



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1161058>Available online at: <http://www.iajps.com>

Research Article

**CROSS-SECTIONAL ANALYSIS OF ATTITUDE & PRACTICE
REGARDING USAGE OF COMPLEMENTARY & ALTERNATIVE
MEDICINE IN GYNAECOLOGY AND OBSTETRIC AMONG PATIENTS
PRESENTING AT LIAQUAT UNIVERSITY HOSPITAL****Pooja Lohana^{1*}, Mahwish Jatt² and Sana Akhtar³**^{1, 2 & 3}LUMHS Research Forum^{1, 2 & 3}Liaquat University of Medical & Health Sciences, Jamshoro**Abstract:**

Objective: This study hopes to assess attitudes and practice of patients and healthcare providers towards the use of complementary and alternative medicine in matters related to gynaecology and obstetrics (e.g. puberty upsets, menstrual irregularities, pregnancy issues & menopausal complaints) in our society. **Methodology:** This cross-sectional analysis was conducted upon a total of 100 female patients presenting to the Liaquat University Hospital, Outpatient department of Obstetrics and Gynaecology (OBGYN). In addition to the patient sample, additional data of 20 doctors was also acquired to get qualitative data and deeper insight into the matter. Data was collected from March 2016 to March 2017. **Results:** Among the 100 subjects, 77 admitted to using complementary and alternative medicine (CAM) in several matters related to obstetrics and gynaecology. 33 subjects professed that they considered complementary and alternative medicine (CAM) a superior choice and only resorted to taking medication if and when they could not find relief with CAM. Among the subjects that admitted to using CAM in matters related to OBGYN, 41 used CAM during pregnancy, 23 used it for menstrual irregularities, 9 used CAM for menopausal woes and 9 used it for other matters during puberty onset. Neither of the subjects reported any observed side-effects. All the doctors supported healthy use of CAM in line with medicinal therapy, but with the approval and under the observation of a doctor. The doctors while agreeing to the benefits of CAM, reported that they had observed many side-effects when patients resort to CAM for ending pregnancies. **Conclusion:** After careful consideration, it can safely be concluded that both patients and doctors have a healthy and encouraging attitude towards CAM in matters related to OBGYN, however, all medication and therapies should only be used with the approval and under the observation of healthcare professionals.

Keywords: Complementary and Alternative Medication, Obstetrics, Gynaecology, Obstetrics, Lower back ache, Puberty, Menstruation, Pregnancy, Abortion and Menopause.

Corresponding author:**Dr. Pooja Lohana,**MBBS Scholar - Liaquat University of Medical & Health Sciences,
Jamshoro.Email: pooja.lohanaa@gmail.com

Phone: +92-346-0217077

QR code



Please cite this article in press as Pooja Lohana et al., *Cross-Sectional Analysis of Attitude & Practice Regarding Usage of Complementary & Alternative Medicine in Gynaecology and Obstetric Among Patients Presenting At Liaquat University Hospital*, Indo Am. J. P. Sci, 2018; 05(01).

INTRODUCTION:

Complementary and Alternative Medicine (CAM) is defined by the U.S. National Center for Complementary and Alternative Medicine (NCCAM) as a group of diverse medical and healthcare systems, practices, and products that are not presently considered to be part of conventional medicine. [1] Recent studies show that complementary and alternative medicine (CAM) is frequently used in the field of gynaecology and obstetrics, worldwide. [2]

As complementary and alternative medicine (CAM) is believed safe, women may consider it to be the best choice for allegedly sensitive matters (onset of puberty, pregnancy, sub-fertility and menopause) as these methods also seem very true to life from the lay standpoint. [3] Our country has a strong background in use of traditional medicine that seems in recent years is increasing. In spite of that, there is a lack of information about the current use of CAM methods especially during pregnancy.

