

A MINI PROJECT REPORT ON
“AYURVEDIC PRACTITIONERS PRACTICING
ALLOPATHY : AN ETHICAL DILEMMA”

Mini Project Submitted in Fulfillment of The Requirements for
The Award of The Degree of

MASTER OF BUSINESS ADMINISTRATION

FROM

BENGALURU CITY UNIVERSITY



Submitted by

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Reg. No. MB206236

Under the Guidance of
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Asst. Professor, AIMS



AI-AMEEN INSTITUTE OF MANAGEMENT STUDIES

Affiliated to Bengaluru City University
(2021-2022)



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This is to certify that this Project entitled “**Ayurvedic Practitioners Practicing Allopathy : An Ethical Dilemma**” has been successfully completed by **Nida Kulsum** of Reg. No. **MB206236** during the year **2021-22** and the report is submitted in partial fulfillment of the requirements for the award of the degree of “**Master of Business Administration**” as prescribed by the “**Bengaluru City University**” under the guidance of **Prof. Rizwana Khanum**.

Place: Bangalore

Date:

Dr. B.A. ANURADHA
Principal





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Prof. RIZWANA KHANUM





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Prof. DEEPAK SINGH M.C

Associate Prof. And HOD





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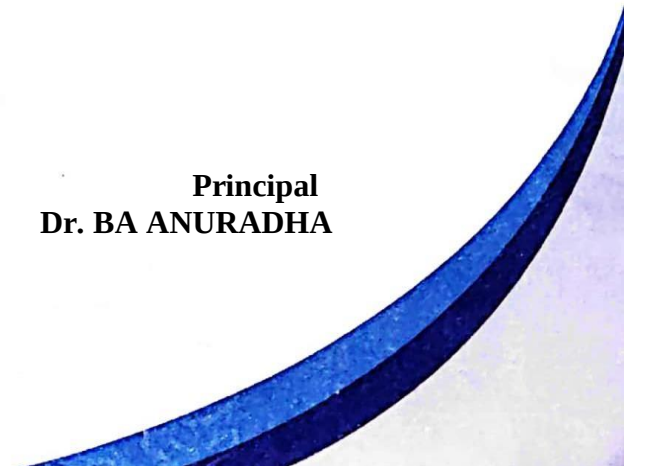
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STUDENT DECLARATION

I hereby declare that the Project Report entitled “**Ayurvedic Practitioners Practicing Allopathy : An Ethical Dilemma**” has been prepared by me under the supervision and guidance of **Prof. Rizwana Khanum**, during the year **2021-22** in a partial fulfillment of the university regulations for the award of the degree of **Master of Business Administration** by **Bengaluru City University**.

I further declare that this project is based on the original study undertaken by me and has not been submitted at any time to any university or institution for the award of any other degree or diploma.

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ACKNOWLEDGEMENT

This Project has been a great learning experience in valuable source of knowledge and information for me, which was only possible through the guidance and help of some eminent people, to whom I would like to, render my deepest appreciation and regards.

I like to thank the principal **Dr. B.A.Anuradha**, other faculty members and the institution itself without whom this experience would have been a distant reality.

I am really thankful to **Prof. Rizwana Khanum** faculty of management department, **Al-Ameen Institute of Management Studies**, for her valuable guidelines and suggestion which helped me to structure my Mini Project.

Hereby, I express my deepest thanks to **HOD Prof. Deepak Singh M.C** for his support and guidance to carry on with the Mini Project.

I am also thankful to **Bengaluru City University** for making this Mini Project a part of our curriculum. It has been a wonderful experience which has helped me gain knowledge and practical exposure in the process of the Mini Project.

Last but not the least I present my heartfelt thanks to my family, Friends and well-wishers for their help and support.

NIDA KULSUM

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CHAPTER – 1 INTRODUCTION



Ayurveda

One of the world's oldest holistic ("whole-body") treatment systems is Ayurvedic medicine ("Ayurveda" for short). It was created in India around 3,000 years ago.

It's founded on the idea that good health and well-being are dependent on a delicate balance of mind, body, and spirit. Its primary purpose is to promote good health rather than to combat sickness. Treatments, on the other hand, may be tailored to individual health issues.

Students of complementary and alternative medicine (CAM) believe that everything in the cosmos is connected, whether it is alive or dead. You are in good health if your mind, body, and soul are in tune with the cosmos. When this equilibrium is upset, you become ill. Genetic or congenital problems, injuries, temperature and seasonal change, age, and your emotions are all factors that can throw this balance off.

Ayurvedic practitioners believe that everyone is formed up of the five basic elements found in nature: space, air, fire, water, and earth. In the human body, these unite to generate three life forces or energies known as doshas. They are in charge of how your body functions. Vata dosha (space and air), Pitta dosha (fire and water), and Kapha dosha (water and fire) are the three doshas (water and earth).

Each person is born with a unique combination of the three doshas. However, one is usually more powerful than the others. Each one is in charge of a distinct bodily function.

Aurveda is a traditional Indian medical system that millions of people in India, Nepal, and Sri Lanka rely on for their daily healthcare requirements . Though Ayurveda literature may be found in the Vedas, it wasn't until the turn of the first millennium BC that it became a completely documented form known as the 'Samhitas.' The 'Gurukula' style of education was the most widely used Ayurvedic instruction method in ancient India. A 'Gurukula' was a residence where a teacher, known as a 'Guru,' resided with his family and taught students.

Today, India recognises Ayurveda and other indigenous medicinal systems alongside Western biomedicine. The Government of India established a special department for Indian Systems of Medicine and Homeopathy (ISM&H) in 1995 to encourage and promote these systems, which is currently known as AYUSH (Ayurveda, Yoga, Unani, Siddha, Homeopathy) . In terms of the number of hospitals, dispensaries, educational institutions, and registered medical practitioners, Ayurveda currently enjoys a prominent position and a significant portion of the infrastructural facilities in AYUSH.

