HEALTHCARE SEEKING ATTITUDE AND UTILIZATION OF TRADITIONAL MEDICINE IN INDIA- AN OVERVIEW

N. Srikanth*, Sulochana Bhata, Arjun Singha, Renu Singh

*aCentral Council for Research in Ayurvedic Sciences, Janakpuri, Delhi-110058.

Article Received on 30 April 2015,
Revised on 20 May 2015, Accepted on 09 June 2015

ABSTRACT

The health care system in India is very unique as various indigenous systems like Ayurveda, Yoga and naturopathy, Siddha, Unani and different other forms of medical systems like Homoeopathy are widely accepted and practiced parallel to allopathic system of medicine. In India, most of the people belonging to different strata of society, primarily in rural areas, resort to the practices of Indian systems of medicine for improving their health. Due to its countrywide presence, easy availability, affordability and safety, Traditional systems have survived through centuries. It is not only an Indian situation but in many foreign countries increasing number of people adopt complementary or alternative medicine approaches to meet their personal health problems. There are many factors that influence health and health care seeking behavior of a person. Although many of these factors are similar across populations, exactly how they influence the help seeking behavior is often unique to a population. The review of literature and evidence demonstrate that the decision to engage with a particular medical system is influenced by a variety of socio-economic variables, sex, age, social status, type of illness, access to services and perceived quality of the service.

KEYWORDS: Traditional Medicine, AYUSH, Ayurveda, Healthcare, Utilization.

INTRODUCTION

India enjoys the distinction of having the largest network of traditional health care, which are fully functional with a network of registered practitioners, research institutions and licensed pharmacies. With its kaleidoscopic variety and rich cultural heritage, India is proud of some unique medicinal forms that look at health, disease and causes of disease in completely different ways. Best known as the Indian System of Medicine, its focus is on holistic health
and well-being of humans. The AYUSH systems (Indian systems of medicine) have age-old acceptance in the communities in India and in most places they form the first line of treatment in case of common ailments. Ayurveda, Yoga, Unani, Siddha and Homoeopathy (AYUSH) are rationally recognized systems of medicine and have been integrated into the national health delivery system. Of these, Ayurveda is the most ancient medical system with an impressive record of safety and efficacy.\textsuperscript{[1,2]}

AYUSH represents the tradition of codified, textual health knowledge systems other than the modern, while Local Health Traditions (LHT) represent the practices and knowledge of the common people and folk practitioners who follow an oral tradition of learning and passing on of the knowledge Planned development of health services in the public system began in India after independence, based primarily on modern medical science (Bhore Committee Report, 1946).\textsuperscript{[3]}

There is a growing recognition, nationally and internationally, of the need for incorporating the contributions of these systems of health knowledge into the dominant one to meet the limitations of modern medicine. The relevance of traditional medicine is seen in the context of promoting ecologically sensitive life patterns and technologies conducive to local natural conditions, and because people's preferences and use of TM show the impact, its various forms have on their well-being.

AYUSH services have been viewed as one way of ensuring access to some form of health care to the rural and poor population groups who are underserved by the dominant system. However, with the dominance of modern medicine over the past century, there has been a drastic decline in the legitimacy and services of the other systems. Now, with the enhanced recognition of their complementary strengths, there is resurgence of utilization of Traditional, Complementary and Alternative Medicine (TCAM), by the well-off of developed as well as the better-off of the developing countries. With concerns of equity and access in health care, a serious question arises about the availability and access of quality AYUSH services and Local Health Traditions (LHT) for all.\textsuperscript{[3]}

**Users:** The most prevalent users of AYUSH, Traditional Medicine(TM), Complementary and Alternative Medicine (CAM) are individuals who have incurable, non–life-threatening conditions that may be chronic. The second largest groups of users are those struggling with chronic, potentially life-threatening diseases, such as cancer and HIV-AIDS. Both groups
turn to CAM systems for a variety of reasons, such as to improve immune functioning, to improve overall functioning, to increase quality of life, to cope with side effects from conventional therapies, and to relieve symptoms related to their illness. Several studies and surveys across India also substantiate these facts. Even though for few common and acute conditions like cold, cough etc are being tackle by house hold remedies, LHTs etc. especially at primary level, utilization and preference has been evenly distributed for Chronic illness.\textsuperscript{[4,5,6,7]}

