



Exploring Experiences of Transitioning from Pharmaceuticals to Herbal Remedies

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ABSTRACT

The growing global interest in natural and herbal medicines reflects a shift toward alternative health practices, yet little is known about how individuals experience the transition from pharmaceutical medications to self-prepared herbal remedies. Despite increasing research on efficacy and safety, few studies have explored the subjective meanings, emotional transformations, and cultural influences underlying this phenomenon. The knowledge gap lies in understanding how individuals construct personal meaning during this transition and what emotional, cultural, and existential factors shape their decision-making processes. Here, we adopt a hermeneutic phenomenological approach combined with Interpretative Phenomenological Analysis (IPA) to explore the lived experiences of individuals shifting to herbal autonomy and provide insights into their meaning-making processes. Data were collected through semi-structured in-depth interviews and reflective journals from 18 participants and analyzed systematically to identify emergent themes. Four key themes were revealed: emotional transformation, trust in cultural identity, navigating uncertainty and risks, and healing beyond the physical body. The findings demonstrate that participants' choices were deeply rooted in personal beliefs, cultural traditions, and a search for autonomy rather than biomedical efficacy alone. These results contribute to a more holistic understanding of health-related decision-making and highlight the need for integrative healthcare models that respect subjective experiences and cultural contexts. Future studies should explore diverse populations and combine phenomenological inquiry with quantitative measures to develop broader, patient-centered frameworks in herbal medicine research.



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INTRODUCTION

The increasing global interest in natural and herbal medicines reflects a broader shift toward alternative and complementary health practices in recent decades (AlAhmad et al., 2024; Ibrahim et al., 2016). Traditional herbal remedies have been used for centuries across diverse cultural contexts as part of community-based health systems, yet their integration into modern healthcare frameworks remains complex and multifaceted (WHO, 2023). In many regions, particularly in Asia and Africa, herbal preparations are deeply rooted in cultural heritage and intergenerational knowledge, forming an essential aspect of identity, spirituality, and everyday health practices. This persistent reliance on herbal medicine is not merely a matter of accessibility; it often reflects trust in natural healing, cultural continuity, and the belief in a more harmonious balance between body, mind, and environment.

Amid this growing trend, individuals are increasingly seeking autonomy over their healthcare choices, especially regarding the management of chronic conditions and long-term medication use. Concerns about potential side effects, overmedicalization, and rising costs of pharmaceuticals have contributed to a significant shift in patient preferences toward self-prepared herbal remedies (Mukhlis, Janwari, et al., 2023; Mukhlis & Abdullah, 2025). This phenomenon is particularly relevant in

societies where cultural traditions and community-based healing practices remain strong, creating a dynamic intersection between modern medical systems and traditional knowledge frameworks. Within this context, the adoption of herbal remedies is not solely a biomedical decision but also a deeply personal and sociocultural act, reflecting values, identity, and emotional well-being.

However, despite the growing popularity of herbal-based self-care, limited research has explored the subjective experiences and emotional journeys of individuals making this transition. Most existing studies have focused on evaluating the efficacy or safety of herbal medicines, often overlooking the meanings and motivations underlying patients' choices (Ellward et al., 2024; Hussein et al., 2024). The shift from pharmaceutical dependency to self-prepared herbal remedies is more than a behavioral change; it embodies complex psychological, cultural, and existential dimensions. These experiences are shaped by personal beliefs, family traditions, and community narratives, which collectively influence how individuals perceive healing, health, and identity.

Given this complexity, there is a growing need to explore the lived experiences of individuals navigating this transition to herbal self-care. Phenomenology, as a qualitative research approach, provides a powerful framework for understanding how participants construct meaning from their experiences within specific sociocultural contexts. By focusing on subjective realities rather than predefined categories, phenomenology allows for a deeper exploration of how individuals interpret their motivations, challenges, and emotional transformations. Such insights are essential for expanding theoretical knowledge, informing patient-centered care practices, and bridging the gap between traditional healing systems and contemporary healthcare models.

Research on lived experiences related to health decision-making has become an increasingly significant focus within qualitative inquiry, particularly in the context of natural and herbal medicine use (Bunpean & Singweratham, 2025; Taki & Mallick, 2024). As individuals navigate the transition from conventional pharmaceutical treatments to self-prepared herbal remedies, their experiences often involve complex interactions between personal beliefs, cultural identity, and emotional well-being. Understanding these dimensions is critical for developing integrative healthcare frameworks that respect both scientific evidence and patient-centered values.

