

Knowledge, Attitude And Practices Regarding AYUSH Among The Allopathic Doctors In Mandya District

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Abstracts: Background & Objective: Integration of complementary or alternative medicine (CAM) with allopathy medicine is a feasible solution to the human resource shortage in India. The scope of this integration will be influenced by the acceptance of CAM by allopathic practitioners. Objective is to assess the knowledge, attitude and practice regarding AYUSH system of medicine among medical officers in Mandya district. Methodology: A cross-sectional study was carried out over a period of 3 months involving 70 medical officers from various PHC in Mandya district. A pretested and structured questionnaire about the knowledge, attitude and practice regarding AYUSH was administered to all the medical officers. Data was entered in excel sheet and results were expressed in terms of percentage and proportions. Results: The average age of the study subjects was 34.85 ± 5.58 years. The most common source of information about AYUSH among study subjects was from colleagues/friends/ relatives. Only 35% of them had referred a patient to an Ayurveda practitioner and 35% had prescribed ayurveda medicines. Regarding the safety of ayurvedic medicine, 65% felt that ayurveda medicines need more scientific testing. Only 30% felt that AYUSH and allopathy should be integrated. Conclusion: The study concludes that the knowledge of the study subjects was inadequate; majority of them felt that ayurveda medicines need more scientific testing. Most of them were of the opinion that AYUSH and allopathy should not be integrated. But in practice nearly half of them were prescribing ayurveda medicines in their routine practice. [Sheethal M P NJIRM 2015; 6(4):68-71]

Key Words: AYUSH, attitude, knowledge.

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Introduction: Traditional medicine (TM) refers to health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being. In industrialized countries, adaptations of traditional medicine are termed "Complementary" or "Alternative" Medicine (CAM)¹.

The Indian Systems of Medicine and Homoeopathy [Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH)] cover both the systems which originated in India and abroad. It is estimated that 65% of the population in rural India use ayurveda and medicinal plants to help meet their primary health care needs¹.

This increase in utilization of alternative medicine may be due to inaccessibility to health care and shortage of manpower in health sector in rural areas as the majority of the allopathic physicians are highly concentrated in urban areas compared to rural areas even though urban population in

India accounts for less than a third of its total population².

This disparity in health care delivery was addressed by providing health care delivery through Primary Health Centres (PHC) in rural areas. However, there is a deficit of about 2866 (12%) MBBS doctors in the PHCs, the requirement being 23 887³. Hence National Rural Health Mission (NRHM) adopted integration and mainstreaming of AYUSH as a potentially feasible and practical solution to this human resource shortage in India⁴. The rationale behind the mainstreaming of AYUSH systems under the NRHM was to strengthen the public health system in the country at all levels, by engaging practitioners of alternate medicine, as they have a good acceptability in the rural communities.

The scope of this integration between AYUSH and allopathic medicine will be greatly influenced by the attitudes of allopathic doctors. However, there is dearth of data regarding usage and acceptance of CAM by allopathic practitioners. Hence, this study was undertaken to evaluate the knowledge,

attitude and practice of allopathic practitioners towards AYUSH.

Material and Methods: It was a cross-sectional study carried over a period of 3 months from August 2014 – October 2014 in Mandya district after obtaining ethical committee approval. All the medical officers working in various PHC’s in Mandya district were planned to be included in the present study. There are 116 PHC’s in Mandya district. 70 medical officers from various PHC in Mandya district who gave consent were included in the present study after obtaining their informed consent. A pretested and structured questionnaire to elicit the information about the socio-demographic profile of the study subjects and the knowledge, attitude and practice regarding AYUSH was administered to all the medical officers. Data was entered in excel sheet and results were expressed in terms of percentage and proportions.

Results: The present study included 70 medical officers from various PHCs in Mandya district. The average age of the study subjects was 34.85 ± 5.58 years and the mean duration of work experience was 6.87 ± 3.62 yrs. Among the 70 PHC, 85% of the PHC’s did not have an AYUSH doctor in their PHC and only 5% of the PHCs had AYUSH drug supply.

All of the study subjects had heard about AYUSH, however only 55% of them knew the correct expansion of AYUSH. The most common source of information about AYUSH among study subjects was from colleagues/friends/ relatives [Table-1]

Table 1: Source of information regarding AYUSH

Source of information	N (70)	Percentage
Training program	21	30
Colleague/Friends/relatives	39	55
Ayurveda practitioner	18	25
Mass media	28	40

Majority of the study subjects opined that they would refer a patient to Ayurveda practitioner if available in their hospital, but in practice only 35% of them had referred a patient to an Ayurveda practitioner. Among 35% of medical officers who had prescribed ayurveda medicines Liv-52 for liver disorders was the commonly prescribed medicine. [figure 1 and 2]

