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Complementary therapies and quality of life: a review of adult perceptions in qualitative studies

Terapias complementarias y calidad de vida: una revisión de percepciones adultas en estudios cualitativos

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Abstract

Complementary therapies are valued by adults as significant strategies for improving well-being, strengthening perceptions of control, and addressing emotional needs that conventional medicine does not always address. This qualitative review aimed to analyze adults' perceptions of these therapies and their relationship with well-being, based on recent studies. To this end, a systematic review was conducted following the PRISMA 2020 guidelines and the SPIDER model, with searches in Scopus, Web of Science, PubMed, and SpringerLink, covering the period 2020–2025. Data synthesis was performed using inductive thematic analysis, while study quality was assessed using the JBI Critical Appraisal Checklist for Qualitative Research. Twenty-two qualitative studies were included and organized into four main categories: motivations for using complementary therapies, subjective experiences, communication barriers, and symbolic dimensions of care. The results show that these therapies are perceived as culturally situated self-care practices, capable of promoting quality of life, spiritual connection, and personal autonomy. In conclusion, it is suggested that complementary therapies should be integrated into care models that are empathetic, person-centered, and culturally relevant to enhance their impact on holistic well-being.

Keywords: quality of life, alternative medicine, perception.

Resumen

Las terapias complementarias son valoradas por personas adultas como estrategias significativas para mejorar el bienestar, fortalecer la percepción de control y atender necesidades emocionales que la medicina convencional no siempre cubre. Esta revisión cualitativa tuvo como objetivo analizar las percepciones de adultos sobre estas terapias y su relación con la experiencia de bienestar, a partir de estudios recientes. Para ello, se realizó una revisión sistemática siguiendo los lineamientos PRISMA 2020 y el modelo SPIDER, con búsquedas en las bases Scopus, Web of Science, PubMed y SpringerLink, abarcando el período 2020–2025. La síntesis de los datos se efectuó mediante un análisis temático inductivo, mientras que la calidad de los estudios se evaluó con la herramienta JBI Critical Appraisal Checklist for Qualitative Research. Se incluyeron 22 estudios cualitativos, que se organizaron en cuatro categorías principales: motivaciones para el uso de terapias complementarias, experiencias subjetivas, barreras comunicacionales y dimensiones simbólicas del cuidado. Los resultados evidencian que estas terapias son percibidas como prácticas de autocuidado culturalmente situadas, capaces de promover la calidad de vida, la conexión espiritual y la autonomía personal. En conclusión, se sugiere que las terapias complementarias deberían integrarse en modelos de atención que sean empáticos, centrados en la persona y culturalmente pertinentes, para potenciar su impacto en el bienestar integral.

Palabras clave: calidad de vida, medicina alternativa, percepción.

Introduction

In recent decades, the use of complementary therapies and natural products has seen significant growth among adults, especially those living with chronic illnesses or seeking a more holistic approach to their well-being. These practices, which include acupuncture, phytotherapy, meditation, herbal supplements, and energy therapies, are utilized not only as alternatives to conventional treatments but also as complementary strategies that enhance emotional, symbolic, and spiritual dimensions in the health-illness process.

This growing interest has been accompanied by a substantial increase in clinical studies, primarily quantitative, aimed at evaluating the biomedical efficacy of these therapies. However, this perspective has sidelined the analysis of subjective experiences, cultural beliefs, and personal valuations that users attribute to these practices. For instance, systematic reviews such as those by Bakhshi et al. (2020) and De Souza Buto et al. (2020) document improvements in the quality of life of oncology patients and older adults who incorporate unconventional therapies into their care, albeit without delving into the symbolic or experiential dimensions. In contrast, empirical research like that of Carrasco et al. (2020) highlights that the perception of improvement is closely tied to individual convictions, family environment, and the patient's sense of autonomy.

