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### Research paper

# The prevalence of traditional and complementary medicine in the general population in Kashan, Iran, 2014

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#### ABSTRACT

**Introduction:** Few studies are available on complementary medicine used in the Middle East and particularly from Iran. Therefore, this study aimed to investigate the prevalence of using traditional and complementary medicine (T&CM) by people in Kashan, Iran, in 2014.

**Methods:** A cross-sectional study was conducted on 541 subjects that through cluster sampling were selected from the general population of Kashan, Iran. The participants answered a questionnaire on knowledge, attitude and application of T&CM. Descriptive statistics and Chi-Square test were used to analyze the data.

**Results:** Of the 541 subjects, 56.9% were male. In general, 73.75% had a history of using T&CM methods, 66.54% reported that using T&CM was effective in improving their diseases and also 42.14% had recommended T&CM to others. Respectively, 38.6% and 9.6% of the subjects have frequently used herbs and cupping. Moreover, 52.7% of them believed that herbs were very effective in the treatment of their health problems. T&CM methods were mostly used in headaches and dizziness (20%), common cold (19%) and digestive problems (17%).

**Conclusions:** T&CM was prevalent among the participants and herbal products were the most common. Due to the people's enthusiasm toward T&CM, measures and policies must be implemented promptly to increase the public awareness and endorse the appropriate use of T&CM.

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## 1. Introduction

Defining the term Complementary and Alternative Medicine (CAM) or traditional and complementary medicine (T&CM) is not easy [1], because it covers a wide range of medical opinions and remedial practices that currently are not part of modern medicine [2], moreover, T&CM are not taught in medical universities and not integrated into the dominant health care system [3]. The words “complementary medicine”, “alternative medicine” and “traditional medicine” are frequently used inter-changeably. It is believed that “T&CM is a body of knowledge, skills, and practices based on theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of

health as well as in the prevention, diagnosis, or treatment of physical and mental illnesses” [4].

National Center for Complementary and Integrative Health (NCCIH) grouped CAM practices into broad categories such as natural products which include the use of a variety of herbal medicines (also known as botanicals, vitamins, minerals), mind and body medicine (i.e. meditation, yoga, acupuncture, deep-breathing exercises, guided imagery, hypnotherapy, progressive relaxation, qi gong, and tai chi), and manipulative and body-based practices (i.e. spinal manipulation, massage therapy, and movement therapies). Although these categories are not formally defined, they are useful for discussing CAM practices [5] and mostly have been derived from historic and ethnic culture of different nations [3].

Studies in the past decades indicated that despite great progress already made in modern medicine, using different methods of T&CM is increasing around the world [6–9]. For instance, NCCIH and Centre for Complementary Medicine and Naturopathy report that in the United States (US) and Europe respectively 50% and 40%

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of citizens used some type of CAM [6,10,11]. Also, 74% of Canadians [11], 60% of Chinese [12], and 20% of British adults [13], have had the experience of using CAM methods. Although the prevalence of CAM is not directly comparable across countries and surveys due to various definitions and instruments used [3], an increasing trend in CAM use is obvious [14].

Nemer et al. have studied CAM use in the United States and reported that herbal and natural products, deep-breathing exercises, meditation, chiropractic or osteopathic manipulation, massage and yoga were the most commonly used CAM therapies by American adults, in descending order of accession, respectively [10]. On the other hand, Nilsson et al. investigated the use of CAM remedies in Sweden and reported that concomitant use of biological remedies and vitamin/mineral supplements, followed by vitamins/minerals only were the most frequent CAM methods used by Swedish people [14]. Not only the methods of CAM used, but also the conditions in which the CAM methods used are different in different studies and different areas and cultures. For instance, the most common conditions in which American adults used CAM therapies were back pain, neck pain, and joint pain [2], while a Nigerian study has reported that CAM therapies were mostly used in the treatment of dizziness, weakness, diarrhea, and stomach upset [15].

The Middle East countries have also a rich history in CAM. This area is the sources of many herbal oils such as frankincense, myrrh, ylang, and ravensara [16]. In ancient Egypt and the Middle East, aromatic plant products were widely used in incense, perfumery, and healing [16]. Mind–body–spirit therapies such as prayer [17,18], relaxation and biofeedback have also a long history in the Middle East and there are national biofeedback associations in some of the Asian and Middle East countries [19]. Studies in the Middle East countries showed that a large number of people use CAM. In the Arab countries, traditional medicine has always been practiced despite the advances in modern medicine [20]. For instance, in Egypt 82% of people use complementary therapies; and herbal products, spiritual healing, cupping and acupuncture are the most common [21]. A study in Qatar also reported that 38.2% of midlife women had used CAM in the previous 12 months. Nutritional and herbal remedies and physical methods were the most common complementary therapies used [22].

