A STUDY FOR KNOWLEDGE, ATTITUDE, AND PRACTICE OF COMPLEMENTARY OR ALTERNATIVE MEDICINE (CAM) AMONG HOUSEHOLDS AND PHARMACISTS IN A MAJOR URBAN CITY OF INDIA.

Dissertation Submitted to

The IIHMR University, Jaipur

In partial fulfilment for the award of the degree of

MBA Pharmaceutical Management (2020-22)

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July 2022

DECLARATION

I hereby declare that this dissertation titled **"A study for Knowledge, Attitude and Practice of complementary or alternative medicine (CAM) among households and pharmacists in a major urban city of India"** is the bonafide record of my original research work.

I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Akshat Heera Chhabra

01/07/2022

CERTIFICATE

This is to certify that the dissertation entitled "**A study for Knowledge, Attitude and Practice of complementary or alternative medicine (CAM) among households and pharmacists in a major urban city of India**" has been submitted successfully in partial fulfillment for the award of the degree of Master of Business Administration in IIHMR, Jaipur. The research work embodies the original work carried out by Akshat Heera Chhabra under my supervision at School of Pharmaceutical Management, IIHMR University, Jaipur.

The works has not been submitted in part or fill for the award of any other diploma/degree in any other university in our knowledge.

Place: Jaipur

Date: 01/07/2022

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Thank You.

Akshat Heera Chhabra

MBA PM-12

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INTRODUCTION

Complementary and alternative medicine (CAM) is an umbrella term that refers to a variety of medical and healthcare systems, practises, and products that are not considered part of conventional or modern medicine.[1] CAM has also been defined by World Health Organization (WHO) as a discipline that encompasses the accumulated knowledge, skills and practices derived from indigenous theories, beliefs, and experiences used to maintain health as well as to prevent, diagnose, improve, or treat mental and physical ailments.

People across the world are increasingly turning to complementary and alternative medicine (CAM).[2-4] Ayurveda, one of the oldest medical systems, is believed to have originated in India some 2000 years ago. In India, Ayurveda, Yoga & Naturopathy, Siddha, Unani, and Homeopathy (AYUSH) are regarded as Indian medical systems.[5] CAM, including Indian systems of medicine, is still not a part of the standard healthcare curriculum at most healthcare institutions in India, despite government recognition and accessible availability. Hence, a pharmacy graduate may not be knowledgeable about complementary and alternative medicine (CAM). Even though complementary and alternative medicine (CAM) has been used in India for thousands of years, there is a scarcity of literature on the degree of knowledge, attitudes, and practice of CAM among households who utilise CAM services, and pharmacists who provide these products to the public. Because pharmacists may have to deal with customers who utilise complementary and alternative medicine, knowing their attitudes and practices towards CAM is very important.

Home Healthcare industry in India is expected to grow with a CAGR of 19.2% during the forecast period of 2020-2027.[6] In the context of COVID-19, the market for alternative medicines, like Ayurveda, has been increasing due to the increasing demand for various ayurvedic products to boost immunity. Inadequate knowledge and indifferent understanding of advantages or disadvantages of complementary or alternative medicine (CAM) over conventional or allopathic medicine are undermined significantly. It is known that non-judicious use of CAM and its usage as a cure for emergency situations can lead to dire consequences.

There may have been studies throughout the country and world for understanding the perception and attitude of healthcare professionals towards CAM. But, majority of these studies have focussed on medical students and professionals, such as physicians, surgeons, and lecturers in medical colleges. Very few studies have explored the attitude and practices of pharmacy students and pharmacists, who provide CAM products to the public.

As a result, we conducted this study to explore the relationship between the pharmacists' and public's (living in household and family settings) knowledge, attitude, and practice towards CAM and how it affects the usage rate and pattern of CAM among the Indian families.

LITERATURE REVIEW

Our review found more than 50 research papers based on surveys of CAM use throughout the world (majority focussed on doctors), but most were neither random nor representative and, thus, excluded from the study. Only thirteen surveys were reviewed because they met the criteria for our study.

The studies revealed that complementary and alternative medicine (CAM) was extensively utilised, with prevalence estimates ranging from 9.8 percent to 76 percent in each of the eight surveys. [7] CAM usages were higher among adults than children in East Asian nations such as Japan, South Korea, and Malaysia. According to the World Health Organization, nearly 80% of the population relies on traditional medicines, primarily herbal sources, for basic healthcare in developing nations. [8] CAM use has grown in popularity in both developed and developing countries. One out of every ten doctors were found to practice CAM in the United Kingdom. [9] Herbal medications are sold in approximately 90 percent of pharmacies in Canada, and 31 percent of Canadians were found to have used them. [10]

Due to an increase in the use of CAM, it is critical for healthcare practitioners to get vital CAM expertise. The pharmacist is believed to have valuable information on the use of CAM products and therapy in a healthcare setting. Consumers frequently see pharmacists as a primary source of knowledge CAM products and their safety, according to reports. In contrast, in some studies majority of pharmacists suggested that, even though they were knowledgeable, they weren't competent enough to recommend safe, efficient, and judicious CAM use to their customers.

According to surveys on the use of complementary and alternative medicine by doctors in India, there is a wide range of attitudes and behaviours when it comes to CAM. [11-13] Most of the doctors believed that CAM is not a valid medical practise. Although many of them had a good attitude towards CAM, they discouraged patients from using it due to a lack of understanding regarding its safety and efficacy. Patients, however, perceived CAM to be more effective than modern medicine. Other factors for patients to adopt CAM were found to be easy availability, accessibility, less expensive, etc. Poor communication between doctors and patients regarding the use of CAM was observed, which could be a matter of concern.

New, emerging forms of CAM were also observed among many surveys. [14-16] Galvanic current treatment was found to be the third most popular form of CAM in Austria. In Scotland, a high demand was observed for CAM therapies like osteopathy, acupuncture, and aromatherapy. In US, respondents were asked about the use of chiropractic, massage, relaxation or acupuncture as CAM treatments and the prevalence for each were found to be 6.8%, 3.1%, 1.3% and 0.4% respectively. Such surveys were disregarded during our study because they aren't practised much in India as CAM treatments. Such treatments could be considered as new and emerging treatments in India, but AYUSH is still considered as the most prominent forms of CAM treatments across the country.

OBJECTIVES

- To assess the knowledge, attitude, and practice (KAP) of CAM among households and pharmacists in a major urban city of India.
- To explore the relationship between the pharmacists' and public's (living in household and family settings) knowledge, attitude, and practice towards CAM and how it affects the usage rate and pattern of CAM among the Indian families.
- To find how sensitive or educated are urban Indian families and pharmacists about advantages and disadvantages of CAM over conventional or allopathic medicine.

METHODOLOGY

Study design

Cross-sectional, descriptive study

Study area

Households and retail pharmacies in Sanganer, Jaipur. The area has approximately half a million inhabitants and is located on the southern end of Jaipur city. The area was chosen because it is the one of the largest industrial areas in the city with numerous hospitals, educational institutions, and residential colonies.

Sample size

Respondents from households = 75

Respondents from pharmacies = 45

Total respondents = 120

Note: All the respondents from households used CAM as home treatment/remedy.

