



## The use of complementary and alternative medicine in dermatology patients in western Turkey\*

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### Abstract

**Aim:** The aims of this study were to determine the use of CAM therapies by dermatology patients, reasons behind this use, satisfaction and information about CAM, and any side effects.

**Methods:** This definitive research study was undertaken at the Dermatology Clinic of a training hospital in Western Turkey. A total of 297 patients, who applied to the dermatology polyclinic or who were admitted to the clinic, constitute the sample of the study. Chi-square tests were used to compare the demographic characteristics of those who did and did not use CAM.

**Findings:** The findings indicated that 21% of the individuals, all of whom had dermatological ailments, used the CAM method. The CAM was most commonly applied by individuals with dermatological ailments such as pruritis (35.5%), acne (17.7%) and alopecia (14.5%). Almost all patients herbs were used intensively. After the use of herbs, the most used method was prayer (16.2%). More than the half of the patients using alternative therapies (75.8%) reportedly did not discuss the use of CAM with their healthcare professionals.

**Conclusions:** Physicians and nurses could play a role in informing patients about the benefits and risks of using the CAM. Further studies and detailed examination of the beneficial and harmful effects of each method are necessary to provide more extensive and useful information on CAM methods.

**Key Words:** Alternative Medicine, Complementary Medicine, Dermatology, Turkey.

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## Türkiye'nin batısındaki dermatoloji hastaların alternatif ve tamamlayıcı tedavileri kullanımı\*

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### Özet

**Amaç:** Bu çalışmanın amaçları; dermatoloji hastaları tarafından TAT tedavilerinin kullanımı, bunları kullanma nedenleri, memnuniyetleri ve hastaların TAT tedavileri hakkındaki bilgi düzeyi ile diğer yan etkilerini tanımlamaktır.

**Yöntem:** Bu tanımlayıcı araştırma, Türkiye'nin batısındaki bir eğitim hastanesindeki dermatoloji kliniğinde gerçekleştirilmiştir. Çalışmanın örneklemini, dermatoloji polikliniğine başvuran veya klinikte yatmakta olan toplam 297 hasta oluşturmuştur. TAT tedavilerini kullanan ve kullanmayan hastaların demografik verilerini karşılaştırmak için ki-kare testleri kullanılmıştır.

**Bulgular:** Bulgular, dermatoloji hastalarının %21'inin TAT tedavilerini kullandığını göstermektedir. TAT tedavilerini büyük çoğunlukla kaşıntı (%35.5), akne (%17.7) ve alopesi (%14.5) gibi dermatoloji hastalığı olan bireyler kullanmaktadır. Bu yöntemi kullanan hemen hemen bütün hastalar yoğun olarak bitkisel kaynaklı terapileri kullanmaktadır. Bitkilerin kullanımından sonra en çok kullanılan yöntemin "dua etme" (%16.2) yöntemi olduğu saptanmıştır. TAT tedavilerini kullanan hastaların yarısından fazlasının bu yöntemleri kullandığını sağlık profesyonelleri ile paylaşmadıkları belirlenmiştir.

**Sonuç:** Hekimler ve hemşireler TAT tedavilerinin kullanımı konusundaki riskler ve yararları hakkında önemli bir rol oynamaktadırlar. TAT tedavileri hakkındaki kullanışlı ve daha yaygın verilerin sağlanması için, her metodun yararlı ve zararlı etkilerinin ayrıntılı incelenmesi ve bu konuya ilişkin daha çok çalışmanın yapılması gereklidir.

**Anahtar Kelimeler:** Alternatif Tedavi, Tamamlayıcı Tedavi, Dermatoloji, Türkiye.

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### **What is already known about this topic**

- The CAM therapies is widely used throughout the world and preferred by a high percentage of dermatology patients.
- CAM therapies may be harmful when used alongside prescribed medications.

### **What this paper adds**

- 21% of dermatology patients in relatively more developed parts of Turkey have used CAM therapies.
- It was observed that the methods used were diverse and herbs were used intensively.
- The CAM therapies was most commonly applied by individuals with dermatological ailments such as pruritis, acne and alopecia.
- Nurses need information about CAM therapies so that they can detect their possible risks and provide appropriate patient education.

