

Comparative Study of Traditional Therapy with Allopathic Therapy in District Bunner, Swat and FR Peshawar Khyber Pakhtunkhwa, Pakistan

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Abstract – Traditional and allopathic medicines are the two most commonly used therapies used by most of the patients. Traditional medicine is widely consumed by a high number of patients who do not advise their clinicians on concomitant use. This cross sectional study is designed to know about the people view about the use of traditional and allopathic drugs. This study was conducted in the northern area of KPK (Swat, Bunner), and Fata (FR Peshawar) Pakistan. A total of 270 persons took part in the study. The majority of participants were men; their mean age was 32.5 years. Most of them were literate. The majority of people preferred to use traditional medicines instead of allopathic medicines. The main reason of traditional therapy over allopathic drugs was the economy, less side effects and easy availability. Most of the people get medicines from home pharmacy. The majority of peoples have observed side effects with the use of allopathic medicine, while most people have no faith on traditional therapies. A big number of populations preferred to advise traditional therapies to others instead of allopathic therapies. While in emergency cases majority of people use allopathic therapy instead of traditional therapies contrast to that in routine cases, most of the people use traditional therapies instead of allopathic therapies.

Keywords – Traditional Therapy, Allopathic Therapy, District Bunner, Swat

1. Introduction

As we know that Pakistan is one of largest population country of the world having population of approximately 600 million. Age distribution of population is such that less than 15 year population are 43.2%; 53.4% of them are at the age of 15-65 year and above 65 year their percentage is 3.4%. The geographic distribution is such that 33% of them are living in the urban area while that of 67 % are living in the rural area [1]. Traditional medicine may be defined as indigenous medicines which are used by community people in order to keep them fit and healthy, to diagnose, prevent & treat physical as well mental illness which is somewhat different from allopathic system. World health organization report of 2011 showed that the interest in the traditional medicine particularly in herbal product is increasing over the last decade [2]. Due to positive feature of traditional medicine WHO approved it to be used as traditional, complementary are as alternative medicine because in treating chronic and humanizing the quality of life of those community member who are suffering from minor illness is very helpful [3]. In different countries they have developed a unique traditional system [3]. In China majority of the population are treated with traditional therapy that are estimated as 200 million of population. This can be expressed as 40% of population [4]. The system of traditional therapy is a very old system which was used in china from several years ago [5, 6]. And this

method of traditional therapy is considering in allopathic method now a day like use of complementary and alternative medicine (CAM) [7]. Traditional medicine practice is also playing a major role in development of different communities. And also a big source of income along with source of health care. Many of the communities are also recognized on the behalf of their traditional therapy mean they make their identity. People living in Africa mostly depend on the traditional therapy when they are infected by HIV/AIDS and majority of them using herbal traditionally for the physiological counseling [8]. Word widely traditional therapy has significantly more application as compared to other in developing countries like in India seventy percent of the population are using traditional medicine while that of 90 % of Ethiopian population are using traditional therapy as basic [9]. According to authentic report which state that >70% population of Chilies and 40% population of Columbia are using traditional therapy for the health care [10]. 40% of the Chinese population should using traditional medicine as the basic from which most of the population getting benefit [11]. The use of traditional medicine presents exclusive public health challenges. WHO notes that "unsuitable use of conventional medicine or practice can have unenthusiastic or dangerous effects" and that "additional research is needed to determine the efficiency and protection" of many conventional therapeutic practice [12]. The aim of the

research work was to conducted study on brief comparison of traditional therapy with allopathic therapy in district bunner, Swat and FR Peshawar Khyber pakhtunkhwa, Pakistan.

2. Materials and Methods

2.1. Study setting

This study was conducted in northern area of KPK (Swat,bunner)and Fata (FR Peshawar) in the period from January 2016 to October 2016.The study was cross sectional and included 270 participants (age 15-80 year); young, adult & old, male & female, educated & illiterate people from both urban and rural areas of swat, Bunner and FR Peshawar. First, people were briefed about the aim of study. Generally

Questioners were given to educated people directly and they only filled that while, from illiterate people the pharmacist first briefed them in local language (Pashto) and then filled by himself. Emotional, psychiatric responses' were excluded because these can affect the result.A stratified random selection was preferred to collect data. After extensive literature review comprehensive questions were structured including 18 questions. First three questions were about demographic characteristics, the next were about preferred medication and reason of preferred medication, the next was which medication to be preferred in case of emergency and common ailment and for traditional therapy a list of common diseases were given for which they use that and in the last was asked for comments of the respected person.

