Use of Complementary Medicine by Patients Seen in the Dermatology Out Patient Department of Region 1 Medical Center

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Abstract

Background/Objectives: The use of complementary and alternative medicine (CAM) has increased over the years. Although the incidence of CAM use among general and disease-specific groups has been researched, little is known about CAM use among Filipino dermatological patients. This study aims to determine the extent and nature of complementary medicine use among patients with dermatologic problems seen in this institution.

Methods. This is a descriptive, prospective study that made use of a researcher-created questionnaire to determine the prevalence of complementary and alternative medicine. Six months of research were undertaken at the Dermatology clinic of a tertiary hospital. It utilized convenience sampling technique consisting of patients who visited the Dermatology clinic for an in-person consultation.

Results: Sixty-five percent of the participants had attempted at least one kind of CAM to treat their dermatological condition, with the majority of participants between the ages of 18 and 25 (25.3%). The most prevalent condition treated with CAM was allergies (36.7%) of unknown etiology, followed by fungal infection (17.7%) and eczema (11.4%). Herbal medicine (65.8%) was the most popular method among respondents, followed by folk medicine, which was primarily recommended by family/relatives. The majority of CAM users were influenced by others, and several were financially challenged. Most CAM users reported no or minimal disease improvement, and the majority do not recommend CAM to others.

Conclusions: This is the first study to investigate the use of complementary and alternative medicine in dermatologic diseases in general in the country. Board-certified dermatologist should keep an open mind towards patients who might seek out other types of treatment, either as an adjunct or an alternative, given the high prevalence of CAM users among dermatology patients.

Keywords: complementary medicine, dermatology, herbal medication

INTRODUCTION

Complementary and alternative medicine (CAM) therapies are becoming acceptable to the general public and are increasingly used worldwide. In dermatology, CAM is defined as methods of diagnosis and treatment that are used to supplement or substitute conventional dermatologic practice. It is also referred as 'holistic dermatology' because it considers the well-being and entirety of the individual. It includes modalities such as ancient traditional Chinese medicine,

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functional medicine, and psychosomatic modalities.[1] The integration of CAM into the conventional medical system has been encouraged by World Health Organization (WHO) to improve the quality of care in the health for all strategy.[2]

The National Center for Complementary and Alternative Medicine (NCCAM) defines CAM as "a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine".[3] Currently, CAM is classified into the following categories: alternative medical systems (acupuncture, ayurveda, homeopathy, and naturopathy), biologically based therapies (chelation, folk, herbal medicine, nonvitamin nonmineral natural products, diet-based therapies, megavitamin therapy), manipulative and body-based therapies (chiropractic care, massage), and mind-body therapies (biofeedback, relaxation techniques, hypnosis, yoga, Tai Chi, Qi Gong, healing rituals, energy healing, or Reiki). Estimates of CAM use among adults with dermatologic diseases in the United States have varied from 50% to 62%.[4] In the Philippines, the study of CAM is limited to psoriasis with no further mention on other dermatologic condition. As a country rich in culture, resources and superstitious beliefs, we have the benefit of maximizing the use of complementary medicine in our field of practice.

The use of complementary medicine has continued to increase over the past years prompting research into the possible factors and motivators associated with its use. This study aims to determine the extent and nature of complementary medicine use among patients with dermatologic problems seen in the outpatient department of Region 1 Medical Center.

Furthermore, as educators and community leaders, it is paramount to learn the efficacy, benefits, and risks of the various CAM therapies for its proper use and better insight. Doctors have a critical role in preventing improper use of CAM. As care providers, we should be educated about all therapeutic modalities our patients are using for a holistic approach to the attainment of health and general well-being.

Objectives of the Study

General Objectives

The main objective of this study is to determine the prevalence of complementary medicine use among patients in the Dermatology OPD of Region 1 Medical Center.