Despite these advancements, significant gaps remain in the scientific literature, particularly the scarcity of qualitative studies that integrate the perceptions, motivations, barriers, and meanings that adults attribute to the use of complementary therapies. As noted by Odegard et al. (2022), the use of these therapies has steadily increased, despite limitations in the scientific evidence supporting their application and challenges in their regulation and integration into conventional care. This situation is exacerbated by the lack of agreed-upon definitions clearly delineating which practices should be considered "complementary" or "natural," complicating comparisons between studies and the design of inclusive and culturally sensitive public policies. Furthermore, the symbolic, emotional, and experiential dimensions of well-being continue to be superficially addressed, lacking in-depth theoretical and interpretative analysis.

In this context, the purpose of this research is to analyze adults' perceptions of the use of complementary therapies and their relationship with the experience of well-being, drawing from recent qualitative studies.

Methodology

Study design

This qualitative systematic review was structured following the PRISMA 2020 guidelines and the SPIDER model, widely recognized for qualitative reviews in health. The process was conducted under criteria of transparency, comprehensiveness, and reproducibility, incorporating an interpretative approach in synthesizing the findings. It is noteworthy that the review was not registered in PROSPERO due to its exclusively qualitative focus.

Eligibility criteria

Inclusion criteria were defined in alignment with the SPIDER model:

- **Participants (S)**: adults (≥18 years), with no restrictions based on sex, ethnicity, or health status.
- **Phenomenon of interest (PI)**: the use of complementary therapies or natural products related to health, care, or well-being.
- **Design (D)**: studies employing qualitative methodologies such as interviews, focus groups, ethnography, or content/theme analysis.
- **Evaluation (E)**: perceptions, experiences, meanings, beliefs, or valuations attributed by users to the use of these therapies.
- **Study type (R)**: primary qualitative research published between 2020 and 2025, in English or Spanish, in peer-reviewed journals with full-text availability.

Conversely, articles were excluded if they:

- Had an exclusively quantitative design (surveys, clinical trials, case series).
- Focused solely on measuring biomedical efficacy without addressing subjective meanings.
- Targeted health professionals or institutional frameworks without including user perspectives.
- Did not explicitly state a qualitative design or a clear analysis strategy.
- Were theses, editorials, non-peer-reviewed documents, conference abstracts, or articles without full-text access.

Search strategy

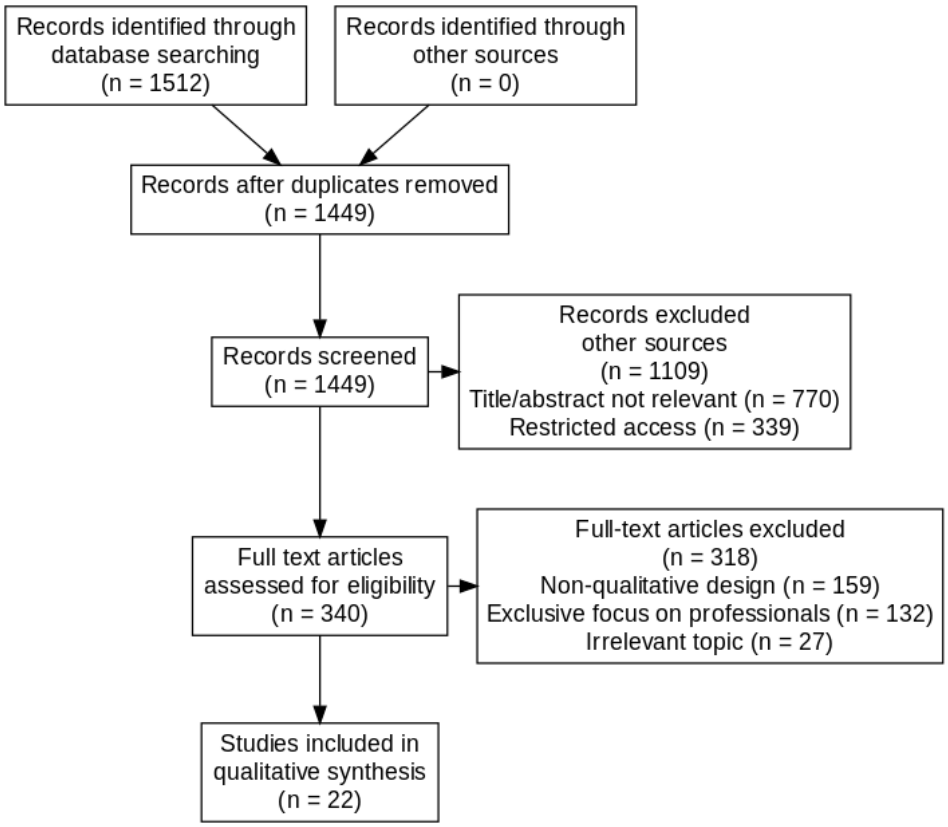
Between January and April 2025, a comprehensive search was conducted in databases such as Scopus, Web of Science, PubMed (using MeSH terms), and SpringerLink. Boolean operators AND/OR were employed along with descriptors adapted to each platform. The general strategy was as follows: ("herbal medicine" OR "alternative therapies") AND ("adults" OR "older adults") AND ("perceptions" OR "experiences" OR "beliefs" OR "meanings") AND ("quality of life" OR "well-being") AND ("qualitative study" OR "qualitative research" OR "interviews" OR "focus groups" OR "thematic analysis").

