

International Journal of Current Research and Academic Review



The rate of complementary medicine application in common dermatological disease

 $\label{eq:mohammadreza} \mbox{Mohammadreza Ranjkesh}^1, \mbox{Marziyeh Aghazadeh}^2, \mbox{Rana Allah Gholilou}^1 \mbox{ and Hamideh Azimi Alamdari}^{1*}$

KEYWORDS

Complementary Medicine, Alternative Medicine, Dermatologic Disease

ABSTRACT

This Cross- Sectional study was done for evaluation of the rate of disease. In this study we assessed the rate of the usage of Acupuncture, Homeopathy, Herbalism and phlebotomy in common skin disease such as Acne, Telogen effluvium, Alopecia Areata and Hand Eczema. We studied 500 individuals from patients came to Dermatology clinic of Sina hospital of Tabriz university of Medicine and Sheikh al-Rais specialized medical center, the specialized medical center. For collecting the information we used a questionnaire; patients completed the questions consciously, after confirming the diagnosis. Collected data was analyzed with SPSS (17). For analyzing the data and descriptive parameters we used descriptive tests. In this assessment, 143 patients (28.6%) were male and 357 ones (71.4% were female. The mean age of patients was 27.76±11.61. Most of the diagnosis (263 people) were Acne whereas 107 patients suffered from Hand Eczema; Telogen effluvium affected 104 patients and 26 patients had alopecia areata. Among patients, 180 ones (36%) had used complementary- Alternative therapies: Herbalism was the most common method (157 patients= 31.4%), phlebotomy was the second common method (41 patients= 8.2%), Acupuncture was used by 2 patients (0.4%) and Homeopathy was the less common (1patient=0.2%) and some of the patients had used two methods of complementary- Alternative therapies. In conclusion, we found that the usage of complementary/ Alternative therapy among patients with common dermatologic disease is common and Herbalism was the most common method used by patients.

Introduction

The increasing regard and appeal for Complementary and Alternative Medicine (CAM) on the part of the general public, as well as its therapeutic applications in various communities, have necessitated its inclusion

within medical education programs; from basic sciences to residency levels, or even its continuous education. In recent years, there has been an increase in the number of Western medical schools that have begun to

¹Department of Dermatology, Sina Hospital, Faculty of medicine, Tabriz University of Medical science, Iran

²Department of Oral Medicine, Faculty of Dentistry, Tabriz University of Medical Sciences, Tabriz, Iran

^{*}Corresponding author

incorporate the teaching of CAM therapies within their educational programs (1).

Today, medical sciences are classified into two main sub-categories:

A)Western medicine, also known as modern medicine, is a system taught at universities around the world, and practiced in the country of Iran, routinely (2).

B)Complementary and alternative medicine:

Which is a group of diverse medical and systems, experiences, healthcare technologies, that are passed down from generation to generation verbally or in writing, and that are not presently considered to be part of conventional medicine. They include all theoretical and practical sciences, applicable diagnosis and treatment of physical, mental, and social illnesses. CAM therapy includes therapeutic various prophylactic or measures, whose methodology and efficacy those of biological differ from conventional medicine. In CAM therapy, patients are treated as a whole, with no stress placed on a specific disorder or illness (3).

Considering that CAM therapies are widely used beside conventional medicine in treating and restoring the health of patients, as well as in preventing healthy individuals from developing illnesses, with studies in different countries pointing to considerable implementation of these methods and an ever-increasing number of people becoming interested in them, and despite all the advancement made and promotion done in the field of classical medicine, we sought to investigate the extent of CAM therapy application in treating common cutaneous conditions (acne, telogen effluvium, alopecia areata, and hand dermatitis) in order to offer the esteemed physicians in the modern medicine practice, a more accurate and comprehensive view of the prevalence of these therapeutic methods among patients (4-5).

The aim of this study was to evaluate the extent of CAM therapy application in treating patients with common cutaneous conditions admitted to the Sina hospital and the Sheikh al-Rais specialized medical center.

Methodology

This research was conducted in the form of a cross-sectional descriptive study on patients admitted to the Sina hospital skin clinic, Tabriz, in 2014.

Among the received patients, 263 with acne, 104 with Telogen effluvium, 26 with alopecia areata, and 107 with hand dermatitis, were included in the study.

