

COMPARATIVE STUDY ON COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) USE BY PHYSICIANS IN ROMANIA AND HUNGARY

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Abstract

Background and aim: Complementary and Alternative Medicine (CAM), as utilized by European citizens, represents a variety of different medical systems and therapies based on the knowledge, skills and practices derived from theories, philosophies and experiences used to maintain and improve health, as well as to prevent, diagnose, relieve or treat physical and mental illnesses. The purpose of the present paper was to apply a modified version of the Wahner-Roedler questionnaire and to evaluate differences in CAM use by family medicine physicians in Romania and Hungary.

Material and method: The study included 117 Romanian and 107 Hungarian physicians, in order to compare the CAM therapies used. The data was collected from seven CAM practices in Romania and from eleven CAM practices in Hungary. All physicians completed the revised Wahner-Roedler questionnaire once, in their personal country's language. We used the above-mentioned questionnaire having the permission of the authors of Wahner-Roedler DL et al study. Because praying for health is considered to be a very used CAM therapy in Romania and Hungary, we introduced it in the second section of the questionnaire.

Results: The percentage of physicians who talk with their patients regarding possible benefits of using CAM therapies was significantly increased in Hungary as compared to Romania (14% vs 1.7%, $p=0.002$). The modified Wahner-Roedler Questionnaire indicated that Chiropractic, Osteopathy, Homeopathy, Phytotherapy, Traditional Chinese Medicine (TCM) and Yoga are the most important methods with limited familiarity for Romanian comparative to Hungarian physicians. The percentage of Hungarian physicians that understand proposed medicinal use and feel comfortable counseling patients regarding Bowen therapy is significantly increased comparative to Romanian physicians (25.2% vs 9.4%, $p=0.002$). The analysis revealed that Chiropractic is less familiar for Romanian than Hungarian physicians, and for those who understand it, is less comfortable ($p=0.024$). 24.8% of Romanian physicians understand proposed medicinal use of Aromatherapy, but feel uncomfortable counseling patients as compared to 13.1% of Hungarian physicians ($p=0.027$). A higher percentage of Romanian physicians have limited

familiarity in using Homeopathy, as compared to Hungarian physicians (45.3% vs 23.4%, $p<0.001$). 40.2% of Hungarian physicians understand proposed medicinal use of Osteopathy and feel comfortable counseling patients versus 24.8% Romanian physicians ($p=0.014$).

Conclusions: The tendency to refer a patient to a CAM practitioner for treatment documented significant differences, being extremely likely in Hungarian physicians as compared to Romanian physicians.

Key words: Complementary and Alternative Medicine, Wahner-Roedler questionnaire

Introduction

Complementary and alternative medicine (CAM) represents a collection of medical and health care systems, procedures, and products not presently regarded to be components of standard medicine (1). In the latest years, the popularity of CAM has raised, despite the fact that it is ambiguous how the new global economic recession has influenced this, considering that only few CAM methods are accessible on national health insurance coverage (2). CAM is even more preferred in nearly all developed states, in particular in North America, Europe, and Australia. In North America, more than 38.2% of adults and 12% of children utilized CAM according to latest National Health Interview Survey from 2007(3). In Europe, CAMbrella, a project funded within the Framework Programme 7 investigated the prevalence of the therapies used (4).

From the data available for Hungary, it results that about half of the population uses CAM, the most common users being women, middle-aged people, well-educated individuals, people in high positions with high income, and city dwellers. There seems to be a significant trend towards an increased use of CAM.

A questionnaire comprising the physicians' responses to questions regarding CAM utilization and outcomes, familiarity and experience with various CAM treatments, and techniques and extent of agreement with statements regarding attitude towards CAM was tested by Wahner-Roedler et al (5).

The purpose of the present paper was to develop a modified version of the questionnaire of Wahner-Roedler and to evaluate differences in CAM use by physicians in Romania and Hungary.

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Material and method

In order to compare the CAM therapies use by physicians in both countries, a modified version of the Wahner-Roedler Questionnaire was applied on 117 Romanian physicians from seven CAM practices, and 107 Hungarian physicians from 11 practices of family medicine. The physicians received a modified version of the Wahner-Roedler questionnaire once, in their own country's language. All the data were collected at the University of Medicine and Pharmacy Victor Babes, Timisoara, Romania. Ethical approval was obtained as necessary in Romania and Hungary.

