

Socio-economic Background and Pattern of Morbidity of Patient attending The Government Homeopathic Medical College Hospital, OPD, Dhaka

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Abstract:

Purpose: A cross-sectional study was carried out in Govt. Homeopathic Medical College Hospital, OPD, Dhaka.

Objectives: The objectives of the study were to identify the socio-economic background and pattern of morbidity patient attending in Govt. Homeopathic Medical College Hospital, OPD, Dhaka.

Methodology: The study population was 107 respondents who come to be treated in this hospital. The period of the study was four month from 1st May to 31st August of 2014. A random purposive and convenient sampling technique was used to select 107 respondents. Informed consent was taken verbally from the participant after explaining the objectives of the study.

Results: The significant finding of the study was that 43% respondents' age were in the group of 20 to 30 years, about 25% respondents' were 31 to 40 years, about 12% respondents' were 41 to 50 years and the rest of 20% respondents were 51 to 60 years. About 57% were female and about 64% were married. In this study, most of the respondents (41.8%) had primary level of education. about 21% respondents were job holder, about 35% respondents were housewife, about 27 % respondents were rickshaw puller/labour and the rest of 17% respondents were business man. 20% respondents' Monthly income were between Tk.5000 to Tk. 10000, 45% respondents' were Tk.10001 to Tk.15000, 20% respondents' were Tk.15001 to Tk.20000 and the rest of 15% respondents' monthly income were above Tk.20000. About pattern of diseases, 50.5 % respondents suffered from acute diseases and the rest

of 49.5% respondents suffered from chronic diseases. Finally 85% respondents were satisfied on Homeopathic treatment, about 9% respondents were not satisfied and the rest of 6% respondents had no comments.

Conclusion: *This study is intended to know the socio-economic background and pattern of morbidity among patients which might be helpful for the planner, Policy maker & other concerned personnel in devising tools to improve the quality of lives.*

Keywords: Socio-economic Background and Pattern of Morbidity, Patient, The Government Homeopathic Medical College Hospital, OPD, Dhaka

1. INTRODUCTION

Homeopathy a system of medicine that owes its origin to the German physician Samuel Hahnemann, who in 1796 proposed the principle that served as the foundation of the system. The doctrine is based on the effect of drugs on healthy persons. It states that when a drug is administered in large doses to a healthy individual, the symptoms that it would produce would cure the same symptoms when administered in very small amounts. The scientific basis of this hypothesis has not been seriously investigated since it was first postulated (Uddin Z., 2012).

In homeopathic system one sees that drugs are used in extremely diluted form, and their use over the years on very large number of subjects has established some cause-and-effect relationship between use and cure. This has encouraged its practice in various parts of the world. It was introduced in the USA in 1825 and although discouraged, there it is still practiced. In developing countries it represents a major treatment option for the poor. In this subcontinent homeopathic treatment gained rapid popularity and its practice became widespread throughout the twentieth century. In Bangladesh, the practice of homeopathic medicine is also quite old (Bhatt JV. 1998). In developing countries it represents a major treatment option for the poor. In this subcontinent homeopathic treatment gained rapid popularity and its practice became widespread throughout the

twentieth century. In Bangladesh, the practice of homeopathic medicine is also quite old(Ahmed Z., 2012).

Usually drugs, prepared from plant material or as simple chemical substances, are obtained as concentrates, mainly from sources in the USA and the practitioner dispenses these after necessary dilution as specified in practitioner's guidebooks. Many guidebooks are available in Bangla that form the basis for the practice of homeopathic medicine in the country, although in recent years a few institutions for formal training have been established in major cities and towns (Murshed SK. 2007).

The dispensing physician purchases the drug concentrate, which is usually very cheap and, when diluted for dispensation, often by thousand to million-folds, a very large number of clients can be served at little cost. The cost factor has significantly contributed to its widespread practice in Bangladesh and appears to have benefited clients and the practitioners alike. Most people in the country are too poor to afford the cost of visiting a medical doctor or buy even the most common medicines. For them the homeopathic practitioner is a suitable option who can often be found in the neighborhood, even next door. Although an individual intending to practice homeopathy as a trade is expected to register with a Homeopathic Board, in practice many practitioners both in towns and in villages practice without bothering to register. This has no doubt encouraged its rapid spread. Although homeopathy has failed to gain the respect of physicians, its success often strikes headlines, albeit short-lived ones, in news media and even in high profile scientific journals as to the mechanism by which the system may possibly work (Ahmed ZU. 2004).

