Chapter VI

SUMMARY AND CONCLUSIONS

The present study focused on the different aspects of practice and utilisation of Ayurveda and Unani in Hyderabad. For this purpose fieldwork was conducted for 18 months. The study covered 50 and 40 practitioners of Ayurveda and Unani medicine respectively. They were selected by following a snowballing technique. It was decided equal number of patients would constitute the sample for patients. Patients were selected from practitioners who reported treating more that five patients per day. 198 patients were selected who were distributed equally within both the systems of medicine.

The literature review served as a background to arrive at the objectives. The review dealt with different studies relating to utilisation and practice of traditional systems of medicine. The studies focusing on different frameworks to understand the patterns of practice and utilisation of a health service helped to identify the factors leading to the use of a health service.

The objectives which have been discussed in different chapters included knowing the client profile of the users of traditional system of medicine, exploring the factors leading to use of traditional medicine, knowing the strength and contribution of traditional systems of medicine in terms of number and range of diseases treated either exclusively or as a complementary form of treatment, understanding the socio-demographic profile, organisation of practice and services rendered by practitioners. It was also intended to know the belief frames of both clients and
practitioners towards the system of medicine and to understand the
process of patient practitioner interaction.

The broad areas that were covered to understand the practice of
traditional system of medicine was the socio-demographic profile of the
practitioners, organization of practice, reach and nature of services,
perceptions and opinion of practitioners.

Study revealed that a majority of Ayurvedic practitioners entered
the profession in recent years while majority of Unani practitioners joined
the profession two to three decades back.

Male practitioners dominated the practice of traditional system of
medicine. Ramesh et al’s (1981) study reported that the male domination
of a practice effects the utilisation of the system of medicine as far as
females are concerned but in this study it was found women out
numbered the men among the users of traditional medicine. The
proportion of female practitioners in Unani medicine was greater when
compared to Ayurvedic medicine. This was mainly attributed to demand
for services of women doctors in the Muslim community, which is due to
explicitly defined gender roles in Islam restricting the females to discuss
any gynaecological problems, with the male practitioners.

Only two religious ethnic groups are involved in the practice of
both the system of medicine. Majority of Ayurvedic practitioners were
Hindus while Unani practitioners were mostly Muslims. This
demonstrates the religious affiliations of the traditional systems of
medicine.
The organisation of practice was studied to understand various features like nature of practice, number of years of communal practice, training, hours of work, consultation, practice of integrative medicine, referral system and some exclusive feature of private practice were covered.

Ayurveda managed to find greater patronage in the private sector and relatively 'early' when compared to Unani. Little less than three fourth of respondents did not receive any additional training. Greater number of practitioners of Unani worked for more than 10 hours as compared to Ayurvedic practitioners. This could be attributed to the greater patient load, the services and roles taken up by practitioners in their practice. The practice of traditional systems of medicine is dominated by solo practice and the concept of consultation-based practice is lacking. This is because there is a lack of specialists as the number of specialization in both system of medicine is limited. Moreover, the specializations are in broad areas rather than to a limited field as in the case of allopathic. The recognition as specialist by professional colleagues is also limited to a certain extent as it is felt specializations are more or less 'self acclaimed' due to the limited scope for numerous specializations within the traditional systems of medicine. This aspect is more prominent when practitioners claim specialist status without a master's qualification.. Thus, the limited numbers claiming specialist status and lack of recognition by professional colleagues for such claims limit the evolution of consultation based operations of practice. The desire for general practice by treating a range of illness for greater popularity and economic gains among the practitioners encourage solo practice.
It was found that more than half of the practitioners practiced integrative medicine. It was found that exclusively practicing the system of medicine was influenced by years of practice. As the age of practitioners increased resort to modern medicine is restricted. The benefits of practicing integrated medicine or exclusively practicing the system of medicine trained in needs to be researched.

There are different associations for the practitioners of Ayurveda and Unani in Hyderabad. The Associations are meant to look after the welfare of medical officers employed in government hospitals. The main aim of the association was to promote the system of medicine by conducting medical camps and by encouraging fellow practitioners to share the best practices and holding conferences.

