A cross sectional survey of patients visiting an Ayurvedic teaching hospital to screen the reasons for choosing Ayurveda as a preferred health care system

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**Abstract**

In a pluralistic health care delivery model, this becomes highly important to see if there are equal opportunities for the patients to opt the care of their own choice based on evidences, belief and socio-cultural connotations. India presents the largest conglomeration of health care practices in the world which are regularised by the state. Since the essence of medical pluralism lies essentially in the fact that all such systems are actually available to a health care seeker, this becomes highly relevant to look at what actually defines such choices in real life. There had not been many studies conducted to identify the factors determining the health care choices. This study identifies such underlying factors in a subpopulation seeking Ayurveda health care. A clear reasoning for health care choice was identifiable in this survey based study involving 289 respondents. Most important reasons identified by the respondents for their turning to Ayurveda were found related to the disease condition and information about the system and its probability of helping in a particular clinical condition. Contrary to the common perception, enabling factors like availability, accessibility and affordability were found little to play in making health care choices.

**Introduction**

What are the factors which prompt the patients to choose their preferred health care systems and providers? Are these preferences driven by clear benefits associated with a particular system contextual to a disease or are empirically driven choices guided by underlying belief, affordability, availability and accessibility? Choosing the appropriate health care has two distinct functional components, the first is about the system of health care and the other is about the actual health care provider within that system. Knowing about the methods and reasons the people utilize to choose their health care systems may have substantial value for the health care policy makers and the health care market leaders(1). How and why someone values one health care system over the others in the context of a disease by weighing about expected benefits, availability, affordability and accessibility in an individualized context utilizes a complex interplay of many interrelated factors acting crucially as determinants of health care choice in a completely personalized setting. These factors are apparently diverse and besides being affected by the trio of accessibility, availability and affordability also get influenced by evidences of clinical benefits witnessed directly or indirectly in similar clinical context.

Indian health care policy embraces medical pluralism by allowing scores of health care systems to function fully and freely in a clinical context open to patient’s choice. State itself has no directives of its own for preferring one system over the other and thereby it’s open to patients to choose their health care providers. State however does have its regulations to prohibit unethical practices and claims not based upon tenable scientific evidences (2). The ultimate objective of any pluralistic health care policy however should be to provide a competitive health care choice to the patients suiting to their individual needs and matching to their cultural beliefs. By providing an open access to all health care opportunities, it also indirectly insists the systems to generate the evidences related to their comparative benefits and to help the people take an informed decision about their health care choices based upon strong scientific evidences rather than merely on belief (3,4). The benefits of this Comparative Effectiveness Research (CER) approach are going to be straight, immediate and of sustained value. Demonstration of benefits of one system over the other in particular clinical condition will help filtering various health care systems on the basis of their strengths and advantages in a realistic clinical context and eventually will help sharing the burden of disease among various players operating simultaneously in the field on the basis of their proven strengths. This will come as an immense help to the policy makers for enabling them to allocate the resources on the basis of actual burden sharing among different systems. This will also help focusing upon further improving the areas of strength in various systems to make them more dependable and reproducible.

For the actual beneficiaries, the benefits of CER approach will be invaluable for its possibility of providing the information about the possible advantage of one health care system over the other referring to a particular clinical condition matching to their interest. The benefits are supposed to be multifaceted and tangible in terms of early interventions, reduced cost and better prognosis.

For any CER related research however , this is of utmost importance to see what actually prompts the patients to seek advice from a particular health care system in the absence of demonstrable CER related information and evidences. Getting inspired from such observations, the realistic goals of functioning of a health care system may be evolved to meet the patient’s expectations and at the same time misbeliefs of patients may also be countered by putting the contrary evidences. Any other compelling factor unrelated to clear clinical benefits of a particular system may also be known by such observational studies and will help taking the appropriate measures by the authorities to improve the situation. This cross sectional survey of patients visiting an Ayurvedic teaching hospital to screen the reasons for choosing Ayurveda as a preferred health care system therefore seems to serve many purposes and warrants for similar studies at many other health care facilities across the country to briefly underline all the factors which play decisively behind the choice of a health care system in a pluralistic health care model to optimize the role of every system eventually to maximize the benefits the patients may receive in least time and cost.