## **INTRODUCTION**

Complementary and Alternative Medicine (CAM) therapies is becoming increasingly acceptable to the general public and are increasingly used around the world. In general, the majority of the therapies, other than modern and scientific therapies, are referred to as complementary and alternative medicine (CAM). The concept of alternative medicine started to become popular towards the end of the 1970s. Complementary medicines are concepts for complementing medicines applied as medical therapy. These medicines include an extensive scope of medicine forms, such as herbal therapy, religious belief and healing with hands (acupuncture, etc.) (“Providing Complementary Therapies” 2004).

Today, the interest in CAM has increased for reasons such as an increase in chronic, degenerative and malign diseases that are difficult to treat, in parallel with an increase in lifespan, the high cost of new technologies, the difficulties many patients have in accessing these opportunities, physicians not being able to allocate adequate time to their patients, patients’ suspicions of current treatment methods and fear of probable side effects (Firat 2004; Oğuz, Pınar., 2000).

Studies in the literature report the prevalence of CAM usage ranges between 20% and 69% (Aissa Ben Rhouma, et al., 2005; Yıldırım, et al., 2004; Ernst, 2003; Schäfer et al., 2002; Ernst et al., 2002; Ernst, 2000; Berg, Ametz., 1998). The percentage of CAM used in dermatology patients in Taiwan varies between 41% and 65% (Chen, Chang., 2003, Koo, Desai., 2003).

In parallel with the prevalence of CAM usage around the world, there is increasing interest in these methods in Turkey (Gözüm, et al., 2003). CAM methods are popularly used throughout Turkey, with folk remedies, herbs and other substances being easily obtainable and sold without prescription. It is known that CAM methods are used very frequently, especially in the treatment of chronic diseases (Jensen 1990). There are also many chronic diseases among dermatological diseases where CAM methods can be applied, especially due to their direct influence on the body image. Despite their prevalent application, there are no scientific findings on the use of CAM by dermatology patients in Turkey.

The most important feature of these studies is that they were carried out in different years and in different geographical regions of the country in Turkey (Algier, et al., 2005; Ceylan, et al., 2002; Gözüm, et al., 2003; Isikhan, et al., 2003; Taş, et al., 2003; Samur, et al., 2001; Oguz, Pınar., 2000). All these studies were of the descriptive type and the data was collected through face-to-face interviews and questionnaires. The prevalence and the particular type of CAM were examined in all these studies. In one study, it was found that paramedical methods were used by 80.2% of the healthy population. Among several studies conducted on cancer patients, the prevalence of CAM use varied between 39.2% and 61.1% (Algier, et al., 2005; Ceylan, et al., 2002; Gözüm, et al., 2003; Işıkhan, et al., 2003; Taş, et al., 2003; Samur, et al., 2001). Currently, there are no studies which examine the application of the CAM to combat dermatological disease in Turkey.

In the literature there exist a great number of studies on the use of the CAM method by dermatology patients in the United States and Europe, however there are fewer of such studies in Asian countries. Therefore, complementary-alternative medicine therapies is growing rapidly in Turkey. Of significant concern is the safety of these complementary and alternative medicines. Since many people are using complementary and alternative therapies, nurses must be knowledgeable about their use, quality, and safety. However many of the modalities used in CAM are similar to nursing interventions such as touch, massage, and stress management. There are currently no government standards on the quality of complementary and alternative medicines therapies in Turkey, and some products are either unsafe or little is known scientifically about them. Therefore, nurses must assess complementary and alternative medicine therapies use with clients. Little is known, however, about the frequency

and patterns of the use of complementary and alternative medicines therapies by dermatology patients in Turkey.

The aims of this study were to determine the use of CAM by dermatology patients, reasons behind this use, satisfaction and information about CAM, and any side effects.

