

Doctor's Perception on Integrated Medicine: A Survey

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ABSTRACT

Objective: To assess attitude and practice of the modern medicine practitioners towards integration of modern medicine (MM) and traditional medicine (TM) using questionnaire. **Methods:** A cross sectional questionnaire based study was conducted to assess the knowledge, attitude and practice among doctors regarding integrated medicine. Two hundred and seven out of 250 completed questionnaires were received from various doctors from in and around Indian city Kolar and Bangalore. Data were analyzed using descriptive statistics and chi-square test. **Results:** A total of 82.8% participants responded to the questionnaire, of which 69 were general practitioners and 138 were consultants from various specialties. About 56.5% accessed the information regarding TM and had better knowledge (47%) regarding integrated medicine compared to those who didn't (13%) ($p < 0.001$). More than 57% opined that TM was cheap and easily accessible, however, majority of participants believed MM to be more popular (74.5%). The disadvantages reported of TM being minimum training (63.7%), unqualified traditional medicine practitioners (TMPs) (63.7%), inappropriate dose calculation (52.1%), lack of scientific evidence (57%), toxicity (42%) and unreliable diagnostic techniques (74.3%). About

71.5% doctors took history about TM use from their patients and 85.9% doctors treated them. Majority (77%) did not advise any TM. Though 81.6% had never collaborated with TMPs, 55.6% supported integration of TM with MM and believed this integrated approach would have positive impact on patients. **Conclusion:** Majority of modern medicine practitioners were aware of traditional medicine. They believed that adequate scientific evidence and training of TMPs is required to accept and integrate TM with MM which may help in better patient care.

Key words: Allopathic doctors, perception, integrated medicine

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INTRODUCTION

Integrated medicine is a combination of conventional (Modern) and alternative (Traditional) medicine (TM) which addresses the biological, psychological, social and spiritual aspects of patient's illness.^[1] Traditional medications were developed by different philosophies with diverse cultural background. The utilization of TM is popular in rural and urban areas because of its unique quality and affordability.^[2] The treatment approach varies in different systems of medicine, however all of them deal with human beings and aim at improving health. The World Health Organization (WHO) has recommended its member states to promote and integrate TM into their National health care system.^[3]

In the last few years, India has implemented integrated medicine with the idea of providing optimum solution to growing health care crisis at manageable cost.^[4] Department of Ayurveda, Yoga, Naturopathy, Siddha, Unani and Homeopathy (AYUSH), under the ministry of health and family welfare proposed a new approach by integrating various traditional practices of Ayurveda, Siddha, Unani and Homeopathy with modern medicine to ensure health for all.^[5]

The integrated approach to treat an ailment is not a new concept but its position in India is still at infancy. The success of this depends on the practitioner's opinion and attitude towards other health care systems. All the practitioners should identify the values, beliefs, fundamentals, strengths and weaknesses of all the systems. Studies have shown that TM practitioner's look for their counter parts of modern medicine to get more information about the illness/disease, but the same may not be with modern medicine practitioners.^[6,7] This study was undertaken to assess attitude and practice of modern medicine practitioners towards integration of modern and traditional medicine using questionnaire.

MATERIALS AND METHODS

This was a cross sectional questionnaire based study, which was

conducted from June to August 2015 at Sri Devaraj Urs Medical College, Tamaka, Kolar in Karnataka, India. The study protocol was approved by Institutional Ethics Committee (reference: DMC/KLR/UDOME/IEC/10/2015-16). All the general practitioners, post graduate students and consultants willing to participate in the study from hospitals in and around Kolar and Bangalore were included after obtaining written informed consent. The participants were briefed about the purpose of the study and participant information sheet was provided. A predesigned validated, questionnaire consisting of 24 questions (both open and close ended) was used to assess the knowledge, attitude and practice. The questionnaire was validated for face and content validity by faculty from various departments and a pilot study was conducted among 10 consultants and their feedback from this pilot was used to make further changes in the questionnaire. Survey reliability was assessed using the Cronbach-alpha. The principal investigator was available to answer questions and clarification from the participant while filling the questionnaire. These filled in questionnaires which were used to assess reliability were not included in the final study.

The questionnaire consisted of four parts. First part of the questionnaire contained eight questions regarding participants' demographic information, qualification, specialization and assessing knowledge of traditional medicine. Second part of questionnaire (nine questions) was intended to collect opinion regarding advantages and disadvantages of traditional medicines. Seven questions were included in the third and fourth part of the questionnaire which assessed attitude towards

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acceptance of traditional medicine practice and about the integration of traditional and modern medicine. The questionnaires were distributed to all the doctors working in our hospital and general practitioners around the district. Participants were informed about questionnaire and requested to return duly filled questionnaire either by hand or through mail. They were requested to mention their qualification and designation. If there was any delay in returning the filled questionnaire a visit was made to their departments and also reminder was sent through email. Two reminders were sent in the gap of one week, if no response was received then it was considered to be failed response. Collected data were entered in Microsoft excel spread sheet. Categorical data was represented as frequencies. The perception and attitude regarding integrated medicine between two groups was assessed using Chi square test. P value ≤ 0.05 was considered statistical significant. The statistical analysis was done using Graphpad software online.