This cross sectional survey which was carried upon 289 outpatient department visitors during the routine OP services at Department of Kaya Chikitsa, State Ayurvedic College and Hospital, Lucknow for a month in 2017 consisted of a set of 21 presumed reasons for the respondent’s preference of Ayurveda as a health care provider in their case. The respondents were asked to mark their dissonance or resonance to the proposed reasons as applicable in their case. Through this exercise, the survey was able to screen the common causes of respondents making them visiting the Ayurvedic hospital for their health care. The survey was also able to screen the belief and misbeliefs which are also playing a role in choosing the particular health care. The commonest belief agreed upon by the largest number among the respondent population was related to culture and belief making them strongest influencers for a person to choose Ayurveda. Recommendations by someone, the respondents strongly believe in, a belief upon safety and least adversity of Ayurveda and its radical potential are other common reasons the people are found agreeing upon.

Contrary to the common belief, such ayurvedic hospital visits are not actually guided by the recommendations from other system practitioners including the explanation of the prognosis of the disease, reluctance of patients to go for other interventions as are recommended in a conventional health care setting, distance of the hospital and ease of consultation available in an Ayurveda hospital.

**Material and Methods**

**Developing the Survey Items**

Keeping the focus of the survey in mind, a brain storming session was organized in the Department of Kaya Chikitsa, State Ayurvedic College and Hospital, Lucknow in August 2017 to discuss about all possible causes prompting a patient to seek Ayurveda treatment and to arrive at SAC, Lucknow for the possible care. The discussion involved the senior physicians and PG scholars from the department and also involved interns holding their duties in OPs and IPs in the hospital. Besides this the discussion also involved BAMS final year students having Kaya Chikitsa as a subject and having their rotational duties in Kaya Chikitsa related OPs and IPs. The discussion focused upon various aspects and possibilities as the cause behind the patient’s coming to Ayurveda for their health care. It primarily discussed about three principle factors namely predisposing factors, enabling factors and need factors and their various components for their roles in choosing Ayurveda as the preferred health in a situation. **Predisposing factors** involved the direct or indirect information about Ayurveda owned by the patients and their presumption of it being helpful in context of their disease. **Enabling factors** involved affordability, availability and accessibility as prime causes for this care related decision making. **Need factors** have further discussed about the disease profile and possibility of patient’s weighing of other possible interventions suiting or un-suiting to the individual’s need.

As a result of the brain storming, 19 primary reasons have been identified for their possible individual or collective roles in the Ayurveda health care seeking decision making. Subsequently, these reasons have been transformed into direct questions having a possibility of being replied in ‘yes’ or ‘no’ format to show the agreement or disagreement of the respondent with the reasons proposed by the interviewer as one of the several causes leading him to choose Ayurveda as a health care provider. The questionnaire was subsequently validated for its construct and content and was pilot tested in a sample population during a working Kaya Chikitsa OPD. On the basis of pilot observations, two complex items in the original questionnaire were split into parts making the final questionnaire containing 21 items (Supplementary file ).

**Conduction of the survey**

**Approval of the study**

The study was approved by Departmental Review Board. All the survey participants were duly informed about the survey purpose and method of its execution. Only those who have given their consent to participate were included in the study.

**Setting of the study**

The survey study was conducted in Out Patient department of State Ayurvedic College and Hospital, Lucknow, having outpatient facilities to all clinical disciplines running on daily basis. The hospital has an average foot fall of about 350 new and follows up patients every day.

**Method of data collection**

The survey data was collected on a printed form having the brief description of the survey, followed by respondent’s identifiers and actual survey items. The survey sheet was prepared in Hindi for ease of its understanding. The respondents were asked to read the survey items and to mark their responses as yes or no if they agree or disagree to the statements. After completion of the survey the filled forms were collected and subjected to analysis.

Actual data collection started from 7. 9.2017 and continued till 30.9.2017. Data was collected between 9.00 AM till 1.00 PM on all regular hospital days in the OP section of the hospital. Respondents were randomly chosen from all places in the OP section including all working OP clinics. The survey was conducted by the BAMS final year students who had been the part of initial brain storming session took place in August 2017. Those who volunteered themselves to help in collection of the data were given an initial induction, explanation and training about methods of collecting the data. The data collection proforma was thoroughly explained referring to the explicit meaning of individual assessment items. About 20 students, who volunteered for data collection, were given the data collection sheets in sufficient number and were told to collect the data from waiting area of the OP section of the hospital. Care was taken to avoid duplicity in data collection (enquiring the same patient twice), omission of responses (incomplete responses) and hurried response.

