

**Final Report**  
On  
Prescription patterns of Ayurvedic medicines  
among Allopathic practitioners and Ayurvedic  
practitioners in tertiary Allopathic and  
Ayurvedic hospitals in Kathmandu Nepal:  
Descriptive study

**Submitted to**  
Government of Nepal  
Ministry of Health and Population  
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## Abbreviation

AAM	=Ayurveda and Alternative Medicines
APD	=Acidic Peptic Disorders
BPH	=Benign Prostate Hyperplasia
CAM	=Complementary and Alternative Medicine
DMT2	=Diabetes mellitus type 2
ESR	=Erythrocyte Sedimentation Rate
GA	=Gouty Arthritis
I/NGO	=International/National non-governmental organization
IBS	=Irritable Bowel Syndrome
IDI	=Identity of Informant
LS	=Lumbar Spodolysis
NCCAM	=National Center for Complementary and Alternative Medicine
NHRC	=Nepal Health Research Council
NTFP	=Non Timber Forest Products
OA	=Osteoarthritis
OPD	=Outdoor Patient Department
RA	=Rheumatoid Arthritis
TCALH	=Tertiary Care of Ayurveda Health
TCAM	Traditional Complementary and Alternative Medicines
USA	=United States of America
WHO	=World Health Organization

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## **Executive summary**

The National Center for Complementary and Alternative Medicine (NCCAM) defines complementary and alternative medicine (CAM) practices as those not presently considered an integral part of conventional medicine. Important aspects of Alternative medical systems include Ayurveda, Homeopathy, Traditional Oriental Medicine and Acupuncture. Utilization of CAM is a universal phenomenon, both in developing countries as well as in developed countries like USA. Ayurveda, the oldest herb-mineral system of medicine is the most commonly practiced form of CAM in Nepal and India fulfilling the medical need of 80% population.

Allopathic practitioners such as Gynaecologist are most often prescribe uterine tonic like Dashmoolarisht, Ashokarisht, Kumaryasava; some of the proprietary medicines such as M2 tone tablet, Myocardial syrup, Eve care syrup and so on. Allopathic practitioner prescribe Ayurveda Medicine in chronic cases for better patient satisfaction.

A descriptive cross-sectional mixed method was used to find out and explore the pattern of Ayurveda Medicine prescribed by Allopathic and Ayurveda Physicians of Government Hospital. The estimated sample size was 100. The data was collected from the local pharmacist; in-front of Government Hospital. The main data collection site was Pharmacy shops near Bir Hospital, Paropkar Maternity Hospital and Nardevi Ayurveda Hospital. A standard tool was used to collect quantitative data of Ayurveda prescription and in-depth interview was conducted to explore the Ayurveda Medicine prescription as a qualitative tool.

The most common Ayurveda Medicine prescribed by Allopathic physicians was Gynaecological related disorder Ayurveda Medicine at tertiary level hospital of Kathmandu districts. Regumins was the common Ayurveda Medicine found in local pharmacy near Government tertiary hospital. According to local pharmacist Regumens is commonly prescribed in amenorrhoea. As well as Allopathic physicians were prescribed Nephrolizers in UTI related cases during pregnancy period. According to local pharmacist

(near Bir hospital) liv-52 and pilex is commonly prescribed by allopathic physicians of Bir Hospital. It was found that the medicine produce by Himalaya Company is commonly available. The use of Ayurveda medicine was rarely found in treatment of the psychiatric and Neurological disease. But some Ayurveda product like Resto, Rumoxil, Rumogold are effective in joint pain and other orthopaedic related disorder.

In this study, majority of prescriptions were found from urban area of patients having mean age about 55 year old taking account of 30% male and 70 % female.

Ayurveda physician prescribed podwer, Praval pisti, Giloye satwa, Guggulu, Vati, Rasa, Asavarista and Oil in Osteoarthritis, Rheumatoid arthritis, Gouty arthritis, cervical or lumbar spondolysis and others which were 70%, 9%, 20%, 21%, 26%, 38%, 2% and 28% respectively. Similarly, proprietary medicines in the doses form granule, table, syrup, capsule and ointment were frequently prescribed for the management of various diseases which were 2%, 34%, 30%, 31% and 16% respectively.

In some cases, Ayurveda physicians made 16 percent of Allopathic medicines in the prescription.

In this study, 50 percent and 30 percent prescription was mentioned for follow up and advice respectively.

Ayurveda physician prescribe both classical and proprietary medicines approximately in equal proportion. They have habituated to prescribe some form of medicines in line with allopathic medicines prescription. Ayurveda principles of drug prescription is lacking in some recommendation. On the other hands, Allopathic practitioners most frequently prescribe proprietary medicines which have been prepared and have doses form like allopathic medicines. This is time of integration to achieve optimum benefits for the patients.

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## Chapter-I: Introduction

### 1.1. Background

The National Centre for Complementary and Alternative Medicine (NCCAM) defines complementary and alternative medicine (CAM) practices as those not presently considered an integral part of conventional medicine<sup>1</sup>. Important aspects of Alternative medical systems include Ayurveda, Homeopathy, Traditional Oriental Medicine and Acupuncture. Utilization of CAM is a universal phenomenon, both in developing countries as well as in developed countries like USA<sup>1</sup>. Ayurveda, the oldest herbo-mineral system of medicine is the most commonly practiced form of CAM in Nepal and India fulfilling the medical needs of 80% of the population<sup>2</sup>.

Allopathic practitioners such as Gynaecologists are most often prescribe uterine tonic like Dashmoolarisht, Ashokarisht, Kumaryasav; some of the proprietary medicines such as M 2tone tablet, Myocardial syrup, Eve care syrup and so on. Similarly practitioners from the medicine and gastrointestinal outpatient department frequently prescribe laxative like Nature cure, Isabgol powder, Liv 52 syrup, Himcocid suspension, Mentat, Ashwagandha capsule, Neem capsule, etc. They prescribe Ayurvedic medicines for patients of chronic illness and sometimes to satisfy patients in alternative way.

However, In India the Supreme Court ruling forbids the doctors of modern medicine from prescribing/administration of non-allopathic drugs (such as Ayurvedic, Unani, Siddha or Homeopathic) by rendering them liable to prosecution under both civil and criminal laws leading to cancellation of registration and/or imprisonment. As such they are liable to be labeled as 'quacks' per se without further evidence or argument.

Still the popularity of ayurvedic drugs among allopathic practitioners is on rise. Since, there is dearth of data regarding the prescription patterns of Ayurvedic medicines by Allopathic practitioners and Ayurvedic practitioners, a pilot prospective study will be undertaken to evaluate the prescribing pattern of ayurvedic medicines in the outpatient department (OPD) of tertiary Ayurvedic hospitals and Allopathic hospitals in Kathmandu Valley.

## **1.2. Statement of Problem**

In Nepal, Allopathic practitioners prescribe both classics and proprietary Ayurvedic medicines in government tertiary hospitals, and in some chronic cases they are dependent on these medicines. They are using these medicines for successful medical practices, however there is no records and data available to claim that a list of Ayurvedic medicines are prescribing by Allopathic practitioners in their daily setting. That is why there is a need to carry out systematic research in this regard, which should cover both public and private pharmacies to describe the specific types of irrational drug prescription and in particular the reasons why practitioners using these medicines so frequently

This study, therefore the first of its kind to be conducted from Nepal will highlight the prescription patterns of Ayurvedic medicines by Allopathic practitioners of tertiary Allopathic hospitals in Kathmandu valley, and also estimates the presence of Ayurvedic medicines in Ayurvedic dispensaries near tertiary Ayurveda hospital, as well as types of Ayurvedic medicine in major Allopathic dispensaries located around tertiary hospitals in Kathmandu valley.

During extensive literature review under this topic, there is dearth of literatures regarding prescribing pattern of Ayurvedic medicines by Allopathic practitioners in the tertiary Allopathic hospitals, and Ayurvedic practitioners in tertiary Ayurvedic hospitals as well. So, some of the relevant studies regarding prescription patterns of Allopathic medicines have been noted down in the results and discussion chapter.

## **1.3. Significance of the study**

This study, a pilot prospective survey will guide directions for policy makers, government authorities, and responsible stakeholders such as WHO to take initiation for strategies and planning development regulating rational prescription patterns in Allopathic and Ayurvedic tertiary hospitals as well.

