IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 5, Issue 2 Ver. I (Mar. - Apr. 2016), PP 41-51
www.iosrjournals.org

Complementary And Alternative Medicine Modalities As An Option Of Patients Toward Improved Health Outcomes In A Selected Health And Wellness Center: Lived Experience

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Abstract
Background.*Patients have the right to select their treatments in whatever form. Inability to avail appropriate treatment for their ailments occurs if patients will have limitations to the available healthcare services and funding support. Complementaryand Alternative Medicine (CAM) which has been used widespread as an option of patients must be respected as they believe in the treatment and have found to have therapeutic effects in their ailments. Although, complexity of issues and concerns arise as have always been a debate for both non-healthcare providers and clients in the true essence of these modalities.*
Aim.*This study is aimed to explore the lived experience of patients on CAM as an option to improve their health outcomes.*
Materials and Method.*In order to explore the lived experience of patients on CAM as an option to improve their health outcomes, this qualitative study was employed by the researchers through semi-structured in-depth interviews. An open-ended set of questions originally developed were conducted from a random sample of seven (7) patients who were recruited using their appointment schedules in a Wellness Center in the South of Manila within 3 months, including their follow up visits. All patients were properly handled by the CAM practitioner and assisted by nurses and nursing assistants. Patients registered and answered the open ended questions with their consent. The conduct of the study is based on the exploration of lived experiences. Two (2)-member multidisciplinary team analyzed the transcripts individually and in group meetings.*
Result.*Each patient had at least 2-3 hours of treatment depending on the kind and complexity of condition.All patients were properly handled by the practitioner and assisted by nurses and nursing assistant. Exploration of the feelings on CAM Modality as an option to improve the patients' health outcomes was done.Perceptions based on the exploration of theresponses were ranked accordingly. As such, they identifiedmodalities of CAM that affect their health outcomes. Two(2) major themes emerged from the patients' experience of the physiological and psychological benefits of CAM Modalities.*
Conclusion.*Based on the result of this study, there is a proven link between CAM and its positive patient health outcomes. Both patients and the wellness center found mechanisms on how to execute the integration of CAM based on the practical therapeutic benefits and the optimization of the health conditions. CAM is confirmed by patients who are responsible for their own self care management and able to bridge the gap between the traditional and medical practices. A more integrated and accessible health care programs both the alternative and complementary natures can be considered for future researches. It is hoped that future researchers can give reference to the findings of this study and investigate further on awareness of CAM as an offshoot to other medical conditions. These investigations can eventually contribute to the improvement of the quality healthcare delivery system. More research is needed to determine the healthcare providers' awareness of the use of CAM to ensure safe patient care.*

Keywords: *Lived Experience , Complementary and Alternative Medicine (CAM), Option , Health and Wellness Center , Health Outcomes*

I. Introduction

Patients have the right to select their treatments in whatever form. Inability to avail appropriate treatment for their ailments occurs if patients will have limitations to the available healthcare services and funding support. Complementary and Alternative Medicine (CAM)Modalities which have been used widespread as an option of patients must be respected as they believe in the treatment and have found to have therapeutic effects in their ailments. Although, complexity of issues and concerns arise as have always been a debate for both non healthcare provider and clients in the true essence of this modality. According to the National Center

for Complementary and Alternative Medicine (NCCAM), " CAM refers to healthcare systems, practices, and products that are not considered part of conventional medicine. Western medicine, which is usually referred to as conventional or 'mainstream' medicine, is comprised of medical care provided by practitioners and allied health professionals with accredited qualifications. Complementary medicine refers to the use of CAM as an adjunct to conventional medicine, whereas alternative medicine refers to the use of CAM as a substitute for conventional medicine. The poorly defined boundary between CAM and conventional medicine varies among different populations and is affected by cultural, ethnic, and socioeconomic factors"[1]**.**

Barett, et.al. (2003) elaborated Complementary and Alternative Medicine (CAM) as therapies that are used instead of conventional medicine such that they are termed "alternative." CAM therapies used alongside conventional medicine are said to be "complementary." "Integrative medicine" results from the thoughtful incorporation of concepts, values, and practices from alternative, complementary, and conventional medicines. It has been discussed in the study of Barett, et.al. that there is an integration between CAM and conventional medicine which can create a new conceptual framework and a new terminology [2].However, it is important to clarify with the patients that these sessions are considered as a therapeutic adjunct and are not replacing traditional treatment. The reasons that persons with chronic illness explore complementary and alternative medicine (CAM) have not been well understood. Using data from a study of self-care decision making in chronic illness, Thornea(2001) conducted a qualitative secondary analysis to interpret the rationale underlying decisions to experiment with and use various CAM practices and products[3].

In conventionalhealth care,CAM practitioners, although still very small number in the Philippines , most embraced a holistic model of alternative health care.We would like to explore on how the participants will seek either conventional or alternative health care for a variety of reasons, from perceived health need to accessibility to perceived effectiveness based on their lived experiences with CAM. In response to the call for exploration, this study focused on the lived experience of patients on CAM Modalities as an option to improve their health outcomes. Specifically, this study is aimed to explore the three underlying questions such as : 1) What is your perception on Complementary Alternative Modalities ?; 2) What type of CAM Modalities did you undergo and liked most?; 3) How did CAM Modalities affect your health outcomes?

