

Dermatoses caused by cultural practices



Therapeutic cultural practices

Neelam A. Vashi, MD,^a Nicole Patzelt, MD,^a Stephen Wirya, MD,^a Mayra B. C. Maymone, MD, DSc,^a Pedro Zancanaro, MD,^a and Roopal V. Kundu, MD^b
Boston, Massachusetts, and Chicago, Illinois

Learning objectives

After completing this learning activity, participants should be able to recognize that physicians need to be aware of cultural practices due to increased globalization and awareness of these practices among the general public; identify common dermatologic diseases that can be attributed to therapeutic cultural practices; and identify common dermatologic disease that can be attributed to cosmetic cultural practices.

Disclosures

Editors

The editors involved with this CME activity and all content validation/peer reviewers of the journal-based CME activity have reported no relevant financial relationships with commercial interest(s).

Authors

The authors involved with this journal-based CME activity have reported no relevant financial relationships with commercial interest(s).

Planners

The planners involved with this journal-based CME activity have reported no relevant financial relationships with commercial interest(s). The editorial and education staff involved with this journal-based CME activity have reported no relevant financial relationships with commercial interest(s).

With globalization and widespread immigration, physicians increasingly encounter patients from varying backgrounds and diverse customs. Although certain cultural practices are widely performed, there is limited medical literature describing their dermatologic and systemic effects and complications. Population diversity and sharing of traditions make it increasingly important for dermatologists to understand the role of cultural practices and recognize physiologic and pathologic sequelae. In addition, dermatologists are often adjured to assess skin findings that may be mistaken for abuse. Child abuse misdiagnosis can be traumatizing to all those involved, and immigrant families with limited English proficiency may have difficulty explaining their traditional practices. The first article of this 2-part continuing medical education series begins with a review of therapeutic cultural practices, including traditional Chinese medicine, Ayurveda, acupuncture, cupping, moxibustion, and coining, and the clinically relevant complications that may occur. Therapeutic practices can cause a range of complications, including contact dermatitis, heavy metal toxicity, and severe cutaneous adverse reactions. (*J Am Acad Dermatol* 2018;79:1-16.)

Key words: alternative; complementary; globalization; integrative; therapeutic.

COMPLEMENTARY AND ALTERNATIVE MEDICINE

Key points

- **Complementary and alternative medicine is used worldwide, ranging from a prevalence of 27% to 76% in different populations**

Abbreviations used:

CAM: complementary and alternative medicine
 RCT: randomized controlled trial
 TCM: traditional Chinese medicine

- **Nonvitamin, nonmineral natural products, including fish oil, glucosamine, echinacea,**

From the Departments of Dermatology at Boston University School of Medicine^a and Northwestern University Feinberg School of Medicine,^b Chicago.

Funding sources: None.

Conflicts of interest: None disclosed.

Accepted for publication June 24, 2017.

Reprint requests: Neelam A. Vashi, MD, Department of Dermatology, Boston University School of Medicine, 609 Albany St, J108, Boston, MA 02118. E-mail: nvashi@bu.edu.

0190-9622/\$36.00

© 2017 by the American Academy of Dermatology, Inc.

<https://doi.org/10.1016/j.jaad.2017.06.159>

Date of release: July 2018

Expiration date: July 2021

and flaxseed, are the most commonly used complementary and alternative medicines

Complementary and alternative medicine (CAM) includes a variety of practices that are traditionally not considered part of standard conventional medical care. What is defined as CAM often occurs within a cultural context and may have limited scientific evidence supporting its medical use. Complementary medicine is used in conjunction with conventional medical care, whereas alternative medicine is used as a substitute. As few relinquish conventional medicine, the term integrative medicine is increasingly used, which blends conventional medicine, complementary therapies, and lifestyle changes. With the focus on the whole person, CAM includes multiple modalities to improve physical, emotional, and mental health. The most commonly used CAMs are nonvitamin, nonmineral natural products, including fish oil, glucosamine, echinacea, and flaxseed.¹ Vitamin/mineral and herbal supplements are the most commonly used type of CAM in patients with skin disease.¹