Although the use of CAM to supplement conventional medical treatment is common among patients, attitudes and use of CAM among healthcare professionals is more controversial. A study by Jump *et al.* demonstrated that the majority of doctors located in a metropolitan of the western world still viewed the majority of CAM therapies as not part of legitimate medical practice. [4] In contrast, meta-analysis of the survey literature as well as several individual national surveys indicate that there is significant interest in CAM among healthcare professionals from varying subspecialties. [5-8]

As stated earlier, there is a lack of information about the current use of CAM methods especially during pregnancy. Exploring this matter in depth can help to better understand the use of CAM in our society and the major reasons governing it's the extent and nature of its use in matters related to gynaecology and obstetrics. The results could yield useful data that may be utilized to better counseled women regarding the use of CAM that will finally guide to the use of more effective and safe methods of healthcare.

The goal of the current study is to examine the attitudes and practice of patients and healthcare providers towards the use of complementary and

alternative medicine in matters related to gynaecology and obstetrics (e.g. puberty upsets, menstrual irregularities, pregnancy issues & menopausal complaints) in our society.

METHODOLOGY:

This cross-sectional analysis was conducted upon a total of 100 female patients presenting to the Liaquat University Hospital, Outpatient department of Obstetrics and Gynaecology (OBGYN). In addition to the patient sample, additional data of 20 doctors was also acquired to get qualitative data and deeper insight into the matter. Data was collected from March 2016 to March 2017.

INCLUSION CRITERIA: Female patients aged 12 to 60 years presenting at the LUH – OBGYN outpatient department are to be included in the sample.

EXCLUSION CRITERIA: Patients suffering from any major systemic illness or psychological debility are to be excluded from the sample.

DATA COLLECTION PROCEDURE: Data was collected using two different structured questionnaires i.e. an interview based questionnaire designed for patients and a separate self-administered questionnaire designed for doctors. The patients were selected using probability (simple random) sampling i.e. out of the total patients presenting at the OPD, only those with an OPD slip number ending with an even digit were selected. The doctors however, were chosen via non-probability purposive sampling.

RESULTS:

The mean age of the sample was 28 years. Among the 100 subjects, 48 belonged to the middle socioeconomic class, 28 belonged to the lower socioeconomic class while the remaining 24 belonged to the higher socioeconomic class. 77 subjects admitted to using complementary and alternative medicine (CAM) in several matters related to obstetrics and gynaecology.

