Volume: 3 **Issue:** 1
Year: 2022
DOI: 10.53811/ijtcmr.1059553

International Journal of Traditional and Complementary Medicine Research

Publisher
Duzce University

ORIGINAL RESEARCH

The Examination of the Use of Traditional, Complementary and Alternative Medicine and Practices by Turkish Citizens and Syrians under Temporary Protection

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Received: 18.01.2022 Accepted: 21.02.2022

Abstract
Objective: As of the mid-twentieth century, rapid advances in disease diagnosis and treatment had increased the use of complementary and alternative therapies.
Material-Method: This study was conducted among Syrians under temporary protection aged 18 and over and Turkish citizens in the province of Elazig, located in the Eastern Anatolia region of Türkiye. In order to compare Syrian and Turkish citizens, each group was calculated as 295 people.
Results: Participants learned about Traditional Complementary and Alternative Medicine and Applications most frequently from family. The first three methods mostly used by Syrians under temporary protection were the use of herbal products with 93.9%, bloodletting therapy and cupping therapy with 46.8%. Among Turkish citizens, the first three mostly used methods were the use of herbal products with 88.1%, cupping therapy with 13.6%, and bloodletting therapy with 10.5%. While 98.0% of Turkish individuals reported experiencing side effects from traditional complementary medicine practices, 46.1% of Syrians under temporary protection reported experiencing side effects.
Conclusion: Participants learned about Traditional Complementary and Alternative Medicine and Practices most frequently from family members. Access to information on this subject should be facilitated. Awareness-raising studies should be carried out, especially in the use of herbal products.
Keywords: Complementary Medicine, Syrians, Alternative Therapies

INTRODUCTION

Human beings have been using Traditional Complementary and Alternative Medicine and Practices since the beginning of their existence. However, there has been an increase in the use of complementary medicine practices since the middle of the twentieth century, in line with the rapid developments observed in diagnosis, nursing, and treatment [1]. Furthermore, the increase in chronic, degenerative, and malignant diseases that are difficult to nurse and treat as life expectancy increases, as well as the high cost of new technologies, the difficulties in accessing these opportunities, the inability of healthcare team members to spare enough time, the suspicion of current nursing and treatment methods and fear of possible side effects have also greatly increased the interest in complementary medicine practices [2].

Alternative medicine is defined as any health service that is used instead of medical treatment and is not accepted by modern biomedicine or treatments. On the other hand, complementary medicine is a treatment and healthcare system that is used in addition to medical treatment [3]. Terms related to complementary and alternative medicine are typically grouped under a single heading. Complementary and alternative medicine is defined

as a system of diagnosis, treatment, and protection, which is formed by diversifying the conceptual framework of medicine, or by meeting the demands that cannot be met traditionally and adding integrity to fundamental medicine [4].

Interest in traditional and complementary medicine practices continues. The use of traditional medicine methods is widespread worldwide [5].Traditional medicine is the sum of knowledge, abilities, and practices used for health protection such as the prevention of physical and mental illnesses, their diagnosis, recovery, and treatment, that are based on theories, beliefs, and experiences specific to different cultures that can or cannot be explained. The terms "complementary medicine" and "alternative medicine" are used interchangeably with traditional medicine. These correspond to a wide range of health practices that are not part of that country's traditional practices and are not integrated into the existing health system [6]. In a study conducted by Patricia et al. in the USA, it was determined that 62% of the participants used any of the complementary and alternative treatments [7]. According to studies conducted around the world and in our country, the usage rate of Traditional Complementary and Alternative Medicine and Practices is 42.1% in the US, 48.2% in Australia, 49.3% in France, 70.4% in Canada while in developing countries, the rates are 40% in Colombia, 71% in Chile, 70% in China and 80% in African countries [8]. This rate has been determined to be 65.8% in Türkiye [9].

The aim of the present study is to determine the use of Traditional Complementary and Alternative Medicine and Practices by Syrians under temporary protection and Turkish citizens living in the region.

