



Exploring the unknown Home based remedies and the Unani perspective among Muslim population of Pune city, India

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Abstract

Introduction: From the religious context also herbal medicines and alternative therapies have found mythological references. As far as Islam is concerned, the Arab healers infused their knowledge of Unani system to the world, greatly prevalent in the Indian sub- continent. We present a survey on the same lines highlighting the prevalence of use of herbal medicines among city dwellers of Pune city, India.

Material and Methods: This survey was carried out at the behest of AYUSH department for the sole purpose of helping the government in understanding the use of home based herbal medicines under the Unani perspective in Pune. Geographical sampling was done and among the selected communities a door to door interviewer survey was carried out.

Results: Total sample size was 84. . Most of them sought health care from the private clinicians followed by government hospitals. There was no statistical significant difference between the male and the female participants related to the awareness regarding Unani system ($\chi^2= 3.4564$, $p=. .06$). There were more females who preferred Unani medicine than males and this was statistically significant ($\chi^2= 8.7736$, $p=. .003056$). Unani medicines were used for a number of reasons like headache and stomach related problems.

Conclusion: The survey data shows the positive attitude of the people at the same time highlights the lacunae present in the knowledge of the common man towards Unani medicines which contributes on a large scale to the failure of demand of such an untapped alternative health care approach.

Keywords: Unani, AYUSH CAM, Muslim population

Introduction

In the recent years there has been a paradigm shift in the health care approach along with the advent of the 20th century. The reckless use of conventional therapy and the large looming uncertainty has played an instrumental role in the rediscovery of conventional therapy (CAM) which was lost out a few decades back, owing to a number of factors. Ock et al state that even though conventional system is making applauding advances, yet

there is a definite growing murmur of interest with respect to CAM[1]. The Cocharane Colloboration defined CAM as: CAM is diagnosis, treatment and/or prevention which complements mainstream medicine by contributing to a common whole, by satisfying a demand not met by orthodoxy or by diversifying the conceptual frameworks of medicine[2].

The CAM includes a number of approaches ranging from Ayurveda to Homeopathy and Naturopathy[3]. As far as India is concerned, we address it as AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy). The important strategies involved with health improvement and maintenance are health promotion and illness prevention. As per Arcury et al, the desire to promote health has been the major contributing factor for the increased use of such therapy.4 This trend is more seen among older individuals and especially for chronic

conditions[4,5]. The 2002- 2008 data on spending for CAM in America was less than 1% while 16.1 million people used it[6]. Most of the studies related to the use of CAM or attitude towards CAM has been carried out in the United States of America[7-10]. From the religious context also herbal medicines and alternative therapies have found mythological references. As far as Islam is concerned, the Arab healers infused their knowledge of Unani system to the world, greatly prevalent in the Indian sub- continent. The study by Harun- Or- Rashid and et al elicited a positive response from the Muslim Clergies of Bangladesh along with orthodox medicine[11]. Till date a number of surveys state the use of CAM in various chronic illness[12-18]. Very few studies related to the AYUSH system of approach has been carried out in India. Today the central health ministry of India has a separate AYUSH center and separate financial aids for research to be carried out in the same stream. We present a survey on the same lines highlighting the prevalence of use of herbal

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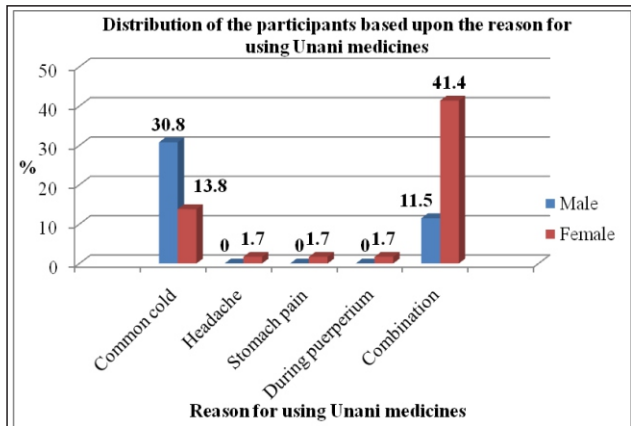
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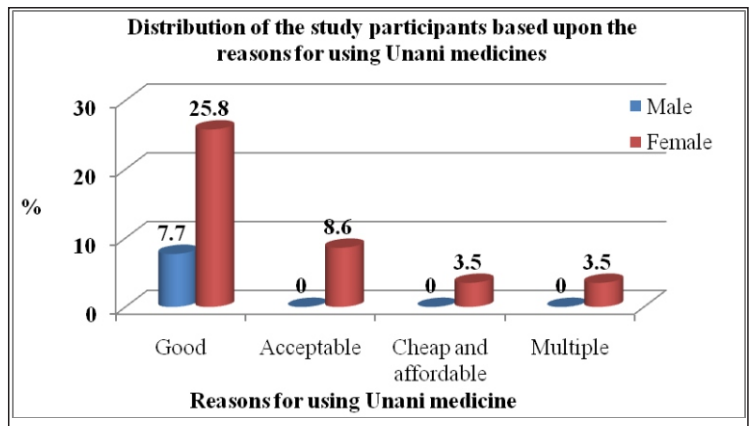
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Graph 1: Distribution of the study participants based upon the reasons for using Unani medicines.



Graph 2: Distribution of the study participants based upon the reasons for using Unani medicines

medicines among city dwellers of Pune city, India.

