

Zdravlje u Mađarskoj - Health in Hungary

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Traditional folk treatments versus chemical drugs in primary health care in Hungary

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Sažetak

Background: Drug costs for patients are increasing in Hungary, together with the increasing support of state drug-budget, while simple, cheap and effective natural traditional folk-treatments are available.

Aims: to collect the folk treatment-methods, to overview their effectiveness and side effects, to define its cost-effectiveness, to see if patients preferred these curative processes instead of, or together with, prescription medicines.

Methods: The customs of using traditional treatments were studied in 11 practices from different parts of Hungary. Every tenth patient with no acute health problems visiting their GPs completed a questionnaire on folk-treatments use in case of different complaints and symptoms and on collaboration with health care providers and civil helpers.

Results: The data of 189 patients were evaluated. The results show that Hungarian people use effective traditional treatments only in a few cases. Since most plants used as a folk-treatment can be cultivated in gardens, their price is significantly less than that of the pharmaceuticals'. Most of the patients were properly cooperating with the medical staff.

Conclusion: Many simple traditional aliments have been forgotten. Patients often consider over-the-counter medicines as traditional folk treatments. While usually they properly use the medicinal plants, some improper elements have also been noticed. This raised the necessity of a continual patient education in addition to the CME for GP-s. Correct and effective use of simple folk treatments may decrease the high costs of medicines for the population and also for the National Health Insurance Fund while providing effective and easily obtainable therapy.

Ključne riječi: herbal medicines, cost-effectiveness, patient's compliance, continual education, intersectorial collaboration

Introduction

The consumption of medicine and parallel with this the rate of financial support from the budget of the National Health Insurance Fund is continuously increasing in Hungary. At present it is actually more than 357 million HUF per year. This is a great financial burden to the Fund – and basically, to the Hungarian taxpayers. It also puts a tremendous pressure on health care providers; while patients want more and more pills for curing their illnesses the

insurance fund expects to decrease the expenditure by prescribing less and cheaper medicine. It begs the question if this high rate was really necessary.

Family physicians are aware that their patients often use different kinds of folk treatments and natural remedies, including traditional plant-based medications.

Our aims were therefore to collect these treatment-methods, to overview their effectiveness, the potential side-effects, their cost-effectiveness and to see if patients preferred these curative processes instead of, or together with, prescription medicines. Our further aim with this paper was to disseminate among patients and professionals those elements of folk treatments that are effective and draw their attention to those which are dangerous though used by patients continuously.

The results were expected to show that many different types of folk treatment are still being used, most of them are effective; to establish that using traditional aliments is cheaper than prescription medication and the patient's compliance remained good with the family physician when using folk treatments.

Methods

Inclusion of participants: The study was carried out in 11 practices from different parts of Hungary, with the participation of 189 patients. 11 physicians, 6 from cities of Hungary and 7 from villages participated the assessment.

Participation of both physicians and patients was voluntary.

Exclusion criteria: No one could participate in the study under the age of 18 years, or having mental disorders that prevent to give informed consent, or if they refused full cooperation.

Process: During the study period every 10th patient visiting the surgery with no symptoms of acute illness was requested to fill out a questionnaire, either independently or if anyone needed with the assistance of the nurse or the physician. The GPs were requested to collect the test papers and send to the centre for evaluation, at least ten questionnaires per practice.

Data collection and evaluation was carried out in the study centre of Hungarian Scientific Association of Rural Health Care.

The results were sent back to the contributing surgeries, to the Ministry of Health Care, to the National Chamber of General Practitioners and to the National Institute of Primary Health Care. They were also presented at the XII. Congress of the International Association of Agriculture Medicine and Rural Health in Kinugawa, Japan. and at WONCA-Europe in Florence.

Bias: We have not found any bias, and considered as an obstacle the refusal of participation by either patients or colleagues. The motives for refusal by patients were the fear of official consequences of using alternative treatments; by doctors were overwork or spending extra time with patients without producing additional income.

