



A study to assess the knowledge attitude and practices of the Unani Medicine in the new comers of A & U Tibbia College

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ABSTRACT

Although alternate system of medicine is still the choice of masses in developing countries. Unani system of medicine being one of them. UNANI was derived from the word IONIAN which indicates its origin to Greece TIBB means medicine. Unani system of medicine is a synthesis of Greek and Arab system. Unani physicians were the first to classify the disease on the basis of different anatomical and physiological symptoms of the body. Hippocrates explained that the disease was a normal process and its symptoms were the reaction of the body to the disease. In spite of time tested mode of treatment, Unani system of medicine is yet to gain the due popularity in masses. With this preview a cross sectional study was conducted on 100 participants by using a close ended questionnaire tested and pretested before use to assess knowledge, attitude and practices of Unani in new comers of A & U Tibbia college & Hospital, Karol bagh, New Delhi in 2011 and it was found that although they had fair knowledge of Unani but still their preferred medicine was allopathy. It can be concluded that Unani system of medicine can be propagated and promoted by educating masses about Unani and increasing dispensaries and hospitals of Unani.

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Introduction

Nature has blessed India with a vast variety of herbal and medicinal plants and shrubs that grows in different climatic regions from the frozen Himalayas in the north to the tropical forests in the south. From times this immemorial rich beauty has been used in preparing herbal medicine to cure various disease and to promote a great repository of this knowledge, organized in the form of unani and ayurvedic herbal systems of medicine. The system has a mass following and word wide acceptability. {2,4}

UNANI was derived from the word IONIAN which indicates its origin to Greece TIBB means medicine. {4} Unani system of medicine is a synthesis of Greek and Arab system. unani physicians were the first to classify the disease on the basis of different anatomical and physiological symptoms of the body. Hippocrates explained that the disease was a normal process and its symptoms were the reaction of the body to the disease. {3}

Arab physicians introduced unani pathy in India which took firm root in the soil soon. Unani pathy had its days in India during 13th and 17th century's. soon it spread all over the country and remained popular among the masses, even after the downfall of Mughal Empire. It got a set back during British rule but still remained in practice as it enjoyed the faith of masses {5}. The unani pathy survived during British rule due to the efforts of the sharifi family in delhi. the Azizi family of lucknow and the Nizams of Hyderabad. Hakim ajmal khan (1868-1927) from sharifi family was an outstanding physician and scholar of unani medicine kept the tempo high. {1}

Ajmal khan was the scion of the family of physicians who had long served the mughal court and after their decline those of

regional princes. Like his father and grandfather, ajmal khan was an influential figure in the city of Delhi, respected for his aristocratic standing and behaviour and renowned for miraculous cures. {3}

He stressed that two Indian systems which had served the people well should continue and make progress without any hindrance {3}.

He believed that both systems the unani and ayurvedic had entered a period of decline. For reforms of content he turned to western medicine to learn some techniques, primarily to areas like surgery. The ruler of Bhopal had a state-wide organization of medical care staffed by unani trained doctors. The rulers of the princely state almost single-handedly provided capital for the college that ajmal khan founded for the indigenous medicine. {1-20,4}

Material and methods

A cross sectional study was carried on 100 new comers of A and U Tibbia college and hospital, karol bagh, new delhi in 2011. Close ended, structured vernacular questionnaire was used to assess the knowledge attitude and practices. The data was collected and analysed using standard statistical tests.

Results, Conclusion And Discussion

A cross sectional study was conducted in A&U Tibbia College & Hospital to assess relation of knowledge attitude and practices with the students of A & U Tibbia College & Hospital. 100 students were included in the study and their knowledge was assessed using a semi structured questionnaire.

Major conclusions of the study are:

Most of participants were females (82%) (Figure1) and muslims (68%) {Figure1}.

