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Modernizing traditional medicine in Pakistan: A sociological perspective

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Abstract

Plants are necessary for life to exist as they are an essential part of the source. Plants have been used to treat ailments from the beginning of time. Some medicinal plants are widely used for therapeutic purposes, including treating gastrointestinal illnesses caused by microbial infection. In this regard, diverse indigenous medicinal herbs are utilized in various societies to manage multiple disorders. Even in affluent countries, natural treatments are increasingly commonly used because the world's rich and wonderful plant kingdom is well known for its medical value. Plant species' potential therapeutic characteristics have aided in the creation of a variety of herbal remedies for a variety of disorders across the world, especially in Pakistan. More than sixty percent of the population of Pakistan relied on herbal remedies recommended by traditional healers. Most herbal treatments are affordable and widely available to the general public.

Keywords: medicinal herbs, microbial infection, modernization, traditional medicine, Pakistan

Introduction

Complementary and Alternative Medicine (CAM) encompasses diverse healthcare practices, products, and therapies not traditionally considered part of conventional medicine (Owens et al., 2024). In Pakistan, it has gained popularity and is widely utilized by the general population (Khan, 2024). It can be attributed to various cultural, societal, economic, and healthcare system-related factors (Ali, 2024). This discussion will explore the general population's approach towards CAM in Pakistan, considering its cultural and contextual aspects (Towghi, 2024).

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Pakistan is a country with a rich history of traditional systems of medicine, such as Unani, Ayurveda, and traditional Chinese medicine, which have contributed to the use of CAM (Parrotta, 2024). Such conventional systems have been entrenched in the culture and practices of most ethnic and regional groups in the country (Ansari et al., 2024). Most Pakistani people are confident in the effectiveness of traditional medicine and are interested in CAM as one of their medical practices (Husen, 2021). The limited access to conventional health care facilities, particularly in rural and remote locations, is one of the major reasons why CAM has been gaining popularity in Pakistan (Asad & Harris, 2024). Lack of nearby health facilities or financial limitations that is related to modern healthcare treatment makes people resort to CAM (Khan, 2024).

It is also deemed as cheaper than traditional medical care, and hence a desirable option to people with limited finances (Mahdi & Mahdi, 2024). Conventional therapies and herbal remedies are not very costly and can be available to more citizens (Husen, 2022). Culture and religion are essential factors determining the beliefs of people on health and wellness (Ali, 2024). A large number of Pakistanis have great faith in the therapeutic effects of natural and herbal medicines, most of which are based on cultural and religious messages (Fayyaz et al., 2024). The importance of cupping, acupuncture, and the utilization of specific herbs has a long history and spiritual context that has made them easy to accept (Husen & Pant, 2024).

CAM has different therapies and treatments, including homeopathy, acupuncture, cupping therapy, herbal medicines, spiritual healing, yoga, and meditation (Owens et al., 2024). The individuals decide to use CAM due to their beliefs, preferences, and how effective these various modalities are perceived to be (Ansari et al., 2024). The use of CAM along with traditional medicine has become a growing trend in Pakistan over the past years (Husen, 2021). Most healthcare providers are embracing the use of CAM techniques in their practice so as to offer a more holistic approach to healthcare (Mahdi & Mahdi, 2024). It is through this integration that the general population is willing to embrace and use CAM (Fayyaz et al., 2024).

The popularity of CAM has also been encouraged by increased awareness about CAM via the various media channels, the internet, and also through educational programs (Towghi, 2024). Human beings will be able to get knowledge on various CAM treatments and their possible effects, which affects their readiness to use alternative forms of therapy (Parrotta, 2024). In Pakistan, the population is very much interested and accepting of complementary and alternative medicine (Ali, 2024). Cultural heritage, lack of access to conventional medicine, affordability, cultural and religious beliefs, the variety of CAM modalities, their combination with traditional medicine, and social enlightenment are all factors contributing to the popularity of CAM within the country (Asad & Harris, 2024). The insights of these dynamics are essential in enabling care practitioners and policymakers to create a more holistic and inclusive healthcare system that helps to support both conventional and alternative methods to enhance the quality of life of the population (Khan, 2024).

