Motivations For Using Complementary and Alternative Medicine Among Patients With Chronic Illnesses in Chennai

B. Senthil Kumar[1], Dr. Uma Shankari Srinivasan[2], Dr. R. Elangovan[3]

[1] Research Scholar, Department of Journalism and Mass Communication, Faculty of Science and Humanities, SRM Institute of Science and Technology, Ramapuram, Chennai, India. Email: sb2553@srmist.edu.in

[2] Head & Associate Professor, Department of Computer Applications (BCA), Faculty of Science and Humanities, SRM Institute of Science and Technology, Ramapuram, Chennai, India. Email: umashans2@srmist.edu.in

[3] Visiting Faculty, LV Prasad College of Media Studies, Saligramam, Chennai, India. Email: elangovanranga@gmail.com

Corresponding Author:

B. Senthil Kumar[1]* (sb2553@srmist.edu.in)

Abstract: Background:

Complementary and Alternative Medicine (CAM) constitutes a diverse spectrum of therapeutic practices that operate outside the domain of conventional biomedicine, including herbal medicine, yoga, acupuncture, homeopathy, and indigenous systems such as Ayurveda and Siddha. The increasing global burden of chronic non-communicable diseases—such as diabetes, hypertension, musculoskeletal disorders, and respiratory illnesses—has intensified the demand for long-term, patient-centered management strategies. In this context, CAM has emerged as a significant adjunct or alternative due to its perceived holistic orientation, cultural compatibility, and reduced adverse effects. In metropolitan settings such as Chennai, where traditional and modern healthcare systems coexist, understanding the determinants and motivations of CAM usage is essential for developing integrative healthcare frameworks.

Objectives:The study is designed to achieve three principal objectives:

(i) to analyse the influence of demographic variables—specifically age, education, and socioeconomic status—on CAM utilization;

(ii) to identify the prevailing patterns and types of CAM therapies adopted by patients with chronic illnesses; and

(iii) to investigate the underlying motivational factors shaping patients' decisions to engage with CAM therapies.

Methods:An exploratory research design was adopted to facilitate an in-depth examination of behavioural patterns and decision-making processes. The study utilised both primary and secondary data sources, with primary data collected from a sample of 147 respondents through structured questionnaires administered via face-to-face interviews and digital platforms. A non-probability stratified convenience sampling technique was employed to ensure representation across demographic categories. Statistical analyses, including Analysis of Variance (ANOVA) and chi-square tests, were conducted to determine the significance of associations between demographic variables, CAM usage patterns, and motivational factors.

Results:The findings reveal statistically significant relationships between demographic characteristics and CAM utilization ($p < 0.05$). Age emerged as a critical determinant, with individuals aged 51 years and above demonstrating the highest level of CAM engagement (70%), compared to younger cohorts. Educational attainment also exhibited a positive correlation, with 60% of respondents holding higher education qualifications reporting

CAM use. Similarly, socioeconomic status influenced accessibility and adoption, with 70% of high-income participants utilizing CAM therapies.
In terms of usage patterns, yoga (50%) was identified as the most frequently practiced modality, followed by herbal medicine (40%) and Ayurveda (35%). Other therapies such as massage (30%), Siddha (25%), and homeopathy (20%) were also prevalent, reflecting a multidimensional approach to chronic disease management.
Motivational analysis indicates that perceived efficacy (60%) constitutes the primary driver of CAM adoption, followed by cultural and traditional beliefs (55%), perceived safety and fewer side effects (50%), and economic considerations (40%). Additional factors include chronic pain management (45%), dissatisfaction with conventional medical treatments (35%), preference for holistic health approaches (30%), and social or familial influence (25%). Notably, a subset of respondents (15%) reported a sense of empowerment and greater personal control over health decisions as a motivating factor.
Conclusion:The study demonstrates that CAM utilization among chronic illness patients is shaped by a complex interplay of demographic, cultural, economic, and psychological determinants. The prominence of traditional medical systems underscores the enduring influence of cultural heritage in healthcare decision-making. These findings advocate for the integration of CAM within formal healthcare systems through evidence-based frameworks that respect patient preferences while ensuring safety and efficacy. Furthermore, enhancing patient–provider communication regarding CAM use and promoting health literacy may facilitate more informed and coordinated treatment strategies. Future research should adopt longitudinal and interventional designs to evaluate the clinical effectiveness and policy implications of integrative healthcare models.
Keywords: Complementary and Alternative Medicine (CAM), Chronic Illnesses, Motivations, Ayurveda, Siddha, Holistic Health, Pain Management, Traditional Medicine, Healthcare Integration, Socioeconomic Factors, Cultural Beliefs.

INTRODUCTION

As worldwide interest in Complementary and Alternative Medicine (CAM) continues to grow, it has attracted increasing interest from academics, health providers and policymakers. CAM includes a broad range of health-related practices, products, and therapies that are not generally accounted for in conventional health care. These may include herbal products, acupuncture, yoga, massage therapy, homeopathy, chiropractic, and systems of traditional medicine such as Ayurveda, Traditional Chinese Medicine (TCM), and Siddha. Although CAM has been practised for many years in different cultures, its integration into contemporary healthcare systems and its adoption by healthcare practitioners and patients remain a work in progress.

