SPECTRUM OF USE OF TRADITIONAL MEDICAL & ALTERNATIVE THERAPIES IN SINGAPORE

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OBJECTIVE

We have observed that patients use traditional and alternative therapies. Our objective is to find out the frequency of traditional and alternative therapies and the spectrum of therapies used.

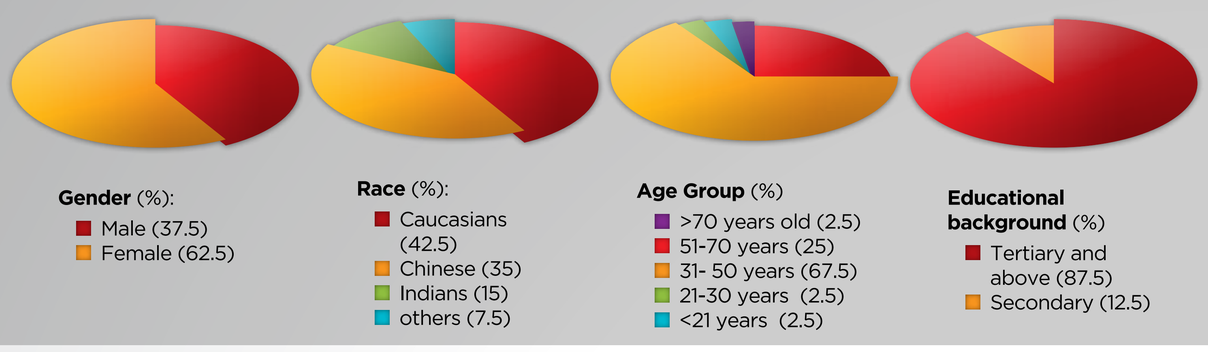
METHODOLOGY

We conducted a pilot study by providing questionnaires to patients regarding traditional medicine usage in a specialist respiratory and internal medicine clinic in Singapore over a period of 2 months in 2013.

RESULTS

(40 respondents out of 50): **Demographics: 62.5%** Female, Race (%): Caucasians **(43),** Chinese **(35),** Indians **(15),** Others **(7),** Age Group (%): >70 years old **(2.5)**, 51-70 years **(25),** 31-50 years **(67.5),** 21-30 years **(2.5),** <21 years **(2.5).** Educational background (%): tertiary and above **(87.5),** secondary **(12.5).**

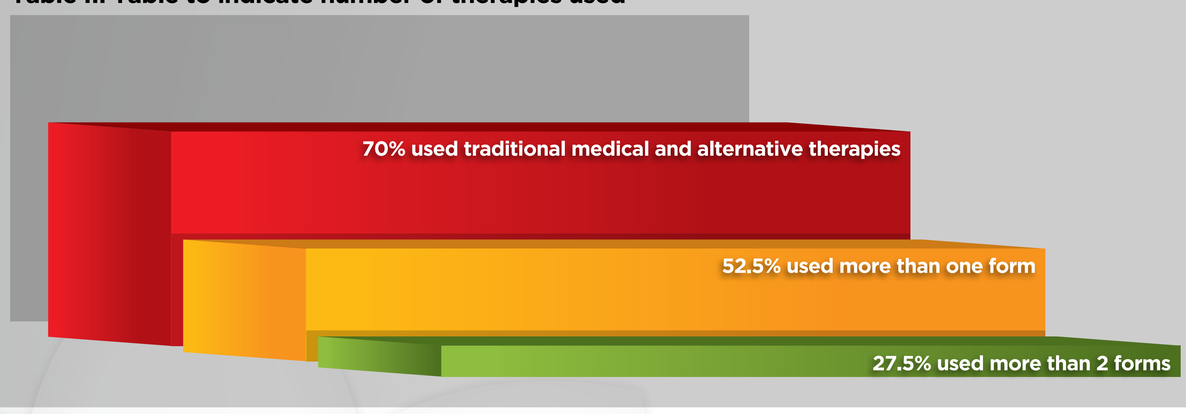
Table I: Demographics of Respondents by Gender, Race, Age and Educational Background



USE OF THERAPIES

70% used traditional medical and alternative therapies, of which **52.5%** used more than one form, **27.5%** used more than 2 forms.