Table 1, Comparison of traditional therapy with allopathic therapy in district bunner, Swat and FR Peshawar Khyber pakhtunkhwa, Pakistan

| Characteristics Numbers | | Total population | %age | P Value |
|---|-----|------------------|-------|---------|
| Sex | | | | |
| Male | 193 | 270 | 71.48 | 0.0493 |
| female | 77 | 270 | 28.52 | |
| Age | | | | |
| 15-30 years | 86 | 270 | 31.85 | 0.0000 |
| 30-50 | 84 | 270 | 31.11 | |
| >50 year | 100 | 270 | 37.04 | |
| Monthly Income | | | | |
| 1000-15000 | 54 | 270 | 20.00 | 0.0000 |
| 15000-20000 | 106 | 270 | 39.26 | |
| 20000-30000 | 42 | 270 | 15.56 | |
| >30000 | 68 | 270 | 25.19 | |
| Qualification | | | | |
| Metric | 60 | 270 | 22.22 | 0.0000 |
| college | 32 | 270 | 11.85 | |
| university students | 39 | 270 | 14.44 | |
| Other | 30 | 270 | 11.11 | |
| Illiterate | 109 | 270 | 40.37 | |
| Area | | | | |
| Rural | 250 | 270 | 92.59 | 0.2335 |
| Urban | 20 | 270 | 7.41 | |
| which one medication did you prefer | | | | |
| Traditional | 168 | 270 | 62.22 | 0.0105 |
| Allopathics | 102 | 270 | 37.78 | |
| Reason of using | | | | |
| Ecnomical | 48 | 270 | 17.78 | 0.0000 |
| rapid action | 112 | 270 | 41.48 | |
| less side effect | 105 | 270 | 38.89 | |
| Other | 5 | 270 | 1.85 | |
| Avalibility of traditional at home | | | | |
| Yes | 233 | 270 | 86.30 | 0.1704 |
| No | 37 | 270 | 13.70 | |
| From where did you get these medication | | | | |
| general store | 100 | 270 | 37.04 | 0.0000 |
| medical store | 60 | 270 | 22.22 | |
| home pharmacy | 110 | 270 | 40.74 | |
| Adverse effect | | | | |
| Traditional | 70 | 270 | 25.93 | 0.0660 |
| Allopathics | 200 | 270 | 74.07 | |
| Faith | | | | |
| Yes | 84 | 270 | 31.11 | 0.0463 |
| No | 196 | 270 | 72.59 | |
| Advice | | | | |
| Traditional | 151 | 270 | 55.93 | 0.0013 |
| Allopathics | 119 | 270 | 44.07 | |
| Emergency | | | | |
| Traditional | 90 | 270 | 33.33 | 0.0250 |
| Allopathics | 180 | 270 | 66.67 | |
| Common | | | | |
| Traditional | 170 | 270 | 62.96 | 0.0124 |
| Allopathics | 100 | 270 | 37.04 | |

3. Results and Discussion

The study was conducted in 3 districts of KPK. A total of 270 persons took part in the study. 193 persons (71.5%) were male while 77 (28.5%) were female. Age wise contribution of population 15-30 years was 86 (31.9%), 30-50 were 84 (31.1%) and more than 50 years of age were 100 (37.0 %). Among them 60 (22.2 %) were Metric pass, 32 (11.8%) college, 39 (14.4%) university students, 30 (11.1%) and 109 (40.4%) were illiterate.

Majority of people preferred to use traditional medicine 168 (62.2%) while 102 (37.7 %) preferred to use allopathic medicine. Reason of use of traditional therapy was Economy for 48 (17.7%), Rapid action for 112 (41.4%), Less side effects for 105 (38.8%) and others for 5 (1.8%). 233 (86.2%) have availability of traditional medicine at home while 37(13.7%) had no availability of traditional medicine at home. 100 (37.0%) get medicines from general store, 60(22.2%) get these medicine from Medical store while 110 (40.7%) get them from Home pharmacy. 70 (25.9%) has informed that they had observed adverse effects with traditional medicine use and 200(74.0%) had observed adverse effects with the use of allopathic drugs. Majority of population 196 (72.5%) has no faith on traditional therapies while 84 (31.1%) has faith on traditional therapies. 151 (55.9%) preferred to advise traditional therapies to others while 119(44.0%) preferred to advise allopathic therapy to other people. Majority of participants 180 (66.6%) use allopathic therapy in emergency situations and 90 (33.3%) participants go for traditional therapies in emergency cases. In routine cases 170 (62.9%) people uses traditional therapies while 100 (37.0%) uses allopathic therapies. Comparison of traditional therapy with allopathic therapy in district bunner, Swat and FR Peshawar Khyber pakhtunkhwa, Pakistan, as shown table 1.

