

Complementary and Integrative Medicine

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World Health Organization (WHO) defines Traditional and Complementary Medicine (TCM) as two separate entities. 'Traditional Medicine' (TM) is defined as "the sum total of the knowledge, skill, and practice based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness". Whereas 'Complementary Medicine' (CM) or 'Alternative Medicine' (AM) is defined as "a broad set of health care practices that are not part of that country's own tradition or conventional medicine and are not fully integrated into the dominant health-care system". The combination of terms i.e. Complementary and Alternative Medicine (CAM), is used widely and interchangeably with Traditional and Complementary Medicine (TCM) in many countries.

TCM is widely used around the globe especially among individuals with chronic conditions such as Metabolic Syndrome (MetS) and its components such as diabetes, hypertension, dyslipidaemia and central obesity. In Malaysia, a study by Kew showed that TCM usage was higher among individuals with diabetes, hypertension and hypercholesterolaemia (31.7%) than the general population (25.9%). Approximately 20–30% of them used TCM as a substitute for their conventional medications. In studies conducted by Baharom and Ching, TCM was used among patients with diabetes to complement their conventional medicines in order to achieve better diabetes control.

Although some TCM was found to be effective in decreasing waist circumference, blood glucose, blood lipids and blood pressure, there are concern about adverse effects and complications especially when it is used simultaneously with conventional treatment. A study by Jatau et al. has reported that TCM consumption was associated with hepatotoxicity, miscarriage, hypertensive urgency and psychiatric disorder. Hence, suggestion has been made to improve the quality of conventional care to minimize the use of TCM in order to avoid complications.

The quality of conventional chronic disease management in primary care could be improved with the implementation of the Chronic Care Model (CCM). This model consists of six interconnected elements which include healthcare organisation, delivery system design, clinical information system, decision support, patient self-management

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support and use of community resources. The CCM emphasises on developing productive interactions between informed, actively engaged patients with proactive and prepared healthcare teams. In order to measure patient's experience in receiving conventional chronic disease care which is congruent with the CCM, the Patient Assessment of Chronic Illness Care (PACIC) questionnaire was developed.

In Malaysia, the integration of TCM into conventional care is currently limited to secondary health care services [12]. Integration of TCM practice in primary care is not well established. Therefore, patients who perceived that they receive better conventional care consistent with the CCM were thought to be less likely to use TCM as an alternative or a complementary to their conventional treatment in primary care. Conceptually, we hypothesized that patients with a higher PACIC mean score would be less likely to use TCM in primary care.

To the best of our knowledge, it was not known whether PACIC score would be independently associated with TCM use among patients with MetS. Therefore, the objectives of this study were to determine the prevalence and pattern of TCM usage, to compare the difference in PACIC scores between TCM users and non-users and to determine the factors associated with TCM use among patients with primary care.

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Conflict of Interest

None