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Client Acquisition in the Digital Era: A Study of Business Development Strategies in the Pharmaceutical Marketing Industry

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Abstract : *This research looks into the details of client acquisition techniques for the pharmaceutical marketing companies in India with the company D Grey Matter being named as a sample organisation. The information was gathered from secondary data that includes data from government industry reports physician surveys and B2B buyer surveys Uniform Code for Pharmaceutical Marketing Practices 2024 and peer-reviewed articles. The results indicate that even though healthcare professionals are using digital channels they are facing excessive amount of promotional content whereas the business buyers are being able to manage across several channels with many preferring personal communication with the new vendor. The situation is aggravated by the requirements of the law that restricts the inducement-type communication. The findings were analysed under the framework of four-stage acquisition funnel and consisted of lead finding engagement proposal and onboarding process. The final recommendations include adaptation of a hybrid strategy that combines multi-channel approach appropriate content usage personal communication and effectiveness monitoring.*

Keywords: Client Acquisition; Business Development; Pharmaceutical Marketing; Digital Marketing; B2B Sales; Omnichannel; Healthcare Professional Engagement; UCPMP 2024; India

I. INTRODUCTION

1.1 Background

Client acquisition which refers to how a company identifies interacts with and onboards new clients has been established as a very vital marketing and sales activity from an economic standpoint. To support this claim Blattberg and Deighton (1996) stated that new client acquisition and retention comprise the two ways of building up customer equity for a company and Reinatz et al. (2005) showed how resource allocation between acquisition and retention impacts customer profitability as underspending is more harmful compared to overspending when the right resource allocation is taken into consideration. Despite acquisition is not an exception from the principle in business-to-business transactions client acquisition usually goes beyond a single operation becomes a multi-stage process that involves client identification first contact qualification proposal and onboarding.

With the advent of digital technologies the method of client acquisition has undergone significant changes. As observed by Lemon and Verhoef (2016) clients interact with businesses through several digital channels thus reducing firms' influence over customers' journey throughout the pipeline. In addition as it has been demonstrated by several sources (Järvinen and Taiminen 2016; Andzulis et al. 2012) digital technologies have allowed companies to implement digital content and automated tools into their client acquisition strategy.

Pharmaceutical marketing is an interesting case where the transition from push marketing to pull marketing can be analyzed. This is because the majority of the products in this industry are prescription based meaning that the purchase decisions are made by the health professionals and not by the customers. At the same time marketing in this industry

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is regulated the latest tool in this area being the Uniform Code for Pharmaceutical Marketing Practices 2024 adopted in India (Department of Pharmaceuticals 2024). Thus companies operating in the pharmaceutical industry have to use channels that are effective and meet the regulations.

This research examines the different ways by which the pharmaceutical marketing firms in India acquire customers, with D Grey Matter being selected as the case study. The data is secondary data obtained from several government industry reports, surveys conducted among physicians and B2B Buyers and Uniform Code for Pharmaceutical Marketing Practices 2024. According to the findings, the health care professionals are turning to digital media for their needs, but are overwhelmed by the amount of promotions they receive, while the business buyers manage to navigate a variety of channels and prefer to communicate with their new vendor in person. The problem is made worse because of the legal restrictions on inducement type communication. The data is processed on the basis of four-stage acquisition funnel, which comprises of the lead generation stage, engagement stage, proposal stage and onboarding stage. The main suggestions include the use of the hybrid strategy, which implies the use of the multi-channel approach with appropriate contents and personal communication.

1.2 Problem Statement

The current study looks into how pharmaceutical firms in India are winning customers and how D Grey Matter serves as the case study for the research. The information used in the research is secondary data collected through government industry reports, surveys conducted among doctors and B2B Buyers, and Uniform Code for Pharmaceutical Marketing Practices 2024. The analysis has shown that healthcare practitioners are looking for solutions and using digital media to fulfill their needs but feeling overwhelmed with the amount of promotions they are exposed to. On the other hand, business buyers successfully cope with the vast range of channels and prefer getting in touch with the new vendor in a face-to-face manner. Furthermore, it should be noted that legal restrictions over the incentive type of communications make the problem even worse. The data has been processed according to the four-step acquisition funnel consisting of lead generation, engagement, proposal, and onboarding stages. The main recommendations include the implementation of a hybrid strategy, which means using a multi-channel strategy of communication with the proper contents.

