

EMERGING TRENDS IN THE USE OF ALTERNATIVE MEDICINES IN INDIA: THE IMPACT OF GLOBALIZATION RECONSIDERED.

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ABSTRACT.

The purpose of this paper is to understand the changing outlook of the patients towards the use of alternative medicines (With reference to Bhopal city). The study was conducted in two medical colleges Hospitals of Ayurvedic, Homeopathy and Unani which included with in-patients and out-patients (n=300). This paper focuses on the sociological perspective on the alternative medicines. Alternative Medicine is defined as any therapeutic practices that do not satisfy the standards of the majority of the orthodox medical community. The diversity of these therapies makes it difficult to categorize the same as a group, yet they are often collectively referred to as 'complementary,' 'alternative,' 'integrative,' 'unorthodox,' 'unconventional,' 'unproven,' 'natural,' 'traditional and' 'holistic' medicines and are contrasted with "conventional", "mainstream", "allopathic," 'orthodox', "conventional" and "scientific" medicine. According to National Center for Complementary and Alternative Medicines (NCCAM), Complementary and Alternative Medicine (CAM) is defined "as a group of diverse medical health care systems, practices, and products that are not presently considered to be part of conventional medicine". These intriguing health alternatives have been practiced for thousands of years, but are just beginning to be recognized in mainstream Western culture as Complementary Medicine or therapy used together with conventional medicine. The term 'alternative medicine' is most widely accepted in the western countries, that are not presently considered to be part of conventional medicine-systems.

CASE STUDY OF PATIENTS (With reference to Bhopal City).

Cardiac disease patients (60%) were in the hospital for data collection as respondents, who were using allopathic medication and changed to alternative system for their treatments. **Cancer Patients** (18%) came to alternative therapies after their ontological treatments from allopathic treatments. **Hemoglobin Deficiency** (Anemia)(10%) were taking alternative

therapeutic after the allopathic medications, **Urinary Tract Infection**(UTI)5% (Bacterial infection) of the respondents were showing satisfaction in alternative medications. **Thyroid Disorders and other Health disorders**(2%) were found in the study that they could feel significant changes in their health from alternative medicines and individualized care.

The study reveals that why patients use alternative medicines. The perceived fact emphasizes on treating the whole person, enabling patients to take a more active part in maintaining their health, when orthodox treatment was not effective for their health problem or caused unpleasant side effects, when doctors spent less time with patients, or when patients experienced difficulty in communicating with their doctors. Allopathic medicine has changed from an individual craft or skill to “corporate medicine”.

Major findings of the study suggest that, a sizeable percentage of patients who receive conventional medical treatment also use unconventional medicine(CAM). The sociological approach of alternative medicine suggest that the motivation for the pursuit of the different approach of Alternative Medicine signifies the importance of the doctor-patient relationship. More personal and empathic emotions to physician-patient interactions is found in alternative medical therapies. The study reveals that changing outlook of the patients towards alternative medicines includes geographical, cultural and disease-related factors. High cost of the allopathic medication and commercialization, has led towards a change of outlook about alternative medicines. Alternative Medicines, or integrative medicines offers many natural health careers, treatments and health care practices that are beginning to be recognized in the medical community as natural healing mechanisms that promote wellness through disease prevention.

The increasing acceptance and visibility of alternative, natural health and complementary forms of healing suggests systems as “patient-oriented care”.

The paper highlights the conditions affecting the patients towards changing outlook and making a shift towards alternative medical-systems..

DECEMBER CONFERENCE

CHANGING OUTLOOK OF PATIENTS TOWARDS ALTERNATIVE MEDICINES: (WITH SPECIAL REFERENCE TO BHOPAL CITY).

I INTRODUCTION.(1 paragraph)

II THE NOTIONS OF ALTERNATIVE MEDICINES. (6pages)

III THE STUDY OF PATIENTS IN BHOPAL. (6 pages.)

IV EMERGING ISSUES IN THE PRACTICE OF ALTERNATIVE MNEICINES.(6 pages)

V CONCLUSION. (1 paragraph)

I INTRODUCTION.

In April 1995, the staff of the National Library of Medicine of the United States classified alternative medicine under the category of complementary therapies in their Medical Subjects Heading Section. This became a therapeutic practice in the year 2002 and gave a definition. The definition provided was that alternative medicine therapeutic practices which were not considered as an integral part of the allopathic medicine. Therapies like Ayurveda, Homeopathy, Unani, acupuncture, dietary supplement, dieting, physical therapy like exercises or yoga, etc are termed as alternative medicine. These therapies are called **complementary** when they are used along with allopathic treatments. If they are done in place of allopathic treatments, they are known as **alternative treatments**.

The Term complementary and alternative medicine is used here to describe a wide range of medical systems. It is a different therapeutic practice and alternative health care system. It falls outside the boundaries of Allopathic medications.

The term Complementary Therapy is used to refer to specific therapies that fall under the umbrella of Complementary and Alternative Medicines. (CAM).

2.THE NOTION OF ALTERNATIVE MEDICINES.

Complementary and Alternative are the two words used here in reference to CAM (Complementary And Alternative Medicines) as it is practiced in developed countries, particularly in the UK. Complementary Therapists (Ct) refers to any individual, whose primary professional role involves one or more complementary or *alternative therapy*¹.

Health Promotion – It is an important notion of Alternative Medicines. Health Promotion means preventive methods and curative functions of alternative medicines.

Lupton² offers an interesting sociological critique of public health, including health promotion, which includes a brief consideration of CAM . She is initially quite positive about alternative medicines arguing that it provides sensitive care for individuals and plays a useful role in challenging the scientific basis of medical orthodoxy. However she expresses concern that CAM, like health promotion in her view, places undue responsibility on the individual.

Health Promotion and Health Education through alternative medicines.- The term health promotion covers the promotion of positive health and the prevention of illness, through health education.

Health promoter- the term health promoter is used to refer to individuals whose primary professional role involves health promotion as defined here.

HEA (Health Education Authority) – In a *Journal Healthiness (Millar,1995)*³ an article describes how elderly residents appear to have gained from the introduction of complementary therapies into the routine of residential homes.

¹ F.J.Hill(Dr.Failh.J. Hill) (2003) CAM, the next generation of health promotion, Health Promotion International, 18,(3) 215-272.

² F.J.Hill,(1994 & 1995) CAM,the next generation of health promotion, Health promotion international,18,(3) 215-266.

