

## **Complementary and Alternative Medicine (CAM)**

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COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM)

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## **1- COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR RENAL DISEASES**

### ***Background***

Complementary and alternative medicine (CAM) encompasses a diverse range of therapies, practices, and products that are not typically part of conventional medical treatments. When it comes to renal diseases, including chronic kidney disease (CKD), acute kidney injury (AKI), nephrotic syndrome, and other kidney-related conditions, CAM offers various approaches that can be integrated with traditional treatments to enhance patient outcomes and improve quality of life. These therapies often focus on holistic care, aiming to treat the whole person rather than just the symptoms of the disease.

### ***Herbal Medicine***

Herbal medicine is a cornerstone of CAM and has been used for centuries in various cultures to treat renal diseases. Traditional Chinese Medicine (TCM) and Ayurveda, the traditional medicine system of India, offer a rich array of herbal remedies that have shown promise in supporting kidney health.

In TCM, herbs like Astragalus, Cordyceps, and

Rheum palmatum are commonly used to treat kidney diseases. Astragalus is known for its immune-boosting properties and is often used to improve kidney function and reduce proteinuria. Cordyceps, a type of fungus, is believed to enhance kidney function and has shown potential in improving renal outcomes in patients with CKD. Rheum palmatum, or Chinese rhubarb, has been traditionally used to treat constipation and reduce uremic toxins in kidney patients.

Ayurvedic medicine also offers a variety of herbs beneficial for renal health. Punarnava (*Boerhavia diffusa*) is known for its diuretic and anti-inflammatory properties, making it useful in managing fluid retention and reducing inflammation in kidney patients. Gokshura (*Tribulus terrestris*) supports urinary function and improves kidney health, while Varun (*Crataeva nurvala*) is employed to alleviate urinary tract infections and kidney stones.

### **Nutritional Therapy**

Diet plays a crucial role in managing renal diseases, and nutritional therapy is a vital component of CAM. Dietary modifications can help control symptoms, slow disease progression, and improve overall health.

For CKD patients, a low-protein diet can reduce the burden on the kidneys by decreasing the production of waste products that need to

be filtered. However, the quality of protein is important; plant-based proteins are often recommended over animal proteins because they produce fewer toxins. Foods high in antioxidants, such as fruits and vegetables, can also protect kidney cells from damage caused by oxidative stress.

In addition, limiting sodium intake is crucial for managing high blood pressure, a common complication of kidney disease. Potassium and phosphorus intake should also be monitored, as imbalances in these minerals can lead to serious health issues. A dietitian specializing in renal nutrition can help create a personalized eating plan that meets the specific needs of kidney patients.

### **Acupuncture**

Acupuncture, a key component of TCM, involves inserting thin needles into specific points on the body to stimulate energy flow and promote healing. This practice has gained recognition for its potential benefits in managing renal diseases.

Studies have shown that acupuncture can help reduce blood pressure, which is essential for patients with kidney disease, as hypertension can exacerbate renal damage. Acupuncture may also alleviate symptoms such as pain, nausea, and fatigue, improving the overall well-being of kidney patients. Additionally, some research

suggests that acupuncture can enhance the effects of conventional treatments and potentially slow the progression of kidney disease by improving renal blood flow and reducing inflammation.

### **Mind-Body Practices**

Mind-body practices such as yoga, meditation, and tai chi are integral to CAM and offer numerous benefits for kidney patients. These practices focus on the connection between the mind and body, promoting relaxation, stress reduction, and overall wellness.

Yoga combines physical postures, breathing exercises, and meditation to improve physical and mental health. For kidney patients, yoga can help reduce stress, lower blood pressure, and enhance cardiovascular health. Specific yoga poses may also stimulate kidney function and improve circulation.

Meditation and mindfulness practices help manage stress and anxiety, which are common among patients with chronic illnesses. By reducing stress, these practices can positively impact blood pressure and overall health. Regular meditation has been linked to improved immune function, better sleep, and enhanced emotional well-being, all of which are beneficial for kidney patients.

Tai chi, a gentle form of martial arts, involves slow, deliberate movements and deep breathing. It can

improve balance, flexibility, and cardiovascular health. For kidney patients, tai chi offers a low-impact exercise option that can enhance physical strength and reduce the risk of falls and injuries.

### **Massage Therapy**

Massage therapy is a CAM modality that can provide significant relief for kidney patients. This hands-on technique involves manipulating the body's soft tissues to improve circulation, reduce pain, and promote relaxation.

For patients with CKD, massage therapy can help alleviate symptoms such as muscle cramps, pain, and fatigue. It can also improve circulation, which is beneficial for overall kidney function. Additionally, massage therapy can reduce stress and anxiety, contributing to better mental and emotional health.

