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**The Perceptions of Complementary and Alternative Medicine
among People with Chronic Diseases in Mwala Sub-County,
Machakos County, Kenya**



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The Perceptions of Complementary and Alternative Medicine among People with Chronic Diseases in Mwala Sub-County, Machakos County, Kenya

 Vundi Nason

St. Paul's university,

Limuru, Kenya

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Abstract

Purpose: This paper sought to determine the perceptions of the nurses on complementary and alternative medicine in Machakos County, Kenya.

Methodology: This was a descriptive study, it had 3 objectives: to determine the perspectives of the nurses about CAM; establish the drivers of CAM in Machakos; and to investigate the available models of CAM in Machakos. A standardized questionnaire was used to collect quantitative data from the patients with chronic diseases.

Findings: the nurses who knew about CAM were 60%; those who had negative perspective about CAM were 68%, those who had used some CAM treatment were 50%; the patients with chronic diseases hesitance to use CAM was based on issues of safety, unknown effects of the treatment, lack of clear dosage, ethical, and quality. However, a few had used CAM for external only.

Unique Contribution to Theory Policy and Practice: The study concluded that for the people with chronic diseases perspectives towards CAM and consequently the usage of CAM needs more research to establish the validity and reliability of such perspectives. The consumers of CAM should be assisted to access more accurate information as front-line consumers of CAM that will dispel concerns correct dosages, safety of the CAMs, their effectiveness, any risks and possible therapeutic values from CAMs in general. The study recommends more random and controlled pragmatic clinical trials and sharing of information and experiences by paramedics.

Keywords: *Complementary-Medicine, Conventional Medicine, Yoga, Acupuncture, Therapeutic, Healthcare-Information, Food Supplements.*



Introduction

The concept of CAM has attracted several definitions; however, due to space and time, the researcher will limit himself to the definition by (Mortada, 2024). Furthermore, arriving at a consistent definition of CAM is out of way because the understanding of the phenomenon is based on country-specific. Therefore, the possibility of coming up with a universally accurate definition is not only difficult but remains invisible in the near future. Even though the availability of the studies on CAM are more available lately, they are mostly narratives and characterized by heterogeneity. In that regard, the researcher selected one definition that seemed to cut across the factors mooted by other definitions in the literature accessed. According to Mortada, CAM refers to unique diverse medical and health care services and systems, practices, and products that are exclusive from the conventional medicine as taught in the Western world. What is distinctive from this definition is that CAM are excluded from the mainstream medicine, they come in many shades hence their diversity and applicability and variety of methods. Therefore, the general definition does not help in clarifying the parameters that identify clearly what should be considered as CAM. Generally, CAM encompasses basically traditional approaches, health practices, and products whose origins can be traced to specific indigenous practices across the globe. For instance, some of the products or practices have roots in China, Africa, India and other Asian countries. Most significantly, the definition by Mortada does not hint evidence-informed use of CAM and reliable evidence based information. Therefore, generally speaking, unlike the conventional medicine matters of CAM remain vague notwithstanding the claims made by the manufacturers and marketers. In that case, there is no scientific claim or evidence, or known regulation, safety is not guaranteed for those consuming the CAM products and services (Veiri and Leach, 2021). In that regard, the wisdom by some practitioners who replace or combine CAM together with conventional medicine is questionable by all standards because so little is known scientifically about CAM (Liu, et al., 2021).

Despite the increasing popularity and growing trend in CAM, and consumption by patients with diverse medical conditions there is already notable hesitancy among the medical practitioners to consume or integrate the same with the conventional medicine (Liu, et al., 2021). Most commonly, paramedics have a soft heart regarding CAM because of the holistic approach to health. However, their hesitancy to fully consume or integrate CAM in their practice is significant because they lack sufficient knowledge concerning the inherent side effects and risks or the advantages full associated with CAM (Bellanger and Seeger, 2020). For instance, those who hesitate to use CAM argue that there is insufficient information about CAM, among most the mainstream medicine, CAM lacks credibility due to limited research or clinical experiments. Lack of good understanding of CAM is the main reason for their hesitance in consuming and integrating it the conventional medicine. For example, the nurses do not understand the risks or advantages associated with CAM. For that matter, while 66% of the nurses had positive attitudes about CAM, over 77% of the nurses knew too little about either side effects or curative capacity of CAM (Hall et al, 2017).