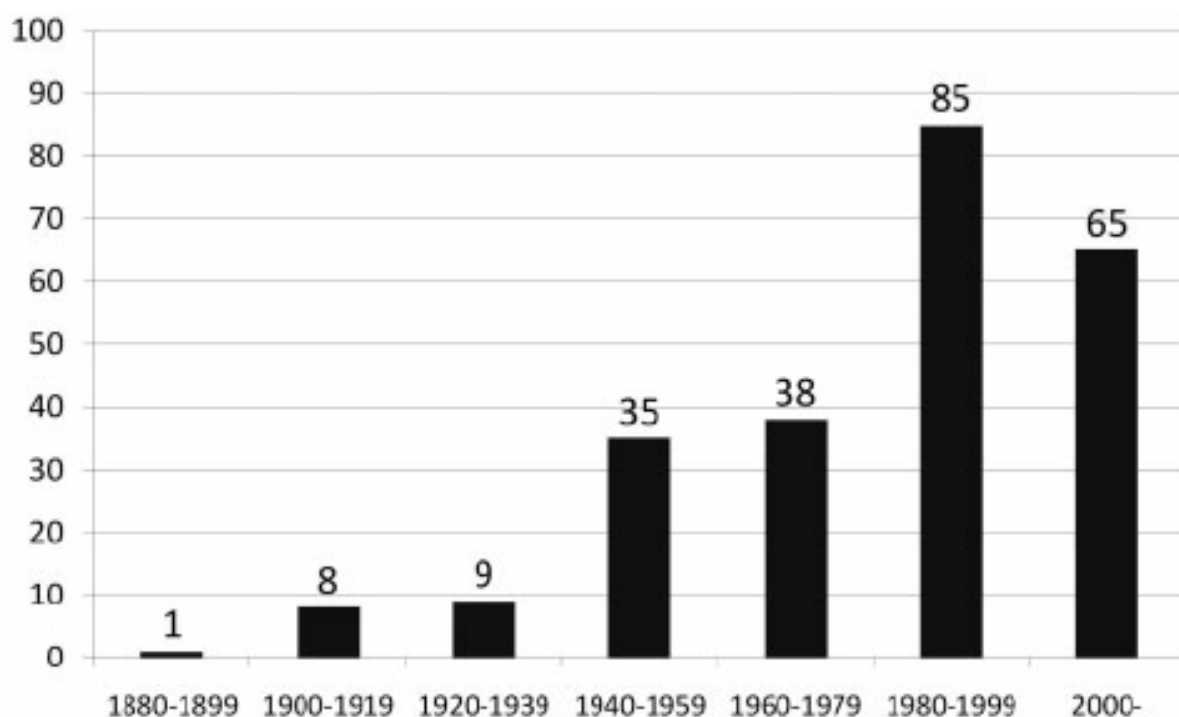


Fig 1: Growth in the number of Ayurvedic colleges in India

The number of existing colleges and their years of establishment are depicted in this graphic. The majority of these colleges were founded in the previous 30 years, as evidenced by the graph. Many of these colleges lack suitable infrastructure, such as well-equipped lecture halls, labs, libraries, operating rooms, Panchakarma facilities, and a sufficient number of qualified teaching and non-teaching staff. As a result, the quality of clinical training has deteriorated.

Allopathy

C.F.S. Hahnemann coined the term "allopathy" in 1842 to distinguish the traditional practise of medicine (allopathy) from homoeopathy, his system of therapy based on the idea that disease can be treated with drugs (in minute doses) that produce the same symptoms in healthy people as the disease itself.

It is a medical approach that treats sickness by using treatments that have effects that are distinct from those of the disease being treated. Allopathic medicine is practised by MDs.

Even if you've never heard of the word, chances are you've been aided or treated by an allopathic doctor at some point in your life. These medical specialists use a variety of medications, surgeries, and therapies to address ailments, symptoms, and diseases.

An allopathic doctor, simply described, is a doctor who practises contemporary medicine. Western, orthodox, mainstream, or conventional medicine are other synonyms for allopathic medicine. The term "allo," which originates from the Greek word for "opposite," refers to treating a condition with its inverse, or remedy. Allopathic doctors have the title of medical doctor, or MD, and can specialise in a variety of clinical specialties.

What is the Role of an Allopathic Physician?

An allopathic doctor treats patients with allopathic remedies for a variety of ailments.

In addition to picking a field of specialisation, they may opt to focus on research or teaching throughout their careers.

Private practise, hospitals, medical facilities, universities, and clinics are all places where you can find them.

In contrast to osteopathic medicine, medical practitioners practise allopathic medicine. More than 90% of doctors in the United States today practise allopathic medicine and hold the title of MD.

The remaining 10% are osteopaths, or physicians of osteopathic medicine. They treat people using a variety of contemporary medicine, technology, and medications, comparable to allopathic doctors. They do, however, include holistic treatment and philosophy in their work.

In addition to performing surgery and providing medications, an allopathic doctor is qualified to diagnose and treat ailments. Any of the 50 states in the United States can issue an allopathic doctor with a licence to practise medicine.

In this new circumstance, the topic of enabling competent ayurvedic doctors to practise allopathy must be considered. Several practitioners with a BAMS degree who work in the Indian system of medicine are eager to work in rural areas. BAMS practitioners might employ modern medicines with their ayurvedic practise under Section 2 (ee) of the Drugs & Cosmetics Act. The Supreme Court has affirmed the legality of Rule 2 (ee), and as a result, certain state governments have issued notifications permitting Ayurveda, Siddha, Unani, and Homoeopathy practitioners to dispense allopathic medicines.



Fig 2: Medical Colleges in Karnataka

AYURVEDIC PRACTITIONERS PRACTICING ALLOPATHY

There is a continuing discussion about the efficacy of Ayurvedic versus allopathic medical therapies. Supporters of one therapy technique are ready to reject the other. The use of ayurveda and allopathic drugs together has both benefits and drawbacks. Both branches of medicine should contain basic pharmacology of ayurvedic and allopathic drugs. Before providing these medications, a thorough medical history should be sought to avoid potential drug interactions in high-risk individuals. Both fields of medicine have positive characteristics that can be used to assist patients.

The Indian Medicine Central Council (PG Ayurveda Education) Regulations by the Central Council of Indian Medicine (CCIM), a statutory body under the Ministry of AYUSH. The amendment specifies 58 surgical procedures in which postgraduate students of Ayurvedic education in two disciplines – Shalya and Shalakya – must be professionally taught before practising autonomously.

The Indian Medical Association (IMA) has spoken out against the initiative, calling it an attempt to create a new and illegitimate "mixopathy" and the CCIM's methods "uncivil" and "foul." The organisation, which is India's largest association of medical practitioners, also stated that the newly formed National Medical Commission (NMC) is in charge of asserting these two distinct systems of medicine independently, as is required.

