TRADITIONAL AND INTEGRATIVE MEDICINE

Trad Integr Med, Volume 5, Issue 1, Winter 2020

Original Research

Frequency of Chief Complaints in Patients Referring to Persian Medicine Clinics

Fatemeh Saboktakin[1], Alireza Yargholi[2], Fatemeh Moradi[2], Fatemeh Alizadeh[1], Mohammad Ali Zareian[2]*

[1]Students Scientific Research Center, Tehran University of Medical Sciences, Tehran, Iran
[2]Department of Traditional Medicine, School of Persian Medicine, Tehran University of Medical Sciences, Tehran, Iran

Received: 28 Nov 2019 **Revised:** 17 Dec 2019 **Accepted:** 24 Dec 2019

Abstract

Today, for various reasons, there is a growing tendency towards traditional and complementary medicine in the world as well as growing interest in Persian Medicine in Iran. This study aimed to investigate the frequency of major complaints by patients in some chosen Persian Medicine clinics. In this retrospective cross-sectional study, 1319 files of patients referred to Persian Medicine clinics of Tehran University of Medical Sciences in the fourth week of each month in 2012 were investigated and analyzed in terms of major complaints and demographic indices. Data gathering tool was an information form regulated based on main study goals. Data were analyzed by SPSS software Version 19. mean age of patients was 40.82 ± 16.006 years. The most common complaint in all the clinics was musculoskeletal problems (28,7%). Most of the patients were single housewives (38%). The most common complaints in the single-patient group were musculoskeletal problems (35.44%) and in the married-patient group were skin problems (29.41%). The most common complaints in both genders were musculoskeletal complaints (26% in men & 31.44% in women). Due to the prevalence of women referral to Persian Medicine centers, adequate knowledge of gynecological diseases is one of the requirements of Persian Medicine professionals that should be considered in their education. Planning for adequate knowledge of musculoskeletal, digestive, and skin diseases should also be considered in educational curricula.

Keywords: Muscular pain; Women health; Iranian traditional medicine; Complementary medicine; Traditional medicine professionals

Citation: Saboktakin F, Yargholi A, Moradi F, Alizadeh F, Zareian MA. **Frequency of Chief Complaints in Patients Referring to Persian Medicine Clinics**. Trad Integr Med 2020; 5(1): 1-7.

*Corresponding Author: Mohammad Ali Zareian
Department of Traditional Medicine, School of Persian Medicine, Tehran University of Medical Sciences, Tehran, Iran
Tel: +989131589919
Email: dr.m.a.zareian@gmail.com

Introduction

The tendency of individuals to use various methods of complementary and traditional medicine (TM) prompted the World Health Organization (WHO) to get a defined approach in the context of complementary and traditional medicine methods and update it periodically. WHO states "Traditional medicine is a generic term that applies to traditional medicine systems, which consist of total health actions, approaches, information and beliefs used in shape of pharmaceutical or non-pharmaceutical to maintain health and also treatment, diagnosis, and prevention of diseases. If these activities are not a part of a country's tradition or at the core of the official medical services system of that country, the terms of complementary, alternative, unconventional or parallel should be used" [1]. Since traditional medicine of each region is a part of the native culture of that region's population, it is accepted properly by them. Holistic, safety and also lower costs of traditional and complementary medicine methods make it one of the safest ways to reach health all around the world [2]. There is a new trend in the world especially in developed countries to identify and integrate effective diagnostic and therapeutic methods of such schools with current medical methods, which amongst them the policy-making of WHO [3] and White House of America [4] can be pointed.

Traditional Iranian medicine or Persian Medicine is one of the medical complementary approaches used in Iran and most regions around the world such as Greece, India, and Arabic countries [5,6]. The satisfaction of traditional medicinal treatments in various studies showed a significant level. For example, one study in 2016 which investigated more than 52000 individuals from 32 countries, the rate of satisfaction of users on traditional and complementary medicinal services was reported up to 80% [7]. The conducted studies in Iran knew the satisfactory rate on traditional medicine treatments significant, too [8-10]. In a study conducted in Tehran on awareness and attitude on complementary medicine and the rate it is being used, the highest rate of awareness and referral among the investigated methods was related to herbal medicine and most reasons for referral to herbal medicine were gastrointestinal complaints [11]. It should be noted that herbal medicine is one of the multiple parts of treatment in Persian Medicine school, and it also uses other therapeutic methods such as modification of life-style, diet therapy, massage, cupping, bathing, and hot bathing which were not addressed in the studies [12]. In conducted investigations in a population of Tehran, the highest rate of satisfactory also reported among complementary medicine methods for yoga, folklore/traditional Iranian medicine, and hydrotherapy. Traditional-complementary medicine was frequently applied for treatment and prevention of musculoskeletal problems and neuropsychological problems such as migraines and anxiety [13].

