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Alternative Medicine Usage in Cancer Patients in Bihar, India: A Concern for Advanced Stage Clinical Presentation



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ABSTRACT

Objectives: Majority of Cancer patients in Bihar, India are often presented at the advanced stage of disease. The use of Alternative Medicine (AM) has been identified by the oncologists as a potential factor for the delay in seeking health from medical practitioners but no research has been conducted to verify such claims. The aim of this study is to identify socio-demographic and disease status differences between AM and non-AM users among cancer patients in India and associated patterns of seeking professional medical help. **Methods:** A Cross Sectional study from September 2014 to March 2015 was performed on cancer patients in the Department of Radiotherapy, Mahavir Cancer Sansthan, Patna. 534 confirmed Cancer patients who were under treatment were included in the study after due Consent and ethical clearance. **Results:** A significant proportion of 43% (229) used AM. The most common type of practice in this study was Homeopathy 89% (201) and Ayurveda 11% (26) was found who has used local AM practices before coming to our institute. 92% of them have used AM and presented in III stage (43%) or IV stage (25%) of the disease. 37% of the total patients (113) who came for consultation are in stage I and Stage II of the disease (2% stage I, 35% stage II, 46% stage III and rest stage IV of the disease. 25% (57) of AM user awaited for less than 1 month, 35% for less than 3 months and 40% (92) waited for more than or equal to 3 months before coming to the hospital. **Conclusion:** Overall, early diagnosis and intervention are critical for effective treatment of cancer. Delays in presentation related to the use of Alternative Medicine may be an important factor for advanced stage presentation and low survival rates in the cancer patients. Further research is needed to explore the reasons for using Alternative Medicine and to understand the existing issues of delays in help seeking.

INTRODUCTION

The Indian subcontinent is home to 16.5% of the world's population and at any one time, it is estimated that there are over 2 million people with cancer. Whilst cancer has not been a prominent healthcare issue in India compared with other communicable diseases, with an increasingly aging population, cancer is emerging as a critical health problem. India confronts very specific social, cultural and economic issues when it comes to addressing cancer. [1] Low socioeconomic status and illiteracy also contribute to advanced stages of disease on presentation to biomedical clinics, and Alternative Medicines (AM) is often the only therapies available. [2]

The majority of Indian cancer patients have late stage incurable diseases (75% to 80%) when first diagnosed. Earlier presentation could significantly enhance survival rates. It is estimated that approximately 50% of cancer patients in developed countries die from their malignancy, Presently in India, out of a million newly diagnosed cancer patients each year, more than 50% die within 12 months of diagnosis and another one million cancer survivors show progressive disease within five years of diagnosis. Out of the 1.5 million in need of palliative care, less than 0.1 million patients can be covered by the existing facilities. [3]

Trivedi.V. *et al.* 2015 presented different factors responsible for not seeking medical help or hindrance in early detection. This study is an extension for establishing AM as a potent hindrance in early detection of cancer and disease status differences between AM and non-AM users among cancer patients in Bihar, India. [4]

AM generally refers to health care practices not offered within hospital facilities (or by clinical practitioners). Traditional medicine (TM) refers to local indigenous practice and belief systems that are used largely in developing countries for health-related purposes. Complementary and alternative medicine (CAM) is generally used to refer to a range of non-indigenous, unorthodox practices including homeopathy, naturopathy, herbalism, etc. [5] TM has often been the dominant means of treatment for health problems for centuries, and in some cases, it continues to dominate health care beliefs and practices. [6] India's indigenous systems of medicine, such as Ayurveda, Siddha, and Unani, are more than 5,000 years old, and in rural areas, the Indian population has relied heavily on these practices, particularly Ayurveda and Homeopathy. [7,8]

While urban areas are increasingly utilizing orthodox practice, around 80% of the Indian population still relies on non-biomedical practice. A study conducted by the Indian Council of Medical Research (2013) of 45,000 people found that 33% used AM for 'common ailments', while only 18% preferred to use this system for serious ailments. [8, 9] Around 38% of households reported visiting AM practitioners; 40% in rural and about 30% in urban areas. The reasons for preferring AM were mainly the perceived lack of side effects and low costs. Slow progress was the main reason for not preferring AM. [10]

In terms of cancer, until now there has been little data available regarding patient usage of AM, although estimates suggested usage may be around 38%. Chaturvedi *et al.* (2002) surveyed 550 cancer patients in a Delhi hospital and found that 38% had visited practitioners who offered alternative treatments before going to the hospital. [11] This study found that women were much more likely to use alternative medicines than men (83% of women) and recorded varying delays in seeking biomedical treatment. [12, 13]

METHOD

Data collection



This work is based on data collected in a structured survey of cancer patients in Mahavir Cancer Sansthan & Research Centre, Patna, Bihar. After ethical approval was obtained, interviewers were trained in the administration of the survey and the aims of the study. The survey was conducted over the course of seven months (September 2014 to March 2015). The study was carried out on 534 patients undergoing treatment in the department of Radiotherapy.