Research Justification

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The justification for this research stems from the growing popularity and utilization of complementary and alternative medicine (CAM) within Pakistan's general population. Understanding the factors that influence the adoption of CAM is crucial for several reasons:

1. **Healthcare Landscape in Pakistan:** The healthcare system in Pakistan is experiencing issues, such as the inability to access modern healthcare facilities, particularly in rural and remote regions (Khan, 2024). The accessibility of CAM and its perceived low cost make it an alternative or supplement to use (Asad & Harris, 2024).
2. **Cultural and Traditional Beliefs:** Pakistan has a rich cultural and traditional history of practicing different forms of CAM and which is deeply ingrained within the religious and cultural beliefs (Parrotta, 2024). A study of the effects of these beliefs on CAM use can illuminate the impact of culture on healthcare choices (Ali, 2024).
3. **Combination with Conventional Medicine:** The combination of CAM with conventional medicine is a rising trend in most parts of the world, and Pakistan is also not left behind (Owens et al., 2024). To make the healthcare system more complete and efficient, it is imperative to understand the attitudes and the motivations that underlie this integration (Mahdi & Mahdi, 2024).
4. **Socioeconomic Factors:** CAM is relatively cheap and accessible to relative to conventional medicine and thus, people with lower income levels will find it more appealing (Husen, 2022). Studies examining the impact of socioeconomic factors on the use of CAM are important to health care policy and planning (Towghi, 2024).
5. **Public Health Implications:** Due to the increase in chronic diseases and the necessity of holistic approaches in healthcare, the research on the role of CAM in health promotion and chronic disease management is important (Fayyaz et al., 2024). Awareness of the implications of public health can be used to implement strategies that improve healthcare outcomes (Husen, 2021).
6. **Public Awareness and Education:** The internet and media play a very important role in influencing the understanding of CAM among the people (Ansari et al., 2024). Research into the effects of CAM can inform health communication practices and promote it (Husen & Pant, 2024).
7. **Evidence-Based Practice:** It is necessary to evaluate the evidence and the studies about CAM in Pakistan to ensure that the incorporation of CAM into the healthcare system is informed by scientific rigor and safety (Ali, 2024).

Overall, this study will seek to gain a clear insight into the determinants of a high rate of adoption and use of CAM in Pakistan. This kind of knowledge has the potential to aid in the formulation of effective healthcare policies, informed healthcare choices, increased access to healthcare and its affordability, and, finally, positive health outcomes among the population in Pakistan.

Modernization in Traditional Medicine

Traditional Oriental Medicine (TOM) is several thousand years old (Parrotta, 2024). In recent times, however, pharmaceutical technology has developed and directed TOM into modernizing to make it more accessible, easy to administer, and cost-effective

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(Mahdi & Mahdi, 2024). The herbal medicines developed are more efficient, and client preferences are soft extracts, granules, intranasal administrations, drop tablets, eye drops, injections, and capsules (Owens et al., 2024). These are the formulations that are undergoing rigorous research on their safety and efficacy (Fayyaz et al., 2024). Another technology modernization of the TOM trend is an integrated application (Ansari et al., 2024). Technology has led to the creation of oriental medical equipment (Husen & Pant, 2024). It is possible due to the present-day electrical engineering to use electroacupuncture, laser acupuncture, laser moxibustion, and so on (Ali, 2024). These new methods are being experimented with and subjected to translational studies to establish the safety and effectiveness of these new methods (Mahdi & Mahdi, 2024).

