



ALTERNATIVE MEDICINE; THE TENDENCY OF USING COMPLIMENTARY ALTERNATIVE MEDICINE IN PATIENTS OF DIFFERENT HOSPITALS OF LAHORE, PAKISTAN.

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INTRODUCTION

Complimentary alternative medicine denotes to medical interventions and techniques that have neither included in residency training nor usually taught in medical Institutes and which is generally not even in use at hospitals of today's era¹. At present around 70% of the developing world's people still depends, relays and use the CAM therapies on regular basis². In Pakistan, people seek for alternative treatments for almost all kind of diseases and disorders. The ratio of CAM users varies, based on territory (mainly from urban to rural areas)³, according to the condition of disease and awareness about the illness⁴. Most prevailing illnesses for which Pakistani population seek for the alternative treatments include; chronic diseases like cardiac diseases, cancer, diabetes, epilepsy, "Leucorrhoea" (vaginal discharge), infertility, asthma, erectile dysfunction, alopecia, constipation, piles, liver and kidney diseases.

ABSTRACT... From ancient times, humankind has used self-created traditional methods for handling the illnesses and continues to use them along with modern medicine. Even today, more than 70% of the world's population still depends on the complementary and alternative systems of medicine (CAM). The objective of this study is to create awareness of health hazards with the use of CAM therapies and to find out its utility among Pakistani population. Comprehensive questionnaire was developed for the study on the use of CAM and was distributed to 470 patients/attendants in different hospitals of Lahore as well as major hospitals and clinical setups in the peripheral regions of Lahore, Pakistan. Over all, the response rate of the study was 81.7% while 78.1 % population found as CAM user. The most common type of alternative medicine used by patients is from Hakeem (Natural Therapist) which is about 17% and the most frequent disease for which patients often go for CAM therapy is liver diseases (19%). Respondents found inclined towards CAM only due to its marketed false benefits and not because of their dissatisfaction with conventional therapy. **Conclusions:** A noteworthy population of Pakistan is using CAM therapies from different practitioners, irrespective of any education and awareness about their disease and long-term drawbacks because of improper treatment of the disease. Though adverse events due to the use of CAM therapy are not unusual still a delay in the proper treatment usually ends up in serious consequences and even loss of lives.

Key words: Complimentary alternative medicine, Hakeem, Liver Diseases, Modern medicine, Conventional therapy.

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Infectious diseases, like; syphilis, breast abscess, gonorrhoea, hepatitis, tuberculosis, dengue fever, eczema, leprosy, viral warts, and unfortunately different types of complex bone fractures are also treated, with complementary and alternative treatment strategies⁵⁻⁸.

Different types of nonprofessional, non-qualified individuals including; "Hakeem" (Natural Therapist),⁹ Homeopaths, Quacks, "Pehalwan" (Traditional bone and joint therapists), "Dai" (mid wife), "Peer Faqeer" (Religious/spiritual healers), Chinese treatments, massagers (by non-qualified/ nonprofessionals) are the most common treatment providers, offering unani, ayurvedic, herbal medicines¹⁰, traditional tricks, treatment with leeches and counseling for self-mediated exercises without proper diagnosis of the disease.

The key factors due to which people seek for alternative medicines and treatments include, high hopes in patients regarding the recovery by treatment providers, low cost (including no diagnostic cost) of treatment,¹¹ media advertisements with false and non-scientific claims, unethical counseling by the treatment providers creating fear of surgery, fear of side effects, and psychological fears in the patients, positive word of mouth from known ones, religious beliefs, influence and recommendation of hospital staff members like (operation theater assistants, lady health workers, health visitors, dispensers, etc)¹². Besides these influential reasons, there are some of the health system and administration flows due to which patients adopt alternative treatments as a preference for example; failure of empirical therapy, maltreatment/ under treatment, long duration of treatment leading towards patient's frustration. Patient's internal fear of surgery because of lack of proper counseling by the physician/surgeon and lack of availability of female practitioners to facilitate the patients with female related diseases like gynecological diseases¹³⁻¹⁵. Though in some cases CAM therapies have shown benefits, in soothing acute as well as chronic disorders, it is strappingly assumed that these therapies show their effect of healing through their stimulus on the immune system of the human body¹⁶.