Sample

The sample included 534 cancer patients. The sample included a broad mix of disease types and stages. 100 patients were of Oral, 58 of Head & Neck cancer, 157 of breast cancer, 167 of cervical cancer, 13 of prostate, 12 rectal, 8 vault and 19 other cancers as in Fig 1.

Analysis:

The data collected was analyzed through SPSS16.0.

RESULTS

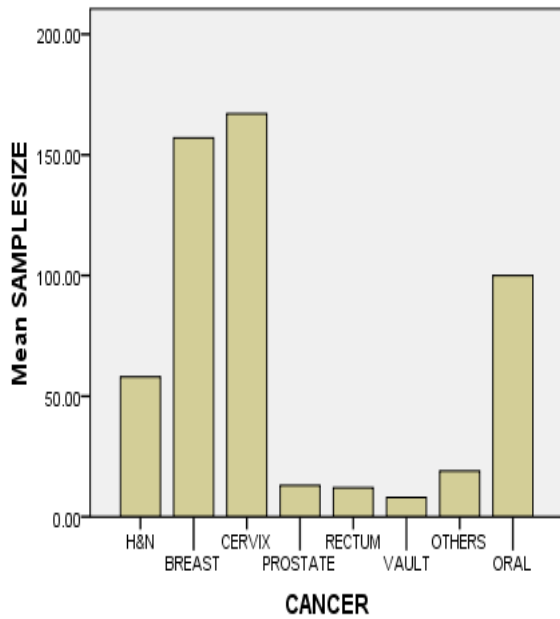


Fig1 Shows Sample Characteristics of the patients included in the study.

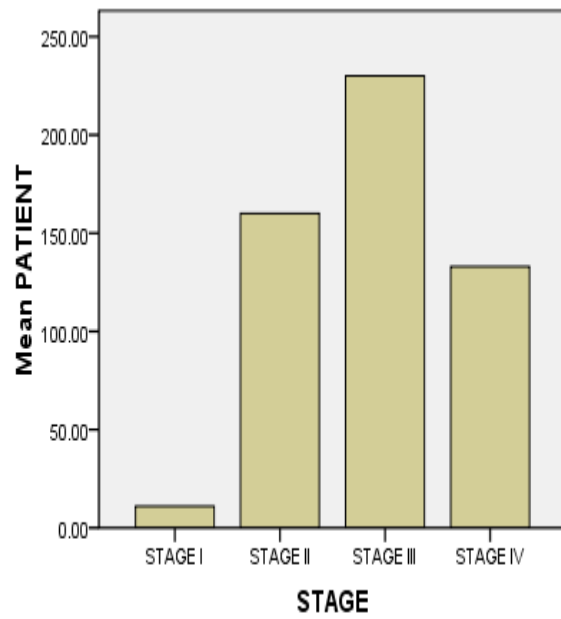


Fig2 .Represents distribution of patients included in the study as per stages of cancer.

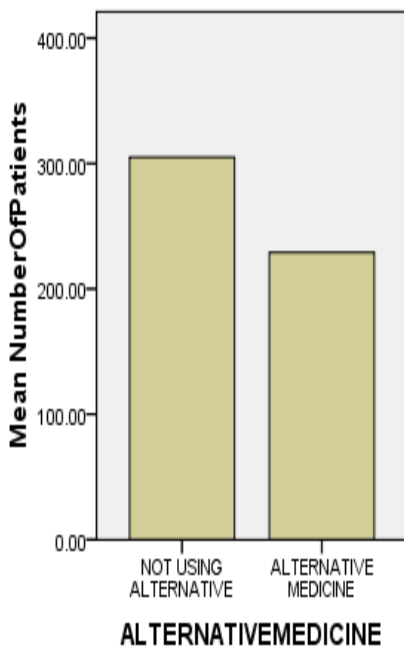


Fig3.Represents the distribution of patients using Alternative Medicine before coming to the hospital.