Iran also has a rich traditional medicine with a holistic view and a special focus on the use of herbs, prayer and some manipulative therapies such as cupping [23]. It dates back to more than 3000 years ago and has its roots in pre-Islamic Iranian medicine and Greek, Indian and Egyptian medicine [24]. However, in the past century, by the advent of the modern medicine, the use of Iranian traditional medicine (ITM) declined [25]. Nonetheless, it continued to be an integral part of people's culture and many people continued to use ITM even without supervision by any specialist [3,24]. Iran's government has also shown interest in traditional medicine in the last three decades. Then, the National Academy of Traditional Medicine in Iran and Islam was established in 1991. This academy aimed to support the research on herbal medicine; to study the history of Iranian traditional medicine and to preserve it; to train the traditional medicine and incorporate it into the conventional medical programs [24]. Many people even believe that such methods are free of any side effects. As a result of public enthusiasm and expansion of communication technologies such as the internet, a considerable increase has occurred not only in the use of ITM but also in the use of other types of CAM including massage and acupuncture. In such condition new herbal medicines entered the Iranian drug market every year and several private centers for cupping, massage therapy and acupuncture are established and are visible in different cities. The majority of these methods are being used without a prescription and supervision. Despite the increase in the public use of such therapies, there is no clear estimation of traditional and CAM

use, in Iran [3,25,26]. In one of the few studies in this regard, Adib-Hajbaghery and Hoseinian have studied the knowledge, attitude and practice of T&CM among a sample of Iranian health care workers and reported that herbal medicine, cupping, massage therapy, and meditation were the most common T&CM therapies [3].

Assessment of how people use CAM is the first step in identifying the situation and planning strategies to promote the safe usage of CAM and to prevent or reduce the possible side effects and unwanted consequences of these methods.

The majority of published studies on the use of T&CM are from the Western countries and East Asia, and a few studies are available in this regard from the Middle East and particularly from Iran. Considering the lack of studies in this regard and the impact of culture on the use of T&CM, this study aimed to investigate the prevalence of the use of T&CM by the people of Kashan, Iran, in 2014.

## 2. Methods

A cross-sectional study was conducted on 541 subjects selected from the general population of Kashan, Iran in the year 2014. In addition to the willingness to participate in the study, the inclusion criteria were being in ages over 18 years old and living in the Kashan city. Kashan is a large city in Isfahan province (at the center of Iran) and located 200 KM from Tehran (the capital of Iran). Based on the last census data in the year 2010 it has been estimated that approximately 350,000 people live in Kashan, Iran.

The sample size was calculated using the following formula in which  $n$  is the sample size,  $\alpha = 0.05$  and  $Z_{1-\alpha/2} = 1.96$ ,  $d (= 0.05)$  is the desired level of precision, and  $p (= 0.5)$  is the estimated proportion of an attribute that is present in the population.

$$n = \frac{Z_{1-\alpha/2}^2 pq}{d^2} \quad n = \frac{1.96^2 \times 0.5 \times 0.5}{0.05^2}$$

Then, 384 samples were estimated to be needed. As a cluster sampling was utilized to select a representative sample of the general population, a design effect of 1.5 was applied to the sample and finally 576 subjects were recruited. Firstly, Kashan city was divided into 10 areas and using a table of random numbers, 7 areas were selected. Then, four streets in each area and 2 alleys in each street were randomly selected. The researchers referred to the homes with an even number in each alley and after briefing the residents about the study objectives, one person aged over 18 years from each home was invited to participate in the study. To decrease the possibility of the absence of the residents, sampling was carried out only in the evening hours when usually most of family members are present at home. Sampling was continued in each area till the required numbers of subjects were recruited.

A two-part instrument was used to collect the data in this study. The first part consisted of 5 questions regarding demographic characteristics, including age, gender, occupation, education level and marital status of the subjects. The second part contained 16 questions about the participants' attitude on T&CM and the rate of using T&CM. Out of 12 questions, 5 were in yes/no format, i.e. questions on the history of training about T&CM, personal use of T&CM therapies, recommending these methods to the others, their opinion on the effectiveness of the T&CM methods used, and interest in learning T&CM. Also in 5 open-ended questions, participants were asked about the names of the used and the recommended method, the illnesses in which they used or advised the methods (if they have used or recommended T&CM methods to others), and the information sources that guided the participants toward T&CM. Also, two other questions focused on the participants' attitudes regarding a variety of T&CM methods and their effectiveness. Each of these two questions included a list of 11 T&CM methods. In the first question the participants answered

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