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Patterns of use and non-use of the services of hakim practitioners among patients in Karachi

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ORIGINAL ARTICLE

PATTERNS OF USE AND NON-USE OF THE SERVICES OF HAKIM PRACTITIONERS AMONG PATIENTS IN KARACHI
Waris Qidwai

ABSTRACT

Objective: To study the pattern of use and non-use of the services of hakim practitioners, among patients visiting the Family Physicians, at a teaching hospital in Karachi.

Design: Cross-sectional survey

Place and Duration of Study: Family practice centre, the Aga Khan University, Karachi, from March to June, 2001.

Patients and Methods: A total of 357 patients were surveyed against an estimated sample size of 347. A questionnaire was developed and administered to collect information on the pattern of use of the services of hakim practitioners among the respondents.

Results: The majority of the respondents were young, well-educated and better placed socioeconomically. Eighty eight (22.7%) of the respondents had sought treatment from hakims. Fever, gastrointestinal problems, muscular-skeletal problems, skin diseases and headaches were the top five conditions for consulting hakims. Recommended by someone, hakims being effective healthcare providers, doctors would not cure, reliability of hakims, and hakims are a cheaper option were stated to be the top five reasons for consulting hakims. Do not believe in hakims, allopatherapy is more effective, do not consider hakims as a treatment option, hakims are not scientific and hakims are not effective were stated to be the top five reasons for not consulting hakims. 213 (55%) of the respondents who had previously used the services of hakims, were willing to see them again in future.

Conclusion: We have documented the patterns of use and non-use of the services of hakim practitioners. Our findings have important implications for medical practice, since a significant number of patients, visiting allopathic practitioners, seek treatment from hakims.

KEY WORDS: Complementary Therapy, Alternative Therapy, Holistic Health.

INTRODUCTION

It is said that medical practice is losing its holistic perspective, as a result of which many people now seek help from 'alternative' practitioners who seem to devote time to their patients and listen to their concerns. The use of complimentary therapies is, therefore, increasing worldwide. It is not clear whether this increase truly reflects dissatisfaction with allopathic medicine or represents an increased satisfaction with alternative therapies. There is certainly a need not only to study the utilization pattern of hakim practitioners but also to see the reasons for their popularity.

Over 40 percent of the United States of America's population uses some form of unconventional medical care. Although western medicine has tended to ignore other systems of preventing and treating disease and illness, practitioners of these systems serve more of the world's population than do allopaths. Hakim practitioners claim to successfully treat various conditions. Unani 'ashanda drugs are used for common cold, catarrh, cough and associated fevers. Sangemarmal, a unani therapy is used in the management of urinary stone disease. Treatment for cancer, leprosy and atherosclerosis progression are offered by hakim practitioners.

Despite the fact that hakims offer treatment for so many medical conditions, concern has been expressed about certain negative aspects of their care. Hakims have been accused of re-enforcing guilty feelings among patients with potency disorders. It is reported that adolescents, with sexual health problem, visit hakims and quacks, thereby, creating circumstances for the reinforcement of guilt about their sexual behavior. Women with reproductive tract infections visit hakims in addition to allopathic practitioners, any adverse consequences of such consultation need to be studied. There have been reports of the abuse of steroids by hakims. There has also been official hostility reported against the hakims.

The aim of the study was to study the patterns of use and non-use of the services of hakim practitioners, presenting to family physicians.

PATIENTS AND METHODS

A cross-sectional survey was conducted after extensive literature search and feedback from colleagues from March to June 2001, at the family medicine clinic, the Aga Khan University. A questionnaire was developed to collect information on the patterns of use and non-use of the services of hakims by patients presenting to family physicians. Information on the demographic parameters of the respondents was collected to see the background of the study population. Sample size was estimated based on following assumptions for cross-sectional surveys.
Population size: 3600, estimated prevalence: 50% +/- maximum error: 5%. Thus sample size was 347.

Patients were administered questionnaire by convenience sampling. All the ethical requirements of the study were ensured, including the signing of the informed consent forms by the participants, as well as the assurance of maintaining confidentiality.