Reference management and duplicate elimination were conducted using Mendeley. Articles published between January 2020 and April 2025 were considered, with no geographical restriction.

Study selection

A total of 1,512 records were identified through the search in scientific databases. After removing 63 duplicates, 1,449 titles and abstracts were evaluated, of which 1,109 were excluded for being irrelevant (n = 770) or due to restricted access (n = 339). A total of 340 articles were selected for full text evaluation. Of these, 318 studies were discarded for various reasons: non-qualitative design (n = 159), exclusive focus on health professionals (n = 132), or thematic irrelevance (n = 27). Ultimately, 22 studies met all inclusion criteria and were incorporated into the qualitative synthesis. This process is illustrated in Figure 1, corresponding to the PRISMA diagram.

Figure 1
PRISMA diagram



Note. Flow diagram representing the study selection process considered in the research

Quality assessment

The quality of the studies was assessed using the Joanna Briggs Institute (JBI) tool for qualitative research, which considers aspects such as epistemological congruence, methodological adequacy, faithful representation of participants' voices, and interpretive rigor. This assessment was carried out independently by the involved researchers, resolving any discrepancies through group consensus. It is important to highlight that all included studies met the minimum required threshold for methodological quality.

Synthesis of findings

An inductive thematic analysis approach was applied for the synthesis, particularly suitable for integrating heterogeneous qualitative studies. The procedure involved:

- Detailed and thorough reading of each study.
- Open coding of significant units.
- Grouping of codes into conceptual subcategories.
- Consolidation of these into emerging thematic categories.

This process was conducted collaboratively by two research teams, who performed cross-triangulation to validate the internal coherence of the interpretations. No qualitative analysis software was employed, favoring a consensual manual coding that allowed for greater engagement with the data.

This interpretative approach facilitated the integration of diverse studies without losing the depth of their findings, respecting the original epistemological framework of each research. Table 1 presents the resulting categories and subcategories that underpin the analytical narrative of the results.

Table 1
Classification of included studies by categories and subcategories

Main category	Integrated subcategories	Linked studies (first author)
1. Motivations for using complementary therapies	- Pursuit of holistic well-being. - Dissatisfaction with conventional medicine. - Cultural or familial influence.	Bilc et al. (2024), Jaafar et al. (2022), Jia et al. (2024), Liu et al. (2025), Nayeri et al. (2020), Odegard et al. (2022), Opoku et al. (2020)
2. Perceived experiences and subjective efficacy	- Preference for the "natural." - Perceived effects on well-being. - Unperceived risks. - Control and autonomy.	Alzahrani et al. (2024), Armstrong et al. (2020), Brueggemann & Ekwonye (2023), De Lacey et al. (2021), Jia et al. (2024), Krishnaswamy et al. (2023), Nayeri et al. (2020), Sydora et al. (2020), Tsai et al. (2021)
3. Communication barriers and professional legitimacy	- Concealment of use. - Fear of clinical judgment. - Lack of dialogue spaces. - Medical distrust.	Aarva et al. (2024), Alzahrani et al. (2024), Jaafar et al. (2022), James et al. (2020), Jia et al. (2024), Khalid et al. (2024), Mambap et al. (2022)
4. Symbolic dimensions and care context	- Cultural tradition. - Spiritual connection. - Accessibility. - Chronic or unaddressed diseases.	Chen et al. (2020), Ee et al. (2020), Nayeri et al. (2020), Nishime et al. (2025), Opoku et al. (2020), Ruiz-Romero et al. (2021)

