Complementary and Alternative Medicine Usage in India and in the United States

International public health officials are warning that complementary and alternative medicine (CAM) usage is neither regulated nor monitored the way it should be. CAM use is not commonly reported to, or detected by, health care providers. But CAM use is much more important than we assume. Herbal and dietary supplements, for example, used by nearly 1 in 5 Americans, are the second leading cause of drug-induced liver injury. On the other side, some CAMs undoubtedly are a useful addition to the prevention and treatment of certain conditions and some undoubtedly can contribute to the healthier lifestyle and general well-being.

CAM use is increasing all over the world. In the US the number of all Americans that used some form of CAM had nearly doubled between 1990 and 2002. The numbers remain on the rise: today, more than a third of Americans use some form of CAM.

The understanding of the conventional treatment options is based on the evidence, but CAM use is not being matched by evidence-based evaluation of the various treatments and therapies that fall under its umbrella. Therefore, the real importance of CAM in terms of its short- and long-term benefits and risks is not known.

While the options and choices of conventional treatment remain similar all over the world, the choice of CAM differs in different populations even in the same country. In the US, for example, the gap in the rate of CAM use is expanding: e.g.: whites are
more than twice as likely to see a CAM provider as African-Americans or Hispanics. CAM use by Hispanics increased by only 1% over the five-year period. Asians used CAM practices only slightly less than whites.

Understanding the reasons for the differences and the varieties is probably the most important next step in the research on CAM use.

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Abstract

Background and Objective: The purpose of this particular research is to assess the use of complementary and alternative medicine primarily among adults within India and United States and the circumstances under which they discuss such use with their physicians.

Subjects and Methods: The research study was conducted in India under the direction of SJSM. We compared the results in India with corresponding results in USA using the 2007 National Health Interview Survey (NHIS). The data includes various types of CAM therapies and adults from both India and the United States were interviewed. The ANOVA test was performed to analyze a significant difference between means.

Results: There were no major differences in the overall usage of CAM therapies between India and the United States. There was however a significant difference between the USA and India when it comes to the use of CAMs between married/unmarried respondents, social status, type of the CAM used and gender. For the ethnicities using CAM in India, all of the respondents were either Indo-Aryan or were not specified; however, in the United States the ethnicities were more varied. Also, it was noted that a majority of CAM users in India were female compared to the United States which was more balanced.

Conclusion: Overall, the use of CAM therapies was found to be equivalent in the United States and in India. However, marital status, gender, and socioeconomic showed specific significant changes.

Introduction

Complementary and alternative medicine (CAM) refers to a series of medical and health care practices and products that are normally not an integral part of conventional medicine due to insufficient proof of their safety and effectiveness. People often turn to CAM when they have a long-lasting problem that has not been completely cured by conventional medicine, sometimes in addition to current treatments to deal with any symptoms or side effects from conventional treatments and/or to try to prevent illness, to ensure a healthier lifestyle and general well being.

The purpose of this particular research is to assess the use of CAM primarily among adults within India and United States and the circumstances under which they discuss such use with their physicians.

Materials and Methods

The research study was conducted in India under the direction of SJSM, mentored by Dr. Branka Filipovic and Dr. Mirjana Milutinovic. We compared the results in India with corresponding results in USA using the 2007 National Health Interview Survey (NHIS). CAM data is self-reported, collected from randomly selected adults aged 18 and above from India and the United States. The ANOVA test was performed to analyze a significant difference between means.

Specific types of CAM in the United States were compared to India: Herbal Therapy, Massage Therapy, Mind and Body Therapies, Energy Therapies, and Homeopathic Therapies.

Results / ANOVA Test

The null hypothesis was supported within the test showing no major difference of the overall usage of CAM between India and the United States. Although, specifically there is a higher usage of energy therapies homeopathy, and herbal products in India. Also, Meditation and Massage therapy is used more often in the US. Furthermore, there is a significant difference in the characteristics of the participants regarding marital status, social status, and gender.

Discussion

The primary objective of this research was to determine which country, United States or India, used CAM therapies more. When comparing CAM therapies as a whole (all forms of therapies together), the p-value (p < 0.05) showed that there was no significant difference between the number of CAM use in India and the number of CAM use in the USA allowing us to accept our null hypothesis.

Another objective for the research team was to determine which specific type of CAM usage was preferable among medicine due to insufficient proof of their safety and effectiveness. People often turn to CAM when they have a long-lasting problem that has not been completely cured by conventional medicine, sometimes in addition to current treatments to deal with any symptoms or side effects from conventional treatments and/or to try to prevent illness, to ensure a healthier lifestyle and general well being.

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Conclusion / Further Work

Overall, the use of CAM therapies was found to be equivalent in the United States and in India, accepting our null hypothesis. However, when focusing on marital status, gender, and socioeconomic, the results showed specific significant differences.

For future or continued studies of CAM therapies, we recommend the same principles and standards of evidence of treatment effectiveness apply to all treatments, whether currently labeled as conventional medicine or CAM. Implementing this recommendation requires that investigators use and develop as necessary common methods, measures, and standards for the generation and interpretation of evidence necessary for making decisions about the use of CAM and conventional therapies. Examples of recommended methods, measures, and standards that could be used are: N-of-1 trials, preference randomized controlled trials (RCTs), observational studies, cohort studies, and case-control studies.

References