



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



Shendi University
Faculty of Graduate Studies and Scientific Research

Study of Patient Believe and Concept regarding using of Complementary Medicine

*A thesis submitted for the partial Fulfillment of the Requirement of M.Sc. Medical-Surgical
Nursing*

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Nov 2014

الآية

قال تعالى:-

وَعَلَّمَ آدَمَ الْأَسْمَاءَ كُلَّهَا ثُمَّ عَرَضَهُمْ عَلَى الْمَلَائِكَةِ فَقَالَ أَنْبِئُونِي بِأَسْمَاءِ هَؤُلَاءِ إِنْ كُنْتُمْ صَادِقِينَ (31) قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ الْعَلِيمُ الْحَكِيمُ (32)

صدق الله العظيم

سورة البقرة (31-32)



الإهداء

الهي لا يطيب الليل إلا بشرك ولا يطيب النهار إلا بطاعتك ولا تطيب اللحظات إلا بذكرك ولا تطيب الآخرة إلا بعفوك ولا تطيب الجنة إلا برويتك الله جل جلاله.

إلى من بلغ الرسالة و أدى الأمانة و نصح الأمة إلى تبني الرحمة و نور العالمين

سيدنا محمد صلي الله عليه وسلم.

إلى من بوجودها أكتسب قوة و محبة لا حدود لها..إلى من عرفت معها معني الحياة إلى آخر
إلى من حبها يجري في عروقي ويلهج بذكراها فؤادي إلى من هي شمعة متقدة تنير طريق حياتي
حبوبتي (أم المؤمنين)

إلى ملاكي في الحياة إلى معني الحب والي معني الحنان و التفاني إلى بسملة الحياة و سر الوجود إلى من كان دعائها سر
نجاحي و حنانها بسم جراحي إليك يا نبض قلبي المتعب إليك يا شذي عمري إليك أنتي يا أمي أقول حفظك الله لنا نورا يضي
لنا الحياة

إلى أغلي الحبايب أمي (بدرية)

إلى من كلكه الله بالهيبة والوقار إلى من علمني العطاء بدون انتظار إلى من أحمل اسمه بكل افتخار أرجو
من الله أن يمد في عمرك لتري ثمارا قد حان قطافها بعد طول انتظار

أبي العزيز (عمر)

إلى زوجي ورفيق دربي هذه الحياة بدونك لا شيء معك أكون أنا في نهاية مشواري أريد أن أشرك علي موافك
النبيلة التي تطلعت لنجاحي بنظرات الأمل

زوجي العزيز (نجم الدين)

إلى من تقاسموا معي حياتي وشاركوني جميع أوقاتي إلى من قلوبهم لي ملجأ وأعينهم لي منبع فرح
إخوتي (حامد- عبد الرحمن - عبد المنعم -عبد الفتاح - انعام - ستو)

إلى من سرنا سويا و نحن نشق الطريق معاً نحو النجاح والإبداع إلى من تكاتفنا يداً بيد ونحن
نقطف زهرة النجاح إلى صديقاتي و زميلاتي

(مواهب ، سموحة ، أسوية)

إلى سندي وقوتي وملاذي بعد الله إلى من أثروني على أنفسهم
إلى من علموني علم الحياة إلى من أظهروا لي ما هو أجمل من الحياة
خالاتي وأخوالي الاعزاء

(عبد المنعم ، صلاح ، حسن ، الستيه،نجوى،ثريا،سميه)

إلى من علمونا حروفا من ذهب و كلمات من درر و عبارات من أسمي و أجلي عبارات في العلم إلى من صاغوا
لنا علمهم حروفا ومن فكرهم منارة تنير لنا سيرة العظم والنجاح

إلى أساتذتي الكرام

Acknowledgement

First of all I thank Allah that for giving me the strength and
patience to perform this work.

Sincerest appreciation and gratitude to

Dr: Yousif Mohammed Yousif

For his patience and guidance throughout the work.

A special Word of thanks:

Staff of medicine and surgery of nursing at Shendi University for
their greater helps.

Our colleague for their help.

And finally I would like to extend our thanks to our families,
friend's classmate

ملخص الدراسة

الطب البديل والتكميلي يشير الي مجموعه واسعه من ممارسات الرعايه الصحيه وليس جزء من التقاليد للبلد الخاص وليس دمجها في الرعايه الصحيه المهنيه ويستخدم احيانا لوصف هذه الرعايه الصحيه وتشمل ممارسات الطب الطبيعي والطب غير التقليدي

اجريت هذه الدراسه الوصفيه بمستشفى المك نمر الجامعيه بمدينة شندي في الفتره من 10-8-2014م الي 30-11-2014م وهدفت هذه الدراسه لتقييم مفهوم ومعتقد المرضى عن استخدام الطب البديل وكذلك لمعرفة الانواع الاكثر شيوعا وسط هذه المجموعه .

وتم جمع المعلومات عن طريق الاستبيان لمائة مريض من المرضى المنومين بالمستشفى وانتهت الدراسه الي أن غالبيه مجموعه الدراسه لديهم معرفة جيدة بالطب البديل وهذه المعلومات يتوقع إيجادها على اثر الخلفية من المجتمع المحيط ،غالبيه مجموعه الدراسه إستخدمو العلاج الطبيعي والدلك،وأوصت الدراسه على مسؤوليه وزاره الصحة التثقيف الصحى وذلك بإستخدام وسائل الإعلام وكذل كالتعاون مع الجامعات والرعايه الصحيه لتنظيم زيارات منزليه لتثقيف السكان بشأن كيفيه الأستخدام السليم للطب البديل.

ووصلت الدراسه علي أن الطب البديل أكثر شيوعا وسط الكبار والأقل تعليما ، حيث وجدت ان هنالك علاقه ارتباط ذات دلالة معنويه احصائيا بين مفهوم المرضى والعمر وكذلك بين مفهوم المرضى والمستوي التعليمي حيث كانت القيمه المعنويه علي النحو التالي: 0.00 ، 0.00.