Traditional medicine, mainly herbal medicine, is an essential source of healthcare worldwide, especially in rural and isolated places (Husen, 2021). Many people, particularly in undeveloped or developing nations, rely on such medicine for primary healthcare (Khan, 2024). Traditional medical systems such as Ayurveda, Siddha, and Unani have a long history of efficacy, and contemporary science has recognized the value of such therapy (Parrotta, 2024). Conventional medicine, known as medicinal herbs, is another critical source of novel medications (Owens et al., 2024). Such medicines must be mainstreamed for the benefit of the public (Asad & Harris, 2024). Several initiatives have been taken to promote and incorporate this type of medicine into clinical practice (Towghi, 2024).

According to the WHO, nearly 80% of the people in underdeveloped countries consume traditional herbal remedies (Husen, 2022). Due to the absence of modern facilities in health, efficacy, cultural inclination, and alternatives in the underdeveloped countries, traditional medicines offer a cheap and alternative means of primary health care (Khan, 2024). The conventional herbal treatment is getting popular in the developed countries as well (Ali, 2024). Traditional herbal remedies, for example, represent 30–50 percent of overall drug usage in China (Ansari et al., 2024).

At the same time, herbal treatments are the first option for 60 percent of children suffering from high-grade malarial fever in countries like Ghana, Nigeria, Zambia, and Mali (Fayyaz et al., 2024). Due to the cultural acceptance of curative and local pharmacopeias, plus the comparably inexpensive cost of traditional medicines, around 80% of Ethiopia's population consumes them (Husen, 2021). Ethnobotanical surveys can fill in the gaps in the search for therapeutic medications by documenting ancestral knowledge (Owens et al., 2024).

Pakistan has a diverse range of climatic zones, each with its own biodiversity (Parrotta, 2024). There are around 6000 plant species in Pakistan, about 400–600 being medicinally valuable (Husen, 2022). Several researchers in the country have documented the therapeutic applications of plant resources (Ansari et al., 2024). Folk knowledge about traditional herbal treatments is typically passed down through the generations by word of mouth (Towghi, 2024). Vertical transmission increases the risks of knowledge extinction, a significant concern that must be handled for preservation (Ali, 2024). Due to the cultural acceptance and economic efficacy of products of plants all over the country, a

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considerable trend in scientific and commercial interests has been noted in recent decades (Asad & Harris, 2024).

The country contains a wide range of cultures and languages, with rural and distant areas speaking the majority of them (Khan, 2024). Rural residents have limited access to healthcare, which is one of the primary reasons traditional herbal treatments are used in such societies (Husen, 2021). Traditional herbal medicine must be modernized with vision and care if it is not to be examined to death and its long-term benefits to humanity lost (Mahdi & Mahdi, 2024). With the recent rise in the popularity of herbal products, there has been more discussion about modernizing the practice of traditional herbal medicine (Owens et al., 2024).

The mainstream medical and scientific communities and those in the dietary supplement sector want to see contemporary, controlled research on the efficacy of herbal remedies (Fayyaz et al., 2024). However, depending on whether the notion is used in Western herbal therapy or Chinese herbal medicine, “modernizing” signifies various things to different individuals (Ansari et al., 2024). It is also dependent on the way an individual views the big picture or is concentrated on a given area (Towghi, 2024). The traditional herbal therapy used in the West has been applied to treat headaches, colds, cough, sore throats, arthritis, menstrual irregularities, skin ulcers, and bug bites (Husen & Pant, 2024). Chinese herbal medication has a similar effect (Parrotta, 2024).

Prehistoric medicine has utilized natural objects, including plants, animals, microorganisms, and sea creatures, as remedies and treatment of illness (Ali, 2024). The fossil record prescribes the use of plants as human medicine at least 60,000 years ago (Parrotta, 2024). Forming the habit of using natural objects as medicines must have been a major obstacle to the primitive human beings (Husen, 2021). Innovative human beings must have consumed plants that had poisonous properties in order to survive, and they had an adverse response to the same, possibly leading to death (Owens et al., 2024). Conversely, this is the way early human beings were able to accumulate information about consumable resources and natural medicines (Ansari et al., 2024).

