

# A Cross-Sectional Study on Prevalence of Traditional Practices other than Allopathy and AYUSH in Varanasi District

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## ABSTRACT

**Background:** Traditional Healthcare Practices are deeply rooted in diverse cultural contexts, despite the dominance of conventional and AYUSH systems. The study aimed to know the Prevalence of the use of Methods of Health Care in Tradition other than Allopathy and AYUSH.

**Methods:** A cross-sectional study was used to collect the data from 566 households by two-stage cluster sampling. The sample size for this study was calculated based on a pilot study. The data is collected through a structured scheduled method.

**Results:** The study found that 22.7% of respondents used traditional health care practices beyond allopath and AYUSH. Among them most commonly practiced *Ojha/Tantric* 59.3% were used followed by *Karmkand* and *Ratna chikitsa*.

**Keywords:** Traditional Healthcare, *Kunadali*, *Karmkand*, *Ratna chikitsa*, Palmistry, *Ojha*

## 1. INTRODUCTION

Many patients have been using traditional indigenous treatments alongside allopathy and AYUSH. While allopathy gained popularity post-antibiotic discovery and became the dominant system in India after independence, indigenous systems have been practiced since ancient times. The Government of India recognized these systems' potential and created a separate ministry for AYUSH on 9<sup>th</sup> Nov, 2014 (<https://ayush.gov.in/#!/aboutus>); due to their affordability and effectiveness. However, AYUSH does not encompass all indigenous systems, and many illnesses remain idiopathic, posing treatment

challenges. Additionally, the cost of treating such conditions is often borne out-of-pocket by patients.

A 2014 study showed that the financial burden from out-of-pocket (OOPE) health spending increased over time, with rural areas facing higher costs. In rural India, households reporting OOPE rose from 64% in 2005 to 81% in 2012, with a greater percentage of total household expenditure spent on healthcare (6.34% in 2005 to 7.73% in 2012). In urban areas, the increase was from 65% to 78%, and the share of total expenditure spent on healthcare was lower (5.05% to 5.74%) (Vasudevan U et al.). A study in Nepal's Rajbanshi and Satar

communities, conducted in 2017, explored the spiritual and cultural aspects of traditional healing. It identified five primary healing techniques: *Phukphak*, *Tantrik Puja*, *Bali*, *Jantar-Mantar*, and *Kul Bigreko* and 41 plant species used in 28 traditional formulations to treat 22 common ailments. The research highlights the need to preserve indigenous knowledge and suggests integrating these practices into modern healthcare systems (Raut et al., 2018).

Chandra Prakash Kala's 2017 study emphasizes the significant role of traditional healthcare systems, such as Ayurveda, Unani, Siddha, and Tibetan medicine, which rely heavily on medicinal plants. These systems use over 6,500 plant species for various treatments, but they face challenges like bio-piracy. The study advocates for documenting traditional knowledge and mentions India's efforts, like the Traditional Knowledge Digital Library (TKDL), to safeguard and promote these practices (Kala, 2017).

The paper "Reflection of Indian Ideology in Hermann Hesse's Siddhartha with Special Reference to the Upanishads" by Jigna K. Vohra explores the profound influence of Indian philosophical texts, particularly the Upanishads, on Hermann Hesse's novel Siddhartha. The study investigates how Hesse integrates key spiritual concepts, such as self-realization, unity, and the cyclical nature of life, which are central to Hindu philosophy, into the narrative. It highlights Hesse's portrayal of Siddhartha's journey as an allegory for the individual's quest for spiritual enlightenment, drawing strong parallels to the teachings of the Upanishads about the atman (soul) and its unity with Brahman (universal soul). This cross-cultural exploration not only underscores the deep connection between Indian spiritual thought and global literature but also emphasizes the enduring relevance of these ancient philosophies (Vohra, 2009).

A study on why Horoscopes Are True and the Effects of Specificity on Acceptance of Astrological Interpretations states explore into the psychological mechanisms that

influence individuals' acceptance of astrological readings. It examines how varying levels of specificity in birth data (general, year and month, or year, month, and day) affect the perceived accuracy of horoscopes. It was found that individuals were more likely to rate horoscopes as accurate when they believed the interpretation was based on specific birth information, suggesting that perceived personalization increases acceptance. This phenomenon underscores the tendency for people to validate generalized personality descriptions when they feel the interpretation is personalized specifically to them, thus contributing to the continued appeal of astrology, despite its lack of scientific validation (Snyder, 1974).