In recent years, medical practitioners have been educated academically in Persian Medicine faculties and specialized clinics are operating. Awareness of precise statistics of the patients' complaints who referred to Persian medicine clinics is necessary for several reasons, including need assessment for better and more accurate education in prevalent cases, need assessment for the costs of providing medications, formation of specialized attitudes of Persian medicine based on more prevalent complaints, identification of probable causes, which physicians do not know them as reasons for referral and have not sufficient knowledge about that disease, and helping researchers to perform better research ideas. We aimed to investigate the frequency of different complaints at specialized Persian Medicine clinics of Tehran University of Medical Sciences.

Methods

The current study is an analytical retrospective cross-sectional study on 1319 patients. The study population was patients referred to Persian Medicine therapeutic centers of Tehran University of Medical Sciences (three therapeutic clinics named Behesht, Khark, and Imam Khomeini Hospital) in 2012. Sampling was done through the simple non-randomized method. Due to the effects of weather on the temperament of patients in traditional medicine as well as the variability of diseases in each season, collection of samples was decided to be conducted in the fourth week of each month. However, two clinics had no patients during the fourth week of March cause a reduction in the number of samples gathered in winter in comparison to other seasons.

Data gathering was done through the fulfillment of the information form based on recorded files of patients referred to traditional medicine clinics by the physician. Information form of the study consisted of date and the month of referral, patient's full name, age, gender, marital status, educational level, job, and the reasons for referral of the clients referred to traditional medicine therapeutic center. The complaints of patients were recorded based on the involved area (skin, neurology, psychiatry, endocrinology, eye, ear and throat and nose, pulmonary, cardiovascular, gastrointestinal, genitourinary, obstetrics and gynecology, musculoskeletal, etc.). The data were then analyzed by SPSS software Version 19, and related descriptive statistics, tables, and charts were achieved. To investigate the associations between variables chi-square test was used.

Results

The study population was 1319. Mean age of patients was 40.82 ± 16.006 years (Imam Khomeini Clinic: 40.21 ± 15.03, Khark clinic: 41.56 ± 16.407, Behest clinic 40.27 ± 15.983). The minimum age was 1 year and the maximum age was 87 years. Most of the patients in the three clinics were women (Total: 69.7%, Imam Khomeini Hospital: 72.6%, Khark clinic: 70.7%, Behesht clinic: 67.2%). Due to incomplete records, it was impossible to evaluate patients by educational level. The most common reason for referral in all the clinics and each clinic separately was due to musculoskeletal complaints (Total: 28.7%, Khark: 36.8%, Behesht: 23.32%, and Imam Khomeini: 20.25%), and the least common reason was due to cancers (1 individual) (Chart 1).

Discussion and Conclusion

This is the first study that investigate patient complaints in Persian medicine (PM) clinics, and has been done in some of the most important clinics of PM. One of the notable points in the existent documents at clinics was the defaults in the filling of the files, and this makes it difficult to evaluate some of the variables. In this study, 1319 individuals have investigated which most of them consistently with other studies were women. For example, Frass et al at 2012 performed a review study and found that educated middle-aged women were the most users of complementary and traditional medicine methods [14], although in the present study young women were the most patients.

Based on the results in this study, the most reason for referral to Persian Medicine centers was musculoskeletal complaints, which this finding was also confirmed by other studies. In the study by Frass et al., the most common reason for referral to traditional and complementary medical therapists was backache or back problems which were among the musculoskeletal problems, and depression, insomnia, severe headache, migraines, and gastrointestinal problems were the next most common reason for referral.