Over the years, the landscape of healthcare systems world over is changing drastically with the introduction and prevalence of complementary and alternative medicine (CAM) therapies. Therefore the landscape of the healthcare industry has significantly evolved due to the usage of CAM in both developed and developing countries (Von Schoen-Angerer et al., 2023). In that regard, the usage of CAM has significantly increased in all societies and has irreversibly impacted the healthcare industry. For instance, a significant number of patient with chronic diseases are turning to complementary and alternative medicine like special diet rather continuing with standard medical treatment to manage their diseases (Mortada, 2024). Moreover, the prevalence of CAM therapies in the United States of America has exponentially enlarged in the last three decades from 33.8% to 42.1% (Bellanger and Seeger, 2020). However, despite the increased popularity of CAM, the phenomenon remains unrecognized among health systems in the same way as the conventional medicine which comes with evidence based on laboratory trials. One of the groundbreaking studies in Australia and New Zealand by (Veiari and Leach, 2021) found that research on CAM is difficult due to hindrances such as lack of access, competency, bias, incentives, time and complexity engulfing the phenomenon of CAM. Therefore, most of sources of CAM come from social media and word of mouth (Wardle et al., 2012). All the same, the employability and usability of CAM has permeated the global community. For example, according to a study by (Lotfi et.al., 2016), they found that 74% of Canadians and 60% of Chinese at one point they used either CAM methods or products. Similarly, (Kemppainen et al., 2018) found that up to 40% of citizens in Germany reported the usage of CAM for curative purposes, preventive or simply management of varied ailments. Elsewhere, (Peltzer and Pengpid, 2018, p.5.) made the same observation by stating, CAM is used by people throughout the world. A study showed that the prevalence estimate of CAM usage from 32 countries from all regions of the world to be 26.4%, ranging from 25.9 to 26.9%. For example, in 2013, the prevalence use of CAM in Australia, the USA, UK, and China were 34.7%, 21.0%, 23.6%, and 53.3%, respectively. The prevalence estimate of CAM satisfaction was as high as 71.9%, ranging from 71.0 to 72.7%

At any rate, the phenomenon of CAM seems to be gaining currency tremendously; thus it has become one of the popular forms of healthcare defying boundaries across the globe due to its ubiquitous acceptability in both developed and developing countries (Phutrakool and Pongpirul, 2022).

The usage of CAM in Sub-Saharan Africa (SSA) is for the prevention, treatment and management of communicable and non-communicable diseases is not new. It is easier for the people in SSA to resonate with CAM because it fits in their worldview and model. For example, Practitioners of CAM uphold a model that is holistic; for that matter, people are viewed as having tripartite dimensions composed of: the physical, social and spiritual unlike the conventional medicine that puts more emphasis on the physical mostly. All the same, CAM has a long history of being used as the only remedy for diverse morbidities (WHO, 2000). The region of SSA has been described as a sick continent. In that regard, the continent's disease burden, high cost of healthcare services, notwithstanding the dilapidated healthcare systems has made the citizens in

this region of the world to consider accessing the cheaper options like the CAM for long-term treatment, management and prevention of diseases (Dalal et al, 2011). However, the popularity of CAM today has being undermined by emergent religious faiths and sects which associates the powers of CAM with the power of local deities and ancestral worship or idolatry (Abdullahi, 2011). Therefore, citizens with strong religious inclination prefer accessing scientifically-based medicine. This argument is well captured by (Curlin et al, 2009) who say, “...yet religious persons may be skeptical of some CAM practices. CAM proponents often promote a universal notion of spirituality over particular and concrete practices of religion...” Consequently, people affiliated to more organized religions persons may be deterred from accessing CAM fearing their association with foreign deities and spiritual sources (Power-James et al., 2020).