Despite growing interest, previous studies exploring the phenomenon have largely concentrated on efficacy, safety, and pharmacological properties of herbal medicine rather than addressing the subjective meanings attached to patients' choices (Mukhlis, Maryam, et al., 2023; Mukhlis et al., 2024). Quantitative approaches, while valuable for measuring outcomes, are limited in capturing the richness of lived experience, particularly the emotional transformations, identity negotiations, and cultural influences underlying these transitions. As a result, much of the existing literature provides only surface-level insights, overlooking the deeper personal narratives that drive individuals to adopt herbal self-care practices.

Methodological challenges further constrain current understanding of this phenomenon. Most research has relied on structured surveys, clinical outcome measures, or retrospective reports that fail to adequately explore participants' inner perceptions and sense-making processes (Saka et al., 2025; Siswanto et al., 2024). Without direct engagement with participants' narratives, the essence of their experiences—including feelings of autonomy, uncertainty, or spiritual connection—remains insufficiently understood. Consequently, earlier studies have struggled to illuminate the holistic nature of the transition, leaving a significant gap in knowledge about how individuals construct meaning during this transformative process.

To address these limitations, an interpretative phenomenological framework provides a robust foundation for exploring the multi-layered realities experienced by individuals shifting to herbal self-care. Through this approach, the focus moves beyond observable behavior or treatment outcomes to uncover how participants make sense of their choices within their sociocultural and emotional contexts. By doing so, the study aims to deepen theoretical understanding while offering practical insights for clinicians, policymakers, and communities engaged in integrative health practices.

Existing studies on the use of natural and herbal remedies have primarily adopted practical or biomedical approaches, focusing on aspects such as pharmacological efficacy, safety, and

accessibility. While these studies provide valuable insights for clinical practice, they often rely on quantitative measures or structured frameworks that are limited in capturing the richness of human experience and the personal meaning attached to health-related decisions. In the context of transitioning from pharmaceutical medications to self-prepared herbal remedies, this reliance on outcome-oriented measures has resulted in an incomplete understanding of the emotional, cultural, and existential dimensions that shape individuals' choices.

Moreover, prevailing research frameworks have frequently treated patient behaviors as observable actions rather than exploring the subjective interpretations underlying those actions. For instance, studies assessing adherence to herbal therapies often overlook the inner processes of meaning-making, such as participants' emotional negotiations, identity reconstructions, and cultural connections during their transition to herbal self-care. As a result, the essence of the phenomenon—how individuals experience, interpret, and give meaning to their health journeys—remains insufficiently illuminated.

To address this gap, a phenomenological approach is needed to move beyond surface-level observations and explore how participants construct personal meaning when shifting from pharmaceutical dependence to herbal autonomy (Jassim et al., 2024; Venkatesan et al., 2024). Hermeneutic phenomenology, combined with Interpretative Phenomenological Analysis (IPA), provides a methodological lens that captures the multi-layered experiences embedded within participants' narratives. This approach enables a more holistic and context-sensitive understanding of the phenomenon, encompassing emotional transformation, cultural identity, and spiritual connectedness—dimensions often absent from previous studies.

By filling this knowledge gap, the present study seeks to extend theoretical perspectives on patient decision-making and contribute practical insights for integrative healthcare practices that respect both scientific evidence and cultural authenticity.

Previous studies have examined the use of natural and herbal remedies across various sociocultural contexts, highlighting their role in health maintenance, chronic disease management, and cultural identity formation (Mukhlis, Arifin, Ridwan, & Zulbaidah, 2025; Mukhlis, Arifin, Ridwan, Zulbaidah, et al., 2025). However, most research has prioritized clinical efficacy, safety evaluations, and pharmacological properties, often neglecting the subjective meanings embedded in patients' personal narratives. Few studies have explored how individuals emotionally experience the transition from pharmaceutical medications to self-prepared herbal remedies and how cultural beliefs, traditions, and social relationships shape their decision-making. This gap limits a deeper understanding of how participants interpret healing and redefine their identities through alternative health practices. Addressing this gap is critical to advancing integrative healthcare approaches that combine biomedical evidence with personal, cultural, and emotional dimensions.

