Traditional and Complementary Medicine Practices in Patients Admitted to Dermatology Outpatient Clinic

ABSTRACT

Objective: As in all areas of medicine, the number of patients using traditional and complementary medicine (TCM) methods in dermatology are increasing day by day. The aim of this study was to determine the TCM using experiences in patients who admitted to the dermatology outpatient clinic.

Methods: The demographic characteristics of the 378 volunteering patients and their data obtained by applying a questionnaire developed by the researchers and consisting of 25 multiple-choice/open-ended questions, were analyzed statistically.

Results: 91 (24.6%) of the participants stated that they used at least one TCM practice for their previous or present skin disease. TCM practices were most commonly used for acne / acneiform disorders (n=24, 26.4%). The most common method was using olive oil riding on the scalp (n=20, 22.2%). 19 (24.4%) of those using any TCM method stated that they had benefited from the method they applied and 40 (42.9%) were recommending TCM use to others.

Conclusions: Patients should be informed about TCM methods and the possible effects and side effects after the use of TCM, and dermatologists should be cautious about this issue.

Keywords: Medicine, Traditional, Complementary Therapies, Alternative Medicine

Dermatoloji Polikliniğine Başvuran Hastaların Geleneksel ve Tamamlayıcı Tip Uygulamaları

ÖZET

Amaç: Geleneksel ve tamamlayıcı tip (GETAT) uygulamalarına başvuran insan sayısı tıbbın her alanında olduğu gibi dermatolojide de artma eğilimindedir. Bu çalışmada amaç dermatoloji polikliniğine başvuran hastalarda GETAT yöntemi kullanımını ve tecrübelerini saptamaktır.

Gereç ve Yöntem: Çalışmada dermatoloji polikliniğine herhangi bir cilt rahatsızlığı nedeniyle başvuran 378 olgu rastgele alınarak 25 çöktan seçmeli açık uçlu soruların oluşturulan anket uygulanarak elde edilen sonuçlar istatistiksel olarak analiz edildi.

Bulgular: Katılımcıların 91 (24.6%)’i geçmiş veya şimdiki cilt hastalığına yönelik az bilinen bir GETAT uygulamasını kullanmıştır. Olguların GETAT uygulamalarına en çok başvurduğu olgu grubu akne/akneiform bozukluklar olarak (n=24, 26.4%) belirlendi. Olguların en sık başvurduğu yöntem saçlı deriye zeytinyağı sürme (n=20, 22.2%) idi. Herhangi bir GETAT yöntemi kullananlardan 19 (24.4’ü) uyguladıkları yöntemden fazla görüntüünü belirtmekten 40 (42.9’u) ise kendi GETAT yöntemi kararlı bir şekilde öne çıkmıştı.

Sonuç: Hastalar GETAT yöntemleri ile GETAT kullanım sonucu etik ve yan etkiler açısından bilgilendirilmeli, dermatologlar da bu konuda dikkatli olmalıdır.

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INTRODUCTION
The concept of conventional and complementary medicine (TCM) practices is a term that refers to various health care systems, approaches and practices that do not conform to conventional western medicine approach. The practices within the scope of this concept have come from past to present through different nomenclatures such as alternative medicine, complementary medicine and traditional methods. The application to such practices is increasing among patients all over the world (1). TCM practices include herbs, dietary products, vitamins, mind or body practices, healthcare systems, and some additional techniques such as acupuncture, massage, etc. (2) In general TCM usage prevalence was 32.2%. TCM usage frequency in worldwide varies cause of the studies were heterogenous and the average was only calculated to give a rough estimate of proportions (3). Use of complementary and alternative medicine (manual therapies, alternative medicinal systems, traditional Asian medical systems and mind-body therapies, etc.) in Europe was investigated by Kemppainen LM et al.(4) and they found %25.9 of the general population had used at least one of these methods during last 12 months. In the studies conducted in Turkey, the use of TCM was determined as 86.3% in those with asthma and chronic obstructive pulmonary disease (COPD), as 25.2% in those with chronic kidney disease, as 83.7% in patients with common variable immune deficiency (5-7). In Turkey, the ministry of health determined the principles of TCM usage by the legislation in 2014. In recent years, the use of TCM practices in dermatological cases has become widespread. The use of TCM in dermatology cases in different countries has been reported as 35-69% (2,8). The aim of this study was to determine the factors related to TCM practices and TCM practices of the cases admitted to the dermatology outpatient clinic.