### **Medical Practitioners**

- The variation and unsatisfactory nature of the layout and information contained in the prescriptions will be markedly documented, and will be evidence for planning of standardization of prescription formats in the country.

- It is also important that we conduct doctor education programs on rational drug prescribing and consumer education on rational drug use. It is also necessary that we develop and use a standardized "ideal" format for all prescriptions. A sample of the format considered most appropriate.
- Significant differences were noted between public and private prescriptions on all parameters and there is no evidence-based explanation for these differences.

### **Pharmacies**

In many cases, over the counter and self-medication practices by patients and pharmacists without physician practices is one of the great challenges in rational prescription patterns of Ayurvedic Medicines

In house production of Ayurvedic medicines causes manifold issues regarding safety, quality control and efficacy.

### **Patients**

The vast majority of drug purchase costs will be borne out of pocket, the ultimate burden of this irrational drug use falls entirely on the patient.

### **Pharmaceutical Company**

It is necessary that independent bodies develop evidence based guidelines for specific conditions. The latter would help counter the exaggerated and at times unfounded claims made in the promotional material distributed by the pharmaceutical companies.

The differential patterns of private and public prescribing will suggest a greater influence of Drug Company marketing and promotion on private doctors.

**1.4. Objectives:** The objectives of the study will be given below;

**1.4.1. General objectives:** A situation of Ayurvedic medicine prescription patterns by Allopathic practitioners and Ayurvedic practitioners working in tertiary government Allopathic hospitals and Ayurvedic hospitals will be presented, in case of Kathmandu valley respectively.

**1.4.2. Specific objectives**

1.4.2.1. To evaluate prescription patterns of Ayurvedic medicines by Allopathic practitioners in government tertiary Allopathic hospitals in Kathmandu Valley.

1.4.2.2. To evaluate prescription patterns of Ayurvedic medicines by Ayurvedic practitioners in government tertiary Ayurvedic hospitals in Kathmandu Valley.

**1.5. Rationale of the Study**

Prescription patterns of Ayurvedic medicines by Allopathic practitioners may not be based on the principles of Ayurveda, since they are not trained in this ancient medical science. The principle of modern medical science has no relationship with Ayurveda, and such practice is always objectionable to civil and jurisprudence level. However, they do practice Ayurveda medicines because of having no option in treating chronic conditions of patients.

In this regard, a situational analysis of prescription patterns of Ayurvedic medicines by Allopathic practitioners is needed for rational use and to identify any trends that hamper Ayurveda practice in the future.

## Chapter-II: Literature Review

**Global:** A review on complementary and alternative practices in rheumatology (clinic) done by Cesar Ramos-Remus reported that about 80% (n=98) had use topical remedies it included alcohol, whisky, snake oil, and gasoline; about 36 % (n=98) had visited a CAM providers at least once for their arthritis<sup>1</sup>.

A systematic review on “Traditional, complementary and alternative medicine use in sub-Saharan Africa”. It was reported that the prevalence of TCAM for pregnant women were from 12% to 90.3% (mean 48.4%) during pregnancy. A study of Ghanaian women (n=611) reported 11.7% used TCAM products during childbirth, while two Nigerian studies reporting large sample sizes identified 24.1% and 42.5% of postpartum women used services of TCAM practitioners during childbirth respectively. There was a dearth of research evidence of TCAM use among menopausal women, with only one Nigerian study reporting a lower use (3.8%) TCAM practitioners services among menopausal women<sup>3</sup>.

TCAM is also used for sexual health conditions. Three paper of was review related it and found that about 68% (n=500) Zambian women used TCAM product to dry up and constrict the vaginal passage prior to sexual intercourse. As well as 56.3% Ghanaian women used TCAM to manage Gynaecological conditions. Another study (n=224) reported that 54.9% of male and female of Ugandan presenting with various types of sexually transmitted infections used TCAM<sup>3</sup>.

During that systemic review 7 articles were reviewed for Hypertension, diabetes, cancer and Asthma. It was found that the rate of use of TCAM is laid from 19.5% to 67.8%. A large sample study (n=500) was found that 24% used TCAM for treatment of Hypertension. In small sample size (<500) was found that 77.1% used TCAM in Tanzania, 46% in Nigeria, 33% in Guinea, 12.4% in Kenya. The use of TCAM for Cancer at available article in the systemic reviewed found that it was high used in sub-Saharan Africa ( Nigeria: 65%, Ethiopia: 79%, Ghana: 73.5%)<sup>3</sup>. A study conducted in Uganda reported that herbal medicine use was higher among women with less than 3 years of infertility<sup>3</sup>.

A survey was done in USA by Mcconnell et al about prevalence of CAM in epilepsy patient and found that about 70% (n=120) use it among them 19% for medication. As well as a cross-

sectional study(n=101) was conducted in Oman by Al Asmi et al and found that 73.3% were used CAM among them 47% used herbal medicine for epilepsy treatment. A study on use of CAM for epilepsy in UK was 34.6%<sup>4</sup>.

**Regional:** A cross sectional study conducted in a Government medical college about the use of CAM in Rheumatoid case. It was found that 85% (n=100) were female and among them 80% (n=100) were more than over 40 years old. In most of cases ESR was raised (96%) and was RF positive (88%). The study of pattern of CAM use in these patients revealed that 60% patients were CAM users and 45% of them were on multiple CAM modalities. Female were predominantly CAM users 85%. Persistent pain in spite of anti-rheumatoid drugs was the main reason for adopting CAM modalities (51.66%)<sup>5</sup>.

A cross sectional study conducted in Kerala and analyse the effect of alternative medicine for previously diagnosed and treated cases. It was found that the cases (patients) where allopathic physician was consulted, acetaminophen (paracetamol) was the sole drug given and rest. About 67.8% (n=362) patients took more than two months for recovery and 31.89 % ( n=362) were took more than 1 months of recovery. The patient who had taken a medicine by Ayurveda physician, most patients (78.45%) relied on alternative medical systems after one week of onset of symptoms<sup>6</sup>.

A study cross-sectional study was done in Deharadun for prescription pattern of Ayurveda and Allopathic doctors and information was collected from retailers (n=200). It was found that medical doctors were not prescribed Ayurveda Medicine without allopathic medicine in single prescription but 8.6% prescription had both allopathic and Ayurveda medicine prescribed by medical doctors. Only14.28% prescription was prescribed by Ayurveda Doctors without allopathic medicine and about 60.8% prescription prescribed by Ayurveda Physician had both allopathic and Ayurveda Medicine<sup>7</sup>.

A study conducted by National Centre for Complementary and Alternative Medicine on “Allopathic Vs Ayurvedic practices in tertiary care institution of urban North India” was found that Average numbers of drugs prescribed was more in Tertiary care of Ayurveda Hospital (4.2) than Tertiary care allopathic hospital (3.7). The prescription of TCALH contained 88% (n=300) and 12% Ayurveda drugs; on the other hand prescriptions of the allopathic drugs by the Ayurveda practitioners was found to the tune of 58% (n=300, p-value <0.001)<sup>8</sup>

A study conducted on “Complementary and alternative medicine: practice and perspective of allopathic doctors at tertiary care hospital” founded that 53% (n=236) of the health care professionals used CAM at least once, however this study shows that the Ayurveda and Yoga were used in equal proportion i.e. 20.5% (n=236) and 20%(n=236) respectively. Although 29% perceived that CAM is effective chronic condition and 27.5% suggested CAM therapies to their patients for same condition. This study also shows that hepatic (42.5%) and renal (32.5%) impairment were the commonest side effect experience by the Patients<sup>9</sup>.

**National:** A study on “A survey of drug use patterns in western Nepal” was found that 28% (n=164) patients were take health services by CAM practitioners. CAM remedies constituted 32.2% of the total drugs consumed<sup>10</sup>.

A study on “traditional Medicine for the rich and knowledgeable: Challenging assumptions about treatment-seeking behaviour in rural and peri-urban Nepal” founded that at least 31% (n=571) episodes were treated by traditional medicine among them few 0.5% (n=571) were visit to private Ayurveda doctors, 0.5% were visited to Amchi doctors<sup>11</sup>.

An articled discussed on healing tradition in Nepal is found that more than 50% population of Nepal use Ayurveda and Complementary Medicine<sup>12</sup>.

