

Knowledge, Attitude and Behaviors on Traditional and Complementary Medicine Practices Among our Patients with Chronic Pain Complaints

Kronik Ağrı Şikâyeti ile Başvuran Hastalarımızın Geleneksel ve Tamamlayıcı Tıp Yöntemleri Konusunda Bilgi, Tutum ve Davranışları

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ABSTRACT Objective: Traditional and complementary medicine (TCM) practices are usually performed in the treatment of pain. This research was designed to determine the knowledge and attitude of patients with chronic pain towards TCM practices, and their usage status. **Material and Methods:** Following the approval of the local ethics committee, eighty-two volunteer patients over 18 years old, who applied to our algology outpatient clinic between 01.09.2019 and 31.12.2019, were included in the study. The data were obtained through a survey, which includes sociodemographic information and the practices of TCM methods. The surveys were implemented through face to face interview method. **Results:** The mean age of the patients was 52.96±13.64. Of the patients who participated in the research, 85.0% were female, 73.2% were housewives and 56.1% were primary school graduates. Upon the examination of the sources of knowledge related to TCM methods, 74.1% of the patients stated that they learned the practices from television, newspaper, or magazine, while 62.3% of them claimed that they learned from family, relatives, or friends. Considering the treatment practices known by our patients, it was determined that 97.6% of them knew the cupping therapy (Hajamat), while 96.3% of them knew balneotherapy, leech, and acupuncture therapies. The most commonly used practices were cupping therapy (63.4%), hajamat (37.8%), balneotherapy (28%), leech therapy (20.7%), and prayer (20.7%). **Conclusion:** It has been determined that the most commonly used TCM practices are cupping therapy, hajamat, and balneotherapy, and we think that it will be beneficial to inform the patients with the necessary medical knowledge on these practices.

Keywords: Chronic pain; traditional medicine; complementary therapies

ÖZET Amaç: Ağrı tedavisinde geleneksel ve tamamlayıcı tıp (GETAT) yöntemleri sıklıkla kullanılmaktadır. Bu çalışma, kronik ağrısı olan hastaların GETAT yöntemleri hakkındaki bilgi, tutum ve kullanım durumlarını tespit etmek amacıyla planlanmıştır. **Gereç ve Yöntemler:** Yerel etik kurul izni alındıktan sonra, 01.09.2019 ve 31.12.2019 tarihleri arasında algoloji polikliniğimize başvuran 18 yaş üstü 82 gönüllü hasta çalışmaya dâhil edilmiştir. Veriler sosyodemografik bilgi ve GETAT yöntemlerinin kullanımını içeren bir anket ile toplanmıştır. Anketler yüz yüze görüşme yöntemi ile yapılmıştır. **Bulgular:** Hastaların yaş ortalaması 52,96±13,64 idi. Çalışmaya katılan hastaların %85,0'inin kadın, %73,2'sinin ev hanımı ve %56,1'inin ilköğretim mezunu olduğu görülmüştür. GETAT yöntemleri ile ilgili bilgi kaynakları incelendiğinde %74,1'i televizyon, gazete veya dergiden öğrendiğini ve %62,3'ü aile, akraba veya arkadaşlardan öğrendiğini belirtmiştir. Hastalarımızın bildikleri GETAT yöntemleri incelendiğinde %97,6 oranında kupa, hacamat, %96,3 oranında sülük, kaplıca ve akupunktur tedavilerinin bilindiği tespit edilmiştir. En sık kullanılan yöntemlerin ise kupa (%63,4), hacamat (%37,8), kaplıca (%28), sülük (%20,7) ve dua (%20,7) olduğu görülmüştür. **Sonuç:** En sık kullanılan GETAT yöntemlerinin kupa, hacamat ve kaplıca olduğu tespit edilmiş olup, hastalara bu yöntemler konusunda gerekli tıbbi bilgilendirmelerin yapılmasının yararlı olacağı kanaatindeyiz.