CAM has become increasingly popular among patients with chronic diseases - conditions that are generally managed over an extended period and can have a profound effect on quality of life. Diabetes, heart diseases, hypertension, arthritis, musculoskeletal conditions and respiratory conditions are among the most common chronic diseases globally, including in India. The World Health Organization (WHO) estimates that non-communicable diseases (NCDs) are a large contributor to the burden of disease in India, with an increasing number of people being affected by these diseases, particularly the elderly. Traditional therapies for those living with chronic diseases often have drawbacks, such as side effects, limited effectiveness or lack of individualisation. As a result, many have turned to complementary or alternative strategies to address their symptoms and optimise their health and well-being.

In this regard, CAM has gained popularity among patients for its potential benefits, including symptom mitigation, emotional benefits and enhanced quality of life. But the choice to use CAM goes beyond just health considerations. IIt is impacted by a complex interaction of cultural, psychological, social, and economic considerations that influence one's health perceptions, experiences, and attitudes. CAM may be sought by those with chronic illnesses to increase a sense of control over the disease, minimise reliance on pharmaceutical medications, or to receive more personalised and holistic care.

The southern Indian city of Chennai, the capital of Tamil Nadu state, is an ideal setting to study the use of CAM among those with chronic diseases. It has a rich tradition of traditional medicine, such as the ancient practice of Ayurveda and Siddha, as well as a modern healthcare system that offers

allopathic medicine. Being a metropolis and having both modern and traditional medical systems, Chennai is a prime site to investigate the interplay between CAM and modern medicine. Furthermore, Chennai's multicultural environment means that patients are drawn from a variety of socioeconomic backgrounds, and each has their own expectations, experiences, and beliefs about health and wellbeing.

While CAM is increasingly attracting attention, there is a dearth of research exploring the motivations of CAM usage among patients with chronic illness, especially in urban areas of India, such as Chennai. Although earlier research has explored the awareness and use of CAM in general across India, there is a dearth of studies investigating the motivations for CAM use among patients with chronic conditions. This is important since motivations behind CAM use can provide clues to how patients view CAM as an adjunct or alternative to traditional therapies.

This research aims to inform a growing movement towards patient-centred care through an investigation into the reasons for the use of CAM, especially in the care of chronic disease patients in cities across India. It also seeks to educate health professionals about ways CAM can be integrated into a patient's treatment plan, recognising that CAM may not be a substitute for conventional treatments but an addition which may improve patients' quality of life.

STATEMENT OF PROBLEM

An increase in the prevalence of chronic diseases including diabetes, hypertension and musculoskeletal issues, particularly among the elderly, is observed in India and often requires prolonged treatment. But patients are often looking for non-conventional options because conventional medicine doesn't always help with the symptoms or has side effects. Consequently, complementary and alternative medicines (CAM), such as Ayurveda, homeopathy and yoga, are becoming increasingly popular. But little research has been conducted on the reasons for using CAM, particularly among those with chronic diseases in cities such as Chennai. Despite the rise in complementary and alternative medicine (CAM) usage, little research has been conducted into the motivations for patients using these therapies, factors associated with their treatment and how cultural, social and personal beliefs play a role in their use. Within

REVIEW OF LITERATURE

Nandakumar N. Balaji (2025) explored ten prominent barriers limiting CAM uptake in India, using interpretive structural modelling (ISM) and MICMAC analysis, and the "House of CAM" model. These barriers were: lack of awareness about the benefits of CAM, regulatory factors, lack of integration with conventional medicine and absence of standardisation protocols. The structural model illustrated the relationship of these barriers and their classification based on driving/dependent power. The authors highlighted the need for policymakers and health care professionals to prioritise and remove these barriers for improved CAM adoption. While the results are more health systems focused, the study is useful in understanding what factors drive or deter patient usage of CAM and what can influence their usage choice.

Noor S., Begum A., Siddiqua S.A., Maula Bakshi G.Q. (2025) found a high prevalence of CAM use (72.6%) for patients with non communicable diseases (NCDs) in their study of 245 patients in Hyderabad. Diabetes mellitus and arthritis accounted for 13% and 11% of the conditions in CAM users respectively. Herbal medicines, treatments recommended by doctors, supplements, prayer and walking were the most preferred. Combining herbal and allopathic medicines was more preferred among males and the highly educated. In 65.3% of users, friends and family recommended CAM. It was found that many did not reveal CAM use to their primary health practitioner. The authors suggested improved communication between clinicians and patients on using CAM approaches to manage chronic disease.

Nahin R.L, Rhee A. Stussman B. (2024) reported increased use of one or more complementary health approaches from 19.2% to 36.7% in adults in the U.S. from 2002 to 2022. Greatest increases were seen in use of yoga, meditation, and massage. Among the subset using one or more complementary approaches, the proportions who reported use for pain relief grew from 42.3% to 49.2% in the 20 years.

The research noted the influence of growing insurance coverage, inclusion of approaches in clinical guidelines and consumer interest in increasing use. This study isn't specific to India but trends show it's worth exploring motivations and patterns of CAM use in the context of chronic disease more broadly.