The Indian Medicine Central Council (PG Ayurveda Education) Regulations were amended on November 20 by the Central Council of Indian Medicine (CCIM), a statutory body under the Ministry of AYUSH. The amendment specifies 58 surgical procedures in which postgraduate students of Ayurvedic education in two disciplines – Shalya and Shalakya – must be professionally taught before practising autonomously.

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Following that, the ministry clarified that postgraduate academics can only undertake the basic surgical procedures outlined in the amendment, and that the amendment is a limited reform, not a policy shift.

The IMA, on the other hand, has rejected this clarification and asked that the amendment be repealed. It also called for a public protest on December 8 and a 12-hour stoppage of non-essential medical services on December 11. Finally, the IMA has requested four bodies under the NITI Aayog.

This isn't the first time that representatives from these two systems have clashed. Previous points of disagreement have included whether AYUSH practitioners can administer allopathic drugs, whether allopathic nursing homes and hospitals can hire AYUSH scholars, and if Ayurveda and allopathy can be combined.

Recent policy changes have brought cross-system practise into the spotlight, allowing practitioners of Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homoeopathy (AYUSH) to integrate into the mainstream of healthcare and also allowing practitioners of Ayurveda and Homoeopathy to perform medical termination of pregnancy (MTP) under the proposed amendment to the MTP bill. We assess cross-system practise from both a legal and ethical standpoint. The judiciary has always found that cross-system practise is a kind of medical malpractice; nonetheless, it is only permissible in states where the concerned governments have issued a general or particular order authorising it.

Furthermore, while a state government may licence an alternative medicine practitioner to prescribe allopathic drugs (or vice versa), it does not condone the prescription of incorrect medicines or the diagnosis of incorrect disease. Courts have also ruled that providing allopathic drugs and misrepresenting them as traditional remedies is an unfair trade practise, and that failing to describe the negative effects of an allopathic prescription supplied constitutes medical malpractice.

Finally, the Supreme Court has warned that employing traditional medical practitioners who lack the necessary experience and competence to provide allopathic therapy in hospitals and allowing them to treat an emergency patient constitutes gross negligence. In the event of an unfavourable consequence, the hospital authorities bear sole responsibility. As a result, eliminating cross-system practise, investing in healthcare, and enacting fundamental changes in health policy are all urgently needed to make the right to healthcare a reality.

Around 70% of India's population lives in rural areas, with only minimum healthcare facilities available. Doctors are in short supply in these places because they are unwilling to

work in areas with poor infrastructure and limited access to medicines and healthcare equipment. Politicians and policymakers have taken notice of this unmet demand. 1

The government has responded by revising laws and enacting new regulations, policies, as well as launching new medical courses. This response has sparked some debate.

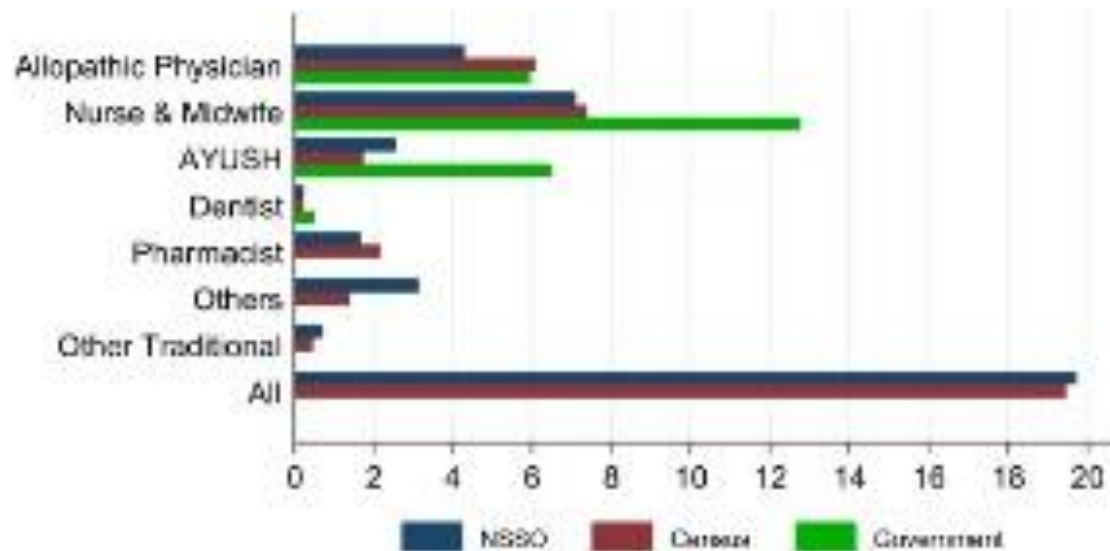


Fig 3: Density of Health Workers in India

The following areas have seen recent policy changes and conversations over the position of alternative medicine practitioners in mainstream medical practise:

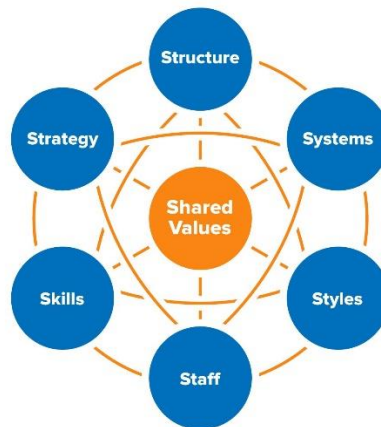
- (i) The Medical Termination of Pregnancy (Amendment) Draft Bill, which states that "medical termination of pregnancy can be conducted by Ayurveda and Homoeopathy practitioners."
- (ii) The National Rural Health Mission (integrating AYUSH [Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homoeopathy] practitioners into the mainstream);
- (iii) some states allowing AYUSH practitioners to prescribe allopathic medicines;
- (iv) employing AYUSH doctors in allopathic nursing homes/hospitals; and
- (v) launching new medical courses, such as the 3-year rural medical assistants programme, to address the
- (vi) a surge in cross-system practise litigation across India.

A doctor from one system of medical practise providing drugs from another system in which she or he has not been professionally trained or researched is known as "cross-system prescription."

Allopathic doctors, for example, may prescribe ayurveda drugs or vice versa. Similarly, 'cross-system practise' refers to when a doctor from one medical system practises in a medical system in which she or he has not had official training or study. 6,9

We looked at cross-system practise from an ethical and legal standpoint.