The modified Wahner-Roedler questionnaire had four sections. In the first section, the physicians answered to questions regarding CAM utilization and outcomes. In the second section, the physicians answered to questions regarding familiarity and experience with various CAM treatments and techniques; praying for one's health was introduced in the questionnaire, as a frequently used CAM therapy. In the third section of the questionnaire the physicians were asked about the extent of agreement with statements regarding attitude towards CAM. In the fourth section, the physicians rated the impact of various factors on their attitudes towards CAM therapies.

In June 2013 the translation of the questionnaire into Romanian and Hungarian was finished. This task has been accomplished translating from the original questionnaire language (English), into Romanian and Hungarian, and retranslation back to the original language, following the European Organization for Research and Treatment of Cancer (EORTC) procedure. The modified version of the Wahner-Roedler questionnaire was then applied to Romanian physicians during July and August 2013, and to Hungarian physicians during September, October and November 2013. The application of the modified version of Wahner-Roedler questionnaire was also performed on Hungarian physicians during the International Hungarian Acupuncture Congress in Budapest (September

2013), and during the meeting of Hungarian Medical Academy in Pecs (The 6th of December 2013). Items were translated to handle the regional difference and beliefs in treatments through the countries; e.g. 'Chiropractic' was translated as 'Manual therapy' in Romania. The most difficult term was 'Spiritual healing', regarded as a spiritual issue in many EU countries; therefore, where necessary, respondents were given written definitions. The physicians completed and supplied the questionnaires by hand.

Statistical analysis

Data from each participating country were collected into a single data file and the statistical analysis was realized in Excel and SPSS - version 17. Basic descriptive statistics for the entire sample and for each country separately were produced to describe the respondents' characteristics and responses to each item on the modified version of the Wahner-Roedler questionnaire. Quantitative analysis focused on the extent to which respondents followed the instructions given in the above mentioned questionnaire and the extent of missing data. The total missing data was summed across all commensurate items within each modified version of the Wahner-Roedler questionnaire, for each different language version of the Wahner-Roedler questionnaire. For numeric variables, the central tendency and dispersion indicators were calculated, and comparisons between variables were made using the ANOVA test (in the case of comparison between multiple sets of values) and the t-test of significance for variables. Frequency tables were done for nominal variables. The comparisons and associations were done using the χ^2 compliance test.

Results

The characteristics of age and sex of the study groups of physicians from Romania and Hungary that completed the modified the Wahner-Roedler questionnaire are presented in table 1.

Table 1. Demographics of physician's respondents.

	Physicians from Romania	Physicians from Hungary	<i>p</i>
Age (years)	42.38±9.326	45.00±11.020	0.078
Sex (M/F)	41.9/58.1	46.7/53.3	0.502

Section 1: Utilization and Outcomes

The answers of physicians' responses to questions regarding CAM utilization and outcomes are showed in Table 2. It was recorded that 33.6% of Hungarian physicians had referred a patient to a CAM practitioner as compared to 12.8% of Romanian physicians ($p<0.001$). It was noticed that the proportion of physicians from Romania who responded 0-25 was significantly higher than the proportion of HU physicians that gave the same response to the question regarding the percentage of patients that talk about

possible harmful outcomes of using CAM therapies ($p<0.001$). Furthermore, the proportion of Romanian physicians who responded with 76-100 was significantly lower than those in HU ($p=0.002$) (table 2).

Section 2: Familiarity and Experience

The second section of the questionnaire comprised the physicians' responses to questions regarding familiarity and experience with various CAM treatments, and techniques (table 3).

Table 2. The responses of physicians to questions regarding CAM utilization and outcomes.

