

Use of Alternative/Traditional Therapies by Rural Women

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Abstract

Background: Over generations various alternative modalities are being used not only for treatment of various disorders but for preventive, promotive health also. Globally traditional therapies (TT) and/or alternative therapies (AT) are used mostly with modern medicine as complementary therapies (CT). Use has risen even in developed countries, may be because of dissatisfaction, harmful effects, cost of modern medicare or other reasons.

Objectives: To know types of TT/AT used, for symptoms which could be because of gynaecological disorders, their efficacy, side effects.

Material and Methods: Study over a year was carried out in Obstetrics Gynaecology outpatient of rural institute in Central India after ethics committee's approval. Sample size calculation would have been hypothetical, so duration was decided. By using predeveloped questionnaire, interviews were conducted in local language, around 6 - 8/day after taking informed consent. Institution being rural, more rural women used services. However 1300 women of 20 to ≤ 65 yrs were equalized, 650 rural and 650 urban to know differences between rural and urban. They were asked about use of TT/AT for various symptoms, which could be because of gynaecological disorders.

Results: Amongst rural women, of 22 adolescents only one (4.54%) used Herbs for white discharge. Of 297 of 20 - 34 yrs, 44 (12.60%) used TT/AT, of 247 of 35 - 49 yrs, 35 (14.17%) used TT/AT, and of 84 of 50 - 64 yrs, 11 (13.09%) used TT/AT with quite a lot of relief in many. Amongst urban women, of 11 teenagers two (18.1%) used Herbs, of 349 women of 20 to 34 years 59 (16.9%) used TT/AT, of 227 of 35 to 49 years, 57 (25.11%) used, AT/CT with quite a lot of relief in many women. Only 20 women said there was no change. Of 63 women of 50 to 64 years, 6 (9.5%) used TT/AT. Overall of 650 rural, 91 (14%) used TT/AT, of 650 urban, 124 (19%) used CT, insignificant difference but more urban women used, quite a few with benefits too. But some women had harmful effects. Items used were kitchen items like Ginger paste, Garlic paste or Ayurvedic pills/Liquids or Herbs or Witch craft. Economical class, education had no relation to use, efficacy of TT/AT or side effects.

Keywords: *Traditional Therapies (TT); Alternative Therapies (AT); Complementary Therapies (CT)*

Background

Over the generations, people have used and are using alternative remedies for therapy and/or prevention of various disorders, as well as for promotive health. Traditional therapies (TT) and/or alternative therapies (AT) are used mostly with modern medicine as complementary therapies (CT) globally. The use has risen even in the developed countries, may be because of dissatisfaction or harmful effects or cost of modern medicare or other reasons [1-5]. They encompass a broad spectrum of practices from traditional Kitchen items,

Alternative systems or Witch Craft. Quinlan and Hill [6] reported that almost four billion people worldwide used such therapies for various reasons, more so women, probably because of their biological, physiological functions, menstruation, pregnancy, birth, post-birth, lactation, family planning, sexual life, violence and so on. Socio cultural issues, dependence may be the other reasons. It may also be because of ignorance, lack of awareness, problems of access to modern health facilities, faith or religious beliefs. In many parts of the world male dominance prevails and women are dependent on fathers, husbands, sons for everything, including finances and support for reaching health care. Further because of needs of family, children, husband and elderly in the family, women do not take time off for their own health. So they use, whatever is easily available, including traditional kitchen items. These therapies may be for pain during menstruation (dysmenorrhoea), more or less menstruation (menorrhagia, oligomenorrhoea), prevention of pregnancy or for having pregnancy, vaginal discharge, abdominal/pelvic pain, backache or even for diagnosed gynaecological cancers. According to the World Health Organization (WHO) [7] about 80% of developing countries depend on traditional medicines for their primary health care needs [8]. Those practising modern medicine lack needed information about all these aspects of health care, but need to be aware.

Objectives of the Study

To know the types of TT/AT used for symptoms which could be because of various gynaecological disorders, their efficacy and side effects.

Materials and Methods

The study over a year was carried out in the Obstetrics and Gynaecology outpatient of a rural institute in Central India after ethics committee’s approval. Sample size calculation would have been hypothetical, so duration was decided. Interviews were conducted one after another, around 6 - 8/day after taking informed consent. Institution being rural, more rural women used services. However 1300 women of 20 to 65 yrs were equalized, 650 rural and 650 urban to know the differences between rural and urban women. They were asked about use of TT/AT for various symptoms (Table 1). They were asked about efficacy on a scale of 5 including harmful effects. Their economic class and education were also recorded.

