



Vedat Isikhan
Seref Komurcu, MD
Ahmet Ozet, MD
Fikret Arpaci, MD
Bekir Ozturk, MD
Oner Balbay, MD
Perihan Guner

The Status of Alternative Treatment in Cancer Patients in Turkey

KEY WORDS

Cancer
Cancer patients
Complementary alternative medicine
Turkey

This study was designed to measure the frequency at which Turkish patients with cancer resort to complementary and alternative medicine (CAM). A total of 704 patients referred to the Gülhane Military Medical Academy and Ankara Numune Training Hospital between September 2002 and January 2003 were asked about the CAM therapies they used. Of these, 276 patients (39.2%) had used CAM. Gender, marital status, educational status, age, financial status, severity of pain, history of cancer in the family, and their own ideas concerning CAM therapies were found to be correlated with the frequency of resorting to CAM. Resorting to CAM may lead to delayed diagnosis and treatment, adverse drug interactions, treatment withdrawal, and disease progression. Therefore, it is very important to inform patients about these potential dangers. Further studies are needed to clarify the reasons that lead patients to resort to CAM.

Alternative medicine is also termed as complementary/supportive medicine by various authorities. Complementary and alternative medicine (CAM) comprises philosophies, theories, and diagnostic and treatment methods different from the medical paradigm of modern West, which are usually regarded as beneficial. Many of these approaches are used in combination with traditional medical treatment in the culture of the East and many other places in the world.

The importance of CAM lies in its popularity as well. The results of latest investigations demonstrate that the use of CAM is very common.¹⁻⁵ It also rests on the cancer type, national characteristics, and how it is defined. In April 1995,

the National Institute of the United States Health Office of Alternative Medicine organized a meeting to define CAM and make its clinical application possible. In this meeting, CAM was defined as follows:

CAM covers health practices and methods, which are used even more commonly than medical treatments in some societies and cultures, and health sources provided by the theory and the beliefs on which the above practices are based.⁶

CAM is used by 25% to 50% of the general population in developed countries. The most recent definition of CAM

From Hacettepe University School of Social Work, Keciören, Ankara (Mr Isikhan); the Gülhane Military Medical Academy (GATA), Medical Oncology Department, Etlik, Ankara (Drs Komurcu, Arpaci, Ozturk, and Ozet); the Department of Chest Diseases, Abant İzzet Baysal University Medical Faculty, Konuralp, Düzce (Dr Balbay); and Koç University School of Health Sciences, Istanbul (Mr Guner), Turkey.

Corresponding author: Vedat Isikhan, Hacettepe University School of Social Work, Cift Asfalt 06290 Keciören, Ankara, Turkey (e-mail: visikhan@hacettepe.edu.tr).

Accepted for publication March 24, 2005.

adapted to current conditions by Cochrane Field in Medicine⁷ is given below:

It is diagnosis, treatment, and/or preventive measures that contribute to common whole, satisfies a need, and that does not invalidate the theoretical framework of medicine and complements main therapy.

Some CAM therapies are not complementary to the main treatment but are its substitutes. These products, methods, and treatment regimens are yet to be proven. These are usually considered by oncologists as approaches that do not hold promise.⁸

Reasons for the present popularity of CAM are multifaceted and are closely related to the social, cultural, economic, and traditional structures of societies. In cases of severe disease, trying every possible option in hope of a treatment is a strong motivation, making cancer patients primary candidates for CAM. Evidence of the effectiveness of CAM has accumulated, which will convince oncologists who are not familiar with and sympathetic to the idea of CAM to change their negative approach toward CAM.⁸

■ Use of CAM in Cancer

The use of CAM by cancer patients is prevalent all over the world,⁶ as demonstrated by several investigations described below. However, there are various problems in measuring accurately the utilization of CAM. These are related to the lack of rigor in their definition of CAM, the investigative methods used, and demographic characteristics.