Table II: Table to indicate number of therapies used



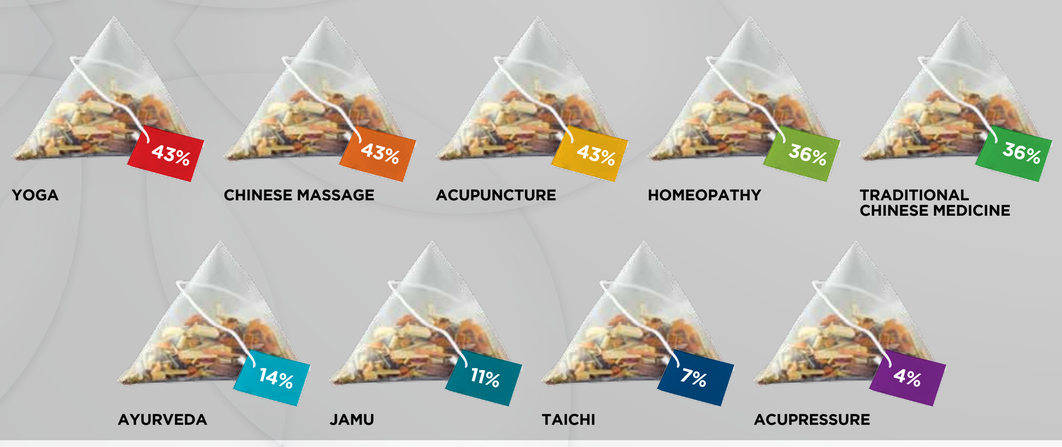
SPECTRUM OF THERAPIES USED (%)

Yoga **(43),** Chinese Massage **(43),** Acupuncture **(43),** Homeopathy **(36),** Traditional Chinese Medicine **(36),** Ayurveda **(14),** Jamu **(11),** Taichi **(7),** Acupressure **(4)**.

Spectrum of illnesses recorded no. (%) out of 29: Musculoskeletal problems 10 **(34),** respiratory symptoms 3**(10),** Infections (mainly upper respiratory tract infection) 6 **(21),** Sinusitis 3 **(10),** Gastrointestinal 3 **(10),** others (tobacco addiction, tiredness, exercise, 'sick') 4 **(14).**

Majority **(96%)** did not experience any unwanted side effects (gastro-intestinal). Overall, respondents' opinion was that **72%** felt that traditional therapies were effective.

Table III: Spectrum of Alternative Therapies Used



SPECTRUM OF ILLNESSES RECORDED

Others **14%,** Musculoskeletal **35%,** Respiratory **10%,** Infections **21%,** Sinusitis **10%,** Gastrointestinal **10%**

Table IV: Spectrum of Illnesses Recorded

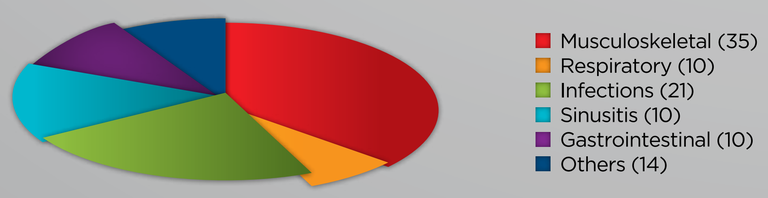


Table V: Patient's Perception of Effectiveness of Therapy

72% felt the therapy effective

Table VI: Perceived Side Effects of Alternative Therapy

96% did not experience any unwanted side effects

Table VII: Duration of Therapy

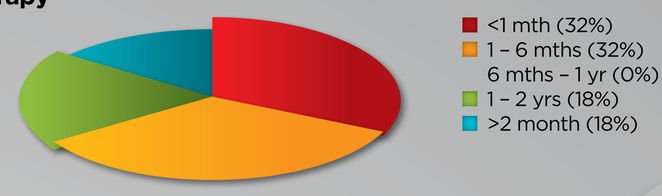
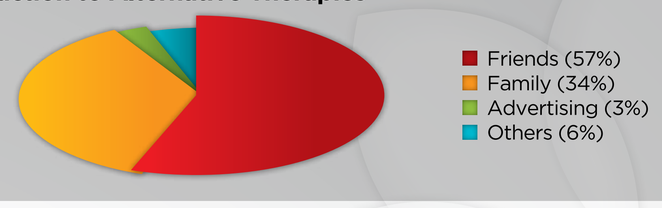


Table VIII: Mode of Introduction to Alternative Therapies



CONCLUSION

The use of traditional therapy is common **(70%).** Majority **(87.5%)** of respondents had tertiary education, and were female **(62.5%).** A wide spectrum of traditional therapies was used. Majority **(72%)** felt these therapies were effective. Minimal negative side effects were experienced. Duration of therapy was seen in two groups: one group less than 6 months, and another group greater than 1 year.

DISCUSSION

Although this is not a population based study, it provides a baseline for further population studies to be conducted. There have been no reported studies on frequency of alternative therapies in the general population in Singapore. Previous studies have highlighted use of alternative therapies in specific areas, namely cancer patients, paediatric cancer and geriatric psychiatric patients [1,2,3].