II. Materials And Method

In order to explore the lived experience of patients on CAM as an option to improve their health outcomes, we conducted a qualitative study through a semi-structured in-depth interviews from a random sample of 7 patient-participants who were recruited using their appointment schedules in a wellness center in the South of Manila within 3 months, including their follow up visits. The participants were purposely selected at any gender, nationality, profession except for the specific medical condition, such that the patient-participants have chronic low back / back pains, sciatica, scoliosis and other spine problems. There were seven (7) participants, 4 female and 3 male. Six (6) out of 7 had tried several medical interventions ; 1 out of 7 had not underwent any medical and surgical management. All participants have regular sessions of treatment of CAM in a selected health and wellness center, privately owned and managed by a Traditional Chinese Medicine and CAM practitioner / consultant. Offering the services of the center is an individualized mode. Each patient had at least 2-3 hours of treatment depending on the kind and complexity of condition. All patients were properly handled by the practitioner and assisted by nurses and nursing assistants. Patients registered and answered open ended questions with their consent. Exploration of feelings on CAM as an option to improve their health outcomes was done.The conduct of the study is based on the exploration of feelings which they have answered. Two (2)-member multidisciplinary team analyzed the transcripts individually and in individual meetings.

In our study, all the three open-ended questions were answered through interviews. Responses were properly printed verbatim. A thematic analysiswas done based on the responses of the participants. The focus of this study remains to the participant's attempt to make sense of patients' experiences. Descriptive to the interpretative analysis was done in several phases. First phase revealed that the patient-participants responded with the guide of the staff in the wellness center who helped in recording and writing answers to questions. We began to ask questions in the text and from the responses, We prepared open-ended questions where the patient-participants can freely express their experiences, thoughts and feelings about their chronic back / spine conditions. Each interview was properlydocumented before and after their therapy in the wellness center.The researchers transcribed initial notes and coded the information in reference to the open-ended questions and summarized the main themes. Second phase includes an understanding of the phenomenon, where we looked for connections across the emergent themes. Initial to final interpretations were done.

The important concept here is that this process is not prescriptive; there are many ways of working with the data we collected, Smith, Flowers and Larkin (2009), for example, mentioned that similar themes may be clustered together and given a name describing the whole – a super ordinate theme; for others an emerging theme may describe other themes and itself become the super ordinate theme. At the end of this stage however,

it should be possible to illustrate how the emergent and super ordinate themes have been constructed using either a table or figure. As described above, the same process is undertaken for further cases (in studies where n = >1), and finally a cross-case analysis is conducted which involves looking for differences as well as similarities, identifying connections and renaming themes as a deeper understanding of the data is developed. All data presented should support the claims but it is unlikely that we would identify exactly the same themes in exactly the same way; the emphases may differ, based on the researcher's personal contexts and experiences. However, the researchers might consider providing an audit trail that could be independently scrutinized to trace the development of the analysis from transcript to final presentation of themes[4].

The last phasethat we did is the emerging final themes. We are not looking to produce a definitive analysis but through ourrepeated reviews of the interview data, major themes were summarized and reported in the tables in the results and discussion.

III. Ethical Consideration

Research ethics was observed in this study which are in accordance to the protocol of the wellness center. Institutional Ethics Review Board Guidelines were followed in the entire process of research. The main ethical principles considered in conducting were respect for persons, confidentiality and beneficence /non-maleficence.

IV. Result

Table 1 shows the initial transcripts along the three(3) questions : "What is your perception on CAM Modalities?; What type of CAM Modalities did you undergo and liked most?; and "How did CAM Modalities affect your health outcomes".