Material and Method

This survey was carried out at the behest of AYUSH department for the sole purpose of helping the government in understanding the use of home based herbal medicines under the Unani perspective. As a part of a large survey throughout India, we carried out this study in the city of Pune. Before the start of the study, ethical clearance was obtained from the institutional ethics committee of MCE Society, Azam Campus, Pune. A questionnaire was designed that was construct and content validated. The city of Pune has people from different religious backgrounds settling together as a community. Such small communities were identified. Geographical sampling was done and among the selected communities a door to door interviewer survey was carried out. All the participants were above 18 years of age. A written consent was obtained from

those who agreed to be a part of the study. Demographic details were also recorded of the participants. No economic funding was obtained to carry out this particular study and no incentives were provided to the study participants. Those who were not Muslims and those who refused to provide a written informed consent were excluded from the study.

Result

Eighty four individuals (each from 84 of the identified houses) were a part of this study. There were more females (69.1%) compared to the males (30.9%). Table 01 shows the demographic distribution of the study population. Most of them sought health care from the private clinicians followed by government hospitals. Even though alternative medicine was very much available, the people preferred Allopathy medications rather than Ayurvedic or Unani medicines (Table 02) and this difference was statistically significant. There was no

statistical significant difference between the male and the female participants related to the awareness regarding Unani system ($\chi^2=3.4564, p=.06$). There were more females who preferred Unani medicine than males and this was statistically significant [Table 03] ($\chi^2=8.7736, p=.003056$). Unani medicines were used for a number of reasons like headache and stomach related problems. It was for an array of reasons (combination) that these herbs were used by the people (Figure 01). More women preferred Unani medicines since they found it good followed by acceptable (Figure 02).

Discussion

The present study comprised of 84 participants (aged between 15 to 84 years of age). Also there were more females compared to males in our study, similar to the study in Korea (50.4%) [1], USA (52.0%) [10]. It was much lesser than the studies carried out in USA (100.0%) [8], Columbia (28.1%) [13], and Australia (100.0%) [17]. Unlike Arcury TA et al we could not find a detailed list of the herbal remedies used by the participants. It was mostly turmeric, ginger and dry fruits [19] We found that 90.5% participants used Allopathy medicines and only 2.4% preferred Homeopathy, lesser than the findings of Norwegian study where 54.0% reported use of Homeopathy [20]. Due to paucity of data we have no direct literature comparison with respect to the type of illness and the material used specifically under the Unani system of medicine. In the study among US army participants, only 8.9% used herbal medicine lesser than our study findings [21] Other studies in US, Norway; Trinidad and Tobago describe the use of CAM in migraine and heart problem

	Number	Percentage
Age wise distribution of the population		
15 - 24	20	23.80%
25 - 34	22	26.20%
35 - 44	20	23.80%
45 - 54	10	11.90%
55 - 64	8	9.50%
65 - 74	2	2.40%
75 - 84	2	2.40%
Gender		
Male	26	30.9
Female	58	69.1
Occupation		
Business	14	16.7
Professor	2	2.4
Service	10	11.9
Student	6	7.1
House Wife	50	59.5
Retired	2	2.4
Health Services Sought by the Participants		
Government	28	33.3
Private	50	59.5
Others	3	3.6
Combination	3	3.6

System of medicine	Number	Percentage
Allopathy	76	90.5
Unani	5	5.9
Ayurveda	1	1.2
Homeopathy	2	2.4
Total	84	100

Therapies	Male		Female	
	Number	Percentage	Number	Percentage
Cupping	0	0	1	1.7
Massage	0	0	3	5.2
Herbs	1	3.8	6	10.3
Leech therapy	0	0	1	1.7
Combination	6	23.1	22	38
Not known	19	73.1	25	43.1
Total	26	100	58	100

	Yes (Number and %)	No (Number and %)
Male	02 (7.74)	24 (18.26)
Female	23 (17.26)	35 (40.74)
Total	25	59

($\chi^2=8.7736, p=0.003056$).

cases, but none of our participants related Unani system to any of such severe medical ailments[22- 25]. Like most of the studies women participants showed a positive attitude towards Unani medicines than men. There was no significant association between the level of education and professional background to the positive attitude of patients towards Unani medicines. The pattern of questions asked were entirely not similar no direct comparison can be made with the existing literature.

Limitations of the study

Since this was just limited to a particular geographical area of a city in India, cautious approach will be required during extrapolation of the study findings on a nationwide scale. This could be considered as a pilot study on which further large scale study needs to be designed for further planning. At the same time this study also is

the first of its kind purely carried out for the sole purpose of policy formation and suggestions at the administrative level and hence stands out to be significant.

Public Health Significance

The CAM is a very economically feasible form of therapy which is the need for the developing nations of the world. CAM is a part of the Medicare in USA. We need such an approach in India, a rich mine for herbs. Though medical tourism is a booming business in the Asian continent, very few among the Asians are actually able to utilize this opportunity. We have no special public hospital set ups solely dedicated to the purpose of providing alternative therapy which needs to be improved. Though research is still going on related to various aspects of alternative medicine throughout the world, it is still a second choice. People opt for it mainly out of failure of the conventional therapy rather than for a better

health care. The barrier to this on social, administrative and individual levels need to be addressed at a large scale level.

Conclusion

This study reports the first of its kind of survey regarding the outlook of the people towards Unani medicines, especially the Muslim population of an urban place Pune, in India. It shows the positive attitude of the people at the same time highlights the lacunae present in the knowledge of the common man towards Unani medicines which contributes on a large scale to the failure of demand of such an untapped alternative health care approach. We need further studies along the same line and a greater role playing by the practitioners of AYUSH for a better and natural approach towards health and disease.

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