## **METHODS**

This research study was undertaken between June and September 2004 at the Dermatology Clinic of one of the largest training hospitals in Western Turkey. This region is located on the Aegean Sea coast, with a Mediterranean type climate and an abundant flora. Various spices, herbs and dried plants are readily available from markets throughout the region. A total of 297 patients, 18 years of age or older, who applied or who were admitted to the dermatology polyclinic, agreed to participate in the study and constitute the study sample. Data was gathered by the researchers using a questionnaire composed of 22 questions. The questionnaire was prepared with the objective of determining the CAM methods applied to dermatological complaints and the sociodemographic characteristics of the individuals. The questions relating to the CAM method used by the individuals were open-ended and the questionnaires were completed during one-to-one interviews with the individuals. At the beginning of each interview, the CAM method was described to the individual by the researcher. Interviews lasted for an average of 10 minutes.

## **ETHICAL CONSIDERATIONS**

The study was approved by the appropriate health administration organization. Potential participants were informed about the aim of the study, and then asked if they agreed to participate in the interview. Participants were told that they could withdraw from the interview whenever they wished and that all information would be kept strictly confidential

## **DATA ANALYSIS**

Data were analyzed using Statistical Package for the Social Sciences. Frequencies were tabulated for categorical data, and mean values and SD were calculated for continuous data. Percentages and the chi-square significance test were used in the analysis of the data.

## FINDINGS

The descriptive characteristics of the individuals included within the sample of the study are given in Table 1

**Table 1. Distribution of the Individuals Participating in the Study According to Their Descriptive Characteristics**

<b>Descriptive Characteristics Related to the Individuals</b>		
<b>Age</b>	<b>Number</b>	<b>%</b>
18-32	101	34.0
33-51	96	32.3
52-86	100	33.7
<b>Gender</b>		
Female	171	57.6
Male	126	42.4
<b>Marital Status</b>		
Married	182	61.3
Single	115	38.7
<b>Educational Level</b>		
Primary School	79	26.6
Middle School	34	11.4
High School	84	28.3
School of Higher Education/University	100	33.7
<b>Profession</b>		
Health worker (Nurse, midwife, health official, etc.)	9	3.0
Retired	80	26.9
Civil Servant	28	9.4
Housewife	75	25.3
Self-employed	33	11.1
Teacher	26	8.8
Student	46	15.5
<b>Income Level</b>		
Income equal to expenses	227	76.4
Income less than expenses	70	23.6
<b>Health Insurance Status</b>		
Those who have health insurance	286	96.3
Those who do not have health insurance	11	3.7
<b>Total</b>	<b>297</b>	<b>100</b>

The individuals included within the sample of the study were between the ages of 18 and 86 and the average age of the individuals was  $42.99 \pm 17.66$ . At the conclusion of the study it

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was determined that 57.6% of the individuals were female, 61.3% were married, 28.3% were high school graduates, 33.7% were graduates of a school of higher education or university, 26.9% were retired, 25.3% were female home workers, 76.4% had equal income and expenses and 96.3% had health insurance (Table 1).

**Table 2. The Distribution of the Characteristics of the Individuals Related to Their Use of the Complementary and Alternative Medicines Method**

<b>Usage of the Complementary and Alternative Therapy Method</b>	<b>No.</b>	<b>%</b>
Those who use it	62	21
Those who do not use it	235	79
<b>Total</b>	<b>297</b>	<b>100</b>
<b>Source Recommending the Complementary and Alternative Therapy Method</b>		
Close circles (family, neighbor, relative, friend, etc.)	45	72.5
Hairdresser	2	3.3
Media	13	21.0
Doctor- Dietician	2	3.2
<b>Reason for Using the Complementary and Alternative Therapy Method</b>		
Not benefiting from medical therapy	13	21.0
Wanting to try alternative therapy	26	42.0
Considering it to be a more natural and less expensive method	23	37.0
<b>When the Complementary and Alternative Therapy Method was Used</b>		
Prior to going to a physician	29	46.8
After medical therapy	17	27.4
Together with medical therapy	16	25.8
<b>The Ailments for which the Complementary and Alternative Therapy was Used</b>		
Alopecia	9	14.5
Wart	1	1.6
Acne	11	17.7
Pruritis	22	35.5
Scab on a wound	5	8.1
Perspiration on the palms of hands	1	1.6
Blemishes on the face	4	6.5
Rash and redness on the skin	3	4.8
Corn	2	3.2
Inflammation	4	6.5
<b>The Effect on the Ailments of the Complementary and Alternative Therapy Method</b>		
There is a decrease in the ailments	25	40.3
There is no change in the ailments	35	56.5
There is an increase in the ailments	2	3.2
<b>Recommending the Complementary and Alternative Therapy Method to Others</b>		
Those who recommend	20	32.2
Those who do not recommend	42	67.8
<b>Total</b>	<b>62</b>	<b>100</b>