### **Hydrotherapy**

Hydrotherapy, or water therapy, involves the use of water for pain relief and treatment. This CAM approach can be particularly beneficial for kidney patients, offering various methods such as baths, steam baths, saunas, and hot or cold compresses.

For kidney patients, hydrotherapy can help improve circulation, reduce muscle tension, and promote relaxation. Warm water baths can ease muscle cramps and joint pain, while cold compresses may reduce inflammation and

swelling. Steam baths and saunas can promote detoxification and improve respiratory function.

### **Aromatherapy**

Aromatherapy uses essential oils extracted from plants for therapeutic purposes. This practice can enhance physical and emotional well-being through inhalation or topical application of the oils.

For kidney patients, aromatherapy can provide relief from symptoms such as nausea, pain, and anxiety. Essential oils like lavender, peppermint, and eucalyptus have calming and soothing properties that can improve mental and emotional health. Aromatherapy can also promote relaxation and better sleep, which are crucial for overall well-being.

### **Energy Medicine**

Energy medicine encompasses a variety of therapies that focus on the body's energy fields to promote healing and well-being. Practices such as Reiki, therapeutic touch, and Qi Gong fall under this category.

Reiki is a Japanese healing technique that involves the transfer of energy through the hands to promote relaxation and healing. For kidney patients, Reiki can help reduce stress, alleviate pain, and improve overall emotional well-being.

Therapeutic touch involves the practitioner using their hands to balance the patient's energy field. This practice can help reduce anxiety, promote relaxation, and enhance overall health.

Qi Gong, a practice that combines movement, meditation, and controlled breathing, aims to balance the body's energy. For kidney patients, Qi Gong can improve physical strength, reduce stress, and enhance overall vitality.

### **Homeopathy**

Homeopathy is a CAM approach based on the principle of "like cures like," where highly diluted substances are used to stimulate the body's natural healing processes. Homeopathic remedies are tailored to the individual's symptoms and overall health.

For kidney patients, homeopathy can provide relief from symptoms such as pain, inflammation, and fatigue. Common remedies used in homeopathy for renal health include *Berberis vulgaris*, *Lycopodium*, and *Apis mellifica*. These remedies aim to support kidney function, reduce inflammation, and promote detoxification.

### **Chiropractic Care**

Chiropractic care focuses on diagnosing and treating musculoskeletal disorders, particularly those related to the spine. This CAM approach can be beneficial for kidney patients experiencing pain

and discomfort related to their condition.

Chiropractic adjustments can help improve alignment, reduce pain, and enhance overall mobility. For kidney patients, chiropractic care can alleviate symptoms such as lower back pain and improve overall well-being. Additionally, chiropractic care may enhance nerve function and circulation, supporting kidney health.

### **Detoxification Therapies**

Detoxification therapies aim to remove toxins from the body and improve overall health. These therapies can be particularly beneficial for kidney patients, as impaired kidney function can lead to the accumulation of toxins in the body.

Common detoxification therapies include fasting, juice cleanses, and the use of specific supplements and herbs to support detoxification pathways. For kidney patients, it is crucial to approach detoxification with caution and under the guidance of a healthcare professional, as aggressive detoxification can strain the kidneys.

### **Ayurveda**

Ayurveda, the traditional medicine system of India, offers a comprehensive approach to health and wellness, including the management of kidney diseases. Ayurvedic treatments for renal health often involve a combination of herbs, dietary modifications, lifestyle changes, and

detoxification practices.

In Ayurveda, the kidneys are considered vital organs responsible for maintaining balance and eliminating waste from the body. Ayurvedic herbs such as Punarnava (*Boerhavia diffusa*), Gokshura (*Tribulus terrestris*), and Varun (*Crataeva nurvala*) are commonly used to support kidney function and address various kidney-related issues.

Ayurvedic dietary recommendations for kidney health typically emphasize a balanced diet with fresh, natural foods. Foods that are easy to digest and support kidney function, such as fruits, vegetables, whole grains, and legumes, are encouraged. Additionally, Ayurveda recommends avoiding processed foods, excessive salt, and foods that are difficult to digest.

### **Traditional Chinese Medicine**

Traditional Chinese Medicine (TCM) offers a holistic approach to managing kidney diseases, focusing on restoring balance and harmony within the body. TCM treatments for renal health often involve a combination of acupuncture, herbal medicine, dietary therapy, and lifestyle modifications.

In TCM, the kidneys are considered the foundation of health and vitality. TCM practitioners use various herbs to support kidney function and address kidney-related issues. Commonly used herbs include Astragalus, Cordyceps, and Rheum

palmatum.

Acupuncture is also a key component of TCM for kidney health. By stimulating specific points on the body, acupuncture aims to improve kidney function, reduce symptoms, and enhance overall well-being.

