Alternative Therapy for Atopic Dermatitis and Psoriasis: Patient-reported Motivation, Information Source and Effect

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In a questionnaire study, 227 patients with atopic dermatitis and 215 with psoriasis, who had used alternative medicine, were asked to state their main reason for trying alternative medicine. The answers indicated that the absence of satisfactory effect of physician-provided therapy was the most decisive factor. Their main information sources on alternative therapies were persons without skin disease, and the mass media. The majority reported no improvement, or even aggravation of their skin disease, as a result of alternative treatments (except for diet changes). These findings emphasize the need for documentation of effect of alternative medicine, as well as for further research and education efforts in order to improve therapy for atopic dermatitis and psoriasis. Key words: Complementary medicine; Homoeopathy; Skin disease; Patient evaluation; Mass media.

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Many patients with chronic skin diseases, such as atopic dermatitis (AD) and psoriasis (Ps), try various forms of alternative medicine (1, 2). We were interested in ascertaining patients’ motives for seeking alternative medicine, how forms of alternative medicine had been brought to their attention, and the patients’ opinion of the effects of such treatments.

MATERIAL AND METHODS
In a questionnaire study among out-patients at the Department of Dermatology at Rikshospitalet, Oslo, Norway, 227 AD patients and 215 Ps patients reported use of alternative medicine (1). By questionnaire, these patients were asked to state their main reason for trying alternative therapy (with five closed alternatives and one open), to state their main source of information on alternative therapy (with five closed alternatives and one open), and to evaluate its effect on a five-point scale. The closed answers were formulated after a pilot study. Separate answers were to be given for each form of alternative medicine.

Only results regarding homoeopathy, herbal remedies, health food preparations, diet changes, and acupuncture will be reported here, results regarding foot zone therapy, magnet therapy, iris diagnosis and hair mineral analysis

Table 1. Reasons for trying alternative medicine reported by patients with atopic dermatitis (AD) and psoriasis (Ps) (all values are percentages)

<table>
<thead>
<tr>
<th>Question answered by</th>
<th>Homoeopathy</th>
<th>Herbal remedies</th>
<th>Health food prep</th>
<th>Diet changes</th>
<th>Acupuncture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic group</td>
<td>AD Ps</td>
<td>AD Ps</td>
<td>AD Ps</td>
<td>AD Ps</td>
<td>AD Ps</td>
</tr>
<tr>
<td>Used by (numbers of patients)</td>
<td>147 88</td>
<td>79 92</td>
<td>77 120</td>
<td>77 57</td>
<td>50 37</td>
</tr>
<tr>
<td>Poor results of physician/hospital therapy</td>
<td>37 26</td>
<td>21 13</td>
<td>26 11</td>
<td>23 8</td>
<td>26 18</td>
</tr>
<tr>
<td>Side effects of physician/hospital therapy</td>
<td>10 5</td>
<td>11 3</td>
<td>8 9</td>
<td>3 17</td>
<td>4 6</td>
</tr>
<tr>
<td>Doctors are not concerned enough about my case</td>
<td>8 8</td>
<td>4 5</td>
<td>7 5</td>
<td>3 11</td>
<td>4 3</td>
</tr>
<tr>
<td>Own confidence in therapy</td>
<td>4 8</td>
<td>7 15</td>
<td>8 13</td>
<td>23 15</td>
<td>13 6</td>
</tr>
<tr>
<td>I wish to try everything</td>
<td>39 51</td>
<td>54 62</td>
<td>48 61</td>
<td>39 45</td>
<td>51 61</td>
</tr>
<tr>
<td>Other</td>
<td>1 0</td>
<td>3 1</td>
<td>3 2</td>
<td>10 4</td>
<td>2 6</td>
</tr>
</tbody>
</table>

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Table II. Sources of information on alternative medicine for patients with atopic dermatitis (AD) and psoriasis (Ps) (all values are percentages)

Question: In what way was this treatment brought to your attention? What was, in your opinion, the main way?

<table>
<thead>
<tr>
<th>Diagnostic group</th>
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<th>Diet changes</th>
<th>Acupuncture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used by (number of patients)</td>
<td>AD 147</td>
<td>Ps 88</td>
<td>AD 79</td>
<td>Ps 92</td>
<td>AD 77</td>
</tr>
<tr>
<td>Question answered by</td>
<td>142</td>
<td>81</td>
<td>73</td>
<td>86</td>
<td>72</td>
</tr>
</tbody>
</table>

Recommended by physician
- 3 AD 3 Ps
- 3 AD 3 Ps
- 3 AD 3 Ps
- 3 AD 3 Ps

Recommended by nurse or other health personnel
- 19 AD 26 Ps
- 3 AD 3 Ps

Recommended by person with same skin disease
- 11 AD 1 Ps
- 2 AD 1 Ps
- 11 AD 1 Ps
- 11 AD 1 Ps