Some exclusive features of Private practitioners regarding organization of practice revealed that majority of the practitioners set up private practice in the last decade revealing the growing demand for traditional medicine in the private sector. Most of the private practitioners worked along the lines of modern medicine with most of clinics having waiting rooms, patient registration and using modern diagnostic apparatus. This was mainly done to improve their image in public and to keep in demand.

It was found there were certain features, which were found to be exclusive to each system of medicine. It was found the practice of Ayurveda was 'formalized' to a greater extent than Unani. This could be mainly attributed to the nature of practice. It was found that Ayurvedic practitioners had established and strong methods for patient registration, the need for appointments were stressed, their role was limited to only
prescription of medicine (i.e. not preparing medicines themselves like Unani practitioners). The Ayurvedic practitioners are less inclined to prepare medicines themselves, in view of availability of patented drugs by multinationals. Referral systems followed by the Ayurvedic practitioners followed a specific pattern. "Hierarchical" perception dominated while utilizing the services of Unani practitioner for referrals.

It may be these features that considerably help Ayurvedic practice to find patronage in the private sector and in setting practice relatively earlier than Unani. Partially it could also be due to a greater number of Ayurvedic practitioners with master's qualification that positively contribute in bringing about this pattern. Which in turn, helps in increasing the popularity of Ayurvedic medicine and explains the greater number of practitioners practicing in clinics as far as the place of practice is concerned.

If being 'formalized' was one of the exclusive features of Ayurvedic practice, it was found that the high fee charges and 'communication problems' were a part of the Ayurvedic practitioners to a greater extent than Unani which could be a inhibiting factor for utilisation.

The practice of Ayurveda being formalized could be restricted only to the nature of practice as it was found that services rendered were more or less similar for both practitioners of ayurveda and Unani.

The reach and nature of services was understood by ascertaining of the patient load, ailments treated, information and services rendered in preventive health. Ayurvedic practitioners reported a patient load of 10
per day while majority of Unani practitioners reported a patient load for 20 per day. It was found that considerable number of Unani professionals never reported of male patients. For some of them who were mostly females it was a personal decision not to attend to male patients, which was probably influenced by religious sentiments. Even at the government Unani Institution it was found that arrangements were made at the patient registration especially for 'Muslim' patients to refer them to practitioners of the same sex. This demonstrates the role of religion in determining the practice and utilisation of health care.

There was a significant percentage of both Ayurvedic and Unani practitioners who reported not attending to children. This was mainly influenced by the belief frames believed by the clients of traditional systems of medicine and also that certain ailments receiving treatment from traditional medicine may not affect children. Ayurvedic practitioners treated more ailments when compared to Unani practitioners. It was found that 'common ailments ' (like fever, cough, cold etc) were also treated by practitioners. This trend was never reported in earlier studies.

It was found that majority of practitioners rendered information on preventive health and Medical care. But as far as services rendered in preventive health, it was found that the place of clinic decided the trend. It was found that practitioners having clinic in rural and slum areas rendered services on preventive health. The services rendered were immunization for pregnant women, children and immunization for diseases from the allopathic medicine.
Practitioners opined that Ayurvedic resources are more available than Unani resources in Hyderabad. The level of development was not on par with biomedicine basically due to the lack of government patronage.

