Use of Complementary Medicine by Students to Alleviate Stress Related to Examination Taking: A New Generation of Users Across the Globe?

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Abstract

Objectives: To discern the habitual use of and belief in alternative remedies. Design: Questionnaire covered demographic details and use and experience of using alternative remedies. Settings/Location: Online completion of questionnaire. Subjects: Sixty-nine participants (55 female, 14 male) aged between 18 to 30 years studying undergraduate and postgraduate psychology at Bournemouth University, Dorset, UK. Interventions: Structured open and closed questions; all questions were given to all participants. Outcome Measures: Qualitative comments; percentage of respondents in common categories of answers. Results: The majority of respondents had used remedies for exam nerves or anxiety related to academic input. Many had obtained these products from friends or relatives rather than from retail outlets. Conclusions: Respondents provided a number of reasons for their belief in the efficacy of the chosen product including: genuine effect; psychological (placebo) effect; or an ambiguous effect.

Introduction

Complementary Medicine (CM) has become increasingly important in current treatment regimes because it can offer an alternative or adjunct to conventional approaches that may be ineffective or costly. The field of CM has sometimes received criticism and scepticism perhaps not unduly so in some instances. However, it must be remembered that alternative therapies often have their origins several hundreds of years ago and may have been practiced with great success but without modern day medical-scientific scrutiny. Of course, this does not negate the need for scientific scrutiny to determine efficacy and safety.

However, alternative therapies and CM have increasingly been brought under ethical scrutiny. Ethics, the study of moral values and judgements, can be traced back to Hippocrates who was the ancient Greek physician of 4th century BC (460-380 BC) who set himself apart from other healers of their time by stressing that their professional pursuits were rational and scientific rather than magical or religious.1 Several medical thinkers have emphasised that a physician should carry ‘a good sense and discretion.’2 It is interesting to consider the worldwide perspective as approaches and scientific rigour in determining efficacy and safety also vary from one country to another. For example, Asia is abundant with herbal remedies and alternative therapies that work alongside mainstream treatment. There appears to be more of an acceptance of these alternatives to conventional therapy amongst the indigenous population whereas onlookers may even frown upon some of the approaches routinely adopted for frequent health problems. It is also worthwhile comparing conventional theories of treatment and how they can be applied in countries where CM is well established.

Thailand / Singapore

A good example is Lawton and Nahemow’s 1973 Person-Environment Model3 which is perhaps more valuable in societies where fewer options to family-based eldercare exist such as in Thailand4 or Singapore.5 The four rehabilitation dimensions of biological, psychological, social, and spiritual work well with medical models of care and treatment. There is a case for consideration of alternative therapies and medicines together with the conventional.

The Netherlands

In the Netherlands, there is little insight into the activities of Dutch CM practices yet the demand for CM is growing worldwide. In order to re-dress this situation, Helligers, de Groot, Koster and van Dunnen6 investigated CM practices and the length of time spent with their patients. They found that the visit length of patients by General Practitioners in CM practices is much longer compared with mainstream practices. They concluded that such ample time for visits may be one of the attractive features of CM over conventional therapy for patients.

Canada

An initial resistance to non-mainstream approaches seems to be present in the majority of Western European countries and in some other countries, worldwide. However, a grassroots group of Canadian artists from diverse disciplines has met to investigate
the possibility of creating a specialised health-care facility for professional creative artists and performers. The success of integrative health care is dependent upon financial resources and therefore is also dependent upon the support and commitment of all staff involved including commissioners of care which is sometimes the main obstacle to success.

China
China is an advocate for Ancient Chinese medicine and of course, the ancient martial arts. The mind-body exercises of Tai Chi is a standard of medical care in many Asian countries. The Western world lags behind in the study of alternative medical treatments. Hoffman-Smith, Ma, Yeh, DeGuire and Smith demonstrated phenomenal reductions in the symptoms of anxiety following a 10-week programme of Tai Chi classes lasting one hour twice daily. Patients also reported feeling more relaxed and peaceful. The authors suggest that Tai Chi may be a clinically effective tool for reducing anxiety.

Greece / Saudi Arabia
Traditional Greco-Arab and Islamic Medicine also have much to offer traditional Western medicine. In a double-blind randomised clinical study of “Weighlevel” (a combination of four medicinal plants), Said, Khalil, Fulder, Marie, Kassis and Saad showed after 12 weeks, on average, statistically significant weight loss and body mass index reductions in their subjects who took a Weighlevel tablet in combination with their usual diet. A placebo control group showed no statistically significant weight loss. The authors propose that this medicinal combination is not only efficacious but also tolerable for takers as well as safe which are important and attractive attributes of a medicinal compound.