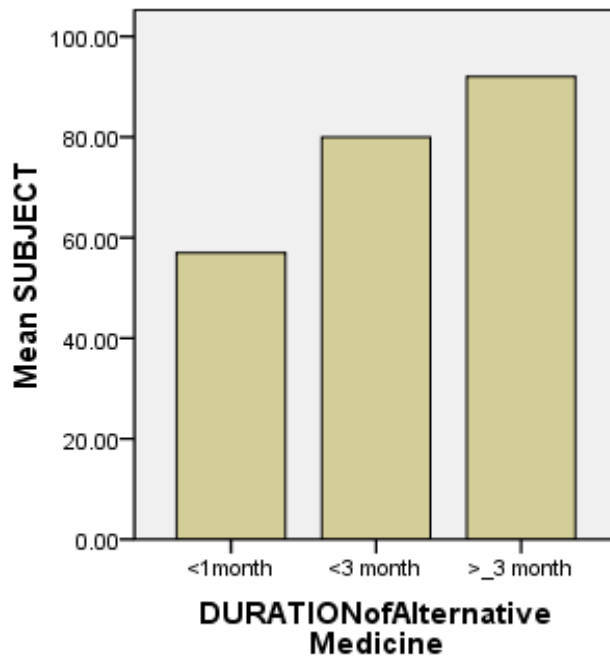


Fig4 .Represents duration of use of Alternative Medicine before presenting at Hospital.

534 total cancer patients were included for the study. 100 patients of confirmed Oral, 58 Head and Neck cancer,157 of the patients were of breast cancer, 167 of Cervical cancer, 13 from Prostate, 12 of rectal, 8 of vault and 19 other confirmed cancer patients were included.

As per Staging during Ist Clinical presentation: 25% of the patients were of stage IV, 43% of Stage III, 30% of Stage II and 2% of stage I. 43% of the total patients were using alternative medicine before coming to the hospital. 40% of subjects were on alternative medicine for more than 3 months from identification of the symptom. 35% of the total subjects on alternative medicine were taking medicine for than one month and 25% of the subjects were on alternative medicine but for less than one month. **Fig2:** showing distribution of patients as per Staging at Ist Clinical presentation: 25% of the patients were of stage IV, 43% of Stage III, 30% of Stage II and 2% of stage I. **Fig3:** Represents 43% of the patients were using alternative medicine before coming to the hospital. **Fig4.** Showing 40% of subjects on alternative medicine for more than 3 months from identification of the symptom. 35% of the total subjects on alternative medicine were taking medicine for than one month and 25% of the subjects were on alternative medicine but for less than one month.

DISCUSSION

The WHO has recently been promoting the use of Traditional, Complementary and Alternative Medicine in developing countries. But, it is important to be aware of the impact of patient use of non-orthodox treatments in the context of cancer. This study reported on a structured random survey examining Bihar cancer patient's use of AM, and the relationship between AM use and timing of presentation to a clinical setup. This study of 534 cancer patients illustrated the relative association of use of AM and late presentation to the Oncologist. 43 % of patients were using AM. Given the high rates of AM usage in rural and remote areas, it is possible that the trends documented here may be greatly enhanced in more remote locations. The issues of costs associated with AM versus orthodox care are critical to such patterns. The potential interactions between AM having high levels of heavy metals need to be kept under consideration. Heavy metals might show pharmacokinetic or pharmacodynamic interaction with the antineoplastic drugs having narrow therapeutic index and renowned toxicity.

The study also found that women were marginally more likely to use AM than men. **The study was at par with Shukla et al. [14].** The fact that 40% of AM users waited three months or longer after noticing symptoms of cancer suggests a need to examine more carefully the role of AM in the high rates of advanced diseased patients on initial presentation to orthodox cancer facilities in India.

Level of Cancer awareness and education has no association in the Bihar, India population. Use of AM has been found to be one of the pivotal factors for late arrival of the patients to the Oncology Centres. So it's high time to include Awareness regarding AM as a major objective for all Cancer Awareness Programs with focus on public as well as educational institutions.

CONCLUSION

While the reasons underlying this delay warrant further examination, there is an urgent need to understand the implications of AM usage on patient behavior, choice and survival. All the patients involved in this study had access to clinical cancer facilities that many Indians do not have. Given the high rates of AM usage in rural and remote areas, it is possible that the trends documented here may, in fact, be greatly enhanced in more remote locations. The issues of costs associated with AM versus orthodox care are critical in the existing healthcare system.

Non-AM users generally report at an earlier stage than compared to AM users. AM user patients were diagnosed at local medical/Ayurvedic/Unani and other traditional practitioners of which detailed database is not available. We don't have exact data about the stage at which the patients were diagnosed at the AM treatment clinic. This forms an important drawback of our study.

However, there are also ideological issues that need to be addressed whereby AM practitioners view illness and disease differently from orthodox practitioners and seek to treat cancer from a different and even erroneous perspective. The results have significant implications for cancer care in India and potentially in other developing countries. Further research is needed to examine high use of AM in palliative and end-of-life care. Clinicians should play an important role in eliciting knowledge about the use of AM to the patients whoever come to them and make them proactive to spread the knowledge in their locality.

RECOMMENDATION

Clinicians are the face of complete healthcare system and thus should take initiatives to not only aware the patients or public but also to AM practitioners regarding concerns of cancer as a disease and its late first clinical presentation to the mainstay of treatment.

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