



**FINAL REPORT**

**STUDY ON**

**Percentage of patients taking Alternative Medical Care services for Female diseases (Leucorrhea, Dysfunctional Uterine Bleeding- DUB) and Child diseases (Pneumonia) from the Ayurvedic System of Medicine**

**JUNE 2022**

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**GOVERNMENT OF BANGLADESH**

**BANGLADESH**

**STUDY ON**

**“Percentage of pts taking AMC services Female & Child diseases (Leucorrhea, DUB, Pneumonia etc.) Ayurvedic System of Medicine”**

**JUNE 2022**

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**Director General of Health Services**

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**EXECUTIVE SUMMARY**

Alternative medicine has been playing a significant role in the health care delivery system in Bangladesh. Since the Drug Control Act of 1982, Bangladesh Government has taken different steps for the development of alternate medical care. The use of alternative medicine for chronic diseases is common in low as well as high-income countries including Bangladesh. Government Unani and Ayurvedic Medical College & Hospital with Production & Research Unit was established in 1990. Homeopathic Medical College & Hospital was established separately in the same year. Bachelor of Unani Medicine & Surgery (BUMS), Bachelor of Ayurvedic Medicine & Surgery (BAMS), and Bachelor of Homeopathic Medicine & Surgery (BHMS) degrees are being awarded in the three disciplines after five years of study. The Ministry of Health and Family Welfare of Bangladesh has adopted various countermeasures to promote the health and welfare of the country. The government of Bangladesh pledges modernization of the Unani, Ayurvedic, and Homeopathic medical care as an alternative to the widespread allopathic system.

As far as female diseases are concerned, AMC provides a wide range of services from the selected hospitals where the AMC doctors are posted, but the rate of treatment services for Leucorrhoea, dysfunctional uterine bleeding- DUB in women, and pneumonia in children is unknown. Leucorrhoea is the most commonly experienced condition in women of reproductive age. Though the majority of women fear and think of it as a disease, usually it is a sign of just an infection. This condition can be quite embarrassing if characterized by foul-smelling vaginal discharge. DUB is Dysfunctional Uterine Bleeding- also called abnormal uterine bleeding, DUB is a condition that causes vaginal bleeding to occur outside of the regular menstrual cycle. Certain hormonal conditions and medications may also trigger DUB. The main cause of dysfunctional uterine bleeding is an imbalance in the sex hormones. On the other, for child diseases, Pneumonia accounts for 14% of all deaths of children under five years old but 22% of all deaths in children aged 1 to 5. Pneumonia affects children and families, but deaths are quite high in Bangladesh. In Bangladesh, pneumonia is responsible for around 28% of the deaths of children under five years of age. Around 50,000 children die of pneumonia every year.

The rationale for the study is thus: to know the situation of female diseases treated by the Ayurvedic system, in particular Leucorrhoea, dysfunctional uterine bleeding- DUB of women, and pneumonia in children. The study will explore more to determine the age, and service center-specific treatment rates and facilities, identifying barriers and weaknesses of providing AMC services properly.

The Line Director, Alternative Medical Care (AMC) under Directorate General of Health Services commissioned a study titled as “Percentage of patients taking Alternative Medical Care services for Female diseases (Leucorrhea, Dysfunctional Uterine Bleeding- DUB) and Child diseases (Pneumonia) from Ayurvedic System of Medicine**.** In addition to the main study subject, it was an opportunity to explore some other relevant issues. Accordingly, set the following study objectives.

**Objectives of the study**

1. To determine the percentage of patients taking AMC Services in case of Leucorrhea by the Ayurvedic System of Medicine
2. To determine the percentage of patients taking AMC Services in case of dysfunctional uterine bleeding (DUB) by the Ayurvedic System of Medicine
3. To determine the percentage of patients taking AMC Services in case of Pneumonia in children by the Ayurvedic System of Medicine
4. To explore patient’s acceptance of the Ayurvedic Health Care Services for treating Leucorrhea, DUB, and Pneumonia
5. To find out the knowledge and awareness of the patients about the Ayurvedic Health Care Service.

It was a cross-sectional study, conducted at OPD and IPD of Govt. Unani and Ayurvedic Medical College Hospital at Mirpur-13, Dhaka, Shaheed Monsur Ali Medical College and Hospital, Sirajganj, and selected 10 District Hospitals and 28 UHCs from May to June 2022. Information was also obtained on knowledge about Ayurvedic treatment, behavior, and attention of the doctors, Physical examinations and verbal advice by the doctors, Availability of prescribed medicines, Service provided by the doctors, and Patient satisfaction. The study population was patients attending Out Patient Department (OPD) as Exit Interviews at the selected hospitals. The study is anchored on both service recipients and service providers, and recommendations by the management personnel. The study also collected the service statistics and verify information with the service providers. AMC service utilization and health-seeking behavior for ayurvedic were assessed.

**Key findings of the study**

*Objective 1: To determine the percentage of patients taking AMC Services in case of Leucorrhea by the Ayurvedic System of Medicine*

*Objective 2: To determine the percentage of patients taking AMC Services in case of dysfunctional uterine bleeding (DUB) by the Ayurvedic System of Medicine*

*Objective 3: To determine the percentage of patients taking AMC Services in case of Pneumonia in children by Ayurvedic System of Medicine*

**Category a) Government Unani & Ayurvedic Medical College Hospital, Mirpur (Service statistics)**

* In 2021, 53,248 patients turned into the hospital for seeking different health services and treatment from the Ayurvedic and Unani systems of both the out-patient department and in-patient department. 54.62% came to the hospital for Ayurvedic treatment and 45.37% of patients sought Unani treatment and services.
* More than one-third of patients (45.30%) are female followed by 42.10% male and 12.59% are child of 0-5 years of age category enrolled in the hospital. 10,470 female patients enrolled for Ayurvedic treatment, which is 35.99% of total ayurvedic patients
* In 2021, a total of 29,085 patients sought services and treatment from the Ayurvedic system, which is 54.62% of total patients

**Leucorrhea patient:**

* The number of Leucorrhea patients was 1,729, which was **3.24%% of the total 53,248 patients, and 7.16% of total female patients**
* **52.22% of total leucorrhea patients** received Ayurvedic treatment out of the total enrolled Leucorrhea patients **in the hospital**
* **3.10% of** Leucorrhea patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients
* **8.62% of** Leucorrhea patients received Ayurvedic treatment out of the total enrolled female Ayurvedic patients

**Dysfunctional Uterine Bleeding (DUB):**

* The number of DUB patients was 1,467, which was 2.75% of the total 53,248 patients, and 6.08% of total female patients
* **55.01% of total DUB patients received** Ayurvedic treatment out of total enrolled DUB patients
* **2.77% of** DUB Patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients
* **7.70%** of the patient received Ayurvedic treatment out of total female Ayurvedic patientsenrolled in the hospital
* **1.36%** of total DUB patients were referred from the Ayurvedic unit to other health services (abnormal uterine bleeding)

**Child Health- Pneumonia (0-5 years of age):**

* The total number of Pneumonia patients was 371, which was 0.69% of the total 53,248 patients, and 5.53% of total child patients
* **55.25% of** Pneumonia Patients received Ayurvedic treatment out of the total enrolled Pneumonia patients
* **0.70% of** Pneumonia Patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients
* **4.50 % of** Pneumonia patients received Ayurvedic treatment out of the total enrolled child Ayurvedic patients
* **90.73%** of total Pneumonia patients were referred from the Ayurvedic unit to other health services (due to critical conditions)

Leucorrhea, Dysfunctional Uterine Bleeding (DUB), and Pneumonia are the top ten health problems as opined by the key informants and supported by disease profiles. Patients normally seek services for Neurological Disorders, Rheumatic Arthritis, Joint pain, Hyperacidity, Skin Diseases, Dyspepsia, Asthma, Anemia, Leucorrhoea, Piles, Retention of urine, Dysfunctional Uterine Bleeding (DUB), and Pneumonia.

**Category b) Shaheed Monsur Ali Medical College and Hospital (Service statistics)**

* In 2021, a total of 51,988 patients turned in to the two hospitals for seeking different services and treatment. Of which, 7,893 patients (15.18%) came to the hospital for Ayurvedic treatment.
* Near half (44.20%) of the ayurvedic patients are female, followed by 36.36% male and 19.4% are a child of 0-5 years of age category enrolled in the hospital.
* A total of 3,489 female patients enrolled for Ayurvedic treatment.

**Leucorrhea patient:**

* The number of Leucorrhea patients was 1,495, which was 2.87% of total patients,
* **34.11% of total leucorrhea patients** received Ayurvedic treatment out of the total enrolled Leucorrhea patients **in the hospital**
* **6.46% of** Leucorrhea patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients
* **14.61% of** Leucorrhea patients received Ayurvedic treatment out of the total enrolled female Ayurvedic patients

**Dysfunctional Uterine Bleeding (DUB):**

* The number of DUB patients was 104, which was 0.20% of the total patients,
* **39.42% of DUB patients received** Ayurvedic treatment out of the total enrolled DUB patients
* **0.51% of** DUB Patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients
* **1.17%** of the patient received Ayurvedic treatment out of total female Ayurvedic patientsenrolled in the hospital

**Child Health- Pneumonia (0-5 years of age):**

* The total number of Pneumonia patients was 1,134, which was 2.18% of the total patients
* **17.90% of** Pneumonia Patients received Ayurvedic treatment out of the total enrolled Pneumonia patients
* **2.57% of** Pneumonia Patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients
* **13.23 % of** Pneumonia patients received Ayurvedic treatment out of the total enrolled child Ayurvedic patients
* **8.37 %** of total Pneumonia patients were referred from the Ayurvedic unit to other health services (due to critical conditions)

**Category C) Government District Hospital and Upazilla Health Complex (Service statistics)**

* In 2021, a total of **59,35,746** patients turned in to the 38 hospitals for seeking different services and treatment.
* 430,850 patients (7.25% of the total) came to the hospital for Ayurvedic treatment.
* Near half (49.06%) of the ayurvedic patients are male, followed by 36.21% female, and 14.71% children of 0-5 years of age enrolled in the hospital.
* A total of 156,029 female patients and 63,411 children enrolled for Ayurvedic treatment.

**Leucorrhea patient:**

* The total number of Leucorrhea patients was 74,085, which was 1.24% of total patients,
* **13.41% of total leucorrhea patients** received Ayurvedic treatment out of the total enrolled Leucorrhea patients **in the hospital**
* **2.30% of** Leucorrhea patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients
* **6.36% of** Leucorrhea patients received Ayurvedic treatment out of the total enrolled female Ayurvedic patients

**Dysfunctional Uterine Bleeding (DUB)**

* The number of DUB patients was 46,287, which was 0.77% of the total patients,
* **10.46% of DUB patients** received Ayurvedic treatment out of the total enrolled DUB patients
* **1.12% of** DUB Patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients
* **3.10%** of the patient received Ayurvedic treatment out of total female Ayurvedic patientsenrolled in the hospital
* 21.31% of total DUB patients were referred from the Ayurvedic unit to other health services (abnormal uterine bleeding)

**Child Health- Pneumonia (0-5 years of age):**

* The total number of Pneumonia patients was 74.862, which was 1.26% of the total patients
* **6.60% of** Pneumonia Patients received Ayurvedic treatment out of the total enrolled Pneumonia patients
* **1.14% of** Pneumonia Patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients
* **7.80 % of** Pneumonia patients received Ayurvedic treatment out of the total enrolled child Ayurvedic patients
* 76.41% of total Pneumonia patients were referred from the Ayurvedic unit to other health services (due to critical conditions)

***Objective 4: To explore patient’s acceptance of the Ayurvedic Health Care Services for treating Leucorrhea, DUB, and Pneumonia***

***Objective 5: To find out the knowledge and awareness of the patients about the Ayurvedic Health Care Service.***

**Method: Ayurvedic patients attended Hospital - Patients’ Interview (Exit Interview)**

* More than half of the respondents in the interview were from the 21–40 years of age group
* About one-third of the respondents (25%) can’t sign or can sign only
* About two-thirds of the respondents (64.3%) were female
* About three-fourths of the respondents were married
* About 42% of the respondents was housewife, followed by 18.4% of the student
* About 70% of respondents’ monthly income was Tk 5,000 to 20,000
* Family history of diseases – 31% high blood pressure; 28% diabetic; 6.7% pneumonia and 5.7% leucorrhea
* 87% of the respondents came to the hospital for his/her treatment vs, whereas 11% were attendants
* Only about 36% of the respondents heard about the Ayurvedic system of treatment from different sources, while 64% of the respondents couldn’t say the sources.
* In regards to treatment history, 35% of respondents received ayurvedic treatment before for other diseases: 18.6% for allergies; 12.9% for leucorrhea; 9.3% for fever and cough; 6.4% for jaundice; 5% for cough; 4.3% for high blood pressure; and 3.6 for a diabetic;
* 92% of respondents received treatment from study hospitals
* 69% of respondents thought ayurvedic treatment is good in regards to the quality of treatment outcomes
* In regards to present treatment, 16.2% respondents came to the hospital for other diseases; 15.9% for allergies; 14.3% Leucorrhea; 6% for jaundice; 5.8% for pneumonia; 3.8% for breathing problem; 3.8% for cough; 3.6% for fever; 4.1% for DUB
* 90.9 % of patients reported that their complaints/problems were heard well by the ayurvedic doctors before treatment
* 85.7% of patients reported that the doctors maintain patients’ privacy
* 6% of patients received only consultation and 90 % consultation + ayurvedic medicines
* 46.2% of patients received basic one element + Compound Medicine from two or more elements; 21.4% basic and one element, and 24.5% compound Medicine from two or more elements
* 82.4% of patients received medicines from the study hospitals
* 89.6% of patients were satisfied with receiving ayurvedic treatment
* 91.2% of respondents will recommend known people to come & receive Ayurvedic treatment
* In regards to drawbacks to developing the quality of ayurvedic treatment- 25.5% thought lack of ayurvedic medicines; 14.3 % thought lack of publicity; 9.6% thought lack of ayurvedic doctors. While 33% did not know the answer.
* In regards to respondents’ opinion on the improvement of the quality of ayurvedic treatment- two -third of the respondents replied. Amongst, 26.4% of respondents thought increasing medicine supply; 12.9% thought increasing doctors; 6.9% thought improvement of treatment facilities. While one-fourth of the respondents didn’t give any opinion.

