Turkish Journal of Health Science and Life

THE USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE METHODS AND TRADITIONAL METHODS IN PAIN CONTROL IN TURKEY

Canan DEMİR BARUTCU[a]

[a] *Burdur Mehmet Akif Ersoy University, Faculty of Health Sciences, Department of Nursing, Burdur, Turkey*

ARTICLE INFO

RESEARCH ARTICLE

Article history:

Received: 01 December 2021

Accepted: 22 December 2021

Available : 27 December 2021

Key Words: *Complementary and alternative medicine, traditional, pain management.*

*Correspondence: Canan DEMİR BARUTCU

Burdur Mehmet Akif Ersoy University, Faculty Of Health Sciences, Department of Nursing, Burdur, Turkey.

e-mail: cdemir@mehmetakif.edu.tr

Turkish Journal of Health Science and Life

2021, Vol.4, No.3, 140-149

ABSTRACT

Objectives: The purpose of this study was to determine the complementary and alternative treatment methods and traditional methods used by pain sufferers to provide pain control.

Methods: A cross-sectional and descriptive design was used. The research was carried out between February-June 2018 in Burdur, Turkey. The study sample consisted of 421 individuals. Data were collected through face-to-face interviews with questionnaire. Convenience sampling methods were used.

Results: It was found, 60.3% of participants had frequent pain, 39.9% used alternative medical treatment methods, 71.9% used traditional methods and 65.3% used pharmacological methods when they had pain. When participants had pain, 64.8% used herbal treatment, 27.5% cup therapy, and 24.2% reflexology method as alternative medical treatment.

Conclusion: The people participated in the study preferred traditional methods rather than pharmacological treatment when they had pain, which is evidence of that. It is an important conclusion that the people participated in the study applied to traditional methods first, and then pharmacologic treatment and finally complementary and alternative medicine. In order to reduce damages and correctly direct people, it is very important for health professionals to know methods they will apply to solve patients' problems when they had pain. In order to demonstrate the difference of traditional methods, the study is suggested to be carried out in different populations, regions and cultures.

INTRODUCTION

Today, despite the rapidly changing and developing technology, health problems are constantly increasing, which leads for individuals to search for solutions. One of the most common health problems people have is pain. International Association for the Study of Pain (IASP) defines pain as sensory, and emotional experience, unpleasant and resulting from any part of the body (1). Pain is a situation that individuals often experience, affecting quality of life in a negative way. Despite pharmacological improvements in reducing pain, pain is not clearly managed in all of patients. This situation canalize patients to look for different solutions in the management of pain (2). In the process of finding solution for this problem; as well as modern medicine, complementary-alternative medicine (CAM), various applications known as traditional medicine are also occasionally put into practice. There has recently been an increase in the utilization of non modern medicine practices in developed countries, in both protection of health and solving medical problems (3). The World Health Organization (WHO) defines non modern medical medicine approaches as complementary and alternative medicine (CAM). Complementary and alternative medicine is defined as a system of protection of health, diagnosis and treatment of diseases, constituted within the basic medical integrity to expand the conceptual field of medicine, or to meet the traditional demands that modern medicine can not meet (4-7). It was reported that there is utilization