**Statistical Analysis**

Since there is no similar previously published study for population, we may assume that the proportion agreeing and disagreeing are equal in other words, saying yes or proportion of yes = 50% i.e. 0.50 so P = 0.50. Now Z test is applied to find whether the observed difference in proportion is statistically significant.

**Results**

Among all patients who have visited OP section of the hospital during the survey days, total 400 patients have randomly been approached for the purpose of survey related data collection. Among these 60(15%) have refused to participate in the study due to paucity of time. Among 340 participants who completed the survey 50 were eliminated from the study due to incomplete or missing data. Final analysis was therefore done on 289 patients who had complete data. The study participants comprised of 152 (52.59%) male and 137 (47.40%) female. Average age of the study participants was 44 (± 12.40) years. Average time to conduct the survey was 7.05 (±3.52) minute.

Out of 21 surveyed items, total 13 items (2, 3, 4, 5, 6, 9, 11,12,13,14, 17, 18 and 19) were found to have a significant difference of opinion on the basis of their z and p values (Table 1). On the basis of sign of z value, this may easily be interpreted if the respondents agreed with propositions or not. On the basis of z value sign convention, we identified item 2, 3, 4, 5, 9, 13, 14 and 19 as significantly agreed items whereas item 6, 11, 12, 17 and 18 were significantly disagreed items. These items are listed in Table 2.

**Table 1: Proportion of responses for survey items and their significance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Questions/Items | Agree | Disagree | **Z** | **p-value** |
| Q1 | 156 | 133 | 1.353 | **p>0.05** |
| Q2 | 200 | 89 | 6.529 | **p<0.001** |
| Q3 | 229 | 60 | 9.941 | **p<0.001** |
| Q4 | 217 | 72 | 8.529 | **p<0.001** |
| Q5 | 175 | 114 | 3.588 | **p<0.001** |
| Q6 | 47 | 242 | -11.471 | **p<0.001** |
| Q7 | 154 | 135 | 1.118 | **p>0.05** |
| Q8 | 119 | 170 | -3.000 | **p<0.01** |
| Q9 | 240 | 49 | 11.235 | **p<0.001** |
| Q10 | 170 | 119 | 3.000 | **p<0.01** |
| Q11 | 91 | 198 | -6.294 | **p<0.001** |
| Q12 | 63 | 226 | -9.588 | **p<0.001** |
| Q13 | 187 | 102 | 5.000 | **p<0.001** |
| Q14 | 231 | 58 | 10.176 | **p<0.001** |
| Q15 | 154 | 135 | 1.118 | **p>0.05** |
| Q16 | 139 | 150 | -0.647 | **p>0.05** |
| Q17 | 114 | 175 | -3.588 | **p<0.001** |
| Q18 | 102 | 187 | -5.000 | **p<0.001** |
| Q19 | 185 | 104 | 4.765 | **p<0.001** |
| Q20 | 121 | 168 | -2.765 | **p<0.01** |
| Q21 | 167 | 122 | **2.647** | **p<0.01** |

**Table 2: Significantly agreed, disagreed and indifferent items in the survey sheet**

|  |  |
| --- | --- |
| Item No | Items significantly agreed |
| 2 | अन्य उपायों से मुझे अपेक्षित लाभ नही हो रहा है। I am not getting adequate benefits from other interventions. |
| 3 | मुझे आयुर्वेद पर विश्वास है। यह हमारी अपनी चिकित्सा पद्ध्यति है। I believe in Ayurveda . This is our own system of medicine. |
| 4 | आयुर्वेदिक चिकित्सा काम करती है, ऐसा मैने अपने दोस्त / रिश्तेदार को कहते सुना है। Ayurvedic therapy works, I heard about this from my friends/ relatives. |
| 5 | आयुर्वेदिक चिकित्सा काम करती है, ऐसा मैने प्रत्यक्ष मे किसी पर देखा है। Ayurvedic therapy works. I have seen it directly. |
| 9 | आयुर्वेदिक चिकित्सा निरापद है । इसका कोई साइड इफ़ेक्ट नहीं है। Ayurvedic therapy is not having side effects. |
| 13 | मैने पहले भी आयुर्वेद से इलाज लिया था। मुझे उससे लाभ हुआ था । I have taken ayurvedic therapy previously and got benefitted. |
| 14 | आयुर्वेद रोग को जड से खतम कर देता है । एलोपैथी रोग को दबा देती है। Ayurveda eradicates the disease whereas allopathy only palliates it. |
| 19 | मेरी बीमारी मे आयुर्वेद का इलाज ही सबसे बेहतर है ऐसा सभी कहते है। Ayurveda has best remedy for my type of problems, everyone says this. |

