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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 387 patients were surveyed against an estimated sample size of 347. A questionnaire was developed and administered to collect information on the patterns of the use and non-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, musculo-skeletal problems, skin diseases and headaches were the top five conditions for consulting *hakims*. Recommendation of 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*, allopaths are 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.¹ 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.² 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.³

Hakim practitioners claim to successfully treat various conditions. *Unani joshanda* drugs are used for common cold, catarrh, cough and associated fevers.⁴ *Sangesarmahi*, a *uniani* therapy is used in the management of urinary stone disease.⁵ Treatments for cancers⁶, leprosy⁷ and atherosclerosis progression⁸ 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.⁹ It is reported that adolescents, with sexual health problem, visit *hakims* and quacks¹⁰, thereby, creating circumstances for the reinforcement of guilt about their sexual behavior.

Women with reproductive tract infections visit *hakims* in addition to allopathic practitioners¹¹, any adverse consequences of such consultation need to be studied. There have been reports of the abuse of steroids by *hakims*.¹² There has also been official hostility reported against the *hakims*.¹³

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 colleagues¹⁴ 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.¹⁵

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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 healthcare providers, doctors would not cure, reliability of *hakims*, and *hakims* are a cheaper option were stated to be the top five reasons

TABLE I Demographic profile of the study population

Parameter	Number (%)
SEX:	
Males	166 (43)
Females	221 (57)
Mean Age (SD*) (In years)	32.6 (10.66)
Marital Status:	
Single	134 (35)
Married	252 (65)
Dthers	01 (0.2)
Educational Status:	
Illiterate	25 (7)
Primary	20 (6)
Secondary	44 (11)
Matriculation	84 (21)
Intermediate	81 (20)
Graduate	89 (23)
Post-graduate	35 (9)
Diploma	9(3)
Occupational status:	
Private service	51 (13)
Government service	19 (4.8)
Self employed	34 (8.7)
Student	77 (19.6)
Labourer	6 (1.5)
Unemployed	16 (4.1)
Others including housewives	190 (48.3)

TABLE II Types of ailments resulting in *hakim* consultation

Ailment	Number (%)
Fever	21 (25)
Gastrointestinal problems	14 (16)
Musculo-skeletal problems	8 (9)
Skin diseases	8 (9)
Headache	6 (7)
Jaundice	6 (7)
High Blood pressure & Angina	4 (5)
Sore throat	3 (3)
Obesity	3 (3)
Pneumonia/Asthma	2 (2)
Sinusitis	2 (2)
Urinary problems	2 (2)
Gynecological problems	1 (1)
Eye diseases	1 (1)
Others	7 (8)
n	88

for consulting *hakims*. Don't believe in *hakims*, allopaths are more effective, don't 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*.

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 88 (22.7%) of the respondents had sought treatment from *hakims*, which is a substantial proportion, thereby, outlining the importance of this traditional system of healthcare. It has been documented that the use of these services are more prevalent among Pakistanis settled in the developed world.¹⁶ 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.¹⁷

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 recommended to find out exactly 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* have been favorable or it could even be the result of a strong marketing influence. It would be important to find out exact reasons forming the basis for the recommendation. 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 (77.3%) 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.¹⁸ 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.¹⁹ Moreover, there is a definite interest in complementary medicine among physicians.²⁰ One in ten specialist physician in the United Kingdom is actively involved in complementary medicine treatment, although only 13% of them had received any training in such therapies.²¹

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.^{4,8} 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 complimentary 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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