**Method: Key Informant Interviews**

* Patients were come to the hospital for treatment mainly: Jaundice, Cold and Cough, Hepatitis, Fever, Headache, Skin Diseases, Scabies, Throat pain, Back pain, Gastro-intestinal infections, Diarrhea, White discharge of women, Leukorrhea, Abdominal pain, Allergies, Urine infections, Itching problems, Digestion problems, Breathing problems, Diabetic, Sexual dysfunction, In-digestion, Eczema, Hypertension, Weaknesses, Dysmenorrhea, etc.
* The ayurvedic system of treatment is sometimes not the first choice. The patients try to get treatment from another discipline first, and if not cured, then seek treatment from an alternative system.
* Approximately half of the doctors responded that they are getting more than 10% of Leukorrhea patients in their hospitals.
* For the cases of DUB patients, the number is about 5-10%, whereas some of the hospital doctors say they do not have DUB patients, and some of the doctors replied they have around twenty percent of DUB patients at their hospitals.
* The percentage of pneumonia patients is roughly 5-10% in hospitals. But, some of the hospital’s doctors have informed they have more than twenty percent pneumonia patients, and some reported that they have no such type of patient.
* The majority of key informants said that mainly the adult groups prefer Ayurvedic treatment, which falls under the age group of 30 -60 years.
* The majority of the key informants perceive that the main treatment seekers for Ayurvedic treatments in the government hospitals are from lower middle-class and to some extent middle-class strata. Very rare the affluent class people seek ayurvedic treatment at government hospitals. Poor people prefer going to government hospitals for allopathic treatment, as they perceive they would get some free medicines there. It is also related to the trust in medicines, which is low among the poor class of people.
* Sometimes doctors use the same drug for both Leukorrhea and DUB disease, but most of the time, doctors use a single type of medicine for a single disease.
* More than two-thirds of the doctors have reported that medicines they are providing for treatment purposes are available from the hospital inventory.
* 90% of medicines are provided free of cost from the medical store of the hospitals. The introduction and application of medicines depend on the condition of the patients. For some chronic conditions, when the medicines are not available at the store, patients are provided with a prescription to buy medicines over the counter.
* Some District and UHC level key informants said that medicines supply is irregular and not all medicines are available
* Key informants suggested providing more medicines, and some have suggested supplying medicines centrally every three months.
* To increase awareness, more campaigns need to be organized to make people aware of the low cost of these treatments. Apart from that, it is necessary to make people aware of maintaining hygiene and piece of perfect nutrition knowledge.
* Professional training for the doctors is also required, along with their engagements in research-based education.
* To improve the facility, doctors have mentioned the following suggestions:
  + *Need more internal divisions for DUB and Pneumonia.*
  + *The necessity for more female doctors.*
  + *Create and maintain medicinal gardens.*
  + *Need more nebulizer machines.*
  + *Medicine with free of cost.*
  + *Antimicrobial medicine for Leukorrhea.*
  + *More equipment for disease dialyzes.*
* The quality of medicines needs to be improved, and converting the formation of treatment from syrup to tablet is also a recommendation from doctors.
* Few of the district and sub-district hospitals have available doctors, herbal assistants, and medicinal plant gardens at a time.
* Currently, all the medicines are unavailable in every hospital, and most hospitals do not have the correct number of drugs in their inventory. Also, the quality of the available medicines is not up to the mark for some drugs.
* There is a scarcity of advanced training, research opportunities, and higher studies, there is a shortage of expertise among doctors.
* The existing number of laboratories and research facilities are not sufficient for disease diagnosis and are a barrier to controlling the quality of treatment.
* Doctors are facing a bad working environment and taking their job as less dignified, which creates more shortages of doctors at the hospitals.
* There is still no designated hospital for ayurvedic treatments in Bangladesh, and the regulatory authority, the upper-level officials, are giving less emphasis to these types of treatments.
* Apart from that, people are not promoting ayurvedic therapies in society.
* The main barriers are inadequate manpower; lack of in-expensive medicines; lack of testing lab; inadequate medicines; lack of higher education and training; ayurvedic treatment takes much time; lack of standardization of medicines; lack of quality medicines; lack of online data entry or reporting; the complexity of medicines procurement; lack of appropriate personal protective equipment for preventing pandemic and epidemic.
* It is necessary to increase the number of doctors along with an adequate amount of quality medicine supply and proper training for the doctors. To improve the quality of treatment, building new hospitals, creating medicinal gardens, and building up more research facilities are required. Also, more promotion of ayurvedic treatments on television channels, organizing more campaigns, inform about the benefits of Ayurvedic treatments are needed to improve the awareness of ayurvedic treatments in Bangladesh. Besides these doctors have suggested a few more points that are listed below:
* Discussions on policy levels.
* Hiring more female doctors.
* Social media promotion.
* Law Council for ayurvedic treatments.
* Building a proper work plan.

**1. INTRODUCTION**

In Bangladesh, the practice of alternative medicine is very common particularly in rural areas for a quite long time, as it is cheap & simple with fewer side effects, involves indigenous technology & labor, and is locally available & culturally acceptable. Alternative medicine (AM) plays a significant role in health care delivery not only in developing countries but also in developed countries. The use of alternative medicine for chronic diseases is common in Bangladesh. Although the economic conditions have markedly improved in Bangladesh, the country is experiencing significant difficulties associated with public health issues.

The government of Bangladesh pledges modernization of the Unani, ayurvedic, and homeopathic medical care as an alternative to the widespread allopathic system. Alternative medicine has been playing a significant role in the health care delivery system in Bangladesh. 28% of the treatment provided in government health facilities is through alternative medicine (Ayurvedic, Unani, and Homeopathy). Since the Drug Control Act of 1982, Bangladesh Government has taken different steps for the development of alternate medical care. Government Unani and Ayurvedic Medical College & Hospital with Production & Research Unit was established in 1990. Homeopathic Medical College & Hospital was established separately in the same year. Bachelor of Unani Medicine & Surgery (BUMS), Bachelor of Ayurvedic Medicine & Surgery (BAMS), and Bachelor of Homeopathic Medicine & Surgery (BHMS) degrees are given in the three disciplines after five years of study.

The Ministry of Health and Family Welfare of Bangladesh has adopted various countermeasures to promote the health and welfare of the country. The government of Bangladesh pledges modernization of the Unani, ayurvedic, and homeopathic medical care as an alternative to the widespread allopathic system. Alternative medicine has been playing a significant role in the health care delivery system in Bangladesh. 28% of the treatment provided in government health facilities is through alternative medicine (Ayurvedic, Unani, and Homeopathy).

After graduation, a one-year internship is compulsory in the 100-bed hospital established for the AMC. In addition to the degree course, there are 11 Unani diploma institutes (10 of 11 in the private sector), 7 Ayurvedic diploma institutes, and 38 homeopathic diploma institutes in Bangladesh. These diplomas are given after four years of study and 6 months of internship. The Board of Unani & Ayurvedic Systems of Medicine and Homeopathic Medicine controls the offering of diploma certificates, and Bachelor's and Master's degrees in any of these three disciplines are given by the University. Unani, Ayurvedic & Homeopathic medical services were extended to the district & Upazila health complex. Now 576 staff (45 MO, 64 compounders & 467 herbal assistants) are working in outdoor departments at 45 government district hospitals (15 Unani, 15 Ayurvedic, and 15 Unani, Ayurvedic, homeopathic) in the 1998-2003 period under HPSP and continue to HNPSP.

In the draft, National Health Policy, 2010 of Bangladesh particular emphasis has been given to encouraging systematic improvement in the practice of alternative medicine and engaging additional manpower & giving particular attention to the scientific evaluation of alternative medicines. Following the NHP 2010 Govt. engage in additional manpower & giving particular attention to the scientific evaluation of alternative medicines. During HPSP & HNPSP 45 Alternative Medical officers, 64 Support Personal (Compounder), & 467 Herbal assistants have been appointed in selected District Hospitals & Upazilla Health Complexes for providing AMC services. Scaling up these services Govt. also makes AMC service provision at three selective Medical college hospitals, 14 District hospitals, and 47 Upazilla health complexes to provide service for the target beneficiaries. As a result, the population of the selected area is being benefited from available medical services and counseling by the AMC service providers.

The Line Director, Alternative Medical Care (AMC) under Directorate General of Health Services commissioned a study titled as “Percentage of patients taking Alternative Medical Care services for Female diseases (Leucorrhea, Dysfunctional Uterine Bleeding- DUB) and Child diseases (Pneumonia) from the Ayurvedic System of Medicine”. In addition to the main study subject, it was an opportunity to explore some other relevant issues. The study anchored on both OPD and IPD health services – Service Recipients and Service Providers and also the recommendation by the management personnel. The study also collected the service statistics and verify information with the service providers. AMC service utilization and health-seeking behavior for Unani were assessed. The study was conducted in 3 types of health service centers (Govt. Unani & Ayurvedic Medical College Hospital, District hospitals, and Upazilla Health complexes)

It was a cross-sectional study, conducted at OPD and IPD of Govt. Unani and Ayurvedic Medical College Hospital at Mirpur-13, Dhaka, Shaheed Monsur Ali Medical College and Hospital, Sirajganj, and selected 10 District Hospitals and 28 UHCs from May to June 2022. Information was also obtained on knowledge about Ayurvedic treatment, behavior, and attention of the Doctors, Physical examinations and verbal advice by the Doctors, Availability of prescribed medicines, Service provided by the Doctors, and Patient satisfaction. The study population was patients attending Out Patient Department (OPD) as Exit Interviews at the selected hospitals. The study anchored on both OPD and IPD health services – Service Recipients and Service Providers and also the recommendation by the management personnel. The study also collected the service statistics and verify information with the service providers. AMC service utilization and health-seeking behavior for ayurvedic were assessed.

The title of the study suggests collecting information from the patients who attended or came to the designated health centers for seeking services and or taking treatment for the diseases of Leucorrhea, DUB and Pneumonia.

**2. STUDY METHODOLOGY**

The Line Director, Alternative Medical Care (AMC) under Directorate General Health Services commissioned a study titled, “Percentage of patients taking Alternative Medical Care services for Female diseases (Leucorrhea, Dysfunctional Uterine Bleeding- DUB) and Child diseases (Pneumonia) from Ayurvedic System of Medicine”. Since the study asks to determine the percentage, before setting the methodology, it was important to define the denominator and numerator of the study, define the study population, define the data sources and calculation procedures, which makes a clear picture for the audiences of the report.

The study titled depicts the following to explore: “Percentage of patients AMC services in particular from Ayurvedic system of medicine from designated government facilities for treatment of Leucorrhea, Dysfunctional Uterine Bleeding- DUB and Child diseases (Pneumonia))”.

**2.1. Objectives of the study**

1. To determine the percentage of patients taking AMC Services in case of Leucorrhea by the Ayurvedic System of Medicine
2. To determine the percentage of patients taking AMC Services in case of dysfunctional uterine bleeding (DUB) by the Ayurvedic System of Medicine
3. To determine the percentage of patients taking AMC Services in case of Pneumonia in children by the Ayurvedic System of Medicine
4. To explore patient’s acceptance of the Ayurvedic Health Care Services for treating Leucorrhea, DUB, and Pneumonia
5. To find out the knowledge and awareness of the patients about the Ayurvedic Health Care Services.

**2.2. Definition of Study centers and study population**

Patients come to the health centers for seeking services, consultations, and taking treatment. In Bangladesh, there are the following types of health centers, which provide ayurvedic health services to patients. The study was conducted in the selected service-providing point/facility and its adjacent area of AMC where ayurvedic health services are available.

**Socio-demographic variables:** Age, Sex, Religion, Marital Status

**Socio-economic and cultural variables:** Monthly family income, Occupation, Family Size, Education, Housing Condition.

**Knowledge & Awareness related variables:** Knowledge about Ayurvedic Treatment, Awareness about Ayurvedic Treatment.

**Health Service-related variables:** Behavior and attention of the Doctors, Physical examinations and verbal advice by the Doctors, Availability of prescribed medicines, Service provided by the Doctors, and Patient satisfaction.

**Study Population:** Patients attending in Out Patient Department (OPD) at Govt. Unani and Ayurvedic Medical College Hospital and selected District Hospitals and UHCs.

**Study Area:** This study was conducted at OPD of Govt. Unani and Ayurvedic Medical College Hospital at Mirpur-13, Dhaka, and selected District Hospitals and UHCs.

**Study Period:** The duration of the study was two months and conducted from May to June 2022.

**Inclusion Criteria**: Informed consent and voluntary participant for interview. Patient attending at OPD of Hospital.

**Exclusion Criteria:** Patients who are mentally disturbed, Patients not cooperating.

**2.3. Operational definition**

* Family size – Member of persons currently present in the family.
* Monthly family income – The total money earned by all the members of the family from all available sources in one month.
* Use of Ayurvedic Medicine - Medical treatment regarding using Ayurvedic medicines, is complementary beyond the conventional treatment.
* Knowledge of a patient cure – Information about the incidence or patient cure who has taken treatment from the hospital.
* Visit frequency - How many times do the patients come here for treatment?
* Behavior - The health personnel of the hospital who give medical treatment to the patients at this hospital and the behavior of pharmacists and staff of the hospital.
* Clinical Examination - All investigations need to diagnose diseases.
* Oral advice– The advice given by the health personnel of the hospital.
* Opinion – The opinions given by the health personnel of the hospital
* Medicines – The medicines advised for Ayurvedic by the doctor for the patients at the hospital

**2.4. Study Tools**

A semi-structured questionnaire was used and administered to collect data from the project beneficiaries of the AMC service. The information was collected using structured questionnaires. The survey team/data collectors were conducted interviews at the field level. The questionnaire captured information from the respondents on socio-economic and demographic information, accessibility to AMC, utilization of services, motivation of utilization of AMC, environment and gender sensitivity of the center, community participation, and partnership, sustainability of the AMC, impact on AMC service accessing other information, the impact of training received from the project.

**2.5. Main components of service statistics**

# of AMC patients received treatment from the health center

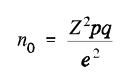
# of Ayurvedic patients received treatment from the health center

# of Leucorrhea patients received treatment from the health center

# of Dysfunctional Uterine Bleeding (DUB) patients received treatment from the health center

# of Pneumonia patients received treatment from the health center

**3. SAMPLE SIZE**

[](http://www.statisticshowto.com/wp-content/uploads/2018/01/cochran-1.jpeg)Considering the nature of the survey, we have decided to collect data/information from patients. Here the patients are considered the primary survey population for conducting quantitative data. As we do not have any data on the existing number of patients, for calculating the sample size of an infinite population we depend on a simple formula for **unlimited population**, which is **385.** This means a minimum of 385 or more measurements/surveys are needed to have a confidence level of 95% that the real value is within ±5% of the measured/surveyed value.

(Confidence Level Z = 95%, Margin of Error e = 5%, Population proportion p = 50% for unknown populations, q=1-p)

As per TOR, the survey was conducted with a minimum of 50% of total Government Unani and Ayurvedic Hospital, District Hospitals (DH), and Upazilla Health Complexes (UHC) of allopathic systems, where Ayurvedic system of services and doctors are available.

As per the list collected from the Line Director Office of AMC, the following hospitals have AMC services.

**Table 1: Number of hospitals that have AMC services**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Institutes (Unani, Ayurvedic, Homeopathic)** | **Available Ayurvedic Doctors** | **Sample institutes (to be studied)- 50%** |
| 1 | Government Upazilla Health Complex (UHC) | 55 | 28 |
| 2 | Government District Hospitals (DH) | 19 | 10 |
| 3 | Government Unani and Ayurvedic Hospital (Mirpur, Sylhet) | 2 | 1 (Mirpur) |
| 4 | Shaheed Monsur Ali Medical College and Hospital | 1 | 1 |
| 5 | Another hospital (Kurmitola General Hospital, Government Kormochari Hospital) | **2** | 1 (Government Kormochari Hospital) |
|  | **Total institutes to be studied** | **79** | **41** |

**Note:**

1) The institute was selected randomly and purposively covering all geographical divisions/locations.

2) The sample size of DH and UHC was determined and finalized in consultation with AMC.

**Table 2: Number of hospitals selected for study**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Type of hospitals** | **Service statistics & Physical Observation** | **KII with Ayurvedic doctors** | **Interviews Patients**  **(Proportionate)** |
| **1** | Upazilla Health Complex (UHC) | 28 | 6 | 200 |
| **2** | Government District Hospitals (DH) | 10 | 4 | 100 |
| **3** | Government Unani and Ayurvedic Hospital (Mirpur, Sylhet) | 1 | 2 | 35 |
| **4** | Shaheed Monsur Ali Medical College and Hospital | 1 | 2 | 25 |
| **5** | Another hospital (Kurmitola General Hospital, Government Kormochari Hospital) | 1 | 2 | 25 |
|  | **Total** | **41** | 16 | **385** |

**4. OBJECTIVE-WISE CALCULATION**

The study anchored on both OPD and IPD health services – Service Recipients and Service Providers and also the recommendation by the authority management personnel. The study also collected the service statistics and verify information with the service providers. AMC service utilization and health-seeking behavior for Ayurvedic will be assessed. The study was conducted in health service centers (Govt. Unani & Ayurvedic Medical College Hospital, District hospitals, and Upazila Health complexes)

**Women Health:**

***Study Objective 1:*** *To determine the percentage of patients taking AMC Services in case of Leucorrhea by the Ayurvedic System of Medicine*

**The denominator (a):** Total number of patients who received treatment for Leucorrhea from selected health centers in the last calendar year (2021)

**The numerator (b):** Total number of patients received Ayurvedic System of Medicine for Leucorrhea from selected health centers in the last calendar year (2021)

*% of patients taking AMC Services in case of Leucorrhea by Ayurvedic System of Medicine = b x 100/a*

***Study Objective 2:*** *To determine the percentage of patients taking AMC Services in case of dysfunctional uterine bleeding (DUB) by the Ayurvedic System of Medicine*

Main sources of data: Service statistics of selected AMC health centers

**The denominator (a):** Total number of patients who received treatment for DUB from selected health centers in the last calendar year (2021)

**The numerator (b):** Total number of patients received Ayurvedic System of Medicine for DUB treatment from selected health centers in the last calendar year (2021)

*% of patients taking AMC Services in case of DUB by Ayurvedic System of Medicine = b x 100/a*

**Child Health:**

***Study objective 3:*** *To determine the percentage of patients taking AMC Services in case of Pneumonia in children by Ayurvedic System of Medicine*

Main sources of data: Service statistics of selected health centers

**The denominator (a):** Total number of child patients who received treatment for pneumonia from selected health centers in the last calendar year (2021)

**The numerator (b):** Total number of patients received Ayurvedic System of Medicine for treatment for pneumonia from selected health centers in the last calendar year (2021)

***% of patients taking AMC Services in case of pneumonia by Ayurvedic System of Medicine = bx100/a***

**Study objective 3:** To explore patient’s acceptance of the Ayurvedic Health Care Services for treating Leucorrhea, DUB, and pneumonia

**Study objective 4:** To find out the knowledge and awareness of the patients about the Ayurvedic Health Care Service.

Main sources of data: Service statistics of selected health centers, Interviews with OPD patients who attended/received Ayurvedic services from selected hospitals

**5. STUDY PREPARATION** **AND DATA ANALYSIS**

**5.1. Study Preparation**

Intensive training of the field staff was organized. The training of the field staff was designed and imparted to make the trainees (field staff) conversant with the procedures of data collection. The basic training for all field workers includes: background and objectives of the study; brief on the methodology of the research; drawing of samples; establishing rapport with respondents; data collection techniques; a clear understanding of the checklists

**5.2. Supervision and Quality Control of Data**

Data collectors completed all the questionnaires in the field and cross-checked each other’s questionnaires before finalizing the day's work. The team supervised the field works at the field to assist data collectors on the concepts, definitions, and difficulties encountered in carrying out the fieldwork under the actual operational conditions. Supervisors monitored field activities to oversee the survey activities to ensure quality and take part directly through re-checking the sufficient number of filled checklists. Data Collector collected data from selected areas as per sampling and confirmed the study findings with the actual situation.