A study by Abu-Realh et al specifically attempted to gauge the change in the use of CAM by cancer patients. The authors reviewed data from a subgroup of responders to the 1992 National Health Interview Survey to determine the growth in the use of self-help therapies (eg, relaxation exercises, imagery, humor, laughter, meditation, prayer, affirmations, self-hypnosis, and music, aroma, and color therapies) and psychosocial therapies (ie, counselling and support groups). The authors compared the percentage of CAM users among individuals diagnosed with cancer prior to and after 1986 and found a 63% increase in the use of these modalities (8.3% prior to 1986 vs 13.6% after 1986).⁹

Eisenberg et al investigated in detail the increase in the use of CAM in the United States in 1990s. Their study showed that 42% of participants had used one of the CAM forms at least once, revealing that there was a 34% increase in the use of CAM and a 36% increase in attending CAM practitioner compared with the results of their study in 1990.¹⁰

The most comprehensive study on the use of CAM in cancer patients in the United States was carried out by the American Cancer Society, which reached 3272 patients through telephone interviews. Around one third of the patients were contacted one to one, and for one third of patients, information was elicited from family members. Investigators found that the rate of CAM use was 9% in cancer patients, with this rate increasing to as high as 21% in patients with brain tumor.¹¹

Ernst and Cassileth conducted a comparative review of the investigations on CAM and found that rates for the use of CAM varied between 9% and 91%. It was thought that this variation could be due to demographic characteristics of the populations, the definition of CAM, and the method used in the study.⁸

The majority of patients who use CAM use more than one method. CAM use is more common in cases of advanced disease or poor prognosis. It was established that the most frequently used CAM therapies among American and Canadian cancer patients were mind-body approaches (meditation, relaxation, hypnotherapy, and other techniques), special diets, plant preparations, megavitamin treatments, and spiritual techniques such as prayer.¹⁰

■ Reasons for the Use of CAM Among Cancer Patients

Many patients use CAM therapies to strengthen their immune systems. Many hope that these will slow tumor development or cure it completely. Patients use CAM therapies for their anticancer effects in addition to controlling pain and symptoms. The use of CAM therapies increases in cases of advanced disease or poor prognosis.

Stoll revealed in 1993 that the rise in the use of CAM among cancer patients was due to 2 main factors¹²:

1. The increase in the uncertainty of the effectiveness of conventional cancer treatment.
2. The increase in the information patients had regarding cancer or regarding the use of CAM in cancer (higher in younger patients than in older patients).

When patients are confronted with a disease that is potentially life threatening, they attempt to maintain their health by protecting themselves from hopelessness and depression.¹³ According to some observers, 2 factors inducing the use of CAM are recurrence and progress of the disease. Yet, just being diagnosed with cancer is enough for many patients to use CAM. While some patients resort to CAM because the response to conventional treatments is uncertain, for others it is one of the methods of maintaining health.⁶

CAM is practiced to cure cancer patients in many countries. It is reported that indirubin, extracted from several herbs, is commonly used in China for treating cases of chronic myelocytic leukemia.¹⁴ CAM is practiced frequently against breast cancer in Taiwan.¹⁵ Cancer patients in Nigeria visit CAM practitioners called Igbo more frequently than going to hospitals for conventional treatment.¹⁶ A herbal medicine called hozai is used in patients with gastric cancer in Japan.¹⁷

Medical practice related to CAM in Turkey dates back to ancient times.¹⁸ In modern times, CAM exists generally along with conventional medicine. CAM in Turkey is practiced almost exclusively by people not educated in conventional medicine. CAM practices cover a wide spectrum, ranging from herbal prescriptions to religious practices, such as *muska* (script writing), which is basically a manuscript of a prayer on paper written by the imam or other man of religion and wrapped in a cloth and

carried by the patient, *ifleme* (touch and pray), which involves the touch of the imam or other man of religion on the distressed part of the body and reading of a series of prayers, and *old woman medicine* practices like advising patients to drink turtle blood or eat mole flesh.¹⁹ Institutions called *Ocak* in Turkish literature, where a sort of CAM is practiced to cure a multitude of diseases and fractures/dislocations, exist at numerous locations in Anatolia, and a sort of CAM practitioner, called *Ocaklı* by the people (referred to as *folk physician*, in this article) performs CAM therapies in these *institutions*.²⁰ CAM in Turkey also involves therapy through nonconventional drugs, which are mostly of herbal origin.