³ Miller, J. (1995) Complementary Therapies find a welcome home,"Healthliness",28,20.

Funding National Health Services to Alternative Medicines. - Other type of article find to focus on either the introduction and/or Funding of complementary medicine in the National Health Service. (NHS.) (Nelson⁴,1995)

Effectiveness and Safety of Alternative Medicines. – The effectiveness and/or safety of particular therapies are confirmed from various incidents. *Samarel,N*⁵.

Describes various kinds of sickness and patients rejected in allopathic treatment, were having **significant changes** and completely curative by alternative medications.

*Gibson*⁶ *et al*,1995 comments a number of approaches to alternative medicines which seem to me to be entirely in tune with the underlying concepts and principles **of health promotion**.

HEALTH EDUCATION GUIDE- The UK health Promotion publication that is most frequently mentioned in relation to CAM is the “Health Education Guide to complementary Medicine and Therapies.”(*Woodham*⁷,A.1994) It gives a brief introduction to the relationship between CAM and biomedicine and then offers an A-to-Z guide to the most popular forms of CAM available in the UK, but it does not attempt to explore issues concerning the Health Promotion through complementary and alternative medicines.(HP-CAM) (*Woodham, et al*⁸).

WORLD HEALTH ORGANIZATION.(WHO) - World Health Organization’s approach to health promotion: there has been some discussion in the CAM

⁴ Nelson,F.(1995) “Alternative forms of Funding, “Healthlines” 21,17.

⁵ Samarel,N.(1975)“Therapeutic Touch, dialogue and women’s experiences in breast cancer surgery “, “Holistic Nursing Practice”, 12,62-70

⁶ Gibson, L., Leavey, C.,Viggiani,N. and Sands,R.(1995) Interviews: Professor Don Nutbean.”The Journal of Contemporary Health”,2,18-19

⁷ Woodham,A.(1994) HEA Guide to complementary Medicine and Therapies. Health Education Council, London.

⁸ Woodham A, and Peters,D(1997), ‘Encyclopedia of ‘complementary medicines’, Dorting Kindersley, London.

literature concerning in world health organization's approach to Health Promotion. For example, an article in the "International Journal of Alternative and Complementary Medicine" discussed the relationship between primary Health Care(as recommended by WHO charters and declarations) complementary medicine and Health promotion.(**Correa⁹,1999**).

Whitehead argues that health Promotion and CAM, are closely related and draws attention to similarities in philosophy between health promotion and CAM, concluding that constructive dialogue between CAM and health promotion could lead to a positive paradigm shift to contemporary health care. However, whitehead is more persuasive than analytical and does not address, for example, the different models of health promotion commonly found in the literature or the diversity of forms of CAM available to the Public.(**Whitehead¹⁰**.(1999).

HOLISTIC HEALTH PROMOTION- In a health promotion book "A guide for Practice" (**Dossey,¹¹ et al. 1989**) the authors are interested in *highly individualistic, transpersonal view of health* that goes beyond or even against, much contemporary health promotion.

INTERFACE OF HP-CAM. – Complementary and Alternative Medicines texts that it include aspects of the Health Promotion that would be acceptable to many professional health promoters(**Woodham and Peters¹²**1999).

NOTION OF ALTERNATIVE MEDICINES.

Alternative Medicine is referred to any substance, activity, or practice not usually taught in detail or recommended to a medical student.

⁹ CorreaA.I.(1999), Complementary and Primary Health Care. International Journal of Alternative and Complementary Medicine, August, 10-11.

¹⁰ Whitehead.D.(1999)"The relationship between health promotion and complementary Therapies,"Complementary Therapies in Nursing and Midwifery", 5,171-175.

¹¹ Dossey, B.M., Keegan,L., Kolkmeir,L.G., and Guzetta,C.E.(1989)"Holistic Health Promotion", A Guide for practice, Aspen Publication, Rockville,London.

¹² Woodham,A.,Peters,D.,(1999),"Encyclopaedia of complementary Medicine, Dorling, Kindersely, London.

OAM AND NCCAM.- According to the Office of Alternative Medicine(now the National Center for Complementary and Alternative Medicine) defined complementary and alternative medicine is” as a Broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and belief, other than those intrinsic to the politically dominant health system” And those boundaries....are not always sharp or fixed.

Role of Alternative medicine in Modern Society. Typically, alternative medicine differs from allopathic medicine in that alternative medicine is older and what we might call them as non-allopathic (or unconventional) . Alternative medicine does not follow the science and research like that of current allopathic medicine undergo. According to the National Institute of Health, the” Alternative medicine could also be termed complementary when the therapies that can be integrated into current allopathic medication. (*NIH*¹³ 1995) For example, a cancer patient underwent Chemotherapy in allopathic treatment and afterwards take alternative system of medicines as dietary supplements, diet control, yoga, exercises, Ayurvedic therapeutic and activities for the rest of the time . This will help the detoxification process of the body, so that building up of the strength and regaining the vitality in the human body. This is done by the Complementary and Alternative Medications (CAM) .

Sociological Perspective Of Alternative Medicines. Alternative medicines as those healing resources that provides all health systems and practices that are different from the allopathic health system of a particular society or culture. Usually, therapies like Ayurveda, herbal medicine, folk medicine, homeopathy, acupuncture, naturopathy, diet practices, music therapy massage, pranic healing etc are classified as alternative or complementary medicine.

People who do not find a cure, remedy or success in allopathic medicine generally try alternative medicine. Such people generally suffer from cancer

¹³ NIH, 1995, The Panel of National Institute of Health, Bethesda, Maryland, worked on ”Definition & Description of CAM, “ CAM Research Methodology Conference, Office of Alternative Medicine.

arthritis, acquired immune deficiency syndrome(AIDS), chronic back pain, etc. Therapies included under alternative medicine would cease to be included in category once their efficacy is proven and they are considered safe and effective.

Twenty years ago **insurance would not pay for them**(for those users of alternative medications) as they were considered “alternative and ineffective”. But Today thousands of people have been helped by alternative medications and they are recognized by Insurance companies and AM are now recognized in the medical community.

Over the years, more and more people have been using alternative medicine because allopathic medications are not working for them successfully. The 2004 survey by the National Center for Complementary & Alternative Medicine of the United states revealed that approximately 36% of Americans used alternative medicine in 2002. If alternative medicine is used in conjunction with allopathic medicine, an integrative doctor is a person’s best option.