Table 1. Initial Transcripts

Q1- What is your perception on Complementary and Alternative Medicine Modalities ?	Q2- What type of CAM Modalities did you undergo and liked most?	Q3- How did CAM Modalities affectyour health outcomes?
Participant 1- " CAM. I have learned about this when I went to China and Germany. The modality itself is excellent. I have known this just last year but I was surprise of the practical benefits I got from it . "	**Participant 1**- " Acupuncture for my back and my face "	**Participant 1**- "It will not damage my kidneys and my liver anymore. It makes me detoxify. I have felt better relief in my facial paralysis"
Participant 2-" Complementary , is this the Alternative Medicine , right? I have heard of it form my readings in the internet and although it is not so much endorsed in our country, it is the time now to focus on non- medical treatments to prevent complications."	**Participant2**- "Acupuncture , DORN and Meditation"	**Participant 2**- " I got relief of discomforts, My pains were reduced , relieved especially my frozen shoulder"
Participant 3-" Complementary and Alternative Medicine helps all patients who could not afford very expensive medications and surgeries. I have a friend and a relative who spent all their money for all types of medicines to relieve the pain. But this CAM is a genius discovery and can be practiced not only medical doctors but also non doctors. They will just undergo training in accredited school in China or Canada. I don't know if we have the training here "	**Participant 3**- "Acupuncture, Breuss Massage "	**Participant 3**- "I just feel a new person. I have a new life . Thanks to my naturopathic doctor"
Participant 4-" CAM is a combination of many modalities not just one. I remember my first visit here, combined two modalities in one. At first it is scary because no medication will be given, all information, lecture, then actual treatment, using different gadgets like acupuncture needles, stretching my spine, exercises , a complete package with health education "	**Participant 4**- "Naturopathic Treatment , Detoxification "	**Participant 4**- "All therapies may not work for everyone but generally all are safe and a big relief "
Participant 5-" I love CAM, even if the fees are variable, some low , some high. Many clinics offer more than 1 service. In this treatment, it is combined with many other treatments I have not experienced before. It is my first time to undergo and I think, I will not anymore go for other medical and surgical procedures that will just give me many complications ".	**Participant5**- "Osteopathy , DORN, Massage , Reiki"	**Participant 5**- " My stiff muscles and back for many years got big relief. My father who was a stroke patient is now walking normally"
Participant 6- " This one of a kind intervention for all patients with chronic back pains and other conditions can get slow result but 100% sure relief of the problem. I have suffered for constipation, mood swings, and sleep disorders for 14 years and my back is aching a lot. It is good this CAM helped reduce and even treat my condition. Now I can run my training center very well despite many pressures."	**Participant 6**-" Magnets , Reflexology"	**Participant 6**- " My sleep was improved, my depression /mood swings removed, I have normal bowel movement now"
Participant 7-" CAM is composed of different treatments like : Acupressure, Acupuncture, Reiki, Yoga, Tuina. I have read a lot of this after my MRI which costed me very high and the result is normal but the pains are still there"	**Participant 7**- " Reiki, Acupuncture , Acupressure, Yoga, Tuina"	**Participant 7**- "Greatly improved my life, lessens my suffering for a long time, my faith to God is increased"

Patients ' concepts of CAM include 1) Information Dissemination; 2) Background Information of CAM; 3) Society's role; 4) Training and Education, Accreditation; 5) Healthcare delivery; 6) Fees; 7) Scope of CAM Modalities and Procedure; 8) Patient preparation; and 9) Practical Benefits (Prevent complications, Relief from physiological, Psychological conditions; Financial savings).

From the transcripts, the perception of the participants on CAM has a holistic approach where Participant 1- stated that *" CAM. I have learned about this when I went to China and Germany. The modality*

itself is excellent. I have known this just last year but I was surprise of the practical benefits I got from it."This participant has been undergoing the modality abroad and has been very happy that she can avail of the treatment locally. She really believes on the benefits she has received. From this participant, it has been noted that despite the inaccessibility of the modality, if she has all the resources to avail it, she will really undergo any of the types of the treatments she will need. It just shows that a patient has an option in determining for his/her self-care management.

Participant 2-stated *" Complementary , is this the Alternative Medicine, right? I have heard of it form my readings in the internet and although it is not so much endorsed in our country, it is the time now to focus on non- medical treatments to prevent complications."* This participant considers how she got the information about CAM and from her readings, there was a realization of focusing on the different non-pharmacologic treatment interventions.

Participant 3-verbalized*" Complementary and Alternative Medicine helps all patients who could not afford very expensive medications and surgeries. I have a friend and a relative who spent all their money for all types of medicines to relieve the pain. But this CAM is a genius discovery and can be practiced not only medical doctors but also non doctors. They will just undergo training in accredited school in China or Canada. I don't know if we have the training here ".* This participant has a great faith on the therapeutic effects of CAM at a minimal cost unlike medical and surgical interventions. He also stressed the practitioners who can manage CAM are not only limited to medical but also non-medical professionals with training and accreditation.

Participant 4-shared that *" CAM is a combination of many modalities not just one. I remember my first visit here, combined two modalities in one. At first it is scary because no medication will be given, all information, lecture, then actual treatment, using different gadgets like acupuncture needles, stretching my spine, exercises , a complete package with health education ".* This participant explores on the components of CAM. She is very happy on the combined forms, proper education to patients were given prior and after the treatment.

Participant 5- verbalized *" I love CAM, even if the fees are variable, some low , some high. Many clinics offer more than 1 service. In this treatment, it is combined with many other treatments I have not experienced before. It is my first time to undergo and I think, I will not anymore go for other medical and surgical procedures that will just give me many complications ".* This participant focuses on the cost and duration of CAM and the kind of decision making on self care especially when it comes to possible complications other interventions can give.

Participant 6-stressed that *" This one of a kind intervention for all patients with chronic back pains and other conditions can get slow result but 100% sure relief of the problem. I have suffered for constipation, mood swings, and sleep disorders for 14 years and my back is aching a lot. It is good this CAM helped reduce and even treat my condition. Now I can run my training center very well despite many pressures."*This participant valued the specific effect of CAM on his ailment, specifically his chronic back pain for a long time. He had a lot of symptoms coupled with back pains. This is a scenario that there is a holding-on feeling on this participant where he was able to get a treatment that is appropriate for his condition.

Participant 7-discussed *" CAM is composed of different treatments like : Acupressure, Acupuncture, Reiki, Yoga, Tuina. I have read a lot of this after my MRI whichcosted me very high and the result is normal but the pains are still there".* This participant elaborates on the different modalities after a very costly diagnostic test. It made the participant very strong and hold-on to another solution to his long term pains.

