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The acceptance and perspectives of traditional and alternative medicine among medical doctors

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Abstract:

BACKGROUND: Traditional and alternative medicine (TAM) is increasingly recognized for its potential to complement conventional medicine. However, its acceptance and perspectives among medical doctors remain underexplored, particularly in Zamboanga City.

OBJECTIVE: To assess the level of acceptance, perspectives, and reasons influencing medical doctors' willingness or hesitancy to advise TAM.

METHODOLOGY: Descriptive cross-sectional study conducted among 230 medical doctors from public and private institutions. Data were collected using a validated questionnaire and in-depth interviews. Quantitative data were analyzed using descriptive statistics, and qualitative data underwent thematic analysis.

RESULTS: 74.8% of respondents exhibited high acceptance of TAM, 21.3% were neutral, and 3.9% showed low acceptance. Most believed TAM could enhance patient satisfaction (53.48%) and improve quality of life (62.61%). However, 61.3% reported slight-to-moderate comfort in discussing TAM, and 43.91% rarely initiated such conversations. A majority (55.65%) supported TAM services being delivered by physicians trained in TAM alongside Department of Health-registered professionals, preferably integrated in primary care (38.26%) or hospital-based settings (30%). Willingness to advise TAM was driven by professional development opportunities (58.7%) and improved regulation (57.39%), whereas hesitancy stemmed from concerns about insufficient scientific evidence (65.65%) and lack of regulation (61.3%). Interest in TAM training was high (63.48%), particularly in acupuncture and herbal medicine. Thematic analysis identified key barriers (limited evidence, regulatory gaps, and training deficits) and facilitators (education, policy standardization, research, and educational curriculum integration).

CONCLUSION: Strong interest in TAM integration exists, contingent on training and regulatory improvements. Findings highlight the need for targeted education, policy reforms, and evidence generation to support evidence-based TAM inclusion in Philippine healthcare.

Keywords:

Acceptance, alternative medicine, medical doctors, perspectives, Philippines, traditional medicine

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Introduction

Traditional and alternative medicine (TAM) encompasses a diverse range of healthcare practices, therapeutic modalities, and healing philosophies that fall outside conventional medical training and practice. In recent decades, TAM use has grown steadily worldwide,[1] driven by increasing patient demand for a holistic approach to healthcare, dissatisfaction with conventional treatments, and the perceived safety of TAM.[2] Patients had also expressed a growing interest in integrating TAM therapies into primary care settings.[3]

A recent systematic review of 312 studies underscored the significant potential of combining TAM with conventional

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medicine, particularly for conditions such as arthritis, sciatica, disc prolapse, chronic obstructive pulmonary disease, fibromyalgia, irritable bowel syndrome, Parkinson's disease, dementia, psychosis, anxiety, and depression. This integrated approach has been associated with improved patient satisfaction, fewer adverse effects from conventional medicine, and cost-effectiveness.[4] Similarly, another systematic review highlighted that successful TAM integration fostered a holistic, patient-centered, and culturally responsive care model that addresses diverse individual and community needs, ultimately improving health outcomes.[5]

Despite the World Health Organization's (WHO) recognition of TAM's importance, skepticism persists among many medical doctors regarding its legitimacy as a medical treatment. Consequently, patients often use TAM without seeking medical advice. The concurrent use of TAM alongside conventional medications raises significant public health concerns, including potential delays in treatment, reduced therapeutic efficacy, and harmful drug interactions.[6,7]

Efforts to regulate and promote the safe use of TAM in the Philippines were formalized through the enactment of the TAM Act of 1997 (Republic Act No. 8423), which established the Philippine Institute of Traditional and Alternative Health Care (PITAHC) as its governing body under the Department of Health (DOH).[8] PITAHC defines TAM as "the sum total of knowledge, skills, and practices on health care, other than those embodied in biomedicine, used in the prevention, diagnosis, and elimination of physical or mental disorder."

However, TAM's integration into mainstream healthcare remains limited. Historically, traditional medicine served as the primary healthcare modality in the Philippines before Spanish colonization. Despite advancements in conventional medicine, TAM remains widely prevalent, particularly among Filipinos.[9-11] Nevertheless, skepticism among medical professionals persisted, with many questioning the scientific rigor and compatibility of TAM with conventional medical standards.[12]

Given the challenges in integrating TAM, the role of medical doctors is critical, as they are key influencers in patient healthcare decisions.[13] Their acceptance of TAM is essential for its responsible and effective integration into clinical practice. Studies suggested that incorporating TAM into medical care could expand treatment options, improve patient satisfaction, and enhance professional fulfillment.[14] However, a 2022 systematic review and meta-analysis indicated only a 52% acceptance rate among medical doctors,[15] with many expressing apprehension about openly endorsing TAM, reflecting ongoing skepticism within the medical community.[16] The unregulated use of TAM, often driven by self-treatment or misinformation, underscored the need for medical doctors to guide patients toward safe, evidence-based healthcare choices.

Despite the increasing prevalence of TAM, data on its acceptance among medical doctors in the Philippines – particularly in Zamboanga City – remained scarce. Existing studies primarily focused on TAM utilization among patients, with limited research examining the perspectives of healthcare providers. Understanding medical doctors' attitudes toward TAM was essential for developing evidence-based policies, educational initiatives, and regulatory frameworks that ensured its safe and effective integration into Philippine healthcare. This approach aimed to promote the appropriate use of TAM while carefully considering the perspectives of medical doctors on TAM-related services, ultimately leading to the development of culturally responsive, evidence-based policies and recommendations.

This study aimed to assess the acceptance and perspectives of TAM among medical doctors, including both medical specialists and general practitioners actively practicing in clinical settings within Zamboanga City. It further sought to identify the reasons influencing their willingness or hesitancy to recommend TAM to patients. The modalities examined included acupuncture, DOH-PITAHC-approved herbal medications, Hilot, wet cupping therapy (Hijama), dry cupping therapy (Ventosa), chiropractics, naturopathy, moxibustion, homeopathy, Tuina Massage, and Guasha muscle massage. By bridging the knowledge gap between TAM perception and clinical practice, this research sought to inform policy development, medical education, and institutional guidelines that supported an integrated, evidence-based approach to healthcare.

Methodology

Study design and setting

A descriptive cross-sectional design was employed, targeting medical doctors in selected public and private healthcare institutions within a 15-km radius of Zamboanga City Hall. These included government hospitals, private hospitals, and primary healthcare facilities.

Participants and sampling

A total of 230 medical doctors were recruited using convenience sampling. With a confidence level of 95% and a 5% margin of error, the sample size was calculated to be 226 and adjusted to 230. Participants included medical specialists and general practitioners actively practicing in Zamboanga City's public or private

healthcare institutions. Medical residents in training and practitioners specializing in TAM-related fields were excluded from the study.

Data collection

Acceptance and perspectives were assessed using a validated, self-administered survey questionnaire. Respondents were categorized into high, neutral, or low acceptance groups based on their survey responses. Participants from each group were then selected for in-depth interviews to gather complementary qualitative data, enhancing the interpretation of findings.

Survey questionnaire

The questionnaire consisted of four sections:

1. Demographic and Professional Profile: Collected basic respondent information
2. TAM10 Questionnaire: Adapted with permission from Markovic-Petrovic and Belamarić[6] to assess TAM acceptance among medical doctors. The tool, validated using multiple correspondence analyses, had a total explained variance of 98.36% and a Cronbach's alpha coefficient of 0.929, indicating high reliability. It comprised ten (10) questions across three dimensions:

- Dimension 1: Resistance to TAM principles (qn2, qn4, qn7, qn8, qn10)
  - ✓qn2, qn4, qn7, qn8: "NO" and "I DO NOT KNOW" =1 point, "YES" =0 points
  - ✓qn10: "YES" =1 point, "NO" and "I DO NOT KNOW" =0 points.
- Dimension 2: Acceptance of TAM as an adjunct to conventional treatment (qn1, qn3, qn9)
  - ✓qn1, qn3: "NO" and "I DO NOT KNOW" =1 point, "YES" =0 points
  - ✓qn9: "YES" and "I DO NOT KNOW" =1 point, "NO" =0 points.
- Dimension 3: Non-acceptance of TAM (qn5, qn6).
  - ✓qn5, qn6: "YES" =1 point, "NO" and "I DO NOT KNOW" =0 points.