MATERIALS AND METHODS

This descriptive and cross-sectional study was conducted among Syrians under temporary protection aged 18 and over and Turkish citizens in the province of Elazig, located in the Eastern Anatolia region of Türkiye. According to 2020 records, 12202 Syrians live under temporary protection in the region constituting the population of the study. The n= Nt 2 2nd 2 pq/d 3 2nd 3 (N-1)+t 4 2nd 4 pq formula is used to determine the sample group. The frequency of the usage of alternative and complementary medicine was determined to be 80% in the sample calculation following the pilot study conducted among 20 Syrian participants under temporary protection. The number of people to be sampled was calculated as 295 with a 97% confidence interval and 5% deviation. The study included the same number of Turkish citizens as the control group. The total number of samples was determined as 590 people. The study was conducted in the Healthy Living Center and Migrant Health Center between 01.02.2021 and 01.03.2021. The inclusion criteria of the study are being a Syrian under temporary protection over the age of 18 and being a Turkish citizen.

Following the necessary literature review, the questionnaires were created. Questionnaires were administered by the researchers who would carry out the study by making face-to-face interviews. Participation in the questionnaire was based on voluntariness, and the questionnaires were administered only after participants had been informed and signed a consent form.

The obtained data were saved in the package program, and error checks, tables, and statistical analyses were performed through this software. The means are presented with standard deviations. As statistical analysis methods, the X^2, t-test, and variance analysis were used.

Ethical statement

Necessary permissions were obtained from the Directorate General of Migration Management, dated 25.04.2018 and numbered 91541139-000/97. The necessary permission was obtained from Fırat University Non-Interventional Research Ethics Committee, dated 14.01.2021 and numbered 2021/01-29.

RESULTS

The average age of the participants included in the study was 40.05±15.93. The average age of Syrians under temporary protection was 37.11±15.30, while the average age of Turkish citizens was 43.02±16.03. While 59.2% of Syrians under temporary protection were male, 54.1% of Turkish citizens were female. While 32.2% of Syrians under temporary protection are high school graduates, 50.7% have extended families, 34.9% of Turkish citizens are university graduates and 86.7% have nuclear families (Table 1). The average household number among Syrians under temporary protection was 7.48±2.16 people, while it was 3.92±1.53 among Turkish citizens (Table 1).While 37.3% of Turkish citizens had a chronic illness and 94.9% consulted a doctor due to health problems, 26.4% of Syrians under temporary protection had a chronic illness and 99.3% consulted a doctor when they experienced health problems.

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Table 1. Socio-demographic characteristics of participants.

	Syrian		Turkish Citizen		Statistical analysis	
	N	%	N	%		
Age	37.11±15.30		43.02±16.03		t:4.505	P<0.001
Gender						
Male	174	59.0	136	46.1	X^2:9.815	P:0.002
Female	121	41.0	159	53.9		
Educational status						
Illiterate	54	18.3	40	13.6		
Primary school graduate	51	17.3	58	19.7		
Secondary school graduate	66	22.4	37	12.5	X^2:61.685	P<0.001
Highschool graduate	95	32.2	57	19.3		
University graduate	29	9.8	103	34.9		
Smoking						
Yes	95	32.2	80	27.1		
No	182	61.7	188	63.7	X^2:3.183	P:0.204
Stopped	18	6.1	27	9.2		
Average age of starting smoking	18.85±4.01		18.01±2.38		F:8.489	P:0.123
Family structure						
Nuclear family	145	49.2	256	86.8	X^2:95.916	P<0.001
Extended family	150	50.8	39	13.2		
Average household member	7.48±2.16		3.92±1.53		t:17.241	P<0.001

According to our research, when faced with any health problem, 6.4% of Turkish participants use non-prescription drugs, and 38.6% apply to Traditional Complementary and Alternative Medicine and Practices. Among the Syrians, these rates are 3.1% and 32.5%, respectively. Almost every participant (99.3%) had heard of traditional and complementary medicine. The most used information sources were family members, radio and television broadcasts, and the internet. The benefit rate among participants was 95.1%. The rate of those who experienced side effects was 75%. (Table 2).