Of the individuals who participated in the study, 21% stated that they had previously used or were currently using CAM. It was determined that use of the CAM method was recommended to most of the individuals (72.5%) by close circles (family, neighbor, relative, friend, etc.), respectively by the media, hairdressers and physician or dietician. When the reasons for individuals preferring the use of CAM were examined, it was determined that 42% requested to try the CAM method. Of the patients using the CAM method, 46.8% stated that they used CAM prior to seeing a physician, 27.4% after medical therapy and 25.8% together with the medical therapy. The CAM method was most commonly applied by individuals with dermatological ailments such as pruritis (35.5%), acne (17.7%) and alopecia (14.5%). The study found that there had been no change in the complaints of 56.5% of the participants and that there was a decrease in the complaints of 40% of the participants at the end of their treatment using CAM methods. 67.8% of those using CAM did not want to recommend these practices to someone else while 32.2% said that they could recommend them to others (Table 2).

**Table 3. Distribution of the Complementary and Alternative Medicines Methods Used**

Method Used	Number	%
Applying a mixture of almond oil and sesame oil	1	1.6
Applying a mixture of olive oil + almond oil + sesame oil + glycerin	3	4.8
Praying	10	16.2
Applying a mixture of soda + lemon	1	1.6
Applying a mixture of cucumber juice + cinnamon + lemon juice	1	1.6
Going to a hot spring (sulfurous water)	2	3.4
Applying henna	1	1.6
Applying chaste tree leaves	1	1.6
Applying walnut leaves after boiling them	1	1.6
Applying a mixture of olive oil + egg white	1	1.6
Rubbing with garlic juice	5	8.2
Sprinkling salt on wounds	1	1.6
Applying apricot oil	1	1.6
Applying a mixture of olive oil + honey + lemon juice	1	1.6
Applying olive oil	1	1.6
Applying lemon + honey	1	1.6
Boiled ipecac + cream prepared by the sellers of herbs and folk remedies	1	1.6
Boiling cloves and drinking the juice	1	1.6
Applying cold gel	1	1.6
Boiling centaury with sage and drinking the juice	1	1.6
Tying a piece of tomato on a corn	2	3.4



Boiling stinging nettle and drinking the juice	1	1.6
Applying a mixture of honey + cinnamon	1	1.6
Applying herbal cream	1	1.6
Applying onto the skin a mixture of lemon + boiled cabbage	1	1.6
Applying ice	1	1.6
Applying powder	1	1.6
Applying vinegar	1	1.6
Wetting clay soil with hot water and applying it	1	1.6
Going into a lake with fish	1	1.6
Boiling oleander flowers and dipping them into juice	1	1.6
Boiling juniper berry juice and drinking the juice	1	1.6
Acupuncture	1	1.6
Drinking liqueur	1	1.6
Applying Turkish Delight and raisins	1	1.6
Applying ashes and praying	1	1.6
Frying garlic + olive oil and applying it	1	1.6
Applying cream prepared by sellers of herbs and folk remedies	1	1.6
Applying a mixture of grass and Anzer honey	1	1.6
Applying a mixture of vinegar + barley juice	1	1.6
Boiling green walnut shells and drinking the juice	1	1.6
Boiling fumitory and drinking the juice	1	1.6
Boiling French lavender and drinking the juice	1	1.6
Drinking elecampane + <u>haftika</u> juice	1	1.6
Drinking a mixture of lemon + garlic	1	1.6
<b>TOTAL</b>	<b>62</b>	<b>100</b>

Patients in the study applied many different CAM methods in an effort to treat their dermatological ailments (Table 3). It was observed that the methods used were diverse (62 people made 45 different applications) and herbs were used intensively. Only one of the individuals using CAM stated that they had experienced a fever as a result of using the method. No side effects were observed in the other patients using CAM.