1.3 Research Objectives

The main aim of this research revolves around the analysis of the client acquisition and business development strategies appropriate for a firm involved in pharmaceutical marketing like D Grey Matter. The research objectives are outlined as follows:

a) to formulate analytical framework for organizing client acquisition process from lead generation to onboarding and retention;

b) to investigate available literature on healthcare practitioners' use of digital channels and content consumption as applied to India;

c) to look into the literature on the behavior of business buyers in their choice of channels for suppliers;

d) to study the influence of India's regulatory environment on pharmaceutical marketing practices;

e) to summarize the findings with regard to each step of the acquisition process;

f) to derive recommendations and proposals for further research.

1.4 Research Questions

The research is based on the following research questions:

RQ1: What is known from published information about the use of digital channels by healthcare providers in India, and the content they like to see?

RQ2: How have business customers changed their behaviour in regard to channels and what does this mean for getting their clients?

RQ3: How does the regulatory system affect business development in pharmaceutical marketing?

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RQ4: What does the evidence gathered provide for every step of the acquisition pipeline of a company like D Grey Matter?

1.5 Significance of the Study

The importance of the research is threefold. Firstly, this piece of research consolidates previously disparate evidence from various sources such as industry statistics, related surveys of professionals and consumers, regulations and academic literature and applies it to the context of the Indian Pharmaceutical Marketing environment. Secondly, since published and quote-able sources are used in the research, any interested party can verify the numbers given in this work. However, in view of the fact that the data presented were not collected specifically for this research and no particular company was studied, the best one can hope for is that conclusions drawn in the research are indicative rather than final. Finally, the research provides a model that will allow businesses operating in similar areas of the economy to evaluate their own strategies in terms of acquisition.

II. LITERATURE REVIEW

2.1 Customer Acquisition and Business Development: Conceptual Foundations

Blattberg and Deighton (1996) stated that businesses should manage their marketing through customer equity test and carefully consider the trade-off between spending for gaining customers and retaining them. Reinartz, Thomas, and Kumar (2005) applied this to a modeling framework that gives an answer to how much to spend on acquisition versus retention and how to allocate that money, discovering that any incorrect allocation reduces profits and that under-spending does more harm than over-spending. All of this literature serves as theoretical justification for the view of customer acquisition as a managed measurable investment instead of a random byproduct of sales.

Lemon and Verhoef (2016) make a literature review on customer experience and customer journey and remark that customers interact with businesses via many touchpoints in many channels limiting the ability of firms to control their journeys. In terms of business development, this implies that common acquisition performance cannot be assessed through a single channel alone.

2.2 Digital Channels in B2B Selling

Blattberg and Deighton (1996) stated that businesses should manage their marketing through customer equity test and carefully consider the trade-off between spending for gaining customers and retaining them. Reinartz, Thomas, and Kumar (2005) applied this to a modeling framework that gives an answer to how much to spend on acquisition versus retention and how to allocate that money, discovering that any incorrect allocation reduces profits and that under-spending does more harm than over-spending. All of this literature serves as theoretical justification for the view of customer acquisition as a managed measurable investment instead of a random byproduct of sales.

