APPENDIX

Appendix-1

Administrative Structure of the State Board of Indian systems of medicine and Homeopathy.

The Commissioner is the head of the board of Indian Systems of Medicine and Homeopathy in the state. Three additional directors one each for Ayurveda, Unani and Homeopathy and a Deputy Director (Administration) reports to the commissioner. Further there are regional deputy director Hospitals, Colleges, Research Department, Pharmacies, Deputy Superintendent and Drug Inspector for each system of Medicine respectively. They report to the Additional director of the concerned system of medicine.

Educational Setup

There are two Government Ayurvedic colleges and one privately managed college in the state. There are two Unani colleges one is a Government College and the other is a privately managed college. The college offers both the graduate and post-graduate courses.

The intake of students for the under graduate course in the government Ayurvedic colleges are 110 students every year. 50 students are enrolled for the under graduate
course in the government Unani colleges. For the post graduate courses 28 students are enrolled in both the government Ayurvedic and Unani College respectively.

Registration of practitioners within the State

The State Board of Indian Systems of Medicine and Homeopathy carry out the registration of the practitioners. The registration of the practitioners is mandatory to undertake professional practice. There are two categories of practitioners registered every year the first category is the Institutionally qualified practitioners and the second is Non Institutionally qualified practitioners. The Institutionally qualified practitioners are registered after successfully graduating from the course work. This study is limited to the institutionally qualified practitioners who are registered after successfully graduating from the course work.

Within Andhra Pradesh the registration of the practitioners of Indian Systems of Medicine and Homeopathy is carried under two boards. The Board of Indian Medicine and the Andhra Board. The Board of Indian Medicine covers the practitioners of the Telangana region of the Andhra Pradesh. The Andhra board covers the practitioner of Andhra and Rayalseema regions of Andhra Pradesh.

On Discussion with officials of the Indian Systems of Medicine and Homeopathy no clear answer was given as to why registration was carried out under two boards. But it is believed that this was done to simplify the process of registration within the state.
TRADITIONAL SYSTEM OF MEDICINE; PRACTICE & UTILIZATION: A STUDY IN THE CITY OF HYDERABAD.

Schedule For Practitioners

1. PERSONAL DETAILS

1.1 Name

1.2 Age__________

1.3 Sex
   1. Male 2. Female

1.4 Marital Status

1.5 Religion

1.6 Caste
   1. SC 2. ST 3. BC 4. OC

1.7 Fathers Occupation

1.8 Main source of income

2. TRAINING

2.1 System of medicine trained
   1. Ayurveda 2. Unani

2.2 Educational qualifications
   1. Bachelor's in TSM 2. Masters in TSM
2.3. Year of Award of degree __________

2.4. Year of registration __________

2.5. Did you receive any other training in the current system of medicine /other system of medicine
   1. Yes 2. No

2.6. If Yes Details of training;
   2.6.1 System of training
   2.6.2 Duration of training
   2.6.3 Why did you take the training

3. SYSTEM OF PRACTICE

3.1. Number of years of practice

3.2. Did you start practicing immediately after the award of degree?
   1. Yes 2. No

   3.2.1 IF YES why

   3.2.2 IF NO why not

3.3. Do you exclusively practice the system of medicine you have been trained in?
   1. Yes 2. No

   3.3.1 If yes why

   3.3.2 If no, in what circumstances do you follow other systems of medicine And what system of medicine you practice.

3.4. Views on integrative system of medicine.

3.5. Any specialization claimed in the current system of medicine practiced.
3.6 Any Specific reasons for choosing this particular system of medicine 1. Yes 2. No

3.6.1 Source of income
3.6.2 Personal choice
3.6.3 Family pressure
3.6.4 Nothing specific
3.6.5 Any other (please specify)

4. ORGANISATION OF PRACTICE

4.1 Type of practice

4.1.1 If both why?

4.2 Hours of work in a day?
   Timings ...........
   4.2.1 Any particular reasons for selection of this particular time of work

4.3 Do you go for consultations 1. Yes 2. No

4.3.1 IF Yes how many places

4.4 Place of practice
   1. Residence 2. Clinic 3. Hospital 4. Any other

4.5 If private practice

4.5.1 Year of establishment

4.5.2 Facilities available:

4.5.3 Waiting room

4.5.4 Patient registration

4.5.5 Equipment available.

4.6 Do the patients need to take an appointment before they visit you? 1. Yes 2. No
4.7 Any Specific reasons for setting practice in this present place  
   1. Yes  2. No

   4.7.1 Demand for practice
   4.7.2 Near to residence
   4.7.3 Wide social network

   4.7.4 Any other (specify)

4.8 If only private practice would you like to have government practice. 1. Yes  2. No

   4.8.1 IF Yes . Why?

   4.8.2 If no why not?

4.9 If only government practice would you like to have private practice. 1. Yes  2. No

   IF Yes why?

