



Complementary alternative medicine use among a sample of Muslim Jordanian oncology patients[☆]

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A B S T R A C T

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Purpose: The purpose of this study was to assess the frequency of use of Complementary and Alternative Medicine (CAM) therapies among a sample of Muslim Jordanian patients diagnosed with cancer.

Method: Interviews using a modified structured questionnaire from Lengacher et al. survey with a convenient sample of 123 patients diagnosed with cancer.

Result: Of 123 participants, 54.5% were men, with a mean age of 44.5 years (26.8%) had some college education and 82.9% were living in urban areas. The mean number of the therapies used was 6.6 (SD = 4.3, R = 0–17). There was a significant positive moderate correlation between the time since diagnosis and the number of CAM therapies used ($r = 0.3, P < 0.05$). There was a positive correlation between chemotherapy as a treatment modality and the number of CAM therapies used ($r = 0.4, P < 0.05$). The highest usage of dietary and nutritional supplements occurred with honey, olive oil, black seeds, and dates. The highest stress reducing CAM techniques included reading the Holy Qur'ān, praying, and Ruqya. Other CAM treatments involved ZamZam water, cinnamon, black seeds oil, and the use of a plant called Zaamtoot (primrose).

Conclusion: Even though a range of CAM therapies are used by Jordanian oncology patients it is suggested that both patients and medical staff be educated about the possible benefits or harmful effects of using these treatments.

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1. Introduction

Complementary Alternative Medicine (CAM) is known to be used by oncology patients across a range of cultures around the world. A diagnosis of cancer is an anxiety provoking experience that promotes patients and families to seek alternative methods of treatment for a cure. There is a worldwide increase in the use of complementary/alternative medicine (CAM) among patients with cancer and its use is well documented.^{1–4} However, the use of CAM in some cultures and populations, specifically the Muslim culture is relatively unclear. Therefore, this study evaluated the use of CAM among a sample of Muslim oncology patients living in Jordan, which is an Islamic country.

In Jordan, cancer cases are increasing. In 2007, the National Cancer Registry (NCR) revealed 5826 new cases of cancer in the

Hashemite Kingdom of Jordan, of which, 4332 (74.3%) were Jordanian citizens. Cancer is the second leading cause of death in Jordan after heart disease, which represents 14% of the mortality rate in Jordan. In 2006, the total number of deaths registered was 13,298.⁵ There is only one cancer center located in the capital; therefore, patients must travel from other cities to receive treatment, which may be challenging. As a result, communications between health care providers and patients may be compromised since health care providers are always busy and not all symptoms, for example fatigue, may be effectively addressed or afforded immediate attention by conventional treatments.⁶ From this perspective, patients would find it easier to access CAM. A lack of adequate access to more conventional treatments has increased the popularity of CAM, which is consistent with universal use of therapies mentioned in the literature.⁷ In a previous study of health information seeking behavior involving 150 Jordanian patients diagnosed with cancer, one third of the participants (33.3%) reported that one reason for seeking different health information channels is to learn about the use of CAM. However, it was not the goal of that study to provide a complete overview about CAM usage.⁸

It has been suggested that complementary/alternative medicine may at times be harmful or hinder the effective use conventional treatment of cancer.⁹ For example, the use of herbal therapies may

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interact with conventional disease treatments, which in turn may result in an increase in morbidity.⁹ As a Muslim country, Jordan currently has no clear picture about the types of CAM therapies currently used by oncology patients. Therefore, it was deemed valuable to explore Jordanian patients with cancer who are using CAM, with a view to learning the types of therapies used. This could assist in more effective distribution of information and educational materials to address patients' concerns. To date, it has not been common practice to question patients about their CAM use, thus it may highlight a need for greater medical awareness of patients' health related behaviors and actions. Moreover, it would provide a greater understanding of CAM use by Muslims so adding to evidence base practice. Therefore, the purpose of this study was to assess the frequency of CAM use among a sample of Muslim Jordanian patients diagnosed with cancer.