|  |  |
| --- | --- |
| Item No | Items significantly disagreed |
| 6 | मेरे एलोपैथी चिकित्सक ने मुझे आयुर्वेद से सलाह लेने को कहा है । My allopathy physician has told me to get an opinion from Ayurveda . |
| 11 | मेरे एलोपैथी डाक्टर ने आपरेशन के लिये बताया है। मै आपरेशन नही करवाना चाहता हूं। My Allopathy physician has told me to go for surgery. I don’t want to have surgery. |
| 12 | मेरे एलोपैथी डाक्टर ने बताया है कि मेरी बीमारी का उनके पास कोई इलाज नही है। मै इलाज की खोज में आयुर्वेद में आया हू।My Allopathy physician told that they don’t have a remedy for my problem. I came to Ayurveda for search of remedy. |
| 17 | एलोपैथिक अस्पताल में भीड बहुत होती है। आयुर्वेदिक अस्पताल मे भीड नही होती। Allopathy hospitals are overcrowded . There are fewer crowds in Ayurveda hospitals. |
| 18 | यह मेरे घर के सबसे करीब का अस्पताल है । बाकी अस्पताल अधिक दूरी पर है। Ayurveda hospital is nearest to my place . Other hospitals are far away. |

|  |  |
| --- | --- |
| Item No | Item description having not significant difference of opinion |
| 1 | अन्य इलाज की विधियां मंहगी हैं जबकि आयुर्वेदिक चिकित्सा सस्ती है। Other treatments are expensive whereas Ayurvedic treatment is cheap. |
| 7 | मै यह जानने को उत्सुक हू कि आयुर्वेद कैसे काम करता है। I am eager to know how Ayurveda works. |
| 8 | इन्टरनेट में ढूंडने तथा किताबो को पढने से मुझे लगा कि आयुर्वेद से मेरा इलाज हो सकता है । While searching on internet and books I felt that I can be treated through Ayurveda . |
| 10 | एलोपैथी मुझे सूट नही करती । उससे मुझे नुकसान होते हैं। Allopathy does not suit me. It harms me . |
| 15 | एलोपैथी में जिन्दगी भर दवा खानी पडती है। In Allopathy the drugs are needed to be taken throughout the life. |
| 16 | एलोपैथिक डाक्टर बहुत सी जांचे करवाते है। आयुर्वेद मे जांच नही होती। Allopathy doctors ask for many investigations. Ayurveda do not require investigations. |
| 20 | मैं एलोपैथिक इलाज के साथ आयुर्वेदिक इलाज भी चाहता हूं जिससे मुझे ज्यादा फायदा मिले। I need Ayurvedic treatment along with allopathic treatment to maximise the benefits. |
| 21 | मै अपनी बीमारी के लिये चल रही एलोपैथिक दवायें छोडना चाहता हूं। I want to withdraw the allopathic medicines which I am taking for my illness |

**Figure 1: Proportion of agreement and disagreement among individual items**

**Discussion**

Among 21 probable reasons presumed to have an influencing effect upon the decision making of patients related to their choice of Ayurveda and displayed as the survey items to respond for agreement or disagreement, 13 (61.90%) were found to have significant difference between the opinions with a clear inclination towards agreement or disagreement . Among 13 items 8 (61.53%) were found to have a significant influence upon decision making through agreement whereas 5 (38.46%) have made it by clearly disagreeing to it.

