Traditional and complementary medicine (T/CM) in the treatment of erection difficulties – experience from the Asian Men’s Attitudes To Life Events and Sexuality (MALES) study

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Abstract

Background: Little is known about the practice, perceptions and experience of using traditional and complementary medicine (T/CM) for erection difficulties among Asian men.

Methods: A total of 10,934 Asian men living in China (n = 2,055), Japan (n = 877), Korea (n = 2,000), Malaysia (n = 3,000) or Taiwan (n = 2,002) were recruited via random digit dialing, street interception and face-to-face interview in the Asian Men’s Attitudes To Life Events and Sexuality (MALES) Phase I study. The Phase II study was comprised of a total of 1,286 men who experienced erection difficulties and who lived in China (n = 255), Japan (n = 228), Korea (n = 225), Malaysia (n = 380) or Taiwan (n = 228).

Results: Use of T/CM for erection difficulties (9.1%) was relatively low compared to conventional medicine (83.5%). Among those that seek help and treatment from T/CM, the majority were respondents from Malaysia, followed by respondents from China, whereas respondents from Japan and Korea ranked lowest. Use of a combination of alternative and conventional therapy was prevalent. Erection difficulty was amongst the highest in terms of preference of treatment seeking using traditional approaches after back pain, arthritis and gout. Overall outcome was expressed as ‘Partly satisfied’ with T/CM treatment for erection difficulties. The main reason that T/CM outweighs conventional medicine was because it was perceived that T/CM had fewer side effects than conventional medicine (56.1%). Users of T/CM were mostly middle-aged, married, employed, and perceived their health status and the severity of their erection dysfunction as moderate.

Conclusions: The findings help to identify the differences in practices and beliefs about T/CM among Asian countries and provide useful information to conventional practitioners about the alternative help- and treatment-seeking behaviors for erectile difficulties. © 2008 WPMH GmbH. Published by Elsevier Ireland Ltd.
Introduction

With a long history and culture of traditional and complementary medicine (T/CM), the Asian region has a great reputation for its usage in the treatment of a variety of diseases. For the treatment of erection difficulties, men who suffer erectile dysfunction (ED) are of particular interest in terms of their use of T/CM and that usage is substantially prevalent among Asians. The belief that T/CM is ‘natural’, and ‘not only treats an isolated symptom but treats general well-being’ are among the reasons for its recognition [1,2]. It is often perceived that natural agents provide health benefits beyond those related to erection difficulties [3]. Due to the fact that men with ED often have underlying health-related conditions such as hypertension, vascular diseases or diabetes, T/CM treatment is often preferred in this context since there is a belief that the approach of natural treatment is one of treating the erection difficulties and addressing the other chronic conditions as well.

It is often perceived that T/CM is ‘natural’ medicine and, hence, usually does not have any significant side effects and is thus much safer than Western medicine. The safety and efficacy of T/CM is most often based on anecdotal evidence, such as individual experience, testimonies, or traditional folk medicine claims [4]. There are, however, risks involved with the use of T/CM for the treatment of ED. The majority of T/CM users engage in self-medication and they are therefore exposed to the risks of interactions with any concomitant treatments [5]. The active ingredients and their mechanisms of action are unknown and not explained in a clinically accepted way. Research into the safety and efficacy of T/CM is minimal and mainly based on animal studies.

To date, evidence about the safety and efficacy of T/CM from empirical studies has been limited and the potentially adverse effects, possible drug interactions or toxic reactions are unknown [6]. Nevertheless, there are significant numbers of users of some unproven traditional medications for erection difficulties in Asia, in contrast to the number of users of pharmacologically proven or tested medications [7,8]. The reasons why men with erection difficulties turn towards T/CM are not fully understood and little is known about Asian men’s experiences of T/CM in treating erection difficulties. This paper reports the practice and perceptions of T/CM, and experiences using T/CM for erection difficulties from the findings of the Asian Men’s Attitudes To Life Events and Sexuality (Asian MALES) Study.

