

Quality and Effectiveness of Service Provision of Traditional Medicine Based Health Service Centres in Kathmandu, Nepal.

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ABSTRACT

Background: Health services based on traditional systems of medicine has been expanding, flourishing and getting popularity, however, quality and effectiveness of service provision, has always been questioned probably due to the lack of research activities, poor or nil implementation of national policies and regularity systems and poor or nil monitoring and evaluation by any state agencies. Objective of this study was to explore the present situation of privately run traditional medicine based health service providing centres in the Kathmandu valley and service users' perception.

Methods: Data were gathered through interview, observation, and review of relevant documents. Registered health service centres were selected (5 each from Ayurveda, Naturopathy, Homeopathy, Acupuncture and Amchi system of medicine) by simple random method and 132 patients (5-7 from each centre) were selected using convenient sampling.

Results: Three of the five systems of traditional medicine (Homeopathy, Amchi and Acupuncture) considered for this study were providing services through clinic level (only OPD services) facilities, while Ayurveda and Naturopathy had hospital (in patient services) level services with number of beds ranging from 10 -25. Nearly all of the centres were found following almost all of the guidelines as stipulated by the Ministry of Health and Population. Nearly, two third of the patients visited these centres as there was no improvement in their condition at the modern medicine hospitals. More than two third of the patients interviewed perceived the quality of services being satisfactory, while three in ten patients perceived it as very much satisfactory.

Conclusions: Perception of patients visiting the traditional medicine based centres and the hunger towards more effective service provision by the providers seems to be taking these systems of medicine towards the path of further development. Well recognition and further motivation by the state will help capacitate and strengthen these systems of medicine and garner their proper development in the Nepalese context.

Keywords: health service; quality and effectiveness; traditional medicine.

INTRODUCTION

Traditional medicine is the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures.¹ The term complementary and alternative medicine (CAM) is used for adopted systems of traditional medicine which are not indigenous of the country.¹ However, in this study,

the term *traditional medicine* was used for all systems of medicine other than modern medicine.

Ayurveda, Naturopathy, Homeopathy, Unani, Acupuncture, Acupressure, Amchi, Tibetan Medicine, Moxibustion are well practiced systems of traditional

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medicine in Nepal. Number of traditional medicine based health service providing centres are increasing. However, state has not developed strong mechanism to monitor, evaluate and control several types of malpractices and quackery in the name of traditional medicine. Ministry of Health and Population (MoHP) has prepared a guideline on establishment and operation of health service centres by private sector, non-government organization and communities.¹ This research was conducted in Kathmandu valley with the aim of exploring present situation of privately run traditional medicine based health service providing centres in terms of quality and effectiveness of service provision as well as service users' perception.

METHODS

It was a cross-sectional study. Kathmandu valley was preferably chosen due to the availability of a good numbers of centres required for the study. The study was conducted in the period July 2011 to June 2012. Twenty-five health service centres (5 centres from each system- Ayurveda, Naturopathy, Homeopathy, Acupuncture and Amchi) were selected by simple random method and 5 to 7 patients were selected by convenient sampling method from each centre. Data collection was done using semi structured questionnaires. In depth interview was conducted with the managers of the selected centres and top level technical personnel in the centres. Ethical approval from Ethical Review Board of Nepal Health Research Council and verbal consent was taken from the participants. Quantitative information was analysed using SPSS 16.0 and qualitative information was summarised in different thematic areas as per the various types of traditional medicine.

Basic facilities for health service such as physical infrastructure, services, human resources, administration, laboratory, tools and equipments and fulfilment of other criteria as specified by the Ministry of Health and Population were considered as variables for quality assessment. Similarly perception of service users about services, process, cost, time, experience, satisfaction and attitude were considered as parameters to assess effectiveness of the service. A format was prepared for each systems of medicine based on the guidelines prepared by Ministry of Health and Population to gather necessary data and information from the health centres to know whether health centres have been following the provisions specified by the ministry. However, this research did not assess the exact quantity as well as quality of available machines, tools and equipments available in the health service centres.

RESULTS

Clinic level services

Basic infrastructure and physical facility setup at clinic level services of all systems during study period were found as specified by the guidelines. In **Homeopathy**, hospital level health centres in the private sector were not found in the valley. Clinics are run by Doctors graduated from India and registered in Nepal Health Professional Council. Drugs used in Homeopathy system are found to be imported from India. In **Amchi**, two types of human resources were found involved in the health service centres available in Kathmandu- institutionally trained either in China (Doctor) or in Nepal (paramedics from CTEVT recognized institutions) and traditional healers following *Gurukul* system of education within the communities of northern Nepal. Service centres were mostly located around the Tibetan language speaking communities/areas such as Bouddha and Swoyambhur rather than other locations. In this system drugs are found to be prepared locally by using local herbs of high Himalayas following indigenous formulations. In **Acupuncture**, health centres with OPD services were either being run as an independent clinic or being associated with Ayurveda, Naturopathy and Amchi system. Diploma/graduate in acupuncture were involved in therapy and supported by assistant with short-term training (formal training from institutions or in-house training by seniors). Special devices such as needles (made of gold, silver and iron), forceps, bath-tub, moxa, etc. were found being used.