People created fire, discovered the methods of producing alcohol, created religions, made technical accomplishments, and learned to create new medicine (Towghi, 2024). The reason why traditional medicines (TMs) are needed is that they use natural substances (Husen, 2022). The traditional Chinese, Ayurveda, Korean medicine, and Unani, among others, involve the use of natural materials and have been practiced for hundreds or even thousands of years across the globe, turning into organized-regulated medical systems (Parrotta, 2024). They may be imperfect in most aspects, but they are an important source of human knowledge (Mahdi & Mahdi, 2024).

The healing nature of plants is known to almost all civilizations of the world (Husen, 2021). Since the prepared medications are not available in remote locations, people are familiar with the usage of botanicals (Khan, 2024). They also use herbal drugs that are growing around their settlements to sustain themselves (Husen, 2022). The medicinal qualities of these plants were discovered by them in certain illnesses, depending on their experiences, which were either wrong or right (Ali, 2024). Parents

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impart their experiences to children (Towghi, 2024). Alternative medicine with herbs and certain traditional systems of medicine is gaining ground all across the Indo-Pak Subcontinent (Parrotta, 2024); the conventional systems are what are termed as Unani or Ayurvedic systems in literally any part of the world (Ansari et al., 2024). Ethnobotanical knowledge is required to chronicle the plant life in remote and unexplored locations (Owens et al., 2024). Despite the availability of modern treatments, indigenous tribes continue to rely on herbal medicine (Husen & Pant, 2024).

Ethno-medicinal research is essential for discovering new medications from indigenous medicinal herbal resources (Fayyaz et al., 2024). There are reliable sources of knowledge about valuable medicinal herbs that can be targeted for domestication and management (Husen, 2021). Documenting conventional knowledge of local herbs resulted in the developing of several essential medications (Owens et al., 2024). Plant-based medications account for 25% of herbal remedies in today's pharmacopeia, and some synthetic pharmaceuticals are made from chemical compounds extracted from plants (Mahdi & Mahdi, 2024). Natural products are critical in creating novel medications (Ansari et al., 2024). The importance of therapeutic plant species in traditional health care has recently drawn researchers' attention to ethnomedicines (Parrotta, 2024). For rural people in developing countries, using plant species as conventional remedies provides a meaningful substitution for healthcare services (Khan, 2024).

Pakistan has a diverse floral variety, with over 1572 genera and 6000 wild plant species, most of which are found in the Himalayas, Hindu Kush, and Karakorum areas (Parrotta, 2024). Several studies have identified roughly 600 medicinal plants used in Pakistani communities to cure various diseases (Husen, 2022). Biological elements such as plant chemical composition and ecological distribution are primarily responsible for a group's usage of medicinal plants (Fayyaz et al., 2024). Cultural variables such as a plant's curative meaning, beliefs, religion, or historical background are relevant (Ali, 2024). Such factors significantly impact how a plant cure is used and disseminated, and its success (Towghi, 2024).

Because pharmacological efficacy and ecological availability are commonly thought to be the most critical factors influencing traditional medicinal plant usage, cultural influences might be just as important as ecological and chemical ones (Ansari et al., 2024). Distinctions in language, cultural meaning of plants, context connected to cultural identities, and social networks are vital in using and disseminating traditional medicinal plant knowledge in the research region and its preservation or erosion (Owens et al., 2024).

Research Limitations

1. **Low Generalizability:** The results in one region of Pakistan can be generalized to select countries only. The factors of cultural, socioeconomic status, and access to healthcare can be significantly different across dividing lines.
2. **Data Collection Problems:** Gathering correct data related to the use of CAM, in particular regarding traditional and informal practices, may be a challenging task.

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There are CAM treatments that need sound documentation; individuals may maintain their usage as a secret because of stigma or culture.