Inclusion criteria

- Suffering from acne;
- Suffering from Telogen effluvium;
- Suffering from alopecia areata;
- Suffering from hand dermatitis;
- Being admitted, for the first time, to the Sina hospital skin clinic and the Sheikh al-Rais specialized medical center.

Exclusion criteria

- An unwillingness on the part of patients to cooperate;
- Suffering from systemic diseases;
- Patients with disease durations of more than one year.

A questionnaire consisting of two parts was used in order to collect data. The first part dealt with the demographic information, and the second one included the related questions to the various CAM methods applied, such as acupuncture, homeopathy, phlebotomy, and Herbalism (herbal medicines), frequency of use of each method, and duration of use.

In this study, after the diagnoses were confirmed, the patients were questioned about the use of specified methods in the questionnaire in treating the respective diseases in order to determine the frequency of the use of various CAM methods. In case of an affirmative answer, the frequency and duration of use were also taken into account. The only criterion was the patients' responses. Regarding the under-15 patients and those with intellectual disability, the questionnaires were filled by their parents or escorts.

Statistical Analysis

The collected data were analyzed by SPSS-17 statistical software. The collected data were expressed as percentage and mean ± SD. Continuous (quantitative) variables were compared by Independent samples and Paired t test. Categorical (qualitative) variables were compared by contingency tables and Chi-square test or Fisher's exact test. P-value ≤0.05 was considered statistically significant.

Result and Discussion

In this research, 500 patients suffering from common cutaneous conditions (acne, Telogen effluvium, alopecia areata, and hand dermatitis) admitted to the Sina hospital skin clinic of the University of Medical Sciences in Tabriz, and the Sheikh al-Rais specialized medical center were included and evaluated in the study with the objective of determining the frequency of applied CAM methods.

In this study, 143 patients (28.6%) were male, and the rest, i.e. 357 patients (71.4%), were female. The patients' average age was 27.76 ± 11.61 , in the range of 2-80 years.

The majority of patients (263) suffered from acne; 107 ones with hand dermatitis, 104 ones with Telogen effluvium, and 26 ones with alopecia areata.

Among the patients, 180 individuals (36%) had a history of using traditional complementary therapies, 157 individuals (31.4%) had a history of using herbal medicines, 41 ones (8.2%) had a history of receiving phlebotomy, 2 patients (0.4%) had a history of receiving acupuncture, and 1 patient (0.2%) had a history of using homeopathy.

The average frequency of acupuncture and homeopathic use were 1 and 2 times, respectively. The average time of homeopathic use was 60 days.

The average frequency of herbal medicine use was 1.61 ± 1.06 times. Of the patients who had used herbal medicines, 76 ones (48.4%) used them intermittently, while the others, i.e. 81 patients (57.6%), used them regularly. The average time of herbal medicine use in patients who had used them regularly was 73.58 ± 123.98 days (with an interval of 2-739 days). The average frequency of phlebotomy use was 1.87 ± 1.43 times.

Health care and therapeutic services, the majority of which are practiced outside of conventional medical regulations, could be evaluated under a single classification named "Complementary Medicine" or "Alternative Medicine". Studies in the last two decades have shown that, even without consulting or notifying certified physicians,

the extent and prevalence of using these methods are expanding (6).

In today's world, there is a realization within community medical about the the importance of natural healing practices and different schools of traditional complementary sciences, with many medical schools and research centers around the world engaging in research, in order to apply various therapeutic methods with scientific and historical backgrounds. The remarkable development of the traditional Chinese and Tibetan medicines, chiropractic, homeopathy, and hundreds of other medical schools and methods, points to a worldwide surge in this area. Such a surge has also prompted the Iranian physicians researchers, as well as those operating around the world, to become interested in knowing about the fundamentals of CAM therapy (7).

Dermatologists need to have an adequate awareness of the different CAM methods. Traditional medicine is an important tool in diseases. According to treating some existing ideological-cultural beliefs, traditional medicine possesses an inner power that can be used in treating individuals or providing chronically ill patients with emotional support and hope. On the other hand, traditional medicine can be a source of indirect harm by causing delays in treatments (especially when there is an effective treatment available in the modern medicine for the specified disease). It can also lead to drug toxicity and eventual harm in individuals as a result of contamination or inappropriate employment (8).