The first formal institution was the Bangladesh Homeopathic Medical College and Hospital, a private institution, established in Dhaka in 1948. Later in 1989, the government established a similar institution with the name Government Homeopathic Degree College that offers the Bachelor of Homeopathic Medicine and Surgery (BHMS) degree. The college has at present, about 3000 students. Interest in this system of medicine, for historical and economic reasons, and because of its integration in our tradition, is high in Bangladesh and it is likely to remain so in the foreseeable future (Uddin Z., 2012).

1.1 Justification of the study

The present era offers not only conventional form of western medical treatment, commonly known as allopathic medicine, but also many alternative forms of treatments. Among them, homeopathy is one of the most widely accepted and safe forms of alternative medical treatment practiced worldwide. Over the last many years, there is a global proportionate rise of patients using homeopathy. This study explores the characteristics of patients and pattern of morbidity of the patient attending Govt. Homeopathic Medical college Hospital, OPD Dhaka.

1.2 Research question:

What is the socio-economic background and pattern of morbidity among the patient attending in Govt. Homeopathic Medical College Hospital, OPD, Dhaka?

1.3 Objective:

General objective:

To find out the socio-economic background and pattern of morbidity among the patient attending in Govt. Homeopathic Medical College Hospital, OPD, Dhaka.

Specific objectives:

- ❖ To assess the socio-economic background of the respondents.
- ❖ To find out the type of diseases or morbidity of the patient attending in Govt. Homeopathic Medical College Hospital, OPD, Dhaka.

1.4 List of Key Variables:

- Age
- Sex
- Education
- Monthly income
- Marriage
- Diseases pattern

1.5 Operational Definition

Socioeconomic characteristics of a population expressed statistically, such as age, sex, education level, income level, marital status,

occupation, religion, birth rate, death rate, average size of a family, average age at marriage.

Censuses - a collection of the demographic factors associated with every member of a population. **Morbidity** is the proportion of sickness or of a specific disease in a geographical locality.

2. LITERATURE REVIEW

The present study aimed to examine the determinants of using traditional medicine by different socio-economic groups of people, assess the marketing strategies of providers of traditional medicines, and look at the existing policies that regulate the production, marketing and supply of traditional medicines. Household survey, exit client survey and key informants interview were employed to collect data. The findings suggest that though traditional medicine is popular in both rural and urban areas, inadequate monitoring and poor implementation leads to improper preparation of medicine with low quality or even the manufacturing of such medicines without legal permission (Nicholson T. 2006).

Traditional medicine is the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses. In Bangladesh, traditional health care providers (ayurvedic, homeopathic, unanie/kabiraji and others) are common and popular in rural areas leading to low utilisation of public facilities. It is evident that the non-availability of drugs and commodities, poor access to services by the poor, imposition of unofficial fees, lack of trained providers, a rural-urban imbalance in health providers' distribution, weak referral mechanisms and unfavourable opening hours are contributing to low use of public facilities in Bangladesh. This indicates that though the health care seeking behaviour is partly associated with the socio-economic status of the population, the supply side problems existing within the health system also influence service utilization. In this context, the present study aimed to examine the determinants of using traditional medicine, assess the marketing strategies of providers of traditional medicines and to look at the existing policies to regulate traditional medicine (Pasha MK. 2004).

The present study aimed to examine the determinants of using traditional medicine by different socio-economic groups of people and assess the marketing strategies of providers of traditional medicines. The specific objectives are to: Assess the perception of people about safety, efficacy and quality of traditional medicine (Khan NA, 2006). Identify the reasons for preferring traditional medicines by their types and by different socio-economic groups of people, and the types of services received.

Explore the level of satisfaction of users by socio- economic category, age, and gender.

Investigate the marketing strategies of providers for selling traditional medicines.

Identify the national policy and existing regulatory mechanisms for traditional medicines.

