



*AshaUSA in collaboration with the Minnesota Department of Health*

## **Ayurvedic and Homeopathic Medicines usage among South Asians in Minnesota (AHMSAM)**

### **A Research Report (2016)**



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## 1. Executive Summary

This report presents findings from the *Ayurvedic & Homeopathic Medicine usage among South Asians in Minnesota study* (AHMSAM) including recommendations for policy, research, and practice to ensure the safe use of these alternative and complementary medicines.

### 1.1 Background

The South Asian population in Minnesota has more than doubled from 2000 (21,925) to 2010 (44,461). According to the 2010 Census, the South Asian population is the second largest Asian immigrant group in Minnesota with over 44,000 South Asians currently living in Minnesota (Council on Asian Pacific Minnesotans, 2012). The majority (89%) of the South Asians in Minnesota are of Indian origin (CAPM, 2012). The South Asian community is comprised of individuals with families of origin from India, Pakistan, Bangladesh, Bhutan, Nepal, and Sri Lanka as well as South Asians whose past generations originally settled in the Caribbean (Guyana, Jamaica, Suriname, Trinidad, and Tobago).

The use of alternative and complementary medicines such as Ayurveda and Homeopathy is quite common in the South Asian countries. However, there is very limited information or research as to the prevalence of these medicine usage in the South Asian community living in United States.

In the spring of 2015, MDH was notified of several cases of elevated blood lead levels among children who had taken Ayurvedic medications. The products used varied in appearance and composition, but all were purchased as Ayurvedic remedies. Case reports from other states have indicated that high lead content may be a widespread problem in Ayurvedic medications.

With an understanding that Ayurvedic and Homeopathic medicines are commonly being used in the South Asian countries, the growth of the South Asian population in Minnesota, and the recent incidents identified by Minnesota Department of Health (MDH), AshaUSA in collaboration with MDH decided to gain a better understanding of the usage of these alternative and complementary medicines within the South Asian community living in Minnesota.

Based on the survey results, the goal is to increase the awareness about the usage of these medicines with the health care providers to ensure that these are taken into consideration during doctor/patient interactions. The research will also help identify the prevalence of alternative and complementary medicine usage, the reasons for not sharing the information with the healthcare providers, the source of information for these medicines and from where these medicines are purchased. It is important to know as to where these medicines are purchased since the FDA currently does not review Ayurvedic and Homeopathic medicines for safety and effectiveness.

## ***1.2 Definition of Ayurveda and Homeopathy***

Ayurvedic medicine (also called Ayurveda) is one of the world’s oldest medical systems. It originated in India and has evolved there over thousands of years. In the United States, Ayurvedic medicine is considered a complementary health approach. According to National Center for Complementary and Integrative health (NCCIH, 2015) many products and practices used in Ayurvedic medicine are also used on their own as complementary approaches—for example, herbs, massage, and specialized diets. The alternative medical system of Homeopathy was developed in Germany at the end of the 18th century. Supporters of Homeopathy point to two unconventional theories: “like cures like”—the notion that a disease can be cured by a substance that produces similar symptoms in healthy people; and “law of minimum dose”—the notion that the *lower* the dose of the medication, the *greater* its effectiveness. Many Homeopathic remedies are so diluted that no molecules of the original substance remain (NCCIH, 2015).

## ***1.3 Methodology***

The AshaUSA research team partnered with the Refugee and International Health Unit at MDH to conduct the survey on the usage of Ayurvedic and Homeopathic medicines within the South Asian community living in Minnesota. This collaboration led to the development of Project AHMSAM (Ayurvedic and Homeopathic Medicines usage among South Asians in Minnesota) to gain a better understanding of the prevalence of alternative and complementary medicine usage, primary care physicians awareness of the use of these medicines, the source of information for these medicines and where these medicines are purchased.