McKinsey 7S Model



- **Strategy:** To fill the gap of lack of doctors during the time of Covid-19.
- **Structure:** This is how organized (how departments and teams are structured, including who reports to whom).
- **Systems:** The daily activities and procedures that staff use to get the job done.
- **Shared Values:** These are the core values of the organization and reflect its general work ethic. They were called "superordinate goals" when the model was first developed.
- **Style:** The style of crosspathy or mixopathy adopted.
- **Staff:** The practitioners and their general capabilities.
- **Skills:** The actual skills and competencies of the medical institutes practitioners

CHAPTER – 2 METHODOLOGY



Objective of the Study

- To study how efficient it would be if Ayurvedic doctors start practicing Allopathy
- To Analyse the necessity of bridge course to understand the human Anatomy for the Ayurvedic practitioners to start practicing Allopathy.

Need of Study

Diabetes, arthritis, cough, cold, haemorrhoids, liver problems, and other ailments have all been treated with ayurvedic and allopathic drugs. 6 Ayurvedic and allopathic medicines are now being investigated for the treatment of COVID-19. People who stayed at home during the lockdown have found that yoga and meditation have helped them cope with mental health difficulties. Similarly, in conjunction with Ayurveda hospitals in India, a prominent hospital in India is combining allopathic medicine and ayurveda integrated treatment.

The right to healthcare, according to the WHO⁴¹, consists of four elements:

- 1. Accessibility: A sufficient number of operational public health and healthcare facilities, goods and services, and programmes.
- 2. Accessibility: Everyone has access to health facilities, goods, and services. Non-discrimination, physical accessibility, economic accessibility (affordability), and information accessibility are four overlapping characteristics of accessibility.
- 3. Acceptability: All health-care facilities, goods, and services must adhere to medical ethics and be culturally suitable, as well as gender and life-cycle considerations.
- 4. Medical and scientifically relevant health facilities, goods, and services must be of high quality.

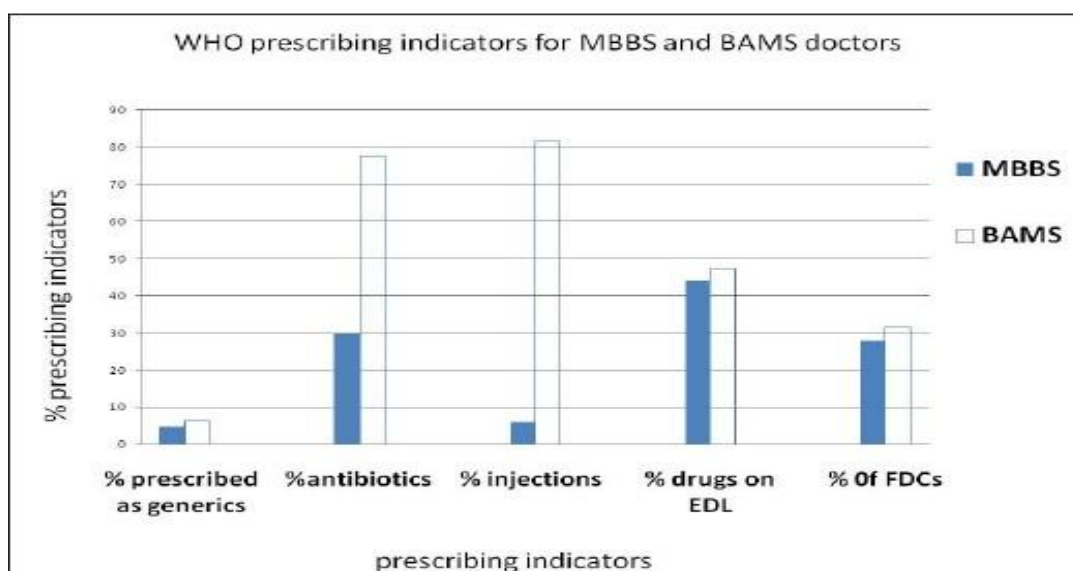


Fig 4: WHO prescribing indicators for MBBS and BAMS doctors

STATEMENT OF PROBLEM

When allopathic medicines are used with some ayurveda or herbal remedies, the pharmacokinetics of allopathic drugs might change, resulting in a variety of undesirable drug-drug, drug-herbal, and drug-food interactions. Even taking two or more allopathic drugs at the same time can result in an unfavourable drug reaction. Mercury and lead are the most commonly used among them. If these elements are utilised without being purified, they can be neurotoxic, nephrotoxic, and hepatotoxic.

These interactions are usually caused by changes in allopathic medication absorption, distribution, metabolism, and excretion. As a result, vigilance should be exercised before prescribing. In the "Ayurvedic Formulary," at least one metal is found in about 6000 medications. The quality, purity and potency of herbal medicines are generally not regulated by many general regulatory agencies as they are done for synthetic drugs.

Primary Data

This type of data is obtained by observing and discussing with Ayurvedic practitioners and Allopathy practitioners

Secondary Data

The present study is basically drawn upon secondary data which are published in Journals, Newspaper, Magazines etc., and from various books related to the topics and other references were made.

Discussion

The collected data is discussed keeping in view the objectives of the study.

CHAPTER – 3 ANALYSIS AND DISCUSSION



The utilisation of Ayurvedic medicine by allopathic resident doctors was studied in this study. Only 48% of the resident doctors were familiar with the Doshas. When questioned about Ayurveda's Panchkarma, 81 percent had no idea what it was. This demonstrates how allopathic residents are ignorant of Ayurvedic facts. This is further supported by the fact that residents' primary sources of Ayurvedic medicine information were colleagues (67%) and promotional literature. This demonstrates peer pressure and a strong belief in the accuracy of colleagues' knowledge. In their hectic schedules, allopathic resident doctors rely on promotional literature for knowledge, which can be created without a study background and is industry focused.

The names of the Ayurvedic remedies were known by the locals. LIV 52 was discovered to be a commonly used drug among the residents. The use of LIV 52 can be related to the prevalence of liver illnesses and drug-induced hepatitis in the general population. When there is a higher prevalence and no conclusive treatment available in Western medicine, doctors may consider using Ayurvedic drugs. Allopathic residents use Ayurvedic medicine for liver disorders (hepatitis, cirrhosis), arthritis (rheumatoid arthritis, osteoarthritis), cough/cold, kidney stones, piles, skin disorders, and other ailments (dyspepsia, constipation, menstrual disorders, chronic pain, anorexia, dementia, anemia, diabetes mellitus, asthma, inflammatory bowel disease, and urinary tract infection).