TCM dietary recommendations for kidney health emphasize the consumption of warm, nourishing foods that support kidney function. Foods such as black beans, kidney beans, walnuts, and seaweed are believed to strengthen the kidneys. Additionally, TCM advises avoiding cold, raw foods and excessive consumption of dairy products and greasy foods.

### **Conclusion**

Complementary and alternative medicine offers a wide range of therapies and practices that can support the management of renal diseases. From herbal medicine and nutritional therapy to mind-body practices and energy medicine, these approaches can enhance conventional treatments and improve overall quality of life for kidney patients.

It is essential for patients to work closely with their healthcare providers when incorporating CAM into their treatment plans. A holistic, integrative approach that combines conventional and alternative therapies can provide the best outcomes for those living with renal diseases.

As research continues to explore the potential benefits of CAM, these therapies may become increasingly recognized as valuable components of comprehensive kidney care.

## **2- COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR NEUROLOGICAL DISEASES**

### ***Background***

Neurological disorders (NDs) are currently identified as a global burden and significant public health concern that affect the nervous system. Common NDs encompass epilepsy, chronic headaches, peripheral neuropathy, pain syndromes, tremors/Parkinson's disease, and stroke. NDs, often known as behavioral, cognitive, or brain disorders, impact people's abilities to learn, speak, walk, and move. It has been suggested that complementary and alternative medicine (CAM) might be widely utilized in neurological diseases due to their typical features such as poor prognosis, severe and disabling outcomes, chronic evolution, and sometimes a lack of specific treatments. Barriers like the blood-brain barrier (BBB) create difficulties for pharmacological effects and reduce the permeability of drugs to the brain, with about 95% of medications unable to penetrate the BBB. CAM includes a diverse range of conventional medical and health practices, products, and methods that are currently outside the scope of conventional medicine. According to the US National

Center on Complementary and Integrative Health (NCCIH), CAM is categorized into five important groups: (I) mind-body interventions (relaxation, meditation, yoga, etc.); (II) whole medical systems (homeopathy, traditional Chinese medicine, Ayurvedic medicine, etc.); (III) biologically-based practices (vitamins, herbs, diets, supplements, etc.); (IV) body-based and manipulative practices (massage, chiropractic and osteopathic manipulation, reflexology, etc.); (V) energy medicine (healing touch, crystal healing, reiki, therapeutic touch, etc.). Hence, we have summarized several studies on the effectiveness of the most significant domains of CAM in patients with NDs.

### **Acupuncture**

Acupuncture involves the stimulation of specific points on the body, known as acupoints, through the insertion of thin metal needles. Acupuncture has experienced a rapid increase in popularity since the 1970s. Acupuncture's therapeutic mechanisms are believed to include reducing oxidative stress, mitochondrial dysfunction, impaired autophagy, protein aggregation, and neuroinflammation. A large number of clinical trials have demonstrated that acupuncture provides substantial therapeutic advantages for patients with Parkinson's disease (PD), alleviating both nonmotor and motor symptoms. Additionally, acupuncture may assist in lowering

the frequency and dosage of anti-PD medications and mitigating their adverse effects. PD is a debilitating neurodegenerative illness characterized by a range of nonmotor (depression, constipation, sleep disorders, dementia, anosmia, and dementia) and motor symptoms (bradykinesia, tremor at rest, rigidity, postural instability, and rigidity). One study showed that acupuncture can enhance the mental well-being of patients with mild cognitive impairment (MCI). The findings indicated an improvement in the hemodynamic responses in patients. The enhancement of Vascular Dementia (VaD) and Alzheimer's disease (AD) through acupuncture therapy was linked with the regulation of inflammation, synaptic function, apoptosis, and immunity. It is recognized that acupuncture has the ability to alleviate symptoms in patients with AD by preventing nerve cell apoptosis through various pathways. Acupuncture also increases antioxidant synthesis and reduces the production of oxidative stress products, thus providing protection to nerve cells. It can enhance both nonmotor and motor symptoms in PD by decreasing oxidative stress, improving neural loss, and modulating neurotransmitters. Studies have determined that acupuncture could be a safe and efficacious treatment for migraines. Another systematic review indicated that acupuncture effectively alleviates depression and anxiety among patients with migraines. Acupuncture, as

well as the combined approach of acupuncture with medical training therapy, yields beneficial outcomes for anxiety, depression, and quality of life in individuals with tension-type headaches. Unlike single therapy, the combined approach of medical training therapy and acupuncture showed notable superiority in decreasing pain intensity compared to standard care. Recent theories on how acupuncture works for headaches involve stimulating endogenous analgesia, decreasing neuroinflammation, and preventing pain signals via both central and peripheral pathways. The integration of acupuncture with rehabilitation therapy yields remarkable results in stroke management, effectively enhancing neurological prognosis, function, and overall quality of life for patients. Some studies have shown that, in contrast to basic physical rehabilitation alone, acupuncture provides superior long-term and short-term clinical benefits for stroke patients, enhancing motor function and improving quality of life. Acupuncture's mechanism for improving stroke recovery involves several key aspects: it intervenes in the cascade reaction of patients with ischemic stroke at different phases, starting with cell damage due to hypoxia and glucose shortage during the stroke's onset, and subsequently affects various interconnected molecular pathways, such as acidosis, excitotoxicity, inflammation, and hyperglycemia ion imbalance.