To address this limitation, the present study adopts a hermeneutic phenomenological approach supported by Interpretative Phenomenological Analysis (IPA) to explore the lived experiences of individuals shifting from pharmaceutical dependence to herbal autonomy (Mukhlis, 2025b; Mukhlis, Suradi, et al., 2023). This approach was selected for its ability to uncover multi-layered meanings and capture participants' emotional transformations, motivations, and sociocultural contexts. Through in-depth interviews and reflective journaling, the study seeks to illuminate how individuals construct personal meaning, negotiate uncertainty, and connect with traditional knowledge during this transition. By doing so, the study provides an explicit response to the knowledge gap by offering a comprehensive understanding of the phenomenon as experienced and interpreted by participants.

This article is organized into several sections to guide the reader through the study. The Introduction establishes the theoretical context, highlights the relevance of herbal medicine, and outlines the research gap (Lucianus et al., 2024; Nondo et al., 2025). The Method section details the hermeneutic phenomenological design, data collection process, and analytical approach. The Results section presents emergent themes supported by participants' narratives, while the Discussion integrates these findings with existing literature and theoretical frameworks. Finally, the Conclusion

summarizes the study's contributions and implications for research, practice, and policy regarding the integration of natural and herbal medicine within modern healthcare systems.

RESEARCH METHODS

Study Design

The study adopted a qualitative phenomenological approach to illuminate the essence of participants' lived experiences (Clair, 2003; Fenton & Baxter, 2016). Hermeneutic phenomenology was selected due to its interpretive orientation, allowing a deeper understanding of participants' subjective realities beyond surface-level descriptions. The use of Interpretative Phenomenological Analysis (IPA) supported a structured yet iterative process, beginning with close engagement with participants' words and moving toward identifying underlying meanings, patterns, and emotional transformations. This design aligns directly with the research aim of uncovering how personal, cultural, and emotional dimensions shape health-related decisions when shifting to herbal-based self-care.

Participants

Participants were selected through purposive sampling to ensure the inclusion of individuals with rich and relevant experiences of transitioning from pharmaceutical medications to self-prepared herbal remedies. A total of 18 participants (10 females and 8 males), aged between 27 and 63 years (mean age = 44.7 years), contributed to the study.

Inclusion Criteria

- Individuals aged 25 years and above.
- Having personal experience transitioning from prescribed pharmaceutical medications to self-prepared herbal remedies within the past two years.
- Willingness to share emotional, psychological, and cultural experiences related to the transition.

Exclusion Criteria

- Individuals currently under hospitalization or intensive medical supervision.
- Those lacking direct experience with the self-preparation and consumption of herbal remedies.

Participants represented diverse sociocultural backgrounds from semi-urban and rural communities where herbal practices are integrated into daily life. This diversity enriched the contextual understanding of the phenomenon and allowed the study to capture variations in cultural meaning, personal motivations, and emotional responses.

Data Collection

Data were collected through in-depth semi-structured interviews supported by participant journaling to capture evolving emotional experiences during the transition process (Daly, 2007; Murphy & Dingwall, 2017). Interviews were conducted face-to-face at participants' homes or other quiet, comfortable locations chosen by participants to foster openness and trust.

- **Instrument:** An interview guide comprising open-ended prompts was designed to elicit detailed narratives, exploring participants' motivations, cultural influences, emotional states, and perceptions of herbal effectiveness.
- **Procedure:**
 1. Interviews lasted between 50 and 80 minutes each and were audio-recorded with participants' consent.
 2. Participants were invited to keep reflective journals for two weeks, documenting their thoughts, fears, and emotional changes during their ongoing herbal use.
- **Environment:** Efforts were made to ensure participants felt comfortable and respected, minimizing potential discomfort and enabling rich, honest narratives to emerge.

This multi-modal data collection strategy facilitated the generation of thick descriptions of participants' lived experiences, enhancing the credibility and richness of the findings.

Data Analysis

Data were analyzed using Interpretative Phenomenological Analysis (IPA), which involved a systematic yet flexible process to uncover patterns of meaning within individual and collective experiences (Longhofer et al., 2012). The analysis proceeded through the following stages:

1. Immersion in the Data – Interview transcripts and participant journals were read repeatedly to establish familiarity and sensitivity to the nuances of language and emotion.
2. Identification of Meaning Units – Significant statements and phrases were extracted and coded based on their relevance to participants' emotional, cultural, and experiential contexts.
3. Theme Development – Codes were clustered into emergent themes reflecting the essence of participants' lived experiences.
4. Iterative Interpretation – Themes were refined through hermeneutic engagement, linking participants' narratives with the broader cultural and psychological context.
5. Validation and Saturation – Patterns were cross-checked among transcripts, ensuring thematic saturation and confirming coherence across participants.