The problems caused by Ayurvedic medicine use are numerous, but a few stand out, such as liver disorders. Arthritis, skin problems, persistent pain, diabetes, asthma, and inflammatory bowel disease are all conditions that have no cure in allopathy.

According to the resident, 20-40% of the population practises Ayurvedic treatment on a regular basis, which is supported by Frank et al. According to Shankar et al., this demonstrates the community's acceptance of Ayurvedic remedies. The majority of inhabitants believed that Ayurveda (63 percent) was the most recommended CAM treatment, followed by Homeopathy (13 percent), Yoga (4 percent), Unani (1 percent), and Siddha (1 percent) (1 percent).

Ayurveda and modern medicine should be merged, according to the majority of inhabitants (68 percent). A total of 60% of residents felt that incorporating Ayurveda therapies into the practise and improving physician understanding of Ayurveda will improve patient satisfaction and attract more patients. This underpins Ayurvedic medicine's growing popularity and acceptance. Because of the rapidly growing public interest in complementary and alternative medicine (CAM), as well as the growing acceptability of a consumerist and market-driven approach to health care, some doctors may feel compelled to respond to patients' requests without having received enough training.

According to our findings, 99 percent of residents did not have the opportunity to learn basic Ayurvedic principles because Ayurveda is not incorporated in the current MBBS and MD curricula. If there is any problem for which an Ayurvedic doctor's opinion or recommendation is required, 46 percent of residents agreed with this referral, while 35 percent disagreed. This demonstrates that, despite their lack of expertise, the students believe that recommending a patient to an Ayurvedic physician can provide beneficial effects. However, 93 percent of the resident doctors never referred a patient to the hospital's Ayurvedic OPD. Nearly 71 percent of resident doctors said they would not contact an Ayurvedic physician, but 29 percent said they would. This finding is consistent with Wahner-Roedler et al findings. The vast majority of locals (94%) acknowledged that they had seen patients visiting Ayurvedic doctors and taking treatments. Prior to attending to allopathic residents, Ayurvedic medications should be used.

In our research, no consensus was achieved on a 6-month voluntary Ayurvedic training course after medical school graduation. The majority of doctors (80%) were opposed to mandatory Ayurvedic medicine study after graduation.

Doctors are already overburdened with their rigorous schedules and studies, and they don't want to add to it. Doctors, on the other hand, should have knowledge of the most frequent Ayurvedic remedies, according to 86 percent of respondents.

Ayurvedic medicines, according to the majority of locals, need additional scientific research before being utilised because there are so few randomised controlled trials done and published on them. Thatte et al. corroborate this finding. Residents are unsure whether or not to accept Ayurveda as a science and realise its benefits. Janamian et al. demonstrated this in their research. GPs are open to incorporating complementary and alternative medicine into their clinical practise.

Ayurvedic medications are prescribed by 69 percent of allopathic residents. This outcome is consistent with earlier research conducted in India. In a study conducted by Verma et al. in North India, it was discovered that allopathic doctors' prescriptions contained 88 percent allopathic and 12 percent Ayurvedic medications. Kumar found that 5.26 percent of allopathic practitioners prescribed Ayurvedic medications in another survey. As a result, even without knowledge or training, allopathic physicians prefer to give Ayurvedic medications to their patients instead of referring them to Ayurvedic specialists. Allopathic doctors' actions can endanger patients' lives, as Ayurvedic treatments do not come without negative effects.

This study also looked into whether allopathic doctors should be allowed to practise Ayurveda. Allopathic doctors should not be allowed to cross-practice, according to over 76 percent of respondents. According to the law, allopathic doctors are not permitted to practise Ayurveda. However, 24% believed that cross-practicing should be permitted. It has been stated that Italy has had positive experiences in this area.

List of Ayurvedic Centres

1. Institute of Ayurveda and Integrative Medicine (I-AIM)

The FRLHT trust, formed by Sam Pitroda and Darshan Shankar, includes the Institute of Ayurveda and Integrative Medicine (I-AIM). It is a high-quality, 100-bed integrative healthcare facility that the owners envision as a "seed" that will grow into a world-class "Integrative Healthcare," services, research, and education institute. Because both were founded by the FRLHT Trust, it has a familial tie with TransDisciplinary University (TDU). I-research AIM's and education team are TDU faculty. Apart from its hospital-based services, the Institute is dedicated to developing and implementing self-sustaining household and community outreach programmes. In conjunction with TDU, I-AIM intends to launch PG and research programmes at the masters, doctoral, and postdoctoral levels.

2. Jindal Naturecure Institute (JNI)

Jindal Naturecure Institute (JNI) is a major naturopathy hospital that was founded to prevent and cure chronic diseases by detoxifying the body and changing one's lifestyle in a holistic manner. In India, the Jindal Naturecure Institute has pioneered modern drugless healthcare.

3. Keva Ayurveda

In Bengaluru, Keva Ayurveda provides a one-stop Ayurveda solution. The clinic has been granted NABH accreditation, making it the first in INDIA to do so. Under the supervision of certified Ayurveda doctors, they provide well-tested, extremely effective curative therapies as well as researched, result-based rejuvenation treatments. More than 25,000 individuals from Bangalore and around the world have been successfully treated at the facility. Dr. Krishna Kumar S started Keva Ayurveda in 2011 and it now has many locations in Bangalore, India. More than 20 honours and accolades have been bestowed upon the clinic. Dr. Krishna Kumar, a clinic employee, received the Mother Theresa National Award in 2019 for his efforts. Since the beginning, the MOTTO has been Authenticity, Affordability, and Accessibility. Free Ayurveda Camps are also available at Keva Ayurveda.

4. Prashanthi Ayurvedic Centre

Prashanthi Ayurvedic Centre in Bengaluru is a state-of-the-art specialty Ayurveda hospital. The clinic has a total of 21 branches that provide trustworthy and skilled Ayurvedic therapy to the residents. Dr. Giridhara Kaje, who works at the clinic, is Karnataka's most popular Ayurveda practitioner. Every day, the doctor devotes 12 to 14 hours to the well-being and treatment of around 200 patients. Every day at the Charaka auditorium, Prashanthi Ayurvedic Centre conducts free yoga, meditation, and pranayama classes. The hospital and its branches are linked by a cutting-edge computer network, allowing them to provide personalised care to everyone.