The concern in using alternative medicine stems from the fact that some practitioners of alternative medicine do not have an accredited medical degree and therefore do not have a valid medical license. However, in recent times, many educational institutions and universities have started offering courses in homeopathy, Ayurveda and unani etc.

The recent growth in this alternative and complementary medical system is evident by the many people demanding different, and in some cases better, care than what they are receiving in “Modern allopathic Medicine”. They are no longer accepting the fact that they need to suffer with pain or illness because modern pharmacy does not have a magic bullet for them.

Some allopathic doctors are adamantly against or simply do not believe in complementary or alternative medications, even though research continues to show the benefits of many compounds. Your doctor should be informed about other approaches you may be using and if they are not comfortable with that then always feel free to choose another doctor. This would enable the doctor

to foresee any possible complications or a better time in which to use a complementary therapy.(Dr. Darren Dunner¹⁴)

SOCIOLOGICAL PERSPECTIVE OF ALTERNATIVE AND COMPLEMENTARY MEDICINES.

Allopathic treatments practitioners of scientific medicine looked down upon alternative treatments as unscientific medicine. At the same time, many alternate healers dismissed practitioners of scientific medicine as arrogant, aloof and uncompassionate. Today the two sides appear to have signed a truce and are attempting to find common ground. This common ground consists of a compromise called complementary medicine. In alternative and complementary medical treatment, medical professors allow alternative practices as long as they do not harm the patient.

Alternative Medicine Means Respect for Patient.- An example of complementary medicine would be for a surgeon to allow a patient to meditate or use an energy therapy before and after surgery. These therapies don't interfere in the surgery and they often contribute to the psychological well being of the patient.

Another reason why complementary medicine has become popular is the changing attitude towards patients on the part of doctors and other health professionals. Many of the allopathic treatments-doctors considered themselves as” *all wise and all knowing experts on health matters*” until recent decades.

This attitude meant that many doctors held their patients thoughts and opinions in contempt.

Today doctors and other health professionals are taught to respect their patients and their opinions. Part of the reason for this respect is the growing number of women doctors. Women are often more empathetic and

¹⁴ Dr.Darren Dunner,(2007) an Article on “Alternative Medicine.” Article source <http://www.facr.org>,
<http://EzineArticle.com>

understanding than men are. Until quite recently most doctors were men and they were taught to boss their patients around.

Since doctors have to respect their patients opinions they have to listen to their ideas about medicine. This means doctors are forced to take patients beliefs into account and respect them.

Alternative Medicines and Complementary Medicine Equals Opportunity. – The spread of complementary medicine is creating many opportunities for alternative healthcare professionals. Many medical clinics, hospitals and other healthcare facilities are now employing dietary supplements distributors, herbalists, acupuncturists and other alternative medical practitioners.

Some medical facilities now have such professionals on staff and offer many alternate treatments to their patients on a regular basis. It is very common for Ayurvedic, Homeopathic and Unani and Massage therapists to be involved in physical therapy and patient rehabilitation for example.

Prayer and meditation- Many practitioner of allopathic medicine also recognize the healing potential of some alternative practices. Prayer and meditation are widely recognized as being beneficial to the healing process. Patients who engage in these practices may develop a better attitude and recover faster.

This means that there will be growing opportunities for allopathic and alternative healthcare workers. Many healthcare providers will be looking for professionals who have knowledge of both.

Alternative medicine is a fairly broad term which covers many different methods of treatment such as Ayurvedic, Homeopathic and Unani, Traditional Chinese Medicine,(TCM),faith healing etc. ***Alternative medicine is a comprehensive approach to healing that uses natural methods to bring physical, mental, emotional, and spiritual harmony.*** Alternative medicine systems believe body has a network of channels (meridians) that carry a subtle form of life energy. Since it uses a holistic approach and time-tested, natural remedies, hands-on treatments to help enable the body's own innate

powers to do the healing, alternative medicine requires the patient to take a highly active part in healing their own body including prevention and treatment.

Complementary and Alternative medicines, *therapies are used to improve wellness, prevent disease or treat health problems but the most popular and prevalent use remains pain control.* Included in complementary medicine are a large number of practices and systems of health care like acupuncture, homeopathy, Ayurvedic, Unani, reflexology etc. Complementary medicine also includes dietary and nutritional therapies such as macrobiotics, vegetarianism, and orthomolecular medicine. Although Complementary and Alternative Medicine is starting to gain popularity in the West, most clinical research by the health care industry continues to focus on the success of each single modality or therapy within these systems.

Career Opportunities in Alternative and Complementary Medicines- Complementary and Alternative Medicine is going to be the future of medicine. Patients will increasingly expect healthcare professionals to have knowledge of both allopathic and alternative therapies.

Healthcare organizations will be more willing to make room on their staffs for practitioners of alternative medicine. Individuals who are willing to get an education in both worlds of medicine will be more likely to get the healthcare jobs of the future if they have an education in complementary and alternative medicine.

IV EMERGING ISSUES IN THE PRACTICE OF ALTERNATIVE MNEDICINES.(6 pages)

The achievement of Allopathic medications over the last few decades has been quite remarkable. No one can question the benefits that immunization, antibiotic, hip-replacements and organ transplantation have brought to millions of people world-wide. The advances, however, also highlight those conditions where progress has been slower, with patients increasingly seeking help from complementary and alternative therapies. In general, these are chronic

complaints in which patient, illness and complex psychosocial factors so interact as to make standard therapeutic guidelines difficult to devise. In these instances, the care must be truly "**patient-centered**" care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions. While the case for this type of holistic approach is no longer controversial, as scientifically reliable studies have been undertaken.

All clinicians are aware that many patients are interested in and choose to use a range of alternative medicinal therapies. Those practicing allopathic medicines must be aware of the existence and range of such therapies, why such patients use them, and how these might affect other type of treatment that patients are receiving. Increasingly, alternative medicine options are offered alongside allopathic treatment in general practice and elsewhere. Although not all medicine can be evidenced-based we must ensure that any treatment is in the patient's best interests, and continue to assess and evaluate clinical options.

A sizeable percentage of patients receiving allopathic medical treatment also use alternative medical help. Surveys indicate that the prevalence of and motivation for the pursuit of the different approaches of alternative medicines, is subject to geographical, cultural and disease-related factors. I am interested in the concurrent use of and attitude towards Alternative Medications in patents who underwent allopathic treatment in the Regional Cancer Center, in Bhopal Hospital. Many rejected cases of Cancer in advanced stages were cured by Traditional Chinese Medicines, like Spirulina dietary supplements. The specialty of this Food Supplement is that detoxification process is initiated in the Body, thereby Cancerous Tumor cells were removed from the body. Heart ailments were cured by removing LDL(Low Density Lipepidomin) Complications of Diabetic problems were comparatively reduced with those Food Supplementary items.

