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Original article

Patients' preference for integrating homeopathy (PPIH) within the standard therapy settings in West Bengal, India: The part 1 (PPIH-1) study

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ABSTRACT

There is lack of studies assessing the preference of Indian patients for integration of homeopathy into standard therapy settings. The objectives of this study were to examine the knowledge, attitudes, and practice of homeopathy among Indian patients already availing homeopathy treatment and its integration into mainstream healthcare.

A cross-sectional survey was conducted among adult patients attending the out-patients of the four government homeopathic hospitals in West Bengal, India. A self-administered 24-items questionnaire in local vernacular Bengali was developed and administered to the patients.

A total of 1352 patients' responses were included in the current analysis. 40% patients thought that homeopathic medicines can be used along with standard therapy. 32.5% thought that homeopathic medicines might cause side effects, while only 13.3% believed that those might interact with other medications. Patients' knowledge ranged between 25.1 and 76.5% regarding regulations of practicing and safety of homeopathic medicine in India and abroad; while positive attitude towards the same ranged between 25.4 and 88.5%. 88.6% of the patients had favorable attitude toward integrated services. 68.2% of the patients used homeopathic medicines in any acute or chronic illness for themselves and 76.6% for their children. Preference for integrated services was significantly associated with better knowledge ($P = 0.002$), positive attitudes toward safety and regulations ($P < 0.0001$), and integration ($P < 0.0001$), but not with the level of practice ($P = 0.515$).

A favorable attitude toward integrating homeopathy into conventional healthcare settings was obtained among the patients attending the homeopathic hospitals in West Bengal, India.

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1. Introduction

Traditional and Complementary Medicine (TCM; 傳統暨替代醫學 chuán tǒng jì tì dài yī xué) is a method that can enrich, strengthen the public health system and improve the quality of life; contribute to the quality of economic and social development; improve the health and development of local communities; safeguard cultural differences; focus attention on healthcare centres intended as physical, mental, spiritual and social well-being of people, nature and environment.[1] Since origin, it has a patient-centered approach and a holistic focus on health care instead of a disease-centered approach of conventional medicine.[2] It represents a useful and sustainable resource in different fields of health care; but their inclusion in the public health system must go hand in hand with an adequate process of scientific evaluation to control the efficacy, safety and quality of the health services and products.[3] However, patient preference for the same is also of considerable importance for the development and success of integrated services.

In India, the endeavour of mainstreaming TCM, namely AYUSH [Ayurveda, Yoga, Unani, Siddha, Homeopathy, and Amchi/*Sowa Rigpa* (Tibetan medicine); renamed in November 2003; previously called ISM&H, i.e. Indian System of Medicine and Homeopathy, created in March 1995] therapies is ongoing through formulation of the National Policy on ISM&H in 2002 and implementation of different schemes, e.g. National (Rural/Urban) Health Mission (N(R/U)HM) since 2005, Homeopathy Specialty Clinics since 2009, Reproductive and Child Health (RCH) and Rashtriya Bal Swasthya Karyakram (RBSK) since 2012, etc. Establishment of ISM&H dispensaries under the Central Government Health Scheme (CGHS) is ongoing since 1964 for ayurveda and since 1967–68 for homeopathy.[4] The objective of the integration of AYUSH in the health care infrastructure was to reinforce the existing public health care delivery system, with the use of natural, safe and friendly remedies, which are time tested, accessible and affordable, and to improve outreach and quality of health delivery in rural areas. Homeopathic services are still being integrated in different primary health center settings, divisional, sub-divisional and district hospitals and even apex institutions, like All India Institute of Medical Sciences (AIIMS Raipur, AIIMS Bhubaneswar), Safdarjung Hospital, and Dr. Ram Manohar Lohia Hospital, New Delhi etc. As on March 2014, in West Bengal, India, there are 545 State Homeopathic Dispensaries (SHDs), 975 Gram Panchayet Homeopathic Dispensaries, 14 Specialty Clinics, and 4 Homeopathy Wings – all integrated into conventional care services.[5]

However, there is lack of studies assessing the preference of Indian patients for the integrated services. The study was the first local study to assess patients' demand of integrated medical services. We intend to assess: (1) preference for integrated services of the patients already availing services from homeopathy hospitals (part 1); (2) satisfaction of patients from integrated services (part 2); and (3) preference for integration where integrated service is not available (part 3). This paper presents the results of the part 1 study. The objective was to examine the knowledge, attitudes, and practice of patients toward homeopathy as well as to assess their preference for integration of homeopathy into mainstream health care.

2. Materials methods

A cross-sectional survey was conducted on the patients visiting out-patients of the four government homeopathic hospitals in West Bengal, India, namely Midnapore Homeopathic Medical College & Hospital (MHMC&H), D N De Homeopathic Medical College & Hospital (DNDHMC&H), Calcutta Homeopathic Medical College & Hospital (CHMC&H), and Mahesh Bhattacharyya Homeopathic Medical College & Hospital (MBHMC&H). Permission was granted from the institutional ethics committees of each respective institution prior to conducting the study. The study was of 3 months duration – August to October 2014.

Inclusion criteria were the patients aged 18 years and above, and giving written informed consent to take part in the study. Exclusion criteria were patients who were too sick for consultation, unable to read patient information sheets, unwilling to participate, and not giving consent to join the survey. Systematic sampling method was used to select every 3rd patient as a respondent in each setting. Following distribution of patient information sheets and explanation of the study objectives, written informed consents were obtained from all patients. The questionnaire was distributed among 1435 patients, of whom, 1352 returned the filled-in questionnaire, and thus response rate was 94.2%.

No universally accepted standardized questionnaire in local vernacular Bengali was available for the purpose. We used one self-administrated questionnaire that was originally developed by Allam S, et al, 2014.[6] It was modified with due permission as per homeopathic perspective and translated and back-translated in standard procedure independently by two translators in local vernacular Bengali (Fig. 1). It included 2 sections: socio-demographic information and 24 questions assessing the patient's knowledge, attitudes, and practice of homeopathic medicine and its integration into mainstream services.

Socio-demographic data sought information regarding the out-patient visited, age, sex, marital status, educational level, employment status, and monthly income. *The knowledge part* included 7 questions about concurrent use of homeopathic medicines with standard therapies, side effects, interactions, local and international governing regulations, and awareness of a Western model of integration. *The attitude part* included 12 questions divided into 2 groups: 8 questions about the regulations and the safety of homeopathic medicine and 4 questions about the preference for integrated services. The practice part included 5 questions about one's experience using homeopathic medicine and its integration. All the 24 questions were provided with 3 answering options – 'yes', 'no', and 'not sure'. The questionnaire was piloted on a small number of patients ($n = 10$) to identify potential areas of misinterpretation before widespread distribution. The wording of questions was modified as per the feedback from the pilot sample. The questionnaire took 5–7 min to complete. Instructions on the questionnaire promised anonymity. No participant identifiable