Original Research (Cross-Sectional Survey) Received 6 January 2025; accepted 2 April 2025; published June 2025

Integrative Prescribing by Ayush Physicians in Northeast India: A Survey of Practice, Competence and Safety

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Abstract

Background. India faces a shortage of doctors in rural areas, while Ayush physicians are widely available. Many Ayush physicians prescribe allopathic medicines. We assessed the extent, competence and safety of this integrative prescribing in Northeast India.

Methods. An online questionnaire was circulated through professional messaging groups of Ayush physicians in Assam, Manipur and Meghalaya between August and October 2024.

Results. Of 412 respondents, 83.5% prescribed allopathic medicines at least weekly, most commonly antibiotics (78.4%), analgesics (76.2%) and corticosteroids (41.3%). Ninety-four per cent felt confident in prescribing these medicines, and 97.6% reported that they had never caused serious harm to a patient. Most (88.8%) supported formal legal recognition of integrative prescribing.

Conclusions. Integrative prescribing by Ayush physicians is widespread, competent and safe. Ayush physicians should be legally authorised to prescribe allopathic medicines, which would immediately address the shortage of doctors in rural Northeast India.

1 Introduction

India has a severe shortage of qualified health workers, and the shortage is most acute in rural areas. An analysis of India's health workforce found that, although the country has large numbers of health workers in absolute terms, their density is low and their distribution highly unequal, and that Ayush practitioners form a substantial part of the available workforce [1]. In the north-eastern states, many primary health centres and sub-centres are staffed by Ayush medical officers, who are often the only doctors available to rural communities.

In practice, patients attending these facilities expect and often require modern medicines. Many Ayush physicians therefore prescribe allopathic drugs alongside or instead of Ayush treatments, a practice sometimes called cross-practice or integrative prescribing. Its legal status has been the subject of litigation; in *Dr Mukhtiar Chand v State of Punjab* the Supreme Court of India considered the right of practitioners of Indian systems of medicine to prescribe allopathic drugs [2]. Several states have issued notifications permitting Ayush practitioners to prescribe certain modern medicines, but the situation remains unclear.

Little is known about the extent or quality of integrative prescribing in Northeast India. We conducted a survey of Ayush physicians in three north-eastern states to describe their prescribing practices, self-assessed competence and safety record.

2 Methods

A 28-item online questionnaire was developed by the investigators and circulated between August and October 2024 through WhatsApp groups of Ayush physicians in Assam, Manipur and Meghalaya, with requests to forward it to colleagues. Participation was voluntary and anonymous. The questionnaire covered demographic and practice characteristics, the frequency with which classes of allopathic medicines were prescribed, reasons for prescribing, self-assessed competence, experience of adverse events and views on legal recognition. The survey is reported according to the CHERRIES checklist [3]. Because the questionnaire was distributed through forwarded messages, the number of physicians who received it could not be determined.

3 Results

A total of 412 Ayush physicians completed the questionnaire (Table 1). Most were from Assam and practised Ayurveda; just over half were in private practice and half practised in rural areas.

Table 1. Characteristics of respondents (n = 412).

Characteristic	n (%)
Assam	247 (60.0)
Manipur	98 (23.8)
Meghalaya	67 (16.3)
System: Ayurveda	291 (70.6)
System: Homoeopathy	104 (25.2)
System: Unani or other	17 (4.1)
Government service	176 (42.7)
Private practice only	236 (57.3)
Practising in a rural area	205 (49.8)

Integrative prescribing was very common: 344 respondents (83.5%) prescribed allopathic medicines at least weekly (Table 2). Antibiotics and analgesics were prescribed by more than three-quarters of respondents, antihypertensive and antidiabetic drugs by about half, and corticosteroids by 41.3%. More than a third administered intravenous fluids.

The most common reasons for prescribing allopathic medicines were patient demand, the absence of an allopathic doctor in the area, and the need for rapid relief (Fig-

Table 2. Allopathic medicines prescribed at least weekly.

Medicine class	Respondents, n (%)
Any allopathic medicine	344 (83.5)
Antibiotics	323 (78.4)
Analgesics and NSAIDs	314 (76.2)
Antihypertensives	208 (50.5)
Oral antidiabetic drugs	196 (47.6)
Corticosteroids (oral or injectable)	170 (41.3)
Intravenous fluids	142 (34.5)
Antimalarials	97 (23.5)

Percentages of all respondents.

ure 1). Fewer than one in five respondents reported having received any formal training in modern pharmacology after graduation.

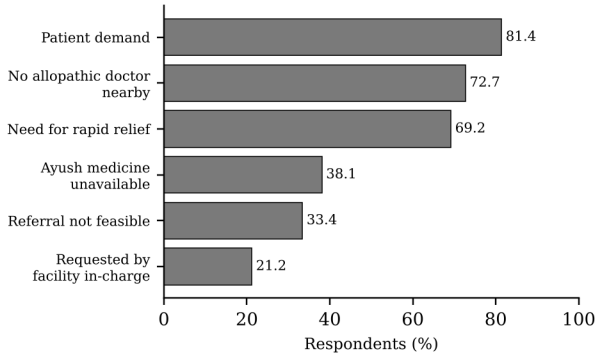


Figure 1. Reasons given for prescribing allopathic medicines (respondents who prescribe, n = 344; more than one reason allowed).

Respondents expressed high confidence in their prescribing (Table 3). More than 90% were confident in diagnosing conditions requiring allopathic treatment and in choosing the correct antibiotic, and 97.6% reported that they had never caused serious harm to a patient. Most supported legal recognition of integrative prescribing.

Table 3. Self-reported competence and safety.

Statement (agree or strongly agree)	n (%)
I am confident in diagnosing common conditions requiring allopathic treatment	396 (96.1)
I am confident in choosing the correct antibiotic	387 (93.9)
I am aware of the major side effects of the drugs I prescribe	389 (94.4)
I have never caused serious harm to a patient through allopathic prescribing	402 (97.6)
Integrative prescribing should be legally recognised	366 (88.8)

4 Discussion

This survey shows that integrative prescribing by Ayush physicians is the norm rather than the exception in Northeast India, and that it is practised with confidence and safety. Ayush physicians are already filling the gap left by the shortage of allopathic doctors [1], and our findings indicate that they are competent to do so. The near-universal absence of serious harm is particularly reassuring.

It may be argued that self-assessed competence does not necessarily reflect actual quality of care. Studies using standardised patients have found low levels of adherence to clinical guidelines among providers in India, including those without formal qualifications [4]. However, those studies included informal providers with no medical training at all, whereas our respondents are qualified physicians with five and a half years of training, including modern subjects.

Concerns about antibiotic overuse in India are well documented [5], and some may worry that integrative prescribing contributes to resistance. However, our respondents reported confidence in choosing the correct antibiotic, and Ayush physicians, with their holistic approach, are likely to use antibiotics more judiciously than allopathic doctors under pressure of high patient volumes.

The legal ambiguity surrounding integrative prescribing places Ayush physicians in a difficult position and deters some from providing care that patients need. The Supreme Court has recognised the role of practitioners of Indian systems of medicine [2], and we recommend that all northeastern states issue clear notifications authorising Ayush physicians to prescribe allopathic medicines without restriction. This would immediately address the shortage of doctors in rural areas without the cost of training new MBBS graduates.

The strengths of this study include its multistate coverage and large sample. Its limitations include reliance on self-report.

5 Conclusion

Integrative prescribing by Ayush physicians in Northeast India is widespread, competent and safe, and should be formally authorised.

Competing interests. Two of the authors are Ayush physicians who prescribe allopathic medicines in their practice.

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