Importance Of Alternative Medicines Are Increased Nationally. Interest in alternative and complementary medical practices has grown considerably in recent years. This interest has been seen in government, the general

population, and among practicing physicians. The National institutes of health established the Office of Alternative Medicine in 1992, which in 1998 became the National Center for Complementary and Alternative Medicine, with a budget of \$104.6 million for fiscal year 2002. The use of alternative or complementary therapies by the US population appears to be substantial. In surveys of the general population, *Eisenberg and colleagues*¹⁵, reported that in 1990 such therapies were used by an estimated 34% of the population, increasing to 42% in 1997. According to their surveys, more visits were made to alternative medical practitioners than to all the primary care physicians in those years and the **out-of-pocket** outlay closely revealed or exceeded similar payments for all hospitalizations for the same periods.

Specialties of Alternative Medications. Alternative Medicines treatment is defined as therapy not offered by Allopathic medications and is one more of the following treatments' folk and traditional medicine,-medicinal herbs, Chinese Meidcines,(including acupuncture) Homeopathy, nutritional therapy(nutritional supplement and diets specifically designed for cancer treatment) mind-body techniques(meditation, guided imagery and relaxation). Therapeutic touch(massage, shiatsu, and reflexology) movement and manipulation therapies(chiropractic, yoga, and Alexander and Feldenkrias methods) and anthroposophical medicines.

The Role of Spirituality in Alternative Medications. Spirituality has an important role to play in Alternative Medications. Spirituality was defined as a sense of meaning and purpose in life, faith and comfort with existential concerns. The author simplified this definition, adjusting to it, "discuss spiritual aspects(meaning of disease, life and death and making a mindful decision in choosing treatment. The patients' health providers view spiritual themes as an important reason for the use of alternative medicines. Health providers relate more to spiritual and alternative medicines issues during medical discussions. The integration of these themes into a biopsychosocial-spiritual approach may enrich the dialogue between patients and health

¹⁵ Eisenberg DM, Kessler RC.,Foster C.,NorlockFF.,Calkins DR,Delbanco TL.,"Unconventional medicine in the United States. Prevalence, costs and patterns of use. N.Engl.J.Med. 1993;328;246-52.

providers. It was hypothesized that alternative medicines and spiritual issues may share common features. Indeed, certain alternative modalities refer to spirituality as part of a holistic **conceptualization**¹⁶of the Individual. (Moss,D)

Oriental Philosophies such as Traditional Chinese, Tibetan and Ayurvedic (India) medicine perceive health as a harmonious equilibrium between fundamental elements that corresponds to physical, emotional **and spiritual manifestations**¹⁷in humans.(**Chan et al**)

Western Modalities such as Homeopathy and anthro-posophical medicine extend the biomedical paradigm and view health and disease as related either to “life-force”(vital-force).(Bell IR et al¹⁸) or to the complexity of body, mind and soul.(**Cantor IS et al**)¹⁹.

People want an emphasis on “Wellness”, not Illness. Because many people want to learn more about self-care, fitness(wellness and preventive measures). Allopathic medications may be seen as a narrow, restorative, disease-(complaint) oriented approach that aims to destroy, demolish or suppress illness-inducing forces through such things as chemical therapies and surgery. What many people want is an emphasis on natural restorative process. The emphasis is quite different-illness vs. wellness. Alternative Medicines is often seen as restorative, balanced, natural and preventive fitting in with the particular problems of the patents.

Many people believe in the”holistic” message. It seems obvious to most that lifestyle, personal relationships and work operate all together and

¹⁶ Moss, D(2002),”The circle of the Soul:the role of spirituality in health care. App. Psychophysical Biofeedback 27:283-297.

¹⁷ Chan C, Ho, Ps, Chow E.(2001), A Body-Mind-Spirit model in Health, an Eastern approach, Soc.Worl Health Care 34:261-282.

¹⁸ Bell IR (2004) Lewis DA II, Lewis Se et al “Strength of vital force in classical homeopathy:biopsychosocial-spiritual correlates within a complex systems context. Journal of Altern.Complement amed.10:123-131

¹⁹ Cantor IS, Rosenzweig S (1997), Anthroposophic perspective in primary care, Pri.Care 24:867-887.

simultaneously have an impact on health. Equally they believe that there are many and manifold signs of wellness and illness from digestion, sleep patterns and body appearance to more subtle nonverbal signs associated balance, body odor and so on. The implication is that the diagnostic interview may need to include questions about all aspects of the person's life, not only their physical symptoms.

Comparative study of users and nonusers of alternative medications.

Comparisons of users and non-users of alternative medicines have shown evidence of different beliefs about health and disease in general (Vincent & Furnham,1997)²⁰

There is some evidence that **frequent alternative users are more health conscious**, and believe more strongly that people can influence their own state of health, both by lifestyle and through maintaining a psychological equilibrium. Users of alternative appears to have less faith in "provider control"- the ability of medicine (specifically allopathic doctors) to resolve problems of ill health. Some studies of cancer patients using alternative medicines have found that they were more likely than those not using alternative medications, to believe cancer was preventable through diet supplement, stress reduction and environmental changes and to believe that patients should take an active role in their own health. (Cassileth, 1988).²¹

Environmentalism, anti-Materialism and a belief in 'one world': Many users of Alternative Medicines seem to be sympathetic with green issues, ideas and undetstaning. These include environmentalism, anti-materialism and a belief in "one world".

Alternative Medical users belief that they may also include issues around **inequality, alienation, and social exclusion**. Alternative Medicinal users-as patients they also seem to be interested in general consumer affair issues and ma y even belong to bodies that attempt to lobby in favour of a certain

²⁰ Vincent,C & Furnham, A (1999), Complementary medicine:State of the evidence. "Journal of the Royal society of Medicine,92,170-177.

