The Nexus Between Orthodox Medicine, Complimentary Alternative Medicine and Psychology.

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DOI: https://dx.doi.org/10.47772/IJRISS.2024.803009

Received: 30 February 2024; Revised: 13 February 2024 Accepted: 20 February 2024; Published: 28 March 2024

ABSTRACT

The aim of traditional healing is to restore harmony and balance within the human being through an interaction of the body, mind, and spirit. Through this pathway, traditional healing offers a holistic understanding of wellness and well being, both within the individual and between the individual and their environment. In Kenya, it is noteworthy that traditional healing is very marketable. Comparative research on alternative healing practices show that many patients/clients often consult a health professional and a traditional healer concurrently. This paper explores some of the reasons that have given rise to the use of alternative treatments. It also attempts to explore the challenges and opportunities posed by integrated psychological practice systems which revolve around issues related to different paradigm shifts about health and ill-health, practice issues and negative/positive views of traditional healing and traditional healers, research into traditional healing and herbal medicines use. The paper will also explore the role of psychology in the evolving narrative of alternative therapies.

Keywords: Complementary medicine, practitioners, psychological well-being traditional healers.

INTRODUCTION

Is the growth and popularity of herbal medicine and other alternative therapies a resistance to science? Are the thousands of Kenyan people turning to herbalists and diviners etc, because of ignorance, desperation, or disillusionment? Are they seeking new, different (and unproven) treatments, naive or sophisticated followers of the new relativistic and post-modern philosophy of our age? Or could it be possible that the millions of people who indulge in complementary medicine are simply looking for a good deal, better care, or what is easily available and affordable? Several questions come to mind when the issue of alternative medicine comes up. It is therefore imperative to also explore the role psychology plays as and in alternative therapy.

Herbal medicine can be defined as the use of medicinal plants/herb stop revent and treat various diseases: this may range from traditional popular medicines in every country to the use of -conventional herbal extracts(El-Dahiyat et al. 2020).In most cases, being rooted in culture, and having an enduring and widespread use in a Traditional Medicine System can be an indication of safety, but sometimes not efficacy of treatments, more so in herbal medicine in which tradition is mostly completed based on remedies which contain active principles at low or ultra-low concentrations, or rely on magical-energetic principles.

Herbs being natural plant products, have their chemical composition varying due to various factors and therefore differs from one group of people to another (Vazza, et, al. 2023).Traditional medicines' long history can be summed up as a practice with a base on theories, the beliefs, and experiences of various

cultures and across different times, at times inexplicable, are used in maintaining health, are key in preventing, predicting, improving, and treating illnesses.

A General Overview of Complimentary Alternative Medicine

Studies conducted in Europe suggest that a large percentage, that, is one-third or even a half of the adult population had used complementary medicine at one time or another. If self-medication, using homeopathic and herbal remedies is included in the definition (for studies in the Nordic countries), then, an approximate one-third of people will be found to have used complementary treatment in the previous year (Theodoridis, et. al, 2023). In the USA, Sharp, et al, 2018) in their study found that the visits made to providers of unconventional therapy were much more than those made to the general practitioners. The unconventional therapies' expenditure was comparable to that spent on all hospitalizations in the US. Yildirimet, al, (2010) definition of commonly used interventions neither widely taught in US medical schools nor generally available in US hospitals included most of the major complementary therapies, mineral supplements, and vitamins and several other complementary remedies. Taking exercise and relaxation techniques were also included, although, they were hardly unconventional. The results seem to have exaggerated the use of unconventional therapies, but however, portrayed a widespread use of arid acceptance. (Harris, et, al. 2012).

What Do the Main Alternative/Complementary Therapies Have in Common?

Aakster (1986) believes that complementary medicines differ from orthodox medicine in terms of five main areas. It is inevitable that, these kinds of contrasts may exaggerate both the differences and also the within-group homogeneity, all the same, they are worth considering:

- *Health:* From a conventional medicine perspective, health is seen as the absence of disease.
- *Disease:* Conventional medicine interprets disease as something specific, and a locally defined deviation in organ and tissue structure. Alternative and complementary practitioners stress on many and wider signs, such as body language as an indication of disruptive forces and/or restorative processes.
- *Diagnosis:* Inregular medicine morphological classification is stressed on the basis of location and etiology, on the other hand, an alternative interpretation often considers problems of functionality diagnostic.
- *Therapy:* While conventional medicine in most cases aims to suppress, destroy or demolish the sickening forces, alternative therapies aim to strengthen the vitalizing, health-promoting forces. The latter therapies may seem like they are particularly hostile to other procedures including surgery and chemical therapies.
- *Patient:* In most cases in conventional medicine the patient is seen as a passive recipient of external solutions, while alternative medicine treats the patient as an active participant in regaining their health.