The first step towards developing CAM therapy applications, as well as limiting its ineffective or harmful employments, is to analyze the beneficiary aspects of CAM

services for individuals. Reliable data can provide practical information with regards to the general beneficiary aspects of CAM services within different communities. In other words, a vivid picture of the public demands for these services, the measures taken by individuals to meet these demands, as well as of the accountability practices of the public service system to community demands, can be constructed. An accurate analysis of this information can significantly facilitate the process of policy making for planners, managers, and providers of CAM services (3).

CAM therapies and traditional medicine are widely accepted in the majority of developed countries, in a way that, 48% of Australians, 70% of Canadians, 42% of Americans, 38% of Belgians, and 75% of the French receive CAM services at least once a year (9).

In a study conducted by Carol et al. on patients admitted to a dermatology clinic in the United Stated, it was revealed that 82% of patients received one kind of CAM therapy methods over the past year (7). In another study by Bouchard et al. in 2012, the frequency of CAM method use in patients with cutaneous conditions was reported to be 36-69% (6).

The study conducted by Banihashemi et al. on the residents of Tehran also revealed that, more than half of Tehran's population used at least one kind of CAM therapy over the past year (3). In another study conducted in 2003 by Sadighi et al. on individuals over 15 years of age in the city of Tehran, the annual consumption of CAMs was reported to be 42.2% (10). The study done by Zafarghandi et al. on the patients admitted to different medical centers in the city of Tehran suggested that, 69% of patients used at least one kind of Cam therapy (11).

7 1 1 1 4	D 1	1		1 .	11. 1
1 ahle 1	Llemogrant	nic tind	inge and	complementar	v medicines
I abic. I	Demograpi	ne mu	mgs and	complementar	y incurcincs

	Acne	Hand	Telogen	Alopecia
		Eczema	Effluvium	Areata
Gender(Male)	51(19.4%)	36(33.6%)	37(35.6%)	19(73.1%)
Age(year)	23.48 ± 6.29	35.63±16.27	30.14 ± 10.88	29.11±13.58
Complementary medicine	110(41.8%)	18(16.8%)	46(44.2%)	6(23.1%)
Acupuncture	-	-	2(1.9%)	-
Count	-	-	1	-
Homeopathy	1(0.4%)	-	-	-
Count	2	-	-	-
Duration(day)	60	-	-	-
Herbal Medicines	89(33.8%)	18(16.8%)	44(42.3%)	6(23.1%)
Count	1.53 ± 0.96	1.61 ± 0.91	1.84 ± 1.32	1.16 ± 0.4
Duration(day)	42.57±59.51	98.6±70.96	147.83 ± 37.58	56.75±41.39
Regular use	49(55.1%)	10(1.9%)	18(40.9%)	4(66.7%)
Bloodletting	36(13.7%)	2(1.9%)	2(1.9%)	1(3.8%)
Count	1.75 ± 1.46	3 ± 1.41	2.5 ± 0.7	3

In the present study, conducted on 500 patients admitted to the Sina hospital skin clinic of the University of Medical Sciences in Tabriz and the Sheikh al-Rais specialized medical center, the frequency of CAM therapy use was evaluated to be 36%, suggesting that, the application of CAM therapies in treating cutaneous conditions is a common phenomenon. The statistical difference between this study and the previous ones could stem from the fact that only four CAM methods, i.e. acupuncture, homeopathy, Herbalism, and phlebotomy were investigated in the present study, while in the previous ones, the majority of CAM therapy methods were examined.

Another reason behind such a distinction could be due to the fact that only four common cutaneous conditions, i.e. acne, Telogen effluvium, alopecia areata, and hand dermatitis, were evaluated in the present study. Different results may have been yielded if the study have had included the majority of cutaneous conditions.

The results of this study suggested that, of therapy the various CAM methods investigated, Herbalism (the use of herbal medicines) had the most frequency (31.4%). This finding corresponds to the results obtained from the previous study carried out in Iran (3,11). The results obtained from some of the studies conducted globally point to Herbalism as being the most frequently used method compared to other CAM methods, among which are the studies by Demerick et al. in Turkey (12), and the one carried out by Carol at al. in the United States (8). In a study done by Barnes et al, prayer therapy was reported as being at the top of the list of utilized CAM methods (13), which was not investigated in the present study.