Anahtar Kelimeler: Kronik ağrı; geleneksel tıp; tamamlayıcı tedaviler

Traditional and complementary medicine (TCM) practices have been defined by the World Health Organization (WHO) as “the total of all knowledge,

skills, and practices, whether explicable or not, based on theory, belief and experience, which are peculiar to distinctive cultures, that are used in the prevention,

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diagnosis, and treatment of diseases and in maintaining health".¹ In its report published in 2008, WHO called on countries to place emphasis on TCM practices. Various regulations have been enacted in our country following this declaration.² Based on the regulation issued in 2014, the legal boundaries of the training of these practices, the implementation of these practices by the certified health professionals, and the auditing of these centers were determined.³

Thanks to the rise in the number of healthcare professionals who are empowered to perform these trainings, as well as the healthcare professionals inform the public through media organs and scientific publications, TCM practices are swiftly increasing in our country.^{4,5}

Despite the advances in modern medicine, polypharmacy in the treatment of chronic diseases, side effects of medications and medical interventions, and eagerness to boost immunity and to keep fit leads people to seek new practices.^{6,7} Particularly, patients with chronic diseases and chronic pain complaints occasionally prefer TCM practices accompanied by TCM in order to increase the success of therapy, while sometimes they prefer instead of modern medical implementations.⁸⁻¹¹ In a research, which reviewed the studies conducted in fifteen different countries, the rate of using any of the TCM practices in the recent year was found to be 9.8-76% and the frequency of applying to the TCM practitioner was 1.8-48.7%. It has been revealed in this research that the frequency regarding the usage of TCM in the USA is 8.3, 68.9% in Australia, 76% in Singapore, 67.8% in Saudi Arabia, and 74.8% in South Korea.¹¹ In a study investigating the frequency for the usage of TCM practices in European countries, it was stated that the related data were between the range of 0.3-86% since the studies were very heterogeneous. In this study, the usage of at least one TCM method in European countries in the recent year was researched, and it has been determined that the rates of using TCM practices were 45-59% in Denmark, 11-43% in Finland, 4.6-62% in Germany, 5-57% in Switzerland, 21% in France, 5-64% in Sweden, and 48-86% in Turkey.¹² Meanwhile, it has been reported that in African countries, TCM practices were performed in many cases, including chronic diseases such as hypertension (HT),

diabetes mellitus (DM), coronary artery disease (CAD) as well as malaria and AIDS, and it was revealed that the frequency of implementation for TCM was between the range of 4.6-94%.¹³

The usage rate of TCM is rising in our country, like all over the world. Implementation rates of TCM have been stated as between the range of 48-86%, though the researches are usually limited and regional.^{6,7,12,14,15} In a recent study, which has been conducted by Şimşek et al. and which is unique in terms of being performed in Turkey at a national scale, it has been determined that the average implementation rate of any TCM practice was to be 60.5% throughout Turkey.⁵ Oral et al. found out in their study, which was conducted in Kayseri center, that any TCM methods were practiced in 65.8% of patients who applied to family health centers, while it was determined in another study, which was performed in rural districts of İzmir, that this rate increased to 98.3% in elderly individuals.^{7,14} The diversity of these medical practices and the frequency of implementation differ regionally between and within countries. The determination of these diversities is crucial in terms of identifying the tendencies of the patients. In this study, it has been intended to investigate the TCM practices that our patients, to whom we provide health care services, prefer due to their knowledge levels, tendencies, sources of information, and their access to these resources, and pain complaints.

MATERIAL AND METHODS

Our study was performed in the algology outpatient clinic of our hospital following the approval of the local ethics committee (ethical approval number: 1933, date: August 28, 2019). This study was carried out according to the policies of the Declaration of Helsinki and a signed consent form was obtained from each patient. It was designed as a survey study with our patients over the age of 18 who applied to our outpatient clinic between 01.09.2019 and 31.12.2019. Patients, who were volunteer to participate in the study and who were cooperative were included in the study, patients who were not cooperative, did not approve to participate, and those who did not fill in the form, were excluded from the study.

Eighty two patients who approved to participate in the research and filled in the form between the planned dates were included in the research. Verbal consent was obtained from patients upon informing them about the objective of the study in a peaceful setting. A question-answer questionnaire was implemented with a face-to-face interview technique.