Ayurvedic drugs are more easily available and this is attributed to the large number of pharmaceutical companies promoting ayurveda. But this was not reported for the Unani drugs as only two Pharmaceuticals were mentioned by the practitioners in Hyderabad to be producing Unani drugs. It was also believed that the marketing strategies of Unani drugs are not on par with the Ayurvedic drugs. The quality of drugs produced is an important area of concern. According to practitioners the licensing and standardization of both Ayurveda and Unani drugs should be strengthened at the state and national level. Both practitioners of Ayurveda and Unani encourage use of modern equipment. Practitioners of Ayurveda and Unani listed a list of limitation of traditional system of medicine. This could contribute to a large extent utilisation and non-utilisation of a system of medicine. Like it was found that clients discontinued allopathic medicine as 'surgery was advised' and chose traditional systems of medicine as surgery is not encouraged in this system of medicine resulting in utilization. Failure to treat acute and severe cases lead to utilization of Allopathic medicine. The role of government to promote Ayurveda and Unani was highlighted in the areas of education, research, cultivation of medicinal plants and Pharmaceuticals. The practice of traditional medicine needs to be strengthened in the areas of training, consultations and referral patterns. Effective and standardized method for controlling the quality of drugs produced by practitioners needs to be established. Strengthening the networks among the fellow practitioners would definitely go a long in developing and improving the practice of traditional medicine in
Hyderabad. State patronage could be imparted through public education, by means of local journals, newspapers, seminars, and conferences and through use of media. Creating public awareness, education at the 'school level' will definitely increase the knowledge level and bring about positive attitude towards the traditional systems of medicine.

The broad areas that were covered in the utilisation of Traditional systems of medicine included knowing the client profile, accessibility of health care, the health seeking behaviour, the choice of therapy and patterns of resort.

Majority of the reviewed studies on utilization revealed that predisposing factors (especially the socio-demographic profile) influenced the use of health care services. But most of the studies did not explain why these factors influenced the use. This particular study attempted to cover this aspect.

Traditional medicine particularly attracted the members in the age groups of 21-40 years. Various reasons account for this behaviour. First and foremost is that relatively greater percentage of members of this group report morbidity and there will be less delay in seeking health care amongst them as they mostly happen to be the economically productive group and independent choices are made. Similarly the fact that this particular age group having an extended 'social network' increases their exposure to wider health choices. The negative side effects of biomedicine were one of the reasons to try out traditional health care. Negligible percentage of children and the old using traditional medicine was mainly due to 'non palatability' of drugs and tendency to choose a medicine for 'quick relief due to low tolerance levels among the old.
Women out numbered the men among the users of TSM. This tendency as has been suggested in other studies too may be because women are 'tradition bound' and tend to behave traditionally in all aspects of life including health care behaviour.

More than half of the clients of both Ayurveda and Unani belonged to the same religions ethnic group to which both the systems of medicine traced their origin. There has been a dearth of studies to show the role of religion in choosing traditional medicine. But in this study it was found religion influenced utilisation and clients identified Ayurveda and Unani as 'Hindu' medicine' and 'Muslim medicine' respectively. Educated respondents utilized traditional system of medicine supporting the studies, which reported that education had a positive relationship with the use of traditional medicine. This could be due to the growing 'world wide interest' in traditional medicine, which promotes healthy and safe life style practices.

Ayurveda and Unani was more preferred by client whose families belonged to middle income groups, revealing that Hyderabad still attracts only members of middle income group unlike in developed countries where the rich favour traditional systems of medicine.

But it was found that greater number of 'more' educated clients utilized Ayurveda than Unani and similarly greater number of clients of lower income group utilized Unani. This may be because of the nature of practice of Ayurveda, which as stated earlier was more 'formalized' than Unani. So thereby attracting the 'more' educated. But it cannot be conclusively believed that this is the only reason for this behaviour thus throwing open areas for further research. In this study it was found that
utilization was influenced by predisposing factors as reported by Kroeger (1983)

Patients seeking care from Unani system had to travel greater distances than those choosing Ayurveda. Ayurvedic resources were available at a distance of less than five kilometers from the residences of patients, while only slightly more than half of Unani patients traveled the same distance. But it was found that when traditional treatment is considered as being essential for recovery as in the case of ailments related to external appearances like skin infections and more specifically Leucoderma 'distance' does not affect utilisation. This reveals that the type of ailments and illness suffered overrides the influence of enabling factors as far as 'accessibility' in terms of distance traveled is concerned.

Health seeking behaviour was understood by knowing the illness suffered, duration of illness and various actions undertaken by the respondents to treat the current illness. It was found that respondents utilized traditional systems of medicine for 11 broad categories of illness. It was found barring minor variation Unani and Ayurveda were utilized more or less for the similar problems. It was found this trend was majorly attributed to cognition of clients as majority of patients conceptualized and equated both the systems of medicine to 'herbal medicine' and differentiated them only on the basis of the 'community that eventually utilized/ both the systems of medicine.