NVivo 14 software was utilized to organize data efficiently; however, analytical interpretations were developed inductively through human engagement with the data rather than relying solely on software-assisted outputs.

Ethical Considerations

Ethical approval for this study was obtained from the Institutional Review Board (IRB) of [Insert University or Institution Name]. All participants provided written informed consent prior to participation. To ensure ethical compliance:

- Confidentiality: Participants' names and identifying information were anonymized using coded identifiers.
- Voluntary Participation: Participants were informed of their right to withdraw at any point without penalty.
- Data Protection: Audio files, transcripts, and reflective journals were stored securely and accessed only by authorized personnel.
- Ethical Standards: The study adhered to the principles of the Declaration of Helsinki and relevant national ethical guidelines governing human subjects research.

RESULTS

Emotional Transformation During the Transition

Participants described profound emotional shifts while moving from pharmaceutical dependence to the autonomy of using self-prepared herbal remedies. Feelings of relief, hope, and regained control emerged consistently across interviews, highlighting the depth of emotional transformation experienced.

One participant shared:

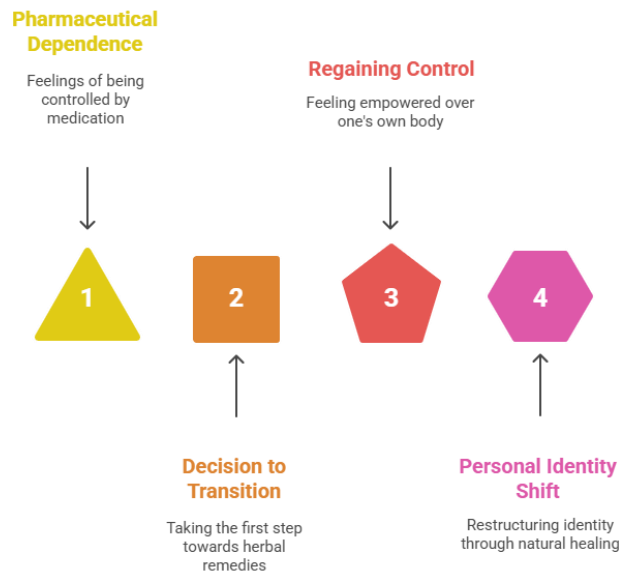
“When I decided to stop the pills and prepare my own herbal drink, I felt as though I was taking back control over my own body.” (P3)

This transition was often perceived as a liberating process, representing not only a change in treatment but also a restructuring of personal identity. Participants expressed a renewed sense of empowerment, emphasizing their agency in managing their health:

“For the first time, I felt that I was truly healing myself, not just following the doctor's orders.” (P7)

These findings suggest that the decision to adopt herbal remedies was deeply tied to participants' emotional needs for autonomy, natural healing, and a closer connection with their cultural traditions.

Emotional Shift to Herbal Autonomy



Trust, Cultural Identity, and Belief in Natural Healing

Trust in herbal remedies was strongly influenced by participants' cultural identity and intergenerational traditions. Many participants described how family knowledge and community practices shaped their decisions:

“Since childhood, my grandmother taught me which leaves to boil when I was sick. I just feel safer trusting what has been used for generations.” (P5)

The belief that herbal remedies align with the body's natural balance was repeatedly emphasized. Participants considered pharmaceuticals “artificial” and potentially harmful, while herbal preparations were perceived as culturally authentic and spiritually aligned:

“I feel closer to my roots when I prepare these herbs myself. It connects me to my family and my community.” (P11)

This theme illustrates how adopting self-made herbal remedies goes beyond practical health management—it embodies cultural continuity and spiritual belonging, reinforcing trust and personal meaning within health-related decision-making.

Anxiety, Uncertainty, and Navigating Risks

Despite positive perceptions, the transition was not without doubt and anxiety. Several participants expressed concerns about the effectiveness and safety of self-prepared remedies, especially in comparison to prescribed medications:

“I was afraid... what if the herbs don't work? What if I get worse? But I had to try because the side effects of the drugs scared me even more.” (P2)

Some participants described conflicting emotions, feeling caught between medical authority and personal agency:

“My doctor warned me, but my heart told me to trust what my body feels comfortable with.” (P9)

This tension between conventional medicine and personal choices highlights a critical emotional complexity underlying the transition. The findings indicate a negotiation between health risks, cultural beliefs, and psychological resilience, reflecting the multifaceted nature of adopting herbal-based self-care.

