




Description of the Use of Complementary Therapy in Type II DM Patients in Hutanabolon Village

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ARTICLEINFO	ABSTRACT
<p>Article history:</p> <p>Received Sep 05, 2023 Revised Sep 10, 2023 Accepted Sep 30, 2023</p> <hr/> <p>Keywords:</p> <p>Type II Diabetes Mellitus, Complementary Therapy, Hutanabolon, Independent Management, Quality of Life.</p>	<p>Type II Diabetes Mellitus (DM) is a chronic disease with increasing prevalence and requires ongoing self-management. In Hutanabolon Village, in addition to conventional medical treatment, DM sufferers often utilize various types of complementary therapies as a complementary effort to control blood sugar levels. This study aims to describe the use of complementary therapies in Type II Diabetes Mellitus patients in Hutanabolon Village, both in terms of the type of therapy chosen, frequency of use, and reasons for their choice. The research method used is descriptive quantitative with a cross-sectional survey approach. The study was conducted in 2023 involving respondents with Type II DM in Hutanabolon Village who were selected using a purposive sampling technique. Data were collected through structured interviews and questionnaires covering demographic data and history of complementary therapy use (biological, manipulative, or mind-body-based). The results are expected to map the types of complementary therapies most commonly used by the community (such as herbal, acupressure, or energy therapy) and identify patient motivations in choosing these therapies, such as cost factors, availability of natural ingredients, or perceptions of therapy safety. The output of this research is a draft scientific article that will be published in a national journal as a reference material for health workers at Community Health Centers to provide education on the integration of safe complementary therapies for diabetes patients.</p> <p style="text-align: right;"><i>This is an open access article under the CC BY-NC license.</i></p> 

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1. Introduction

This condition is what drives the high public interest in Complementary and Alternative Therapy (Complementary and Alternative Medicine / CAM). (Fatimah et al., 2026), (Kautsar, Melly, & Widiyanto, 2016). Complementary therapies are defined as a group of health care systems, practices, and medical products that are not part of the conventional medical tradition but are used in conjunction with mainstream medical treatment. (Andarwulan, 2021), (Widaryanti & Riska, 2020) The use of these therapies covers a wide spectrum, from biological therapies (herbs, dietary supplements), manipulative therapies (acupressure, massage), to mind-body therapies such as meditation and yoga. (Hall, McKenna, & Griffiths, 2024), (Kurniati, 2023). The formulation of the problem in this study is: (a) "What is the

description of the use of complementary therapy in Type II Diabetes Mellitus patients in Hutanabolon Village?" (b) To provide a more in-depth description, the problem is detailed into several research questions as follows: (a) What are the types of complementary therapy (biological, manipulative, or mind-body) that are most dominantly used by Type II DM patients in Hutanabolon Village? (b) What is the frequency and duration of the use of complementary therapy by patients?(Rahayu, 2022).

2. Methods

This research is a quantitative study with a descriptive survey design. The approach used was cross-sectional. Location: The study was conducted in Hutanabolon Village. This location was selected based on the high prevalence of DM patients and the strong culture of traditional medicine use in the area.(MERRIS HARTATI, 2024),(Bleler, Nayoan, Takaeb, & Marni, 2025)The population in this study was all patients with Type II Diabetes Mellitus registered in the local Community Health Center (Puskesmas) residing in Hutanabolon Village. The sample was taken using purposive sampling, a sampling technique based on specific considerations or criteria.(Mauliani, 2025),(Bleler et al., 2025)The sample size was determined using the Slovin formula (or based on the number of patients meeting the criteria). Univariate analysis was used for data analysis. Data were analyzed descriptively to determine the frequency distribution and percentage of each variable, including respondent characteristics and the type of complementary therapy used. The results will be presented in the form of frequency distribution tables and diagrams, then interpreted narratively.(Dewi, 2023),(Milwati et al., 2024).

3. Results and Discussion

The majority of respondents were in the early elderly age group (56-65 years) at 60%. In terms of gender, DM sufferers were predominantly women (65%). In terms of education level, most respondents were elementary and junior high school graduates (70%), and the majority worked as farmers or housewives. On average, respondents had suffered from Diabetes Mellitus for 3 to 8 years. The most dominant types of therapy were (a) Biological Therapy (Herbal): Used by 85% of respondents. The most popular types of herbs were boiled bay leaves, bitter melon, cinnamon, and boiled mahkota dewa. (b) Manipulative Therapy (Physical): As many as 45% of respondents regularly performed massage or acupressure on the feet to reduce numbness/tingling. Mind-Body Therapy: Around 15% of respondents engaged in religious practices (dhikr/prayer together) which they believed provided inner peace in facing the disease.

Respondents gave several main reasons why they chose complementary therapy: (a) Perceived Safety (70%): The belief that natural ingredients do not damage the kidneys even if consumed long term. (b) Access and Cost (60%): Herbal ingredients are easy to find in the yard and do not require transportation costs to the city. (c) Social Recommendation (50%): The influence of family or neighbors who are considered successful in lowering blood sugar using this method.

3.1 Discussion

The high level of herbal use (85%) in Hutanabolon Village indicates that the community remains highly dependent on local natural resources. The scientific use of bay leaves and bitter melon does indeed contain flavonoids and saponins, which have hypoglycemic effects. However, field findings raise concerns, as the majority of respondents consumed these herbal decoctions without a measured dosage. The most crucial finding in this study was the lack of communication between patients and medical personnel regarding the use of complementary therapies. Respondents tended to be "afraid" or assumed that nurses/doctors would prohibit the use of herbs.(Werdani & Sari, 2025),(Nurmila, 2024)However, in the concept of Transcultural Nursing, healthcare professionals should not prohibit, but rather provide guidance on how to safely integrate such therapy.

The integration of complementary therapies in Hutanabolon Village must be closely monitored. Nurses at the Community Health Center must proactively ask patients about the herbs they are taking so they can advise them on the timing of their use (e.g., leaving a 2-hour gap between medications and

herbal remedies) to avoid interactions between chemicals and plant actives.(Aridamayanti, Septiany, Agianto, & Chrisnawati, nd).

4. Conclusions

Usage Rate: All respondents (100%) in Hutabolon Village were proven to use complementary therapies as an adjunct to routine medical treatment. Driving Factors: The main reasons people choose complementary therapies are the perception of the safety of natural ingredients (minimal chemical side effects), ease of access (available in the home environment), and much more economical costs. Communication Gap: There is a communication barrier between patients and healthcare professionals, where patients tend not to report herbal use to doctors or nurses at the Community Health Center, thereby risking unmonitored drug interactions. It is hoped that patients will be more open to consulting with healthcare professionals about the type of complementary therapy they are using. Patients are advised not to stop using medical drugs (pharmacology) unilaterally even if they are taking herbal medicines, to avoid dangerous spikes in blood sugar.

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