Sampling technique

Convenient sampling method was employed in selecting households and retail pharmacies where households and retail pharmacies in Sanganer area who have the capability to convey and are available were selected and visited. In each of the selected household and retail pharmacies, only one member was picked randomly for interview to avoid duplication of information. The sampled respondents represented the study population in Sanganer

Study duration

90 days (from 31-03-2022 to 18-06-2022)

Data source

Primary and secondary research

Data collection technique

Survey

Data collection tool

Primary data collection: Semi-structured questionnaire (one for households and one for pharmacists)

Secondary data collection: Journals, articles, Google scholar, databases, etc.

The questionnaire was developed in English and translated into the local language (Hindi, Marwari, etc.) as the commonly-used language before it was administered to the respondents.

Ethical clearance

Before filling out the questionnaire, the importance and purpose of the study were explained to the study participants. After obtaining the informed consent, the semi structured questionnaires were distributed to them, and enough time was given to the participant to fill out the questionnaire.

Inclusion exclusion criteria: Benchmarks for inclusion encompassed Indian population, resident of Sanganer area Jaipur, age over 18 years, and notified consent to engage in the study.

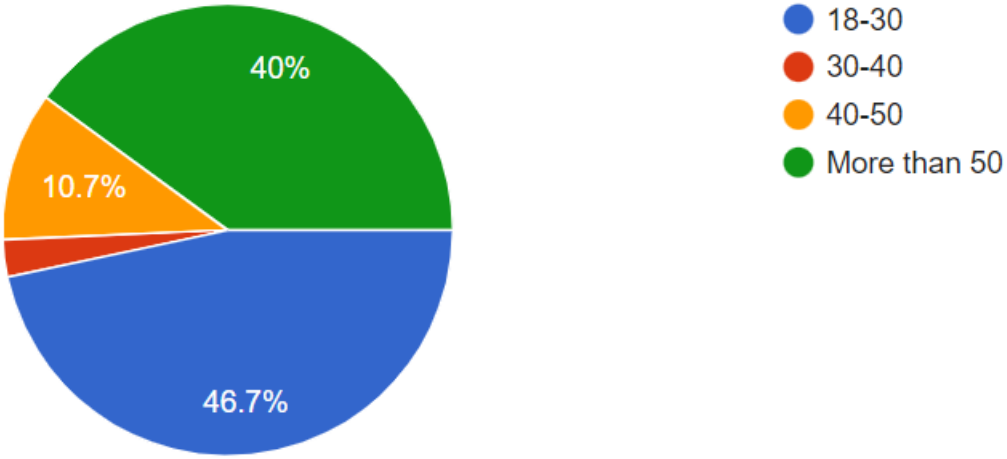
Exclusion criteria: non-Indian citizenship, infants, inability to complete the questionnaire and absence of readiness to take part in the study, does not use CAM in case of illness.

RESULTS

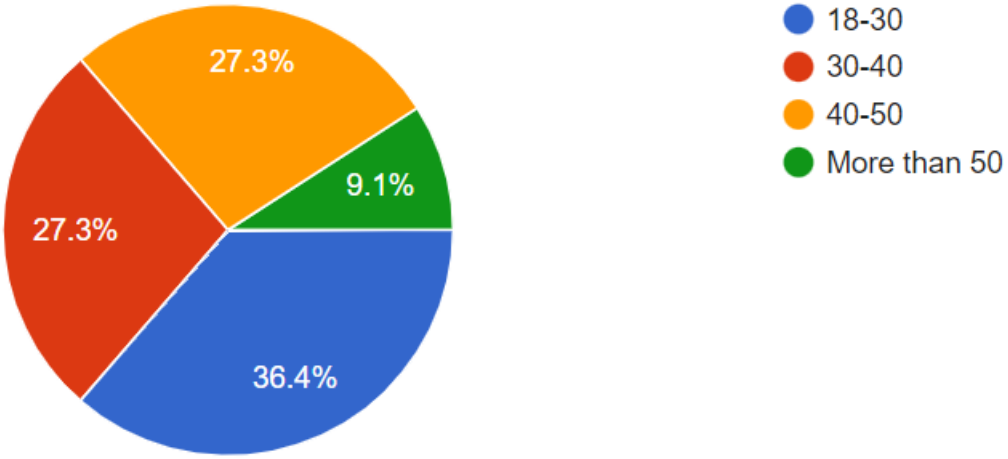
The first step was to determine whether the respondents from households used CAM as a part of their home treatment or not. The survey was discontinued for respondents who didn't use CAM as home remedy/treatment. So, the responses from households **(75)** in the following discussion are only from respondents who use CAM.

Age

Maximum of the respondents in **households** were between the age of 18-30 (46.7%) and more than 50 (40%).



Maximum of the respondents in **pharmacies** were between the age of 18 to 50 years.

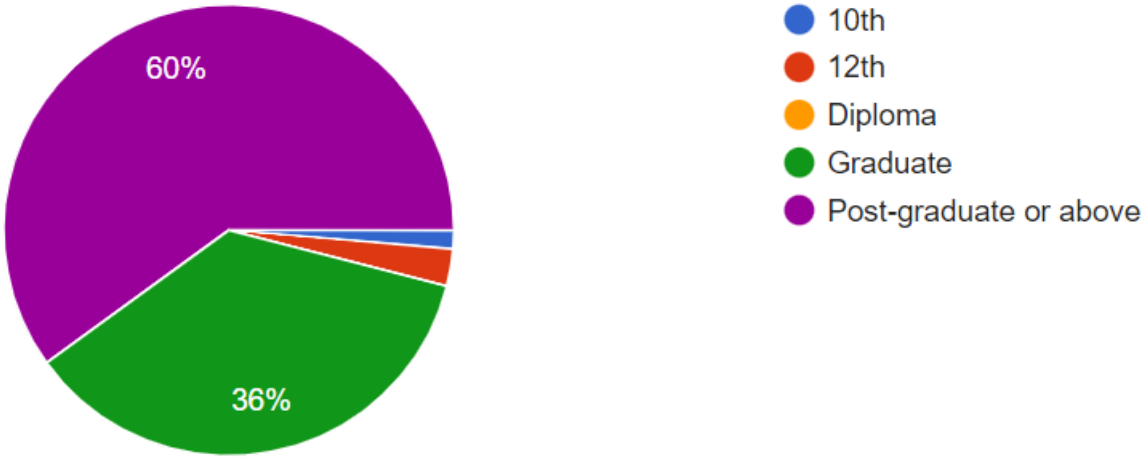


Gender

Almost 1/4th (75%) of the respondents in households were male, while **all (100%) of the respondents among pharmacists were male** since there were only male workers in the pharmacies.