The questionnaire form is composed of questions investigating individuals; sociodemographic characteristics, knowledge on pain complaints, knowledge and thoughts about TCM, and sources of information on TCM. Our patients were asked which methods they used and the occupation of the practitioners of the methods. In the survey, in addition to the methods defined in the regulation of TCM practices, the methods in the literature are also involved.

STATISTICAL ANALYSIS

The data, which were obtained as a result of the research, were inserted into the computer through the software of SPSS 15, package program for computer. In order to assess the data, percentage distribution was used.

RESULTS

Eighty two patients, of whom mean age was 52.96 ± 13.64 years, participated in the research. It was observed that 85.0% of the patients were females, 73.2% were housewives and 56.1% were primary school graduates. The monthly income of 53.7% of the patients was <2,500 TL (Table 1).

Upon the examination of the patients with regard to chronic systemic disorders, it was observed that 54.9% of the patients had a chronic disease, while 1.7% of them had HT and 12.3% had DM. The rate of using any TCM practice was found to be 87.8%.

When participants were asked for the sources of information on TCM methods, they stated that they learned most often from television, newspaper, or magazine (74.41%) and secondly from friends, family, or relatives (62.34%) (Figure 1).

Analyzing the treatment practices known by our patients, it was determined that 97.6% of them knew the cupping (Hajamat), while 96.3% of them knew balneotherapy, leech, and acupuncture therapies. It has

TABLE 1: Some descriptive characteristics of patients who administered to the pain outpatient clinic.

	n	%
Gender		
Female	70	85.4
Male	12	14.6
Profession		
Worker	8	9.8
Civil servant	9	11.0
Housewife	60	73.2
Retired	5	6.1
Marital status		
Single	5	6.1
Married	66	80.5
Widowed/divorced	11	13.4
Education status		
Illiterate	4	4.9
Elementary education	46	56.1
High school	23	28.0
University	9	11.0
Monthly income status		
<2,500 TL	44	53.7
2,500-5,000 TL	37	45.1
5,001-10,000 TL	1	1.2
Smoking status		
Smoking	20	24.4
Non-smoker	62	75.6
Presence of chronic disease		
No	37	45.1
DM	10	12.2
HT	26	31.7
CAD	1	1.2
COPD	3	3.7
Hypothyroidism	5	6.1
Total	82	100

DM: Diabetes Mellitus; HT: Hypertension; CPD: Coronary artery disease; COPD: Chronic obstructive pulmonary disease.

been determined that the most commonly used practices were cupping therapy (63.4%), hajamat (37.8%), balneotherapy (28%), leech therapy (20.7%), and prayer (20.7%) (Table 2).

When asked about the individuals who performed TCM practices, it was observed that the majority of the implementations were conducted by people who were not health care staff (Figure 2).

It was found out that our patients, who applied with chronic pain complaints, used TCM practices

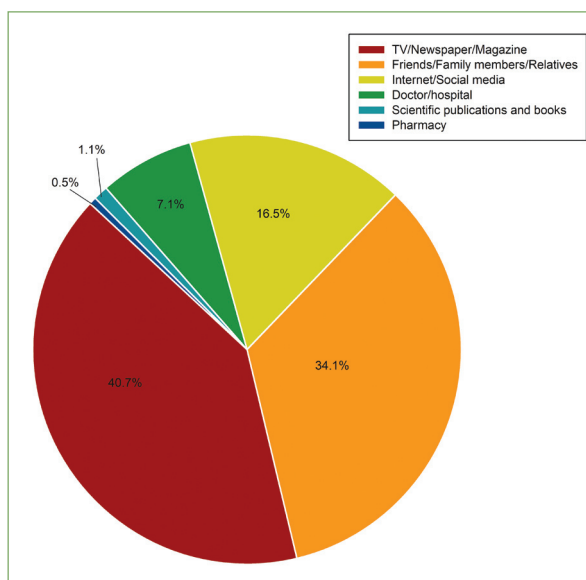


FIGURE 1: Sources of information on traditional and complementary medicine practices.

mostly to recover quickly, and secondly due to their thought that TCM is less detrimental. Eight of our patients (4.2%) claimed that modern medicine and TCM practices should be used collectively (Table 3).