of CAM ranging from 12% to 76% in Turkey (8-11). Most people today apply for CAM methods to protect and improve health, prevent occurrence of diseases, to heal diseases, and support current medical treatment (12-14). To protect people from the harmful effects of these methods and to prevent unauthorized use, a variety of arrangements have been made in Turkey and in the world. For this reason, 15 methods are accepted in Turkey. These are phytotherapy, mesotherapy, maggot therapy, prolotherapy, cupping therapy, music therapy, hypnotherapy, homeopathy, hirudotherapy, ozone therapy, osteopathy, reflexology, acupuncture, apitherapy and chiropractic (12). Besides, traditional health practices, which are frequently used in Turkish society, are defined as medical practices related to beliefs, traditions and value systems of societies (15). Traditional medicine is a knowledge, skill or application integrity, based on theories, beliefs or experiences belonging to a geographical region or a particular culture. For example, Chinese medicine is a traditional one; herbal treatments or different applications are specific to that region. Athough we use various concepts such as traditional, complementary, or alternative medicine, all these methods / practices have a long-standing past. Limits in these applications, can change according to the country or point of view. For example, while ayurveda or chiropractor, shiatsu massage, energy therapies have been accepted as an alternative medicine in Turkey, they have included in traditional medicine or folk medicine in the Far East (16). People have used different methods in diseases and injuries for centuries in compliance with the value system of society they live in, in an understanding required by current period of time. In parallel with development in science and technology, cultural structures, values and medical understandings of societies have also changed. In accordance with current culture, their educational levels and beliefs on health issues, people have asked for help from trustworthy people in their immediate vicinity, conventonal healers, religious officials, and certificated professionals (15,16). Traditional health practices still continue especially in developing countries such as Turkey. This is an example as, Burdur economic situation and the moderate level of education is a small city located in the west of Turkey. The people who live here prefer traditional treatment methods instead of alternative or medical treatments. Health professionals, whose task is to serve for human health, should have knowledge about current health culture in order to know about alternative and traditional treatment methods to be applied when people suffer from health problems, and to correctly direct them. Therefore, the aim of the study is to identify complementary and alternative treatment methods and traditional methods to be applied to provide pain control for people who have pain.

Methodology

This study was conducted between February and June in 2018. The samples used in the study consisted of 421 randomly selected participants residing in Burdur, Turkey. Face to face method was utilised to collect data of this cross-sectional and descriptive type of study. Convenience sampling methods were used to find individuals who were conveniently available to participate in this study. The study sample consisted of 421 participants. Post hoc power analysis was done in our study. According to this research, effect size was 0.20 and power 80%. Twenty-five person refused to participate in this study because of limited time (5.9%). The inclusion criteria for the participants were as follows: was 18 years and older, volunteering, and literate in Turkish. Descriptive statistics were used to analyze attitudes of participants. The questionnaire conducted by the researcher took about 10 minutes. The data was acquired by the researcher between February and June 2018 in a face-to-face interview method, explaining the aim of the research to the participants who were part of the research sampling where the research was carried out.

Instruments

Demographic characteristics: The questionnaire

consisted of 23 questions regarding the participating patients' socio-demographic and clinical characteristics; the questions elicited the following information: age, gender, economic condition, educational status, whether or not the individual had social insurance, whether or not the individual had a chronic disease, do yu feel healthy, do you pay attention to your diet?, do you exercise regularly, frequency of experiencing pain, area of pain, which methods used when pain is experienced, the reason for the method used, how to choose drugs, what alternative treatment method are you using?, what traditional method are you using?, what do you think about reliability of methods, most effective pain relief method, and do alternative and traditional treatments negatively affect medical treatment.

Statistical Analysis: Analysis was conducted using descriptive statistics tests using the Statistical Package for the Social Services SPSS 22.0 (SPSS Inc., Chicago, IL). A test of hypothesis with p value of <0.05 was considered significant. Descriptive statistics were used to determine participants' characteristics. In order to analyze the data, number, percentage and chi square tests were used.

Ethical Considerations: This study was approved by the Institutional Review Board of the University (IRB approval number: GO 2018/38). Institutional permissions were obtained in order to carry out the study. The objective of the research was explained to the participants and written permission was received from those agreeing to participate in the research. Data was collected through face-to-face interviews to help increase the accuracy of the collected information.

Results

It was found that, 51.3% of participants were females, their average age was 55.67 ± 16.13, income of 54.6% was equal to their outgoings, 33% were primary school graduates, 88.1% had social security, 54.9% had a chronic disease, and 66% felt fit (Table 1). In addition to this, 68.6% of participants were found to keep their nourishment, but 58.2% were not exercising.