This is contrary to the normal ratio of India which can be attributed to the fact that as Urdu is essential for admission so mostly Muslim students take admission in Unani. Regarding the sex ratio as the job scope for AYUSH systems is limited so it has been seen in that male students prefer other job oriented courses. Majority of participants had educated parents. Half of mother's (54%) and father's (78%) were educated till higher secondary level and employed (89%) {Figure 2,3}. 85% belonged to upper middle and upper class when SES was calculated by Kupaswami Scale (Table 1). About two third of the participants (68%) had a good knowledge and only 7% had poor knowledge about Unani which can be attributed to the fact that educated and high economic group of society have access to all mass media and are inquisitive also and also to the fact that as they got admission in A & U Tibbia college almost all had an idea about Unani. Still most of the people had only adequate knowledge about unani pathy (Table 2). Half of the participants got knowledge from media and friends and half from the college. It clearly depicts that before admission in the college only 50% of the participants knew about Unani (Table 3). 75% of the participants had Unani as first or second choice of treatment (Table 4) It can be biased as they like unani but practice allopathy which is clear from the coming tables. Almost all the participants wanted to promote Unani system of medicine 97% (Figure 4) It is obvious as they have joined Unani faculty so their favour is justified. The participants were of the opinion that Unani system of medicine is most effective for skin and liver diseases 72% (Table 5) which is true as Unani is best for chronic diseases. Taste of Unani medicines was tolerable according to most of the participants 73% (table 6). Majority of the participants found that unani medicines are not given in large doses (Table 7). It means that drug dosage of Unani medicine is adequate. Vomiting, Allergy and eruptions were the main side effects of Unani medicines (table 8). Half of the participants were of the opinion that Unani medicines are moderately effective (table 9). Majority of the participants found that unani doctors have adequate knowledge regarding their subject (Table 10). Most recommended pathy is allopathy (83%) (Table 11). Majority of the participants refers to a MBBS doctor (61%) (Table 12) In spite of liking Unani and believing that Unani doctors have adequate knowledge yet majority of the participants prefer Allopathy obvious reason being its accessibility, rapid relief and popularity among masses. 64% of the participants used home made remedies for minor ailments (Table 13). More than half of the participants have someone in their family treated with unani medicine (Table 14). Majority of the participants did not find unani medicines costly (figure 6). Most of participants found that Unani medicine is easily available 53% (Table 15). Most of participants attributed long duration of treatment and lack of awareness as the basic reason for declination of Unani medicine in India (Table 16). Knowledge of participants was not related to gender ($X^2 = 0.345$ at d.f 1, C.I 95%) (Table 17). Knowledge of participants about Unani pathy was not either related to occupation of parents ($X^2 = 0.320$ at d.f 1, C.I 95%) (Table 17). Knowledge of participants' about Unani pathy was related to income and socio-economic status of their parents ($X^2 = 25.2$ at d.f 1, C.I 95%) (Table 19). It was found that participants whose parents had good income and economic status ($X^2 = 29.2$ at d.f 1, C.I 95%) (Table 20), they had fairly good knowledge of Unani pathy. So it can be concluded that knowledge was more in participants with high socioeconomic status.

A similar study conducted by Padam Singh (2005) in 35 districts spreading over 19 States of the country on 45,000 sick persons from 33,666 households from 35 districts of the country were covered. The findings of this study showed that about 14 per cent sick persons utilizing indigenous system of medicine the reasons were mainly 'no side effect' and low cost of treatment. Slow progress and non availability of practitioners were the main reasons for not preferring the ISM & H treatment. {21}

So if number of ISM & H practitioners are increased in rural and as well as urban areas it will definitely play important role in health care delivery system at primary health care level.

Limitations of the study

- Study was subjected to selection bias as students of Unani college were enrolled.
- Sample size was small.

Recommendations

- On the basis of this study it is recommended that large study on general population should be conducted to assess KAP of Unani.
- Unani should be made accessible to all by increasing the dispensaries and hospitals.
- People can be motivated to adopt Unani system by mass media.