Aakster (1986) attempted to elucidate what he called three main frames of medical thinking. The first he called the *pharmaceutical* model, which views disease as a demonstration of deviation of functions or structures and is easily diagnosed through careful observations. Diseases are mainly caused by germ-like substances, therefore rendering the application of therapeutic technology as an all-important aspect. The *international* model is as a result of technicians attempts to reintegrate the body. Further, this approach was bold enough to allow for specification of psychological and social causes in the etiology of illness. Model three was labeled *holistic* and does not differentiate between soma, psyche and social. Further, it lays stress on the importance of holistic therapy and promotes the idea of a natural way of living. Aakster (1986) appears skeptical, not cynical. He believes that orthodox medicine can and has, become too ideological and rigid. He sees a place for 'alternative' theories, primarily in challenging accepted assumptions. Further, alternative approaches help to focus on suffering rather than on technology, and how human problems can be solved by human means. It may be an indication that the use of alternative approaches, which emphasis

ISSN No. 2454-6186 | DOI: 10.47772/IJRISS |Volume VIII Issue III March 2024

on health-strengthening mechanisms and lifestyle, might mean that the existing, highly complex, expensive and nearly unmanageable health systems may need to be replaced by a better horizontally organized, leaner, professional care system, less complex on a reduced scale. What of alternative practitioners themselves? To what extent are they a homo genous group? How do they react to evaluative studies? What do they really believe? The growth in the number and acceptance of complementary and alternative medical practitioners means that they are now far from being a 'fringe'. There is clearly both a demand and a supply set of factors that have accounted for their meteoric rise. Patients demand more satisfying and sophisticated doctor-patient relationships and seem less satisfied with naive scientific ideas or the side effects of certain drugs. Alternative practitioners have been quick to defend the growth in individual choices, consumer patterns, and has emphasized on individuals assuming full responsibility for their health.

Health professionals are increasingly showing a growing interest in complementary medicine. Studies by (Tozun, et. al. 2022; Brown and Bilszta 2021; Rees, 2001; Furnhamet al. 1995), examined the attitudes of orthodox medical students and practitioners. The results revealed high rates of interest and knowledge, coupled by referrals of patients to complementary medicine.

There are many reasons for the increased interest and use of complementary medicine some of which are not well understood, even though several opinions have been fronted. There are suggestions that the move towards complementary medicine may a representation of a 'flight from **Smith science'** (Smith, 1983) or credulous faithin occult or paranormal phenomena (Skrabanek, 1988; Baum, 1989). Orthodox practitioners have delighted in attacking the theory amid evidence from complementary medicine. Some empirical studies, published in respectable journals, appear to confirm the belief that much of complementary medicine is merely a placebo effect.

Attacks on alternative medicine come from many quarters. Skrabanek (1988), who has made a special practice of attacking acupuncturists, has presented a skeptical and cynical set of objections that are well known. He claims that it is most difficult to evaluate claims from health complementary practitioners because of lack of a clear diagnosis. He focuses his criticism on procedures as diverse as Christian Science and psychic surgery. He attacks homeopathy mainly for the reason that it does not treat the disease but treats the problem instead. His major complaint against osteopathy is week reliability and diagnosis, while his attack on acupuncture account is based on the idea that its success is entirely due to the placebo effect.

Stalker and Gly more (1989) seem to be particularly critical of the 'holistic' theories which they claim contain a 'reactionary impetus to return the practice of medicine to the practice of magic thereby replacing logic and method with occultism and creating confusion.For instance, they believe the much-repeated trivial and banal thesis that mental and physical states, affect each other is self-evident and that no one doubts it. Further, it is equally true and acknowledged that a variety of factors including Sociopolitical, economic and environmental, affect health. They view the believe that all states of health are psychosomatic as simply wrong, and even if this were the case, the claims would need to be investigated using scientific methods. They conclude that, at the base of the litany that each person must be treated as unique, that every part of the body is interdependent on every other part, and that body and mind are inseparable is the claim that holistic practitioners are absolved from demonstrating causal relations between their treatments and alleged therapeutic gains. They believe they are not obligated, to align their claims about therapy with knowledge concerning the causal pathways of the body. Their emphasis on the power of the mind is a theme and part tactic; the mind is supposed to be able to exert its power on parts of the body without regard to the laws of nature. The holistic practitioners view the body in almost a similar way as that which magicians of old had of the universe. The body becomes the last bastion of magic (Stalker & Gly more, 1989).

View of African Traditional Medicine

African traditional medicine can be looked at as from the perspective of a holistic health care system that

ISSN No. 2454-6186 | DOI: 10.47772/IJRISS |Volume VIII Issue III March 2024

appears to be organized into three levels with specific specialty, namely divination, spiritualism, and herbalism. The traditional healer plays the role of providing health care services guided by the particular culture in which he lives, taking into account, religious background, knowledge, attitudes, and beliefs that are prevalent in that particular community. Sickness is viewed as being caused by both natural and supernatural causes and therefore, must be treated by use of both physical and spiritual means, using divination, incantations, animal sacrifice, exorcism, and herbs. Herbal medicine is seen as the cornerstone of traditional medicine but may include minerals and animal parts(Sifuna, 2022).

The African culture has always had explanations as to why people suffer from certain diseases at certain particular times. Oguntande (2023), states that diseases majorly revolve around witchcraft/sorcery, gods or ancestors, natural, as well as inherited causes. Illness in African society is different from the Western world's point of view of medicine, Illness or social origin (Ozioma and Chinue, 2019). Cultural or social illness is thought to be related to supernatural causes such as angered spirits, even for conditions now known to be well understood in modern medicine such as high blood pressure, diabetes, heart conditions and sickle-cell anemia. African traditional beliefs consider the human being as being made up of physical, spiritual, moral, and social aspects. The functioning of these three aspects in harmony signified good health, while if any aspect should be out of balance, it signified sickness. Most traditional medical practitioners are all round healers. They are good in psychotherapy, faith healing (spiritual healing), therapeutic occultism, performing rites passage of both males and females, incision of tribal marks, treat snake bites, etc.