5. Shuddhi Ayurveda

Shuddhi, as its name implies, is a symbol of purity. Shuddhi's creators have worked hard to manufacture natural and Ayurvedic items that aid in the detoxification of the body. The traditional therapies and potions have been restored to their original composition, which removes toxins from the human body and, in the long run, restores good health. The essence of Shuddhi is the ancient vedic system's unique methodology of natural healing of mind, body, and spirit.

Shuddhi is woven from the knowledge and practise of Acharya Manish Ji, a well-known name in Ayurveda. Unlike any other method of healing or medication, Shuddhi's products have the ability to heal the most difficult ailments in the human body.

List of Allopathy Centres

1. Ayu Health hospitals

Ayu Health is a network of high-quality hospitals dedicated to providing excellent healthcare to everyone. Hospitals can serve patients at cheaper prices, give a better experience, and maintain high medical quality standards thanks to Ayu Health's innovative technology. The National Accreditation Board for Hospitals and Healthcare Providers has accredited all Ayu Health hospitals (NABH).

2. Aster Hospital

Aster's world-class Centres of Excellence (COE) combine experienced doctors with cutting-edge technology and the highest level of patient care and treatment. Our COEs ensure that all aspects of your treatment are coordinated, and that a team of professionals works together to provide the care you require.

3. The Bangalore Hospital

The Bangalore Hospital delivers specialised medical care to individuals at a low cost by strategically integrating medical skills and contemporary technologies. The Bangalore Hospital is the product of a group of doctors' pioneering efforts to establish a modern hospital. The Bangalore Hospital offers a wide range of medical treatments in a relaxing, pleasant, and comfortable setting.

4. Manipal Hospitals

Manipal Hospitals is a leading multi-specialty healthcare facility in India, serving both domestic and international patients. We are affiliated with the Manipal Education and Medical Group (MEMG), a global leader in education and healthcare. Our commitment to an individual's total well-being is at the heart of everything we do, with over 7500 operational beds. We deliver quality and economical healthcare to everyone through our network of hospitals and knowledgeable team of medical professionals.

5. Fortis Hospital

Fortis is a major multi-specialty hospital in Bangalore that is known for providing high-quality, personalised health treatment in a state-of-the-art facility. Fortis has impacted the lives of millions of Bangalorians over the last few decades by offering the best care and world-class treatment to the community. Fortis Hospital has developed to become a globally recognised institution, not only for providing excellent care and treatment, but also for enabling favourable results for all of our patients through a comprehensive medical programme and world-class facilities.

MIXOPATHY

What is "mixopathy" and how does it work? It's a term developed by the protesting doctors by combining the words "mix" and "pathy," or sickness. The doctors' definition of mixopathy is a critical way of referring to what they regard as an attempt to blend several alternative medicine systems, such as homoeopathy and Ayurveda, with current medical science.

Pharmacology, as we all know, is the study of the interaction between the human body and any substance that is delivered. So there might be an interaction between two allopathy drugs, an allopathy-Ayurveda drug, or a food-drug interaction.

A drug and anybody entity in a physiological or pathological state may interact. For example, in the case of an enzyme shortage, a drug from any medicine system may operate differently. The focus of this discussion is on therapeutic efficacy and safety, so additional pharmacological studies with improved research designs can be conducted to address the problem. "Tattu samanvata," as the classical vedic literature puts it, "if something big is to be reached, integration is the finest route."

Mixopathy, also known as cross practise, is used when a treatment from one school of medicine provides a known and rapid relief from a specific ailment. This entices the treating physician to prescribe this prescription, despite the fact that it is not part of his medical system. This is done in the hopes of providing a faster cure to the patient and, as a result, retaining that patient by making a favourable impression. Also, the patient may be charged extra under the guise of giving better medication, implying that the true motivation is monetary.

It can be dealt with if a unified stance on "cross practise" is taken, regardless of medical system. Cross-practicing should not be permitted in any specialisation, in our opinion. It can be justified since when a person is trained in his or her speciality, he or she may become an expert in one field but have only a rudimentary understanding of other systems, which could be detrimental to the patient. It could be argued that because there is a severe scarcity of doctors in rural areas, this restriction will impede care, and the patient will be forced to pay extra for a specialist consultation.

However, this is incorrect because a practitioner can prescribe medications and give treatment based on his or her speciality. If this is not possible, the only option in this situation is to combine the best of all available systems (modern and traditional) and develop teaching,

training, treatment, research, and national implementation that could bridge the existing gap between modern and traditional medicine and deliver quality integrated medical education for the promotion of health, disease prevention, and effective cure. Arguments may rage on, but we believe that in the wider interest of society, cross practise must be banned at all levels.