The study recruited 278 self-identified Minnesota South Asian adults (18 years or older) to participate in a paper-based or online survey. The Minnesota Department of Health’s approved this study. The survey gathered information on (1) health status, (2) Ayurvedic medicine usage, (3) Homeopathic medicine usage, and (4) demographic information. The survey did not collect any personally identifiable information (i.e., name, birth date, SSN, address, etc.).

The survey participants included various ages (ranging from 18 years plus), education levels (ranging from less than high school to postgraduate degree), and income levels (ranging from \$25,000 to over \$250,000). Various techniques and approaches to data collection were implemented to ensure broad community participation.

## 1.4 Key Findings

(Please note that “n” for each finding was different since not all questions were required).

1. Based on the survey results, the use of Ayurvedic and Homeopathic medicines is quite prevalent in the South Asian community in MN.
  - 39% of the participants (n= 272) indicated that they use Ayurvedic medicines while 42% of the participants (n=260) indicated that they use Homeopathic medicines.
  - 23% of the participants indicated that they use Ayurvedic medicines for their kids, ages 18 and under (n = 117) and 23% of the participants indicated that they use Homeopathic medicines for their kids ages 18 and under (n= 100).
  
2. The participants who use either these Homeopathic or Ayurvedic medicines seem to incorporate them as a part of their lifestyle and seem to use them for a number of years.
  - 57% of the participants (n= 70) indicated that they have used Ayurvedic medicines for more than 5 years and 62% of the participants (n= 89) indicated that they use or have used Homeopathic medicines for at least 5 years or less.
  
3. The participants who use either these Homeopathic or Ayurvedic medicines seem to use these medicines for common ailments such as cold, acidity, cough etc.
  - As needed basis:
    - i. Ayurvedic medicines used on as per need basis by adults were mainly for common ailments such as cough (58%), cold (57%), aches and pains (50%), indigestion (43%) acidity (41%), , and constipation (41%).
    - ii. Homeopathic medicines used on an as per need basis by adults were mainly for common ailments such as cold (49%), cough (40%), aches and pains (38%), acidity (19%), constipation (19%), and indigestion (18%).
  - Regularly:
    - i. Ayurvedic medicines used regularly by adults were also mainly for common ailments and external use such as hair care (16%), cold (15%), allergies (8%), and skin care (8%).
    - ii. Homeopathic medicines used regularly by adults were also mainly for common ailments such as cold (13%), cough (10%) and allergies (9%).
  
4. More than 50% of the participants who used either Ayurvedic or Homeopathic medicines used sources other than an Ayurvedic or Homeopathic doctor. Participants also depended on family & friends to give them advice, which is very common in South Asian culture.
  
5. Over 40% of the survey participants who indicated that they used Ayurvedic or homeopathic medicines did not share this information with their primary care doctor because they did not see a need, or they did not know how to explain, or they felt that the doctors wouldn't understand.

## ***1.5 Conclusion and Recommendations***

The AHMSAM survey is the first step in understanding the prevalence of Ayurvedic and Homeopathic medicine usage in the South Asian community living in Minnesota. The results from this study have helped us gain a better understanding of the prevalence of alternative and complementary medicine usage, the source of information for these medicines and where these medicines are purchased, ailments for which these are commonly used and the reluctance of South Asians in Minnesota to share the information with their primary care providers. Based on the findings from this research, AshaUSA and the Refugee and International Health Unit at MDH will work with the community to create awareness and implement various programs to ensure safe use of these medicines. This report will also be distributed widely to health care providers and legislators to increase their awareness of the use of Ayurvedic and Homeopathic medicines in the South Asian community and start a dialogue about the use of these medicines in a culturally competent way.

The following section includes some key recommendations based on the results of the AHMSAM survey.