**5.3. Data Analysis**

All interviewed questionnaires were checked for completeness and correctness before data entry. Questions were coded and codebooks were prepared. Data was entered into the computer using the statistical software SPSS version 25 and MS Excel. Data were cleaned, checked, and edited properly before analysis. Finally, findings were analyzed by descriptive statistics. Interpretation, conclusion, and recommendation will be done accordingly.

**5.4. Preparation of Study Report**

The research report has been prepared using the DGHS study report template and in line with the study objectives and criteria with detailing methodology, study findings, and specific recommendations. The preliminary findings were shared with the commissioning agent (DGHS) through submission of the report and workshops presentation, and after addressing the accepted comments the second and final report was prepared and submitted to DGHS.

**6. STUDY FINDINGS**

The findings are delineated and discussed in this section as per the objectives of the study. For calculating the percentage of different variables, data were collected from disease-specific information from Govt. Unani & Ayurvedic Medical College Hospital, Dhaka, Shaheed Monsur Ali Medical College and Hospital, and Government Kormochari Hospital and District and Upazilla Health Centers.

**6.1. Findings of Hospital Statistics/Record**

The data has been analyzed and interpreted into 3 groups/categories, which are:

1. Category A: Government Unani & Ayurvedic Medical College Hospital, Dhaka,
2. Category B: Shaheed Monsur Ali Medical College and Hospital
3. Category C: Government District Hospitals (DH), and Government Upazilla Health Complex (UHC)

***Objective 1:*** *To determine % (the percentage) of patients taking AMC Services in case of* ***Leucorrhea*** *by the Ayurvedic System of Medicine.*

***Objective 2:*** *To determine % (the percentage) of patients taking AMC Services in case of* ***Dysfunctional Uterine Bleeding (DUB)*** *by the Ayurvedic System of Medicine.*

***Objective 3:*** *To determine % (the percentage) of patients taking AMC Services in case of* ***Pneumonia*** *by Ayurvedic System of Medicine.*

**Table 3: Number and Name of hospitals from where Service statistics collected**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of the hospitals** | **Service statistics (Planned)** | **Service statistics (Actually collected)** |
| **1** | Upazilla Health Complex (UHC) | 28 | 28 |
| **2** | Government District Hospitals (DH) | 10 | 10 |
| **3** | Government Unani and Ayurvedic Hospital (Mirpur, Sylhet) | 1 | 1 |
| **4** | Shaheed Monsur Ali Medical College and Hospital | 1 | 1 |
| **5** | Another hospital (Kurmitola General Hospital, Government Kormochari Hospital) **\*\*** | 1 | 0 |
|  | **Total** | **41** | **40** |

**\*\***Note: Service statistics were not collected from Kurmitola General Hospital, and Government Kormochari Hospital, as these were dedicated hospitals for treatment of COVID19.

**6.1.1. Category A:** **Government Unani & Ayurvedic Medical College Hospital, Mirpur**

**6.1.1.1. Patients at Government Unani & Ayurvedic Medical College Hospital:** In 2021, a total of 53,248 patients turned in to the hospital for seeking different health services and treatment from the Ayurvedic and Unani systems of both out-patient department and in-patient department. **Table 4** shows that 54.62% came to the hospital for Ayurvedic treatment and 45.37% of patients sought Unani treatment and services. Age and gender-specific distribution of Ayurvedic patients **(Table 5)** are respectively 0-5 years – 15.63%, female 35.99%, male 48.37%.

**Table 4: Patients received AMC treatment from** **Government Unani & Ayurvedic Medical College Hospital in 2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AMC System** | **0-5 years** | **Female** | **Male** | **Total Patient** |
| **Ayurvedic** | 4,546 | 10,470 | 14,069 | 29,085  (54.62% of the total patient) |
| **Unani** | 2,160 | 13,652 | 8,951 | 24,163  (45.37% of the total patient) |
| **Total** | **6,706** | **24,122** | **22,420** | **53,248** |
|  | **12.59% of total** | **45.30% of total** | **42.10% of total** |  |

**Table 5: Sex ratio of Ayurvedic patients of Government Unani & Ayurvedic Medical College Hospital in 2021**

|  |  |  |  |
| --- | --- | --- | --- |
| **0-5 Yrs** | **Female** | **Male** | **Total** |
| 4,546 | 10,470 | 14,069 | 29,085 |
| **15.63% of total Ayurvedic** | **35.99% of total Ayurvedic** | **48.37% of total Ayurvedic** |  |

**6.1.1.2. Percentage of Leucorrhea, DUB, and Pneumonia Patients received treatment from Ayurvedic Services of Government Unani & Ayurvedic Medical College Hospital**

**Table 6: Leucorrhea, DUB, and Pneumonia Patients received treatment from Ayurvedic Services of Government Unani & Ayurvedic Medical College Hospital, in 2021**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl** | **Variables (total number in 2021)** | **Number** | **Percentage** |
| a | Patients enrolled in the Hospital for treatment from Ayurvedic and Unani | 53,248 | - |
| b | Total Female patients enrolled in the Hospital (Ayurvedic + Unani) | 24,122 | 45.30% of total patients |
| c | Patients enrolled in the hospital for Ayurvedic treatment | 29,085 | 54.62% of total patients |
| d | Total female patients enrolled in the hospital for Ayurvedic treatment | 10,470 | 19.66% of total patients.  43.40% of total female patients. |
|  | **Women Health – Leucorrhea** |  |  |
| e | Total Leucorrhea patients enrolled in the Hospital for treatment from Ayurvedic and Unani | 1,729 | **3.24% of total 53,248 patients.**  7.16% of total female patients. |
| f | % of Leucorrhea patients received Ayurvedic treatment out of the total enrolled Leucorrhea patients | 903 | **52.22% of total leucorrhea patients**  (903 x 100/1,729) |
| g | % of Leucorrhea patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients | 903 | **3.10% of total Ayurvedic patients**  (903 x 100/29,085) |
| h | % of Leucorrhea patients received Ayurvedic treatment out of the total enrolled female Ayurvedic patients | 903 | **8.62% of total female Ayurvedic patients** (903 x100/10,470) |
|  | **Women Health - Dysfunctional Uterine Bleeding (DUB)** |  |  |
| i | Total DUB patients enrolled in the Hospital for treatment from Ayurvedic and Unani | 1,467 | **2.75% of total 53,248 patients**  6.08% of total female patients |
| j | % of DUB Patients received Ayurvedic treatment out of the total enrolled DUB patients | 807 | **55.01% of total DUB patients**  (807 x 100/1,467) |
| k | % of DUB Patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients | 807 | **2.77% of total Ayurvedic patients**  (807 x 100/29,085) |
| l | % of DUB patients received Ayurvedic treatment out of the total enrolled female Ayurvedic patients | 807 | **7.70%** **of total female Ayurvedic patients** (807 x 100/10,470) |
| m | % of DUB patients referred from the Ayurvedic unit to other health services (abnormal uterine bleeding) | 11 | **1.36% of total DUB patients** received Ayurvedic treatment (11 x 100/807) |
|  | **Child Health- Pneumonia (0-5 years of age)** |  |  |
| n | Total Pneumonia patients enrolled in the Hospital for treatment from Ayurvedic and Unani | 371 | **0.69% of total 53,248 patients**.  5.53% of total child patients. |
| o | % of Pneumonia Patients received Ayurvedic treatment out of total enrolled Pneumonia patients | 205 | **55.25% of total Pneumonia patients**  (205x 100/371) |
| P | % of Pneumonia Patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients | 205 | **0.70% of total Ayurvedic patients**  (205 x 100/29,085) |
| q | % of Pneumonia patients received Ayurvedic treatment out of the total enrolled child Ayurvedic patients | 205 | **4.50% of total child Ayurvedic patients** (205 x 100 / 4,546) |
| r | % of Pneumonia patients referred from the Ayurvedic unit to other health services (due to critical conditions) | 186 | **90.73% of total Pneumonia patients** received Ayurvedic treatment (186x 100/205) |

**Women Health – Leucorrhea**: In 2021, a total of 1,729 (**Table 6)** patients sought services and treatment for **Leucorrhea** both from the Ayurvedic and Unani systems, from the designated **Government Unani & Ayurvedic Medical College Hospital,** which is 3.24% (1,729 out of total 53,248 patients enrolled in the hospital). The percentage of the Ayurvedic system of treatment for Leucorrhea is 52.22%. Of which, 3.10% of patients received Leucorrhea treatment out of a total of 29,085 Ayurvedic patients, which was the main study subject outlined in the title. Out of total female Ayurvedic patients, 8.62% received leukorrhea treatment. The key informants of the study also opined the same while conducting the interview. With this finding, we can fairly conclude that about three percent of Ayurvedic patients receive treatment for Leucorrhea from the Ayurvedic system. The referral of Leucorrhea patients to another system of treatment is nil.

**Women Health - Dysfunctional Uterine Bleeding (DUB):** In regards to **Dysfunctional Uterine Bleeding (DUB),** in 2021, a total of 1,467 (**Table 6)** patients sought services and treatment for **DUB** both from the Ayurvedic and Unani systems, from the designated **Government Unani & Ayurvedic Medical College Hospital,** which is 2.75% (1,467 out of total 53,248 patients enrolled in the hospital). The percentage of the Ayurvedic system of treatment for DUB is about 55.01%. Of which, 2.77% of patients received DUB treatment out of a total of 29,085 ayurvedic patients. The total number of female patients for the ayurvedic system was 10,470, of which 7.7% were DUB patients- these were the main study subjects outlined in the title. The key informants of the study also opined the same while conducting an interview. With this finding, we can fairly conclude that nearly three percent of Ayurvedic patients receive treatment for DUB from the Ayurvedic system. About 1.36% of DUB patients were referred to other health systems.

**Child Health- Pneumonia (0-5 years of age):** In regards to the treatment of **Pneumonia (0-5 years of age), in 2021,** a total of 371 (**Table 6)** patients sought services and treatment both from Ayurvedic and Unani system, from the designated **Government Unani & Ayurvedic Medical College Hospital,** which is 0.69% (371 out of total 53,248 patients enrolled in the hospital). The percentage of Ayurvedic system of treatment for **Pneumonia** is 55.25%. Of which, 0.70% of patients received Pneumonia treatment out of the total ayurvedic patient, and 4.50% received pneumonia treatment out of total child Ayurvedic patients- these were the main study subject outlined in the title. About 90% of Pneumonia patients were referred to other health systems. The key informants of the study also opined the same while interviewing that treatment of pneumonia requires administering antibiotics, thus both doctors and patients heavily rely on this.

**6.1.2. Category B: Shaheed Monsur Ali Medical College and Hospital**

**6.1.2.1. Patients of Shaheed Monsur Ali Medical College and Hospital**

Service statistics were collected from the patients' register and monthly reports of Shaheed Monsur Ali Medical College and Hospital. In 2021, a total of 51,988 patients turned into the hospital for seeking different health services and treatment from both the out-patient department and in-patient department (**Table 7).** Of which, respectively Ayurvedic is 7,893, and Allopathic is 44,095.

**Table 7: Patients received treatment from Shaheed Monsur Ali Medical College Hospital, Sirajgong in 2021**

|  |  |
| --- | --- |
| **Number and types of services** |  |
| Total number of patients taking treatment from the hospital (Allopathy + Ayurvedic) | 44,095 |
| Total number of patients who have taken only Ayurvedic treatment | 7,893 |
| Total patients received treatment from the hospital | 51,988 |

**Table 8: Sex ratio of Ayurvedic patients of Shaheed Monsur Ali Medical College Hospital, Sirajgong**

|  |  |  |  |
| --- | --- | --- | --- |
| 0-5 yrs | Male | Female | Total |
| 1,534 | 2,870 | 3,489 | 7,893 |
| 19.4% | 36.36% | 44.2% |  |

**6.1.2.2. Percentage of Leucorrhea, DUB, and Pneumonia Patients received treatment from Ayurvedic Services of Shaheed Monsur Ali Medical College and Hospital**

**Table 9:** **Leucorrhea, DUB, and Pneumonia Patients received treatment from Ayurvedic Services of Syed Monsur Ali Medical College and Hospital**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl** | **Variables** | **Number** | **Percentage** |
| a | Total patients enrolled in the Hospital for treatment from  Unani, Ayurvedic, Homeopathic, Allopathic | 51,988 | -- |
| b | % of Patients enrolled in the hospital for Ayurvedic treatment | 7,893 | 15.18 % of total patients in hospital |
|  | **Women Health - Leucorrhea** |  |  |
| c | Total Leucorrhea patients enrolled in the Hospitals for treatment from Unani and Allopathic | 1,495 | 2.87% (out of total 51,988 patients) |
| d | % of Leucorrhea patients received Ayurvedic treatment out of the total enrolled Leucorrhea patients | 510 | **34.11% of total leucorrhea patients** (510 x 100/1,495) |
| e | % of Leucorrhea patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients | 510 | **6.46% of total Ayurvedic patients**  (510 x 100/7,893) |
| f | % of Leucorrhea patients received Ayurvedic treatment out of total enrolled female ayurvedic patients | 510 | **14.61% of total female ayurvedic patients** (510 x 100/3,489) |
|  | **Women Health - Dysfunctional Uterine Bleeding (DUB)** |  |  |
| g | Total DUB patients enrolled in the Hospital for treatment from Unani and Allopathic | 104 | 0.20% (out of total 51,988 patients) |
| h | % of DUB Patients received Ayurvedic treatment out of the total enrolled DUB patients | 41 | **39.42% of total DUB patients**  (41 x 100/104) |
| i | % of DUB Patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients | 41 | **0.51% of total Ayurvedic patients**  (41 x 100/7,893) |
| j | % of DUB Patients received Ayurvedic treatment out of the total enrolled female Ayurvedic patients | 41 | **1.17% of total female patients for**  **Ayurvedic** (41 x 100/ 3,489) |
| k | % of DUB patients referred from the Ayurvedic unit to other health services (due to abnormal uterine bleeding in perimenopausal age) | 0 | 0% of total DUB patients received  Ayurvedic treatment |
|  | **Child Health- Pneumonia (0-5 years of age)** |  |  |
| l | Total Pneumonia patients enrolled in the Hospital for treatment from Ayurvedic and Allopathic | 1,134 | 2.18% (out of total 51,988 patients) |
| m | % of Pneumonia Patients received Ayurvedic treatment out of total enrolled Pneumonia patients | 203 | **17.90% of total Pneumonia patients**  (203 x 100/1,134) |
| n | % of Pneumonia Patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients | 203 | **2.57% of total Ayurvedic patients**  (203 x 100/7,893) |
| o | % of Pneumonia Patients received Ayurvedic treatment out of the total enrolled child Ayurvedic patients | 203 | **13.23% of total child patients for**  **Ayurvedic** (203 x 100/1,534) |
| p | % of Pneumonia patients referred to Ayurvedic unit to other health services (due to critical condition) | 17 | **8.37%** of total Pneumonia patients received Ayurvedic treatment (17 x  100/203) |

**Women Health – Leucorrhea**: In 2021, a total of 1,495 (**Table 9)** patients sought services and treatment for **Leucorrhea** both from the ayurvedic and allopathic system of treatment from the designated **Shaheed Monsur Ali Medical College and Hospital,** which is 2.87% (1,495 out of total 51,988 patients enrolled in the hospital). The percentage of the Ayurvedic system of treatment for Leucorrhea is 34.11%. Of which, 6.46% of patients received Leucorrhea treatment out of a total of 7,893 Ayurvedic patients. About 14.61% received leucorrhea treatment out of a total of 3,489 female ayurvedic patients. The key informants of the study also opined the same while conducting an interview. With this finding, we can fairly conclude that about six percent of Ayurvedic patients receive treatment for Leucorrhea from the Ayurvedic system. The referral of Leucorrhea patients to another system of treatment is nil.