Abstract:

Complementary and alternative medicine Refers to a broad set of health-care practices that are not part of a country's own tradition and not integrated into the dominant health care system ,other terms sometimes used to describe these health care practices include 'natural medicine', 'non-conventional medicine' and' holistic medicine.

This descriptive hospital based study done in Elmek Nimer University Hospital during the period from 10-8-2014to 30-11 2014, aim to assess the patient believes and concept regarding using of complementary medicine.

The data was collected by questionnaire, include hindered

Patients, it showed that the majority of study group (79%) had a good knowledge about complementary medicine and their information and knowledge background suspected to be received from the surrounding community.

the study found that majority (86%) of study group were use naturopathic medicine, and most of them (87%) were used therapeutic massage. and we recommended that responsibility of Ministry of health to regulation health education regarding complementary medicine by using mass media and Ministry of health should collaborated with the university and health care student to regulate home visit to educate the population regarding proper use of complementary medicine.

There is significant correlation between the concept of patient and age of patient, also there is significant correlation between the concept and education level of patient (p.value 0.00).

List of Appreciation

Appreciation	Meaning
CAM	Complementary and alternative medicine
NCCAM	National center of Complementary and alternative medicine
TCM	Traditional Chinese medicine
EMF	Electro magnetic field

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1.1Introduction:

Complementary and alternative medicine (CAM) is a fully accepted and integrated form of health care in many areas of the world and has existed since antiquity. For Americans, CAM is one of the fastest growing fields in healthcare and is more widely used today than ever before. Millions of Americans are spending billions of out-of-pocket dollars on CAM therapies. Its widespread use had an impact on users, practitioners, researchers and policy makers. CAM's growing influence has been described as a "hidden mainstream in American medicine."¹ This surge has resulted in the need to better understand the market, from a personal and public health perspective ⁽³⁾

The recent increase in the interest and growth of complementary and alternative medicine can be attributed to many reasons including technological, economic, cultural and social trends. Its growth is also fueled by the rising dissatisfaction with the traditional health care & delivery of medicine in the United States. Additionally, self-empowerment, personal savings accounts and the internet are enabling greater access to alternative medicine ⁽⁵⁾.

Some attribute the growth in CAM to the view that the combination of CAM with conventional medicine is better than conventional medicine alone. Additionally CAM treatments fill the gaps, such as the treatment of chronic pain and other debilitating conditions, in areas where conventional medical practices are not always successful, CAM is also being used with certain medical conditions that are without a cure or with conditions that have a cure but have significant side effects such as cancer⁽³⁾.

Other Americans are turning to CAM because they feel the current healthcare system is failing them for many reasons. These include access to health insurance, cost prohibitive prescriptions, impersonal & dismissive physicians, a heavy reliance on drugs, misdiagnosis, and conflicting views regarding the maintenance of wellness ,a more empowered approach to healthcare is another reason for growing enthusiasm for alternative treatment approaches. CAM users are choosing alternative treatments because they are more personal, less invasive and often have lower costs. There is a growing movement away from disease management to a more holistic approach to healthcare that includes a shift from the emphasis on technology for healing to a focus on the natural healing ability of the body. CAM philosophies align with users' personal value systems ⁽³⁾.

Western society tends to think of healing in terms of medical, surgical, and other technological interventions. However, in many other cultures—both past and Present—healing has been promoted by faith, magic, ritual, and other nonmedical approaches, the use of alternative therapies (treatment approaches that are not accepted by mainstream medical practice) and complementary therapies (treatment approaches that can be used in conjunction with conventional medical therapies) is becoming more prevalent among the general public ⁽¹⁰⁾

Complementary/alternative medicine (CAM) treatment methods that are currently being used in holistic nursing practice. Nurses are encouraged to think critically before recommending or implementing these approaches and to also be open to the possibilities that are available to help people live to their fullest potential. It is important to remember that what is considered “alternative” to one culture may be viewed as “traditional” in another, for

example, Traditional Chinese Medicine and Ayurvedic medicine, complementary and alternative medicine is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine.⁽²⁾

The total number of Americans using any type of CAM therapy was 72 million in 2002⁵ also in 2002 Newsweek, reported that 83 million Americans, over 40% of the adult population, sought out herbalists, chiropractors and other CAM Practitioners⁽⁶⁾

- Total visits to CAM providers exceeded total visits (629 million) to all primary care physicians in 1997⁽⁷⁾
- The out-of-pocket estimate for CAM expenditures on professional services in 1997 is 12.2 billion. This was higher than out-of-pocket expenditures for all U.S. hospitalizations⁽⁸⁾
- More than 90 of 125 allopathic medical schools reported CAM as part of the required or elective conventional medical courses. Most hospitals now offer some form of CAM treatment. A study in the Archives of Internal medicine reported in 1998 reported that 43% of U.S. physicians refer patients to CAM providers⁽⁹⁾

1.2 Justification

Complementary and alternative therapies have become an important part of health care in the Sudan and other countries scientific evidence concerning their safety and effectiveness were using ⁽¹⁾

Complementary or alternative medicine has many positive features, and that

traditional medicine and its practitioners play an important role in treating chronic illnesses, and improving the quality of life of those suffering from minor illness or from certain incurable diseases⁽⁴⁾

1.3 Objectives

1.3.1 General objective:

- To assess patient believe and concept regarding using of complementary medicine.

1.3.1 Specific objective:

- To identify knowledge and concept of patient about complementary medicine.
- To determine the most common complementary methods used.
- To determine patient preference regarding use of complementary medicine.
- To determine the source of patient knowledge.