Education Qualification

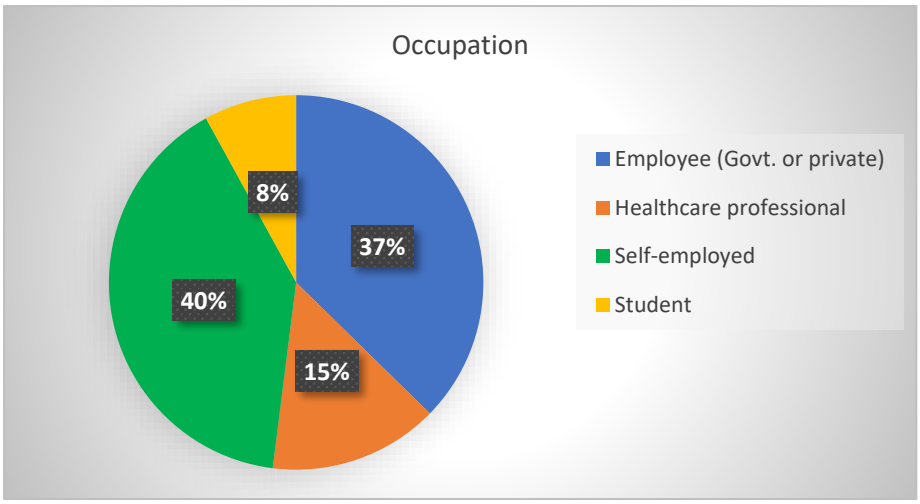
Since pharmacists require either a diploma or bachelor's degree in pharmacy to work in or own a pharmacy shop, the question of educational qualification was not included in their questionnaire.



Majority of respondents in households (more than 95%) were found to be moderately to highly educated and were graduates.

Occupation

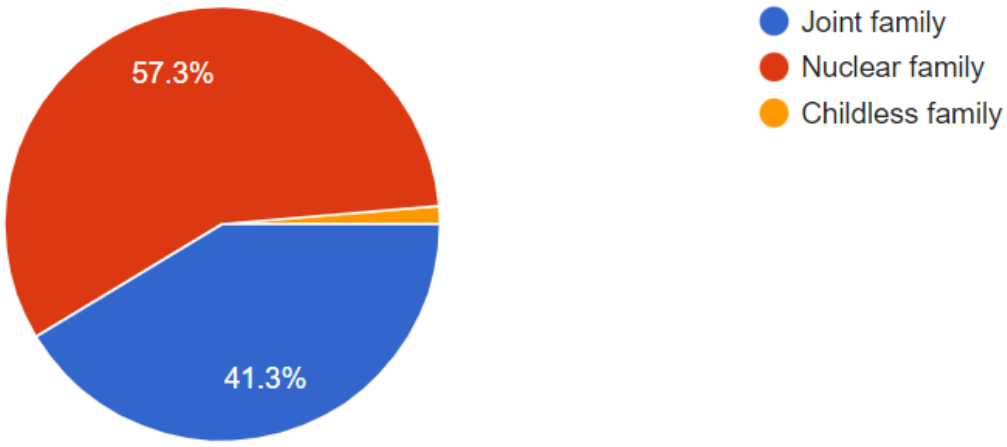
The question of occupation was not included in questionnaires for pharmacists.



Most of the respondents in households were found to be self-employed (40%) and employed in government or private organizations (37%). Rest were HCPs and students.

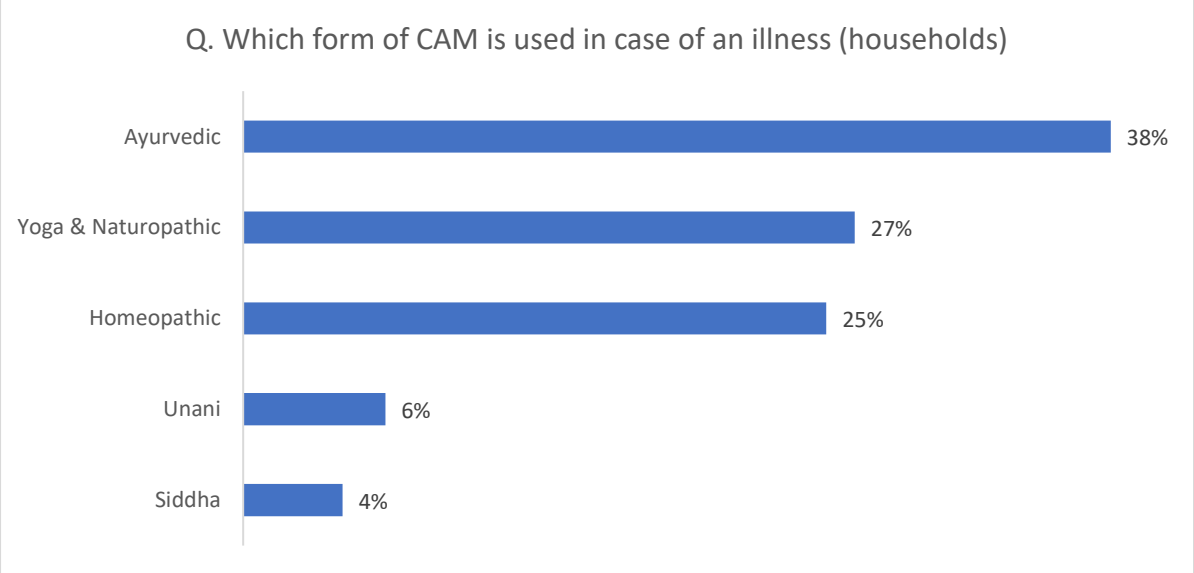
Type of family

The number of childless families was negligible. Majority (more than 98%) of the respondents' families were either joint or nuclear families.

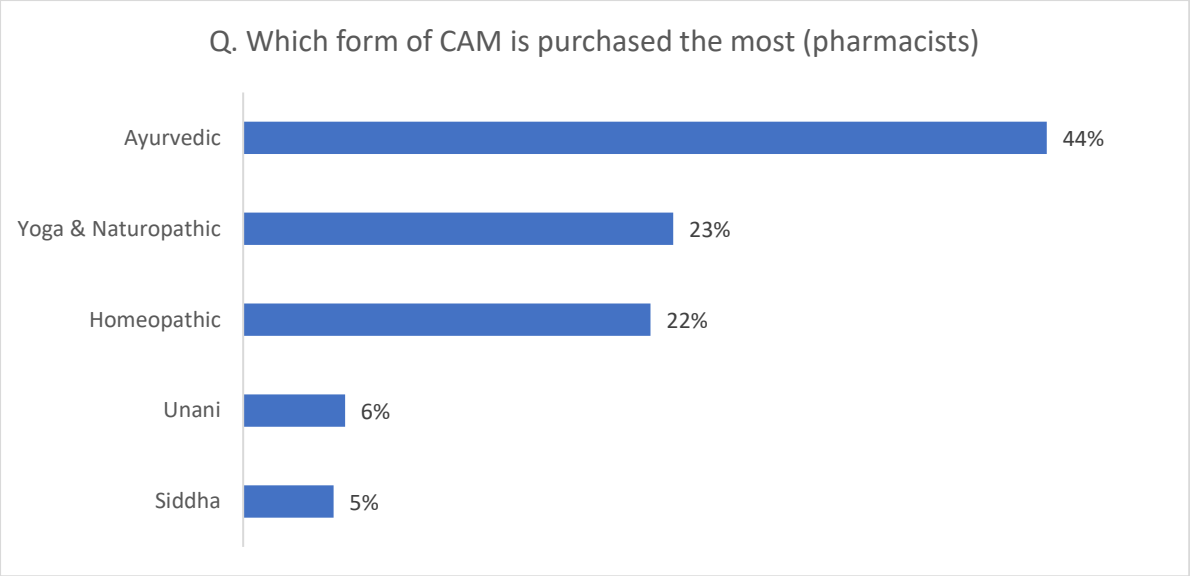


Analysis of the responses

Respondents from households were asked which form of CAM they use the most as home remedy in case of an illness. Ayurvedic treatments are favourite for most of the respondents (38%), while they also prefer Yoga and Naturopathy treatments (27%) and Homeopathy (25%) over others. Unani and Siddha were not very popular and, surprisingly, even educated respondents didn't know what Unani and Siddha are. Only some **HCPs were able to identify Unani and Siddha systems**.