Specific Objectives

1. To describe the socio-demographic characteristics of patients using complementary medicine in the Dermatology OPD of Region 1 Medical Center with the following variables:
    a. Age
    b. Sex
    c. Civil Status
    d. Educational attainment
    e. Occupation
    f. Estimated annual income
2. To determine the common modalities of complementary medicine used to treat dermatologic conditions among patients seen in the Dermatology OPD of Region 1 Medical Center
3. To determine the common dermatologic conditions to which complementary medicine is used among patients seen in the Dermatology OPD of Region 1 Medical Center
4. To determine the possible factors or reasons why complementary medicine is used among patients seen in the Dermatology OPD of Region 1 Medical Center
5. To assess the relationship between the use and non-use of complementary medicine and the sociodemographic profile of patients seen in the Dermatology OPD of Region 1 Medical Center

6. To assess the relationship between use of complementary medicine and the dermatologic conditions among patients seen in the Dermatology OPD of Region 1 Medical Center

METHODS

Study Design/Setting

A descriptive, observational study design was conducted through an IRB-approved validated questionnaire and interview (see annexed questionnaire). The survey was administered and conducted at the outpatient department of the Department of Dermatology in Region 1 Medical Center (R1MC) from December 2021 – May 2022.

Study Population

The study population consisted of OPD patients of the Dermatology Department of the Region 1 Medical Center (R1MC) who sought face-to-face consult from December 2021 – May 2022. Approximately 10% of the population was computed as the sample size. Convenience sampling was utilized. New or follow-up patients with general dermatologic diseases seen at the dermatology OPD were eligible to join the study. Patients under the age of 18 are eligible if they are accompanied by an adult guardian.

This study excluded new and follow-up dermatology outpatients who sought consult via teleconsultation, as well as those who refused to answer the questionnaire. Patients under the age of 18 who lacked a legal guardian were likewise excluded. Participants who refuse to provide informed consent and those who seek to withdraw at any moment were both regarded to have withdrawn.

Study Procedure

The protocol was approved by the Research Board Committee of the hospital and assigned a protocol number. All patients who sought face-to-face consult at the Dermatology OPD were invited to participate in the survey. With a dermatology facility and training, Region 1 Medical Center is a suitable site to conduct this study. There were no incentives or compensation given to the respondents. Qualified patients were asked to sign an informed consent form before answering the study questionnaire. For patients below 18 years old, the questionnaires were completed by their guardian of legal age.

A researcher-made questionnaire with nine items was used to assess the participants' demographic, complementary and alternative medicine use, the most frequent method used, reason for CAM use, and other related factors. Some questions can have multiple answers. The surveys have been reviewed by the investigator for completion. Patients were asked and clarified for incomplete and inconsistent answers in the questionnaires, and their answers were recorded on their questionnaires as final response.

The gathering of data started on December 2021. The prevalence of complementary medicine use among patients seen in the Dermatology OPD of Region 1 Medical Center was determined. Descriptive statistics was used to summarize baseline characteristics. Categorical variables were presented as frequencies and percentages. Fisher's exact test was used to determine differences or associations between categorical data, and a rank-biserial correlation to measure the association between ordinal and dichotomous variables. A p-value less than .05 was considered statistically significant. Data were entered and analyzed using SPSS v. 26.

Ethical Considerations

The research protocol was approved by the hospital's Institutional Review Board (IRB). Prior to inclusion, informed consent forms were collected

that included information about the objectives, conditions for voluntary participation, withdrawal, and confidentiality. All personally identifiable information was kept confidential. All data collection forms were stored in a secure location during the duration of the study. Participants did not receive any gifts or financial support. There is no conflict of interest. The author did not receive financial grants or research funding for this study.

RESULTS

There were 120 respondents in the survey, and 77 (64.2%) of them were women and 43 (35.8%) were men. Young adults (26.7%) and early middle-aged adults (20.8%) make up the majority of the responses. Forty-one (34.2%) of the participants had never used any complementary and alternative medicine, while 79 (65.8%) of the participants had used at least one form of complementary and alternative medicine to treat their dermatological condition.