The TAM10 questionnaire measured acceptance on a scale of 0–10, with lower scores indicating higher acceptance: 0–3: High Acceptance; 4–6: Neutral; 7–10: Low Acceptance

3. Perspectives on TAM Modalities: Assessed medical doctors' views on various TAM practices[16,17]
4. Willingness or Hesitancy to Recommend TAM: Examined reasons influencing recommendations and interest in TAM training.[16-19]

Interview guide questionnaire

The interview guide explored two main areas: (1) General Perspectives on TAM and (2) Factors Influencing Willingness or Hesitancy to Integrate TAM. Questions were developed based on the literature review findings.[14,16,20] Two respondents from each TAM acceptance level (high, neutral, and low) were randomly selected for interviews, with one each from public and private institutions.

Pretesting and expert validation

The survey and interview guide were pretested among 20 medical doctors outside the final sample to ensure clarity, relevance, and comprehensiveness. Identified issues in wording, structure, or length were addressed to enhance reliability and validity. The instruments were also reviewed and validated by the Head of the Zamboanga City Medical Center (ZCMC) Complementary and Alternative Medicine Clinic, with revisions made before full deployment.

Data analysis

Survey responses were analyzed using descriptive statistics, specifically frequencies and percentages to present response distributions, while thematic analysis was applied to interview data to identify key themes.

Ethical considerations

The study adhered to the ethical principles of the Declaration of Helsinki and was reviewed and approved by the ZCMC Ethical Review Board. Approval was obtained from both technical and ethics review boards before implementation. A formal letter was sent to key administrative entities to request permission for data collection.

Ethical considerations included informed consent, confidentiality, voluntary participation, the right to withdraw, potential risks and discomforts, participant vulnerability, compensation, data handling, storage, retention, conflicts of interest, and dissemination of results, all of which were addressed by the ethical review board.

Limitations

This study was geographically restricted to medical doctors in selected public and private healthcare institutions within a 15-km radius of Zamboanga City Hall. Findings may not be generalizable to other regions or healthcare settings. In addition, while the study examined TAM acceptance and perspectives, it did not assess the clinical outcomes or efficacy of TAM modalities. The use of convenience sampling may have introduced selection bias, potentially limiting the representativeness of the findings. Moreover, conclusions drawn from this research may not be universally applicable to all hospital and community healthcare settings.

Results and Discussion

Demographics and professional profile of respondents

The respondents predominantly consisted of medical doctors aged 25–35 years, comprising 43%. Females constitute a higher proportion of the respondents at 60%. The ethnic composition was diverse, with the largest groups being Tausug (42%) and Chavacano (31%). In terms of religious affiliation, the respondents predominantly identified with Islam (47%) and Roman Catholicism (39%).

Most respondents reported having 1–10 years of clinical experience, comprising 64% of the participants, suggesting that a significant portion are in the early to mid-stages of their medical careers. In terms of specialization, general practitioners represented the largest group at 35%, followed by internal medicine (16%), pediatrics (11%), obstetrics and gynecology (7%), and surgery (7%). The majority of respondents (78%) were affiliated with public institutions. Notably, only 9% have received formal training in TAM, highlighting a potential area for development in professional training.

Acceptance of traditional and alternative medicine

The results indicated a notably high acceptance for TAM among medical doctors, with 74.8% of respondents showing openness to integrating TAM approaches, followed by 21.3% who expressed conditional or neutral acceptance. This substantial acceptance contrasts with the 3.9% of doctors who exhibit low acceptance, largely based on skepticism around TAM's efficacy and safety.

A majority, 74.8% of respondents, fell under the high acceptance category, with these medical doctors showing a general openness to integrating TAM into their practice. The increasing interest in TAM among healthcare professionals is evident globally with several countries developing strategies to incorporate TAM into healthcare systems,[5,21,22] driven by various factors including patient demand[1], the limitations of conventional treatments such as adverse effects and cost concerns,[23,24] and a growing recognition of holistic health approaches,[25] and supported by "Theme: Holistic Approach of TAM [Table 1]."

In addition, a recent systematic review indicated that healthcare professionals, particularly in oncology, are recognizing the potential benefits of TAM use.[26] Moreover, these medical doctors may act as advocates for TAM integration, aligning with the PITAHC objective to mainstream TAM within the healthcare system and supported by "Theme: TAM as a Complementary Option in Patient Care [Table 1]."

The results of this study, which revealed a high acceptance of TAM at 74.8%, contrasted with the findings of Phutrakool and Pongpirul,[15] where TAM acceptance was reported at 52%. This difference can be attributed to the context of their systematic review, which predominantly included studies from Europe and the Americas, accounting for 88% of their sample pool. In contrast, regions like the Philippines, where TAM holds significant historical and cultural importance – as highlighted by the themes: "Awareness and Exposure to Various TAM Modalities" and "Cultural and Socioeconomic Influence on TAM" – may demonstrate a higher acceptance [Table 1]. This is further supported by the institutionalized medical pluralism systems in East Asian countries such as China, Korea, and Japan,[27] and the integration of TAM into medical curricula in Southeast Asian countries like Thailand.[28] This high acceptance has the potential to not only support patient-centered care but also facilitate culturally sensitive healthcare practices.[29]

Medical doctors with neutral acceptance (21.3%) exhibited a reserved stance, with openness to TAM contingent upon further empirical validation. This ambivalence aligns with studies on complementary therapies, which suggested that healthcare providers often endorse TAM as an adjunct to conventional treatments – particularly in palliative or supportive care – but remain cautious about full integration without sufficient evidence.[8,30] This perspective is supported by the theme "Conditional Acceptance of Certain TAM Modalities as a Complementary Practice." Similarly, a systematic review highlighted the necessity for robust scientific validation to address physicians' skepticism,[12] a sentiment further reflected in the thematic analysis, particularly in "Ambivalence about TAM's Efficacy and Need for Evidence [Table 1]."

This group's hesitancy stemmed from several key concerns: (1) patient safety, particularly the risk of adverse interactions between TAM and conventional treatments,[6,7] (2) the demand for evidence-based validation akin to the rigorous standards of conventional medicine, and (3) resistance from the medical community, as highlighted in "Need for Evidence-Based Validation of TAM and Criticism of TAM's Testimonial Basis," "Perceived Risks and Safety Concerns in certain TAM Practices," and "Professional Skepticism and resistance from Medical Community and Colleagues [Table 2]."

To facilitate greater acceptance, further research is needed to validate TAM's efficacy, particularly within integrated conventional treatment frameworks. However, endorsements and active promotion of TAM from organizations such as the WHO and the DOH are seen as critical in legitimizing TAM practices,