²¹ Cassileth,B,(1988), Unorthodox cancer medicine. "Cancer Investigation, 4,591-598.

position. They appear to **be sensitive to consumer rights, bad practice and poor treatment.**

Alternative Medical patients appear to be particularly interested in the “life of the mind”. They certainly believe the maxim of “ **a healthy mind and a healthy body.**” Alternative Medical patients are because of their own medical condition, likely to **be very empathic to the plight of others,** and hostile to the “**uncaring” attitude of certain specialists” (e.g. surgeons).**

In terms of demography, those who use Alternative Medications are more likely to be women, aged 30-40, middle rather than working class, educated above average levels, and to live in urban rather than rural areas. Their medical history is more likely to feature chronic problems than **acute, often non-specific** or with a heavy psychological (i.e. non physical) component. Many patients have a “thick file” in the sense that their interest in health issues has led them to seek out **various remedies from many different sources.**

However, despite some differences in beliefs, it is dangerous and foolhardy to talk about the ‘typical’ user. Alternative Medications rejoices in differences and individuality and the **uniqueness** of people’s lives.

The purpose of this paper is to understand the changing outlook of the patients towards the use of Alternative Medicines (With reference to Bhopal city). The study was conducted in two Medical Colleges with many faculties of Hospitals of Ayurvedic, Homeopathy and Unani, with in-patients and out-patients in Bhopal City. This paper focuses on the sociological perspective of the alternative medicines. Alternative Medicine is defined as any therapeutic practices that do not satisfy the standards of the majority of the orthodox medical community. The diversity of these therapies makes them difficult to categorize as a group, yet they are often collectively referred to as ‘complementary,’ ‘alternative’, ‘integrative’

,'unorthodox', 'unconventional,' 'unproven', 'natural, 'traditional and'' 'holistic' medicines and are contrasted with "conventional", "mainstream", "allopathic," 'orthodox", "conventional" and "scientific" medicine. Complementary and Alternative Medicines (CAM) is defined" as a group of diverse medical health care systems, practices, and products that are not presently considered to be part of conventional medicine" (NCCAM). These intriguing natural health alternatives have been practiced for thousands of years, but are just beginning to be recognized in mainstream Western culture. Complementary medicine or therapy used together with conventional medicine. The term 'alternative medicine' is the most widely accepted in western countries, that are not presently considered to be part of conventional medicine.

The WHO defines complementary and alternative medicine (CAM), or so-called traditional medicine, as follows: "a comprehensive term used to refer both to traditional medical systems such as traditional Chinese medicine, Indian ayurveda and Arabic unani medicine, and to various forms of indigenous medicine."

Ayurvedic(India) Medicine perceives health as a harmonious equilibrium between fundamental elements that corresponds to physical, emotional and spiritual manifestations in human. Western Modalities such as homeopathic and anthroposophical medicine extend the biomedical paradigm and view health and disease as related either to life force or vital force. or to the complexity of body, mind and soul. Spirituality has an important role to play in alternative medications. Spirituality may defined

as a sense of meaning and purpose in life, faith and comfort with existential concerns. Indeed, certain alternative medicine modalities refer to spirituality as part of a holistic conceptualization of the individual.

Cardiac disease patients (60%) were in the hospital for data collection as respondents, who were using allopathic medication and changed to alternative system for their treatments. *Cancer Patients* (18%) came to alternative therapies after their oncological treatments from allopathic treatments. *Hemoglobin Deficiency* (Anemia)(10%) were taking alternative therapeutic after the allopathic medications, *Urinary Tract Infection*(UTI)5% (Bacterial infection) of the respondents were showing satisfaction in alternative medications. *Thyroid Disorders* and other Health disorders(2%) were found in the study that they could feel significant changes in their health from alternative medicines and individualized care.

The study reveals the why patients use alternative medicines. The perceived fact emphasis on treating the whole person, enabling patients to take a more active part in maintaining their health, when orthodox treatment was not effective for their health problem or caused unpleasant side effects, when doctors spent less time with patients, or when patients experienced difficulty in communicating with their doctors. Allopathic medicine has changed from an individual craft or skill to “corporate medicine”. Medicine now has an extensive wage-labor force (including employees in the pharmaceutical industry and related industrial sectors). Medical practitioners have become proletarianised, that is, their professional status has gradually been undermined as a result of

administrative and managerial staff taking over responsibility for health care provision.

A major findings of the study are as follows: that, a sizeable percentage of patients receive conventional medical treatment also use unconventional medicine(CAM). The sociological approaches of alternative medicine is that the motivation for the pursuit of the different approach of Alternative Medicine is that the doctor-patient relationship. More personal and empathic touch to physician-patient interactions are found in alternative medical therapies. The study reveals that changing outlook of the patients towards alternative medicines is that it is subjective to individual, geographical, cultural and disease-related factors. High cost of the allopathic medication, commercialization, leads for a change of outlook towards alternative medicines. Alternative Medicines, or integrative medicines offers many natural health careers, treatments and health care practices that are beginning to be recognized in the medical community as natural healing arts that promote wellness through disease prevention.

It is exciting to note the increasing acceptance and visibility of alternative, natural health and complementary forms of healing-especially in specialty areas as Natural Health Care systems as “patient-oriented care”.

So, this paper will try to highlight on which are the conditions affecting the patients get a changing outlook towards alternative medicines.

1.Why the patients look for alternative medicines?

2 What is the doctor-patient relations?

3.What are the possible side-effects of the conventional(allopathic)medicines?

4.What are the major sickness–types of different sickness-you could find in the survey?

5.Do you believe in the effect of alternative medicines?

6. What do you mean by alternative medicines?

7. What is your experience with the doctor practicing alternative medicines?

8.What is the place of religion or spirituality when you are sick?

9.What is your experience with your allopathic doctor in your communication?

Commends and Conclusions.