Like many other countries in SSA, Kenyan healthcare system and services are overwhelmed, and burdened, and struggling to cope with the ever increasing demand, notwithstanding the skyrocketing costs and emerging diseases and pandemics. Against this background, CAM has been on the increase in Kenya even though it has not fully attained its full potential. Therefore more work needs to be done to enhance the validation of CAM’s therapeutic claims beyond doubts, research, collaboration, and networking with other stakeholders in the sector; for example clinicians and doctors (Veziari and Leach, 2021). The newly promulgated Constitution in Kenya gives room, policy and legal framework for the integration of CAM to the conventional or mainstream medicine (Onyambu et al., 2021). For that matter, the Constitution of Kenya 2010 read together with the Health Act 2017 provides foundational principles enabling the integration of CAM into the mainstream and conventional healthcare system in the country (Kenya health act, 2017). However, the full experiences and practices of the practitioners in CAM largely remain undocumented.

Literature Review

Evidently, the popularity and utilization of CAM is phenomenal; however there is little documented information about CAM. Therefore patients’ access to adequately accurate information about CAM is still very limited. Markedly, even though more and more patients are turning to CAM, and there is evidence that the treatment is being integrated with conventional medicine; more research-based evidence is necessary to support clinical practice (Phutrakool and Pongpirul, 2022). For example, paramedics globally can work together to conduct pragmatic clinical trials in their countries and bring together their findings. Moreover, carrying out various randomized controlled trials then pooling together their findings may eventually resolve some of gaps and mind boggling problems surrounding the complexity of CAM (Tangkiatkumjai and Annalisa, 2018). As (Ng et al., 2024) argue, the plane of CAM has left the runway, there is seemingly no turning back, therefore, integrative approach is seemingly the way to go. For example, integration was preferred because CAM provides a more holistic approach to healthcare. Therefore, combining the conventional medical practices with CAM may have more reaching effects like: the potential of meeting the physical needs, mental, emotional and spiritual wellness.

Various types CAM

The phenomenon of CAM is a family of holistic, all-encompassing pharmacological therapies like usage of herbs, the ancient Chinese therapies similar to acupuncture and cupping, nutritional approaches like the macrobiotics and types of vegetarianism. Finally CAM also may include forms of cognitive therapy like long walks and meditation. According to (James et al., 2018), in Sub-Saharan Africa, various types of CAM are utilized. Sub-Saharan Africa's rich biodiversity needs no emphasis; that puts the continent at a vantage place and potential for producing countless medicinal herbs (Chapman et al., 2022). Against this background, the use of herbal treatment and products has a long history in this region of the world. Most commonly, herbal therapy has been used as alternative medicine for preventive, curative measures, and also for the management of chronic diseases. For example, biological-based therapies are commonly popular; they entail usage of herbal therapy. Therefore, herbal therapies are extensively used across the continent for the purposes of promoting healthcare services given their easy accessibility, affordability, and cultural friendly (Phutrakool and Pongprirul, 2022). Nonetheless, that does not mean the professionals especially the paramedics have had their own reservations especially due to scarcity of clinical evidence on important matters like quality, safety, efficacy and scientifically based information to support the use and claims of CAM.

Due to space and time, the last type of CAM the researcher will address is prayer; the fact is CAM is integrative to socio-cultural and socio-religious. Simply, prayer is the personal or corporate act or practice talking to God either to worship, praise, for thanks giving, or calling for God's interventions when faced with danger or in crisis (Kruijthoff et al., 2022). In essence, prayer cuts across all religions, for example, Christianity, Islam, and African Traditional Religion. Therefore, prayer has widely been accepted as one of effective interventions for improving citizens' wellness by bringing healing to diverse illness as one of the CAM. Other non-conventional therapies include faith-based healing whereby the patients seek spiritual and supernatural interventions. While not questioning the efficacy of prayer and other supernatural interventions; it suffices to mention that the practice is commonly ridiculed today due to its commercialization and emergence of quacks masquerading as faith healers (Dirkse, 2014). Among the elite in sub-Saharan Africa, some Asian models of CAM are infiltrating the sector. In their classical study, (Qidwai et al., 2009), while upholding the healing power of prayer; they argue that prayer should be combined with conventional medicine. For example, patients should not abandon their medical treatment because they are being prayed for.

