

Original Article

Use of Alternative Medicine for Chronic Hepatitis C-A Hospital Based Study from Rawalpindi

Sara Ijaz Gilani, Sana Ali, Sarah Tahir Mir, Tooba Mazhar, Aftab Iqbal, Faheem Ahmed, Omar Hyder, Abeera Zareen.

From Rawalpindi Medical College, Rawalpindi.

Correspondence: Sara Ijaz Gilani. House 45, Street 52, F-7/4, Islamabad.

Tel: 0306 5564731. Email: sigilani@hotmail.com

Received: September 8, 2008 Accepted: November 22, 2008

ABSTRACT

Objective: To assess the prevalence of alternative treatment in Chronic Hepatitis C patients.

Patients and Methods: Face to face interviews were conducted with 78 patients presenting in Liver Clinic of Holy Family Hospital, Rawalpindi using a structured questionnaire.

Results: Out of 78 patients, 58% were female and 42% were male. Mean age was 43 years. Fifty one percent were illiterate with average monthly household income of Rs. 3000-7000. Seventy-seven percent (n=60) of the patients claimed using alternative medicine for hepatitis at some stage during illness. Use of Quranic verses (Dam/Darood) was the most prevalent (75%, n=50), followed by Hakim (45%, n=27) and Homeopathic (43%, n=26) medicines. The major reasons cited for using alternative medicine were high cost of conventional medicine (67%), followed by recommendations from other patients. Fifty percent people believed in the effectiveness of alternative medicine and 25%

doubted the efficacy of conventional treatment. Sixty-five percent claimed using a combination of alternative and conventional therapy and 67% had not informed their doctor about its concurrent use.

Conclusion: Doctors need to be aware of all therapeutic modalities used by their patients to prevent any drug interactions. The cost of medical treatment for hepatitis was found to be the greatest obstacle in obtaining conventional treatment. The treatment seeking behavior is influenced by hearsay, advice from other patients and the community. (Rawal Med J 2009;34:102-104).

Key Words: Alternative medicine, chronic hepatitis, treatment modalities.

INTRODUCTION

Complementary and Alternative medicine (CAM) refers to those therapeutic and diagnostic disciplines that exist largely outside the institutions where conventional health care is provided.¹ According to one estimate, >80% of the developing world's population still depends on the complementary and alternative systems of medicine, while about half of the population in industrialized countries use CAM.² Common alternative modalities include Ayurveda, herbal medicine, healing, acupuncture and homeopathy.¹ These are used in a number of diseases from fever and nausea³ to serious diseases like cancers⁴ and hepatitis.⁵ Interest in and use of CAM in the treatment of chronic liver diseases (CLD) has increased in the past decade. However, this has not been supported by a significant increase in sound clinical research evidence for their efficacy.⁵ Studies are being carried out to assess its efficacy, safety and interaction with other drugs.⁶

Pakistan is a developing country with a population of 156.26 million.⁷ Majority (66%) lives in rural areas.⁸ Government spends a meager amount on health sector with the total expenditure on health being 2.4-3.7% of GDP.^{9,10} Health facilities are scarce and that too are concentrated in the big cities. The doctor to population ratio is one doctor per 1287 people.^{11,12} Most of the people are unable to meet the health expenses, as 23.9% of the population lives below the poverty line.¹³ All this combined with low literacy, cultural beliefs and practices often lead to self care, home remedies and consultation with traditional healers in rural community.¹⁴ The use of alternative medicine by patients suffering from CLD is a prevalent practice in Pakistan¹⁵ as HCV infection is the most common cause of CLD in Pakistan,¹⁶ with a 6% seroprevalence in general population of Pakistan.¹⁷ This study aims to ascertain the frequency and pattern of use of alternative medicine in Pakistani patients with chronic hepatitis C presenting to a tertiary care hospital in Rawalpindi, Pakistan.