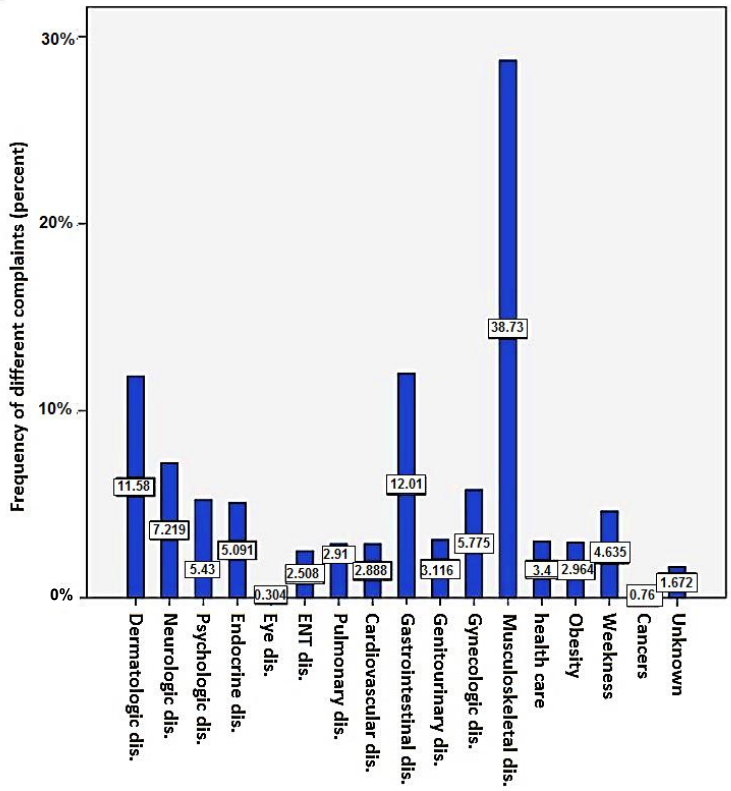

Chart 1: Frequency percentage of chief complaint in total sample

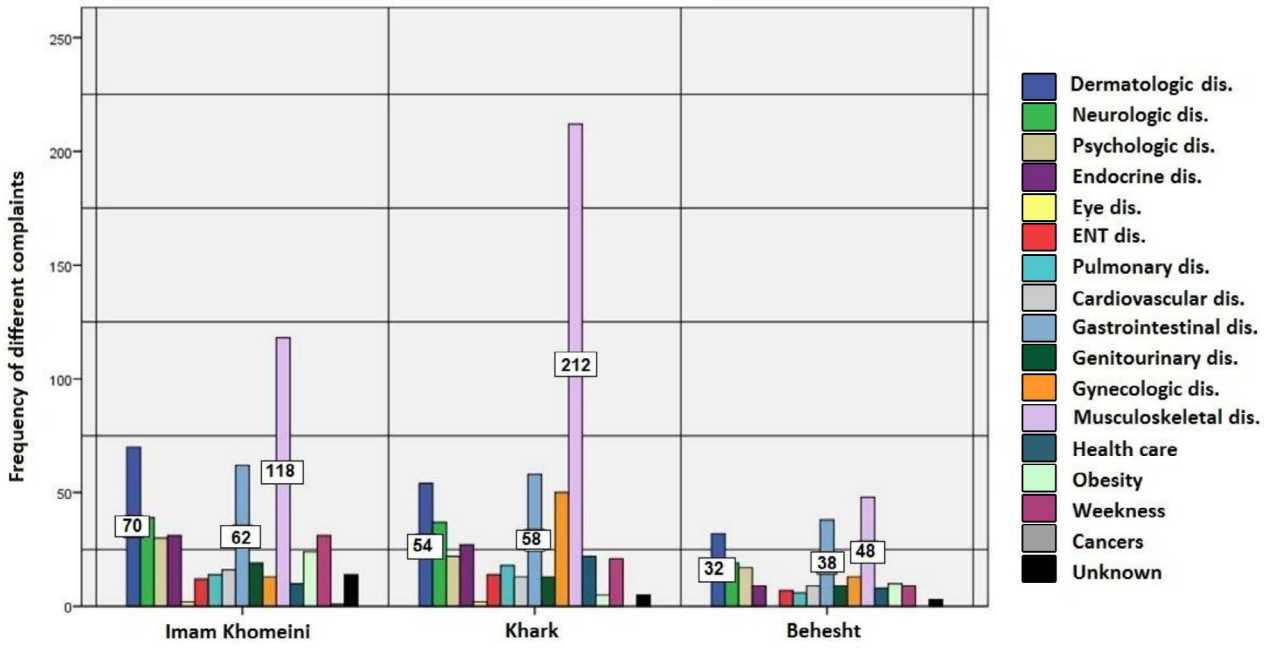

Chart 2: Frequency of chief complaints divided by clinics

Table 1: demographic characteristics of study population

Imam clinic	Khark clinic	Behesht clinic	total	Group	
7 (3%)	29 (5%)	24 (4,7%)	60 (4,5%)	childhood	Age group
114 (48,1%)	250 (43,4%)	237 (46,8%)	601 (45,6%)	youth	
94 (39,7%)	219 (38%)	183 (36,2%)	496 (37,6%)	middle age	
22 (9,3%)	78 (13,5%)	62 (12,3%)	162 (12,3%)	Old age	
172 (72,6%)	407 (70,7%)	340 (67,2%)	919 (69,7)	woman	gender
65 (27,4%)	169 (29,3%)	166 (32,8%)	400 (30.3%)	man	
88 (37,1%)	227 (39,4%)	186 (36,8%)	501 (38%)	housewife	job
36 (15,2%)	67 (11,6%)	68 (13,4%)	171 (13%)	employee	
15 (6,3%)	36 (6,3%)	26 (5,1%)	77 (5.8%)	teacher	
23 (9,7%)	69 (12%)	63 (12,5%)	155 (11,8%)	student	
12 (5,1%)	15 (2,6%)	6 (1,2%)	33 (2,5%)	Health staff	
26 (11%)	84 (14,6%)	49 (9,7%)	159 (12,1%)	Self-employed	
35 (14,8%)	78 (13,5%)	107 (21,1%)	220 (16,7%)	Other	
70 (29,5%)	237 (41,1%)	127 (25,1%)	434 (32,9%)	spring	season
75 (31,6%)	186 (32,3%)	83 (16,4%)	344 (26,1%)	summer	
71 (30%)	101 (17,5%)	172 (34%)	344 (26,1%)	autumn	
21 (8,9%)	52 (9%)	124 (24,5%)	197 (14,9%)	winter	
188 (79,3%)	435 (75,5%)	373 (73,7%)	996 (75,5%)	single	Marital status
49 (20,7%)	141 (24,5%)	133 (26,3%)	323 (24,5%)	married	

This study also showed that the income and educational level of the patients were directly correlated with the referral to complementary and traditional medicine [14]. The study by Kemppainen et al., in 2017 which investigated the European countries, also showed that most patients of various traditional and complementary medicine fields were those with musculoskeletal complaints and the main patients were educated women. His study also found a direct association between income and applying traditional and complementary medicine methods, except for the fields named as mind-body therapies [15]. Several other studies also showed that

most patients of traditional and complementary medicine therapists were women, educated and with high income and the tendency to this medical approach is growing [16-18]. However, the study by Pletzer despite finding that most of the patients were middle-aged women, but the individuals with low educational level and income were of most patients [7].

In a study by Mahmoudian et al, in 2012 in Isfahan, the most reason for referral was backache followed by fatigue [8]. The study by Banihashemi et al., in Tehran also showed that traditional-complementary medicine is mostly used for treatment and prevention of musculoskeletal problems and psychological problems [13]. However, in a study by Seddighi et al., on using complementary medicine in Tehran the most clients referred to herbal medicine, which is one of the fields of traditional medicine, was for gastrointestinal complaints [11]. The study by Dashti Bidskan also reported that most of the referrals were housewives aged 31-40 years, and the most common reasons were common cold and gastrointestinal problems [10].