The good thing about traditional medicine is that it is freely available and accessible to most people unlike conventional medicine where people have to travel long distances to access it. This has resulted in limited consultation with traditional healers as most people have a fairly good knowledge of common curative herbs, especially in rural areas except in the case of treatment of chronic diseases(Chebii et. al. 2020). Even in cases where consultation is done, there seems to be a lack of a unified approach among traditional healers in terms of preparation procedures and correct dosage of herbal medicines in a traditional setting. Traditional healers are not going anywhere soon. They seem to thrive due to the manner in which they provide health care services, that is, their practices as well as their medicines. According to this view, traditional healers are able to provide therapies that are reasonable substitutes though rarely superior to modern therapies. Their ability to turn therapies into effective medicine is due to the fact that they live in the communities they serve, know the people they care for accept any form of payment, take payment for cures rather than medicines, and adopt a holistic view of the well-being of their patients.

Alternative Medicine Use in Kenya

In Kenya, there is limited quantitative data on the extent or demand for traditional medical practitioners, or on their role in providing particular health services in the community. However, the use of herbal medicine is increasingly finding more relevance today, especially with the recognition that we are facing more challenges in the treatment of some medical conditions such as diabetes and cancer as well as other ailments. Many communities in Kenya, and especially from the rural settings, still rely on herbal remedies. In addition, Kenyans still believe in the effectiveness of herbal medicine, even in places where modern medicine is easily accessible. In many cases people choose to combine both herbal and modern medicine, especially if they are afflicted with chronic ailments such as HIV/AIDS, hypertension, infertility, cancer, and diabetes (Nagata et al, 2011).

However, the increase being witnessed currently of some chronic conditions such as diabetes, asthma, infertility, cancer, and HIV/AIDS has raised considerable interest in traditional medicine in Kenya, reason being that these conditions do not seem to respond well to conventional medicine.This may have led to the emerging of "quack'' traditional healers, more so in urban areas whose main aim is to fleece and make quick money from desperate patients who are looking for a possible cure. It is certainly difficult to identify a genuine herbal practitioner in Kenya these days, especially in urban settlements. Majority put up adverts

signs claiming that they have the ability to treat all known conditions, for a fee (Odongo et al. 2022). On the contrary, genuine traditional healers are more specific in their treatment, they specialize in certain populations and conditions for example women or children.

Kenya's 2010 Constitution provides the basis for a more intensive and wide-ranging engagement with traditional medicine. After decades of repression and neglect, interspersed with occasional verbal support, the government of Kenya has actively been seeking to modernize and reconstruct both the practice of traditional medicine and the way that knowledge of the subject is used and shared. Translating verbal commitments into substantive policies will definitely take some time as it involves being sensitive to local concerns and interests. The move will also require continued political will (Africa Research Institute 2016). Several years have gone by since the Ministry of Health was directed to promote the safe use of herbal medicines, this has not happened yet. On June 30th 2017, the then president of Kenya, Uhuru Kenyatta signed the Health Act 2017, which directed the formation of a body, to regulate the practice of alternative medicine in Kenya.The law had directed the Ministry of Health to work with Parliament to establish a body to regulate alternative medicines the body, the law said, would ensure Kenya enjoyed the benefits of alternative medicines while being protected against dangerous products or practices.

However, in 2019, the Kenya Medical Research Institute (KEMRI) gave a report that most herbal medicines sold in major towns in Kenya are highly contaminated and dangerous for human consumption. KEMRI's survey which covered Nairobi, Mombasa and Eldoret indicated that almost all the herbal powders, tablets, capsules, oils, and liquids are contaminated, some with untrea table germs resistant to a number of antibiotics (Chebii et al, 2022). Test samples had been purchased from herbal clinics, nutrition stores, herbal product manufacturers, local retailers, and from hawkers and street vendors in the sampled towns. In the same year, a team of conventional researchers reported significant use of complementary medicines among cancer patients attending Kenyatta National Hospital. Their report indicated that out of those who used complimentary medicines, 64% used herbals, hoping for a cure while 36% hoped to get some symptomatic relief. Almost half of the users, 45% said that they were satisfied with their use while the rest 75% reported being disappointed. Most of the users, however had not disclosed to their Kenyatta National Hospital doctors that they were using alternative medicines (Ongundi et al 2019).

PSYCHOLOGY AND ALTERNATIVE MEDICINE

Currently, the understanding of the body-mind behavior relationship has dramatically changed the medical system and practice.This shift from the biomedical paradigm to the biopsychosocial model is a characteristic of the current holistic health provision model.The biopsychosocial model is a reflection of the belief that biological, psychological, and social factors in a sense interact in a somewhat interdependent or systemic way either maintain health or causing illness. This model (biopsychosocial) has become universal, and the World Health organization has endorsed and adopted it.

In general, psychologists assess, diagnose and treat psychological problems and the behavioural dysfunctions resulting from, or related to physical and mental health. In addition, they play a major role in the promotion of healthy behavior, preventing diseases and improving patients' quality of life specifically, psychologists' roles include but are not limitedto: helping patients and families adjust to diagnoses of acute chronic and/or life-threatening medical conditions, including assisting them with complex treatment decisions, preparing patients and for invasive medical procedures, assisting patients with dealing with trauma and also in decision making.