### ***Biologically-Based Practices***

The utilization of herbal remedies to address diverse health issues is rapidly gaining traction worldwide, with a significant increase in acceptance and public curiosity surrounding natural treatments. Naturally existing compound combinations display properties such as antioxidant, antibacterial, antiviral, and antiprotazoal effects. While historical evidence has supported their therapeutic use, concerns regarding the effectiveness and safety of herbal medicines persist. Ensuring quality control of plant extracts, plant materials, and herbal remedies remains an ongoing challenge. In modern pharmacology, numerous bioactive compounds found in herbal medicines, including astragaloside IV, eleutheroside B, and sesamin, have shown anti-inflammatory, antioxidative, and neuroprotective properties both in vivo and in vitro. These findings suggest their potential therapeutic benefits for Parkinson's disease (PD).

Another review has indicated that some bioactive chemicals like Guduchi (*Tinospora cordifolia*), Kapikachhu (*Mucuna pruriens*), Shankhapushpi (*Convolvulus pluricaulis*), Neem (*Azadirachta indica*), Haridra (Curcumin), Yasti madhu (*Glycyrrhiza glabra*), Amla (*Embllica officinalis*), White grape (*Vitis vinifera*), walnut extract, anthocyanin extracted from strawberries, rosemary extract, olive leaf

extracts, and fish oil supplementation (rich in omega-3 polyunsaturated fatty acids) provide neuroprotective effects in animal models. Studies have revealed that plants have the ability to shield the brain from the detrimental impacts of proinflammatory cytokines such as TNF- $\alpha$ , IL-1 $\beta$ , and IL-6 by enhancing antioxidant activity, reducing levels of oxidants, and preventing the breakdown of acetylcholinesterase. Kapikachhu (*Mucuna pruriens* extract) includes natural Levodopa (LD) and does not cause drug-induced dyskinesias.

Numerous studies have revealed that walnut, resveratrol in berries and grapes, Curcuma longa, olive leaves extract, and quercetin in some vegetables and fruits have neuroprotective properties against PD. Apigenin and its derivatives, extracted from various plants including nuts, vegetables, tea, citrus fruits, chamomile, celery, and thyme, could diminish myeloperoxidase-related oxidative stress, demonstrating neuroprotective and anticonvulsant properties. Curcumin, berberine, and resveratrol may offer protection against Alzheimer's disease (AD). Mixing different herbs can enhance their antiepileptic effects by targeting multiple mechanisms such as reducing inflammation, enhancing GABAergic effects, regulating sodium channels, antioxidation, and neuroprotection. Multiple studies have

demonstrated that minerals and vitamins like riboflavin, coenzyme Q10, and magnesium decrease the frequency of migraine attacks due to their anti-inflammatory and antioxidant properties.

### **Body-Related Therapies**

A systematic review revealed that various massage techniques have proven successful in alleviating symptoms associated with multiple sclerosis (MS), including anxiety, pain, fatigue, spasticity, and depression. Spasticity was decreased by reflexology techniques and Swedish massage, while reflexology was particularly effective in reducing pain, depression, and anxiety. Fatigue was improved by various massage styles, including nonspecific therapeutic massage, reflexology, and Swedish massage. Reflexology can be used as a helpful therapy for alleviating fatigue in patients with MS and enhancing their overall quality of life. MS is an unpredictable autoimmune neurodegenerative condition affecting the nervous system, marked by demyelinating plaques and inflammatory lesions. As the disease advances, it leads to irreversible damage to axons.

Therapeutic massage has shown beneficial effects in enhancing motor symptoms such as stiffness, bradykinesia, tremor, and postural instability in patients with PD. It is recommended as a suitable CAM approach for PD treatment. Osteopathic

manipulative treatment (OMT) has been proven effective in addressing neurologic and motor-related symptoms in PD. Meridian massage appears to provide short-term advantages in enhancing motor function of post-stroke patients, especially in the lower limbs, as well as improving quality of life, clinical effectiveness, muscle spasms, and balance stability. The combination of massage and acupuncture alongside rehabilitation therapy yields positive outcomes in treating hemiplegia following a stroke. Some findings suggest that acupuncture and manual therapy are effective in treating tension-type headaches. An umbrella review in subjects with primary headache showed that moderate-quality evidence suggests that manual therapy can alleviate pain intensity in individuals experiencing tension-type headaches.