MATERIALS AND METHODS
This cross-sectional study was carried out in year 2018 cases who applied to the dermatology clinic for any skin disease by questionnaire method. Complaints and diagnoses of the participants were varied and did not differ significantly. The sample size was calculated as at least 343 with G-Power 3.1.9.2 using sample size calculation program, a power of 0.80 strength, an effect size of 0.06 and a confidence interval of 0.95, based on the results of the study conducted by Demirci et al. (9,10). A questionnaire was applied to 378 people. Being above 18 years of age and willing to participate the study were determined as the inclusion criteria. The necessary approval was obtained from the ethics committee of our university. After the literature review performed by the researchers, a questionnaire, containing 25 open ended/multiplet choseed questions, was prepared to determine sociodemographic data and TCM practices. In the questionnaire, accompanying chronic diseases, complaints about the skin, the diagnoses they received before (if any), duration of disease, satisfaction level with the medication given by the physician, and the TCM methods they applied in the past or currently (if any) were questioned. The cases who stated that they applied to the TCM method were asked how they made this decision, the TCM method or methods they used, the side effects they had (if any), whether they benefited from the TCM method or not, and whether they recommended it to other people (In the questionnaire practice, attention was paid not to prolong the waiting period of the cases especially in the outpatient clinic and to the fact that no delay occurred in service procurement). At income status question, 335 persons from the participants were answered. The obtained data was valued by SPSS version 17.0 for the statistical analysis. While the dependent variables were the use of TCM method of the participants, the independent variables were age, gender, marital status, educational status, working status, income status, and presence of chronic disease. The data were summarized with the number, percentage, median (min-max.) which are appropriate to the distribution, and chi-square test and Mann-Whitney U test were used to compare the data. For significance, p <0.05 was accepted as the limit value.

RESULTS
Of the 378 cases who participated in our study, 153 (40.5%) were male, 225 (59.5%) were female, and the median age was 32 (19-84) years. 23 (6.1%) of the participants were illiterate, 133 (38.2%) were primary and secondary school graduates, 66 (17.4%) were high school graduates and 156 (41.2%) were higher education graduates. While 170 (45.0%) of the participants stated that the income level was at or above the minimum wage level, 165 (43.7%) stated that the income level was below the minimum wage; 43 (11.3%) left the question unanswered. There were 24 (6.3%) participants who had a chronic disease other than skin disease (diabetes, hypertension, fibromyalgia, goiter, ankylosing spondylitis, FMF, migraine, asthma, celiac, deep vein thrombosis, bone loss, heart disease, etc.). In addition, it was 6.9% (n=26) to state that the participants used a non-drug method for his or her condition other than skin disease.

91 participants (24.6%) reported using at least one TCM application for past or present skin disease. When the relationship between the use of TCM and demographic data was examined, no significant relationship between gender, occupation and income was detected; however, there was a significant relationship with marital status of the participants (p = 0.010). The use of TCM was
higher in higher in educated patients than in the others (p = 0.001) (Table 1). Of the cases using TCM, 29 cases (33.3%) stated that they decided to use these methods by taking recommendation of spouse-friends-relatives and 17 cases (19.5%) pointed out that they did it by utilizing the internet-social media, 16 cases (18.4%) by recommendation of doctors, 15 cases (17.2%) by own knowledge, 7 cases (8%) by recommendation of the teacher or educated people and 3 cases (3.4%) by as a result of the sensations they received. 4 cases did not answer this question. Of those using any TCM method, 20 cases (24.4%) said that they benefited from the method and 40 (48.8%) of them suggested that they benefited partially.

When the cases using TCM were examined, the most common method was to use olive oil on the scalp with a rate of 22.2% (n=20) (Table 3). The most common practice was cupping with 11.1% (n=10), except for the methods which the cases used by taking orally or applying to the body (cases marked more than one method).

Expressing partial benefit from TCM practices partially was more significant in patients with complaints lasting more than 1 year (p = 0.033). While 40 (10.6%) of the cases said that the medication given by the doctor was not enough for their skin disease, 171 (45.2%) of the patients pointed out that they had a partial response.

