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SELF MEDICATION PRACTICES:
AN EXPLORATORY STUDY

by

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ABSTRACT

The objectives of this study were to identify the diseases which are commonly self-treated, people's sources of information about drugs, the differential credibility attributed to these information sources, the degree of perceived risk in self-medication and predispositional differences among people in the adoption of various risk reduction methods. Ninety adults from three separate localities of Ahmedabad were interviewed with the help of a structured interview schedule. In addition, 13 general medical practitioners in Bombay were interviewed for assessing their reactions to self-medication in the context of usage of over-the-counter drugs. The results showed that headache is self-treated by almost all. however, some diseases fall in the "gray" area wherein about half the people treat themselves and the other half consult the doctor. With respect to source credibility, elders in the family rank next to the doctor who commands the highest credibility. Regarding purchases of OTC drugs, risk reduction is achieved primarily by buying the medicine that was recommended earlier by the doctor and/or satisfaction derived from previous usage. It was also found that those who express a lot of concern over health and minor ailments adopt a variety of risk reduction methods and are considerably responsive to advertisements. Greater awareness of brands also appears to have a direct relationship with the frequency of purchase of drugs.

Implications of the findings for possible marketing action have been discussed.

SELF MEDICATION PRACTICES: AN EXPLORATORY STUDY[1]

Subroto Sen Gupta and Sasi Misra[2]

Ordinarily people do not consult a doctor for each and every
ailment. In fact, a lot of people treat quite a few ailments on their
own mediated by sources of influence other than the doctor. The
extent to which people treat various forms of indisposition through
self-medication may vary along several socio-economic and psycho-
graphic dimensions (Wells, 1975). For instance, some may think that
certain diseases are too minor or inconsequential to need treatment.
Some others may consider themselves medically well-informed about
common diseases and therefore feel no need to consult anybody. Then
there are people who perceive the disease to be somewhat serious,
and feel unsure of their own medical competence. They probably consult
others, such as elders in the family, neighbours, friends, relatives,
chemists and/or doctors. Medical information could also be obtained
from films and other advertisements. Moreover, different people may
place varying degrees of faith in the different available sources of
medical information.

A thorough study of these aspects of medication behaviour could
tell us what different people do when they contract one or the other
disease and the findings may be of use to marketers of OTC drugs.[3]
Before launching a large-scale study, however, it is practical to
take up a small-scale exploratory survey that can give us some data

which, though of limited statistical value, would be a useful guide to generating hypotheses and leading on to a more extensive study.

We were further tempted to take on this project because, to the best of our knowledge, such studies exist, if at all, only in confidential company files.

Study Objectives

In line with the foregoing discussion, this survey aimed to gather some empirical knowledge regarding self-medication behaviour. More specifically, the objectives were to collect some field data on:

1. The diseases which are commonly self-treated

2. People's sources of information about medicines

3. People's perceived hierarchy of available medical information sources

4. Methods adopted by self-medicators to reduce perceived risks involved in self-medication

5. Predispositional differences, if any, related to differences in adoption of risk reduction methods.

Methodology

It was assumed that most people would not resort to self-medication in the case of ailments perceived to be serious or very serious. Self-medication, in so far as the use of OTC drugs is concerned, would be restricted to ailments perceived as minor or not too serious. Before contacting the respondents it was felt desirable to prepare a list of diseases common in various localities of Ahmedabad. Two general practitioners and two chemists were interviewed for this

purpose. In addition, five lay persons were asked to name within a two-minute period as many diseases as they could.[4]

A list of 33 diseases/symptoms obtained in this manner were given to ten members of the Indian Institute of Management community in Ahmedabad. They were individually requested to rate the diseases in terms of their perceived seriousness on a 4-point ordinal scale ranging from minor to very serious. (See Appendix I). Only the diseases falling into the "minor" and "slightly more than minor" categories, 21 in all, were included for the purpose of the present study. (Refer to Table 2).

Sample

A purposive sample of ninety adults from three widely separated localities of Ahmedabad were interviewed with the help of a structured interview schedule. Two trained Gujarati-speaking women interviewers were employed for the purpose. A detailed breakdown of the sample with respect to various demographic characteristics are presented in Table 1.

Small-Scale Survey of G.P's.

It is well to recognize that attitudes of medical practitioners towards OTC drugs have a significant bearing upon self-medication practices among consumers and consequently upon marketing of OTC drugs.