The application of data mining techniques to convert ancient astrological principles into predictive models is explored in the work of Lavin MF et al. In astrology, a horoscope is divided into twelve regions, known as "houses," which represent various life areas. The twelve rashis can occupy these houses, and their positions form different angular combinations, referred to as "Yogas," which influence the horoscope's predictions. Each house governs specific aspects of life, and combinations in a given house may impact these significations differently. For example, the fourth house governs areas like the mother, education, and property, yet the presence of multiple properties does not always correlate with an individual's educational level. This inconsistency is addressed through the concept of *Karaka* (indicators), which further refines horoscope interpretations. The study aims to examine new horoscopes, identify possible angular combinations, and predict the class of the horoscope, contributing to the ongoing debate about whether astrology can be considered a scientific discipline based on the language of celestial bodies (Lavin MF et al.). *Rasashastra*, an ancient Indian alchemy, uses various drugs for medicinal purposes, with "Rasa" closely associated with mercury. It classifies drugs into categories like *Maharasa*, *Uparas*, *Dhatu*,

and *Ratnoparatna*, with gemstones (Ratna) considered valuable for their medicinal properties. One such gemstone, Vajra (diamond), is known for its brilliance, softness, and unbreak ability. Diamonds, with strong covalent bonds, are highly prized for their optical and mechanical properties. In Rasashastra, Vajra Bhasma (diamond ash) is believed to be a powerful cardiogenic, possessing all six rasa and enhancing its medicinal value (Tamane VD). The spiritual aspect of health has gained significance, particularly in addressing both health and illness. In an effort to alleviate suffering, many individuals turn to non-medical treatments such as astrology, *Jyotish Shastra*, *Karmkand*, *Ojhas*, and *tantriks*.

Thus, it can be concluded that in addition to the well-organized and well-documented traditional healthcare system in India, like Ayurveda and Siddha; there are other healthcare practices, that are being practiced since a very long time. But they have not been included in the mainstay of treatment, like AYUSH. These methods may be facing the problem of recognition and evidence of effectiveness. Given the widespread use of these methods, along with the time and money patients invest in them, there is a need for quantification and quality assurance. Astrology serves as a diagnostic tool, while *Karmkand* functions as a spiritual therapeutic approach. To better understand and address the impact of these practices, a multidisciplinary approach is necessary to assess their usage and explore ways to reduce suffering in the future. The study was aimed to know the Prevalence of use of Methods of Health Care in Tradition other than Allopathy and AYUSH.

## 2. METHODS

### 2.1 Study Design and setting:

This was a cross-sectional, descriptive study aimed at estimating the prevalence of traditional healthcare practices other than Allopathy and AYUSH in the Varanasi district. The study utilized a community-based approach to gather data from both

rural and urban populations. The study was conducted in the Vidhyapeeth block of Varanasi district, covering a mix of rural and urban areas. This block was selected due to its diverse population and accessibility for data collection.

### 2.2 Study Participants:

The study was conducted among residents of the Vidhyapeeth block in the Varanasi district, encompassing both rural and urban areas. Participants included male and female residents aged 18 years and above, as well as parents who responded on behalf of minors. For individuals experiencing mental unrest, their accompanying guardian or caregiver provided the necessary information. However, individuals who were in a state of mental unrest during the interview, those suffering from serious illnesses, or those unwilling to provide informed consent were excluded from the study.

### 2.3 Sample Size:

The sample size for this study was calculated based on a pilot study, which indicated that 33% of patients sought treatment through traditional healthcare practices other than Allopathy and AYUSH. The initial calculation yielded a sample size of 339.61. To account for a 10% non-response rate, the sample size was increased to 377.3. Further, considering a design effect of 1.5 for systematic random sampling, the final adjusted sample size was 566 participants.

### 2.4 Sampling:

This study used two-stage cluster sampling. In the first stage villages were selected randomly and in the second stage households were selected through systematic random sampling, where the first household was randomly selected and every 4th household thereafter was included, ensuring a representative and unbiased sample. Data was collected using a pre-designed and pre-tested schedule, which gathered socio-demographic details,

healthcare-seeking behaviors, and the use of traditional healthcare practices. The interview tool was tested in a pilot study to refine questions and ensure clarity, enhancing its reliability and suitability for the target population.