**Items leading to significant agreement**

8 items from the survey which have largely been agreed by the respondents as the factors influencing their turning to the Ayurveda as a health care choice were largely related to the need factors related to the disease (I am not getting adequate benefits from other interventions; Ayurveda has best remedy for my type of problems, everyone says this; Ayurvedic therapy is not having side effects.), and predisposing factors related to the direct or indirect information about Ayurveda the patients already had ( I believe in Ayurveda . This is our own system of medicine; Ayurvedic therapy works, I heard about this from my friends/ relatives; Ayurvedic therapy works. I have seen it myself; I have taken ayurvedic therapy previously and got benefitted from it; Ayurveda eradicates the disease whereas Allopathy only palliates it). Most importantly the **enabling factors** involving affordability, availability and accessibility have not been surfaced in the survey as important influencing factors related to choice of Ayurveda as a health care provider. The agreement pattern in the survey clearly demonstrated a specific reasoning behind the choice of Ayurvedic therapy. This is evident that the choice is largely disease specific and is driven by the indirect or direct evidences of its presumed effectiveness and safety in the clinical condition of interest. Contrary to the common perception of choosing Ayurveda on account of its low cost, ease of accessibility and availability, the survey clearly discarded these as having any dependable impact upon health care choice.

**Items leading to significant disagreement**

Among the items leading to significant disagreement from the respondents most important ones are related to the possibility of any cross referral from Allopathy to Ayurveda as a possible influencing factor. Most respondents denied the items suggesting a cross referral from Allopathy to Ayurveda (My allopathic physician has told me to get an opinion from Ayurveda; My Allopathy physician told that they don’t have a remedy for my problem. I came to Ayurveda for search of remedy). The respondents also have denied any withholding of the standard therapy including surgery as their reason for looking out at alternatives like Ayurveda (My Allopathic physician has told me to go for surgery. I don’t want to have surgery). Enabling factors like distance from home and ease of consultation also did not found ground in the survey as most respondents disagreed for these playing any role in decision making (Allopathic hospitals are overcrowded. There are fewer crowds in Ayurveda hospitals; Ayurveda hospital is nearest to my place. Other hospitals are far away).

**Items leading to insignificant difference of opinion**

Among 21 items included in the survey 8 items could not find any significant difference of opinion among the respondents. Items 1, 7,8,10, 15, 16, 20 and 21 have nearly equal proportion of agreement and disagreement (Table 2, Figure 1) among the respondents hence these were considered as non-influencing factors in the health care choice related to the conducted survey. The items where a clear trend of agreement or disagreement could not be established were related to cost (Other treatments are expensive whereas Ayurvedic treatment is cheap), inquisitiveness (I am eager to know how Ayurveda works), recent information obtained through common resources ( While searching on internet and books I felt that I can be treated through Ayurveda) , unsuitability of other system ( Allopathy does not suit me), belief related to other system of care (In Allopathy the drugs are needed to be taken throughout the life; Allopathy doctors ask for many investigations. Ayurveda do not require investigations) and personal agenda (I need Ayurvedic treatment along with allopathic treatment to maximise the benefits; I want to withdraw the allopathic medicines which I am taking for my illness). This is obvious to see that these items do not show a clear trend of agreement or disagreement and hence cannot be considered as the trends preferred by majority thus showing a common opinion.

Factors influencing the health care choices have been the area of intensive research among health policy researchers. The common factors found influencing to health care choices were demographic, socioeconomic, insurance status, quality of care, household size and cost of health care (5, 6). Studies have also been conducted to explore the rising trends of people turning towards specialty hospitals comparing to primary health care centers leading an overcrowding in higher centers and relative underutilization of primary care centers (7). Quality of care and availability of facilities including drugs from essential drug list (EDL) have been identified as the primary reasons of suboptimal utilization in such cases. The similar trend has also been observed in Ayurveda where its primary care centres are found struggling with basic infrastructure and facilities and hence are sub optimally utilised (8).Prescription quality in Ayurveda is also been brought under the scanner and found as an important influencing factor behind the quality of health care eventually determining the health care choice ( 9). Observations from speciality clinics of Ayurveda have clearly demonstrated the patient’s choices towards the optimization of care within their preferred health care systems (10).