The key drivers of CAM

The cost of conventional medicine is high and not accessible by ordinary citizens because they are rarely medically insured. In that regard, CAM use is catapulted by factors like easy accessibility and affordability, simple explanation of composition (formula) and expectation of the therapeutic benefits of CAM, and dissatisfaction with conventional medicine as foreign to citizens culture and indigenous knowledge (Tangkiatkumjai et al., 2020). According to (Spinks et al., 2013) patients with chronic cases like diabetes, heart diseases, various types of cancer and depression may resort to combination of conventional medicine with continuous use of CAM to

supplement the cost. Therefore, chronic conditions among patients look as one of the strong independent predictors of utilizing CAM (Yaghmour et al., 2023). A study by Matheka and Demaio (2013) found that people turned to CAM usage, for exam herbal medicine, dietary supplements, prayers and relaxation technique because of obvious dissatisfaction with conventional medicine and their inaccessibility not withstanding astronomically high cost. Against that context, usage of CAM was seen as the alternative. Besides, CAM users were also encouraged by close confidants such as neighbours, family and friends (Mortada, 2024).

Data/Methodology/propositions: This was a descriptive study. The data was collected from a sample of 98 respondents drawn from a target population of 294 people living with chronic diseases. The researcher accessed the target population through other members of the support groups. After explaining the purpose and importance of the study, the support groups volunteered to bring their members, after general consensus and informed consent, they agreed to participate in the study. Data was collected using a standardized question. Uttermost ethical considerations were observed. For example, the respondents' participation was voluntary; all of the participants made an informed consent, anonymity and confidentiality were guaranteed, the participants were informed of possible potential for harm, and finally, the study results were communicated and disseminated to the research participants and other relevant groups.

The findings:

Table 01

The perspectives of the patients living with chronic diseases about CAM in Machakos County

The patients with negative perspectives about CAMs	68%
Those who feared the CAMs	15%
Neutral about therapeutic values of the CAMs	10%
The patients with positive perspectives about CAMs	22%
The patients with little knowledge about the CAMs	16%

Table 02

The drivers of CAM in Machakos County

Got information from about CAMs relatives	71%
Learned about CAMs from Social Media	45%
Got information about CAMs from circle of friends	32%

Table 03**The available models of CAM in Machakos County**

Massage	80%
Special water	0%
Acupuncture	0%
Tai chi	0%
Yoga	1%
Supplementary diets	20%

Discussion

The patients with chronic diseases in Machakos County did not see CAMs as friendly, 68% had negative perspectives about them. When probed by the researcher why they had negative perspectives, they raised concerns like there was very little information documented about the CAMs, already their health was delicate, and therefore, taking the CAMs may worsen their case. According to Bellanger et al., (2020), the same sentiments were raised too. Thus, the possibility of enhancing the consumption of the CAMs is pegged on stakeholders' willingness to present documented evidence or information about CAMs. Such evidence and documented information can only be accessed through scientific laboratory trials and research (Mortada, 2024; Liu et al., 2022). Upon the drivers of CAMs, the study findings were that relatives were the main source of information about CAMs 71%. When the respondents were probed further why that was the case, they said that since the relatives were the closest caregivers for their chronic cases, they were constantly in search of any effective and cheaper remedy for their diseases. In their study, Kruijthoff et al., (2022), they also admit that conventional treatments for the chronic diseases can be very expensive; therefore, caregivers and family members often seek any affordable and alternative treatment. Moreover, the citizens living in the rural communities are more likely to turn to alternative treatment like the CAMs because they consider them to be friendly, closer to their environment, context and simplicity as compared to the distant conventional treatment (Ng, 2024; Peltzer and Pengpid, 2018). The most available mode of CAMs in Machakos is Massage 80%. According to Von Schoen- Angerer et al., (2023), CAMs are consumed within the prevailing cultural context and scope. For example, even though in some communities CAMs like yoga and acupuncture are commonly used, outside the cultural frameworks and ecosystems they may not be used at all. Patients are at home with what is known to them and resonate with their cultural values (Liu et al., 2022).