**Women Health - Dysfunctional Uterine Bleeding (DUB):** In regards to **Dysfunctional Uterine Bleeding (DUB),** in 2021, a total of 104 (**Table 9)** patients sought services and treatment for **DUB** both from Ayurvedic and allopathic systems of treatment from the designated **Shaheed Monsur Ali Medical College and Hospital,** which is only 0.20% (104 out of total 51,988 patients enrolled in the hospital). The percentage of the Ayurvedic system of treatment for DUB is 39.42%. Of which, 0.51% of patients received DUB treatment out of a total of 7,893 ayurvedic patients. The total number of female patients for the Ayurvedic system was 3,489, of which 1.17% were DUB patients- these were the main study subjects outlined in the title. The key informants of the study also opined the same while conducting an interview.

**Child Health- Pneumonia (0-5 years of age):** In regards to the treatment of Pneumonia (0-5 years of age), in 2021,a total of 1,134 (**Table 9)** patients sought services and treatment both from Ayurvedic and Unani system, from the designated **Shaheed Monsur Ali Medical College and Hospital,** which is 2.18% (1,134 out of total 51,988 patients enrolled in the hospital). The percentage of Ayurvedic system of treatment for Pneumonia is 17.9%. Of which, 2.57% of patients received Pneumonia treatment out of the total ayurvedic patient, and 13.23% received pneumonia treatment out of total child Ayurvedic patients- these were the main study subject outlined in the title. About 8.37% of Pneumonia patients were referred to other health systems. The key informants of the study also opined the same while interviewing that treatment of pneumonia requires administering antibiotics, thus both doctors and patients heavily rely on this.

**6.1.3. Category C: District Hospitals (DH), and Upazilla Health Complex (UHC)**

**6.1.3.1. Patients of District Hospitals (DH), and Upazilla Health Complex (UHC)**

Service statistics were collected from the patients' register and monthly reports of 10 district hospitals and 28 Upazila Health Complexes. In 2021, a total of 59,35,746 patients turned into hospitals for seeking different health services and treatment from both out-patient departments and in-patient departments (**Table 10).** Of which, respectively Ayurvedic 430,850, Allopathic and another AMC was 55,04,896.

**Table 10: Patients received treatment from 10 District Hospitals (DH), and 28 Upazilla Health Complex (UHC), in 2021**

|  |  |  |  |
| --- | --- | --- | --- |
| **AMC System** | **10 District Hospitals** | **28 Upazila Health complex** | **Total Patient** |
| **Ayurvedic** | 179,876 | 250,974 | 430,850 |
| **Allopathic & other AMC** | 19,99,309 | 35,05,587 | 55,04,896 |
| **Grand Total** | 21,79,185 | 37,56,561 | 59,35,746 |

**Table 11: Sex ratio of Ayurvedic patients of 10 District Hospitals (DH), and 28 Upazilla Health Complex (UHC), in 2021**

|  |  |  |  |
| --- | --- | --- | --- |
| 0-5 Yrs | Female | Male | Total |
| 63,411 | 156,029 | 211,410 | 430,850 |
| 14.71% of total | 36.21% of total | 49.06 % of total |  |

**Table 12: Leucorrhea, DUB, and Pneumonia Patients received treatment from Ayurvedic Services**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl** | **Variables** | **Number** | **Percentage** |
| a | Total patients enrolled in the Hospital for treatment from Ayurvedic, Allopathic, and other AMCs | 59,35,746 | -- |
| b | % of Patients enrolled in the hospital for Ayurvedic treatment | 430,850 | 7.25 % of total patients in the hospitals |
|  | **Women Health - Leucorrhea** |  |  |
| c | Total Leucorrhea patients enrolled in the Hospitals for treatment from Ayurvedic, Allopathic, and other AMCs | 74,085 | **1.24% of total 59,35,746 patients** |
| d | % of Leucorrhea patients received Ayurvedic treatment out of the total enrolled Leucorrhea patients | 9,936 | **13.41% of total leucorrhea patients**  (9,936 x 100/74,085) |
| e | % of Leucorrhea patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients | 9,936 | **2.30% of total Ayurvedic patients**  (9,936 x 100/430,850) |
| f | % of Leucorrhea patients received Ayurvedic treatment out of total enrolled female ayurvedic patients | 9,936 | **6.36% of total female ayurvedic**  **patients** (39936 x 100/156,029) |
|  | **Women Health - Dysfunctional Uterine Bleeding**  **(DUB)** |  |  |
| g | Total DUB patients enrolled in the Hospital for treatment from Ayurvedic, Allopathic, and other AMCs | 46,287 | **0.77% of total 59,35,746 patients** |
| h | % of DUB Patients received Ayurvedic treatment out of the total enrolled DUB patients | 4,842 | **10.46 % of total DUB patients**  (4,842 x 100/46,287) |
| i | % of DUB Patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients | 4,842 | **1.12% of total Ayurvedic patients** (4,842 x 100/430,850) |
| j | % of DUB Patients received Ayurvedic treatment out of the total enrolled female Ayurvedic patients | 4,842 | **3.10% of total female patients for**  **Ayurvedic** (4,842x 100/ 156,029) |
| k | % of DUB patients referred from the Ayurvedic unit to other health services | 1,032 | **21.31% of total DUB patients received**  Ayurvedic treatment (1,032x 100/4,842) |
|  | **Child Health- Pneumonia (0-5 years of age)** |  |  |
| l | Total Pneumonia patients enrolled in the Hospital for treatment from Ayurvedic, Allopathic, and other AMCs | 74,862 | **1.26% (out of total 59,35,746 patients**) |
| m | % of Pneumonia Patients received Ayurvedic treatment out of total enrolled Pneumonia patients | 4,952 | **6.60 % of total Pneumonia patients**  (4,952 x 100/74,862) |
| n | % of Pneumonia Patients received Ayurvedic treatment out of the total enrolled Ayurvedic patients | 4,952 | **1.14 % of total Ayurvedic patients**  (4,952 x 100/430,850) |
| o | % of Pneumonia Patients received Ayurvedic treatment out of the total enrolled child Ayurvedic patients | 4,952 | **7.80% of total child patients for**  **Ayurvedic** (4,952 x 100/63,411) |
| p | % of Pneumonia patients referred to Ayurvedic unit to other health services (due to critical condition) | 3,784 | **76.41 % of total Pneumonia patients** received Ayurvedic treatment (3,784 x  100/4,952) |

**Women Health – Leucorrhea**: In 2021, a total of 74,085 patients (**Table 12)** sought services and treatment for **Leucorrhea** both from the ayurvedic and allopathic systems of treatment from the designated 10 District hospitals and 28 UHCs**,** which is 1.24% (74,085 out of total 59,35,746 patients enrolled in the hospital). The percentage of the Ayurvedic system of treatment for Leucorrhea is 13.41%. Of which, 2.30% of patients received Leucorrhea treatment out of a total of 430,850 Ayurvedic patients. About 6.36% received leucorrhea treatment out of a total of 156,029 female ayurvedic patients. The key informants of the study also opined the same while conducting an interview. The referral of Leucorrhea patients to another system of treatment is nil.

**Women Health - Dysfunctional Uterine Bleeding (DUB):** In regards to **Dysfunctional Uterine Bleeding (DUB),** in 2021, a total of 46,287 patients (**Table 12)** sought services and treatment for **DUB** both from Ayurvedic and allopathic systems of treatment from the designated 10 District hospitals and 28 UHCs**,** which is only 0.77% (46,287 out of total 59,35,746 patients enrolled in the hospital). The percentage of Ayurvedic system of treatment for DUB is 10.46%. Of which, 1.12% of patients received DUB treatment out of a total of 430,850 ayurvedic patients. The total number of female patients for the ayurvedic system was 4,842, of which 3.10% were DUB patients- these were the main study subjects outlined in the title. The key informants of the study also opined the same while conducting an interview. About 21.31% of DUB patients are referred to another system for treatment.

**Child Health- Pneumonia (0-5 years of age):** In regards to the treatment of Pneumonia (0-5 years of age), in 2021,a total of 74,862 (**Table 12)** patients sought services and treatment both from Ayurvedic and allopathic system, from the designated 10 District hospitals and 28 UHCs**,** which is 1.26% (74,862 out of total 59,35,029 patients enrolled in the hospital). The percentage of Ayurvedic system of treatment for **Pneumonia** is 6.6%. Of which, 1.14% of patients received Pneumonia treatment out of the total ayurvedic patient, and 7.8% received pneumonia treatment out of total child Ayurvedic patients- these were the main study subject outlined in the title. About 76.41% of Pneumonia patients were referred to other health systems. The key informants of the study also opined the same while interviewing that treatment of pneumonia requires administering antibiotics, thus both doctors and patients heavily rely on this.

**6.1.4. Graphical presentation of some variables of hospital statistics concerning Ayurvedic treatment for Leucorrhea, DUB, and Pneumonia.**

**6.1.4.1. Sex ratio of Ayurvedic patients received treatment from study hospitals**

The rate **(Fig 1)** of male patients and female patients for ayurvedic treatment is quite the same with a little difference. The rate of female patients for ayurvedic treatment is significantly higher in AMC hospital and Shaheed Monsur Ali Hospital, while the rate of male patients in DH and UHCs is higher. It reveals that female patients do have a preference for getting ayurvedic treatment for female diseases.

**6.1.4.2. Treatment of Leucorrhea patients by Ayurvedic System**

The study question was to determine the percentage of leucorrhea patients who received ayurvedic treatment.

Out of total patients **(Fig 2)**, the enrollment of leucorrhea patients ranges from 1.24% to 3.24% in all study hospitals. The treatment of leucorrhea patients is significantly higher ranging from 13.41% to 52.22%. Although, the percentage of leucorrhea patients who received Ayurvedic treatment out of total enrolled ayurvedic patients is low (2.30% to 6.46%), however, the percentage of leucorrhea patients who received ayurvedic treatment out of total enrolled female ayurvedic patients is higher- which is in AMC 8.62%, Shaheed Monsur Ali hospital 14.61%, and DH and UHCs is 6.36%.

Findings reveal that **(Fig 3)** 52.22% of total leucorrhea patients received Ayurvedic treatment out of total enrolled Leucorrhea patients in the Government Unani and Ayurvedic hospital, Mirpur, while 34.11% of total leucorrhea patients received Ayurvedic treatment out of total enrolled Leucorrhea patients from Shaheed Monsur Ali Medical College Hospital, Sirajganj, Dhaka, and 13.41% of total leucorrhea patients received Ayurvedic treatment out of total enrolled Leucorrhea patients in the DH and UHCs. The reason for the higher percentage in AMC hospitals is, simply this hospital has only two options (Ayurvedic and Unani), but other hospitals have many options, such as Allopathic, Unani, Ayurvedic, and Homeopathic systems of treatment.

**6.1.4.3. Treatment of DUB patients by Ayurvedic System**

The study question was to determine the percentage of DUB patients who received ayurvedic treatment. Out of total patients, **(Fig 4)** the enrollment of DUB patients ranges from 0.77% to 2.75% in all study hospitals. The treatment of DUB patients is significantly higher ranging from 10.46% to 55.01%. Although, the percentage of DUB patients who received Ayurvedic treatment out of total enrolled ayurvedic patients is low (0.51% to 2.77%), however, the percentage of DUB patients who received ayurvedic treatment out of total enrolled female ayurvedic patients is higher- which is in AMC 7.70%, Shaheed Monsur Ali hospital 1.17%, and DH and UHC is 3.10%. Referral of DUB patients is higher in DH and UHCs, which is 21.31%.

Findings reveal that **(Fig 5)** 52.43% of total DUB patients received Ayurvedic treatment out of total enrolled DUB patients in the Government Unani and Ayurvedic hospital, Mirpur, while 34.11% of total DUB patients received Ayurvedic treatment out of total enrolled DUB patients from Shaheed Monsur Ali Medical College Hospital, Sirajganj, Dhaka, and 13.41% of total DUB patients received Ayurvedic treatment out of total enrolled DUB patients in the district hospitals and UHCs. The reason for the higher percentage in AMC hospitals is, simply this hospital has only two options (Ayurvedic and Unani), but other hospitals have many options, such as Allopathic, Unani, Ayurvedic, and Homeopathic systems of treatment

**6.1.4.4. Treatment of Pneumonia patients by Ayurvedic System**

Out of total patients, **(Fig 4)** the enrollment of Pneumonia patients ranges from 0.69% to 2.18% in all study hospitals. The treatment of Pneumonia patients is significantly higher ranging from 6.60% to 55.25%. Although, the percentage of Pneumonia patients who received Ayurvedic treatment out of total enrolled ayurvedic patients is low (0.70% to 2.57%), however, the percentage of Pneumonia patients who received ayurvedic treatment out of total enrolled child ayurvedic patients is higher- which is in AMC 4.50%, Shaheed Monsur Ali hospital 13.23%, and DH and UHC is 7.80%. Referral of Pneumonia patients is high in all study hospitals, which is, AMC at 90.73%, Shaheed Monsur Ali hospital at 8.73%, and DH and UHC is 76.41%

Findings reveal that **(Fig 7)** 55.25% of total Pneumonia patients received Ayurvedic treatment out of total enrolled Pneumonia patients in the Government Unani and Ayurvedic hospital, Mirpur, while 17.90% of total Pneumonia patients received Ayurvedic treatment out of total enrolled Pneumonia patients from Shaheed Monsur Ali Medical College Hospital, Sirajganj, Dhaka, and 6.60% of total Pneumonia patients received Ayurvedic treatment out of total enrolled Pneumonia patients in the district hospitals and UHCs. The reason for the higher percentage in AMC hospitals is, simply this hospital has only two options (Ayurvedic and Unani), but other hospitals have many options, such as Allopathic, Unani, Ayurvedic, and Homeopathic systems of treatment

**6.2. Patients’ Interview- Quantitative Information**

***Objective 4: To explore patient’s acceptance of the Ayurvedic Health Care Services for treating Leucorrhea, DUB, and Pneumonia***

***Objective 5: To find out the knowledge and awareness of the patients about the Ayurvedic Health Care Service.***

Patients’ Interview Findings are presented in the following section. The patients include any kind of patients who sought treatment for the ayurvedic system in the study hospitals. Following EXIT INTERVIEW, in total 364 patients were interviewed.

**Table 13: Number and Name of hospitals from where Service statistics collected**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Type of hospitals** | **Interview Patients**  **(Planned)** | **Interview conducted (Actually collected data)** |
| **1** | Upazilla Health Complex (UHC) | 200 | 200 |
| **2** | Government District Hospitals (DH) | 100 | 99 |
| **3** | Government Unani and Ayurvedic Hospital (Mirpur, Sylhet) | 35 | 40 |
| **4** | Shaheed Monsur Ali Medical College and Hospital | 25 | 25 |
| **5** | Another hospital (Kurmitola General Hospital, Government Kormochari Hospital) **\*\*** | 25 | 0 |
|  | **Total** | **385** | **364** |

**\*\***Note: Patient interviews were not collected from Kurmitola General Hospital, and Government Kormochari Hospital, as these were dedicated hospitals for treatment of COVID-19.

**6.2.1. Socio-economic situation of the Respondents**

**6.2.** **1.1. Age of the Respondents**

The age and sex ratio give a justification for the study of the representation of adult people who can decide on ayurvedic treatment and can give an opinion about ayurvedic treatment for Leucorrhea, DUB, and Pneumonia. The main age cohort of the respondents was 21-30 years (29%), followed by 31-40 years (27%), 41-50 years (15%), and, 11 – 20 years 12% **(Fig 8).**

**6.2.1.2. Educational status of the Respondents**

The education level of the vast majority of the respondents was 25% were can’t sign or can sign only, 19% were up to class five or primary school, 22% were up to class ten, 21% were passed HSC, and 9% were Graduated **(Fig 9).**

**6.2.1.3. Sex of the Respondents**

About 64.3% of respondents in the study population were female and 28% of respondents were male **(Fig 10).**

**6.2.1.4. Marital status of the respondents**

About 71% of respondents of the study population were married, and 24% were unmarried **(Fig 11).**

**6.2.1.5. Religion of the Respondents**

The percentage of Muslim respondents was 92%, and Hindus were 8% **(Fig 12).**

**6.2.1.6. Occupation of the Respondents**

The occupation of the study respondents is diverse: 42.3% of respondents were housewife & 3.6% were housekeeper; 18.4% were students, 9.6% were service holder; 2.5% were jobless; 5.2% were Farmers; 2.5% were Small traders, 3% were day laborers, 3.6% were middle-level traders; 1.1% were pullers of Rickshaw/van/easy bike**. (Fig 13)**

**6.2.1.7. Family Income of the Respondents**

The monthly income of 25.5% of respondents was Tk 15,000 to Tk 20,000, 23.4% of respondents was Tk 10,000 to Tk 15,000 and the monthly income of near one-third of the respondents was between Tk 5,000 to Tk 10,000, and only a few respondent’s family incomes more than Tk 25000 **(Fig 14).**

**6.2.1.8. Family Size of the Respondents**

**Fig 15** shows the family size of the respondents. The findings revealed that more than two third (65.90%) of the respondents have 3-5 members in the family, and about one quarter (25%) of the respondents have 6 to 10 members.