Age	Economic Status				Literacy					Problems	Efficacy					
	UM	M	LM	L	I	P	S	G	PG		Quite a lot	Complete	Little	No change	Harmful effect	Total
< 20			1				1			White discharge	1					1
Total			1				1				1					1
20 - 34	1		10	1		4	8			White discharge	4	2		3	3	12
		8	9	2	1	9	6	3		Pain abdomen	5	3	3	8		19
		1	2		1	1	1			Burning micturation	1			1	1	3
		1	1	1		1	1	1		Backache		1	1	1		3
			2	2		1	3			Irregular menses	1		2	1		4
			1	1	1	1				Menorrhagia	2					2
										Headache						
			1			1				Dysmenorrhoea		1				1
Total	1	10	26	7	3	18	19	4			13	7	6	14	4	44
35 - 49		6	3		2	4	2	1		White discharge	4	1		4		9
		9	9	2	10	4	3	3		Pain abdomen	8	4	6	1	1	20
		1	1		1		1			Burning micturation	2					2
			1			1				Backache			1			1
										Irregular menses						
		1			1					Menorrhagia	1					1
										Headache						
		1	1		1		1			Dysmenorrhoea	1		1			2
Total		18	15	2	15	9	7	4			16	5	8	5	1	35
50 - 64		1	2		1	2				White discharge	1		2			3
		2	1		1	1	1			Pain abdomen		1		2		3
		1	2		1	2				Burning micturation	1		1	1		3
			1	1		1	1			Menorrhagia		1		1		2
Total			4	6	1	3	6	2			2	2	3	4		11
Grand Total	1		32	48	10	21	33	29	8		32	14	17	23	5	91

Table 1: Age socio economic status and problems of rural women.

UM: Upper Middle; M: Middle; LM: lower Middle; L: Lower.

Results

Of 1300 women interviewed only 215 (17.02%) said they had used TT/AT for various complaints which could be linked to gynaecological disorders. The range of TT/AT use was 4 to 14% in rural women. Among rural, one (4.5%) of 22 teen age girls used Herbs for white discharge with quite a lot of relief. Of 297 women of 20 - 34 yrs, 44 (14.8%) used, Of 44 women 12 (27.2%) used TT/AT for white discharge, with quite a lot of relief in 4 (33%), one with Kadha (some kitchen items boiled with water), one with Ayurvedic powder and 2 with Herbs. Two were completely relieved with Herbs. Three had no change, (two with Herbs and one Ayurvedic pills). Three had harmful effects, one with Kadha and two with Herbs. These women were of middle and lower middle economic class with no difference in use and outcome with economic class. Similarly education neither affected use nor outcome.

Nineteen women (43.18%) out of 44 used TT/AT for Pain in Abdomen, with quite a lot of relief in 5 (26.3%), 2 with Black tea and one each with Kadha, Mustard Oil Massage (MOM) and Celery. There was little relief in 3, with Kadha. There was complete relief in 3, two with celery and other with Kadha. There was no change in 8 women, 3 with Yoga and 5, one each with Celery, Kadha, Witch craft, MOM and Herbs. These women were of lower, lower middle and middle economic class with no effect of economic class on use, efficacy and side effects of TT/AT. Education also did not change anything including use of Witch craft. Of rural women 3 of 44 of 20 - 34 yrs used TT/AT for Burning micturition. There was quite a lot of relief in one with Herbs, one was not relieved with Herbs and one had harmful effects with Witchcraft. Three used TT/AT for Backache. One was completely relieved with Ginger Oil Massage (GOM). Of two who used MOM, one had little relief and other no change. Four women used TT/AT for Irregular Menstruation. There was quite a lot of relief in one with Mahasudarshan Ayurvedic syrup, little relief in 2, one with household Kadha and other with Herbs. There was no change in one who used Witch craft. Two women used TT/AT for Menorrhagia, one did Yoga and other used Herbs with quite a lot of relief. One used Herbs for Dysmenorrhoea with quite a lot of relief. All women were of lower, lower middle and middle class economic class. Economic class and education did not affect use, outcome and side effects.