Results

Participants: 11 physicians participated the assessment; all were the members of the Hungarian Scientific Association of Rural Health. They were associated with the same practice for 3- 36 years.

189 patients were involved in the study (133 women and 56 men). The personality of the patients and their attitudes who used folk treatment were also studied. It was found that non-medical treatments were used mostly by the age group of over 65 years old (66 patients, 34,9 %), by the less educated people, (92 patients, 48,7 % had maximum finished elementary school) and mainly by women (121 patients, 63,9 %).

They received continual medical care for different diagnosed chronic illnesses in 453 cases. The average is 2,4 continual medical care for 1 patient, the range is from one to 7. Their most frequent chronic illnesses were cardiovascular diseases at 111 patients (58,7 %), locomotor disorders at 70 patients (37,0 %), diabetes mellitus at 28 patients (14,8 %), different gastrointestinal diseases at 26 patients (13,8 %), mental disorders at 21 patients (11,1 %),

respiratory dysfunction at 10 patients (5,3 %), diseases of tactile organs at 7 patients (3,7 %) and different malignant tumours at 5 patients (2,6 %).

Most frequent complains treated domestically by folk treatment:

The patients tried to cure domestically the next complains or symptoms: different pains -102 patients (53,8 %), fever – 92 patients (48,6 %), injury – 90 patients (47,6 %), complains of digestive organs – 66 patients (34,9%), visible skin changes – 66 patients 34,9%, problems with tactile organs – 52 patients (27,6%) allergic complains – 48 patients (25,4%), symptoms of upper respiratory catarrh – 38 patients (20,1%). No one reported the utilization of folk-treatment in case of perimenopausal complains, diabetes, osteoporosis or cancer.

Utilization of folk treatments: In 1325 (68,7 %) out of the 1928 cases the patients reported the utilization of folk treatments as first aid or definitive care. However, 168 (88,9 %) patients out of 189 used some folk treatment, mostly helping with the symptoms of pain and fever.

Different types of traditional treatments:

The traditional treatments used by patients at home can be divided into three groups: herbal medicines, non herbal medicines and other (mechanic) types of treatments.

Herbal treatments: In the first group the preferred herbs used were camomile, aloe vera, rosemary, lime-blossom, yarrow, wild thyme, walnut husk, rib-grass, lily, anise, and cumin. The patients used these herbs after boiling the plant parts, mostly for drinking as tea or to make compress with them. There are evidences for the healer's effect of all these herbs.

There was no side effect reported by the patients. The reported plants neither have side effect according to herbal-books.

The herbal remedies were bought in the pharmacy or herbal shop, or were gathered from the gardens.

Non-herbal treatments: The Hungarian patients also use different non-herbal treatments, such as alcoholic beverages (wine, palinka, pure alcohol), or salt, sour cream, milk, sugar, vinegar, potatoes, tomatoes, rice, garlic, onions, and carrots. These are used either boiled or fresh, either internally or externally, by covering the diseased or affected part of the body with.

Patients used these remedies properly in case of different gastrointestinal complaints – milk, sour-cream, boiled potatoes, carrots – considering diet is a kind of herbal treatment. Garlic and onion is used in different cases of maldigestion, mostly after having an abundant fat supper – just like palinka. On the contrary Hungarians use palinka and other alcoholic drinks for the treatment of almost every complains like gastric pain, grippe or as well as heart complaints! Patients use alcohol properly for disinfection of different wounds and skin changes like as vinegar or tomatoes or salt.

Sour cream is properly used for burnt skin, or dry skin, while burnt sugar is used in cases of cough also with or without palinka.

Mechanic treatments: The third type of folk treatments used at home is mechanic treatments: calmness, bandages, compresses, taking a bath, lying on the floor, putting ice on the diseased or affected part of the body, etc. The patients used often the anti-inflammatory effect of camomile and other herbals in compresses and bandages. They considered these treatments also folk treatments and not first aid or non medicinal therapy. (197 cases 14,87 %)

Over-the-counter medicines: Patients often consider over-the-counter medicines as traditional folk treatments. In 529 cases out of 1325 (39,9) different paracetamol and salicylate derivatives were utilized as folk treatment mostly for pain and fever.