EMPLOYING INDIAN MEDICINE PRACTITIONERS IN ALLOPATHIC HOSPITAL

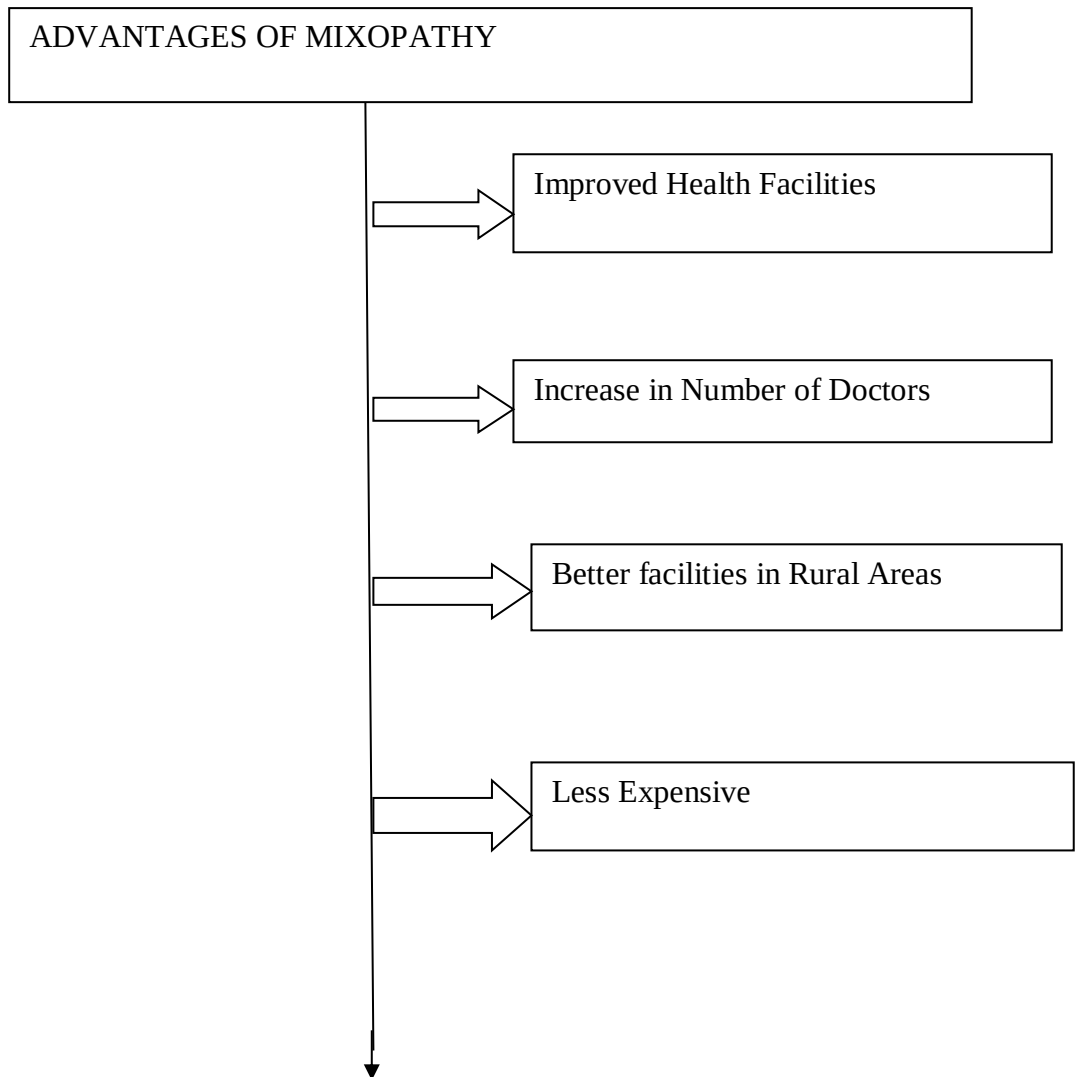
For strictly business motives, several private and corporate allopathic hospitals employ AYUSH medical officers.

Allopathic drugs are administered by these practitioners under the direction of an allopathic consultant. The allopathic consultant or the hospital is held liable in the event of a mishap.

In one such case, the National Consumer Commission stated that it is past time for hospital authorities to recognise that employing non-medical practitioners such as doctors who specialise in the Unani system or another system of Indian medicine and who lack the necessary skill and competence to provide allopathic treatment and to leave an emergency patient in their care is gross negligence for which the hospital bears responsibility. As a result, the hospital was ordered to pay a monetary settlement. More importantly, the Commission has said unequivocally that hiring an unqualified employee exposes the institution to charges of gross negligence.

In another case, the Supreme Court determined that the nurse had clearly breached her duty and that the hospital had been irresponsible in hiring an unqualified nurse and entrusted the child to her care. ³³ In a similar case, the Court held that just because the petitioner has a degree in pharmacy (modern medicine) and claims to be the owner of a medical shop, he is not authorised to dispense drugs without a prescription and should not, under any circumstances, prescribe medicines for a patient on his own.

+ADVANTAGES OF MIXOPATHY



1 Improved Health Facilities

As it involves multiple ideas from different platforms it by default involves multiple perspectives. And also its cross breeding two different medical platforms the health facilities are improved.

2. Increase in Number of Doctors

Ayurvedic practitioners are also practicing allopathy, this increases the number of doctors. It would be of a great help especially during the time of covid-19 where we faced the problem of lack of doctors.