After collection of data from the respondents we have classified them on the basis of their **Health Disorders**. Their condition in general is normal or otherwise unhealthy was the question for the respondents. After collection and analysis of data we have classified the respondents in 29 groups. During the study it is found that 5.33% respondents had problems of child-birth, **mainly anemia** as if they are having lack of blood or hemoglobin deficiency, 20% respondent expressed that they were undergoing **Cardiac Diseases**, 3.33 % respondents were coming under Hepatic problems as they were undergoing lungs problems, like cough and asthma, **3.33%** respondents were expressing **Hypertensions**, due to Blood Pressure,6.67% respondents were having Liver problems that they

undergo treatments for various **types of Liver Ailments**. 3.33% of the respondents were undergoing treatments for various kinds of **cancer problems**. 4.67% respondents were undergoing treatments for various **digestive problems**, 2.67% respondents were given treatments for **Gynecologic problems**, 2.33% respondents were undergoing treatments for various types of **Neurological problems**, 4% Respondents were undergoing treatments for **Dermatological problems** 3.33% respondents were treated for various kinds of **allergies**, 3.33% were undergoing treatments for **various types of pains**, 3.33 % respondents were undergoing treatments for **various kinds of Depressions**, 1.67% were undergoing treatments for Human Immune Virus and Acquired Immune Deficiency Syndromes (**HIV/AIDS**) 2.67% respondents were given treatments for **Tuberculosis (TB)**, 3.33% were given treatments for **Malaria**, 6.67% were treated for **Diabetes** ,**Chronic fatigue** 2.67%,**addiction** (to smoking, and drinking) 3.33%,**Sprains and Joints pains** 2.67%,**Urinary Tract Infection** for men and women 3.33% , **Spondylosis** 2.67% and others were 2% , **Thyroid disorders**. **Problems of Delivery.-Anemia**. Many of the female respondents were in this category.

“The Role of Alternative Medicines in the Treatment of Patients : A Sociological Study in Bhopal City.

Context.— Research in Bhopal City suggests that significant numbers of people are involved with various forms of alternative medicine. However, the reasons for such use are, at present, poorly understood.

Objective.— To investigate possible use of alternative health care use. Different approaches encourage openness to whatever has seemed to work in the past; diversity of approaches for a diversity of persons; empowerment of the individual to choose their own medical options, and hence be more highly motivated in their own health care. On the other hand, if alternative medicine in the United States and elsewhere is to be fitted into the fee for services, power of the professional, managed care, and scientific assumption structure, it is likely to be subtly shaped by that structure so that its effectiveness may not be the same as in its original cultural context. Besides the choice to ignore or adapt to the existing structure, there is a third choice-whole-system change. We need to look at the forces that might make this plausible. How might society move toward a really integral system of healing? Science and religion are potentially two complementary and entirely congenial views; each needs the other for more completeness. In Western philosophy there have been three main ontological positions: the materialist-realist, the dualist, and the idealist. Again, the materialist looks downward, the idealist upward, and the dualist tries to reconcile fragments of the two—all represent but partial glimpses of the holistic view.

Methods.— Three primary hypotheses were tested. People seek out these alternatives because (1) they are dissatisfied in some way with conventional treatment; (2) they see alternative treatments as offering more personal autonomy and control over health care decisions; and (3) the alternatives are seen as more compatible with the patients' values,

worldview, or beliefs regarding the nature and meaning of health and illness. Additional predictor variables explored included demographics and health status, changing outlook of patients towards the use of alternative medicines, social system and alternative medicines, and belief system of the respondents and alternative medicines.

Design.— Exploratory Research Design is selected as the design. A written survey examining use of alternative health care, health status, values, and attitudes toward conventional medicine. Direct and personal interview questionnaire was prepared and regular visit to the respondents in two hospitals, of the Faculty of Ayurvedic, Unani and Homeopathic medical systems with outpatients and inpatients (n=300) analyses were used in an effort to identify users of alternative health care use.

Setting and Participants.— A total of 300 individuals randomly selected from a panel who had agreed to participate in interview and who live throughout Bhopal City, in Madhya Pradesh, in two medical colleges with facilities of Inpatients and Outpatients. Science and society exist in a dialectical relationship. The findings of science have a profound effect on society; none of us have any doubts about that. But science is also a product of society, very much shaped by the cultural milieu within which it developed. Western science and medical science have the forms they do because science developed within a culture placing unusual value on the ability to predict and control.

The purpose of this paper is to understand the changing outlook of the patients towards the use of Alternative Medicines (With reference to Bhopal city). The study was conducted in two Medical Colleges with many faculties of Hospitals of Ayurvedic, Homeopathy and Unani, with in-patients and out-patients in Bhopal City. This paper focuses on the sociological perspective of the alternative medicines. Alternative Medicine is defined as any therapeutic practices that do not satisfy the standards of the majority of the orthodox medical community. The diversity of these therapies makes them difficult to categorize as a group, yet they are often collectively referred to as 'complementary,' 'alternative', 'integrative', 'unorthodox', 'unconventional,' 'unproven', 'natural, 'traditional and' 'holistic' medicines and are contrasted with "conventional", "mainstream", "allopathic," 'orthodox", "conventional" and "scientific" medicine. Complementary and Alternative Medicines (CAM) is defined as a group of diverse medical health care systems, practices, and products that are not presently considered to be part of conventional medicine" (NCCAM). These intriguing natural health alternatives have been practiced for thousands of years, but are just beginning to be recognized in mainstream Western culture. Complementary medicine or therapy used together with conventional medicine. The term 'alternative medicine' is the most widely accepted in western countries, that are not presently considered to be part of conventional medicine.

The WHO defines complementary and alternative medicine (CAM), or so-called traditional medicine, as follows: "a comprehensive term used to refer both to traditional medical systems such as traditional Chinese medicine,

Indian Ayurvedic and Arabic unani medicine, and to various forms of indigenous medicine.” Ayurvedic (India) Medicine perceives health as a harmonious equilibrium between fundamental elements that corresponds to physical, emotional and spiritual manifestations in human. Western Modalities such as homeopathic and anthroposophical medicine extend the biomedical paradigm and view health and disease as related either to life force or vital force. or to the complexity of body, mind and soul. Spirituality has an important role to play in alternative medications. Spirituality may defined as a sense of meaning and purpose in life, faith and comfort with existential concerns. Indeed, certain alternative medicine modalities refer to spirituality as part of a holistic conceptualization of the individual.

The study reveals that why patients use alternative medicines. The perceived fact emphasis on **treating the whole person**, enabling patients to take a more active part in maintaining their health, when orthodox treatment was not effective for their health problem or caused unpleasant side effects, when doctors spent less time with patients, or when patients experienced difficulty in communicating with their doctors. Allopathic medicine has changed from an individual craft or skill to “**corporate medicine**”. Medicine now has an extensive wage-labor force (including employees in the pharmaceutical industry and related industrial sectors). Medical practitioners have become proletarianised, that is, their professional status

has gradually been undermined as a result of administrative and managerial staff taking over responsibility for health care provision.