**Potential and Strength:** Longer life expectancy in developed and developing countries as well as newly emerging economies have brought increased risks of chronic, debilitating diseases such as cardiovascular diseases, musculo-skeletal disorders, cancer, diabetes and mental disorders. It is an accepted fact that TCAM is playing an important role in care of such chronic diseases.\textsuperscript{[18]} Respiratory disorders like asthma & bronchitis, cardiovascular disorders, osteoporosis in women, joint and connective tissue disorders like RA (Rheumatoid Arthritis), degenerative diseases like early stages of amnesia, Parkinson’s diseases, OA (Osteoarthritis), conditions of GIT, skin diseases, mental health are the areas of clinical competence of Ayurveda.\textsuperscript{[8]}

The AYUSH systems and other traditional systems of medicine certainly offer promising strategy of management in certain refractory diseases like, Cancer, Rheumatoid arthritis and allied conditions, Conditions with an allergic component in their etiology. (e.g. Bronchial asthma, skin allergies, eczema, psoriasis etc.), Liver disorders (including viral diseases like urolithiasis, obesity, hyper-lipidaemia and atherosclerosis, metabolic disorders like diabetes mellitus, peptic-ulcer, cerebro-vascular disorders like hemiplegia and paraplegia, mal-absorption syndromes including ulcerative colitis, ischemic heart disease, epilepsy, mental disorders including psychosis, anxiety neurosis, stress disorders, drug dependence etc.\textsuperscript{[9]}

**Policy Provisions and support:** There are various policy recommendations of government of India for mainstreaming of AYUSH in different levels of health care delivery system. The Central Council for Health and Family Welfare, set up under Article 226 of the Constitution of India, is the highest policy-making body which lays down policy for all sectors covered under the health portfolio. The Council in its last meeting held in 1999, inter alia, recommended that at least one physician from the Indian Systems of Medicine and Homoeopathy (ISM&H) should be available in every primary health centre in every state and that vacancies caused by non-availability of allopathic personnel should be filled by ISM&H
physicians. The National Population Policy 2000 and National Health Policy 2002, Ministry of Health and Family Welfare, Govt. of India, emphasizes on re-orientation, prioritization in AYUSH. The National Rural Health Mission (NRHM) seeks to revitalize local health, traditions and mainstream AYUSH (including manpower and drugs), to strengthen the Public Health System at all levels.[1,2]

Health seeking trends and behavior: Very little information is available on the utilization of Indian Systems of Medicine and Homoeopathy (ISM&H) in India. The Central Council for Research Ayurveda and Siddha has conducted a survey in 12 states across the country on various aspects of health related demography during various periods (Published report on “Study of Health Statistics under Mobile Clinical Research Program, 1987, CCRAS, New Delhi). This is evident from the fact that out of the total population studied by all the Mobile Clinical Research Units with regard to the treatment received through various codified Systems of Medicine, during the study period, 71.34% of the population received Ayurvedic treatment, 24.67% Allopathic, 2.33% with others, i.e., with folk medicines, 1.65% with Homeopathy and 0.01% with Siddha System. In addition to these recognized system, folk medicines in the villages still play a major role to provide medical assistance in the rural areas. During the study period nearly 2.33% of the population was found to have used folk medicines. Among the population studied by various units, in Joginder Nagar -Himachal Pradesh. the highest number of people, i.e. 14.09% received folk medicines for treatment, followed by Bangalore -Karnataka (9.49%) and Kolkata -West Bengal (7.51%). In Varanasi-Uttar Pradesh, Nagpur -Maharashtra, Vijayawada -Andhra Pradesh, Bhubaneswar -Orissa and Patiala -Punjab none of the cases was found to have used folk medicines for their treatment.[10,11,12]

