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Complementary and alternative medicine among Thalassemia patients in Malaysia: Current situation and future directions

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Thalassemia is an illness diagnosed in the first few months after birth requiring biomedical treatment shortly after birth and persisted until death. Thalassemia is also categorized as severe and chronic disease that requires lifelong treatment. If left untreated the chances of morbidity and mortality increases especially among patients with Thalassemia major. The treatment need for thalassemia patients includes regular blood transfusion to maintain oxygen carrying capacity of the blood. Daily injections administrated over ten hours for iron removal medication such as vitamin and mineral supplements, hormone replacement therapy and surgery when necessary for acute conditions and complications such as infections are required. Patient with thalassemia are prescribed numerous medicines some of which are taken on daily basis and other administrated during hospital visits. A common interest towards complementary and alternative medicine is found among Thalassemia patients. Whilst some CAM therapies might be beneficial some may potentially magnify the disease status of people with thalassemia due to potential harmful interaction of CAM with the medicines given. Though there are risks of CAM interactions with conventional medicines used for Thalassemia patients not much has been explored among patients with Thalassemia in Malaysia. Unauthorized use of CAM such as vitamins & mineral may lead to cardiac pathologies. Similarly, the anticoagulant such as warfarin & aspirin taken with ginseng, garlic or gingko will increase the anticoagulant potency of such drug and might result in death when blood coagulation indices are altered beyond the therapeutically desired level. It is important to evaluate Thalassemia patients within the context of meaning and rationale that they attach to their health behavior because they are intensively on biomedical treatment. In addition, the study of CAM among Thalassemia patients also needs to understand patient's CAM disclosure to their health care providers. Informed use of CAM may prevent them from the dangers of drug-drug interactions, may reduce the chances of side effects and may increase their life expectancy. Identification of factors surrounding the disclosure of CAM use by people living with thalassemia will represent significant step towards supporting biomedical practitioners, patient educators, information services and support group. These issues are critical and need further exploration in order to optimize their physical and psychological well-being.

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