### ***Mind-Body Therapy***

A review has highlighted the significant effects of relaxation techniques like yoga on prevalent NDs and mental health. Consistent practice can enhance cognitive function and decrease the severity and frequency of headaches. In cases of PD, mindfulness exercises have been linked to enhanced muscle strength, reduced tremors, improved rehabilitation outcomes, decreased stress, anxiety, and depressive symptoms, alongside increased physical and emotional flexibility. Some studies have confirmed the

therapeutic value of yoga in handling diverse NDs like migraine, stroke, and epilepsy. Its calming and balancing properties have a soothing effect on the brain, nerves, and regulation of the autonomic nervous system. In individuals with mild-to-moderate PD, the yoga program demonstrated effectiveness in enhancing motor function and mobility. Moreover, it provided additional advantages such as alleviating depressive symptoms and anxiety while promoting spiritual well-being. Several studies indicate that yoga is probably equally helpful as other exercise regimens in improving motor symptoms of patients with PD, although it may not necessarily excel in addressing non-motor symptoms.

### ***Conclusion***

In recent times, a considerable amount of literature has focused on evaluating the efficacy of non-pharmacological strategies in managing neurological pathologies, given their characteristics such as chronic progression, adverse prognosis, and lack of modifying treatments. These methods have recently gained validity and acceptance as treatment choices in managing neurological disorders. However, further investigations are required to explore the efficacy of these approaches and to verify potential adverse effects and drug interactions.

### **3- COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR GASTROINTESTINAL DISEASES**

#### ***Background***

Complementary and alternative medicine (CAM) offers a myriad of approaches for managing gastrointestinal (GI) diseases, providing patients with holistic treatment options that can complement conventional medical therapies. GI diseases encompass a wide range of conditions affecting the digestive tract, including irritable bowel syndrome (IBS), inflammatory bowel disease (IBD), gastroesophageal reflux disease (GERD), celiac disease, and more. CAM therapies focus on improving digestive health, alleviating symptoms, and enhancing overall well-being through various natural and integrative methods.

#### ***Herbal Medicine***

Herbal medicine has a long history of use in treating GI diseases. Various herbs possess properties that can soothe the digestive tract, reduce inflammation, and promote healthy digestion. Traditional Chinese Medicine (TCM) and Ayurveda offer extensive knowledge of herbal remedies that can be particularly effective in managing GI disorders.

In TCM, herbs like licorice root (*Glycyrrhiza glabra*), ginger (*Zingiber officinale*), and peppermint (*Mentha piperita*) are commonly used to treat GI issues. Licorice root has anti-inflammatory and soothing properties that can help with conditions like gastritis and ulcers. Ginger is well-known for its anti-nausea and digestive-stimulating effects, making it useful for treating nausea, vomiting, and indigestion. Peppermint is often used to relieve symptoms of IBS, such as bloating, gas, and abdominal pain, due to its antispasmodic properties.

Ayurveda also provides a wealth of herbal remedies for GI health. Triphala, a combination of three fruits (Amalaki, Bibhitaki, and Haritaki), is a well-known Ayurvedic formulation used to promote regular bowel movements and improve overall digestive health. Turmeric (*Curcuma longa*) has powerful anti-inflammatory and antioxidant properties, making it beneficial for managing IBD and other inflammatory conditions of the GI tract. Fennel seeds (*Foeniculum vulgare*) are commonly used to alleviate bloating, gas, and digestive discomfort.

### **Probiotics and Prebiotics**

Probiotics and prebiotics play a significant role in maintaining a healthy gut microbiome, which is crucial for digestive health. Probiotics are live beneficial bacteria that can be found in fermented

foods and supplements, while prebiotics are non-digestible fibers that feed these beneficial bacteria.

For individuals with GI diseases, probiotics can help restore the balance of gut flora, reduce inflammation, and improve symptoms. For example, strains like *Lactobacillus* and *Bifidobacterium* have been shown to be effective in managing IBS by reducing bloating, gas, and abdominal pain. Probiotics may also be beneficial for individuals with IBD by modulating the immune response and reducing intestinal inflammation.

Prebiotics, found in foods such as garlic, onions, bananas, and asparagus, promote the growth of beneficial bacteria in the gut. Incorporating prebiotic-rich foods into the diet can enhance the effectiveness of probiotics and support overall gut health. Additionally, combining probiotics and prebiotics, known as synbiotics, can provide synergistic benefits for the digestive system.