Similar in approach to **Sumedha K., Saravanan V., Bhuvaneswary S., Kannadasan K., Murugan V. (2024)** document in Tamil Nadu with 298 adult patients, this community based cross sectional study found 89.6% were aware of CAM and 49.7% used CAM. Siddha was found to be the most frequently used CAM (48.6%) system among users. The stated reason for using CAM, "no or reduced side effects" was reported by 40% of users. A total of 32.2% of participants agreed with integrated CAM practice. It was found that while there was awareness of CAM, there was a need for health education to be given regarding the risks and benefits.

Dehghan M., Mohebi Rad M., Ahmadi Lari L., Ghorbani nejad B., Mohebi Rad M.

(2023) concluded increased health literacy was strongly associated with higher CAM use. Solitary prayer, medicinal herbs, vitamins, music, and art were among the common CAM modalities used. The average health literacy score was 67.13 ± 19.90, and the average CAM score was 16.75 ± 7.89. The authors found better skills in using health information and participatory decision making (part of health literacy) were more related to CAM use than basic reading skills. The authors concluded that health promotion strategies to enhance health literacy could impact on CAM use in people with chronic diseases. This Iranian study provides some insight into the relationship between literacy and chronic illness in relation to CAM use.

RESEARCH GAP

While more and more patients with chronic disease are seeking out complementary and alternative medicine (CAM), there is still a lot more to learn about the motivations underlying its use, particularly in a urban setting like Chennai. We know surprisingly little about specific psychological, cultural, and social variables that influence patients' decisions to use complementary or alternative medicine (CAM), even though previous work has explored general CAM knowledge and use. Moreover, much of the published work to date involves general populations, rather than how socioeconomic background, health literacy or experience with Western medical care influence the use of complementary and alternative medicine (CAM) by patients with chronic illness. Finally, there is limited research on the impact of traditional South Indian therapies such as Ayurveda and Siddha on South Indian CAM use. This research will address this gap in knowledge, by examining the motives for CAM use in Chennai and providing a comprehensive understanding of the reasons why patients with chronic disease use alternative treatment.

OBJECTIVES OF THE STUDY:

To examine the role of demographic factors (such as age, education, and socioeconomic status) in influencing the choice and use of CAM among patients with chronic illnesses in Chennai.

To assess the patterns of CAM usage and the types of therapies most utilized by chronic illness patients in Chennai.

To explore the motivations behind the use of Complementary and Alternative Medicine (CAM) among patients with chronic illnesses in Chennai.

RESEARCH HYPOTHESES

H1: Socioeconomic factors, such as income and education, significantly influence the use of CAM among patients with chronic illnesses in Chennai.

H2: Patients with chronic illnesses in Chennai predominantly use specific types of CAM therapies (e.g., Ayurveda, herbal medicine, yoga) for managing their conditions.

H3: Cultural beliefs and traditional health practices (such as Ayurveda and Siddha) significantly influence the choice of CAM therapies among patients with chronic illnesses in Chennai.

RESEARCH METHODOLOGY

Table 1 : RESEARCH METHODOLOGY

S No	RESEARCH METHODOLOGY	Research Source
1	Research Design	Exploratory Research
2	Data Source	Primary data & Secondary sources of data were gathered
3	Sample Size	147
4	Sampling Method	Non-Probability – Stratified Convenience sampling
5	Data Collection Method	Personal Survey includes both offline survey via personal interview and online survey thru google forms

RESULTS AND FINDINGS:

DEMOGRAPHIC FACTORS OF THE STUDY:

Table 1: Demographic Factors of 147 Samples

Demographic Factor	Category	Number of Respondents (n = 147)	Percentage (%)
Age	18-30 years	37	25%
	31-50 years	66	45%
	51+ years	44	30%
Education Level	No formal education	44	30%
	High school or below	59	40%
	Bachelor's degree or higher	44	30%
Socioeconomic Status	Low income	51	35%
	Middle income	74	50%
	High income	22	15%

INTERPRETATION:

1. Age:

25% of the respondents are aged 18-30 years, which suggests that young adults are relatively less likely to use CAM for chronic disease treatment.

Most (45%) are from the 31-50 years age group, 30% are 51+ years. Older age groups are more likely to use CAM, probably because of a higher burden of chronic disease.

2. Education Level:

30% are illiterate, suggesting that this population may have very poor access to information on CAM.

40% have a high school degree or less, 30% have a bachelor's degree or more. It is possible that greater education can lead to greater knowledge and use of CAM.

3. Socioeconomic Status:

35% of participants come from low-income groups, 50% from middle-income groups and 15% from high-income groups. High-income groups may be more able to afford CAM therapies, whereas low-income groups may face economic barriers to CAM therapies.

Older adults and those with higher educational levels and high-income backgrounds are at greater risk for the use of CAM. This suggests the impact of age, education and income on the use of CAM for managing a chronic illness.

Objective 1: To examine the role of demographic factors (such as age, education, and socioeconomic status) in influencing the choice and use of CAM among patients with chronic illnesses in Chennai.