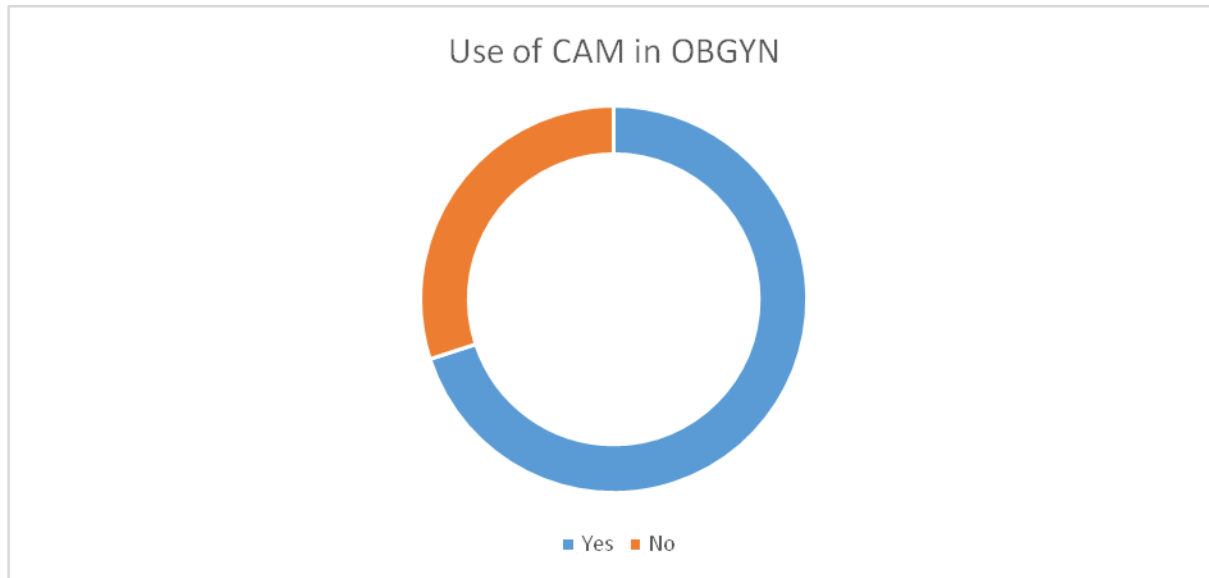
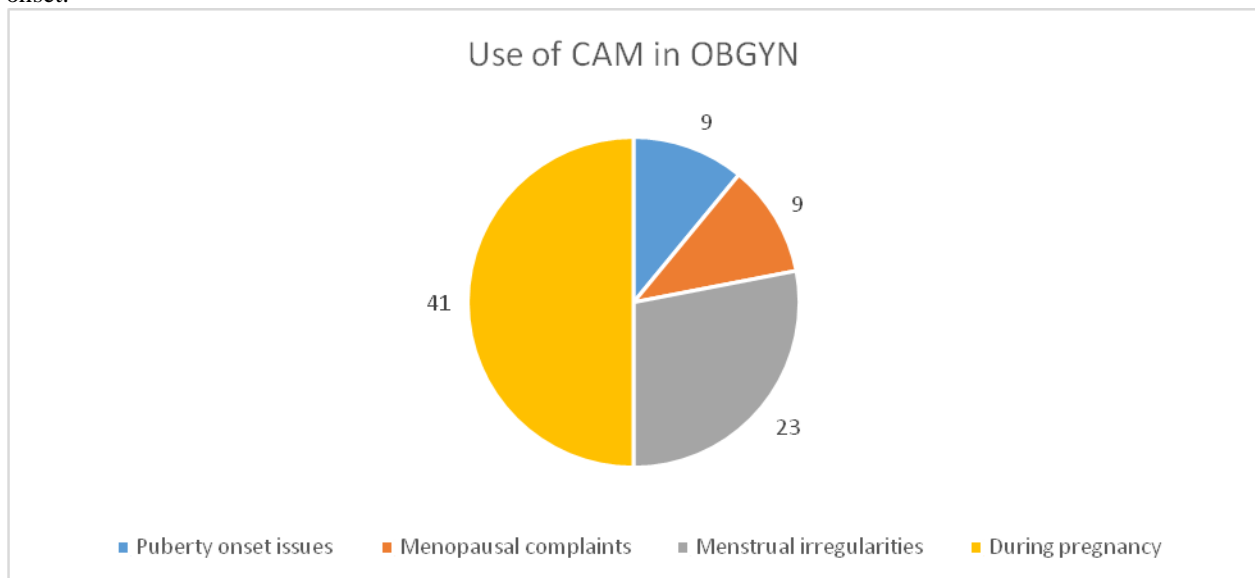
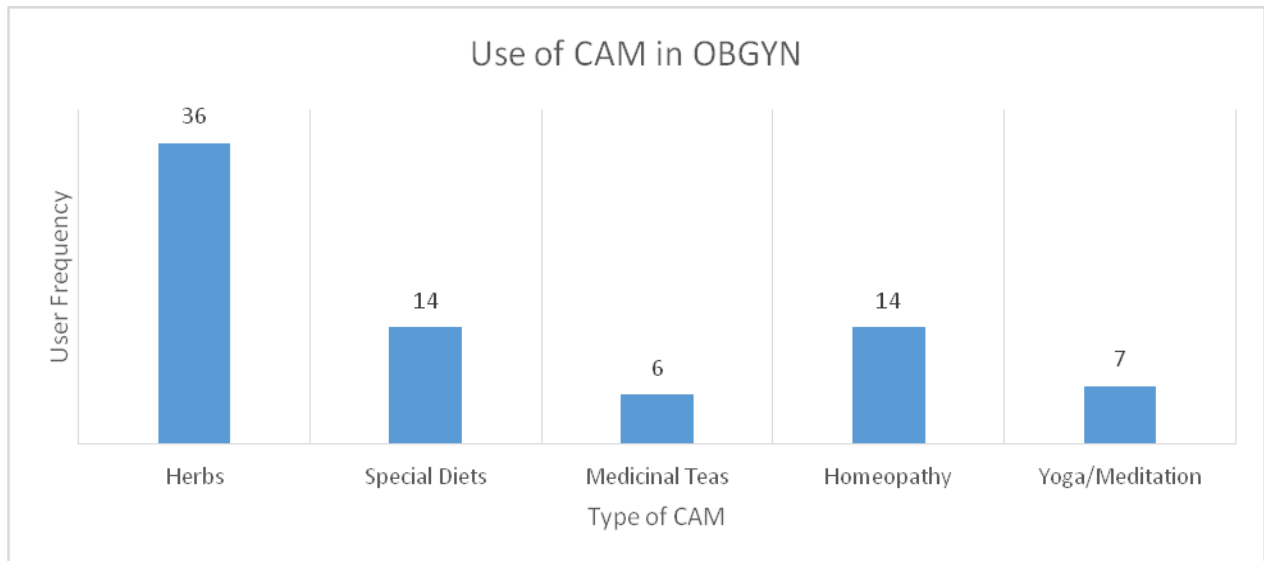