Table 1. Social - demographic characteristics of participants (n = 421)

	X	SD
Age	55.67	16.13
	n	**%**
Gender		
Female	216	51.3
Male	205	48.7
Income status		
Income > expense	115	27.3
Income = expense	230	54.6
Income < expense	76	18.1
Education status		
Literate	54	12.8
Primary school	139	33.0
Secondary school	53	12.6
High school	79	18.8
University	96	22.8
Social insurance		
Yes	371	88.1
No	50	11.9
Chronic disease		
Yes	231	54.9
No	190	45.1
Do you feel healthy?		
Yes	278	66.0
No	143	34.0
Do you pay attention to your diet?	289	68.6
Yes	132	31.4
No		
Do you exercise regularly?		
Yes	92	9.21
No	245	58.2
Sometimes	84	20.0
Pain frequency		
Very often	59	14.0
Often	254	60.3
Rarely	108	25.7
The most common area of pain	156	37.1
Head	43	10.8
Teeth	84	20.0
Neck	55	13.1
Abdomen	48	11.4
Kidney	42	10.0
Chest	20	8.4
Throat	26	6.2
Heart	171	40.6
Extremities	134	31.8
Joint	20	8.4
Waist	48	11.4
Back	3	0.7
Shoulder	15	3.6
Stomach	3	0.7
Other		
Total	421	100.0

Table 2. Use of complementary and alternative medicine methods and conventional methods in pain control

Pain Variables	n	%
Methods used when pain is experienced		
Alternative medical treatments	168	39.9
Traditional methods	303	71.9
Pharmacological methods	275	65.3
The reason for the method used		
Reliable	55	13.0
Effective	208	49.4
Easy to supply	130	30.8
Cheap	61	14.4
No side effect	114	27.0
Natural	90	21.3
Scientific	107	25.4
For acceptance	60	2.14
Family-friend suggestion	147	34.9
How to choose drugs?		
Doctor controlled	371	88.1
Health worker suggestion	21	4.9
Pharmacy suggestion	85	20.1
Familiar suggestion	47	11.1
Alternative medical treatments used in pain		
Phytotherapy (herbal therapy)	273	64.8
Acupuncture	66	15.6
Cup therapy	116	27.5
Hypnosis	15	3.5
Ozone therapy	26	6.1
Apitherapy	15	3.5
Prolotherapy	66	15.6
Reflexology	102	24.2
Osteopathy	4	0.9
Homeopathy	45	10.6
Music therapy	13	3.0
Chiropractic	32	7.6
Traditional methods used in pain		
Draw attention to other directions	120	28.5
Sleep	105	24.9
Hot application	261	62.0
Cold application	36	8.5
Taking a shower	54	12.8
Head is covered with scarf	60	2.14
Coffee smelling	75	8.17
Applying Vicks (VapoRup) on the painful area	118	28.0
To pray	111	26.3
Wear an amulet	33	7.8
Applying onion / potatoes on head	21	4.9
Visiting to shrine	11	2.6
Applying olive oil	54	12.8
Drinking chamomile tea	4	0.9
Applying thyme oil / Drinking Thyme water	41	7.9
Applying alcohol	13	3.0
Eucalyptus /Applying Mint oil	47	11.1
Applying plaster	7	1.6
Wearing a corset	3	0.7
Applying Cabbage	8	1.9
Applying egg in the aching region	6	1.4
The reliability of alternative medical treatments		
Reliable	283	67.2
Less reliable	108	25.7
Not safe	30	7.1
Reliability of traditional methods		
Reliable	244	58.0
Less reliable	143	34.0
Not safe	34	8.0
Reliability of pharmacological methods		
Reliable	252	59.9
Less reliable	127	30.2
Not safe	42	10.0
Where do you get the plants?		
Herbalist	314	74.5
Garden	85	20.1
Bazaar	172	40.8
The most effective pain relief method		
Alternative medical methods	99	23.5
Traditional methods	79	18.8
Medical treatment	243	57.7
Does alternative medicine delay medical treatment?		
Yes	70	16.6
No	351	83.4
Do traditional methods delay medical treatment?		
Yes	105	24.9
No	316	75.1