RESULTS

The demographic profile of the study population (n=387) shows that the majority of the respondents were young and better educated and socioeconomically well-placed than the rest of the population (Table I). Fever, gastrointestinal problems, musculo-skeletal problems, skin diseases and headaches were the top five conditions for consulting hakims (Table II) Recommendation of someone, hakims being effective healthcar providers, doctors would not cure, reliability of hakims, and hakims are a cheaper option were stated to be the top five reasons for consulting hakims. Don’t believe in hakims, allopaths are more effective, don’t consider hakims as treatment options, hakims are not scientific and hakims are not effective were stated to be the top five reasons for not consulting hakims.

DISCUSSION

The demographic profile of the study population shows that the majority was young, well-educated and better-placed socioeconomically than the rest of the population.

Because of these demographic features, we expected to find the use of the services of hakims more than that of alternative or complementary medicine in the community since people from the lower strata of the society are believed to utilize more services of hakims. Since these respondents were visiting a facility offering allopathic services, we again expected to find more use of services of the hakims in the community.

We have found that 58 (22.7%) of the respondents had sought treatment from hakims, which is a substantial proportion, thereby, outlining the importance of this traditional system of health care. It has been documented that the use of these services are more prevalent among Pakistanis settled in the developed world. It is for these reasons it is suggested that an understanding of the background and benefits of alternative therapy is important to all health care professionals.

We have also found the common conditions for which treatment from hakims is sought. It could be because hakims treat them better in comparison to other systems of healthcare. Further studies are considered to find out why patients prefer to seek treatment from hakims for certain conditions.

It is important to understand the reasons for seeking treatment from hakims. The most common reason is someone’s recommendation, which could mean that experiences of people in the community, with regards to consultation with hakims has been favorable or it could even be the result of a strong marketing influence. It would be important to find out the reasons for the formation of the basis for further discussion. The other reasons for consulting hakims are the good qualities attached to them by the users such as being effective, reliable and cheap. The reasons for not consulting hakims among 299 (77.36%) respondents include unfavorable features supposedly associated with hakims such as lack of effectiveness, and not being scientific, leading to lack of belief in them. It is again important to understand the exact reasons for such beliefs.

A model of cooperation between allopathic and complementary medicine, in a primary care setting, has been tried elsewhere and is reported to be successful. We can, therefore, attempt to bring about cooperation between allopathic practitioners and hakims.

It is also reported that physicians are increasingly incorporating complimentary health care practices in the conventional medical settings. Moreover, there is a definite interest in complementary medicine among physicians. One in ten specialist physicians in the United Kingdom is actively involved in complementary medicine treatment, although only 13% of them had received any training in such therapies.

It is, therefore, suggested that not only physicians be trained in selected procedures of complementary medicine but they
need to incorporate them in their practices. There is certainly a need for better cooperation between practitioners of allopathic medicine and those of the complementary medicine.

Since a significant number of patients in the community are using alternative medicine therapies, it is recommended that physicians should ask their patients about their use of alternative medicine and advise them accordingly.22

Hakims claim to successfully treat several medical conditions.48 In today's age of evidence-based practice with a strong emphasis on safe and effective medical practice, it would be difficult to see where complementary medicine stands in such terms. Serious concerns have been noted with regard to safe practices among the hakim practitioners.9,10

The cost of complementary medical therapy in Pakistan must be substantial since even in the developed world it is enormous.23 Such issues become even more important when we consider the fact that 48% (55) of the respondents in our study, who had previously used the services of hakims, are willing to see them again in future.

Legislation, governing the practice of complementary medicine in the country, is the need of the hour along with its effective implementation.

CONCLUSION

We have documented the patterns of use and non-use of the services of hakims among patients seeking treatment from allopathic practitioners. The utilization of such services is substantial and therefore, there is a need for further studies in this area. It is expected that the findings of our study will lead to further debate on the issue with favorable outcome. In today's age, patients are considered equal partners in the care of their health and therefore, we cannot continue to ignore the role of the traditional hakims in overall health care.

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