedic medicine had fewer side effects, followed closely by homoeopathic medicine. This indicated a positive perception of traditional and alternative medical practices in terms of safety. A notable percentage of

respondents believed that all types of medicine had similar side effects. This suggested a level of skepticism or a perception of equivalence regarding the safety of different medical approaches. In this context around West Bengal, allopathic medicine was the preferred choice for most participants (80.3%) when dealing with serious illnesses. However, it was also noteworthy that a minority of respondents (11.5%) opted for alternative medical systems, such as homoeopathy and ayurveda, even in cases of serious illness. This indicated a level of diversity in healthcare preferences and openness to different medical approaches among a segment of the population.

A minority (9.6%) consistently opted for medical treatment; a larger portion seemed to be more selective or infrequent in their use of healthcare services (Fig. 2). The relatively high percentage of respondents (49) who rarely sought medical intervention might indicate their tendency to wait and see if health issues resolved on their own before seeking professional help. The small group of participants (6.4%) who never sought medical intervention could represent individuals who had strong belief or cultural practices that prioritized non-medical approaches to health and well-being.

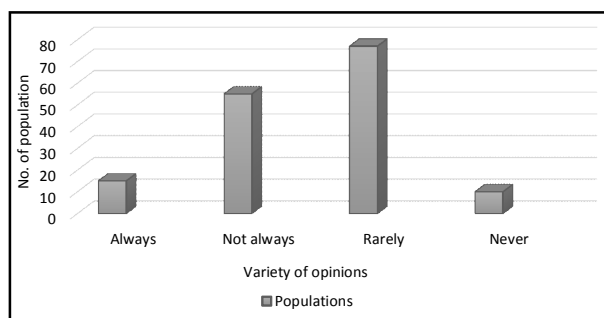


Fig. 2. Response of participants about the frequency of medical interventions.

Allopathy was the dominant and widely accepted form of medicine among the surveyed individuals and their families, with the highest frequency of usage (Table 3). Ayurvedic medicine, while present, was the least commonly used among the surveyed populations. Allopathic medicine was the most preferred choice among the participants even for their children. This suggested a high level of trust and reliance on allopathic medicine. The availability of medicines appeared to be a key factor influencing individuals' choices

regarding medical practices. This could be related to the ease of access to certain types of medicine, availability in local healthcare facilities, or personal convenience. The fact that almost half of the respondents did not change their preferred medicines in the face of unavailability suggested a level of trust and adherence to their chosen medical systems. This unwavering commitment might be due to personal beliefs, positive past experiences, or cultural factors.

Table 2. Response of participants regarding the familiarity towards existing medical practice

Variables	Allopathic	Homoeopathy	Ayurvedic
Not at all familiar	20	36	83
Moderately familiar	68	88	66
Very familiar	69	33	8

Majority of respondents (89.2%) in West Bengal and other parts of India considered allopathy medicines to be expensive. This perception of high costs could influence healthcare decisions and may lead some individuals to seek alternative, potentially more affordable, medical treatments or explore healthcare options that they perceive as being more cost-effective.

A significant proportion of the respondents, specifically 21%, strongly agreed that changes in their lifestyle had a substantial impact on their choice of medicine. This indicated that a notable portion of the surveyed individuals was highly conscious of the connection between their lifestyle and healthcare decisions. An additional 36.3% of participants agreed that lifestyle changes influenced their choice of medicine. This reaffirmed the notion that many respondents recognized the relationship between their lifestyle choices and their healthcare preferences. Approximately 28% of the participants expressed neutral attitudes, indicating that they neither strongly agreed nor disagreed that lifestyle changes affected their choice of medicine. About 14.6% of the respondents disagreed that changes in their lifestyle affected their choice of medicine. This suggested that a minority of participants did not see a strong connection between their lifestyle choices and medical decisions.

It highlighted a range of satisfaction levels among participants regarding their past medical treatments. While the majority (54.1%) expressed satisfaction, there were

individuals who reported varying degrees of partial satisfaction or dissatisfaction. These findings underscored the importance of patient feedback and experiences in healthcare decision-making.

CONCLUSION

The 21st century witnessed an unprecedented catastrophic event in the form of COVID-19 pandemic that shattered across the global periphery. The human beings realized no matter how much technologically faster they run; still the single virus could still put a total full stop on everything with a blink of an eye. Since the recent pandemic and even decades before people were always in search of new medical practices. The study involved dissecting the choice of medical practice among the civilians across the society of West Bengal and surrounding regions with respect to the lifestyle, economic conditions and bodily resilience as the principal variables. Despite the overwhelming influence of allopathy, a substantial number of the participants found homeopathy as the possible alternative medical practice. Even though ayurvedic medicines and other associated therapies have been on rise, they need to travel still a long way to be the potential force to be reckoned with. This study aimed at understanding the healthcare preferences and their probable determinants across the social hierarchy.

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