The first three traditional and complementary medicine methods most used by Syrians under temporary protection were the use of herbal products (93.9%), the use of bloodletting (46.8%), and cupping therapy (46.8%). Among Turkish citizens, the first three methods that are commonly used were the use of herbal products (88.1%), cupping therapy (13.6%), and bloodletting therapy (10.5%). Traditional Complementary and Alternative Medicine and Practices were most used to strengthen the immune system in both groups. The rate of those who stated that Traditional Complementary and Alternative Medicine and Practices were beneficial was 95.1% (Table 3).

DISCUSSION

Family members, radio-television broadcasts, and the Internet were the most common sources of information for the Traditional Complementary and Alternative Medicine and Practices of participants. The rate of those who received information from healthcare professionals was relatively low. The rate of getting information from healthcare professionals for Traditional Complementary and Alternative Medicine and Practices was found to be significantly higher than that of Syrians under temporary protection. The study conducted by Tan et al. supports our findings [10]. According to a study conducted in Türkiye, 13% of people consult a doctor about Traditional Complementary and Alternative Medicine and Practices [11]. Consequently, the principle that the expected benefit of a drug outweighs the potential risk applies to both traditional products and synthetic pharmacological agents [12]. Several studies have reported that Traditional Complementary and Alternative Medicine and Practices may cause side effects [12,13]. Therefore, it is important to carry out studies to ensure that people have access to reliable information sources about Traditional Complementary and Alternative Medicine and Practices.

In our study, both groups had a high rate of consulting a doctor for health problems. It was determined that when Syrians under temporary protection experience health problems, they visit a doctor at a significantly higher rate than Turkish citizens (p<0.05). No significant difference was

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found between the rates of using non-prescription drugs and resorting to Traditional Complementary and Alternative Medicine and Practices in either group when faced with health problems (p>0.05) (Table 2). There are studies supporting our finding [14].

Table 2. Information resources about traditional complementary and alternative medicine and practices.

	Syria		*Türkiye*		*Statistical analysis*	
	N	**%**	**N**	**%**		
Have you ever heard of traditional medicine methods?	295	100	291	99.7	X^2:4.027	P:0.045
Where did you hear it from?						
Family	299	99.3	266	90.2	X^2:24.820	P<0.001
Radio-Television	220	74.6	211	71.5	X^2:0.697	P:0.404
Internet	108	36.6	98	33.2	X^2:0.746	P:0.388
Books	19	6.4	17	5.8	X^2:0.118	P:0.731
Newspaper	0	0.0	10	3.4	X^2:10.172	P:0.001
Conference/Seminar	0	0.0	4	1.4	X^2:4.027	P:0.045
Healthcare professionals	0	0.0	21	7.1	X^2:21.775	P<0.001
Regarding traditional treatment methods;						
Received training	3	1.0	2	0.7	X^2:0.185	P:0.667
Benefited from	273	97.8	268	92.4	X^2:8.980	P:0.030
Experienced side effects	136	46.1	289	98.0	X^2:196.953	P<0.001

The rate of those who stated that they benefited from Traditional Complementary and Alternative Medicine and Practices among the participants was found to be more than 90%. The rate of Syrians under temporary protection who stated that they benefited from Traditional Complementary and Alternative Medicine and Practices was found to be significantly higher than Turkish participants (p<0.05).

Several studies support our findings [11,15–17]. The most used traditional complementary medicine practices among the participants were determined to be herbal medicine use (91.0%), the use of cupping therapy (30.2%), and the use of bloodletting (28.6%). The use of these three methods was found to be significantly higher among Syrians under temporary protection than among Turkish participants (p<0.05), (Table 3).

Table 3. The Traditional Complementary and Alternative Medicine and Practices the participants use.