When the diagnoses inducing pain were examined, fibromyalgia was found in 40.7% of our patients, lumbar disc herniation (LDH) in 29.7%, and cervical disc herniation (CDH) in 25.3% and other diseases 4.3%.

When the painful regions of our patients with pain complaints were investigated, it was observed that pain was most frequently described in the arm and shoulder region (45.7%), and secondly was prevalent in the lumbar region (24.2%) (Table 4).

When our patients were asked for their attitudes in case of pain complaints, the most common re-

TABLE 2: Status of traditional and complementary medicine practices to be known, used and recommended by patients.

	Known by patients		Used by patients		Recommended by patients	
	n	%	n	%	n	%
Mind-body interventions						
Prayer	48	58.5	17	20.7	17	20.7
Breath therapy	8	9.8	0	0.0	0	0.0
Musicotherapy	25	30.5	2	2.4	2	2.4
Yoga	26	31.7	2	2.4	1	1.2
Hypnosis	27	32.9	0	0.0	0	0.0
Tai Chi	1	1.2	0	0.0	0	0.0
Manipulative methods						
Massage	53	64.6	10	12.2		
Cupping therapy	80	97.6	52	63.4	46	56.1
Hajamat therapy	80	97.6	31	37.8	25	30.5
Leech therapy	79	96.3	17	20.7	14	17.1
Balneotherapy	79	96.3	23	28.0	21	25.6
Hydrotherapy	3	3.7	0	0.0	0	0.0
Reflexology	5	6.1	0	0.0	0	0.0
Osteopathy	2	2.4	0	0.0	0	0.0
Biologically based therapies						
Phytotherapy	41	50.0	15	18.3	10	12.2
Ozone therapy	38	46.3	2	2.4	2	2.4
Mesotherapy	11	13.4	4	4.9	4	4.9
Aromatherapy	11	13.4	0	0.0	1	1.2
Prolotherapy	9	11.0	2	2.4	2	2.4
Nutritional support	5	6.1	0	0.0	0	0.0
Neural therapy	5	6.1	3	3.7	3	3.7
Apitherapy	0	0	0	0	0	0
Homeopathy	0	0	0	0	0	0
Energy therapy						
Bioenergy	23	28.0	2	2.4	1	1.2
Reiki	3	3.7	0	0.0	0	0.0
Alternative systems						
Acupuncture	79	96.3	9	11.0	9	11.0
Ayurveda	5	6.1	0	0.0	0	0.0

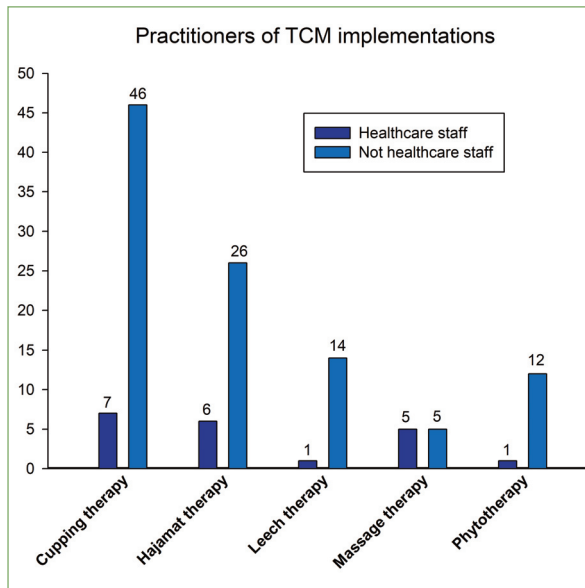


FIGURE 2: Practitioners of traditional and complementary medicine implementations applied by patients.

TCM: Traditional and complementary medicine.