From the transcripts, exploration of feelings on CAM as an option to improve their health outcomes was done. To collate the perceptions based on the exploration, the following were ranked accordingly: First: Benefits / Effects / Indication / Complication of CAM; Second:Accessibility/ Information Dissemination/ Awareness ; Third: Decision to Choose / Self-care Management / Initiative and Self-determination; Fourth: Cost ; Fifth:Faith on the Modality/ Holding-on; Sixth: Training and Accreditation/ CAM Modalities / Patient Education / Satisfaction on the Modalities / Duration of Treatment.With regard to Type of CAM , patients enumerated : 1) Acupuncture; 2) Massage / Breuss / DORN / Reiki; and 3) Meditation/Naturopathic Treatment/ Detoxification/ Osteopathy/ Magnets/ Reflexology/ Acupressure/ Yoga/Tuina.

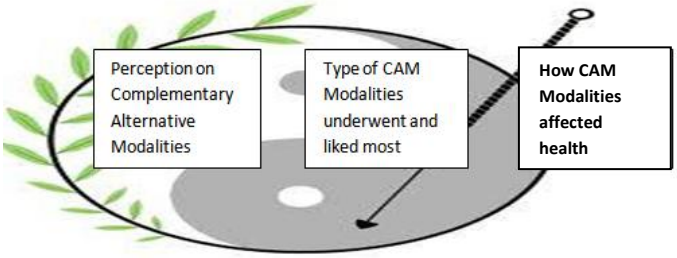
From the transcripts, participants were asked how CAM Modality affected their health outcomes. *Participant 1 stated "I will not damage my kidneys and my liver anymore. It makes me detoxify. I have felt better relief in my facial paralysis" Participant 2 stated " I got relief of discomforts, My pains were reduced , relieved especially my frozen shoulder"; Participant 3 stated "I just feel a new person. I have a new life . Thanks to my naturopathic doctor"; Participant 4 stated "All therapies may not work for everyone but generally all are safe and a big relief "; Participant 5 stated " My stiff muscles and back for many years got*

big relief. My father who was a stroke patient is now walking normally"; Participant 6 stated " My sleep was improved, my depression /mood swings removed, I have normal bowel movement now"; and Participant 7 stated "Greatly improved my life, lessens my suffering for a long time, my faith to God is increased".

Out from the statements, two major themes emerged from third open-ended question where patients experienced gain from the many physiological and psychological benefits of CAM. The following benefits were noted in observing nurse-led and practitioner-led CAM sessions: where CAM affect the participants' health outcomes are as follows: 1) Physiological and 2) Psychological. To collate the perceptions based on the exploration, below is the table of the emerging themes.

Table 2. Emerging Themes from the three (3) Primary Questions: Final Transcripts

Perception on Complementary Alternative Medicine Modalities	**Type of CAM Modalities underwent and liked most**	**How CAM Modalities affected health outcomes**
1)Benefits, Effects, Indication, Complication of CAM *2)Accessibility, Information, Dissemination, Awareness* *3)Decision to Choose, Self-care Management, Initiative and Self-determination* *4) Cost* *5)Faith on the Modality, Holding-on* *6)Training and Accreditation, CAM Modalities, Patient Education, Satisfaction on the Modalities, Duration of Treatment*	*1)Acupuncture* *2)Massage* *Breuss* *DORN* *Reiki* *3)Meditation* *NaturopathicTreatment* *Detoxification* *Osteopathy* *Magnets* *Reflexology* *Acupressure* *Yoga* *Tuina*	*1) Physiological* *-not damage my kidneys and liver detoxification felt better relief in my facial paralysis; relief of discomforts; pains reduced; relieved frozen shoulder; safe and a big relief; stiff muscles and back got big relief; stroke patient is now walking normally; sleep was improved; have normal bowel movement now).* *2) Psychological- (feel a new person; a new life ; thanks to my naturopathic doctor; depression /mood swings removed; greatly improved life; lessens my suffering for a long time; increased faith in God) .*



There were two major themes emerged from the third open-ended question where patients experienced gain from the many physiological and psychological benefits of CAMModalities. The following benefits were noted in observing nurse-led and practitioner-led CAMModality sessions: 1) Physiological (not damage my kidneys and liver detoxification felt better relief in my facial paralysis; relief of discomforts; pains reduced; relieved frozen shoulder; safe and a big relief; stiff muscles and back got big relief; stroke patient is now walking normally; sleep was improved; have normal bowel movement now); and 2) Psychological (feel a new person; a new life ; thanks to my naturopathic doctor; depression /mood swings removed; greatly improved life; lessens my suffering for a long time , increased faith in God). However, it is important to clarify with the patients that these sessions are considered as a therapeutic adjunct and are not replacing traditional treatment.

V. Discussion

Q1- What is your perception on Complementary and Alternative MedicineModalities ?