We found that 75.8% of the participants did not share the use of the CAM method with their physicians, while 24.2% discussed its application with them. Of those patients who shared the use of the CAM method with their physicians, 46.7% stated that their physicians did not show any reaction, 33.3% that their physician did not accept this situation and explained the drawbacks, while in 20% of such cases the physician supported the method and encouraged its continued application.

In our study, no statistically significant difference was discernable amongst the groups when the age, gender and educational level of the participants and the use of the CAM methods were compared ( $X^2 = 0.335$ ,  $p > 0.05$ ;  $X^2 = 0.0008$ ,  $p > 0.05$ ;  $X^2 = 3.301$ ,  $p > 0.05$ ).

However, the difference between the income levels was found to be statistically significant ( $X^2 = 6.558, p < 0.05$ ).

## DISCUSSION

In other studies, it is variously stated that the prevalence of the CAM method in dermatology patients was 69% in the United States and England, 26.5% in Germany, 35% in Switzerland and 41% in Taiwan ("*Complementary and alternative medicine*" 2004; Chen, Chang., 2003; Schäfer, et al., 2002; Ernst, 2000; Berg, Ametz., 1998). The percentage of those using the CAM method in our study is lower than in many other countries. It is thought that this may be due to mixed perceptions about the relevance of CAM methods and their application in medicine in Turkey. Additionally, it was noted that patients who participated in the study were hesitant when answering the questions related to the use of the CAM methods.

Studies in the United States have found that use of CAM increased from 33% to around 42% between 1990 and 1997 (Ernst, 2000). In Turkey the direction of change in this ratio is unknown due to the lack of prevalence studies on use of the CAM method in the field of dermatology.

Our study accords with the findings of Chen and Chang (2003), where it is stated that the CAM method was recommended to the majority of individuals by close circles (family, neighbor, relative, friend, etc.), respectively by the media, hairdressers and doctor or dietician. It is thought that recommendation by close circles reflects the cultural characteristics of communities in Turkey where problems are commonly shared with close circles and there are strong ties between families, neighbors and friends. Furthermore, it is observed that health professionals, both in Turkey and in Taiwan (Chen, Chang., 2003), recommended the use of the CAM method less than their counterparts in Europe and America. It is thought that the lower rate of recommendation by health professionals stems from uncertainty about the use of CAM, which remains a subject of debate in Turkey.

In various studies it was stated that patients preferred the CAM method because it has fewer side effects, they wanted to try it, they were dissatisfied with the medical therapy and they thought that it was a more natural method (Schäfer, et al., 2002; Senna, et al., 1999; Berg, Ametz., 1998). Our study accords with these findings. "To want to try" is a common reason for most individuals to use CAM. It is thought that the reason for this finding stems

from patients placing hope on such methods, and partly because the effects of CAM methods and not definitely known. In the review study made by Smolle (2003) it was stated that among the reasons for patients preferring the CAM method were obtaining emotional support to a great extent, dealing better with their diseases and the desire to more actively participate in the healing process. In our study, we found that the second most popular reason for using the CAM method was that patients considered it "to be more natural and less expensive". In Turkey, the herbs and other substances used for CAM are mostly affordable and inexpensive in relation to prescription medicine. This could be a reason for preferring the CAM method.

Our study found that a majority of the individuals used CAM prior to seeing a physician and for the purpose of trying it. It is thought that the large number of shops selling herbs and folk remedies in Turkey afford easy access to many ingredients used in CAM. However, used on their own, they may not be effective in treatment given the finding that a majority of patients reported trying the CAM method prior to consulting a physician. Schäfer et al. (2002) found that just over half (51.6%) of patients who tried a CAM method subsequently started medical therapy.

Most of the patients in our study applied the CAM method for treatment of dermatological ailments such as pruritis (35.5%), acne (17.7%) and alopecia (14.5%). It is thought that this finding reflects the fact that pruritis is the most frequently observed symptom in dermatology patients. Other studies have also found that pruritis is the common characteristic of the dermatological diagnoses for which the CAM method is used (Ernst., 2003; Schäfer, et al., 2002; Jensen, 1990). Besides pruritis, the CAM method is most popularly used for treatment of acne and alopecia. It is thought that the reasons for this stems from the fact that these ailments are directly related to body image. It should be noted that our study focused on dermatological ailments, not on dermatological diagnoses.

