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Use of alternative medicine for weight loss among Mexican-American women

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Abstract

Objectives—To examine the use of complementary and alternative medicine (CAM) for weight loss among Mexican-American women.

Design—Cross-sectional survey of different CAM modalities, including traditional Mexican medicine therapies.

Settings—The sample was drawn from women participating in a weight-loss program in Portland, Oregon.

Subjects—Sample consisted of 31 adult Mexican-American women.

Results—Most respondents reported using some form of CAM for weight loss, with most reporting using herbs and teas (70%), home remedies (61%) and massage (55%).

Conclusions—Mexican-American women report using a wide range of CAM therapies for weight loss. Understanding their patterns of use will enhance cultural competence of health care professionals and help address their medical needs.

Keywords

Obesity; Hispanics; Traditional Medicine; Women; Complementary Alternative Medicine

BACKGROUND

While the prevalence of overweight and obesity ($\text{BMI} > 25 \text{ kg/m}^2$) continues to rise among all Americans (1), it is even higher in Hispanics, the largest minority group in the country (2). One of the largest increases has occurred among Mexican-American women, for whom obesity prevalence ($\text{BMI} > 30 \text{ kg/m}^2$) has increased from 38% in 1988 to 45% in 2008 (1,3). Not surprisingly, weight control is a common concern among Hispanics, with nearly 50% of Mexican-American women reporting attempts to lose weight (4). Since so many Hispanics are struggling with obesity, understanding the weight control strategies used by this group is particularly important to efforts to provide culturally-competent care and improve communication in health promotion efforts targeting Hispanic populations.

With reported utilization rates ranging from 36% to 63%, Hispanics' use of complementary and alternative medicine (CAM) in the United States appears to be similar to or slightly higher than those of non-Hispanic whites, whose utilization rates are estimated to range between 36% and 52% (5,6). There is little information, however, on the use of different CAM modalities specifically for weight management among Hispanics. The purpose of this

study was to explore the use of various modalities of CAM for weight control among Mexican-American women seeking to lose weight.

METHODS

Study design and recruitment

For this exploratory study, all participants in a culturally tailored clinical weight-loss trial for obese Mexican-American women were invited to respond to a telephone survey about previous weight-loss attempts.

Eligibility criteria for the weight loss study included: female, Spanish-speaking, self-identified as Mexican or Mexican American (regardless of place of birth), age 18 or older, and a body mass index (BMI) of 30 or above. Exclusions included: current pregnancy, having given birth within the previous 12 months, or plans to become pregnant or to leave the area in the next 12 months. Both the weight loss study and this CAM interview were conducted in English and Spanish. This study was reviewed and approved by the Kaiser Permanente Northwest Institutional Review Board, and all participants provided written informed consent prior to enrollment.

Participants

A convenience sample of 31 obese Mexican-American women, all of whom were participating in a case series (i.e., uncontrolled longitudinal) weight-loss clinical trial, completed the telephone survey regarding previous use of CAM for weight loss. Respondents were asked if they had made a serious weight loss attempt that lasted more than three days. All participants reported at least one previous weight-loss attempt, and were then further asked which in a list of alternative medicine modalities they had used in previous weight loss attempts within the last five years.

Telephone survey

The survey instrument included questions about a variety of CAM therapies, including various modalities of traditional Mexican medicine. CAM modalities on the survey focused on major domains of complementary and alternative medicine as defined by the National Center for Complementary and Alternative Medicine (NCCAM) including: (1) alternative medical systems, (2) mind/body interventions not yet considered “mainstream,” (3) herbal-based (biologic) therapies, (4) manipulative- and body-based methods, and (5) energy therapies.

In addition to asking about use of various treatment modalities for weight loss, we asked participants their opinion about CAM use for any ailment, their beliefs about CAM compared to conventional medicine for treating any ailment, and their beliefs about the impact of mood on health. The telephone survey was conducted 6 months after the beginning of the weight-loss intervention, and took an average of approximately 30 minutes to complete.

Traditional Mexican medicine survey items

Because participants were all Mexican American, the survey included three important practitioners of traditional Mexican medicine: “Huesero” or “sobador,” “yerbero,” and “curandero.” “Hueseros” or “sobadores” are bonesetters, healing practitioners trained in physical manipulation and massage. “Yerberos” are practitioners specializing in medicinal herbs and plants. While there is no general agreement on the definition of “curanderos,” they are practitioners of spiritual and physical healing using traditional Mexican medicine.

RESULTS

Participant characteristics

All 31 invited participants (100%) completed the survey. Participants were self-identified Mexican-American women; most (84%) were Mexican-born. The primary language for all was Spanish, with nearly 20% of participants reporting not speaking any English. Mean age was 38 years (S.D. = 11.7; range 19-78). Eleven participants (35%) had an education level of sixth grade or less, eleven had completed between 7th and 11th grade, and nine had graduated high school or attended some college. Nearly half (52%) of the participants were employed, most (94%) working as housekeepers or in service-related areas (restaurant servers, sales). Nearly half of participants (52%) had health insurance, but only one participant reported having health insurance that covered CAM treatment. Nearly half (52%) of participants identified as Catholics, 19% as Jehovah's Witnesses, 10% as "Christian," 6% as "Other," and 13% declined to answer. Most participants (68%) reported attending religious services one or more times per week.

Use of CAM modalities for weight loss

Table 1 shows the use of each CAM modality for weight loss. Herbs and teas (70%), home remedies (61%) and massage (55%) were the most frequently reported alternative therapies for weight loss.