Table 1: General perspectives of traditional and alternative medicine

Themes and subthemes	Quotations
Theme: Holistic approach of TAM	*"The focus is more of holistic, in it does not treat symptoms only, but also looks at the whole person, physically, emotionally and even spiritual well-being."* [HA 1]
	"It is a holistic approach in which it encompasses all pertaining to the preventive kind of medicine as well as curative and rehabilitative… an adjunct or as a partner with the current conventional medicine " [HA 2]
Theme: Awareness and exposure to various TAM modalities	*"For me, traditional and alternative medicine covers different kinds of healing practices…. includes acupuncture, herbal medicine, hijama (wet cupping therapy) and other traditional methods like chiropractic medicine."* [HA 1]
	"I'm familiar with acupuncture, cupping, with blood, as well as the dry cupping, and all the supplements, herbal medications, especially given by the Department of Health." [HA 2]
	"Since childhood, I see documentaries, I see movies that acupuncture gives good results to those people who undergone it." [HA 2]
Theme: TAM as a complementary option in patient care	*"I think it can complement modern medicine, especially for patients who want more natural and holistic care, just like herbal medicine or hijama."* [HA 1]
	"Ideally, it must be part as a complement at the same time… that's the reality. Because as a doctor, we believe that we're being guarded in our profession by the government, we're regulated well." [HA 2]
Theme: Personal benefits and motivations for using TAM	*"I actually experience it a lot because my wife does acupuncture on my body. So as per experience, the symptoms, at least reduced from a scale of nine to a scale of four out of ten per experience."* [HA 1]
	"Fatigue. Yes, during my training…Then it gives me good results." [HA 2]
Subtheme: Personal experience with acupuncture for pain and fatigue relief	*"Actually, I decided these therapies because after doing my research I found them generally safe and effective. Plus they have, they have evidence."* [HA 1]
	"I did a research in Google, NCBI, in national research institutes recommending that these treatment modalities are generally safe and very effective" [HA 1]
Subtheme: Influence of research in validating TAM	*"I used to read, I'm reading regarding TAM modalities of treatment. It gave me positive results."* [HA 2]
Theme: Growing patient demand	*"Yes!!, especially in my practice. Like my patients will ask me 'doc, can I drink this herbal medicine?'"* [HA 1] *"One of the things, all the patients want to be treated with all kinds of modalities, including sorcery (laughs), they want to be cured."*[HA 2]
Theme: Ambivalence about TAM's efficacy and need for evidence	*"Frankly speaking, I don't trust that it works…But knowing that the DOH is actually promoting acupuncture, so somehow it works, maybe. But as for how I understand it, I do not have a very good understanding of how it's… how effective it is….So I'm kind of biased against it."* [NA 1]
	"I haven't seen yet statistics. I haven't seen or haven't read proactively the results, if it's effective or not." [NA 1] *"So the way I see it, I think it's more of a placebo effect."* [NA 1] *"actually, the truth is I was really skeptical about it "* [NA 1]
	"But I'm not proactively promoting it because mostly, I think it's. I'm not yet sold out of it. I'm not yet sold out if it's effective or not." [NA 1]
	"….if you combine it with the medical (conventional) approach, like taking medicines plus doing acupuncture, I think it's more effective, maybe (not sure). Depends on the case " [NA 2]
	"I think it's, for me, whether it's traditional or approach, it can…. still…. help? patients because it has, number one, I think…. it has backup research about modalities" [NA 2]
Theme: Conditional acceptance of certain TAM modalities as a complementary practice	*"I might suggest acupuncture … but I might promote it as long as I've read what it's all about … And I have backing knowledge about it, mostly most on palliative treatment, but as a main. As a main treatment, I don't think so because I do not know."* [NA 1] *"…if you combine it with the medical approach, like taking medicines plus doing acupuncture, I think it's more effective, maybe (not sure). Depends on the case."* [NA 2]
Theme: Respect for patient autonomy in choosing TAM	*"I think it is important that you have to first deal with the biomedical, but also allowing them (patients) to entertain TAM." [NA 1] "So that's why I'm still hesitant at the moment to promote it, but allowing the patient to do it, as long as I think it will not make a problem with the actual or with the main treatment, I think it's okay. As long as the patient is happy as a middle ground. That if it does not hurt them, they (patient) can pursue in a way"* [NA 1]
	"That's the choice of the patient and the relative." … "Actually, the one that I was telling about earlier, the stroke patient. The stroke patient was a Chinese person. But the referral was their choice " [NA 2]
Theme: Distinction between medicine and TAM as unscientific and unregulated practice	*"Usually it (TAM) comes from, other than the accepted medical or medicine… usually used by and more popular (among) the lay people….I may say, scientific conventional medicine usually practiced by the hospital, health centers … So in traditional medicine, these are other form of medicine, or can be treatment that's been passed on, could be passed on by, by culture …"* [LA 1]
	"If it's scientifically proven, it's not traditional. If it's scientifically proven, it's not alternative." [LA 2]
	"For example, acupuncture… If they prove that acupuncture helps with chronic pain… [it] will eventually be integrated into pain medicine… So that's not alternative anymore ."[LA 2]
Theme: Perceptions of TAM as a placebo	*"But looking back at it, most of it is self-limiting. So I don't know if it's because of the decoction that I took before or … Right now, it's just an allergic cough or a viral cough. Just drink water and in three to five days, it's gone. So even you don't need to drink any TAM medicine."* [LA 1]
	"It's like, I give you a medication, and (say) you will improve. So, your mind thinks, "I will improve". So, when you drink it, you feel better. That's placebo effect." [LA 2]

Contd...

Table 1: Contd...

Themes and subthemes	Quotations
Theme: Use of TAM when all conventional medical options are exhausted	*"There comes a time in your life where you're running out of options … you are at the end stage of cancer … you find relief in these sorts of things … why not? It's still for the good of the patient."*
	"….You've tried everything and then, sure, why not it's not a replacement of actual medicine." [LA 2]
Theme: The role of tradition and cultural influence on TAM Use	*"Because of our religion, I always believe that hijama is very, how do you say it? Very effective as a treatment modality."* [HA 1] *"Patient came to me with complaint of extremity pain and immobility of the extremities… They just wanted it to be healed by a hilot, a traditional healthcare provider."* [HA 1]
	'So acupuncture, it's a, it's a much more convenient treatment for them. And one thing is, it's very cheap. It's more cheaper, it's way cheaper than conventional medicine treatment." [HA 1]
	"….But in general perspective or totality, it's cheaper compared to conventional medicine." [HA 2] *"When I think about traditional, I'm thinking of Chinese medicine, Ayurveda, those kinds of stuff."* [NA 1] *"When I hear the term…traditional medicine, it's like a mixture of … Philippine traditional medicine approach and…ancient Chinese approach."* [NA2] *"As we are a third world country, people tend to lean on the use of traditional medicine… the accessibility to standard treatment and care."*
	"So, most… who avail this [TAM] are those in the lower poverty line, in low -income class… But for conventional medicine, it's expensive… So why not go to those whom I [patient] know, to my 'albularyo' (folk doctor)." [LA 1]
	"Tradition, culture, race….uhhhh… Tradition, culture, race. What else? Religion, of course. It's usually that that affects." [LA 2]

TAM: Traditional and alternative medicine

as emphasized in "Recognition of WHO and DOH Endorsement as Evidence of TAM's Legitimacy." In addition, the need for structured, clinician-led TAM training, supported by institutions and accredited by collaboration with organized professional bodies, may further drive TAM integration, as highlighted in themes: "Promoting TAM Through Evidence-based Education and Collaborative Platforms," "Institutional and Systemic Support for TAM," and "Promoting TAM Through Evidence-based Education and Collaborative Platforms."

The remaining 3.9% exhibited Low Acceptance of TAM, citing significant resistance due to perceived risks and a demand for robust empirical evidence, particularly randomized controlled trials (RCTs), before endorsing TAM as a legitimate medical practice, as emphasized in "Need for Evidence-Based Validation of TAM and Criticism of TAM's Testimonial Basis" and "Perceived Risks and Safety Concerns in Certain TAM Practices." This preference for evidence-based validation mirrored the broader medical community's reliance on empirical data as a foundation for clinical decision-making.[31]

This group perceived TAM as incompatible with evidence-based medicine, labeling it as pseudoscience with outcomes largely attributed to placebo effects[32,33] and further supported by the themes: "Distinction between Medicine and TAM as Unscientific and Unregulated Practice" and "Perceptions of TAM as a Placebo." This resistance aligned with challenges of the perception of TAM as unscientific and its lack of empirical support.[12] Despite growing interest in TAM, these challenges persist, underscoring the need for targeted interventions. Training and education on evidence-based TAM practices, alongside rigorous clinical trials to validate TAM's efficacy and safety, are essential steps that could potentially shift perspectives and foster greater acceptance.[18,24]

These acceptance levels underscore a complex interplay of cultural, socioeconomic, and accessibility factors shaping doctors' acceptance of TAM. The high-acceptance group, in particular, highlighted the potential for TAM advocates within the medical community, while the ambivalence in the neutral group and resistance in the low-acceptance group illustrated critical barriers to TAM integration, such as the demand for robust scientific evidence.