**6.2.1.9. Past and Present History of diseases of the Respondents**

The respondents were asked whether they had any experience with any disease. About 16% of respondents said that they had High Blood Pressure, followed by 32% had diabetes, 14% of the respondents had Leucorrhoea and 9% suffered from pneumonia and cardiovascular diseases and 6% had DUB and only a few numbers of respondents suffered from several types of diseases **(Fig 16).** Regarding the respondent’s family disease history **(Fig 17),** still, 28% had Diabetes and 31% had high blood pressure and 12% suffered from cancer, 7% had pneumonia and 6% had leucorrhoea and only a few numbers were followed by different diseases.

**6.2.1.10. Smoking History of the Respondents**

This was a question to know about the personal history of the respondents, and findings show that 15% of respondents are smokers while more than two-thirds of the respondents (74%) are a non-smoker. Among the total respondents, 11% is drug peddler/users **(Fig. 18)**

**6.2.2. Respondents' perception/knowledge and their satisfaction level of Ayurvedic system of Treatment of Alternative Medical care**

This sub-section is to assess the perceptions or knowledge and practices of the respondents regarding the ayurvedic system of treatment of alternative medical care. In this section, to avoid duplication of interpretation, findings are presented in graphical form, as most of the answers are self-explained in the graphs.

**6.2.2.1. Reasons for coming Hospital**

The first question to the respondents was to know the reason for coming to the hospital. About 89 % of respondents, who agreed to give the interview, reported that they came to the hospital for their treatment, and about 11 % came to the hospital with the patient as attendants **(Fig 19)**.

**6.2.2.2 Have ever heard of the Ayurvedic system of Treatment of Alternative Medical care? If yes, and sources of information**

Among the respondents, 64% never heard (aware) of alternative medical care (AMC) and treatment of the Ayurvedic system before. 7% heard from Relatives, 11% from different sources, and 5% from Hospitals **(Fig 20)**

**6.2.2.3. Ever received treatment in the Ayurvedic system of Alternative Medical care**

**6.2.2.3.a For which disease, the respondents received treatment from the Ayurvedic system of AMC**

Among the respondents who received treatment from the Ayurvedic system of AMC and it was an open question, and the respondents gave multiple answers. In response, the respondents received ayurvedic treatment 19% % allergies, 13% Leucorrhoea, 7% for Jaundice, 5% for Cough, 9% for Fever and Cough, 4% Diabetes, 2% Arthritis, 4% for High Blood Pressure, and one third for different types of diseases. **(Fig 21)**

**6.2.2.3.b Place of receiving treatment of Ayurvedic system of Alternative Medical care**

The same respondents were also asked where did they receive treatment in the Ayurvedic system of Alternative Medical care. In response, 92% of respondents replied they received treatment from this hospital, and 8% of respondents received treatment from other hospitals **(Fig 22).**

**6.2.2.3.c Perceptions to receive treatment from the Ayurvedic system of AMC**

The same respondents were again asked whether they had any perceptions to receive treatment in the Ayurvedic system of alternative medical care. In response, 69% replied they receive a good quality of treatment from the Ayurvedic system of Alternative Medical care, 23% replied that there is no or fewer side effect of Ayurvedic treatment and 8% replied that the price of Ayurvedic medicine was very cheap. **(FIG 23)**

**6.2.2.4. For the types of Health problems, the respondents receive treatment from the Ayurvedic system of AMC**

In regards to the present health problem, 15.9 % came for Allergy, Leucorrhoea, 6% for Jaundice, 5.8%, Pneumonia, 4.1 DUB, 3.8 Cough, 3.6% for High blood pressure and fever, 2.5% Diabetes, 1.9% Cardiovascular diseases, 1.6% Rheumatic fever and 16 different diseases. **(Table 10).**

**Table 10: Health problems of the respondents for receiving treatment from the Ayurvedic system of AMC**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| Physical Weakness | 10 | 2.7 |
| Leucorrhea | 52 | 14.3 |
| Thyroid Problem | 3 | 0.8 |
| Irregular or problematic Menstruation | 6 | 1.6 |
| Excessive Bleeding during Menstruation | 3 | 0.8 |
| Breathing Problem | 14 | 3.8 |
| Sexual Problem | 7 | 1.9 |
| High Blood pressure & Leucorrhea | 1 | 0.3 |
| High Blood Pressure | 13 | 3.6 |
| Diabetes, Ulcer& HBP | 2 | 0.5 |
| Cardiovascular Disease | 7 | 1.9 |
| Jaundice & High Blood Pressure | 1 | 0.3 |
| DUB & High Blood Pressure | 1 | 0.3 |
| Ulcer & Diabetes | 1 | 0.3 |
| Rheumatic fever | 6 | 1.6 |
| Cough | 14 | 3.8 |
| Diarrhea | 6 | 1.6 |
| Fever | 13 | 3.6 |
| Urine Infection | 4 | 1.1 |
| Low Blood Pressure | 1 | 0.3 |
| DUB | 15 | 4.1 |
| Pneumonia | 21 | 5.8 |
| Jaundice | 22 | 6 |
| Diabetes | 9 | 2.5 |
| Aversion to food | 3 | 0.8 |
| Allergy | 58 | 15.9 |
| Others | 59 | 16.2 |
| Total | 352 | 96.7 |
| Non-response | 12 | 3.3 |
| **Total** | **364** | **100** |

**6.2.2.5. Consultation with patients before giving treatment**

The question was regarding the expected behavior and consultation of the Ayurvedic doctor to the patients who provided the individuals for consultation and treatment. The findings revealed that 94 % of patients said they received a positive consultation from the Ayurvedic doctor before administering treatment, while 6 % of patients said they were not consulted well, rather without satisfied consultation received treatment **(Fig 24)**.

**6.2.2.6. Maintaining respondents’ privacy**

The question was regarding the privacy of the respondent which was maintained properly during the period of consultation with the Ayurvedic doctor. The findings revealed that 85.7 % of patients responded positively and said that the Ayurvedic doctor maintained their privacy properly during the treatment period and only a few respondents 11.30% said negatively about their privacy which was not maintained properly in Ayurvedic treatment. **(Fig 24)**.

**6.2.2.7. Types of ayurvedic treatment did they receive from the doctor**

The respondents were asked about the type of ayurvedic treatment they received from the doctor. 90.70% of respondents replied they received both advice and medicine from the doctor on ayurvedic treatment and 6% of respondents said that they received only advice. **(Fig 26)**.

**6.2.2.8. The type of medicines given to the respondents by the ayurvedic doctor**

The respondents were asked about the type of ayurvedic medicines given by the Ayurvedic doctor. 50% of respondents replied that they received both types of medicines (compound and basic types of medicine) on ayurvedic treatment from the Ayurvedic doctor and 23% of respondents received only basic element of medicine and 27% of respondents received compound medicine. **(Fig 27)**

**6.2.2.9. Received medicines from this hospital's medicine depot**

This question was asked to know whether the patients who received services from the ayurvedic system of treatment received medicines from the same hospital. In response, 85% of respondents said they received medicines from the hospital they were given treatment, while 15% of respondents replied they didn’t receive medicines from the hospital where they received treatment. **(Fig 28)**

**6.2.2.10. Satisfaction of receiving ayurvedic services from the doctor**

The question was asked regarding the satisfaction of the patients who received treatment from Ayurvedic doctors. In response, 90.90 % of respondents replied they were satisfied with the doctors and staff receiving the ayurvedic services, while 5.80% of respondents replied they were not satisfied **(Fig 29**).

**6.2.2.11. Respondents recommend to known people come & receive Ayurvedic treatment**

The respondents were asked to give their valuable advice on receiving Ayurvedic treatment for known people. In response, 91.20% of respondents replied positively and 5.5% replied negatively to receiving Ayurvedic treatment for known people in the Ayurvedic medicine system. **(Fig. 30).**

**6.2.2.12. Perception of the Respondents regarding barriers to improvement of AMC (Ayurvedic)**

It was a question to understand the perception of the respondents on what they think are the possible barriers to improvement of the ayurvedic system of alternative medical care. Respondents gave multiple answers. In response, 25.50% of respondents said about inadequate medicine supply; 14.30% respondents said lack of publicity/telecast; 9.6% said inadequate doctors, 33% don’t know, and 4.7% said lack of training **(Fig. 31)**.

**6.2.2.13 Recommendations for expansion of AMC (Ayurvedic)**

The respondents were asked to give their recommendations for the expansion and improvement of the ayurvedic system of alternative medical care. Respondents gave multiple answers. In response, 26.40% responded said to increase medicine supply, 21.40% said to increase publicity/telecast; 12% said to deploy more doctors; 6.90% respondents said to the improvement of treatment; 24% didn’t have any opinion, and 1.4% patronized of Govt. about Ayurvedic treatment **(Fig. 32)**.

**6.3. Qualitative Findings – Key Informant Interviews (KII)**

The qualitative information was collected through key informant interviews with Ayurvedic doctors. The information was collated, tabulated, and presented here. The findings are collated and grouped according to a questionnaire checklist administered with key informants.

**Table 15: Number and Name of hospitals from where KII conducted**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Type of hospitals** | **KII with Ayurvedic doctors (Planned)** | **KII with Ayurvedic doctors (Conducted)** |
| **1** | Upazilla Health Complex (UHC) | 6 | 6 |
| **2** | Government District Hospitals (DH) | 4 | 4 |
| **3** | Government Unani and Ayurvedic Hospital (Mirpur, Sylhet) | 2 | 2 |
| **4** | Shaheed Monsur Ali Medical College and Hospital | 2 | 2 |
| **5** | Another hospital (Kurmitola General Hospital, Government Kormochari Hospital) | 2 | 0 |
|  | **Total** | **16** | **14** |

**a) Percentage of Leukorrhea/DUB/Pneumonia disease patients:**

In response to this question, we received various types of answers from the doctors at different hospitals. Approximately half of the Ayurvedic doctors responded that they are getting more than 10% of Leukorrhea patients in their hospitals, which in some hospitals more. We can define that on average, all the hospitals have approximately ten to twelve percent of leukorrhea patients. For the cases of DUB patients, the number is about 5-10%, whereas some of the hospital Ayurvedic doctors say they do not have DUB patients, and some of the Ayurvedic doctors replied that they have around twenty percent of DUB patients at their hospitals. On the other hand, the total number of pneumonia patients is roughly 5-10% in hospitals. But, some of the hospital’s Ayurvedic doctors have informed they have more than twenty percent pneumonia patients, and some reported that they have no such type of patient.

***Perception of key informants regarding common problems/diseases of the Ayurvedic patients at Government hospitals***

The majority of the key informants opined that their day-to-day experiences suggest, the patients came to the hospital for treatment mainly for Jaundice, Cold and Cough, Hepatitis, Fever, Headache, Skin Diseases, Scabies, Throat pain, Back pain, Gastro-intestinal infections, Diarrhea, White discharge of women, Leukorrhea, Abdominal pain, Allergies, Urine infections, Itching problems, Digestion problems, Breathing problems, Diabetic, Sexual dysfunctions, In-digestion, Eczema, Hypertension, Weaknesses, Dysmenorrhea, etc.

***Perception of key informants regarding Gender of Ayurvedic patients at Government hospitals***

The majority of the key informants experienced that the health-seeking behavior of male patients is comparatively higher than females. The treatment sought for children is very less. The statement is supported by the quantitative data (mentioned before). Although the reason is unknown, some informants opined that it might be the impression that male suffers more from the above diseases which sometimes become chronic and last long. Ayurvedic system of treatment is sometimes not the first choice. The patients try to get treatment from another discipline first, and if not cured, then seek treatment from an alternative system. In regards to seeking treatment for children, the informants expressed that, people are very keen on the treatment of children, and as the children suffer less in chronic illness, they normally prefer to go treatment either in an allopathic or homeopathic system.

***Perception of key informants regarding the age of Ayurvedic patients at Government hospitals***

The majority of key informants said that mainly the adult groups prefer Ayurvedic treatment, which falls under the age group of 30 - 60 years. The statement is also supported by the quantitative data. Again, they were asked to say the reason, then the informants replied that the same as what they said about gender. The perception of patients is that Ayurvedic is the treatment for adult people, not for children, and even not for older people. Children and older people need immediate support and treatment, and people perceive that ayurvedic medicines do not work better for them.

***Perception regarding the socio-economic condition of Ayurvedic patients at Government hospitals***

The majority of the key informants perceived that the main treatment seekers for Ayurvedic treatments in the government hospitals are from lower middle-class and to some extent middle-class strata. Very rare the affluent class people seek ayurvedic treatment at government hospitals. In their opinion, some higher-class people may seek ayurvedic treatment, but those are at ayurvedic outlets. Poor people are going to prefer government hospitals for allopathic treatment, as they perceive they would get some free medicines there. It is also related to the trust in medicines, which is low among the poor class of people.

**b) Types of medicine for treating Leukorrhea/DUB/Pneumonia disease patients:**

Several types of medicines are used for the treatment purpose of Leukorrhea/DUB/Pneumonia diseases patients. Sometimes doctors use the same drug for both Leukorrhea and DUB diseases, but most of the time, Ayurvedic doctors use a single type of medicine for a single disease. The medicines that are used for the treatment purpose of these diseases are listed below:

The medicines which are used for Leukorrhea treatment are as follows:

* Patrangasav
* Pradrantak Ras
* Pushyanug Churna
* Ashokarista
* Chandanasav

The medicines which are used for DUB treatment are as follows:

* Pradarantak Louha
* Pradarari Louha
* Sonitargal
* Shibani Bati
* Ashokarista

The following medicines are used for pneumonia treatment:

* Mahadraksharista
* Basakarista
* Talishadi Churna
* Chabanprash
* Basadi Churna
* Sitopaladi Churna

**c) Medicine comes from hospital inventory or not:**

More than two-thirds of the doctors have reported that medicines they are providing for treatment purposes are available from the hospital inventory.

Most of the key informants said for all types of treatment of Ayurvedic patients, about 90% of medicines are provided free of cost from the medical store of the hospitals. The introduction and application of medicines depend on the condition of the patients. For some chronic conditions, when the medicines are not available at the store, patients are provided with a prescription to buy medicines over the counter. Some key informants said, for the treatment of some diseases, about 100% of patients receive complete doses of medicines from the hospital stores (free of cost). Some District and UHC level key informants said that medicines supply is irregular and not all medicines are available. Further study/medicine audit is required in this regard to ascertain the availability and accessibility of Ayurvedic medicines.

**d) Recommendations for the treatment of Leukorrhea/DUB/Pneumonia diseases in Bangladesh:**

In response to this question, Ayurvedic doctors have reported their views. They have asked to provide more medicines, and some have suggested supplying medicines centrally every three months. To increase awareness, more campaigns need to be organized to make people aware of the low cost of these treatments. Apart from that, it is necessary to make people aware of maintaining hygiene and piece of perfect nutrition knowledge. Besides organizing more campaigns, more professional training for the doctors is also required, along with their engagements in research-based education. To improve the facility, doctors have mentioned the following suggestions:

- Need more internal divisions for DUB and Pneumonia.

- Necessity for more female doctors.

- Create and maintain medicinal gardens.

- Need more nebulizer machines.

- Medicine with free of cost.

- Need antimicrobials medicine for Leukorrhea.

- More equipment for disease dialyzes.

Besides, the quality of medicines needs to be improved, and converting the formation of treatment from syrup to tablet is also a recommendation from doctors.

**e) Conventional procedures for Ayurvedic treatment in Bangladesh:**

There are several conventional procedures of Ayurvedic treatments that are currently going on to promote these types of treatments. Now, cupping therapy, leaching therapy, and acupressure therapy are available. Few of the district and sub-district hospitals have available doctors, herbal assistants, and medicinal plant gardens at a time. Every year some doctors from a few hospitals get 4- or 5-days training from the Dhaka DG office. Building up new infrastructures for further medical colleges and recruiting new doctors to improve the quality of services are going on. BAMS degree is now available at the governmental and non-governmental levels, and besides that, different organizations are providing diploma degrees to increase the number of doctors. Campaign at the community level is also happening.