Self-medication was the most preferred action after the onset of symptoms. This supports the pathway models (Suchman 1965, Chrisman 1971), which stressed that, lay consultations/ referral and self medications
were some of the action preferred by the patients before taking professional help.

It was found respondent's classified illness based on the causative factors, evaluation and duration of symptoms, supporting Klienman's (1980) observation that respondents are likely to have quite vague and indefinite models of explanation of their illness depending on past experience of the patient and her/his circle of kin and friends.

It was found that majority of respondents utilized traditional systems of medicine for chronic ailments than common ailments. It was accessibility and faith in the system of medicine, which prompted utilisation of traditional systems of medicine for common ailments while it was belief frames that encouraged utilisation of traditional systems of medicine in chronic conditions. This trend of using traditional systems of medicine for common ailments was never reported in earlier studies.

It was found traditional systems of medicine were majorly used as a complementary form of treatment. This was influenced to a large extent to illness suffered. In some instances clients resorted to modern medicine to gain relief from symptoms and used traditional medicine to remove the cause of illness. This was more particularly found in chronic illness where symptoms keep reappearing at certain intervals. This corresponds to earlier findings that characteristics of the disorders and their perceptions also decide the choice of health care. But it was also found certain enabling features also contributed to this behaviour like the availability of Unani drugs only at 'select places' of Hyderabad encouraged utilization of allopathic drugs which can be easily and immediately procured for controlling the symptoms.
Resort to medical care in pluralistic settings reveals two basic patterns (Maureen D.L. 1984) i.e. multiple therapeutic use and illness specific use

In this particular study if on one hand it was found that majority reported taking treatment from traditional medicine for chronic illness showing illness specific trend then on the other hand used multiple therapies for controlling the symptoms. Thus not arriving at a conclusive pattern of resort as both types of resort seem to be prevailing.

Information on type of health providers visited revealed that Allopathic doctors were the first choice for respondents among Ayurveda and Unani patients. It was also found that for majority of Ayurveda patients, Ayurveda was the third choice while Unani was the sixth choice of treatment revealing that Ayurveda is approached faster than Unani medicine. This reveals that 'Healer Shopping' is also found to be prominent in Hyderabad. This is basically for effective cure and Suchman's model stresses that this behaviour is undertaken till a 'diagnosis wanted' by the patients is achieved.

The health seeking behaviour revealed that there was a hierarchy of resort to health care i.e. the most popular health care was resorted initially which was followed by traditional health care. Though it was found there was a hierarchy of resort ,around 10% of respondents resorted to traditional systems of medicine as the first choice of treatment, which was influenced to a great extent by belief frames and accessibility.
This supports earlier contentions that in plural medical systems the use of different healing resources does not necessarily consist of choosing between equally effective 'alternatives'. Rather it involves the choosing of the therapeutic resources 'appropriate for the ailment' which to a large extent is guided by belief frames.

Belief frames, accessibility, family advice, previous treatment ineffective and positive previous experience were the most commonly reported reasons for choosing Ayurveda and Unani for the current illness.

The belief frames of respondent relating to Ayurveda and Unani were more or less similar, which included 'permanent cure' 'dietary restriction' 'suitable for chronic ailment', 'side effects' and 'not suitable for children'. It was found that belief frames had a significant role in the utilisation/ non-utilisation in different stages of illness of Ayurveda and Unani.

Ayurveda was promoted to a greater extent by the media as 'media' was reported as main source of knowledge of medicine while 'family' was reported to be an important source of knowledge of medicine for Unani patients. This reveals the Unani still remains in families thus highlighting an effective area of promotion of Unani medicine.

Majority of them rated traditional systems of medicine below biomedicine and they ranked biomedicine above all systems of medicine. This reflects the public opinion towards traditional systems of medicine and according to practitioners the role of government becomes significant in promotion of any system of medicine. This justifies the practitioners
opinion that policies should be made to promote the system of medicine from the 'schooling level' which in turn increases the knowledge levels of traditional systems of medicine from the initial years of education.