TABLE 3: Reasons for using traditional and complementary medicine practices.

	n	%
To recover rapidly	41	21.7
Believing in to be less detrimental	36	19.0
To try on advice	25	13.2
To avoid the side effect of the medication	22	11.6
Ineffectiveness of modern medical treatments in healing	13	6.9
Having good results in previous trials	12	6.3
Having a laborious examination and assay process	12	6.3
As recommended by health care staff	11	5.8
Not having adequate time to visit a physician	9	4.7
Modern medicine and TCM should be combined	8	4.2
Total	189	100.0

TCM: Traditional and complementary medicine; *One person has marked more than one answer.

sponse, with the rate of 65.4%, was “I would visit the physician and use the medication prescribed by the physician”. Meanwhile, 14.8% of our patients stated that they used the medication, which was prescribed by their physician, accompanied by any practice of TCM concurrently (Table 5).

DISCUSSION

In this research, which was carried out to investigate the knowledge and tendencies of patients with

chronic pain complaints about TCM, it was found out that the majority of our patients consisted of female patients, who were low-income housewives. When the localization of pain was analyzed, it was observed that participants mostly applied with complaints of pain in the arm and shoulder. It was determined that our patients were mostly informed about cupping therapy, hajamat, acupuncture, balneotherapy, and leech therapy and generally had cupping and hajamat therapies.

In a recent study conducted in our country at a national scale, it has been demonstrated that TCM practices were implemented most frequently in the Marmara Region (84.2%), less in the Southeastern Anatolia Region (51.2%), meanwhile, concerning cities they were practiced most frequently in İstanbul (99.2%), and less in Gaziantep (39.2%). In the study, in which the frequency of usage was determined as 60.5% across Turkey, considering the implemented practices, it was determined that the most commonly performed TCM practices were phytotherapy (59.1%), leech therapy (17.6%), prayer (15.2%) and hajamat therapy (13.7%). It has been found that patients using TCM practices are mostly females, who were primary school graduates, with low income and

TABLE 4: Locations where pain complaints are described.

	n	%
Arm/shoulder	59	45.7
Low back	31	24.2
Leg	15	11.5
Head	11	8.5
Back	11	8.5
Knee	2	1.6
Total	129	100.0

*One person has marked more than one answer.

TABLE 5: Attitude upon experiencing pain.

	n	%
I visit the physician and use the prescribed medication	53	65.4
I receive self-medication.	11	13.6
I use one of the TCM practices	5	6.1
I use a TCM practice accompanied by medication	12	14.8
Total	81	100.0

TCM: Traditional and complementary medicine.

chronic diseases such as DM, HT, and CAD. In this study, the frequency of implementing CM practices was claimed as 59.2% in Ankara.⁴ In our study in Ankara, although our patient population was similar, the use of TCM practices was found to be 87.8% and it was determined to be much higher. We consider that this notable difference is due to the fact that our study was performed not in the general population but patients with chronic pain complaints and that the patients are more inclined to use TCM practices in coping with pain complaints. It was found that cupping therapy (63.4%) and hajamat (37.8%) practices were performed at a higher rate, and the ratio of usage of phytotherapy (18.3%) was much lower than the ratio of country average, while utilization rates of leech therapy (20.7%) and prayer (15.2%) are close to the overall rate of Turkey. Considering our patient population, it is normal to have a higher rate of usage related to cupping and hajamat practices, which are performed particularly in the treatment of musculoskeletal problems. The low frequency of phytotherapy use might be due to the low level of education of our patients and as a result of the inadequate level of knowledge related to the use of phytotherapy for analgesic purposes.