**f) Barriers to improving Ayurvedic treatments:**

Doctors have reported some information about the barriers to Ayurvedic treatment. Currently, all the medicines are unavailable in every hospital, and most hospitals do not have the correct number of drugs in their inventory. Also, the quality of the available medicines is not up to the mark for some drugs. As there is a scarcity of advanced training, research opportunities, and higher studies, there is a shortage of expertise among doctors. Also, few amounts of laboratories and research facilities are not sufficient for disease diagnosis and are a barrier to controlling the quality of treatment. Doctors are facing a bad working environment and taking their job as less dignified, which creates more shortages of doctors at the hospitals. The KII study found that there is still no specific hospital for ayurvedic treatments in Bangladesh, and the regulatory authority, the upper-level officials, are giving less emphasis to these types of treatments. Apart from that, people are not promoting ayurvedic therapies in society.

**Barriers to the Ayurvedic system as well as alternative medical care**

The responses are categorized. The main barriers are inadequate manpower; lack of inexpensive medicines; lack of testing lab; inadequate medicines; lack of higher education and training; ayurvedic treatment takes much time; lack of standardization of medicines; lack of quality medicines; lack of online data entry or reporting; the complexity of medicines procurement; lack of appropriate personal protective equipment for preventing epidemic and pandemic.

**g) Improving the scope and quality of work:**

In response to this question, doctors gave their opinions on improving the scope and quality of work. It is necessary to increase the number of doctors along with an adequate amount of quality medicine supply and proper training for the doctors. To improve the quality of treatment, building new hospitals, creating medicinal gardens, and building up more research facilities are required. Also, more promotion of ayurvedic treatments on television channels, organizing more campaigns, inform about the benefits of Ayurvedic treatments are needed to improve the awareness of ayurvedic treatments in Bangladesh. Besides these doctors have suggested a few more points that are listed below:

* Discussions on policy levels.
* Hiring more female doctors.
* Social media promotion.
* Law Council for ayurvedic treatments.
* Building a proper work plan.

**Recommendations to improve the treatment of Ayurvedic patients**

The respondents suggested that Alternative Medical care can play a significant role in national health services as the medicines are cheap and affordable, have no side effects, and are medically effective. So, the government can provide the services to the general mass, particularly to the lower and lower-middle-income groups of people by making the service accessible and affordable. The ayurvedic system should have its medicine factories where low-priced medicines can be produced; should improve the procurement and supply of medicines; should deploy more manpower under the revenue head.

**7. DISCUSSION AND CONCLUSION**

Bangladesh is a significant part of South Asia possess a vibrant and thriving medical pluralism. This ‘medical pluralism’ has been turned into an intrinsic feature of the medical system in historical and contemporary contexts. Several studies have examined the ‘traditional medicines’ and their relation to other systems of medicine each with a distinct perspective. Multiple medical systems such as Ayurvedic, Unani, Homoeopathy, Naturopathy, Acupuncture, Kabiraji, Hakimi, and other folk traditions are widely practiced in meeting the needs of healthcare. The emergence and arrival of different medical systems, their acculturation into various communities, and the ways of their integration with the traditions are unique to the medical and cultural history of Bangladesh.

As a country of rural societies, a large portion of its population still relies on traditional practitioners and local medicinal plants for their primary healthcare needs. In most cases, the attitude of the people towards different diseases is shaped by various factors such as economy, culture, religion, education, and environment.

The focus of the study had a limitation, it only asked to assess the percentage of patients taking treatment for Leucorrhea, Dysfunctional Uterine Bleeding (DUB), and Pneumonia by Ayurvedic System of Medicine. The data was collected during the periods of COVID-19 (May- June 2022), and the data collectors, informants and respondents had to wear a face masks and maintain social distancing. Making an appointment and contacting the informants and respondents was a big challenge. The government order and support from the Line Director of the AMC office helped collect data.

However, based on available data collected from the hospital records, the calculation was done and found that a significant percentage of Leucorrhea, Dysfunctional Uterine Bleeding (DUB), and Pneumonia patients received Ayurvedic treatment from all categories of the hospitals out of the total enrolled Ayurvedic patients and out of female and child patients. The key informants of the study had also the same opinion.

The study findings revealed that Alternative Medical care can play a significant role in national health services as the medicines are cheap and affordable, have no side effects, and are medically effective. So, the government can provide the services to the mass population, particularly to the lower and lower-middle-income groups of people by making the service accessible and affordable.

The patients who sought treatment for Leucorrhea, Dysfunctional Uterine Bleeding (DUB), and Pneumonia through the Ayurvedic system said they found the Ayurvedic treatment was very effective. Some key informants opined the ayurvedic system of treatment is better in comparison with other systems.

Most of the key informants said for all types of treatment of Ayurvedic patients, about 90% of medicines are provided free of cost from the medical store of the hospitals. The introduction and application of medicines depend on the condition of the patients. For some chronic conditions, when the medicines are not available at the store, patients are provided with a prescription to buy medicines over the counter. Some key informants said, for the treatment of the diseases, more than ninety percent of patients receive complete doses of medicines from the hospital stores. Some District and UHC level key informants said that medicines supply is irregular and not all medicines are available. Further study/medicine audit is required in this regard to ascertain the availability and accessibility of Ayurvedic medicines.

The main barriers are inadequate manpower; inadequate medicines; lack of higher education and training; ayurvedic treatment takes much time; lack of standardization of medicines; lack of quality medicines; lack of online data entry or reporting; the complexity of medicines procurement; lack of appropriate personal protective equipment for preventing pandemic and epidemic. In regards to the improvement of the ayurvedic system of treatment, most of the respondents said many people are not aware of the ayurvedic system of treatment. So, the government should promote this through mass publicity and the effectiveness of the ayurvedic system. Government should expand the ayurvedic services to the doorstep of the people, particularly at the union-level health system. Many respondents also suggested deploying more doctors, which they feel is inadequate. In conclusion, it can be said that it is important to create mass and social awareness on preventing Leucorrhoea, DUB and Pneumonia.

**8. KEY RECOMMENDATIONS**

The study findings revealed a lot of issues which are discussed in the result and discussion sections, in the section the following recommendations are bulleted:

1. Ayurvedic treatment is acknowledged by the respondents as one of the good treatment procedures to treat Leucorrhea, Dysfunctional Uterine Bleeding (DUB), and Pneumonia. The admission and cure rate are also good, which should get more attention from the policy and management of the health system in regards to promotion, support, and building capacity.
2. Government should expand the ayurvedic services to the doorstep of the people, particularly at the union-level health system, and deploy more doctors. Establish specialized Ayurvedic hospitals at the divisional and district level.
3. The Government should ensure a proper and adequate supply of Ayurvedic medicines for Leucorrhea, Dysfunctional Uterine Bleeding (DUB), and Pneumonia treatment and supply should be on time and need-based and faster;
4. Government should engage adequate manpower, particularly the higher position of medical officer at the District and Upazilla level hospitals.
5. Arrange specialized and higher training for the doctors to treat different types of patients and other diseases by the ayurvedic system.
6. There is such a lack or very negligible clinical research on Leucorrhoea, DUB and Pneumonia treatment by the ayurvedic system, that special clinical research is required to understand the effectiveness and treatment efficacy of the medicines and to develop treatment protocols.
7. There is a lack of awareness among the general mass about the effectiveness of ayurvedic treatment in particular Leucorrhea, Dysfunctional Uterine Bleeding (DUB), and Pneumonia, which should be undertaken and intensified. Awareness programs on Ayurvedic treatment should also be strengthened;
8. The government should give much emphasis on the specialist treatment of different types of Leucorrhea, Dysfunctional Uterine Bleeding (DUB), and Pneumonia patients by the ayurvedic system, which seems very lack.
9. As an essential part of treatment, rapport building and relationship between doctors and patients should the strengthened, which can make trust and belief in treatment by the ayurvedic system.
10. There is some ongoing program, such as establishing and nurturing an herbal garden, which is for demonstration. These programs should be expanded and managed under the supervision of the medical officer.
11. Government should launch a post-graduation degree on the Ayurvedic system of treatment. There should be special law and council for Ayurvedic Bachelor's degrees.
12. The recruitment of Ayurvedic doctors is very irregular. Regularization of recruitment of Ayurvedic doctors should be in place.
13. Should be strengthened the monitoring system of medicine production by private Ayurvedic pharmaceuticals. There should be a central monitoring system.
14. The Ayurvedic pharmaceuticals should deploy more graduate degrees in Ayurvedic.
15. Ayurvedic system of treatment irrespective of all diseases should have a laboratory for testing and conducting clinical research.
16. The ayurvedic system should have its own medicine factories where low-priced medicines can be produced; should improve the procurement and supply of medicines; should deploy more manpower under the revenue head.

**ANNEXURES**

**Annex 1: Data Table**

**Annex 2: Hospital Statistics Collection Tool**

**Annex 3: Questionnaire for patients’ interview**

**Annex 4: Key Informant checklist**

**Annex 1: Data Table**

**Survey on Percentage of Patients taking AMC Service Female and Child Diseases (Leucorrhea, DUB, Pneumonia etc.) Ayurvedic System of Medicine**

**Section: 1: Study Location**

**Table-1: Percentage distribution of respondents by type of health center/Hospital:**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| Govt. Unani & Ayurvedic Medical College & Hospital/ Medical College Hospital | 61 | 16.7 |
| Sadar/ District Hospital | 104 | 28.5 |
| Upazilla Health Complex | 199 | 54.5 |
| **Total** | **364** | **100** |

**Table-2: Percentage distribution of respondents by division:**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| Dhaka | 140 | 38.4 |
| Mymensingh | 32 | 8.8 |
| Chittagong | 15 | 4.1 |
| Sylhet | 21 | 5.8 |
| Rajshahi | 89 | 24.4 |
| Khulna | 31 | 8.5 |
| Barisal | 36 | 9.9 |
| **Total** | **364** | **100** |

**Respondents Socio-demographic Information**

**Table 3: Age group of the respondents**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| 0 to 10 | 32 | 8.8 |
| 11 to 20 | 43 | 11.8 |
| 21 to 30 | 107 | 29.4 |
| 31 to 40 | 98 | 26.9 |
| 41 to 50 | 53 | 14.6 |
| More than 50 | 31 | 8.5 |
| **Total** | **364** | **100** |

**Table 4: Respondents' Educational Information**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| Can't sign or can sign only | 91 | 24.9 |
| Studied up to class five or primary | 69 | 19.2 |
| Studied up to class ten | 80 | 22.2 |
| Passed HSC | 76 | 20.8 |
| Graduated | 33 | 9.0 |
| Non-response | 15 | 3.8 |
| **Total** | **364** | **100** |

**Table 5: Sex distribution of respondents**

|  |  |  |
| --- | --- | --- |
|  | **Frequency** | **Percent** |
| Female | 234 | 64.3 |
| Male | 102 | 28.0 |
| Boys | 16 | 4.4 |
| Girls | 11 | 3.0 |
| Others | 1 | 0.3 |
| **Total** | **364** | **100** |

**Table 6: Percentage distribution of the patient’s marital status:**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| Married | 259 | 71.2 |
| Unmarried | 87 | 23.9 |
| Widowed | 9 | 2.5 |
| Divorced | 1 | 0.3 |
| Separated | 2 | 0.5 |
| Non-response | 6 | 1.6 |
| **Total** | **364** | **100** |

**Table 7: Religions of respondents**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| Muslim | 335 | 92 |
| Hindu | 28 | 7.7 |
| Others | 1 | 0.3 |
| **Total** | **364** | **100** |

**Table 8: Percentage distribution of the respondents by occupation:**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| Jobless | 9 | 2.5 |
| Day laborer | 11 | 3 |
| Puller of Rickshaw/Van/Easy bike | 4 | 1.1 |
| Farming | 19 | 5.2 |
| Technician (wood, machine) | 1 | 0.3 |
| Small Business | 9 | 2.5 |
| Medium Business | 13 | 3.6 |
| Large Business | 2 | 0.5 |
| Service Holder | 35 | 9.6 |
| Student | 67 | 18.4 |
| Housewife | 154 | 42.3 |
| Housekeeper | 13 | 3.6 |
| Others | 14 | 3.8 |
| Non-Response | 13 | 3.6 |
| **Total** | **364** | **100** |

**Table-9: Percentage distribution of respondents by monthly income**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| Up to 5000 | 37 | 10.2 |
| 5001 to 10000 | 76 | 20.9 |
| 10001 to 15000 | 85 | 23.4 |
| 15001 to 20000 | 93 | 25.5 |
| 20001 to 25000 | 27 | 7.4 |
| 25001 to 30000 | 20 | 5.5 |
| More than 30000 | 17 | 4.7 |
| Non-response | 9 | 2.5 |
| **Total** | **364** | **100** |

**Table-10: Percentage distribution of respondents by a family member**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| One Person | 7 | 1.9 |
| Two People | 13 | 3.6 |
| 3 to 5 people | 240 | 65.9 |
| 6 to 10 people | 91 | 25 |
| 30 | 1 | 0.3 |
| Non-response | 12 | 3.3 |
| **Total** | **364** | **100** |

**Table 11: Previous disease history of the respondents (Multiple response questions)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Variable** | **Responses** | | **Percent of Cases** |
| **Frequency** | **Percent** |
| Diabetes | 35 | 8.6% | 11.0% |
| High blood pressure | 66 | 16.2% | 20.8% |
| Jaundice | 28 | 6.9% | 8.8% |
| Tuberculosis | 4 | 1.0% | 1.3% |
| Thyroid problem | 8 | 2.0% | 2.5% |
| Leucorrhea | 57 | 14.0% | 17.9% |
| DUB | 26 | 6.4% | 8.2% |
| Pneumonia | 37 | 9.1% | 11.6% |
| COPD | 12 | 2.9% | 3.8% |
| Cardiovascular diseases | 6 | 1.5% | 1.9% |
| Other Diseases | 129 | 31.6% | 40.6% |
| **Total** | **408** | **100.0%** | **128.3%** |

**Table 12: Respondents' family disease history (Multiple response questions)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Variable** | **Responses** | | **Percent of Cases** |
| **Frequency** | **Percent** |
| Diabetes | 108 | 28.0% | 41.1% |
| High blood pressure | 121 | 31.3% | 46.0% |
| Jaundice | 13 | 3.4% | 4.9% |
| Tuberculosis | 6 | 1.6% | 2.3% |
| Thyroid | 9 | 2.3% | 3.4% |
| Leucorrhea | 22 | 5.7% | 8.4% |
| DUB | 8 | 2.1% | 3.0% |
| Pneumonia | 26 | 6.7% | 9.9% |
| Cancer | 2 | 0.5% | 0.8% |
| COPD | 8 | 2.1% | 3.0% |
| Cardiovascular diseases | 17 | 4.4% | 6.5% |
| Other diseases | 46 | 11.9% | 17.5% |
| **Total** | **386** | **100.0%** | **146.8%** |

**Table 13: Smoking history of the respondent (Multiple response questions)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Variable** | **Responses** | | **Percent of Cases** |
| **Frequency** | **Percent** |
| Smoker | 48 | 15.2% | 15.4% |
| Non-smoker | 233 | 74.0% | 74.7% |
| Drug peddler/user | 34 | 10.8% | 10.9% |
| **Total** | **315** | **100.0%** | **101.0%** |

**Respondents' Attitude/Beliefs about Ayurvedic Treatment and their Satisfaction**

**Table 14: Reasons to come the hospital**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| Own Treatment | 317 | 87.1 |
| As Attendant | 40 | 11 |
| Non-response | 7 | 1.9 |
| **Total** | **364** | **100** |

**Table 15: Hearing about Ayurvedic treatment before by**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| Relatives | 26 | 7.1 |
| Husband | 6 | 1.6 |
| Friend | 10 | 2.7 |
| Local Doctor | 9 | 2.5 |
| Son | 1 | 0.3 |
| Son-in-law | 1 | 0.3 |
| Others | 40 | 11 |
| Another Patient | 1 | 0.3 |
| Mother | 9 | 2.5 |
| Father | 11 | 3 |
| Hospital | 17 | 4.7 |
| Non-response | 233 | 64 |
| **Total** | **364** | **100** |