Hospital level services

In **Naturopathy**, all hospital level health centres studied were found providing services of water therapy, soil therapy, magnet therapy, chromo (sunlight) therapy, physiotherapy and massage therapy with basic physical facilities, tools and equipment as per capacity and as specified by the guideline. Doctors (registered in Nepal Health Professional Council), *Upacharak* (therapists) and *Sahayaka-upacharak* (assistant therapists) were the technical staffs (institutionally or in-house trained) found involved in diagnostic and therapeutic activities. Number of technical-staffs ranged from less than 10 to 36 as per the bed capacity of the hospitals. None of the centres had special care facilities for infectious diseases. Research activities were not reported.

In **Ayurveda**, *Panchakarma* centres were found providing five different services- Purva-karma (snehana, swedana, abhyanga, pinda-sweda and pichu); Sansarjana and Rasayana-karma; Pradhana-karma (vaman, virechana, vasti, shiro-virechana, raktamokshana); Paschat-karma as specified by the guideline. Various forms of

drugs like churna, kwatha, avaleha, vati, taila, ghrita, rasa etc. were available. In case of hospitals, eight wings of Ayurveda systems of medicine- Panchakarma, Kayachikitsa, Manodaihaka, Bala-roga, Rasayana, Vajikarana, Jadibuti-chikitsa, Kshara-sutra- considered as eight departments/wings were found but there did not exist separate sections in terms of spaces everywhere. Even if separated, specialized human resources required enough for each department were not available. All those wings and medicine preparation and distribution were commonly offered services with OPD, IPD or both services. These services were available in both Panchakarmacentres and hospitals. Graduates in Ayurveda medicine were the human resources in most of the centres, post-graduate human resources being found in 2 out of 5 Ayurveda service centres.

Most common conditions for which patients visit the health centers

In an overall picture it was seen that arthritis, asthma, back-pain, cold, cough, sinusitis, GI disorders such as gastritis, peptic ulcer disease, haemorrhoids, depression, diabetes, ear problems, fever, Jaundice, liver disorders, kidney disorders, uterine related problems, neurological problems such as migraine, paralysis and sciatica, insomnia, hypotension, hypertension were the common health problems for which patients visited these traditional medicine based centres.

Service users' perception

From the service-users' perspectives, 29 different types of problems which technically fall on categories as neurological disorders (31), arthritis (25), back-pain (17), GI disorders (17), headache (15), and others (27) were identified from total 132 patients as conditions for which they visit these centres. Among them, 124 (94%) were recommended by relatives meanwhile 67 (51%) also heard about these services from media(s) as well as 34 (26%) of them were also recommended by health personnel different health institutions (n=132).

Most of the patients visiting these centres found the physical facilities satisfactory, while a significant proportion of the patients found it good and a very few of them perceived these facilities as not good (Table 1). Similarly, the reason to visit these centres for 83 (62.9%) patients (n=132) was no improvement in modern medicine based hospitals, while unaffordable cost was the reason for nearly one fourth of the patients. On the other hand, nearly one tenth of them heard that traditional medicine is the best solution for their problem and hence visited these centres (Table 2). Out of 132 patients, 40 (30.3%) were very satisfied, more than two third were satisfied and less than 1 (1%) was found not so satisfied with the quality of services in these centres (Table 3).

Table 1. Patients' perception on physical facilities of the centers.

Facilities	Perception of the patients (n=132)		
	Good	Satisfactory	Not so good
Buildings	48 (36.4%)	77 (58.3%)	6 (4.6%)
Cleanness	69 (52.3%)	63 (47.7%)	-
Rooms	41 (31.1%)	81 (61.4%)	10 (7.6%)
Water supply	44 (33.33%)	72 (54.5%)	16 (12.1%)
Toilets	33 (25.5%)	79 (59.8%)	20 (15.2%)
Parking	31 (23.5%)	83 (62.9%)	18 (13.6%)

Table 2. Reasons for visiting traditional medicine service centers.

Reasons	Frequency
No improvement in modern medicine hospital	83 (62.9%)
No improvement and unaffordable cost of modern medicine	23 (17.4%)
Could not afford modern medicine	9 (6.8%)
Heard that TM is best for this problem	12 (9.1%)
Nearby home	4 (3%)
All above	1 (0.8%)
Total	132 (100%)

Table 3. Patients' level of satisfaction with the health services.

Level of Satisfaction	Frequency
Very much satisfied	40 (30.3%)
Satisfied	91 (68.9%)
Not as expected	1 (0.8%)
Total	132 (100%)

DISCUSSION

National recognition and a well-directed policy determine the present and future of every health care system. In the current national context, state has not recognized every systems of traditional medicine being practiced in Nepal and there is no consistency in addressing traditional medicine in official documents. The Health Act (1997) of Nepal has recognized just two types of traditional systems of medicine- Ayurveda and Homeopathy, and by notification in Gazette; Unani has been recognized in 1998.¹ The guideline prepared by the MoHP has recognized Ayurveda, Naturopathy, Homeopathy, Acupuncture/Acupressure and Unani.¹ In recent years, official documents of the Ministry of Health and Population have been found addressing Amchi system of medicine as well. Department of Ayurveda (DoA) has prepared some directories and protocols to standardize quality of health services as well as quality and quantity

of Ayurveda medicine for each level of service providing centres.¹ However, these protocols, directories and guidelines are focused for the state-run health centres.