A city based survey of Mysore, Karnataka state done during 2002 and 2003 explores the use of Ayurvedic services, the impact of biomedicine on Ayurvedic practices and the meaning of instruments with respect to the expectations of patients and healers. The popularity of biomedicine as the first choice of professional treatment and the role of Ayurvedic medicine as a health resource (patients, however, were usually satisfied with the Ayurvedic treatment they had received), For the majority of informants biomedical treatment was an obvious choice of treatment, a form of therapy that was taken for granted, if compared with the preference for Ayurvedic services, which were usually utilized because of the failure of biomedicine.[13]
It is significant that according to many Ayurvedic practitioners in Mysore city, they have to fall back on the display of instruments designed for biomedical check-ups and treatment—although they might not use them—because of their patients’ expectations concerning the effectiveness of therapy. Successful treatment is often associated with a practitioner’s familiarity with technical devices, as stated by Ayurvedic practitioners themselves. It is worth mentioning that while patients seem to expect to find these instruments from Ayurvedic clinics, most of them are tending to consult Ayurvedic practitioners only as a secondary resort.[13]

A large majority of demand for complementary medicine and herbal therapies in the west is from upper middle-class women with more leisure and resources,[14,15] In India, on the other hand, AYUSH services are used by lower middle-class people and the poor for major diseases and for obstetric care. The nationwide survey of National Rural Health Mission on the utilization of government AYUSH institutions indicates high attendance in standalone facilities and in well-established co-located facilities. The point is not that knowledge should not be diffused but is one of priorities in resource allocation.[16]

A survey of Ayurvedic institutions in Delhi also shows that rickshaw pullers and other working class people turn to Ayurveda for several chronic ailments, such as skin diseases, gastro-intestinal disorders, liver diseases, arthritis, gynecological problems and some acute ailments. The main problem in this situation is the dearth in the supply of medicines to AYUSH hospitals and dispensaries.[17]

According to Evaluation study report on Ayurvedic dispensaries by the Government of Delhi, the perception of respondents about preferring Ayurveda attributed to its lesser side effects and effectiveness in chronic diseases. Most of them are aware about Ayurvedic dispensaries. As per the field survey, about 84% of the patients getting Ayurvedic treatment have reported progressing satisfactorily after 4th or more visits. About 87% of the patients under Ayurvedic treatment have expressed their overall satisfaction with the prescriptions and medicines given by the doctors. Further, a majority of 99% of the patients getting Ayurvedic treatment were in favour of opening more Ayurvedic dispensaries. Hence, more Ayurvedic dispensaries may be opened in Delhi.[18]

In a study undertaken on the usage and acceptability of indigenous systems of medicine & health seeking behavior, about 45,000 sick persons from 33,666 households from 35 districts
19 states of the country were covered. The preference of ISM&H for common ailment was about 33 per cent while only 18 per cent preferred to use these systems in case of serious ailments in the country. Of those who preferred ISM&H, the reasons were mainly ‘no side effect’ and low cost of treatment. Slow progress was the main reason for not preferring the indigenous systems.[19]

Different household survey conducted during 1986-87 by NSSO (National Sample Survey Organization) revealed the utilization of various systems among non-hospitalized illness of medicine. Where in the utilization of homeopathic treatment remain preferred (95.9% followed by Ayurveda 1.5%, Homeopathy 1.8% & Unani 0.3%)[18], [32]. Further, similar survey by NCAER (National Council of Applied Economics Research) during 1995 shows a marginal increase in the utilization such as Ayurveda/ Siddha 3.8%, Unani 3.8% and homeopathy 2.0% in the country.[20,21]

Regarding the utilization of AYUSH/ Local LHT for HIV/AIDS, the pattern health seeking behavior across the country divulges certain interesting facts. While most people in India use the allopathic medical system as their primary source of health care, 60%–85% of primary care provision occurs in the largely unregulated private sector, and an estimated 70%–80% of the population uses non-allopathic medicines from one of the various Indian Systems of Medicine, or ISM, at some point in their lifetime.[22,23,24,25] Ayurveda is the most widely used throughout India, although Siddha is more prevalent in the state of Tamil Nadu. Although there is no good literature on the rates at which people in India with HIV are turning to alternative and complementary therapies to treat their HIV, this practice is likely widespread, especially in areas with poor access to health care generally and ART specifically.[22,26,27]

