

Physicians' attitude, belief and practice of complementary alternative medication use

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Dear editor

We read the article "Association between belief and attitude toward preference of complementary alternative medicine use" by Islahudin et al with great interest and wish to express our views on this paper. Complementary alternative medication use is indeed on a rising trend as a safer alternative to the conventional medicine either to prevent or to treat health concerns.¹ The authors addressed very well toward the patients' perspective; hence, we feel to add a few points from a physicians' point of view and the need to sync conventional and complementary medications for further improvised patient care.

Complementary alternative medication (CAM) generally includes chiropractic, acupuncture, spiritual healers, massage and relaxation techniques, homeopathy and herbal medicines and these trends and practice vary geographically and culturally. Usually consumers prefer CAM due to dissatisfaction from conventional treatment approaches in chronic diseases, such as chronic pains, cancer, Alzheimer's disease, psychosomatic diseases, etc. Apart from the satisfaction, patients consider alternative treatments that are safer and compatible with their beliefs, culture, views and offering more personal autonomy and control.^{2,3}

However, there is a controversial opinion among the physicians, while a survey² found that many doctors feel that CAM modalities are not real medical practice, but a couple of these same physicians had prescribed or referred patients at least once. Usually, the arguments physicians present include lack of evidence of efficacy and safety profile of CAM; therefore, many doctors discourage CAM therapies because they are not themselves aware regarding the safety or efficacy. Also a few physicians discourage it due to limited knowledge/training of alternative therapist to diagnose and treat the disease properly. This makes physicians not comfortable in counseling patients about CAM treatments. Hence, the majority (80%) of physicians exclusively practice conventional biomedical treatments.^{2,4}

Patients despite their positive belief tend not to disclose any information regarding the use or interest toward CAM to their physicians.¹ However, the physicians must be flexible enough to talk to their patients regarding it and must themselves be completely aware of available CAM approaches, their possible impact on the health due to drug interaction, safety profile and benefits, benign nature/placebo effect with due respect to patients' ideology, culture, belief and preferences.

Patients' safety and satisfaction are always priority. Therefore, all the medical professionals must be open to the idea of CAM and should have sufficient knowledge of and education on complementary and alternative medicine modalities as a part

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of their curriculum. There is a dire need of documentation of outcome studies for both CAM and conventional treatment strategies.

In this era of growing medical sciences and evidence-based approach, somewhere between the stubborn disbelief and the enthusiastic belief, there is a balanced perspective which may be helpful for the patients in future if worked upon.

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Islahudin F, Shahdan I, Mohamad-Samuri S. Association between belief and attitude toward preference of complementary alternative medicine use. *Patient Prefer Adherence*. 2017;11:913–918.
2. Astin JA, Marie A, Pelletier KR, Hansen E, Haskell WL. A review of the incorporation of complementary and alternative medicine by mainstream physicians. *Arch Intern Med*. 1998;158(21):2303–2310.
3. Astin JA. Why patients use alternative medicine: results of a national study. *JAMA*. 1998;279(19):1548–1553.
4. Furlow ML, Patel DA, Sen A, Liu JR. Physician and patient attitudes towards complementary and alternative medicine in obstetrics and gynecology. *BMC Complement Altern Med*. 2008;8(1):35.

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