Amongst rural women, of 247 of 35 - 49 yrs, 35 (16.50%) used TT/AT. Nine (25.7%) women used for White discharge with complete relief in one with Kadha. There was quite a lot of relief in four, 2 with Herbs, and 2 with Kadha. There was no change in 4, two with Ayurvedic powder and 2 with Witch craft. Twenty women used TT/AT for Pain in abdomen with complete relief in 4, two with Herbs, 2 with Kadha. There was quite a lot of relief in 8 women with Black tea in two, Celery in two, one with Herbs and 3 with Kadha. There was little relief in 6, one with Witch craft, 2 with Household Kadha, one with Yoga, one with Black tea and one with MOM. There was no change in one with Herbs. One had harmful effects with Herbs. Two women used Herbs for Burning micturation with quite a lot of relief. One used Ayurvedic powder for Backache with little relief. One used Household Kadha for Menorrhagia with some relief. Two women used Fruit diet for relief from Dysmenorrhoea with quite a lot relief in one and little relief in other who used MOM. Of 84 women of 50 - 64 yrs, 11 (15.06%) used TT/AT. Three women used Herbs for White discharge with little relief in 2 and quite a lot of relief in one with Witch craft. Three used AT/TT for Burning micturition, one used Herbs, one Witch craft with quite a lot of relief. There was little relief in one with Herbs. One used Witch craft with no change. Two women used TT/AT for Menorrhagia and had complete relief, one with Household Gadisakhar (preparation with kitchen items available in market) and one with Yoga. Three used TT/AT for Pain in Abdomen One was completely relieved with Celery, 2 had no relief, (one with Yoga and one with Witch craft) Economic class and education neither affected use nor efficacy or understanding of harmful effects (Table 2).

Age	R/U	Economic Status					Literacy						Quite a lot	Complete	Little	No change	Harmful effect	Total	
		U	UM	M	LM	L	I	P	S	G	PG								
< 20	R				1				1				White discharge	1					1
	U			1		1			2				White discharge	2					2
				1	1	1			3				White discharge	3					3
20 - 34	R		1		10	1		4	8				White discharge	4	2		3	3	12
	R			8	9	2	1	9	6	3			Pain abdomen	5	3	3	8		19
	R			1	2		1	1	1				Burning micturation	1			1	1	3
	R			1	1	1		1	1	1			Backache		1	1	1		3
	R				2	2		1	3				Irregular menses	1		2	1		4
	R				1	1	1	1					Menorrhagia	2					2
	R												Headache						
R				1			1					Dysmenorrhoea		1				1	

20 - 34	U		5			1	3	1			White discharge	1		1	1	2	5
	U		6	28	3		22	10	5		Pain abdomen	14	3	8	7	5	37
	U		1	1			1	1			Burning micturation	1				1	2
	U		2	1			2	1			Backache			2	1		3
	U		1	2	2	1	2	1	1		Irregular menses	2			3		5
	U			1	1		2				Menorrhagia	1		1			2
	U				1			1			Headache			1			1
	U		2		2		3	1			Dysmenorrhoea		1	1	2		4
			1	27	59	16	5	53	35	10			32	11	20	28	12
35 - 49	R		6	3		2	4	2	1		White discharge	4	1		4		9
	R		9	9	2	10	4	3	3		Pain abdomen	8	4	6	1	1	20
	R		1	1		1		1			Burning micturation	2					2
	R			1			1				Backache			1			1
	R										Irregular menses						
	R		1			1					Menorrhagia	1					1
	R										Headache						
	R		1	1		1		1			Dysmenorrhoea	1		1			2
	U		8	5		3	6	2	2		White discharge	3			9	1	13
	U		3	11		4	5	3	2		Pain abdomen	2	4		7	1	14
	U		1	2		1	1	1			Burning micturation	1	1	1			3
	U		1	2	1	1	1	2			Backache			1	3		4
	U			1			1				Irregular menses	1					1
	U			10	2	2	4	6			Menorrhagia	4	2	2	1	3	12
	U			1	1	1	1				Headache		2				2
U			1				1			Dysmenorrhoea			1			1	
			31	48	6	27	28	22	8			27	14	13	25	6	85
50 - 64	R		1	2		1	2				White discharge	1		2			3
	R		2	1		1	1	1			Pain abdomen		1		2		3
	R		1	2		1	2				Burning micturation	1		1	1		3
	R			1	1		1	1			Menorrhagia		1		1		2
	U		1				1				White discharge				1		1
	U		1	3	1	2	1	2			Pain abdomen	2	1		2		5
	U										Burning micturation						
	U										Menorrhagia						
Total			6	9	2	5	8	4				4	3	3	7		17
Grand Total		1	65	117	25	37	89	64	18			98	27	34	57	15	208

Table 2: Age wise rural, urban and socio economic status with problems.