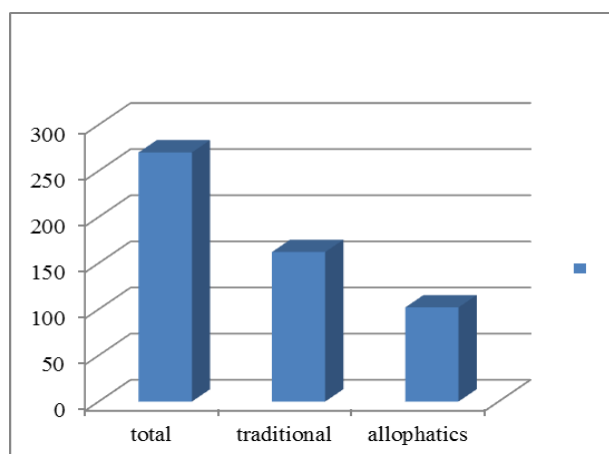


Figure 1. Total people using traditional and allopathic therapy in district bunner khyberpakhtunkhwa Pakistan

This survey was conducted in three areas of northern Pakistan District Swat, District buner and Fr Peshawar in which 80 % consisted of ruler population [13]. to determined there opinion about allopathic verses traditional therapy, Questions were asked to both gender having age greater than 15 years (71% male and 28.52% female) and it was found that 62% people are using traditional medicine/therapy and 37.8% allopathic. From

the collected data, we can easily determine that the majority of people of these area are non-educated that is about 62.6% are matriculate or below metric. Among over all reason of using traditional medication 17.7% people consider as economical, 41 % as more rapid action, 38.8 % due to less side effect of these herbal drugs Reason of using tradition medication.

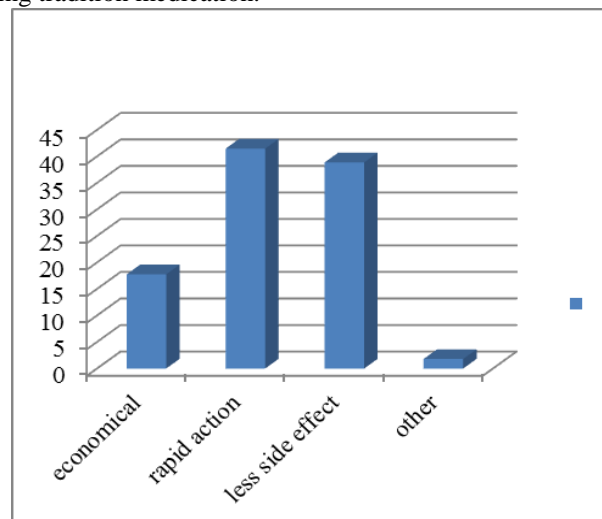


Figure 2. Effect and side effect of traditional medicine

Another major reason of people using traditional medicine or therapy is 74 %, they believe have less side effect of traditional or large side effect of allopathic medicine. This conceives is very common in majority of people although some educated people also believe on this concept. Another reason that traditional medicines are easily available in home any time that is 86.296% and can easily take these medication into home from General store 37.% and home pharmacy that is 40.74 %. Also majority of people believe that traditional medications are less expensive as compare to allopathic, 48 % people explain their reason of using traditional medication. This may be also that, it is difficult for common person to reach health care provider who fee are very high and also there is no availability of health facility in these area. The PSLM survey (2007/08) found that 43% of people in rural areas who sought treatment for diarrhea and who did not visit a government facility first, gave the reason that either there was no government facility or that it was too far away. A further 15% said that a doctor was never available and a further 13% that the staff were not courteous. Where there is not a local facility within the community, the average distance in rural areas is about 10 kilometres which is around three times the distance in urban areas [14].