Results

The qualitative analysis of the 22 included studies revealed a diversity of experiences and perceptions regarding the use of complementary therapies among adults. Through an inductive approach, the findings were organized into four main thematic categories and four subcategories, allowing for a coherent interpretation of the data aligned with the objectives of the review.

1. Motivations for using complementary therapies

a) Pursuit of holistic well-being

Analyzing studies agree that one of the most common motivations for turning to complementary therapies is the pursuit of holistic well-being that transcends mere symptom relief. In this sense, Odegard et al. (2022) highlight that participants express an expanded view of health, integrating bodily, mental, emotional, and spiritual dimensions as part of self-management of well-being. In line with this, Liu et al. (2025) demonstrate that practices such as qigong and Chinese phytotherapy promote calm, inner harmony, and a transcendent connection. Similarly, Jia et al. (2024) document testimonies from individuals who feel "centered" or "aligned" after sessions of acupuncture or reiki. Thus, these therapies are perceived not only as treatments for specific ailments but also as components of a life perspective oriented towards holistic care.

b) Dissatisfaction with conventional medicine

Another recurring motivation is dissatisfaction with the predominant biomedical model. Participants recount negative experiences with the conventional healthcare system, characterized by impersonal care, brief consultations, limited active listening, and an exclusive focus on diagnosis. This perception of dehumanization drives the search for more personalized alternatives. For example, Jaafar et al. (2022) collect testimonies from adults who felt "invisible" or "reduced to a medical record number," opting instead for practices that promote a more empathetic therapeutic relationship. Similarly, Opoku et al. (2020) document in Ghana how young stroke survivors, after experiencing deficiencies in the formal system, turned to traditional healers who provided closer and more continuous care. These experiences illustrate that the choice of complementary therapies is not always based on ideological convictions but often a reaction to the limitations of the institutional model.

c) Cultural or familial influence

A third motivation for using complementary therapies is linked to the influence of the cultural and familial environment, which acts as a legitimizing agent in the adoption of these practices. Various studies indicate that their use is not merely an individual decision but a continuation of ancestral knowledge deeply rooted in everyday life. In this context, the practice of these therapies is based more on their inherited and shared nature than on an instrumental logic. For instance, Nayeri et al. (2020) describe how, in Iranian communities, older adults primarily resort to traditional medicine—such as infusions, energy massages, and cupping—as part of a routine therapeutic repertoire. Bilc et al. (2024) document the persistence of therapeutic baths, prayers, and herbal preparations in rural Eastern European regions, not only for health purposes but also as practices that reinforce family bonds and community identity. In this sense, abandoning these therapies could symbolize a rupture with a valued identity legacy.

2. Perceived experiences and subjective efficacy

a) Preference for the "natural"

A constant theme across various studies is the inclination towards therapies and products perceived as "natural," considered a deliberate option over pharmacological or artificial alternatives. This preference transcends chemical valuation and reflects a set of beliefs related to purity, non-invasiveness, and perceived safety. For many participants, the natural symbolizes respect for the body and a harmonious approach to healing. Alzahrani et al. (2024) and Krishnaswamy et al. (2023) collect testimonies highlighting the use of herbal preparations, essential oils, and energy therapies as safer options that are "in harmony with the body," in contrast to pharmaceuticals associated with toxicity, adverse effects, or dependency. In this sense, the natural is conceived not only for its plant origin but also for the absence of technological intervention, its connection to life cycles, and its ancestral roots. This positioning is not simply cultural or naïve; it represents an implicit critique of the biomedical paradigm and the pharmaceutical industry, while also asserting decision-making autonomy over interventions perceived as foreign or imposed.