### **a) For the South Asian Community:**

#### ***1. Be careful as to where you purchase your Ayurvedic or Homeopathic products.***

- Make sure that it is manufactured by a reputable company. FDA does not evaluate Ayurvedic or Homeopathic medicines for safety, quality, and effectiveness. This also applies to buying products on the internet. FDA urges consumers to beware of unregulated internet drug sellers.
- Many people believe that products labeled "natural" are always safe and good for them. This is not necessarily true. Herbal medicines do not have to go through the testing that drugs do.
- Although people sometimes assume that all Homeopathic remedies are highly diluted and therefore unlikely to cause harm, some products labeled as Homeopathic can contain substantial amounts of active ingredients and therefore could cause side effects and drug interactions.
- If you are thinking about using an herbal medicine, first get information on it from reliable sources.

#### ***2. Before you purchase review the ingredients and the expiration date.***

- AHMSAM research team found some Ayurvedic medicines on the stores shelves which had expired.
- Understand the ingredients of any herbal medicines you take, and make certain you can trust that the product does not contain lead, arsenic or mercury.
- Certain populations, including children, are particularly at risk for the toxic effects of heavy metals.

**3. *Tell your healthcare professional about all alternative products.***

- Some herbs, minerals, and metals can interact with each other and with conventional medications.
- Show your health care provider any medicines you are taking including the labels.
- Do not use Ayurvedic or Homeopathic medicines to replace conventional care or to postpone seeing a healthcare provider about a medical problem.
- Women who are pregnant or nursing, or people who are thinking of using Ayurvedic or Homeopathic approaches to treat a child, should consult their (or their child's) health care provider.
- Tell all your health care providers about any complementary and integrative health approaches you use. Give them a full picture of what you do to manage your health. This will help to ensure coordinated and safe care.

**4. *If you have symptoms that concern you, contact:***

- The poison center (800-222-1222), or a medical toxicologist or your health care provider

**b) For Health Care Providers**

1. The medical professionals should gain an understanding of Homeopathic and Ayurvedic medicines so that they can ask questions on the use of these medicines with their patients from a position of understanding.
2. When the medical professionals are treating South Asian community members, they should specifically ask if they are using any alternative or complementary medicines such as Ayurveda or Homeopathy. If they are using them, encourage them to show medicines including the labels. Don't just ask for "other medications taken" because some communities only consider western medications as "medicine."

**c) For the Minnesota Department of Health**

1. MDH should periodically review "import alerts" by FDA on brand-specific Indian spices (which are extensively used within the SA community), Ayurvedic and Homeopathic medicines and alert the local stores (natural and South Asian Grocery stores).
2. The demographics within Minnesota have changed a lot since 2000. The population continues to grow more diverse, includes many growing foreign-born communities. Most of them are first generation immigrants that tend to bring habits and beliefs about the alternative medicines from their country of origin, as it was clearly noted by the Asian Indian populations' use of Ayurveda and Homeopathy. MDH should develop material on complementary and alternative medicines used by different ethnic communities represented in Minnesota and widely distribute it to the health care professionals. It is important that the health care professionals get a general understanding of different complementary and alternative medicines used in the general population living in Minnesota.

**d) For the Policymakers**

- The Electronic Health Records should include questions related to complementary and alternative medicines as part of the patient's profile.
- The medical education should include information about complementary and alternative medicines used by the community at large within United States

***1.6 Next Steps***

1. Develop culturally competent training materials for health care providers that includes content specific to these complementary medicines when working with the South Asian population.
2. Partner with public health organizations and policy organizations to establish resources for research and education to increase awareness about the use of Ayurvedic and Homeopathic medicines in the South Asian population.
3. MDH will continue to work collaboratively to finish educational materials and broad dissemination to temples, community-based organizations (CBOs), and pediatric offices.
4. MDH will create a webpage devoted to this work and messaging to those who use Ayurvedic medications.
5. MDH will meet with local public health partners to increase awareness of potential risks and recommendations in treating South Asian children.
6. AshaUSA will leverage social media and website to share key findings and recommendations from AHMSAM report with the South Asian community and health care providers.
7. AshaUSA will develop materials to provide an overview of Ayurvedic and Homeopathic medicines for the health care professionals which can be downloaded from the website.