It was found that 60.3% of participants had frequent pain, 39.9% used alternative medical treatment methods, 71.9% used traditional methods and 65.3% used pharmacological methods when they had pain (Table 2). 67.2% of participants stated that they regarded alternative medical treatments to be reliable, 58% traditional methods, 59.9% pharmacological methods. When participants had pain, 64.8% used phytotherapy (herbal treatment), 27.5% stabbing (cup therapy), and 24.2% reflexology method as alternative medical treatment. Moreover, 15.6% of participants stated to have used acupuncture treatment, 15.6% prolotherapy and 10.6% homeopathy. 67.2% of participants stated to have relied on alternative medical treatments they used. When participants had pain, 62% stated that they had a hot application on the aching area, 28.5% tried to draw their attention to different issues, 28.3% spread vaporup on the aching region, 26.3% prayed, 24.9% tried to sleep, 17.8% smelled coffee beans, 12.8 % spread olive oil on the aching region, 12.8% had a bath, 11.1 % spread eucalyptus/ peppermint oil on the aching region as a traditional treatment method. 58% of participants stated that the traditional methods they have used were reliable. 59.9% of participants stated that pharmacological

Table 3. According to participants' demographic properties; usage situations of alternative, traditional and pharmacological treatment

	Alternative medical treatments		*Traditional Methods*		*Pharmacological Methods (Drugs)*	
	Yes	*No*	*Yes*	*No*	*Yes*	*No*
	Number %		*Number %*		*Number %*	
Gender Male Female	74 (17.6) 94 (22.3)	131 (31.1) 122 (29.0)	107 (25.4) 107 (25.4)	98 (23.3) 109 (25.9)	130 (30.9) 145 (34.4)	75 (17.8) 71 (16.9)
Statistical analysis	χ^2 = .120 p = .136		χ^2 = .586 p = .626		χ^2 = .423 p = .473	
Chronic disease? Yes No	100 (23.8) 68 (16.2)	131 (31.1) 122 (29.0)	123 (29.2) 91 (21.6)	108 (25.7) 99 (23.5)	165 (39.2) 110 (26.1)	66 (15.7) 80 (19.0)
Statistical analysis	χ^2 = .118 p = .134		χ^2 = .274 p = .283		χ^2 = .004 **p = .003***	
Income status Income > expense Income = expense Income < expense	68 (16.2) 84 (20.0) 16 (9.5)	47 (11.2) 146 (34.7) 60 (23.7)	39 (9.3) 125 (29.7) 50 (11.9)	76 (18.1) 105 (24.9) 26 (6.2)	72 (17.1) 157 (37.3) 46 (10.9)	43 (10.2) 73 (17.3) 30 (7.1)
Statistical analysis	χ^2 = 30.086 **p = .000***		χ^2 = 21.112 **p = .000***		χ^2 = 2.022 p = .365	
Education status Literate Primary school Secondary school High school University	19 (4.5) 37 (8.8) 14 (3.3) 43 (10.2) 55 (13.1)	35 (8.3) 102 (24.2) 39 (9.3) 36 (8.6) 41 (9.7)	32 (7.6) 88 (20.9) 29 (6.9) 35 (16.4) 30 (7.1)	22 (5.2) 51 (12.1) 24 (5.7) 44 (21.3) 66 (15.7)	30 (7.1) 87 (20.7) 36 (8.6) 53 (12.6) 69 (16.4)	24 (5.7) 52 (12.4) 17 (4.0) 26 (6.2) 27 (6.4)
Statistical analysis	χ^2 = 33.807 **p = .000***		χ^2 = 26.589 **p = .000***		χ^2 = 4.819 p = .306	
Social insurance? Yes No	155 (36.8) 13 (3.1)	216 (51.3) 37 (8.8)	189 (44.9) 25 (5.9)	182(43.2) 25 (5.9)	249 (59.1) 26 (6.2)	122 (29.0) 24 (5.7)
Statistical analysis	χ^2 = 4.575 **p = .045**		χ^2 = .016 p = .510		χ^2 = 4.444 **p = .040***	
Do you feel healthy? Yes No	112 (26.6) 56 (13.3)	166 (39.4) 87 (20.7)	141 (33.5) 73 (17.3)	137 (32.5) 70 (16.6)	163 (38.7) 112 (26.6)	115 (27.3) 31 (7.4)
Statistical analysis	χ^2 = .050 p = .834		χ^2 = .004 p = 1.000		χ^2 = 16.159 **p = .000***	
Do you pay attention to your diet? Yes No	125 (29.7) 43 (10.2)	164 (39.0) 89 (21.1)	139 (33.0) 75 (17.8)	150 (35.6) 57 (13.5)	189 (44.9) 86 (20.4)	100 (23.8) 46 (10.9)
Statistical analysis	χ^2 = 4.307 **p = .042***		χ^2 = 2.758 p = .115		χ^2 = .002 p = 1.000	
Do you exercise regularly? Yes No Sometimes	50 (11.9) 75 (17.8) 43 (10.2)	42 (10.0) 170 (40.4) 41 (9.7)	35 (8.3) 140 (33.3) 39 (9.3)	57 (13.5) 105 (24.9) 45 (10.7)	57 (13.5) 157 (37.3) 61 (14.5)	35 (8.3) 88 (20.9) 23 (5.5)
Statistical analysis	χ^2 = 21.286 **p = .000***		χ^2 = 10.576 **p = .005***		χ^2 = 2.601 p = .272	