Since doctors, vested with 'safety credibility' and expertise, were the most reliable sources of information for the consumers, 13 general medical practitioners in Bombay were interviewed in order to assess their views on OTC products. Seven of these GPs had dispensaries in upper middle class localities of Dadar, Chembur and Kalina. By prior appointments, the interviews were conducted by one medical intern and one medical student. A semi-structured interview schedule covering the following areas of inquiry was used:

a. Whether patients discuss their minor ailments with the GPs; the type of common ailments they discuss

b. Whether patients, of their own, seek doctors' opinion on OTC products available in the market

c. GPs' reactions to self-medication and their perception of factors responsible for it

d. GPs' views about advertisements on OTC products.

Since this survey among doctors was supportive of the main study, the summary findings are given in Appendix II. We now present the findings of the main survey among 90 respondents in Ahmedabad.

Summary of Findings

Self-treated Diseases

Table 2 gives a list of diseases showing the percentage of respondents who treat the ailments themselves and who consult a doctor for treatment. Ninety-nine per cent of the total number of respondents treat headache themselves and thus headache tops the list of self-treated ailments. As the list proceeds, the percentage of self-medicators decreases, with measles, fever and dysentery falling in the "gray" area of about half the number treating themselves and the other half visiting a doctor.

Self-medication in the case of certain diseases seems to vary with the income level of the respondents. It may very well be that the perceived severity of the different diseases itself may be different for the different income groups. The table shows that in the case of cough, stomachache, boils, cuts and burns, and dysentery self-medication increases with rising income. The reason may be that the better-off are generally more informed about readily available drugs for common ailments than are the poor, and feel more confident about taking their own decisions.

An opposite trend for chicken-pox is observed and the relative presence and absence of superstitious beliefs in the different income groups are likely to be responsible. The trend for toothache is the

same as for chicken-pox, but here the relative scarcity of dentists
and the magnitude of expenditure involved are the probable reasons
for the differences in behaviour.

Credibility of Sources of Medical Information

If so many people treat so many of their diseases without going
to a doctor, how do they come to know of the treatment/medicines?
The available sources of medical information, as reported by the
respondents, are many besides the doctor: advertisements, pharmacists,
neighbours, friends, elders in the family, etc. People seem to place
different degrees of credibility on each of these sources. Such
source credibility for cough and cold medicines is shown in Table 3.

The doctor, as expected, commands the highest credibility. He is
followed by the elders in the family, the chemist, friends and
neighbours and advertisements in that order, so far as full credibility
is concerned (Table 3 last column). Combining partial and full
believers (last three columns of Table 3), the chemist ranks last among
the interpersonal sources of medical information.[5] However, he fares
better than all the media. Hence, the adage that the best influence on
people is people seems to be true. This should urge us to examine
how such interpersonal influences can be used by marketers, side by
side with the awareness-creating media.

Hierarchy of Information Sources

People seem to have a hierarchy of "good-enough" sources of
medical information for common ailments like sore throat, cough and

cola (Table 4). **For** treatment of these ailments at their initial
stages, between 4i to 47 per cent of the respondents rely on themselves
and/or their elders in the family as sufficient sources of expertise.
Friends and neighbours occupy the next position in the hierarchy of
"good-enough" sources--about 27 per cent of the respondents have
claimed to rely on friends and about 23 per cent on neighbours. As for
doctors, although they command the highest credibility for medical
competence (see Table 4), about 90 per cent of the sample consider
them superfluous or unnecessary for the initial stages of minor ailments.
If, however, the ailment persisted and became severe, 99 per cent of
the group studied would turn exclusively to the doctor.

Risk Reduction Methods

Health is an invaluable asset and nobody would normally do
anything to risk it. When resorting to self-medication, people want
to be fairly sure of the medicines they use. Ninety per cent of the
respondents say they would escape the possible risk in treating
themselves by buying the medicine that has previously been recommended
by a doctor (Table 5). Both the educated and the uneducated behave
alike in this regard. When introducing a new drug straightaway over
the counter, one should bear in mind this risk-reducing behaviour of
self-medicators.

Thirty-four per cent of the sample rely on friends and
relatives for medical advice. Reliance on advertisements is declared

by 24 per cent of the relatively uneducated. Twelve per cent of the
college educated in the sample also rely on advertisements, whereas
none from the secondary education level confesses to doing so.
The latter would not go by the reputation of the companies, either.
However, 26 per cent of this group consult a chemist and take his
advice.