2. Literature Review:

1. Complementary and alternative medicine (CAM):

Refers to a broad set of health-care practices that are not part of a country's own tradition and not integrated into the dominant health care system, other terms sometimes used to describe these health care practices include 'natural medicine', 'non-conventional medicine' and 'holistic medicine'.⁽¹²⁾

The National Center for Complementary/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."~ It interprets "complementary" medicine as being used together with conventional medicine, whereas "alternative" medicine is used in place of conventional medicine.⁽¹³⁾

1.1 Prevalence of use of Complementary and alternative medicine (CAM):

Has been described as a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period. CAM includes all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well-being. Boundaries within CAM and between the CAM domains that of the dominant system are not always sharp or fixed⁽¹¹⁾

About 50% of people in developed countries use some kind of complementary and alternative medicine other than prayer for health. A British telephone survey by the BBC of 1209 adults in 1998 shows that

around 20% of adults in Britain had used alternative medicine in the past 12 months. About 40% of cancer patients use some form of CAM.

In developing nations, access to essential medicines is severely restricted by lack of resources and poverty. Traditional remedies, often closely resembling or forming the basis for alternative remedies, may comprise primary healthcare or be integrated into the healthcare system.

In Africa, traditional medicine is used for 80% of primary healthcare and in developing nations as a whole over one-third of the population lack access to essential medicines⁽¹¹⁾

The Republic of the Sudan, the Department of Medicinal Plants and Traditional Medicines was established in 1995 under the National Board of Pharmacy. The national policy on traditional medicine TM/CAM has been drawn up since the establishment of this department. Laws and regulations are currently at the development stage. There is no national programme on TM/CAM. The national office was established within the Federal Ministry of Health under the name Medicinal Plants and Traditional Medicine Directorate. The National Research Institute conducts research on traditional medicine and herbal medicine; it was established in 1975⁽¹¹⁾.

Sudan regulations first issued on herbal medicines in 1996 and renewed them in 1998 and 2002. These regulations are separate from those for conventional pharmaceuticals. Herbal medicines are regulated as prescription medicines, self medication and dietary supplements. By law, medical and nutrient content claims may be made about herbal medicines.

In lieu of a national pharmacopoeia, the British herbal pharmacopoeia is used, and is considered to be legally binding. In place of

national monographs, the world health organization WHO monographs are used.

The regulatory requirements for manufacturing include adherence to information in the British herbal pharmacopoeia and the WHO monographs, as well as the GMP rules for conventional pharmaceuticals and special GMP rules for herbal medicines. The implementation of these requirements involves evaluation of quality control data submitted by the manufacturer, GMP inspection and documentation of the raw material supply. Requirements for safety assessment include traditional use without demonstrated harmful effects and bio safety studies⁽¹¹⁾

To ensure adherence to these requirements, the bio safety study protocols are strictly followed. There are eight herbal medicines currently registered. Sudan is planning to create an independent list of essential Sudanese medicinal plants. A post marketing surveillance system is currently being developed⁽¹¹⁾

Herbal medicines in Sudan are sold in pharmacies as over the counter medicines and in special outlets. Annual market data was included for one registered herbal product, senna tablets, which is the only herbal product cultivated in Sudan and locally manufactured in tablet form by a local manufacturer. Crude senna, gum Arabic, gum acacia and hibiscus are marketed locally and internationally in commercial quantities. ⁽¹¹⁾

1.2Uses of CAM:

People use CAM for good reasons and for bad reasons, and with more or less information. Most importantly, if a person suffering from a serious mental health condition has not responded well to standard treatments or has

been unable to tolerate the side effects, it makes sense to consider less well-proven treatments. CAM treatments are more often complements than alternatives, when standard treatments do not fully relieve the symptoms or cause side effects that can be mitigated by CAM. Many CAM have minimal side effects and drug interactions. And the low cost of some CAM treatments (despite the lack of insurance reimbursement) is an additional appeal for many consumers. Our bodies have remarkable self-healing as well as self-sickening capacities. The beauty of mind-body and other CAM treatments is that they can enable us to discover ways to turn on and support those self-healing abilities ⁽¹⁴⁾

In patient with cancer the most common reason for using CAM is to improve an overall wellness. Wellness another way in which people with cancer use CAM is to manage symptoms, finally, some people choose to use CAM as a direct treatment for cancer. They may take CAM therapies in addition to their conventional cancer treatments or instead of conventional treatments. This is certainly the most controversial use of CAM therapies ⁽¹⁵⁾.

2. The major types of complementary and alternative medicine:

NCCAM classifies CAM therapies into five categories or domains:

2.1 Alternative Medical Systems:

Alternative medical systems are built upon complete systems of theory and practice. Often, these systems have evolved apart from and earlier than the conventional medical approach used in the United States, examples of alternative medical systems that have developed in Western cultures include homeopathic medicine and naturopathic medicine.

Examples of systems that have developed in non-Western cultures include traditional Chinese medicine and Ayurveda⁽¹⁰⁾

2.1.1 Homeopathic medicine:

Is a CAM alternative medical system. In homeopathic medicine, there is a belief that “like cures like,” meaning that small, highly diluted quantities of medicinal substances are given to cure symptoms⁽¹⁰⁾.

2.1.2 Naturopathic medicine:

Is proposes that there is a healing power in the body that establishes, maintains, and restores health. Practitioners work with the patient with a goal of supporting this power, through treatments such as nutrition and lifestyle counseling, dietary supplements, medicinal plants, exercise, homeopathy, and treatments from traditional Chinese medicine⁽¹⁰⁾.