Wazaify et al. have claimed in their study that the utilization from TCM practices has increased among the patients, whose age was 50 and over.¹⁶ In a study investigating the use of TCM practices in elderly patients in India, it was found that 65.5% of patients used any method of TCM, the most commonly used practices were ayurveda (64.8%), homeopathy (62.4%), and naturopathy (21.5%).¹⁷ In a study on people with inflammatory bowel disease in Germany, it was observed that homeopathy (55%), naturopathy (38%), and acupuncture/traditional Chinese medicine (33%) were implemented most frequently.¹⁸ In another study performed in Germany, it was revealed that the most frequently recommended TCM practices to patients by healthcare staff were to be acupuncture, homeopathy, and phytotherapy.¹⁹ In our study, it has been observed that only 6.1% of our patients know ayurveda, the origin of which is India, but never used, while none of our patients know and used homeopathy. Tough, medication of ayurveda

was not examined in the nationwide study, which was conducted by Şimşek et al. homeopathy was investigated. A low frequency of usage, such as 0.4% was determined for homeopathy in this research, also it has been recognized that majority of these methods are not well-known in Turkey.⁴

It has been found out in a study, which was conducted in Italy, that the rate of TCM usage was 29.5% in elderly patients, and the most commonly used practices were phytotherapy (47%) and acupuncture (34%). In a study, investigating the usage of a limited number of TCM practices in patients admitted to pain clinics in Germany, 288 patients, who were with a complaint of headache, backache or neuropathic and 72% of whom were female with a mean age of 51.8, were examined.²⁰ In this group of patients, it was observed that two-thirds of the patients preferred TCM techniques, and the most preferred practices were massage therapy (60%) and acupuncture (56%). In this study in which acupuncture, massage, physiotherapy, physical therapy, chiropraxia, and osteopathia were investigated, it was stated that other techniques except acupuncture were covered by public health care insurance and all these practices were involved in the algorithms for pain treatment. Meanwhile in our country, only balneotherapy is covered by public health insurance and included in the treatment algorithm. Exercise, physical therapy, massage-manipulation, and balneotherapy treatments are recommended by physiotherapy and rehabilitation specialists for muscle and joint pathologies. Thus, in case of a complaint accompanied by pain, patients might prefer exercise, massage, and balneotherapy treatments without consulting a doctor. Therefore, we believe that massage and balneotherapy treatments are prevalent in the studies performed in Turkey.^{7,15,21} We consider that the fact that the majority of individuals are conservative in our country and the environment, in which we conduct our study, maybe a reason for frequent use of cupping therapy, hajamat, and prayer practices. We think that apart from health literacy, the variability of health care insurance coverage and protocols of medical practice in countries also alter the familiarization and frequency of implementation of the TCM practices.

Baron et al. revealed that as the duration and severity of the disease increase the prevalence of implementation of TCM practices increases.²² A sense of failure and burnout in the treatment process of chronic diseases leads patients to seek for different therapies rather than modern medicine.² In a study conducted by Nural et al. on patients, who applied to the internal medicine outpatient clinic of a university hospital, it was found that the patients most used TCM methods for HT (38.8%) and secondly for pain complaints (30.2%).⁶ In another research, in which the frequency of usage and motives behind using TCM practices in 276 patients who underwent surgery was investigated, it has been revealed that 67% of the patients used any sort of TCM practices, and the most common reason for using them was to have pain complaints (44.6%).²¹ Pain complaint is considered to be an important symptom that leads patients to use TCM practices.

Güngörmüş et al. have stated that 42.4% of individuals, who had pain complaint, used any TCM practice to relieve their pain and that 83.7% claimed that they were relieved through using TCM practices.⁴ In this study, it was put forward that people who applied to the physician upon felt pain and who had knowledge about painkillers preferred TCM practices more often. In a study researching the utilization of TCM practices in chronic low back pain, it was observed that prayer (87.4%) and massage therapy (68.1%) were the most commonly performed practices.¹⁵ In a survey conducted to patients, who applied to a family health care center in Kayseri, the most frequently used practices were phytotherapy and balneotherapy.¹⁴ Researchers claimed that the prevalence of the balneotherapy might be associated with the high number of spa facilities located in the region. In a study examining the usage of TCM practices in the treatment of musculoskeletal problems, the rate of usage for any TCM practices was found to be 87.9%, similar to our study. In this study, the most frequently used method was found to be balneotherapy (73.9%), and it was also determined that herbal treatment was used with a rate of 59.0%, while massage and hajamat therapies were used with the rates of 45.2% and 21.9%, respectively. When the sources of pain complaints of our patients were evaluated,

they were found to be chronic painful diseases such as fibromyalgia, cervical and lumbar disc hernias. This result has been considered as a rationale behind the high frequency of the usage of cupping, massage, and balneotherapy, which are particularly used in the treatment of musculoskeletal system problems, among our patients. Similarly, we are of the opinion that the presence of hot springs in Ankara could have increased the prevalence of using balneotherapy. In these studies, in which TCM practices implemented in pain treatment have been investigated in different regions, it has been observed that the utilized TCM practices have changed due to cultural differences and facilities.