To enable psychologists provide high quality care, they will require to be educated on various forms of treatment, including those being used by their clients as they begin to work with them and also those that might be additionally beneficial to them.Psychologists also need to know when clients need to continue or

discontinue the use of complimentary alternative medicine. It is imperative that, psychologists remain educated and updated on the field of complimentary alternative medicine as well as the various modalities and their diverse uses. Complimentary alternative medicine is relevant to psychologists and the care that they provide to their clients in the context of evidence-based practice in psychology (Thomas-Casey, et. al, 2022).

Conventional Western medicine being arguably the most prominent form of medicinetoday, is not accessible to most people and neither is it the first choice for everyone. As a fact, the World Health Organization (2008), states that 80% of the population in developing countries depends on traditional medicine for their primary healthcare needs. One cannot help asking whether the two therapeutic systems can co-exist, that is complimentary alternative medicine and conventional medicine. The other question is "where does psychology fit in the greater medicinal scheme of things? The western world, as a leader in modern pharmaceuticals is seen to focus chiefly on the body, when it comes to medical treatment. Modern psychologists see this one-dimensional view of healing as an increasingly limited way of treatment. A different approach, the psychosomatic approach, which portrays health as a multidisciplinary integration of biological, psychological, behavioural and social factors has steadily gained a lot of ground.

The Postmodernist Argument

Various sociologists have speculated on contemporary lay views of modern medicine (Karki, 2020; Williams and Calnan 1996). Many of these papers are theoretical rather than empirical, and if empirical, usually report qualitative rather than quantitative results. Hence they are not 'bottom-up' ideas or evidence from a representative sample of patients, but 'top-down' speculation as to what lay people think and why. Many argue that the West is now in a new 'postmodern era' in which people see Selves, professionals, and their world differently. They are more skeptical of orthodox medicine and much happier to entertain alternative therapies.

There has long been a debate on the medical model and the medicalization of social issues referring to the way in which medical jurisdiction, concepts and control has increased too many social issues. There are various theories as to why this has occurred, but, the agreement as to its consequences: medicalization undermines and withdraws the public's self-determination and exercises both increased social control and surveillance over ordinary people's bodies and lives. This is the argument of Foucault (1979) and others, but it has been challenged by some who believe the opposite, namely that we are currently witnessing the rise of de-medicalization (Siahpush, 1998). Indeed, Strong (1979) waggishly suggested that it is sociology that is expansionist and imperialist in hyping alternative models and control mechanisms. Medical expansion is the gemony has by social science doing the same thing.

Williams and Cal nan (1996) to summarize succinctly the view of Giddens and other influential theorists interested in con temporary social life. One idea from the school is that currently all beliefs and practices (including medical) are subject to systemic critical scrutiny, examination and possibly revision. Certainly, medicine is becoming more fragmented as it becomes more specialized and to an extent more holistic.

Alternative Medicine from a Biographical Model, Rather Than a Viral, Biological Approach.

It is also true that much research medicine sees knowledge as tentative and corrigible, not because it is challenged by those with different epistemologies, but rather, quite simply, because it is assumed that new discoveries are made rapidly.

In the West, people have a longer lifespan and the environment is more pain-free. Yet there seems to be an increased ambivalence concerning modern technological medicine for example transplantation surgery, new technologies on reproduction, and also the widespread use of modern drugs. Fewer and fewer 'health

consumers'are passively duped by medical ideology. Medicine is at once a fountain of hope and despair because of what writers call *reflexivity* — the routine incorporation of new ideas into social relations and practices. Further, the growth in concerns about risk has encouraged a minimal balance between active trust and radical doubt in medical experts.Finally, the *media* attempts to demystify the role by allowing the audience to be the judges of modern medical practices. While the media could at the same time be accused of increasing mystification there seems no doubt that it has educated the public to look critically at its treatment.

From the postmodernist perspective, there is a remarkable critical distance between modern medicine and the laity. Lay people are gaining more technical knowledge which is sophisticated and is making them better educated and therefore, demanding consumers. Postmodernist critiques clearly ask more questions than they answer.

As noted by Williams and Calnan, (1996), one thing remains clear even in the midst of uncertainty and that is, lay people are not simply passive or active, dependent or independent, believers or skeptics, rather, they are a complex mixture of all these things (and much more besides) without wishing to sound too post-modern, reality, in truth, is a mess, and we would do well to remember this in the twenty-first century.

But does this postmodernist analysis explain the attraction of complementary medicine? It seems better at explaining, or at least describing possible causes for the disillusionment with contemporary, orthodox medicine — the so-called flight from science — rather than the movement towards contemporary practitioners. Indeed, it is possible to argue that the skeptical, risk-orientated views of the postmodern individual should lead them to be distrustful of complementary medicine rather than embrace it. Some complementary medicine philosophy although clearly heretical to modern orthodox scientific thought has all the absolutist hallmarks of the latter and should therefore in principle be unappealing to postmodern people.

The Rise of Relativism Model

The rise of philosophic, aesthetic, and moral relativism from the late 1960s has been dramatic, though the epistemological relativists and absolutists (or Universalists) have been sparring for years. According to Harreand Krausz (1996), there are two versions of relativism:

- *Skepticism*– which holds that no point of view is privileged, no description is true, and no assessment of value is valid.
- *Permissiveness* – which holds that all points of view are equally true and privileged, all descriptions are true and all assessments of value are equally valid. It may be that the use of the terms 'alternative' and 'complementary' medicine reflect this difference. Those who use and prefer the title 'complementary medicine' nearly always assert the permissive view — the idea that different (even conflicting) descriptions and explanations can both be true, such that orthodox and complementary medicine can, and should, happily thrive side by side.

