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A REVIEW ON THE CONCEPT OF HOME MEDICINE AND ITS BENEFITS

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Abstract:

Traditional medical practices that make use of medicinal plants are playing a significant part in the process of giving medical attention to a sizable portion of the world's population, particularly in less developed nations. Even in affluent nations, there is a growing interest in them, as well as an increase in the use of herbal goods that are manufactured using them. It is vital to know at least the most fundamental level of information on the many features of these systems in order to comprehend how they operate and to receive the most advantage from them. Traditional medical practices from India are among the most well-known examples of their kind found anywhere in the world. In this study, an effort has been made to give broad information on various elements of these systems. These systems have been taken into consideration. This is being done so that the readers will be able to understand the significance of the conceptual underpinning of these systems in the process of developing the material medical. Elements such as the historical foundation, conceptual basis, several disciplines researched within the systems, Research and Development issues, Drug manufacturing aspects, and the influence of globalization on Ayurveda are addressed in this article. In addition, fundamental details about the Siddha and Unani medical systems have been presented here.

Keywords: Indian System of Medicine, Ayurveda, Unani, Siddha, Indigenous systems of medicine, Traditional systems of medicine

Introduction:

Home Medication Review is the name given to a service that is provided by a cooperative effort between the patient, their General Practitioners (GPs), and their Pharmacists (HMR). [1] HMR is a service that is well-recognized and supported by the government of Australia, and there are "Accredited Pharmacists" (the qualified pharmacists in Australia) that offer the service. However, the notion of HMR is still relatively new in the emerging Asian nations, including India. [1-3] Patients are referred to qualified pharmacists by general practitioners, who then educate the pharmacist about the patient's clinical

state, as well as the prescriptions that have been given and the need for HMR. [1, 2] The trained pharmacist makes an appointment with the patient for a home visit and collects all of the pertinent clinical and therapeutic details from the patient in order to assess the Drug Related Problems (DRPs) and medication adherence behaviour. The trained pharmacist then discusses this information with the GPs, which helps to improve the medication adherence behaviour and the health-related quality of life in patients. [1-3]

The HMR process has as its major objective the consolidation of the knowledge and professional skills of trained pharmacists and general practitioners for the purpose of providing patients with the essential medication-related information. [2] When patients, their primary care physicians, and skilled pharmacists communicate with one another, it helps the pharmacist better understand the patient's situation. In addition, the educated pharmacist obtains a greater awareness of, and access to, the social or linguistic borders, as well as support from the individuals in their respective occupations and families. The patient's information, such as actual medication use, additional non-recommended solutions, and an understanding of the patient's motivation driving actual as opposed to coordinated medication use, as well as the patient's health and prescription information, is managed as one of the benefits of HMR, and the data collected is used to differentiate between actual and potential DRPs. [2]