Questions	Response of RO Physicians (%)	Response of HU Physicians (%)	<i>p</i>
(1) How likely is it that you would refer a patient to a CAM practitioner (if available at your Clinic) for treatment of an ailment?			
a) extremely likely	12.8	33.6	<0.001
b) somewhat likely	3.4	11.2	0.045
c) neither likely nor unlikely	1.7	10.3	0.014
d) somewhat unlikely	5.1	13.1	0.037
e) extremely unlikely	6	6.5	NS
f) N/A	70.9	25.2	<0.001
(2) Have you ever referred a patient to a CAM practitioner?			
a) yes	54.7	57.9	NS
b) no	41.9	42.1	NS
c) N/A	3.4	0	NS
(3) With approximately what percentage of your patients do you talk about possible benefits of using CAM therapies?			
a) 0–25	52.1	44.9	NS
b) 26–50	18.8	14	NS
c) 51–75	16.2	15.9	NS
d) 76–100	12	25.2	NS
e) N/A	0.9	0	NS
(4) With approximately what percentage of your patients do you talk about possible harmful outcomes of using CAM therapies?			
a) 0–25	72.6	50.5	<0.001
b) 26-50	17.9	26.2	0.138
c) 51-75	7.7	9.3	0.839
d) 76-100	1.7	14	0.002
(5) Who usually initiates discussions of benefits and risks of a CAM therapy?			
a) I initiate	36.8	53.3	NS
b) Patient initiates	16.2	13.1	NS
c) Third party initiates	17.1	7.5	NS
d) Not applicable	29.1	26.2	NS
(6) To what extent do you believe that the incorporation of CAM therapies into your Clinic's practice would result in increased patient satisfaction?			
a) Major positive impact	25.6	27.1	NS
b) Somewhat positive impact	18.8	20.6	NS
c) Unsure	25.6	28.0	NS
d) Somewhat negative impact	23.1	21.5	NS
e) Very negative impact	6.8	2.8	NS
(7) To what extent do you believe that the incorporation of CAM therapies into your Clinic's practice would attract more patients?			
a) Major positive impact	25.6	26.2	NS
b) Somewhat positive impact	21.4	24.3	NS
c) Unsure	22.2	22.4	NS
d) Somewhat negative impact	19.7	20.6	NS
e) Very negative impact	11.1	6.5	NS

CAM, complementary and alternative medicine; NR, no response.

Table 3. The answers of physicians to questions regarding familiarity and experience with various CAM treatments, techniques and herbs.

CAM treatments	Answers of RO Physicians/Hungarian physicians (%)							
	Unfamiliar	<i>p</i>	Limited familiarity	<i>p</i>	Understand proposed medicinal use, but uncomfortable counseling patients	<i>p</i>	Understand proposed medicinal use and comfortable counseling patients	<i>p</i>
Acupuncture	28.2/24.3	NS	37.6/24.3	NS	14.5/21.5	NS	19.7/29.9	NS
Aromaterapy	31.6/26.2	NS	35/27.1	NS	11.1/17.8	NS	22.2/29	NS
Bowen therapy	52.1/30.8	0.002	27.4/27.1	NS	11.1/16.8	0.217	9.4/25.2	0.002
Chiropractic	39.3/22.4	0.007	29.9/30.8	NS	13.7/16.8	0.513	17.1/29.9	0.024
Metal chelating Therapy	28.2/31.8	NS	25.6/29	NS	22.2/11.2	NS	23.9/28	NS
Phytotherapy	13.7/24.3	0.062	44.4/26.2	0.005	24.8/13.1	0.027	17.1/36.4	0.002
Homeopathy	15.4/26.2	0.067	45.3/23.4	<0.001	23.1/11.2	0.02	16.2/39.3	<0.001
Hypnotherapy	57.3/43.9	NS	26.5/30.8	NS	6.8/10.3	NS	9.4/15	NS
Kinetotherapy	30.8/33.6	NS	38.5/34.6	NS	9.4/6.5	NS	21.4/25.2	NS
Magneto-therapy	40.2/34.6	NS	47/41.1	NS	5.1/8.4	NS	7.7/15.9	NS
Massage	14.5/17.9	NS	17.1/20.8	NS	21.4/13.2	NS	47/48.1	NS
Meditation	36.8/34.6	NS	32.5/23.4	NS	9.4/15	NS	21.4/27.1	NS
Naturopathy	47.9/43	NS	26.5/27.1	NS	7.7/10.3	NS	17.9/19.6	NS
Osteopathy	11.1/28	0.002	47/19.6	<0.001	17.1/12.1	NS	24.8/40.2	0.014
Prayings	24.8/44.9	0.003	32.5/18.7	0.022	21.4/13.1	NS	21.4/23.4	0.75
Reflexotherapy	23.1/20.6	NS	35.9/22.4	NS	17.1/20.6	NS	23.9/36.4	NS
Reiki	41/32.7	NS	29.1/23.4	NS	13.7/14	NS	16.2/29.9	NS
Shiatsu	28.2/30.8	NS	21.4/16.8	NS	24.8/17.8	NS	25.6/34.6	NS
Spiritual healing	29.9/34.6	NS	27.4/21.5	NS	21.4/13.1	NS	21.4/30.8	NS
T'ai chi	23.9/31.8	NS	37.6/19.6	0.003	17.1/23.4	NS	21.4/25.2	NS
Traditional Chinese Medicine	27.4/20.6	NS	39.3/25.2	0.025	17.1/22.4	NS	16.2/31.8	0.006
Yoga	36.8/21.5	0.013	36.8/16.8	<0.001	7.7/29.9	<0.001	18.8/31.8	0.025