Further, in 1999 a report on reproductive health care in the context of women’s perceptions and experiences of illness in general and in terms of the material ideological and political dynamics of household, kin and gender relations in particular. It is shown how perceptions of illness and health seeking behavior in a Rajasthan village are interlinked with outreach of health services, hospital experiences, age of marriage, beliefs about allopathic, Unani and spiritual remedies, household composition, fertility, economics conditions, Quranic education and working conditions. Her fieldwork shows that mere provision of health services is not enough. It has to be supported by proper attitudes and beliefs, and positive experiences,[28,29] Study on Role of AYUSH and Local Health Traditions under National Rural Health Mission (NRHM) in 18 states across India, Implications of the NRHM strategy of mainstreaming
AYUSH were studied. The pivotal outcomes and perceptions conclude that 80-90% households are aware about the utility of AYUSH/ LHTs. Co-located services are well utilized in some states, preference was for Chronic illness followed by acute illness and Health promotion.\[3\]

**Perception and utilization of Health Systems:** In a survey conducted at primary health care level in Tamil Nadu revealed that the people did not strictly differentiate between professional systems of medicine like Ayurveda, Siddha, Homeopathy or Biomedicine. For them, there was their vaidya (folk practitioner) who was available in the village and the doctor (biomedical or siddha professional) who sat in the hospital. But when they talked of medicines, they distinguished between kaatu(forest) marundhu (medicine), kadaisarakkumarundhu (dry medicine from the indigenous drugstore used by siddha/ayurveda practitioners) and aaspathirimarundhu(hospital medicine consisting of tablets and injections).\[30\]

Some relatively well off women among the tribals of Rajasthan talked about taking the help of Indigenous System of Medicine (ISM) practitioners in coping with diseases. The reason cited most often for not using modern health facilities was the inaccessibility of the doctors. It was observed that people generally do not pay much attention to the routine problems during ante-natal, natal and post-natal periods, which they regard as a built in part of child bearing and child rearing. In the case of reproductive health problems and general health problems like fever and malaria, at the first stage some treatment is administered at home, followed by a visit to the bhopa (the local faith healer) and a herbalist in that order. Most of the women living in the remote areas did not bother about the treatment of Sexually Transmitted Diseases (STDs) and regarded them as their fate (kismat). Some expressed inability to undergo treatment owing to the high costs. Others went to unqualified doctors for treatment. Only at a couple of places, mention was made of Lodhra (Simplicos racemosa), an Ayurvedic medicine, claimed to be effective in curing gynecological disorders.\[31\]

Traditional bone setting practices are quite popular in India and nearly 6000 traditional bone setting Vaidyas (practitioners) are practicing the same in our country. Putturkattu is a traditional way of bone setting practice, invented accidentally by K. Kesava Raju in 1881. Now, the fourth generation of his family is practicing this bone setting practice in hospitals at Puttur, Andhra Pradesh, with 200-300 patients per day. A prospective study was undertaken to analyze the techniques in diagnosis, way of management, medicine preparation, plants
used and way of applications by traditional bone setter (TBS) Vaidyas, with special reference to Puttur. 54% of the studied patients came to Puttur TBS on the advice of old patients. It is observed that more educated people are patronizing this therapy and 23% patients of the observed cases took discharge from modern hospital voluntarily to receive Putturkattu treatment. 80% patients believed that this therapy with home remedy would fasten the healing process. 44% patients opted for this therapy due to fear of pain, heavy plaster of Paris bandage, prolonged period of immobilization, surgery and amputation. 71% patients of the followed cases were satisfied with the treatment of Traditional bone setting practices of Puttur with minimum complications.\textsuperscript{[32]}

The All India coordinated Research project on Ethno-biology that was carried out by the Department of Environment of the Government of India, has concluded that the tribal communities alone (who constitute only a small percentage of our population) use over 9,000 species of plants of which the single largest use category-medicinal plants, accounts for over 7,500 species. Folk practitioners are by no means confined only to the treatment of coughs and colds or simple ailments. For Example, it is interesting to note that specialist practitioners such as our traditional bone setters are widely prevalent throughout the country and even at a conservative estimate we have about 70,000 families practicing this art. It is estimated that even today over two-thirds of the fractures are being attended to by this practitioners since modern Orthopedic practitioners and treatment facilities are too few in number and concentrated largely in cities and urban areas.\textsuperscript{[33]}

