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ATTITUDES AND BELIEFS OF PATIENTS OF NON-CODIFIED TRADITIONAL MEDICINE IN BELAGAVI REGION

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Abstract

Traditional Medicine (TM) medicine is a health care system that has ancient roots, faith of the rural community and cultural background. The study was conducted to out the attitudes and beliefs of patients visiting traditional healers. Ten traditional healers in rural area of Belagavi district representing different categories of non-codified traditional healing practices were included in the study. The data was collected on patients who were willing and agreed to answer the questionnaire. Forty questionnaires were tested and the preliminary results were assessed for validity. The questionnaire data was entered in Microsoft Excel and analysis was carried out using Statistical Package for Social Sciences (SPSS) version16.0 software. The results are based on the descriptive data of 322 patients. Most of the participants were younger than 40 years old (62.1%). 201 (62.4%) patients visited traditional practitioner minimum 2 times in their life time. Among them, 94.5% of patients reported satisfaction with TM. 263 (81.7%) patients had previous history of treatment from other systems of medicine for the same health problems before visiting traditional healers. Among them 191 (72.6%) patients were dissatisfied with previous treatment, out of which 181 (94.8%) had taken modern medicine. The majority 256 (79.5%) patients visited because of their positive attitudes and beliefs towards traditional medicine. The study indicates that people do visits traditional healers and have a faith in traditional healers and their medicine.

Keywords: Traditional Medicine; Traditional Healers; Attitude; Belief; Belagavi.

1. Introduction

Traditional Medicine (TM) is a health care system that has ancient roots, experienced healers, and theoretical construct. The TM use refers to the health practices, approaches, beliefs and knowledge and it includes animal, plant and mineral based medicines, spiritual therapies, manual

techniques and exercises (WHO). TM includes alternative medicine (codified) and folk medicine (non-codified) which percolates from successive generations or community. TM has its own methods of diagnosis, prevention of illness and maintaining wellbeing. Treatment of TM is wide spread in developing countries, especially in rural and inaccessible areas.

Folk medicine still remains a well-accepted and an important source of medical care in Belagavi region even though it is not officially recognized by government health care program. In Belagavi region most of the traditional healers use Wednesday and Sunday for treatment as most of the healers believe that Dhanvantri (God of traditional medicine) was treating on these particular days. Some healers are still following the same tradition of giving treatment on a particular day as practiced by their forefathers/teachers. Each healer's method of practice and diagnosis are different and also depends on visitor. Traditional healers may be in a position to influence attitudes in important fields of health care especially fractures, stomach disorder and kidney stone. Folklore medicine for treating disorders is considerably cheaper. There are 2500 plant species used for medicine throughout India, among them 150 species are used commercially [1, 2]. The TM has been used from ancient times and reported to have fewer adverse effects [3]. Therefore there is an urgent need to develop national policy in our country as most of the population depends on TM for health care. As per report, 70% of the population from India and Rawanda are using TM [3]. India has a diversity of cultures within its population of 1.2 billion inhabitants, which is reflected in the languages, customs, traditions and religious beliefs.

Our earlier study clearly indicated that intestinal infections admissions are more in District Civil Hospital, Belagavi and represent 3/4th of the overall burden in terms of hospital bed days [4]. This burden can be reduced taking simple and cost effective traditional medicine. There are one hundred and forty traditional healers to treat the non-codified traditional medicine [5]. There is a claim from Belagavi region that the Traditional healers cure 64 types of diseases [6]. The present study was undertaken to find out the attitudes and beliefs of the patients of the non-codified traditional medicine. This study aimed at:
1) Describing the demographic characteristics of patients visiting traditional healers,
2) Study the reasons for visiting traditional healers, and
3) Study the attitudes and beliefs of the patients towards traditional healers.

2. Materials and Methods

Ten traditional healers in rural area of Belagavi district representing different categories of traditional healing practices (non-codified) were included in the study. Necessary consent was taken from the healers as well as from the patients who visited the healers.