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2.3 Pharmaceutical Promotion and Healthcare-Professional Engagement

According to Narayanan Desiraju and Chintagunta (2004), their research of the second generation antihistamines has concluded that both Direct-to-Consumer advertising and detailing have a synergy in affecting the demand and found that the detail can lead to more elasticity in prices and that detailing has higher ROI than Direct-to-Consumer advertising. In their study of Manchanda and Chintagunta (2004), the authors have explored physicians' response to sales personnel not at the aggregate level but at an individual physician level which clearly indicates the importance of sales persons in promotion process for pharmaceutical products and also paves a way of questioning what advantages digital marketing can help over the established method. Gagnon and Lexchin (2008) found that the level of

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pharmaceutical marketing spending in the USA is much higher than it was considered to be and that this spending is mainly directed to physician-oriented activities including detailing and free samples provision. Wazana (2000), upon reviewing the bibliography regarding physicians' communication with pharmaceutical companies found that the physicians encountered such interaction heavily influencing their attitudes and prescription tendencies while most of them thought they were not liable to the influence mentioned above. This evidence helps explain why regulators have sought to constrain the forms of inducement that may accompany promotion.

Ventola (2014) discusses the role of social media among the healthcare practitioners specifying advantages for networking and educational purposes as well as hazards like inexact information and violation of confidentiality. For the pharmaceutical companies such findings show the possibility of using communication technologies to connect to the healthcare practitioners though the risks of quality confidentiality and ethical behavior should be taken into account.

Research conducted in India provides the most relevant insights into the local context. Banerjee and Dash (2011) studied the potential and acceptance of e-detailing as implemented by the local and international pharmaceutical companies through the prism of health care practitioners in India and analyzed the impact of demographic social and behavioral characteristics on its acceptance. Another study conducted by Lad Muragundi and Ligade (2017) was focused on the representatives of medical companies in south India and their attitudes toward digital drug promotion means (e-detailing engagement portals social media emails web conferences). The research performed by Gupta et al. (2016) aimed at examining the doctors' interaction with the representatives of drug companies in a teaching hospital in southern India and revealed that the majority of the surveyed doctors did not read the recommended guidelines for interactions with pharmaceutical companies. These studies show that digital promotion is established in India and that awareness of conduct rules cannot be assumed.

2.4 Regulation and Ethics of Pharmaceutical Marketing in India

The Department of Pharmaceuticals declared the Uniform Code for Pharmaceutical Marketing Practices 2024 on March 12, 2024, and brought about the version 2015 code (Department of Pharmaceuticals, 2024; Ganju and Gangwani, 2024). As reiterated in media reports (Chaturvedi, 2024), norm 1.3 demands that information concerning drugs shall be fair, up-to-date and verifiable. Clause 8 deals with relations with medical professionals: it prohibits gifts for personal aim (8.1), transportation assistance (8.2), hospitality such as accommodation (8.3), money gifts (8.4), while exceptions are made for transportation and hospitality expenses for a speaker in continuing medical education or professional development events. Clause 9 enacts creation of ethics committees of Pharmaceutical Marketing Practices associations in each pharmaceutical company, and clause 10 insists on how to turn in complaints. Statements on the Code's legality differ: some legal scholars believe that it is enacted (Ganju and Gangwani, 2024), while media consider that it is non-mandatory (ThePrint, 2024).

2.5 Research Gap

In summary, the 15 academic articles and regulatory sources reviewed in this paper provide frameworks around customer acquisition and allocation of acquisition resources (Blattberg and Deighton 1996; Reinartz, Thomas and Kumar 2005; Lemon and Verhoef 2016), the role of digital channels and automation in B2B selling (Järvinen and Taiminen 2016; Andzulis, Panagopoulos and Rapp 2012; Rodriguez, Peterson and Krishnan 2012), as well as insights into pharmaceutical promotion and HCP engagement in India (Narayanan, Desiraju and Chintagunta 2004; Manchanda and Chintagunta 2004; Gagnon and Lexchin 2008; Wazana 2000; Ventola 2014; Banerjee and Dash 2011; Lad, Muragundi and Ligade 2017; Gupta et al. 2016) under the guidelines of the Department of Pharmaceuticals (2024). Nonetheless, all these references primarily address issues dealing with physicians, sales agents and drug promotions, and none of them simultaneously covers the acquisition-pipeline concept, Indian pharma-marcom environment and the integration of contemporary channel and regulatory insights. This paper aims to bridge the existing gap through the analysis of existing literature and industry survey data.