b) Perceived effects on well-being

Participants report a variety of subjective benefits derived from the use of complementary therapies that, although not always reflected in clinical indicators, hold central value in their personal validation. These effects include stress relief, increased vital energy, a sense of balance, and a greater connection to the environment. This experience of integral improvement strengthens the perception of efficacy, even in the absence of scientific backing or institutional recognition. Jia et al. (2024) and Nayeri et al. (2020) gather testimonies where users feel "calmer," "less inflamed," or with a "renewed attitude" after practicing therapeutic yoga, acupuncture, or reiki. Although these changes are gradual and subjective, they are described as highly significant. In this context, Sydora et al. (2020) and Armstrong et al. (2020) demonstrate that, especially in palliative contexts, these therapies sustain hope when conventional medical treatments have exhausted their possibilities. Thus, their value lies not only in healing but in preserving emotional well-being in critical situations.

c) Unperceived or minimized risks

A relevant finding is the low perception of risk associated with the use of complementary therapies, even when participants acknowledge potential interactions with conventional medical treatments. Generally, these risks are minimized or considered irrelevant due to the trust placed in these practices and their frequent association with the "natural." The study by Tsai et al. (2024) reveals that many users, believing these therapies come from natural sources, mistakenly assume their safety and forego medical supervision, even when combining them with pharmaceuticals. This phenomenon poses a critical challenge for current clinical practice: the need to create respectful dialogue spaces where these practices can be identified and discussed from a collaborative perspective.

d) Sense of control and autonomy

Another prominent experience reported by participants is the feeling of regaining control over their health through the use of complementary therapies. These practices allow individuals to actively engage in their healing process, make informed decisions, and tailor interventions to their own needs and life rhythms. In the study by De Lacey et al. (2021), various adults perceive these therapies as a way to "do something for themselves," contrasting with the passivity they experience in the biomedical system. This idea is reinforced by Brueggemann & Ekwonye (2023), who document how practices like guided meditation, self-massage, or regular consumption of herbal infusions acquire symbolic value as everyday acts of self-care. The autonomy promoted by these therapies does

not imply a rejection of the conventional medical paradigm but rather a personalization of the therapeutic process that transforms the patient into an active and reflective agent.

3. Communication barriers and professional legitimacy

a) Concealment of use from health professionals

A significant barrier identified in the studies is the tendency of users to deliberately conceal the use of complementary therapies during their interactions with the conventional healthcare system. This omission is often not due to a lack of information but to the anticipated perception of disapproval or devaluation by medical personnel. Thus, a "strategic silence" emerges, reflecting asymmetrical clinical communication. Aarva et al. (2024) and Alzahrani et al. (2024) report that many patients avoid mentioning the use of herbal supplements or energy therapies for fear of being delegitimized or having their medical treatments altered without prior consultation. In numerous cases, this concealment is based on negative expectations, even without direct experiences, highlighting a collective imagination of institutional rejection. This dynamic fragments healthcare, limits comprehensive patient assessment, and hinders the development of collaborative clinical practice.

b) Fear of clinical judgment

Additionally, several users report experiencing ridicule, invalidation, or contempt when mentioning unconventional practices. This perception deteriorates clinical communication and acts as a brake on shared decision-making. The study by James et al. (2020) shows that this fear is more intense in populations with lower education levels or strong ties to traditional knowledge, where the use of "home remedies" or ancestral rituals is seen as incompatible with biomedical discourse, generating a "dual therapeutic life": one visible to the professional and another reserved for the domestic sphere. This fragmentation compromises clinical transparency and underscores the urgent need for training in intercultural competencies for healthcare personnel, facilitating the recognition and validation of other forms of knowledge without reducing them to pathological or unscientific notions.

