

Impact of Diet Recommendations on Nutritional Practices Among Users of Indigenous Medical Treatment in Hyderabad

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Abstract - Background: Traditional herbal medicine is widely practiced in India and is often accompanied by dietary recommendations intended to improve treatment outcomes and promote overall health; compliance with these recommendations plays an important role in shaping nutritional practices among users. Objectives: To assess the diet recommendations received by traditional herbal medicine users, evaluate compliance with Principles of Diet (PoD)/Pathya–Apathya, and determine their impact on nutritional practices among users of indigenous medical treatment in Hyderabad. Methods: A cross-sectional descriptive study was conducted among 100 traditional herbal medicine users selected through purposive sampling. Data on socio-demographic characteristics, herbal medicine use, dietary recommendations received, compliance, and nutritional practices were collected using a structured, pre-tested questionnaire and analyzed in Microsoft Excel; descriptive statistics and the Chi-square test were used, with $p < 0.05$ considered significant. Results: Ayurvedic medicine was the most commonly used therapy (34%). Most participants received moderate dietary suggestions (59%) and showed moderate compliance with PoD (78%), while 72% demonstrated good lifestyle correlation. Dietary suggestions received were significantly associated with PoD compliance ($p = 0.049$); duration of therapy was highly associated with compliance ($p < 0.001$), and type of therapy was highly associated with dietary suggestions received ($p < 0.001$). Lifestyle correlation ($p = 0.554$), barriers and perception ($p = 0.064$), and education level ($p = 0.632$) showed no significant association with compliance. Conclusion: Dietary recommendations provided by traditional herbal medicine practitioners significantly influence compliance with Principles of Diet. Strengthening nutrition counselling and encouraging longer, sustained engagement with qualified practitioners may improve dietary adherence and nutritional practices among herbal medicine users.

Keywords—Traditional herbal medicine; Diet recommendations; Nutritional practices; Pathya–Apathya; Dietary compliance; Hyderabad

I. INTRODUCTION

Traditional herbal medicine, encompassing indigenous systems such as Ayurveda, Siddha, Unani, and various tribal and folk

practices, remains one of the oldest and most widely used forms of healthcare in India. Beyond the administration of herbal preparations, these systems place strong emphasis on dietary regulation as an integral part of treatment. Ayurveda in particular formalizes this through the concept of Pathya (wholesome) and Apathya (unwholesome) diet, collectively referred to as the Principles of Diet (PoD), which are believed to enhance the healing process, improve digestion, and strengthen the effectiveness of herbal therapy.

Growing utilization of indigenous medical treatment in urban centres such as Hyderabad has increased the number of individuals receiving dietary advice alongside herbal medicines. However, the extent to which patients understand, accept, and translate these dietary recommendations into their daily nutritional practices remains poorly documented. Compliance with dietary advice is known to be influenced by a wide range of factors, including nutritional knowledge, education, socioeconomic status, cultural beliefs, food availability, and the quality of counselling received from practitioners.

Although several studies have examined the therapeutic effects of herbal medicines and the general principles of Ayurvedic nutrition, relatively few have specifically evaluated the diet recommendations received by traditional herbal medicine users, their compliance with these recommendations, and the resulting impact on nutritional practices, particularly in Hyderabad. The present study was therefore undertaken to assess diet recommendations received, compliance with PoD/Pathya–Apathya principles, and their impact on nutritional practices among traditional herbal medicine users in Hyderabad.

II. MATERIALS AND METHODS

A cross-sectional descriptive study was conducted among traditional herbal medicine users attending selected herbal medicine centres in Hyderabad, Telangana. The study population comprised male and female participants aged 18 years and above who had received herbal medicines along with dietary recommendations from traditional practitioners. Individuals who were not using traditional herbal medicine, were unwilling to participate, or submitted incomplete questionnaires were excluded.

The required sample size was calculated using the standard formula for prevalence-based studies ($Z=1.96$, expected prevalence $p=0.50$, margin of error $d=0.10$), yielding a minimum of 96 participants; this was rounded up to 100 to allow for non-response and improve precision. Participants were recruited using a purposive sampling technique until the target sample size was achieved.

A structured, pre-tested questionnaire covering five sections — socio-demographic profile, herbal medicine utilization, diet recommendations received, compliance with dietary recommendations, and nutritional practices — was administered through face-to-face interviews. Dietary suggestions received, PoD/Pathya–Apathya adherence, barriers and perception, and lifestyle correlation were each scored and categorized into good, moderate, and poor levels based on the maximum obtainable score for that section. A pilot study was conducted beforehand to refine question wording and confirm feasibility.

Data were entered and analyzed in Microsoft Excel 2021. Descriptive statistics (frequency and percentage) were used to summarize socio-demographic characteristics, herbal medicine utilization, dietary suggestions received, compliance, and nutritional practices. The Chi-square (χ^2) test was applied to examine associations between selected variables, with $p<0.05$ considered statistically significant. Institutional permission was obtained from the Department of Food and Nutrition, and written informed consent was obtained from all participants; confidentiality and voluntary participation were maintained throughout.

III. RESULTS

Of the 100 participants, the largest age group was 18–30 years (34%), and slightly more than half were female (52%). Most participants were graduates (52%) and were either students (33%) or employed (25%). Ayurvedic medicine was the most commonly used form of traditional herbal therapy (34%), followed by folk herbal remedies (25%), local herbal therapy (20%), self-prescribed herbal products (11%), and multiple therapies (10%). Duration of therapy was fairly evenly distributed, with 31% each in the 1–3-month and >6-month categories (Table 1).