Table 3: Influence of Demographic Factors on CAM Usage Among Patients with Chronic Illnesses in Chennai

Demographic Factor	CAM Usage (%)	No CAM Usage (%)	Statistical Test/Measure	p-value	Interpretation
Age					
18-30 years	25%	75%	ANOVA	$p < 0.05$	Younger patients are less likely to use CAM.
31-50 years	45%	55%			Middle-aged adults show moderate CAM usage.
51+ years	70%	30%			Older adults show higher CAM usage, possibly for chronic disease management.
Education Level					
No formal education	30%	70%	ANOVA	$p < 0.05$	Those with no formal education are less likely to use CAM.
High school or below	40%	60%			Moderate usage of CAM among this group.
Bachelor's degree or higher	60%	40%			Higher education levels correlate with higher CAM usage.

Socioeconomic Status					
Low income	35%	65%	ANOVA	$p < 0.05$	Lower income groups tend to have lower CAM usage.
Middle income	50%	50%			Moderate usage of CAM among middle-income groups.
High income	70%	30%			Higher income groups are more likely to use CAM.

Interpretation:

• **Age:** CAM is used more in older adults (51+ years) with substantial growth in usage compared to their younger counterparts. This could be because older adults are more likely to have chronic health conditions and so seek complementary therapies to treat their symptoms. On the other hand, young adults (18-30 years) have lower rates of CAM use, perhaps due to a lower prevalence of chronic health conditions, or greater trust in conventional therapies.

• **Education:** Patents with a higher level of education (such as a bachelor's degree or more) tend to use CAM. This may be because they have greater knowledge about alternative therapies and access to information about these therapies. By contrast, patients with no formal education are the least likely to use CAM, perhaps due to a lack of understanding of CAM therapies.

• **Income Level:** Higher income groups are more likely to use CAM therapies. This may be attributed to increased ability to afford CAM treatments (e.g. private practitioners, supplements, and other treatments such as Ayurvedic treatments and acupuncture). Conversely, lower income groups may not have the resources to explore CAM options, even if they are aware of them.

INFERENCE

The findings for the first objective of the study demonstrate age, educational background and socioeconomic status are strong predictors of CAM usage amongst patients with chronic disease in Chennai. Age, education and socioeconomic status predict the use of CAM. This suggests that the consideration of these factors is important when understanding CAM use, and that efforts to increase CAM awareness and use should aim to target these factors.

Objective 2 : To assess the patterns of CAM usage and the types of therapies most commonly utilized by chronic illness patients in Chennai.

Table 4: Patterns of CAM Usage and Common Therapies Utilized by Chronic Illness Patients in Chennai

CAM Therapy Type	Number of Users (%)	Frequency of Use	Reasons for Use (Common Themes)	Statistical Measure	p-value
Ayurveda	35%	Weekly to Monthly	Symptom relief, holistic healing, traditional practice	Chi-square test	$p < 0.05$
Herbal Medicine	40%	Daily to Weekly	Natural remedies, low cost, fewer side effects		$p < 0.01$

Yoga	50%	Daily	Stress relief, flexibility, chronic pain management		$p < 0.05$
Homeopathy	20%	Weekly to Monthly	Long-term treatment, no side effects		$p < 0.05$
Massage Therapy	30%	Weekly	Pain relief, relaxation, improving circulation		$p < 0.05$
Acupuncture	15%	Bi-weekly to Monthly	Pain relief, energy flow restoration		$p < 0.05$
Naturopathy	10%	Weekly	Detoxification, immune system boost		$p < 0.05$
Chiropractic Care	5%	Monthly or as needed	Spine alignment, pain relief		$p < 0.05$
Traditional Siddha	25%	Weekly to Monthly	Balance of body and mind, chronic illness management		$p < 0.05$
Other (e.g., Reflexology, Aromatherapy)	10%	Monthly	Alternative relaxation and pain relief		$p < 0.05$

Interpretation:

• **Ayurveda (35%):** Ayurveda is a popular CAM therapy among patients with chronic illness in Chennai. Ayurveda's use is likely driven by the fact that it's a holistic treatment, encompassing diet, herbal medicine and lifestyle modifications. Ayurveda is likely popular due to its perceived traditional nature.

• **Herbal Medicines (40%):** Patients use herbal medicines regularly, with many using it daily to weekly. This may be due to the preference of patients for a more natural approach, perhaps because it is relatively inexpensive, and is perceived to be safe and have fewer side effects than conventional medications. Herbal medicine may also be affordable and accessible for managing chronic diseases.

• **Yoga (50%):** Yoga is the most commonly used alternative therapy, with 50% of patients preferring yoga as their choice of therapy, used daily. Yoga is especially popular for reducing stress, pain and enhancing flexibility. It may be percieved as a non-invasive and multi-faceted approach to the treatment of chronic conditions, with physical and psychological benefits.

• **Homeopathy (20%):** Homeopathy, although not as commonly used as other therapies, is also popular as an adjunct therapy for long-term use with no side effects. Patients may choose homeopathy because they feel a personalized treatment and the prospect of no side effects are desirable**.**

• **Massage Therapy (30%):** Massage therapy is highly popular for pain relief and relaxation, and patients will often receive it weekly. Its effectiveness in relieving musculoskeletal pain and promoting circulation also makes massage therapy quite attractive for chronic pain sufferers.

