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Research Article

**UTILIZATION OF ALTERNATIVE AND COMPLIMENTARY
MEDICINE IN PEDIATRIC ONCOLOGY FOR PATIENTS IN
PAKISTAN**¹Dr Yusra Hassan, ²Dr Khadija Tul Kubra, ³Dr Marium Khalid¹House Officer, Mayo Hospital Lahore.**Article Received:** September 2020 **Accepted:** October 2020 **Published:** November 2020**Abstract:**

Aim: *Integral and Elective Medications: Integral and Elective Medications are attracting growing interest and increasing recognition by all. While their use is thought to be widespread among patients with pediatric diseases, proximity testing is not yet complete. We intended to study the prevalence and indicators of CAM use in pediatric patients with malignancy in an isolation facility.*

Materials and Methods: *The parents of 73 patients with pediatric diseases treated at the KK Women and Children's Hospital completed a regulated questionnaire. Information on the types of CAM treatments used, usage inspirations, antagonistic effects, expenses and usage conversation with the patient's physician was obtained. General opinions about CAM and usual medications were reviewed. Our current research was conducted at Sir Ganga Ram Hospital, Lahore from April 2019 to March 2020. A telephone study was conducted on the benefits of CAM use and general satisfaction with treatment.*

Results: *68% of patients used CAM therapy, mostly as a complement to the traditional treatment of the disease. Dietary changes, wellness supplements, natural tea and winged animal home were the most widely recognized and used treatments. Almost no patients (9.2%) advised an alternative medicine professional. Positive indicators of CAM use included being of Chinese race, act of Buddhism or Taoism, use of CAM before conclusion, opinion on the adequacy of CAM, and disappointment with regular treatment. Overall, 56.2% of guardians had not reviewed their CAM use with their child's physician.*

Conclusion: *A large number of patients with pediatric diseases use CAM treatments, often without their doctor's approval. Medical service providers need to remain aware of the expected ramifications of CAM use in order to proactively guide patients. This would help ensure that routine treatment remains positive.*

Keywords: *Alternative, Complimentary Medicine, Pediatric Oncology.*

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INTRODUCTION:

Integral and elective medicines (CAM) are increasingly recognized worldwide. The suitability of CAM is questionable, while it remains well known to the general population, many of whom use it for a range of diseases. CAM has even made progress in the important basics of mainstream Western medicines, including clinical schools and hospitals [1]. The National Center for Complementary and Alternative Medication (NCCAM) in the United States characterizes CAM as a collection of different clinical and medical service settings, which, in addition, repeats elements that are not yet considered a component of regular medication and still need to be approved by logical methods. While the terms are regularly used interchangeably, elective medication describes treatments used in place of regular medication, while correlative medication is used in parallel with regular medication [2]. Table 1 shows the MBF classifications displayed after the consolidation of NCCAM. CAM can be particularly negative in cases of malignancy, where early treatment is essential for anticipation and survival. Physicians are also concerned about the possibility of drug cooperation with CAM, detrimental outcomes, financial harm to the patient, and redirection of significant and costly community resources. Patients risk passionate trouble when they fail to encounter a guaranteed solution or even an improvement in the nature of life [3]. The recurrence of adult use of CAM therapies for malignant growth increases from 9% to 68%, with a normal prevalence of 32.5%.⁷ Two early reviews in the U.S. by Faw *et al* and Pendergrass *et al* separately reported the use of CAM by 9.8% and 17% of pediatric oncology patients, respectively. A 1997 Australian study¹⁰ of 48 patients with non-brain tumour showed a high recurrence of use (47%) of CAM treatments, most of which included mental techniques such as positive symbolism, hypnotherapy and exercise [4]. In British Columbia, a survey of 588 pediatric oncology patient groups in a summary mail survey revealed that 143 (43%) had used CAM. 82% of these patients indicated that "having to do everything conceivable" was a significant persuasive factor [5].

METHODOLOGY:

Our survey involved 76 pediatric malignancy patients (<16 years old) at the Pediatric Cancer Centre at KK Hospital for Women and Children, which treats 67% of pediatric oncology patients in Pakistan. Patients who had been analyzed for less than 3 months were excluded from the survey as they would not have had sufficient time to assess CAM. Key parent figures were enrolled in the authority outpatient department, oncology ward or day treatment unit. Our current

research was conducted at Sir Ganga Ram Hospital, Lahore from April 2019 to March 2020. All guardians knew English or Chinese; thus, both interviewers (JYFL, MZW) did not have critical language problems. Standardization of the demand of each interrogator was implemented to decrease the conceivable inclination. A pilot study was carried out on 10 patients. The survey was then evaluated and, in addition, redesigned for greater clarity and simplicity of response. The appropriate survey was conducted over 4 weeks in May 2002. Socio-economic data were collected from key guardians (age, gender, race, religion, monthly family unit wage and education level) and patients (age, sexual orientation, research, regular treatment modalities used). The types of CAM used (both in the research), recurrence of use, monthly cost, sources, goals of CAM use and non-use, and general observations about CAM were also studied. We also examined whether the child's use of CAM had been discussed with the responsible oncologist. In our investigation, we prohibited the use of psychocorporal mediation treatments (Table 1) as we understand CAM.