MATERIAL AND METHOD

A cross-sectional, interview based survey was conducted in the period of 8 months (March to October 2013) in different hospitals of Lahore, as well as major clinical setups in the peripheral regions, covering the patients reported at hospitals like Shalimar and Fatima Memorial hospital, and patients reported at medical centers/ clinical setups of different towns and villages, were interviewed/surveyed. Out of twenty seven, 22 questions were close ended and 5 questions were of open ended type.

Inclusion Criteria

Patients of age ranging from 18 to 60 years with both genders who used CAM treatments in past were included in the study.

Patient's consent from

Detailed and properly informed consent was taken from patients and communication language for the discussion was Urdu and Punjabi for detailed discussion.

Patient intake

A total of 384 patients were selected from different disciplines of hospitals including Surgical OPD, Medicine OPD, Gynecology OPD and Orthopedic OPD. These patients were properly examined by the competent clinicians and gynecologists. Upon taking history of these 384 patients, 300 patients confirmed that they were using different CAM therapies.

Data Collection tools and analysis

Questionnaire was planned based on study objectives, taking help from the previous works and studies accessible on the topic added with content specific questions. The questionnaire was organized after preliminary conversation with few patients and thorough considerations of health professionals who were also up-to-date regarding the use of CAM therapy. The questionnaire was divided in two portions, first dealing with the demographic profile of subjects such as age, sex, marital status, socioeconomic status, and highest level of education attained and second consisted of the questions regarding the knowledge and awareness about different aspects of alternative treatments.

Patient history

In our questionnaire we requested the patients and different individuals about their demographic information and asked them if they had used alternative medicine in their life span or not and upon a positive answer we further asked them to participate in the study by providing the information regarding their experience with the use of CAM therapy.

Ethical permission

The respondents were assured of the confidential nature of this survey, and were given the right to hide or show their names upon their own wish.

Statistical analysis

SPSS 16 software was used for organizing the data that was collected at the end of survey.

RESULTS

A total of 470 questionnaires were discussed and distributed in Hospitals of Lahore (Shalamar, Fatima Memorial), and medical centers in the peripheral regions of Lahore. Out of these 470 supplies, 384 returned the survey questionnaires with complete response, the overall response rate is of 81.7% (384/470). Out of 384, 300 patients confirmed the use of alternative treatments, so among the respondents we found that 78.1% (300/384) population of Lahore is using the CAM therapy in which the share of female population is around 72 %, moreover 61 % population is either having an education level of less than primary or entirely no education. Interestingly 81% of the survey respondents were married while 58.7% had a monthly income of less than 10,000.

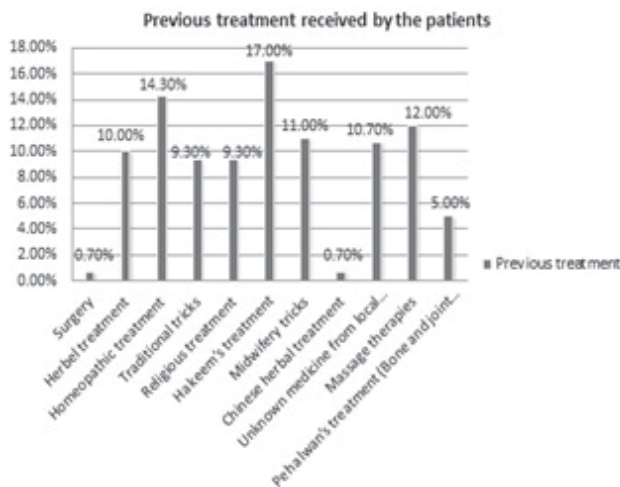


Figure-1. Previous treatments received by patients

From our study, we found that patients in the age group of 46- 53 years are more significantly involved in the use of CAM therapy and the most frequent types of alternative medicine used by patients are from “Hakeem” (natural therapist), homeopaths, massage therapists, midwifery and herbal medicine (Table 1, figure 1). 17% of patients who used alternative medicine said they were used to go to “Hakeem” (Natural Therapist) and 14.3% had gone through homeopathic treatment,

midwifery techniques by “Dai” (mid wife) are also found in many patients as a major CAM therapy and its overall proportion is around 11 % (Table-I, figure 1).