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III. COMPANY AND INDUSTRY CONTEXT

3.1 Overview of D Grey Matter

The firm known as D Grey Matter LLP is also referred to as D Grey Matter as a marketing agency and focuses on the growth and development of different businesses and brands by means of the information on its internet site. The company's headquarters are located in New Panvel East, Maharashtra. The organization lists four service areas: the provision of design and print service in the pharmaceutical sector with special consideration to accuracy and compliance; the provision of medical content to different pharmaceutical companies and medical specialists; the provision of technological and web services for the marketing agency working in accordance with relevant rules; and the provision of doctors' engagement service that suggests giving necessary info using all available methods. Additionally, the webpage includes the section with logos of different pharmaceutical companies that are listed as the clientele of the organization.

3.2 The Indian Pharmaceutical Industry

India's pharmaceutical sector is the third largest in the world in terms of volume and eleventh in terms of worth comprising over 3 000 businesses and nearly 10 500 production units with its local market valued at approximately USD 60 billion and projected to reach USD 130 billion by 2030 (Press Information Bureau 2026). Such a market size and fragmentation indicates a high number of businesses competing for attention of prescribers distributors and institutional buyers which creates a need for marketing promotional and business development services provided by companies like D Grey Matter.

3.3 Digital Engagement and the Regulatory Setting

According to Ventola (2014), digital channels provide pharmaceutical marketers with new avenues to reach healthcare practitioners but these have their own risks when it comes to the quality and security of the content of the information. A survey conducted in 2021 by Indegene among 984 physicians in the USA Europe India and China showed that doctors mostly use digital platforms for personal educational and networking purposes and found that there is a rise in remote communication with pharmaceutical enterprises while many physicians still appreciate face-to-face meetings with sales representatives from pharmaceutical companies (Indegene 2021). These possibilities are prescribed by the Uniform Code for Pharmaceutical Marketing Practices 2024 (Department of Pharmaceuticals 2024), as described in Section 2.4.

3.4 The Acquisition Pipeline Used as the Analytical Framework

For the purpose of classifying the evidence the research involves a four-stage acquisition pipeline adapted from the staged model of B2B selling found in the literature (Järvinen and Taiminen 2016; Andzulis Panagopoulos and Rapp 2012; Reinartz Thomas and Kumar 2005): (1) lead generation when potential customers are contacted and identified; (2) engagement and qualification when the interest and suitability of the client are evaluated; (3) proposal and negotiation where the terms and services are discussed; and (4) onboarding and retention whereby the relationship between the company and the client is developed and maintained. The framework is of an analytical nature and not a description of internal workings of D Grey Matter.

IV. RESEARCH METHODOLOGY

4.1 Research Design

The methodology used in this research is descriptive secondary research with D Grey Matter being the reference organization. Information gathered from published indicators is organized in table format and evaluated against the four-pillar acquisition pipeline as explained in section 3.4 of the report. The choice of secondary data is due to its availability to the public and the much larger sample size due to its collection from a number of sources compared to

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the hard way of collecting information from a single firm. The disadvantage is that the data is not specifically collected in order to answer the questions of this study.

4.2 Data Sources

The types of sources include (I) governmental and industrial sources such as the Press Information Bureau 2026 fact sheet on the Indian pharmaceutical sector; (II) physician survey data such as Indegene's 2021 The Digitally-Savvy HCP report based on data from 984 doctors in India, United States, Europe, and China; (III) industry buyer surveys such as McKinsey & Company's B2B Pulse surveys (2021 and 2024 editions covering almost 4 000 decision-makers across 34 industries in 13 countries); (IV) regulatory documentation such as the Uniform code of pharmaceutical marketing practices 2024 with clause wording taken verbatim as legal reporting plus related legal and press commentary; (V) relevant articles published in peer-reviewed academic literature as discussed in Section 2; and (VI) website information from D Grey Matter LLP (2024) used for company description of products and services. Inclusion criterion for the source was its being published and recognized to belong to some identifiable organization and/or author, disclosing its sample or origin.