Methods

We analyzed data from the Asian MALES study, a multi-regional survey with participants from five countries in Asia (China, Japan, Malaysia, Korea and Taiwan). The survey consisted of two phases. The Phase I study was a survey of men’s health and quality of life, and was not specifically a survey about erection difficulties. In Phase I of the study, men were questioned about a number of men’s health issues including erection difficulties, diabetes, cardiovascular conditions and treatment-seeking behavior. The samples were recruited via random digit dialing, street interception and face-to-face interviews.

The Phase II study specifically investigated men who reported having erection difficulties. From the subjects who had participated in Phase I of the study, a subset of men with erection difficulties was recruited into the Phase II study. Additional subjects were recruited from physician referrals, invitations in general practitioner offices and street intercceptions. The Phase II study investigated erection difficulties and its associated health conditions, treatment-seeking behavior and needs. The survey gathered self-reported information and no attempt was made to validate responses from medical records, physicians or partner reports. For both phases, study participants were interviewed by trained interviewers using a standardized questionnaire that had previously been used in the MALES study [9] of the general male population in Europe, North and South America, but modified to ensure appropriateness in the Asian context. The detailed methodology of this Asian MALES study is outlined in a previous publication [10].

Results

Data related to help- and treatment-seeking using T/CM for erection difficulties identified from both the Asian MALES Phase I and II studies were extracted and analyzed. This
paper presents data on the prevalence of T/CM help- and treatment-seeking, participants’ expectations and their experience with T/CM.

Asian MALES Phase I study

The Asian MALES Phase I study sample consisted of 10,934 men, aged between 20 and 75 years. The number of study participants within each country was as follows: China (n = 2,055), Japan (n = 1,877), Korea (n = 2,000), Malaysia (n = 3,000), and Taiwan (n = 2,002). The median age was 38.0 years and the overall mean age was 51.4 ± 0.56 years. The mean age of participants by country ranged from a low of 46.0 ± 0.62 years (Malaysia) to a high of 53.9 ± 1.28 years (China).

When the respondents were asked from whom do they normally seek help for their medical conditions, the majority (n = 9,132, 83.5%) cited that they would seek help from a conventional practitioner and only 9.1% (n = 994) reported that they normally seek help from a T/CM practitioner. A total of 1.4% (n = 125) of respondents that normally seek help from a conventional practitioner had also seen a T/CM practitioner in the past 12 months. Likewise, 39.2% (n = 390) of respondents who normally seek help from a T/CM practitioner had also seen a conventional practitioner in the past 12 months. Respondents that normally seek help from a conventional practitioner reported a mean of 4.2 (standard deviation (SD) = 11.2) visits to a conventional practitioner and 1.5 (SD = 4.0) visits to a T/CM practitioner in the past 12 months. By contrast, respondents that reported normally seeking help from a T/CM practitioner reported a mean of 4.0 (SD = 9.1) visits to a T/CM practitioner and 0.5 (SD = 2.9) visits to a conventional practitioner in the past 12 months.

Respondents were questioned about their views on their most likely help- and treatment-seeking behaviors if they had a medical condition. Fig. 1 summarizes the responses for consulting a T/CM practitioner and using T/CM treatments for a variety of medical conditions. Back pain and arthritis had the highest proportion of consultations with a T/CM practitioner and use of T/CM treatments. Out of 10 medical conditions, erection difficulties ranked forth in terms of the proportion that consulted a T/CM practitioner (13.3%) and used T/CM treatments (14.2%). Fig. 2 illustrates, in detail, the distribution of help- and treatment-seeking behaviors for erectile difficulties by country. Japan has the lowest proportion that preferred to consult a T/CM practitioner and use T/CM treatments for erectile difficulties, whereas the highest proportion was reported among respondents from China.

Among all respondents from all five countries, 6.4% (n = 695) experienced erection difficulties. The prevalence of erection difficulties increased with age and was highest in men aged 60–75 years. Erection difficulty prevalence rates were 2.1%, 2.5%, 5.2%, 11.8% and 20.8% for the age groups 20–29, 30–39, 40–49, 50–59, and 60–75 years, respectively. The prevalence rates of erection difficulties were

Figure 1 Percentage of respondents using T/CM for help (Consult) or treatment (Use) for various medical conditions (data from the Asian MALES study: Phase I).
significantly different between countries ($p < 0.001$), being highest in Japan and lowest in Malaysia (Japan 13.9%, Korea 7.6%, China 5.9%, Taiwan 3.8%, and Malaysia 2.8%).