Some of the concerns **shared by the** respondents on treatment which has policy implications included availability and appearance of drugs. It was found availability of drugs in 'select' areas and appearance of drugs was also a reason for non-utilisation. Both the aspects were mainly reported by Unani patient revealing that Unani medicine is still not being promoted in line with Ayurveda and Pharmaceuticals has an important role to play in these aspects.

Kroeger's Model (1983) classifies the patient practitioner interaction as a major enabling factor in the choice of service. Majority of the patients were satisfied with the Nature of communication between themselves and the practitioner. The communication primarily involved general talk to ease the anxiety the patient feels, collecting the history of illness and giving instruction on prevention and care. The qualities of the practitioner were reported as an important factor that determines the interaction process. It can be believed that effective patient-practitioner interaction cannot be exclusively attributed to the personal characteristics of the practitioner but also on the 'nature' of the system of traditional medicine as traditional systems of medicine highlights that the illness and effected individual should be seen in 'totality' and not exclusive of each other. A major part of communication revolved around prevention and care in terms of dietary restriction and personal hygiene which to a large extent corresponds to the individuals own concepts of health care which is governed by food. Earlier studies report that if ideologies shared by the practitioner and clients match to a certain extent it increases the interest
among the patient and they feel encouraged to be a part of the entire treatment process, which was found to be true in this study.

Around one fourth of the respondents reported that 'affability' of practitioners depended on the socio-economic background of the patients i.e. if they were from upper income group the practitioners were reported to be pleasant to them highlighting some areas that need to be strengthened. This calls for stressing on the importance of effective practitioner-patient interaction in educational curriculum imparted to the students of traditional systems of medicine in the colleges.

Though patients were satisfied with practitioner-patient interaction. Practitioner reported that significant percentage of educated patients doubt the diagnosis of the practitioner and this behaviour is attributed to the belief that traditional systems of medicine are an 'alternate form of medicine'. This behaviour is strengthened due to the huge importance attached to Allopathy which requires government intervention to promote the system of medicine.

Communication problems were sighted by practitioners due to lack of knowledge spoken by patient. This was reported by Ayurvedic practitioner revealing an aspect that need to be worked upon by Ayurvedic practitioner of Hyderabad. This probably also explain the tendency of greater number of clients from different ethnic groups utilizing Unani as it has been reported in studies, conversation with the clients in their respective mother tongue increases the 'comfortability' of patient which is essential for an effective practitioner patient interaction.
This study reveals that predisposing factors enabling factors, the illness and the structure of the decision making process during illness episodes is such that it prompts patients to consult a variety of healing traditions for particular illness episodes and to utilize over their lifetimes the full range of healing resources available.

It can be concluded that both practice and utilisation are two sides of the same coin and both are believed to influence each other. But the extent to which each other influences each other needs to be researched further.

The significance of traditional medicine in health care has been recognized both at the international and national level. This is evident by the various strategies set up at the international level and national level to promote traditional medicine world wide. The Indian government developed a separate national policy on traditional systems of medicine and Homeopathy 2002.

The Government of India has stated that one of the objectives of this policy is to promote good health and expand the outreach of health care to our people, particularly those not provided health cover, through preventive, promotive and curative intervention through Indian system of medicine and Homeopathy (National Policy on Indian System of Medicine and Homeopathy 2002).

But only recognition is not sufficient for promotion of a system of medicine. It requires multipronged strategies for the upliftment of traditional systems of medicine. This may be possible by acting upon concerns revealed by research studies and to encourage further focused
studies to explore areas that need to be strengthened which will definitely throw light on ways to take up intervention to promote the practice and utilisation of traditional systems of medicine in the country.

Though the objective of this study was to describe the practice and to understand the utilization patterns of traditional medicine in Hyderabad, during the course of study some areas were revealed that could be worked upon for strengthening of the practice and promoting the utilisation of traditional systems of medicine in Hyderabad.

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