2. Literature review

Over the past 20 years, Western countries have increasingly focused upon CAM use within health care. This contrasts significantly with Middle Eastern countries who in the main have not formally addressed this issue. However, the use of CAM is a significant part of the culture. In the Islamic Faith there is a type of medicine referred to as "prophetic medicine" based on the use of specific herbs mentioned in the Holy Qur'an, or reading verses of Qur'an (Ruqya) as a method of healing.^{10,11}

The term CAM has often been used interchangeably in the literature to mean either non-conventional treatment used to support conventional treatment or as an alternative therapeutic approach instead of conventional medicine.^{12–15} A review of 26 surveys from 13 countries showed that the prevalence of CAM use among patients with cancer ranged from 7 to 64%.¹

2.1. Patients' demographic characteristics and Complementary Alternative Medicine use

Previous studies have shown consistent results related to gender, age, and educational status and CAM use.^{2, 15,16} CAM use also tends to be more prevalent among older and educated patients.^{17–20} In a study from Tehran, addressing Iranian Muslim patients with cancer indicated that older patients were more likely to use CAM. Interestingly it was notable that here, researchers suggested less educated patients used CAM more frequently than educated patients. However, sampling bias may have been an issue as the study sample consisted of more illiterate and less educated patients in the study than the representative general population of Tehran.²¹ The results of the Iranian study were however, consistent with studies in Turkey, in which less educated patients appeared to be more likely to use CAM.^{22,23} Gender was frequently reported as a predictor of the use of CAM in which women were using the therapies more often than men.^{23–26}

2.2. Complementary Alternative Medicine used by patients with cancer

Patients with cancer do not appear to use only one form of CAM. For example, vitamins were the most commonly used therapy followed by herbal use and relaxation techniques.^{9,12,19} Prayers, spiritual therapies, social support groups, relaxation, and exercise were also interpreted and reported upon as CAM therapies used by this patient group.^{17,27,28} To date, however, few studies have reported upon therapies used by Muslim, Arab patients with cancer.^{26,29}

In Iran, a study of 235 oncology patients, revealed that prayer and spiritual healing to be the most common form of CAM use with 75.7% of patients using prayer as a method of healing.²¹

Another study of 186 Turkish patients indicated that 11.3% of the sample ($n = 21$) used Herbal remedies combined with religious practices, including carrying "Muska", a written manuscript of prayers wrapped in cloth, and the practice of a holy man reading a series of prayers whilst touching the distressed part of a patients' body.²²

Prayer (Salah or ritual prayers) is regarded by Muslims as one of the five Pillars of Islam. It is the way that Muslims communicate with God (Allah). Prayer is mandatory and all Muslims are encouraged to pray five times a day. In the present study, prayer was performed more than 5 times (since praying 5 times is mandatory for all Muslims).

Sunnah, refers to the sayings and life of Prophet Mohammed—the prophet of Islam (Peace and Blessing be Upon Him) and assists in helping Muslims feel close to God (Allah). In line with this, reading the Holy Qur'an is a central aspect of Muslim practice and Muslims are encouraged to read the entire Holy Qur'an on a daily basis, understand it and follow its guidance. When ill, Muslims increase their readings of the Holy Qur'an in the belief that: "It is [Holy Qur'an] a guide and healing to those who believe" (Sûrat Fussilat; verse 44).³⁰

Psychological and physical issues are concerns for oncology patients. Factors such as pain relief, boosting their immune system, preventing illness recurrence, and regaining independence and control over their life were seen to be key factors increasing their use of CAM.^{2,12,31} Physical and psychological stress,^{12,32} dissatisfaction with the conventional treatment,¹² hope for a cure^{31,33} and to fight the disease were also influencing factors in CAM use.³¹

Algier et al. (2005) reported that the majority of the participants surveyed reported that they acquired information about CAM from friends (57%), the media (57%), family members (31%) and the Internet (9%). Medical doctors, nurses and alternative therapy practitioners were utilized to a much lesser extent (14%).³⁴ These results were congruent with previous studies seeking to identify lay members CAM sources. Despite this, information concerning Eastern culture CAM use is still limited and to date, provides little information about trends in CAM use. Therefore, the focus of this study was to assess CAM usage among a sample of Jordanian patients with cancer, to assess the relationships between patients' characteristics and frequency of CAM use. Specifically the research questions were:

- What is the incidence (frequency) of CAM use among a sample of Muslims Jordanian patients suffering from cancer?
- What are the demographic and situational-related factors of CAM patient use?
- What types of CAM are used?
- What motivated individuals to use CAM to help manage cancer?
- Is there any correlation between patients' characteristics (age, gender, education, years since time of diagnosed) and the number of complementary therapies used?

3. Method

Due to a lack of epidemiological studies and surveys, there was a need for a descriptive study to provide baseline data about CAM oncology use in Jordan. A cross-sectional, descriptive design was employed across different community settings, including hospitals, inpatient or outpatient settings, or at patients' homes.

3.1. Sample

A representative sample size was sought, based on conventional power analysis due to a lack of data availability. A descriptive design

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