It is known that CAM can interfere with medicines prescribed by a physician and result in a number of unwanted effects. Some methods could reduce the effect of corticosteroids and cause serious hemorrhaging, while others may suppress the effects of medical therapy (Chen, Chang., 2003; Artık, Ruzicka 2003; Chang, Whitaker., 2001). The CAM method used should provide benefits and should not cause harm, (Hwang., 1998). Consequently, it is necessary that patients should be encouraged to share with health professionals the CAM methods they use, especially those they apply along with medical therapy. In our study, only one of the

patients using CAM stated that they had experienced a fever as a result of using the method. No side effects were observed in the other individuals using CAM. It is worth noting that the majority of CAM methods used by patients in this study were applied locally (38 out of 45 applications).

In the literature, 26% of the dermatology patients in Germany and 29% in Italy who used CAM for treatment of allergy ailments stated that this method or methods were effective. Our study showed that there was no change in the complaints of 56.5% of the participants and a decrease in the complaints of 40% of the participants following treatment with CAM. The decrease of the complaints of a significant percentage of those using the CAM method indicates that it would be beneficial to study scientifically the effects of these methods (Schäfer, et al., 2002; Senna, et al., 1999).

In our study, it is observed that the percentage of individuals recommending these methods to others is low. Patients may have been afraid of being criticized by health personnel or for reasons that the use of the CAM method has not yet acquired clarity. In comparison, the study made by Chen and Chang (2003) found that 26% of the individuals using CAM subsequently recommended such methods to other individuals.

When the CAM methods used by patients were examined, it was seen that they were very diverse (62 people made 45 different applications) and herbs were used intensively. The use of herb mixtures is an important part of traditional Turkish medicine (Gözüm *et al*, 2003). In a study made by Oğuz and Pınar (2000) on 550 healthy individuals in Turkey, it was found that herbs are used as a CAM method in as many as 72.5% of cases. This study also found as other studies of dermatology patients that herbal applications are the most popular CAM method (Ernst, 2000; Chen, Chang., 2003; Jensen, 1990).

Of the herbal CAM methods applied, our study draws attention to the use of olive oil which is used both on its own and mixed with other herbs and substances. Olive oil is widely produced and consumed as a natural product in the Western region of Turkey. It is also thought that the diversification of the CAM used by the study sample arises from the fact that many are not methods recommended by scientific studies, on which a consensus has been reached and for which an authority has suggested. Our results indicate that while herbs are widely applied, there is no certain or specific method, whose effectiveness is accepted. After the use of herbs, the most used method was prayer (16.2%). This is preferred by some patients because it has no side effects and is regarded by them as being easy to apply. In the

study made by Chen and Chang (2003), it was observed that the percentage of dermatology patients who reported using the prayer method was only 1.5%. Schäfer (2002), Jensen (1990) and Berg and Ametz (1998), found that dermatology patients did not refer to religion or prayer as a CAM method. Most studies report that one of the most important reasons for patients orienting towards the use of the CAM method is "to obtain emotional support and to make themselves feel stronger and more hopeful" (Yıldırım, et al., 2004; Chen, Chang., 2003). Most studies also report that aside from herbs, methods associated with Far Eastern cultures, such as acupuncture, aromatherapy, homeopathy, vitamin support and meditation are also popularly applied CAM (Smolle., 2003; Koo, Desai 2003; Chen, Chang., 2003; Schäfer, et al., 2002; Berg, Ametz., 1998; Jensen, 1990). In our study sample only one person used acupuncture and other such methods were not applied. This finding indicates that our patients may not have considered these methods as CAM methods, that some methods require the request of the physician and that some of them are not in widespread use in Turkey.