*p < 0.05

methods they have used were reliable. On the other hand, 57.7% of the participants stated that the most effective analgesic method was medical treatment, 83.4% alternative medicine methods used would not delay medical treatment, 75.1% traditional methods used would not delay medical treatment (Table 2). It was found that 17.6% of the males used alternative treatment methods whereas 22.3% of the females used alternative treatment methods. Of the participants with a chronic disease, 23.8% were using alternative therapies, 29.2% were using traditional therapies and 39.2% were using medical therapies. In addition, it was found that those with high income and educational level and those with social security preferred medical treatment more. In addition, it was found that individuals who feel healthy, pay attention to their diet, and exercise prefer medical treatment more (Table 3). Our study also revealed that gender, one of sociodemographic characteristics, do not make difference in terms of traditional and pharmacological methods. In the presence of chronic diseases, it was found that there is difference only in terms of pharmacological methods, and people who have chronic diseases generally employ pharmacological methods. This is an expected result for individuals with chronic disease and chronic pain, struggling with pain for a long time. A statistical difference was found between people using CAM and traditional methods and those not using in terms of income level and educational back ground (p □ .005). Those whose income level are not equal to their outgoings were found to have most used traditional and CAM practices. It was found that alternative treatments are used by university graduates in general, and traditional methods by primary school graduates. This is an important result for individuals with different levels of education, in terms of diversity of method they used, and first preferred when they had pain (Table 3).

Discussion

When participants had pain, 39.9% stated to have used alternative medical treatment methods, 71.9 % traditional methods and 65.3% pharmacological methods. These results are not surprising due to the regulation described by Ministry of Health of the Turkish Republic, and the utilization rate of which is constantly increasing. According to Traditional and Complementary Medical Applications Regulation, CAM methods that participants have used were determined as acupuncture, apitherapy, phytotherapy, hypnosis, homeopathy, chiropractic, cup application, mesotherapy, prolotherapy, osteopathy, ozone application, reflexology and music therapy (17). In studies included in Turkish literature, traditional and CAM practices were found to have been frequently used in order to reduce pain (15,18). It was found in the study by Korhan et.al. (2014) in which the effect of relaxing music on patient with pain was investigated that average pain severity scores of patients decreased with the effect of relaxing music (19). It was found in the study by Efe et al. (2012) ,in which the methods applied to children who have abdominal, dental and ear pain were intended to be determined that 29.2% of mothers spread the mixture that they prepared at home on stomach and sole of their children, 38.9% put aspirin, salt, lemon salt etc. On their children's aching teeth (20). The frequency of non-medical alternative treatment use was found 61.2% in the study by Çöl Araz et al. (2012) conducted to evaluate knowledge, attitudes and behaviors of students of Department of Nursing of Faculty of Health Sciences on nonmedical alternative and traditional practices. It was determined that majority of students (84.5%) used these methods for health problems, 33.3% learned /heard these methods via friends, 30.2% via relatives / neighbors and 27.5% via medical personel. The most known non-medical alternative treatment method was determined herbal teas with 80.8% ratio; massage, most common method, with 51.2% ratio. The most commonly used treatment method was found almond / olive oil application with 61.5% ratio (6). In recent years, the use of non-medical alternative treatment methods for health protection and resolution of health problems is constantly increasing. In the study, the majority of students