Studies from the UK, USA and Taiwan have indicated similar findings to ours, that predominantly **females and the well-educated had experience in using alternative therapies [4,5,6].** Interestingly, an Australian study highlighted that it was mainly lower income group, secondary educational background patients that utilised alternative therapy, which is different to our findings [7]. One could conclude that **well educated persons appear to want to make their own decisions about caring for their health.** Regular insurance providers do not cater for this area, and these therapies tend to be expensive. The majority of patients found out about these therapies by word of mouth, from family and friends, demonstrating the strength of positive responses from personal experience. The placebo effect of any therapy is well known, and presumably alternative therapies would also have some placebo effect; nonetheless, **72% of patients felt better with this therapy and it was well tolerated.**

However, alternative therapies are not without risk. In our study, only **4% of patients developed unwanted side effects** (gastro-intestinal side effects). It is well known that alternative therapies may have side effects and risks that are difficult to monitor. In the period 1998-2009, 627 cases of complementary alternative therapy side effects (3.8% of all adverse side effects) were recorded by the Health Sciences Authority, Singapore, [8] of which 80.2% of these were deemed as serious, and 22 fatalities were recorded, mainly from hepatotoxicity. Other adverse effects were endocrine (mainly hypoglycaemia), and central nervous system disorders. The majority of these therapies were used for enhanced sexual performance (46.4%), pain relief for arthritic pains (5.9%) and slimming aids (4.3%).

The spectrum of therapies (%) was predominantly Yoga (43), Chinese Massage (43), Acupuncture (43), Homeopathy (36), Traditional Chinese Medicine (36), Ayurveda (14), Jamu (11), Taichi (7) and Acupressure (4). This spectrum highlights **patients use therapies possibly because of their upbringing and their family background and culture.** Interestingly, Chi et al in Taiwan reported use of Chinese medications in patients at a frequency of only 10% in 1997 [6]. It is possible that **the frequency of use has increased in 2013,** over this 20 year period.

In this study, the patient pool was from a respiratory and general medicine clinic. Hence, the spectrum of illnesses which were identified during this study may be skewed towards respiratory symptoms. However, in this study, **the commonest medical problem that patients sought alternative therapies was for musculoskeletal symptoms.** Previous studies have shown that patients seek alternative therapies mainly for paediatric oncology, adult oncology, rheumatic diseases and depression. The majority of these illnesses are chronic diseases and current 'western medicine' therapy is well known to cause side effects. It indicates the perceived concerns with these drugs, and that patients are looking for alternative therapies for this group of chronic diseases. It also shows that **respiratory disease and sinus treatments (together totalled 41%) are also perceived by patients as unacceptable, and that patients are looking for alternative cures.** However, one could postulate that patients view alternative therapies as more complementary to their health care rather than to replace their existing treatments as prescribed by doctors in our cohort.

In this study, there appears to be **two groups of patients whose duration of therapy was either less than 6 months, or greater than one year.** One could postulate that certain treatments provided almost immediate perceived benefits to health, but were either short-lived (and therefore the treatment was stopped), or the patient got better, for the group that had therapy for less than six months. For the group of patients who were on therapy for more than a year, this may be because of perceived benefits for treatment or prevention of long term illness.

In our age of evidence based medicine, doctors are strongly advised to provide advice based on scientific evidence. This study provides us with some insight as to whether we as health care providers are providing adequate care for patients in the community to meet their expectations, who prefer therapy which is more acceptable to them, and without side effects. Certainly, some alternative therapies are known to have scientific basis and have provided scientific papers including acupuncture and traditional Chinese medicine. Chinese scientific papers have highlighted benefit of certain treatments for groups of diseases, mainly upper respiratory tract infections, and dementia or mental disorders [9].

Singapore has started a Registry of Traditional Chinese Medicine Practitioners since 2000 to keep in check traditional Chinese practitioners and their practices. Their continuing medical education, however, remains on a voluntary basis. Other alternative therapies such as Yoga, Ayuverdic therapy, and homeopathy do not have a governing body to provide reasonable safety and quality control.

Singapore is a young developed multiracial nation, with a rich cultural heritage (Chinese (77%), Malays (14%), Indians (8%) and others (1%) [10]). The majority are well educated, and education is emphasized. The availability of alternative therapies, especially traditional Chinese therapy is easy, and it is culturally acceptable to seek assistance from this group before attending a western based clinic. The Ministry of Health, Singapore, has attempted to safeguard the interests of the public.

In view of the points above, **it is important as a physician to be aware of available alternative therapies** which may affect the patient's well-being and may even constitute side effects which may interfere with the patient's current treatment. Physicians should also be more sensitive to the acceptability of current recommendations for treatments, which may not be acceptable to the patient and their families.

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