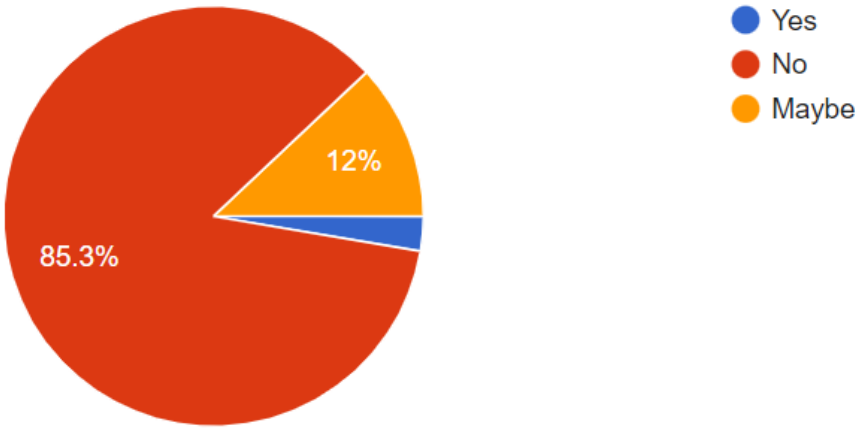


When pharmacists were asked which type of CAM medication is purchased the most, the responses reflected the responses of the most used form CAM by respondents from households.



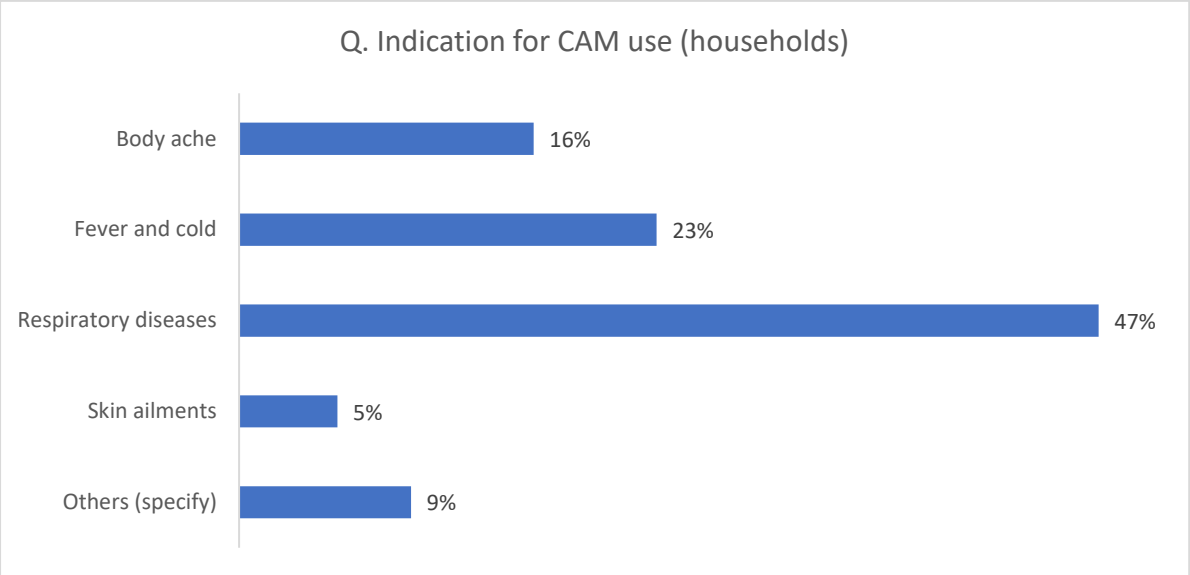
It was observed that mostly Ayurvedic, Yoga & Naturopathic and Homeopathic products were purchased from pharmacies. Pharmacists either **did not keep Unani and Siddha** products or the **demand for such products was very less**.

Respondents from households were asked about side-effects of using CAM treatments and most of the respondents found no side-effects (85%). Some of the respondents (12%) felt they may have experienced some side-effects but were unsure about the cause.



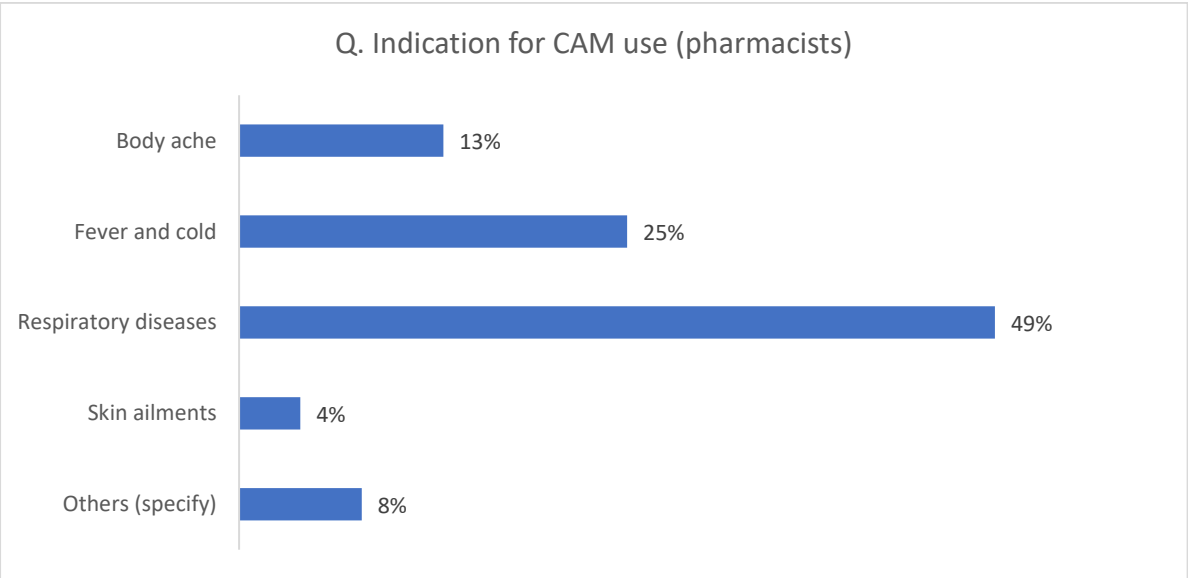
The respondents who found side-effects (2%) experienced instances of **gastritis and joint pain** due to the use of **Ayurvedic churnas**.

Respondents from households were also asked about the indication for which they used CAM.