remarked negative opinions in respect to these methods stating that non medical alternative methods delay for people to take correct medical treatment (71.5%),that these methods should only be used as the last option where medical treatment is insufficient (68.7%),that these treatments are appropriate for curable diseases, not for incurable diseases (66.0%), and that more scientific evidence for these methods should be obtained before they are used as a therapeutic (71.1%). On the contrary, the majority of students also remarked positive opinions in respect to these methods stating that these methods prepare body for defend, and thus better response to medical treatment are obtained, that they are effective as much as medical treatment, and these methods can be used without consulting a doctor. The majority of individuals participated in our study stated that CAM and traditional methods they use don't delay medical treatment. Moreover, it was determined that they use traditional, pharmacological methods at most and CAM method at least. This result is expected for individuals with different sociocultural levels, in different samples. Our study was conducted with students in the age range of 18-75. Nevertheless, individuals living in the same culture have positive thoughts on CAM and traditional approach. According to the results of the study investigating people's knowledge, attitudes and behaviors towards CAM and traditional methods, it was determined that people use herbal methods at most, and that they mostly use these methods to lose weight. Some studies revealed that sociodemographic characteristics are associated with CAM and traditional method use, (15,20) and some revealed that sociodemographic features do not affect the use (6,21,22). In our study was found that alternative treatments are used by university graduates in general, and traditional methods by primary school graduates. This is an important result for individuals with different levels of education, in terms of diversity of method they used, and first preferred when they had pain. The reason of that can be interpreted with that people with low educational level transfer traditional methods from generation to generation, that they have been under environmental influences, and that they have no knowledge of CAM practices. In the study conducted by Güngormus and Kiyak (2012) with the aim of evaluating people's knowledge, attitudes and behaviors towards complementary and alternative treatment (CAM), 42.4% of individuals stated to have used CAM to kill the pain, and 83.7% stated that the method they have used had killed the pain. The study showed that 91.6% of participants have believed for CAM to need to be subjected to more scientific tests; 65.6% for CAM potentially to be dangerous by preventing people from receiving sufficient treatment; 68.4% for CAM potentially to be used as an ultimate remedy; 68.2% for CAM to need to be used for only unserious diseases, not for more serious diseases, and 76.3% have believed that CAM help permanent treatment by strenghtening body's own defense (2). As a result, it was determined that individuals who suffer from pain primarily apply to modern medicine and have a positive attitude towards CAM. The result of the study done in individuals with pain shows parallelism with that of our study. That the point of view toward CAM and traditional methods is positive and these methods use similar practices are due to the fact that their cultural characteristics are the same. We can say that similar traditional and complementary alternative methods are used in studies conducted in different regions of Turkish society. The reason of that can be considered to be raised according to the same cultural characteristics in the same society, and similarity of knowledge transferred from generation to generation.

Studies for alleviating pain, included in the literature, showed that CAM methods were used between 35% and 63% for alleviating neck and back pain, and many patients (60%) benefited from these methods. As a result of the meta-analysis study, in which Furlan et al.(2012) investigated complementary and alternative treatment methods used for neck and back pain; the effects of complementary and

alternative treatment methods were found more effective compared to patients who had not received these treatments by that time, to patients who had received physical treatment (exercise or electrotherapy) or on short-term follow-up patients (23). The most commonly used methods of complementary and alternative medicine methods were found as chiropractics, massage, relaxation techniques, acupuncture, osteopathy, herbal therapy and yoga (24-31). The participants in our study stated that when they had pain, 64.8% used phytotherapy (herbal treatment), 27.5% stabbing (cup therapy) and 24.2% reflexology as alternative medical treatment. Moreover, 15.6% of participants stated to have used acupuncture treatment, 15.6% prolotherapy and 10.6% homeopathy method. 67.2% of participants stated to have relied on alternative medical treatments. When foreign literature is compared with Turkish culture, CAM practices used are seen to show similarity, which is considered due to the fact that CAM practices are now part of the health politics of countries, and that they constitute an universal language and treatment. But, the differentness of traditional practices is an expected result since traditional practices are different, and because of different cultural characteristics. It was found that herbal treatment has been more used than other traditional treatment methods used by patients in Turkish culture, and utilized plants have been generally used like tea (32). In the literature, studies in respect to traditional methods used by individuals with pain couldn't be reached. As a result of our study conducted in the Mediterranean region, the practices participants stated to have most used when they had pain were respectively to have hot application, spread vicks (VapoRup) on the aching region, pray, smell coffee beans, spread olive oil on the aching region, have a bath, spread eucalyptus/ peppermint oil on the aching region respectively as a traditional treatment method. Although individuals, participated in our study, used traditional methods utmost when they had pain, they described pharmacological therapy as the most effective pain killer method, which explains why they passed on to pharmacological treatment when they couldn't receive respond from traditional methods which were their first preference. Many factors, such as knowledge of those using these methods, level of education and awareness, frequency of use, collaborate or not collaborate with physician who carries out medical treatment, attitude of physicians to these methods that patient wants to use, can have a positive or negative effect on result (16). In order to assess these methods in terms of benefits and damages, health professionals need to know the methods patients use most and to direct patients correctly. Therefore, it was considered that our study could help to health professionals for the determination of methods used by individuals with pain.