The study followed a cross sectional survey approach where both quantitative and qualitative data was collected from exit clients, providers and at the household level at a single point of time. The study was carried out in two districts: Tangail and Munshiganj. Two upazilas from each district had been chosen randomly. Household surveys were carried out to assess the extent to which people from different socio-economic groups prefer traditional medicine and the reasons for preferring traditional medicine. Household surveys gave an overall understanding of the preference for traditional medicine among the population. A total of 800 households were surveyed from the four upazilas, taking 200 from each upazila. Among the households, 400 households were selected from rural poor areas and 400 from urban/peri urban non-poor areas to include samples from different socio-economic groups. A multi-stage stratified systematic random sampling approach was adopted. Wards were selected as Primary Sampling Units (PSU) through a systematic random sampling procedure from the list of wards as documented in Community Series Population Census 2001, published by Bangladesh Bureau of Statistics. After selecting the sample wards as the PSUs, we again adopted a systematic random sampling technique to draw sample households from the wards. We followed a cluster randomization approach for selecting the households within the sample frame. A semi-structured questionnaire was used for the household survey. Randomly selected 20 exit clients of each type of traditional medicine users (160 clients

from eight facilities/providers) were interviewed to assess their knowledge, attitude and practice regarding traditional medicine usage, and their level of satisfaction. This contributed to the gathering of a more specific understanding of the preference for traditional medicine among the users. A semi-structured questionnaire was used to collect data. We interviewed three policy makers within the Directorate General of Health Services and one academic. A total of 18 traditional medicine providers were also interviewed for the study. The quantitative data were analyzed by using both descriptive and analytical statistics. Transcribed qualitative data were analyzed with respect to context, process, and outcomes (Nicholson T. 2006).

Traditional medicine was popular among households in study areas. Overall, 48% of the households sought treatment from traditional providers in the recent past for themselves or for any one of their family members in the study areas, while the proportion was relatively higher in Tangail (54%) as compared to Munshigonj (42.5%). It was also found that the proportion of households who used traditional medicines were higher in Sadarupazilas (51%) as compared to the remote upazilas (45%). It was evident that 47% of households who had sought treatment from traditional providers were poor defined as those whose monthly household income was less than 10,000 Taka. Households sought treatment from traditional providers generally for women and children, who suffered from fever, pain, common colds and general ailments such as anemia, helminthiasis and nutrition, eye infection, common dental diseases and ear problems. The percentage of households inclined to take treatment from traditional providers for the elderly was relatively low in both areas (15% in Tangail and 11% in Munshigonj), and a few of them sought treatment for non – communicable diseases such as diabetes, cardio-vascular disease, hypertension, heart diseases and hypertrophy of the heart. The major reasons for seeking care from traditional providers were low cost, no side effects, prompt services and most importantly the close location of the service centre which makes the service easily accessible. It was found that illiterate and little learned persons were the main clients of traditional medicine (Steggall MJ, 2006).

A considerable number of exit clients were found to be familiar with traditional medicine and had been using it for quite a long period. Therefore, from the view point of effectiveness, the clients were

satisfied with traditional medicine. Most of the clients of both districts claimed that they never had any side effect for using traditional medicine. Providers also distributed leaflets in popular public places, did promotion on TV through cable operators and made miking and wall paintings to attract less-educated and middle income group people. It was evident that though there exists law and policy regarding production and practice of traditional medicine in Bangladesh, the poor implementation of the law and inadequate monitoring leads to improper preparation of medicine with low quality or even the manufacturing of medicines without legal permission due to the unavailability of proper medicine testing laboratories for traditional medicines (Singh V, 2007).

3. METHODOLOGY

3.1 Study Design

The study was descriptive cross sectional and was conducted among the patient attending in Government Homeopathic Medical College Hospital, OPD, Dhaka.

3.2 Study Place

The study was carried out in Government Homeopathic Medical College Hospital, Mirpur, Section-14, Dhaka.

3.3 Duration of the Study

The study was conducted for four month from May, 2014 to August, 2014.

3.4 Study Population

The people who had come to the Government Homeopathic Medical College Hospital for treatment. The people who willingly participated in this research study.

3.5 Inclusion Criteria

Patient's which are aged from 20 to 60 years.

Outdoor patient who gave consent willingly.

Participant was selected from the study areas.

3.6 Exclusion Criteria

Patients who were unwilling to take part in the interview.

Patients who refused to give consent.

Patients who were unable to give information.

3.7 Sample Size Determination

Therefore, 384 was the study population in my study but due to the limitation of the study period a total of 107 Patients were interviewed for conducting the study.