It is known that folk physicians and their practices are popular especially in those places where modern health services cannot be adequately provided. Indeed, it appears that the more distant the person is from modern urban life, the more likely he/she is to use CAM.²⁰

In brief, the use of CAM is universally increasing among all patients. In Turkey, there is inadequate information on whether cancer patients use CAM, reasons for using CAM, therapies used, whether they find these useful, and how they learned about these therapies. This is the first study in Turkey addressing this issue with a large population. This investigation aimed to evaluate the use of CAM among cancer patients in Turkey.

This study tried to answer the following questions:

1. What are the sociodemographic and clinical characteristics of patients using CAM?
2. What are their ideas on the use of CAM (whether CAM is beneficial, the reasons they need to resort to CAM, how they learned about CAM, etc)?

■ Materials and Methods

This study was carried out by social workers who conducted face-to-face interviews with 704 cancer patients referred to the Gülhane Military Medical Academy and the Numune Training Hospital between September 2002 and January 2003. Data were collected using a questionnaire containing 34 questions on sociodemographic characteristics (sex, marital status, education status, age, profession, socioeconomic level, etc), clinical characteristics (the presence of organ loss, status of pain, the presence of relatives diagnosed with cancer, etc), and the status of using CAM therapies (the status of using CAM, whether the CAM therapy they used was beneficial, the effect of CAM on pretreatment status, the reason they resorted to CAM, how they learned about CAM, when they started using CAM, etc).

The data were entered into SPSS for Windows Version 11.0, and χ^2 test was used to evaluate the relation between the status of using CAM and sociodemographic and clinical characteristics of cancer patients.

■ Results

Findings on the relation between the sociodemographic characteristics of cancer patients and the status of using CAM are

as follows: 36% of the patients were inpatients and 64% were outpatients. The majority were male (62.9%), married (60.1%), graduates of primary school (36.5%), between the ages of 15 and 30 years (34.8%), housewives (30.1%), and at the middle socioeconomic level (53%) (Table 1).

Findings on the relation between the clinical characteristics of cancer patients and the status of using CAM are presented in Table 2. The majority suffered from organ loss due to cancer (patients undergoing mastectomy) (63.4%); 55.4% did not suffer from pain due to cancer; 39.2% of patients with cancer used CAM; and 68.1% did not have any relatives with cancer. It was found that 61.8% had no idea whether CAM was useful; 61.6% did not know whether CAM had any influence on medical treatment; 62.1% refrained from responding to questions on why they needed CAM; 14.6% had learned about CAM from their family and close friends; and 16.5% had started using CAM from the initial diagnosis.

Findings on which CAM therapy is used for which purpose are given in Table 3. Patients' answers to this open-ended question are grouped under plant-origin substance; animal-origin substance; and prayer, meditation, and miscellaneous.

The relation between the status of using CAM (yes/no) and other variables was investigated using χ^2 test, and the results obtained are illustrated in Tables 1 and 2. After statistical analysis, it was found that there was a significant relation between the use of CAM and sex, marital status, age, profession, socioeconomic status, organ loss, the presence of pain, the status of considering CAM useful, and the status of the impact of CAM on medical treatment ($P < .05$; $P < .01$; $P < .001$).

■ Discussion

Recent investigations have demonstrated that CAM is commonly used in other countries as well as in Canada and the United States.^{21,22} Ten percent of the patients in Denmark,²³ 33% in Finland,²⁴ 49% in Australia,²⁵ 43% in Norway,¹³ and 31% in Holland use CAM.⁶ Risberg et al in Norway stated in 1990 that a proportion of patients use CAM as an alternative measure or as a supplement, not as main medical treatment. Their 1997 study showed that 42% used CAM to cure their disease and 58% for support and defense.²⁶ In an investigation aimed at determining the patterns of CAM use in a cohort of advanced lung cancer patients, it was seen that 73% of the patients used CAM.²

In the present study, it was found that 39.2% of the patients used CAM, 54% did not do so, and 6.8% did not reply to the question. It was also observed that patients sought CAM starting from the initial diagnosis. This rate is comparable to those found in Finland and Australia. Although the number of study patients was limited, these findings show that the use of CAM is quite common among cancer patients.