Recommendations

The study recommends that

- 1) The patients living with chronic diseases should be helped to access more information about CAMs to change their negative perspectives they can benefit from them
- 2) Stakeholders like doctors, nurses and researchers need to conduct clinical trials and empirical studies to avail documented information about therapeutic values, safety and risks of CAMs to convince new and more users

- 3) More modes of CAMs should be introduced in order to transcend the cultural barriers that may inhibit the consumption of new CAMs.

References

- Abdullahi A. (2011). Trends and challenges of traditional medicine in Africa. *African Journal of Traditional, Complementary and Alternative Medicine*. 2011;8(Suppl. 5):115-123
- Bellanger, R. A., & Seeger, C. M. (2020). Complementary and alternative medicine. In S. D. Ray (Ed.), vol. 42. *Side Effects of Drugs Annual* (pp. 483–494). Elsevier. <https://doi.org/10.1016/bs.seda.2020.08.004>
- Chapman, Colin & Abemanthy, Katherine & Chapman, Lauren & Downs, Colleen & Effiom, Edu & Gogarten, Jan & Golooba, Martin & Kalbitzer, Urs & Lawes, Michale & Mekomen, Addisu & Omeja, Patrick & Razafindratsima, Onja & Sheil, Douglas & Tabor, Gary & Tumwesigye, Charles & Sarkar, Dipto. (2022). The future of sub-Saharan Africa's biodiversity in the face of climate and societal change. *Frontiers in Ecology and Evolution*. 10. 10.3389/fevo.2022.790552
- Curlin, F. A., Rasinski, K. A., Kaptchuk, T. J., Emanuel, E. J., Miller, F. G., & Tilburt, J. C. (2009). Religion, clinicians, and the integration of complementary and alternative medicines. *Journal of alternative and complementary medicine* (New York, N.Y.), 15(9), 987–994. <https://doi.org/10.1089/acm.2008.0512>
- Dalal S, Beunza JJ, Volmink J. (2011). Non-communicable diseases in sub-Saharan Africa: what we know now. *Int J Epidemiol* 2011;40:885–901. 10.1093/ije/dyr050 [PubMed] [CrossRef] [Google Scholar]
- Dirkse, Paul J.. (2014). *Christian Therapists' Perspectives on the Use of Prayer in Therapy*. Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/msw_papers/308
- Hall H., Leach M., Brosnan C. & Collins M., (2017). 'Nurses' attitudes towards complementary therapies: A systematic review and meta-synthesis', *International Journal of Nursing Studies* 69(4), 47–56. 10.1016/j.ijnurstu.2017.01.008
- James, P. B., Wardle, J., Steel, A., & Adams, J. (2018). Traditional, complementary and alternative medicine use in Sub-Saharan Africa: a systematic review. *BMJ global health*, 3(5), e000895. <https://doi.org/10.1136/bmjgh-2018-000895>
- Kemppainen LM, Kemppainen TT, Reippainen JA, Salmenniemi ST, Vuolanto PH. Use of complementary and alternative medicine in Europe: health-related and sociodemographic determinants. *Scand J Public Health*. 2018;46(4):448–455. doi: 10.1177/1403494817733869
- Kenya health act (2017) No. 21 of 2017 HealthActNo.21of2017.pdf (kenyalaw.org) retrieved 20th December 2019
- Kruijthoff D, Bendien E, Kooi Kvd, Glas G, Abma T. (2022). Prayer and Healing: A Study of 83 Healing Reports in the Netherlands. *Religions*. 2022; 13(11):1056. <https://doi.org/10.3390/rel13111056>