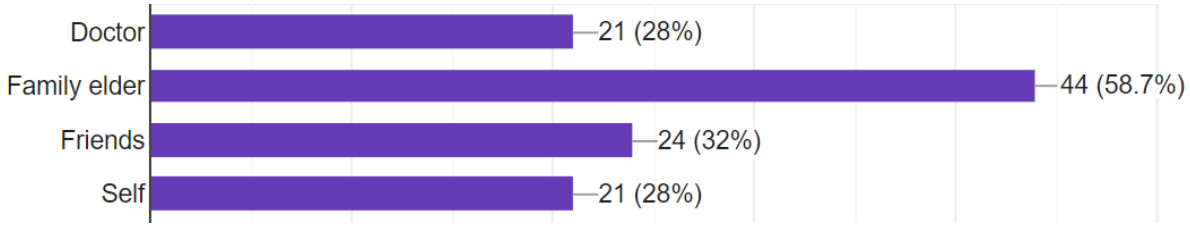
Due to the advent of **COVID-19**, most of the respondents used CAM for **respiratory diseases (47%)** to boost immunity against infectious viruses. Other than body ache, fever & cold, and skin ailments, respondents mentioned indications such as gastric ailments, diabetes, blood pressure, etc.

The effect of COVID-19 on the use of CAM could also be seen in the responses by pharmacists to the same question.



As observed in the previous trend, pharmacists also experienced the effect of COVID-19 on the sales of their CAM products for respiratory diseases.

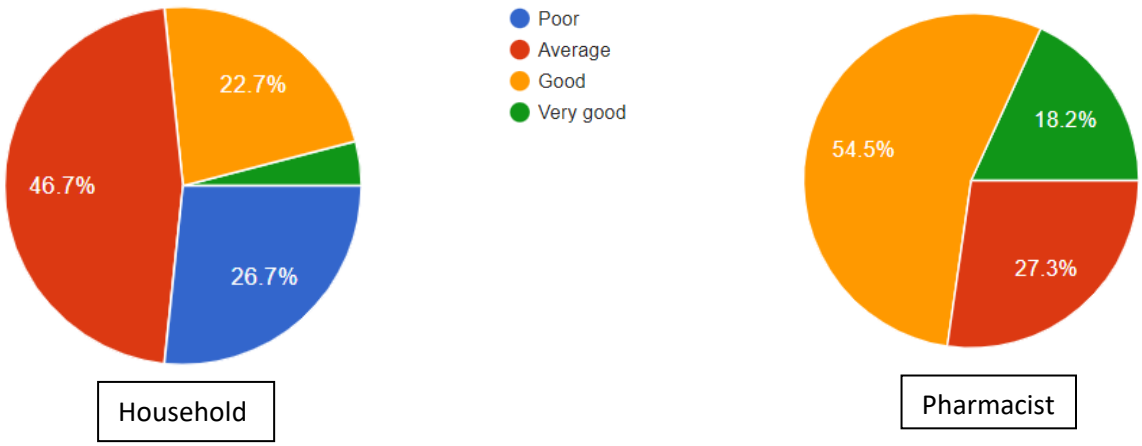
Respondents in households were asked about who advised them the use of CAM in case of illness as home remedy/treatment.



An astonishing number of respondents were **advised by doctors** (28%) for use of CAM.

1. Knowledge

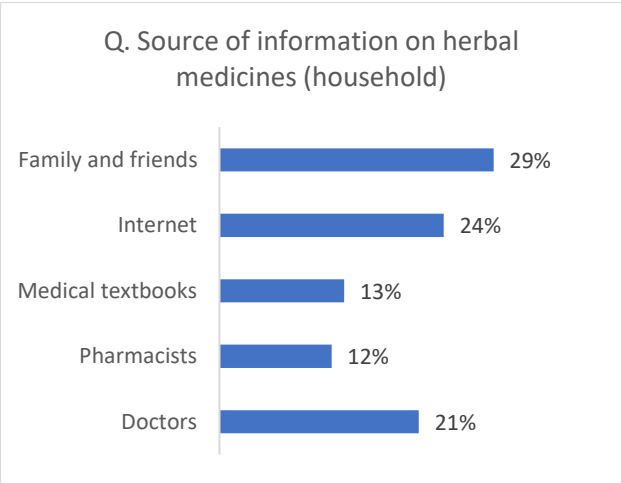
When enquired about the level of knowledge of both the groups about CAM, a considerable number of respondents in households claimed that their knowledge on CAM is **poor (28%)**. The group that claimed that their knowledge is good, consisted of mostly HCPs and students.

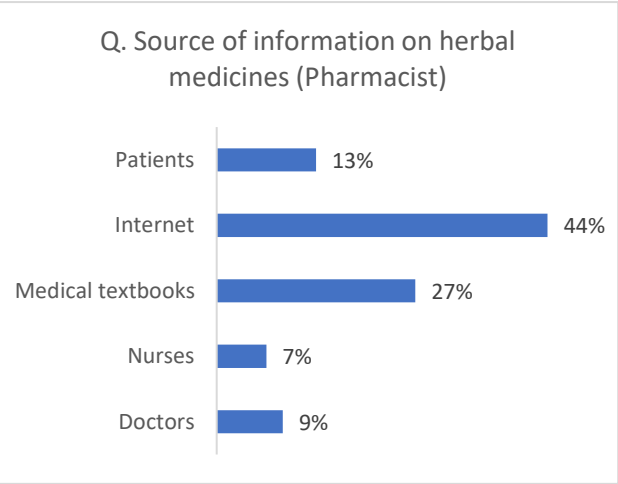


In contrast, majority of the pharmacists claimed that their knowledge about CAM is average to good. **None** of the pharmacists claimed that their knowledge on the matter was poor. Ironically, when asked about **drug interactions** between allopathic and herbal medicines, **none of the pharmacists could answer**.

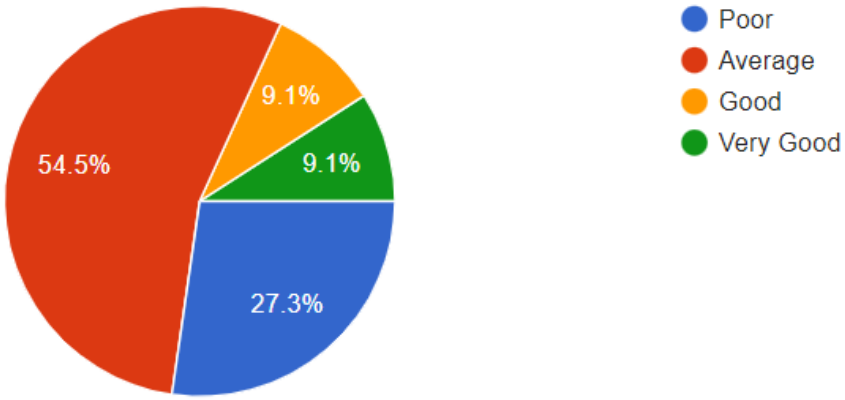
Both groups were also asked about their source of information on herbal medicines.

For majority of household respondents, Family & friends, Internet, and doctors were the source of information herbal medicines. Surprisingly, for pharmacists, **internet was the main source of information.** Most pharmacists didn't discuss CAM with doctors or other medicine practitioners. For **some pharmacists, patients were the source of information**.