### 2.5 Data Collection:

Data collection was done using the predesigned and pretested schedule from tenure June 2023 to June 2024.

### 2.6 STATISTICAL ANALYSIS

The Descriptive statistics is used using numbers with percentages. Statistical analysis was done using the available version of SPSS 26 software.

### 2.7 Ethical considerations:

Ethical approval was obtained from the Institutional Ethics Committee of IMS, BHU, Varanasi, UP India year 2023. Written informed consent was obtained

from all participants before their enrolment in the study. To ensure confidentiality, participant data was anonymized and securely stored with restricted access.

## 3. RESULTS

The study analyzed the initial treatment preferences of participants to understand the prevalence of traditional healing practices beyond Allopathy and AYUSH in the Varanasi district. Among the 543 respondents, the majority (70.2%,  $n = 381$ ) reported opting for Allopathy as their first line of treatment. A smaller proportion (7.2%,  $n = 39$ ) sought care under the AYUSH system, which includes Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy while 22.7% ( $n = 123$ ) of the participants reported relying on traditional practices other than Allopathy and AYUSH as their primary mode of treatment. (Table 1)

**Table 1: Distribution of Primary Treatment Choices**

Treatment taken at the first step	Number	%
Allopathy	381	70.2
AYUSH	39	7.1
In Tradition Methods	123	22.7
Total	543	100.0

\*23 Households had not suffered from any disease last one year.

The study examined the use of alternative traditional practices beyond Allopathy and AYUSH among 123 individuals who sought non-Allopathic and non-AYUSH treatments. The majority of respondents (59.3%,  $n = 73$ ) reported utilizing *Ojha/Tantrik* practices, indicating a strong reliance on spiritual and ritualistic healing methods. In contrast, only 0.8% ( $n = 1$ ) used Palmistry, while 1.6% ( $n = 2$ ) opted for Tarot Card Reading, both of which were relatively uncommon practices. A substantial proportion of participants (41.5%,  $n = 51$ ) engaged in *Karma Kanda* rituals, highlighting the importance of ritualistic practices in the healing process for this population.

On the other hand, 7.3% ( $n = 9$ ) sought remedies through *Kundali* (astrological) practices, while 20.3% ( $n = 25$ ) used *Ratna Chikitsa* (gem therapy), suggesting moderate interest in these alternative methods. (Table 2). These findings illustrate the diversity of alternative healing practices in the region, with *Ojha/Tantrik* and *Karma Kanda* being the most widely utilized methods. Practices like Palmistry, Tarot Card Reading, and *Kundali* showed much lower prevalence, indicating that while some traditional methods remain popular, others are more niche. This suggests that cultural and individual preferences play a significant role in shaping treatment choices beyond formal medical systems.

**Table 2: Distribution of Alternative Traditional Practices Used Beyond Allopathy and AYUSH**

Sub-types of In-Tradition Methods		
	Number	%
Ojha/ Tantrik	73	59.3
Palmistry	1	0.8
Tarot card	2	1.6
Karmkand	51	41.5
Kundali	9	7.3
Ratna chikitsa	25	20.3
Ojha/ Tantrik and Karmkand Both	21	17.1
Total	123	100

#### 4. DISCUSSION

This study examined the treatment preferences of individuals in Varanasi, focusing on the use of traditional practices beyond Allopathy and AYUSH. The results showed that most people (70.2%) chose Allopathy as their primary treatment, while a smaller portion (7.2%) used AYUSH therapies. However, 22.7% of participants reported relying on traditional practices outside of Allopathy and AYUSH, highlighting the ongoing significance of alternative healing methods.

