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## **Research Article**

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# Brief Comparison 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 of concomitant use. This cross sectional study is designed to know about the people view about the use of traditional and allopathic drugs use. This study was conducted in northern area of KPK (Swat, bunner), and Fata (FR Peshawar) Pakistan. A total of 270 persons took part in the study. Majority of participants were men, their mean age was 32.5 years. Most of them were literate. Majority of people preferred to use traditional medicines instead of allopathic medicines. The main reason of traditional therapy over allopathic drugs was economy, less side effects and easy availability. Most of the people get medicines from home pharmacy. Majority of peoples has observed side effects with use of allopathic medicine, while most of 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 uses traditional therapies instead of allopathic therapies.

Key Words: Traditional therapy; Allopathic therapy; District bunner; Swat

#### INTRODUCTION

As we know that Pakistan is one of largest population country of world having population of approximately 600 million. age distribution of population are 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 are 3.4% theair geographic distribution are such that 33% of them are living in the urban area while that of 67 % are living in the rural area. The population growth rate of Pakistan is also very high which is also too high 2.06% [1].traditional medicine may defined as an indigenous medicines which are using by community people in order to keep their selves fit and health ,to diagnose ,prevent & to treat physical as well mental illness which is somewhat different from allopathic system.(1)world health organization report of 2011 show that the interest in the traditional medicine particularly in herbal product are increasing over the last decade. (WHO, 2001[2]. Due to positive feature of traditional medicine WHO approved it to be use as traditional, complementary are as alternative medicine because in treating chronic and humanizing the quality of life of those community member who having suffering from minor illness it is very helpful [3]. In different country they have developed a unique traditional system [3]. In china majority of the population are treating with traditional therapy which 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 be 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 plying 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 physiologic 1 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 using traditional therapy as basic [9].

Table 1: Characteristic comparison of traditional therapy with allopathic therapy

Characteristics         Numbers         Total population         %age           Sex         Male         193         270         71.48           female         77         270         28.52	P Value
Male 193 270 71.48	
77 270 20.32	0.0493
Age	
15-30 years 86 270 31.85	
30-50 84 270 31.11	0
>50 year 100 270 37.04	Ü
Monthly Income	
1000-15000 54 270 20	
15000-15000 54 270 26 15000-20000 106 270 39.26	0
20000-30000 42 270 15.56	
>30000 68 270 25.19	
Qualification 25.19	
Metric 60 270 22.22	
college 32 270 11.85	
university students 39 270 14.44	0
Other         30         270         11.11	
Area Rural 250 270 92.59	0.2335
which one medication did you prefer  Traditional 168 270 62.22	
	0.0105
Allophatics 102 270 37.78	
Reason of using	
Ecnomical 48 270 17.78	0
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 86.3	0.1704
No 37 270 13.7	
From where did you get these medication	
general store 100 270 37.04	0
medical store 60 270 22.22	
home pharmacy 110 270 40.74	
Adverse effect	
Traditional 70 270 25.93	0.066
Allophatics 200 270 74.07	
Faith	
Yes 84 270 31.11	0.0463
No 196 270 72.59	0.0 103
Advice	
Traditional 151 270 55.93	0.0013
Allophatics 119 270 44.07	0.0013
Emergency	
Traditional 90 270 33.33	0.025
Allophatics 180 270 66.67	0.023
Common	
Traditional 170 270 62.96	0.0124
Allophatics 100 270 37.04	0.0124

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 present 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].

#### **METHOD**

### **Study setting**

This study is conducted in northern area of KPK (Swat ,bunner ), and Fata (FR Peshawar ). the study was cross sectional and were asked question from general population (15-80) age including young, adult, old male and female .educated and illiterate people. Ouestions were asked from both rural and people migrated to urban area.

#### Study design

Including total 300 participant male, female educated and illiterate people from both urban and rural areas of swat, Bunner, and FR Peshawar were ask question. First people were briefed about the aim of study. Generally Questioners were given to educated people directly and they only fill that while, from illiterate people the pharmacist first briefed them in local language (Pashto) and then fill 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 Questioner were structured including 18 questions .first three were demographic question, 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 disease were given for which they use that and in the last was asked for comments of the respected person.

### **RESULTS**

The study was conducted in 3 districts of KPK. A total of 270 persons took part in the study. Out of them 193 (71.4 %) were male while 77 (28.5%) were female. Age wise contribution of population 15-30 years was 86 (31.8%), 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%) others and 109 (40.3%) were illiterate.

Majority of people prefer 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.

