



Research Article

Perception, Attitude and Usage of Complementary and Alternative Medicine among Patients in a Tertiary Care Teaching Hospital

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Abstract

Introduction: Complementary and Alternative Medicine (CAM) comprises a broad range of medical systems and practices that are not considered part of conventional medicine. Common CAM modalities include dietary supplements, yoga, homeopathy, Ayurveda, Unani, Siddha, chiropractic therapy, acupuncture, aromatherapy, herbal medicine, and naturopathy. Due to the widespread use of CAM in India, understanding patient preferences and factors influencing CAM utilization is essential.

Objectives: To determine the prevalence and patient perception regarding CAM usage and to analyse the association between sociodemographic factors and CAM utilization.

Materials and Methods: A cross-sectional, hospital-based study was conducted among 240 patients attending a Government General Hospital in Nalgonda, Telangana. Data were collected using a pretested and validated questionnaire assessing demographic characteristics, perception, and utilization of CAM.

Results: Among the 240 participants, 134 (56%) reported using CAM. Homoeopathy 96 (40%) and Ayurveda 68 (28%) were the most commonly preferred modalities. CAM utilisation was higher among males, rural residents, and individuals with higher educational status. Most participants were influenced by friends 138 (56%) and family members 90 (38%) in adopting CAM therapies. Approximately 67% of users believed CAM to be beneficial and reported positive experiences. CAM was commonly used for analgesia 36 (15%), dermatological disorders 32 (13%), and neurological diseases 32, 13%). More than half of the users, 139 (58%) preferred CAM as first-line therapy, while 20% used it after inadequate relief from conventional treatment.

Conclusion: CAM is widely utilised and positively perceived among the study population. The findings emphasise the need for further scientific research, public awareness, and appropriate regulation to ensure the safe and effective integration of CAM into the healthcare system.

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KEYWORDS: Complementary and Alternative Medicine; AYUSH; Cross-sectional study; Patient perception; India.

1. INTRODUCTION

Complementary and alternative medicine (CAM) is defined as a group of diverse medical and health-care systems, practices, and products that are not generally considered part of conventional modern medicine or Western medicine [1]. Usage of dietary supplements, yoga, homeopathy, Ayurveda, Unani, Siddha, chiropractic, acupuncture, aromatherapy, herbal medicine, naturopathy, are examples of CAM practices, used alone or concomitantly with the modern medicine, is a common practice all over the world. Studies in the Western countries suggest that 35-60% of adults use some form of CAM, and the usage is on the rise [2].

The Institute of Medicine, USA has defined CAM as “complementary and alternative medicine is a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period [3]. The National Institute of Health has defined CAM as “a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine.” [4].

In India there is a vast diversity of CAM practices, which can be traced back to many centuries However the Indian system of traditional medicine is not being integrated into the conventional medical system. In India with a rural population of 68.8%, affordable and effective health care is still beyond the reach of vast sections of the population. In November 2009, the Government of India has taken a step to promote “Indian Systems of Medicine” by the promotion of Ayurveda, yoga and naturopathy, unani, siddha and homeopathy. It illustrated the motivation of the government in approving CAM as part of an effort to implement the ideology of a holistic approach in patient care. India is characterized by cultural diversity hence, there is a need to identify the most preferred CAM treatments, how often they are being used by patients and what factors influence the use. Although CAM is a common practice in India, there is a paucity of data regarding the use and acceptance of CAM by patients [5].

The use of CAM by people may vary, some patients do not trust conventional medicine and believe that it has more side-effects, while some are dissatisfied with conventional medicine that they had used previously, and they shift to CAM. Yet, others consider CAM well-suited with their values or beliefs of healthiness [6]. The increased utilization of CAM has created a growing interest toward CAMs that have been researched in many countries [7, 8] There is documented evidence that the use of CAM in western society is high [6-8] and that its use is increasing worldwide [9, 11-13] Researchers have accredited the use of CAM in patients with cancer, arthritis, diabetes [14-18].

AIM

To study the extent of use of CAM among patients.

2. OBJECTIVES

To determine prevalence and patient perception of CAM usage.
To analyse the association of sociodemographic factors with usage of CAM.

3. METHODOLOGY

STUDY DESIGN: A cross sectional observational nonrandomized hospital-based study.

STUDY POPULATION: Patients attending the Outpatient Department of the Government General Hospital.

STUDY PLACE: Nalgonda, Telangana.