Of the patients who had employed complementary and alternative medical techniques, there were 24 men and 55 women (30.4% and 69.6%, respectively). CAM use was most prevalent in the 18-25 (25.3%) age group followed by 26-35 (20.3%) group. There is an almost equal ratio between single (n=39, 49.4%) and married (n=37, 46.8%) individuals. Of those that utilized CAM, 30 (38%) had a college degree, 5 (6.3%) had a postgraduate degree, 5 (6.3%) had taken vocational training, 33 (41.8%) had a high school diploma, 4 (5.1%) had completed elementary school, and 2 (2.5%) were illiterate. The majority of respondents who use CAM are unemployed (51.64%), and 57% of them primarily rely on family or relatives for financial support. Table 1 displays the participant demographics in relation to the use and non-use of complementary and alternative medicine. No significant relationship was found between CAM therapy use and the age (p=.345), sex (p=.109), civil status (p=.118), educational attainment (p=.554) and income (p=.426) of the patients when compared statistically.

Table 1. Sociodemographic characteristics of patients seen in the Dermatology Out Patient Department of Region 1 Medical Center

Characteristics	Frequency (%)			*p*-value
	Total (N=120)	Use of Complementary Medicine		
		Yes (n=79) 65.8%	No (n=41) 34.2%	
Age (in years)				
▪ <18	12 (10%)	7 (8.9%)	5 (12.2%)	.345
▪ 18-25	32 (26.7%)	**20 (25.3%)**	12 (29.3%)	(r_s = -0.087)
▪ 26-35	25 (20.8%)	16 (20.3%)	9 (22%)	
▪ 36-45	16 (13.3%)	11 (13.9%)	5 (12.2%)	
▪ 46-60	19 (15.8%)	14 (17.7%)	5 (12.2%)	
▪ >60	16 (13.3%)	11 (13.9%)	5 (12.2%)	
Sex				
▪ Female	77 (64.2%)	**55 (69.6%)**	22 (53.7%)	.109
▪ Male	43 (35.8%)	24 (30.4%)	19 (46.3%)	
Civil Status				
▪ Single	65 (54.2%)	**39 (49.4%)**	26 (63.4%)	.118
▪ Married	49 (40.8%)	37 (46.8%)	12 (29.3%)	
▪ Separated	1 (0.8%)	0	1 (2.4%)	
▪ Widow	5 (4.2%)	3 (3.8%)	2 (4.9%)	