c) Lack of dialogue spaces and institutional validation

Furthermore, the literature highlights the absence of formal spaces within the healthcare system to address complementary therapies openly, critically, and respectfully. Although in some contexts these practices receive some regulation or dissemination, their integration into daily clinical practice is often marginal or symbolic. Khalid et al. (2024) and Jia et al. (2024) evidence that, although some health centers have incorporated activities like yoga or meditation, these remain disconnected from the official therapeutic body, lacking referral protocols or institutional recognition from the patient's perspective. This lack of articulation reinforces their relegation to the private sphere, rendering them invisible in the medical history and obstructing their consideration in therapeutic decision-making.

d) Distrust in the biomedical model

Moreover, various studies reveal a growing distrust of the biomedical model, motivated by previous experiences of mistreatment, adverse pharmacological effects, or lack of emotional support in care. Although this distrust does not imply a complete rejection of the formal system, it does drive the active search for alternatives that restore a central role to individuals in their health-illness process. Mambap et al. (2022) and Khalid et al. (2024) document accounts from users who experienced frequent side effects, limited therapeutic information, and a sense of chemical dependency. In response, complementary therapies are perceived as more humane, genuine, and sustainable interventions, based on direct experience and a therapeutic relationship that prioritizes subjectivity and integral care.

4. Symbolic dimensions and care context

a) Cultural tradition as a source of legitimacy

Various studies highlight that the choice and persistence in using complementary therapies are deeply influenced by rooted cultural traditions. In this regard, these therapies are not seen as "alternatives" to conventional medicine but as an organic part of the everyday care repertoire, legitimized by intergenerational transmission. Nayeri et al. (2020) document how adult women learned from childhood to use infusions, homemade ointments, and energy cleansing rituals, knowledge passed down from mothers or grandmothers. Complementarily, Opoku et al. (2020) show that young stroke survivors in Ghana turn to herbal medicine and traditional care as essential

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elements in their recovery, thereby reinforcing the cultural continuity of this knowledge. Immersed in everyday affection, these practices acquire symbolic legitimacy, even without biomedical endorsement. Ruiz-Romero et al. (2021) strengthen this perspective by showing that in Latin American indigenous communities, practices such as ritual baths or contact with healers constitute forms of respect for ancestral knowledge, rather than mere responses to the absence of medical services. This legitimacy is based on collective experience, orality, and trust in traditional knowledge, positioning these therapies not as a one-time choice but as an expression of cultural identity.

b) Spirituality and existential meaning

A cross-cutting dimension in multiple studies is the close relationship between the use of complementary therapies and spirituality. For many adults, these practices aim not only to alleviate physical symptoms but also to facilitate a reconnection with profound existential aspects, such as the meaning of life, transcendence, or a connection to a higher power. Opoku et al. (2020) document that therapies such as meditation, traditional spiritual practices, or community support allow users to reinterpret suffering and reconnect with life's meaning, especially in contexts of prolonged illness, grief, or complex recovery. In these cases, efficacy is not measured by clinical indicators but by the symbolic value of feeling accompanied, finding calmness, and attributing meaning to suffering. This type of benefit situates care within a spiritual dimension that, while not necessarily religious, responds to a search for life purpose, transforming the therapeutic process into an exercise of introspection, inner connection, and deep emotional healing.

c) Accessibility and community trust

Another relevant aspect is the perception of accessibility of complementary therapies compared to the conventional healthcare system. In rural or low-resource contexts, these practices are valued for their availability, low cost, and cultural proximity. Their transmission within communities strengthens trust in those who practice them. Ee et al. (2020) and Chen et al. (2020) demonstrate that many individuals turn to community care networks, such as traditional healers or informal caregivers, when formal medical services are inaccessible or culturally distant, especially in rural areas. This accessibility extends beyond economic factors; it also implies a more humane and personalized care approach, free from institutional rigidity.

d) Support in unresolved illnesses

Finally, various studies indicate that adults resort to complementary therapies when conventional medicine fails to resolve their health issues or stops providing satisfactory answers. In cases of chronic diseases, persistent pain, or ambiguous diagnoses, these therapies emerge as an alternative to alleviate suffering, contain distress, and maintain daily life amidst uncertainty. Chen et al. (2020) and Nishime et al. (2025) collect testimonies from individuals who, after long clinical processes without concrete progress, found fundamental support in practices such as traditional medicine, emotional accompaniment, or community spiritual care to preserve their dignity and subjective well-being. While these practices do not necessarily replace medical interventions, they offer essential emotional and symbolic support.