Figure 1. Distribution on the basis their sex & religion

N=100

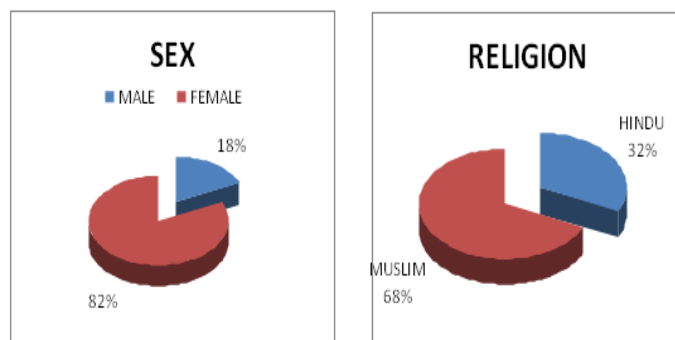


Figure 2. Distribution on the basis their mother's education

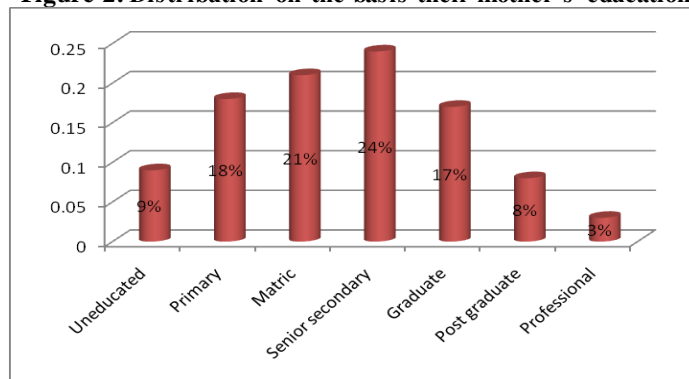


Figure - 3: Distribution on the basis their father's education

N=100

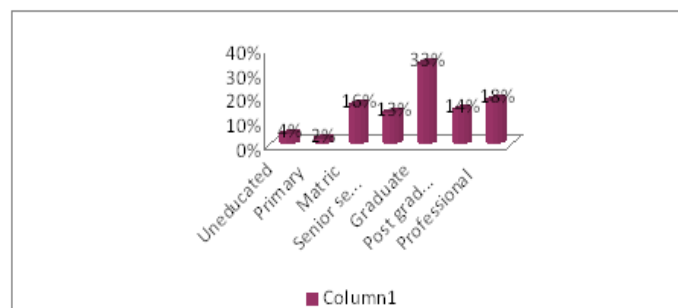




Table-1 Distribution on the basis Socio economic-status
N=100

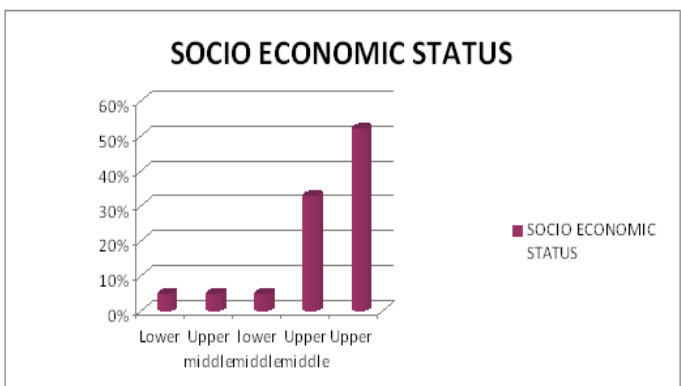


Table-2: Distribution on the basis of their knowledge of Unani
MEAN (N)=100

knowledge	In no's	In %age
Excellent(9-8)	33	33%
Good(7-6)	35	35%
Average(5-4)	25	25%
Poor(below4)	7	7%

Table 3: Distribution on the basis From where they got knowledge about unani pathy
MEAN(N)=100

Information	In no's	In % age
News and media	20	20%
Friends and relatives	30	30%
students	50	50%
pamphlets	0	0%