There had been clear constructs showing the parameters of service quality identified by the patients in any health care setting (11). Previous experiences come as strong influencing factors to determine the choice of a health care not only in one’s own case but it also in the form of advice influencing the decision in a given case.

This is largely observed that the health care choices in a pluralistic health care delivery system as is embraced in India are much different than a singular or a pauci system health care delivery with limited choices. This would have been a very promising research in context of India to look at what actually prompts someone to choose a system of health care and what are the factors which influence this behaviour. On the basis of research, this can easily be projected if the behaviour is based upon substantial facts and observations and is expected to deliver the outcomes the people are expecting from the system. On the contrary, if there are confounding factors influencing the behaviour, a serious effort should be made to minimise their influence by providing the counter mechanisms to minimise the effects of confounding factors. Despite of its huge implications and impact on net health care delivery in the country and net improved outcome of the delivered health care, not many researches have been done in this area.

Based on a nationally representative health survey 2014, an analysis to understand utilization of AYUSH care across the socioeconomic and demographic groups in India was done (12, 13). Overall, 6.9% of all patients seeking outpatient care in the reference period were found using AYUSH services without any big rural-urban divide. Use of AYUSH among middle-income households was lower when compared with poorer and richer households. AYUSH care utilization was higher among patients with chronic diseases and also for treating skin-related and musculo-skeletal ailments. Although the overall share of AYUSH prescription drugs in total medical expenditure is only about 6% but the average expenditure for drugs on AYUSH and allopathy did not differ hugely. The discussion compares our estimates and findings with other studies and also highlights major policy issues around mainstreaming of AYUSH care. Many observations made in this study are similar to what has been observed by our study. We have observed that the need based factors related to disease play crucially in choosing a health care system and the cost of the therapy do not come as a big deterrent in choice of the health care. There had been strong socio-cultural influences playing decisively regarding the health care choices (14). Any effort to optimise the health care delivery and its outcome in India should focus upon the factors influencing the health care choices, meeting adequately with factors affecting adversely to the optimisation of outcomes, promotion of comparative effectiveness research across various health care disciplines and dissemination of the evidences regarding the effectiveness of particular systems in particular disease context(15).

This study however should be viewed through its limitations related to limited sample number and screening of a subpopulation from an Ayurvedic hospital which had already made its health care choice. The ideal would have been to get the survey done among the people who are suffering from some clinical condition and have not yet made a choice.

**Conclusion**

Factors affecting the health care choices may have significant effects upon the net outcome in the context of an illness. If inappropriately chosen under the influence of driving factors, the outcome may result in the suboptimal care, delayed responses, increased cost of the therapy and damages beyond the level of repair. In a country where multiple systems of health care are freely available to choose upon without any real awareness among the people about the advantages and disadvantages of various systems in particular context, this becomes imperative to know about the factors influencing someone to prefer one system over the other in a particular context. This becomes further important when we see that there are minimal cross system referrals in the country leading to the underutilisation of various systems by the practitioners of other systems (16). In the absence of authentic information from their care providers as a help to choose the appropriate health care system, often the choices are self-driven influenced by many factors operating in a particular context. There are chances that the choices may or may not be correct and may lead to inadvertent damages. By understanding the reasons of health care choices, the policies can be made to promote the factors leading to the informed decision making by promoting comparative effectiveness evidence generation. Similarly at the same time the factors other than evidence of effectiveness may effectively be dealt by the appropriate policies and actions to minimise their influence on health care decision making. A cross talk between various systems for the exploration of their mutual limitations and advantages seems to be a crucial step in this regard (17). This study, in this broader perspective of enabling the patients to make an informed choice regarding their health care provider, seems to be a landmark observation as it begins discussing about one most important yet highly ignored aspect of evidence based health care. This is the time we need to respect the patients for their own health care choices but at the same time without giving up our responsibility to make them better informed in the pretext of real availability, accessibility and affordability of any health care system they desire to opt (18). The ultimate objective is one and only one even if there are number of health care system operational. The patient should be served with the best health care and this should not be compromised on the backdrop of any limiting factor.