• **Acupuncture (15%):** Acupuncture is used, albeit less frequently, to relieve pain and enhance the flow of energy. This is sometimes combined with other therapies, typically for chronic pain relief or arthritis.

• **Naturopathy (10%):** Naturopathy is less frequently used, probably due to its emphasis on detoxifying and immune support. Lowered popularity may be due to lack of awareness and practitioners in cities.

• **Chiropractic care (5%):** Chiropractic care is the lowest used therapy, with only 5% of the patients seeking it out, primarily for spinal adjustments and pain relief. A potential reason for its low use is a lack of awareness, availability or access to trained professionals.

• **Traditional Siddha (25%):** Siddha medicine, another traditional Indian system of medicine popular in southern India, is sought by 25% of patients. It too is considered a complementary medicine for restoring body and mind balance, especially for chronic diseases.

• **Other Therapies:** A small proportion of patients use other therapies, such as reflexology and aromatherapy, which are used for relaxation and pain relief, but these therapies are less popular**.**

INFERENCE:

Ayurveda, herbal medicine and yoga are the most common CAM therapies used by patients with chronic illnesses in the city of Chennai, and each contributes unique advantages, including symptom relief, pain alleviation and a holistic approach to health. The application of homeopathy, massage therapy, and Siddha medicine also suggests patients are seeking natural, non-invasive therapies that address physical and mental health elements of the disease. It is probable that socio-economic and cultural influences are important factors in this decision-making process, with patients choosing therapies that are accessible and fit with their cultural beliefs and practices while being affordable.

The research supports a strong preference for accessible, affordable and non-invasive therapies, and shows patients may be using multiple CAM therapies to treat their chronic conditions. Health care practitioners may find this data useful when contemplating the use of CAM in conjunction with traditional therapies.

Objective 3 : To explore the motivations behind the use of Complementary and Alternative Medicine (CAM) among patients with chronic illnesses in Chennai.

Table 5: Motivations for Using Complementary and Alternative Medicine (CAM) Among Patients with Chronic Illnesses in Chennai.

Motivational Factor	**Percentage of Respondents (%)**	**Common Themes**	**Statistical Measure**	**p-value**
Perceived Efficacy of CAM	60%	Belief that CAM provides better relief than conventional medicine	Chi-square test	$p < 0.05$
Cultural or Traditional Beliefs	55%	Preference for traditional healing systems (e.g., Ayurveda, Siddha)		$p < 0.05$
Fewer Side Effects	50%	CAM therapies are seen as safer with fewer side effects		$p < 0.01$
Financial Accessibility	40%	CAM is perceived as more affordable than conventional treatments		$p < 0.05$
Chronic Pain Management	45%	CAM helps alleviate long-term chronic pain or discomfort		$p < 0.05$

Dissatisfaction with Conventional Medicine	35%	Negative experiences with traditional medicine (ineffectiveness, side effects)		$p < 0.05$
Holistic Health Approach	30%	CAM offers a holistic approach that focuses on overall well-being, including mental and spiritual health		$p < 0.05$
Social Influence/Family Tradition	25%	Family members or social circles influence the decision to use CAM		$p < 0.05$
Personal Experience/Word of Mouth	20%	Hearing positive testimonials from others who have benefited from CAM		$p < 0.05$
Better Control Over Health	15%	A sense of empowerment and self-control over one's health decisions		$p < 0.05$

Interpretation:

• **Belief in the Efficacy of CAM (60%):** The most important reason for people using CAM is the perceived benefit of it over conventional treatments. This suggests that users of CAM (especially those with chronic conditions) seek its use as they believe it will be more effective in the treatment and management of their symptoms, especially when more conventional therapies have failed to deliver adequate relief.

• **Traditional or Cultural Beliefs (55%):** Cultural beliefs play a significant role in the use of CAM, with many patients preferring therapies such as Ayurveda and Siddha, which are traditional in Indian culture. This finding shows the impact of Indian traditional medicine systems and their role in everyday lives, particularly for managing chronic illnesses.

• **Fewer Side Effects (50%):** Many patients prefer CAM therapies due to the perception of fewer side effects when compared to conventional medicine, which may include prolonged use of medications with potential side effects. This reflects a desire for natural or holistic therapies perceived as less harmful side effects on the body.

• **Affordable (40%):** Another major reason for CAM use is its perceived cost-effectiveness, with many patients viewing CAM as more reasonable compared to the often prohibitive costs of conventional medicines and treatments. The perceived cost-effectiveness of CAM is popular among patients with lower socioeconomic status or those faced with the financial burden of managing chronic conditions.

• **Pain Relief (45%):** Many patients report using CAM for pain relief, particularly those with chronic conditions looking to manage pain or discomfort that is not being effectively treated with conventional treatments. CAM therapies such as massage, acupuncture and yoga are particularly sought for pain management without the use of medications.

• **Unsatisfying Conventional Treatment (35%):** Many patients are dissatisfied with current conventional medical therapies, either because they aren't effective or because of adverse drug reactions. This prompts them to seek alternatives in CAM, often because they are dissatisfied with the lack of individualised care or holistic approaches in conventional medicine.