As the public's use of various healing practices outside conventional medicine accelerates, ignorance about these practices can broaden the communication gap between the public and the profession that serves them. The majority of medical students recognize this risk and are keen to bridge this gap[5].Several findings from the study [6,7,8,9] offer new insights and additional information for the literature about prostate cancer and CAM modality use among African Americans that will make healthcare professionals and the public more aware of the beliefs and needs of African American men diagnosed with prostate cancer. In previous CAM literature[6,7,8,9]**.**Cultural beliefs often are cited as barriers to obtaining adequate access and appropriate health care. Findings from the current study of Jones, et.al. (2007) however, suggest that CAM modalities, particularly prayer and spirituality, may be used as facilitators in health care. Acknowledging that spiritual and religious beliefs are prevalent among African American men may help healthcare professionals provide a more supportive environment that, in turn, may permit African American patients with prostate cancer to be more receptive of allopathic medical treatments and more willing to seek healthcare treatment. These prostate cancer survivors expressed a strong belief in God, prayer, and spirituality in relationship to health and their prostate cancer, although they held strong beliefs that allopathic treatment was needed to treat their cancer. More

research is needed to determine whether participants in this study are representative of the larger population. Meanwhile, healthcare providers' awareness of the use of CAM by this population may help to ensure safe patient care[10]**.**Findings in the study ofGallinger, et al.(2014)demonstrate that gastroenterologists were hesitant to initiate discussions about CAM with patients. Nearly one-half were uncomfortable or only somewhat comfortable with the topic, and most may benefit from CAM educational programs. Interestingly, most respondents in this study appeared to be receptive to CAM as adjunct therapy alongside conventional IBD treatment [11]. It is recommended that physicians read these policies to gain a better understanding of the most productive way to engage and advise their patients. In the present study, there was a lack of consensus among gastroenterologists on how CAM use may influence the patient-physician relationship. Additional educational opportunities, such as unified training and education, can mandate from specific subspecialty organizations, and guidance to physicians in effective patient counseling[11].

CAM will continue to play a role in the physician-patient relationship. The use of CAM has risen steadily in the United Kingdom and Canada, and will likely continue to rise[12,13,14].As a result of the increasing use of CAM, the College of Physicians and Surgeons of Ontario recently revised a policy statement on how physicians address use of CAM by patients. The policy recommends that "physicians inquire about patient use of CAM on a regular basis," and document this in the medical record. In 1998, the American Hospital Association began collecting in its annual survey information about hospitals that offer CAM services and found that only 6 percent of hospitals reported that they offered such CAM services [15].In our current study, the perceptions of patients can also illustrate their readiness to decide on their healthcare management.

Q2- What Type Of CAM Modalitiesdid You Undergo And Liked Most?

Complementary and Alternative medicine (CAM) is commonly used to treat back pain, but little is known about factors associated with improvement. Kanodia (2010) used data from the 2002 National Health Interview Survey to examine the associations between the perceived helpfulness of various CAM therapies for back pain. Approximately 6% of the US population used CAM to treat their back pain in 2002. Sixty percent of respondents who used CAM for back pain perceived a "great deal" of benefit. The majority of respondents who used CAM for back pain perceived benefit[16].Back pain is the most common reason for complementary and alternative medicine (CAM) use in the United States, and patients with back pain have more office visits to CAM practitioners than to primary care physicians[17, 18]. In 2007, the American College of Physicians and the American Pain Society published updated clinical guidelines for the diagnosis and treatment of lower back pain based on high-quality meta-analysis for acupuncture. Spinal manipulative therapy (SMT) is recommended for low back pain as shown in systematic reviews and practice guidelines which stressed the effectiveness of this therapy. Although, it has been shown that SMT had no clinically significant advantage over general practitioner care, analgesics, physical therapy, exercises and back school, other results for patients with chronic low back pain were similar. Radiation of pain, study quality, profession of manipulator, and use of manipulation alone or in combination with other therapies did not affect these results. There is no evidence that SMT is superior to other standard treatments for patients with acute or chronic low back pain [19]. In contrast with the responses of the patient-participants in our study, CAM specifically acupuncture has given relief of most of their back pains.

Cochrane systematic reviews on acupuncture, massage, and spinal manipulation, [20]and yoga showed moderate evidence for low back pain[21].These guidelines recommended that physicians consider referring patients who do not improve with self-care for acupuncture, massage therapy, spinal manipulation, and/or yoga [22].Dahilig and Salenga (2012) in their study showed a higher prevalence of CAM use in the rural setting (68.4%) than in the urban areas (51.1%). CAM methods and modalities used in both types of communities do not differ significantly. Most of the respondents only use CAM when needed and these are used in the treatment of acute rather than chronic conditions even if most of the respondents have chronic illnesses. The most common reason why people turn to CAM is that they cannot afford the costs of conventional medicine [23].A survey was carried out by Morfe and Lim (2001) from September to November 1999 using a pre-tested 29-item questionnaire on conventional and alternative health practices. In their study , 60% of the subjects claimed to have satisfactory health status; 98% reported one or more principal medical complaints, of which respiratory tract diseases and musculoskeletal problems were the most frequent, resulting in poor performance of duties and absenteeism.; 6% consulted conventional doctors (MDs) and majority were satisfied with the management. A positive note in their study is that most did not require anymore hospitalization and 75% of the subjects spent less than Php10,000 for their medical expenses. On the negative side, 66% denied using CAM but 78% admitted patronizing at least one form when given a list of alternative therapies while 36% still consulted a CAM provider. Herbal medicine, manipulative and aromatherapies were the most popular CAM forms. On an efficacy rating of 5 points, the mean rating was 2.5 (S.D.1), implying a less than satisfactory appreciation for such unconventional therapies. However, 56% expressed willingness to continue CAM use. There were no significant associations between CAM use and the socio-demographic groupings except for the estimated annual income (p=0.004). More affluent respondents were more likely to rely on conventional therapies, contrary to

that observed abroad. They recommended that medical doctors need to ask patients about their use of unconventional therapies for a holistic approach to the attainment of health[24].