Perspectives on traditional and alternative medicine

The study revealed that more than half of the respondents (53.48%) either agreed or strongly agreed that TAM can enhance patient satisfaction, and a majority (62.61%) believed it contributes to quality of life in patient care. These findings suggested that a significant portion of doctors recognized the potential patient-centered benefits of TAM, particularly for enhancing satisfaction and quality of life.[16] This aligned with themes in healthcare literature, where TAM is often valued for its holistic approach that addresses physical, mental, and spiritual well-being.[11] However, a meaningful proportion of respondents remained neutral regarding satisfaction (37.39%) and quality of life (27.83%), indicating ongoing ambivalence. A smaller percentage (9.13%) disagreed or strongly disagreed with these statements, potentially reflecting professional hesitancy rooted in the need for empirical evidence. This cautious stance suggested that while many doctors recognize TAM's holistic benefits, some remain uncertain about its efficacy, standardization, and consistency as a complement to conventional care.[12,31]

Table 2: Reasons influencing hesitancy to advise traditional and alternative medicine to patients

Themes and subthemes	Quotations
Theme: Lack of education and training in TAM	*"There is also a lack of education and training in TAM, which makes it harder for healthcare providers to feel more confident in using or recommending it."* [HA 1]
Theme: miscommunications affecting TAM Perception	*"…there are medications that he (TAM practitioner) discontinues, if its okay, to the current conventional doctor … one time, accordingly, he (TAM practitioner) discontinued TAM medications and asked the patient to take his (conventional) medication….However, the patient is careless regarding to the instructions given to them. That's why they go back to their doctor, the conventional, with elevate d biochemicals… TAM is at fault. But in fact, TAM practitioners instructed the patient to do these things. "* [HA 2]
	And they don't claim themselves not to go to that doctor. But their training was, if they were not able to manage the patient, especially in an acute situation, they'll refer." [HA 2]
Theme: Perception of pharmaceuticals and business competition as influences on TAM resistance	*"You have big pharmaceutical companies that are willing to pay you more if you prescribe the medicines that they do or that they formulate. So it all boils down to business."* [HA 1] "*…indirectly, directly, indirectly, there is still an influence. Because technically, there are many factors in the pharmaceuticals"* [HA 2]
Theme: Institutional and political barriers	*"even in our hospital. Our chief of hospital doesn't believe in TAM." "they do not want to integrate it in treating the patient, especially in our hospital."* [HA 1] *"Philhealth has no care benefit… We cannot integrate it. We cannot order it on the chart."* [HA 1]
Subtheme: Lack of institutional support and insurance coverage	*"Acceptance among hospitals. Management, really."* [HA 2]
Subtheme: Underlying political barrier	*"And accordingly, based from his profession, it's being widely accepted even in the States. However, probably in the Philippines, especially in our locality Zamboanga, there's a politics behind it" It's in the number of the practicing. It's in their belief or prejudgment…. That's the threat to them (conventional medicine doctors)…. The threat to them is that people will go to TAM."* [NA 2]
	"It's political… once you are trying to shift or to complement yourself with other modalities… I can hear some of my co-doctors saying that it is quackery, it is a hoax. [HA 2]
	"… politically or medically, they (TAM practitioners) were pushed away." [HA 2]
Theme: Need for evidence-based validation of TAM and criticism of TAM's testimonial basis	*"Most of the time we study medicine, we study medications out of the studies … and suggest this medication, because there are data that suggest that this medication is effective."*[NA 1]
	"So I think what's lacking with TAM is the study, or are the studies pertaining to the TAM's effectiveness" [NA 1] *"you should have the knowledge also, what are the benefits, what are the advantages or the side effects or contraindications "* [NA 2]
	"[Even] the most simple … medical interventions … have a lot of studies to prove that [one approach] is more effective than [another]. But this one (TAM), it's not there, it's more of a testimonial." [LA 1]
	*"If they come up with a good randomized control study and say that it works, then good… until now, it's been decades, and there's no study on it. It's all just personal accounts."; "You (TAM) haven't proven *expletive*. You haven't done studies. All the studies you've done is like perception, perception, perception. That's not how it works."* [LA 2]
	"You will not find a randomized control trial for all of this [TAM]… you will see multiple papers more on the perceptions of people." [LA 2]
Theme: Perceived Risks and Safety Concerns in certain TAM Practices	*"I'm quite hesitant with chiropractic because some of my patients…had history of bone adjustments from chiropractry. So I'm quite hesitant to offer it … I think it's somehow dangerous when I look at it, even massage."* [NA 1]
	"(But) with alternative medicine and with traditional medicine, there's no such thing as milligrams. There's no such thing as this certain amount or this certain dose. So that's where my ambivalence or my hesitancy comes from" [NA 1] "I'm not sure if I'm going to refer my patient about it (chiropractics). I also have fear that maybe this will do something, like more harm to them." [NA 2]
	"But the problem is, I think it will lead to more complications based on our understanding and experience." "It's the patients who are pitiful, they utilize their resources to buy those traditional medicines and neglect the recommendations of the doctors." "For me, it doesn't help the people. It takes advantage of the lower class people." … "the people tend to prioritize the traditional medicine, and it worsens their condition." [LA 1] *"Thank you to MX3, I don't have cancer anymore". Claims like that are pseudoscience, pseudomedicine, and claims like that are dangerous. For the actual doctors who see patients and then they come to you with complications after they've done all of this *ex pletive* herbal treatments."*[LA 2]
Theme: Absence or Reduced Regulatory Standards and Training Requirements for TAM Practitioners	*"What are TAM's requirements? I don't know what TAM's requirements are. And second, after they define the qualification to go into TAM medicine, what is the training for the TAM."* [LA 1]
	*"When you say formal training, what do you mean by formal training … So for example, if I train a hilot, will they become now OB, an OB- GYN….They won't." "Even if you have formal training for acupuncture, cupping, whatever that *expletive* is, it's still not medicine. It doesn't make it, even having training to do something that is not a legitimate medicine, it still doesn't make you medicine."* [LA 2]

Contd...

Table 2: Contd...

Themes and subthemes	Quotations
Theme: Increased accessibility to conventional medicine reduces reliance on TAM	*"Most Filipinos, they already accept TAM because it's accessible to them. But if we make more accessible the conventional medicine, they will not ever choose TAM."* [LA 1]
	"If you go to first-world countries, traditional medicine is not there. Because they have affordability, they have accessibility " [LA 1]
	"Usually see patients who are desperate (only) use it. And those who are more exposed to it rather than your modern medicine." [LA 2]
Theme: concerns about patient misguidance Due to TAM's accessibility and commercialization	*"[Patients] will hear that testimony of 'I took this and now I got better,' so now they feel connected… Unfortunately, on the long run, they have more complications."*
	"…. they neglect their medicines prescribed by the doctors, as much they want to save in terms of the resources… "but here (referring to TAM medicines such as MX3), just get someone on television and advertise, and it's already accepted." [LA 1] *"It's basically like MX3 also… they claim to treat certain diseases. And because the packaging says no approved therapeutic claims, they cannot be charged with malpractice."* [LA 2] *"… we had a patient who has thyroid cancer… went back to the province, went to some quack. They did all of these "diagnostic tests" and gave her a regimen of herbal medications … Patient came back a year later with anaplastic thyroid carcinoma, Unresectable, six months to live … going for a treatment that does practically nothing."* [LA 2]
Theme: Professional skepticism and resistance from medical community and colleagues	*"It all boils down to skepticism, from some people, especially doctors. A lot of them still see TAM as pseudoscience or do not fully believe in its effectiveness. "* [HA 1]
	"Actually, it's both skepticism and resistance. They do not want to integrate it in treating the patient, especially in our hospital" [HA 1] "I can hear some of my co-doctors saying that it is quackery, it is a hoax." [HA 2]
	"I think in my environment TAM is not really discussed" [NA 1] *"So I felt that the consultant was resistant to have that kind of modality."… He's (consultant) saying that it's useless.* [NA 2]
	"A lot. I've seen a lot of resistance….So, my wife is now against traditional medicine because she saw the effect. Instead of helping, to do no harm, they (TAM) do no harm ." [LA 1]
Theme: Limited training and availability of qualified TAM practitioners	*"Again, as my friend (TAM-trained practitioner) said, they are being prejudged because of our existing (TAM practitioners) promoting themselves as top practitioners. However, their training is questionable. And they call themselves that they are the real, the legit. However, they only train for several months, one year"* [HA 2]
	"but if the promoters are TAM practitioners and I am not sure of their background, it's difficult for me to accept. Like what if his training is somewhere and only for one year or like five weeks or five months, I will not gain trust from that kind of practitioner." [NA 1] *"But at the moment, I haven't actually met an active practitioner based on my practice "* [NA 1]
	"I only know of Dr. doing it [in Zamboanga City] … I'm not sure if they practice it … so far, I haven't referred [patients] as of now." [NA 2]
	"So, of course, I can trust the TAM specialist more…because he or she was trained. But the question is, what is the training? What are the qualifications? For me, not anybody can go into TAM. There should be certain qualifications, there are certain training" [LA 1]