Perceived Healing Beyond the Physical

Participants frequently reported that their decision to use herbal remedies provided benefits extending beyond physical recovery. The process of selecting, preparing, and consuming herbs was described as therapeutic, meditative, and spiritually fulfilling:

“When I brew the herbs, I feel calm... it’s like I’m healing my mind as well as my body.” (P6)

Several participants emphasized that self-prepared herbal remedies supported their emotional well-being and sense of wholeness, contrasting with their experiences of pharmaceutical treatments:

“The pills reduced my symptoms, yes, but they never gave me peace. The herbs gave me both comfort and confidence.” (P10)

This theme underscores the broader experiential dimension of healing, revealing that for many participants, recovery is inseparable from emotional and spiritual restoration.

Thematic Summary Matrix

Theme	Core Meaning	Illustrative Quote
Emotional Transformation	Regaining autonomy and control	<i>“I felt I was healing myself, not following orders.”</i>
Trust and Cultural Identity	Heritage-driven belief in herbal authenticity	<i>“My grandmother taught me, and I trust her wisdom.”</i>
Anxiety and Uncertainty	Balancing risks between medicine and self-care	<i>“What if the herbs fail? But I had to try anyway.”</i>
Healing Beyond the Physical	Emotional and spiritual restoration through herbs	<i>“Brewing herbs heals my body and my mind together.”</i>

Essential Findings

The essence of the phenomenon reveals that transitioning from pharmaceuticals to self-prepared herbal remedies is not merely a behavioral shift in treatment choice, but a deeply emotional, cultural, and spiritual experience. Participants’ journeys were shaped by:

1. A search for autonomy and agency in managing health.
2. The influence of cultural traditions and intergenerational knowledge.
3. Navigating uncertainty, anxiety, and risk during the transition.
4. A holistic view of healing that integrates physical, emotional, and spiritual dimensions.

These findings provide novel insights into the subjective meaning of health transitions, offering a nuanced understanding of patient experiences that can inform future integrative healthcare models and contribute to the global discourse on natural and herbal medicine practices.

DISCUSSION

Summary of Key Findings

The findings of this study reveal that the transition from pharmaceutical medications to self-prepared herbal remedies is a deeply emotional, cultural, and existential experience. Participants’ narratives highlighted themes of emotional transformation, cultural trust, personal autonomy, and

holistic healing, directly addressing the central research question regarding how individuals construct meaning throughout this transition.

Contribution of Findings to the Research Question

This study provides new insights into how individuals interpret and make sense of their experiences during the shift from pharmaceutical dependence to herbal autonomy. The results demonstrate that the transition is not solely a behavioral change but involves multi-layered processes of emotional negotiation, identity reconstruction, and cultural reaffirmation (Sandhya et al., 2025; Utami et al., 2024). Participants described feelings of relief, empowerment, and spiritual connectedness as they embraced herbal practices, reflecting a desire for greater control over personal health decisions and alignment with long-held cultural values.

Importantly, the findings illuminate how individuals navigate the tensions between biomedical authority and personal agency, revealing that the adoption of herbal remedies represents an act of self-determination as much as it reflects health-seeking behavior. By uncovering these dimensions, this study addresses the knowledge gap identified earlier by offering a holistic understanding of the lived experiences behind health-related decisions, thus extending the discourse beyond clinical efficacy and safety into the realm of personal meaning and social identity.

Relationship with Previous Literature and Theoretical Frameworks

The results of this study both support and extend previous research on the role of herbal remedies in health decision-making. Prior studies have acknowledged that cultural traditions and intergenerational knowledge significantly influence herbal medicine use; however, this research goes further by uncovering the emotional and existential dimensions underlying these choices. Unlike studies focusing primarily on the pharmacological effectiveness of herbal remedies, this study demonstrates that participants' motivations are also shaped by identity, trust, and belonging, aligning with Pingping et al., (2025) findings that health-related behaviors often emerge from deeply held personal and cultural narratives.

