

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Perceptions and preferences of allopathy and Ayurveda for cardiovascular disease prevention in Nepal

Priority 1 (Research Category)

Patient engagement

Presenters

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Abstract

Context: Cardiovascular Disease (CVD) is a major public health problem globally, with 26.9% of total deaths in Nepal attributable to CVD in 2017. Implementing evidence based CVD prevention strategies is a multi-dimensional challenge with many systemic and community level barriers. In Nepal, people often use traditional medicine including Ayurveda to supplement their treatment regimens. Use of Ayurvedic medications has been identified as a factor involved in reluctance to take allopathic medicine.

Objective: To examine perceptions and preferences of Ayurveda and allopathy in Dhulikhel, Nepal and its implications for CVD prevention strategies through improved self-management of health and patient collaboration with providers.

Study Design and Analysis: A qualitative methodology was used to conduct 24 in-depth interviews in English and Nepali. A self-designed semi structured interview guide based on the patient activation measure was used. The transcripts were dual coded using an inductive and deductive approach. Coding and thematic analysis was done in NVivo. Inter-rater reliability testing was assessed with kappa coefficient.

Population/Setting: This study was conducted in Dhulikhel, Nepal, a peri urban town in Nepal with a high prevalence of CVD and accessibility to both Ayurvedic and allopathic health care providers. Our population included 4 groups: Dhulikhel Heart Study participants, allopathic doctors, Ayurvedic doctors, and female community health volunteers.

Results: Several key themes and subthemes emerged. Allopathy is viewed as a modern medical practice that offers highly effective and quick treatment. Ayurveda is viewed as a trusted historical/cultural medical practice that incorporates herbal formulations and personalized lifestyle habits to focus on preventative whole body health. Patient preference for health services is a complex phenomenon influenced by interpersonal relationships, past disease experiences, knowledge of treatment options, and access to care. Allopathy is preferred for perceived quick relief of symptoms and less lifestyle restrictions. Ayurveda is preferred for its history/faith, influence of peers/community members, lack of counseling time given in allopathy, less perceived side effects, shorter treatment duration, and effectiveness for minor ailments.

Conclusions: Understanding preferences for traditional medicine practices is key for implementing culturally relevant public health strategies for CVD.

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