Bowen therapy is more unfamiliar to Romanian physicians compared to Hungarian physicians ($p=0.002$). Moreover, the percentage of Hungarian physicians who understand proposed medicinal use of Bowen therapy and feel comfortable counseling patients is significantly increased comparative to Romanian physicians ($p=0.002$). The analysis revealed that Chiropractic is less familiar for Romanian than Hungarian physicians, and for those who understand it, is less comfortable ($p=0.024$). Hungarian physicians are less familiar with homeopathy than Romanian physicians ($p=0.067$). A significantly increased percentage of Hungarian physicians understand proposed medicinal use of Homeopathy and feel comfortable counseling patients comparative to Romanian physicians ($p<0.001$).

The proportion of physicians from Hungary who are familiar and feel comfortable with the practice of Yoga is significantly higher than the proportion of physicians

from Romania ($p=0.025$). It was observed that the proportion of physicians more familiar with the prayer was significantly higher in Romania than in Hungary ($p=0.022$). No significantly difference was observed regarding the familiarity in using Acupuncture, Reflexotherapy, Reiki, Shiatsu, Spiritual healing, T'ai chi, Traditional Chinese Medicine, Hypnotherapy, Kinetotherapy, Massage and Magneto therapy between the percentage of physicians from Romania and Hungary. A more significantly increased percentage of Hungarian physicians understand proposed medicinal use of Traditional Chinese Medicine and feel more comfortable counseling patients comparative to Romanian physicians ($p=0.006$).

Section 3: Physician Attitudes

The third section of the questionnaire comprised the physicians' extent of agreement with statements regarding attitude towards CAM (table 4).

Table 4. Physicians' extent of agreement with statements regarding attitude towards CAM.

Statement	Answers of RO Physicians/Hungarian physicians (%)					
	Agree	<i>p</i>	Neither agree nor disagree	<i>p</i>	Disagree	<i>p</i>
1. Physician knowledge of CAM practices leads to a better patient treatment	50.4/53.3	NS	30.8/32.7	NS	18.8/14	NS
2. Physician's spiritual beliefs and practices are important for patient healing	30.8/47.7	0.01	17.1/10.3	0.141	52.1/42.1	0.132
3. Patient's spiritual beliefs and practices are important for patient healing	43.6/46.7	NS	10.3/8.4	NS	46.2/44.9	NS
4. Physicians should have knowledge about the most common CAM therapies	44.4/38.3	NS	40.2/44.9	NS	15.4/16.8	NS
5. CAM therapy has impact on symptoms, conditions and/or disease.	29.1/56.1	<0.001	45.3/28	0.008	25.6/15.9	0.074
6. Some CAM therapies hold promise for treatment of symptoms, conditions and/or diseases	32.5/49.5	0.011	41.9/37.4	0.49	25.6/13.1	0.018
7. Counseling on nutrition in order to prevent chronic diseases should be a major role of physicians	59.0/29.9	<0.001	14.5/38.3	<0.001	26.5/31.8	0.386