3. **Cultural Sensitivity:** Studies that entail cultural and religious beliefs need to be undertaken in a sensitive and respectful manner. The wrong perception or understanding of the culture may result in prejudgment or moral issues.
4. **Minimal Longitudinal Data:** Long-term trends in CAM use and the effect it has on health outcomes might need longitudinal data, which may be costly and time-consuming to gather.
5. **Researcher Bias:** Researchers might be biased or preconceived towards CAM, and this may occur unconsciously, affecting the study design, data collection, and interpretation of findings.
6. **Information on Effectiveness:** Research on the effectiveness of CAM can be restricted because it requires strong scientific evidence on most CAM treatments. It is sometimes difficult to measure health outcomes objectively.
7. **Differences Between Cultures:** Pakistan is a multicultural nation with different ethnic groups. Such cultural differences are capable of affecting the application of CAM, and the research might fail to reflect the subtleties of the beliefs and practices of each cultural group.
8. **External Factors:** The study might not take into consideration external economic forces like government measures, healthcare policies that add infrastructure, or may alter the mindset of the people, over the long run, resulting in the adoption of CAM.
9. **Language Barriers:** Since there is language diversity in Pakistan, collecting and interpreting data might prove to be a challenge, particularly where regional languages are involved.

Nonetheless, these drawbacks can still be overcome by the development of an effective study that can give important information about the factors that led to CAM in Pakistan. To prevent possible biases and limitations and to achieve as high validity and reliability of the findings as possible, researchers are expected to pay significant attention to the methodology, the choice of samples, and the data analysis methods. It is essential to note these limitations in the research report to ensure that the study is credible and useful.

Conclusion

Application of Complementary and Alternative Medicine (CAM) among the overall population of Pakistan is considerably entrenched in cultural, socioeconomic, and medical aspects. The large variety of traditional forms of healing, the inaccessibility of standard healthcare services, and the belief in the efficacy have led to its prevalence. The traditional and cultural beliefs are a major factor that influences the trust and dependence on CAM by people. The role of conventional medicine systems adopted in Pakistan throughout the history of the nation, coupled with the religious teachings, has developed a platform to have CAM as a means of accepting and integrating into everyday healthcare. Economic factors are also very important, as CAM is usually viewed as a cheaper and more accessible source than modern medical care. CAM is an accessible

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option to treat health conditions in areas with low healthcare provision infrastructure, particularly in rural and underserved regions.

Moreover, the combination of CAM and conventional medicine is becoming more popular, which means that the movement towards a more integrative approach to healthcare is observed. Such an integration will cover the gaps in the healthcare system and will offer a wider range of treatment options to the population. Although CAM is accepted and used extensively, it is crucial to admit the necessity of evidence-based research, which will provide the safety and effectiveness of different CAM modalities. Integration of scientific validation with the traditional knowledge would facilitate informed decisions and healthy living of people who choose alternative healthcare options.

The cultural relevance, availability, and affordability, combined with a perceived effectiveness, are the reasons why the general population in Pakistan welcomes CAM. This concept of CAM and its place in the healthcare outlook of Pakistan is critical in developing an inclusive healthcare policy and practice that considers the cultural diversity and health-related preferences of the population.

Recommendations

1. **Public Awareness and Education**

a. Health Literacy Programs: Establish and develop health literacy programs that will inform the populace on CAM, its advantages, threats, and its evidence-based methods. Encourage sound decision-making on healthcare matters.

b. Media Campaigns: Partner with the media to spread the right information about CAM, promoting a balanced perception and building the culture of evidence-based health choices.

2. Regulation and Standardization

a. Regulatory Framework: Have a proper regulatory framework of CAM to provide standards, qualifications, and guidelines to owners of CAM modalities, which would guarantee the safety and effectiveness of such modalities.

b. Integration Guidelines: Work out a set of guidelines in relation to how CAM can be incorporated into the mainstream healthcare system and when and how CAM will be used with mainstream medical care.