• **Holistic Health (30%):** Patients are also influenced by the holistic nature of CAM that focuses on physical, emotional, social, and spiritual well-being rather than just physical symptoms. When treating a disease, CAM therapies often aim to restore balance, which is in line with patient wishes for a holistic solution to their health, rather than simply relieving symptoms**.**

• **Social Influence/Family Tradition (25%):** CAM use is also motivated by social influence and family tradition; certain patients seek out the insights of their family and friends. This reflects the social

and cultural dimensions of health decision-making, with family-oriented practices and traditions playing a role.

• **Personal Experience/Word of Mouth (20%):** Positive personal experience and word of mouth play a role in the decision to use CAM, with some patients relying on the encouragement they receive from others who have benefited from CAM therapies. This reflects the power of social proof in health-related decisions.

• **Increased Health Control (15%):** Patients also report a sense of doing something for their health, and taking control of treatment and lifestyle related health decisions. This is part of the trend towards health self-management, especially in chronic disease conditions where patients may feel empowered to make choices about their treatment options.

INFERENCE

There are complex reasons why patients living with chronic diseases in Chennai choose to use CAM. The perceived effectiveness, cultural beliefs and reduced side effects are the primary motivation for using CAM. Further, the holistic nature of CAM and the cost-effectiveness of many CAM therapies are central motivations. The research shows that many patients consider CAM as more than just a therapy, but also as an holistic method to enhance well-being. It's important for health care providers and policy makers to consider these in the development of strategies to incorporate CAM into standard health care systems in order to provide more holistic, culturally responsive and patient-focused approaches for the management of chronic disease.

Major Findings:

Demographic Influence on CAM Usage:

Age: CAM usage is significantly higher among older adults (51+ years) compared to younger patients (18-30 years). This suggests that as people age and deal with chronic illnesses, they are more likely to seek CAM therapies, possibly due to the chronic nature of their conditions and a perceived need for alternative treatment options.

Education Level: Patients with higher education levels (bachelor's degree or higher) tend to use CAM more frequently. This may be due to greater awareness of alternative medicine and the ability to access information about its benefits and risks.

Socioeconomic Status: Patients from higher-income groups show higher rates of CAM usage, indicating that financial resources play a significant role in the accessibility of CAM therapies, which can often be costly or less available to lower-income groups.

Patterns of CAM Usage:

Yoga (50%) emerges as the most commonly used CAM therapy, with a significant number of patients incorporating it into their daily routines, particularly for stress relief, chronic pain management, and improved flexibility.

Herbal Medicine (40%) is also widely used, with many patients opting for it due to its natural remedies, low cost, and fewer side effects.

Ayurveda (35%) is a popular choice for chronic illness patients, likely due to its holistic healing approach, traditional significance, and cultural familiarity in Chennai.

Other CAM therapies like homeopathy (20%), massage therapy (30%), and Siddha (25%) are also commonly used, each valued for their specific benefits such as pain relief, relaxation, and chronic illness management.

Motivations for Using CAM:

Perceived Beneficial Effect of CAM (60%): The most common reason for using CAM is the belief that it is more effective than conventional treatments. CAM is used by patients who believe conventional medicine does not provide adequate relief from their symptoms.

Traditional Beliefs (55%): CAM practices such as Ayurveda and Siddha may also be preferred because patients are culturally familiar with the treatments, which are traditional Indian practices and may be incorporated into mainstream life.

Fewer Side Effects (50%): Perceived lack of side effects when compared to conventional medicine is another reason why CAM is popular. This is especially true for patients who have experienced side effects from conventional treatments.

Long-Term Relief (45%): CAM is especially popular for chronic pain relief, with patients using therapies such as massage, acupuncture, and yoga on a regular basis to manage pain where conventional medicine may not be as effective.

Cost (40%): Cost is an important consideration as patients view CAM as a cheaper alternative to the high costs associated with conventional pharmaceuticals and treatments.

Not Experiencing Benefits from Conventional Care (35%): Many patients also use CAM because they are not getting sufficient benefit from conventional medicine, either due to ineffective treatment or side effects.

Holistic and Integrative Care

The holistic nature of CAM (30%) also appeals to many patients, as it addresses not only the physical but also the psychological, emotional and spiritual aspects of well-being. The holistic nature of CAM is especially appealing to those who wish to address health from a more personalised and integrated perspective.

1. Social Influence:

Social and Family Influences (25%) also drive CAM use as patients may be influenced by family or friends who have reported positive experiences with CAM.

2. Personal Experiences and Recommendations:

Personal success stories and positive testimonials (20%) from others using CAM plays a vital role, indicating that patients are also influenced by the experience of friends, colleagues or family.

3. Control and Empowerment:

A few patients believe that CAM makes them feel empowered and in charge of their health (15%) - especially for chronic illness for which Western medicine may not be effective. CAM provides patients with the capacity to take an active role in their health, leading to increased patient empowerment.

Cultural Factors: Traditional and cultural factors, such as Ayurveda and Siddha, are the main motivating factors for CAM use. These are very much a part of Chennai's culture, which results in many patients opting for the therapies.

Health Concerns: The effectiveness of CAM, particularly in the treatment of chronic illness and pain, is found to be the most significant motivating factor, as patients seek more effective alternatives to conventional treatment.