3.8 Sample Collection Technique

Purposive sampling technique had considered to include all available cases.

3.9 Data Collection Technique

A formatted questionnaire was used as a data collection tool in the study. Pre-testing of the check list had done to ensure its adequacy, appropriateness as well as collection of quality data.

Information was collected directly by the researcher by interviewing the patient in Government Homeopathic Medical College Hospital, OPD, Dhaka. Data had collected in every working day. Their verbal consent had taken and the questionnaire was filled out according to their response in order to get large amount of detailed information regarding to finding out the socioeconomic background and patten of morbidity among the patients attending Govt. Homeopathic Medical College Hospital OPD, Dhaka.

3.10 Data Processing and Analysis

When data collection field work was completed, data was checked again and verified for any omission or error and had also be corrected properly. The corrected data was edited and processed manually by using SPSS computer program. All descriptive statistics were done.

3.11 Ethical Consideration

All respondents were asked for their consent prior to participation in the research. All information was kept anonymous and confidential and the respondent's identity will never be disclosed or shared without their written permission.

3.12 Limitations of the study:

- Time constrain (one semester) of the program of the MPH which was allocated for the Dissertation (starting from the conception of the research questions to the defense of the document) precludes inclusion of all the conceivable variables.
- Small sample size.
- The population (Patients) was selected from only in OPD of Government Homeopathic Medical College Hospital, Dhaka.

This may not really represent the majority proportion of this Hospital.

4. DEMOGRAPHIC AND SOCIO-ECONOMIC ANALYSIS

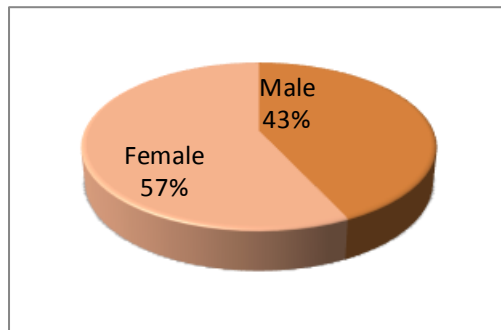
In this study 43% respondents' age were in the group of 20 to 30 years, about 25% respondents' were 31 to 40 years, about 12% respondents' were 41 to 50 years and the rest of 20% respondents were 51 to 60 years.

Table 1: Distribution of the respondents according to age:

Age (Years)	Frequency	Percentage	Avr& SD
20-30	46	43	35.45 Years, ± 12.531
31-40	27	25.23	
41-50	13	12.14	
51-60	21	19.73	
Total	107	100	

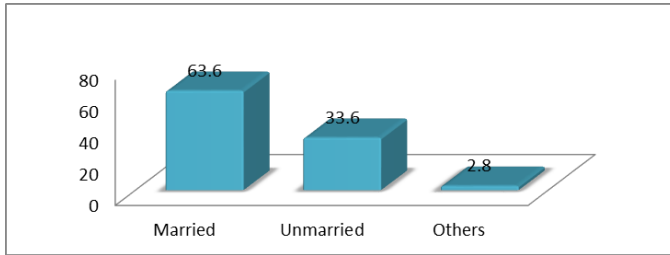
This figure shows that the maximum 57% respondents were female and the rest of 43% respondents were Male.

Figure 1: Distribution of the respondents according to sex:



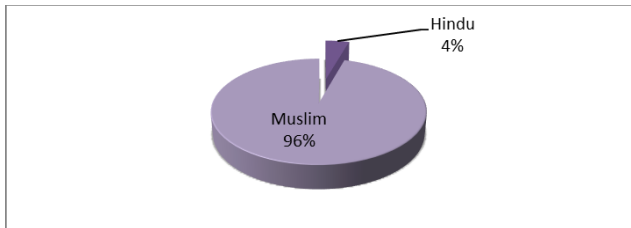
This table tells that about 64% respondents were married, about 33% respondents unmarried and the rest of 3% respondents were others.

Figure 2: Distribution of the respondents according to marital status:



The maximum 96% respondents were Muslim and the less 4% respondents were Hindu.