CONCLUSION

In recent years, the use of alternative treatment methods, and number of people who believe in these methods have increased. Today, CAM and traditional methods have been used to prevent and cure diseases, and provide support for medical treatment. The people participated in the study preferred traditional methods rather than pharmacological treatment when they had pain, which is evidence of that. It is an important conclusion that the people participated in the study applied to traditional methods first, and then pharmacologic treatment and finally CAM. In order to reduce damages and correctly direct people, it is very important for health professionals to know methods they will apply to solve patients' problems when they had pain. In order to demonstrate the difference of traditional methods, the study is suggested to be carried out in different populations, regions and cultures.

Acknowledgements: We would like to acknowledge to the participants of this study. I would like to thank to Zeynep Kıvrak, an undergraduate student, who helped in collecting the data.

Financial support and sponsorship

The author received no financial support for the research and/or authorship of this article.

Conflicts of Interest

There are no conflicts of interest.

References

1. The International Association for the Study of Pain. (2018). Retrieved September 2,2021, from http://www.iasp-pain.org/
2. Güngörmüş Z. & Kıyak E. (2012). Evaluation of the knowledge, attitude and behaviors of individuals who suffer from pain towards complementary and alternative medicines. Ağrı, 24: 123-129.
3. Araz A., Harlak H. & Meşe G. (2007). Health behaviors and alternative medicine use. TSK Koruyucu Hekimlik Bülteni, 6:112-22.
4. World Health Organization (2018). Traditional, complementary and alternative medicine: policy and public health perspectives. Retrieved September 10, from http:// www.who.int/bulletin/volumes/86/1/07-046458/en/
5. Muslu G.K. & Öztürk C. (2008). Use of complementary and alternative therapy in children and evaluation of parental information. Çocuk Sağlığı ve Hastalıkları Dergisi, 51: 62-7.
6. Çöl Araz N., Taşdemir H.S. & Parlar Kılıç S. (2012). Evaluation of opinions of the faculty of health sciences students about non medical alternative and traditional therapies. Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi, 1:240-51.
7. Ergin A., Hatipoğlu C., Bozkurt A.I., Mirza E., Kunak D., Karan C., et al. (2011). Knowledge and attitudes of residents and medical students on complementary-alternative medicine. Pam Med J, 4: 136- 43.
8. Akçay F., Aktürk, Z. (2010). Complementary and alternative medicine for gastrointestinal diseases. Türkiye Klinikleri J Fam Med-Special Topics, 1: 68-75.
9. Kutlu S., Ekmekçi T.R., Köşlü A. & Purisa S. (2009). Complementary and alternative medicine among patients attending to dermatology outpatient clinic. Türkiye Klinikleri J Med Sci, 29:1496-502.
10. Bülbül S.H., Turgut M. & Köylüoğlu S. (2009). Parents' views about alternative practices in children. Çocuk Sağ Hast Derg, 52: 195-202.
11. Erin N. (2006). Complementary and alternative medicine: Nurse practitioner education and practice holistic. Nurs Prac, 20: 242-246.
12. Aktaş B. (2017). Attitudes of nursing students toward holistic complementary and alternative medicine. JAREN, 3: 55-59.
13. Tokem, Y. (2006). The use of complementary and alternative treatment in patients with asthma. Tüber Toraks Derg, 54, 189 -96.