PATIENTS AND METHODS

This was a cross-sectional study in which face-to-face interviews based on a structured questionnaire were conducted with 78 randomly chosen patients having chronic hepatitis C presenting to the Gastroenterology and Hepatology Section of Holy Family Hospital, Rawalpindi, Pakistan, between January 2007 and October 2007. The questionnaire had both open ended and closed ended questions. The questionnaire was pre tested on a convenient sample of ten patients at a similar setting. This helped in modifying the questions to their final form. Verbal informed consent was taken from the respondents. After collecting information regarding the demographic profile, respondents were asked

about the first treatment modality used for the hepatitis C and the subsequent modalities used. Questions regarding their source of information about a particular modality and the reasons for using it were asked. Multiple options were allowed in these questions.

RESULTS

Among the respondents, 58% (n=45) were female and 42% (n=33) were male. Mean age was 43 years. Majority of them (51%) were illiterate with average monthly household income of Rs. 3000-7000. Seventy-seven percent (n=60) of the patients claimed using alternative medicine for hepatitis at some stage during illness. Use of Quranic verses (Dam/ Darood/ Spiritual healing) was the most prevalent (75%, n=50) followed by Hakim (45%, n=27) and Homeopathic (43%, n=26) medicines. The use of the most prevalent alternative modality i.e Dam Darood decreased with increasing level of education and rising monthly household income (table 1).

The major reasons cited for using alternative medicine were high cost of conventional medicine (67%) followed by recommendations from other patients. Fifty percent people believed in the effectiveness of alternative medicine and 25% doubted the efficacy of conventional treatment. Thirteen percent feared the adverse effects of medical therapy.

Table 1. Use of alternative medicine with education and monthly household income.

Educational Status	Use of Dam/ darood % users	Monthly Household Income Rs.	Use of Dam/ darood % users
No Formal Education	53%	Less than 3000	95%
Primary	14%	3000-7000	86%
Secondary	24%	7001-10,000	60%
Intermediate	6%	Above 10,000	39.3%
Graduate and above	2%		

The major source of information for alternative medicine was friends and family (83%) followed by advice of other patients (40%). TV and radio was quoted as a source of information by 12% of the respondents. 65% claimed using a combination of alternative and conventional therapy and majority of them (67%) had not informed their doctor about its concurrent use.

DISCUSSION

More than two third of the study participants had used alternative modalities at some point of their illness. In a study from US, 74% of the patients of CLD reported using alternative treatment modalities,¹⁸ with 38% patients from Taiwan used alternative medicine.¹⁹ The commonest modality used by patients in this study was Quranic verses/dam darood or the spiritual healing. This corresponds to the cultural and religious beliefs of the population. Alternative therapies have been utilized by people having faith in spiritual healers, clergymen, hakeems, homeopaths or even many quacks. These are the first choice for problems such as infertility, epilepsy, psychosomatic troubles and depression.²⁰ Multiple repetition of certain Quranic verses for an extended periods of time (weeks or months), called “Wazifa”, is another popular method of religious healing.²¹ The other commonly used modalities are Hakeem and homeopathy. The use of these modalities corresponds to those reported in a previous study on chronic Hepatitis C patients in Rawalpindi.²²

High cost of conventional therapy is reported as the main cause for using alternative modalities. It is no doubt one of the major hurdles in seeking appropriate health care in Pakistan.²³ Other reasons are the advice and pressure of the community and the belief in

alternative modalities.²⁰ The use of spiritual healing decreased with the increasing level of education and monthly household income. In study, the use of alternative medicine was not associated with gender, family income, education and occupation.¹⁹ In another study, women, those with higher education, divorced and widows were those who more frequently used CAM.²⁵ Similarly, Tovey et al showed that people with higher education were less likely to use Hakeems as a form of treatment.⁴

About two third of the study participants were using a combination of both conventional and alternative modalities and they had not informed their doctor about its concurrent use. This percentage (67%) corresponds to study by Yang et al where 64% had not informed their doctor.¹⁹ This is much higher than the American study where 26% had not informed their doctor.¹⁸ This communication barrier augments the risk of developing complications from the combination of allopathic and alternative therapy.²⁰ This study was conducted on a convenient sample of chronic Hepatitis C patients at a tertiary care medical facility, it cannot be truly representative of trends of alternative medicine usage for chronic hepatitis in the community. Further large scale studies evaluating the different alternative modalities used and their possible effects on the patients of Chronic Hepatitis need to be carried out. In conclusion, the use of CAM is common in patients of Chronic Hepatitis C, mainly due to high cost of conventional therapy and hearsay. Doctors need to be aware of all the treatment modalities used by their patients.