Table-4: Distribution according to their behaviour about unani medicine
MEAN(N)=100

CHOICES	NO.	PERCENTAGE
Ist	35	35%
2nd	40	40%
3rd	10	10%
4th	15	15%

Figure 4: Distribution on the basis if they want to promote unani medicine
MEAN(N)=100

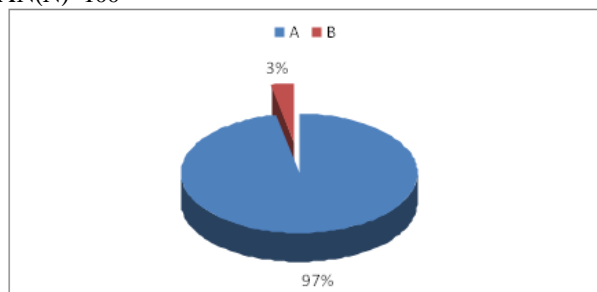


Table-5 : Distribution on the basis in which diseases unani medicine are most effective
MEAN(N)=100

CHOICES	NO.	PERCENTAGE
SKIN DISEASE	21	21%
LIVER DISEASE	2	2%
BOTH	72	72%
NONE	5	5%

Table-6: Distribution on the basis that do they feel unani Medicine have tolerable smell and odour
MEAN(N)=100

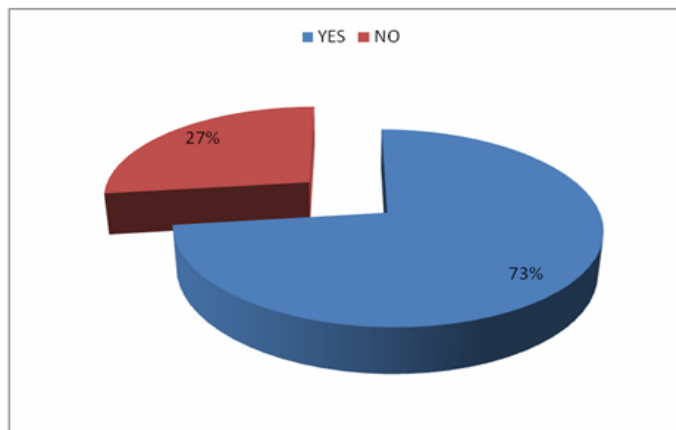


Table-7: Distribution on the basis- do they feel any difficulty while using unani medicine
MEAN(N)=100

Choices	No.	Percentage
Yes	29	29%
No	71	71%

Figure 5: Distribution on the basis that unani medicine are given in Large doses

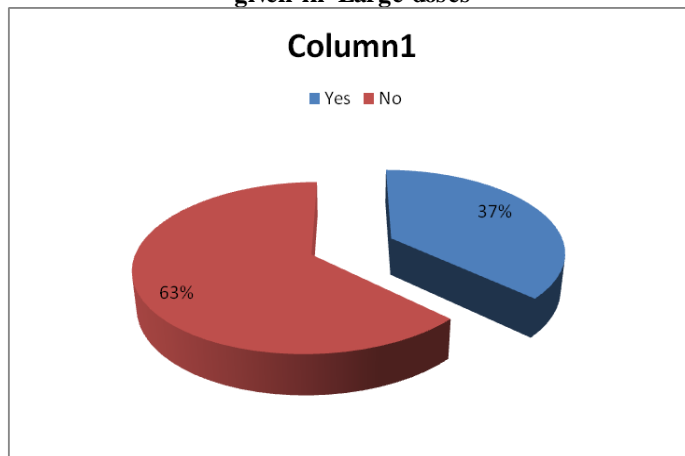


Table-8: Distribution on the basis of the side effects of unani medicine
MEAN(N)=100

Choices	In Number	In Percentage
Allergy	12	12%
Eruption	15	15%
Vomiting	21	21%
Others	52	52%