A survey on “Knowledge Diversity and Healing Practices of Traditional Medicine in Nepal” conducted by NHRC was founded a traditional healer use different part of plant the Asthma. A traditional healer told that “Asthma is mainly caused by dust. Patients may feel shortness of breath. For this, I mostly prescribe an oral medicine. First, we should take a ripen Anka(fruit of Calotropis gigantean). Then, black salt and lime powder paste are applied over the fruit and left it for drying. The dried fruit is then kept in a pot and heated until it changes into ash. It can be taken orally, one lal, twice a day with honey”<sup>13</sup>

## Chapter-III: Research Methodology

This study crosses sectional, descriptive and a prospective study based on field survey. The methodology of each is described one by one as follow;

- 3.1. Study design:** This study was descriptive cross-sectional
- 3.2. Study type:** Mixed method, both quantitative and qualitative
- 3.3. Sampling method:** Judgmental sampling method among Ayurvedic and Allopathic tertiary hospitals was carried out to gather related information.
- 3.4. Sample size:** Sample size was calculated by the formula of estimation of proportion i.e.

$$n \geq \frac{Z^2_{1-\alpha} P(1-P)}{d^2}$$

Hence, 50 or 50 number of prescriptions was taken from each group.

- 3.5. Site Selection:** Based on the literature search, site was the major pharmacies of tertiary hospitals of Kathmandu valley.
- 3.6. Method of data collection:** Data was collected interviewing individuals, selected pharmacies i.e. both Ayurveda and Allopathic in Kathmandu valley with structured questionnaires. Some of the tools and techniques were;
- 3.7. Literature search:** Extensive literature review through internet search and published resources regarding Ayurveda medicine use pattern in Kathmandu valley or abroad were carried out to understand the gap.
- 3.8. Secondary data:** Secondary data on the use pattern and availability of Ayurveda medicines were carried out in the sites.
- 3.9. Individual interview:** A structured questionnaires were administered to conduct the personal interviews and consultation with diverse stakeholder's viz, medical doctors, academicians, Vaidyas, and non-government organizations (target organizations: government sectors/organizations working for Ayurveda and other traditional medicines, herbal medicines; I/NGO working in preservation, promotion of herbal resources; educational and research institutions regarding medicine and herbal resources; professional organizations of traditional medicine practitioners; private health service research, educational and manufacturing companies).

**3.10. Interactive discussion:** Face to face interactive discussion was carried out with diverse stakeholders to know the situation of Ayurvedic medicines and its practices among physicians and pharmacies outlet.

**3.11. Limitations of the study:** Samples will be collected only from 3 to 5 pharmacies located at major tertiary Ayurvedic and Allopathic hospitals and may thus not be representative of prescription patterns across the country.

Another limitation will be the lack of information regarding the patient's diagnosis; thus, it is possible that differences between the private and public practitioners could reflect true differences in the types of diseases being treated.

The use of irrational drugs and polypharmacy are unlikely to be affected by private and public practitioners because of few diagnostic factors which are likely to interact with these outcomes.

The use of over-the-counter medicines and self-medication were not evaluated; this accounts for a significant fraction of drug use in South Asia.

**3.12. Data analysis:** The collected data were analysed using SPSS software version 21.3 and Microsoft Excel.

## Chapter-IV: Results and Discussion

### A. Pattern of Ayurvedic medicines prescription in Ayurvedic Tertiary hospital

#### 4.1. Quantitative analysis

**4.1.1. Mean age of the patients:** In this study, outdoor patients' record of patients (n=50) were randomly selected and analyzed. It was found that mean age of the patients was 54.58 year i.e. approximately 55 year of age.

**Table No. 4.1.: Mean age of the patients**

	N	Minimum	Maximum	Mean	Std. Deviation
Age	50	24	83	54.58	16.062
Valid N (List wise)	50				

The minimum and maximum age of the the patients included in this study was found 24 and 83 years respectively (Table no. 4.1). Most of the patients seeking Ayurveda treatment were adult and old people, which is also similar to other studies in India.

**4.1.2. Sex of the patients:** In this study (n=50), 70 percent (n=35) was male, and 30 percent was female (n=15) patients (Table no. 4.2).

**Table No. 4.2.: Sex wise distribution of patients**

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	15	30.0	30.0	30.0
Valid Female	35	70.0	70.0	100.0
Total	50	100.0	100.0	

Most of the studies show that female is more likely to use Ayurveda and herbal medicines.

**4.1.3. Habitat of the patients:** In this study (n=50), 92 percent patients were visited (n=46) from urban area and 8 percent patients (n=4) were visited from rural area (Table no. 4.3).

**Table 4.3: Habitat of the patients**

	Frequency	Percent	Valid Percent	Cumulative Percent
Rural	4	8.0	8.0	8.0
Valid Urban	46	92.0	92.0	100.0
Total	50	100.0	100.0	

**4.1.4. Department wise distribution of patients:** In this study (n=50), 32 percent (n=16), 38 percent (n=19), 28 percent (n=14) and 2 percent (n=1) patients were visited at Shalya, Kayachikitsa, Panchakarma and Shalakyia departments respectively (Table no. 4.4).

Kayachikitsa department had higher number patients flow because of broad area of management of diseases in Ayurveda.

**Table no. 4.4: Department wise distribution of patients**

Department	Frequency	Percent	Valid Percent	Cumulative Percent
Shalya	16	32.0	32.0	32.0
Kayachikitsa	19	38.0	38.0	70.0
Valid Panchakarma	14	28.0	28.0	98.0
Shalakyia	1	2.0	2.0	100.0
Total	50	100.0	100.0	

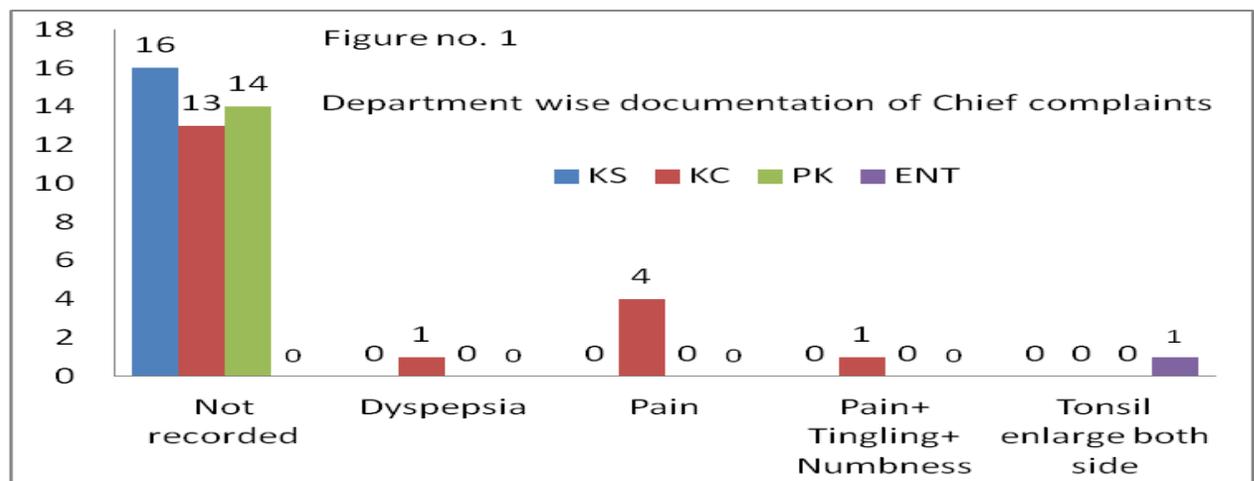
Shalya deals with surgical procedures only and Panchakarma recalls after special treatment of sodhana wherever indicated during management of diseases under Kayachikitsa.

**4.1.5. Documentation of Chief complaints during patient's visit:** In this study (n=50), Ayurveda physician had not recorded chief complaints in 86 percent (n=43) of patients.

**Table no. 4.5: Documentation of Chief complaints during patient's visit**

	Frequency	Percent	Valid Percent	Cumulative Percent
Not recorded	43	86.0	86.0	86.0
Dyspepsia	1	2.0	2.0	88.0
Pain	4	8.0	8.0	96.0
Pain+Tingling+Numbness	1	2.0	2.0	98.0
Tonsil enlarge both side	1	2.0	2.0	100.0
Total	50	100.0	100.0	

All of the chief complaints were documented from departments of Kayachikitsa and Shalakyia which were dyspepsia, pain, tingling sensation, numbness and tonsil enlargement (Table no. 4.5. & Figure no. 1).



