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# A REVIEW OF HOME REMEDY USE AMONG AFRICAN AMERICANS

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## Home Remedy Use Among African Americans

Health care providers often fail to realize the extent to which folk medical beliefs and practices permeate the lives of their patients and influence behavior with respect to illness (Saunders & Hewes, 1953). The use of nontraditional medical practices has become increasingly popular as demonstrated by the recent establishment of the National Institutes of Health, Office of Alternative Medicine. This agency's directive is to facilitate the evaluation of alternative therapies currently being used by Americans and to establish an information clearinghouse (Riedlinger & Montagne, 1997). A vast amount of knowledge is available on the use of alternative therapies by various ethnic groups, particularly Asian cultures where these practices have been conducted for centuries (Eisenberg, et al., 1993). Additionally, information is available on the use of alternative therapies and alternative practitioners (i.e. *curanderos* – folk healers) in Hispanic cultures (Lopez-Aqueres, et al., 1984). Attempts at gaining systematic knowledge of African Americans' use of alternative therapies have been limited. In a study of rural residents, researchers found that the value of folk and home remedies was minimized or rejected by traditional or orthodox medicine, thereby causing residents that used a combination of "scientific" and folk medical systems to deny knowledge and use of such remedies when asked in a medical interview (Murphee & Barrow, 1970). The purpose of this review is to offer information on African Americans' use of home remedies. Given the lack of information, this literature review of home remedy use is segmented by discussion of the definition of home remedies, self-care and home remedies, prevalence of home remedy use, and factors influencing home remedy use. The review will conclude with areas of concern and recommendations for future research.

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## Definition of Home Remedies

While there is some information available regarding general home remedy use, information related to African Americans' use and the factors which influence this health behavior among African Americans is scarce. The use of home remedies is likely to be rooted in African traditions as evidenced by the case studies focused on the use of folk medicines and folk healers (Michael & Barrow, 1967; Snow, 1974; Snow, 1980; Powers, 1982; Watson, 1984). Folk remedies, home remedies, herbal remedies, root medicines and "old timey remedies" are often used interchangeably but for the purposes of this review folk remedies are distinguished from home remedies. Folk remedies are derived from folk medical practices which are grounded in varying beliefs concerning the nature of illness and healing (Watson, 1984). An example of a folk remedy is a potion or ointment supplied by an "Old Lady" to cure poor circulation. In contrast, home remedies are defined as "any substance that is not intended for medical purposes which is used internally or externally for the cure, treatment, mitigation or prevention of disease or adverse health-related symptoms, or any drug that is obtained with a prescription or purchased without a prescription and used for medical purposes in a manner not intended by the prescriber or indicated on the product label" (Boyd, Shimp, & Hackney, 1984). As an example, this definition includes Vicks Vapor Rub, as a home remedy when it is used internally to treat symptoms of the common cold, but when used as labeled to treat chest congestion, it is a nonprescription medication.

## Self-Care and Home Remedies

Self-care in the treatment of illness is not new. Whether in an underdeveloped third world country or in a highly industrialized nation, self-care is the major means by which people treat and care for their health care needs (Levin, Katz, & Holst, 1976). In regards to home remedy use, most of the studies have focused on the use of prescription and non-prescription medications but have omitted questions related to home remedies (Aiken, et al., 1994; Barbre, 1987; Fillenbaum, et al., 1993; Gagnon, Salber, & Greene, 1978; Juergens, Smith & Sharpe, 1986). Many of the current studies investigating the use of unconventional therapies may or may not include home remedies (Cohen, et al., 1990; Cronan, et al., 1989; Frate, et al., 1996; Riedlinger & Montagne, 1997). For example, Eisenberg et al., (1993), in their study of the prevalence of alternative therapy use, found that less than 1% of their respondents reported folk or home remedy use.