The most interesting thing in this research is that majority of people have no trust or faith on vendor or others street person. But they have no idea to identify the trusted man and vendor that how differentiate them. About 55 % people said that they will advise traditional medication to his colleagues or relative if he has asked for advice to them and 44 % people that they will advise allopathic in this case. In case of emergency treatment the situation is completely opposite and majority of almost 67 % people are agree that allopathic treatment is more

suitable in this condition and 33 % trust on traditional therapy while in contrast, in case of common ailment (Other than emergency) almost 63 % people are trusted on traditional therapy or medication and 37 % people using allopathic instead of traditional therapy.

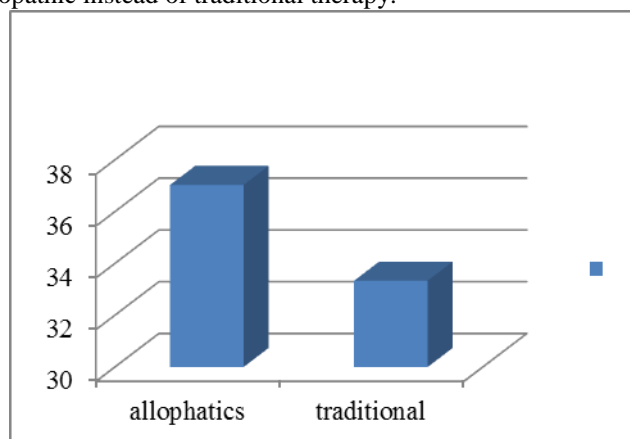


Figure 3. Allopathic and traditional comparison

4. Conclusion

At last all people participants who participated in this research were asked for their comments. The majority of people requested the government to take some steps to make proper system, roles and regulation of traditional medication which is effective in some health problem. The government should provide a good health care system to people in far flung areas. To produce awareness in people about current health, medication improvement. To establish a proper system for monitoring of traditional therapy from the government side.

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References

- [1] R. Mustafa, U. Afreenand, H.A. Hashmi, "Contraceptive knowledge, attitude and practice among rural women", *J. Coll. Physicians Surg. Pak.*, 18(9): 542-545, 2008.
- [2] H. L. Park, H, "Traditional medicine in China, Korea, and Japan: a brief introduction and comparison. Evidence-Based", *Complementary and Alternative Medicine*, 2012.
- [3] Organization, W.H., 2014. Legal status of traditional medicine and complementar. 2001.
- [4] R. Abbott, "Documenting traditional medical knowledge. Ryan Abbott, Documenting Traditional Medical Knowledge", *World Intellectual Property Organization* (March, 2014)
- [5] W. S. Cha, "Historical difference between traditional Korean medicine and traditional Chinese medicine", *Neurological Research.*, 29(sup1): 5-9, 2007.
- [6] Health, W.H.O.D.o.M. and S. Abuse, 2005. Mental health atlas 2005: World Health Organization.
- [7] J. P. Zhao, P. Jiangand W. Zhang, "Molecular networks for the study of TCM pharmacology", *Briefings in Bioinformatics.*, 11(4): 417-430, 2010.
- [8] Li, S. and Y. D. Li, "Understanding ZHENG in traditional Chinese medicine in the context of neuro-endocrine-immune network", *IET Systems Biology.*, 1(1): 51-60, 2007.
- [9] S. H. Saydah and M.S. Eberhardt, "Use of complementary and alternative medicine among adults with chronic diseases: United States 2002", *Journal of Alternative & Complementary Medicine.*, 12(8): 805-812. 2007.

- [10] J. Homsy, "Traditional health practitioners are key to scaling up comprehensive care for HIV/AIDS in sub-Saharan Africa", *Aids.*, 18(12):1723-1725, 2004.
- [11] B. R. Henke, "N-(2-benzoylphenyl)-L-tyrosine PPAR γ agonists. 1. Discovery of a novel series of potent antihyperglycemic and antihyperlipidemic agents", *Journal of medicinal chemistry.*, 41(25): 5020-5036, 1998.
- [12] P. Mee, "Changing use of traditional healthcare amongst those dying of HIV related disease and TB in rural South Africa from 2003–2011: a retrospective cohort study", *BMC complementary and alternative medicine.*, 14(1): 1, 2014.
- [13] R. Ahmad, "Role of traditional Islamic and Arabic plants in cancer therapy", *Journal of Traditional and Complementary Medicine*, 2016
- [14] P. Social, "Living Standards Measurement Survey (PSLM) 2006-07. Government of Pakistan, Federal Bureau of Statistics, Islamabad", 2007.