



# Prevalence and Purpose of Complementary Alternative Medicine (CAM): A study of selected urban consumers in Gujarat

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**Abstract:** CAM is abbreviation of Complementary and Alternative Medicine, used and practiced as ancient medicinal system along with dominant allopathic health system. The present paper analyzes the purpose and occurrence of CAM in urban areas of Gujarat. Through the study it was found that different groups of urban population have highly positive attitude and strong believes for CAM. Even in such ailment people prefers to use CAM more than allopathic medicines too. The high prevalence and strong perception for CAM in urban population should be taken in considerations by governments and regulatory agencies to develop such policies and implementations towards CAM.

**Keywords:** Complementary Alternative Medicine (CAM), consumer behavior

## I. INTRODUCTION

Complementary and Alternative Medicine (CAM) is a broad domain of healing resources that encompasses all health systems, modalities, practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period. CAM includes all such practices and ideas defined by their users as preventing or treating illness or promoting health and well-being.

The CAM use is widespread around the world and it is increasing. A decade before WHO estimated the use of CAM up to the extent of 75% of world population for various purposes. Since then many studies were reported for use of CAM from different countries like USA, UK, Germany, Australia, Singapore, Japan, Norway, Switzerland, Denmark, Israel etc. The scientific data is available for use of CAM many chronic diseases like cancer, hepatic disorders, cardiovascular diseases, diabetes, hypertension, respiratory disorders, back pain etc. Most of these studies provide high prevalence of CAM use for difference purpose of curing, preventing or supporting the disease condition(s). All these studies try to quantify the use of CAM and understand the perceptions of people for CAM. Many important CAM like Ayurveda, Traditional Chinese Medicine, Acupressure, Acupuncture etc. have their origin in Asian countries and thus it is important and useful to understand why, how and how much CAM is being used in the countries of their origin.

During the analysis it was found that some details are available for use of CAM in the various Asian countries like Singapore and Japan. In India, Ayurveda, Yoga, Unani and Siddha medicines are the official systems of medicines and it is well practiced since ancient time. But it came to our notice that there are no scientific studies reported on purpose and extent of utilization of CAM in India. Thus, for the first time, I tried to estimate the prevalence and purpose of use of CAM in India using scientifically accepted methodology. India being a huge country, both in terms of population and geographical area, it is practically difficult to measure such things directly. Thus it is necessary to undertake study in different categories of population which forms major part of the total population. With this background I under took study amongst urban population of Gujarat state. Gujarat state is one of the most urbanized and one among the larger states of India provides unique opportunity to study CAM utilization pattern and perceptions.

Gujarat state, located in the western part of India, has an area of 196,022 sq. km, representing about 6.2 percent of the total area of the country. The state population as on 1st March, 2011 stood at 6.04 Crores (31,491,260 males and 28,948,432 females), which is nearly 5 percent of the total population of the country. Administratively it is divided into 33 districts, 242 cities/towns, 249 talukas, and 18,066 inhabited villages. About 37.4 percent of the State's population resides in urban areas, compared to India's average of 27.8 percent.

## II. REVIEW OF LITERATURE

Martin & Kulinna, 2004; O'Connor & White, 2009; Hirai et al., 2008 acknowledges the impact of attitude, subjective norm and perceived behavioral control (PBC) on people behavior intentions, the majority of studies lack empirical research on specific



medical product or service. The key factors such as identity (Stryker, 2007), perceived benefit (Glanz, Rimer, & Lewis, 2002), and perceived risk (Schiffman & Kanuk, 1994) that influence attitude and predict behavior intention to use CAM have been considered independently. Vos and Brennan (2010) indicates that the most reasons people choose CAM is to improve general well-being, the therapy helped in past, dissatisfied with conventional medicine, chronic health problem and stress-related condition. Harmon and Ward (2007) research has also shown that patients with serious medical conditions are high users of CAM procedures, most frequently in conjunction with traditional medical treatments. Among adult with functional limitation, women are more likely to use CAM (Okoroa et al., 2011). This finding is parallel to some previous finding indicating perceived benefit and barriers as strong predictors of some health behaviors such as cervical screening life style disease etc (Byrd, Peterson, Chavez, & Heckert, 2004; White, 2004). Subsequently, in a study of people intention to use homeopathy by Furnham & Lovett (2001), found that people who perceived advantage or benefit of CAM such as it will enrich health effects are more likely to use CAM. Other study by O'Connor & White (2009) also confirmed this finding, where the study suggests that people are more likely to intend to use CAMs when they believe that there will be some health benefits. Harmon and Ward (2007) examined those who had never used CAM before. They found that these people will only use it if it has been proven scientifically. It means, all CAM products must go through clinical test before it can be released to the public. The authors further explain, a common misconception among the public on herb products, is that herbs and other natural products have milder side effects than conventional medicine. These natural products are widely available from pharmacies, health food stores, supermarkets, by mail order, via the internet and other retailers.