Recommended by person without same skin disease
- 22 AD 31 Ps
- 2 AD 1 Ps
- 22 AD 3 Ps

Recommended by person without same skin disease
- 22 AD 31 Ps
- 1 AD 1 Ps
- 3 AD 1 Ps

Recommended by person without same skin disease
- 22 AD 31 Ps
- 2 AD 1 Ps
- 3 AD 1 Ps

Recommended by person without same skin disease
- 22 AD 31 Ps
- 1 AD 1 Ps
- 3 AD 1 Ps

The patients’ general opinion of the effect of alternative medicine was shown in Table III. Of those who had tried homoeopathy, the majority of both AD patients (60%) and Ps patients (62%) reported “no improvement” or “aggravation” of their skin disease. Of the AD patients, 23% reported “aggravation”. The patients’ evaluations were quite similar for the other forms of alternative medicine, except for “diet changes (other than those advised by the

Table III. Evaluation of the results of alternative therapies by patients with atopic dermatitis (AD) and psoriasis (Ps) (all values are percentages)

Question: If treatment was completed, what, in your own opinion, has its effect been on your skin disease in general?

<table>
<thead>
<tr>
<th>Diagnostic group</th>
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<td>AD 147</td>
<td>Ps 88</td>
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<td>Ps 92</td>
<td>AD 77</td>
</tr>
<tr>
<td>Question answered by</td>
<td>137</td>
<td>83</td>
<td>73</td>
<td>86</td>
<td>75</td>
</tr>
</tbody>
</table>

Very good
- 7 AD 5 Ps
- 1 AD 6 Ps
- 7 AD 9 Ps
- 14 AD 7 Ps
- 9 AD 3 Ps

Good
- 9 AD 7 Ps
- 1 AD 10 Ps
- 11 AD 6 Ps
- 8 AD 13 Ps
- 12 AD 16 Ps

Some improvement
- 25 AD 25 Ps
- 2 AD 29 Ps
- 29 AD 24 Ps
- 48 AD 39 Ps
- 21 AD 10 Ps

No change
- 37 AD 61 Ps
- 3 AD 50 Ps
- 47 AD 59 Ps
- 29 AD 37 Ps
- 44 AD 65 Ps

Aggravation
- 23 AD 1 Ps
- 1 AD 5 Ps
- 7 AD 2 Ps
- 1 AD 4 Ps
- 14 AD 7 Ps

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physician)" where a majority of the patients reported improvement.

DISCUSSION

The growing interest in alternative medicine has been seen by some as a reflection of the independence and emancipation of patients from scientific medicine. The findings in this study, however, indicate that the absence of satisfactory long-term effects of physician-provided therapy is the main reason for AD and Ps patients' trying alternative medicine. This is consistent with the findings of other studies (1, 3-7).

"Poor results from physician/hospital treatment" was more frequently stated as being the main motive among AD patients than among Ps patients. This is consistent with our observation that AD patients are less satisfied with the results of physician-provided treatment than are Ps patients (1).

Persons without skin disease and the mass media were the main sources of information on alternative medicine for the majority of the patients (except regarding dietary changes). This finding is consistent with the clinical impression that many patients with chronic skin disease are given a great deal of advice, and even pressure, by family and friends to seek various forms of alternative therapy, often based on uncritical reports in the media.

The results regarding the patients' general evaluation of effects do not permit of any conclusion as to whether alternative medicine is effective against AD and Ps or not. Patients who may have experienced beneficial results of alternative therapy, have less need to attend the clinic and are consequently not included in the study. Some of the patients may not have carried out treatment as instructed. The evaluation is retrospective, open and subjective. The numbers of patients reporting "some improvement" or "good"/"very good" results are low, as in other similar reports (3-5). In a recent German survey, however, a larger proportion reported positive results (2).

The majority of both patient groups reported some form of improvement from dietary changes. It is possible, however, that many of these diet changes among the AD patients are consistent with established medical practice, since 22% of the patients who had tried this name the physician as their most important source of information. The reported effects of dietary changes on Ps cannot be explained in this way. Herbal remedies include creams and ointments containing herbal extracts (according to additional comments), and these may well have a moisturizing effect.

Many patients with AD reported aggravation of their disease as a result of alternative therapy. Aggravation may be due to simultaneous discontinuation of scientific medical therapy, to the alternative therapy per se, or to spontaneous variations in disease intensity. Patients are often told by homoeopathic practitioners that they will experience a flare-up of their condition initially and that this is necessary for the ultimate effect.

The results of this study emphasize the need for documentation of the possible effects on skin disease of alternative medicine. Ideally, double-blind tests should be performed, but these are often difficult to carry out (8, 9) and may be claimed to be of limited relevance to certain forms of alternative medicine (10). The study also emphasized the need for a critical attitude by the mass media to claims of excellent results of any form of therapy. Further research regarding AD and Ps in order to improve therapy is needed, as well as improved patient/doctor communication and education.

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REFERENCES