### **Nutritional Therapy**

Diet and nutrition are fundamental components of managing GI diseases. Nutritional therapy focuses on optimizing diet to improve digestive health, reduce symptoms, and promote overall well-being.

For individuals with IBS, a low-FODMAP diet is often recommended. FODMAPs are fermentable oligosaccharides, disaccharides,

monosaccharides, and polyols that can cause digestive discomfort in susceptible individuals. By reducing or eliminating high-FODMAP foods, such as certain fruits, vegetables, dairy products, and grains, individuals with IBS can experience significant symptom relief.

For individuals with IBD, an anti-inflammatory diet can help manage symptoms and reduce flare-ups. This diet emphasizes whole, unprocessed foods, including fruits, vegetables, lean proteins, and healthy fats, while avoiding foods that can trigger inflammation, such as refined sugars, processed foods, and trans fats. Additionally, certain nutrients, such as omega-3 fatty acids, found in fatty fish and flaxseeds, have anti-inflammatory properties that can benefit individuals with IBD.

For individuals with celiac disease, adhering to a strict gluten-free diet is essential to prevent symptoms and promote healing of the intestinal lining. This involves avoiding all sources of gluten, including wheat, barley, and rye, and choosing gluten-free alternatives.

### **Acupuncture**

Acupuncture, a key component of TCM, involves inserting thin needles into specific points on the body to stimulate energy flow and promote healing. Acupuncture has gained recognition for its potential benefits in managing GI diseases.

Studies have shown that acupuncture can help alleviate symptoms of IBS by regulating the digestive system, reducing pain, and improving bowel function. For individuals with GERD, acupuncture can reduce acid reflux symptoms by promoting relaxation and improving the function of the lower esophageal sphincter. Acupuncture may also benefit individuals with IBD by reducing inflammation and modulating the immune response.

### **Mind-Body Practices**

Mind-body practices such as yoga, meditation, and mindfulness can play a significant role in managing GI diseases. These practices focus on the connection between the mind and body, promoting relaxation, reducing stress, and improving overall well-being.

Yoga combines physical postures, breathing exercises, and meditation to enhance physical and mental health. For individuals with GI diseases, yoga can help reduce stress, improve digestion, and alleviate symptoms such as bloating and abdominal pain. Specific yoga poses, such as twists and forward bends, can stimulate digestion and promote the release of trapped gas.

Meditation and mindfulness practices help manage stress and anxiety, which can exacerbate GI symptoms. By promoting relaxation and reducing the body's stress response, these

practices can improve overall digestive health. Regular meditation has been linked to improved immune function, better sleep, and enhanced emotional well-being, all of which are beneficial for individuals with GI diseases.

### **Massage Therapy**

Massage therapy is a CAM modality that can provide significant relief for individuals with GI diseases. This hands-on technique involves manipulating the body's soft tissues to improve circulation, reduce pain, and promote relaxation.

For individuals with IBS, abdominal massage can help alleviate symptoms such as bloating, gas, and constipation. By stimulating the muscles and tissues of the abdomen, massage therapy can improve bowel function and promote the movement of gas and stool through the intestines. Additionally, massage therapy can reduce stress and anxiety, which can contribute to GI symptoms.

### **Hydrotherapy**

Hydrotherapy, or water therapy, involves the use of water for pain relief and treatment. This CAM approach can be particularly beneficial for individuals with GI diseases, offering various methods such as baths, steam baths, saunas, and hot or cold compresses.

For individuals with GI diseases, hydrotherapy can

help improve circulation, reduce muscle tension, and promote relaxation. Warm water baths can ease muscle cramps and digestive discomfort, while cold compresses may reduce inflammation and swelling. Steam baths and saunas can promote detoxification and improve respiratory function.

### **Aromatherapy**

Aromatherapy uses essential oils extracted from plants for therapeutic purposes. This practice can enhance physical and emotional well-being through inhalation or topical application of the oils.

For individuals with GI diseases, aromatherapy can provide relief from symptoms such as nausea, pain, and anxiety. Essential oils like peppermint, ginger, and lavender have calming and soothing properties that can improve digestive health. Aromatherapy can also promote relaxation and better sleep, which are crucial for overall well-being.

### **Energy Medicine**

Energy medicine encompasses a variety of therapies that focus on the body's energy fields to promote healing and well-being. Practices such as Reiki, therapeutic touch, and Qi Gong fall under this category.

Reiki is a Japanese healing technique that involves the transfer of energy through the hands to

promote relaxation and healing. For individuals with GI diseases, Reiki can help reduce stress, alleviate pain, and improve overall emotional well-being.

Therapeutic touch involves the practitioner using their hands to balance the patient's energy field. This practice can help reduce anxiety, promote relaxation, and enhance overall health.