Moreover, it was observed that the proportion of respondents from Hungary who answered that *physician's spiritual beliefs and practices are important for patient healing* was significantly higher than that of those in Romania ($p=0.01$). It was noticed that the proportion of indifferent answers to proposition that *CAM therapy has impact on symptoms, conditions and/or disease response* was increased for physicians from Romania ($p=0.008$) and the proportion of physicians who agree with this affirmation was significantly higher for physicians from Hungary ($p<0.001$). It was observed that the proportion of physicians who liked the affirmation that *some CAM therapies hold*

promise for treatment of symptoms, conditions and/or diseases was significantly higher for Hungarian compared to Romanian respondents ($p = 0.011$). The proportion of those who believe that nutrition plays an important role in preventing disease was significantly increased for physicians in Romania than in Hungary ($p<0.001$).

Section 4: Physicians' ratings

The fourth section of the questionnaire comprised the physicians' ratings of the impact of various factors on their attitude toward CAM therapies (table 5).

Table 5. Physicians' ratings of the impact of various factors on their attitude toward CAM therapies.

Impact factors	Rating of impact of Romanian versus Hungarian physicians (%)									
	None	<i>p</i>	Minimal	<i>p</i>	Mode rate	<i>p</i>	High	<i>p</i>	Definite	<i>p</i>
Personal experience; positive results when using therapy on myself	0.9/5.6	NS	35.3/29	NS	19.8/16.8	NS	37.9/41.1	NS	6/7.5	NS
Recommendations by family and friends who have tried the therapy	3.4/4.7	NS	18.1/20.6	NS	36.2/43.9	NS	35.3/29.9	NS	6.9/0.9	NS
Recommendations by colleagues who have used the therapy on themselves	1.7/2.8	0.581	18.1/23.4	0.317	36.2/22.4	0.028	28.4/43	0.021	15.5/8.4	0.11
Recommendation of a medical specialist or consultant to whom you have referred a patient	0/6.5	0.015	12.1/12.1	0.97	36.2/20.6	0.011	31.9/38.3	0.295	19.8/22.4	0.612
Case reports in CAM journals	16.4/16	NS	17.2/12.3	NS	16.4/11.3	NS	23.3/26.4	NS	26.7/34	NS
Case reports in standard medical journals	19/14	0.336	25/14	0.002	13.8/9.3	0.313	19.8/28	0.141	22.4/34.6	0.04
Retrospective case-control studies reported in standard medical journals	16.4/13.1	NS	15.5/17.8	NS	17.2/7.5	NS	21.6/26.2	NS	29.3/35.5	NS
Prospective randomized controlled clinical trials	18.1/13.1	NS	14.7/16.8	NS	12.1/7.5	NS	27.6/24.3	NS	27.6/8.3	NS
Evidence demonstrating the treatment's physiologic mechanism	2.6/1.9	0.726	3.4/6.5	0.281	4.3/15	0.012	37.1/51.4	0.028	52.6/25.2	<0.001
Your clinical experience in your patient population	1.7/0.9	0.615	6/5.6	0.904	6/11.2	0.161	19.8/38.3	0.002	66.4/43.9	0.001

It was observed that the percentage of Romanian physicians in which the recommendations by colleagues who have used the therapy on themselves had a moderate impact was significantly increased comparative to Hungarian physicians ($p=0.028$).

Case reports in standard medical journals regarding the attitude towards CAM had a more increased significant impact on Hungarian versus Romanian physicians ($p=0.04$). Furthermore, the affirmation that CAM therapy has impact on symptoms, conditions and/or disease was the agreed answer in a significantly increase percentage of Hungarian than Romanian physicians ($p<0.001$). On the contrary, the impact of clinical experience in patient population had a more definite significant impact on Romanian physicians compared to Hungarian physicians ($p=0.001$).

Discussions

The study compared the physicians' responses to questions regarding CAM utilization and outcomes, the physicians' responses to questions regarding familiarity and experience with various CAM treatments and techniques, and the physicians' extent of agreement with statements regarding attitude towards CAM. Modified Questionnaire of Wahner-Roedler indicated that Chiropractic, Osteopathy, Homeopathy, Phytotherapy, TCM and Yoga are the most important methods with limited familiarity for Romanian comparative to Hungarian physicians.

