

Use of Complementary Medicine Amongst Asthmatic Patients in Primary Care

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Summary

Complementary Medicine (CM) usage amongst asthmatic patients was studied. Eighty-eight patients, selected by systematic random sampling in two public polyclinics in April/May 2004, were interviewed. They completed a structured pre-tested questionnaire. Forty-one percent were using CM, majority (64%) together with conventional therapy. Eighty-one percent did not inform their physicians of their CM usage. More Malays were using CM which included nutritional supplements, herbs, yoga, homoeopathy, reflexology and massage.

Key Words: Use of complementary medicine, Asthma, Primary care, *Centella Asiatica*

Introduction

Complementary medicine (CM) encompasses therapeutic and diagnostic disciplines that usually exist primarily outside mainstream health care institutions. CM is an important issue because of its increasing usage by patients. In USA and UK, 42% and 59% of asthma patients had tried CM respectively¹. CM usage in asthmatics is increasing is being used as an adjunct and also as a substitute for effective and proven therapies¹.

Common CM used by asthmatics include traditional herbs, coffee, honey, homeopathy, massage, breathing technique and oil rub. Available evidence supporting the efficacy of CM therapies from well-designed clinical trials is limited. Patients seek CM because they feel more empowered by the process, more in control of their illness, after disappointing experiences with conventional doctors and concern about the adverse effects of conventional medicine².

In Malaysia, studies found a substantial number of diabetic and hypertensive patients used CM³. Although nearly a million Malaysians suffer from asthma, a PubMed search found no publication on CM usage in

Malaysian asthmatics. This preliminary study aimed to assess CM usage among primary care asthmatic patients.

Materials and Methods

Two public polyclinics in Ipoh (Greentown and Simee) were selected by convenience sampling. Adult asthmatic patients aged ≥ 18 years attending the clinics between 26th April and 14th May 2004 were included. Patients with acute asthmatic attacks were excluded. As interviews take time, patients were selected by systematic random sampling (1:4). They completed a pre-tested structured questionnaire that included demographic and asthma profile, medication and CM usage. Treatment details, peak flow rate and coexisting health problems were obtained from the medical records. The data were analyzed using SPSS. Chi square test was applied and p value < 0.05 was considered statistically significant.

Results

Eighty-eight out of 291 asthmatic patients who attended were selected. Their demographic profile are

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summarised in Table I. Thirty-two percent had coexisting hypertension and diabetes mellitus.

Forty-one percent had used CM. Within each ethnic group, more Malays (60%) than Chinese (27%) and Indians (24%) were using CM. Patients with higher educational level were using CM more. These were statistically significant (Table D).

CM used included nutritional supplements (39%), herbs (36%), massage and oil rub (11%), yoga (6%), homeopathy (65) and reflexology (2%). The nutritional supplements and herbs included honey, fish oil and garlic, 'pegaga' (*Centella Asiatica*), ginseng, Chinese and Indian herbal therapies.

The duration of CM usage ranged from one week to twelve years (mean duration one year). Most used CM on their friends' recommendation (42%), followed by relatives (31%), self initiative (19%) and media (8%).

On a scale of 0 to 10, the patients gave an average score of 5.53 on the confidence level of the effectiveness of CM towards improving their asthma and other health problems. Most used CM (72.2%) for improving asthma with 81% experiencing subjective improvement.

The majority (64%) took their CM together with conventional medicine. Eighty-one percent did not inform their physicians concerning their CM use.

Discussion

The Malays studied believed that traditional medicine ('pegaga', honey with eggs, homeopathy, traditional massage) helped improve their asthma. Honey was believed to increase immunity to pollen, dust or mold but there is insufficient evidence that this approach as well as the use of homeopathy is effective in the treatment of asthma⁴.

The Chinese believed that 'hot' food such as wild animal meat should be taken for 'cold' diseases such as asthma. Some used fish oil supplements. Indians used yoga in treating their asthma and for relaxation. Several studies showed that patients practising yoga had fewer asthma attacks and were less responsive to some triggers⁵.

Reasons given for using CM were concerns about steroid side-effects, unhelpful conventional therapy, for relief of asthmatic symptoms and for relaxation. It was very difficult to determine or measure the effectiveness

Table I : Demographic profile & CM usage in asthmatic patients

Socio Demographic Categories	Using CM (n=36) No.	Not Using CM (n=52) No.	Total (n=88) No.(%)
Gender			
Male	18	20	38 (43)
Female	18	32	50 (57)
Age (years)			
18 - 39	9	17	26 (30)
40 - 59	23	23	46 (52)
60 and above	4	12	16 (18)
Ethnicity (p<0.01)			
Malay	24	16	40 (45)
Chinese	3	8	11 (13)
Indian	9	28	37 (42)
Level of Education (p<0.001)			
Primary	5	27	32 (36)
Secondary / university	33	25	58 (66)
Working Status			
Working	18	22	40 (45)
Not working	18	30	48 (55)

of the treatment they were taking for relief of symptoms, as it might be psychological.

This study was limited by the small sample size and communication barrier between interviewer and patients who were not fluent in English or Malay. Larger studies are needed for a more representative sample.

As most patients used CM together with conventional therapy and failed to inform their physicians, primary

care doctors need to ask patients about CM usage and assess for potential adverse effects and drug interactions.

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