14. Özcelik, H., Fadıloğlu, C. (2009). Reasons for use of complementary and alternative medicine in cancer patients. Türk Onkoloji Dergisi, 24, 48-52.
15. Öztürk, M., Uskun, E., Özdem, R., Çınar, M., Alptekin, F., Doğan, M. (2005). Public interest to traditional medicine in Isparta. Türkiye Klinikleri J Med Ethics, 13, 179-186.
16. Somer, P., Lut, E. (2017). A Legal and ethical evaluation of the regulations on traditional and complementary medicine. Anadolu Kliniği, 22, 58- 67.
17. Mollahaliloğlu S., Uğurlu G., Kalaycı M. & Öztaş D. (2015). The new period in traditional and complementary medicine. Ankara Medical Journal, 15: 102-105.
18. Arıkan D. & Aytekin, A. (2007). The effects of mothers age and educational level on pediatric pain control applications with non-phar-macological methods. Atatürk Üniversitesi Hemşirelik Yüksekokulu Dergisi. 10: 4-12.
19. Korhan E.A., Uyar M., Eyigör C., Hakverdioğlu G., Çelik S. & Khorshid, L. (2014). The Effects of Music Therapy on Pain in Patients with Neuropathic Pain. Pain Management Nursing, 15: 306-314.
20. Efe E., Öncel S. &Yılmaz M. (2012). Women' approach to child that teeth, abdomen and earache. Ağrı, 24: 69-76.
21. Özçelik, G., Toprak, D. (2015). Why is phytotherapy preferred? Ankara Medical Journal, 15, 48-58.
22. Ozer, O., Şantaş, F., Yıldırım, H. (2013). An evaluation on levels of knowledge, attitude and behavior of people at 65 years and above about alternative medicine living in Ankara. Afr J Tradit Complement Altern Med, 10, 134-141.
23. Furlan A.D., Yazdi F., Tsertsvadze A., Gross A., Van Tulder M., Santaguida L., et al. (2012). A systematic review and meta-analysis of efficacy, cost-effectiveness, and safety of selected complementary and alternative medicine for neck and low-back pain. Evidence- Based Complementary and Alternative Medicine, 1: 1-62.
24. Murthy V., David W. & Adams J. (2015). An integrative review of complementary and alternative medicine use for back pain: a focus on prevalence, reasons for use, influential factors, self-perceived effectiveness, and communication. The Spine Journal, 15: 1870– 1883.
25. Kanodia A., Legedza A.T., Davis R.B., Eisenberg D.M. &Phillips R.S. (2010). Perceived benefit of complementary and alternative medicine (CAM) for back pain: a national survey. J Am Board Fam Med, 23: 354 –362.
26. Frank H.L. & Srinivasa N.R. (2011). Complementary and alternative medicine in chronic pain. Pain, 152:28-30.
27. Barnes P.M., Bloom B. &Nahin R. L. (2008). Complementary and alternative medicine use among adults and children: United States 2007. Natl Health Stat Rep, 12: 1-23.
28. Fleming S., Rabago D.P., Mundt M.P. & Fleming M. F. (2007). CAM therapies among primary care patients using opioid therapy for chronic pain. BMC Complement Altern Med, 7:15-19.
29. Cheung C.K., Wyman J.F. & Halcon L. L. (2007). Use of complementary and alternative therapies in community-dwelling older adults. J Altern Complement Med, 13: 997-1006.

30. Ndao-Brumblay, S. K., Green, C. R. (2010). Predictors of complementary and alternative medicine use in chronic pain patients. Pain Med, 11, 16-24
31. Rosenberg, E. I., Genao, I., Chen, I., Mechaber, A. J., Wood, J. A., Faselis, C. J, et al. (2008). Complementary and alternative medicine use by primary care patients with chronic pain. Pain Med, 9, 1065-1072
32. Melikoğlu G., Kurtoğlu S. & Kültür Ş. (2015). Plants traditionally used in Turkey in Asthma. Marmara Pharmaceutical Journal, 19: 1-11.