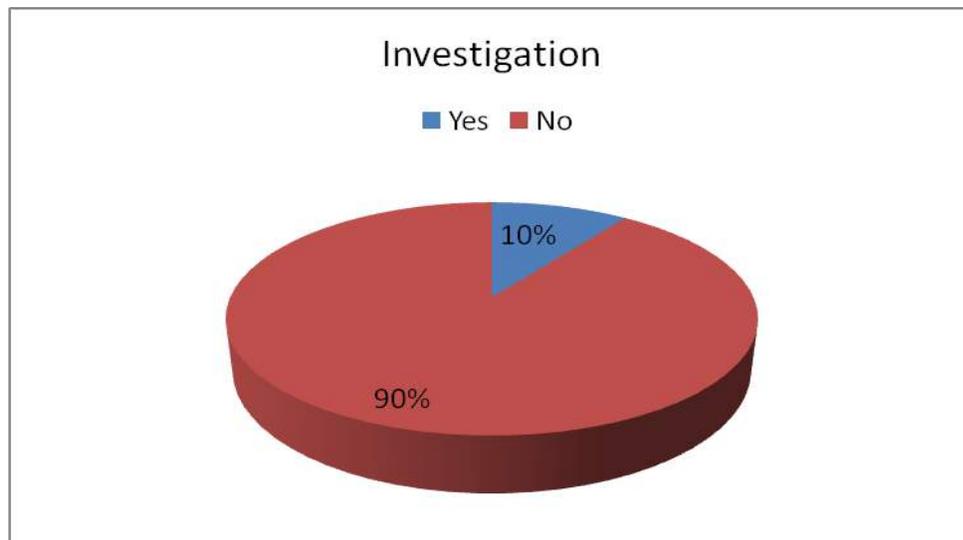
Among the chief complaints, dyspepsia, pain, tingling sensation and numbness were documented from department of Kayachikitsa; and enlargement of tonsil from department of Shalakya only.

**4.1.6. Known cases visited Ayurveda hospital:** In this study (n=50), 16 percent of patients were visited the hospital with known cases of Vatarakta (Gouty arthritis), post multiple fracture, diabetes mellitus, osteoarthritis and benign prostate hyperplasia, and rest of them were new cases (Table no. 4.6).

**Table no. 4.6: Known cases visited Ayurveda hospital**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Vatarakta	1	2.0	12.5	12.5
Multiple fracture	1	2.0	12.5	25.0
DMT2	4	8.0	50.0	75.0
DMT2 + OA	1	2.0	12.5	87.5
DMT2+BPH+OA	1	2.0	12.5	100.0
Total	8	16.0	100.0	
Others	42	84.0		
Total	50	100.0		

**4.1.7. Investigation:** In this study (n=50), 10 percent of patients were undergone investigation for diagnosis of their diseases whereas 90 percent of the patients were not advised to investigate any alteration of physiological parameters. This may be chance of coronavirus transmission (Table no. 4.7).



**4.1.8. Number of patients undergone Provisional Diagnosis:** In this study (n=50), 40 percent of patients (n=20) were provisionally diagnosed during their visit to the hospital. Majority of patients; 60 percent (n=30) were not undergone for provisional diagnosis (Table no. 4.8).

**Table no-4.7: Number of patients undergone Provisional Diagnosis**

	Frequency	Percent	Valid Percent	Cumulative Percent
Not diagnosed	30	60.0	60.0	60.0
Mukhapaka	1	2.0	2.0	62.0
OA	3	6.0	6.0	68.0
DM2+OA+LS	1	2.0	2.0	70.0
Foliculitis	1	2.0	2.0	72.0
Ajirna	1	2.0	2.0	74.0
OA+GA+Frozen shoulder	1	2.0	2.0	76.0
Lumbago	1	2.0	2.0	78.0
Hemorrhoids	2	4.0	4.0	82.0
Thrombosed piles Mass	2	4.0	4.0	86.0
Fissure in Ano	3	6.0	6.0	92.0
DMT2	1	2.0	2.0	94.0
LS+DM	1	2.0	2.0	96.0
Vatarakta	1	2.0	2.0	98.0
IBS	1	2.0	2.0	100.0
Total	50	100.0	100.0	

Provisional diagnosis made at departments of outdoor patients were Vatarakta (Gouty arthritis), lumbar spondolysis, frozen shoulder, lumbago, mukhapaka (Stomatitis), Ajirna (Indigestion), Foliculitis, diabetes mellitus, osteoarthritis, Hemorrhoids, thrombosed piles mass, fissure in ano, irritable bowel syndrome

**4.1.9. Final diagnosis wise distribution of patients:** In this study (n=50), 48 percent of patients (n=24) were finally diagnosed as Osteoarthritis(OA), Fissure in ano, Tonsillitis, Parikartika, Haemorrhoides, Rheumatoid arthritis(RA), Arsha, Oesophagitis, Pakshaghat (Hemiplegia), Grahani (Irritable bowel syndrome), Benign prostate hyperplasia, Ashmari (Nephrolithiasis), Post fistulotomy, Peripheral neuropathy, Shirashoola (headache), Lumbar

spondylolysis (LS), etc. Majority of patients (n=26, 52 percent) didn't diagnosed finally (Table no. 4.9).

**Table no. 4.9: Final diagnosis wise distribution of patients**

	Frequency	Percent	Valid Percent	Cumulative Percent
OA	3	6.0	12.5	12.5
Fissure in Ano	2	4.0	8.3	20.8
Tonsilitis	1	2.0	4.2	25.0
Parikartika	2	4.0	8.3	33.3
Haemorrhoides iv	1	2.0	4.2	37.5
RA	1	2.0	4.2	41.7
Arsha	3	6.0	12.5	54.2
Oesophagitis	1	2.0	4.2	58.3
APD+Allergic pharangitis	1	2.0	4.2	62.5
Valid Pakshaghat (Hemiplegia)	1	2.0	4.2	66.7
Grahani	1	2.0	4.2	70.8
BPH+Nephrolithiasis	1	2.0	4.2	75.0
Post fistulotomy	2	4.0	8.3	83.3
Peripheral Neuropathy	1	2.0	4.2	87.5
Shirshool	1	2.0	4.2	91.7
Arsha+Parikartika	1	2.0	4.2	95.8
LS	1	2.0	4.2	100.0
Total	24	48.0	100.0	
Missing System	26	52.0		
Total	50	100.0		

It was found that diagnosis of disease was average in the Ayurveda tertiary hospital. This result is unsatisfactory because of lack of diagnostic tools and techniques in the hospital.

**4.1.10. Description of prescription patterns of Ayurvedic medicines:** In this study (n=50), Ayurveda physician prescribed podwer drugs in 70 percent of patients (n=35) in combination with or without Praval pisti and Giloye Satwa; Ashwagandha, Dashmool, Avipatkar, Guduchi, Neembadi, Amalaki, Yashtimadhu, Sitopaladi, Bilwadi, Haridrakahanda were usually used to make mixture with Giloye satwa or Praval pisti. Twenty four percent of the prescription was