Table 1. Demographic characteristics of cases using TCM and not using them(n=378)

| Characteristics                           | Using       | Not using    | p       |
|------------------------------------------|-------------|--------------|---------|
| Age [median(min.-max.)]                  | 28(19-68)   | 34(19-84)    | 0.070   |
| Gender n (%)                             |             |              | 0.347   |
| Male                                     | 33 (21.5)   | 120 (78.5)   |         |
| Female                                   | 58 (25.7)   | 167 (74.3)   |         |
| Marital status n (%)                     |             |              | 0.014   |
| Married                                  | 45 (19.6)   | 184 (80.4)   |         |
| Single/Divorced                          | 46 (30.8)   | 103 (69.2)   |         |
| Working Status n (%)                     |             |              | 0.604   |
| Working                                  | 34 (22.6)   | 116 (77.4)   |         |
| Not working                              | 57 (25.0)   | 171 (75.0)   |         |
| Educational status n (%)                 |             |              | 0.001   |
| Illiterate                               | 5 (21.7)    | 18 (78.3)    |         |
| Primary-Secondary school graduates       | 23 (17.2)   | 110 (82.8)   |         |
| High school graduates                    | 10 (15.1)   | 56 (84.9)    |         |
| Higher education graduates               | 53 (33.9)   | 103 (66.1)   |         |
| Income status n (%) (n=335)              |             |              | 0.592   |
| Below the minimum wage                   | 43 (26.0)   | 122 (74.0)   |         |
| At or above the minimum wage             | 40 (23.5)   | 130 (76.5)   |         |

In our study, the TCM were mostly 24 (26.4%) participants preferred for acne / acneiform disorders (Table 2).

Table 2. Disease groups using TCM at most

| Diseases                          | n  | %    |
|-----------------------------------|----|------|
| Acne / Acneiform disorders        | 24 | 26.4 |
| Skin infections and infestations  | 19 | 20.9 |
| Psoriasis/ other papulosquamous diseases | 16 | 17.6 |
| Atopic dermatitis / other eczema group diseases | 11 | 12.1 |
| Others                            | 21 | 23.1 |

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Stating that they did not benefit in married people was lower than others (p = 0.024). There was no significant difference between benefiting from TCM and gender, age, education status, income status and presence of chronic disease (p> 0.05).

Among the patients who used these methods, those who reported that they had side effects related to TCM were 19 (23.2%) of the cases. There was no difference between whether there were any side effects and gender, age, education status, income status, marital status, presence of chronic disease (p> 0.05). Of the cases, 33 persons (42.9%) recommended TCM practices to others.
Table 3. The first 8 TCM methods most commonly applied (The participants that TCM users could choose more than one answer.)

| TCM method                                                   | n  | %   |
|--------------------------------------------------------------|----|-----|
| Using olive oil on the scalp                                 | 20 | 22.2|
| Using cologne or rose water on the body                      | 16 | 17.8|
| Using a mixture of olive oil-lemon-egg-vinegar on the body    | 15 | 16.7|
| Applying a mixture of vinegar-mineral water to the body       | 14 | 15.6|
| Using St. John’s Wort oil on the body                        | 14 | 15.6|
| Using yogurt, toothpaste, tomato paste on the body            | 13 | 14.4|
| Boiling and drinking medicinal herbs/plant mixtures           | 13 | 14.4|
| Taking products or medicines with vitamin/nutrient supplementation orally | 13 | 14.4|
| Hijama                                                       | 10 | 11.1%|
| Leech therapy                                                | 7  | 7.8%|
| To prayed by someone                                         | 6  | 6.2%|
| Applying henna                                               | 5  | 5.6%|
| Pill / ointment recommended by someone else                   | 5  | 5.6%|