   4.9.1 Better facilities
   4.9.2 Competitive
   4.9.3 No time rules.
   4.9.4 Any other (please specify)

4.10 Income

4.11 Any other source of income .

5. RANGE OF SERVICES

5.1 Patient Load
   5.1.1 No: of patients attended /day
   5.1.2 Males
   5.1.3 Females
   5.1.4 Children

5.2 The most frequently reported disease in a day

5.3 Type of diseases treated

5.4 Do you give information on preventive health & medical care?
5.5 Organization Norm Of Fees

5.5.1 Minimum Consultation fee/patient______.

5.5.2 On what basis do you fix the fee.

5.5.3 Do you give fees concession in any circumstances 1 Yes 2.No

If yes, circumstances

5.5.3.1 Economic condition of the patient
5.5.3.2 Review for the same problem
5.5.3.3 Regular patients
5.5.3.4 Any other (specify)

5.6 Compliance Behavior Of Patients

5.6.1 Do you take any measures to ensure that the patients adhere to the rules laid down by the system of medicine while undergoing treatment? 1 .Yes 2.No

5.6.1.1 If yes what are they?

5.6.2 What percentage of patients strictly adhere to the rules &regulations of the system of medicine

5.6.3 What do you think are the constraints from the patient’s point of view to adhere to the rules?

5.7 Do you refer your patients to any other system of medicine
1. Yes 2. No
If yes under what circumstances,

5.8 How do you react when you find your patients resort to some other system of medicine for the current problem.

6. PATIENT-PRACTITIONER INTERACTION

6.1 Do you have a general talk with your patient’s 1. Yes 2. No?

6.2 Do you take the history of the illness? 1. Yes 2. No

6.3 Do you ever have communication problems with your patient?
1. Yes  2. No

If yes is it regarding?

6.3.1 Language spoken
6.3.2 Lack of clarity of symptoms expressed
6.3.3 Any other

6.4 Do you clarify the doubts raised by the patients?

6.5 How much of time do you spend with each patient?

6.6 Did any of your patients return to meet you casually after taking the treatment.
    1. Yes  2. No

7. ATTITUDES AND OPINION

7.1 Do you personally use the System of medicine?

7.2 Does your family utilize your services?

7.3 Are you satisfied in this field?

7.4 What do you think Is the public opinion on both the system of medicine and doctors of the system of medicine?

7.4 Problems encountered during the practice?

7.5 Vies on the government efforts to uplift the traditional system of medicine?

7.6 Factors that hinder the use of medicine as far as the patients are concerned.
TRADITIONAL SYSTEM OF MEDICINE: PRACTICE & UTILIZATION: A STUDY IN THE CITY OF HYDERABAD.

Schedule For Patients

1. CLIENT PROFILE

1.1 Name ________________

1.2 Age ________________

1.3 Sex ________________

1.4 Marital status ________

1.5 Religion ______________

1.6 If Hindu. Caste_________

    1.SC 2.ST 3.BC 4. OC

1.7 No: of years of schooling completed ____________________________


1.9 Present Place of residence
    Address ____________________________

1.10 Distance from the health service in K.M _________________________
2. FAMILY PARTICULARS

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation with HOH</th>
<th>Age</th>
<th>Sex</th>
<th>Marital status</th>
<th>Education</th>
<th>Occupation</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.1 Family type __________

3. CURRENT ILLNESS HISTORY

3.1 Since how long have you been suffering with the current illness in ______ days?

3.2 Initial symptoms suffered

3.3 Actions taken from the onset of symptoms
   1. self-medication  2. Medication on the advice of the health provider 3. No action
   4. Any other (specify details)

In case of two

3.4 Details of the health providers consulted prior to the current health provider.

<table>
<thead>
<tr>
<th>Name of the doctor</th>
<th>System of medicine practiced</th>
<th>Duration of treatment</th>
<th>On whose advice consulted the Health Provider</th>
<th>Reasons for choosing the health provider</th>
<th>Reasons for discontinuing the treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.5 Would you approach the provider whose treatment you are receiving currently for all your general health problems. 1 Yes 2 No

3.5.1 If no for which illnesses do you come?

3.5.2 If yes.
Reasons for choosing the current health provider.

3.6 Fees paid to the health provider for each consultancy.

4. CURRENT HEALTH PATIENT INTERACTION

4.1 Did the doctor have any general talk with you?

4.2 Did the doctor enquire about your illness, symptoms and details?

4.3 Did the doctor give you instructions/details about the treatment, care & prevention

4.4 Did he clarify your doubts & queries 1 .Yes 2 .No

4.5 Was he "pleasant" with you 1 .Yes 2 .No

4.5.1 If no why do you think he was not pleasant.

4.6 IF this doctor were 'practicing' some other system of medicine would you have Approached him? 1 .Yes 2 .No

4.7.1 If yes why?

4.7.2 If no why not?
5. **HEALTH SEEKING BEHAVIOUR OF FAMILY MEMBERS**

5.1 Did any of your family members suffer during any illness from the past six months?  
(Take the recent two)

<table>
<thead>
<tr>
<th>Refno</th>
<th>Relationship with HOH</th>
<th>Age</th>
<th>Sex</th>
<th>Actions Taken After The Onset Of Illness</th>
<th>Diagnosis of Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>a.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>b.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>c.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>d.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>e.</td>
<td></td>
</tr>
</tbody>
</table>

5.2 Can you provide the details of the health providers approached?  
(Repeat the same aspect if there are two cases of morbidity)

Ref 1.

<table>
<thead>
<tr>
<th>Name of the doctor</th>
<th>System of medicine practiced</th>
<th>Duration of treatment</th>
<th>Reasons for choosing the health provider.</th>
<th>Reasons for discontinuing the treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ref 2.

<table>
<thead>
<tr>
<th>Name of the doctor</th>
<th>System of medicine practiced</th>
<th>Duration of treatment</th>
<th>Reasons for choosing the health provider.</th>
<th>Reasons for discontinuing the treatment</th>
</tr>
</thead>
</table>