The absolutists also have subtle differences. Harre and Krausz (1996) list three features of the absolutists' beliefs:

- *Universalism:* there are beliefs and entities which are true in all contexts, at all times, for all peoples.
- *Objectivism*: there are beliefs and entities which exist independently of the point of view, corpus of beliefs, or conceptual scheme held to, and employed by, any particular person or society.
- *Foundationalism:*there is a common set of basic statements and existents (axioms) incapable of further analysis, out of which all other existents are constructed.

Relativists, according to Harre and Krausz (1996), negate all three of these doctrines. The philosophical

position that appears to have grown in popularity and has migrated from arts, through socia1 science to scientific discipline ideas, is that of discursive relativism. This asserts that there are many theories for every phenomenon and many descriptions possible for the same event.

This level of philosophical debate is not to be found in the alternative and complementary medicine literature. Nevertheless, the ideas have 'percolated down' to many practitioners. The ideas of moral and aesthetic relativism have been popular since the 1960s, but ontological relativism is now wide spread. While practitioners of orthodox medicine have been schooled in the unquestioning, absolutist model, complementary practitioners are exposed to relativist thinking. Curiously, the former is rendered vulnerable in arguments with the latter through a lack of philosophic education and practice at the debate**.** Many orthodox practitioners arc rendered completely helpless when faced with relativist arguments, many of which can be forcefully articulated. Further, the sight of the mighty orthodox practitioners bewildered by philosophic discourse is amazingly attractive to the relatively powerless relativists who may 'adopt' relativist positions more out of spite than commitment. While it may be true that some complementary practitioners espouse a version of relativism, albeit a poorly articulated version (and most orthodox practitioners are in some form absolutists), it does not seem to be the case that their patients divide along these lines. This is partly due to the lack of philosophical education on the part of patients. In fact, if anything, many patients feel more secure with the absolutist certainty in knowledge and practice.

What complementary medicine patients do espouse are holistic rather than atomistic approaches to medical care. Yet there is increasing evidence that complementary patients seek out the *idiographic* ideology implicit in alternative medicine. Ideas of individual uniqueness and of contextualization sit well with their worldview. On the other hand, many orthodox patients appear happy with the *homothetic*approach of orthodox medicine. Cassileth (2004) posits that how popular a particular therapy is, depends on partly as a function of how well it fits into the socio-cultural context of the time. Thus, the liquid preparations popular at the turn of the century fitted well with the pharmaceutical bottled medicines available at that time. Today, social trends and values are promoting the 'metabolic' and 'immuno-enhancing' therapies like diet, self-care, vitamins and internal cleansing. Cassileth (2004) describes five underlying social trends of our time that he believes render certain treatments popular. They are stated as follows:

- Different movements advocating for various rights (including patients' rights);
- Changing of patient's role by consumer movements, that has shifted from dependent consumer to a partnership/active consumer role;
- Holistic medicine movement;
- More emphases on self-care and fitness;
- Increasing disaffection with, and mistrust of, organized medicine.

The belief in the power and supremacy of the individual and our overriding need to understand and control, leads us to the "mind" that has the power to heal philosophy. Frustration in our lack of ability to cure and control various diseases leads to attempts to achieve control, to cure and understand various diseases through less intrusive or toxic therapies. The argument is functional in the sense that patients are attracted to alternative therapies whose ideologies fit the current *zeitgeist.* Hence their attractiveness and popularity are currently a function of the socio-cultural theories of our time, which are predominantly relativistic.

SOCIOLOGICAL PERSPECTIVES

Sociological perspectives on health suggest that political factors play a large part in the popularity of various forms of medicine (Batifoulier and Diaz-Bone 2022). For instance, McKee (1988) notes that while holistic critiques of Western medicine suggest it is too bio-reductionist, so the movement on holistic health can stand accused of enhancing both an *individualistic and a victim-blaming ideology* rather than a social

analysis of health which has seen the burden of health costs being transferred from the state and corporations to individuals.

Mckee further argues that holistic health serves the interest of capital accumulation, while Western medicine promotes capitalism. The old conspiracy theory run thus: the short-term treatment of disease is profitable and medical practice is oriented to crisis intervention and pathology correction, not prevention or health maintenance. This concept is known a biomedical concept. But it can express the particular meaning of health. It ignores the impact of environmental, psychological, social, cultural, determinants of health. It is very true that biomedical model got spectacular success in treating the disease but it was inadequate in solving some of the major problems related to environmental pollution, mental illness, population exploration etc. (Pandey, 2016).

The bio-reductionist model is accepted, not the social-environmental model. McKee feels (1988), that the holistic medicine supporters have neglected to critic orthodox medicine on these grounds, though their contrasting views of health should give them this wider perspective. She appears to lament the fact that the holistic medicine movement has not helped forge a strong, anti-capitalist people's health movement.