This study also found that the use of CAM was more common in patients who were male, married, graduate of primary school, aged between 15 and 30 years, housewives, at middle socioeconomic level, those without organ loss and do not feel

Table 1 • Sociodemographic Characteristics of Cancer Patients and Their Status of Using CAM

Sociodemographic Characteristics	Overall, n (%)	CAM Status, n (%)			χ^2	df
		Yes	No	No Answer		
Gender					7.848*	2
Female	261 (37.1)	76 (10.8)	27 (3.9)	158 (22.4)		
Male	443 (62.9)	133 (18.9)	39 (5.5)	271 (38.5)		
Total	704 (100)	209 (29.7)	66 (9.4)	429 (60.9)		
Marital status					10.729 [†]	4
Married	423 (60.1)	138 (19.6)	42 (6)	243 (34.5)		
Single	226 (32.1)	57 (8.1)	15 (2.1)	154 (21.9)		
Widow/divorced	55 (7.8)	14 (2)	9 (1.3)	32 (4.5)		
Total	704 (100)	209 (29.7)	66 (9.4)	429 (60.9)		
Educational status					30.533 [‡]	10
Illiterate—no education	33 (4.7)	11 (1.6)	7 (1)	15 (2.1)		
Literate—no education	39 (5.5)	10 (1.4)	6 (0.8)	23 (3.3)		
Primary school	257 (36.5)	74 (10.5)	17 (2.4)	166 (23.6)		
Secondary school	86 (12.2)	24 (3.4)	11 (1.6)	51 (7.2)		
High school	205 (29.1)	66 (9.4)	10 (1.4)	129 (18.3)		
University	84 (12)	24 (3.4)	15 (2.2)	45 (6.4)		
Total	704 (100)	209 (29.7)	66 (9.4)	429 (60.9)		
Age					15.502 [‡]	6
15–30	245 (34.8)	67 (9.5)	16 (2.3)	162 (23)		
31–45	137 (19.5)	39 (5.5)	9 (1.3)	89 (12.6)		
46–60	171 (24.3)	63 (8.9)	21 (3)	87 (12.4)		
60 +	151 (21.4)	40 (5.7)	20 (2.8)	91 (12.9)		
Total	704 (100)	209 (29.7)	66 (9.4)	429 (60.9)		
Occupation					10.460 [†]	8
Housewife	200 (28.4)	54 (7.7)	17 (2.4)	129 (18.3)		
Public servant	77 (10.9)	24 (3.4)	9 (1.3)	44 (6.3)		
Retired	95 (13.5)	37 (5.3)	13 (1.8)	45 (6.4)		
Student-soldier	212 (30.1)	59 (8.3)	17 (2.4)	136 (19.4)		
Other	120 (17.1)	35 (5)	10 (1.4)	75 (10.7)		
Total	704 (100)	209 (29.7)	66 (9.4)	429 (60.9)		
Socioeconomic status, \$/mo					20.901 [‡]	4
Lower socioeconomic level, 0–210	64 (9.1)	18 (2.6)	16 (2.3)	30 (4.3)		
Middle, 211–427	373 (53)	114 (16.2)	29 (4.1)	230 (32.7)		
Upper, 428+	267 (37.9)	77 (10.9)	21 (3)	169 (24)		
Total	704 (100)	209 (29.7)	66 (9.4)	429 (60.9)		

* $P < .05$.

[†] $P < .01$.

[‡] $P < .001$.

pain due to cancer, and whose close relatives were not diagnosed with cancer (Tables 1 and 2).

Various studies have found that the use of CAM is more common among younger patients^{13,27–29} and among those with a higher education level.^{29–31} Our findings are congruent with those of other studies.