- Lotfi M-S, Adib-Hajbaghery M, Shahsavarloo ZR, Gandomani HS (2016). The prevalence of traditional and complementary medicine in the general population in Kashan, Iran, 2014. *Eur J Integ Med.* 2016;8(5):661–669. doi: 10.1016/j.eujim.2016.06.006. Google Scholar.
- Liu, L., Tang, Y., Baxter, G. D., Yin, H., & Tumilty, S. (2021). Complementary and alternative medicine - practice, attitudes, and knowledge among healthcare professionals in New Zealand: an integrative review. *BMC complementary medicine and therapies*, 21(1), 63. <https://doi.org/10.1186/s12906-021-03235-z>
- Mortada E. M. (2024). Evidence-Based Complementary and Alternative Medicine in Current Medical Practice. *Cureus*, 16(1), e52041. <https://doi.org/10.7759/cureus.52041>
- Ng, J. Y., Cramer, H., Lee, M. S., & Moher, D. (2024). Traditional, complementary, and integrative medicine and artificial intelligence: Novel opportunities in healthcare. *Integrative medicine research*, 13(1), 101024. <https://doi.org/10.1016/j.imr.2024.101024>
- Onyambu, M.O., Mokuu, G.N., Maroko, G.M. & Nyakundi, A.O.(2021). Use of Complementary and Alternative Medicine Interventions in the Management of HIV/AIDS in Kisii County, Kenya: a Qualitative Study of TraditionalHealers. *Asian J Trad Com Alt Med, M arch* 2021; 4(1-2):4-18.
- Peltzer K, Pengpid S. (2018). Prevalence and determinants of traditional, complementary and alternative medicine provider use among adults from 32 countries. *Chin J Integr Med.* 2018;24(8):584–90.
- Phutrakool, P., Pongpirul, K. (2022). Acceptance and use of complementary and alternative medicine among medical specialists: a 15-year systematic review and data synthesis. *Syst Rev* 11, 10 (2022). <https://doi.org/10.1186/s13643-021-01882-4>
- Powers-James C, Alvarez A, Milbury K. (2020). The Influence of Spirituality and Religiosity on US Oncologists' Personal Use of and Clinical Practices Regarding Complementary and Alternative Medicine. *Integrative Cancer Therapies.* 2020;19. doi:10.1177/1534735420945769
- Qidwai W, Tabassum R, Hanif R, Khan FH. (2009). Belief in prayers and its role in healing amongfamily practice patients visiting a teaching hospital in Karachi, Pakistan. *Pak J M ed Sci* 2009;25(2): 182-189
- Spinks, Jean & Hollingsworth, Bruce & Manderson, Lenore & Lin, Vivian & Canaway, Rachel. (2013). Costs and drivers of complementary and alternative medicine (CAM) use in people with type 2 diabetes or cardiovascular disease. *European Journal of Integrative Medicine.* 5. 44-53. 10.1016/j.eujim.2012.08.003.
- Tangkiatkumjai M, Boardman H, Walker DM. (2020). Potential factors that influence usage of complementary and alternative medicine worldwide: a systematic review. *BMC Complement Med Ther.* 2020 Nov 23;20(1):363. doi: 10.1186/s12906-020-03157-2. PMID: 33228697; PMCID: PMC7686746.
- Veziari, Y., Kumar, S., Leach, M. (2021). Barriers to the conduct and application of research among complementary and alternative medicine professions in Australia and New Zealand: A cross-sectional survey.

- Von Schoen- Angerer T, Manchanda RK, Lloyd I. (2023). Traditional, complementary and integrative healthcare: global stakeholder perspective on WHO's current and future strategy. *BMJ Glob Health* 2023;8:e013150. doi:10.1136/ bmjgh-2023-013150
- Wardle J, Lui CW, Adams J. Complementary and alternative medicine in rural communities: current research and future directions. *J Rural Health*. (2012). ;28(1):101-12. doi: 10.1111/j.1748-0361.2010.00348.x. Epub 2010 Nov 15. PMID: 22236320.
- World Health Organization (2000). Promoting the role of traditional medicine in health systems: Yaghmour, K. A., Abu Sadi, R., Badroun, F., Alali, R., Almubarak, F., Alabbad, Z., Alharthi, N., Samkari, J. A., & Gaddoury, M. A. (2023). Complementary and Alternative Medicine Use Among Patients With Diabetes Mellitus in Saudi Arabia: A Community-Based Cross-Sectional Study. *Cureus*, 15(9), e45792. <https://doi.org/10.7759/cureus.45792>



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