In this study, the least frequency of CAM therapy use belonged to homeopathy. Similar results were obtained from the study of Banihashemi et al, with a 1% use of homeopathy, representing the least applied CAM method after acupressure,

chiropractic, and hypnosis, respectively (3). Such a figure corresponds to the findings of Sadighi et al. in terms of frequency (10). In the study carried out by Carol et al. in the United States, the frequency of homeopathic use was reported to be 11% Furthermore, in another study under the title: "Homeopathy in Dermatology" by Smolle, homeopathy has been cited as one of the most widely used of CAM therapies (2). This statistical difference between homeopathic applications in Iran and other countries might be accounted for by a possible lack of awareness of this method among the Iranian people, the high cost of performing homeopathy, and different ideological and cultural factors.

Conclusion

The results of this study suggest that, CAM methods are commonly employed among patients with skin disorders. Herbalism (the use of herbal medicines) was the most commonly used method among the patients. In light of the obtained results, the need for practitioners of modern medicine to be introduced to different CAM methods, as well as to their pros and cons, becomes more apparent.

Suggestions

It is suggested that more CAM methods be evaluated in future studies compared to the present one. It should also be noted that, only four cutaneous conditions were examined in this study. It goes without saying that, more reliable results would be yielded from the investigation of additional medical conditions in future studies.

In this study, the patients' satisfaction levels of the employed CAM methods, as well as their pros and cons were not evaluated; the study of which could offer a more accurate and comprehensive view of these methods to practitioners of modern medicine.

References

- 1.Mousavizadeh K., Ansari H(2008). Complementary / Alternative Medicine and medical education. Payesh, 7(4), 329-36.
- 2.Smolle J(2003). Homeopathy in dermatology. Dermatol Ther,16(2):93-7.
- 3.Tehrani Banihashemi S.A., Asgharifard H., Haghdoost A.A., Barghmadi M., Mohammadhosseini N(2008). The use of Complementary/Alternative Medicine among the general population in Tehran, Iran. Payesh, 7(4), 355-62.
- 4.Zhou D, Chen W, Li X, Deng B, Xu W, Qu J, et al(2014). Evidence-based practice guideline of Chinese herbal medicine for psoriasis vulgaris. European journal of Integrative medicine. 6, 135-1146.
- 5.Kallaji AN, Wahner-Roedler DL, Sood A, Chon TY, Loerer LL, Cha SS, Et al(2012). Use of complementary and alternative medicine by patients seen at the dermatology department of a tertiary care center. Complementary Therapies in Clinical Practice. 18, 49-53.
- 6.BhucharS, KattaR, Wolf J(2012).

 Complementary and Alternative Medicine in Dermatology:an overview of selected Modalities for the Practicing Dermatologist. American journal of clinical dermatology, 13(5), 311-317.
- 7.Schimff SC (1997).Complementary Medicine. Current Oncology, 9, 327-331.
- 8.Carol E(1999). Traditional African Medicine in Dermatology. Clinics In Dermatology, 17,1-12

- 9.GHafari F, Neseri M, Khodadoost M(2010). Traditional Iranian Medicine and the need for its revival and development. Teb Va Tazkiyeh, 19 (3):63-70..
- 10.Sadighi J, Maftoon F, Moshrefi M(2004). Complementary and alternative medicine (CAM): Knowledge, attitude and practice in Tehran, Iran. Payesh, 3(4), 279-89.
- 11.Zafarghandi N, Pirasteh A, Khajavi K, Bateni F. Knowledge, Attitude and Behaviors of People Referred to Health Centers of Tehran About Iranian Traditional Medicine. 3. 2012; 1 (2):65-70.
- 12.Dmeric GT, Attunay JK (2014).
 Complementary and Alternative
 Medicine and Assessment of
 Dermatology Quality of Life Index
 among Dermatology Outpatients.
 British Journal of Medical Research,
 4(9) 1812-1820
- 13.Barnes PM powell –GrinerE McFann KNahin Rl(2004). Complementary and Alternative use among Adults. National Center for Health Statics, 2(2), 54-71.