It certainly seems a change for the alternative therapists to be tarred with the same brush as orthodox medicine and then be asked to join an even more extreme and discredited movement. Inevitably, sociologists want an analysis of the conflict and rivalry between orthodox and alternative medicine at a socioeconomic and political level. Faced with many synonyms to describe non-orthodox medicine such as alter native, complementary, fringe, natural, non-conventional, and marginal, Bakx (1991) chose the term 'folk' because it reflects two themes: it is relevant to culture and it reflects the fact that people have and make choices.

Yet Bakx was interested in explaining the 'eclipse' of folk medicine in the Western world. He chose the word 'eclipse' rather than 'demise' or 'disappearance' because eclipses are cyclical and temporary, and what is unorthodox today may become the orthodoxy of tomorrow. In fact, Bakx does not see the eclipse of folk medicine but its opposite — providing a viable and valuable alternative. His analysis is sociopolitical: he believes the crisis of bio medicine, the changes in advanced capitalism, and the awareness of green issues to be all part of the growth of a postmodern economy and society. Thus in the views of this sociologist, sociological forces have brought about an increase in dissatisfaction with bio medicine and an increase the cultural gap witnessed between doctors and patients.

What is the Attraction of Alternative Medicines?

Why should the strange, varied, contradictory, and bizarre collection of alternative/complementary/non-all opathic treatments mesmerize sophisticated Western populations who have the technological sophistication of modern medicine available to them? Taylor ***(1985)*** answered the question by focusing the doctor-patient and the unique relationship between practitioner and client which is offered by the alternative system. She recognizes the differences between the various therapies surrounded by the 'holistic' label and the fact that they don't share a common epistemological basis.Yet they can easily be differentiated from orthodox medicine since they lay emphasis on the subjective experience of the patient and focus on the whole person and not just the disease is the focus of all therapists. By contrast, and somewhat unfairly, Taylor ***(1985)*** posits that scientific medicine views the human body just like any other machine, which requires servicing. Patients are seen as cases, and therefore there is nothing unique about their personal feelings and experiences.

By use of contrasts, Taylor ***(1985)*** refers to the orthodox doctor as a teacher and facilitator, and the alternative practitioner is seen as the therapist. Many patients may have become accustomed to the sort of medicine that is regarded as magic bullets that is given by doctors who have to attend to throngs of patients

who move from one service area of the hospital to another. The focus of Orthodox medicine is on sickness while alternative medicine emphasis on wellness. This aspect may serve to characterize orthodox medical practices by alternative practitioners as more technological and aggressive, seeing their own as natural and non-invasive.

Taylor examines the ever-more familiar ground of why therapies are growing in popularity.Some of the reasons suggested are:

A change in the cultural mood;

- Medicine has remained the same and still regards itself as the 'restorer of people's productivity within any form of society;
- Alternatives rise and fall in popularity in proportion to the successes and failures of conventional medicine;
- Fear of iatrogenic diseases which are problems which stem from medical intervention and drugs which are supposed to cure, but in fact exacerbate, the problem.

Taylor has argued that the failures, cost and uneven distribution of modern medicine alone do not account for the popularity in alternative medicine as they do not explain the current interest when cost and access are enduring problems; and consumers indeed have to pay more for alternative medicine which is not covered by the state or by insurance.

It is the *simultaneous* dissatisfaction/disaffection with orthodox medicine and the attraction of alternative medicine which seem]s to have most explanatory power. The see-saw witnessed in different healing systems has to a large extent contributed to the changing nature of the medical encounter. When medicine leaves one in limbo as far as relief or cure, are concerned, the quality of the individual doctor—patient relationship becomes paramount. Both the consumer movement and the women's movement combined with a general demand for participation have all focused on the medical encounter. An increase in malpractice lawsuits has made doctors take more precaution. Specialists in various fields of medicine have increased, making it more difficult to maintain personal relationships between doctors and the patients. Modern technology continues to make it difficult to maintain any personal relationships. It is not easy for patients to change doctors or look for a second opinion especially in cases where they have to pay insurance or specialized facilities are only found in limited areas. What then is the modern patient looking for? It appears being treated with respect is paramount, crowded waiting rooms and long turnaround time, feeling patronized and being processed are common complaints;

- Being treated as a more educated consumer, but being subjected to a scene of clinical autonomy and no information shared;
- Not having to face doctors who have nothing to offer and no choice either or treatments fail to work or the best policies are no longer applicable;
- A common understanding with equal responsibilities, and not what many patients experience mostly, that doctors do not trust or allow them to make appropriate decisions about their health care. Taylor viewed medicine as relational. Thus the fate of complementary medicine may be determined not so much by the proven efficacy of its methods but rather by the unwillingness or inability of the orthodox practitioners to deliver what the modern patient wants.

Lynse (1989), states two reasons that cause patients to choose alternative medicine: namely *disappointment and curiosity* of the currently available health care. He applies a historical example for a three points to argument. Firstly, alternative practitioners use new, controversial and unacceptable concepts. It is possible that a new theoretical framework will make it possible to reinterpret pre-scientific concepts and pseudo-scientific explanation within an acceptable framework. Secondly, against the background of the prevailing

paradigm empirical data which supports alternative therapies may be difficult to understand; that is, effects are real although they have not been well recorded neither documented. Thirdly, in developing a new paradigm an opportunity provided for the reinterpretation of pre-scientific terms and data in a new perspective. For instance, nineteenth-century medicine saw illness in terms of an imbalance of bodily fluids; hence the use of bleeding. It was difficult for doctors to accept the paradigm change to a more modern approach. Lynse argues that theoretical and professional interests conspire against the acceptance of an alternative therapy.