Studies indicate that patients are reluctant to disclose their methods to healthcare staff and believe that they will receive a negative reaction.^{5,23,24} In the study carried out by Şimşek et al., it was found that in our country, in accordance with the literature, individuals did not report the TCM practices, which were used by themselves, to their physicians.⁵

In our study, the practitioners of the TCM methods, which were used by our patients, have been evaluated. While acupuncture therapies were performed by physicians, it has been determined that most of the other practices were conducted by non-health professionals. Şaş et al. revealed in their studies that of the practices 19.6% were performed by physicians, 13.2% by physiotherapists, 4.2% by nurses, 9.1% by clergymen, and 53.9% by other professionals.²⁵ In this study, it was found that patients, who used the TCM practices, had a lower socioeconomic status. In our research, 53.7% of our patients were found to have very low incomes. We consider that economic constraint is a reason why people prefer to be practiced by non-health professionals.

In the study, conducted by Şimşek et al., it has been put forward that the most common motive for using TCM practices was the fact that patients did not recover with modern medical therapies (47.7%).⁴ When we asked our patients the reasons for using TCM practices, of the patients, 21.7% stated that they used the therapies to recover faster, 19% since they are less harmful, 11.6% to try it on advice and 11.6%

to avoid of the medication side effects. Eight patients (4.2%) stated that TCM practices and modern medical treatment should be performed collectively. It has been found that our patients generally think positively about these methods and consider less risky. We believe that this may be a reason for patients to turn to practices performed by other professionals rather than healthcare staff.

When the sources of information of the patients were examined, it has been found that the information was most commonly acquired through television, radio, or internet (36.6-46%) and secondly from the family and friends (47.6-73.7%).^{6,7,14,22} In our study, it was determined that the information was most frequently obtained from television-radio-magazines (74.41%) and the rate was found to be higher when compared with the literature. It was noted that information was obtained secondarily from family-friends-relatives (62.34%) in accordance with the literature. This discrepancy between our study and literature could have resulted from the increase in the broadcasting of information about TCM practices in television programs in recent years, as well as our patients stated more than one source.

As can be noted in scientific studies, there are various trends and practices among countries regarding TCM practices. In studies conducted in our country, it has been manifested that TCM practices are commonly implemented for people with pain complaints, but there are considerable regional differences. Conscious usage of these practices by citizens is possible through providing accurate information by healthcare professionals.

CONCLUSION

As a result of our research, it was found that the majority of our patients generally prefer TCM practices. It has been found out that the most commonly used TCM practices were cupping therapy, hajamat, and balneotherapy, and we consider that it could be beneficial to inform the patients with the necessary medical knowledge on these practices.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Münire Babayiğit, Mustafa alparslan Babayiğit, Berrin Koşar; **Design:** Mustafa Alparslan Koşar, Mehtap Honca, Münire Babayiğit, Esra Özayar; **Control/Supervision:** Mustafa Alparslan Babayiğit, Esra Özayar, Mehtap Honca; **Data Collection and/or Processing:** Münire Babayiğit, Berrin Koşar, Mehtap Honca; **Analysis and/or Interpretation:** Mustafa Alparslan Babayiğit, Münire Babayiğit, Esra Özayar; **Literature Review:** Münire Babayiğit, Mustafa Alparslan Babayiğit, Berrin Koşar; **Writing the Article:** Münire Babayiğit, Mustafa Alparslan Babayiğit; **Critical Review:** Mehtap Honca, Berrin Koşar, Esra Özayar; **References and Fundings:** Münire Babayiğit.

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