Method	**Syria**		**Türkiye**		**Statistical analysis**	
	N	**%**	**N**	**%**		
Herbal medicine	277	93.9	260	88.1	X^2:5.991	p: 0.014
Acupuncture	0	0.0	13	4.4	X^2:13.293	P<0.001
Music/Painting/Dance	0	0.0	12	4.1	X^2:12.249	P<0.001
Homeopathy	5	1.7	5	1.7	X^2:0,000	p: 1.000
Chiropractic	85	28.8	14	4.7	X^2:61.186	P<0.001
Osteopathy	78	26.4	3	1.0	X^2:80.496	P<0.001
Ozone application	3	1.0	9	3.1	X^2:3.062	p: 0.080
Cupping	138	46.8	40	13.6	X^2:77.266	P<0.001
Hirudotherapy	16	4.4	20	6.8	X^2:0.473	p: 0.491
Bloodletting	138	46.8	31	10.5	X^2:94.940	P<0.001
Larval therapy	3	1.0	2	0.7	X^2:0.202	p: 1.000
Mesotherapy	0	0.0	2	0.7	X^2:2.007	p: 0.157
Prolotherapy	5	1.7	0	0.0	Fischer X^2:5.043	p: 0.061
Hypnosis	0	0.0	3	1.0	X^2:3015	p: 0.082
Zone therapy	0	0.0	0	0.0		

Prolotherapy (95.1%), mesotherapy (92.4%), and homeopathy (91.4%) were found to be the least known methods among the participants (p<0.5), (Table 5). A study conducted in Malaysia discovered differences in the use of Traditional Complementary and Alternative Medicine and Practices among different parts of the country. This result supports our study. It is an anticipated result

that having different cultures will affect the use of complementary medicine practices [18]. According to the WHO report, the number of countries with herbal medicine regulation between 1999 and 2019 has nearly doubled, reaching 124 countries [19]. According to the same report, one of the methods that are among the most used Traditional Complementary and Alternative Medicine and Practices worldwide is the use of herbal medicine. Studies are stating that herbal medicine use is common [19,20].

In our study, it was discovered that Traditional Complementary and Alternative Medicine and Practices were used to strengthen the immune system (79.8%), with the belief that it will work (59.5%), in addition to doctor treatment and to treat digestive system disorders (47.3%). When the intended purpose of Traditional Complementary and Alternative Medicine and Practices was compared between the two groups, it was discovered that Turkish citizens used it significantly more for hair and face care, weight loss, and addiction treatment ($p<0.05$). It was discovered that the rate of using Traditional Complementary and Alternative Medicine and Practices for infertility, the likelihood that it will work, musculoskeletal diseases, dermatological diseases, digestive system disorders, neurological diseases, respiratory system diseases, and immune system strengthening were significantly higher among Syrians under temporary protection($p<0.05$). (Table 3).

In the study of Oral et al [9], it is most commonly used due to a chronic disease and pain problem. In our study, when some characteristics of the participants regarding the traditional and alternative medicine usage purposes were examined, the most common usage purposes were Strengthening immune system, Does no harm, May be helpful and In addition to medical treatment. however, it was determined that the least usage purposes were Paralysis, chronic neurological diseases and Anxiety and Depression/Psychological issue. (Table 4). This difference may be due to the different sample groups.

Table 4. Some characteristics of the participants about traditional and alternative medicine usage purposes.

The reasons to use traditional and alternative medicine	*Syria*		*Türkiye*		*Statistical analysis*	
	N	**%**	**N**	**%**		
General state disorder	77	26.1	58	19.7	X^2:3.467	p: 0.063
Reducing stress	11	3.7	16	5.1	X^2:0.644	p: 0.422
Losing weight and addiction	6	2.0	19	6.4	X^2: 7.059	p:0.008
Facial care and haircare	31	10.5	50	16.9	X^2: 5.166	p:0.023
Sound sleep/Lack of sleep	31	10.5	27	9.2	X^2: 0.306	p:0.580
Stopping the advancement of the illness	49	16.6	20	6.8	X^2: 13.803	P<0.001
Strengthening immune system	273	92.5	198	67.1	X^2: 59.212	P<0.001
Digestive system disorder	210	71.2	69	23.4	X^2: 135.184	P<0.001
Respiratory system diseases	90	30.5	8	2.7	X^2: 82.279	P<0.001
chronic neurological diseases	10	3.4	2	0.7	X^2: 5.444	p:0.020
Anxiety and Depression/Psychological issue	7	2.4	9	3.1	X^2: 0.257	p:0.612
Backache, low back pain and shoulder ache	153	51.9	58	19.7	X^2: 66.585	P<0.001
Migraine, headache	23	7.8	22	7.5	X^2: 0.024	p:0.877
Muscle pain, muscle spasm	93	31.5	28	9.5	X^2: 43.926	P<0.001
Dermatological diseases	56	19.0	36	12.2	X^2: 5.151	p:0.023
Joint, tendon and ligament diseases	42	14.2	10	3.4	X^2: 21.596	P<0.001
Paralysis	6	2.0	3	1.0	X^2: 1.015	p:0.314
In addition to medical treatment	112	38.0	201	68.1	X^2: 53.902	p<0.001
Infertility	11	3.7	26	8.8	X^2: 6.488	p:0.011
Does no harm, may be helpful	217	73.6	134	45.4	X^2: 48.451	p<0.001
Desperation	30	10.2	34	11.5	X^2: 0.280	p:0.596