Previous Treatment	Frequency	Percentage
Surgery	2	0.7
Herbal treatment	30	10.0
Homeopathic treatment	43	14.3
Religious treatment	28	9.3
Hakeem (Natural therapist treatment)	51	17.0
Midwifery tricks	33	11.0
Chinese herbal treatment	2	.7
Unknown medicine from local individual (quack)	32	10.7
Massage therapies	36	12.0
Pahalwan's treatment (bone and joint quacks)	15	5.0
Total	300	100.

Table-I. Previous treatment types

Patients use CAM therapies for a widespread range of illnesses and critical circumstances (Table II, figure 2). The most common conditions reported, were liver diseases (19%), followed closely by gynecological disorders including “Leucorrhea” (Vaginal Discharge) and pregnancy related problems (15%), where as diabetes and erectile dysfunction found to have a share of around (14%) for which people often adopt CAM therapies. Unfortunately complex bone injuries and bone fractures are also being treated by the CAM practitioners (12%), which often lead to a lifetime disability.

The usual disorders for which patients use both CAM therapies and allopathic treatments by traditional physician are diabetes, tuberculosis, and kidney diseases. Almost 61% of these patients were in the late phase of their diseases when they visited their qualified physician/surgeon or gynecologist for the first time. (Table II, Figure 2). 45.2% of CAM users stated that they did not visit any medical practitioner for the illness against which they were using alternative medicine.

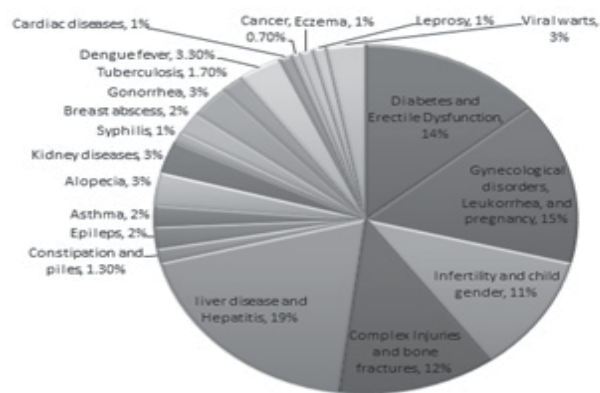


Figure-2. Most Used CAM therapies

Characteristics	Frequency	Percentage
Diabetes and erectile dysfunction	42	14.0
Gynecological and female related disorders	45	15.0
Infertility and child gender	33	11.0
Complex injuries and bone fractures	35	12.0
Liver disease jaundice and hepatitis	57	19.0
Constipation and piles	4	1.3
Epilepsy	6	2.0
Asthma	6	2.0
Alopecia	9	3.0
Kidney diseases	9	3.0
Syphilis	3	1.0
Breast abscess	6	2.0
Gonorrhea	9	3.0
Tuberculosis	5	1.7
Dengue fever	10	3.3
Cardiac disease	3	1.0
Cancer	2	0.7
Eczema	3	1.0
Leprosy	3	1.0
Viral warts	9	3.0
Total	300	100.0
Stage of diseases		
Initial	27	9.0
Middle	90	30.0
Later	147	49.0
Extreme late	35	12.0

Table-II. Previous treatment types

It is quite noticeable that when CAM users requested to select from a list of possible aims for using the CAM therapy nearly one fourth (22.3%) of the patients responded as they are unable to afford the cost of allopathic treatments, on the other hand 19% of the patients are using CAM therapy due to unavailability of medical facilities at their towns and villages while 23% were those who used to do everything to fight against their disease and they thought that these CAM therapies were more effective for their problems. However majority of the respondents chose CAM therapies due to its claimed benefits and not because of their dissatisfaction with scientific and traditional allopathic treatment or with qualified physician or hospital system.

Of the 300 confirmed users of alternative medicines, 60% are using these treatments occasionally however 32 % patients are daily users of CAM therapy. One of the major reasons of patient satisfaction with the use of CAM therapy is its less possibility of causing any unwanted effects, in our studies 84 % patients confirmed that they never observed any unwanted effects from the therapy (Table III).