Of urban women, of 11 of less than 20 yrs of age, two (18.2%) used TT/AT. Of 349 women of 20 - 34 yrs, 59 (20.3%) used TT/AT. Of 227 women of 35 - 49 yrs age, 57 (33.5%) used TT/AT. Of 63 women of 50 - 64 yrs of age, 6 (10.5%) used TT/AT, the range was 10 to 33%, significantly higher than rural women ($P < 0.05$).

Of urban women, two (18.2%) of 11 teenage girls used Herbs for White discharge and had little relief. Of 59 (16.9%) women of 20 - 34 yrs of age, 5 used TT/AT for White Discharge with quite a lot of relief in one who used Herbs. One used Household Kadha with little relief, and 3 were not relieved. One used Witch craft with no change and two had harmful effects, one with Herbs and one with Witch craft. Economic status and education did not affect use, effects and side effects.

Of 37 women of 349 women of 20 - 34 years used TT/AT for Pain in abdomen. There was complete relief in 3, one each with Yoga, household Kadha and Celery. There was quite a lot of relief in 14 (37.8%) of those who used TT/AT for pain in abdomen in women of 20 - 34 years age, 5 with Herbs, three with Household Kadha, 2 with Black tea, one with Celery and 3 with Yoga. They were of lower, lower middle, middle and upper middle class too with no difference on outcome with economic class. There was little relief in pain in abdomen in 8 women, four with Household Kadha, 3 with Sunderikalp Ayurvedic mixture and one with Herbs. There was no change in 7 women, 5 with Witch craft, one with Celery and one with Herbs. There were harmful effects in 5 women, 3 with Herbs and two with Household Kadha. Two women of 2 - 34 yrs used TT/AT for Burning micturition with quite a lot of relief in one with Herbs and harmful effects in one with Herbs. Three used TT/AT for Backache and 2 had little relief, one each with Herbs, and Witch craft. One had no change with Witch craft. Five women used TT/AT for Irregular menstruation with quite a lot of relief in 2 with Household Kadha and other with Witch craft. There was no change in 3, two who used Household Kadha and one Sunderikalp Ayurvedic syrup. Two women with Menorrhagia used TT/AT. One had quite a lot relief with Witch craft and other had little relief with Black Tea. One used Garlic paste for Headache during menstruation (Premenstrual Tension) with little relief. Four women used TT/AT for Dysmenorrhoea. One used Herbs with complete relief and other had little relief with Household kadha. Two women had no relief, one with MOM and one with Witch craft. Most women belonged to lower middle, some to lower middle, upper middle with no relation of use, efficacy and side effects to economic class and education too.

Of 57 (33.5%) women of 227 women of 35 - 49 yrs of age, 13 (22.80%) used TT/AT for White Discharge with quite a lot of relief in 3, one each with Herbs, Household Kadha, and Gadhisakhar. Ten were not relieved, 7 with Herbs and two with Witch craft and one with Household Kadha. One woman had harmful effects with Witch craft.

Sixteen (28.07%) women of 35 - 49 years old used TT/AT for Pain in abdomen with complete relief in 4, two with Herbs and 2 with Household Kadha. There was quite a lot of relief in 2, one with Black Tea and one with Yoga. Two had little relief with Celery and one with Black tea. Eight were not relieved (one with Herbs, 2 Household Kadha, 2 Black tea, 2 Mahasudarshan Ayurvedic Kadha and one had harmful effects even with Celery. Most women were of lower middle class, some were of lower or middle economic class with no difference in use and effects. No one was postgraduate studied but education did not change use and feeling of efficacy.

Three women of 35 - 49 years, used TT/AT for Burning in Micturation. One used Household Kadha and other used Witch craft, with quite a lot relief and one had little relief with Herbs. Four women used TT/AT for Backache, one used M O M with little relief, one each used G O M, Witch craft and Household Kadha with no change in all the three. One used Witch craft for Irregular menses with quite a lot of relief. Twelve women used TT/AT, for Menorrhagia, 2 were completely relieved, one who used Yoga, and one with Witch craft. Four women had quite a lot relief, one Household Kadha, one Herbs, one used Gadhisakhar and one Yoga. Two had little relief, one with Yoga and one with Gadhisakhar. Four women were not relieved, other with Black tea, three actually had harmful effects, two with Witch craft and one with Household Kadha. One used MOM for Dysmenorrhoea with little relief. Two used Garlic paste on forehead for Headache during Menstruation (Premenstrual tension) with complete relief.