2.1.3 Traditional Chinese medicine (TCM):

Is the current name for an ancient system of health care from China? TCM is based on a concept of balanced on vital energy, is proposed to regulate a person’s spiritual, emotional, mental, and physical balance and to be influenced by the opposing forces of yin (negative energy) and yang (positive energy),The components of TCM are herbal and nutritional therapy, restorative physical exercises, meditation, acupuncture, and remedial massage⁽¹⁰⁾

2.1.4 Ayurveda:

Ayurveda includes diet and herbal remedies and emphasizes the use of body, mind, and spirit in disease prevention and treatment⁽¹⁰⁾

2.2mind–body therapies:

NCCAM defines this category as encompassing therapies that promote the mind’s capacity to have an impact on the functioning of the body. Many of the therapies in this category—imagery, music, prayer, meditation, humor—continue to be a part of the armamentarium used by nurses.⁽¹⁰⁾

2.2.1 Imagery:

Imagery is the formation of a mental representation of an object, place, event, or situation that is perceived through the senses. It is a cognitive–behavioral strategy that uses the individual’s own imagination and mental processing and can be practiced as an independent activity or guided by a professional. Imagery employs all the senses—visual, aural, tactile, olfactory, proprioceptive, and kinesthetic.⁽¹⁾

2.2.3Music therapy:

Music as “the art of arranging sounds in time so as to provide a continuous, unified and evocative composition, as through melody, harmony, rhythm, and timbre.” Alvin (1975) delineated five main elements of music. The character of a piece of music and its effects depend on the qualities of these elements (Frequency. Intensity Tone color or timbre Interval and duration) and their relationships to one another.⁽¹⁰⁾

Scientific basis:

Music is complex and affects the physiological, psychological, and spiritual dimensions of human beings. Individual responses to music can be influenced by personal preferences, the environment, education, and cultural factors⁽¹⁰⁾.

Uses of Music Intervention:

Orientation/minimizing disruptive behaviors:

Elders:

Decreasing anxiety:

Restrained patients Pediatrics, Surgical patients, Cardiac patients Flexible sigmoidoscopy and Ventilator-dependent ICU patients

Pain management:

Acute pain ,Chronic pain ,Nursing care procedures/pediatrics and Invasive procedures/pediatrics.

Stress reduction and relaxation:

Elderly patients undergoing ophthalmic surgery.

Stimulation:

Depression in older adults, Cognitive recovery and mood post-stroke

Distraction:

Adjunct to spinal or general anesthesia, Burn care ,Cardiac patients on bed rest hemodialysis associated pain and anxiety and High-dose chemotherapy⁽¹⁰⁾

2.2.4 Humor:

Is intervention that promotes health and wellness by stimulating a Playful discovery, expression, or appreciation of the absurdity or incongruity of life's situations. This intervention may enhance work performance, support learning, improve health, or be used as a complementary treatment

of illness to facilitate healing or coping, whether physical, emotional, cognitive, social, or spiritual⁽¹⁰⁾.

Humor Interventions

1. Assemble/collect humor resources (create humor rooms, humor carts, humor videos).
2. Invite guest performers (comedians, magicians, clowns).
3. Wear a humorous item, silly button, necktie, etc.
4. Display humorous photos of staff.
5. Have a cartoon bulletin board with favorites from staff and patients displayed each week.
6. Play music that encourages playful movement.
7. Support and applaud the efforts of staff and patients to use humor.

USES

Humor may be effectively used in highly stressful situations to overcome tensions and to facilitate patient catharsis or expression of fear and anxiety⁽¹⁰⁾.

2.2.5 Yoga:

an ancient art and science developed in India, and later in Tibet, means “integration” or “joining together” of body and mind with each other.

In the *Yoga Sutra*, Patanjali described yoga as consisting of eight interconnected limbs.

1. Ethical behavior.
2. Personal behavior.
3. Posture.
4. Breath regulation.
5. Sensory inhibition.
6. Concentration.
7. Meditation.
8. Integration.

2.2.6 Meditation:

The practice of meditation (quieting the mind by focusing one's attention)

Nurses can teach this modality to clients by using verbal cues, counting the client's inhalations and exhalations, and showing the client how to take slow, deep breaths. Some therapeutic benefits of meditation are:-

- Stress relief
- Relaxation
- Reduced levels of lactic acid
- Decreased oxygen consumption
- Slowed heart rate
- Decreased blood pressure

- Improved functioning of immune system⁽¹⁾.

2.2.7 Biofeedback:

Is a measurement of physiological responses that yields information about the relationship between the mind and the body and helps clients learn how to manipulate those responses through mental activity. It was developed by experimental psychologists and rehabilitation clinicians.

Biofeedback is used as a restorative method in rehabilitation settings to help clients who have lost sensation and function as the result of illness or injury. Biofeedback also enhances relaxation in tense muscles, relieves tension headaches, reduces bruxism (grinding of the teeth), reduces the pain of temporo mandibular joint syndrome, and relieves backache. Temperature biofeedback is useful in training people to purposefully warm their hands to treat Raynaud's disease (a circulatory disorder), to lower blood pressure, and to prevent or relieve migraine headaches⁽¹⁾

2.2.8 Hypnosis:

Therapeutic hypnosis induces altered states of consciousness or awareness (a trance) during which the person is more receptive to suggestion. It also enhances the client's ability to form images.

Therapeutic use of suggestion is the heart of hypnosis. Suggestions can be phrased directly ("You will feel more comfortable") or indirectly ("You may feel different"). Hypnosis is a potentially effective and powerful tool for altering pain, anxiety, and some physiological processes. Although hypnosis is useful as an adjunct to treatment, it does not magically cure such problems as nicotine addiction, alcoholism, and eating disorders, and should be used in conjunction with other modalities⁽¹⁾

2.3. Body-Movement and Manipulation Strategies:

body-movement therapies employ techniques for moving or manipulating various body parts to achieve therapeutic outcomes. Modalities such as movement and exercise, yoga, tai chi , and chiropractic treatment⁽¹⁾.

2.3.1. Movement and Exercise

Movement, as a therapeutic intervention and health promoting activity, is associated with athletic exercise, dance, celebration, and healing rituals. Although the primary goal of exercise is fitness (muscle strength, flexibility, endurance, and cardiovascular and respiratory health), there are many other positive outcomes of exercise, nurses can help clients use movement as therapy in a variety of ways, such as range of motion exercises, water exercises, physical therapy, and stretching exercises. It is an effective method through which people of all ages can improve their level of functioning⁽¹⁰⁾.