RESULTS:

We met with 73 (16 males and 57 females) guardians of 42 male and 31 female children aged 1 to 15 years. It was found that the socio-economic data of the population met was equivalent to that of the Pakistan Cancer Registry with respect to sexual orientation and race. 74% of the children were in aggressive treatment, while 28% were in development. 71 patients (97.3%) received chemotherapy, 12 (16.2%) received radiotherapy and 12 (14.8%) underwent medical intervention. One of them received a bone marrow transplant. Of the 78 respondents, 52 parent figures (68.3%) reported having used at least 1 CAM treatment since the determination of the child's malignant growth. Clients eclipsed non-clients for almost all analyses of malignancy in youth, incorporating those with high expectations, such as intense lymphoblastic leukemia. The most regularly organized treatments are diet changes (56.3%), wellness supplements (45.8%), natural tea (37.8%) also, and the house of the flying creature (37.8%) (Fig. 1). Many respondents indicated that they had expanded the intake of soil products, burned a lot of pressed natural products or condensed organic juices, and avoided meat. One patient was dependent on "mushroom water" (just drinking water overflowing with mushrooms). However, no patient detailed the appropriation of natural, macrobiotic or other irregular weight control plans. In any case, except for dietary adjustments, 60.3% used 1 type of CAM.

Figure 1:

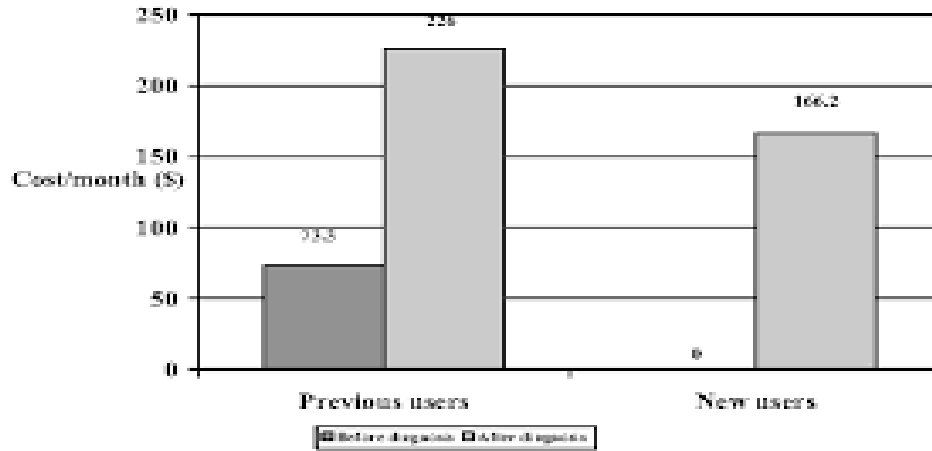
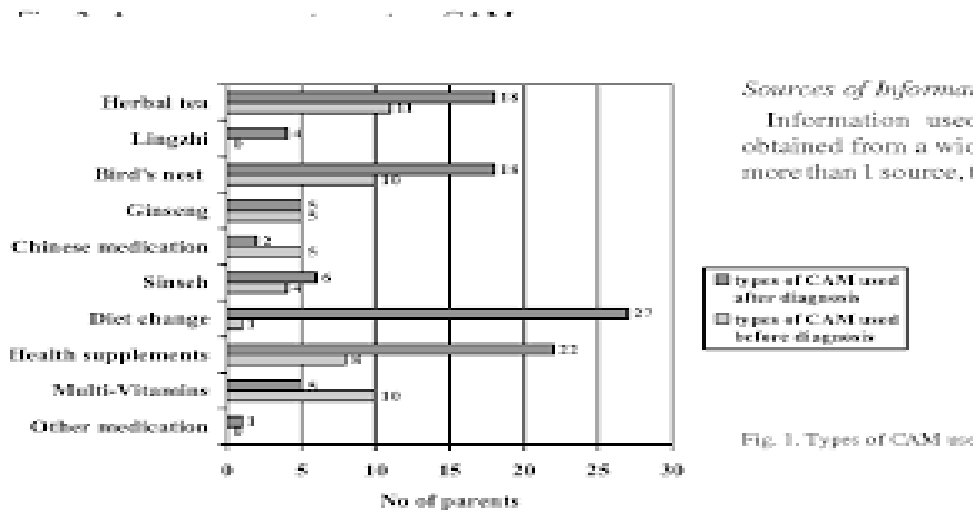


Figure 2:



Sources of Informant Information used obtained from a wit more than 1 source, 1

Fig. 1. Types of CAM use

DISCUSSION:

In Pakistan, pediatric oncology patients are normally dependent on their usual indigenous medicines. These treatments, similar to needle therapy, Malaysian jam and Ayurvedic medicines, are not very well broken down in overseas studies. Similarly, there is a general lack of Asian studies [6]. Coupled with the innate fluctuation of study populations, CAM definitions used, philosophies, reviews and outcomes, it is difficult to examine study results in any meaningful way [7]. In any case, some intriguing and reliable patterns emerge. The predominance rate of close to 68.3% indicates that CAM use is comparable to or, to some extent, higher than recently reported in the literature [8]. A strong association was found between patient use of CAM before and after cancer determination. Dissatisfaction with traditional treatment is also a prescience factor, as shown by Neuhouser et al. Caregivers perceive CAM to have both physical and mental benefits, contributing to high

levels of client satisfaction [9]. It is fascinating to note that despite the extraordinary socio-cultural foundations, our parents' inspiration in using CAM mirrors that of others around the world. Patients used CAM primarily for adjunctive reasons, whether to strengthen the resistance framework or to counteract the adverse effects of chemotherapy [10].

CONCLUSION:

In any event, given the above-mentioned limitations, we can draw some important conclusions from the results of our study. CAM has an increasing influence on every aspect of the medical services setting and on all drug concentrations, including pediatric oncology. Proposed reasons for its rise include the aggressive advertising of "wellness" organizations and disappointment with harsh drugs, such as chemotherapy, that may be required. In the immediate context, conventional Chinese drugs, with their history and overall methodology, would speak of an attractive

elective repair framework. Traditional medicines proven for diseases of the young have reached an endurance rate of 82%.

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