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**Author contributions**

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Krishna Gopal Sharma- Facilitation, Data Assembly

Preeti Pandey- Facilitation, Data review

Girish Singh- Data sorting, Data analysis, approval of the final draft

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**Supplementary File**

**What has caused you to come to Ayurveda? A Cross sectional survey of patients visiting an Ayurvedic health care facility in Lucknow for their reasons of opting Ayurveda as a preferred health care provider**

नाम...... आयु ......वर्ष स्त्री/पुरुष

व्यवसाय - नौकरी/ खेती/ मजदूरी/ गृहिणी/ छात्र / निजी व्यवसाय/ अन्य

कृपया निम्न में जो परिस्थितियां आपके लिये उपयुक्त हों उन सभी पर सही का निशान लगायें। आप एक से अधिक कारणों जो आपके लिये उपयुक्त हों, का चयन कर सकते हैं।

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| --- | --- | --- |
| No | Question | Reply |
| 1 | अन्य इलाज की विधियां मंहगी हैं जबकि आयुर्वेदिक चिकित्सा सस्ती है। |  |
| 2 | अन्य उपायों से मुझे अपेक्षित लाभ नही हो रहा है। |  |
| 3 | मुझे आयुर्वेद पर विश्वास है। यह हमारी अपनी चिकित्सा पद्ध्यति है। |  |
| 4 | आयुर्वेदिक चिकित्सा काम करती है, ऐसा मैने अपने दोस्त / रिश्तेदार को कहते सुना है। |  |
| 5 | आयुर्वेदिक चिकित्सा काम करती है, ऐसा मैने प्रत्यक्ष मे किसी पर देखा है। |  |
| 6 | मेरे एलोपैथी चिकित्सक ने मुझे आयुर्वेद से सलाह लेने को कहा है । |  |
| 7 | मै यह जानने को उत्सुक हू कि आयुर्वेद कैसे काम करता है। |  |
| 8 | इन्टरनेट में ढूंडने तथा किताबो को पढने से मुझे लगा कि आयुर्वेद से मेरा इलाज हो सकता है । |  |
| 9 | आयुर्वेदिक चिकित्सा निरापद है । इसका कोई साइड इफ़ेक्ट नहीं है। |  |
| 10 | एलोपैथी मुझे सूट नही करती । उससे मुझे नुकसान होते हैं। |  |
| 11 | मेरे एलोपैथी डाक्टर ने आपरेशन के लिये बताया है। मै आपरेशन नही करवाना चाहता हूं। |  |
| 12 | मेरे एलोपैथी डाक्टर ने बताया है कि मेरी बीमारी का उनके पास कोई इलाज नही है। मै इलाज की खोज में आयुर्वेद में आया हू। |  |
| 13 | मैने पहले भी आयुर्वेद से इलाज लिया था। मुझे उससे लाभ हुआ था । |  |
| 14 | आयुर्वेद रोग को जड से खतम कर देता है । एलोपैथी रोग को दबा देती है। |  |
| 15 | एलोपैथी में जिन्दगी भर दवा खानी पडती है। |  |
| 16 | एलोपैथिक डाक्टर बहुत सी जांचे करवाते है। आयुर्वेद मे जांच नही होती। |  |
| 17 | एलोपैथिक अस्पताल में भीड बहुत होती है। आयुर्वेदिक अस्पताल मे भीड नही होती। |  |
| 18 | यह मेरे घर के सबसे करीब का अस्पताल है । बाकी अस्पताल अधिक दूरी पर है। |  |
| 19 | मेरी बीमारी मे आयुर्वेद का इलाज ही सबसे बेहतर है ऐसा सभी कहते है। |  |
| 20 | मैं एलोपैथिक इलाज के साथ आयुर्वेदिक इलाज भी चाहता हूं जिससे मुझे ज्यादा फायदा मिले। |  |
| 21 | मै अपनी बीमारी के लिये चल रही एलोपैथिक दवायें छोडना चाहता हूं। |  |

प्रश्नावली भरने में लगा लगभग समय………..

क्या आपको उपर दिये गये सभी कारण ठीक प्रकार से समझ में आ गये थे?................ हां/ नहीं……………

क्या ऊपर दिये गये कारणों मे आपका आयुर्वेद से चिकित्सा कराये जाने का कारण सम्मिलित है? यदि नही तो कृपया आयुर्वेद से चिकित्सा कराये जाने के अपने विशेष कारण से हमे अवगत करायें ।……………………………………………