**Asian MALES Phase II study**

Phase II of the Asian MALES study was comprised of 1,286 men from China ($n = 255$), Japan ($n = 228$), Korea ($n = 225$), Malaysia ($n = 380$) and Taiwan ($n = 228$) who experienced erection difficulties. The study recruited 176 men who had reported ED in Phase I, and an additional 1,110 men with erection difficulties were recruited by physician referral, invitations in general practitioner offices and street interception. There was no difference in the demographic parameters of these two populations. The respondents in the Phase II study were aged between 20 and 75 years, with an overall mean age of 51.7 ± 0.35 years. The mean age of participants from the five countries ranged from a low of 45.1 ± 0.62 years (Malaysia) to a high of 55.2 ± 0.80 years (Japan).

Similarly, Phase II results showed that the majority of respondents from all five countries were more likely to seek treatment for erection difficulties from a conventional practitioner ($n = 799, 62.1\%$) than from a T/CM practitioner ($n = 296, 23.0\%: p < 0.001$). A total of 414 respondents (32.2\%) reported that they had used T/CM treatment for erection difficulties. Fig. 3 illustrates the distribution of respondents that had consulted a T/CM practitioner and/or had used T/CM for erectile difficulties by country: the greatest proportion of these respondents were from Malaysia, followed by respondents from China. Respondents from Japan and Korea ranked lowest in terms of proportion that had consulted a T/CM practitioner and/or had ever used T/CM for erection difficulties.

The 414 respondents that reported that they had used T/CM for erection difficulties were further queried as to whether they were cur-
rently using T/CM treatment. A total of 282 respondents (68.1%) stated that they were currently using TC/M treatment for erection difficulties at the time of the interview. The proportion of current users of T/CM for erection difficulties by country were as follows: Japan 1.8%; Korea 10.3%; Taiwan 9.6%; Malaysia 67.4%; and China 11.0%.

Respondents were further asked to characterize their satisfaction with TC/M treatment for erection difficulties. As shown in Fig. 4, overall outcome was mainly expressed as 'Partly satisfied' with TC/M treatment for erection difficulties. Respondents from Malaysia recorded the highest proportion (39.6%) of 'Very satisfied' with TC/M treatment. A sizeable minority of respondents from Japan (10.0%), Korea (2.3%) and China (4.9%) were also 'Very satisfied'. The countries with the highest proportion reporting 'Not satisfied' with T/CM for treatment for erection difficulties were China (34.4%) and Japan (30.0%).

To assess the degree of belief in T/CM for the treatment of erection difficulties, respondents were asked if they agreed with each of a series of seven statements about the benefits of T/CM outweighing conventional or Western medicine. As shown in Fig. 5, overall 56.1% of the respondents expressed agreement with the statement that T/CM has fewer side effects than conventional medicine. For the statements T/CM ‘improves men’s circulation’, ‘improves men’s overall well-being’, and ‘cures problems, not just treats them’, 39.5%, 39.4% and 39.0%, of respondents, respectively, agreed with these. Only 33.4% agreed that T/CM is less expensive compared with conventional medicine. On the whole, respondents from Malaysia, China and Taiwan had a more positive attitude towards T/CM compared to respondents from Japan and Korea.

**T/CM user profile**

Table 1 presents data on the demographic and medical conditions of respondents with erection difficulties and their help- and treatment-seeking behaviors. In the Phase I study, the majority of respondents with erection difficulties who sought out a T/CM practitioner and used T/CM treatment for erection difficulties were aged 40–49 years, married, and employed. Those who reported their perceived health status as 3 and above on a 5-point scale were more likely to seek out a T/CM practitioner \((p < 0.01)\) and to use T/CM treatment for erection difficulties \((p < 0.001)\). The proportions reporting arthritis, back pain, diabetes, heart problem (e.g. angina, coronary heart disease, etc), and hypertension were 11.9%, 11.9%, 14.0%, 4.7% and 6.0%, respectively, of the overall ED sufferers. As indicated in Table 1, although the differences were not statistically significant, respondents with back pain and diabetes were more likely to seek out a T/CM practitioner. Likewise, those reporting back pain, arthritis and diabetes were more likely to use T/CM treatment.