THE EMPIRICAL LITERATURE

There could be several reasons why patients turn to complementary medicine. Some patients maybe dissatisfied with orthodox medicine, which relies highly on technology, apprehensive of the dangers that may be posed by invasive techniques and the side effects of many drugs. Others may regard complementary medicine as especially efficacious for certain conditions, as being more effective in dealing with the emotional aspects of illness, or as having a component of a spirituality that is not seen as important in orthodox medicine.

One of the first studies to ask why people choose alternative therapy was done by Moore etal, *(2019)*. They asked sixty-five patients at a Centre for Alternative Therapies. Asked why chose to attend, most came for pain alleviation or allergies to be cured. Although they reported having a good relationship with their doctor, most were unhappy about the failure of regular medicine. Nearly half felt rushed and that their doctor did not understand their problems. Interestingly, this, obviously self-selected group of patients were well informed about alternative medicine through friends and the media. Attendance did not increase this knowledge but two-thirds believed their treatment worked. Interestingly, expectation of success correlated with outcome. Despite the obviously self-fulfilling placebo effect, this study suggests that the authors failed to explore any mechanism or process behind the data.

There have been some empirical attempts to understand the popularity of alternative medicine. In an interesting and perhaps unique study, Finnegan (1991) interviewed thirty-eight patients in-depth from the 300 or so visiting a general centre specializing in complementary medicine. From the demographic information which he collected, he found support for the generally held view that a high proportion of the patients had long-term chronic ailments, had been unable to find a conventional diagnosis for their symptoms, and seemed unresponsive to conventional treatment. In other words, the primary motivation was the failure of conventional medicine to bring about a satisfactory improvement in their condition. He found evidence for two distinct types of patients: those who turn to alternative medicine as a last resort and are neither interested in, nor embrace, its philosophy, and those who are more committed to belief and ideology than the alleviation of their personal suffering. Perhaps with a much bigger sample, a few further interesting nuances might have been discovered.

What reasons do patients have to give for visiting a complementary health practitioner? Budd *et al.* (1990) looked at 197 British patients: forty visiting an acupuncturist and 107 an osteopath. In all, 58 per cent of the acupuncture and 83 per cent of the osteopathy patients said the treatment was suggested by a doctor, while 13 percent and 12 percent respectively said it was because it was suggested by a family member or friend. Few said it was because they were interested in the treatment, but 20 percent of acupuncture and 26 percent of osteopathy patients said it was because it was readily available. The only major difference between the two groups was that whereas only 3 percent of the osteopathy patients said they sought the treatment ‘as a last resort’, 27 percent of the acupuncturists said this was thecase for them. The research also showed that acupuncturists treated a wider range of conditions than did an osteopath, who treated mainly musculoskeletal problems, and joint and muscle strain. It certainly appears that these patients supported by the National Health Service were not pulled by the philosophy or reputation of complementary medicine,

ISSN No. 2454-6186 | DOI: 10.47772/IJRISS |Volume VIII Issue III March 2024

but chose it because their doctor recommended it and it was available. Clearly, the availability and cost of treatment make a big difference as to when and why people use it.

In a series of programmatic studies, Furnham, Vincent, and colleagues investigated why patients of complementary medicine chose their preferred practitioner(Furnham, 1996. 1993. 1994. 2013; Furnham and Bharath, 1992, Furnham and Forey, 1994. Furnham and Kirkcaldy, 1995; Furnhamet al. 1995, Vincent and Furnham, 1994, 1995; Vincent, et al. 1995). In their work, Furnham has speculated on ten possible reasons why people choose complementary medicine, which include:

- Disillusionment with (the hegemony of) orthodox bio medicine (in general, it never fulfilled its promise);
- Anti-science, anti-establishment (postmodernist virus) beliefs about professionals practicing 'scientific medicine';
- Fear (of the power) of professionals' doubts about motives;
- Dissatisfaction with orthodox techniques when dealing with everyday chronic problems (backache);
- The philosophy of (some) complementary medicine therapies (whole person, non-intrusive, 'psychological');
- Simply 'shopping for health' and being prepared to try anything once; experimentation in the market place;
- Internal locus of control needs to take more responsibility for (all aspects of) health (health-consciousness);
- Offering the unstable the possibility of morbid self-interest and less limited therapist time and attention;
- Different health beliefs and theories as to the etiology, manifestation and cure of illness.(health belief model);
- Consistent advice from significant others about the efficacy of complementary medicine. Furnham (1997) surveyed the empirical evidence from the dozen or so empirical studies under five headings as described in the next section. Anti-orthodox medicine. Possible reasons that have been posited include disillusionment with the hegemony of orthodox medicine (in general) which is seen as never having reached its nineteenth-century promise. Allied to this 'explanation' is the possible reason that prospective patients, imbued with anti-science, anti-establishment, postmodernist theory, reject 'scientific' medicine and the orthodox, positivist theory upon which it is based. While it is possible that this explanation may be used to explain why some people are both attracted to, but primarily flee from, orthodox medicine, the programmatic studies have revealed that this group is very small. Confined to the more articulate, educated, relatively fit middle class, theoretical or epistemological reasons do not account for much of the variance when explaining the choice of complementary medicine. Further, it is possible that patients and clients develop 'theories' of their choice and rationalizations for their behavior post *hoc;* that is, after, rather than before, they made their choice. However, it is possible that anti-orthodox *philosophic ideas do change the zeitgeist, which in turn influences patients' perception of both* or thodox and complementary medicine.