In our current study, patients enumerated the following types of CAM such as 1) Acupuncture; 2) Massage / Breuss / DORN / Reiki; and 3) Meditation/Naturopathic Treatment/ Detoxification/ Osteopathy/ Magnets/ Reflexology/ Acupressure/ Yoga/Tuina. There were two major themes emerged from third open-ended question where patients experienced gain from the many physiological and psychological benefits of CAM Modalities.

Q3- How Did CAM Modalities Affect Your Health Outcomes?

Despite the many published randomized clinical trials (RCTs), a substantial number of reviews and several national clinical guidelines, much controversy still remains regarding the evidence for or against efficacy of spinal manipulation for low back pain and neck pain. Bronfort (2004) reassess the efficacy of spinal manipulative therapy (SMT) and mobilization (MOB) for the management of low back pain (LBP) and neck pain (NP), with special attention to applying more stringent criteria for study admissibility into evidence and for isolating the effect of SMT and/or MOB which included 10 or more subjects per group under SMT or MOB and patient-oriented primary outcome measures (eg, patient-rated pain, disability, global improvement and recovery time).In the study of Bronfort [25] it specified the best evidence synthesis incorporating explicit, detailed information about outcome measures and interventions to evaluate treatment efficacy. Findings of this study were as follows: 1) In acute LBP: it was found out that there is ' moderate evidence for SMT providing more short-term pain relief than MOB and detuned diathermy. Limited evidence of faster recovery than a commonly used physical therapy treatment strategy' was noted; 2) In chronic LBP:'a moderate evidence in SMT effects similar to an efficacious prescription non-steroidal anti-inflammatory drug, SMT/MOB is effective in the short term when compared with placebo and general practitioner care, and in the long term compared to physical therapy; 3) Further findings revealed that there is limited to moderate evidence that SMT is better than physical therapy and home back exercise in both the short and long term. There is limited evidence that SMT is superior to sham SMT in the short term and superior to chemonucleolysis for disc herniation in the short term. However, there is also limited evidence that MOB is inferior to back exercise after disc herniation surgery. For mix of acute and chronic LBP: SMT/MOB provides either similar or better pain outcomes in the short and long term when compared with placebo and with other treatments, such as McKenzie therapy, medical care, management by physical therapists, soft tissue treatment and back school' ; 4) For acute NP, 'an evidence is currently inconclusive, whereas chronic NP showed a moderate evidence that SMT/MOB is superior to general practitioner management for short-term pain reduction but that SMT offers at most similar pain relief to high-technology rehabilitative exercise in the short and long term. For mix of acute and chronic NP, an overall evidence is not clear. There is moderate evidence that MOB is superior to physical therapy and family physician care, and similar to SMT in both the short and long term. There is limited evidence that SMT, in both the short and long term, is inferior to physical therapy'[25].

In our current study, CAM Modalities as verbalized by our patient-participants have several therapeutic effects as similar with Bronfort's study suggesting that recommendations can be made with some confidence regarding the use of SMT and/or MOB as a viable option for the treatment of both low back pain and NP. There have been few high-quality trials distinguishing between acute and chronic patients, and most are limited to shorter-term follow-up. Future trials should examine well-defined subgroups of patients, further address the value of SMT and MOB for acute patients, establish optimal number of treatment visits and consider the cost-effectiveness of care.

Hypnosis refers to the delivery of therapeutic suggestions to patients in a state of deep relaxation and narrow focus. ' Gut-directed hypnotherapy is a specific technique that focuses on improving both psychological well-being and bowel symptoms. Most hypnotherapy protocols consist of up to 12 sessions in a 3-month period. Hypnosis is generally believed to improve IBS symptoms by reducing psychological distress and somatization instead of rectal sensitivity'[26,27].In a systematic review, reflexology was not effective for treating other diseases and current evidence does not support the use of reflexology for treatment of any medical condition [28].Complementary medicine refers to the use of CAM as an adjunct to conventional medicine, whereas alternative medicine refers to the use of CAM as a substitute for conventional medicine[29].As in our study, reflexology is the third in rank when it comes to the selection of CAM Modalities that have therapeutic effects to our patient-participants.

In our search for exploration of feelings on CAM as an option to improve their health outcomes, we found out the following patients ' concepts of CAM which include: 1) Information Dissemination; 2) Background Information of CAM; 3) Society's role; 4) Training and Education, Accreditation; 5) Healthcare delivery; 6) Fees; 7) Scope of CAM (Modalities and Procedure; 8) Patient preparation; and 9) Practical Benefits (Prevent complications, Relief from physiological, psychological conditions; Financial savings).