2.3.2Yoga:

Yoga rejuvenates, promotes longevity and self realization, and speeds up the natural evolution of the person toward self-enlightenment. Yoga, a form of meditative exercise, originated in India and is an essential component of Ayurveda healing ⁽¹⁾

2.3.3. Tai Chi:

Tai chi is based on the philosophy of the quest for harmony with nature and the universe through the laws of complementary balance. When perfect harmony exists, everything functions effortlessly, spontaneously , perfectly, and in accordance with the laws of nature. If one moves to the

right, then one must also move to the left, Tai chi has been shown to lower blood pressure and heart rate in ⁽¹⁰⁾

2.3.4. Chiropractic:

The major principle underlying chiropractic therapy is that the brain sends vital energy to every organ in the body via the nerves originating in the spinal column. Disease results from interferences along that path way there fore, manipulation of the spinal column is useful in alleviating a variety of ills ⁽¹⁾

2.3.5 Osteopathic:

Medicine is a form of conventional medicine that, in part, emphasizes diseases arising in the musculoskeletal system. There is an underlying belief that all of the body's systems work together and disturbances in one system may affect function elsewhere in the body used to alleviate pain, restore function, and promote health and well-being ⁽¹⁵⁾

2.4. Biologically based therapies:

Are the most popular of the complementary therapies according to the NCCAM (2009). More than 90 million Americans use at least one herbal preparation. Additionally, “nutraceuticals” (additives, vitamins, and special diets) are used by many Americans. A person encounters reference to these therapies when just paging through a magazine or watching television, as there are frequent articles and ads highlighting specific biological therapies include:

2.4.1. Aromatherapy:

Defined as the use of essential oils for therapeutic purposes that encompass mind, body, and spirit, clinical aromatherapy in nursing is

defined as the use of essential oils for expected and measurable health outcomes the evidence base for using aromatherapy in nursing practice sometimes may be difficult to establish.

Essential oils are obtained from a variety of plants throughout the world, but not all plants produce essential oils. Depending on the plant, the essential oil may be found in flowers, leaves, bark, wood, roots, seeds, or peels. Most essential oils are obtained by steam distillation of a specific plant material. Steam-distilled essential oils are concentrated substances made up of the oil-soluble, lower-molecular-weight chemical constituents found in the source plant material ⁽¹⁰⁾.

Intervention:

The choice of application method—inhalation, topical application, ingestion— depends on the condition being treated or the desired effect, the nurse’s knowledge and practice parameters, the available or desired time for the action to occur, the targeted outcome, the chemical components of the essential oil, and the preferences and psychological needs of the patient. Although essential oils are not always pleasant smelling, inhalation is one of the simplest and most direct application methods.

A common misconception regarding herbal medicines is that herbs have no side effects because they are “natural.” However, herbs do indeed have side effects and may be toxic or poisonous if not used appropriately. Consider the toxicity of such widely used natural products as coffee, cocaine, and tobacco. Another dilemma is patient use of herbs in lieu of their prescribed medications ⁽¹⁰⁾

USES:

Chronic illness (such as cancer or autoimmune disease or chronic pain), surgery, and use of prescription medications are three situations in which herbal medicine reviews by nurses are important. Echinacea does stimulate the immune system, but this is not necessarily a positive effect. Ginkgo biloba's pharmacologic activity places people at risk in surgery.⁽¹⁰⁾

2.5. Energy Therapies

Energy therapies involve the use of energy fields. They are of two types:

- Biofield therapies are intended to affect energy fields that purportedly surround and penetrate the human body. The existence of such fields has not yet been scientifically proven. Some forms of energy therapy manipulate Biofield by applying pressure and/or manipulating the body by placing the hands in, or through, these fields. Examples include qi gong, Reiki, and Therapeutic Touch.⁽¹⁵⁾

2.5.1. Qi gong:

Is a component of traditional Chinese medicine that combines movement meditation, and regulation of breathing to enhance the flow of qi (an ancient term given to what is believed to be vital energy) in the body, improve blood circulation, and enhance immune function.⁽¹⁰⁾

2.5.2. Reiki (“RAY-kee”):

is a Japanese word representing Universal Life Energy. Reiki is based on the belief that when spiritual energy is channeled through a Reiki practitioner, the patient's spirit is healed, which in turn heals the physical body.⁽¹⁰⁾

2.5.3 Therapeutic Touch:

Is derived from an ancient technique called laying-on of hands. It is based on the premise that it is the healing force of the therapist that affects the patient's recovery; healing is promoted when the body's energies are in balance; and, by passing their hands over the patient⁽¹⁾

2.5.4. Bioelectromagnetic-based therapies:

Involve the unconventional use of electromagnetic fields, such as pulsed fields, magnetic fields, or alternating-current or direct-current fields.

Electromagnetic fields (EMFs, also called electric and magnetic fields) are invisible lines of force that surround all electrical devices. The Earth also produces EMFs; electric fields are produced when there is thunderstorm activity, and magnetic fields are believed to be produced by electric currents flowing at the Earth's core⁽¹⁰⁾.

Material and Methods:

3.1. Methods:

This was descriptive, cross-sectional study, aiming to assess patient believe and concept regarding using of complementary medicine.

3.1.2. Study design:

This study was Descriptive, cross-sectional hospital -based study, done to assess patient believe and concept regarding using of complementary medicine. From the period from April to November 2014

3.1.3. Study area:

This study was conducted in Elmek Nimer Hospital which located at River Nile state in Shendi town; the hospital was established in 2002 and contains the following departments: medicine, surgery, pediatric, Gynecology and obstetric unit, nuclear medicine center Hemodialysis center and etc

3.1.4. Study population:

Study was covered most patients admitted to medical surgical unite in Elmek Nimer hospital in period of 15 august to 5 September.

3.1.5. Sampling:

1- Sample techniques:

The sample was taken from most patients admitted to Elmek Nimer hospital during all days of the week by Simple random sampling.

2- Sample size: -

Hindered patients were participated in this study

Inclusion criteria:

All adult patients admitted in Elmek Nimer hospital

Exclusion criteria:

Patients under 15 years old.