A limited number of studies of self-care behavior demonstrate the rising trend in home remedy use (Nonprescription Drug Manufacturers Association, 1992). In an earlier study conducted by Roghmann & Haggerty (1972), the researchers found that 30% of the respondents used home remedies to deal with daily complaints. In an-

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other study of self-medication activities, 41% of respondents indicated that they were familiar with home remedies, believed them to be effective and would recommend them to others (Segall, 1990). Similar results were found in a study of self-care behaviors taken by rural elders in response to joint symptoms. In this study, 78% of the respondents performed self-care behaviors that did not involve health care professional intervention (Taylor, 1996). These studies indicate that the use of home remedies and other unconventional therapies for acute and chronic conditions continue to be prevalent. However, the results are not generalizable because African Americans were not represented.

### **Prevalence of Home Remedy Use Among African Americans**

African Americans have a long history of home remedy use. Slavery and later segregation prevented African Americans from seeking traditional medical care (Watson, 1984). Home remedies in these times served as essential treatment modalities for African Americans faced with illness (Banahan & Frate, 1992). However, few studies have been published that document the prevalence of home remedy use unique to an African American population. Anecdotal reports from physicians, pharmacists and other health care providers support the premise that African Americans used and still use a variety of medicinal herbs, home remedies, and other products in response to symptoms, for the restoration of health and the prevention of disease. In the literature, several lists have been compiled of home remedy preparations but prevalence and incidence of home remedy use cannot be obtained from these lists (Boyd, Shimp & Hackney, 1984; Taylor, 1996).

In the Michigan Study of Home Remedy Use, fifty elderly African Americans were asked to list their current use of home remedies (Boyd, Shimp & Hackney, 1984). The results of the study did not provide information regarding prevalence or effectiveness of home remedy use. The study did, however, provide a variety of remedies and indications. Some examples of home remedies used were cow chip tea (*for pneumonia*), turpentine and sugar (*for cough and colds*), and sardine oil (*for rheumatism*). Further, 80% of the residents interviewed said that their doctors were unaware of the home remedies they were using and 16% indicated that they would use home remedies after seeing a doctor if the doctor did not prescribe a medication for their complaint. These results suggest that African American elders use both traditional medications and home remedies simultaneously and they often fail to disclose such use to health care providers.

The first and only national exploration of family and individual use of home remedies by African Americans was undertaken in the National Survey of Black Americans (NSBA), a nationally representative cross-sectional survey of the adult African American population living in the continental United States in 1979 and 1980. Boyd, Shimp

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& Taylor (1997) conducted a secondary analysis of the data. The results of their study revealed that approximately 68.3% of the sample reported that their family used home remedies while 29.9% of the families did not. Of the individuals who reported family use, approximately 31.2% reported current use of home remedies some of the time, 3.6% reported using them all the time, while 63.5% reported no current use of the preparations.

### **Factors Influencing Use of Home Remedies**

In the past, home remedies and other forms of self-treatment were a necessity in the absence of sufficient health care providers and resources, but now are choices opted by patients who elect not to rely exclusively on physicians or other health care professionals for healing and treatment (Haug & Lavin, 1983). Some of the reasons cited in the health literature for home remedy use are: inadequate health education, poverty, less access to health care, skepticism of doctors and other health care professions, and racial and cultural differences between patients and providers (King, 1996; Kong, Kong & McAllister, 1994; Patrick, et al., 1988). One reason for the decline in trust in the formal health care system and increase reliance on self-treatment is the increased public belief in the efficacy of self-care (Haug & Lavin, 1983). Concern about the side effects of widely used drugs and inability of traditional medicine to find cures for chronic diseases like arthritis, hypertension, cancer, depression, cardiovascular diseases, digestive problems and other chronic diseases has also contributed to the loss of confidence in the traditional health care system. There is a renewed reliance on self-treatment, both preventive and palliative, which according to Haug & Lavin (1983) has emerged concurrently with an increase in chronic and incurable conditions. Patients with long-term experience with their condition have learned what works best for them and treat them accordingly (Haug & Lavin 1983). Some patients with chronic conditions may have lost faith in the ability of health care professionals to provide a cure or to alleviate certain health conditions and as a result, rely on home or other remedies for treatment of their conditions (Haug, 1983).