Of 6 (9.5%) urban women of 50 - 64 yrs of age, one used Witch craft for White discharge, with no change. Five used TT/AT for Pain in abdomen. One used Celery with complete relief, quite a lot of relief in 2 with Household Kadha and one with Herbs. Two had no relief, one after use of MOM and one with Witch craft (Table 3).

Age	Economic Status			Literacy					Quite a lot	Complete	Little	No change	Harmful effect	Total	
	UM	M	LM	L	I	P	S	G							
< 20		1		1			2		2					2	
20 - 34		5			1	3	1		White discharge	1		1	1	2	5
		6	28	3		22	10	5	Pain abdomen	14	3	8	7	5	37
		1	1			1	1		Burning micturation	1				1	2
		2	1			2	1		Backache			2	1		3
		1	2	2	1	2	1	1	Irregular menses	2			3		5
			1	1		2			Menorrhagia	1		1			2
				1			1		Headache			1			1
		2		2		3	1		Dysmenorrhoea		1	1	2		4
	17	33	9	2	35	16	6		19	4	14	14	8	59	
35 - 49		8	5		3	6	2	2	White discharge	3			9	1	13
		3	11		4	5	3	2	Pain abdomen	2	4		7	1	14
		1	2		1	1	1		Burning micturation	1	1	1			3
		1	2	1	1	1	2		Backache			1	3		4
			1			1			Irregular menses	1					1
			10	2	2	4	6		Menorrhagia	4	2	2	1	3	12
			1	1	1	1			Headache		2				2
		1				1		Dysmenorrhoea			1			1	
	13	33	4	12	19	15	4		11	9	5	20	5	50	
50 - 64		1				1			White discharge				1		1
		1	3	1	2	1	2		Pain abdomen	2	1		2		5
									Burning micturation						
									Menorrhagia						
Total			2	3	1	2	2		2	1		3		6	
Grand Total	33	69	15	16	56	35	10		34	14	19	37	13	117	

Table 3: Age socio economic status with problems.
 UM: Upper Middle; M: Middle; LM: lower Middle; L: Lower.

Discussion

The disease driven approach in modern medicine has resulted in highly fragmented health system which is expensive, impersonal and many times ineffective too. Many alternative approaches have philosophy of putting the patient at the centre of addressing the problem, not just the symptoms, the care that is preventive, promotive and personalized. AT are believed to be systems of healthcare that treat the whole person, not just the symptoms of disease [9]. As per World Health Organization’s report [10], ‘when TT/AT were used with modern medicine they became CT’. Such therapies were reported to be used by 40-70% of population globally in different countries, highest in United Kingdom, North Ireland, Belgium, Chile 70% and 40% of population in USA, France and Australia. Globally most therapies were used for chronic diseases [11]. Two national surveys found that the use of AT by adults in the United States increased from 34% in 1990 to 42% in 1997 Unconventional therapies were common among those of reproductive age [3,12]. The use of TTAT as CT was more common among women (48.9%) than men (37.8%) [3]. Quality scientific research, evaluating efficacy and safety of those agents is limited. In Australia, even with the presence of a comprehensive universal health care system, the utilisation of TT/AT is the highest in any developed nation, 70% of the population was estimated to be using some form of TT/AT as single modality or with modern medicines as CT. Most TT/AT research and education to date has focussed on clinical and experimental medicine (safety, efficacy and mechanism of action) and regulatory issues, not as public health dimension. A survey conducted by NPS Medicine Wise in 2008 revealed that 65 per cent Australians

used one or more CT in the previous 12 months. Sometimes, CT are less invasive and more cost-effective than conventional medical treatments. People may have more than one reason for choosing a CT and they may use other strategies at the same time to enhance their health. Studies showed that the most frequent users of CT included well educated women, who had high-income and were suffering from cancer or chronic conditions. They also showed that many people used CT because of their cultural traditions and beliefs [9]. In the present study, amongst rural of 22 adolescents only one (4.54%) used Herbs for white discharge, Of 297 of 20 - 34 yrs, 44 (12.60%) used TT/AT, with quite a lot of relief, Of 247 women of 35 - 49 yrs, 35 (14.17%) women used TT/AT, with quite lot of relief. Of rural women of 50 - 64 yrs, 11 (13.09%) used TT/AT, with range of around 5% to 15%. Amongst urban of 11 teenager, two (18.1%) used Herbs. Of 349 urban women of 20 to 34 years, 59 (16.9%) used TT/AT, 19 women (32.2%) had quite a lot of relief. Of 227 urban women of 35 to 49 years 57 (25.11%) had used AT/CT, 20 (35.08%) women had no change and the rest 37 (64.91%) did get relief. In 63 women of 50 to 64 years, 6(9.5%) used TTAT. Overall of 650 rural women, 91 (14%) used TT/AT, of 650 urban 124 (19%) women. TT/AT were used in all the ages and all the economic classes but more urban women used CT, negating the philosophy of rural women used such therapies. Therapies used were Herbs, Witch craft, M O M, G, Ayurvedic polls or liquid. Harmful effects were mostly with Herbs, Witch craft and occasionally with Kadha and mostly no effects or harmful effects with Witch craft.