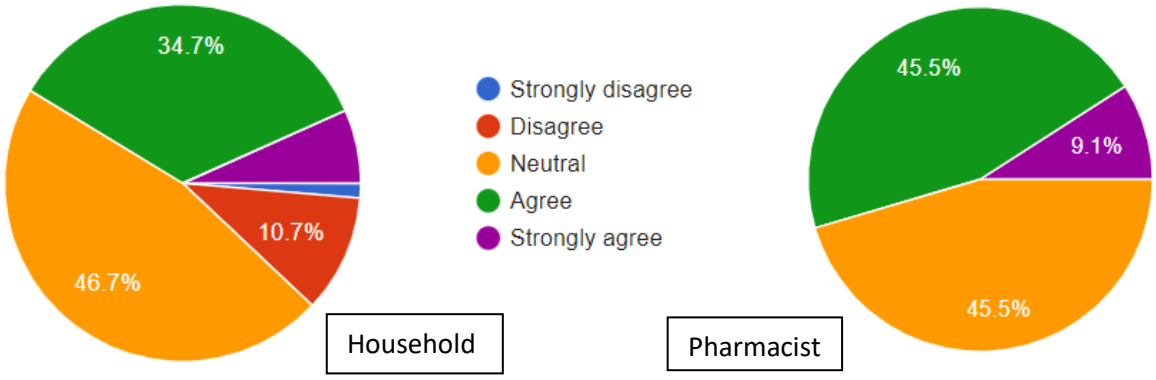
Pharmacists were also asked about their knowledge on on-going clinical trials on herbal medicines.



Majority of the pharmacists (over 80%) had a **poor to average knowledge about clinical trials** or research on herbal medicines and CAM.

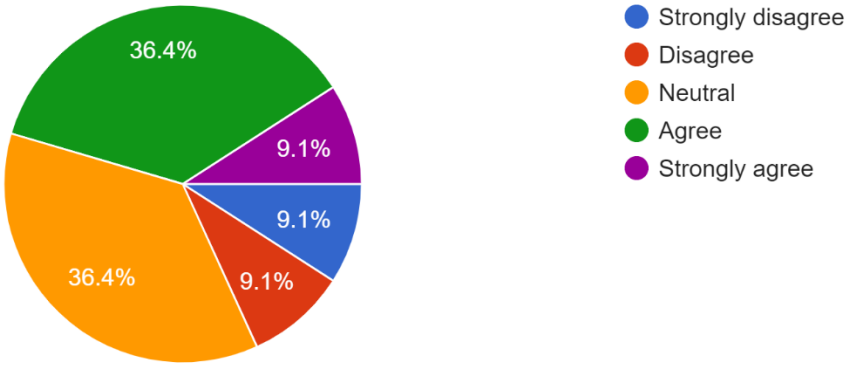
2. <u>Attitude</u>

Both the groups were asked whether they believed that CAM therapies are more effective, safe and have fewer side-effects than conventional medicines.



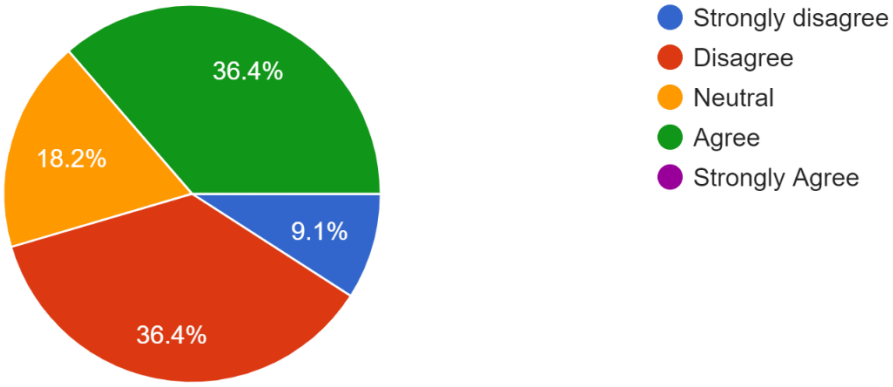
Respondents from households were found to be quite neutral (46.7%) with the statement. Some of them (40%) agreed with the statement and found CAM to be a safer alternative. A small group (10%) of respondents (mainly HCPs) disagreed with the statement. In contrast, **none of the pharmacists disagreed** with the statement.

Pharmacists were asked whether they believed or observed that conventional therapy along with CAM therapy showed better clinical outcomes in patients.



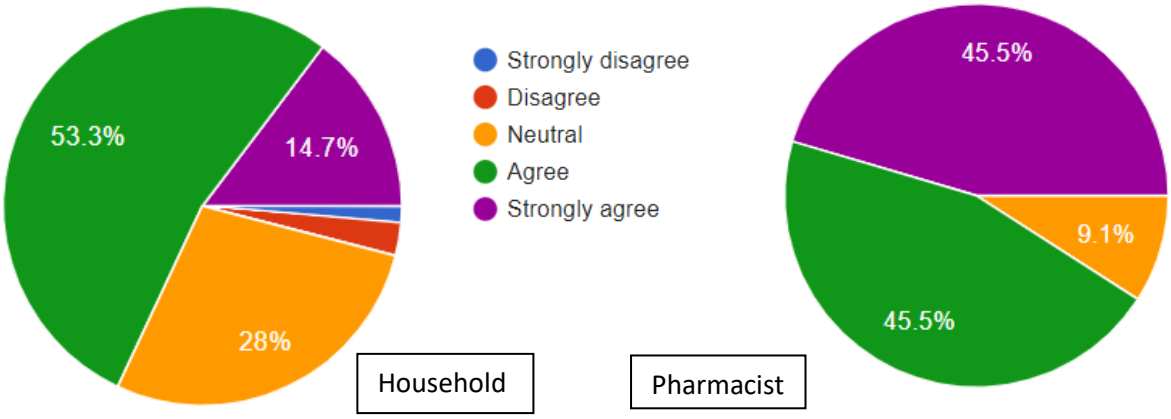
Majority of the pharmacists (45%) agreed with the statement. A handful of pharmacists (18.2%) disagreed with the statement, which could be well reflected in the next question.

Pharmacists were asked whether they believed that CAM therapies interfered with standard medical care.



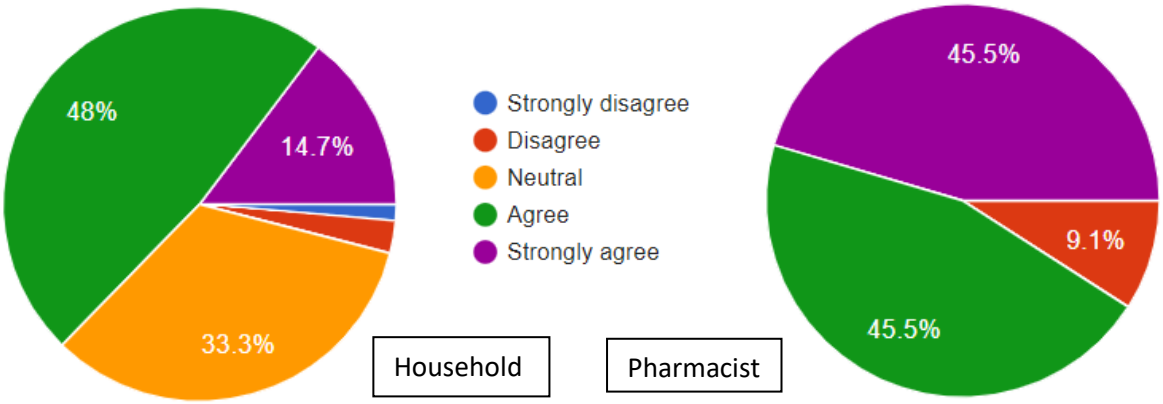
45% of pharmacists disagreed with the statement. The group of pharmacists which didn't believe (along with some who had a neutral opinion) that conventional medicine and CAM together could give better clinical outcomes, agreed (36.4%) with the statement that CAM interfered with standard medical care.