There are two major issues with the state run health centres: (a) paucity of resources, especially technical staffs, drugs and equipments and (b) lack of appropriate utilization and management of available resources. This was shown by couple of similar studies carried out by MoHP between 2005 and 2010 to find out service quality in terms of availability of minimum requirements as specified by guidelines published by the MoHP and DoA.¹⁻³ In case of privately run health centres, they are capacitated with better physical facilities, infrastructure, tools and equipments as well as qualified human resources than the state-run centres of the same level as shown by those reports.

Traditional practitioners constitute the most abundant health resources and in many instances are the valuable health workers present in the community. They are important and influential members of their communities who should be associated with any move to develop health services at the local level. There have been varied responses to a number of key WHO resolutions that call on member states to develop traditional medicine activities as part of their national health services.¹ The exploration of existing policies and regulations regarding traditional medicine in this study shows not all systems are recognized by the state but there have been attempts by the government to ensure that the major systems in practice are recognized by the nation.

A review of the current and past policy towards Ethiopian Traditional Medicine noted that there is no single system of traditional medicine in Ethiopia, even though themes that are common to the many cultural groups constituting the society have been evolving.¹ It is also noted that since the 1974 change of government in Ethiopia, official attitude towards the promotion and development of traditional medicine appears to have become more positive, especially, after the adoption of the Primary Health Care strategy in 1978. While this is true as far as official statements are concerned, in actual practice there continues to be considerable uncertainty about the interpretation and implementation of Government policy.¹ The review of the policies and official documents for the purpose of the study shows that Ayurveda, Homeopathy, Unani, Naturopathy, Acupuncture/Acupressure and Amchi have been recognized by the government at different stages.

Complementary and alternative medicine is the first choice for problems such as infertility, epilepsy, psychosomatic troubles, depression and many other ailments. The traditional medicine sector has become

an important source of health care, especially in rural and tribal areas of the country. The main reasons for consulting a traditional medicine healer is the proximity, affordable fee, availability, family pressure and the strong opinion of the community.¹ The current study shows that people visit traditional medicine based health service centres mostly for Back Pain, Arthritis, GI Disorders, Sinusitis and Neurological Disorders such as Paralysis, Sciatica, Prolapsed Inter Vertebral Disc and Migraine.

A study in Pakistan to find out the trends and use of complementary and alternative medicine in Pakistan in 2009 showed that the overall trend in Pakistan is that 51.7% (CI 54.3-49.1) chose complementary and alternative medicine while 48.3% (CI 50.71-48.89) chose biomedicine.¹ The current study though was not primarily aimed at finding out the trend of use of traditional medicine, it has still showed that nearly 60% of the people interviewed (n=132) have chosen traditional medicine only after making the first visit to allopathic medicine for the condition they are seeking treatment.

Yet another study conducted in Pakistan in 2005 to gain a preliminary understanding of cancer patients' perceptions of effectiveness and satisfaction with traditional medicine, globalized complementary and alternative medicine, and allopathic medicine in the context of a pluralistic medical environment showed that use of traditional medicine remains high among cancer patients. The people who use traditional medicines have high levels of satisfaction with these modalities.¹ A similar study on assessment of effectiveness of service quality of Ayurveda service centers in India showed similar findings in terms of service user's perception. It showed that 60% of the service users found it better than their expectation and 80% believed better improvement within 9 days treatment of the same problem.¹ The current study shows that more than half of the people surveyed are satisfied with the traditional medicine system they are currently taking treatment. Complementary and alternative medicine modalities should be recognized and considered as an important therapeutic option.¹ The findings from the current study also suggest that the traditional system of medicine as a whole and the health service centres should get the recognition from the state and enough support from the government.

Satisfaction, in this study context, is 'an amalgamation of improvement in health condition, expenditure, doctors and other staffs' behaviour and other facilities' rather merely an expression of improvement in health condition. Physicians agree that patients visiting their hospitals are satisfied even if there is mild to moderate

improvement and on the other hand the cost of services is low in comparison to the modern hospitals.

CONCLUSIONS

The minimum standards as specified by the guideline for private health centres produced by Ministry of Health and Population have been found to be met by all the five systems assessed. People's attraction towards traditional systems of medicine and their perception indicate that health centres are providing a good quality of services and their service provision is effective. However, almost all of the senior staffs of the health centres believe that the services have to be still improved and specialized in terms of quality and effectiveness of service provision.

State should recognize all the existing systems of traditional medicine, regulate them effectively and allocate national resources without discrimination. Likewise, the health centres should stick to the guidelines and standards developed by the nation. Further studies to find out the effectiveness of the treatment system itself are obligatory.

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