A major findings of the study are as follows: that, a sizeable percentage of patients receive conventional medical treatment also use unconventional medicine (CAM). The sociological approaches of alternative medicine is that the motivation for the pursuit of the different approach of Alternative Medicine is that the **doctor-patient relationship**. More personal and empathic touch to physician-patient interactions are found in alternative medical therapies. The study reveals that changing outlook of the patients towards alternative medicines is that it is subjective to individual, geographical, cultural and disease-related factors. High cost of the allopathic medication, commercialization, leads for a change of outlook towards alternative medicines. Alternative Medicines, or integrative medicines offers many natural health careers, treatments and health care practices that are beginning to be recognized in the medical community as natural healing arts that promote wellness through disease prevention. It is exciting to note the increasing acceptance and visibility of alternative, natural health and complementary forms of healing-especially in specialty areas as Natural Health Care systems as “patient-oriented care”. So, this paper will try to highlight on which are the conditions affecting the patients get a changing outlook towards alternative medicines.

Cardiac disease patients (60%) were in the hospital for data collection as respondents, who were using allopathic medication and changed to alternative system for their treatments. *Cancer Patients* (18%) came to

alternative therapies after their ontological treatments from allopathic treatments. *Hemoglobin Deficiency (Anemia)*(10%) were taking alternative therapeutic after the allopathic medications, *Urinary Tract Infection(UTI)*5% (Bacterial infection) of the respondents were showing satisfaction in alternative medications. *Thyroid Disorders* and other Health disorders(2%) were found in the study that they could feel significant changes in their health from alternative medicines and individualized care.

Dependent Variable Following Eisenberg et al,¹ the dependent variable, alternative health care use, a dichotomous measure, was operationalized as used within the previous year of any of the following treatments: acupuncture, homeopathy, herbal therapies, chiropractic, massage, exercise/movement, high-dose megavitamins, spiritual healing, lifestyle diet, relaxation, imagery, energy healing, folk remedies, biofeedback, hypnosis, psychotherapy, and art/music therapy. Several of these treatments, however, were deemed not to be alternative or unconventional if they were used to treat particular health-related problems: (1) exercise for lung problems, high blood pressure, heart problems, obesity, muscle strains, or back problems; (2) psychotherapy for depression or anxiety; and (3) self-help groups for depression or anxiety. The category "alternative medicine" was thus delimited to exclude those practices that are already part of standard medical care and recommendations such as exercise to treat hypertension or psychotherapy to treat depression. The category "lifestyle diet" could include more standard or conventional dietary recommendations such as a low-fat or low-salt regimen for treating

cardiovascular disease or hypertension. Analyses were repeated using a second dependent variable, primary reliance on alternative medicine, a dichotomous measure defined by those respondents who reported using primarily alternative therapies to treat health-related problems.

Hypotheses: The following hypothesized relationships were tested in the exploratory Research Designs: Users of alternative health care will be distinguished from nonusers in that they will (a) report less satisfaction with conventional medicine; (b) demonstrate a greater desire to exercise personal control over health-related matters; and (c) subscribe to a holistic philosophical orientation to health. Since the majority of health care alternatives are not covered by insurers, having access to more financial resources will predict use of alternative medicine.^{25 - 26} As suggested by previous research,^{1, 26 - 28} higher levels of education will be predictive of alternative medical use. Users of alternative health care will be more likely to be part of a cultural group, described by Ray^{24, 29} as "cultural creative," and identifiable by the following values: commitment to environmentalism; commitment to feminism; involvement with esoteric forms of spirituality and personal growth psychology, self-actualization, and self-expression; and love of the foreign and exotic. These individuals tend to be at the leading edge of cultural change and innovation, coming up with the most new ideas in the society, and are therefore hypothesized to be more inclined to use alternative health care. (Ray developed his value classifications, what he termed "value subcultures," empirically using factor analysis and multidimensional scaling to create orthogonal value

dimensions. K-means clustering was then used to cluster respondents into the different value groupings. According to Ray,²⁴ the cultural creative group has been steadily growing in the culture at large since the late 1960s and now represents approximately 44 million Americans [23.6% of the adult population]. While there is likely some crossover in terms of values and orientation with those identified by the popular media as New Ager, the latter term has no operational definition while the categorization of cultural creative is based on empirical research examining specific values held by individuals in the culture at large.) Those who report relying primarily on alternative forms of health care will be more likely to subscribe to a holistic philosophy of health (their greater commitment to these health practices being reflected in a set of health beliefs that are more congruent with many forms of alternative medicine).

Demographic Characteristics. Survey respondents were comparable to census data from the same time period with the exception of a slight underrepresentation of younger, less educated, and poor persons (Table 2). Table 2. – Demographic Characteristics of Survey Sample (N=300) **Health Problems** Respondents were asked whether they had experienced any of a list of 26 health-related problems within the past year (Table 1). They were then asked to list the 3 most "bothersome" or "serious" ones. The top 5 problems listed were (1) back problems (19.7%); (2) allergies (16.6%); (3) sprains/muscle strains (15.7%); (4) digestive problems (14.5%); and (5) lung problems, pneumonia, or respiratory infections (13%). **Frequency of Use of Alternative Medicine.** Forty percent of respondents reported using some

form of alternative health care during the past year. The top 4 treatment categories were chiropractic (15.7%); lifestyle diet (8.0%); exercise/movement (7.2%); and relaxation (6.9%). The most frequently cited health problems treated with alternative therapies were chronic pain (37%); anxiety, chronic fatigue syndrome, and "other health condition" (31% each); sprains/muscle strains (26%); addictive problems and arthritis (both 25%); and headaches (24%). Analyses were also carried out to determine which specific treatments were being used for which therapeutic modalities. Table 3 lists the top 10 health problems (in terms of percentage who treated them with alternative medicine) and the most frequently used alternative therapies for each. Table 3.—Most Frequently Used Alternative Therapies for Specific Health Problems

Although certain alternative therapies tended to be used more frequently, a broad range of alternatives were, in fact, being used for the majority of health problems. For example, although chiropractic care represented close to 50% of all alternative treatments used for headaches, individuals also reported using acupuncture, homeopathy, megavitamins, spiritual healing, lifestyle diets, relaxation, massage, folk medicine, exercise, psychotherapy, and art/music therapy to treat this health problem. A similar pattern is evident across many of the health problems listed on the survey; ie, although particular alternative treatments may predominate, use is by no means confined to any particular therapy or even a few therapies. **Multivariate Statistics.** The following variables predicted use of alternative medicine in the multiple logistic regression (criterion for entering was $P < .05$): (1) being more educated; (2) being classified in the value subculture of cultural creatives;