By 2001, the number of hospitals offering CAM therapies had more than doubled to 15 percent "indicating a steadily growing interest by hospitals to enter into this arena" [30]. Most of our patient-

participants have back and neck pain which are important health problems with serious societal and economic implications. Conventional treatments have been shown to have limited benefit in improving patient outcomes. But with the increasing awareness of CAM therapies offer additional options in the management of low back and neck pain.

Many trials evaluating CAM therapies have poor quality and inconsistent results. To systematically review the efficacy, effectiveness, cost-effectiveness, and harms of acupuncture, spinal manipulation, mobilization, and massage techniques in management of back, neck, and/or thoracic pain[31].Complementary and alternative medicine (CAM) is increasingly being used as adjunctive treatment in primary headache syndromes in many countries. In the Turkish population, no epidemiologic data have been reported about awareness and usage of these treatments in patients with headache[32]. To cite additional effects of CAM in several studies,Karakurum, et.al. (2014), studied 110 primary patients in 3 headache clinics completed a questionnaire regarding their headaches, the known modalities and the use and effect of CAM procedures for their headaches. Result showed that migraine without aura was the most frequently diagnosed type of headache followed by migraine with aura and tension-type headache. In 43.6% of the patients, headache frequency was 5-10 per month. They found out that massage was the most frequently known CAM modalities (74.5%), followed by acupuncture, yoga , exercise, psychotherapy , and rosemary. Only massage was reported to be beneficial in one-third of the primary headache patients; the other modalities were not. The subgroup of primary headache patients in Turkey seek and use alternative treatments, frequently in combination with standard treatments. In this study , it was recommended that neurologists should become more knowledgeable about CAM therapies and further randomized and controlled clinical researches with large sample sizes are also needed[32].

While CAM is perhaps more psychologically accessible to many patients in that it better reflects commonly held values, it is often less financially and institutionally accessible, at least for those with conventional health insurance and limited income.But Page (2014), stressed some conditions such as adhesive capsulitis also termed frozen shoulder which is commonly treated by manual therapy and exercise, usually delivered together as components of a physical therapy intervention. This review is one of a series of reviews that form an update of the Cochrane review, 'Physiotherapy interventions for shoulder pain. High-quality RCTs are needed to establish the benefits and harms of manual therapy and exercise interventions that reflect actual practice, compared with placebo, no intervention and active interventions with evidence of benefit (e.g. glucocorticoid injection) ' [33].

As we explore the lived experiences of the patients, the following benefits were noted in observing nurse-led and practitioner-led CAM sessions: 1) Physiological – (not damage my kidneys and liver detoxification felt better relief in my facial paralysis; relief of discomforts; pains reduced; relieved frozen shoulder; safe and a big relief; stiff muscles and back got big relief; stroke patient is now walking normally; sleep was improved; have normal bowel movement now); and 2) Psychological- (feel a new person; a new life ; thanks to my naturopathic doctor; depression /mood swings removed; greatly improved life; lessens my suffering for a long time) .

Frozen shoulder is a condition in which movement of the shoulder becomes restricted. It can be described as either primary (idiopathic) whereby the etiology is unknown, or secondary, when it can be attributed to another cause. It is commonly a self-limiting condition, of approximately 1 to 3 years' duration, though incomplete resolution can occur.Maund (2014) evaluated the clinical effectiveness and cost-effectiveness of treatments for primary frozen shoulder, identify the most appropriate intervention by stage of condition and highlight any gaps in the evidence. There was limited clinical evidence on the effectiveness of treatments for primary frozen shoulder. In this study , the economic evidence was so limited that no conclusions can be made about the cost-effectiveness of the different treatments and high-quality primary research is required [34]. On the one hand, Liu (2015) conducted systematic reviews of variable quality showed that acupuncture, either used in isolation or as an adjunct to conventional therapy, provides short-term improvements in pain and function for chronic LBP. More efforts are needed to improve both internal and external validity of systematic reviews and RCTs in this area[34].Evidence showed poor to moderate grade and most of it pertained to chronic nonspecific pain, making it difficult to draw more definitive conclusions about benefits and harms ofCAM therapies in subjects with acute/sub-acute, mixed, or unknown duration of pain. The benefit of CAM treatments was mostly evident immediately or shortly after the end of the treatment and then faded with time [31]**.**

Exploring the evidence for the effectiveness of acupuncture as availed to be affective the health outcomes of our patient-participants, specifically low back pain (LBP) , in the study of Yuan (2008), acupuncture versus no treatment, and as an adjunct to conventional care, should be advocated in the European Guidelines for the treatment of chronic LBP [36].Many non-pharmacologic therapies are available for treatment of low back pain such that Chou (2007) assessed the benefits and harms of acupuncture, back schools, psychological therapies, exercise therapy, functional restoration, interdisciplinary therapy, massage, physical therapies (interferential therapy, low-level laser therapy, lumbar supports, shortwave diathermy, superficial heat, traction, transcutaneous electrical nerve stimulation, and ultrasonography), spinal manipulation, and yoga for

acute or chronic low back pain (with or without leg pain).Therapies with good evidence of moderate efficacy for chronic or subacute low back pain are cognitive-behavioral therapy, exercise, spinal manipulation, and interdisciplinary rehabilitation. For acute low back pain, the only therapy with good evidence of efficacy is superficial heat [36].