Fig. 1: A majority of the subjects used CAM in matters related to OBGYN.

Among the subjects that admitted to using CAM in matters related to OBGYN, 41 used CAM during pregnancy, 23 used it for menstrual irregularities, 9 used CAM for menopausal woes and 9 used it for other matters during puberty onset.



33 subjects professed that they actually considered complementary and alternative medicine (CAM) a superior choice (especially for menstruation and pregnancy associated lower-back ache and headache and pregnancy associated nausea and vomiting) and only resorted to taking medication if and when they could not find relief with CAM. Among the different types of complementary and alternative medication, the most commonly used therapies and/or medicines and their use is graphically represented below.



Neither of the subjects reported any observed side-effects. All the doctors supported healthy use of CAM in line with medicinal therapy, but with the approval and under the observation of a doctor. The doctors while agreeing to the benefits of CAM, reported that they had observed many side-effects when patients resort to CAM for ending pregnancies.

DISCUSSION:

The term CAM includes a wide range of therapies. Alternative medicine is viewed as a nonstandard therapy promoted often as more safe and healthier than conventional allopathic treatment. Alternative therapies in matters related to OBGYN include herbal therapies, diet and nutritional therapies, mind-body techniques, and alternative medical systems (such as Chinese medicine). [9] Most patients who use alternative therapies do so in conjunction with standard medical therapy, with a minority choosing alternative therapy to the exclusion of standard medical therapy. [10]

Complementary therapies are aimed to increase physical, psychological, or emotional well-being in a complementary fashion to standard medical therapy and include both proven and unproven therapies. Examples include massage, yoga and other relaxation techniques, herbal therapies, aromatherapy, acupuncture, and acupuncture. [11] Many of these therapies are now being offered around the world as part of multidisciplinary OBGYN care. [12] It is important to have an idea of the types of CAM patients use and their reasons for using CAM. A number of herbal therapies have important toxicities and can be dangerous in combination with regular medication of OBGYN. [13] CAM usage may also be an indicator of dissatisfaction with standard medical care. [14]

As is evident from our results, low-back pain (LBP) is the most common complaint that according to the

research subjects, merits the use of CAM during menstruation, menopause and pregnancy. Literature too supports the statement that lower-back ache may be one of the most common problems associated with pregnancy. [15] Many pregnant women have reported that LBP not only compromises their ability to work during pregnancy but also interferes with their activities of daily living. [16-18] Pharmacologic as well as complementary and alternative medicine (CAM) interventions have been suggested as treatments for LBP in the general population. However, most conventional allopathic LBP treatments in the literature have primarily focused on and been intended for non-pregnancy-related LBP and this may be why that patients are opting for CAM in this issue. [19-20]

The doctors' perspective of CAM is also largely healthy and encouraging and they seldom receive any complaints of side effects apart from misuse during termination of pregnancy, a matter that is utmost sensitive and merits to be debated at length in further research.