Qi Gong, a practice that combines movement, meditation, and controlled breathing, aims to balance the body's energy. For individuals with GI diseases, Qi Gong can improve physical strength, reduce stress, and enhance overall vitality.

### **Homeopathy**

Homeopathy is a CAM approach based on the principle of "like cures like," where highly diluted substances are used to stimulate the body's natural healing processes. Homeopathic remedies are tailored to the individual's symptoms and overall health.

For individuals with GI diseases, homeopathy can provide relief from symptoms such as pain, inflammation, and fatigue. Common remedies used in homeopathy for digestive health include Nux vomica, Lycopodium, and Arsenicum album. These remedies aim to support digestive function, reduce inflammation, and promote detoxification.

### **Chiropractic Care**

Chiropractic care focuses on diagnosing and treating musculoskeletal disorders, particularly those related to the spine. This CAM approach can be beneficial for individuals with GI diseases experiencing pain and discomfort related to their condition.

Chiropractic adjustments can help improve alignment, reduce pain, and enhance overall mobility. For individuals with GI diseases, chiropractic care can alleviate symptoms such as lower back pain and improve overall well-being. Additionally, chiropractic care may enhance nerve function and circulation, supporting digestive health.

### **Detoxification Therapies**

Detoxification therapies aim to remove toxins from the body and improve overall health. These therapies can be particularly beneficial for individuals with GI diseases, as impaired digestive function can lead to the accumulation of toxins in the body.

Common detoxification therapies include fasting, juice cleanses, and the use of specific supplements and herbs to support detoxification pathways. For individuals with GI diseases, it is crucial to approach detoxification with caution and under the guidance of a healthcare professional, as

aggressive detoxification can strain the digestive system.

### **Ayurveda**

Ayurveda, the traditional medicine system of India, offers a comprehensive approach to health and wellness, including the management of GI diseases. Ayurvedic treatments for digestive health often involve a combination of herbs, dietary modifications, and lifestyle practices.

In Ayurveda, the concept of Agni (digestive fire) is central to digestive health. Strengthening Agni through proper diet and lifestyle practices is believed to prevent and treat GI diseases. Ayurvedic herbs like Triphala, ginger, and fennel are commonly used to support digestion and alleviate symptoms.

Ayurvedic dietary recommendations for GI health emphasize eating fresh, whole foods, and avoiding processed and difficult-to-digest foods. Additionally, Ayurveda suggests eating according to one's dosha (body type) to maintain balance and support overall health.

### **Traditional Chinese Medicine**

Traditional Chinese Medicine (TCM) offers a holistic approach to managing GI diseases through a combination of acupuncture, herbal medicine, dietary therapy, and mind-body practices.

In TCM, the concept of Qi (vital energy) and its flow through the body's meridians is central to health. Digestive health is closely linked to the Spleen and Stomach meridians. TCM treatments aim to balance Qi, strengthen the digestive organs, and alleviate symptoms.

Herbal medicine in TCM often involves complex formulas tailored to the individual's condition. Common herbs used for digestive health include ginger, licorice root, and Chinese angelica root (Dang Gui). Dietary therapy in TCM emphasizes eating warm, cooked foods and avoiding cold and raw foods to support digestive function.

### **Functional Medicine**

Functional medicine is an approach that focuses on identifying and addressing the root causes of disease. This patient-centered approach involves a detailed assessment of the individual's history, genetics, lifestyle, and environmental factors to develop a personalized treatment plan.

For individuals with GI diseases, functional medicine may involve comprehensive testing to identify food sensitivities, gut microbiome imbalances, and nutrient deficiencies. Treatment plans often include dietary modifications, targeted supplements, and lifestyle changes to support digestive health and overall well-being.

Functional medicine practitioners may use a variety of CAM therapies, including herbal

medicine, probiotics, and mind-body practices, to address the underlying causes of GI diseases and promote healing.

### ***Integrative Medicine***

Integrative medicine combines conventional medical treatments with CAM therapies to provide a holistic approach to health care. This approach recognizes the value of both conventional and alternative therapies and aims to provide the best possible outcomes for patients.

For individuals with GI diseases, integrative medicine can offer a comprehensive treatment plan that addresses symptoms, supports digestive health, and enhances overall well-being. Integrative practitioners work closely with patients to develop personalized treatment plans that may include dietary modifications, herbal medicine, acupuncture, and mind-body practices.

### ***Conclusion***

Complementary and alternative medicine offers a wide range of therapies and practices that can support the management of gastrointestinal diseases. From herbal medicine and nutritional therapy to mind-body practices and energy medicine, these approaches can enhance conventional treatments and improve overall quality of life for individuals with GI diseases.