Educational Attainment				
▪ None	4 (3.3%)	2 (2.5%)	2 (4.9%)	.554
▪ Elementary	8 (6.7%)	4 (5.1%)	4 (9.8%)	(r_s = 0.055)
▪ High School	42 (35%)	**33 (41.8%)**	9 (22%)	
▪ Vocational	7 (5.8%)	5 (6.3%)	2 (4.9%)	
▪ College	54 (45%)	30 (38%)	24 (58.5%)	
▪ Postgraduate	5 (4.2%)	5 (6.3%)	0	
Employment				
▪ Unemployed	77 (64.2%)	**51 (64.6%)**	26 (63.4%)	1
▪ Employed	43 (35.8%)	28 (35.4%)	15 (36.6%)	
Barangay health worker	*1 (0.8%)*	*1 (1.3%)*	*0*	
Canteen staff	*1 (0.8%)*	*1 (1.3%)*	*0*	
Cashier	*1 (0.8%)*	*0*	*1 (2.4%)*	
Construction worker	*1 (0.8%)*	*0*	*1 (2.4%)*	
Domestic helper	*1 (0.8%)*	*1 (1.3%)*	*0*	
Electrician	*1 (0.8%)*	*1 (1.3%)*	*0*	
Farmer	*1 (0.8%)*	*1 (1.3%)*	*0*	
Finance staff	*1 (0.8%)*	*0*	*1 (2.4%)*	
Government employee	*2 (1.7%)*	*0*	*2 (4.9%)*	
Health care worker	*1 (0.8%)*	*1 (1.3%)*	*0*	
Manicurist	*2 (1.7%)*	*2 (2.5%)*	*0*	
Messenger	*1 (0.8%)*	*0*	*1 (2.4%)*	
Nurse	*4 (3.3%)*	*1 (1.3%)*	*3 (7.3%)*	
Office clerk	*4 (3.3%)*	*2 (2.5%)*	*2 (4.9%)*	
Overseas Filipino worker	*1 (0.8%)*	*1 (1.3%)*	*0*	
Pharmacist	*1 (0.8%)*	*0*	*1 (2.4%)*	
Physician	*5 (4.2%)*	*5 (6.3%)*	*0*	
Retired teacher	*1 (0.8%)*	*1 (1.3%)*	*0*	
Saleslady	*2 (1.7%)*	*2 (2.5%)*	*0*	
Self-employed	*6 (5%)*	*5 (6.3%)*	*1 (2.4%)*	
Social worker	*1 (0.8%)*	*1 (1.3%)*	*0*	
Teacher	*1 (0.8%)*	*0*	*1 (2.4%)*	
Therapist	*1 (0.8%)*	*0*	*1 (2.4%)*	
Tricycle driver	*2 (1.7%)*	*2 (2.5%)*	*0*	
Estimated Annual Income				
▪ Dependent	65 (54.2%)	**45 (57%)**	20 (48.8%)	.426
▪ <Php 40,000	19 (15.8%)	12 (15.2%)	7 (17.1%)	(r_s = 0.073)
▪ Php 40,000-59,000	13 (10.8%)	9 (11.4%)	4 (9.8%)	
▪ Php 60,000-99,000	7 (5.8%)	2 (2.5%)	5 (12.2%)	
▪ Php 100,000-249,000	8 (6.7%)	5 (6.3%)	3 (7.3%)	
▪ >Php 250,000	8 (6.7%)	6 (7.6%)	2 (4.9%)	
r_s-spearman correlation coefficient				

The most common condition for which complementary and alternative medicine was used was allergies with non-specified cause (36.7%), followed by fungal infection (17.7%%) and eczema (11.4%) (Table 2). Leprosy, psoriasis, seborrheic dermatitis, boils, and scabies are a few examples of additional disease groups included in this analysis. However, there was no statistically significant relationship in CAM therapy use and dermatologic diagnosis.

Table 2. Skin condition/Diagnosis of patients seen in the Dermatology Out Patient Department of Region 1 Medical Center