In the classification of age groups, the most common reason for referral in all the groups except childhood was musculoskeletal complaints. The studies on gynecological fields showed a high prevalence of musculoskeletal complaints [19,20]. The most common complaints of single women in this study, which were the main patients of Persian Medicine clinics, were musculoskeletal complaints, but the rate of the total prevalence of these complaints in women is more than other complaints, and also physiopathology of them requires more studying. Kamrani et al., studied on 150 elders referred to elder rehabilitation, research, and educational centers, related to heart and lung diseases (63.3%), followed by musculoskeletal complaints (54.6%) [21].

In the traditional Iranian medicine, prevention of disease incidence and maintenance of the proper status of the body named as “hefz al-sehat” is of most important [22]. But in this study, less than 5% of study participants referred to this main purpose. This matter reveals the importance of general planning and informing for making awareness of people in the context of traditional medicine for the maintenance of health and prevention of disease and imbalance of body metabolism. In the conducted study on a population of Tehran, the most awareness for various methods of complementary medicine was for herbal medicine, and in general, the awareness of complementary medicine in our society was high [11].

Due to the mentioned points and since these studies were performed in just one city of the country and limited centers, it is recommended to conduct larger studies in the whole country for a comprehensive assessment of the frequency of reasons for referral to traditional medicine health centers. Besides, further studies should be conducted to compare frequency of referral between traditional medicine and current medicine to identify whether the referral for musculoskeletal complaints is high in both traditional and current medications, or it is high just for traditional medicine, which in case of confirmation of highest rate of referral in traditional medicine, this practice should be used in regard with musculoskeletal diseases along with current medicine to treat patients. Due to the specialization and sub-specialization of the medical sciences disciplines and the results of this study, in the educational curriculum of specialists of Persian Medicine, gynecologic diseases and common complaints of patients should be considered.