**Table 16: Received Ayurvedic treatment before**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Variable** | | **No** | | **Yes** | |
| For which disease have patients received the ayurvedic treatment before? | Leucorrhoea | 0 | 0.0% | 18 | 12.9% |
| Cough | 0 | 0.0% | 7 | 5.0% |
| Fever & Cough | 0 | 0.0% | 13 | 9.3% |
| High Blood Pressure & Leucorrhea | 0 | 0.0% | 1 | 0.7% |
| Diabetes | 0 | 0.0% | 5 | 3.6% |
| Thyroid | 1 | 100.0% | 0 | 0.0% |
| High Blood Pressure | 0 | 0.0% | 6 | 4.3% |
| Jaundice | 0 | 0.0% | 9 | 6.4% |
| Tuberculosis | 0 | 0.0% | 2 | 1.4% |
| Arthritis | 0 | 0.0% | 3 | 2.1% |
| Allergy | 0 | 0.0% | 26 | 18.6% |
| Others | 0 | 0.0% | 49 | 35.0% |
| From where have patients received the ayurvedic treatment? | This hospital | 1 | 100.0% | 127 | 92.0% |
| Another hospital | 0 | 0.0% | 11 | 8.0% |
| Why have patients thought that ayurvedic treatment is necessary? | Good quality of treatment | 2 | 100.0% | 89 | 69.0% |
| Less or no Side-effect | 0 | 0.0% | 30 | 23.3% |
| Low Price of medicine | 0 | 0.0% | 10 | 7.8% |

**Table 17: For which problem, patients are receiving ayurvedic treatment at present**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| Physical Weakness | 10 | 2.7 |
| Leucorrhea | 52 | 14.3 |
| Thyroid Problem | 3 | 0.8 |
| Irregular or problematic Menstruation | 6 | 1.6 |
| Excessive Bleeding during Menstruation | 3 | 0.8 |
| Breathing Problem | 14 | 3.8 |
| Sexual Problem | 7 | 1.9 |
| High Blood pressure & Leucorrhea | 1 | 0.3 |
| High Blood Pressure | 13 | 3.6 |
| Diabetes, Ulcer& HBP | 2 | 0.5 |
| Cardiovascular Disease | 7 | 1.9 |
| Jaundice & High Blood Pressure | 1 | 0.3 |
| DUB & High Blood Pressure | 1 | 0.3 |
| Ulcer & Diabetes | 1 | 0.3 |
| Rheumatic fever | 6 | 1.6 |
| Cough | 14 | 3.8 |
| Diarrhea | 6 | 1.6 |
| Fever | 13 | 3.6 |
| Urine Infection | 4 | 1.1 |
| Low Blood Pressure | 1 | 0.3 |
| DUB | 15 | 4.1 |
| Pneumonia | 21 | 5.8 |
| Jaundice | 22 | 6.0 |
| Diabetes | 9 | 2.5 |
| Aversion to food | 3 | 0.8 |
| Allergies | 58 | 15.9 |
| Others | 59 | 16.2 |
| Non-response | 12 | 3.3 |
| **Total** | **364** | **100** |

**Table 18: Respondents' complaints are heard properly by the ayurvedic doctor or do the diagnosis properly**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| No | 21 | 5.8 |
| Yes | 331 | 90.9 |
| Non-response | 12 | 3.3 |
| **Total** | **364** | **100** |

**Table 19:** **Maintaining respondents’ privacy**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| No | 41 | 11.3 |
| Yes | 312 | 85.7 |
| Non-response | 11 | 3 |
| **Total** | **364** | **100** |

**Table 20: Received type of service by the respondents from the doctor**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| Only Advice | 22 | 6 |
| Advice & Medicine | 330 | 90.7 |
| Non-response | 12 | 3.3 |
| **Total** | **364** | **100** |

**Table 21:** **Type of medicines were given to the respondents as the ayurvedic doctor's suggestions**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| Single crude only | 78 | 21.4 |
| Compound drug | 89 | 24.5 |
| Both | 168 | 46.2 |
| Non-response | 29 | 8 |
| **Total** | **364** | **100** |

**Table 22:** **Got the medicine from this hospital's medicine depot**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| No | 51 | 14 |
| Yes | 300 | 82.4 |
| Non-response | 13 | 3.6 |
| **Total** | **364** | **100** |

**Table 23: Respondents' satisfaction with Ayurvedic treatment**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| Yes | 327 | 89.6 |
| No | 25 | 6.8 |
| Non-response | 12 | 3.6 |
| Total | **364** | **100** |

**Table 24: Respondents recommendation to known people to come & receive Ayurvedic treatment**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| No | 20 | 5.5 |
| Yes | 332 | 91.2 |
| Non-response | 12 | 3.3 |
| **Total** | **364** | **100** |

**Table 25: Drawbacks to developing the quality of Ayurvedic treatment**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| Lack of publicity | 52 | 14.3 |
| Lack of Medicine Supply | 93 | 25.5 |
| Lack of Training | 17 | 4.7 |
| Lack of Doctor | 35 | 9.6 |
| Don’t know | 120 | 33.0 |
| No system for medical testing | 14 | 3.8 |
| Lack of patronization from Govt. | 4 | 1.1 |
| No Privacy for Women | 6 | 1.6 |
| Building Specialized Govt. Ayurvedic Hospital | 12 | 3.3 |
| Non-response | 11 | 3 |
| **Total** | **364** | **100** |

**Table 26: Respondents' opinions on the improvement of the quality of ayurvedic treatment**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
| Importance from Govt. | 2 | 0.5 |
| Improvement of treatment | 25 | 6.9 |
| Patronizing of Govt. | 5 | 1.4 |
| Increasing Doctors | 47 | 12.9 |
| Increasing Medicine Supply | 96 | 26.4 |
| Increasing publicity | 78 | 21.4 |
| No Opinion | 88 | 24.2 |
| Increasing Training | 10 | 2.7 |
| Maintaining Clean Environment | 2 | 0.5 |
| Non-response | 11 | 3 |
| **Total** | **364** | **100** |

**Annex 2: Hospital Statistics Collection Tool**

**MYcÖRvZš¿x evsjv‡`k miKvi**

**¯^v¯’¨ Awa`ßi**

**¯^v¯’¨ I cwievi Kj¨vY gš¿Yvjq**

**“****Survey on Percentage of Patient taking AMC Service Female and Child Diseases (Leucorrhea, DUB, Pneumonia etc.) Ayurvedic System of Medicine”**

**ev¯Íevq‡b: jvBd †m›Uvi, evmv #93, †ivW-01, ‡gvnv¤§vw`qv nvDwRs †mvmvBwU, †gvnv¤§v`cyi, XvKv-1207**

**Uzjm-1**

**mgqKvj t** Rvbyqvwi-wW‡m¤^i 2021

**nvmcvZv‡ji bvg t**

**nvmcvZv‡ji aiY t**

**Z\_¨ msMªnKvixi bvg t**

**‡Rjv I Dc‡Rjv nvmcvZvj ‡\_‡K Z\_¨ msMªn**

**‡ivMxi ‡mev MÖn‡Yi BwZnvm**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bs** | **Uzjm** | | **2021 mv‡ji gv‡mi bvg** | | | | | | | | | | | | |
| **Rvbyqvix** | **‡deªæqvix** | **gvP©** | **Gwcªj** | **‡g** | **Ryb** | **RyjvB** | **AvM÷** | **‡m‡Þ¤^i** | **A‡±vei** | **b‡f¤^i** | **wW‡m¤^i** | **‡gvU** |
| **ewn©:wefvM I AšÍwefv†M** **wPwKrmv ‡mevi Z\_¨ (mKj †ivMx)** | | | | | | | | | | | | | | | |
| **1** | nvmcvZv‡ji wPwKrmv ‡mev MªnYKvix ‡ivMxi me©‡gvU msL¨v (A¨v‡jvc¨vw\_ + Ab¨vb¨ wPwKrmv †mev) | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | wPwKrmv ‡mev MªnYKvix‡`i g‡a¨ ïaygvÎ Avqy‡e©w`K wPwKrmv ‡mev MªnYKvix †ivMxi msL¨v | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** | Avqy‡e©w`K wPwKrmv ‡mev MªnYKvix‡`i g‡a¨ wkï, bvix I cyiæl ‡ivMxi †gvU msL¨v | wkï (0-5 eQi) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| bvix |  |  |  |  |  |  |  |  |  |  |  |  |  |
| cyiæl |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ewn©:wefvM I AšÍwefv†M** **wPwKrmv ‡mevi Z\_¨ (ïaygvÎ wjD‡Kvwiqv, wWBDwe, wbD‡gvwbqv †ivMx)** | | | | | | | | | | | | | | |
| **4** | wPwKrmv ‡mev MªnYKvix‡`i g‡a¨ wjD‡Kvwiqv ‡ivMxi me©†gvU msL¨v (A¨v‡jvc¨vw\_ + Ab¨vb¨ wPwKrmv †mev) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4.1** | ïaygvÎ Avqy‡e©w`K wPwKrmv ‡mev MªnYKvix‡`i g‡a¨ wjD‡Kvwiqv ‡ivMxi me©†gvU msL¨v |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** | wPwKrmv ‡mev MªnYKvix‡`i g‡a¨ wWBDwe ‡ivMxi me©†gvU msL¨v (A¨v‡jvc¨vw\_ + Ab¨vb¨ wPwKrmv †mev) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5.1** | ïaygvÎ Avqy‡e©w`K wPwKrmv ‡mev MªnYKvix‡`i g‡a¨ wWBDwe ‡ivMxi me©†gvU msL¨v |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** | wPwKrmv ‡mev MªnYKvix‡`i g‡a¨ wbD‡gvwbqv (0-5 eQi)‡ivMxi me©†gvU msL¨v (A¨v‡jvc¨vw\_ + Ab¨vb¨ wPwKrmv †mev) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6.1** | ïaygvÎ Avqy‡e©w`K wPwKrmv ‡mev MªnYKvix‡`i g‡a¨ wbD‡gvwbqv (0-5 eQi)‡ivMxi me©†gvU msL¨v |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **‡idv‡ij †mev** | | | | | | | | | | | | | | |
| **7** | Avqy‡e©w`K wefvM †\_‡K †gvU KZRb wjD‡Kvwiqv ‡ivMx‡K DbœZ wPwKrmvi Rb¨ Ab¨ wefv‡M ev nvmcvZv‡j ‡idvW© Kiv n‡q‡Q |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** | Avqy‡e©w`K wefvM †\_‡K †gvU KZRb wWBDwe ‡ivMx‡K DbœZ wPwKrmvi Rb¨ Ab¨ wefv‡M ev nvmcvZv‡j ‡idvW© Kiv n‡q‡Q |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** | Avqy‡e©w`K wefvM †\_‡K †gvU KZRb wbD‡gvwbqv (0-5 eQi) ‡ivMx‡K DbœZ wPwKrmvi Rb¨ Ab¨ wefv‡M ev nvmcvZv‡j ‡idvW© Kiv n‡q‡Q |  |  |  |  |  |  |  |  |  |  |  |  |  |

**MYcÖRvZš¿x evsjv‡`k miKvi**

**¯^v¯’¨ Awa`ßi**

**¯^v¯’¨ I cwievi Kj¨vY gš¿Yvjq**

**“Survey on Percentage of Patient taking AMC Service Female and Child Diseases (Leucorrhea, DUB, Pneumonia etc.) Ayurvedic System of Medicine”**

**ev¯Íevq‡b: jvBd †m›Uvi, evmv #93, †ivW-01, ‡gvnv¤§vw`qv nvDwRs †mvmvBwU, †gvnv¤§v`cyi, XvKv-1207**

**Uzjm-1**

**mgqKvj t** Rvbyqvwi-wW‡m¤^i 2021

**nvmcvZv‡ji bvg t**

**nvmcvZv‡ji aiY t**

**Z\_¨ msMªnKvixi bvg t Avq©y‡ew`K I BDbvbx †gwW‡Kj K‡jR nvmcvZvj ‡\_‡K Z\_¨ msMªn**

**‡ivMxi ‡mev MÖn‡Yi BwZnvm**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **bs** | **weeiY** | | **ewn©:wefvM**  **(‡gvU †ivMxi msL¨v)** | **AšÍ:wefvM**  **(‡gvU †ivMxi msL¨v)** | **‡gvU †ivMxi msL¨v** |
| **1** | Avqy‡e©w`K wPwKrmv ‡mev MªnYKvix ‡ivMxi me©‡gvU msL¨v | |  |  |  |
| **2** | ‡mev MªnYKvix‡`i g‡a¨ wkï, bvix I cyiæl ‡ivMxi †gvU msL¨v | wkï (0-5 eQi) |  |  |  |
| bvix |  |  |  |
| cyiæl |  |  |  |
| **3** | BDbvbx wPwKrmv ‡mev MªnYKvix †ivMxi me©‡gvU msL¨v | |  |  |  |
| **4** | ‡mev MªnYKvix‡`i g‡a¨ wkï, bvix I cyiæl ‡ivMxi †gvU msL¨v | wkï (0-5 eQi) |  |  |  |
| bvix |  |  |  |
| cyiæl |  |  |  |
| **ewn©:wefvM I AšÍwefv†M** **wPwKrmv ‡mevi Z\_¨ (ïaygvÎ wjD‡Kvwiqv, wWBDwe, wbD‡gvwbqv †ivMx)** | | | | | |
| **5** | Avqy‡e©w`K wPwKrmv ‡mev MªnYKvix‡`i g‡a¨ wjD‡Kvwiqv ‡ivMxi me©†gvU msL¨v | |  |  |  |
| **5.1** | BDbvbx wPwKrmv ‡mev MªnYKvix‡`i g‡a¨ wjD‡Kvwiqv ‡ivMxi me©†gvU msL¨v | |  |  |  |
| **6** | Avqy‡e©w`K wPwKrmv ‡mev MªnYKvix‡`i g‡a¨ wWBDwe ‡ivMxi me©†gvU msL¨v | |  |  |  |
| **6.1** | BDbvbx wPwKrmv ‡mev MªnYKvix‡`i g‡a¨ wWBDwe ‡ivMxi me©†gvU msL¨v | |  |  |  |
| **7** | Avqy‡e©w`K wPwKrmv ‡mev MªnYKvix‡`i g‡a¨ wbD‡gvwbqv (0-5 eQi)‡ivMxi me©†gvU msL¨v | |  |  |  |
| **7.1** | BDbvbx wPwKrmv ‡mev MªnYKvix‡`i g‡a¨ wbD‡gvwbqv (0-5 eQi)‡ivMxi me©†gvU msL¨v | |  |  |  |
| **‡idv‡ij †mev** | | | **Avqy‡e©w`K** | **BDbvbx** | **‡gvU** |
| **8** | †gvU KZRb wjD‡Kvwiqv ‡ivMx‡K DbœZ wPwKrmvi Rb¨ Ab¨ wefv‡M ev nvmcvZv‡j ‡idvW© Kiv n‡q‡Q | |  |  |  |
| **9** | †gvU KZRb wWBDwe ‡ivMx‡K DbœZ wPwKrmvi Rb¨ Ab¨ wefv‡M ev nvmcvZv‡j ‡idvW© Kiv n‡q‡Q | |  |  |  |
| **10** | †gvU KZRb wbD‡gvwbqv (0-5 eQi) ‡ivMx‡K DbœZ wPwKrmvi Rb¨ Ab¨ wefv‡M ev nvmcvZv‡j ‡idvW© Kiv n‡q‡Q | |  |  |  |

**Annex 3: Questionnaire for patients’ interview**

**MYcÖRvZš¿x evsjv‡`k miKvi**

**¯^v¯’¨ Awa`ßi**

**¯^v¯’¨ I cwievi Kj¨vY gš¿Yvjq**

**“Survey on Percentage of Patient taking AMC Service Female and Child Diseases (Leucorrhea, DUB, Pneumonia etc.) Ayurvedic System of Medicine”**