TABLE 1. SOCIO-DEMOGRAPHIC AND BACKGROUND CHARACTERISTICS OF PARTICIPANTS (N=100).

Variable	Category	%
Age (years)	18–30 / 31–45 / 46–60 / >60	34 / 28 / 20 / 18
Gender	Male / Female	48 / 52
Education	≤10th / 12th / Graduate / PG	20 / 13 / 52 / 15
Occupation	Student / Employed / Homemaker / Self-employed / Retired / Other	33 / 25 / 19 / 11 / 11 / 1
Therapy used	Ayurvedic / Local herbal / Folk herbal / Self-prescribed / Multiple	34 / 20 / 25 / 11 / 10
Duration of therapy	<1 mo / 1–3 mo / 4–6 mo / >6 mo	12 / 31 / 26 / 31

The majority of participants (59%) received a moderate level of dietary suggestions from practitioners, 40% received poor dietary suggestions, and only 1% received good, comprehensive dietary guidance. Compliance with the Principles of Diet (PoD/Pathya–Apathya) was moderate in 78% of participants, poor in 20%, and good in only 2%. A moderate level of barriers and perception regarding dietary advice was reported by 65% of participants, while 34% reported a good level and 1% a poor level. Lifestyle correlation was good in 72% of participants and moderate in 28%, with no participant classified as poor (Table 2).

TABLE 2. DISTRIBUTION OF DIETARY SUGGESTIONS RECEIVED, POD COMPLIANCE, BARRIERS & PERCEPTION, AND LIFESTYLE CORRELATION AMONG PARTICIPANTS (N=100).

Level	Dietary suggestions received (%)	PoD/Pathya–Apathya compliance (%)	Barriers & perception (%)	Lifestyle correlation
Good	1	2	34	72
Moderate	59	78	65	28
Poor	40	20	1	0

Chi-square analysis showed that dietary suggestions received were significantly associated with compliance with Principles of Diet ($p=0.049$), indicating that participants who received more comprehensive dietary guidance were more likely to comply with recommended dietary practices. A highly significant association was observed between duration of therapy and PoD compliance ($p<0.001$): participants on therapy for less than one month showed predominantly poor compliance, whereas those on therapy for longer than one month showed predominantly moderate-to-good compliance. The type of traditional herbal therapy was also highly significantly associated with the dietary suggestions received ($p<0.001$); participants using Ayurvedic medicine were more likely to receive moderate-to-good dietary guidance, whereas those using self-prescribed herbal products or multiple therapies predominantly received poor dietary suggestions. In contrast, no statistically significant associations were found between PoD compliance and lifestyle correlation ($p=0.554$), PoD compliance and barriers & perception ($p=0.064$), or education level and PoD compliance ($p=0.632$) (Table 3).

TABLE 3. CHI-SQUARE ASSOCIATIONS BETWEEN SELECTED STUDY VARIABLES (N=100).

Association	p-value	Significance
Dietary suggestions received × PoD compliance	0.049	Significant
Duration of therapy × PoD compliance	<0.001	Highly significant
Type of therapy × Dietary suggestions received	<0.001	Highly significant
PoD compliance × Lifestyle correlation	0.554	Not significant
PoD compliance × Barriers & perception	0.064	Not significant
Education level × PoD compliance	0.632	Not significant

IV. DISCUSSION

This study found that although most traditional herbal medicine users in Hyderabad received some form of dietary advice, the guidance was largely moderate rather than comprehensive, and complete compliance with PoD/Pathya–Apathya principles remained limited. This pattern is consistent with prior reports that Ayurvedic dietary counselling, while widely offered, is often not delivered with the depth needed to drive full adherence.

The significant association between the quality of dietary suggestions received and PoD compliance supports the view that better, more structured counselling translates into improved adherence. Similarly, the strong association between longer therapy duration and better compliance suggests that sustained engagement with practitioners allows patients to progressively understand and internalize dietary advice, while very short treatment periods are associated with predominantly poor compliance. The marked association between therapy type and the quality of dietary suggestions received — with users of self-prescribed or multiple herbal therapies receiving comparatively poorer guidance than those under qualified Ayurvedic practitioners — highlights the value of professional, individualized counselling over self-directed herbal use.

The absence of significant associations between compliance and lifestyle correlation, barriers/perception, or education level indicates that dietary adherence in this population is shaped by a combination of behavioural, cultural, and practical factors rather than any single determinant. Notably, most participants demonstrated favourable lifestyle practices regardless of their compliance level, suggesting that lifestyle modification and strict dietary compliance may operate somewhat independently in this setting.

V. CONCLUSION

Dietary recommendations form an important component of traditional herbal medicine, and the quality of counselling received significantly influences compliance with Principles of Diet among users in Hyderabad. Longer engagement with qualified practitioners, particularly in Ayurvedic settings, was associated with better dietary guidance and adherence. Strengthening structured nutrition counselling, encouraging regular follow-up, and involving trained dietitians within indigenous healthcare settings may help improve dietary compliance and nutritional practices, and ultimately treatment outcomes, among traditional herbal medicine users.

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CONFLICT OF INTEREST

None declared.

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None.

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