Low back pain (LBP) is one of the most common and costly musculoskeletal problems in modern society. Proponents of massage therapy claim it can minimize pain and disability and speed return-to-normal function. Furlan and Brosseau(2002),assessed the effects of massage therapy for nonspecific LBP.Massage might be beneficial for patients with sub-acute and chronic nonspecific LBP, especially when combined with exercises and education. The evidence suggests that acupuncture massage is more effective than classic massage, but this needs confirmation. More studies are needed to confirm these conclusions, to assess the effect of massage on return-to-work, and to measure longer term effects to determine cost-effectiveness of massage as an intervention for LBP[31].

Nurses also use CAM therapies in their practices in other countries as we proposed to become a specialization in the Philippines.The Minnesota Board of Nursing has developed a statement of accountability with several specific points on the use of CAM in nursing [37, 38] . The document states, "Nurses who employ integrative therapies in their nursing practice to meeting nursing and patient goals developed through the nursing process are held to the same accountability for reasonable skill and safety as they are with the implementation of conventional treatment modalities"(Minnesota Board of Nursing, 2003)[37].The Gillette Nursing Summit, held in May 2002, was convened to "identify common concerns and a set of core recommendations that would enable nurses to provide leadership in this emerging field" of integrated health and healing [38]and resulted in integrated health care in the areas of research, education, clinical care, and policy[39]. Eisenberg [40]defined complementary and alternative medicine as "unconventional." CAM therapies are those that are not taught in US medical schools or widely available in hospitals and licensed physicians' offices. Therapies such as herbal medicine, homeopathy, and mind-body medicine are not generally reimbursable, while most therapies prescribed by physicians are covered by third-party payers. The incorporation of a more holistic and empowering healing philosophy can be seen as a natural step in the growth of medicine, a step that has already been taken by many persons. This type of healing strategy is consistent with the adoption of the biopsychosocial model, a theory-based health care strategy first proposed. In conventional health care, family physicians have perhaps most embraced holism, humanism, and biopsychosocial medicinewhich can also be seen as consistent with the behavioral model. This behavioral model postulates that choices of health care arise from predisposing characteristics (health beliefs and social structure) interacting with enabling resources as well as health needs[41,42].The behavioral model has been applied to alternative health care by Kelner and Wellman[43]who after analyzing in-depth interviews with 300 patients concluded that "the choice of type of practitioner(s) is multidimensional and cannot solely be explained either by disenchantment with medicine or by an 'alternative ideology'". People seek either conventional or alternative health care for a variety of reasons, from perceived health need to accessibility to perceived effectiveness[44].Campbell and Zola[45] has shown that philosophical orientation as defined by an interest in personal and spiritual growth and a commitment to environmentalism and feminism is a significant predictor of use of CAM. The patients and providers interviewed were called for integration of the best aspects of conventional and alternative care. They suggested that the apparent strengths of CA< such as holism and empowerment can help improve the quality of conventional health care as explored in our study that CAM Modalities have shown improvement n the patients' health outcomes.

Study Limitations

Limitations of this study, which should be therefore dealt with in future studies are : 1) This study used self-report data to identify the lived experiences of the patients on CAM. This study can be explored on a cross-sectional design to examine whether patients' lived experiences through a measurement on their experience in CAM. Triangulation as to include the views of other healthcare professionals,and family not only the patients themselves, for a better ailment management program, hand in hand with respective physicians of patients.

Implications To Nursing Practice

CAM practitioners may or may not be nurses by profession as they can be partners in the delivery of optimal health care to patients. They share the responsibility for creating a wellness programin the health care setting. This responsibility involves ensuring that CAMas another competence of healthcare providers specifically nurses can lead to a specialization. This can be considered directly or indirectly, or positively or negatively affect the patient's health outcomes.

VI. Conclusion

Based on the result of our study, there is a proven link between CAM and its positive patient outcomes. Both patients and the wellness center found mechanisms on how to execute the integration of CAM based on the practical therapeutic benefits and the optimization of the health conditions. CAM is confirmed by patients who are responsible for their own self care management and able to bridge the gap between the traditional and medical practices. A more integrated and accessible health care programs both the alternative and complementary natures can be considered for future researches.It is hoped that future researchers can reference the findings from this studyto investigate these questions on the topic of awareness of CAMas an offshoot to other medical conditions. These investigations can eventually contribute to the improvement of thequality healthcare delivery system. More research is needed to determine on the healthcare providers' awareness of the use of CAM to ensure safe patient care.

Acknowledgments

This research endeavor is gratefully extended to all the patients, our inspiration, who continuously avail the CAMModalities as an option in their recovery. Also, the supportive Nursing and healthcare assistants of the Health Sense Wellness Center who have the vision of helping todeliver the best care and services to all patients. And lastly, to our Creator God Almighty who gave us the gift of sharing our expertise to all who needed most the relief of chronic back and spine ailments.

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