Skin condition/Diagnosis	Frequency (%)			*p*-value
	Total (N=120)	Use of Complementary Medicine		
		Yes (n=79)	No (n=41)	
• Allergies	45 (37.5%)	**29 (36.7%)**	16 (39%)	.844
• Atopic Dermatitis/ Eczema *(Asthma sa balat)*	11 (9.2%)	**9 (11.4%)**	2 (4.9%)	.328
• Seborrheic dermatitis *(Dandruff)*	3 (2.5%)	3 (3.8%)	0	.550
• Fungal infection *(Buni, Hadhad, An-an)*	16 (13.3%)	**14 (17.7%)**	2 (4.9%)	.086
• Leprosy *(Ketong)*	10 (8.3%)	6 (7.6%)	4 (9.8%)	.734
• Psoriasis	10 (8.3%)	7 (8.9%)	3 (7.3%)	1
• Scabies *(Galis)*	5 (4.2%)	3 (3.8%)	2 (4.9%)	1
• Boil *(Pigsa)*	5 (4.2%)	4 (5.1%)	1 (2.4%)	.660
• Others	33 (27.5%)	20 (25.3%)	13 (31.7%)	.520
Acne	*5 (4.2%)*	*3 (3.8%)*	*2 (4.9%)*	1
Alopecia areata	*2 (1.7%)*	*2 (2.5%)*	*0*	.546
Burn	*1 (0.8%)*	*1 (1.3%)*	*0*	1
Epidermal inclusion cyst	*1 (0.8%)*	*0*	*1 (2.4%)*	.342
Herpes zoster	*1 (0.8%)*	*1 (1.3%)*	*0*	1
Hidradenitis suppurativa	*1 (0.8%)*	*0*	*1 (2.4%)*	.342
Lichen simplex chronicus	*1 (0.8%)*	*1 (1.3%)*	*0*	1
Measles	*1 (0.8%)*	*0*	*1 (2.4%)*	.342
Mole	*1 (0.8%)*	*1 (1.3%)*	*0*	1
Molluscum contagiosum	*1 (0.8%)*	*0*	*1 (2.4%)*	.342
Pediculosis capitis	*2 (1.7%)*	*2 (2.5%)*	*0*	.546
Pityriasis rosea	*1 (0.8%)*	*0*	*1 (2.4%)*	.342
Pityriasis rubra pilaris	*1 (0.8%)*	*1 (1.3%)*	*0*	1
Shingles	*2 (1.7%)*	*1 (1.3%)*	*1 (2.4%)*	1
Skin tag	*3 (2.5%)*	*1 (1.3%)*	*2 (4.9%)*	.269
Squamous cell carcinoma in situ	*1 (0.8%)*	*1 (1.3%)*	*0*	1
Telogen effluvium	*1 (0.8%)*	*1 (1.3%)*	*0*	1
Urticaria	*2 (1.7%)*	*1 (1.3%)*	*1 (2.4%)*	1
Vitiligo	*1 (0.8%)*	*0*	*1 (2.4%)*	.342
Warts	*4 (3.3%)*	*3 (3.8%)*	*1 (2.4%)*	1

With 52 (65.8%) users, herbal medicine was the most frequent method among the respondents, followed by folk medicine (53.2%). Homeopathy (1.3%), therapeutic massage (2.5%), reflexology (2.5%), faith healing (6.3%), and aromatherapy (26.6%) were also occasionally employed techniques (Table 3). The majority of respondents used more than one CAM modality.

Table 3. Common modalities of complementary medicine used to treat dermatologic conditions among patients seen in the Dermatology OPD of Region 1 Medical Center

Response	N = 79	
	Frequency	%
• Herbal Medicine	**52**	**65.8**
• Folk Medicine/ Albularyo	**42**	**53.2**
• Aromatherapy	**21**	**26.6**
• Faith Healing	5	6.3
• Therapeutic Massage	2	2.5
• Reflexology	2	2.5
• Homeopathy	1	1.3

Table 4 shows possible factors in CAM use. Most were recommended by their family or relatives (69.6%) and friends (38%). Others were recommended by a quack doctor (10.1%), other health care practitioner such as nurse or pharmacists (5.1%), and some via social media marketing (5.1%). The top two reasons given by those who used CAM were being influence by others (49.4%) and financial difficulties (38%). Twenty-four patients (30.4%) favor natural therapy, whereas 13.9% are worried about the adverse consequences of conventional medicine. Seven (8.9%) of the respondents utilize complementary and alternative medicine (CAM) out of curiosity, 5.1% feel better in control of their health when doing so, and 2.5% believed that conventional therapy was ineffective. Only one respondent mentioned using CAM practices due to difficulty accessing medical services.

Majority of patients who used CAM said their dermatologic conditions remained largely unchanged (46.8%), and 43% said CAM techniques were less effective. While just 26.6% of respondents say they would suggest CAM to others, the majority (73.4%) say they would not. In addition, 42 (53.2%) were open to using complementary medicine in addition to conventional medication, and 43 (54.4%) agreed that complementary medicine should be taken into account when conventional treatment has failed to provide relief.