United States
In the United States, the extent of use of complementary medicines and therapies and their associated costs is unknown. However, it is believed that many people use unconventional therapy for health problems, for example, traditional folk medicine. Eisenberg, Kessler, Foster, Norlock, Calkins and Delbanco conducted a national survey and found that in 1990 Americans made an estimated 425 million visits to providers of unconventional therapy. This number exceeds the number of visits to all United States primary care physicians (388 million). Furthermore, expenditures associated with use of unconventional therapy in 1990 amounted to approximately $13.7 billion as compared to the $12.8 billion spent on all hospitalisation in the United States.

United Kingdom
As a Western European developed country, the United Kingdom is abound by offerings of alternative therapy. Complementary medicine is a reckonable concern economically. Constantly, patients are turning to alternative remedies and strategies to help with health and psychological problems including failing memory and anxiety. However, the extent of use of medicinal non-prescribed compounds is unknown in the United Kingdom. The attitudes of young users are also unsubstantiated. Therefore, a survey was conducted amongst the undergraduate population at Bournemouth University in Dorset, United Kingdom, to discern the extent and type of products favoured. The findings of this population reflect a new generation of use that cannot be assumed because the majority of our culture is not necessarily accepting of alternative treatments and products to mainstream therapy.

Materials and Method
First year undergraduates studying Bachelor of Science (with Honours) Psychology and Masters level students studying foundations of Clinical Psychology at Bournemouth University, Dorset, United Kingdom, were recruited using SONA, the University’s computerised recruitment and advertising tool and advertising in-class. Students were provided with information about the study and asked to complete a 23-item questionnaire (Illustrations 1 & 2) about complementary medicine. They were also asked for their consent to the study and allowed to refuse to answer any of the questions if they so wished, withdraw at any time or not take part at the last minute. Ethical approval was given by the University’s Ethics and Research Committee (Ref. 09.10.09.13:17).

Results
Sixty-nine participants aged between 18 – 30 years completed questionnaires. Their mean age was 19.5 years (mode = 18 years). Fifty-five (80%) were female and 14 (20%) were male.

Some participants declined to answer a few of the questions and therefore percentages are calculated from the totals of those who responded to that particular question. The majority (45 or 76%) did not suffer from a physical or mental condition that required them to take prescribed medication. Only 18 (26%) suffered from regular headaches of migraine.

Participants were asked to name the product they had used. The number of Males (M) and Females (F) is
shown in parentheses:
- Boots herbal remedy weight loss tablets (1F)
- Ear-OK drops (1F)
- Echinacea (2F)
- Elderberry & blackcurrant extract (1F)
- Feverfew tablets (1F)
- Herbal tablets for growth of nails & hair (1F)
- Ibuprofen (4F) (10%)
- Iron (1F)
- Kalms (6F, 3M) (24%)
- Manuka honey (1M)
- Neurofen Cold & Flu (3F)
- Paracetemol (5F) (12%)
- Rescue Remedy (2F)
- Sleeping pill (1M)
- St John’s Wort (2F)
- Syndol – Caffeine, Codeine Phosphate, Doxylamine Succinate, Paracetemol, (1F)
- Tea tree blemish gel (1M)
- Tiger Gel (1F)
- Toning tablets (1F)

Thirteen (31%) participants had used herbal remedies such as Echinacea, Elderberry and Blackcurrant extract, Feverfew, herbal tablets for nail and hair growth, Manuka honey, Rescue Remedy, St John’s Wort, Tea tree blemish gel, Tiger gel. Nine (24%) participants had used “Kalms” tablets and 9 (23%) had used non-prescribed medicines either paracetemol (5 or 12%) or ibuprofen (4 or 10%). Forty-eight (71%) participants did not consider the product that they had used was expensive. Purchase costs ranged from £0.16 to £25.95 (mean = £4.71; mode = £5.00). Products were purchased from a chemist (22 or 42%), given to them by a friend or relative (13 or 25%), or purchased from a supermarket (11 or 21%), the internet (3 or 6%), or from a health shop (2 or 4%) or homeopathic doctor (1 or 2%). All participants (100%) did not consider that a repeat purchase would be a problem.