Table-9 : Distribution on the basis of the effectiveness of the unani Medicine
MEAN(N)=100

Choices	In Number	In Percentage
Mild Effective	22	22%
Moderate	46	46%
More Effective	38	38%

Table-10: Distribution on the basis that unani doctors ‘s knowledge

MEAN(N)=100

Choices	In Number	In Percentage
Yes	15	15%
No	85	85%

Table-11 Distribution on the basis of Most Recommended Pathy Is :-

N=100

Pathy	In Number	In Percentage
Unani	12	12%
Allopathy	83	83%
Homeopathy	2	2%
Others	3	3%

Table-12 Distribution on the basis to which doctor they refer the most

MEAN(N)=100

	In Number	In Percentage
B.U.M.S	27	27%
MBBS	61	61%
B.H.M.S	2	2%
Others	10	10%

Table-13: Distribution on the basis- do they use home-made remedies

MEAN(N)=100

	In number	In percentage
Yes	64	64%
No	36	36%

Table-14: Distribution on the basis Is someone in their family treated with unani medicine?

MEAN(N)=100

	In Number	In Percentage
Yes	64	64%
No	36	36%

No	62	62%
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Figure 6: Distribution of participants according to cost of drugs

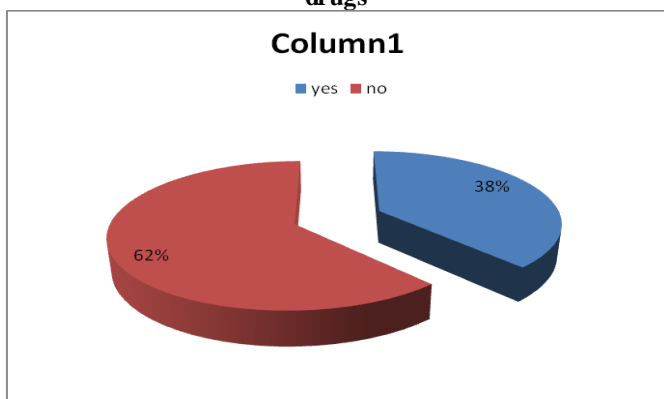


Table-15: Distribution on the basis of unani medicine availability

MEAN(N)=100

	In numbers	In percentage
Easily available	53	53%
Not available	47	47%

Table-16: Distribution on the basis reason for the declination of unani medicines in India

MEAN(N)=100

	In numbers	In percentage
Less effective	5	5%
Long duration action	32	32%
Costly	7	7%
Lack of awareness	56	56%

Table 17: Analysis of the knowledge W.R.T sex

SEX	GOOD KNOWLEDGE	POOR KNOWLEDGE
MALE	30	14
FEMALE	38	18

$X^2 = 0.345$ at d.f 1,C.I 95%

INFERENCE:-Knowledge of participants’ w.r.t sex is not found good and so it is found statistically insignificant.

Table 18: Analysis of the knowledge W.R.T occupation

OCCUPATION	GOOD	POOR
GOVERNMENT	30	11
PRIVATE	43	16

$X^2 = 0.320$ at d.f 1,C.I 95%

INFERENCE:-Knowledge of participants’ w.r.t to their parents’ occupation is not found good so this observation is statistically insignificant.

Table 19. Analysis of the knowledge W.R.T income

INCOME	GOOD KNOWLEDGE	POORKNOWLEDGE
>10,000	53	15
<10,000	17	15

$X^2 = 25.2$ at d.f 1,C.I95%

INFERENCE:-Knowledge of participants’ w.r.t to their parents’ income is good so this observation is statistically significant.

Table 20: Analysis of the knowledge W.R.T SES:-

SES	GOOD KNOWLEDGE	POOR KNOWLEDGE
UPPER	44	10
MIDDLE	25	21

$X^2 = 29.2$ at d.f 1,C.I 95%

INFERENCE:-Knowledge of participants’ w.r.t to their socio economic status is good so this observation is statistically significant.

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