More than 100 million Europeans are using CAM, 20% of EU citizens have a clear preference for CAM healthcare, and another 20% are regular users of CAM. Though, CAM therapies still lack scientific validation and are often placed in antagonism compared to conventional medicine. This fact does not discourage patients to consult CAM therapies, sometimes without talking to their doctor (6). On the contrary, healthcare providers, generally physicians, revealed that their own lack of information about CAM and pertinent evidence-based research discourages them from commenting CAM with their patients (7).

Similar with our study, many observational survey studies evaluated the patients' complementary and alternative medicine (CAM) use and physicians' familiarity with particular CAM modalities in the same setting and assessed patient-provider dialogue about patients' CAM use. An example of such a survey included a total of 69 healthcare providers and 468 patients in two Texas cities. The study revealed that CAM methods most used by the

patients were not those modalities that provider's perfect comprehended. Of the 330 patients (70%) who responded to the pertinent questions about CAM, 44.5% claimed never having talked about CAM use with their providers. Moreover, college-educated responders (adjust OR=2.8, 95%CI=1.3-6.0) and US citizens were both about three times more likely to speak about CAM than their opposites (8).

Another Web-based survey was e-mailed to 660 internists at Mayo Clinic in Rochester, MN, USA. Physicians were questioned about their perceptions toward CAM in general and their understanding concerning certain CAM therapies. By all 233 physicians involved in the survey, 76% had never referred a patient to a CAM practitioner. However, 44% stated that they would refer a patient if a CAM practitioner were available at their institution. Fifty-seven percent of physicians believed that integrating CAM therapies would have a positive effect on patient satisfaction, and 48% considered that supplying CAM would attract more patients (9).

With enhanced patient's use of CAM methods, it is acceptable to anticipate that healthcare providers will become more familiar with different CAM techniques. Therefore, motivating healthcare providers to start discussions about CAM use with their patients it is an essential step in instructing patients regarding the safety, precautions and efficacy of non-practitioner based CAM therapies.

Conclusions

Modified Questionnaire of Wahner-Roedler indicated that Chiropractic, Osteopathy, Homeopathy, Phytotherapy, TCM and Yoga are the most important methods with limited familiarity for Romanian comparative to Hungarian physicians.

Conflicts of interests

No conflicts of interests are to be declared by the authors.

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References

1. Dham S, Shah V, Hirsch S, Banerji MA. The role of complementary and alternative medicine in diabetes. *Current diabetes reports*. 2006;6(3):251-8.
2. Gale N. The Sociology of Traditional, Complementary and Alternative Medicine. *Sociology compass*. 2014;8(6):805-22.
3. Qidwai W, Jahan F, Nanji K. Role of complementary and alternative medicine in controlling dyslipidemia. *Evidence-based complementary and alternative medicine : eCAM*. 2014;2014:215731.
4. Weidenhammer W, Brinkhaus B. CAMbrella--a pan-European research network for complementary and alternative medicine: from the beginnings up to first results. *Forschende Komplementarmedizin* (2006). 2012;19 Suppl 2:3-5.
5. Wahner-Roedler DL, Vincent A, Elkin PL, Loehrer LL, Cha SS, Bauer BA. Physicians' attitudes toward complementary and alternative medicine and their knowledge of specific therapies: a survey at an academic medical center. *Evidence-based*

- complementary and alternative medicine: eCAM. 2006;3(4):495-501.
6. Fischer FH, Lewith G, Witt CM, Linde K, von Ammon K, Cardini F, et al. High prevalence but limited evidence in complementary and alternative medicine: guidelines for future research. BMC complementary and alternative medicine. 2014;14(1):46.
 7. Mildren SP, Stokols D. Physicians' attitudes and practices regarding complementary and alternative medicine. Behavioral Medicine. 2004;30(2):73-84.
 8. Zhang Y, Peck K, Spalding M, Jones BG, Cook RL. Discrepancy between patients' use of and health providers' familiarity with CAM. Patient education and counseling. 2012;89(3):399-404.
 9. Wahner-Roedler DL, Lee MC, Chon TY, Cha SS, Loehrer LL, Bauer BA. Physicians' attitudes toward complementary and alternative medicine and their knowledge of specific therapies: 8-Year follow-up at an academic medical center. Complementary therapies in clinical practice. 2014;20(1):54-60.

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