REFERENCES

1. Zollman C, Vickers A. ABC of complementary medicine: what is complementary medicine? Br Med J 1999;319:693-6.

2. Bodeker G, Kronenberg F. A Public health agenda for traditional, complementary, and alternative medicine *Am J Publ Health* 2002;92:1582-91.
3. WHO. Traditional Medicine Fact Sheet No. 134, September 1996, URL. <http://www.who.int/mediacentre/factsheets/fs134/en/> [accessed on 6/27/2008]
4. Tovey PA, Broom AF, Chatwin J, Ahmad S, Hafeez M. Use of traditional, complementary and allopathic medicines in Pakistan by cancer patients. *Rural and Remote Health* 5 (online), 2005: 447. Available from: <http://rrh.deakin.edu.au>
5. Batey RG, Salmond SJ, Bensoussan A. Complementary and alternative medicine in the treatment of chronic liver disease. *Curr Gastroenterol Rep.* 2005;7:63-70.
6. Verma S, Thuluvath PJ. Complementary and alternative medicine in hepatology: review of the evidence of efficacy. *Clin Gastroenterol Hepatol.* 2007;5:408-16.
7. Government of Pakistan. Planning and Development Division, Population Projections of Pakistan, 1998-2003.
8. Population Reference Bureau. 2003 Population data sheet. Washington DC: PRB, 2003.
9. Government of Pakistan. National Plans. Islamabad: Planning Commission; 2005.
10. WHO. World Health Report 2006. Geneva, Switzerland: WHO; 2006.
11. Federal Bureau of Statistics, Statistics Division, Government of Pakistan, Islamabad, May 2006.
12. Government of Pakistan. The Annual Report of DG Health 2001-02 Islamabad, Pakistan: Ministry of Health; 2002.

13. Government of Pakistan, Pakistan Economic Survey 2005-06. Islamabad: Ministry of Finance; 2006.
14. Shaikh BT, Hatcher J. Health seeking behaviour and health service utilization in Pakistan: challenging the policy makers. *J Public Health (Oxf)*. 2005;27:49-54.
15. Khaar HB, Hussain T, Umar M. Complementary Alternative Medicine (CAM) in Chronic Liver Disease. *Pak J Gastroenterol* 2003;17:37-9.
16. Khokhar N. Spectrum of chronic liver disease in a tertiary care hospital. *J Pak Med Assoc*. 2002;52:56-8.
17. Raja NS, Janjua KA Epidemiology of hepatitis C virus infection in Pakistan. *J Microbiol Immunol Infect*. 2008;41:4-8.
18. Strader DB, Bacon BR, Lindsay KL, La Brecque DR, Morgan T, Wright EC, et al. Use of complementary and alternative medicine in patients with liver disease. *Am J Gastroenterol*. 2002;97:2391-7.
19. Yang ZC, Yang SH, Yang SS, Chen DS. A hospital-based study on the use of alternative medicine in patients with chronic liver and gastrointestinal diseases. *Am J Chin Med*. 2002;30:637-43.
20. Shaikh BT, Hatcher J. Complementary and Alternative Medicine in Pakistan: Prospects and Limitations. *eCAM* 2005;2:139-142.
21. Tovey P, Chatwin J, Ahmad S. Towards an understanding of decision making on complementary and alternative medicine (CAM) use in poorer countries: the case of cancer care in Pakistan. *Integrative Cancer Therapies* 2005;4:236-242.
22. Khokhar O, Khan MM, Noor SM, Nawaz K. Alternative Therapy for Chronic Hepatitis C. *J Rawal Med Coll*. 2001;5:31-3.

23. Government of Pakistan. Utilization of rural basic health services in Pakistan. Report of Evaluation Study. Islamabad: Ministry of Health and WHO, 1993.

24. Bruguera M, Barrera JM, Ampurdanes S, Forns X, Sanchez Tapias JM. Use of complementary and alternative medicine in patients with chronic hepatitis C. *Med Clin (Barc)*. 2004;13;123:676.