Similarly, in the Phase II study, the greatest proportion of participants seeking a T/CM practitioner and using T/CM treatment for erection difficulties was in the 40–49 year age group. Respondents with an erection difficulty's duration of between 1–5 years had the highest
proportion that reported consulting a T/CM practitioner and using T/CM treatment for their erection difficulties. The proportion of respondents that consulted a T/CM practitioner and had used T/CM treatment was higher among those respondents that perceived the severity of their erection dysfunction as being moderate.

Discussion

Although the findings show that usage of T/CM for erection difficulties is relatively low compared to usage of conventional or Western medicine, the use of T/CM was highly prevalent among Asian men in this study. This is of concern in view of the lack of evidence regarding the safety and efficacy of T/CM for the treatment of erection difficulties. Similar to other findings [11], our data show that respondents who saw a T/CM practitioner also saw a conventional medicine practitioner and vice versa during the 12 months prior to interview. There was a higher proportion of respondents who reported normally seeing a T/CM practitioner for medical conditions and who saw a conventional medicine practitioner compared to those that normally saw a conventional medicine practitioner and also saw a T/CM practitioner. Further studies are needed to investigate these findings. In a national survey, 79% of respondents believed that the combination of alternative and conventional medicine is more effective than either approach alone [12]. It was also reported that many use T/CM not so much as a result of being dissatisfied with conventional medicine but largely because they find T/CM to be more congruent with their values, beliefs, and philosophical orientation towards health [13].

Patients’ disclosure of T/CM use to their conventional physician has been reported to be low [11,14]. Patients have reported that they
perceived physicians as closed-minded, with a lack of knowledge and that they would not understand or approve of the alternative therapy. From these data we infer that combining T/CM with conventional treatment is prevalent in our study sample. Users of combination therapy may face potentially adverse side
effects, including drug–herb interactions [16], thus, a substantial number of respondents may be at risk for a potentially serious interaction between traditional medicines and Western medicines.

The findings of this study regarding preferences for treatment-seeking for various health conditions were similar to those reported in the literature. As in other studies [11,17–19], our data show that health conditions such as back pain, arthritis or rheumatism were most frequently associated with the use of traditional practices. It has been reported that the pragmatic use of integrative approaches is because these illnesses are often not well treated by conventional medicine [18,19]. It has also been reported that the growth in T/CM use is associated with marketing forces, availability of information on the Internet, and the desire of patients to be actively involved in medical decision-making [20]. As noted in our results, out of 10 medical conditions, erection difficulty was among the highest ranking in terms of a preference for treatment-seeking using a traditional approach, being ranked fourth after back pain, arthritis and gout. It is not known whether men with erection difficulties turn to T/CM to seek answers to needs that have not been addressed by conventional medicine. Further study is warranted to understand the popular use of T/CM for treating erection difficulties.

Among the five countries participating in this study, T/CM help- and treatment-seeking for erection difficulties were more prevalent in Malaysia and China compared with Korea and Japan. It appears that the popularity of the T/CM approach parallels the advancement of the country, Japan, being the most developed country, has the lowest proportion of T/CM help-and treatment-seeking behavior. In Japan the official medical system does not accept unconventional medicine practices and this could contribute to such findings. The Korean medical system has adopted a dual system consisting of both Western and Korean medicine, and this could explain the relatively higher prevalence when compared with Japan. The fact that T/CM has served the Chinese people since its origin over 3000 years ago [21], together with efforts to modernize T/CM [1], as well as the integration of T/CM and conventional medicine in the country’s official medical system, may explain why T/CM remains popular among the participants from China. In Malaysia, the high proportion of T/CM help- and treatment-seeking behavior could probably be explained by the relatively younger age of the Malaysian participants. The diverse choices of traditional Malay, Chinese and Indian systems of medicine and the popularity of cross cultural utilization [22] in Malaysia probably also contributes to the high usage. The finding of a high prevalence of T/CM use in our studies is in concordance with a recent finding that indicated a high prevalence in the use of herbal medicines among the general Malaysian population [23]. It was shown in that study that as many as 34% of the survey population reported the use of herbal medicines to prevent or treat diseases [23]. Users of T/CM in the five countries seemed to recognize the limitations of T/CM, since the majority rated their satisfaction with T/CM in treating erection difficulties as only ‘Partly satisfied’. Corresponding to the high prevalence of T/CM usage, respondents from Malaysia reported the highest level of satisfaction with T/CM.