Figure 1: Drugs prescribed for common conditions

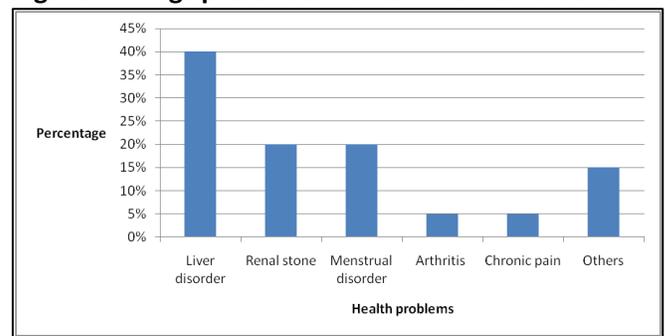


Figure 2: Common preparations prescribed by the study subjects

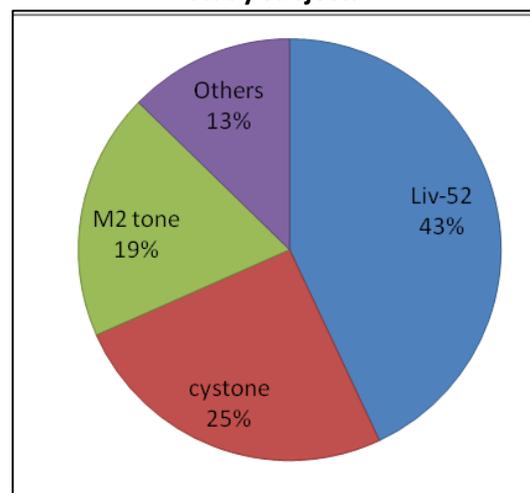


Table 2: Opinion regarding safety of ayurveda drugs

Opinion	N (70)	Percentage
Very safe	7	10
Safe for few conditions	25	35
Don't know	39	55
Not safe at all	0	0

Table 3: Common reasons for seeking assistance from an ayurveda practitioner

Reasons	Percentage
Desire of patients to receive alternative medicine	55
Due to scarcity of doctors in rural areas	25
No side effects	45
Increases patient compliance and satisfaction	5

Table 4: Common reasons for not seeking assistance from an ayurveda practitioner

Reasons	Percentage
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No solid scientific evidence	55
Lack of knowledge and/or experience of doctors themselves	40
Patients not willing to receive AYUSH treatment	30
Cannot be used in emergency	65
AYUSH drugs do not undergo scientific testing	35

Majority of the study subjects did not know about the safety of Ayurveda drugs [Table 2]. The most common reasons for referring to an ayurveda practitioner was the desire of patients to receive alternative medicine (55%) [Table-3] and the most common reason for not seeking assistance from an ayurveda practitioner was that it cannot be used in emergency and for 35% of them it was because AYUSH drugs do not undergo scientific testing [Table-4]. When asked if ayurveda drugs require more scientific testing, 65% felt that ayurveda medicines need more scientific testing. Regarding integration, 30% felt that AYUSH and allopathy should be integrated whereas majority of them were against integration.

Discussion:

Health for all by 2000 was the goal set by World Health Organisation with an aim of providing basic health care facilities to all the people irrespective of whether they are rich or poor, rural or urban area. But even in the year 2015, we have failed to achieve health for all, the most common reasons being inaccessibility to health care and shortage of manpower in health sector. The World Health Organization norm for good quality healthcare is a doctor to population ratio of 1:600¹, however in India in 2007-2013; there was one doctor per 1,475 population⁵. To overcome the shortage of manpower- a cadre of community health workers were created at the level of primary health care. One potentially feasible and practical solution to this human resource shortage in India is to integrate AYUSH with allopathy, which provides a holistic approach in a patient care, which is especially beneficial in treating chronic diseases like hypertension, diabetes, by providing low cost intervention and lifestyle modifications.

Present study included 70 medical officers from various PHC's in Mandya district. The knowledge of the study participants was inadequate and the most common source of information was from

friends/ colleagues which were similar to other studies^{6,7}. In the present study 55% of them knew the correct expansion of AYUSH, which was higher compared to the study conducted by Mankar et al, where only 27% of the study subjects could elaborate the term AYUSH⁷.

With regard to the use of ayurveda drugs in routine practice, 35% had prescribed ayurveda medicines in the present study which was similar to other studies^{6,8}. However in few other studies it varied from 5% to 69%^{9,10}.

In the present study the most common drug prescribed by the study subjects was LIV-52, and the most common condition for which they prescribed ayurveda medicine was for liver disorder, which was similar to the study conducted by Gawdeet al⁶.

Only 30% felt that AYUSH and allopathy should be integrated. However in other studies majority of them felt that it should be integrated^{6,7}. In the present study majority of them felt that ayurveda medicines need more scientific testing which is similar to other studies^{6,11}.

Conclusion: The present study concludes that the knowledge of the study subjects was inadequate; majority of them felt that ayurveda medicines need more scientific testing. Most of them were of the opinion that AYUSH and allopathy should not be integrated. But in practice nearly half of them were prescribing ayurveda medicines in their routine practice

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