A pilot study was carried out to develop an appropriate structured interview schedule. The data was collected on patients who were willing & agreed to answer the questionnaire. Forty questionnaires were tested and the preliminary results were assessed for validity. The structured schedule was subsequently modified and simplified in accordance with the findings of the pilot study. The questionnaire was designed as open-ended questions. Data were collected two well-trained interviewers knowing Kannada, Marathi and Hindi languages. The final structured interview was completed for all samples.

The structured schedule included their personal characteristics namely age, sex, education, marital status, occupation, etc. Previous history and present visit of the patient to the traditional healers' were also included in the questionnaire. These variables contribute to the understanding of effect of kinship and up bringing on the beliefs of community. The part of interview also dealt with the evaluation of traditional healing by the patients. The questionnaire data was entered in Microsoft Excel and it was then loaded into Statistical Package for Social Sciences (SPSS) version16.0 software for descriptive analysis.

3. Results

3.1. Socio – Demographic Characteristics of Patients

The results are based on the descriptive data of 322 patients from ten traditional healers in the Belagavi district. Two hundred and one patients visited traditional healer at least twice in the study period. Among them, more than 94.5% of patients reported satisfaction with TM.

One hundred and eighty seven (58.1%) male and 135 (41.9%) female with a mean age 37.17 years was interviewed. The proportion of patients is 71.7% from rural background and not surprisingly, over 87% of patients earning less than Rs. 10000. Majority (91%) belonged to Hindu religion. 62.1% of participants belonged to younger age below 40 years and about 83.5% of patients had education high school level & below [Table 1].

Table 1: Socio – demographic variables of patients visited traditional healers in Belagavi region (n=322)

Parameters	Frequency (%)
Gender	
Male	187 (58.1)
Female	135 (41.9)
Age (years)	
≤ 40	200 (62.1)
≥ 41	122 (37.9)
Educational status	
Children (<5 years)	6 (1.9)
Illiterate	65 (20.2)
Primary	101 (31.4)
High School	97 (30.1)
Higher education	53 (16.5)
Occupation	
Farmer	87 (27.0)
House wife	80 (24.8)
Laborer/Traders	70 (21.8)
Employed	30 (9.3)
Unemployed	55 (17.1)
House hold income per month	
Not answered	8 (2.5)
≤ 2000	100 (31.1)

2001 – 5000	113 (35.1)
5001 – 10000	60 (18.6)
≥ 10001	41 (12.7)

3.2. Health Seeking Behavior of Patients

Patients visited traditional healers for diseases like body pain, stomach disorders, and body pain with stomach disorder, fracture, cancer, jaundice, kidney stone, skin diseases, gynecological problems, burn, sugar and others and/or multiple symptoms [Figure 1].

Patients obtained information about traditional healers from various sources like 128 (39.8%) from family, 93 (28.9%) from friends, 89 (27.6%) from neighbors and 12(3.7%) from other sources. One hundred twenty one (37.6%) patients visited traditional healers once, 94(29.2%) two times, 46(14.3%) three times, 15(4.7%) four times and 46(14.3%) more than 4 times in their life time. Most of the patients, 191(95.0%) visited traditional healers for less than or equal to 1 year period.
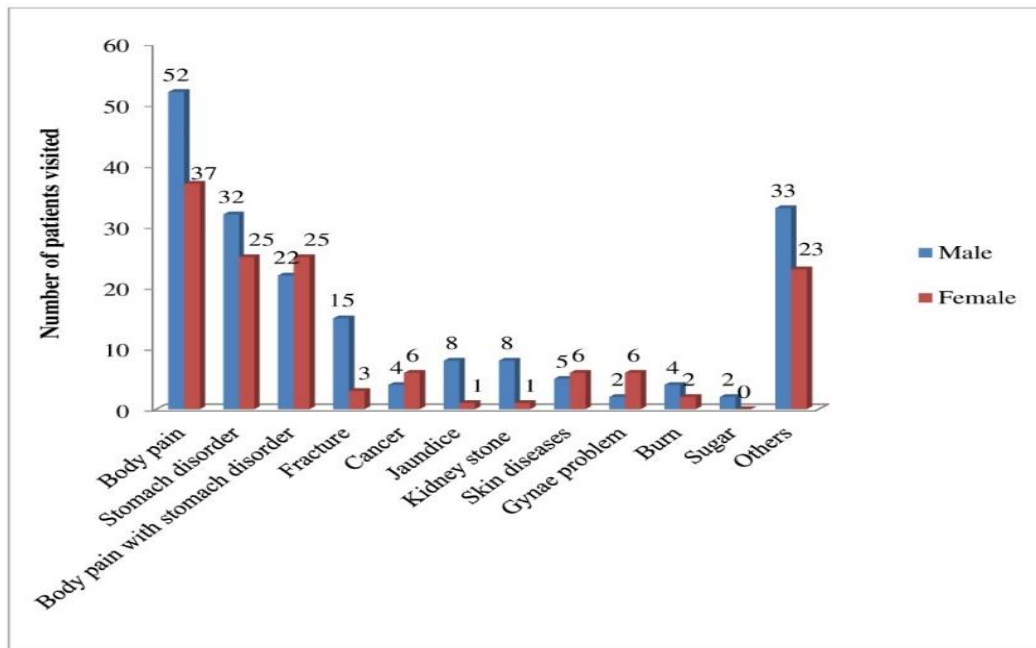