As was evident, many underestimated the potential side effects of ‘natural treatment’. Our results are in accordance with those of other observations [2,3,24], where many believed T/CM had fewer side effects than conventional or Western medicine despite the lack of scientific basis for its efficacy and the potential for side effects. Uninformed fear of adverse side effects related to the use of conventional medicine such as sildenafil citrate for erectile dysfunction [25] may cause many to seek out ‘natural treatments’ to avoid the adverse effects of conventional treatments [26]. The increased cost of conventional medicine is another reason why more people are likely to turn to alternative treatments. The World Health Organization (WHO) has reported that the most commonly reported reason for using T/CM is that it is more affordable than conventional medicine [27]. A study in the United States showed that 13% of complementary alternative medicine users used complementary alternative medicine because they felt that conventional medicine was too expensive [19]. Nevertheless, our study demonstrated that cost was of least concern.

The findings from this study regarding the sociodemographic and health characteristics of T/CM users are similar to those reported in the literature. Earlier studies have shown that users of alternative medicine tend to be older
(mostly middle-aged), married, and more highly educated [13,14]. Marital status was an influencing factor in the decision to seek a T/CM practitioner or to use T/CM in this study. Respondents who were married or living with partners were more likely to seek out a T/CM practitioner or use T/CM. There were several reasonable explanations for this finding. First, it could be due to the role of women as caregivers, in charge of caring for the spouse or partner. Another reason could be having a spouse or partner triggers the need for men to seek treatment compared to those without a spouse or partner. The use of T/CM among the employed compared to the unemployed in this study indicates that economics contributes to the choice of treatment. Nevertheless, there are studies in the literature that indicate that those who can least afford treatment have less access to conventional treatments and would turn to easily accessed and less expensive complementary alternative medication [19,27].

Users of T/CM are more likely to have more health conditions or to report a poorer health status [13,28]. This was also true in our study. Our T/CM users and those that seek help from a T/CM practitioner appeared to be more prevalent among those respondents that perceived their health status and the severity of their erection dysfunction as moderate.

Conclusion and implications for health care providers

Overall, the results from this study suggest that conventional practitioners should recognize the paradigm shift towards natural treatment and the growing interest in using T/CM for the treatment of erection difficulties. In view of these observations, we suggest that conventional practitioners should enhance communication with patients and discuss patient’s disease-related concerns and skepticism towards conventional treatments for erection difficulties. Physicians practicing sexual medicine should try to understand their patients’ socio-cultural background, values, beliefs and concerns, and address their needs, and expectations and allay their many unfounded fears. This may help patients to avoid using unproven alternative treatments.

Limitations

Our study had a number of limitations. The major limitation of the survey method is that it relies upon self-reported measures. Bias associated with self-report, such as embarrassment and intentional deception due to the sensitivity of the issue, may affect the validity of the data. Another limitation is that the sample used was not random and there were variations in the data collection methods between the countries. Furthermore, the wide range of geographical diversity in this study may introduce interviewer bias.

Despite these limitations, this study has the advantages of being truly multi-national, and involving a large number of respondents. The study results make several contributions to our understanding of alternative health care use for erection difficulties in the Asian region. First, the results provide useful information for conventional practitioners about the alternative help- and treatment-seeking behaviors for erectile difficulties. Second, the results help to identify the differences in practices and beliefs about T/CM among Asia countries. Third, the information derived from this study can serve as the basis for future study to further understand the underlying reasons for the use of alternative approaches in the treatment of erection difficulties.

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References