(3) having a transformational experience that changed the person's worldview; (4) having poorer overall health; (5) believing in the importance of body, mind, and spirit in treating health problems (holistic health philosophy); and (6) reporting any of the following health problems: anxiety, back problems, chronic pain, or urinary tract problems. Table 4 presents the Intercorrelations of all hypothesized predictors and use of alternative medicine. Table 5 presents the adjusted odds ratios and 95% confidence intervals for the independent variables that emerged as significant predictors. Intercorrelations of Hypothesized Predictor Variables and Use of Alternative Medicine .Contrary to a number of previous findings and the present study's hypothesis, negative attitudes toward or experiences with conventional medicine were not predictive of alternative health care use. Among those who reported being highly satisfied with their conventional practitioners (54%), 39% used alternative therapies, while 40% of those reporting high levels of dissatisfaction (9% of respondents) were users of alternative medicine. Although there was a trend in the direction of those desiring to keep control in their own hands being more likely to use alternative medicine, this variable was also not a significant predictor of alternative medicine use as hypothesized. Racial/ethnic differences also did not predict use of alternative medicine. Use was found across all groups (eg, whites, 41%; blacks, 29%; Hispanics, 40%). (Percentages of Asian and Native American respondents who used alternative medicine are not reported here as their overall numbers in the sample are too small. Also, the fact that certain ethnic groups had relatively low representation in the sample may explain why they did not emerge as

predictors in the regression.) No significant differences were found with respect to sex with 41% of women and 39% of men reporting use of alternative health care. Finally, neither income nor age predicted use of alternative medicine in the regression. The results do, however, provide strong support for the philosophical/value congruence theory in several ways. First, as hypothesized, having a holistic philosophy of health ("The health of my body, mind, and spirit are related, and whoever cares for my health should take that into account") was predictive of alternative health care use. Among those subscribing to this philosophy, 46% reported being users of alternative medicine, while only 33% of those not endorsing the item were users. This finding suggests that use of alternative medicine may, in part, reflect shifting cultural paradigms, particularly with respect to recognizing the importance of spiritual factors in health. Second, the statement, "I've had a transformational experience that causes me to see the world differently than before," also emerged as a significant predictor. Of those who answered "yes" (18.3%), 53% reported use of alternative health care compared with 37% of those who responded "no" or "not sure." Third, those categorized as cultural creatives were significantly more likely to use alternative health care. Among this sub-cultural group, 55% reported using alternative health care compared with only 35% of those not in this group. Education emerged as the 1 socio-demographic variable that predicted use of alternative medicine; individuals with higher educational attainment were more likely to use alternative forms of health care (e.g, 31% of those with high school education or less reported use compared with 50% of those with graduate degrees). The 3-item factor, health status, also emerged

as a significant predictor of alternative health care use, with use increasing as health status declined. A number of specific health problems (ie, back problems, chronic pain, anxiety, and urinary tract problems) were also predictive of alternative health care use. These results suggest that experiencing certain health problems increases the likelihood that one will be a user of alternative medicine in a general sense (i.e., not simply to treat that particular disorder). For example, those individuals citing anxiety as 1 of their 3 most serious health problems were almost twice as likely as nonanxiety sufferers (67% vs 39%) to be users of alternative health care. To test the validity of the logistic regression model, 2 techniques were used. First, predicted values from the multivariate equation were divided into quintiles. The percentage of respondents within each quintile who used alternative medicine was then calculated. This analysis is typically used to assess the extent to which there is any clinical or policy relevance to the predictor variables beyond their being statistically significant.³⁰ Within the quintile of lowest predicted value scores, 17% used alternative medicine; within the highest quintile, 68% were users. These results suggest that the model is fairly strong and has practical (not merely statistical) significance. To further examine the model's validity, the sample was randomly split into 2 even subsamples, and separate logistic regressions were run for each. These multivariate models were then compared, and there were no significant differences observed in the coefficients of each model. Finally, predicted values were again divided into quintiles in each subsample, and the spread of probabilities across each group was quite consistent between each model and in comparison with the overall regression model. **Primary**

Reliance on Alternative Medicine To test whether individuals who report relying primarily on alternative forms of health care show a different profile from those who use alternative medicine more in conjunction with conventional means, separate logistic analyses were carried out. This exploratory analysis suggests that primary reliance on alternative forms of medicine is explained by a considerably different set of variables. The following independent variables were significant predictors in the multiple logistic regression: (1) distrust of conventional physicians and hospitals; (2) desire for control over health matters; (3) dissatisfaction with conventional practitioners; and (4) belief in the importance and value of one's inner life and experiences. The fact that only 4.4% (n=45) of the sample was categorized as relying primarily on alternative forms of health care is consistent with previous findings¹ suggesting that the vast majority of individuals appear to use alternative therapies in conjunction with, rather than instead of, more conventional treatment. In contrast to individuals who use alternative therapies in conjunction with conventional medicine, for whom dissatisfaction with conventional medicine was not a significant predictor of alternative health care use, 2 of the 4 predictors of primary reliance on alternative medicine reflect a general lack of trust in and satisfaction with conventional medical care. It is also individuals who report a desire to keep control in their own hands who are more likely to report relying primarily on unconventional forms of health care. Education and health status did not predict primary reliance on alternative medicine. Neither being a cultural creative nor holding a holistic philosophy of health was a significant predictor in this model. These findings suggest that,

contrary to my hypothesis, those evidencing a greater commitment to or reliance on alternative health care may be doing so primarily as a result of their dissatisfaction with conventional medicine rather than on ideological or philosophical grounds. Because of the small sample size in the above analyses and the relatively imprecise measure of the dependent variable (i.e., one can only infer that respondents who report relying primarily on these alternatives tend to use them more as a replacement than as a complement to conventional approaches), one must interpret these findings with caution.

Perceived Benefits of Alternative Medicine. Perceived benefits of alternative therapies were considered as potential determinants of use (eg, if someone reports receiving some benefit from a given treatment, this could in turn serve as an important determining factor in future health care decisions). The 2 most frequently endorsed benefits were, "I get relief for my symptoms, the pain or discomfort is less or goes away, I feel better," and "The treatment works better for my particular health problem than standard medicine's." These responses suggest that the most influential or salient factor in people's decision to use alternative health care may be its perceived efficacy. The response, "The treatment promotes health rather than just focusing on illness," was the third most frequently reported benefit and offers further support for the philosophical congruence theory.

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