Figure 1: Diseases frequently reported to the traditional healer for treatment

3.3. Reasons for Patients Visiting Traditional Healers

Fifty nine (18.3%) patients had not taken any treatment before visiting traditional healers. Two hundred sixty three (81.7%) patients had previous history of treatment for the same problems from other health system before visiting traditional healers. Among them 191 (72.6%) patients were dissatisfied with the previous treatment, out of which 94.8% had taken modern medicine. 45 (17.1%) patients uncomfortable with previous treatment for some reason and 4 (1.5%) reported high cost for treatment of modern medicine. Interestingly twenty three (8.7%) patients reported that they want to continue previous treatment along with present traditional healer's treatment [Table 2].

Table 2: Patients had previous history of treatment and reason for changing it (n = 263)

Treatment	Dissatisfaction (%)	High cost (%)	Uncomfortable (%)	Continuation (%)
Modern medicine	181 (94.8)	4 (100.0)	45 (100.0)	21 (91.3)
Modern medicine with Ayurveda and Homeopathy	4 (2.1)	0 (0.0)	0 (0.0)	1 (4.3)
Ayurveda and Homeopathy	6 (3.1)	0 (0.0)	0 (0.0)	1 (4.3)
Total	191 (100.0)	4 (100.0)	45 (100.0)	23 (100.0)

3.4. Attitude and Beliefs of Patients Towards Traditional Healers

Majority 256 (79.5%) of the patients visited traditional healers because of their perceived belief of effective treatment & low cost. Two hundred and ninety eight (92.5%) patients reported that traditional healers charged low and reasonable amount for consultation and treatment [Table 3].

Table 3: Attitude and belief of patients who visited to traditional healers in Belagavi region (n = 322)

Parameters	Frequency (%)
Purpose of visit	
ET, LC	256 (79.5)
ET, NSE	26 (8.1)
ET, EA	10 (3.1)
Multiple Combinations	30 (9.4)
Opinion of charges	
High	24 (7.5)
Reasonable	151 (46.9)
Low	147 (45.7)

ET-Effective treatment, LC-Less cost, NSE-No side effect, EA-Easy access, TM-Traditional medicine

3.5. Source of Medicine, Preparation and Fee

The sources of medicine for the majority of traditional healers were plants and minerals. The traditional healers used both dry and fresh plants' parts for preparation of medicine. Crushing, powdering, pounding, squeezing and decoction were the methods of preparations of herbal drugs. The traditional healers stored medicinal plants in the form of powder or dried plant parts. Some stored pieces of parts of medicinal plants in a closed container. The storage time of medicinal plants varied among the traditional healers. The doses of the medicine were measured using cup, spoon or glass. The doses depend on age of the patient, physical status of the patient, severity of the disease and the experience of individual traditional healer. The traditional healers had separate place at the home for their healing practice. None of them admitted any patients. Traditional healers received payment for their services ranged from Rs. 30 to Rs. 700, while 6.2% of patients were not charged at all. The cost of medicine was paid immediately after getting

the treatment. There were variations of cost of medicine from healer to healer as well on type of disease. None of the traditional healers' have formal record registration system for their patients.