3.2. Material

3.2.1. Data collection tools:

The data was collected by closed ended questionnaire designed by researcher based on reviewing of literature, it consists of (13) question to fulfill the purpose of the study.

3.2.2. Validity and real ability:

The questionnaire have been investigated/revised by three expertise's they indicated that some items needed to be modified, and they assured that the tool was achieved the aim of the study.

3.2.3. Operational Design:

Operational design includes data collection technique and ethical consideration.

3.2.4. Data collection technique:

In this study the data was collected in 20 days, some of the patients are illiterate, explain the questionnaire items for them, then let them to choose the item according to their knowledge. And filling by researcher himself.

3.2.5. Statistical Design:

The collected data were organized, categorized and tabulated in tables and graphs using frequencies and percentage. The statistical package for social sciences (SPSS version 16) was used for statistical analysis

3.2.6. Ethical considerations:

The study was approved by ethical committee of research in the faculty of post graduate and scientific research. Before conducting the study, verbal permission was taken from hospital administration and from head nurse. The purpose of the study was explained to each one of patient and is assured them that the data collected from the questionnaire will remain confidential and it's not allowed for any person to identify it.

4. Result

Table (1) showed that 49.0% of study group at over forty years and 6.0% of them at 15-20 years.

Figure (1) Showed that 46.0% of study group had primary education and 41.0% of them were illiterate.

Table (2) Showed that 42.0% of study group from city and 58.0% of them from ruler.

Table (3) Showed that 79.0% of study group were defining complementary medicine as a group of practices and products that are not part, 3.0% of them were defining complementary medicine as a group of practices and products that are peritoneal medicine and 18% of them did not known.

Figure (1) Explained that 92.0% of study group were use complementary medicine and 8.0% of them did not use complementary medicine

Figure (3) Showed that 86.0% of study group the source of knowledge from community and 2.0% of them from reading.

Table (4) Showed that 54.0% of study group were culturally use CAM and 26.0% of them use by experience.

Table (5) Showed that 93.0% of study group had effective response of CAM and 1.0% of them complicated.

Table (6) Showed that 25.0% of study group use ginger and 12.0% of them use all

Table (7) Showed that 86.0% of study group were use naturopathic medicine and 2.0% of them use Ayurveda.

Table (8) Showed that 63.0% of study group were use prayer and 3.0% of them use meditation and humor.

Table (9) Showed that 40.0% of study group were use plant- derived preparations(herbs and essential oils) and 9.0% of them use all.

Table (10) Showed that 87.0% of study group were use therapeutic massage and 3.0% of them use bio-electro-magnetic-based therapies

Table (1): Showed the age of the patient participate in study group:

age	Frequency	Percent
15-20 years	6	6.0%
21-30 years	20	20.0%
31-40 years	25	25.0%
above40	49	49.0%
Total	100	100.0%

Table (2): Showed the Resident of the patient participate in study group:

Resident	Frequency	Percent
City	42	42.0%
Village	35	35.0%
Ruler	23	23.0%
Total	100	100.0%

Table :(3) Showed Knowledge of the patient about complementary medicine

Definition	Frequency	Percent
group of practices and products that are not part	79	79.0%
group of practices and products that are peritoneal medicine	3	3.0%
not know	18	18.0%
Total	100	100.0%

Table (4): Showed the Patient prefer of use complementary medicine

preferences	Frequency	Percent
Failure of medical treatment	3	3.0%
Chronicity	8	8.0%
Culturally	54	54.0%
Experience	26	26.0%
Family pressure	8	8.0%
Others*	1	1.0%
Total	100	100.0%

***Others: Easy accessible.**

Table (5): Showed the Patient response of use complementary medicine

Responses	Frequency	Percent
Effective	93	93.0%
Not effective	6	6.0%
Complicated	1	1.0%
Total	100	100.0%

Table (6): Showed the Patient use plant derived preparations.

common plant derived preparations	Frequency	Percent
Ginger	25	25.0%
Garlic	17	17.0%
Chamomile	5	5.0%
Others	41	41.0%
All above	12	12.0%
Total	100	100.0%

Table (7): Showed Methods complementary medicine used (alternative medical systems)

Alternative medical systems''	Frequency	Percent
Homeopathic medicine	4	4.0%
Naturopathic medicine	86	86.0%
Traditional Chinese medicine	8	8.0%
Ayurveda	2	2.0%
Total	100	100.0%

Table (8): Showed Methods of complementary medicine used (mind body therapy)

Mind body therapy	Frequency	Percent
Imagery	11	11.0%
Prayer	63	63.0%
Meditation	3	3.0%
Humor	3	3.0%
Music	15	15.0%
Prayer & Music	5	5.0%
Total	100	100.0%

Table (9): Showed Methods of complementary medicine used (biologically therapy)

Biologically therapy	Frequency	Percent
Plant- derived preparations(herbs and essential oils)	40	40.0%
Special diets	23	23.0%
Supplemental preparation	9	9.0%
Plant- derived preparations(herbs and essential oils)& Special diets	19	19.0%
All above	9	9.0%
Total	100	100.0%

Table (10): Showed Methods of complementary medicine used (energy therapy)

Energy therapy	Frequency	Percent
Therapeutic touch	10	10.0%
Therapeutic massage	87	87.0%
Bio-electro-magnetic-based therapies	2	3.0%
Acupuncture	1	0.0%
Total	100	100.0%

Complementary medicine is * education Cross tabulation

		education			Total			P.V
complementary medicine is		illiterate	khalwa	Primary school	secondary school		graduate	0.00
	a group of practices and products that are not part	36	1	32	7	79	79	
	a group of practices and products that are peritoneal medicine	1	0	2	0	3	3	
	not know	4	0	12	2	18	18	
	Total	41	1	32	9	100	100	

- P.V –Significant <0.0 5
- Highly Significant <0.01

Complementary medicine is * age Cross tabulation

		age					Total	
		15-20 years	21-30 years	31-40 years		above40		P.V
complementary medicine is	a group of practices and products that are not part	4	16	10	19	40	79	0.00
	a group of practices and products that are peritoneal medicine	1	1	10	0	1	3	
	not know	1	3	5	6	8	18	
Total		6	20	25		49	100	

- P.V –Significant <0.0 5
- Highly Significant <0.01

Figure (1): Showed the Education levels of patient participate in study group.