#### **DISCUSSION**

This survey was conducted in three areas of northern Pakistan District Swat, District buner, and Fr Peshawar which 80 % consist of ruler population [13]. to determined there opinion about allopathic verses traditional therapy, Question were asked from male, female both gender having age greater than 15 year (71% male and 28.52% female). As a result, 62% people using traditional medicine/therapy and 37.8% allopathic.

From 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,4% as more rapid action,38.8% due to less side effect reason of using tradition medication.

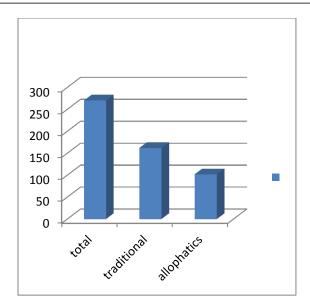


Figure 1: Graph representing traditional and allopathic therapies

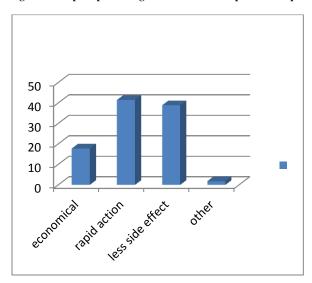


Figure 2: Graph representing side effects and other characteristics

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 medicine 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 medication are less expensive as compare to allopathic, 48 % people explain their reason of using traditional medication this concept. 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 heath 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 kilometers 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.

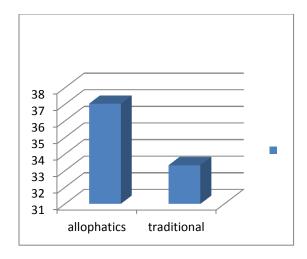


Figure 3: Graph representing participant interest towards allopathic and traditional therapies

#### **Emergency condition**

In last all people participant who participated in this research were asked for their comments. Majority of people requested government to take some steps to make proper system, roles and regulation for traditional medication which is effective in some health problem.

#### CONCLUSION AND RECOMMENDATION

- 1-The government should provide a good health care system to people in for away areas
- 2-To produce awareness in people about current health medication improvement
- 3- To establish a proper system for monitoring of traditional therapy from government side.

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### REFERENCES

- [1] R Mustafa R; U Afreen; HA Hashmi. J Coll Physicians Surg Pak, 2008, 18(9), 542-545.
- [2] HL Park; HS Lee; BC Shin; JP Liu; Q Shang; Y Hitoshi; B Lim. *Evid Based Complement Alternat Med*, **2012**, 24, 2012. [3] WHO. Legal status of traditional medicine and complementary/alternative medicine: a worldwide review, **2001**.
- [4] R Abbott. Documenting Traditional Medical Knowledge, 2014.
- [5] WS Cha; JH Oh; HJ Park; SW Ahn; SY Hong; Nam-Il Kim. Neurol Res, 2007, 29(sup1), 5-9.
- [6] WHO. Dept. of Mental Health, Substance Abuse. Mental health atlas 2005. World Health Organization; 2005.
- [7] J Zhao; P Jiang; W Zhang. Briefings in Bioinformatics, 2010, 11(4), 417-430.
- [8] S Li; ZO Zhang; LJ Wu; XG Zhang; YD Li; YY Wang. IET Systems Biol 2007, 1(1), 51-60.
- [9] SH Saydah; MS Eberhardt. J Altern Complem Med, 2006, 12(8), 805-812.
- [10] J Homsy; R King; D Balaba; D Kabatesi. AIDS, 2004, 18(12),1723-1725.
- [11] BR Henke; SG Blanchard; MF Brackeen; KK Brown; JE Cobb; JL Collins; WW Harrington Jr; MA Hashim; EA Hull-Ryde; I Kaldor; SA Kliewer; DH Lake; LM Leesnitzer; JM Lehmann; JM Lehmard; LA Orband-Miller; JF

Miller; RA Mook Jr; SA Noble; W Oliver Jr; DJ Parks; KD Plunket; JR Szewczyk; TM Willson. *J Med Chem*, **1998**, 41(25), 5020-5036.

- [12] P Mee; RG Wagner; FX Gómez-Olivé; C Kabudula; K Kahn, S Madhavan; M Collinson; P Byass; SM Tollman. *BMC Complem Altern Med*, **2014**, 14(1), 1.
- [13] R Ahmad; N Ahmad; AA Naqvi; A Shehzad; MS Al-Ghamdi. J Tradit Complem Med, 2016.
- [14] P Social. Living Standards Measurement Survey (PSLM) 2006-07. Government of Pakistan, Federal Bureau of Statistics, Islamabad, **2007.**