Our findings are discrepant with those of Eisenberg et al, who found that the use of CAM was more common in females (48.9%) than in males (37.8%), in patients aged between 35 and 49 years, in those who had received college education (50%), and in those with an annual income of more than \$50,000,¹⁰ and with the results of studies^{31,32} that found that the use of CAM was more common in patients having higher income levels.

The CAM therapy used by patients and their aim in using this therapy was inquired using open-ended questions. The results that were obtained are presented in Table 3. On the basis of our observations, we can say that CAM therapies that use plant-origin substances were used not only among cancer patients but also among the general population to enhance general well-being. The CAM therapies used by cancer patients correspond to the general pattern. Our results are compatible with those of Eisenberg et al that among patients using CAM, the most frequently used therapies are those that use plant-origin substances, massage, therapies that use megavitamin supplements, energy treatment, and therapies that use hemopoetin.¹⁰ In another study, it was found that

Table 2 • Clinical Characteristics of Cancer Patients and Their Status of Using CAM

Clinical Characteristics	Overall, n (%)	CAM Status, n (%)			χ^2	df
		Yes	No	No Answer		
Organ loss					7.726*	2
Yes	258 (36.7)	80 (11.4)	26 (3.7)	152 (21.6)		
No	446 (63.3)	129 (18.3)	40 (5.7)	277 (39.3)		
Total	704 (100)	209 (29.7)	66 (9.4)	429 (60.9)		
Pain status					9.978 [†]	2
Yes	314 (44.6)	112 (15.9)	25 (3.6)	177 (25.1)		
No	390 (55.4)	97 (13.7)	41 (5.9)	252 (35.8)		
Total	704 (100)	209 (29.7)	66 (9.4)	429 (60.9)		
Is there any relative diagnosed with cancer?					13.960 [‡]	2
Yes	196 (27.8)	69 (9.8)	17 (2.4)	110 (15.6)		
No	508 (72.2)	140 (19.9)	49 (7)	319 (45.3)		
Total	704 (100)	209 (29.7)	66 (9.4)	429 (60.9)		
Is the CAM method used beneficial?					32.112 [‡]	4
Yes	176 (25)	124 (17.6)	36 (5.2)	16 (2.2)		
No	93 (13.2)	73 (10.4)	10 (1.4)	10 (1.4)		
No answer	435 (61.8)	12 (1.8)	20 (2.8)	403 (57.3)		
Total	704 (100)	209 (29.7)	66 (9.4)	429 (60.9)		
The impact on present medical treatment					19.113 [‡]	4
Yes	120 (17)	82 (11.6)	30 (4.2)	8 (0.1)		
No	150 (21.3)	96 (13.6)	24 (3.4)	30 (4.2)		
No answer	434 (61.7)	31 (4.5)	12 (1.8)	391 (56.6)		
Total	704 (100)	209 (29.7)	66 (9.4)	429 (60.9)		
The reason for resorting to CAM [§]						
There was no other option left	35 (4.9)	32 (4.5)	3 (0.4)	...		
Because of the disinterest of physicians	10 (1.4)	9 (1.2)	1 (0.2)	...		
Lack of material means to buy drugs	11 (1.5)	10 (1.3)	1 (0.2)	...		
Nobody close supported and informed the patient	45 (6.3)	26 (3.6)	19 (2.7)	...		
Other	165 (23.5)	120 (17.3)	33 (4.6)	12 (1.6)		
No answer	438 (62.4)	12 (1.7)	10 (1.4)	416 (59.3)		
Total	704 (100)	209 (29.7)	66 (9.4)	429 (60.9)		
Where they learned about CAM [§]						
Family and close friends	103 (14.6)	58 (8.2)	30 (4.4)	15 (2.1)		
Other patients	100 (14.2)	42 (5.9)	12 (1.7)	46 (6.5)		
News on the television	55 (7.8)	33 (4.9)	20 (2.8)	2 (0.2)		
Newspapers	11 (1.6)	6 (0.8)	4 (0.5)	1 (0.1)		
No answer	435 (61.8)	70 (9.9)	...	365 (52)		
Total	704 (100)	209 (29.7)	66 (9.4)	429 (60.9)		
Time of starting CAM use [§]						
Before disease (as a measure)	13 (1.84)	8 (1.6)	5 (0.26)	...		
Immediately upon first diagnosis	116 (16.4)	64 (9)	35 (5.54)	17 (2.4)		
After medical treatment was initiated	106 (15)	61 (8.6)	15 (2.1)	30 (6.1)		
When medical treatment offered no hope	109 (15.4)	74 (10.5)	11 (1.5)	24 (3.6)		
Other	16 (2.2)	2		
No answer	344 (49.16)	344 (48.8)		
Total	704 (100)	209 (29.7)	66 (9.4)	429 (60.9)		

* $P < .05$.