written with Giloye satwa 10gm twice a day for 15 days; and 9 percent was written with Praval pisti 10gm twice a day for 15 days in mixture of one or more powder drugs from above. Five percent prescription was written with Laxosoft powder, a proprietary Ayurvedic medicine. Guggulu was frequently prescribed in the patients attending the physician with chief complaints or diagnosed pain related diseases such as Osteoarthritis, Rheumatoid arthritis, Gouty arthritis, cervical or lumbar spondylosis, etc. In 21 percent of prescriptions, there were Kaishor, Triphala, Kanchanar, Singnadhya, Lakshadi, Gokshuradi and Mahayogaraj guggulu prescribed two tablets twice a day for 15 days. Similarly Amree plus is a proprietary granule formulation was prescribed in 2 percent of patients. Menosan, Reosto, Pilex, Pilodex, Amlycure DS, Mentat, Prosteez, Hemplasia, Prostocare, Liv52, Nityam, Oestoflex G., Diabecon, Amati, Glycoban and Rhumalaya were the proprietary formulation of Ayurvedic companies from Nepal and abroad which were prescribed in 34 percent of prescription two tablets twice a day for 15 days, from the tertiary Ayurvedic hospital. Furthermore, 30 percent prescriptions was written with Syrups; Gasherbs (10ml twice a day for 15 days after meal), Loose (15 ml or 3tsf at bed time for 15days), Dashmool kwath (20 ml twice a day with equal water after meal), Zymoliv (2tsf twice a days for 15 days) and Zymnet (2tsf twice a day for 15 days). Vati was a most frequently prescribed drug in Ayurvedic hospital. Satibism, Arogyavardhani, Chitrakadi, Khadiradi, Vriddhivatika, Chandraprava, Kutajghana and Sanjeevani vati was written in 26 percent of prescription. Most of the vati was prescribed twice a day after meal. Similarly, Proprietary capsules such as Bhaskarzyme, Arsol, Disoma, Ayubes, Ostoflex G., Rumaton, Ashwagandha and Brahmi was written in 31 percent of the prescription mentioning two capsule twice a day for 15 days after meal. Moreover, local application such as ointment (16 percent) and oil (28 percent) were prescribed in pain and anorectal related diseases; and local oral application (6 percent) was rarely prescribed drugs in patients visiting Ayurveda tertiary hospital. Ointment were Sitcom A, Pilodex and Protek. Similarly, oil was Rhumasyll, Rhumalaya, Mahavishgarva Mahanarayan, Nivarak, Jatyadi ghrita, Sadavindu and Osteoflex applied the affected part of the body. Oro-T and Murec oral application were used for stomatitis (Mukhapaka). Gandhaka rasayan was prescribed in only 2 percent of the patients.

**Rasa** is a preparation of herbo mineral or mineral alone which are considered more potent than herbal formulation. In this study (n=50), 38 percent of the prescriptions were found mentioning

one or more than one rasa drugs in each prescription. The most frequently prescribed rasa drugs were Dhatri lauha, Sutasekhar, Mahavidhwansa, Shirsooladi, Tribhuvan kirti, Arsakuthara, Rasamanikya, Mritunjaya, Kamadudha, Ekangaveer and Bolbhadra. Each rasa drug of 5 gm were combined with 100 gm of herbal powders and advised to take for 15 days. Among the total prescription 14 percent of patients were advised to use Shankha, Godanti and Sphatika bhasma in combination with herbal powder medicines. Kutajarista, an asavarista was least prescribed among all the drugs which was 2 percent only.

**4.1.11. Allopathic medicines in Ayurvedic prescription:** In this study (n=50), 16 percent prescription was written including allopathic medicines such as Flexon tablet, 2% Zylocaine local anaesthesia, Fortiflex (Vitamin B complex), Maxvit 1 capsule, Neurodex syrup, Newron tablet, Clavum tablet, Pantop tablet and Metron D/F.

**4.1.12. Follow up:** In this study (n=50), 50 percent prescription was found to be written with follow up of 2 and 1 month and 2 weeks. Among follow up, prescription written with follow up in 2 week was most frequent which 44 percent was alone.

**4.1.13. Advice:** In this study (n=50), 30 percent prescription was found to be written with advice including physiotherapy, Sitz bath, Gargling, Yoga asana and Dietary control. Among these all, Sitz bath was most frequently advised in the prescription.

## **B. Pattern of Ayurvedic medicines prescription in Allopathic Tertiary hospital**

### **4.1.14. Prescription of Ayurvedic medicines prescribed by Allopathic practitioners**

Most of the allopathic practitioners of government hospital in Kathmandu prescribe proprietary Ayurvedic medicines such as Dashmoolarist Abana tablet, Adzoa tablet, Amleecure syrup, Amycordial syrup, Amyron capsule and syrup, Ashwagandha capsule, Avipatkar powder, Betkal, Clove oil, Confido tablet, Cystone tablet and syrup, Diabecon DS tablet, Evecare syrup and tablet, Femicordial syrup, Footcare ointment and cream, Gasex syrup and tablet, Hapzone syrup, Herbolax tablet, Himalaya massage oil, Himcocid syrup, Himplasia tablet, Honitus syrup and tablet, Isolax powder, Kasturibhusan drop, Koflet syrup and tablet, Lax powder, Lirilex tablet, Liv52 tablet and syrup, M2 tone tablet and syrup, Mahanarayan tail, Menosonan tablet and sachet, Mentat tablet, Hyponid tablet, Neem capsule, Neeri syrup and tablet, Nephrolizer syrup, Nilasto oil, Nityam powder and tablet, Nivaraka oil and ointment, Orthorex oil, Pilex ointment and tablet, Regumens syrup, Renalka syrup, Reosto tablet, Rumalaya tablet and

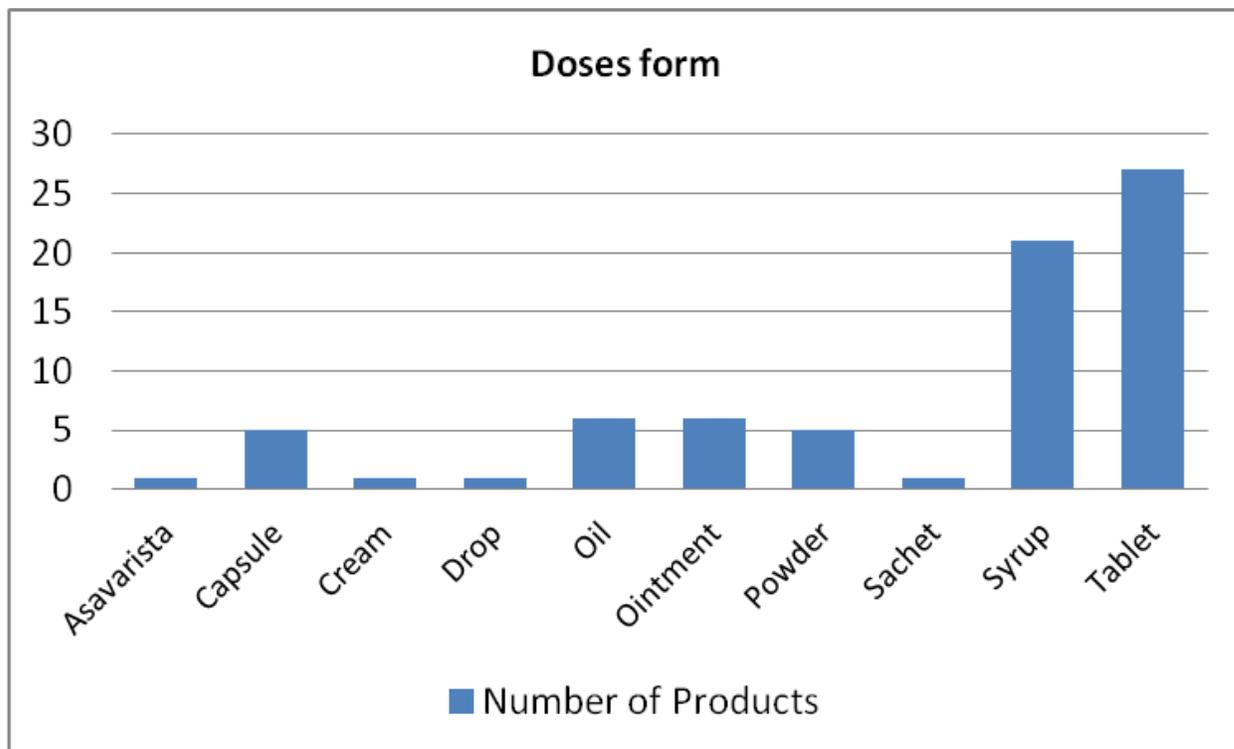
ointment, Rumalaya forte tablet, Semento tablet, Septillin tablet and syrup, Silajeet capsule, Spemen tablet, Stonil tablet, Tentex tablet, Triphala powder and Tulsi capsule (Annex)

#### 4.1.15. Major indication of Ayurvedic medicines prescribed by Allopathic practitioners

Allopathic practitioners have no choice of some chronic non-communicable diseases like pain related Gouty arthritis, Osteoarthritis, Rheumatoid arthritis, Cervical or Lumbar spondolysis, gynecological disorders, infertility, Renal calculi and UTI, rejuvenation, chronic Gastritis, diabetes and hypertension.

#### 4.1.16. Doses form of Proprietary medicines

Among Ayurvedic proprietary medicines prescribed by Allopathic practitioners, were capsule, Asavarista, cream, drop, oil, ointment, powder, sachet, syrup and tablet manufactured from different pharmaceutical companies (Table 4.10).