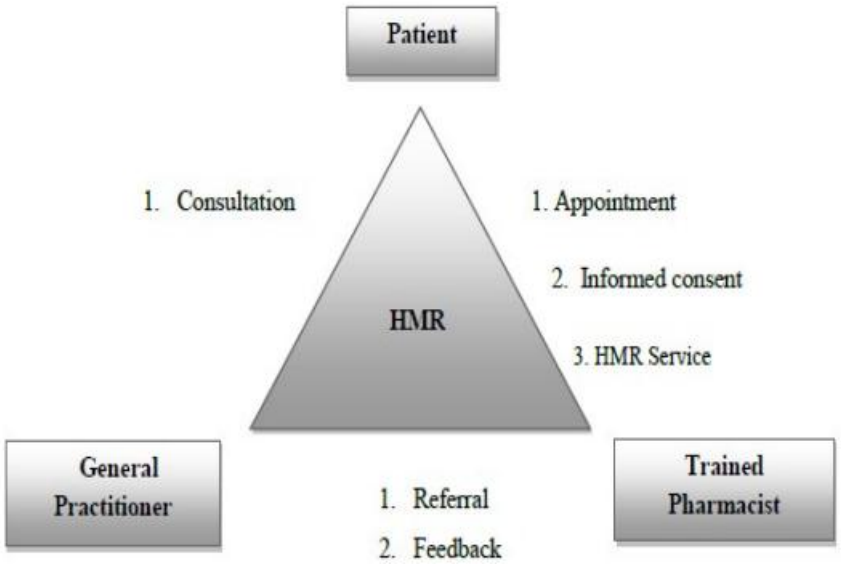

Figure 1: The General Process Used in HMR

The HMR technique is helpful in detecting possible medication-related difficulties in the community and in maximising the benefits that patients get from their prescribed treatment regimen. [4] It is believed that patients who have been diagnosed with chronic disease, those who are old (the geriatric population), and those who routinely need home-based review for the prescribed medications and clinical condition and DRPs (if any) throughout treatment may benefit from the HMR service. [1, 5] It is helpful for patients who have been prescribed with numerous drugs at the same time, a condition known as polypharmacy, which may result in possible DRPs. [2, 5] By providing community pharmacists in India with training to achieve the status of "trained pharmacist" on par with that of "accredited pharmacist" in Australia, the purpose of this research in India is to determine the current status of and level of awareness regarding HMR services among the Indian population. It also has the goal of implementing the HMR service in Mysore, India, with the intention of increasing the patient's adherence to their medicine and, as a result, contributing to an improvement in the patient's quality of life as it relates to their health. In October of 2001, the Australian federal government supported the National Medicines Policy 2000 by incorporating HMR into the Medical Benefits Scheme. This was done with the goal of reducing the number of drug-related hospital admissions that were not essential. [6] Patients who have been prescribed with multiple medicines can take advantage of this service, which is offered by general practitioners (GPs) and trained pharmacists. The goal of the service is to maximise the benefits that patients receive from their prescription regimen and to minimise or address the DRPs that would have otherwise led to medication non-adherence and possible treatment failure. [4] This helps to prevent the frequent requirement of hospitalisation or the need to see the GPs, particularly for elderly patients who are provided with several prescriptions. In particular, this benefit is most beneficial for individuals who are over the age of 65. One of the most significant advantages of HMR is that it makes it easier for patients to take care of their medications at home. [1, 5, 7] The GPs conduct an assessment of the patient's clinical needs for an HMR and begin an administrative service by asking that the patient choose their preferred group pharmacy. [3, 8] On the basis of the trained pharmacist's visit to the patient for the HMR, the trained pharmacist may suggest changes that are required in the prescription according to the patient's

current therapeutic need. The trained pharmacist also helps the GPs make changes to the prescription by providing constructive suggestions related to the patient and medicines.

Studies that are very similar to HMR have been carried out in various countries all over the world in an effort to effectively address clinically significant DRPs, improve the patient's behaviour with regard to medication adherence, raise the level of health-related quality of life, and possibly improve connections between general practitioners, pharmacists, and patients. [9] Similar studies conducted in this region came to the conclusion that those who are in the most need of an HMR are also the ones who are the least likely to get this service. The connection of the pharmacist with the patient in the patient's home is required as a requirement for the HMR service. This necessitates having access to a vast amount of information pertaining to medications, as well as confirmation-based regulations and up-to-date administration of a variety of therapeutic conditions. The pharmacist keeps the general practitioners up to speed on a regular basis and offers ideas for prospective DRPs or regimens in order to make adjustments to the medication management plan (if necessary), which improves the result in relation to medication adherence.

Through the participation of pharmacists in the study, this tried-and-true method of HMR, which has already been implemented successfully in developed nations, is being tested as part of a pilot project in Mysore, India. The goal of the project is to improve the care provided to patients, make the work of general practitioners (GPs), and streamline the treatment process as a whole.

Materials and Methods:

Review of the Literature for the HMR Service Globally: Various exploratory research conducted on HMR administrations throughout the globe raised worries regarding the expansion of prescription utilisation, the minimization of DRPs, and the supply of superior pharmaceutical services for improvement in outcomes in patients with chronic illness who use many medications. Tabular 1 provides an overview of the findings from a number of investigations.

