

Estimating the Awareness of Homeopathic Treatment in Pune Suburban and Rural Area

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Abstract

Background: Homoeopathy, a form of alternative medicine, has gained popularity worldwide due to its holistic approach, minimal side effects and economic affordability. Pune District, located in the Indian state of Maharashtra, presents an interesting case study due to its diverse population. It includes urban, suburban, and rural communities. The suburban and rural areas may not have similar levels of awareness or access to such services.

Materials and methods: The study design is Descriptive cross-sectional survey and location of study was PHC of Loni, Wagholi, Khanapur and Dehu. The population (total 168 people) selected for the surveys is according to inclusion criteria. This survey took 2 months for completion. Most of the data collected from face-to-face interviews, paper-based questionnaires, Consent form were used. The independent sample t-test and the Pearson chi-squared test were utilized to determine the relationship between the categorical variables.

Data was entered into Microsoft Excel 2016. SPSS version 29 was used for the analysis, and a p-value of less than 0.05 was deemed significant.

Result: Homoeopathic Unawareness seen in Rural areas Khanapur, Dehu is 46(66.67%) suburban area Wagholi & Loni is 64(67.37%) p value (0.925).

Conclusion: Conclusion from the above observation is that there is Not much Difference in Awareness about Homoeopathic treatment Those few who are aware are not Preferring homoeopathic medication.

Keywords: Awareness, Rural, Suburban, Homoeopathy.

INTRODUCTION

In the vibrant city of Pune, nestled amidst the bustling urban landscape. The male population of 49.3 lakh and the female population of 44.9 lakh make up the district of Pune's total population of 94.2 lakh. 41.9% of the total population in this district lives in rural areas. The district has a sex ratio of 915, an overall literacy rate of 86.1%, and a population density of 603 square kilometers per km. ^[1] lies a tapestry of suburban and rural communities, each with its own unique healthcare challenges and preferences. The public's perception is shifting in favor of using herbal medications. This is attested to by the steadily increasing global commerce in these medications. The public appears to be fed up with the current system (synthetic medications) for the following reasons: only symptomatic relief is felt; "Completion of treatment" is never achieved, especially in cases of chronic illnesses; frustrating side effects; and high costs. ^[2] Amidst the plethora of medical options available, one form of alternative medicine has quietly but steadily gained attraction – Homeopathic treatment. In 2010 there were 785,185 registered practitioners of Ayurveda, Yoga, and Naturopathy in India (61.9% Ayurveda, 31.4% Homeopathy, 6.5% Unani, 0.9% Siddha, and 0.2% Naturopathy).^[3] As we delve into the landscape of healthcare awareness, it becomes imperative to gauge the level of understanding and acceptance of homeopathy among the residents of Pune's suburban and rural areas. Residence, sex, and language group membership are all relevant factors when it comes to awareness. ^[4] A common misconception identified was the belief that homoeopathy acts slowly. Overall, the survey shed light on the positive perception and utilization of homoeopathic treatment among the tribal population, while also uncovering areas where awareness and education could be enhanced.^[5] Homeopathy, with its holistic approach and gentle remedies, has garnered a dedicated following worldwide. However, its penetration into suburban and rural regions, often characterized by limited access to conventional healthcare facilities, remains a topic deserving of exploration. Understanding the awareness levels regarding homeopathic treatment in these areas is not only essential for healthcare practitioners but also for policymakers aiming to provide inclusive and comprehensive healthcare services. Homoeopathic system is very popular in a few states like West Bengal, Uttar Pradesh etc. mostly in rural areas too.^[5] This survey seeks to embark on a journey through the streets of Pune's suburban neighborhoods and rural villages, aiming to uncover the perceptions, beliefs, and awareness surrounding homeopathy. By conducting a comprehensive survey and engaging in qualitative interviews with residents, healthcare providers, and community leaders, we endeavor to shed light on the following questions with the help of the standard questionnaire. Through this exploration, we aim to not only gauge the current landscape but also to spark conversations and initiatives aimed at bridging gaps in healthcare awareness and access. By understanding the role of homeopathy in the healthcare ecosystem of Pune's suburban and rural areas, we hope to contribute to the pursuit of equitable and patient-centered healthcare for all residents, regardless of their geographical location or socioeconomic status. While studying the different article we found out some article Two patient groups, one consulting a general practitioner (GP) and the other a homeopath, exhibited no significant differences in demographic factors such as sex, age, education, marital status, religion, and income.^[7]

Aim to estimate awareness homeopathic treatment in Pune suburban and rural

Objective:

1. Primary -To evaluate the current level of awareness regarding Homoeopathic Treatment among residents of rural areas of Pune District.
2. Secondary – Identify the sources from which individuals in suburban and rural areas acquire information about Homoeopathy treatment.
3. Explore the factors influencing the awareness of Homoeopathy treatment in suburban and rural populations of Pune District, such as education level, socioeconomic status and access to healthcare resources.
4. Compare the level of awareness of homoeopathic treatment between suburban and rural populations in Pune district.
5. Provide recommendations for strategies to improve awareness and access to Homoeopathic treatment in suburban and rural areas of Pune district based on research findings.

MATERIALS AND METHODS- It’s a Descriptive cross-sectional survey Study Design. The study was conducted at PHC of Suburban area -Loni and Wagholi, Rural area- Khanapur and Dehu. Inclusion criteria used for study was All patient willing for consent form and all age group.

Ethical considerations- the study was approved by the institutional ethics committee. Informed written consent was obtained from all the participants.