There were approximately 75 products which were available at periphery of tertiary allopathic hospitals of Kathmandu valley including capsule, syrup and tablets of different companies having indication for different chronic diseases related to gynecological, neurological, urological, musculoskeleton, etc.

## 4.2. Qualitative Result:

The data was collected from 5 retail pharmacist in front of Paropkar Hospital and Bir Hospital.

The open interview questionnaires were used to explore the Ayurveda Prescription prescribed by Allopathic Physician. The RQDA software was used to analyse the qualitative data data.

There were total 15 codes created by research and compiled it in 3 major themes.

The following were the theme of this project

### Common Use of Ayurveda Medicine by Allopathic Practitioner:

It was included different codes to analyse the data; Used of Ayurveda Medicine. The data was collected in-front Paropkar Hospital and Bir Hospital. The most common Ayurvedic medicine prescribed by Allopathic physician was Gynaecological related disorder Ayurveda Medicine.

“In Paropkar Hospital, Mainly the allopathic Physicians prescribed Gynaecological related symptomatic Ayurveda Medicine”

“Mainly, allopathic practitioners are prescribed Regumins, Nephrolizers, Amonoryl”

The allopathic physicians were prescribed Ayurveda Medicine in Chronic Disease. “some time in chronic cases the Ayurveda Medicine is also used”

### Human system Related Prescription:

This theme was created to know the prescription pattern of Ayurveda Medicine by Allopathic practitioners in systematic order. It was based on clinical judgement based prescription. The codes were Endocrine related prescription, GI related prescription, Neuro Related Prescription, Ortho Related prescription, and Psychiatric related prescription, Renal and UTI functions related, Reproductive function related, and Respiratory Related.

The endocrine related Ayurveda Medicine is prescribed at both Paropkar and Bir Hospital. A chemist from local pharmacy near Bir hospital said that “The common use of Ayurveda Medicine in Bir Hospital is related with liver tonic, like liv-52”. Another chemist from local pharmacy of Prapokar Hospital said that “Mainly liver tonic are prescribed by allopathic Physicians. Mostly prescribed medicines are belongs to Himalya Company”.

The GI related Ayurveda medicine is mostly used in Paropkar Hospital for Constipation at pregnancy cases. One of the local pharmacist in-front of Paropkar Hospital explained that “Ayurveda Medicines are also prescribed by allopathic practitioner, like for Constipation”. Pilex is prescribed in case of fissure and haemorrhoid”. (ID12)

“Allopathic doctors are prescribed GI related Ayurveda Medicine eg Gasofast”. (IDI 3)

Another pharmacist from local pharmacy of Bir Hospital added that sometime we found Ayurveda medicine prescribed by Allopathic Physician. Eg isolax, Bhasam, Churn” (IDI 5)

It was interested to find out the prescription pattern of Ayurveda Medicine for Neuro related disease but it was not found any Ayurveda prescription prescribed by Allopathic Physician. A local Pharmacist from Bir Hospital said that “I have not seen any prescription that allopathic doctors have prescribed for neurological and cardiac treatment”. (IDI4)

The Ayurveda medicines are more used in Orthopaedic cases. One of the respondent or pharmacist said that the most common prescription of Ayurveda Medicine is Orthopaedic Condition related.

“Yes, mainly the tropical solution and oil are prescribed by an Orthopaedic surgeon eg Newrolack, Rumoxil, Orthodox”

“Orthopaedics doctors are mostly prescribed Resto, Rumoxil, Rumogold” (IDI5).

Some doctors were prescribed Ayurveda Medicine for treatment of Psychiatric patient.

“Psychitric Ayurveda Medicines are also prescribed by certain Allopathic doctors but it is in rare cases”. (IDI 1)

The common prescribed Ayurveda Medicine is also related with Renal UTI related disorder. Some of Allopathic Doctors used Ayurveda medicine for renal stone and some are to treat urinary tract infection. “Nephrolizers are prescribed by Allopathic practitioners for Urinary tract Infection” (IDI-2). Other Ayurveda medicine like Neeri, Cystone are used in renal stone and prescribed by Allopathic physician too. (IDI 2)

The allopathic physicians are also prescribed Ayurveda Medicine in Infertility cases. “The infertility cases have treated by Ayurveda Medicine and prescribed by Allopathic doctors”. (IDI 1)

“Amonoryl is used to treat Gynaecological cases” IDI2

The most Ayurvedic tonics are prescribed by Ayurveda Doctors i.e. Mense regulator, Reghumin. The tentex Roal is most used medicine in infertility.

“Some Doctors prescribed Gynaecological related Ayurveda Medicine eg Dashmula Rista” (IDI4)

The allopathic practitioner also prescribed Ayurveda medicine in Respiratory system.

Similarly, Allopathic physicians have prescribed immunity booster powder in respiratory cases. Most common are Honitus and KOF-D.

**Type of Prescription:** it was interested to know which type of prescription are more brought to pharmacy to by Ayurveda Medicine in front of Government Allopathic Hospital. It was also interested to identify the prescriber of Ayurveda Medicine at Allopathic Hospital. The medicines which were prescribed by a doctor were supportive medicine for diagnosed cases or major substances to prescribe to treat the diseases.

It was also needed to know the over prescription of Medicine by a doctors but it was not found during this research.

“Yes, they prescribed both allopathic and Ayurvedic Medicine for same disease but the properties are different”. (IDI 1)

The main prescriber at Allopathic Hospitals are doctors. Some slips were found in local pharmacy which was written by nurses or paramedics but they are prescribed to use that medicine in procedure. “It is not sure but 10-15% prescription has contained Ayurveda medicine in supportive form” (IDI 2)

“Most of the prescriptions were prescribed Hospital doctors”. (IDI3)

## Chapter V: Discussion

Ayurveda physician prescribed powder drugs in combination with or without Praval pisti and Giloye Satwa such as Ashwagandha, Dashmool, Avipatkar, Guduchi, Neembadi, Amalaki, Yashtimadhu, Sitopaladi, Bilwadi, Haridrakahanda. Mostly Giloye satwa, Praval pisti, Godanti and Sankha bhasma were mixed with above powders. In some cases, Laxosoft and Nityam powder, a proprietary Ayurvedic medicine were prescribed to add on therapy. Guggulu was frequently prescribed in the patients attending the physician with chief complaints or diagnosed pain related diseases such as Osteoarthritis, Rheumatoid arthritis, Gouty arthritis, cervical or lumbar spondolysis, etc. because it was found effective in pain related diseases. Recent studies have reported that guggulu has anti-inflammatory and anti-lipedemic effect. Some of the guggulu were Kaishor, Triphala, Kanchanar, Singnadhya, Lakshadi, Gokshuradi and Mahayogaraj guggulu prescribed two tablets twice a day for 15 days. Similarly Amree plus, a proprietary granule occasionally prescribed in diabetes patients. Menosan, Reosto, Pilex, Pilodex, Amlycure DS, Mentat, Prosteez, Hemplasia, Prostocare, Liv52, Nityam, Oestoflex G., Diabecon, Amati, Glycoban and Rhumalaya were the proprietary formulation of Ayurvedic companies from Nepal and abroad which were prescribed in 34 percent of prescription two tablets twice a day for 15 days, from the tertiary Ayurvedic hospital. These proprietary medicines were equally prescribed at tertiary allopathic hospitals in Kathmandu valley. Furthermore, a 30 percent prescription was written with Syrups including Gasherbs, Loose, Dashmool kwath, Zymoliv syrup and Zymnet syrup. Vati was a most frequently prescribed drug in Ayurvedic hospital. Satibism, Arogyavardhani, Chitrakadi, Khadiradi, Vriddhivatika, Chandraprava, Kutajghana and Sanjeevani vati was written in 26 percent of prescription. Most of the vati was prescribed twice a day after meal. Similarly, Proprietary capsules such as Bhaskarzyme, Arsol, Disoma, Ayubes, Ostoflex G., Rumaton, Ashwagandha and Brahmi was written in 31 percent of the prescription mentioning two capsule twice a day for 15 days after meal. Moreover, local application such as ointment (16 percent) and oil (28 percent) were prescribed in pain and anorectal related diseases; and local oral application (6 percent) was rarely prescribed drugs in patients visiting Ayurveda tertiary hospital. Ointment were Sitcom A, Pilodex and Protek. Similarly, oil was Rhumasyil, Rhumalaya, Mahavishgarva Mahanarayan,

Nivarak, Jatyadi ghrita, Sadavindu and Osteoflex applied the affected part of the body. Oro-T and Murec oral application were used for stomatitis (Mukhapaka). Gandhaka rasayan was prescribed in only 2 percent of the patients. Every prescription in Ayurvedic hospital was analysed that proportion of proprietary medicines are approximately equal to classical medicines, which are not good for Ayurveda. Classical prescription must be emphasized by Ayurvedic practitioners.