In our study the majority (75.8%) of the participants using CAM did not share the use of the method with their physicians. In the 7-year prevalence study made in the United States by Eisenberg et al. (1998), it was stated that 39.8% of the individuals shared their use of the CAM with their physicians. Chen and Chang (2003), reported that a slightly lower proportion of 58% of patients did not share their use of the CAM method with their physicians. In this regard, our study findings are therefore in parallel with the results of Chen and Chang (2003).

We found that a significant proportion (46.7%) of those who shared the use of the CAM method with their physicians stated that their physicians did not show any reaction. This finding reminds that the CAM methods remain scientifically debatable in Turkey. Elsewhere in the literature, it is stated that physicians still consider these unproved methods with suspicion (Yıldırım, et al., 2005; Yeşilada, 2002).

Further evidence of this suspicion was recorded at the American Dermatology Academy meeting in New Orleans in 2002, where it was noted that while 69% of dermatology patients used alternative therapy methods, such patients were not supported by their physicians (<http://gateway.proquest.com>, 2004). In the study made in Germany by Schäfer et al. (2002), it was stated that the use of the CAM were supported by the physicians to a great extent (40.2%) and these methods were provided extensively (60.9%) to the

patients. In the study by Jensen in Norway (1990), some CAM were recommended by physicians to patients with atopic eczema. It is thought that differing attitudes to the use of the CAM are directly related to national health policies.

In the literature, it is reported that the use of the CAM is higher amongst individuals in the 30-50 age group (Chen, Chang., 2003; Jensen, 1990; Eisenberg, et al., 1998). While there was no significant difference among age groups in our study, the percentage of use of the CAM method was high amongst individuals in the 18-32 age group. This could stem from the use of the CAM method at a high percentage (17.7%) for the treatment of acne, a common problem experienced by young people. Chen and Chang (2003) stated that the use of the CAM method more frequently by young people could increase the prevalence of use of the CAM method in the future.

Jensen (1990) reported that there was no significant difference between females and males in the use of the CAM method. This result supports the findings of our study. In previous the studies, it was stated that females were more likely to use CAM (Chen, Chang., 2003; Schäfer, et al., 2002; Berg , Ametz., 1998; McLennan, Wilson., 1996).

In relation to income level, Chen and Chang (2003), found that the percentages of use of the CAM method were less for individuals who had a high income level. In our study sample, the majority of the individuals reported their income and expenses to be equal. This notwithstanding, their use of CAM methods was higher than the other groups.

When the educational level and their uses of the CAM method were compared, the difference between individuals' education levels was not found to be statistically significant. In the study made by Schäfer et al. (2002), the group with a higher level of education used the CAM method more. Similar findings were determined in studies made in the United States, Australia and England on dermatology patients who were diagnosed with an allergy (Senna, et al., 1999; Eisenberg, et al., 1998).

## **STUDY LIMITATIONS**

This study was limited to dermatology patients living in the greater Izmir area (including in western Turkey). The study included only dermatology patients in one Turkish region. Further work would be needed to investigate their generalizability to other sectors of Turkish society and other regions.

## CONCLUSIONS

Our study in Western Turkey determined that CAM was used by 21% of patients in the sample, all of whom had dermatological ailments. The 62 individuals applied a total of 45 different CAM methods, none of which there appeared to be local consensus for. It is therefore considered that the physicians and nurses treating such patients could play a role in informing the patients about the benefits and risks of using the CAM methods. Health professionals could be enabled to support patients using CAM and to share with them information about relevant methods and their effects. Further and more extensive sampling studies would therefore be beneficial. While this study was limited to patients who applied to the hospital, future studies could inform on CAM usage from a wider sample of society. It should also be noted that our study is limited to dermatology patients and the results cannot be generalized for other ailments. As the CAM method could be affected by cultural norms and ethical experiments, the results of this study can be used for intercultural comparisons with other countries.

This first study of the prevalence of CAM amongst dermatology patients in Western Turkey identified a great diversity of methods in popular use. This finding, compounded by the lack of consensus on the use of these CAM methods by patients, health professionals and the community alike, strongly suggests that additional and more detailed examinations are necessary. Further studies could address the deficit of scientific knowledge relating to the beneficial and harmful effects of locally used CAM methods, and help to inform the treatment of dermatological ailments.

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