



Conventional medical attitudes to using a traditional medicine vodou-based model of pain management: survey of French dentists and the proposal of a pain model to facilitate integration[☆]

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Abstract

Objectives: The purposes of this study were to develop a pain management model using traditional medicine (TM) vodou healing methods; to survey a sample of French dentists to rate components of conventional and proposed TM vodou-based pain management model; and to assess the possibility of conventional, allopathic providers to integrate TM or complementary and alternative medicine concepts.

Methods: From a set of 30 fact sheets collected from TM African healers (vodou healers), main clinical concepts and terminology were extracted. Twenty vodou-based pain management concepts were collected from an interview with a TM vodou practitioner. From this information, a

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7-step vodou-based pain management model was created. A sample of 40 French dentists from Nantes, France, whose practices focused on the clinical treatment of dental pain, was surveyed to assess the importance of both TM (vodou) and conventional biomedical components.

Results: Seventy percent of the dentists sampled rated the rational components of the TM model as “very important” or “important” for pain treatment, whereas 2 other traditional concepts were considered to be “supernatural” or beyond understanding.

Conclusion: This study showed that traditional healers used conventional concepts and conventional practitioners could use traditional concepts. This suggests that conventional allopathic medical providers have the capacity to integrate biomedical concepts and other therapeutic and explanatory models. This information may be helpful to understand and improve risk management by anticipating and preventing potential reasons for failure in TM integration strategies and to enhance communication between patients, healers, and physicians to optimize TM or complementary and alternative medicine integration.

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Introduction

The value given to traditional medicine (TM) is a function of public health and drug policies at a national level. Its potential contribution to conventional allopathic medicine can be characterized by how it is defined, the motivation for its use, and country-specific integration strategies.

The World Health Organization's (WHO's) definition of TM recognizes that it predates Western medicine. WHO describes TM as “... the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses.”¹ In some countries, the terms *complementary and alternative medicine* (CAM) are synonyms for TM. Together, these terms refer to a broad set of health care practices that are not integrated into a country's primary biomedical health care system.¹⁻³ For example, the French health care system defines TM or CAM¹ as unconventional health care practices that should be regulated.⁴

For the purposes of this study, we merged the WHO definition¹ into an integrated approach.⁵ In this approach, TM is seen as a medical model that has always “existed”¹ and whose concepts, knowledge, skills, and practices can be associated with conventional allopathic medicine to improve levels of health care and additional services. It also can be an evaluation, treatment, or counseling tool for health care providers to be used in the management of pathology or medical, social, cultural, ethnic, and economic problems in either a conventional or a traditional context.

The motivation for patient use of TM has changed over time. For example, WHO 2008 figures show in some Asian and African countries that 80% of the

population depended on TM or CAM for primary health care.⁶ In the United States, data from the 2007 National Health Interview Survey showed that the adult population spent US \$33.9 billion of their own money on visits to CAM practitioners and on the purchase of CAM products, training, and materials.⁷

In France, a 2007 survey showed that 39% of French people had used at least 1 type of TM/CAM in the previous 12 months. Their main motivations were reported to be a desire to take fewer drugs (39%) and effectiveness (28%).⁸ In a 2008 survey, 50% of French people reported having confidence in CAM; and 41% treated themselves without consulting a practitioner.⁹ These numbers suggest that there is competition between primary biomedical providers and CAM practitioners, as well as a sustained and growing market for CAM.^{5,10}

Assuming that integration is beneficial for patients and public health, for TM to be integrated into conventional allopathic medicine, appropriate strategies must be established. In 2002, WHO defined the first global Traditional Medicine Strategy. The purpose was to discuss the role of TM in health care systems, identify current challenges and opportunities, and assess WHO's role and strategy for TM.¹¹ Since then, other models for the integration of TM into Western medicine have been put forward that have different interpretations and definitions of the terms *integration*, *integrated*, and *integrative*.⁵ These models describe implicit and explicit levels of collaboration and communication between providers in integrative health care and may be centered on the patient, the healer, the practitioner, or the health care system.^{5,11}

Each country has its own way to integrate TM into conventional allopathic medicine. Integration is closely related to the role of health care providers and may depend partially on their capacity to assimilate TM/

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