[†] $P < .01$.

[‡] $P < .001$.

[§]As expected value was lower than 5, χ^2 analysis could not be conducted.

Table 3 • Kinds of CAM Therapies Used by Patients and Aims of Use

CAM Therapy Used by the Patient	Purpose
A. Plant-origin substances	
Stinging nettle + honey + milk (boiled)	To strengthen the immune system
Stinging nettle + horsetail + milfoil	Antitumor and bone formation
Loronth	To strengthen the immune system
Common pellitory	For kidneys
Thyme + daisy (boiled)	Dynamism and other benefits
Swedish syrup	To enhance resistance and strengthen immune system
Honey + butter + grape molasses (boiled)	For benefits derived from these plants
Tomato + cabbage + grape molasses	For the general benefits
Natural teas (garden sage, etc)	For benefits derived from these plants
Royal jelly	For the general benefits
Marshmallow + artichoke + tomato	For the general benefits
Fresh fruit + apple + fried fruit pulp	For the general benefits
Garden sage + thyme + stinging nettle + mint + guince leaf + olive oil (boiled)	For the general benefits
Cinna + cinnamon (boiled)	To strengthen immune system
Omega 3 + vitamins	To strengthen immune system
Green tea	For its benefits
Ginseng (China tea)	To strengthen immune system
Stinging nettle + wild tea (boiled)	For its benefits
Stinging nettle + mallow + centaury herb (boiled)	For its benefits
Centoury + celondine + lily of the valley + white horn flower	To strengthen immune system
Mumiyo (Tablet produced from mumyo organic and mineral compounds)	To strengthen immune system
B. Animal-origin substance	
Tablet produced with the fat of shark cartilage (imported)	To strengthen immune system
Blood of sea turtle	To strengthen immune system
Rabbit blood	To strengthen immune system
C. Prayer, meditation, and miscellaneous	
Amulet, prayer	To feel better and relax
Drops and fumigations of Far East origin	To feel better and relax
Treatment at hot water springs	For its benefits
Exercise	For its benefits

meditation and therapies that used plant-origin substances were most commonly used, and patients used CAM primarily to potentiate their immune system and secondarily to treat cancer,² which is consistent with our findings.

Among patients using CAM (39.2%), 25% found it beneficial, 13.2% did not consider it beneficial, and the majority (61.8%) did not answer (Table 2). Investigators observed in the hospitals where the study was carried out that the use of CAM was common even though it was not expressed to be so. It was observed that the patients who did not answer did so because they were worried that the physicians and other healthcare personnel might get angry if they learned about their use of CAM. Some did not answer because they were disinterested (being fatigued). This finding demonstrates that physicians should talk with patients about CAM status and reassure them that they should not be anxious about CAM use.

In the present study, patients were asked whether the CAM therapy they used had any effect on their conventional medical treatment (Table 2). Seventeen percent of the patients ($n = 120$) stated that it had a favorable effect, while 21.3% stated otherwise.

According to the results of the investigation carried out by Risberg et al, the foremost reason for using CAM was others' recommendation or their belief in CAM (33%). Thirteen percent used CAM to boost their immune system.^{12,26} Stoll¹² has suggested that the increase in the use of CAM among European patients was related to the increasing uncertainty about the effectiveness of conventional treatment methods and the increase in the information the patients had regarding the disease. In the present study, patients were asked 5 questions (Table 2) to determine their reasons for using CAM. The majority of patients refrained from responding (62.1%); 6.4% stated that they used CAM as there was no one to support and illuminate them on the subject; and 5% used CAM since there was no other option left. The other reasons cited by the patients were as follows:

- worry about the wearing effect of medical treatment and its adverse effects,
- support to treatment,
- helplessness,
- relief from pain,

- return of red blood cell count values to normal range,
- support for immune system,
- prevention,
- search,
- psychological relief,
- curiosity,
- fear of death,
- lack of financial means, and
- lack of any other prospect for recovery.

