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ORIGINAL ARTICLE

Awareness of allergy patients about herbal remedies: a cross-sectional study of residents of Ankara, Turkey

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Abstract
Objective: The use of herbs in patients with allergic diseases is a special problem and still controversial. The objective of this questionnaire-based study was to determine the rate of herbal use in allergy clinic outpatients as well as to explore patient knowledge.
Methods: Patients with respiratory and/or skin disease, either atopic or non-atopic were assigned to a prospective questionnaire study conducted in allergy clinic outpatients.
Results: Three hundred and ninety-five patients enrolled in the study. The mean age was 33.50±12.14 years. Participants generally had a high educational level (40.5% college and 39% university graduated). The rate of herbal use was 14.2%. All characteristics were similar within herbal user and non-user patients, except gender and age. The number of female patients who use herbal products was greater than for males (p=0.043). Herbal use was common in patients in their late thirties (p=0.024). Three main rationales for herbal use were revealed: (i) acting upon advice of someone (41.1%); (ii) the belief that "herbals are always more beneficial than chemicals" (37.5%); and (iii) the trust that "herbals are always safe" (21.4%). Most of the participants have "no idea" (41.5%) or are "not sure" (33.7%) about potential harmful effects of herbs to allergic people.
Conclusion: People will continue to use herbals for one reason or another. Allergists and clinical immunologists need to become more knowledgeable about herbal therapies so that they can inform patients about either the benefits or possible harmful effects of herbs.

Introduction

The use of herbs to treat illness has its roots in an ancient holistic healing tradition that originated in Asia more than 3,000 years ago.[1] Nowadays, they are also widely used in many countries either to treat several illnesses or with the expectation of good health. As in other complementary medicines, herbal products should be used in accordance with the results of controlled studies.

"Herbal abuse" is a considerable issue, even in developed countries. Today, there are many commercial herbal preparations, which are reported as being used as a therapeutic agent

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for several disorders. Because herbs are widely accepted as safer than chemical drugs, uncontrolled uses of these ''therapeutic'' agents are increasing by the day.

The use of herbs in patients with allergic diseases is a special problem and still controversial. While some clinicians report significant improvements in allergic asthma and/or rhinitis, others draw attention to the potential hazards of herbals in atopic patients.[2–4]

The objective of this questionnaire-based study was to determine the rate of herbal use in allergy clinic outpatients. In addition, to determine the knowledge and preferences of patients about herbal products and the extent to which differences in social demographic and educational characteristics exist between herbal users and non-users.

Material and methods

The study was conducted prospectively in Allergy Clinic of Gulhane Military Medical Academy Hospital in Ankara, Turkey. Study protocol has been reviewed and ethically approved by the local ethical committee of Gulhane Military Medical Academy and School of Medicine. Written informed consent was obtained from all patients.

Patients with respiratory and/or skin disease, either atopic or non-atopic were recruited. The participants were randomly selected on the principle of willingness. The questionnaire form was specifically designed for this study and included demographic data, current use and type of herbal remedies, reasons for choosing herbals, suppliers for herbals, clinical outcome and side effects and general knowledge of patients about herbal therapies. A total of 500 questionnaires were given out, 395 completed questionnaires were collected. The response rate was 79%.

Results were recorded and calculated by SPSS for Windows ver.15. The distribution analysis was performed by using chi-square test.

Results

A total of 395 patients were enrolled in the study (154 males and 241 females). The mean age was 33.50±12.14 years (9 years to 80 years). Participants generally had a high educational level (40.5% college, and 39% university). The majority of hospital admissions were for respiratory and/or skin complaints (44.1% rhinitis only, 10.1% asthma only, 4.8% asthma with rhinitis and 29.1% urticaria and/or angio-oedema). About half of the patients (n=198, 50.1%) were allergic to at least one aeroallergen with a dominance of pollen allergy. Only 56 of 395 patients (14.2%) were using a herbal product (Table 1).

Herbal ''user'' and ''non-user'' patients were compared with respect to:

a) *Gender:* The number of female patients who use herbal products was greater than for males. The difference was meaningful (p=0.043).

Table 1 Characteristics and comparison of herbal user and non-user patients

	All patients	Herbal use YES	Herbal use NO	*P (yes vs. no)*
(n/%)	395	56 (14.2%)	339 (85.8%)	
Male	154 (39%)	15 (26.8%)	139 (41%)	***0.043(*)***
Female	241 (61%)	41 (73.2%)	200 (59%)	***OR 0.526(**)***
Mean Age (years)	33.50±12.14	39.52±10.39	32.52±12.13	***0.024(*)***
Education				
University	154 (39%)	20 (35.7%)	134 (39.5%)	0.436
Collage	160 (40.5%)	20 (35.7%)	140 (41.3%)	
Primary and middle school	81 (20.5%)	16 (28.6%)	65 (19.1%)	
Diagnosis				
Asthma only	40 (10.1%)	6 (10.7%)	34 (10%)	0.684
Asthma with Rhinitis	19 (4.8%)	3 (5.4%)	16 (4.7%)	
Rhinitis only	174 (44.1%)	26 (46.4%)	148 (43.7%)	
Urticaria and/or angio-oedema	115 (29.1%)	12 (21.4%)	103 (30.4%)	
Drug reaction	26 (6.6%)	4 (7.1%)	22 (6.5%)	
Others *(***)*	21 (5.3%)	9 (16.1%)	16 (4.8%)	
Allergy skin test negative	199 (50.4%)	25 (44.6%)	174 (51.3%)	0.354
Allergy skin test positive	196 (49.6%)	31 (55.4%)	165 (48.7%)	
Pollen allergy	108 (27.3%)	17 (30.4%)	91 (26.8%)	0.240
Mite allergy	50 (12.7%)	6 (10.7%)	44 (13%)	
Pollen+mite allergy	27 (6.8%)	6 (10.7%)	21 (6.2%)	
Mould allergy	3 (0.8%)	0 (0%)	3 (0.9%)	
Food allergy	5 (1.3%)	1 (1.8%)	0 (0%)	
Latex allergy	1 (0.3%)	0 (0%)	1 (0.3%)	
Hymenoptera allergy	2 (0.5%)	1 (1.8%)	1 (1.8%)	

Mean±std.dev. (*)Chi-square test (**) Odds Ratio (95% Confidence Interval 0.280 to 0.988) (***) Others: Food allergy, atopic dermatitis, contact dermatitis, cold urticaria, chronic sinusitis, solar urticaria, hereditary angio-oedema.