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In the researches, it is seen that the participants mostly know the bloodletting and cupping therapy. However, in the researches, it was determined that the participants knew the least mesotherapy, prolotherapy and homeopathy therapy [21,22]. In this study, it was seen that the participants were mostly known for bloodletting cupping and herbal medicine therapy, however, mesotherapy, prolotherapy and homeopathy was the least known. (Table 5).

Table 5. Participants' knowledge levels about traditional and alternative treatment methods.

Information	Never heard of it		Just heard of it		Know it generally		Know it well	
	N	%	N	%	N	%	N	%
Herbal medicine	6	1	31	5.3	380	64.4	173	29.3
Apitherapy	318	53.9	247	41.9	24	4.1	1	0.2
Hypnosis	256	43.4	217	36.8	115	19.5	2	0.3
Acupuncture	249	42.2	213	36.1	124	21.0	4	0.7
Hirudotherapy	80	13.6	352	59.7	139	23.6	19	3.2
Homeopathy	539	91.4	31	5.3	19	3.3	1	0.2
Chiropractic	298	50.5	46	7.8	222	37.6	24	4.1
Cupping	81	13.7	96	16.3	189	32.0	224	38.0
Bloodletting	59	10.0	126	21.4	173	29.3	232	39.3
Maggot debridement therapy	503	85.3	69	11.7	15	2.5	3	0.5
Art therapy	399	67.6	165	28.0	24	4.1	2	0.3
Mesotherapy	545	92.4	33	5.6	12	2.0	0	0.0
Prolotherapy	561	95.1	15	2.5	13	2.2	1	0.2
Osteopathy	309	52.4	51	8.6	212	35.9	18	3.1
Ozone application	413	70.0	142	24.1	32	5.4	3	0.5
Zone therapy	430	72.9	143	24.2	15	2.5	2	0.3

CONCLUSION

It has been concluded that Traditional Complementary and Alternative Medicine and Practices are widely used among both Syrians under temporary protection and Turkish citizens. The vast majority of those who use Traditional Complementary and Alternative Medicine and Practices intend to use them in addition to strengthening the immune system as an addition to medical treatment. Most participants stated that these methods were beneficial to them. Herbal medicine is the most used traditional treatment method. Especially herbal remedies can cause side effects. Most participants learned about complementary and alternative medicine from their families, television and radio broadcasts, and the internet. The rate of those who received training on Traditional Complementary and Alternative Medicine and Practices is less than 1%. It was discovered that the participants' use of books or seminars as a source of information was quite low. Clearly, studies should be conducted to ensure the reliability of information sources. The Ministry of Health should play its part in terms of conducting a more effective education program on the proper use of traditional and complementary medicine remedies.

Limitation

Since Syrian and Turkish citizens were not matched, this may have caused a limitation in statistical comparisons.

Disclosure statement: The authors have no conflicts of interest to declare.

Author contributions: Conceptualization: [FK]; Design: [FK]; Writing: [FK, YO, FB]; Investigation/Data collection: [CP, BA, AK, RG, FK, FB]

Conflict of interest: There is no potential conflict of interest relevant to this article.

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