Another factor that has been cited in the literature as an indicator of home remedy use among African Americans is the region of residency ( Mathews, 1987; Snow, 1974). Results from a study of geographic differences in home remedy use indicate that individuals from Southern rural areas reported using home remedies to a greater extent than individuals from other geographic regions (Boyd, Shimp & Taylor, 1997). The rationale for the significant association between home remedy use and residence in a rural area has been attributed to cost of health care, growth in lay knowledge, recognition of the limits of formal medical care, and barriers that are specific to rural areas such as transportation and distance ( Bushy, 1992; Cook & Baisden, 1986; Coons, 1990; Coons & McGhan, 1988; Dean, 1989; Palmore, 1983).

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Furthermore, home remedy use has been positively associated with decreased socioeconomic status (Hill & Mathews, 1981; Snow, 1974). However, recent studies indicate that this trend is changing and home remedy use is increasing among the more educated individuals with higher socioeconomic status (Eisenberg, et al., 1993; McGinnis, 1991). This trend in home remedy use among more educated individuals may be related to a desire for this group to take more control of their health care.

### **Precautions**

The use of home remedies has been described as bizarre, worthless and even dangerous in some cases (De Smet, 1991). Most home remedies are probably harmless and some, like chicken soup, may be beneficial. Other home remedies like baking soda, sulfur, and table salt are potentially toxic and/or have the potential to cause adverse health effects if taken in large quantities or by individuals with cardiovascular conditions like congestive heart failure or hypertension (Blum & Coe, 1977). Other potentially dangerous home remedies include the oral ingestion of kerosene, turpentine, and mothballs (Snow, 1974).

A number of cases in the literature indicate that the use of home remedies have resulted in a false sense of security, noncompliance with medical directives, and delay in seeking medical treatment which have the potential to cause morbidity and in some cases mortality (Eisenberg, et al., 1993; Heurtin-Roberts & Reisin, 1992; Murphree & Barrow, 1970). For example, the treatment of "high blood" (too much blood in the body) with vinegar, pickles or lemon juice are indicated to bring the blood level back to normal. Unfortunately, the term "high blood" is confused with high blood pressure. The hypertensive individual with the perception that he/she has "high blood" may not comply with a therapeutic medical regimen used for the treatment of high blood pressure. The individual may believe that taking medication for life may be foolish or dangerous, because the treatment could result in "low blood" (not enough blood in the body) (Snow, 1980).

### **Future Research**

Research related to the use of home remedies in response to symptoms and the forces which shape these behaviors among African Americans has been very limited. Much of the work on home remedy use has been conducted on small samples in the form of case studies. Despite evidence that some African Americans view self-care practices, such as taking home remedies, as a viable option and, in some cases, the only option for care, information needed to evaluate home remedy use among African Americans is not readily retrievable, available or disseminated. Some of the earlier studies focused on specific aspects of home remedy use such as the type of remedies and their indication. These studies were important in their contribution to understanding the types of home remedies used but do not provide evidence regarding why they were used and the extent of usage. Studies are needed to examine the prevalence and

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determinants of home remedy use. Additionally, pharmacological and clinical studies are needed to validate the therapeutic effectiveness, adverse effects, and toxic effects of home remedies.

### Conclusions

This review suggests that home remedy use among African Americans is prevalent. However, noncompliance with medical directives and delays in seeking professional intervention are precautions that should be taken in regards to home remedy use. The articles reviewed imply that health care professionals are not eliciting information regarding home remedy use nor are patients disclosing such information. These issues, along with increasing costs of conventional medical care and the inaccessibility of formal medical care to some African Americans, make self-care practices (i.e. home remedy use) an increasingly important area for continued evaluation. For these reasons, health care professionals and policy makers should adapt health promotion practices and policies when possible to incorporate the cultural beliefs and health behaviors of African Americans.

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