4.3 Scope and Treatment of Data

Figures remain unchanged since they are reported as published figures and thus not recalculated or combined. Where a source presents a number representing only the global sample, it is mentioned. There are no personal data involved nor any confidential data about D Grey Matter disclosed in the paper.

4.4 Data Analysis Technique

Figures remain unchanged since they are reported as published figures and thus not recalculated or combined. Where a source presents a number representing only the global sample, it is mentioned. There are no personal data involved nor any confidential data about D Grey Matter disclosed in the paper.

4.5 Limitations

Descriptive statistics were used to summarize reported indicators. The evidence was thematically assigned to the four pipeline stages outlined in Section 3.4, and the author's interpretation of the evidence is presented in Section 5.5. No inferential statistics were performed to match the descriptive statistics used.

V. DATA ANALYSIS AND FINDINGS

5.1 The Indian Pharmaceutical Market

Table 1 summarises the scale of the Indian pharmaceutical industry as reported by the Government of India.

Indicator	Reported Figure	Source
Global rank by volume	3rd	PIB (2026)
Global rank by value	11th	PIB (2026)
Number of companies	More than 3 000	PIB (2026)
Manufacturing units	About 10 500	PIB (2026)
Domestic market size	About USD 60 billion	PIB (2026)
Projected domestic market 2030	USD 130 billion	PIB (2026)

Table 1: Scale of the Indian Pharmaceutical Industry

Projected growth in the domestic market, which is expected to rise from USD 60 billion to USD 130 billion by 2030, indicates a doubling in size: indeed, the number of companies suggests fierce competition for visibility with prescribers

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and trade partners. For a marketing services firm, this means a substantial and potentially growing pool of clients in a sector with many players.

5.2 Healthcare Professionals' Digital Engagement

Table 2 presents selected indicators from the 2021 Indegene survey of 984 physicians with India-specific figures where the report provides them.

Indicator	Global Sample	India
Use digital channels mainly for personal learning and development	77%	Not reported separately
Use video conferencing for professional networking	68%	Not reported separately
Name webinars/webcasts as most preferred channel for receiving information	68%	88% (regional webinar preference)
Prefer receiving communication by marketing email	47%	Not reported separately
Prefer in-person meetings with representatives	65%	Not reported separately
Overwhelmed by content from pharmaceutical companies	55% (stated in report conclusion)	71%
Overwhelmed by product promotional content	62%	73%

Table 2: Healthcare Professionals' Digital Channel Use and Content Preferences (Source: Indegene 2021; n = 984)

Two important patterns emerge. The first one is substantial use of digital channels among doctors, and webinars are by far the most preferred format, while 65% still prefer traditional meetings with sales representatives – justifies calling for integrated hybrid engagement in a report. The second one indicates that doctors are greatly exposed to promotional content, and both globally and in India, 62% and 73% of doctors respectively, report to be experiencing high product promotion content fatigue. Furthermore, the report highlights that Indian doctors prefer mobile media for educational and promotional information and recommends the use of brief and modular content for mobile-first countries like India and China. It also implies that showing expertise in the area of relevant educational content and mobile-friendly approaches is more important for any marketing agency aiming to get clients than ability to increase the promotion volume.

5.3 Business-Buyer Channel Behaviour

Table 3 summarises findings from McKinsey & Company's B2B Pulse surveys on how business buyers select and interact with suppliers.

Indicator	Reported Finding	Survey Year
Average number of interaction channels used in the buying journey	About 10 up from 5 in 2016	2024
Split of interactions across channels	Roughly one-third each: in-person remote digital self-serve	2024
Prefer in-person channels with new suppliers	41%	2024
Prefer in-person channels for first-time purchases	40%	2024

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Indicator	Reported Finding	Survey Year
Likely to switch supplier after a poor cross-channel experience	More than half of respondents	2024
Indian decision-makers rating omnichannel more effective than earlier models for acquiring net new customers	68%	2021
Decision-makers rating omnichannel as effective as or more than traditional methods	About 8 in 10	2021