Tonics and Cough/Cold Remedies

People consult a doctor more often in the purchase of tonics
than cough and cold drugs. In the last three months preceding the
study, sixty-three per cent of the actual purchasers of a tonic did so
after consulting a doctor, whereas only thirty-three per cent of the
buyers of cough and cold drugs consulted a doctor. This survey also
showed that the major users of tonics and cough/cold drugs are children
(see Table 6).

Advertisements for new tonics seem to be ignored by a great
number of people. Sixty-four per cent of the sample "would not care for
tonics and would just ignore the advertisements" (see Table 7). This
finding confirms the earlier one that tonics are bought mostly on the
doctor's advice. Self-purchase of tonics appears to increase with
increased levels of education (Rows 1 and 2 of Table 8). Seeking
the chemist's advice on tonics is minimum among the college educated,
highest among those with secondary education.

Risk Reduction and Broad Personality Differences

Personality factors could differentially influence people's medication behaviour. But, in this survey, we did not make detailed investigations of this aspect. A rough classification of the respondents into "the anxious" and "the practicalists" was made. This was done on the basis of responses given to several forced choice questions (see Appendix III). All those who responded with a "yes" to questions (a), (b) and (c), a "no" to question (d), and "concerned" to question (e), were grouped as the "anxious" lot. Those who gave opposite responses to the first four questions and "not bothered" to the fifth were the "practicalists". In general, the "anxious" persons seem to adopt as many risk reduction methods as possible (see Table 8). For them not even the doctor seems to be a sufficient source of medical information (see row (g), Table 8); their anxiety, perhaps, drives them to as many sources as are available. The "anxious" lot is also more responsive to advertisement than are the "practicalists"; in particular, the "anxious" females reveal this behaviour.

Interpretations for Possible Marketing Action

I.   Disease Scale

There is an obvious and direct relationship between the perceived severity of the disease and reliance on the doctor. However, what is interesting is that there is a "gray area" in which consumers seem to be fairly well divided between self-medication behaviour and reliance on the doctor. Take "fever", for example.

An OTC marketer may, therefore, wish to study the trends over a period of time to see whether the segment of consumers self-medicating for an ailment tend to keep increasing. One may also hypothesize that this "gray area" is likely to refer to diseases which got a score of two in the disease scale (Appendix I).

It is possible that examination of this "gray area" and the study of changing trends as noted above will enable a drug marketer to locate new OTC product opportunities. Naturally, such opportunities can only be used within the limits of existing legislation.

The findings also suggest that for diseases where self-medication is overwhelming, the intervention of a doctor in advertising presentations may not give added value or persuasion to the consumer.

II. Source Credibility

It would seem that tonics and cough and cold remedies cannot be effectively promoted through mass media alone.

Other research indicates that almost invariably a tonic enters the household through a doctor's recommendation. This would explain the almost total credibility ascribed to doctors (Table 3). Thus an "ethical phase" for an OTC tonic may be useful.

In behavioural terms, the doctor is credited with "competence credibility" or "expert power", i.e. the consumers recognize that the doctor is the ultimate source of expertise in dealing with ailments that called for tonics and cough remedies.

However, there is also another source to which the consumer is willing to attach "safety credibility", i.e. while these sources are not regarded as being the ultimate in expertise, because of their proximity to the consumer, a recommendation or the evidence of satisfactory usage would carry some weight with the consumer. This is brought out in Table 3 when we look at the scores assigned to neighbours, friends and elders under "some credibility" and "why not give it a try". One of the important areas of exploration for an OTC marketer would, therefore, be to discover how to harness "friends and neighbours" for promotion. For example, is it possible to identify opinion leaders within social groups (e.g. neighbourhoods/localities) and can one harness word-of-mouth based on satisfactory experience from such opinion leaders?

The marginal influence ascribed to media should not be taken at face value. While the initial adoption of the tonic is likely to have been caused by a doctor, the repeat purchase of the product is probably influenced both by interaction with neighbours, other informal social groups and the repetitive impact of media.

The greater impact of OTC advertising for cough and cold remedies can be inferred from the following table which shows the difference between recent purchasers of tonics as compared to recent purchasers of cough remedies.

Recent Purchasers of Tonic		Recent Purchasers of cough remedies
Own decision	33%	60%
Consulted doctor	63%	33%

This bears out that there is a marked difference in consumers' behaviou towards cough and cold remedies on the one hand and tonics on the other. There is much greater tendency towards self-medication for cough remedies, but as yet, much less so for tonics.

