ABSTRACT

INTRODUCTION

The innate urge among human beings to try new and alternative ways of relieving suffering is epitomized by the popularity of Complementary and Alternative remedies (CAM) during ill health.[4] Cancer is not only a burden in the country but also a global burden with among the highest rate of mortality. In spite of the great strides made by the conventional therapy, many cancer patients have resorted to using CAM with the hope of finding cure to their illness as well as improve the quality of life. Results so far published have shown that CAM can contribute to improve the quality of life and wellbeing of cancer patients.

OBJECTIVES

This study was conducted to define the prevalence, patterns of use, the reasons and the factors influencing the use of CAM by cancer patients at Kenyatta National Hospital, Nairobi.

METHODOLOGY

Face to face interviews using semi-structured questionnaires were used to determine the use of CAM by the cancer patients. All consenting cancer patients who satisfied the inclusion criteria were interviewed as they presented to the oncology clinic.

RESULTS

Seventy eight respondents were interviewed during the study. 35(44.9%) were male while 43(55.1%) were female. The age distribution was from 18 to above 57 years. The cancer was broadly classified into carcinoma (92%), sarcoma (5%) and lymphoma (3%). The carcinomas that predominated were breast cancer (29.5%) among the female, while prostate cancer (16.66%) among the male and gastric carcinoma (9.0%) that did not have any predilection to a specific gender. 11 patients (14.1%) have used CAM at one point during their treatment of cancer with conventional therapy while 67 patients (85.9%) have not used any form of CAM. There were more male than female CAM users. The use of CAM was however not affected by the age, gender, and marital status, level of education and level of income.

The most frequently used CAM was herbal medicine. 64% of the patients used CAM with the hope of curing their disease while 36% used it with the hope of getting symptomatic relief.
Among the CAM users, only 45% were satisfied with the use of it while 55% were disappointed as it did not meet their expectations and would therefore never recommend the use of CAM to anyone else. 27% obtained some benefit from the use of CAM, 27% did not experience any benefit and a further 46% were unclear about any notable benefit experienced. 55% of the CAM users had disclosed their use of CAM to the doctor, while 45% did not disclose this reason, mostly because they do not feel it is important to let the doctor know as he/she never asks.

CONCLUSION

The prevalence of CAM use among cancer patients in Kenyatta National Hospital ranks lower compared to other countries. The most common type of CAM in use is herbal medicine. However, most patients do not obtain the expected benefits and do not disclose this information to the doctors as they feel it is not important.

RECOMMENDATIONS

This study recommends that it is important for health care workers to inquire on the use of CAM from the cancer patients when they come to the oncology clinic. Similar studies should also be carried out in other hospitals in the country so as to compare with the data obtained from the cancer patients at Kenyatta National Hospital. Studies involving patients at herbalists’ clinics should also be done. This will help establish the national prevalence of CAM use.