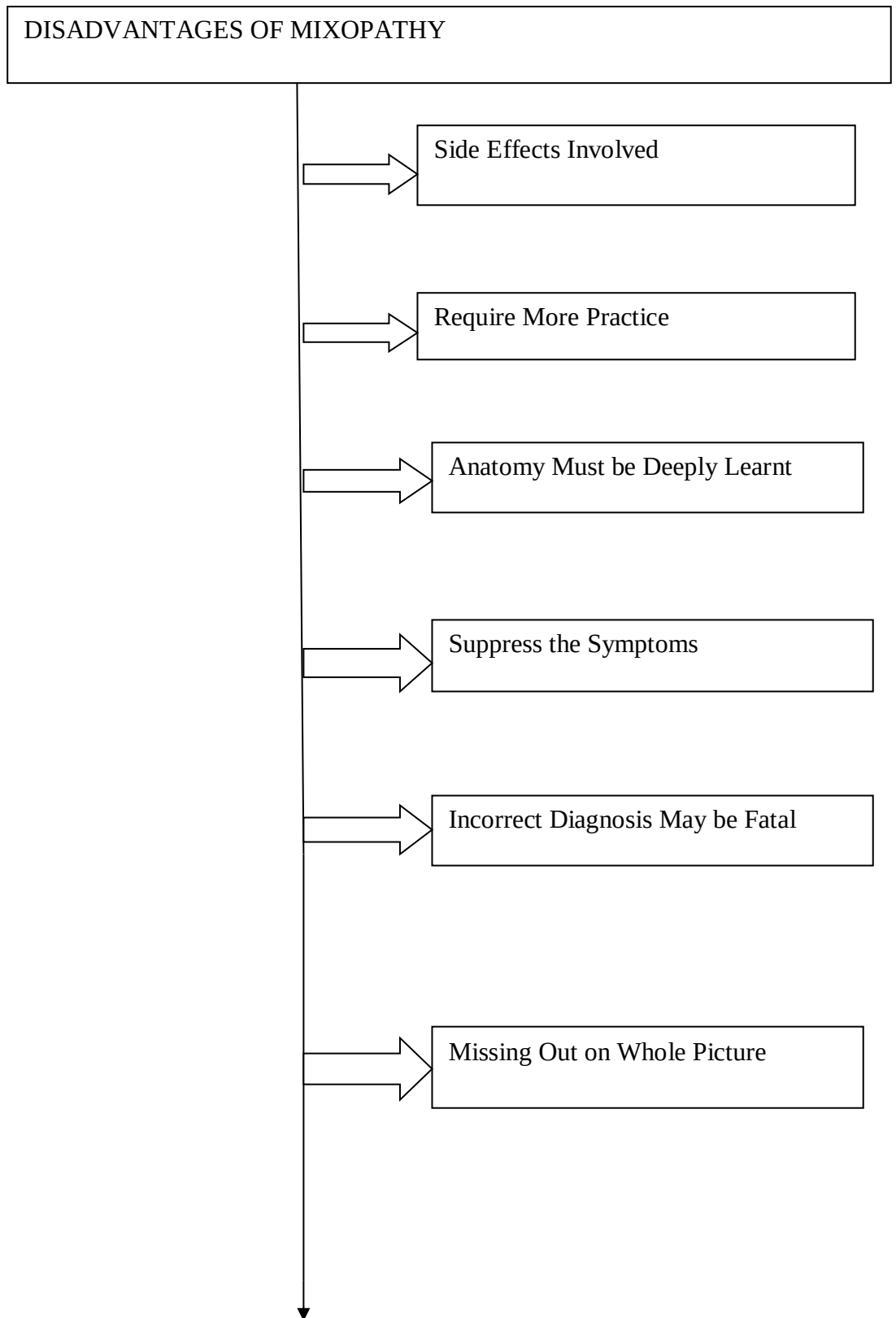
3. Better facilities in Rural Areas

Most of the Ayurvedic practitioners belong to rural areas and rural areas have less of high medical facilities. If Mixopathy happens this will provide better medical facilities to the rural people.

4. Less Expensive

Mixopathy treatments are both safe and affordable compared to allopathic medications. It offers long-term relief and eliminates the symptoms.

DISADVANTAGES OF MIXOPATHY



1. Require More Practice

As the study practiced by ayurvedic practitioners and allopathy practitioners are very different from each other it requires extra bridge course to build the gap between both.

2. Side Effects Involved

Patients who are taking medication for one or more ailments must deal with a variety of adverse effects. For example, a pregnant woman should seek medical advice before taking a single amount of acetaminophen to mitigate the hazards.

3. Anatomy Must be Deeply Learnt

The medicine and anatomy of both the practitioners are very different so for ayurvedic practitioners need to learn the human anatomy deeply as Allopathy also involves surgeries.

4. Suppress the Symptoms

Rather of clearing the phlegm, many cough syrups serve as suppressants. Similarly, many of the treatments and medications recommended by allopathy do not treat the disease's core cause. Such medications just mask the effects for a short period of time or alter the way the body functions.

5. Incorrect Diagnosis May be Fatal

Patients may die as a result of a misdiagnosed sickness since doctors may recommend a completely different treatment. Furthermore, most doctors have a busy schedule and a large number of patients to see.

There's also the possibility of being misdiagnosed and receiving the improper treatment or allopathic medications.

6. Missing Out on Whole Picture

Because doctors are frequently preoccupied with a hectic schedule and a long waiting list of patients, they frequently overlook appropriate diagnosis and minute nuances. There's also the possibility of being misdiagnosed and receiving the improper treatment or allopathic medications. Natural cures, on the other hand, are unlikely to get you into trouble if used properly.

CHAPTER – 4 SWOC OF THE RESEARCH

STRENGTHS

WEAKNESS

OPPORTUNITIES

CHALLENGES

STRENGTHS OF AYURVEDIC PRACTITIONERS PRACTICING ALLOPATHY

Despite a noble intention to revitalise and mainstream Ayurvedic systems, the present proposal to train AYUSH professionals with allopathic medicine procedures is a death sentence for these indigenous medical systems.

Allopathy offers immediate treatment, whereas Ayurvedic takes time and is personalised to the individual. Patients frequently have little grasp of the systems' benefits and limits, and all they want is quick, economical, and convenient therapy. The government is facilitating this, but without investing the resources and capital required to ensure treatment quality and standards.

WEAKNESS OF AYURVEDIC PRACTITIONERS PRACTICING ALLOPATHY

If Ayurvedic practitioners are forced to practise alongside allopathic doctors, they may be blamed if something goes wrong. They will also try for legitimacy in an epistemologically different system that will accept them at best and actively work to undermine them at worst.

OPPORTUNITIES OF AYURVEDIC PRACTITIONERS PRACTICING ALLOPATHY

Ayurvedic doctors can be trained in a variety of fields so that they can refer patients to the appropriate treatment facilities in a timely manner. Similarly, allopathic doctors could be educated about Ayurvedic systems, particularly in the areas of chronic disease management, nutrition, exercise, mental health, and overall well-being, so that they can refer patients to Ayurvedic practitioners.

CHALLENGES OF AYURVEDIC PRACTITIONERS PRACTICING ALLOPATHY

The current COVID-19 outbreak has demonstrated how shaky our public health systems are. India must improve its health-care system, which is excessively uneven, inaccessible, and of variable quality.

CHAPTER – 5 OUTCOMES OF THE STUDY



The benefits and drawbacks of combining ayurveda and allopathic medicine are discussed.

- If both systems of medication aid in people's well-being, the positive features must be taken into consideration.
- We must not be prejudiced towards any medical system that contributes to people's well-being.
- Both ayurveda and allopathic drugs must be monitored for quality, purity, efficacy, and potency by strict regulatory organisations.
- To reduce the hazards and maximise the advantages of combination medicine, where Ayurveda meets allopathy, everybody, including allopathic and ayurveda doctors, pharmacists, pharmaceutical corporations, and regulatory bodies, must work together.

- The cross breeding two different medical platforms the health facilities are improved.
- Ayurvedic practitioners are also practicing allopathy would be of a great help especially during the time of covid-19 where we faced the problem of lack of doctors.
- Mixopathy treatments are both safe and affordable compared to allopathic medications. It offers long-term relief and eliminates the symptoms.
- The medicine and anatomy of both the practitioners are very different.
- Patients may die as a result of a misdiagnosed sickness since doctors may recommend a completely different treatment.

CHAPTER– 6 CONCLUSION



First, while the survey indicates that Ayurvedic drugs are popular among allopathic resident doctors, they do not regard Ayurvedic therapy to be an evidence-based approach.

According to the government, additional research is needed to establish integrative medicine, particularly high-quality clinical trials that investigate the mechanisms, safety, and cost-effectiveness of Ayurvedic medicines. The lack of trials evaluating the efficacy of Ayurvedic therapy could be the most significant barrier to integration.

Second, because mixopathy practise has been discovered to be widespread, the government should enact strict legislation requiring allopathic residents to refrain from prescribing Ayurvedic medications. The study also suggests that residents need to be educated and reoriented about various Medical Council of India (MCI) norms and regulations in order to avoid unnecessarily exposing the populace to their detrimental consequences.

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10-12-2021	Discussions on a study of internet marketing analysis and SWOC analysis.	
22-12-2021	Discussion on outcomes of the study, learning experience and conclusion.	