III. Stages of Illness

It is possible to speculate that there are not two but perhaps three broad market segments for drugs: (a) the OTC segment, usually linked with the initial stage of the illness when doctors play a negligible role as compared to "self" and relatives; (b) the slightly more serious stage of the illness when the consumer will consider turning to the doctor but is still prepared to adopt some self-medication; and (c) the ethical segment where the diesease is perceived as severe and only a doctor's prescription can lead to usage.

One might interpret these findings to suggest that, for OTC drugs, the marketer may well avoid serious overtones in his advertising message and product. A corollary would be to ensure distribution in non-chemist outlets which have the required license.

The findings also suggest that there may be another segment, admittedly small, for OTC drugs with a slightly ethical (i.e. "serious") image and presentation, and which help the consumer to treat himself in the "slightly more serious" stage of illness as perceived by him.

IV. Risk Reduction

..e consumers show a very clear inclination to reduce risk by using a medicine originally recommended by a doctor.

Once a drug has been recommended by the doctor, the consumer feels safer if he stays with it; hence one may expect a considerable brand loyalty in regard to these OTC drugs, which enter the home via a doctor's recommendation.

Successful experience with the product is also a major factor in repeat purchases, consequently the need for very careful market testing before launch.

With a college level education, company and brand reputation seem to operate as useful factors in risk reduction.

V.   Reaction to Advertisements

Table 7 once again underlines how difficult it is to launch a new tonic through mass media alone. One is inclined to repeat the thought that an "ethical phase" is a necessary prelude to launching a successful OTC tonic. Once again we see the tendency to consult friends and neighbours before sampling a new tonic. Thus we are again faced with the importance of finding a way to identify those friends and neighbours in a locality/institution who are regarded as being knowledgeable and trustworthy and whose advice is sought and heeded by others in the matter of self-medication.

If exploratory studies can help to identify the characteristics of such "opinion-leaders", sampling operations for a new tonic would become much more fruitful.

One should also note in passing that the tonic market is hugely overcrowded with resultant consumer confusion.

VI. Personality Type

It would seem that those who are comparatively more "anxious"
tend to place greater reliance on well-reputed brands and companies
than "practicalists", who are presumably more pragmatic and rely
more upon their own experience and evaluation of the drug.

The anxious, in order to reduce uncertainty, are also more
prone to seek information from advertisements as compared to the
practicalists. Drawing upon behavioural science research (Gerard, 1963),
it is possible to speculate that more anxious individuals compared
to the non-anxious are likely to use more sources of media information
as validators or checks before using an OTC drug.

VII. Advertising for OTC products

Despite the limited size of the sample, the analysis suggests that
there is a possible correlation between awareness of brands and
purchase actions. The figures below show that those respondents who
can recall 6 brands or more (designated below as "hi-aware") purchased
almost three times as many drugs during the previous three months
as the respondents who were aware of only two brands or less (designated
as "lo-aware"). There is thus reasonable evidence to suggest that
advertising which creates a strong awareness of brand names is probably
helping to generate more self-medication and more purchases of OTC
drugs.

Hi-aware respondents (aware of six drugs or more)	No. of drugs purchased	Average No. of drugs purchased – per person
14	42	3
Lo-aware respondents (aware of two drugs or less)		
40	45	1.1

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Footnotes

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3. Over-the-counter drugs which can be sold without a doctor's prescription.

4. The doctors distinguished between symptoms and diseases whereas the other respondents made no such distinction. For our purpose, the distinction between a symptom and a disease has not been made.

5. Presumably, the urbans perceive the chemist to be a businessman engaged in profit-making. Hence, his credibility in the city environment is rather low. In the rural areas, however, experience shows that chemists command much more credibility; in fact they are considered mini-doctors.

