

Complementary and Alternative Medicines (CAM) and its Role in Thalassaemia Treatment

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Predominantly Complementary and Alternative Medicine (CAM) is considered as health care practices that differ from the biomedicine [1]. Worldwide the estimated adult general population for CAM use varies from as low as 32% [2] to as high as 80% [3].

CAM use is common among patients with chronic diseases such as arthritis, cancer [4], Acquired Immunodeficiency Syndrome (AIDS) [4]. Thalassaemia is a chronic life long illness which requires biomedicine treatment for the first few months after birth and persisted until death. The World Health Organization (WHO) listed the hemoglobinopathies disorder such as thalassaemia as one of urgent health problems which has considerable impact on health care system. In addition WHO concerns, because due to high cost of treatment for thalassaemia, its increasing prevalence, morbidity, mortality rates within few years of life in people left untreated [5]. The differences in CAM estimates have been attributed to time or place but CAM estimates for apparently similar to the population that take around the same time. For example estimated American children with cancer from 8.7% [6] to 65% [7] use CAM as a treatment. The reason the people with the serious illness use CAM in the situation of highly sophisticated biomedicine has proven that difficult to determine.

Even though CAM treatment can reduce the morbidity and the mortality but it may have potentials of unnecessary interactions with the prescribed biomedicines. For example the CAM therapies such as herbs and vitamin can mask or distort the biomedical treatments and for this reason the possible effect of combining biomedical and CAM might give harmful effects or may lead to inaccurate biochemical results. Such concerns are probable because people with chronic disease have been found always use CAM therapies at the same time with biomedicine.

Thalassaemia is a chronic condition that requires regular blood transfusion. Whilst, most research that related to thalassaemia was limited to biomedical issues (such people might also use CAM as their treatment. A comprehensive search of the literature review yielded that only one article that specifically related to CAM and thalassaemia. This article detailed that the children use of CAM and majority of the parents (36.1%) stated that they used CAM to ensure their children's health and protect them against disease [8]. Moreover the study of the reasons for CAM used and its disclosure to treating practitioners has never been undertaken with people that who depend on the biomedicine treatment from cradle to grave. Thus the exploration of the reasons of CAM use and disclosure to amongst people with lifelong condition like Thalassaemia is deemed necessary. Therefore the most studies that shows the participants that using CAM because to avoid or relief the musculoskeletal problems and distressing and painful conditions [9] which suggest that CAM use was for a treatment not on lifestyle practice. For example poorer physical health associated with chronic illnesses with accounted 60% of CAM use and 35% of such use for pain.

It is important to study of thalassaemia because there are intensively biomedical treated for the duration of their life, which means the person that use of CAM might be jeopardising their health.

The review of the existing literature on CAM disclosure suggested that CAM disclosure estimates were disproportionate with estimates for CAM use in thalassaemia [10] whilst the research into illness like thalassaemia is extensive and there is no knowledge to concurrent related to CAM and biochemical use amongst this population. Hence this issue highlight the CAM and the importance on the frequency of use and the reasons why people with thalassaemia use CAM despite their lifetime and need of the biomedical treatment.

The enduring nature of chronic illness such thalassaemia, places are demands on people who have such illness. It includes the need for them to follow the invasive of the treatment and the medication which can emphasize health's problem. The thalassaemia patient is in need of the biomedical treatment from the infant until death and it is most severe form of the haemolytic of the congenital haemolytic anaemia. Hence the thalassaemia major can be categorized as a severe and chronic disease, requiring long life treatment. This study is the first to explore the issues that related to the use and disclosure of CAM use and disclosure by the chronically ill by the exploring the discrepancy of the rise of CAM use and the limited of the disclosure to the biomedicine practitioners.

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