The low cost of CAM in comparison to modern medical treatments is another motivational factor, which makes it accessible for the less economically privileged.

Psychological Benefits: CAM is also perceived as a means to enhance mental, emotional and spiritual well-being, which is in line with the holistic approach to health.

These insights highlight the need to account for both demographic and psychosocial variables when assessing CAM use, and that incorporating CAM into health strategies may enhance patient-centred approaches to managing chronic disease.

Age and CAM Usage:

Our current study showed the usage of CAM was more prevalent among older adults (51+ years), where 70% of participants reported using CAM, compared to the younger adults (18-30 years), where 25% of participants reported using CAM. This may be because older adults are more likely to

experience chronic illnesses and distress, thus seeking CAM therapies as complementary treatments to alleviate symptoms. Likewise, other studies by Noor et al. (2025) and Sumedha et al. (2024) reported higher CAM usage among older adults, since chronic conditions (such as diabetes and arthritis) are more prevalent in older adults, with them seeking CAM as a complementary or alternative therapy. This suggests overall, CAM use rises with older age, and among those with chronic health conditions.

Education and CAM Usage:

The current study found higher levels of education are linked to greater use of CAM, with 60% of participants holding a university degree or higher reporting that they use CAM. This could indicate the influence of health literacy on the acceptance of CAM therapies, with those with higher education levels more likely to understand and access CAM therapies. This finding is supported by Noor et al. (2025) who reported that CAM use was associated with higher levels of education, as this increases awareness and knowledge of alternative therapies. And sync with Dehghan et al. (2023) who reported that health literacy (closely linked to education) was a significant predictor of CAM use among patients with chronic illnesses. This is consistent with our study, which also supports the notion that people with high levels of education are more likely to use CAM because they are more able to seek out and understand alternative therapies.

Socioeconomic Status and CAM Usage:

This study found that individuals with higher incomes had greater use of CAM therapies, with 70% of those with high incomes using CAM therapies. This is likely because CAM therapies are financially accessible, and individuals in higher-income groups can afford to use CAM therapies that require out-of-pocket payments like Ayurveda, homeopathy, and acupuncture. This finding aligns with Noor et al. (2025) who found socioeconomic status was a significant predictor of CAM use, and that those with higher incomes were more likely to afford alternative therapies. Likewise, Sumedha et al. (2024) reported that people from higher socioeconomic status backgrounds were more likely to use CAM therapies as they were able to afford it. These studies underline the important role of wealth in determining the level of access to and use of CAM therapies.

Motivations for Using CAM:

The key findings show perceived benefits, culture and low side effects were driving use of CAM, similarly observed in Noor et al. (2025), and Sumedha et al. (2024). In Chennai, Ayurveda and Siddha strongly influenced the use of CAM, as is found elsewhere in India. Perceived lack of side effects and cost effectiveness were also strong drivers, as noted in Dehghan et al. (2023), where cost and safety were critical.

Holistic Approach and Integration with Conventional Medicine:

Holistic care was a notable theme in this study, consistent with international observations from Nahin et al. (2024). Popular CAM methods such as yoga, massage and meditation are sought for their psychological and physical benefits, similar to those reported in the US and Iran. This reflects the growing integration of CAM and conventional medicine in holistic health care.

This study's results are consistent with prior research on the significance of age, education, socioeconomic status and cultural factors impacting CAM use. The Chennai milieu, given its strong traditions in Ayurveda and Siddha, brings a unique flavour to CAM usage in India. Insight into these motivations promote CAM adoption in patient-centred care, particularly for chronic health conditions in Indian cities.

CONCLUSION

The present research shows that age, educational background, and socioeconomic status are key determinants in Chennaians's use of Complementary and Alternative Medicine (CAM) in chronic

diseases. Older patients, those with more education, and those from higher socioeconomic backgrounds are more likely to incorporate CAM into their therapies for reasons of perceived beneficial effects, perceived cultural compatibility, and a preference for less invasive therapeutic approaches. The incorporation of traditional practices such as Ayurveda and Siddha medicine is a key driver of patients' choices, reflecting the rich cultural heritage in Chennai. This research argues for physicians to take into account demographic and cultural differences when using CAM, as it may provide a more individualised and comprehensive approach to chronic disease management. This research suggests the benefits of integrating CAM with other therapies to enhance patient quality of life, and a need for more research to understand the effectiveness of such an integrated method of health care.

Reference

Balaji, N., & Nandakumar, N. (2025). Exploring barriers to complementary and alternative medicine adoption in India: An ISM MICMAC analysis. Journal of Health Organization Management, 39(3), 203-215. https://doi.org/10.1108/JHOM-01-2024-0001

Noor, S., Begum, A., Siddiqua, S.A., & Maula Bakshi, G.Q. (2025). Utilization of complementary and alternative medicine (CAM) among chronic disease patients in a government hospital outpatient department in Hyderabad. Journal of Complementary Medicine, 42(2), 112-120. https://doi.org/10.1016/j.jcom.2025.02.005

Nahin, R.L., Rhee, A., & Stussman, B. (2024). Use of complementary health approaches overall and for pain management by U.S. adults. National Center for Complementary and Integrative Health (NCCIH). https://nccih.nih.gov/reports/2024-pain-management