Table 1

DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Monthly Income Level	N
Below Rs.500	34
Rs.501 – Rs.1199	33
Rs.1200 – Rs.2000	23
	90

Sex	
Male	46
Female	44
	90

Education	
Upto primary level	33
Upto secondary level	23
College educated and degree holders	34
	90

Table 2

MEDICATION BEHAVIOUR RELATED TO INCOME

Disease	Below Rs.500		Between 501-1199		Between 1200-2000		All	
	Self %	Doc %	Self %	Doc %	Self %	Doc %	Self %	Doc %
1. Headache	100	0	97	3	100	0	99	1
2. Indigestion	97	3	100	0	96	4	97	3
3. Constipation	97	3	94	6	96	4	96	4
4. Sore throat	91	9	97	3	91	9	93	7
5. Common Cold	88	12	97	3	96	4	93	7
6. Bodyache	94	6	88	12	96	4	92	8
7. Cough	59	41	91	9	100	0	81	19
8. General debility	85	15	85	15	65	35	80	20
9. Stomachache	68	32	82	18	91	9	79	21
10. Boils	56	44	79	21	74	26	69	31
11. Cuts and burns	50	50	76	24	87	13	69	31
12. Chickenpox	82	18	64	36	35	65	63	37
13. Measles	56	44	64	36	44	56	56	44
14. Fever	41	59	58	42	52	48	50	50
15. Dysentery	18	82	61	39	70	30	47	53
16. Toothache	62	38	42	58	9	91	41	59
17. Flu	21	79	48	52	35	65	34	66
18. Conjunctivitis	6	94	42	58	48	52	30	70
19. Whooping cough	24	76	24	76	22	78	23	77
20. Mumps	18	82	27	73	22	78	22	78
21. Malaria	3	97	18	82	4	96	9	91

N = 34 (17F + 17M) N = 33 (16F + 17M) N = 23 (11F + 12M) N = 90 (44F + 46M)

Table 3

CREDIBILITY OF INFORMATION SOURCES FOR TONICS AND COUGH/COLD DRUGS

Source \ Degree of credibility	No credibility (would disregard the information)	Some credibility (would accept it but seek additional information)	As much as 'why not give it a try'	Full credibility. (Accept the information straightaway and act on it confidently)
	%	%	%	%
Radio talks	92	5	3	0
Magazine articles	92	3	5	0
Magazine ads.	88	6	5	1
Film ads.	85	6	9	0
Newspaper ads.	85	9	5	1
Radio ads.	85	7	8	0
Chemist	80	2	9	9
Neighbours	54	25	18	3
Friends	42	32	23	3
Elders in Family	35	13	27	25
Doctor	1	0	0	99

Table 4

"GOOD ENOUGH" SOURCES OF INFORMATION TO TREAT SORE THROAT (ST),
COUGH (C) AND COMMON COLD (CLD)

"Good-enough sources	Initial stage			Second stage			Severe stage		
	ST	C	CLD	ST	C	CLD	ST	C	CLD
	%	%	%	%	%	%	%	%	%
Self	47	43	41	11	6	9	1	0	1
Elders in the family	44	46	44	2	3	2	0	1	0
Friends	27	26	28	1	2	2	0	0	0
Neighbours	22	24	23	1	1	2	0	0	0
Chemist	11	11	11	10	12	10	0	0	0
Doctors	10	11	7	69	80	80	99	99	99
Film ads.	0	1	1	0	0	0	0	0	0

Table 5

EDUCATION LEVEL AND RISK REDUCTION BEHAVIOUR

Education / Behaviour	Upto primary	Secondary	College	Total
	%	%	%	%
1. Buy the medicine that was recommended by a doctor in previous instances	85	96	91	90
2. Buy the medicine that I have used before and was satisfied with in the past	30	61	85	59
3. Ask friends/relatives for advice as to what medicine to use	39	35	29	34
4. Rely on advertise-ment	24	0	12	13
5. Buy a medicine that is widely known, widely used and is well-reputed	6	4	18	10
6. Buy the medicine by consulting a chemist	6	26	3	10
7. Buy medicines of well-reputed companies	3	0	9	4
	N=33	N=23	N=34	N=90

Table 6

RECENT PURCHASE OF TONICS AND C/C* DRUGS

	No.of buyers	DECISION PROCESS			USERS**		
		Own decision	Consulted others	Consulted doctors	Self	Elders in Family	Children
		%	%	%	%	%	%
Tonics	46	33	4	63	39	15	83
C/C drugs	79	61	6	33	47	17	75

* Cough & Cold

** Multiple replies

Table 7

EDUCATION LEVEL AND REACTION TO ADVERTISEMENTS ON A NEW TONIC

Education / Reaction	Upto primary	Secondary	College	Total
	%	%	%	%
1. Buy it straight-away	0	4	6	3
2. Wait until some-body in the neighbourhood has used it	3	4	12	7
3. Check with a chemist	6	13	3	7
4. Consult friends	12	4	12	10
5. Check with a doctor	27	22	29	27
6. Would not care for tonics and would just ignore the advertisements	67	70	59	64
	N=33	N=23	N=34	N=90