Public health research must consider social, cultural, political, and economic contexts to maximise the contribution of TT/AT with or without modern medicine to health care systems globally [13]. WHO uses a separate definition for traditional medicine, 'the sum of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether inexplicable or not, used in the maintenance of health as well as in the prevention, diagnosis, treatment or enhancement of physical and mental illnesses. Some countries use the terms traditional medicine and complementary medicine interchangeably [10]. TT/AT use by patients is generally unregulated and unmonitored, and there is often no regulatory infrastructure to deal with public health issues associated with TT/AT use. This could lead to dangerous sequelae because of interactions [9]. The health care providers of modern medicine and communities at large, need to be aware especially because, some of these TT are not entirely free of risk. The lack of knowledge can lead to serious health hazards. Also health providers need to find out means of best advocacy for safe practices. Often clinicians of modern medicine do not ask about use of AT or TT because of ignorance, apathy, time constraint and so on. Patients continue to use AT as CT. Sometimes first they try TT for their illnesses and the disorder may be advanced when they report. Women may believe that it is not important to report about such practices. Swisher, *et al* (2002) reported that American patients with gynaecological cancers frequently used TT with standard medical therapy. Oncologists caring for women with gynaecologic cancers need to know and discuss the potential adverse effects in the patients therapeutic goals. So awareness of TT/AT need to be part of everyday health practice and also teaching, training of health professionals of modern medicine. It is essential to know more about usefulness of certain modalities, understanding, the concepts in a sensitive way and plan evidence based research and research in reverse pharmacology too. It is essential to know about the types of AT which are used with or without modern medicine, the reasons for their use, experiences, to be able to discourage harmful modalities and promote beneficial practices. These therapies are doing good to many and need to be studied and advocated though some may be unsafe or cause harmful effects. Sometimes, CT are less invasive and more cost effective than conventional medical treatments. Nonetheless, it's essential that the health care professional know the potential benefits and harms of any CT for achieving and maintaining good care as an aid to the performance of everyday tasks [9]. The potential for integration of CT and AT into traditional patient care and contemporary models of science is a topic of increasing discussion. Women account for two-thirds of appointments with US practitioners of alternative medicine. Reproductive health problems, including menstrual disorders, infertility and menopause, offer opportunities for clinical applications of alternative approaches. In a study TT/AT use in gynecologic cancer and breast cancer patients was 40.3% and 94.7% respectively. Mostly Herbal medicines, vitamins/minerals in some forms were used. When the reasons were examined, it was revealed that women generally used them to strengthen the immune system, reduce the side effects of cancer treatment and for physical and psychological relaxation. Most of the gynecologic cancer patients perceived use of therapies as beneficial [14].

In the present study also some women reported harmful effects with Herbs, Witch craft and even with Kadha. Other either lead to complete relief or no relief but no harmful effects. The results of the study by Baodu confirmed that factors of time and place were given considerations during harvesting of plant materials by healers (Baodu 2017). It is also essential to scientifically evaluate the specific uses of the medicinal plants through pharmacological, toxicological, and clinical studies in order to ensure the safety of the people consuming the medicines and for possible drug development [15-23].

Limitations of the Study

Limitations of the study were that it is not a community based study. Also study did not try to link the study to women's reasons for visit to the hospital. Advantage was unbiased study as regular health providers did not know anything about the study and it did come in the way of reasons for which women reported to the study site and the therapy they received. It seems a lot of more research is needed.

Conclusion

AT/TT were used by rural as well urban women but not very high numbers. AT/TT seemed to be effective in quite a few women for quite a few symptoms. However some women had side effects with Herbs, Witch crafts and even homemade Kadha. More studies are needed and reverse pharmacology research also.

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