

Letter to the Editor

AMJ 2014, 7(12)

The use of complementary and alternative medicines in hypertension: A summary of the Arab region

Corresponding Author:

Inas Rifaat Ibrahim

PhD Candidate, Discipline of Social and Administrative Pharmacy, School of Pharmaceutical Sciences, Universiti Sains Malaysia, Penang, Malaysia.

Lecturer, Al-yarmouk University College, Baghdad, Iraq

Email: phm.enas@yahoo.com

Dear Editor,

Hypertension is the leading cause of renal failure and mortality worldwide. Its prevalence in the Arab region ranges from 26.1 per cent to 32.2 per cent and continues to rise steadily. This is potentially due to smoking, obesity, unhealthy eating habits, and the socio-political challenges in this region of the world.

The prevalence of self-treatment with complementary and alternative medicines (CAM) in lowering blood pressure is recognised in the literature.¹⁻³ This alternative approach encompasses a variety of modalities that include herbal medicine, acupuncture, cupping ("Al-Hijama" in Arab culture), biofeedback, chiropractic, meditation, and massage.¹ However, evidence regarding the efficacy, effectiveness, and safety of herbal products in the treatment of hypertension is still inadequate. This dearth underscores the need to conduct randomised control trials to provide reliable information about the effectiveness of CAM.

In Arab society, medical herbs and "Al-Hijama" are the most recognised approach of CAM. Herbal remedies are considered a part of Arab culture, and are available in local markets either in their crude form or prepared in a special mixture by a local herbalist who often lacks formal education. These products are not subjected to any regulation and are sold in markets as dietary supplements. Al-Hijama is a traditional Arabic method of treatment by which the blood is drawn from various points in the body through the application of a vacuum by a special tool or cup. After the removal of the vacuum, small incisions are made

on the skin using a surgical or razor blade to withdraw blood from the body.

To the best of our knowledge, only a few studies—conducted in Palestine, Jordan, and Morocco—have outlined the use of CAM by patients diagnosed with hypertension in the Arab region.²⁻⁴ In these studies, particular emphasis was placed on the name of the product used; the prevailing factors of CAM self-treatment; and CAM disclosure to healthcare professionals. Thyme, ginger, hawthorn, garlic, lemon, Nigellasativa (Habbatul barakka), cloves, olive leaves, olive oil, green tea, and linseed were the herbal products most used by Arab patients diagnosed with hypertension.²⁻⁴ Social beliefs, the high cost of Western medicines, and trust in plant products were the main factors beyond this self-treatment. Most patients in those studies relied mainly on friends, families, and herbalists to get the advice they needed rather than consulting their doctors or any other healthcare professionals.

Lack of information about the self-use of CAM approaches among patients with hypertension in the Arab region persists. A major concern is the lack of information on the potential side effects of these products, lack of quality control, toxicity, and herb-medicine interactions. Most Arab folk medicines have not been evaluated for their safety and effectiveness. Furthermore, the actual dose of these remedies is vague and unpredictable. Therefore, in the interest of patient safety, it would be beneficial for health policy makers to regulate the sales of these products and allow the approval of these therapies only with the associated safety and efficacy standards. Clinical trials among Arab society should be encouraged to provide the expected effect of these products on lowering blood pressure and toxic-free effect.

Sincerely,

Inas R. Ibrahim¹, Mohamed Azmi Hassali², Fahad Saleem³

¹ PhD Candidate, Discipline of Social and Administrative Pharmacy, School of Pharmaceutical Sciences, Universiti Sains Malaysia, Penang, Malaysia

² Deputy Dean (Student Affairs & Networking), School of Pharmaceutical Sciences, Universiti Sains Malaysia, Penang, Malaysia

³ Senior Lecturer, Discipline of Social & Administrative Pharmacy, School of Pharmaceutical Sciences, Universiti Sains Malaysia, Penang, Malaysia

References

1. Lin M, Nahin R, Greshwin M, Longhurst J, Kenneth K. State of complementary and alternative medicines in cardiovascular, lung, and blood research: executive summary of workshop. *Circulation* 2001;103:2038-41. doi: 10-1161/01.CIR.103.16.2038.
 2. Ali-Shtayeh M, Jamous R, Jamous RM, Salameh N. Complementary and alternative medicine (CAM) use among hypertensive patients in Palestine. *Complement Ther Clin Pract*. 2013 Nov;19(4):256-63.
 3. Wazaify M, Alawwa I, Yasein N, Al-Saleh A, Afifi F. Complementary and alternative medicines (CAM) use among Jordanian patients with chronic disease. *Complement Ther Clin Pract*. 2013 Aug;19(3):153-7.
 4. Eddouks M, Maghrani M, Lemhadri A, Ouahidi M, Jouad O. Ethnopharmacological survey of medicinal plants used for the treatment of diabetes mellitus, hypertension and cardiac diseases in the south-east region of Morocco (Tafilalet). *J Ethnopharmacol*. 2002 Oct;82(2-3):97-103.
-