3. Generation of Research and Evidence

a. Research Funding: Spend money on research into CAM to obtain evidence on the safety, efficacy, and possible combination with conventional medicine. Promote cooperation among researchers, medical professionals, and traditional healers.

b. Clinical Trials: Stimulate and practice high-quality clinical trials to determine the effectiveness and safety of different CAM therapies to promote evidence-based healthcare decision-making.

4. Integration and Collaboration in Healthcare

a. Interdisciplinary Training: Offer Interdisciplinary training programs to healthcare workers so that they are better armed with CAM knowledge to improve coordination and integration of CAM and conventional medicine.

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b. Patient-Centric Care: Promote a patient-centric model where the preferences and beliefs of people are taken into account, and lastly, shared decision making between the healthcare giver and the patient can take place concerning the treatment plans.

5. Traditional Healers Inclusion

a. Training and Certification: Provide training and certification services to traditional healers, in which they are required to fulfill certain standards of practice and safety in the provision of CAM therapies.

b. Collaborative Practices: Facilitate the interaction of traditional healers by collaborating with healthcare professionals to embrace a holistic way of healthcare through integration of traditional knowledge and modern medical knowledge.

6. Health Equity and Access

a. Healthcare Infrastructure: Pakistani government should use effective policies to enhance healthcare infrastructure, particularly in underserved and rural regions.

b. Affordability Measures: Adopt policies to make healthcare, including CAM, more affordable and accessible to the economically disadvantaged groups of the population.

7. Dissemination and Knowledge Sharing of Research

a. Conferences and Workshops: Hold frequent conferences and workshops on the CAM research and practice and facilitate the exchange of knowledge and cooperation among researchers, practitioners, and policymakers.

b. Open Access Journals: Promote the creation of open-access journals specializing in CAM research that would motivate the generalization of research results and promote skeptical analysis.

Adoption of these recommendations will help in getting a healthcare system in Pakistan that successfully integrates CAM into mainstream healthcare, providing safe, evidence-based, and patient-centered care to the population.

Research Implications

The study on how the general population of Pakistan adopts Complementary and Alternative Medicine (CAM) has a number of significant implications that can inform future research, healthcare policies, and practices in the country:

1. **Policy Formulation and Implementation:** Research carried out can inform policymakers to develop evidence-based policies in terms of integrating, regulating, and standardizing CAM into the healthcare system. It offers information on the particular CAM practices that are most in demand, and policymakers can regulate them by adjusting the regulations.
2. **Integration and Collaboration in Healthcare:** The perception of the population towards CAM can be used to promote collaboration between traditional healthcare practitioners and CAM practitioners. The healthcare systems may work out the models of the effective integration that will provide a comprehensive approach towards patient care that will unite the advantages of CAM with the benefits of conventional medicine.
3. **Resource Allocation and Funding Decisions:** Research implications inform resource allocation, particularly research funding. It also guides financial resources

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to CAM research, clinical trials, and evidence development to gain a better insight into CAM modalities and their role in healthcare.