The prevalence of CAM use is high among the US population. According to 2012 data from the Centers for Disease Control and Prevention, 33.2% of adults and 11.6% of children reported using some form of CAM in the previous 12 months.^{2,3} The number of annual visits to alternative providers has been estimated at 629 million, which is higher than the number of yearly primary care visits. Women (37.4%) compared to men (28.9%) and persons with higher levels of education (42.6% with a college degree or higher compared to 15.6% with less than a high school diploma) and higher incomes (38.4% of not poor compared to 20.6% of poor) were more likely to use CAM.² Rates of CAM use vary by race and ethnicity: non-Hispanic whites have the highest reported usage at 37.9%, whereas non-Hispanic blacks (19.3%) and Hispanics (22.0%) had the lowest usage.² CAM is used around the world: 27% of Irish, 60% of Canadian, and 76% of Japanese adults reported use within the previous 12 months.⁴⁻⁶ Patients with skin disease are also more likely to use CAM compared with the baseline population, with reported lifetime use ranging from 35% to 84.5%; however, it has been reported that only 1.1% to 6% have used CAM specifically for skin disease treatment.^{1,7,8}

TRADITIONAL CHINESE MEDICINE

Key points

- **Traditional Chinese medicine is a multimodal health system that holistically treats**

a variety of diseases with individualized therapies

- **Dermatologic uses include atopic dermatitis, psoriasis, and vitiligo**
- **Complications are highly variable, ranging from minor gastrointestinal upset to serious liver, renal, cardiac, and cutaneous toxicity**

Background

Traditional Chinese medicine (TCM) is a form of alternative medicine with 5 branches: acupuncture and moxibustion, herbology, Qigong healing, Tuina therapeutic massage, and dietary therapy.^{9,10} It focuses on a holistic treatment regimen that treats each individual based on their mental and physical well-being.¹¹ Herbal remedies are prescribed as capsules, tablets, pills, powders, decoctions or herbal concentrates, teas, topical ointments, and injections.¹² Individuals obtain TCM from a variety of sources, including hospitals, clinics, pharmacies, chiropractors, herbalists, supermarkets, family, friends, and the Internet.^{12,13} In China, TCM accounts for about 40% of health care delivered and is used to treat roughly 200 million patients annually.¹⁴ It is also commonly used in pediatric patients, and more so by those from urban rather than rural areas.¹⁵

Therapeutic applications

TCM is prescribed for a variety of diseases, including neurologic, gastrointestinal, obstetric/gynecologic, and dermatologic conditions.¹⁶ TCM users apply topical herbal preparations for a range of ailments, including headaches, abdominal pain, muscle strain, and cutaneous disease (ie, eczema, fungal infections, and arthropod bite reactions).¹⁷ One survey found that between 1990 and 1997, 8.6% persons in the United States used TCM for the treatment of dermatologic disorders.^{16,18,19}

Given the focus on individualized therapy, randomized controlled trials (RCTs) determining the efficacy of TCM are difficult to conduct, and, overall, the majority of studies suffer from poor randomization and blinding.¹⁷ In 1 pivotal study, it was shown that ingestion of a 10-herb decoction (*Ledebourella seseloides*, *Potentilla chinensis*, *Aebia clematidis*, *Rebmannia glutinosa*, *Paeonia lactiflora*, *Lophatherum gracile*, *Dictamnus dasycarpus*, *Tribulus terrestris*, *Glycyrrhiza uralensis*, and *Schizonepeta tenuifolia*) significantly decreased erythema in adult patients with atopic dermatitis.²⁰ The available literature on TCM is limited with no overall consensus on its efficacy. A review of the published literature is provided in [Table I](#).

Download English Version:

<https://daneshyari.com/en/article/8714946>

Download Persian Version:

<https://daneshyari.com/article/8714946>

[Daneshyari.com](https://daneshyari.com)