Both the groups of respondents were asked whether they believed that physicians, pharmacists, and patients should have knowledge about the most prominent CAM treatments.



Almost none of the respondents on both the groups disagreed with the statement and all agreed that physicians, pharmacists, and patients should have knowledge about CAM.

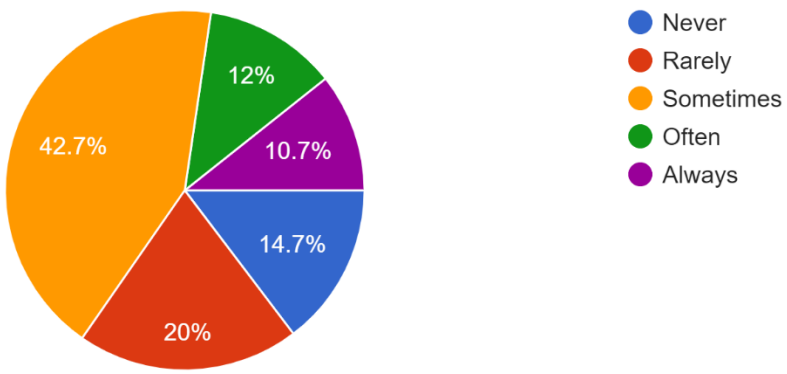
Both groups of respondents were asked another question to determine if they believed that CAM therapies should be subjected to more scientific testing before being accepted by conventional doctors.



Almost none of the respondents in households disagreed with the statement. However, some pharmacists (9.1%) disagreed with the statement and suggested that CAM therapies like Ayurveda and Yoga & Naturopathy **didn't need scientific testing and acceptance** from conventional doctors.

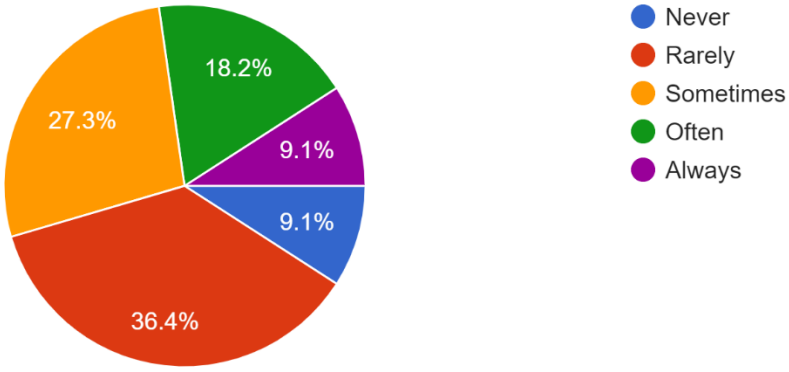
3. Practice

Respondents in households were asked whether they recommend CAM therapy to their friends and family and refer them to CAM practitioners.



Most of the respondents recommended CAM to their friends and family sometimes (42.7%), depending upon the seriousness of the illness or if the conventional treatment was deemed ineffective. While some rarely or never (22.7%) recommended CAM.

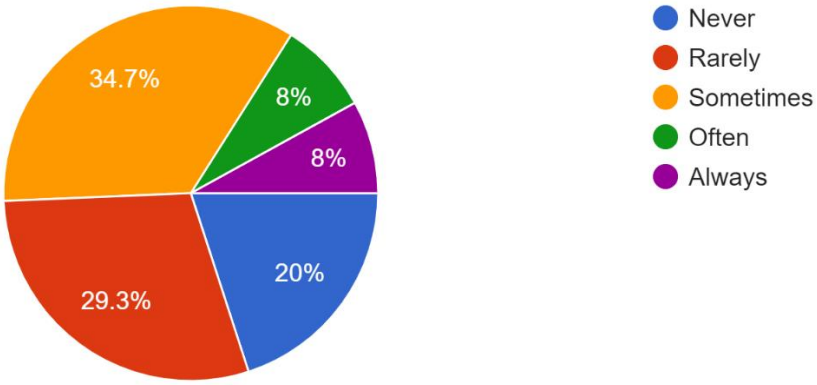
In contrast, when pharmacists were asked the same question, the results were rather surprising.



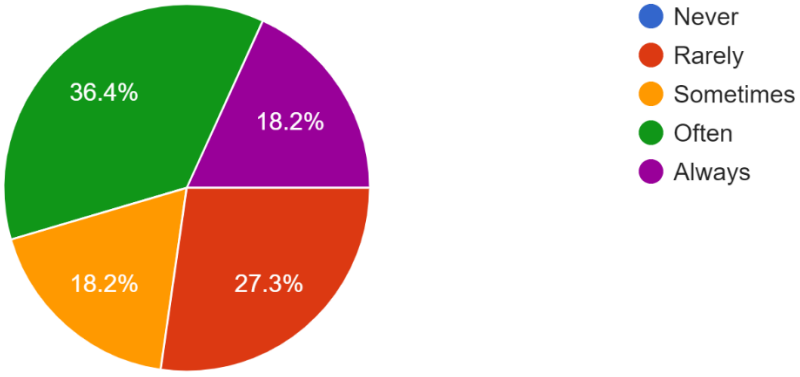
Most of the pharmacists (45%) **rarely or never recommended CAM to patients**. When asked further about the reason, they responded that either they didn't know of any CAM practitioner, or it was not within their jurisdiction to recommend treatment to patients.

Respondents in households were asked whether they discuss CAM medications with pharmacists before buying.

Most respondents (almost 50%) **rarely or never discussed with pharmacists** before buying CAM products because **respondents feel reluctant to**. Some of the respondents (35%) discuss their CAM medication history with their pharmacists sometimes, when pharmacists show interest in knowing more about CAM treatments.

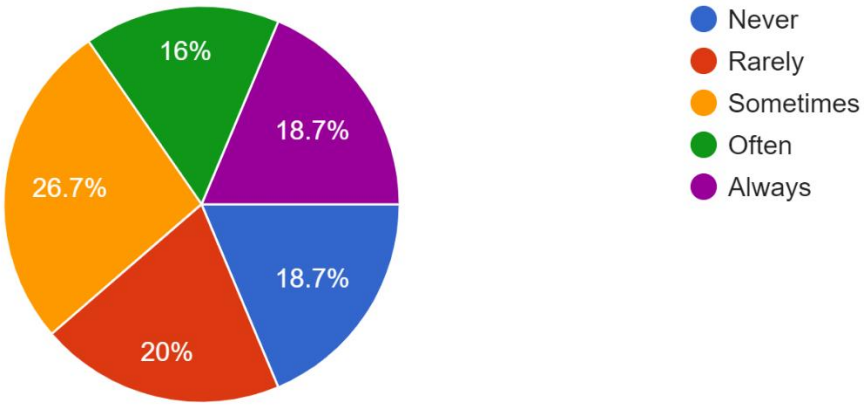


In contrast, pharmacists' response to whether they discuss the patients' CAM medication history is more positive.