Sample Size: 240

After approval by the Institutional Ethical Committee, informed consent was obtained from the subjects. The same data collector has interviewed all the patients to maintain uniformity of data collection. The instrument for data collection was a pretested, semi-structured, validated questionnaire developed by the researchers and made separately patients. The proformas were divided into two parts. The first part included questions regarding the demographic status. The second part had questions pertaining to the perception and attitude towards CAM and its utilization by the patients.

4. RESULTS

Table 1: The influence of demographic factors on the use of CAM in patients

The influence of demographic factors on the use of CAM in patients	Number of patients using CAM
Up to 9 years	13
10-19 Yrs	14
20-29 Yrs	38
30-39 Yrs	42
40-49 Yrs	59
50-59 Yrs	44
60-69 Yrs	15
70-79 Yrs	9
80-89 yrs	6

The demographic characteristics of the study population are Expressed in Table 1. The number of CAM users are more in the age group between 40-49 and 50-59 years of age and less in the age group between 70-79 years of age. There was remarkable difference in generality and residence of CAM usage in different sexes. The utilization of CAM was higher in males and in rural people than female and urban people. The possibility of CAM users was disseminated more among graduate people than primary and secondary education. The impact of distance was not correlated with the usage of CAM.

Table 2: Patients used CAM on advice of

Patients used CAM on advice of	Number
Friends	138
Family	90
Own will	12
Referred by doctor	0

Table 2 represent data to evaluate the attitude and perception of CAM users. More than 50% of CAM users had belief in beneficial role of CAM. 138 (56%) of patients used CAM on advice of friends followed by family (38%) and less percentage (5%) by their own will. 139(58%) CAM users advanced immediately on getting unwell. 193 (80%) patients were not using the CAM concomitantly with allopathic medicines.

Table - 3 constitute details regarding advantages and disadvantages of CAM stated by informant. In this table between advantages and disadvantages of CAM 18% of CAM users mentioned are more efficacious accompanied by 15% CAM users informed complete cure and 11% patients identified rapid symptomatic relief. Among the disadvantages of CAM 23(10%) patients mentioned useful for few diseases followed by 7% patients told CAM therapy was costlier and only cause symptomatic relief only.

Table 3: Types of CAM

Types of CAM	Number
Ayurveda	68
Homeopathy	96
Local healers	40
Yoga	20
Unani	10
Others	6

Table: 4 shows the prediction for the type of CAM usage by patients. Out of 240 patients 96(40%) patients were using homeopathy, 68(28%) patients were using the ayurveda, 40(16%) patients utilized local healers and 20(8%) were using yoga therapy.

Table 5: Distribution of various disorders in CAM utilizing patients

Distribution of various disorders in CAM utilizing patients	Number
Dermatological disorders	32
GIT disorders	20
Analgesia	36
Gynecological disorders	19
Metabolic disorders	24
Infectious diseases	27
Respiratory diseases	15
Neurological diseases	32
Renal diseases	18
Miscellaneous	17

Table - 5 showed the medical conditions for which CAM therapy was used. CAM therapy is most frequently used in conditions for which analgesia (15%) is required followed by Dermatological (13%) and neurological (13%) diseases, infectious diseases (11%), metabolic disorders, and GIT disorders and renal diseases.

5. DISCUSSION

In the present study 25% of the CAM users were in the age group of between 40-49 yrs. of age which is contrast to the study done by Ekansh Sharma *et al.* [19] And similar to the study done by Jayanti ray *et al.* [20] A survey by government of India in 2014 found that around 7% of the population (both urban and rural) received CAM treatment from recognised institutions within the last 15 days prior to the survey [21] In our study use of CAM is better in females than males in similar to the studies done by Ekansh Sharma *et al.* [19] and bakhotmah *et al.* [22] The cultural circumstances and differing health beliefs between the genders may be likely reason for this observation [23]. The graduated patients were using CAM more than primary and secondary school completed patients. This is similar to the study done by shmueli. A *et al.* In a wide range of studies. It has been found that educated patients tends to have higher incomes and can better meet the expense to use CAM [24].

In the present study homeopathy was commonly used CAM followed by ayurveda, local healers, yoga etc. This is similar to the studies done by el gendy AR *et al.* [25] and contrast to studies done by viplav *et al.* [26] and ekaansh Sharma [19]. The system of the CAM selected depends on the accessibility and affordability, the profile of the disease states, awareness, past experience and beliefs about CAM and their social acceptance [27].

In our study 67% of CAM users declared belief in beneficial role of CAM. The familiar causes informed by CAM users for the beneficial role of CAM was good previous experience and less treatment associated complications [28].

In our study 56% of the CAM users utilised the services on advice of friends followed by family. The main difficulty with this was the CAM users may not reveal the parallel use of allopathic medicines which can open to toxicity or complications. Hence CAM users should be motivated to share the simultaneous use of alternative medicine with the health care professionals [29].

