

The use of complementary and alternative therapies in Western Saudi Arabia

To the Editor

I would like to comment on the interesting study by Jan et al¹ on the use of complementary and alternative therapies in Western Saudi Arabia.

First, the use of complementary and alternative therapies (CAT) has increased over the recent years in both developing and developed countries. In Saudi Arabia, the use of CAT has received ample consideration in recent years.²⁻⁴ Jan et al¹ addressed certain interesting data with regard to socio-demographic characteristics and reasons for seeking CAT in the studied families. These include the following: 1. the child's medical problems were acute in 47%, chronic or recurrent in 53%, and treatable in most children (80%), 2. nearly half of the families (42%) reported using CAT in their children, 3. half of the families (52%) reported positive family use of CAT, 4. minority of the parents had no formal education (10.5%), 5. minority of the parents were unemployed (5%), 6. only 18% of the parents mentioned that their doctor asked regarding CAT use, and all wanted their doctor to tell them regarding CAT, 7. preponderance of failure of medical treatment (28%) and strong beliefs in CAT (28%), as reasons for seeking CAT. Many of these characteristics seemed nearly universal, and were shared by many studies.⁵⁻⁸ A debate has existed regarding the concept that fosters families to seek CAT, despite some unexpected relevant socio-demographic characteristics. Recently, the Andersen's Sociobehavioral Model (SBM) modified for CAT use, which incorporates both psychological and pragmatic determinants, is identified as the best conceptual model of CAT use, which could be used to explain the decision-making process in parental choice of CAT. This model provides a valuable framework for future research, and could be used to explain child CAT use. An understanding of the decision-making process is crucial in promoting shared decision-making between healthcare practitioners and parents, and could inform service delivery, guidance, and policy.⁹

Second, there is still a popular belief among many families that the use of CAT is an accepted adjunct, or alternative to conventional therapy. Certain interesting phenomena were observed concerning that attitude: 1. the extent of CAT use in the pediatric field is increasingly sought by parents of children with chronic illnesses, 2. most parents who choose CAT for their children believe

that these therapies are "natural," and thus "safe," 3. physicians often feel they know too little regarding CAT, and wish to learn more for different reasons including "to dissuade whether the alternative method is unsafe and/or ineffective."¹⁰

Third, pediatricians must question CAT during interview with the parents of sick children. In addition, educational interventions for parents should also be applied to enhance their knowledge regarding potential risks accompanying the indiscriminate use of CAT. Under no circumstances, CAT should substitute medical therapy. Religious leaders can play a lot in this regard to ameliorate wrong public opinions and beliefs.

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Reply from the Author

I would like to thank Prof. Al-Mendalawi for his interest in our recently published article on the use of complementary and alternative therapies (CAT) in Western Saudi Arabia.¹ I agree with most of his comments and appreciate his effort in trying to share his thoughts and experiences, which enriches the discussion forum. Although CAT has been used frequently in our region, the topic has received little study.²⁻⁴ I believe that many Saudi parents are now more educated, and have easier access to proper medical care. Therefore, we expect a decline in the use of invasive or painful procedures, such as cauterization. However, our experience confirms the trend of increased use of herbal and other less invasive CAT. Therefore, I strongly agree with Prof. Al-Mendalawi that pediatricians must inquire on CAT use, educate parents on its potential risks, and stress that CAT should never substitute medical therapy.

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