PRACTIC ANALYSIS M=24; F=26

THE ANXIOUS M=22; F=18

Income & Sex — Risk reduction behaviour	Below Rs.500 %	Rs.501-1199 %	Rs.1200-2000 %	Prac. Male %	Prac. Female %	Below Rs.500 %	Rs.500-1199 %	Rs.1200-2000 %	Anxious Male %	Anxious Female %
a. Buy the medicine that you have used before and were satisfied with it in the past	15	49	48	67	62	9	36	35	55	61
b. Buy a medicine that is widely known, widely used and is well-reputed	-	9	-	4	8	6	3	17	27	6
c. Buy medicines of well-reputed companies	-	3	-	-	4	-	-	9	9	-
d. Rely on advertisements and act accordingly	3	6	4	17	-	15	6	9	23	22
e. Buy the most expensive medicine	-	-	-	-	-	-	-	4	5	-
f. Ask friends/relatives for advice as to what medicine to use	24	12	13	29	31	15	24	17	55	38
g. Buy the medicine that was recommended by a doctor in previous instances	44	52	57	79	100	38	39	22	77	94
h. Buy the medicine by consulting a chemist	3	12	4	17	8	12	12	-	27	11

Appendix I

DISEASES CATEGORIZED ACCORDING TO PERCEIVED SEVERITY

Minor ills	Slightly more than minor ills	Serious ills	Very serious ills
I	II	III	IV
Sore throat	Malaria	Ulcers (stomach)	Smallpox
Bodyache	Fever	Paralysis	Polio
Boils	Chickenpox	Diabetes	Cancer
Cuts & burns	Mumps	Pneumonia	Tuberculosis (TB)
Headache	Measles	Asthma	
Toothache	Flu	Jaundice	
Constipation	Dysentery/ diarrhoea	Epilepsy	
Indigestion	Whooping cough	Typhoid	
General debility	Conjunctivitis		
Stomachache			
Common cold			
Cough			

Appendix II

Summary of Findings: Survey of GPs in Bombay

Almost all the 13 doctors confirmed that their patients do
discuss about their minor ailments with them. A majority of them
come from the upper economic and educational strata. Quite a few
educated people often buy OTC products for their minor ailments.
However, doctors are consulted when complete recovery is not obtained
with products bought on their own decision. The types of minor
ailments discussed with doctors in our sample were very similar to
the list of diseases identified in our Ahmedabad consumer study.
The additional "common ailments" mentioned by the doctors were worms,
skin diseases, hyperacidity, eye complaints, neuralgia and tonsilits/
pharyngitis.

When asked whether patients, on their own, sought advice on
specific OTC products, about half of the doctors replied in the
positive. They also added that such consultation was more in the
case of tonics than other OTC products. When consulted, the GPs
recommended what was thought good in each particular case. The GPs
interviewed were somewhat negative about the idea of self-medication.
They also indicated that this practice should be restricted upto a
certain stage of illness. It should be used as a first-aid or
in the very initial stages of illness. Some doctors even told
their patients about the possible adverse effects of such remedies.
They emphasized that while these remedies were good for temporary

relief, they could mask the symptoms of the ailment and thereby
create complications. They also pointed out the ill-effects of
over-dosage to the patients.

According to the doctors interviewed, commercial advertise-
ments and word-of-mouth communication were the most important factors
responsible for self-medication. In addition, some patients were
guided by the previous prescriptions for similar ailments and some
others went by the chemists' advice.

Most of the GPs were against advertisements in any form on
pharmaceutical products. They wanted these products to be taken under
their guidance only. The ads, according to them, made tall claims.
However, doctors were not critical of advertisements in medical
journals. Also, they were not much against tonic ads. A majority
of doctors were also reluctant to recommend advertised products
to their patients.

Appendix III

a. Do you generally wonder as to whether the medicines you consume (either on your own or on doctor's prescription) would have dangerous side effects? Yes/No.

b. Do you consult a doctor as soon as you feel/notice minor symptoms of being unwell? Yes/No

c. Do you visit a doctor even before you contract a disease so as to make sure you are on the safer side? Yes/No

d. Do you generally ignore (i.e. do not bother to treat) minor ailments until they become more serious? Yes/No

e. Please indicate your degree of concern in the following situation:

If suffering from ailments like, sore throat, fever, cough, common cold, you are:	Not bothered	Somewhat concerned	Very much concerned