**Rasa** is a preparation of herbo mineral or mineral alone which are considered more potent than herbal formulation. In this study (n=50), 38 percent of the prescriptions were found mentioning one or more than one rasa drugs in each prescription. The most frequently prescribed rasa drugs were Dhatri lauha, Sutasekhar, Mahavidhwansa, Shirsooladi, Tribhuvan kirti, Arsakuthara, Rasamanikya, Mritunjaya, Kamadudha, Ekgaveer and Bolbhadra. Each rasa drug of 5 gm were combined with 100 gm of herbal powders and advised to take for 15 days. Among the total prescription 14 percent of patients were advised to use Shankha, Godanti and Sphatika bhasma in combination with herbal powder medicines. Kutajarista, an asavarista was least prescribed among all the drugs which was 2 percent only. **Allopathic medicines in Ayurvedic prescription:**

In this study (n=50), 16 percent prescription was written including allopathic medicines such as Flexon tablet, 2% Zylocaine local anaesthesia, Fortiflex (Vitamin B complex), Maxvit 1 capsule, Neurodex syrup, Newron tablet, Clavum tablet, Pantop tablet and Metron D/F. This is also not good for Ayurveda that we have to prescribe such medicines in our setting. **Follow up:** In this study (n=50), 50 percent prescription was found to be written with follow up of 2 and 1 month and 2 weeks. Among follow up, prescription written with follow up in 2 week was most frequent which 44 percent was alone. **Advice:** In this study (n=50), 30 percent prescription was found to be written with advice including physiotherapy, Sitz bath, Gargling, Yoga asana and Dietary control. Among these all, Sitz bath was most frequently advised in the prescription.

**Prescription of Ayurvedic medicines prescribed by Allopathic practitioners:** Most of the allopathic practitioners of government hospital in Kathmandu prescribe proprietary Ayurvedic medicines such as Dashmoolarist Abana tablet, Adzoa tablet, Amleecure syrup, Amycordial syrup, Amyron capsule and syrup, Ashwagandha capsule, Avipatkar powder, Bet-kal, Clove oil, Confido tablet, Cystone tablet and syrup, Diabecon DS tablet, Evicare syrup and tablet, Femicordial syrup, Footcare ointment and cream, Gasex syrup and tablet, Hapzone syrup,

Herbolax tablet, Himalaya massage oil, Himcocid syrup, Himplasia tablet, Honitus syrup and tablet, Isolax powder, Kasturibhusan drop, Koflet syrup and tablet, Lax powder, Lirilex tablet, Liv52 tablet and syrup, M2 tone tablet and syrup, Mahanarayan tail, Menosonan tablet and sachet, Mentat tablet, Hyponid tablet, Neem capsule, Neeri syrup and tablet, Nephrolizer syrup, Nilasto oil, Nityam powder and tablet, Nivaraka oil and ointment, Orthorex oil, Pilex ointment and tablet, Regumens syrup, Renalka syrup, Reosto tablet, Rumalaya tablet and ointment, Rumalaya forte tablet, Semento tablet, Septillin tablet and syrup, Silajeet capsule, Spemen tablet, Stonil tablet, Tentex tablet, Triphala powder and Tulsi capsule. **Major indication of Ayurvedic medicines prescribed by Allopathic practitioners:** Allopathic practitioners have no choice of some chronic non-communicable diseases like pain related Gouty arthritis, Osteoarthritis, Rheumatoid arthritis, Cervical or Lumbar spondolysis, gynecological disorders, infertility, Renal calculi and UTI, rejuvenation, chronic Gastritis, diabetes and hypertension. **Doses form of Proprietary medicines:** Among Ayurvedic proprietary medicines prescribed by Allopathic practitioners, were capsule, Asavarista, cream, drop, oil, ointment, powder, sachet, syrup and tablet manufactured from different pharmaceutical companies

There were approximately 75 products which were available at periphery of tertiary allopathic hospitals of Kathmandu valley including capsule, syrup and tablets of different companies having indication for different chronic diseases related to gynecological, neurological, urological, musculoskeleton, etc.

## Chapter VI: Conclusion

Ayurveda and Allopathic prescription pattern is interring into both Ayurvedic and allopathic prescription at central level hospitals. These shows that both the health care system have some lacking in management of some types of diseases within their line of treatment. It is also a forecast of system integration and it can be said that preliminary stage of integrative medicines.

Patients with Chronic Non-communicable diseases have choice of safe and effective medicines for long term use. Hence, general physician may prescribe Ayurvedic proprietary medicines. In Ayurveda tertiary hospital setting, some patients have to treat with chemical medicines.

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## Annexes:

## Powder

	Frequency	Percent	Valid Percent	Cumulative Percent
Ashpdr100gm+Dashpdr100gm+Prav10gm x bd x pc x 15 days	7	14.0	20.0	20.0
Avipdr100gm x bd x pc x 15 days	13	26.0	37.1	57.1
Ashpdr100gm+Dashpdr100gm+Gudu100gm x bd x pc x 15 days	3	6.0	8.6	65.7
Ashpdr100gm x bd x pc x 15 days	1	2.0	2.9	68.6
Ashpdr100gm+Dashpdr100gm x bd x pc x 15days	4	8.0	11.4	80.0
Valid Avipdr100gm+ Neempdr100gm x bd x pc x 15 days	1	2.0	2.9	82.9
Amalaki100gm+Gudu100gm x bd x pc x 15 days	1	2.0	2.9	85.7
Avipdr100gm+Yash100gm x bd x pc x 15 days	1	2.0	2.9	88.6
Amalaki100gm x bd x pc x 15 days	1	2.0	2.9	91.4
Sitopdr100mg+Neempdr100gm x bd x pc x 15 days	1	2.0	2.9	94.3

	Haridrakhanda100gm+Nee mpdr100gm x bd x pc x 15 days	1	2.0	2.9	97.1
	Avipdr100gm+Yash50gm+B ilw50gm x bd x pc x 15 days	1	2.0	2.9	100.0
	Total	35	70.0	100.0	
Missing	System	15	30.0		
Total		50	100.0		

**Pisti**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Praval Pisti10gmxbdxpc	9	18.0	100.0	100.0
Missing	System	41	82.0		
Total		50	100.0		

**Satva**

		Frequency	Percent	Valid Percent	Cumulative Percent
	0	1	2.0	8.3	8.3
Valid	Giloy20gm	10	20.0	83.3	91.7
	Giloy10gm	1	2.0	8.3	100.0
	Total	12	24.0	100.0	
Missing	System	38	76.0		
Total		50	100.0		

**Guggulu**

		Frequency	Percent	Valid Percent	Cumulative Percent

	Kaishor guggulu2TAB_BD_PC	2	4.0	9.5	9.5
	Triphala guggulu	7	14.0	33.3	42.9
	Kanchanar	7	14.0	33.3	76.2
	guggulu2tabsxbdpx15days				
	Singnath guggulu2tabxbd	1	2.0	4.8	81.0
	Kanchanar+Triphala	1	2.0	4.8	85.7
Valid	Lakshadi+Kaishor	1	2.0	4.8	90.5
	guggulu2TAB_BD_PC				
	Gokshuradi 2tabs x bd x 15 days	1	2.0	4.8	95.2
	Mahayogarajguggulu 2tabs x bd	1	2.0	4.8	100.0
	Total	21	42.0	100.0	
Missing	System	29	58.0		
Total		50	100.0		

#### Granules

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Amree plus 1tsf x bd	1	2.0	100.0	100.0
Missing	System	49	98.0		
Total		50	100.0		