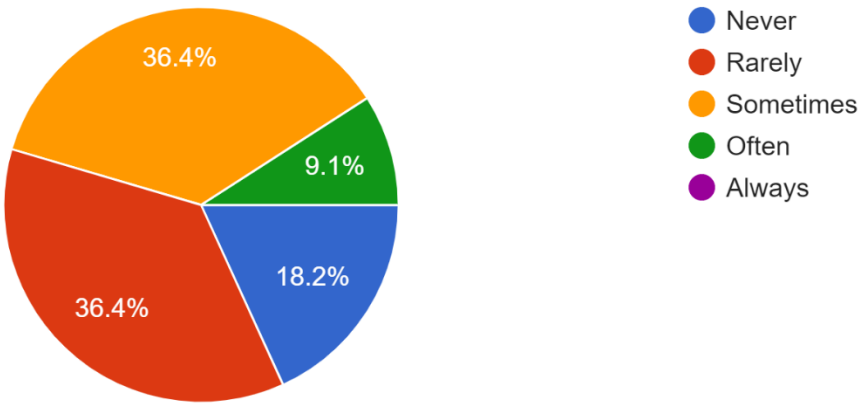
Pharmacists (54%) claimed that they always or often discuss the patients' CAM medication history. They try to understand more about CAM medications from the patients, even if patients are reluctant to share their medication history.

Respondents from households were asked whether they inform their physicians before or after taking CAM medication.



The responses received were quite mixed. Almost 1/3rd (34%) of the respondents always or often informed their physicians before and after taking CAM medications. While almost 40% of the respondents did not inform their physicians because they either felt reluctant to or **were never asked by the physicians**. This is the same group of respondents that felt reluctant to discussing CAM medication with pharmacists. Some respondents (26%) informed their physicians sometimes when asked to.

Pharmacists were also asked whether they discussed with physicians about their attitude and perception towards CAM.



Most of the pharmacists (55%) rarely or never discussed with doctors about CAM **or any other topic whatsoever**. The other group of pharmacists (45%) that sometimes or often discussed CAM with doctors only during their hospital visits.

DISCUSSION

During our study we observed that all our respondents in households were educated, employed, lived in either nuclear or joint families, and used CAM as a home treatment/remedy in case of an illness. The respondents were mostly males, as the patriarch of the families took the survey and only male workers were found to work in pharmacies.

Ayurveda, Yoga & Naturopathy and Homeopathy were found to be the favourite forms of CAM treatments and were the most purchased forms of CAM products from pharmacies as well. However, there was a lack of awareness about Unani and Siddha systems of CAM among the respondents in households. Moreover, pharmacies tend to not keep Unani and Siddha products because of lack of awareness and demand among their customers. Only some HCPs among household respondents and the pharmacists were aware about them.

Majority of respondents in households either didn't experience any side-effects after using CAM or weren't sure about side-effects. Only a handful of respondents experienced gastritis and joint-pain due to the use of ayurvedic churnas. The effect of COVID-19 pandemic on the pattern of consumption and sales of CAM products could be reflected through the indications for which CAM products were used. Both the groups of respondents admitted that the most common indication for CAM use was respiratory problems, due to the COVID-19 pandemic.

Family elders, and friends were expected to be advocates of CAM use, but an astonishing number of doctors were found to be advising respondents in households for using CAM treatment. Respondents in households admitted to having average to poor knowledge about CAM, but pharmacists claimed to have a good knowledge. This was contradicted by the fact that pharmacists couldn't give any information about drug interactions between allopathic and herbal medicines. Furthermore, pharmacists also lacked information about on-going clinical trials on herbal medicines. For respondents in households, doctors, family & friends, and internet were the main source of information on herbal medicines. Surprisingly, most pharmacists relied on the internet for information on herbal medicines. In some cases, interaction with regular customers was the source of information on herbal medicines for pharmacists.

When asked whether CAM products were effective, safe, and had fewer side-effects compared to conventional medicines, most respondents in households held a neutral opinion, while some HCPs disagreed with the statement and some agreed. None of the pharmacists disagreed with the claim. However, while majority of pharmacists believe that CAM along with conventional therapy gives better clinical outcome (even though they didn't know of any drug interactions between allopathic and herbal medicines), handful of pharmacists believed that the two treatments shouldn't be mixed, and it interferes with conventional treatment.

Respondents from both groups unanimously believed that physicians, pharmacists, and patients should have knowledge about the most prominent CAM treatments, and that CAM therapies should be subjected to more scientific testing before being accepted by conventional doctors. However, few pharmacists believed that CAM like Ayurveda and Yoga & Naturopathy doesn't require anymore testing and acceptance by doctors.

Only a few respondents often recommended family and friends or patients to CAM practitioners. Respondents only recommended sometimes depending upon the criticality of illness. Pharmacists claimed to not recommend patients to CAM practitioners because either

they didn't know any practitioners, or it wasn't under their jurisdiction to recommend any kind of treatment to patients.

Most of the respondents in households felt reluctant to discuss with pharmacists about CAM before buying them or discuss with physicians before or after taking CAM medication. In contrast, pharmacists were found to be more open towards discussing with patients about their CAM medication history. However, there was a lack of communication between pharmacists and physicians about CAM.

CONCLUSION

The aim of this research study was to evaluate the relationship between pharmacists and public living in household and family settings in a major urban city of India with respect to CAM usage, consumption, and sale.

The overall knowledge about CAM among both groups of respondents was found to be lacking. Pharmacists, who were expected to have thorough knowledge about clinical trials and drug interactions of CAM, were found to have very little to no knowledge about those aspects. Moreover, internet was found to be the source of information on CAM for pharmacists, rather than doctors or medical textbooks.

COVID-19 was found to affect the consumption pattern of CAM products, with people wanting to use CAM products as immunity boosters for respiratory conditions. Doctors and physicians advising a few respondents to use CAM was a surprising revelation, since doctors are expected to discourage the use of different forms of CAM. Pharmacists were divided when asked whether CAM with conventional medicine gives better clinical outcomes or not. Quite a few pharmacists agreed that it gave a better clinical outcome, but their opinion was contradicted by the fact that they didn't have any knowledge about drug interactions between allopathic and herbal medicines.

The overall attitude and practice of CAM among the households and pharmacists was found to be quite positive. However, people still feel reluctant to discuss their CAM medication history with pharmacists and inform their physicians about CAM products consumption. This has resulted in a lack of communication between physicians, pharmacists, and patients. For a healthier and more conscious practice of CAM in the society, communication is very important. Pharmacists need to be educated about different aspects of CAM and encouraged

to interact more with physicians on the topic, because they can act as a bridge between patients and physicians when it comes to practice of CAM.

LIMITATIONS

1. There was poor generalizability in the research study because of less sample size taken.
2. The length of questionnaire acted as a barrier to the research study. The length of the questionnaire was extensive and the probability of the respondent losing interest in the survey mid-way was high.
3. Respondents who did not use CAM in case of an illness had to be excluded, which further decreased the number of respondents and sample size.
4. Random sampling had to be done properly and equal number of participants had to be taken including different age groups.
5. Respondents who were uneducated or unemployed had to be excluded from the research study.
6. Responses for households were mostly recorded from male family members because mostly, males were found to be the patriarch of the family.
7. The topic had to be studied in depth and questionnaires were framed accordingly and sequentially.

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