4. Discussion

Most of the patients' first preferred modern medicine and after dissatisfaction with treatment visited the traditional healers. Few patients had traditional treatment before taking allopathic treatment in the Belagavi region. In contrast to this, household interview conducted in Champassack district, Laos reported that few patients had modern medicine before taking traditional medicine while forty six percent of the patient had taken traditional treatment themselves [7]. This could be due to socio-economical and or cultural reasons.

Majority of the young patients visited traditional healers in the present study and it is same in Ethiopia (65%). In Sudan, no children under 10 years of age visited traditional healers [8]. However, the present study and the study conducted in Ethiopia, reports 6% of children below 10 years visiting traditional healers [9]. The result of our study further indicates that individuals with low-income level, male and those with high school & below education visited traditional healers more frequently. In the study carried out at Ethiopia, educated females with middle-income level also visited traditional healers. However, in studies conducted in California, Israel and Colombia University, females with higher education and high-income level had significant association with traditional medicine use [9]. Population from the low income group was one of the reasons to visit traditional healers [8, 10-13]. This is in agreement with the present study as determined [Table 1]. This might be due to the fact that the more (71.7%) visitors were from rural areas. Obviously, rural people have less income and less education compared to the urban population. The reason for low usage by urban patients may be lack of information about traditional medicine because these healers are located in rural areas.

In Trinidad a similar study indicated that first choice was traditional medicine whereas in present study patients first choice was modern medicine [19]. After dissatisfaction with treatment, patients preferred or seek the traditional healers. It has been found that a significant number of patients dissatisfied with modern system of medicine. The main reason for the visits was for effective treatment. This could be due to the strong belief in the curative powers of such healers. The second reason for visiting traditional healers may be because traditional medicine was embedded in the culture of the community. The study conducted in Ethiopia and Nigeria also agrees with the present study that high efficacy of traditional medicine and dissatisfaction with modern medicine was the reasons to visit traditional healers [9].

In this study, majority of patients visiting traditional healers' were associated with body pain, stomach disorders and fracture. Body pain included back pain, leg pain, hand pain, joint pain, trunk pain and hip pain etc. This is followed by bone fracture, jaundice, and kidney stone. The finding of this study that majority of patients were satisfied after being treated by traditional healers is similar to the study conducted in Zambia and Tanzania [9]. Most healers in Belagavi region and Ethiopia have not kept any patient records or documents. Diagnosis of patients is done with their own method. Some of the healers also use laboratory test results from the hospital in addition to history taking and physical diagnosis to identify diseases, and further treatment.

The results of the study highlight the importance of traditional healers, who are well accepted by the community, accessible to the local people and a strong patient belief in them. Many countries have made efforts to use traditional healers in increasing the coverage of essential primary health care. An atmosphere of understanding, trust and respect should be created between modern health workers, traditional healers and the communities. Many well experienced traditional healers were treating patients since generation. The government is yet to develop any policy for integrating non codified medicine in national health care delivery. Hence policy for non-codified medicine ensuring that the necessary lawful mechanism and regulatory aspects is indeed needed for promoting and maintaining useful and safe traditional medicinal practices at least for primary health care. In Sudan, traditional birth attendants were trained and utilized in a family planning programme and they succeeded in increasing the use of contraceptives from 13% to 21% [9]. The same approach might be utilized in India to facilitate the role of traditional healers in improving health services, especially for rural population.

5. Conclusion

Although modern medicine is well recognized, in India people still visits traditional healers for their health care. People's first priority is modern medicine. In case patients are not satisfied, then only they visit traditional healers. People do visits to traditional healer for search of effective treatment. Thus people do believe in traditional healers and traditional medicine. These findings indicate further studies are needed to identify specific diseases treated by traditional healers which could be taken up for validation.

5.1. Conflict of Interest

The authors, declares no conflict of interest.

5.2. Ethics Statement

The institutional ethical committee approval is not applicable.

Acknowledgement

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