TAM: Traditional and alternative medicine

The study also examined medical doctors' comfort levels in discussing TAM with patients. A substantial proportion of doctors reported feeling slightly to moderately comfortable (61.3%) about discussing TAM with patients. This lack of comfort may similarly be attributed to lack of sufficient empirical support, regulatory concerns, concerns about safety and potential side effects,[12,31] and gaps in formal education and training on TAM services.[19] The medical doctors who expressed moderate or slight comfort levels would likely benefit from structured TAM training, which could improve confidence in discussing TAM options.[6,34,35] Given that a majority, 63.48% of respondents, expressed interest in receiving TAM training, professional development in this area could bridge gaps in knowledge and comfort.[19]

The results highlighted the necessity of structured TAM education to equip healthcare providers with credible, evidence-based knowledge about TAM practices. Formal education pathways, increased research, and integration into medical school curriculum (Theme: "TAM Awareness within Medical Curriculum") are seen as essential for fostering a more open, informed approach to TAM integration within healthcare institutions.[36,37]

In line with comfort levels in discussing TAM, 43.91% of doctors rarely initiated discussions on TAM and 23.04% never initiated discussions. This indicated that while TAM is recognized, it is not proactively integrated into most patient consultations, possibly due to professional skepticism or institutional norms.[32,33] As reflected in the theme "Institutional and Political Barriers," challenges such as a lack of support from healthcare institutions, limited insurance coverage, and perceptions of TAM as inferior or unscientific hinder its integration. In addition, political influences and institutional biases against TAM create significant obstacles, marginalizing TAM practices in favor of conventional treatments.[38-40]

This marginalization may stem from the historical dominance of conventional or Western medicine, rooted in colonial history, exacerbated by the failure of healthcare systems to implement policies that promote collaboration between conventional and TAM practitioners. Similar challenges are seen in other healthcare systems with colonial legacies, where institutional resistance has slowed progress despite growing patient interest.[41] Addressing these barriers will require structural and educational solutions that foster understanding, safe referrals, and formal collaboration between TAM and conventional medical practitioners.

Regarding who should provide TAM services, the majority of respondents (55.65%) supported a combination of doctors trained in TAM and DOH-registered healthcare professionals, followed by 31.30% preferring only doctors trained in TAM. This preference highlighted the emphasis placed on formal qualifications and accreditation, reflecting the importance of standardized education and regulation for TAM providers. Such concerns align with professional priorities regarding the safety and credibility of TAM practices, as noted in several studies.[6,22,33,35-37] The thematic analysis further reinforced this finding in "Concerns about TAM Practitioners' Training and Standards" where respondents across all groups stressed the need for enhanced training standards and qualifications to improve credibility and ensure safe practices.

Regarding the settings for TAM services, 38.26% supported integrating TAM within primary care services, such as community health centers, while 30% favored on-site services within hospitals or clinics. This suggested a desire for TAM to be accessible within regulated environments, where conventional and TAM practitioners can collaborate for patient safety and coordinated care. The findings further suggested that incorporating TAM into mainstream settings such as community health centers or primary care, under structured conditions that prioritize safety and quality standards, could increase doctors' willingness to recommend it while also enhancing patient accessibility and addressing doctors' professional concerns.[42] This is further emphasized by the theme "Establishment of Awareness Campaigns and TAM Clinics," where medical doctors proposed community-based TAM clinics, advertising, and TAM-exclusive medical missions as key strategies.

A near-even split was revealed in referral practices, with 51.30% of respondents not referring patients to TAM, while 48.69% had recommended or referred patients for TAM treatments. Referral practices among medical doctors vary significantly and are influenced by multiple factors. For example, one study indicated that

Table 3: Perspectives of medical doctors on traditional and alternative medicine (*n*=230)

Variables	Frequency (%)
Enhancement of patient satisfaction by TAM	
Strongly disagree	10 (4.35)
Disagree	11 (4.78)
Neutral	86 (37.39)
Agree	107 (46.52)
Strongly agree	16 (6.96)
Positive contribution of TAM to the quality of life in patient care	
Strongly disagree	12 (5.22)
Disagree	10 (4.35)
Neutral	64 (27.83)
Agree	122 (53.04)
Strongly agree	22 (9.57)
Comfort level in discussing TAM with patients	
Not at all comfortable	48 (20.87)
Slightly comfortable	78 (33.91)
Moderately comfortable	63 (27.39)
Very comfortable	36 (15.65)
Extremely comfortable	5 (2.17)
Frequency of initiating discussions about TAM with patients	
Never	53 (23.04)
Rarely	101 (43.91)
Sometimes	58 (25.22)
Often	17 (7.39)
Always	1 (0.43)
Preferred providers of TAM services	
Doctors trained in TAM + DOH -registered healthcare professionals	128 (55.65)
Doctors trained in TAM	72 (31.30)
DOH-registered healthcare professionals	11 (4.78)
Anyone, even without formal training in TAM	9 (3.91)
DOH-registered healthcare professionals + Non-DOH-registered TAM practitioners	6 (2.61)
Non-DOH-registered TAM practitioners	3 (1.30)
Doctors trained in TAM + Non-DOH-registered TAM practitioners	1 (0.43)
Preferred settings for TAM service delivery	
Integrated into primary care services such as in-community health centers	88 (38.26)
On-site, within hospitals or clinics	69 (30.00)
Off-site, outside of hospitals or clinics at dedicated TAM centers	56 (24.35)
Home-based care	11 (4.78)
Not at all	4 (1.74)
Other	2 (0.86)
TAM* modalities recommended or referred to	
Acupuncture	59
DOH-PITAHC-approved herbal medications	56
Hilot	29
Wet cupping therapy (*Hijama*)	22
Dry cupping therapy (*Ventosa*)	22
Chiropractics	16
Naturopathy	7
Moxibustion	5

Contd...

Table 3: Contd...

Variables	Frequency (%)
Homeopathy	5
Tuina Massage	2
Guasha Muscle Massage	1
Others	2
I have not recommended or referred patients to TAM	118 (51.30)
Reasons for referring patients to TAM modalities (48.69%, 112)	
Personal belief in TAM effectiveness	49 (43.75)
Patient request	44 (39.29)
Evidence supporting TAM efficacy	42 (37.5)
Perceived safety of TAM	33 (29.46)
Lower cost compared to conventional treatment	14 (12.5)
Fellow colleague's suggestion	13 (11.61)
Failure of conventional treatment	7 (6.25)
No conventional treatment available	6 (5.36)
Other	4 (3.60)
Interest in receiving TAM training	
Yes	146 (63.48)
No	84 (36.52)
Preferred TAM modalities for training (146)	
Acupuncture	111 (76.03)
DOH-PITAHC-approved herbal medications	66 (45.21)
Chiropractics	51 (34.93)
Wet cupping therapy (*Hijama*)	45 (30.82)
Dry cupping therapy (*Ventosa*)	44 (30.14)
Naturopathy	30 (20.55)
Guasha Muscle massage	22 (15.07)
Homeopathy	18 (12.33)
Moxibustion	16 (10.96)
Hilot	13 (8.90)
Tuina massage	11 (7.53)

TAM: Traditional and alternative medicine, DOH: Department of Health

over 60% of physicians have referred patients to TAM providers,[43] while another study reported a referral rate of approximately 39.5%.[44] This variability may be attributed to gaps in formal education and training on TAM services, along with limited awareness of appropriate TAM referral sources. Consequently, this creates hesitation among medical doctors, who feel less confident in recommending or integrating these methods into their practice.[34,45] This finding aligned with themes identified, specifically "Lack of Education and Training in TAM" and "Limited Training and availability of qualified TAM practitioners."