Table 4. Possible factors or reasons why complementary medicine is used among patients seen in the Dermatology OPD of Region 1 Medical Center

Response	N = 79	
	Frequency	%
Who recommended the treatment to you?		
▪ Family/Relative	**55**	**69.6**
▪ Friend	**30**	**38.0**
▪ Commercial Ads on TV or social media	4	5.1
▪ Doctor	3	3.8
▪ Other health care practitioner (nurse, pharmacist, etc)	4	5.1
▪ Quack doctor/ Faith Healer *(Albularyo)*	8	10.1
Why did you use a complementary therapy?		
▪ Concern about conventional treatment side effects	11	13.9
▪ Conventional medicine not working	2	2.5
▪ Feel more in control of my health or treatment than with conventional medicine	4	5.1
▪ Like the idea of a natural therapy	24	30.4
▪ Influenced by others	**39**	**49.4**
▪ Curiosity	7	8.9
▪ Financial difficulties	**30**	**38.0**
▪ Other: Inaccessible of health facility	1	1.3
Did you find the treatment more or less helpful than conventional medicine?		
▪ More helpful	8	10.1
▪ Less helpful	34	43.0
▪ Much the same	**37**	**46.8**
Would you recommend complementary therapies to others?		
▪ Yes	21	26.6
▪ No	**58**	**73.4**

Do you think complementary medicine should be considered when conventional medicine has been unhelpful?		
▪ Yes	**43**	**54.4**
▪ No	36	45.6
Do you think complementary medicine should be alongside conventional medicine?		
▪ Yes	**42**	**53.2**
▪ No	37	46.8

DISCUSSION

The use of complementary and alternative therapies as part of traditional Filipino medicine is increasing in our country. Numerous research on the use of CAM by dermatology patients in the United States and Europe have been published, but there are few data on this topic in the Philippines.

Among 120 participants of our study, 79 (65.8%) were CAM users, and 41 (34.2%) were nonusers. Previous studies have revealed a considerable rate of CAM use among dermatological patients. At least once a year, CAM methods are used by 75% of French, 70% of Canadians, 48% of Australians, 42% of Americans, 40% of Saudi Arabians, 38% of Belgians, and 25.7% of Singaporeans.[5,6] In our study, approximately two-thirds (65.8%) of patients had used at least one method of complementary and alternative medicine for their skin condition. These data indicate that the prevalence of CAM use varies significantly between countries and there is a considerable degree of interest in CAM throughout the world.

A majority of CAM users in our study were women (69.6%%), highschool graduates (71.2%), single (49.4%) and unemployed (64.6%). In a study by Ching et al. (2016) on the use of CAM on non-dermatologic problems among residents in upland Cavite, Philippines, CAM therapy is prevalent across all age groups in the study, with the majority of participants holding only a secondary education degree which was similar with our study.[7] In patients younger than 30 and older than 50, Chen et al. (2003) discovered a larger percentage of users. While there was no significant difference among age groups in our study, the percentage of use of the CAM method was high amongst individuals in the 18-25 age group.[8] Overall, there was no significant relationship between CAM therapy use and the sociodemographic profile of the patients when compared statistically in our study. Regardless of patient age, sex, civil status, educational attainment and income, our patients used complementary and alternative therapies for their skin disease. This was consistent with findings from earlier studies on particular diseases.[9,10] Chen et al. stated that variations could be the result of various methodologies, which would also affect the prevalence of dermatological disorders and the age distribution of these disorders in study samples.[8]

The study by Landis et al. (2014) found evidence of CAM use for a variety of skin conditions, with dermatitis of unknown cause being the most prevalent diagnosis (9.1% of CAM skin disease diagnoses).[11] Similarly, allergies with an unknown cause (36.7%) were the most prevalent condition for which CAM was used in our study. According to a study by Bilgili et al. (2013), contact dermatitis, acne, fungal infections, and warts were the most frequently treated dermatological conditions with CAM.[12] As these dermatologic problems are chronic, may be burdensome and uncomfortable for patients, and may have an impact on their psychosocial status, patients may have been compelled to attempt alternative treatments.[13]