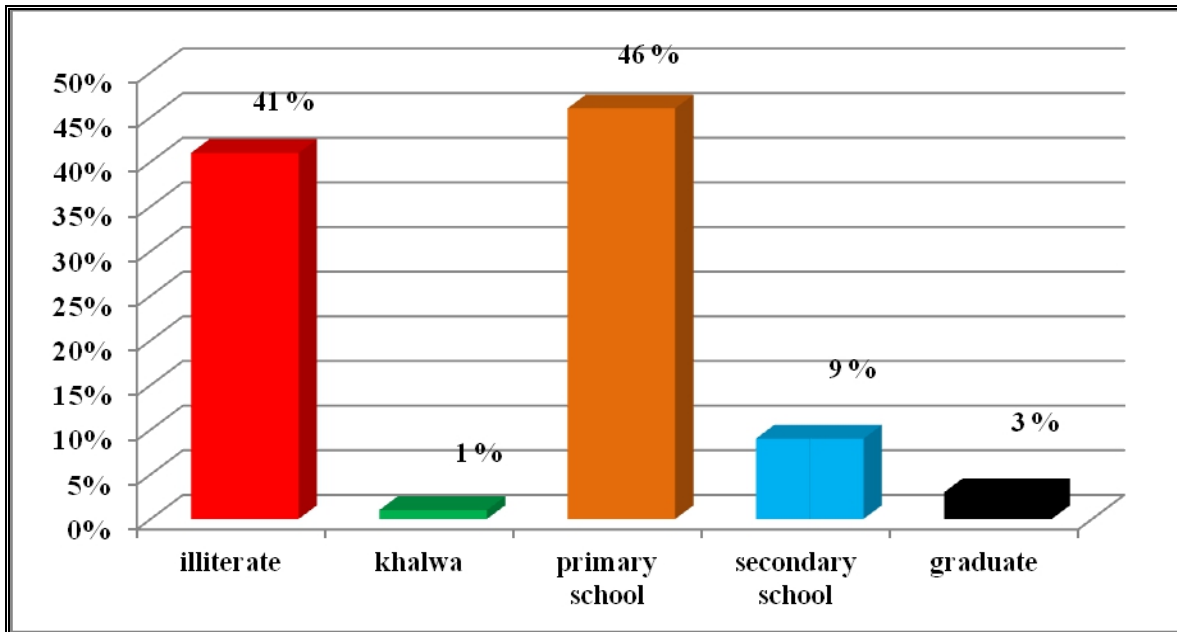


Figure (2): Showed the Patient used of complementary medicine

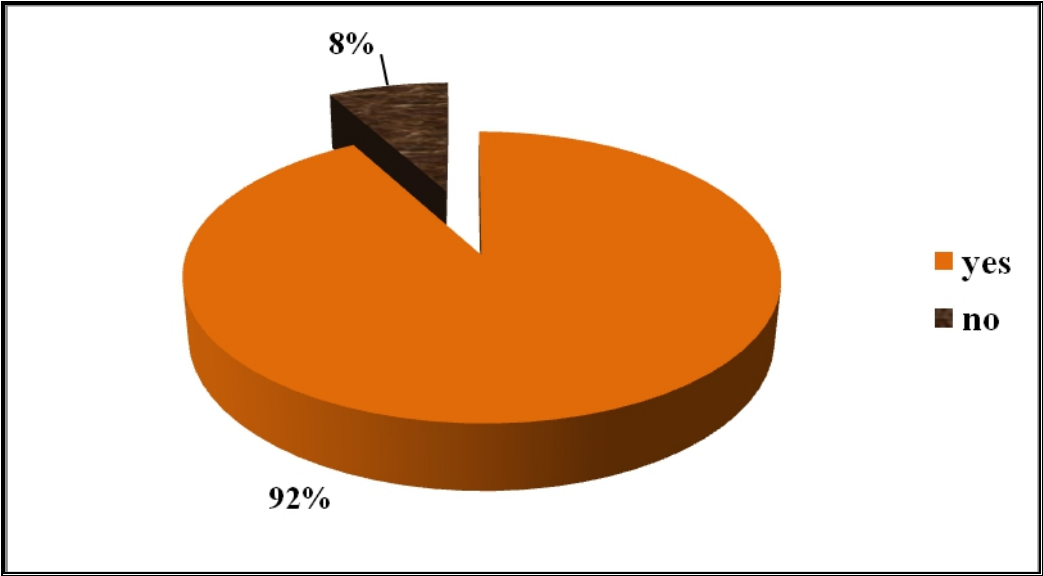
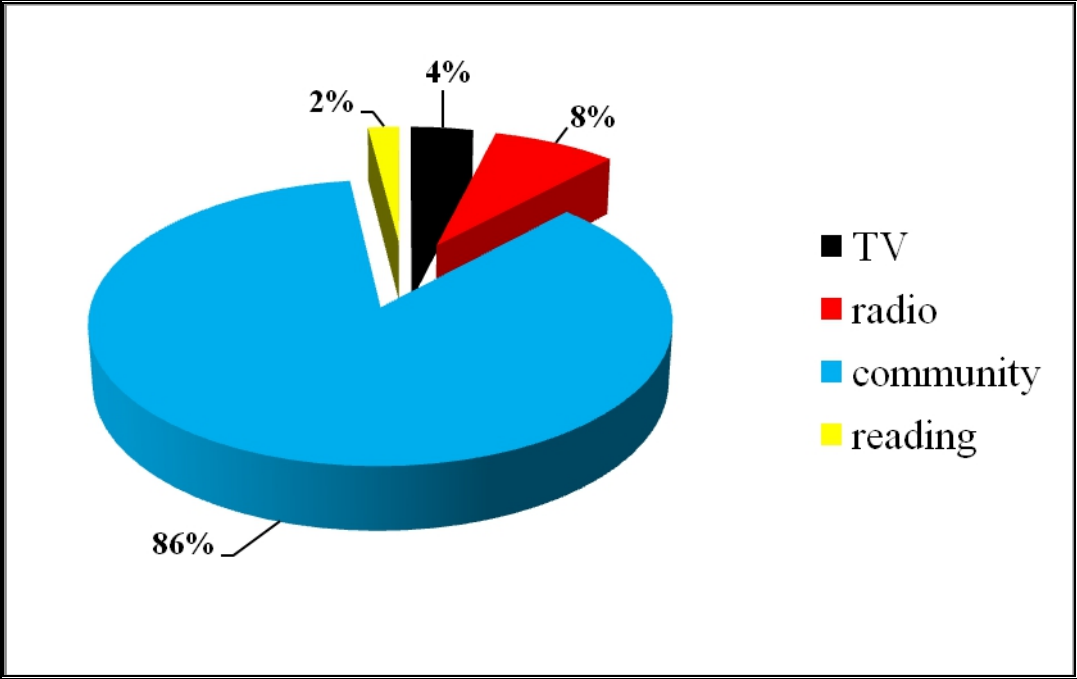