Moreover, for the 51.30% of respondents who did not refer patients to TAM, key reasons included the lack of sufficient empirical support (65.65%), regulatory concerns (61.30%), or concerns about safety and potential side effects (56.09%), and other reasons. However, it is important to also recognize that the lack of knowledge about evidence-based TAM practices among healthcare providers often limits referrals, as many physicians remain cautious about potential safety risks and interactions with conventional treatments.[6] An issue likewise reflected in "Lack of Education and Training in TAM." Furthermore, a recent systematic review revealed that incorporating traditional medicine practitioners into the referral system and community health workforce can strengthen the healthcare delivery networks, especially in low- and middle-income countries such as the Philippines.[45]

Conversely, among doctors who did refer patients, acupuncture and DOH-PITAHC-approved herbal medications were the most commonly recommended modalities. This trend likely reflected the greater exposure and familiarity that medical doctors have with these specific treatments, as supported by the thematic analysis findings in familiarity with acupuncture and DOH-approved herbal medications.

Furthermore, the primary reasons for the referrals included "personal belief in TAM effectiveness" (43.75%), "patient request" (39.29%), and "evidence supporting TAM efficacy" (37.84%). This suggested a combination of personal conviction and patient-driven factors influencing referral practices as revealed by several studies[46-48] and supported by the thematic analysis, specifically, "Sub-theme: Personal Experience with Acupuncture for Pain and Fatigue Relief," "Sub-theme: Influence of Research in Validating TAM," "Theme: Growing Patient Demand," and "Theme: Respect for Patient Autonomy in Choosing TAM."

With 63.48% of doctors expressing interest in receiving TAM training, there is clear potential for professional development programs focused on TAM modalities such as acupuncture (76.03%), DOH-PITAHC-approved herbal medications (45.21%), and chiropractic (34.93%). These findings underscored the readiness of healthcare providers to expand their knowledge in TAM, highlighting an opportunity for TAM's integration into mainstream healthcare through formal training [Table 3].

Reasons influencing hesitancy and willingness to traditional and alternative medicine recommendation

The results revealed that the primary challenges to advising TAM are: (1) lack of scientific evidence (65.65%), (2) lack of regulation and standardization (61.30%), and (3) concerns about safety or potential side effects (56.09%). These concerns emphasized evidence-based validation and structured regulation, reflecting a broader expectation that TAM practices should uphold the rigorous standards of conventional medicine.[11,12,49,50] This finding is further supported by several themes in the thematic

Table 4: Reasons affecting hesitancy and willingness to advise traditional and alternative medicine (*n*=230)

Variables	Frequency (%)
Challenges or concerns hindering TAM recommendation	
Lack of sufficient scientific evidence supporting TAM efficacy	151 (65.65)
Lack of regulation and standardization within the TAM field	141 (61.3)
Concerns about safety or potential side effects	129 (56.09)
Inadequate training in TAM modalities	109 (47.39)
Insufficient access to reliable information about TAM	96 (41.74)
Concerns about interactions between TAM and conventional treatments	86 (37.39)
Limited availability of effective TAM modalities	77 (33.48)
Lack of insurance coverage for TAM services	52 (22.61)
Difficulty in collaborating or communicating with TAM practitioners	50 (21.74)
Resistance from colleagues or the medical community	49 (21.3)
Time constraints in clinical practice for discussing or evaluating TAM options	45 (19.57)
Other	5 (2.15)
Opportunities or facilitators encouraging TAM recommendation	
Increased education, training, and professional development opportunities in TAM for healthcare professionals	135 (58.70)
Improved regulation and standardization of evidence-based TAM practices	132 (57.39)
Potential for improved patient outcomes	131 (56.96)
Increased research on TAM efficacy and safety	122 (53.04)
Availability of reliable information and resources on TAM	96 (41.74)
Greater acceptance and support from the medical community	78 (33.91)
Integration of TAM services into conventional healthcare settings	67 (29.13)
Improved communication and collaboration with TAM practitioners	64 (27.83)
Growing patient demand and interest in TAM	58 (25.22)
Increased insurance coverage for TAM services	46 (20.00)
None	5 (2.17)
Other	2 (0.86)

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analysis in "Need for Evidence-Based Validation of TAM," "Perceived Risks and Safety Concerns in Certain TAM Practices," "Demand for Scientific Evidence and Criticism of TAM's Testimonial Basis," "Negative Outcomes and Risks Associated with TAM Use," and "Concerns About Patient Misguidance Due to TAM's Accessibility and Commercialization."

In addition, inadequate training in TAM modalities (47.39%), as emphasized in "Theme: Absence or Reduced Regulatory Standards and Training Requirements for TAM Practitioners," suggested that doctors are wary of recommending TAM without clear evidence of the training requirements and qualifications of TAM practitioners.[36] Clear standards would ensure that only qualified practitioners administer TAM, addressing common concerns about practitioner competency and patient safety, which are also highlighted in "Implementing Rigorous Regulatory Standards and Training for TAM Practitioners."

Other barriers such as limited access to reliable information (41.74%), concerns over interactions with conventional treatments (37.39%), and limited availability of effective TAM modalities (33.48%) underscored the need for better communication and clearer guidelines to facilitate TAM integration with standard practices.[22] Insurance limitations (22.61%), as noted in "Sub-theme: Lack of Institutional Support and Insurance Coverage" and resistance from colleagues or the broader medical community (21.74%), reflected in "Theme: Professional Skepticism and resistance from Medical Community and Colleagues," further complicate doctors' willingness to advise TAM, indicating that institutional and policy support could improve TAM's acceptability [Table 4].[31]

Additional potential barriers identified in the thematic analysis [Table 2] include:

(1) Instances where patients failed to follow proper instructions from TAM practitioners – such as continuing the conventional medications with the traditional modalities – often leading to adverse outcomes, with the blame unfairly placed on the TAM practitioners rather than patients' behavior and noncompliance
(2) Perception of TAM as fundamentally distinct from conventional medicine, defining "real" medicine as scientifically validated and regulated while TAM lacks the evidence base required to be considered true medical practice, suggesting that any TAM modality supported by scientific data would no longer be considered TAM but rather conventional medicine
(3) Pharmaceutical industry's influence in conventional medicine fosters resistance to TAM, as its profit-driven model incentivizes conventional prescriptions, discouraging some healthcare providers from supporting TAM, as evidenced by the recognized influence of the pharmaceutical industry in conventional medicine[51,52]
(4) Lack of institutional support, insurance coverage, and underlying political barrier, as previously discussed
(5) Perception that greater accessibility to conventional medicine reduces reliance on TAM; studies showed that individuals who face barriers to conventional care – such as cost or limited access – are more likely to use TAM and explore a broader range of TAM modalities.[53,54] However, research also indicated that access to both types of care allows patients to integrate TAM with conventional treatments,

Table 5: Reasons influencing willingness to advise traditional and alternative medicine to patients