**ev¯Íevq‡b: jvBd †m›Uvi, evmv #93, †ivW-01, ‡gvnv¤§vw`qv nvDwRs †mvmvBwU, †gvnv¤§v`cyi, XvKv-1207**

**Uzjm-2**

**nvmcvZv‡j Avqy‡e©w`K wPwKrmv wb‡Z Avmv †ivMxi Rb¨ cÖkœcÎ**

**‡Rjv I Dc‡Rjv nvmcvZvj ‡\_‡K Z\_¨ msMªn**

|  |
| --- |
| **mvÿvrKvi MÖn‡Yi AbygwZ:** Avm-mvjvgy AvjvBKzg,Avgvi bvg.............. Avwg **¯^v¯’¨ I cwievi Kj¨vY gš¿Yvj‡qi Aax‡b ¯^v¯’¨ Awa`ßi Gi Aëvi‡bwUf †gwW‡Kj †Kqvi (Avqy‡e©w`K) BDwb‡Ui ZË¡veav‡b Life Center** bvgK RvZxq ch©v‡qi GKwU M‡elYv ms¯’vi mv‡\_ KvR KiwQ| Avgiv Avqy‡e©w`K ¯^v¯’¨†mev wel‡q GKwU mgxÿv cwiPvjbv KiwQ| Avcbv‡`i †`qv Z\_¨¸‡jv Avqy‡e©w`K ¯^v¯’¨†mev wel‡q KiYxq I DbœwZK‡í Kvh©Kix Kg©m~Px cwiKíbvq miKvi‡K mn‡hvMxZv Ki‡e| Avcbvi Avqy‡e©w`K ¯^v¯’¨†mev wel‡q Avcbvi gZvgZ LyeB ¸iæZ¡c~Y©| mvÿvrKviwU MÖn‡Y m‡e©v”P c‡bi †\_‡K wek wgwbU mgq jvM‡Z cv‡i| Avwg Avcbv‡K wbðqZv cÖ`vb Ki‡ZwQ †h, Avcbvi †`qv Z\_¨¸‡jv †Mvcbxq \_vK‡e Ges GB Z\_¨¸‡jv Ab¨ Kv‡iv mv‡\_ †kqvi Kiv n‡e bv| Avwg Avkv Ki‡ZwQ †h, GB M‡elYvi ¸iæZ¡ we‡ePbvq, Avcwb Avcbvi g~j¨evb Z\_¨ w`‡Z m¤§Z n‡eb| hw` Avcwb ‡Kvb cÖ‡kœi DËi w`‡Z ¯^v”Q›`†eva bv K‡ib Z‡e Avgv‡K Rvbv‡eb, Avwg cieZ©x cÖ‡kœ P‡j hve| G e¨cv‡i Avcbvi hw` †Kvb cÖkœ bv \_v‡K Zvn‡j Avgiv wK mvÿvrKviwU ïiæ Ki‡Z cvwi? |

**mvÿvrKvi msµvšÍ Z\_¨vejx**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **mvÿvrKvi cÖ`vbKvixi bvg I­­­­­­­­­­­­­­­­­­­­­­ †gvevBj bv¤^vit** |  | | | **mvÿvrKvi MÖn‡Yi** **ZvwiL** | |  |
| **‡mev‡K›`ª/nvmcvZv‡ji bvg** |  | | | | | |
| **‡mev‡K›`ª/nvmcvZv‡ji aiY** | **aiY** | | | | **(√ wPý w`b)** | |
| miKvix BDbvbx I Avqy‡e©w`K ‡gwW‡Kj K‡jR I nvmcvZvj | | | | (1) | |
| ‡Rjv nvmcvZvj | | | | (2) | |
| Dc‡Rjv ¯^v¯’¨ Kg‡cø· | | | | (3) | |
| **wefvM** | **wefvM** | **(√ wPý w`b)** | **wefvM** | | **(√ wPý w`b)** | |
| XvKv | (1) | iscyi | | (5) | |
| gqgbwmsn | (2) | ivRkvnx | | (6) | |
| PUªMÖvg | (3) | Lyjbv | | (7) | |
| wm‡jU | (4) | ewikvj | | (8) | |

**e¨w³MZ I Av\_©-mvgvwRK Ae¯’v**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **†ivMxi bvgt** | | |  | | | |
| **†ivMxi wcZv/gvZv/ ¯^vgxi bvgt** | | |  | | | |
| **‡ivMxi mv‡\_ mvÿvrKvi cÖ`vbKvixi m¤úK©** | | |  | | | |
| **†ivMxi c~Y© wVKvbvt** | | |  | | | |
| **101. eqm** | **(√ wPýw`b)** | **102. wkÿvMZ †hvM¨Zv** | | **(√ wPý w`b)** | **103. wj½** | **(√ wPý w`b)** |
| 0-10 eQi | 1 | ¯^vÿinxb ev ïay ¯^vÿi w`‡Z cv‡i | | 1 | bvix | 1 |
| 11-20 eQi | 2 | 5g †kÖYx ch©šÍ ev cÖvvBgvix ¯‹z‡j c‡o‡Q | | 2 | cyiæl | 2 |
| 21-30 eQi | 3 | 10g †kÖYx ch©šÍ ev nvB¯‹z‡j c‡o‡Q | | 3 | ‡Q‡j wkï | 3 |
| 31-40 eQi | 4 | GBP Gm wm cvk | | 4 | ‡g‡q wkï | 4 |
| 41-50 eQi | 5 | ¯œvZK cvk + | | 5 | Abvb¨ | 99 |
| 51 + eQi | 6 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **104. ‰eevwnK Ae¯’v** | **(√ wPý w`b)** | **105. ag©** | | **(√ wPý w`b)** | | **106. ‡ckv** | | | **(√ wPý w`b)** |
| weevwnZ | 1 | gymwjg | | 1 | | ‡eKvi | | | 1 |
| AweevwnZ | 2 | wn›`y | | 2 | | w`b gRyi/nvwRiv kÖwgK (‰`wbK/gvwmK) | | | 2 |
| weaev | 3 | Ab¨vb¨ | | 3 | | f¨vb/wi·v/BwRevBK PvjK | | | 3 |
| ZvjvKcÖvßv | 4 |  | |  | | K…wlKvR | | | 4 |
| ‡mcv‡i‡UW | 5 |  | |  | | ‡UKwbwkqvb/wgw¯¿ (KvV, †gwkb BZ¨vw`) | | | 5 |
|  |  |  | |  | | ÿz`ª e¨emvqx | | | 6 |
|  |  |  | |  | | gvSvix e¨emvqx | | | 7 |
|  |  |  | |  | | eo e¨emvqx | | | 8 |
|  |  |  | |  | | PvKzixRxwe | | | 9 |
|  |  |  | |  | | QvÎ/QvÎx | | | 10 |
|  |  |  | |  | | M„wnbx | | | 11 |
|  |  |  | |  | | M„nKg©x | | | 12 |
|  |  |  | |  | | Ab¨vb¨ (wbw`©ó Kiæb) | | | 99 |
| **107. cwiev‡ii Mo gvwmK Avq** | **(√ wPý w`b)** | **108. cwiev‡ii m`m¨ msL¨v** | | | **(√ wPý w`b)** | **109. eZ©gv‡b ‡h mKj †iv‡M fzM‡Qb** | **(√ wPý w`b)** | **110. cwiev‡ii m`m¨‡`i †iv‡Mi BwZnvm** | **(√ wPý w`b)** |
| 5000 UvKv ch©šÍ | 1 | 1 Rb | | | 1 | Wvqv‡ewUm | 1 | Wvqv‡ewUm | 1 |
| 5001 - 10000 | 2 | 2 Rb | | | 2 | D”P i³Pvc | 2 | D”P i³Pvc | 2 |
| 10001 - 15000 | 3 | 3- 5 Rb | | | 3 | RwÛm | 3 | RwÛm | 3 |
| 15001 - 20000 | 4 | 6- 10 Rb | | | 4 | wUwe (hÿ¥v) | 4 | wUwe (hÿ¥v) | 4 |
| 20001- 25000 | 5 |  | | |  | \_vBi‡qW mgm¨v | 5 | \_vBi‡qW mgm¨v | 5 |
| 25001 -30000 | 6 |  | | |  | wjD‡Kvwiqv | 6 | wjD‡Kvwiqv | 6 |
| 30000+ |  |  | | |  | wWBDwe | 7 | wWBDwe | 7 |
|  |  |  | | |  | wbD‡gvwbqv | 8 | wbD‡gvwbqv | 8 |
|  |  |  | | |  | K¨vÝvi | 9 | K¨vÝvi | 9 |
|  |  |  | | |  | COPD | 10 | COPD | 10 |
|  |  |  | | |  | KvwW©IfvmKzjvi wWwRR | 11 | KvwW©IfvmKzjvi wWwRR | 11 |
|  |  |  | | |  | Ab¨vb¨ (wbw`©ó Kiæb) | 99 | Ab¨vb¨ (wbw`©ó Kiæb) | 99 |
| **111. †ivMxi wPwKrmv MÖn‡Yi BwZnvm (√ wPý w`b)** | | | | | **112. †ivMxi e¨w³MZ BwZnvm (√ wPý w`b)** | | | | |
| G¨v‡jvc¨vw\_ | | | 1 | | a~gcvqx | | | | 1 |
| BDbvwb | | | 2 | | Aa~gcvqx | | | | 2 |
| Avqy‡e©w`K | | | 3 | | gv`K ‡mebKvix/WªvM BDRvi | | | | 3 |
| ‡nvwgIc¨vw\_ | | | 4 | | Ab¨vb¨ (wbw`©ó Kiæb) | | | | 99 |

**Avqy‡e©w`K wPwKrmv m¤ú‡K© aviYv I mš‘wó**

|  |  |
| --- | --- |
| **‡KvW** | **cÖkœ I DËi (DË‡ii Wvb cv‡k¦© wUK wPnæ w`b I Lvwj RvqMv c~iY Kiæb|)** |
| 201 | **Avcwb nvmcvZv‡j ‡Kb G‡m‡Qb ?** |
| * wb‡Ri wPwKrmvi Rb¨ G‡mwQ * ‡ivMxi mv‡\_ G‡mwQ * Ab¨ †Kvb Kvi‡Y |
| 202 | **Avcwb wK KL‡bv c~‡e© Avqy‡e©w`K wPwKrmvi K\_v ï‡b‡Qb? hw` nu¨v nq Zvn‡j wKfv‡e........** |
| * hw` nu¨v, ------------------------------------------------------------------- * bv (hw` bv nq Zvn‡j **204 bs** cÖ‡kœ P‡j hvb) |
| 203 | **Avcwb wK c~‡e© KL‡bv Avqy‡e©w`K wPwKrmv MªnY K‡i‡Qb?** |
| * hw` nu¨v, (cÖkœ bs 203 (K), 203 (L) I 203 (M) Gi DËi w`b) * hw` bv nq Zvn‡j cieZ©x cÖ‡kœ P‡j hvb |
| 203 (K) | **Avcwb c~‡e© ‡Kvb ‡iv‡Mi Rb¨ Avqy‡e©w`K wPwKrmv MªnY K‡i‡Qb ?** |
| * ‡iv‡Mi bvg---------------------------------------------------------- |
| 203 (L) | **Avcwb c~‡e© ‡Kv\_vq ‡\_‡K Avqy‡e©w`K wPwKrmv MªnY K‡i‡Qb ?** |
|  | * AÎ nvmcvZvj †\_‡K * Ab¨ nvmcvZvj †\_‡K |
| 203 (M) | **Avcwb ‡Kb Avqy‡e©w`K wPwKrmvi cÖ‡qvRb g‡b K‡iwQ‡jb?** |
|  | |
| 204 | **eZ©gv‡b Avcwb wK mgm¨vi Rb¨ Avqy‡e©w`K wPwKrmv MªnY K‡i‡Qb ?** |
|  | |
| 205 | **Avqy‡e©w`K Wv³vi wK Avcbvi K\_v fvjfv‡e ï‡b ev kvixwiK cix¶v-wbix¶v K‡i Jla w`‡q‡Qb?** |
|  | * nu¨v * bv |
| 206 | **Wv³vi †mev cÖ`v‡bi mgq †MvcbxqZv i¶v K‡iwQ‡jb wK?** |
|  | * nu¨v * bv |
| 207 | **Avcwb Avqy‡e©w`K Wv³v‡ii wbKU ‡\_‡K wK ai‡bi ‡mev ‡c‡q‡Qb?** |
|  | * ïay civgk© * civgk© I Jla |
| 208 | **Avqy‡e©w`K Wv³vi Avcbv‡K wK ai‡bi Jla w`‡q‡Qb ev w`‡qwQ‡jb?** |
|  | * GKK Jla (GKK †flR Dcv`vb w`‡q ‰ZwiK„Z) * ‡hŠwMK Jla (`yB ev Z‡ZvwaK †flR Dcv`vb w`‡q ‰ZwiK„Z) * GKK I ‡hŠwMK Jla DfqB |
| 209 | **Avcwb wK Jla AÎ nvmcvZv‡ji Jla fvÛvi ‡\_‡K ‡c‡q‡Qb?** |
|  | * nu¨v * bv |
| 210 | **Avqy‡e©w`K Wv³v‡ii ‡mevq Avcwb wK mš‘ó?** |
|  | * nu¨v * bv |
| 211 | **Avcwb wK Avcbvi cwiwPZ Rb‡K Avqy‡e©w`K wPwKrmv wb‡Z GLv‡b Avm‡Z cvigk© w`‡eb?** |
|  | * nu¨v * bv |
| 212 | **Avqy‡e©w`K wPwKrmvq ¸bMZ gv‡bvbœq‡b wK wK cªwZeÜKZv Av‡Q?** |
|  | |
| 213 | **Avqy‡e©w`K wPwKrmv cÖmv‡i I ¸bMZ gv‡bvbœq‡b Avcbvi gZvgZ wK?** |
|  | |

**Avcbv‡K ab¨ev`**

**Z\_¨ msMªnKvixi bvgt Z\_¨ msMª‡ni** **ZvwiLt**

**Annex 4: Key Informant checklist**

**MYcÖRvZš¿x evsjv‡`k miKvi**

**¯^v¯’¨ Awa`ßi**

**¯^v¯’¨ I cwievi Kj¨vY gš¿Yvjq**

**“Survey on Percentage of Patient taking AMC Service Female and Child Diseases (Leucorrhea, DUB, Pneumonia etc.) Ayurvedic System of Medicine”**

**ev¯Íevq‡b: jvBd †m›Uvi, evmv #93, †ivW-01, ‡gvnv¤§vw`qv nvDwRs †mvmvBwU, †gvnv¤§v`cyi, XvKv-1207**

**Uzjm-3**

**‡Rjv I Dc‡Rjv nvmcvZvj ‡\_‡K Z\_¨ msM«n**

**g~L¨ DËi`vZvi mv¶vrKvi (Avqy†e©w`K †gwW‡Kj Awdmvi)**

1. Avcbvi bvg I †gvevBj bv¤^vi: ...............................................................................................................................................................
2. Avcbvi c`ex I Kg©¯’‡ji wVKvbv: ...............................................................................................................................................................
3. Avcbvi nvmcvZv‡j, Avqy‡e©w`K wPwKrmvi Rb¨ ‡Kvb ‡Kvb mgm¨v wb‡q ‡ivMxiv ‡ekx Av‡m?

...........................................................................................................................................................................................................................................................................................................................................................................................................................................................................

1. Avqy‡e©w`K wPwKrmv wb‡Z Avmv ‡ivMx‡`i g‡a¨ wjD‡Kvwiqv, wWBDwe I wbD‡gvwbqv ‡ivMx‡`i wPwKrmv wb‡Z Avmvi nvi ‡Kgb?.............................................................................

* wjD‡Kvwiqv-
* wWBDwe-
* wbD‡gvwbqv-

1. wjD‡Kvwiqv, wWBDwe I wbD‡gvwbqv ‡ivMx‡`i wPwKrmvq e¨envh© Jla¸‡jv wK wK?

* wjD‡Kvwiqv-
* wWBDwe-
* wbD‡gvwbqv-

1. wjD‡Kvwiqv, wWBDwe I wbD‡gvwbqv ‡ivMx‡`i wPwKrmvq e¨envh© Jla¸‡jv wK AÎ nvmcvZv‡ji Jla fvÛvi ‡\_‡K cvIqv hvq?

* nu¨v
* bv

1. Avqy‡e©w`K c×wZ‡Z wjD‡Kvwiqv, wWBDwe I wbD‡gvwbqv wPwKrmvq Avcbvi ‡Kvb mycvwik Av‡Q wKbv? ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................. ..............................................................................................................................................................................................................................................................................................................................
2. evsjv‡`‡k Avqy‡e©w`K wPwKrmvi Ab¨ wK wK Kvh©µg Pjgvb Av‡Q?

........................................................................................................................................................................................................................................................................................................................................................................................................................................................................... ..................................................................................................................................................................................................................................................................................................................

1. Avqy‡e©w`K wPwKrmvi ¸bMZ gv‡bvbœq‡b wK wK cªwZeÜKZv Av‡Q?

....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

1. evsjv‡`‡ki RvZxq ¯^v¯’¨‡mevq Avqy‡e©w`K wPwKrmvi gvb Dbœqb I Kvh©cwiwa wKfv‡e evov‡bv hvq?

........................................................................................................................................................................................................................................................................................................................................................................................................................................................................... ..................................................................................................................................................................................................................................................................................................................

**Avcbv‡K ab¨ev`**

**Z\_¨ msMªnKvixi bvgt Z\_¨ msMª‡ni ZvwiL**