Dissatisfaction and/or Fear of Orthodox Professionals

There is considerably more evidence to support the type of explanation that holds that patients of complementary practitioners have had bad experiences of orthodox doctors, but there are also equivocal studies that show alternative patients are not disgruntled with alternative medicine (Donnelly et al.1985). These experiences come in a number of forms: first, that the doctor does not seem to take the time or care to 'fully understand' the patient; that is, patients feel they are being processed too quickly by the orthodox medical system (Hewer 1983). They feel cheated: possibly their expectations of consultation are inappropriate and unreasonable; they may be presenting with obvious psychosomatic or trivial complaints

that busy orthodox doctors cannot deal with. A second reason for dissatisfaction lies in the patient's perception that the doctor and his or her cure/therapy simply does not work. In other words, their chronic condition, most frequently back pain, gets no better and that the orthodox practitioner, for all his or her training and the advancement of modern medicine, is unable to deal with the problem. Third, there are patients who fear orthodox medical practitioners. They fear their power and their methods which some see as 'too technological and insufficiently sensitive to individual differences. Surgeons frequently epitomize the all-powerful, even brutal, side of medicine. Studies on health locus of control, show that orthodox medical patients have more faith in their practitioner, but take less responsibility for their own health. It really revolves around the issue of trust and the extent to which patients believe their practitioners can and do help them.

The Philosophy of Complementary Medicine

It has been argued that some patients are attracted to specific branches of complementary medicine because of its philosophy; that is, the types of explanation it gives for health and illness. This is particularly the case when explanations are both holistic and psychological, or simply 'new age' ideas around mental and physical self-betterment, esoteric teaching and contemplative practice (Levin and Coreil, 1986). Just as people choose and read newspapers that confirm their political views, so people may seek out practitioners whose 'philosophy' fits their own. Once again, while this may in part be true, it is perhaps too cognitive an explanation, particularly if people are chronically sick and seeking relief from pain, it does not appear to be the case that complementary medicine patients have some health belief models are noticeably different compared to similar patients who use orthodox medicine exclusively (Furnham 1997).

Shopping For Health

Few patients are exclusive users of one branch of complementary medicine. As the above studies have shown, most people have an understanding that certain types of complementary medicine are ideally suited to specific complaints. These include acupuncture for migraine, osteopathy for back pain, homoeopathy for allergies, and soon. Equally, they believe orthodox medicine to be by far the most efficient for problems associated with broken bones and bleeding. The more health options there are available, the more people shop for health, trying out various solutions or cures for different conditions. This seems particularly true of very health-conscious people.

Do patients tell their doctor about their use of alternative and complementary therapies? Many studies show an increase in the use of alternative medicine along with the growth of 'consumer sovereignty' in health care decisions. Yet Vickers, et, al. (2006) believe there is evidence that while patients use orthodox and non-orthodox treatments at the same time, they do not inform either practitioner about the other. Thus they found evidence that patients sense the traditional antipathy between the medical profession and alternative therapists and hence are reticent about disclosing their use of the latter's treatment to the former. They believe this has important implications for all doctors and they forcefully conclude:

If general practitioners are to recognize alternative practitioners as potential allies, and if the patients are to continue to use orthodox and alternative treatments in combination, then these areas of concern must be confronted (Shala & Bricoli, 2022).

CONCLUSION

Cynics, sarcastic and dismissive articles by otherwise sober, disinterested orthodox medical practitioners who argue that the increasing numbers of patients going to complementary medical practitioners are irrationally fleeing from science are clearly misplaced. To some extent, medical education and practice has not taken cognizance of the changing beliefs and needs of patients. Patients in the West are better consumer

educated and more demanding. For various reasons, including economic, orthodox medicine has not been able to adapt to their needs. But complementary practitioners have.

In fact, as various studies have shown, doctors (physicians) are not hostile to complementary medicine. They see complementary medicine as moderately effective and useful, though many remain uncertain about its proven effectiveness. Health promotion and educations aims at de-medicalization of health services thus empowering the patient.A lot of branches of complementary medicine seems to have goals similar to those of health educators, which include the critical appraisal of orthodox medicine and the encouragement of patients both to choose practitioners with specialization in specific problems, as well as to take responsibility for their health. Therefore, complementary medicine patients may be having better health-knowledge than those using the orthodox medicine sector exclusively.

Theories of illness in regard to patients tend to relate, most importantly, to the patients'compliance with medical advice. This has given rise to a considerable interest in, and attendant research that concerns itself with, compliance especially in medical settings. There are also studies that suggest health beliefs, and to be specific lay theories of health, as influential determinants of compliance. Therefore patients are then more likely to remember and adhere to advice that fits in with the theory they believe in. This highlights the need to understand, and where appropriate enrich or alter, lay theories of health. Never the less, lay people are also likely to influence and learn from each other, just as they are to follow a specialist's professional advice. In some cases, the lay practitioners, rather than specialist or complementary, have more source and credibility when discussing health matters. The trend witnessed in embracing complimentary medicine in Kenya and other parts of the world seems to continue growing, It is imperative that health educators focus on the educative role of all those who practice complementary medicine.

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