### III. OBJECTIVES OF THE STUDY

1. To know whereas the respondent of the region uses CAM / herbal medicines for their common ailments without the prescription and / or knowledge of the medical practitioner.
2. To measure the attitude of respondent for CAM over allopathic medicine.
3. To study of the respondent of the region whereas he/she takes herbal medicine / CAM more than allopathic medicine.

### IV. DATA COLLECTION AND ANALYSIS

Total 500 eligible randomly selected persons fitting in inclusion criteria were asked to fill up the questionnaire and all of them agreed to help in the survey giving 100% response rate amongst the selected samples. As gender is concern 51% respondents are Male and 49% are Female. 53% respondents belong to 18-25 years age, 13% belongs to 26-35 years, 28% are between 36-55 years, 5% belongs to 56-70 and 1% belong to age more than 70 years.

The prevalence of CAM use amongst urban population was estimated at 62% which is little less from the WHO estimate of 75% for world population given in 1998. Age, Gender and education level proved to be factors independently influencing the use of CAM. Respondents with age 71 years or more were insufficient to conclude anything about their usage pattern and thus their responses were excluded from further analysis. All (i.e. 100%) of the elderly people of 56 to 70 years of age reported to use CAM, which is astonishing but as expected because of the popularity of traditional medicines amongst older generation of India. In rest of the age groups, use of CAM decreases in following sequence: 18-25 yrs (66% users), 36-55 yrs (64% users) and 26-35 yrs (30% users). Out of 309 persons, who used CAM or herbal medicines in last 12 months, 158 (51.13%) have used them as a home remedy which is highest compared to all other forms of CAM. Other popular forms of CAM used are Ayurvedic medicines and homeopathy with 26.53% and 10.35% users respectively. The less preferred forms of CAM are naturopathy (3.25% users) and specialized ayurvedic treatments like panchkarma etc (2.26% users), while Traditional Chinese Medicines (TCM) is the least preferred form of CAM with only 3 users out of 500 respondents i.e. (0.97%). Out of 158 users of home remedies 53 users (33.54%) are using them mainly along with Ayurvedic medicines and in some cases other forms of CAM.

Amongst all CAM users about 20.40% uses only CAM for their various healthcare issues while about 19.09% uses CAM more than allopathic medicines. Thus collectively about 40% CAM user prefer to use CAM against allopathic medicines and apart from these another 38.19% use CAM and allopathic medicine equally. Thus in totality major proportion of CAM users prefer or use CAM more than allopathic medicines

Only 27% of CAM users were purely using it for the maintenance of the health while about 38% users purely use CAM for the treatment purpose. About 41% use CAM both for treatment maintenance of the health. Females (29.41%) have little higher tendency for using CAM for health maintenance compared to males (23%). Mainly people prefer CAM for minor conditions like cough and cold, gastric trouble, fever and head ache. However 48% of CAM users agreed to use it for even for sever conditions like cancer or heart diseases.

As expected more CAM users (93%) than CAM non-users (79%) believe that CAM complements to the allopathic medicine. Also CAM users opined that compared to allopathic medicines CAM is, having fewer side effects and cheaper than allopathic medicines. Half of CAM users believe that CAM interferes with allopathic medicines while for CAM non-users this belief is more prominent. Almost equal percentage of CAM users (71%) and CAM non-users (79%) believe that CAM is less accessible compared to allopathic medicines. Surprisingly high proportion of CAM non-users (79%) believed that CAM is superior to



allopathic medicine and intended equally (88% of non-users compared to 90% of users) to recommend it to their friends or family! Only half of the CAM users use it due to dissatisfaction with western doctors while 65% of users use them due to family tradition. In totality most of people opined or suggested for promotion of CAM.

## V. CONCLUSION

This paper has generated evidence to confirm the high prevalence of CAM use amongst urbanized population of Gujarat. This high CAM use is in spite of well established western / allopathic system of medicine in India. Also the interesting pattern of usage of CAM was observed amongst different sub-groups of population and highly positive attitude and strong believes for CAM was found which is in contrast with many other previous studies from other western or developed countries. The high prevalence and strong perception for CAM in urban population should be taken in considerations by governments and regulatory agencies while forming and implementing the healthcare policies which are currently focusing highly on western system of medicine. Also the promotion and public education towards evidenced based CAM would mutually benefit both, the health seekers and CAM system as a whole.

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