The Central Council for Research in Ayurvedic Sciences (CCRAS,) documented Ethno-medical practices, use of medicinal plants besides studying living conditions of tribal areas across the country from Trans-Himalayan region, North-eastern India to southern parts of the country and Andaman & Nicobar through its 18 Survey of Units, Mobile Clinic Research Units, Tribal Health Care Research Programmes. The authenticity of the information is confirmed by cross examination of the treated patients, and specimens of plants/part(s) used were kept in record as herbariums/museum specimens. About 5000 Folklore/Ethno-medical claims used by tribes have been documented. The tribes used to simple diseases/conditions ranging from common cold, cough, fever, vomiting, skin diseases, digestive problems, reproductive and child health problems, wounds etc. The use of herbs for contraception is also prevalent among them.\textsuperscript{[34,11,12,19]}
Integration and Mainstreaming and impact on Health seeking attitude: In some allopathic hospitals, the integration in terms of education, patient care and research is well established but is not popularized among health care providers in many other places due to various reasons. To study the reasons for this and to create awareness about strength of Ayurveda among allopathic service providers and the health care seekers for osteoarthritis, an operational study was conducted in Safdarjung Hospital, a tertiary care hospital under the Ministry of Health and Family Welfare, Government of India, New Delhi in collaboration between Ayurveda unit and department of orthopedics under the support of WHO India office the biennium 2005-06.

The study “Feasibility of integrating Ayurveda with Modern system of medicine in a tertiary care hospital for management of osteoarthritis (Knee) - An Operational Study” covered 252 patients of osteoarthritis- knee, who were referred by 30 orthopedicians from department of orthopedics in the duration of one year. The study could initiate functional linkages between Ayurvedic and orthopedics departments in terms of continued communication and cross referrals of the suitable patients. There was considerable shift in their attitude towards the Project. Through this study, the service seeking behavior of the patients towards Ayurveda improved as the medicines along with dietary and lifestyle prescriptions significantly improved the quality of life of the patients. Referred patients, most of whom had never used Ayurvedic medicines were convinced about the benefits of Ayurvedic approaches. 70% of them have even recommended Ayurvedic treatment to other patients. The project could send a positive message to other patients attending Safdarjung hospital. This was evident by 180 patients who turned up for Ayurvedic treatment on their own volition without referral from Orthopedics Department. It was evident from the study that the continued communication and scientific approaches will ascertain actual integration developing a rational cross referral system is the practical effective way to Integrate Ayurveda with Allopathy. Accessibility to the services and dissemination of information to the community were main motivating factors to improve service seeking behavior. Chronic diseases like Osteoarthritis have good scope for developing integration model.35

A door to door pre project survey was conducted under an ongoing CCRAS and ICMR collaborative project entitled “feasibility of Introducing Ayurveda in the national reproductive and child health programme at the primary health care (PHC) level” in two districts of Himachal Pradesh on statistically viable sample size. Analysis of the data
(unpublished) revealed that in the selected study area 54% of head of the household recommend and 65% of eligible women seek Ayurvedic treatment for various problems related to women (antenatal, postnatal and gynecological problems) and children. The post project survey of the same population to be undertaken after the completion of the project will reveal whether there was any difference in the healthcare seeking behavior in comparison with pre project response (unpublished report).

A self-administered questionnaire pilot survey entitled “Awareness and attitude of allopathic practitioners about the integration of Ayurveda in a tertiary care hospital - A cross sectional study” was conducted on allopathic practitioners in Safdarjung Hospital, a tertiary care hospital under the ministry of health and family welfare, Govt. of India, New Delhi. From the analysis of 202 responses of the practitioners, it was evident that all the allopathic practitioners were aware of basic principles and strengths of Ayurveda and also they thought that integration is useful to strengthen existing health care system. But according to their view communication barrier between practitioners of different medical systems, lack of research and dissemination of research findings and policy implementations are the main obstacles in the functional integration and propagation of Ayurveda (under publication).