Figure 3: Distribution of the respondents according to religion:



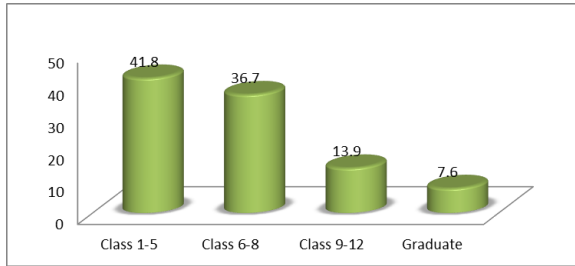
This table shows that about 74% respondents had been School and the rest of 26% respondents had never been School.

Table 2: Distribution of the respondents according to education at school:

Ever been School	Frequency	Percentage
Yes	79	73.8
No	28	26.2
Total	107	100

This figure shows that about 42% respondents' education level were Class 1 to 5, about 36% respondents' were Class 6 to 8, 14% respondents' were Class 9 to 12 and the rest of 75% respondents were Graduate.

Figure 4: Distribution of the respondents according to level of education (n=79):



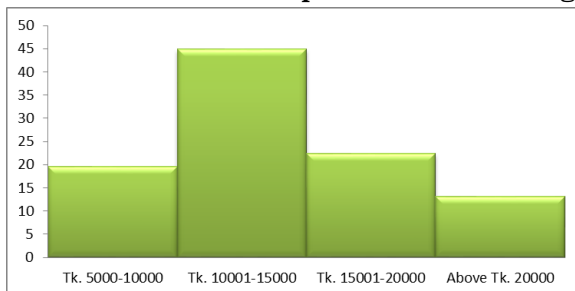
In this study about 21% respondents were Job Holder, about 35% respondents were Housewife, about 27 %respondents were Rickshaw Puller/ Labor and the rest of 17% respondents were Business man.

Table 3: Distribution of the respondents according to services:

Occupation	Frequency	Percentage
Job	23	21.5
Housewife	37	34.6
Rickshaw puller/ Labor	29	27.1
Business	18	16.8
Total	107	100

This below figure shows that 20% respondents' Monthly income were between Tk.5000 to Tk. 10000, 45% respondents' were Tk.10001 to Tk.15000, 20% respondents' were Tk.15001 to Tk.20000 and the rest of 15% respondents' monthly income were above Tk.20000.

Figure 5: Distribution of the respondents according to income:



This table tells that about 20% respondents' house were Kacha, about 45% respondents' were Semi Paka, about 20% respondents' were Paka and the rest of 15% respondents' house were Apartment.

Table 4: Distribution of the respondents according to characteristics of house:

Characteristics of house	Frequency	Percentage
Kacha	21	19.6
Semi paka	48	44.9
Paka	22	20.6
Apartment	16	15.0
Total	107	100

This table shows that about 82% respondents got gas supply and the rest of about 18% respondents did not get gas supply.

Table 5: Distribution of the respondents according to availability of gas supply:

Availability of gas supply	Frequency	Percentage
Yes	88	82.2
No	19	17.8
Total	107	100

In this study about 27% respondents got the facility of water supply from Tube well and the rest of 73% respondents got from WASA.

Table 6: Distribution of the respondents according to criteria of water supply:

Criteria of water supply	Frequency	Percentage
Tube well	29	27.1
WASA	78	72.9
Total	107	100

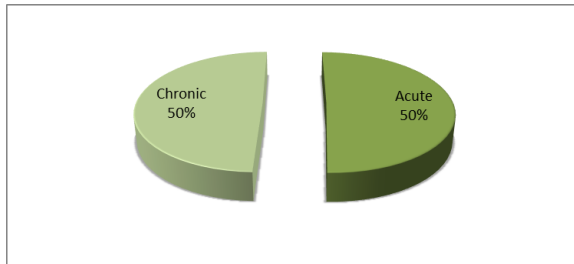
This table shows the physical structure of the patient, here it shows that 15% of the respondents were obese, 55% were normal structure and rest of the patient was slim figure.

Table 7: Distribution of the respondents according to physical structure:

Physical structure	Frequency	Percentage
Obese	19	15.0
Normal	59	55.1
Slim	32	29.9
Total	107	100

This figure shows that the 50% respondents suffered from acute diseases and the rest of 50% respondents suffered from chronic diseases.

Figure 6: Distribution of the respondents according to type of diseases:



This table shows that about 65% respondents choice of treatment from Allopathic, about 23% respondents choice Homeopathic and the rest of about 12% respondents choice others.