Table 3: B2B Buyer Channel Behaviour (Sources: McKinsey & Company 2021; Plotkin et al. 2024)

Two important patterns emerge. The first one is substantial use of digital channels among doctors, and webinars are by far the most preferred format, while 65% still prefer traditional meetings with sales representatives – justifies calling for integrated hybrid engagement in a report. The second one indicates that doctors are greatly exposed to promotional content, and both globally and in India, 62% and 73% of doctors respectively, report to be experiencing high product promotion content fatigue. Furthermore, the report highlights that Indian doctors prefer mobile media for educational and promotional information and recommends the use of brief and modular content for mobile-first countries like India and China. It also implies that showing expertise in the area of relevant educational content and mobile-friendly approaches is more important for any marketing agency aiming to get clients than ability to increase the promotion volume.

5.4 Regulatory Constraints on Business Development

Table 4 sets out the main features of the Uniform Code for Pharmaceutical Marketing Practices 2024 relevant to business development and the author's interpretation of their implications.

Feature of the Code	Description (as reported)	Implication for Acquisition (author's interpretation)
Date and status	Notified 12 March 2024 by the Department of Pharmaceuticals replacing the 2015 code; commentary differs on whether it is voluntary or carries legal force	Clients now work under a more recent and stricter framework
Information standards (cl. 1.3)	Information about drugs must be balanced up to date verifiable and not misleading	Content services must be evidence-based and substantiated
Gifts (cl. 8.1)	No gifts for the personal benefit of healthcare professionals or their families by companies or their agents	Inducement-led outreach is not a viable route to prescribers
Travel and hospitality (cl. 8.2 8.3)	Not to be extended to healthcare professionals or families except for a speaker at a CME or CPD programme	Event-related services must be structured within this exception
Monetary grants (cl. 8.4)	No cash or monetary grants to healthcare professionals or families	Proposals should avoid any payment-linked engagement

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Feature of the Code	Description (as reported)	Implication for Acquisition (author's interpretation)
Ethics committees and complaints (cl. 9 10)	Each pharmaceutical association constitutes an Ethics Committee for Pharmaceutical Marketing Practices to handle complaints	Compliance failures carry reputational risk for the client and its agency

Table 4: Key Features of the UCPMP 2024 Relevant to Business Development (Sources: Department of Pharmaceuticals 2024; Chaturvedi 2024; Ganju and Gangwani 2024; ThePrint 2024)

Read together with the evidence in Section 5.2 the Code reinforces a shift toward informational and educational engagement. Because clients are accountable for their marketing practices a firm that can show a compliance-conscious process is better placed to win and retain them.

5.5 Implications for the Acquisition Pipeline

Table 5 maps the evidence to the four pipeline stages defined in Section 3.4. The implications are the author's interpretation of the published evidence.

Pipeline Stage	Supporting Evidence	Implication for D Grey Matter
1. Lead generation	Buyers use about 10 channels (Plotkin et al. 2024); 68% of Indian decision-makers rate omnichannel more effective for winning net new customers (McKinsey & Company 2021); a large and growing market (PIB 2026)	Reach prospects through several channels with consistent messaging
2. Engagement and qualification	Physicians report overload from promotional content (Indegene 2021); 41% of buyers prefer in-person contact with new suppliers (Plotkin et al. 2024)	Lead with relevant educational content and follow with personal contact
3. Proposal and negotiation	Regulatory limits on inducements (Department of Pharmaceuticals 2024)	Build compliance into proposals as a differentiator
4. Onboarding and retention	More than half of buyers likely to switch after poor cross-channel experience (Plotkin et al. 2024); retention is central to profitability (Reinartz Thomas and Kumar 2005)	Treat onboarding as part of acquisition and track the client experience

Table 5: Evidence-Based Implications by Pipeline Stage

VI. DISCUSSION

6.1 Multi-Channel Reach and the Customer Journey

As noted by Lemon and Verhoef in 2016, customers have interaction with companies in multiple ways. According to McKinsey's researches, business buyers employ about ten channels during the purchase (Plotkin et al. 2024). This material speaks in favor of the application of the multi-channel acquisition approach by D Grey Matter since each of the channels can be assigned its function according to the pipeline stage as was proposed by Andzulis, Panagopoulos and Rapp (2012) instead of being considered as the substitute for the others.