4. **Public Health Education and Awareness:** The results of the study show that there is a need to have public health programs to increase health literacy and awareness on CAM. Education campaigns can prove myths wrong, provide evidence-based information, and promote informed decision-making, which eventually could result in the safe and reasonable utilizing of CAM.
5. **Health Inequality and Access to Healthcare Services:** By being aware of the way CAM is being deployed, the policymakers can devise solutions to enhance access to healthcare, especially in underserved regions. It will be in a position to prevent health disparities and avail CAM services to a greater number of people.
6. **Cross-Cultural Research and World Perspective:** Comparative researches on other regions or countries can reveal how the cultural or socioeconomic and health factors influence the use of CAM in the world. It can be a valuable source of information on the establishment of healthcare organizations that have divergent aesthetics towards health.
7. **Professional Training and Education:** The inclusion of CAM knowledge into medical education equips medical professionals to offer more patient-centered care, more holistic care, as the use of CAM is common.
8. **Partnership with Traditional Healers:** The involvement of traditional healers and the impact of traditional healers on the use of CAMs is an issue that requires collaboration between traditional healers and formal health care. These partnerships may lead to safer and more productive CAM practice that would make sure that conventional knowledge is used in a controlled and responsive way.
9. **Patient-Centered Care and Shared Decision-Making:** The implications of the research include the significance of the preferences and beliefs of patients in the care decision-making. By paying attention to these preferences and integrating them into treatment plans, healthcare providers will be able to encourage patient-centered care and shared decision-making.
10. **Evidence-Based Practice and Clinical Guidelines:** Results indicate the significance of evidence-based CAM practice. The implications to be made in the future include the formulation of clinical guidelines and protocols based on the outcomes of the research, so that the CAM treatments are used safely and in an evidence-based way.

Future Research Directions

1. Longitudinal Studies of CAM Patterns of Usage: Conduct a longitudinal study of CAM patterns of usage among the population of Pakistan. One should also be aware of the effect of adoption of CAM on the change and the reason behind the shift in the patterns of usage in health care planning and policy making.

2. Effectiveness and Safety Studies: Conduct rigorous clinical trials and observational studies to find out the effect, safety and potential adverse effects of popular CAM

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therapies. The research will have to examine both the traditional and modern CAM modalities to provide evidence to its integration in mainstream care.

3. Comparative Studies with Conventional Medicine: Compare the performance and cost-efficiency of CAM interventions with conventional medical interventions on some of the health problems that are present in Pakistan. These researches can impact the healthcare decision-making and especially in cases where both CAM and conventional options are available.

4. Socioeconomic Determinants of CAM Utilization: The socioeconomic determinants of CAM utilization such as income, education, and employment were researched. The awareness of the impact that socioeconomic factors have on the use of CAM can be utilized in the healthcare access and health equity programs.

5. Cross-Cultural Studies and Regional Comparisons: Comparative research within and across regions in Pakistan will be carried out to compare regional differences in the use of CAM and processes within the culture that lead to these differences. Also, compare the use of CAM in other countries and cultural values on health and healing in order to view the bigger picture.

6. Attitudes, Knowledge and Perceptions of Healthcare Providers Towards CAM Integration Study: Attitudes, knowledge and perceptions of healthcare providers (doctors, nurses and traditional healers) on integrating CAM into conventional healthcare. Studies of barriers and facilitators to their adoption of CAM into practice.

7. Digital Health and Telemedicine Impact on CAM Use: Investigate how digital health technologies and telemedicine can affect the access and use of CAM. Discusses the potential applications of online platforms to disseminate the information on CAM and hold remote consultations on CAM therapies.

8. Quantitative Research on Patient Experiences: Quality Research get to know the experiences and perceptions of CAM patients. Their reasons, anticipations and knowledge of CAM therapies, their barriers and facilitators to use.

9. Integration Models and Protocols: Design and test integration models of how CAM should be integrated into the traditional healthcare setting. Develop powerful principles on how CAM practitioners can collaborate with traditional healthcare providers, and concentrate on patient safety, informed consent, and collaborative care.

10. Public Health Impact of CAM: Determine the potential public health impact of inserting CAM in the healthcare system, particularly to common health issues including chronic and mental illnesses and the overall health of the population.

11. Policy Evaluation and Analysis of the Health System: Determine the impacts of the existing CAM policies and legislation on the well-being of the population and healthcare system. Consider the performance of the policy, identify the gaps and offer policy change to ensure safe and standard practice of CAM.

12. Patient Decision-Making Processes: Explain in detail how individuals come to make decisions when making a choice between CAM and conventional medicine or as a complementary one. Understand their motives, information source and factors that influence their decision to use CAM.

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