Most of CAM users (58%) approached immediately on getting unwell. Only 20% of CAM users proceeds after not getting relieved by allopathic medicines. Feeling regret to conventional medicine and raise of good feeling were the usual reasons expressed by CAM users for their utilisation of CAM similar to previous studies [28].

In our study the main advantages of CAM stated by respondents were more efficacious and complete cure due to utilisation of CAM in similar to the study done by apurva Agarwal *et al.* [20] where 33% CAM users stated that CAM is more effective and contrast to study done by avitha3jaiswal [30] where respondents expressed that CAM is natural and have no side effects. The disadvantage Of CAM in our study was useful for few diseases and symptomatic relief after using CAM. This data was similar to the previous studies [12]. As India has a long and rich history of ayurveda and other traditional medicines, people have strong faith in them [31].

CAM is more commonly practiced for conditions for which analgesia is required followed by dermatological disorders and neurological disorders in the present study. This study is in contrast to study done by Viplav *et al.* [32].

6. CONCLUSION

The present study demonstrates that the use of Complementary and Alternative Medicine (CAM) is highly prevalent among patients in Nalgonda, Telangana, with more than half of the study participants reporting CAM utilization. Homeopathy and Ayurveda were the most commonly preferred modalities, and the use of CAM was influenced largely by friends and family members. CAM usage was more common among middle-aged individuals, rural residents, and educated populations. Patients mainly preferred CAM for analgesia, dermatological, and neurological conditions, with most users perceiving it as beneficial and effective. The findings highlight the growing acceptance of CAM in the community and emphasize the need for increased awareness, scientific validation, proper regulation, and integration of safe CAM practices into the healthcare system to ensure rational and effective patient care.