Themes and sub-themes	Quotations
Theme: Presence of TAM training opportunities	*"So without proper understanding or formal training, it is very difficult to integrate them into our practice …. Plus, there are more training programs and certifications available….We need to educate healthcare providers."* [HA 1]
	"…if the DoH calls us for a training … If I have the opportunity to be trained, I think I will go because that's a new modality and that's a new science that I can get into." [NA 1]
	"I'm willing to be trained with as long as it's promoted by the DoH or as long as it's promoted by scientific body." [NA 1] *"Maybe, as a practitioner, you should have the knowledge also, what are the benefits, what are the advantages or the side effects or contraindications, so that if some patients will ask you about it, you will know what to say to them. And also, when you give treatment to the patient and it's not effective, maybe you can consider traditional medicine. Maybe it will have more benefits to the patient."* [NA 2]
Theme: Positive impact of the Doctor's endorsement on appropriate patient usage for TAM	*"Actually, it's a very big factor. I can see the smile on their faces. Actually, when I say (to the patients), "do you know that I do believe in acupuncture?" "* [HA 1]
	"… again, what I do as a doctor is to explain well, to the patients, regarding this modality, objectively. Then, if they wish, or they want to go to TAM, at least, they know … The patient knows which side I'm on. Because I will explain it well or explain it well to them" [HA 2]
	"Number one, because patient believes in doctors … if I have enough literature backing up acupuncture, and I personally believe that it's effective, I might suggest it to my patient. And the suggestion might be taken positive, because the patient will see me as someone in position who has knowledge about medicine … the challenge there is the physician has to understand, has to believe that this is effective." [NA 1]
Theme: Recognition of WHO and DOH endorsement as evidence of TAM's legitimacy	*"Even the World Health Organization promotes it. You can, you can never question the, the reliability, the credibility of the World Health Organization."* [HA 1]
	"Also TAM is guided or guarded by the DOH, Hence, there should reasons for that. The government will not endorse it, if there are no reason for TAM." [HA 2]
	"I think number one, promotion from the DOH. If the DOH promoted, and if my hospital is actively promoting, it will happen. I have no choice, I have to promote it." [NA 1]
	"I think it's easier to accept and it's easier to promote once the DOH, although I do not have any blind trust in the DOH, but as a physician working as part of the DOH, I know that the DOH will promote a certain modality because they believe, and they have studied, there's a background on it, why they want to promote it, because I believe the DOH will not promote such modality if there is no basis " [NA 1] *"Number one is the DOH. If they really apply, if they really do a program in primary health care, part of the primary health care is the approaches of traditional medicine. In time, if we practice it, more people will adapt to it."* [NA 2]

TAM: Traditional and alternative medicine, DOH: Department of Health

particularly for managing chronic symptoms, where a holistic approach is desired, as evidenced by a study in Japan.[55] In addition, increased accessibility to conventional treatments alone does not eliminate the use of TAM, as patients often seek complementary care to address unmet needs, as revealed by a study in Malaysia.[56] Furthermore, a study in Rwanda found that TAM remained widely used despite good access to conventional healthcare, as it addresses cultural and financial needs that conventional services fail to meet[57]

(6) Unregulated advertising and false commercialization of TAM products can negatively influence patients' decisions and lead to delayed or potentially harmful outcomes when patients rely on TAM instead of established treatments. Studies showed that unregulated or poorly regulated advertising and false commercialization of TAM products can be misleading, influencing patient decisions and creating barriers for safe integration with conventional treatments in addition to resistance from the medical community. Therefore, amendments to disciplinary laws and multisystem approach should be explored to ensure that claims in health-related advertising are substantiated by scientific evidence.[49,50]

Addressing these concerns through evidence-based research, improved regulation, and structured training could alleviate the hesitancy surrounding TAM.[18,39,40]

The leading facilitator that would encourage doctors to advise TAM is increased education, training, and professional development opportunities in TAM for healthcare professionals (58.70%). This finding highlighted that many doctors are open to TAM if they receive formalized knowledge and skills, consistent with the 63.48% of respondents who expressed interest in receiving training on TAM, especially in evidence-backed modalities. This is further echoed by the second and fourth leading facilitators, which are the improved regulation and standardization of evidence-based TAM practices (57.39%) and increased research on TAM efficacy and safety (53.04%). Such measures would reassure doctors about safety and reliability of TAM, potentially facilitating TAM's integration into healthcare settings.[49,50]

In addition, over half of respondents (56.95%) indicated that they believe TAM has the potential for improved patient outcomes, echoed by majority agreeing-strongly

Table 6: Actionable insights and future opportunities that influence willingness to advise traditional and alternative medicine

Themes and subthemes	Quotations
Theme: Advocacy for a formal, accredited TAM institution in the Philippines	*"Yes. Formal school. Scientific, medically. So that we can compare it to nursing "*[HA 2]
	"For now, at least (one formal institution) nationally … we can blend or mix with others who's training with the same kind of training. Learning or entering a school, same like other nations, like other countries. [HA 2]
Theme: TAM Awareness within the medical curriculum	*"Ummmm … as a Preview. Not to (completely) incorporate it, but there should be knowledge regarding TAM, in general."* [HA 2]
Theme: Building interdisciplinary collaboration and mutual respect	*"And what's better in the hospital is that if they will come, for example, for morning sessions with the TAM practitioners regarding this or that. So, for example, the Department of Internal Medicine invited the TAM practitioner for pain control management … (can give) specific knowledge regarding their practice … impact to the welfare or care of the patient "* [HA 2]
	Because, we're in the same level. For my friend, because I know his background." [HA 2]
Theme: Establishment of awareness campaigns and TAM clinic	*"Number two, putting a clinic about TAM. If that happens, I'm more likely now to promote TAM "* [NA 1]
	"The TAM practitioner itself, maybe, they should have clinics in the community…bring the services closer to the people…also like Advertising, in the way … Make it more available." [NA 2]
	"like a medical mission type, But it's just TAM modalities that will be shown to the people " [NA 2]
Theme: Critical role of professional clinician-led societies or institutions	*"… if the person is trained or with knowledge of the conventional medicine so that he knows how to support the conventional and the traditional … he knows what I'm thinking, even if I do not tell him. "* [NA 1]
	"(a credible society) … let's say group of doctors, this group of consultants who promotes this, were trained with long years of training in the medical field and believe in this treatment .[NA 1]
	"… while conventions of physicians like that, integrate the lectures about traditional medicine… [NA 2]
Theme: Institutional and systemic support for TAM	*"even in our hospital, our chief of hospital doesn't believe in TAM without proper understanding or formal training, it is very difficult to integrate."* [HA 1]
	"Acceptance among hospitals. Management, really." [HA 2]
	"…my institution has to actively promote it by, number one, sending for training, sending us to training." [NA 1] *"Also, collaboration is needed. DOH and other facilities like private institutions, they will make it as part of licensing (accreditation) maybe"* [NA 2]
Theme: Potential for scientific evidence as a prerequisite	*"Show evidence, show proof. If you give them proof .that this type of treatment is effective in certain conditions, then you have no problem."* [LA 1] *"You only integrate something into medicine when it's scientifically proven. If it's not, don't integrate it" … "Prove something first. We're not saying that you're [TAM] not real… "* [LA 2]
Theme: Implementing Rigorous regulatory standards and training for TAM practitioners	*"There should be certain qualifications, there are certain training, just like in any other specialty. That's the result of the training."* [LA 1]
	"So whether traditional, alternative, it's not medicine unless you prove it is." [LA 2]
	"Because they don't have formal training. So when you integrate … (referring to TAM), into the hospital and say," oh, this is traditional and alternative medicine" (Disapproved demeanor)." [LA 2]
Theme: Multi-system approach to Address unethical TAM practices	*"If You really want to address the false advertising….administrative -wise, we should control enforce laws on the false advertising…part of the government responsibility".* [LA 1]
	"That's the job of the DOH.(but) I don't think you'd ever be able to remove that. There will always be people like that, taking advantage of other people." [LA 2]
Theme: Promoting TAM through evidence-based education and collaborative platforms	*"We need to educate healthcare providers… offering more training and making research about TAM more accessible can help reduce doubts."* [HA 1]
	"I think the great thing now is that we need more research in backing up their effectiveness. It makes people open to try them more." [HA 1]
	"there are seminars, there are lectures, demonstrations pertaining to that. So the hospital should welcome that." [HA 2]
	"There is already a governing body, But the information dissemination regarding the extent… " [HA 2] *"And they provide, let's say, symposiums or lessons or lectures about it. It's easier to trust and easier to understand"* [NA1]
	"scientific meeting or open forum, and then the audience is doctors. This will help them relay information that are not (known)….an avenue for everyone, an open forum for us to understand the benefits. [NA 2] *"In conferences, discussions, case presentations, research presentations, these are scientific evidence of knowledge. All specialty undergo case presentation, undergo research process." …."If you want to promote this, you need also to undergo the same process…* [LA 1]