It has been shown in other studies also that information on CAM is obtained through the recommendation of family members and other close relatives.¹³ The use of unproven treatment methods may be important for many patients in their fight against the disease. It has been seen that patients trust different methods, particularly those in critical situations. Denying the importance of a malignant disease may lead patients to be more optimistic. It is known that many cancer patients seek support from their relatives and friends.^{32,33}

In an investigation carried out in Canada, it was shown that patients obtained information from 2 sources: family members and people believed to be an authority on the subject in the community.²⁸ Some CAM therapies are adopted culturally, and many patients start using CAM on the recommendation of family members and other close relatives without referring to a professional expert.^{34,35}

It is reasonable for patients to obtain information from family members to cope with a malignant disease in daily life. Patients who use CAM tend to seek more detailed information than those who do not. In the present investigation, patients were inquired about where they had learned about CAM (Table 2). The majority of patients refrained from answering this question, worrying that healthcare personnel might overhear them; 14.6% had learned about CAM from their family and other close relatives and 14.2% had learned about CAM from other patients. Some patients stated that they got information on CAM from the Internet and books on cancer and encyclopedias. Our findings are consistent with those of Risberg et al, who found that patients obtain information regarding CAM mostly from family, friends, and the media.³⁶ In Risberg et al's study, 64% of the patients stated that advice from family and friends was the main reason for using CAM. The corresponding figure in our study was 14.6%. In Shen et al's study,² patients obtained information on CAM mostly from family, friends, and the media, which is compatible with our findings.

To learn when the patients started using CAM, a question with 7 options was asked (Table 2). Many patients (61.6%) did not want to answer this question, 16.5% of the patients had started using CAM immediately after the diagnosis of cancer, and 15.1% had started using CAM parallel to the initiation of medical therapy.

In Risberg et al's study, 104 patients stated that they started using CAM during the medical treatment period. CAM followed medical treatment in 85 of 104 patients, preceded it in 4, was started simultaneously in 12, and 2 did not receive any medical treatment.²⁶ These results are comparable to those that we obtained.

Information on the CAM therapies used and their aim in using them is illustrated in Table 3. It was found that patients preferred therapies that use plant-origin substances, which do not cause important changes, supplement the conventional medical treatment, and aim to strengthen the immune system, to other methods. In the present study, the majority of patients used CAM as a supplementary treatment to potentiate their general well-being, their immune system, and their physical resistance. Very few patients used CAM to cure their diseases.

■ Conclusion

In the present study, it was found that the use of CAM was common among patients. It was also observed that many patients refrained from responding to several questions as (1) they were worried that healthcare personnel might get angry if they heard about their use of CAM; (2) they were indecisive; or (3) they were disinterested (tired). Our findings demonstrate that physicians should talk about the status of CAM use with their patients and assure them on the subject.

It should be stressed that the medical treatment available is the best. However, the physicians should respect patients' use of CAM. The correct treatment of cancer does not consist only of diagnosis, chemotherapy, and radiotherapy. Providing optimal information and helping patients cope with difficult situations is an integral component of treatment. At this point, the skill of the physician may decrease the need for CAM.

Although the use of CAM is mentioned in the surveys of cancer patients all over the world, its healing effect has been investigated inadequately. A more sound approach would be to consider CAM as a supplementary treatment. Standard question forms and descriptions may be devised for use in future studies.

Attempts must be made to better understand the optimal use of CAM. It is very important that physicians and social workers discuss CAM with their patients as medical treatment may be delayed or discontinued and the disease may progress because of the use of CAM. To offer better counsel to the patients in Turkey, further studies investigating the factors that lead the patients to use CAM should be conducted.

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