Among the 123 individuals who used non-Allopathic and non-AYUSH treatments, the most common methods were Ojha/Tantrik practices (59.3%) and Karma Kanda rituals (41.5%). These findings suggest that spiritual and ritualistic healing methods remain an important part of healthcare in the region. This is consistent with other studies, such as Raut et al. (2018), which showed the cultural importance of spiritual healing in rural communities. In Varanasi, Ojha/Tantrik practices and Karma Kanda serve not only as medical treatments but also provide emotional and spiritual support. Other traditional practices, like Kundali (astrology) and Ratna Chikitsa (gem therapy), were less commonly used, at 7.3% and 20.3%, respectively. Astrology has long been linked to health, with many people believing celestial positions affect their well-being. Studies like Snyder (1974) suggest that the personalization of astrological readings makes them more appealing, which may explain the continued use of astrology in health-related matters in Varanasi. Practices such as Palmistry and

Tarot Card Reading had a very low prevalence (0.8% and 1.6%, respectively), indicating that while these methods exist, they are less popular compared to more established spiritual practices like Ojha/Tantrik and Karma Kanda.

When compared to broader trends in rural India, these findings align with the results of a 2014 study by Vasudevan et al., which showed that healthcare costs are rising, particularly in rural areas. This financial burden may be one reason people in Varanasi continue to use traditional practices, which may be seen as more affordable and accessible than modern medical treatments. The 22.7% of participants using traditional treatments reflects this trend, highlighting the importance of these practices in the face of rising medical costs.

Additionally, this study supports the need to preserve and document traditional knowledge, as discussed in studies like Kala (2017). Traditional healing practices such as Ojha/Tantrik and Karma Kanda play an essential role in local healthcare, even if they are not officially recognized or scientifically validated. The use of these methods suggests they provide benefits that are meaningful to the community.

There are challenges in integrating these practices into modern healthcare, particularly due to a lack of formal recognition and scientific evidence. However, as highlighted by Kala (2017), efforts to document and protect traditional knowledge, such as India's Traditional Knowledge Digital Library (TKDL), are crucial. A more inclusive approach,



combining modern and traditional methods, could improve healthcare outcomes for rural communities.

## 5. CONCLUSION

The study shows that traditional healing practices continue to play a significant role in healthcare choices in Varanasi. Practices like Ojha/Tantrik and Karma Kanda offer both medical and spiritual benefits. This highlights the importance of further research into these methods to better understand their effectiveness and integrate them into the healthcare system. Given the financial and cultural factors influencing treatment choices, there is a clear need for documentation, validation, and quality assurance of traditional treatments. An integrated approach to healthcare could help bridge the gap between modern medicine and traditional practices, improving overall health outcomes.

**Authors' contributions:** SK contributed to conceptualizing the study. TBS is responsible for the analysis. SKY contributed to data collection. SK, DU contributed to the critical review and interpretation of the data, and critically revised all versions of the manuscript, and approved the final version.

### Declaration by Authors

**Ethical Approval:** Approved

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## REFERENCE

1. Government of India. Ministry of Ayush 2014. Available from: <https://ayush.gov.in/#!/aboutus>
2. Chandra, S., & Patwardhan, K. (2018). Allopathic, AYUSH and informal medical practitioners in rural India—a prescription for change. *Journal of Ayurveda and Integrative Medicine*, 9(2), 143-150.
3. Vasudevan, U., Akkilagunta, S., & Kar, S. S. (2019). Household out-of-pocket expenditure on health care-A cross-sectional study among urban and rural households, Puducherry. *Journal of family medicine and primary care*, 8(7), 2278-2282.
4. Raut, B., Khanal, D. P., & Kharel, A. (2018). Traditional healing practice in Rajbanshi and Satar Community of Jhapa, Nepal. *Journal of Manmohan Memorial Institute of Health Sciences*, 4(1), 103-116.
5. Kala, C. P. (2017). Traditional health care systems and herbal medicines. *European Journal of Environment and Public Health*, 1(1), 03.
6. Vohra JK. Reflection of Indian ideology in Hermann Hesse's Siddhartha with special reference to the Upanishads [dissertation]. Gandhinagar: Kadi Sarva Viswavidyalaya; 2009
7. Snyder, C. R. (1974). Why horoscopes are true: The effects of specificity on acceptance of astrological interpretations. *Journal of Clinical Psychology*, 30(4).
8. Lavin, M. F. (2021). On spiritualist workers: healing and divining through tarot and the metaphysical. *Journal of Contemporary Ethnography*, 50(3), 317-340.
9. Tamane, V. P. D., Taklikar, V. J., & Desai, V. S. (2021) International Journal of Multidisciplinary Health Sciences.;8(2):45-49.

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