RESULTS

Demographic characteristics

The questionnaire was distributed to 250 doctors, out of which 207 completed questionnaires were received and analyzed with a response rate of 82.8%. Out of 43 non responders, 27 did not provide consent to participate in the study due to their lack of interest in traditional medicine and 16 doctors failed to return the completed questionnaire. Some questions left unanswered by few participants due to ambiguity in questions and response provided as opined by these participants. The numbers of unanswered questions were one to two in few questionnaires; hence all questionnaires were included in the final analysis. The reliability analysis of questionnaire yielded the value of 0.91 for Cronbach's alpha. Response to open ended question regarding the definition of integrated medicine was poor. The unanswered responses and wrong answers were included as a part of incorrect response while analyzing the data. The demographic details of the participants are represented in Table 1. Among the respondents, local practitioners and junior doctors were considered as residents and specialists as consultants. They were categorized into two groups based on their interest to access information on TM.

Local practitioners and residents were 69 and the rest were consultants from various specialties.

Attitude about integrated medicine

Out of 207 doctors, only 117 (56.5%) accessed information regarding TM. The comparison of awareness and attitude of modern medicine practitioners towards integrated medicine is presented in Table 2. The knowledge of integrated medicine is significantly high among those who accessed the information regarding traditional medicine.

The comparison of practice aspects and opinion of doctors on integrated medicine is shown in Table 3. Significantly higher number of doctors, who access information on TM, treated their patients referred from traditional practitioners. Even though more number of doctors who accessed TM information (59%) supported integration of TM with MM compared to others, however, it was not statistically significant ($p=0.26$). The collaboration of doctors with Traditional medicine practitioners (TMPs) was poor (21% and 14%) in both groups. Majority (66% and 62%) of participants from both groups believed that integration of TM with MM would have a positive impact on patient care.

DISCUSSION

Ayurveda was the oldest traditional medicine which was practiced in India. The government of India has recognized and supported Ayurveda, Yoga, Naturopathy, Siddha, Unani and Homeopathy (AYUSH) as traditional Indian system of Medicine.^[6,7] It has also supported the integration of traditional medicine with MM by establishing an AYUSH center in every government hospital. In our study, majority of the

doctors' ranked Ayurveda as most commonly practiced TM followed by Homeopathy, Yoga and Unani. This could be due to the fact that, Ayurveda is very popular term used as an alternative for TM. This observation was in contrast to the finding by previous study where use of homeopathy was most popular among doctors.^[8] Another study done by Hasan *et al.* on the pharmacy students concluded that Homeopathy was the most commonly practiced TM in Malaysia.^[9] The male doctors were more than females in our study, but majority of females accessed information on TM. This finding was consistent with the observation of earlier study which noted that female doctors had better acceptance of TM than males.^[10]

In our study, we had more consultants (138) from various specialties compared to residents (69). Majority of consultants opined that they (77.5%) accessed information on TM compared to residents (54.5%), which reflects acceptance of TM by the consultants. The doctors who accessed information on TM had significantly better knowledge regarding integrated medicine. This might be due to the fact that only those who are interested in traditional medicine as remedy knew about integration of both systems. Many doctors (57%) felt TM is more accessible and cheaper compared to MM but in spite of this fact, majority (74.5%) opined that TM is not popular.

We observed that, majority of the doctors who accessed TM agreed that it was used for diseases not cured by MM, this reflects that those who were aware of the information still believed in TM and thought TM could be beneficial in chronic conditions which have poor prognosis with MM. One study also has reported that TM is used by doctors mainly for chronic conditions.^[11]

Most doctors (65%) agreed that TMPs undergo minimum training before they start practice, despite this; majority (67.5%) agreed that certain chronic conditions can be treated with TM. The main disadvantages of TM as opined by majority of modern medicine practitioners were practice of TM by untrained personals, inappropriate dose calculations, common drug toxicity and inadequate use of diagnostic techniques to diagnose the illness. These findings were similar to the other studies who also claimed that lack of scientific evidence and paucity in untrained professionals in TM were the major factors which hindered them from using TM. In addition these studies also reported lack of financial assistance offered by the government could be one of factor for their less popularity.^[12-16]

The doctors who access information on TM, treated patients referred from TMPs, where as majority (66%) who do not access TM, did not wish to treat these patients ($p<0.01$). This shows majority of them did not wish to treat the ailments not cured or drug adversities due to TM.