#### Tablet1

		Frequency	Percent	Valid Percent	Cumulative Percent
	Menosan1tab_BD_PC	1	2.0	5.9	5.9
	Reosto 2tab x BD x 15 days	4	8.0	23.5	29.4
	Pilex 2tabsxbdpx15days	1	2.0	5.9	35.3
	Pilodex2tabsxbd	3	6.0	17.6	52.9
	Amlycure DS 2tab xbd	1	2.0	5.9	58.8
Valid	Mentat 2tab x TDS x pc x15days	2	4.0	11.8	70.6
	Prosteez/hemplasia 2tab x po x bd x 15days	2	4.0	11.8	82.4
	Prostocare 2tabs x bd x15 days	1	2.0	5.9	88.2
	Liv52 2tabs x po xbd x15days	1	2.0	5.9	94.1

	Nityam tab poxHSX30days	1	2.0	5.9	100.0
	Total	17	34.0	100.0	
Missing	System	33	66.0		
Total		50	100.0		

**Tablet2**

		Frequency	Percent	Valid Percent	Cumulative Percent
	Oestoflex G. 2tabs x BD x 15 days	2	4.0	18.2	18.2
	Diabecon 2tab x bd	5	10.0	45.5	63.6
Valid	Amati 2tabs x bd x pc	1	2.0	9.1	72.7
	Glycoban 2tab x po x bd	1	2.0	9.1	81.8
	Rhumalaya forte 2tabs xbd pc	2	4.0	18.2	100.0
	Total	11	22.0	100.0	
Missing	System	39	78.0		
Total		50	100.0		

**Syrup1**

		Frequency	Percent	Valid Percent	Cumulative Percent
	Gasherb10mlpo_bd_pc	1	2.0	6.7	6.7
	Loose3tsfxHS	2	4.0	13.3	20.0
	Loose x15mlxpoxhsx15days	7	14.0	46.7	66.7
Valid	Dhamula kwath 20ml xbd c equal water	1	2.0	6.7	73.3
	Zymoliv 2tsf x bd x pc	3	6.0	20.0	93.3
	Liv 52 2tsf x bd x 15 days	1	2.0	6.7	100.0
	Total	15	30.0	100.0	
Missing	System	35	70.0		
Total		50	100.0		

**Syrup2**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Zymnet 2tsf x bd	1	2.0	100.0	100.0
Missing	System	49	98.0		

Total	50	100.0		
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**Vati**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Satbism 2tab XBD	1	2.0	7.7	7.7
Arogyavardhani 2tab x bd x pc	1	2.0	7.7	15.4
Chitrakadi vati 2tabs xbd x ac	2	4.0	15.4	30.8
Khadiradi vati1 tab x qid x15days	1	2.0	7.7	38.5
Vridhivatika 2tabs xbdx15days	1	2.0	7.7	46.2
Chandraprava 2tabs x bd x 15 days	3	6.0	23.1	69.2
Arogyavardhani 2tabs x bd	1	2.0	7.7	76.9
Kutajaghan 2tabs x bd	1	2.0	7.7	84.6
Sanjeevani 5gm	1	2.0	7.7	92.3
Khadiradi 4-5 times+Chitrakadi 2tabsx3times	1	2.0	7.7	100.0
Total	13	26.0	100.0	
Missing System	37	74.0		
Total	50	100.0		

**Capsule1**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Bhaskarzyme2x2	1	2.0	6.7	6.7
Arsol 2cap xpox bd x15 days	5	10.0	33.3	40.0
Disoma 2cap xbd	1	2.0	6.7	46.7
Ayubes x 2caps xbd x pc	2	4.0	13.3	60.0
Ostoflex G capsxbd	3	6.0	20.0	80.0
Rumaton 2cap x bd	1	2.0	6.7	86.7
Ashwagandha 2cap x bd x15days	2	4.0	13.3	100.0
Total	15	30.0	100.0	
Missing System	35	70.0		
Total	50	100.0		

**Capsule2**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Brahmi 1capxpoxbdx15days	1	2.0	50.0	50.0

	Ashwagandha 1 cap x bd	1	2.0	50.0	100.0
	Total	2	4.0	100.0	
Missing	System	48	96.0		
Total		50	100.0		

#### Ointment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SitcomLA	2	4.0	25.0	25.0
	Pilodex x LA	5	10.0	62.5	87.5
	Protek LA	1	2.0	12.5	100.0
	Total	8	16.0	100.0	
Missing	System	42	84.0		
Total		50	100.0		

#### Oil

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	RhumasyL_LA	3	6.0	21.4	21.4
	Rhumalaya	1	2.0	7.1	28.6
	Mahavishagarvbha+Rumalaya la	1	2.0	7.1	35.7
	Mahanarayan tail LA	2	4.0	14.3	50.0
	Nivarak LA	2	4.0	14.3	64.3
	Jatyadi ghrita la x bd	1	2.0	7.1	71.4
	Sadavindu tail 5/day	1	2.0	7.1	78.6
	Osteoflex LA	3	6.0	21.4	100.0
	Total	14	28.0	100.0	

Missing	System	36	72.0		
Total		50	100.0		

#### LA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Oro -T gargle bd x 10 days	2	4.0	66.7	66.7
	Murec bd la	1	2.0	33.3	100.0
	Total	3	6.0	100.0	
Missing	System	47	94.0		
Total		50	100.0		

#### Rasayan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Gandhaka rasayan	1	2.0	100.0	100.0
Missing	System	49	98.0		
Total		50	100.0		

#### Rasa1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dhatri Lauha+Sutasekhar	1	2.0	5.3	5.3
	Sutasekhar10gm	14	28.0	73.7	78.9
	Mahabidhwanasa	2	4.0	10.5	89.5
	rasa1tabxbdpc				
	Shirshoolvaiddi 1tab x bd	1	2.0	5.3	94.7
	Tribhuvan kirti 5gm	1	2.0	5.3	100.0
	Total	19	38.0	100.0	

Missing	System	31	62.0	
Total		50	100.0	

### Rasa2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Arshakuthara10gm	10	20.0	76.9	76.9
	Rasamanikya5gm	1	2.0	7.7	84.6
	Mahavataavidhansaka 1tab x bd	1	2.0	7.7	92.3
	Mritunjaya5gmx bd	1	2.0	7.7	100.0
	Total	13	26.0	100.0	
Missing	System	37	74.0		
Total		50	100.0		

### Rasa3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	2.0	25.0	25.0
	Kamadudha 10gm	1	2.0	25.0	50.0
	Ekangavir rasa10gmx bd x1month	1	2.0	25.0	75.0
	Bolbhadra 10gm x bd	1	2.0	25.0	100.0
	Total	4	8.0	100.0	
Missing	System	46	92.0		
Total		50	100.0		

### Bhasma

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Shankha	4	8.0	57.1	57.1
	Godanti10gm	2	4.0	28.6	85.7
	Sphatika10gm	1	2.0	14.3	100.0

Total		7	14.0	100.0
Missing	System	43	86.0	
Total		50	100.0	

**Asavarista**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kutajarista x 20ml x bd x15days c equal water	1	2.0	100.0	100.0
Missing	System	49	98.0		
Total		50	100.0		

**Allopathic\_medicine**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Flexon 1tab xbd x2daysx po	2	4.0	25.0	25.0
	Zylocaine 2%LA	1	2.0	12.5	37.5
	Fortiplex (Vit B Complex)	1	2.0	12.5	50.0
	Maxvit 1cap x od	1	2.0	12.5	62.5
	Neurodex syp10mlxbd x15days	1	2.0	12.5	75.0
	Newron_1500mcg 1tab	1	2.0	12.5	87.5
	+Neurobion forte1tab_od x15days				
	Clavum tab625mg x tdsx10days+Flexon 1tab x bd x10days+pantop1tabxodx10da ys+Metron D/F 1tab x tdsx7days	1	2.0	12.5	100.0
Total	8	16.0	100.0		
Missing	System	42	84.0		
Total		50	100.0		

**Follow\_up**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 month	2	4.0	8.0	8.0

	1 month	1	2.0	4.0	12.0
	2 Week	22	44.0	88.0	100.0
	Total	25	50.0	100.0	
Missing	System	25	50.0		
Total		50	100.0		

**Advice**

	Frequency	Percent	Valid Percent	Cumulative Percent
	35	70.0	70.0	70.0
	1	2.0	2.0	72.0
	9	18.0	18.0	90.0
Valid	1	2.0	2.0	92.0
	3	6.0	6.0	98.0
	1	2.0	2.0	100.0
Total	50	100.0	100.0	