**DISCUSSION**

The TCM applications are an increasingly frequent concept in the society and its use is increasing in dermatology cases as in other branches. When the studies on the use of TCM in dermatology cases were examined, it was reported that the use of TCM in dermatology cases in different countries was 35-69% whereas it was between 50-62% in the USA (5,7). In other studies conducted in dermatological cases, it was stated that of the cases, 31.3% in Iran, 41% in Taiwan and 35% in Sweden applied to the TCM method (1, 12). In our country, studies on the use of TCM practices in dermatological cases are limited and the use of TCM has been reported as 12.6% - 33.5% (13,14). In our study, it has been determined to be (n=91, 24.6%) and it seems compatible with the literature. In our study, in accordance with the literature, gender did not affect the use of TCM (9,12,13,14). We believe that no significant relationship was determined since the TCM methods addressed the general population and common dermatological diseases do not differ by gender. No significant relationship was detected between the application for the TCM and marital status in our study and some studies. We have interpreted this as the habits or treatment tendencies of persons do not easily change by being married or single. When the income status of the cases was examined, no significant difference was observed between the application for the TCM method and the income level in the study of Demirci et al, whereas the application for TCM was determined to be higher in those with high-income levels according to the study of Göker et al.(9,15). In our study, no significant relationship was detected between the application for TCM and income status. When whether the educational level of the patients affected the use of TCM was examined, it was observed in a study (15) that the cases at the higher educational level (45.7%) applied to the TCM more than the cases with lower educational level (25.3%). In some studies, no significant relationship was also detected between the educational status and the use of TCM (9,12,14). In our study, the application for the TCM was also determined to be significantly higher in those with a higher educational level. Since causality is not questioned, we believe that the application for the TCM has been detected as high due to the high predictability of doing research in persons with high education. When similar studies conducted with dermatology cases are examined, herbal treatments are the most commonly used methods (12,13,16). In a study (19), 69.2% stated that they preferred herbal shampoo and 46.2% pointed out that they preferred topical herbal products. According to the study of Demirci et al.(9), topical herbal applications (garlic, rose water, herbal mixtures, henna, fig milk, herbal tea, etc.) constituted the most frequently used TCM method with 59.1%. Also study, the most commonly used TCM method was using olive oil on the scalp with (n=20, 22.2%). We believe that olive oil had high rates because it is easy to find in our society and it is a food that is frequently consumed in daily life. It is also possible for people to find a substance safe and use topically. The most common dermatological disease groups cured by TCM were acne vulgaris, psoriasis, telogen effluvium; alopecia areata and psoriasis; acne, psoriasis, contact dermatitis; acne vulgaris, verruca vulgaris, psoriasis vulgaris, eczema and psoriasis in different studies; whereas acne and acneiform disorders were the most common ones in our study (9,13,14,15,17). We believe that this is triggered by factors such as frequent incidence acne and acneiform disorders in the community, frequent prevalence despite applying effective treatments, especially causing...
aesthetic anxiety and social isolation in the young population. In the study conducted by Bilgiç et al. (18) in our country about the frequency of the use of TCM in cases with acne, it was stated that 55.6% of the cases used methods such as soaps, clay and lemon juice, respectively. It was reported that the most important reason for choosing the TCM method in this study was that these methods were considered to be effective and safe, and there are concerns about the side effects of drugs prescribed by the physician. In the study of Durusoy et al. (19), 57.4% of cases with acne vulgaris reported using the TCM method and all of them reported using herbal products. In literature, the application to TCM was determined to be higher in dermatology patients with longer disease duration (1,12,13). In our study, the use of TCM was higher in patients with complaints for more than 1 year and the first factor in choosing TCM method was the effect of spouse-friends and relatives. In one study (13) 72% of the cases reported applying the TCM method with a recommendation of another person. In a study conducted in the UK (8), the satisfaction of skin patients with TCM practices was analyzed and it was observed that they reported satisfaction at a moderate level. Considering different studies, of the cases using TCM, 26% and 25.3% recommends the method they use to others (15,17). In our study, stating that they have benefited from the TCM method and recommending this method to others is not to be underestimated. People suffer from side effects or toxicity problem due to the use of TCM methods, and also in the literature, it is mentioned that they can influence the possible interactions and treatment process with prescribed medical treatments by drawing attention to the risks of TCM methods (1,12,19).

CONCLUSION
In our study, the use of TCM has been detected in one-quarter of the cases and it has been observed that almost half of the patients suggest this. It has been determined that the application to these methods is highly common in acne / acneiform diseases as 26.4%. We would like to underline, this value could be detected higher if we had questioned this study in younger population. The most commonly used methods are herbal treatments. The use of TCM is high in cases with high educational level. It has been detected that the influence of a spouse, friends and relatives is high in patients using TCM. We would like to state, TCM methods are not categorized disease based methods in this questionnaire. Thus, we could not find detect the disease-method matching spesifically. Considering the tendency and suggestion chain for these methods, we believe that physicians should have a high awareness about the use of these methods. They should also know the possible side effects depending on these methods and inform their patients about the damages that may arise.

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