Table 1: Demographic profile of the participants

Demographic characteristics	Frequency (%)
Age (years)	
20-30	104 (50.2)
30-45	85 (41.1)
>45	18 (8.7)
Gender	
Male	119 (57.5)
Female	88 (42.5)
Qualifications	
MBBS only	69 (33.4)
MD/MS	138 (66.6)
Job description	
Local practitioners	30 (14.5)
Junior doctors	39 (18.9)
Consultants	138 (66.6)
Most commonly practiced TM in Indian	
Yoga/ Naturopathy	22 (10.6)
Ayurveda	121 (58.4)
Unani/Siddha/Acupuncture	09 (4.3)
Homeopathy	50 (24.2)
No response	05 (2.5)

Table 2: Knowledge and attitude on integrated medicine among modern medicine practitioners

Questions	Practitioners accessing information on TM n=117 (%)	Practitioners not accessing information on TM n=90 (%)	p value
Definition of integrated medicine			
Correct	55(47)	9(13)	0.001*
Incorrect	62(53)	58(87)	
Are the traditional medicines (TM) cheap and accessible?			
Yes	81(56)	36(58)	0.87
No	63(44)	26(42)	
Are the TM more popular than modern medicine (MM)			
Yes	25(21)	27(30)	0.19
No	92(79)	63(70)	
TM used for treatment of diseases not managed by modern medicine			
Agree	55(47)	27(30)	0.01*
Disagree	62(53)	63(70)	
TM usage needs minimum training			
Agree	71(61)	61(69)	0.3
Disagree	46(39)	28(31)	
TM has no advantage over MM			
Agree	44(38)	42(47)	0.2
Disagree	73(62)	48(53)	
TM commonly practiced by untrained person			
Agree	70(60)	62(69)	0.19
Disagree	47(40)	28(31)	
TM does not have dose calculation/schedule			
Agree	57(49)	51(58)	0.2
Disagree	60(51)	37(42)	
TM does not have scientific evidence for their safety and efficacy			
Agree	59(50)	59(68)	0.01*
Disagree	58(50)	28(32)	
Toxicity is common with the use of TM			
Agree	43(38)	44(49)	0.15
Disagree	69(62)	45(51)	
TM follow unreliable diagnostic techniques			
Agree	81(69)	73(81)	0.05
Disagree	36(31)	17(19)	

Majority of doctors (71.5%) took history of TM usage by patient. This was contradicting the finding by earlier study where they did not elicit history of TM use by patients.^[8]

Although 34% doctors recommended use of TM to their patients but very few (23%) actually advised TM for their patients. However, majority of them (55%) still supported integration of TM with MM. This finding coincides with the outcome of studies done in Ethiopia which showed that 50% of modern medicine practitioners supported integration of these two systems.^[2] Although few doctors (17.5%) had collaboration with TMPs, majority (64%) opined that integrated medicine will have positive impact on patient care. Studies done in developing countries in south east Asia suggest that integrated medicine can be a solution for chronic illness.^[9,17,18] Many of modern medicine practitioners do not advice TM for their patients due to their unfamiliarity with TM.

Many countries have implemented TM sensitization programs in medical curriculum.^[19] Certain medical schools and pharmacy schools in US and Europe offer TM courses as a part of curriculum.^[20,21] This

may improve their knowledge and belief in other therapeutic options available for patients other than modern medicine. Such sensitization programs may eventually improve the opinion of modern medicine practitioners towards integrated medicine.

Since, this was a questionnaire-based study; the results are susceptible to recall bias and social desirability. The attitude expressed based on the practicing doctors from one local area which limits generalizability of its finding to other population.

CONCLUSION

The modern medicine practitioners were aware of traditional medicine and majority of them access information about it. Very few modern medicine practitioners encourage their patient to use TM due to their concern about the inadequacy of scientific evidence about the safety of TM and inadequate training of TMPs. However, modern medicine practitioners still encouraged integration of MM with TM to improve the health of population especially related to chronic conditions.

Table 3: Practice of integrated medicine among modern medicine practitioners

Questions	Practitioners accessing information on TM n=117 (%)	Practitioners not accessing information on TM n=90 (%)	p value
History of TM taken by practitioners			
Yes	86(74)	62(69)	0.53
No	31(26)	28(31)	
Treat patients referred from TM practitioners			
Yes	103(88)	31(34)	0.01*
No	14(12)	59(66)	
Recommend patients to use TM			
Yes	39(33)	31(34)	0.8
No	78(67)	59(66)	
Advise traditional medicine for a patient			
Yes	30(26)	18(20)	0.4
No	87(74)	71(80)	
Support integration of TM with MM			
Yes	69(59)	46(51)	0.26
No	48(41)	44(49)	
Have collaboration with TM practitioners			
Yes	25(21)	13(14)	0.21
No	92(79)	77(86)	
Integration of TM and MM will have positive impact on patient care			
Yes	77(66)	55(62)	0.56
No	40(34)	34(38)	

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