CONCLUSION:

After careful consideration, it can safely be concluded that both patients and doctors have a healthy and encouraging attitude towards CAM in matters related to OBGYN, however, all medication and therapies should only be used with the approval and under the observation of healthcare professionals.

REFERENCES:

1. National Center for Complementary and Alternative Medicine [http://nccam.nih.gov/health/whatisacam/]
2. Hrgovic I, Hrgovic Z, Habek D, Oreskovic S, Hofmann J, Münstedt K. Use of complementary and alternative medicine in departments of obstetrics in Croatia and a comparison to Germany. *Complementary Medicine Research*. 2010;17(3):144-6.
3. Dog TL. The use of botanicals during pregnancy and lactation. *Alternative Therapies in Health and Medicine*. 2009 Jan 1;15(1):54.
4. Jump J, Yarbrough L, Kilpatrick S, Cable T. Physicians' attitudes toward complementary and alternative medicine. *Integrative Medicine*. 1998 Nov 30;1(4):149-53.
5. Astin JA, Marie A, Pelletier KR, Hansen E, Haskell WL. A review of the incorporation of complementary and alternative medicine by mainstream physicians. *Archives of Internal Medicine*. 1998 Nov 23;158(21):2303-10.
6. Ernst E. The prevalence of complementary/alternative medicine in cancer. *Cancer*. 1998 Aug 15;83(4): 777-82.
7. Berman BM, Bausell RB, Lee WL. Use and referral patterns for 22 complementary and alternative medical therapies by members of the American College of Rheumatology: results of a national survey. *Archives of Internal Medicine*. 2002 Apr 8;162(7):766-70.
8. Kemper KJ, O'Connor KG. Pediatricians' recommendations for complementary and alternative medical (CAM) therapies. *Ambulatory Pediatrics*. 2004 Dec 31;4(6):482-7.
9. Cassileth BR. Complementary therapies: overview and state of the art. *Cancer Nursing*. 1999 Feb 1;22(1):85-90.
10. Yates KM, O'Connor A, Horsley CA. "Herbal ecstasy": a case series of adverse reactions. *N Z Med J* 2000;113:315-7.
11. Soon SL, Crawford RI. Recurrent erythema nodosum associated with Echinacea herbal therapy. *J Am Acad Dermatol* 2001;44:298-9.
12. Grouhi M, Sussman G. Pseudoallergic toxic reaction. *Ann Allergy Asthma Immunol* 2000;85:269-71.
13. Shannon M. Alternative medicines toxicology: a review of selected agents. *J Toxicol Clin Toxicol* 1999;37:709-13.
14. Sollner W, Maislinger S, DeVries A, Steixner E, Rumpold G, Lukas P. Use of complementary and alternative medicine by cancer patients is not associated with perceived distress or poor compliance with standard treatment but with active coping behavior: a survey. *Cancer* 2000;89:873-80.
15. DeJoseph JF, Cragin L. Biomedical and feminist perspective on low back pain during pregnancy. *Orthop Nurs* 1998;33: 713-724.
16. Wang S, DeZinno P, Maranets I, Berman M, Caldwell-Andrews A, Kain Z. Low back pain during pregnancy: Prevalence, risk factors, and outcomes. *Obstet Gynecol* 2004;104: 65-70.
17. Leibing E, Leonhardt U, Koster G, Goerlitz A, Rosenfeldt JA, Hilgers R, Ramadori G. Acupuncture treatment of chronic lowback pain—a randomized, blinded, placebo-controlled trial with 9-month follow-up. *Pain* 2002;96:189-196.
18. Brosseau L, Milne S, Robinson V, Marchand S, Shea B, Wells G, Tugwell P. Efficacy of the transcutaneous electrical nerve stimulation for the treatment of chronic low back pain: A metaanalysis. *Spine* 2002;27:596-603.
19. Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for subacute low back pain among working age adults. *Cochrane Database Syst Rev* 2003(2): CD002193.
20. Kvorning N, Holmberg C, Grennert L, Aberg A, Akeson J. Acupuncture relieves pelvic and low-back pain in late pregnancy. *Acta Obstet Gynecol Scan* 2004;83:246-250.