Furthermore, the findings resonate with phenomenological perspectives, particularly Zaafer et al., (2021) assertion that meaning is constructed through lived experience. Participants' narratives illustrate how adopting herbal remedies involves redefining personal well-being and reconnecting with traditional knowledge systems, thus bridging the gap between biomedical approaches and culturally embedded healing practices. These insights contribute to the broader theoretical discourse on integrative healthcare, emphasizing that effective patient care must account not only for clinical outcomes but also for subjective experiences, emotional transformations, and cultural identities.

Implications of the Findings

The findings of this study hold significant implications for both theory and practice in the context of natural and herbal medicine. On a social and cultural level, the study highlights how health-related decisions are deeply embedded within cultural identities, intergenerational knowledge, and community-based practices (Elbadawi et al., 2021; Gallacher et al., 2022). By illustrating that the transition to self-prepared herbal remedies involves emotional empowerment, personal autonomy, and spiritual reconnection, this research provides valuable insights into how individuals construct meaning around their health. These insights are relevant beyond the immediate study population, particularly for societies where herbal medicine remains central to cultural traditions and identity formation.

From a professional and clinical perspective, the findings emphasize the importance of adopting a patient-centered approach that integrates subjective experiences into healthcare delivery. Understanding patients' emotional transformations and cultural motivations enables healthcare providers to design more inclusive and culturally sensitive interventions. In doing so, the study contributes to the development of integrative healthcare models that bridge the gap between biomedical evidence and traditional healing practices, enhancing both patient trust and treatment adherence.

Study Limitations

While the study provides rich insights into the lived experiences of individuals transitioning to herbal autonomy, several limitations must be acknowledged (Lafferty et al., 2023; Moseley et al., 2020). First, the use of purposive sampling and a relatively small sample size limits the generalizability of the findings to broader populations. As the study focused on participants from semi-urban and rural communities with strong cultural connections to herbal traditions, the experiences reported here may differ from those in more urbanized or medically dominated contexts.

Additionally, the reliance on self-reported narratives through interviews and reflective journaling may introduce recall bias or social desirability effects, as participants may have framed their experiences within culturally acceptable norms. Finally, although the use of Interpretative Phenomenological Analysis (IPA) enabled in-depth exploration, the interpretive nature of the method involves the researcher's subjective engagement with the data, which may influence theme construction despite efforts to ensure rigor through triangulation and member checking.

These limitations do not undermine the credibility of the findings but rather indicate the need for further research using diverse samples and complementary qualitative or mixed-method approaches to validate and extend these results.

Future Research Directions

Building on these findings, future studies could explore the comparative experiences of individuals across different cultural, geographic, and healthcare contexts to examine how meaning-making processes vary (Mukhlis, 2025a; Mukhlis & Saidah, 2025). Investigations that integrate phenomenological inquiry with quantitative measures of psychological well-being or treatment outcomes could also provide a more holistic understanding of the relationship between subjective experience and health trajectories.

Furthermore, research could examine the interactions between biomedical practitioners and patients who adopt herbal remedies, focusing on strategies for effective dialogue and shared decision-making. Such studies could inform the development of integrative healthcare policies that acknowledge the role of traditional healing practices alongside biomedical systems. By addressing these directions, future research can deepen theoretical understanding, enhance patient-centered care, and contribute to building sustainable, culturally responsive healthcare models.

CONCLUSION

This study explored the lived experiences of individuals transitioning from pharmaceutical medications to self-prepared herbal remedies, emphasizing the emotional, cultural, and existential meanings underlying this phenomenon. The findings revealed four key themes: emotional transformation, trust in cultural identity, navigating uncertainty and risks, and holistic healing beyond the physical body. The novelty of this study lies in shifting the discourse from biomedical efficacy to the lived and meaning-making dimensions of health choices, offering a patient-centered perspective rarely addressed in previous literature. By adopting a hermeneutic phenomenological approach with IPA, the research provides fresh insights into how autonomy, belief systems, and cultural traditions influence healthcare decisions. A key limitation of this study is its focus on a relatively small and culturally homogeneous sample, which may restrict generalizability. Nevertheless, it highlights the importance of integrating patients' narratives and cultural contexts into healthcare practices. Future research should build on these insights by involving more diverse populations and applying mixed-methods designs to strengthen the evidence base for integrative, culturally sensitive healthcare models.

CONFLICT OF INTEREST

The authors declare no conflict of interest related to the conduct, analysis, or publication of this study.

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