Table 8: Distribution of the respondents according to choice of treatment:

Choice of treatment	Frequency	Percentage
Allopathic	69	64.5
Homeopathic	25	23.4
Others	13	12.1
Total	107	100

This table shows about 53% respondents knew about Homeopathic Treatment from Relatives. About 32% respondents from another patient and the rest of 15% respondents knew from Media or poster.

Table 9: Distribution of the respondents according to the way of known about Homeopathic Treatment:

Way	Frequency	Percentage
From relatives	57	53.3
Another patient	34	31.8
Media or poster	16	15.0
Total	107	100

This table shows that 85% respondents were satisfied on Homeopathic treatment, about 9% respondents were not satisfied and the rest of 6% respondents had no comments.

Table 10: Distribution of the respondents according to comments on Homeopathic treatment:

Comments	Frequency	Percentage
Good and Satisfied	91	85
Not satisfied	10	9.3
No comments	3	5.7
Total	107	100

5. DISCUSSION

To know the socio-economic background of the patients who come to be treat at OPD, Govt. Homeopathic Medical College, Mirpur-14, Dhaka was conducted this study. There are one hundred seven respondents participated in this study. The major findings was 43% respondents' age were in the group of 20 to 30 years, about 25% respondents' were 31 to 40 years, about 12% respondents' were 41 to 50 years and the rest of 20% respondents were 51 to 60 years. The maximum 57% respondents were female and the rest of 43% respondents were male. About 42% respondents' education level were class 1 to 5, about 36% respondents' were class 6 to 8, 14% respondents' were class 9 to 12 and the rest of 75% respondents were graduate. In this study about 21% respondents were Job holder, about 35% respondents were housewife, about 27 % respondents were rickshaw puller/ Labor and the rest of 17% respondents were business man. The economic status of the patient were that 20% respondents' monthly income were between Tk.5000 to Tk. 10000, 45% respondents' were Tk.10001 to Tk.15000, 20% respondents' were Tk.15001 to Tk.20000 and the rest of 15% respondents' monthly income were above Tk.20000.

Out of a total 200 patients, females were in slight majority (53.5%) than males (46.5%). Amongst them, 70% were married with Muslim predominance. More than half of the total respondents were either a housewife or were related to a teaching profession. Mean age of the respondents was 39.33 ± 9.2 years with the highest number (33.5%) in the age group between 31 to 45 years. Monthly income of patients was between Rupees 5000 to 15000, this was applicable to nearly a quarter of the respondents, whereas an equal number either did not wish to disclose or were dependents (Faraz HS, 2010).

About 20% respondents' house were kacha, about 45% respondents' were semi paka, about 20% respondents' were paka and the rest of 15% respondents' house were apartment. 27% respondents got the facility of water supply from Tube well and the rest of 73% respondents got from WASA. The 50% respondents suffered from acute diseases and the rest of 50% respondents suffered from chronic diseases. About 65% respondents choice of treatment from Allopathic, about 23% respondents choice Homeopathic and the rest of about 12% respondents choice others. 85% respondents were satisfied on Homeopathic treatment, about 9% respondents were not satisfied and the rest of 6% respondents had no comments.

Traditional medicine was popular among households in study areas. Overall, 48% of the households sought treatment from traditional providers in the recent past for themselves or for any one of their family members in the study areas, while the proportion was relatively higher in Tangail (54%) as compared to Munshigonj (42.5%). It was also found that the proportion of households who used traditional medicines were higher in Sadarupazilas (51%) as compared to the remote upazilas (45%). It was evident that 47% of households who had sought treatment from traditional providers were poor defined as those whose monthly household income was less than 10,000 Taka (Singh V, 2007).

6. CONCLUSION

Homeopathy is a popular system of alternative medicines throughout the world as well as in Bangladesh. The results in our study have shown that although many people in Dhaka city use conventional western treatment, still a large proportion of the population, especially females

still prefer homeopathy as their first choice of treatment. A nationwide survey on patients seeking homeopathic treatment investigating beliefs and process of compliance would give a comprehensive insight attributed to homeopathy.

RECOMENDATIONS

- More awareness regarding use of homeopathic treatment is needed among general population.
- A nationwide survey should be done on patients seeking homeopathic as well as other alternative systems of medicine to know their socio-demographic characteristics, their views on the utility of different systems of medicines, ranges of diseases treated by different alternative medicines etc.

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