Herbal therapy consisted of about 90% of the CAM method used by patients in the study by Dastgheib et al. (2017).[14] Another study on CAM in the Philippines (Morfe, et al, 2001) found that herbal medicine, manipulative and aromatherapies were the most popular CAM forms.[15] Herbal medication was again the most popular treatment among the respondents in our study, with 52 (65.8%) users, followed by folk medicine (53.2%). The widespread use of herbal remedies among our participants may be attributable to the products' accessibility and availability in our area, people's perceptions of them as being more natural than other treatments, or a result of their frequent application in Filipino traditional medicine.[15]

According to several research, patients chose the CAM technique because it has fewer side effects, they wanted to try it out of curiosity, they were unsatisfied with the medical therapy, and they believed it was a more natural method.[16,17,18,19] In the study by Eser et al. (2010), patients frequently use CAM because they think it is more natural and less expensive.[10] To compare, the top two reasons in our study were being influenced by others and financial difficulties. Twenty-four patients favor natural therapy, whereas 13.9% are worried about the side effects of conventional medicine. Most medical herbs and other CAM-related substances in our country are more widely available and less expensive than prescription drugs. This may be a contributing factor in developing nations like the Philippines favoring the CAM approach.

In an Iranian study, the vast majority of patients who used complementary and alternative medicine (CAM) reported no or minimal disease improvement, and the vast majority do not recommend CAM to others.[5] The findings were comparable to our study. The majority of these patients were referred by members of their social circle. It is essential to recognize the impact that community members have on one another's health-related behavior. Eser et al. stated that intimate relationships are regarded to mirror the cultural traits of communities, where issues are frequently shared with close relationships and there are strong ties between families, neighbors, and friends.[10]

CONCLUSION

This is the first study to employ researcher-created questionnaires to investigate the use of complementary and alternative medicine use in patients with skin diseases at a dermatology clinic in a tertiary hospital. This research identified CAM therapies and determined the factors that could influence their use in our setting.

The utilization of complementary and alternative medicine, particularly herbal therapy, is widespread among our dermatology patients. People with secondary education and patients with allergies, fungal infection, and eczema utilized CAM substantially more than others, despite the fact that it was recommended to them mostly by their social circle and not by health care professionals. Our patients employed complementary and alternative therapies for various skin conditions regardless of their age, sex, civil status, level of education, and income. The majority of respondents did not recommend CAM to others due to a lack of efficacy or minimal efficacy of CAM treatments for their problems.

We conclude that the behavior of community members who use CAM without proper information may have a substantial influence on others. As it is a prevalent matter, we should consider strategies to educate the general public about CAM practices and their advantages and possible hazards, and encourage our health care professionals to interact with patients more effectively. In addition, further studies will not only enhance the present medical management of certain skin diseases but likewise disprove those practices which may aggravate their condition.

CAM represents an intriguing and relatively untapped area in dermatology. Though its clinical

efficacy may not be consistently adequate, the medical community may learn a great deal from alternative medical systems, notably in imparting a greater sense of autonomy to patients and in providing extensive patient participation and individualized care. Given the prevalence of CAM use in this study, integrating CAM discussion in medical training and continuing medical education courses could keep the board-certified dermatologists updated and competent in providing reliable CAM information to their patients. Therefore, it would be prudent for board-certified dermatologists to inquire and be aware of patients' use of nonconventional therapies as part of a holistic approach to achieving optimal health.

LIMITATIONS AND RECOMMENDATIONS

We acknowledge the following limitations of this study. The research was conducted in a single institution, therefore the findings may not apply to other community-based dermatological clinics or the remainder of the dermatological patient population in the Philippines. Additionally, it should be highlighted that our study is limited to dermatology patients and that the results cannot be applied to other conditions. The author suggests a more comprehensive questionnaire that may include specific CAM modalities or procedures and their outcomes to assess their efficacy and safety. As the CAM method may be influenced by cultural norms and ethnic experience, the findings of this study can be used for cross-cultural comparisons.

CONFLICTS OF INTEREST

The author has no conflict of interest to disclose and no funding or research grants were received for this study.

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