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REFERENCES

- Mishra SK, Trikamji B, Togneri E. Complementary and alternative medicine in chronic neurological pain. *Indian Journal of Pain*. 2015;29:73-81.
- Kim HJ, Jeon B, Chung SJ. Professional ethics in complementary and alternative medicines in management of Parkinson's disease. *Journal of Parkinson's Disease*. 2016;6(4):675-683.
- Sherman KJ. Complementary and alternative medicine in the United States. In: Institute of Medicine of the National Academies. Washington DC: The National Academies Press; 2005. p.1-337.
- National Institutes of Health, National Center for Complementary and Alternative Medicine. The use of complementary and alternative medicine in the United States: cost data; 2008. Available from: https://files.nccih.nih.gov/s3fs-public/NHIS_costdata.pdf
- Ceylan S, Azal O, Taslipinar A, Türker T, Açikel CH, Gulec M. Complementary and alternative medicine use among Turkish diabetes patients. *Complementary Therapies in Medicine*. 2009;17:78-83.
- El-Gendy AR. Regional overview: Eastern Mediterranean region. In: Bodeker G, Ong CK, Grundy C, Burford G, Shein K, editors. *WHO Global Atlas of Traditional, Complementary and Alternative Medicine*. Geneva: WHO Press, World Health Organization, Centre for Health Development, Kobe, Japan; 2005. p.151-181.
- Mathew E, Muttappallymyalil J, Sreedharan J, John LJ, John J, Mehboob M, *et al*. Self-reported use of complementary and alternative medicine among health care consumers at a tertiary care center in Ajman, United Arab Emirates. *Annals of Medical and Health Sciences Research*. 2013;3:215-219.
- Naja F, Alameddine M, Abboud M, Bustami D, Al Halaby R. Complementary and alternative medicine use among pediatric patients with leukemia: the case of Lebanon. *Integrative Cancer Therapies*. 2011;10:38-46.
- Khalaf AJ, Whitford DL. The use of complementary and alternative medicine by patients with diabetes mellitus in Bahrain: a cross-sectional study. *BMC Complementary and Alternative Medicine*. 2010;10:35.
- Eisenberg DM, Kessler RC, Foster C, Norlock FE, Calkins DR, Delbanco TL. Unconventional medicine in the United States: prevalence, costs, and patterns of use. *New England Journal of Medicine*. 1993;328:246-252.
- Fisher P, Ward A. Complementary medicine in Europe. *BMJ*. 1994;309:107-111.
- MacLennan AH, Wilson DH, Taylor AW. Prevalence and cost of alternative medicine in Australia. *Lancet*. 1996;347:569-573.
- Eisenberg DM, Davis RB, Ettner SL, Appel S, Wilkey S, Van Rompay M, *et al*. Trends in alternative medicine use in the United States, 1990-1997: results of a follow-up national survey. *JAMA*. 1998;280:1569-1575.
- Ki Tai E, Vinker S, Sandiuk A, Hornik O, Zeltcer C, Gaver A. Use of complementary and alternative medicine among primary care patients. *Family Practice*. 1998;15:411-414.
- Barnes J, Abbot NC, Harkness EF, Ernst E. Articles on complementary medicine in the mainstream medical literature: an investigation of MEDLINE, 1966 through 1996. *Archives of Internal Medicine*. 1999;159:1721-1725.
- Martel D, Bussi eres JF, Th eor et Y, Lebel D, Kish S, Moghrabi A, *et al*. Use of alternative and complementary therapies in children with cancer. *Pediatric Blood and Cancer*. 2005;44:660-668.
- Herman CJ, Allen P, Hunt WC, Prasad A, Brady TJ. Use of complementary therapies among primary care clinic patients with arthritis. *Preventing Chronic Disease*. 2004;1:A12.
- Bakhotmah BA, Alzahrani HA. Self-reported use of complementary and alternative medicine products in topical treatment of diabetic foot disorders by diabetic patients in Jeddah, Western Saudi Arabia. *BMC Research Notes*. 2010;3:254.
- Barnes PM, Powell-Griner E, McFann K, Nahin RL. Complementary and alternative medicine use among adults: United States, 2002. *Advance Data*. 2004:1-19.
- Sharma E, Dubey AK, Malhotra S, Manocha S, Handu S. Use of complementary and alternative medicines in Indian elderly patients. *National Journal of Physiology, Pharmacy and Pharmacology*. 2017;7(9):929-934.
- Roy V, Gupta M, Ghosh RK. Perception, attitude and usage of complementary and alternative medicine among doctors and patients in a tertiary care hospital in India. *Indian Journal of Pharmacology*. 2015;47(2):137-142.
- Rudra S, Kalra A, Kumar A, Joe W. Utilization of alternative systems of medicine as health care services in India: evidence on AYUSH care from NSS. *PLoS One*. 2014;12.
- Bakhotmah BA, Alzahrani HA. Self-reported use of complementary and alternative medicine products in topical treatment of diabetic foot disorders by diabetic patients in Jeddah, Western Saudi Arabia. *BMC Research Notes*. 2010;3:254.
- Shmueli A, Shuval J. Complementary and alternative medicine: beyond users and nonusers. *Complementary Therapies in Medicine*. 2006;14:261-267.
- Shmueli A, Shuval J. Complementary and alternative medicine: beyond users and nonusers. *Complementary Therapies in Medicine*. 2006;14:261-267.
- El-Gendy AR. Regional overview: Eastern Mediterranean region. In: Bodeker G, Ong CK, Grundy C, Burford G, Shein K, editors. *WHO Global Atlas of Traditional, Complementary and Alternative Medicine*. Geneva: WHO Press, World Health Organization, Centre for Health Development, Kobe, Japan; 2005. p.151-181.
- Kshirsagar V, Tiwari S, Thingore C, Limaye D. The practice, attitude, and knowledge of complementary and alternative medicine in Mumbai, India. *International*

- Journal of Community Medicine and Public Health. 2020;7(12):4792-4798.
28. Rodrigues-Neto JF, Figueiredo MF, Faria AA. Prevalence of the use of homeopathy by the population of Montes Claros, Minas Gerais, Brazil. Sao Paulo Medical Journal. 2009;127:329-334.
 29. Naja F, Alameddine M, Abboud M, Bustami D, Al Halaby R. Complementary and alternative medicine use among pediatric patients with leukemia: the case of Lebanon. Integrative Cancer Therapies. 2011;10:38-46.
 30. Vidal M, Carvalho C, Bispo R. Use of complementary and alternative medicine in a sample of women with breast cancer. SAGE Open. 2013;1. Available from: <http://www.sgo.sagepub.com>
 31. Jaiswal A, Bajait C, Pimpalkhute S. Knowledge, attitude and practice of complementary and alternative medicine: a patient's perspective. International Journal of Medicine and Public Health. 2015;5(1):19-23.
 32. Kristoffersen AE, Stub T, Broderstad AR, Hansen AH. Use of traditional and complementary medicine among Norwegian cancer patients in the seventh survey of the Tromsø study. BMC Complementary and Alternative Medicine. 2019;19:341.
 33. Kshirsagar V, Tiwari S, Thingore C, Limaye D. The practice, attitude, and knowledge of complementary and alternative medicine in Mumbai, India. International Journal of Community Medicine and Public Health. 2020;7(12):4792-4798.

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