The main purpose for using the product was for exam stress/anxiety (13 or 28%). Ten (22%) participants used it for headaches or for sleeping (5 or 11%). The breakdown of other reasons can be seen as follows:

- Anaemia (1F)
- Chronic Fatigue Syndrome (1F)
- Colds prevention (1F)
- Exam stress/anxiety (12F, 1M) (28%)
- Fungal ear infection (1F)
- Growth of nails & hair (1F)
- Headache (10F) (22%)
- Seronegative arthritis (1F)
- Sleeping (4F, 1M) (11%)
- Improve immune system (2F, 2M)
- Migraine (2F)

- Pain control (4F)
- Toning muscles (1F)
- Weight loss (1F)

Twenty-four (44%) participants used the product daily; whereas 13 (24%) used it only when it was required:
- Daily (26) (46%)
- 2-3/day (8) (14%)
- 1-2/week (3)
- 1/month (2)

Rarely/once (4)

When required (13) (23%)

Between 1 – 3 tablets was the most common dosage (37 or 77%):
- 1-3 tablets (37) (77%)
- 6-8 tablets (2) (4%)
- 2 drops (8) (17%)
- 4 flower heads (1) (2%)

In terms of efficacy, 29 (55%) said that the product worked; 3 (6%) replied “don’t know” and 22 (41%) replied that it did not work. However, 28 (52%) indicated that the product worked in the way they had expected whereas 22 (41%) said that it did not work in the way they had expected. Four (7%) returned “don’t know”.

For the majority of participants (45 or 96%), the desired effect had been long-lasting and only 2 (4%) participants had experienced any side-effects which were not long-lasting. Fifty-four (92%) indicated that they had not used the product in conjunction with any other product. Forty-seven (85%) indicated that they would not use the product again.

When asking if they had known “Ginko Biloba”, 59 (89%) returned that they did know but only 2 (29%) returned that it was intended to help with memory and concentration difficulties.

Forty-eight per cent of participants said that the product they had used was “very good”, whereas 17% said that the product had an ambiguous effect or did not do what it stated to do. Seventeen per cent said that they believed the product worked more in a psychological way than a medicinal or chemical way.

**Discussion**

The market trend for searching for alternative treatments to conventional therapies or medicines appears to be as big as ever. The new generation of students is also keen to find alternative remedies for exam nerves and anxiety related to meeting deadlines for academic input. The favoured medicines in this study were purchased for around £4.71 and obtained from relatives or friends rather than from retail outlets such as chemists or supermarkets.
Many used the remedies on a daily basis or when it was required with the most common dose being 1 to 3 tablets. Forty-eight per cent of respondents felt that the product they had used was “very good”, though seventeen per cent believed that the product had worked more in a psychological way than a medicinal or chemical way. This pays homage to the well-documented placebo effect where it is the perception of good rather than the actual chemical effect than seems to induce the feeling of successful relief in target symptoms. Perhaps surprisingly though, many reported that they would not use the product again.

Conclusions

In economic terms, remedies are big business all over the world. Perhaps the overwhelming message is the fact that alternative remedies and treatment approaches offer an alternative and a choice versus conventional approaches. Despite sometimes working in a psychological way rather than in a true scientific efficacious way, some remedies still bring relief to sufferers. Alternative medicines and therapies should not be overlooked for three reasons: (i) often their origin of use may be centuries old and may still not be fully understood in terms of scientific effect; (ii) the way some alternative remedies and treatment work may not yet be amenable to conventional scientific means of measurement; (iii) the power of choice and alternative to conventional treatment when conventional has not been successful is attractive and may have a strong placebo effect.

Whilst not advocating unstructured and irresponsible trial-and-error approaches to alternative treatments and remedies, sometimes conventional Western medicine can overlook potential powerful beneficial effects obtainable from unconventional approaches. There is the power of healing and there is also the power of discovery.

References

This questionnaire is designed to gather some important information about people’s habits and views towards Complementary Medicine.

Only complete this Questionnaire if you have ever used a herbal remedy or a product that is not a conventional medicine and is non-prescribed.

Your responses will be completely anonymous and the data will be used to inform future studies. You will not be identified. The data may be published collectively so it is important that you answer as accurately and as honestly as you are able to do so.

Thank you very much.

Please tick the chosen box against each question.
It will be very helpful if you are able and willing to answer all questions.
Please also complete the demographical data that will enable comparisons to be made across different groups of people.

A. Demographic Data
1. Please enter your age today (To the Nearest Number of Years):
2. Are you Male (M) or Female (F)?
3. Do you suffer from a physical or mental condition that requires you to take prescribed medication (Y/N)?
4. Do you suffer from regular headaches or migraine (Y/N)?
B. Questions about the Product you used

1. Its name?
2. Do you consider it to be expensive?
3. How much did you pay for it?
4. Where did you purchase it (or was it given to you)?
5. Can you get it easily again?
6. For what MAIN purpose did you use it for?
7. How often did you use it for this MAIN purpose?
8. How much did you use each time?
9. Did it work?
10. Did it work in the way you expected?
11. Was the effect long-lasting?
12. Did you experience any side-effects (please state)?
13. Were the side-effects long-lasting?
14. Would you use it again?
15. Did you use it together with another non-prescribed product?
16. If so, what was the other product called?
17. Do you know what “Ginko Biloba” is?
18. Do you know what “Ginko Biloba” is used for?

Comments about your experience of using any other non-prescribed products?
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