Some successful initiatives by the Government: There have been instances in the areas where the government has successfully used Ayurvedic experts in their own terms to solve public health problems for the needy. For instance, the government of Tamil Nadu undertook a project around the year 2000 to solve the problem of maternal anemia through Ayurvedic preparations. Over a period of one year, a team of Ayurvedic and Siddha experts designed a package of Ayurvedic-lehyams and churnams; they were then produced by TAMPCOL (Tamil Nadu Medicinal Plant Farms and Herbal Medicine Corporation Ltd) and finally delivered by the ANMs to rural women in the target group. The ANMs were also given a kit of 50 Ayurvedic medicaments for common ailments that were well received by health seekers in rural areas. This program has had a significant impact on maternal nutrition in Tamil Nadu. Similarly, there are reports of the successful use of Ayurveda for chikungunya epidemic (identified as Sandhijwara) in Gujarat and Kerala. The application of Panchakarma and Ayurvedic toxicology for Bhopal gas victims at Sambhavna Clinic is yet another instance of in situ clinical use of Ayurveda.[17]

The most popular Siddha combination RAN stands for Rasagandhimezhug-R, Amukkarachooranam-A and Nellikkaillagam-N, for HIV in Tamil Nadu having Immunogenic
and adaptogenic properties given to HIV patients in the Asia’s biggest AIDS hospital at TB Sanatorium, Tambaram, Chennai. [36,37]

A study aimed at identifying the patient's (actual recipients of Panchakarma therapy) perception toward the effectiveness, safety, and standard of service delivery concerning Panchakarma through a structured survey a Panchakarma therapy unit in a secondary care Ayurvedic hospital reveled that majority of the survey respondents considered these therapies as safe and effective (88%). Ninety-four percent respondents have expressed their satisfaction to the standard of services provided to them at the Panchakarma unit of the hospital concerned.[38]

CCRAS has documented reported medical practices on prevention, management of vector borne and infectious diseases through Ayurveda and Siddha through 17 institutes across different states of the country. The information is gathered from various sources viz. Ayurvedic colleges, physicians from Ayurveda, Siddha hospitals, dispensaries, clinics, private physicians, local healers, NGOs, etc. has been systematically recorded. A number successful treatment episode on malaria, filariasis, chikungunya etc. has been recorded from the physician experiences.[11]

Much attention was drawn towards treatment and health care services provided to thousands of patients in a chikungunya outbreak during 2006-07 by AYUSH departments of different states, CCRAS institutes at several states viz. Gujarat, Andhra Pradesh, Kerala Tamil Nadu, Madhya Pradesh, Lakshadweep etc. The documented data revealed that the classical Ayurveda and Siddha approaches have notable role in symptom management and improving the quality of life and also endorsed the preference of patients towards Ayurveda and Siddha.[10]

The awareness creation and accessibility has tremendous impact on Health seeking attitude. In a study at Safdarjung Hospital, a tertiary care allopathic setup in New Delhi on ‘feasibility of integrating Ayurveda with Modern system of medicine for management of Osteoarthritis (knee)’ notable change in the Health seeking attitude and the preferences and choice of the treatment among the participants has been noted. Before the patients came across Ayurvedic treatment 85.1% of the patients were availing Allopathic medicines for their health care. After they underwent Ayurvedic treatment for osteoarthritis, their preference of treatment for other problems also changed and the preference to Allopathy was reduced to 21.4% only.
Similarly preference for Ayurveda increased to 44.6% of the patients when compared to pre-intervention opinion of 5.4% [40][Table-1].