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agreeing with the statements that TAM can enhance patient satisfaction (53.48%) and can contribute positively to the quality of life in patient care (62.61%) as previously discussed.[16]

Other facilitators include the availability of reliable information on TAM (41.73%), highlighting the need for improved communication and targeted information campaigns to support TAM integration with standard

- ✓ patient non -compliance leading to adverse outcomes unfairly attributed to TAM
- ✓ perception of TAM as fundamentally distinct from conventional medicine
- ✓ pharmaceutical industry competition
- ✓ lack of Institutional Support, Insurance Coverage and Underlying Political Barrier
- ✓ greater accessibility to conventional medicine reduces reliance on TAM
- ✓ concerns about patient misguidance due to unregulated commercialization of TAM

Figure 1: Summary box of reasons influencing hesitancy to advise traditional and alternative medicine from thematic analysis

- ✓ endorsement of TAM by WHO and DOH as evidence of TAM's Legitimacy
- ✓ advocacy for an accredited TAM educational institution in the Philippines
- ✓ introduction of basic TAM concepts within the current medical curriculum
- ✓ institutional interdisciplinary collaboration
- ✓ establishment of community TAM clinics and public awareness campaigns, such as TAM - exclusive medical missions
- ✓ formation of an organized clinician -led professional society
- ✓ TAM practitioners to present at conventional medical conferences, case presentations, multidisciplinary treatment planning teams

Figure 2: Summary box of reasons influencing willingness to advise traditional and alternative medicine from thematic analysis

practices.[21] In addition, greater support from the medical community (33.91%), reflected in the theme "Institutional and Systemic Support for TAM," and improved communication and collaboration with TAM practitioners (27.83%) are essential for advancing universal health coverage;[45] growing patient demand (25.22%)[1] further supports these efforts. Moreover, integrating TAM into conventional healthcare settings (29.13%) not only facilitates doctors' willingness to recommend TAM but also enhances patient accessibility and addresses professional concerns, as previously discussed.[42]

Additional potential facilitators extracted from the thematic analysis [Table 5] include:

(1) Endorsement of TAM by WHO and DOH as evidence of TAM's legitimacy, providing crucial and reinforcing validation of TAM's credibility and signaling that TAM has a valid role within healthcare
(2) Advocacy for an accredited TAM educational institution in the Philippines, with an accredited curriculum similar to other health science degrees, which could address training quality concerns
(3) Introduction of basic TAM concepts within the current medical curriculum to help future healthcare providers understand and respect TAM practices[36,52]
(4) Institutional and systemic support for TAM, including supportive policies from hospital administration and national healthcare organizations, as well as promoting accreditation processes that formally recognize TAM within the mainstream medical framework[39,40]
(5) Establishment of community TAM clinics and public awareness campaigns, such as TAM-exclusive medical missions, to increase TAM's accessibility and familiarity among the public
(6) Formation of an organized professional society led by trained conventional medicine clinicians to support TAM integration
(7) Opportunities for TAM practitioners to present at conventional medical conferences, case presentations, multidisciplinary treatment planning teams, and research forums, thereby providing avenues for data sharing, validation of claims, and constructive scrutiny from the medical community.

These facilitators highlighted the need for accessible, evidence-based resources to support doctors in making informed decisions. In addition, growing patient demand[3] reflects cultural acceptance of TAM, which could further encourage doctors to consider its integration into their practice.[38]

Conclusion

The results revealed 74.8% had high acceptance for TAM, showing openness to integrating TAM, 21.3% expressing conditional or neutral acceptance, and only 3.9% demonstrating low acceptance due to skepticism about efficacy and safety.

Majority of medical doctors believed TAM could enhance patient satisfaction (53.48%) and improve quality of life (62.61%). However, many felt only slightly to moderately comfortable (61.3%) discussing TAM, with 43.91% rarely initiating such conversations. Most respondents (55.65%) supported TAM services being provided by doctors trained in TAM alongside DOH-registered healthcare professionals, with integration into primary care, such as in-community health centers (38.26%) or in-hospital or clinic settings (30%). Slightly over half (51.30%) had never referred patients to TAM, but among those who did (48.69%), acupuncture and DOH-PITAHC-approved herbal medications were the most common modalities, driven by personal belief in TAM's effectiveness (43.75%), patient requests (39.29%), and supporting evidence (37.5%).

A majority (63.48%) expressed interest in TAM training, particularly in acupuncture, herbal medications, and chiropractic. Thematic analysis revealed additional perspectives, including the influence of tradition and culture on TAM use, growing patient demand, the perception of TAM as unscientific, awareness and exposure to TAM modalities, and the influence of personal experiences and research on TAM perspectives.

The leading challenges contributing to hesitancy in advising TAM were insufficient scientific evidence (65.65%), lack of regulation and standardization (61.30%), safety concerns or potential side effects (56.09%), inadequate training in TAM (47.39%), and limited access to reliable information (41.74%). Thematic analysis highlighted

additional barriers, including miscommunications affecting TAM perception, pharmaceutical competition, limited availability of qualified practitioners, institutional and insurance gaps, political barriers, and concerns about patient misguidance due to unregulated commercialization of TAM [Figure 1].

The leading facilitators encouraging doctors to advise TAM included increased education and professional development opportunities (58.70%), improved regulation and standardization (57.39%), potential for better patient outcomes (56.95%), increased research on TAM efficacy and safety (53.04%), and access to reliable information (41.73%). Thematic analysis further emphasized the positive impact of doctors' endorsements on patient usage and the significance of WHO and DOH recognition in legitimizing TAM practices [Figure 2].

Recommendations

The integration of TAM into the Philippine healthcare system requires a comprehensive approach emphasizing education, regulation, research, and patient-centered practices. Key recommendations include prioritizing professional development and interdisciplinary training for healthcare professionals, particularly in high-demand modalities such as acupuncture and DOH-PITAHC-approved herbal medications. These programs should incorporate nonjudgmental communication strategies to enhance doctor–patient interactions and address TAM-related concerns effectively. In addition, strict regulatory frameworks are essential to prevent false advertising, address unethical TAM practices, and promote informed decision-making among the public.[58]

Incorporating TAM topics into medical school curricula and establishing a formal, accredited TAM institution or regulated academic consortium would create a strong educational foundation and promote standardized, credible TAM training in the Philippines. The establishment of clinician-led professional societies and awareness campaigns could further support the credibility and safety of TAM practices.

Moreover, promoting research on plural medical systems around the world – such as the institutionalization of Traditional East Asian Medicine in China, Korea, and Japan – can offer valuable insights. Evidence-based TAM research, especially RCTs, should be prioritized through national policies and increased funding, particularly for disease-specific applications such as chronic pain, mental health, and lifestyle-related conditions.[59]

In addition, research on TAM's cost-effectiveness, including quality-adjusted life year and disability-adjusted life year studies, could provide critical evidence for its integration into mainstream healthcare.

Institutional support is also critical, with collaborative healthcare models fostering interdisciplinary collaboration through treatment teams, case discussions, and symposiums in primary care and hospital settings, offering regulated environments for TAM and conventional practitioners to work together, promoting mutual respect and coordinated patient care. To raise patient awareness and informed decision-making, developing educational resources highlighting both the benefits and limitations of TAM is important. Providing doctors with discussion guides and educational materials can further enhance patient-centered communication and decision-making [Table 6].

Policy frameworks supporting TAM, including insurance coverage for validated practices and the development of accreditation standards, would formalize its role in the healthcare system, ensuring consistent quality and safety.

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Conflicts of interest

There are no conflicts of interest.

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