False use: The uncooked rice as a painkiller was a great surprise for the evaluators.

We only hope that methyl-alcohol as painkiller was only a misunderstanding or misspelling in the text. (Instead of ethyl-alcohol.)

Cost-effectiveness: Some treatment costs were only about half, or even one-tenth of the pharmaceutical products. Some of these are available in pharmacies or even better they can be gathered free from the gardens or meadows.

Patients' compliance: The use of folk treatments also raised the problem of patient's compliance. The main problems were whether they turned to the physician in time, and whether they were properly cooperating with the medical staff in the interest of the speedy recovery of their own health.

As it is found, 82 patients (44 %) out of 189 went to the surgery in an early phase of their illnesses (immediately to one day). Of these 76 went only after trying some kinds of alternative treatment at home. Unfortunately, 25 patients (28,1 %) turned to their doctor very late when their health was already much affected. None of them used any herbal treatment at home.

Some colleagues feared that patients using traditional treatments in some cases would miss out on proper medical care. However, it was clear from the 157 yes- (83,1 %), as opposed to 32 no replies (16,9 %) given by patients to the question whether they would seek and accept medical advice. The majority of patients considered their GPs as the first port of call (103 patients, 54,4 %) for help with their health problems. This was followed by the advice given by others; family members (61 patients, 32,4 %), nurse (15 patients, 8,3 patient, %), neighbours (7 patients, 3,8 %), relatives (2 patients, 1,2 %), colleagues (1 patient, 0,6 %).

Discussion

Utilization of folk-treatment methods: The most important results derived from this study was that the population has almost totally forgotten the ancient, effective, easy and cheap elements of traditional folk treatments. People consider over-the-counter medication as "folk treatment", and prefer factory made drugs to herbal and other alternative remedies(1). While usually they properly use the medicinal plants some improper elements have also been noticed. This raised the necessity of a continual patient education in addition to the CME for GP-s.

Effectiveness and side effects: According to the literature in Hungarian and English language non medical treatments can be applied with good effectiveness in many serious diseases, or serious interventions can be avoid by them without many side-effects(2,3).

Cost effectiveness: The costs of folk treatments for curing diseases were always cheaper than the use of prescription medicines.

In addition to the culture of preserving the traditions of folk medicaments, the prices of modern prescriptions, and also the level of education and the age of the patients have to be addressed in connection with the results(4,5). Comparing the cost effectiveness of medicines versus folk treatments we also ought to establish their real costs before we could offer the cheaper options to the patients. Correct and effective use of simple folk treatments may decrease the high costs of medicines for the population and also for the National Health Insurance Fund while providing effective and easily obtainable therapy(6).

Patients compliance: It was found that there is a good patient's compliance and cooperation with the GPs.

Conclusion:

The education system and media have to provide opportunity for people to know their own body and bodily functions, to enable them to recognize symptoms of illnesses and the appropriate different types of traditional home treatments for alleviating these symptoms(7). Major effort is needed to give proper information to children on these topics already in the nursery, and also in the elementary and secondary schools.

The health care providers' responsibility is to argue first of all for the effectiveness of the folk treatment processes indicating if some of these are non-effective and point out the importance of acknowledging that some symptoms need unquestionable medical intervention(8).

They have to call their patients' attention to the possible side-effects of the folk medicines and other non- medical treatments. This task requires a closer cooperation between physicians,

public nurses and pharmacists and also raises the question of continuous post-graduate education of GP-s in this field(9,10).

Health care workers have to live with the opportunities provided by the local- and national media to give popular scientific information to the patients, to educate the population on what steps should be taken as first aid at home with herbal-, non herbal- and mechanic treatments(11).

Further analysis must be carried out to the cost-effectiveness of folk treatments without, or in combination with, prescription medicine at the level of the National Insurance Fund to possibly find new elements in decreasing the huge financial cost of drugs in Hungary.

An international comparison may provide further opportunities to utilize different experiences in the national health care system(12).

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