Table 1: Key benefits of HMR

The identified key benefits of having a HMR:[1-3, 6, 10]
1. Enhancing the patient and pharmacist connections
2. Improved health literacy of high-risk patients
3. Special care to geriatric patients
4. Service helpful to enhance self-medication management education
5. Education in the needs of medication in high-risk chronic patients
6. Optimizing health care expenditure

HMR Model in India:

In developing nations like India, the HMR service may easily be adapted to the specific conditions of the area. About a few million people in India are impacted by the many chronic illnesses that are a major cause for worry when it comes to India's population's overall health. A trained pharmacist who is able to perform HMR will be useful in the implementation of prescription audit in India, which will be analogous to the situation in Australia and will assist Indian clinical pharmacists in further contributing to the health care requirements of their communities. [7]

One of the first workshops for HMR in India was organised in the year 2005 in India under the direction of Dr. B. G. Nagavi, JSS College of Pharmacy, Mysore. This workshop included lectures on HMR in India and brought together Indian and Australian pharmacists. The elderly are the population segment that is thought to be most in need of HMR services in India, as well as the population segment that is most likely to be at risk for DRPs. As a result, the elderly are the population segment that is being considered as the recommended target demographic for HMR. This may be due to their lack of information about general exams, monitoring of sickness, and polypharmacy. Also contributing to this problem is their lack of awareness of wellness. [7]

Global Scenario Of HMR Compared To India:

Mode of receiving referral and Communication between the GPs and HMR pharmacist: In some developed countries, such as Canada and Australia, where the HMR service has been around for a while and is well established, they employ a software-based referral system to carry out this function. However, HMR is a very new idea in India, and as a result, we do not yet have any well-established systems in place to provide this service. As a result, we make use of a telephone

referral system from general practitioners, in which the GP contacts the pharmacist, who then pays a visit to the GPs in order to collect further information about the referral and carry out an extra HMR service. [3, 9, 14]

The frequency of the HMR is: An additional weekly telephonic update about DRPs (if any) with clinical details will help in improving the medication adherence and quality of life of the patients [3, 5, 8, 20]. Follow-up the patient once every month by visiting their homes. This will help improve the medication adherence and quality of life of the patients.

There is a fixed payment from the Australian government (Department of Health and Aging) of Australian Dollar (AUD) 180 to AUD 200 for pharmacists providing HMR service for a single visit to a patient. In addition, there is a provision of providing an extra Australian Dollar (AUD) 100 for visit to geriatric care by the government. Payment to Trained Pharmacists for HMR There is also a provision of providing extra Australian Dollar (AUD) 100 for visit to geriatric care by Our pilot study in Mysore, India, was an important step toward creating awareness among patients, other GPs, and the Ministry of Health and Family Welfare, Government of India as well [5,10, 21, 22]. At the moment, the Indian government does not provide any funding to the pharmacists, and there are no established guidelines about HMR service in India. Because of this, our pilot study in Mysore, India, was an important step toward creating awareness.

Economic Benefits of HMR in India:

According to the findings of the Global Economic Burden of Non-Communicable Diseases (NCDs) 2011 report, which was compiled by the World Economic Forum and the Harvard School of Public Health, untreated conditions related to the four primary NCDs and mental health issues would result in a loss of $47 trillion between the years 2010 and 2030. [23] According to a second study that concentrated mostly on low- and middle-income countries (LMICs), it is possible that these nations may lose more than $7 trillion in production as a result of the four primary NCDs between the years 2011 and 2025. [24] Eliminate a significant danger to the country of India's population as well as its economy. In India, noncommunicable diseases are responsible for nearly 60 percent of all fatalities, which would result in a loss of $4.58 trillion by the year 2030. As a result, they are one of the primary causes of mortality, ranking much higher than injuries as well as infectious, maternal, prenatal, and nutritional disorders. For the

NCD, India is required to contribute between 4 and 10 percent of its yearly economic production. [25]

Conclusion:

According to the findings of the pilot project that was carried out in Mysore, India is a prospective nation that has a significant need for HMR services. As a result of HMR's ability to enhance the rational use of medications, reduce the costs that are incurred as a result of rational usage, and increase patients' adherence to their prescription regimens, patient health care outcomes are improved. It may be possible to step up efforts to improve HMR in India. It is achievable after pharmacists are given the proper training and are given positions as HMR pharmacists. Similar to the initiative taken by the governments of developed countries in which this service has already been implemented, we believe that the Government of India should take the initiative to implement rules, regulations, and guidelines for bringing up HMR service in all of India's states for the benefit of the nation. This initiative would be analogous to the initiative taken by the governments of developed countries where this service has already been implemented.

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