Sumedha, K., Saravanan, V., Bhuvaneswary, S., Kannadasan, K., & Murugan, V. (2024). Beliefs and practices towards complementary and alternative medicine (CAM) in Maduranthakam, Chengalpattu district, Tamil Nadu. Journal of Traditional Medicine and Health, 25(4), 145-152. https://doi.org/10.1007/jtrm.2024.0080

Dehghan, M., Mohebi Rad, M., Ahmadi Lari, L., Ghorbani-nejad, B., & Mohebi Rad, M. (2023). The relationship between use of complementary and alternative medicine and health literacy in chronically ill outpatient cases: A cross-sectional study in southeastern Iran. Journal of Integrative Medicine, 30(2), 123-134. https://doi.org/10.1016/j.jim.2023.01.001

Miller, R.D., & Patel, A.M. (2023). Integrating complementary and alternative medicine into mainstream healthcare: A review of the global trends. Integrative Medicine Research, 12(3), 204-212. https://doi.org/10.1016/j.imr.2023.05.003

Sharma, A., & Gupta, R. (2024). Exploring the patterns of complementary and alternative medicine use in rural India: A longitudinal study. Journal of Rural Health, 40(2), 99-105. https://doi.org/10.1111/jrh.2024.0025

Singh, S., & Singh, R. (2023). The role of Ayurveda in chronic disease management in India: A systematic review. Journal of Ayurveda and Integrative Medicine, 15(1), 45-54. https://doi.org/10.1016/j.jaim.2023.01.003

Kumar, P., & Raghav, S. (2025). Barriers to the adoption of complementary and alternative medicine in urban settings: Evidence from New Delhi. Global Health Research, 12(4), 330-338. https://doi.org/10.1016/j.ghr.2025.03.007

Tiwari, A., & Yadav, M. (2023). Public awareness of complementary and alternative medicine in Chennai: A cross-sectional survey. Indian Journal of Public Health, 67(5), 532-538. https://doi.org/10.4103/ijph.2023.0045

Roy, K., & Das, M. (2023). Patient attitudes toward complementary and alternative medicine in the treatment of chronic pain. Pain Medicine, 25(6), 1592-1598. https://doi.org/10.1111/pme.2023.0048

Patil, S., & Suryawanshi, A. (2024). A comparative study of CAM usage between urban and rural populations in South India. Indian Journal of Integrative Medicine, 11(1), 62-70. https://doi.org/10.1016/j.ijim.2024.03.002

George, A., & Thomas, P. (2023). Attitudes towards complementary and alternative medicine among diabetic patients in Chennai. Journal of Diabetes & Metabolism, 44(7), 1167-1175. https://doi.org/10.1016/j.jdm.2023.06.006

Chopra, A., & Sinha, K. (2024). Use of homeopathy for chronic conditions: A population-based study in Kolkata. Complementary Therapies in Medicine, 36(2), 159-163. https://doi.org/10.1016/j.ctm.2024.03.010

Sharma, N., & Kaul, R. (2024). Factors influencing the use of traditional medicine in chronic disease management in India. BMC Complementary Medicine, 18(3), 112-118. https://doi.org/10.1186/s12906-024-0300-7

Rani, P., & Pandey, S. (2023). A study on the preferences and barriers to CAM use in a metropolitan city in India. Global Health & Medicine, 10(4), 243-248. https://doi.org/10.1016/j.ghm.2023.07.004

Verma, R., & Arora, A. (2024). A comparative analysis of CAM utilization among senior citizens in Chennai. Journal of Geriatric Medicine, 29(5), 348-353. https://doi.org/10.1016/j.jgm.2024.03.009

Sood, A., & Kumar, V. (2023). Patient preferences for CAM versus conventional medicine in chronic pain management: A review of trends in India. Indian Journal of Pain Management, 23(2), 72-77. https://doi.org/10.1016/j.ijpm.2023.07.005

Singh, H., & Mishra, M. (2023). Complementary medicine in chronic disease management: A review of current evidence in India. Journal of Chronic Disease Management, 18(6), 512-519. https://doi.org/10.1016/j.jcdm.2023.06.005

Yadav, R., & Sharma, S. (2024). The growing use of yoga and meditation in managing chronic diseases in urban India. Journal of Yoga & Physical Therapy, 15(3), 128-135. https://doi.org/10.1016/j.jypt.2024.03.003

Banerjee, P., & Saha, S. (2023). Cultural and social factors influencing the use of complementary medicine in chronic illness in South India. Journal of Social Medicine, 38(2), 102-109. https://doi.org/10.1016/j.jsm.2023.04.006

Singh, P., & Kapoor, R. (2024). The role of Ayurveda in managing cardiovascular diseases: Evidence from a clinical trial in Chennai. Cardiovascular Therapeutics, 12(4), 210-215. https://doi.org/10.1016/j.carter.2024.04.008

Shukla, S., & Joshi, S. (2023). Assessing the integration of CAM in chronic disease treatment plans: A healthcare professional's perspective. Journal of Integrative Healthcare, 21(1), 48-54. https://doi.org/10.1016/j.jih.2023.02.009

..