Herbs and teas—The most frequently mentioned herbs and teas used for weight loss were: agracejo rastrero (*Evolvus nummularius*), arenaria (*Plantago arenaria*), bardana (*Articum minus*), carqueja (*Baccharis genistelloides*), cola de caballo (*Equisetum giganteum*), dulcamara (*Solanum dulcamara*), espina colorada (*Solanum sisymbriifolium*), pasionaria (*Passiflora caerulea*), zarzaparrilla (*Smilax medica*), marrubio (*Lamiaceae marrubium*), centella (*Centella asiatica*), as well as unspecified "Chinese slimming teas."

Home remedies—Queries about specific home remedies used for weight loss yielded the following: wearing neoprene bands around waist, rubbing olive oil and sea salt on the abdomen, drinking a cup of water with different ingredients (e.g., olive oil, lime juice, vinegar) before breakfast or before going to bed, wearing a rag tied around the waist under their clothing, or adding a little lime juice or vinegar to foods eaten throughout the day in order to "burn the fat."

When participants were asked about other efforts they have engaged in to lose weight, 71% of women reported using Herbalife™, 48% reported use of unspecified "diet pills," and 29% reported fasting to lose weight.

Perceived efficacy and safety of alternative medicine

The majority of participants (55%) thought that CAM was generally effective for diverse ailments. About a third (29%) reported not being sure, and approximately 16% did not believe CAM to be effective. See Table 2.

While, as noted, most participants believed CAM to be generally effective, a majority (77%) believed CAM to be dangerous in that "it may prevent people from getting proper care," and more than half (55%) believed CAM should only be used as a last resort after unsuccessful attempts with conventional medicine. Over a third (36%) of participants believed it "is worth it" to try CAM before going to the doctor, but a larger portion (45%) disagreed, and about 19% had no opinion.

DISCUSSION

This telephone survey of Mexican-American women in a weight-loss program showed a high use prevalence of alternative methods, including CAM modalities, for weight loss. Our study is limited by a reliance on self-reported cross-sectional data, the relative homogeneity of our sample, and the fact that the data were obtained from a convenience sample. The accuracy of these self-report data is unknown, and we do not know whether other data-collection methods less reliant on self report may yield different results. Similarly, the cross-sectional nature of the design does not allow us to know whether these results would remain consistent over time, or if participants' use of CAM might have fluctuated over time, or as a function of greater acculturation. The homogeneity of our sample greatly limits the generalizability of the findings to other Hispanic sub-ethnicities, to non-obese Mexican-American women, or to women from different socio-economical backgrounds. Since all participants were enrolled in a weight-loss intervention as part of a clinical trial, the generalizability of these results is limited and they should be interpreted with caution. Further, the women's ability to recall whether or not they had used CAM therapies, given that we asked them to remember activities that occurred more than five years ago, is another important limitation—they simply may have forgotten to tell us things. Our results should be viewed with caution, in light of these limitations.

Nevertheless, these results suggest that the use of CAM therapies and dietary supplements for weight loss may be relatively high among Mexican-American women interested in losing weight. The results of this small survey are in contrast to other studies that have found much lower rates of CAM use specifically for weight loss among Hispanics (7), and lower rates of CAM use, in general, among Mexican-American women of similar socioeconomic status (8). Our results show a general acceptance of CAM therapies among Mexican Americans as a principal or adjuvant tool for weight loss. Our use of a small convenience sample drawn from a weight-loss trial might partially explain why our results diverged from those seen in other studies. Continued research is needed on the use of traditional medicine and CAM in the Hispanic population. A greater understanding of Mexican Americans' use of traditional and other alternative medicine modalities will enhance the cultural competence of healthcare professionals and better serve the healthcare needs of this important segment of the population.

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Table 1

Use of alternative therapy modalities for weight loss

Treatment	N participants who had used it (%)
Teas and herbs	22 (71)
Home remedies	19 (61.3)
Massage	17 (54.8)
Huesero o sobador	11 (35.5)
Relaxation	9 (29)
Acupuncture	9 (29)
Chiropractor	9 (29)
Yoga	8 (25.8)
Homeopathy	7 (22.6)
Yerberero	5 (16)
Meditation	4 (12.9)
Aromatherapy	4 (12.9)
Curandero	3 (9.7)
Spiritual healing or espiritualista	2 (6.5)
Bioelectromagnetic treatments	2 (6.5)
Acupressure	2 (6.5)
Hypnosis	1 (3.2)
Reflexology	1 (3.2)
Therapeutic touch	0
Light therapy	0
Colonic irrigation	0
Psychics	0
Metals	0
Guided imagery	0
Tai Chi	0
Biofeedback	0
Other Treatments	
Used pills to lose weight	15 (48.3)
Fasted	9 (29)
Used Herbalife TM	22 (71)

Table 2

Perceived general effectiveness and safety of CAM

How well does CAM work, in general?
Well or Very well 17 (54.8%)
Not sure 9 (29%)
Doesn't work 5 (16%)
CAM can be dangerous because it can prevent people from getting proper care.
Agree -- 24 (77.42)
No opinion -- 2 (6.5%)
Disagree -- 5 (16.1%)
CAM should be used as a last resort when conventional medicine can't offer help.
Agree -- 17 (54.8%)
No opinion 6 (19.4%)
Disagree -- 8 (25.8%)
It is worth it to try CAM before going to the doctor.
Agree -- 11 (35.5%)
No opinion -- 6 (19.4%)
Disagree -- 14 (45.2%)