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6.2 Relevance over Promotional Volume

According to the Indegene Study; most physicians are overwhelmed by promotional information; with more physicians in India being affected (Indegene 2021). Wazana (2000) states industry interaction can affect prescribing behaviour as to why there are regulatory interest in this area while Gupta et al. (2016) note the assumption that Indian doctors are completely aware of the conduct guidelines may be wrong. For marketing service firms; this means their value to clients is to help them offer relevant and trustworthy information as well as the fact that the company outgoes to clients should be the same.

6.3 Compliance as a Source of Differentiation

The Code of 2024 prohibits the giving of any gifts, travel, hospitality, and financial benefits to medical professionals (the issues in 8.1 - 8.4) and outlines how complaints must be processed through the professional organization (Department of Pharmaceuticals 2024; Chaturvedi 2024). Ventola (2014) says that e-resources carry the risk of unreliable data and abusing privacy. In this situation, the existence of compliance assured processes becomes a limitation as well as a good selling argument as they minimize the risks for the client.

6.4 Toward a Hybrid Acquisition Model

The Code of 2024 prohibits the giving of any gifts, travel, hospitality, and financial benefits to medical professionals (the issues in 8.1 - 8.4) and outlines how complaints must be processed through the professional organization (Department of Pharmaceuticals 2024; Chaturvedi 2024). Ventola (2014) says that e-resources carry the risk of unreliable data and abusing privacy. In this situation, the existence of compliance assured processes becomes a limitation as well as a good selling argument as they minimize the risks for the client.

VII. RECOMMENDATIONS

Based on the evidence reviewed the following recommendations are offered for firms such as D Grey Matter:

a) Adopt a multi-channel acquisition plan in which each channel has a defined role by pipeline stage and keep messaging consistent across channels (Table 5).

b) Lead prospect engagement with relevant educational and mobile-friendly content and avoid purely promotional volume given the content overload reported by physicians (Table 2).

c) Combine digital outreach with personal follow-up for new prospects reflecting buyers' continued preference for in-person contact with new suppliers (Table 3).

d) Present compliance with the Uniform Code for Pharmaceutical Marketing Practices 2024 including its information standards and its limits on gifts travel and hospitality as part of the service proposal and track it in delivery (Table 4).

e) Record pipeline data by stage and channel so that the evidence-based assumptions in this paper can be tested against the firm's own results and treat onboarding quality as part of acquisition.

VIII. CONCLUSION

This paper has examined client acquisition and business development in the Indian pharmaceutical marketing industry using D Grey Matter as the reference organisation and drawing entirely on secondary data. The published evidence shows a large and growing market; a physician audience that is digitally active but overloaded with promotional content particularly in the India-specific figures; business buyers who use many channels but frequently prefer in-person contact with new suppliers; and a regulatory framework that discourages inducement-led approaches. Mapped against a four-stage acquisition pipeline this evidence supports a hybrid model that combines multi-channel digital reach with compliant relevance-led and relationship-based selling. Because the study uses no firm-level data and relies on surveys that differ in sample and date its conclusions are indicative. Its framework nonetheless offers a structured starting point for firms reviewing their acquisition strategies and for future primary research.

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8.1 Directions for Future Research

Future research could extend this study in three directions. First the framework could be tested with primary data such as D Grey Matter's own tracker records of outreach responses meetings and onboarded clients to measure channel performance and conversion directly. Second a multi-firm comparative study would allow the generalisability of the patterns identified here to be assessed. Third a longitudinal extension tracking acquired clients beyond onboarding would allow acquisition-stage variables such as channel and segment to be linked to retention and lifetime value which the acquisition–retention literature (Reinartz Thomas and Kumar 2005) identifies as central.

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