Out of 300 CAM therapy using respondents 54.7% did not experience any benefit from therapy, 86.7% were not agreed to continue this treatment due to no significant benefits from these alternative treatments whereas 13% were very satisfied from these treatments (Table III).

DISCUSSION

In Pakistan, more than half of the residents (66%) live in villages¹⁷. Poverty, compounded by illiteracy, low position of women, and insufficient water and hygiene facilities, has had a deep influence on health indicators¹⁸. Inadequate knowledge of health maintenance, cultural and domestic remedies, sensitivities of a health service system, availability of health care provider, social barriers, and the cost related to the provision of an effective health service have been the major reasons for the adaptation of CAM therapy by the patients^{6,18}. The CAM therapies which are presently in practice have not been thoroughly researched, only old

evidences do exist which have a doubt in itself.

Characteristics	Frequency	Percentage
Treatment frequency		
Daily	96	32.0
Weekly	24	8.0
Occasionally	180	60.
Old treatment continue		
Yes	40	13.3
No	260	86.7
Benefits obtained		
Yes (specify to some extent)	62	20.7
Absolutely yes	74	24.7
No	164	54.7
Unwanted effects		
Yes	48	16.0
No	252	84.0
Satisfaction from cam		
Very satisfied	39	13.0
Satisfied	99	33.0
Disappointed	162	54.

Table-III. Response of patients to different characteristics

We found that about 78.1% of patients surveyed used at least one form of alternative medicine in their past. However, like other studies, we found a difference in use between the sexes. We found more females were using alternative treatments than males and it was also observed in a study on Turkish women¹⁹ while it was unlikely to some other studies stated no significant difference in both genders²⁰. Demographic data was found with significant differences from other studies²¹⁻²².

We found that a very common type of CAM therapy (massage therapy) used by the patients of Pakistan is almost with the same ratio as studied by hawk in the 2012²³ but a wide variation was seen in the use of the other major types of CAM therapies among different surveys^{20,22-23}. "Hakeem" (Natural Therapist) were found major source of many herbal treatments and most of people in this survey used to go to "Hakeems" (Natural Therapists), it was also significantly observed in a herbal treatment study by Ahmad in 2007²⁴.

The most communal sickness reported in this survey is liver diseases, followed closely by gynecological disorders, "Leucorrhoea" (Vaginal Discharge), and pregnancy related disorders, are almost on the same lines as described by Edrine in 2010 in a study on Turkish women¹⁹.

In contrast, some previous studies by Palinkas in 2000 recommend that individuals use CAM therapies chiefly because they are not satisfied with the care they received from a traditional physician⁴ while another studies by Astin in 1998 propose that users are not dissatisfied as such with conventional care when compared with non-users of CAM therapy²⁵. In this context our study results are aligned with the studies of Astin because in majority of patients surveyed used alternative medicine because of its claimed benefits rather than because of dissatisfaction with their traditional physician or hospitals system.

Most of our patients used that alternative medicine due to its cost effectiveness which is supported by the studies of Cooper in 2000 stating, besides all the facts evidence based CAM selected with thorough care and proper evaluation of the disease could be economical and outcomes of the treatments could be very efficacious for the population of developing countries where traditional medical treatments are quite expensive¹¹.

CONCLUSIONS

From the study, we have concluded that a noteworthy number of patients have used one or more forms of alternative medicine in their life span. "Hakeems" with herbal and unani system of treatment, Homeopaths with homeopathic medicine system, "Dai" (midwife) with traditional and Cultural tricks and massage therapists with different types of extracted oils are the most common CAM practitioners. People adopt CAM therapies for a wide variety of problems, but the predominant conditions include; liver diseases, erectile dysfunction, infertility, "Leucorrhoea" (Vaginal Discharge), gynecological and pregnancy related disorders and even different types of bone fractures. This utility of CAM therapy has increased

the overall risk to the public health because of the developed complications in the patients due to malpractice, negligence, and perilous delay to start the proper strategic treatment on scientific and medical basis.

Since a large number of patients may be using CAM therapy, primary care general practitioners, surgeons, and orthopedic physicians dealing in these areas should routinely ask their patients about their use of complimentary alternative medicines and be able to advise patients about its hazardous and risky effects on health on overall basis.

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A Person
Who never made a mistake
Never tried anything new.

Albert Einstein