Figure (3): Showed the sources of patient knowledge about complementary medicine



5.1 Discussion:

Complementary and alternative medicine is a fully accepted and integrated form of health care in many areas of the world and has existed since antiquity.

The role and uses of complementary medicine were increase in the last decades, despite improves in the other form and types of medical care and management.

In this study, showed that half of study group(49 %) at over forty years, this reflects that most of the users of complementary medicine were adult ,this as near by study done in United States 1993 Eisenberg and colleagues¹(reported that 34% of adults in the United States used at least 1 unconventional form of health care (defined as those practices "neither taught widely in U.S. medical schools nor generally available in U.S. hospitals")⁽¹⁶⁾.

Also nearly half of them (46%) have a primary education , more than one third (41%) were illiterate, more than half (58%) from ruler area and this may contribute them to use complementary medicine.(there is highly There is significant correlation between concept and educational level(p value 00.00) and also significant correlation between concept and age(p value 00.00) also

As regard to complementary medicine majority of study group (79%) have a good knowledge about complementary medicine these information and knowledge background suspected to be received from the surrounding community, this finding was supported by real finding from this study because great numbers (92 %) of them were use complementary medicine as culture at (54%), Also great majority of them (93%) they commented that it has effective response.

As regard to the uses of complementary medicine, this study found majority (86%) of study group were use naturopathic medicine,(87%) of study group were use therapeutic massage this same as study done in united stat (The most frequently used alternatives to conventional medicine were relaxation techniques and massage). and more than one third (40%) were use plant- derived preparations (herbs and essential oils), this may be due to the easy access to them from the surrounding environment⁽¹⁶⁾.

In addition to uses of mind body therapy, the result showed that tow third (63%) of study group were use prayer, this is reflect the Islamic restraint.

5.2 Conclusion:

- The uses of complementary medicine were increased in the last deceased.
- Majority of study group have a good knowledge about complementary medicine and most of them use it as cultural basis.
- Naturopathic medicine and message were most types of complementary medicine used by study group.
- Majority of study group taken knowledge about complementary medicine from the surrounding community.

5.3 Recommendation:

- Further researcher should be carried out in this field to review other aspect of complementary medicine.
- Ministry of health responsibility to regulation health education regarding complementary medicine using mass media.
- Ministry of health collaboration with university and health care student regulate home visit to educate the population regarding how to proper use of complementary medicine.
- Ministry of health should offer opportunities to complementary medicine therapist to be trained to work as teacher by therapies complementary medicine.

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Shendi University

Faculty of Graduate and Scientific Research

Master of nursing science

**Concepts And Believes of Patients about Use of Complementary
Medicine in ElMekNimer university hospital**

No ()

1. Age:

a. {15 - 20} () b. {21 - 30} () c. {31 - 40} () d. above 40 ()

2. Educational level:

a. illiterate () b. khalwa c. primary school () d. secondary school ()
e. graduate ()

3. Occupation: a. Employee () b. farmer () c. house wife ()

d. laborer ()

4. Residence: a. City () b. village () c. ruler ()

5. Complementary medicineis:

a. A group of practices and products that are not part of conventional
medicine ()

b. A group of practices and products that are part of conventional medicine. ()

c. Not know ()

6. What are the common sources of knowledge:-

a. TV () b. radio () c. community () d. reading () e.
others ()

7. Common methods use is:

a) Alternative Medical Systems :-

- i. Homeopathic medicine ()
- ii. Naturopathic medicine ()
- iii. Traditional Chinese medicine ()
- iv. Ayurveda ()

b) Mind body therapy:-

- i. Imagery ()
- ii. Prayer ()
- iii. Meditation ()
- iv. Humor ()
- v. Music ()

c) biologically therapy:-

- i. plant-derived preparations (herbs and essential oils) ()
- ii. Special diets ()
- iii. Supplemental preparation ()

d) Energy therapy:-

- i. Therapeutic touch ()
- ii. Therapeutic Massage ()
- iii. Bio-electro-magnetic-based therapies ()
- iv. Acupuncture ()

e) manipulative body therapy.

- i. Chiropractic medicine ()
- ii. Massage ()
- iii. Movement and exercise ()

f) Others

.....

8. If you used complementary medicine

- i. yes ()
- ii. No ()

9. Why you prefer complementary medicine:

- a. Failure of medical treatment () b. chronicity () c. culturally ()
d. experience() e. Family pressure () f. others ()

10. If used what response:-

- a. effective () b. not effective () c. complicated ()

11. What are the common plant derived preparations you use?

- a-Ginger () c.Garlic () c.chamomile ()