Conflict of Interest

None.

Acknowledgement

This article is extracted from the project approved by Tehran University of Medical Sciences with the contract No. 132, 2333 at the date of March 17, 2012.

References

[1] World Health Organization. General guidelines for methodologies on research and evaluation of traditional medicine. Geneva: World Health Organization. 2000.

[2] World Health Organization. The Promotion and Development of Traditional Medicine. Report of a WHO Meeting. WHO series. Geneva 1978 (No. 622); pp 8-13, 36-39.

[3] Qi Z. WHO Traditional Medicine Strategy. World Health Organization. Geneva 2013; pp 2014-2023.

[4] Gordon JS. The White House Commission on complementary and alternative medicine policy and the future of healthcare. Altern Ther Health Med 2004;1:10-20.

[5] Alizadeh M. Movement of western communities from Complementary Medicine to Integrative Medicine. Darmangar 2004;1:14-17.

[6] Shahabi S, Hassan ZM, Mahdavi M, Dezfouli M, Rahvar MT, Naseri M, Jazani NH, Khalkhali HR. Hot and cold natures and some parameters of neuroendocrine and immune systems in traditional Iranian medicine: a preliminary study. J Altern Complement Med 2008;14:147-156.

[7] Peltzer K, Pengpid S. Prevalence and determinants of traditional, complementary and alternative medicine provider use among adults from 32 countries. Chin J Integr Med 2018;24:584-590.

[8] Mahmoudian A, Golshiri P, Rezaei G, Akbari M. Patients' satisfaction form iranian traditional medicine. Journal of Isfahan Medical School 2012;30:1550-1558.

[9] Maghsoodi S, Tavakolian F. Factors influencing patients' satisfaction with traditional medicine in kerman city in 1393. jiitm 2015;6:241-248.

[10] Dashti bidskan MR. Frequency of application of complementary medicine methods in patients referred to the internal medicine clinic of Vali-e-Asr Hospital of Birjand in the second half of the year 92. [Doctorate Thesis]. Medical School of Birjand University of Medical Sciences, Iran; 2013.

[11] Seddighi J, Maftoon F, Moshrefi M. Complemetary medicine: Knowledge, attitude and practice in Tehran. Payesh 2004;3:279-289.

[12] yargholi A, Zareian MA, Hafizi S, Faryabi R, Tabarraei M. Review on invasive and semi-invasive procedures to treat abnormal uterine bleeding in Iranian traditional medicine. IJOGI 2017;20:46-55.

[13] Tehrani Banihashemi SA, Asgharifard H, Haghdoost AA, Barghmadi M, Mohammadhosseini N. The use of complementary/alternative medicine among the general population in Tehran, Iran. Payesh 2008;7:355-362.

[14] Frass M, Strassl RP, Friehs H, Müllner M, Kundi M, Kaye AD. Use and acceptance of complementary and alternative medicine among the general population and medical personnel: a systematic review. Ochsner J 2012;12:45-56.

[15] Kemppainen LM, Kemppainen TT, Reippainen JA, Salmenniemi ST, Vuolanto PH. Use of complementary and alternative medicine in Europe: Health-related and sociodemographic determinants. Scand J public health 2018;46:448-455.

[16] Schwarz S, Messerschmidt H, Völzke H, Hoffmann W, Lucht M, Dören M. Use of complementary medicinal therapies in West Pomerania: a population-based study. Climacteric 2008;11:124-134.

[17] Skovgaard L, Nicolajsen PH, Pedersen E, Kant M, Fredrikson S, Verhoef M, Meyrowitsch D. Differences between users and non-users of complementary and alternative medicine among people with multiple sclerosis in Denmark: a comparison of descriptive characteristics. Scand J public health 2013;41:492-499.

[18] Ernst E. Prevalence of use of complementary/alternative medicine: a systematic review. Bull World health Organ 2000;78:258-266.

[19] Shobeiri F, Jenabi E. The effects of vitamin E on muscular pain reduction in students affected by premenstrual syndrome. IJOGI 2014;17:1-5.

[20] Ghaderi F, Asghari Jafarabadi M, Mohseni Bandpei M. Prevalence of musculoskeletal pain and associated factors with low back pain during pregnancy. IJOGI 2013;15:9-16.

[21] Akbari-Kamrani AA. Prevalence of complains and rehabilitation needs in 150 Patients. jrehab 2001;2:46-50.

[22] Mostafavi J, Pakdaman A. A comparison between traditional Iranian medicine and conventional medicine. Tehran University press. Tehran 1979.