Discussion

The findings of this qualitative systematic review, based on the analysis of 22 primary studies published between 2020 and 2025, reveal that adults understand complementary therapies as integral care practices, whose significance transcends mere clinical efficacy. Originating from diverse contexts—Asia, Latin America, Europe, and the Middle East—these studies provide a rich and heterogeneous view of the subjective experiences related to these practices.

From a theoretical perspective, the use of complementary therapies can be interpreted through medical pluralism (Kleinman, 1980), which posits that patients combine multiple health systems according to their needs, beliefs, and life trajectories. This is evidenced in research by Bilc et al. (2024), Opoku et al. (2020), and Liu et al. (2025), where users do not replace conventional medicine but complement it in search of greater emotional balance or spiritual meaning.

Similarly, the biopsychosocial approach (Engel, 1977) is relevant for understanding why practices such as phytotherapy, meditation, or acupuncture are valued beyond their physiological effects. Studies by Sydora et al. (2020), Brueggemann and Ekwonye (2023), and De Lacey et al. (2021) show that participants report subjective improvements in their overall well-being, sense of control, and stress reduction, even in the absence of objective clinical support.

Conversely, within the framework of cultural care (Leininger, 1991), one can understand the deep motivations underlying the use of these therapies, often linked to familial traditions or ancestral practices. Research

by Nayeri et al. (2020), Chen et al. (2020), and Ruiz-Romero et al. (2021) evidences that symbolic legitimacy, spiritual connection, and a sense of cultural identity are essential components of the value attributed to these practices.

Additionally, several included studies, such as those by Jaafar et al. (2022) and Khalid et al. (2024), report that users tend to conceal their use of complementary therapies from health professionals due to fear of disqualification or possible clinical repercussions, highlighting persistent barriers in the physician-patient relationship. These experiences underscore the need to design integrative, empathetic, and culturally sensitive care models.

In summary, the analysis of these 22 studies allows us to conclude that complementary therapies represent much more than a response to the perceived ineffectiveness of biomedicine. They constitute a pathway for empowerment, reinterpretation of suffering, and re-signification of care. Therefore, it is recommended to consider their informed integration into health systems, not as substitute practices but as valid components of a person-centered care model that considers the individual's life context.

Conclusions

This qualitative systematic review highlights that the use of complementary therapies by adults responds to complex motivations that go beyond the biomedical paradigm. These practices are not limited to a therapeutic choice but are configured as cultural, symbolic, and personal care strategies aimed at re-signifying the health experience, especially in contexts of chronicity, persistent discomfort, or unresolved emotional needs. The findings demonstrate that users value these therapies not only for their perceived effects on physical and emotional well-being but also for the sense of control, autonomy, and spiritual connection they foster.

Moreover, the preference for the natural, the legitimacy conferred by intergenerational transmission, and the perception of more humane treatment strengthen their validity within the everyday care repertoire. However, structural and communicational barriers persist that hinder their integration into the formal healthcare system, particularly regarding institutional recognition and the quality of clinical dialogue.

Methodologically, this review rigorously integrated the findings from 22 qualitative studies published between 2020 and 2025, following PRISMA 2020 guidelines and the SPIDER framework, and applying an inductive thematic analysis. This approach allowed for a deep understanding of the meanings that adults attribute to these practices within a holistic conception of the health-illness process.

The main contribution of this study lies in highlighting the experiential, symbolic, and relational dimensions that shape the relationship with complementary therapies, offering interpretative evidence of relevance for healthcare professionals, trainers, and public policy decision-makers. Consequently, it is concluded that it is urgent to advance towards integrative, culturally sensitive, and person-centered care models that recognize and value the plurality of knowledge involved in well-being care.

Finally, future research is recommended to delve into usage trajectories throughout the life cycle, examine variations by gender, culture, and socioeconomic status, and analyze the ways in which complementary therapies articulate or dissociate from conventional medicine to build a more ethical, inclusive, and contextualized healthcare system.

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