

## Chapter 2

# CAM Use From Western and Asian Perspectives: Overview of Different Cultural Beliefs of CAM Medicine and Prevalence of Use

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### **ABSTRACT**

*This chapter will discuss the impact on the provision and integration of complementary and alternative medicine (CAM) into the patient's medical pathway and in turn, the prevalence of usage, not only for treatment but also prevention. Similarities and differences of these issues between Western and Asian perspectives will be presented. The authors will provide an overview of regulatory organisations which influence this provision, as well as advertising within the cultures which will have impact on belief of efficacy, which in turn will increase the placebo effect (thereby increasing efficacy). Due to a lack of evidence for CAM advertising in Asian cultures, further research is needed.*

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## **GENERAL PERSPECTIVES ON CAM**

With a long history of complementary and alternative medicine (CAM) use in certain cultures, CAM appears far more integrated in some nations rather than others. This integration seems to be due to the concurrent use of CAM with the development of orthodox medicine. Also CAM emerged prior to the need for evidence based medicine, which demands a significant p-value in a randomised controlled trial. CAM had built a good anecdotal evidence base by the time orthodox medicine emerged, which then enabled its use to be maintained over recent years within certain cultures, such as Asian ones. For example, the Thai population began to use herbal medicine for the treatment of various symptoms and diseases and for promoting well-being before 1238 A.D (He, 2015). Indeed, Thai traditional medicine has been the main intervention for health care until the early 20<sup>th</sup>. Century (Chokevivat, & Chuthaputti, A. 2005). Prior to this, traditional Chinese medicine (TCM) was born in the Chinese culture with its roots within a philosophy such as Buddhism, more than 2,500 years ago (He, 2015). During the Ming and Qing dynasties (1368AD-1911AD) thanks to the advancement of paper making and printing, TCM spread to other countries of the Western continent (He, 2015). However, as the word spread from Asia about TCM, so the news reached Asia about orthodox medicine, leading to a change in cultural beliefs. In 1928, the Central Committee on Hygiene of China, put forward a motion to ‘abolish Chinese medicine in order to remove the obstacles to the cause of orthodox medicine and hygiene.’ (Wang, 2013). In 1949, the People’s Republic of China, outlawed the use of Chinese medicine in hospitals, and during the Cultural Revolution in 1966-1976 many practitioners were either jailed or killed (Wang, 2013). Therefore, in 1976, a document was submitted to the Chinese government, saying that there were almost no traditional doctors left (Wang, 2013). This led to the establishment in 1979 of the National Association of Chinese Medicine, and many traditional texts were edited and republished (Wang, 2013). Now CAM use, especially TCM, is accepted more by governments in Asian rather than Western areas (Bautista, et al., 2011). For example, there is still a department within the Ministry of Public Health in China, specifically dealing with TCM (Hesketh & Zhu, 1997). Its aim is to support the use and integration of TCM within cultures and to create a framework in which CAM can be delivered. Today, China is regarded as one of the most integrated health systems in the world where TCM is embedded

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