Duration of study: 2 months - November 23- December 23

Data Collection- This involved face-to-face interviews, paper-based questionnaires, depending on the accessibility and preferences of the participants. The interview schedule was prepared by authors, and it was validated by an expert. The tool was also pretested in OPD of homoeopathic hospital

Statistical Techniques & Data Analysis:

Pearson chi-squared test and independent sample t-test were used to find the association between categorical variables. Data was entered into Microsoft Excel 2016. The analysis was performed using SPSS version 29. p-value of less than 0.05 was considered significant.

Table showing Homoeopathic awareness visa vis various factors:

Variable	Category	Awareness of Homoeopathy		P value
		Yes	No	
Educational status	Illiterate	3(10.34%)	26 (89.66%)	0.000
	School till 10th	15(22.06%)	53(77.94%)	
	College (11th ,12th , Incomplete Graduation)	20(50%)	20(50%)	
	Graduation, PG	16(59.26%)	11(40.74%)	
Occupation	Professional	18(60%)	12(40%)	0.003
	Labour	12(26.08)	34(73.91%)	
	Business	3(60%)	2(40%)	
	Homemaker	11(22.44%)	38(77.55%)	
	Farmer	1(10%)	9(90%)	

	other	9(37.5%)	15(62.5%)	
Which medication preferred	Allopathy	48(31.17%)	106(16.83%)	0.043
	Ayurvedic.	2(50%)	2(50%)	
	Unani.	0	1(100%)	
	Homoeopathy	4(100%)	0	
	Traditional	0	1(100%)	

Result

Homoeopathic Unawareness seen in rural areas Khanapur, Dehu is 46(66.67%) suburban area Wagholi & Loni is 64(67.37%) p value (0.925) similarly, by gender distribution 45(61.64%)males and females 65(71.42%),p value 90.190 was seen to be unaware of Homoeopathy, Ever married people showed 100(68.02%) & unmarried 10 (58.28%), 62(73.81%) unemployed & 48(60%) p value (0.06) Employed showed homoeopathic unawareness.22(57.89%) of skilled labor, 15(62.5%) of semiskilled labor & 13(76.47%) of unskilled labor showed unawareness about homoeopathic treatment.13(76.475%) of Daily wadges and 32(54.23%) of salaried people were ignorant about homoeopathy. Mean SD 1578.88(1753.54) For average cost spent on health checkup per person/month in those who are aware about homoeopathy and Mean SD 1342.15(2400.07), p value (0.6525) in unaware people. Educated people also show significant unawareness about homoeopathy similarly the occupation like labor and homemakers do not show awareness.

Descriptive statistics [mean (SD), frequency (%)] was used to depict the baseline characteristics of the study population.

Discussion

This study explores the awareness and preference for the Homoeopathic system of medicine in various sectors of Pune district, including Khanapur, Dehu, Wagholi, and Loni, which are approximately 23-25 km from Pune city. Despite the proximity to an urban center and being situated in Maharashtra, the state with the highest number of Homoeopathic colleges in India (68 colleges), there appears to be no significant difference in the awareness levels between rural and suburban areas, so while doing this survey we come across certain points regarding awareness in communities. The study reveals no variation in awareness levels of Homoeopathy between different genders or marital statuses. This suggests that the factors influencing awareness are independent of these demographic variables. Surprisingly, educational status does not significantly influence awareness of Homoeopathy. Among 27 graduates and postgraduates surveyed, only 16 were aware of Homoeopathy. This indicates a pervasive lack of awareness irrespective of educational attainment, highlighting a potential gap in health education. Occupational status also shows a varied but generally low level of awareness about Homoeopathic treatment. Homemakers, who constitute a large portion of the surveyed population, are notably unaware. Among 30 professionals, only 18 were familiar with Homoeopathy. Laborers and farmers also show substantial unawareness, with unemployed individuals scoring the highest in this regard. The unskilled and semi-skilled communities are similarly uninformed. Even salaried individuals, typically presumed to have better access to health information,

display a notable degree of unawareness, though slightly better than daily wage workers. Despite the presence of Homoeopathic medical colleges in Pune district (4 in total) and a general awareness among some segments of the population, the preference overwhelmingly leans towards the Allopathic system of medicine. This trend is observed across all demographic categories, including the educated, salaried, and professional groups. The preference for Allopathic medication persists even among those who are aware of Homoeopathy. The findings suggest that mere awareness of Homoeopathy is insufficient to influence healthcare choices. Facilities like Pharmacy, Homoeopathic Practitioners, Banners would add to use of Homoeopathic medicines. The preference for Allopathic medicine could be driven by several factors, including Awareness, Number of banners and advertisements, Availability of medicines in Pharmacy, perceived efficacy, faster results, and broader acceptance in the medical community. Additionally, the lack of awareness among educated and professional individuals points to potential gaps in public health education and the dissemination of information about alternative medical systems.

There is a need for targeted health education campaigns to increase awareness about Homoeopathy, particularly focusing on its principles, benefits, and scope. These campaigns should be inclusive of all demographic groups, with tailored strategies for different educational and occupational backgrounds. Integrating Homoeopathy into public health programs and primary healthcare services could enhance its visibility and acceptance. Demonstrating its efficacy through community health initiatives may encourage more individuals to consider it as a viable option. Further research to document the efficacy and benefits of Homoeopathic treatments can help build trust and credibility. Publishing success stories and case studies could play a crucial role in shifting public perception. Collaborating with schools, colleges, and professional organizations to include information about Homoeopathy in health education curricula can help bridge the awareness gap among the educated and professional population.

CONCLUSION

Conclusion from the above observation is that there is no awareness about homoeopathic treatment. Those few who are aware are not Preferring homoeopathic medication. Government has to initiative for advertisement to the society.

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