**Table-1: Patients with shift in the services seeking behavior (n=201)**

<table>
<thead>
<tr>
<th>Preference</th>
<th>Baseline</th>
<th>End line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allopathic system</td>
<td>85.1%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Ayurveda</td>
<td>5.4%</td>
<td>44.6%</td>
</tr>
<tr>
<td>Ayurveda followed by modern</td>
<td>0%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Modern system followed by Ayurveda</td>
<td>5.4%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Other</td>
<td>3.6%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Sustainable accessibility of AYUSH Facilities always improves the utilization of these systems and also bring change in the Health seeking attitude as witness at the AYUSH facilities at Safdarjung Hospital, New Delhi RML Hospital, New Delhi and also vogue at Institute of Medical Sciences, Banaras Hindu University, Varanasi.[9]

**CONCLUSION:** India is a vast country having wide diversity in eco-climatic conditions besides having peoples of different race, religion, cultural beliefs and great social, economic disparity. The ethnic diversity in the country is represented by as many as 400 ethnic groups including the tribes and others. There has been wide difference in health infrastructure, facilities influencing the healthcare delivery across different regions and ethnic groups. In addition to cultural beliefs, knowledge, sustainability in AYUSH specific healthcare delivery certainly has great impact on the health seeking attitude and utilization of AYUSH Systems and other LHTs. Very little information is available on the utilization of AYUSH Systems and other local health traditions in India. A number of studies have been conductive with different protocols and objectives to document the health seeking behavior and utilization.

The information on pattern of utilization of AYUSH services, Health seeking trends and preferences largely varies in these studies and leading to uneven pattern on the subject and inconclusive. Despite, in several instances the Health seeking behavior towards AYUSH Systems are corresponding with the global picture on utilization of CAM/TM. An overview of these studies divulges certain broad conclusions. The pattern of utilization and Health seeking attitude varies for codified AYUSH Systems and unorganized local health traditions. Basically the traditional cultural beliefs influence to prefer AYUSH Systems and LHTs.

In the case of organized and codified AYUSH systems the common reasons for preferring comprise 1. Lesser side effects, 2. Efficacy in chronic diseases management, 3. Improvement
in quality of life, 4. Health promotion and preventive potential. Besides, lack of accessibility to Allopathic Medical services sometimes lead to prefer these services.

The common conditions approaching for AYUSH systems include 1. Non-life-threatening conditions that may be chronic like Rheumatoid arthritis and Allied conditions; Osteoarthritis, Joint diseases, conditions with an allergic component in their etiology (e.g. bronchial asthma, skin allergies, eczema, psoriasis etc.); Liver disorders; Obesity, Diabetes mellitus; Sequelae of Cerebrovascular disorders like Hemiplegia and Paraplegia; Digestive disorders 2. The second largest groups of users are those struggling with chronic, potentially life-threatening diseases, such as cancer and HIV-AIDS. The other important reason to prefer AYUSH systems by both the groups include to improve immune functioning, to improve overall functioning, to increase quality of life, to cope with side effects from conventional therapies, and to relieve symptoms related to their illness.

AYUSH Systems is preferred as standalone therapy in Musculo skeletal diseases, Joint diseases, Arthritis, Skin diseases, Mental disorders, Liver disorders, Neurological disorders, Degenerative diseases, Reproductive Healthcare. For life-threatening diseases like HIV, Cancer etc. AYUSH Systems is preferred as add on/complementary to bio-medicine either to cope with side effects from conventional therapies, and to relieve symptoms related to their illness. While the Local Health Traditions, as a primary health care, are preferred by all for common diseases like cold, cough, diarrhea, vomiting, skin diseases, digestive diseases, women and child health problems, fever etc. Preferred for acute and chronic condition in remote/tribal areas probably may be due to non-availability medical facilities and cultural beliefs. In remote /tribal areas the preference is to consult Bhopa/faith healers/herbalist for all the diseases ranging from common cold, fever, diarrhea to reproductive health problems, antenatal care etc. Some are treated with available herbs and sometimes faith healing will be the choice.

To improve AYUSH based health care delivery it is pivotal to study the pragmatic situation by generating national profile and status on healthcare seeking attitude and utilization of AYUSH Services through community based surveys Preferably, multicenter national surveys with representative population through a single national agency followed by large scale operational studies to understand the feasibility, efficacy and acceptability of AYUSH Interventions. This would certainly improve communication among policy makers, health professionals and masses. The cross referrals among different systems may be improved by
conducive physical integration which sequentially resulting the functional integration and cross hybridization of merits among medical systems.

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