It is essential for patients to work closely with

their healthcare providers when incorporating CAM into their treatment plans. A holistic, integrative approach that combines conventional and alternative therapies can provide the best outcomes for those living with GI diseases. As research continues to explore the potential benefits of CAM, these therapies may become increasingly recognized as valuable components of comprehensive digestive health care.

## 4- COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR CARDIAC DISEASES

### **Background**

Complementary and alternative medical (CAM) practices are growing rapidly, and CAM treatment approaches are now widely used and accepted among patients with various chronic diseases, including cardiovascular disease (CVD). Although few studies have investigated the prevalence and trends of CAM therapy consumption among CVD patients, CAM may have both positive and negative effects on these patients. Awareness of the extent of CAM use and the types of therapies utilized will promote positive CAM use, help educate patients about possible herb-drug interactions, and improve the patient-clinician relationship. This discussion will cover various CAM uses in the treatment of CVD:

### **Exercise**

**Aerobic Exercise:** Moderate exercises and daily physical activities such as cycling, walking, or swimming improve cardiovascular health by strengthening the heart muscle and improving circulation.

**High-Intensity Interval Training (HIIT):** HIIT

can improve cardiovascular fitness levels better than moderate exercise. It enhances VO<sub>2</sub> max and cardiac function in heart disease patients better than continuous moderate-intensity exercise. HIIT is an effective therapy for improving peak VO<sub>2</sub> values in CAD patients and, in the early stages (eight weeks or fewer), is superior to moderate-intensity continuous training (MICT). HIIT significantly improved prognostic markers, including the anaerobic threshold (AT) and left ventricular ejection fraction (LVEF), in patients with coronary artery disease (CAD) and heart failure (HF).

**Strength Training and Resistance Exercise:** This allows for the reduction of fat mass, increased muscle mass, and maintaining or losing weight, which are prerequisites for heart health. Aerobic exercise can be supplemented with resistance exercise in cardiac rehabilitation programs, and a patient-centered approach appears beneficial. It is useful in immobilized patients with peripheral artery disease or those with severe claudication resulting from aerobic exercise. It offers protection in coronary artery disease through risk elimination and can also have beneficial impacts on microcirculation. Further, resistance exercise helps in prognosis by ameliorating sarcopenia, enhancing effort capacity in heart failure, and reducing hospitalization.

### ***Lifestyle Changes***

**Alcohol Moderation:** High alcohol intake leads to high blood pressure, heart failure, stroke, and other diseases. Moderation or avoidance of alcohol can significantly improve heart health.

**Weight Management:** Weight control is a key habit that can help prevent hypertension, diabetes, and heart disease.

### ***Mind-Body Practices***

**Yoga:** Beneficial for the cardiovascular system through psychological effects, such as decreasing stress levels, influencing blood pressure, and improving heart rate variability.

**Meditation:** Regular practice can help reduce stress hormones and anxiety, leading to lower blood pressure and improved cardiovascular health.

**Tai Chi:** A form of physical exercise that combines relaxation with active movement, beneficial for cardiovascular health by improving circulation and reducing stress.

**Acupuncture:** A form of traditional Chinese medicine where thin needles are placed at specific points on the body. It may help manage hypertension and decrease symptoms of angina due to its ability to improve blood flow and reduce stress.

### **Dietary Approaches**

**DASH Diet (Dietary Approaches to Stop Hypertension):** Emphasizes meals that include vegetables, fruits, whole grains, and lean meats and protein to lower blood pressure and maintain a healthy heart.

**Plant-Based Diets:** Limiting or eliminating animal products and emphasizing the consumption of fruits, vegetables, legumes, and whole grains can have beneficial effects on the heart by controlling cholesterol and inflammation.

**Mediterranean Diet:** Encourages the intake of low-fat, high-fiber foods, vitamins, minerals, and omega-3 fatty acids, which are associated with a reduced risk of heart disease.

### **Lifestyle Changes**

**Smoking Cessation:** Smoking increases the risk of heart disorders, so cessation is crucial for heart health.

**Adequate Sleep:** Proper and quality sleep is important for heart maintenance, as poor sleep is a risk factor for cardiovascular diseases.

**Stress Management:** Techniques such as deep breathing, progressive muscle relaxation, and mindfulness can reduce stress and improve heart health.

### **Ginseng**

The cardio-protective and therapeutic effects of Ginseng and its components in treating cardiovascular diseases (CVD) have been evaluated in various clinical trials. Notably, many of these trials focus on CVDs. One trial examined the vasorelaxation effects of Asian Ginseng (AG) and its potential in modulating vascular function. In this study, participants were randomly assigned to receive either AG extract or a placebo. They took 3 grams of AG daily for 12 weeks, along with their standard treatment. The combination of AG extract and conventional treatment resulted in a reduction in arterial stiffness and systolic blood pressure (SBP) in diabetic patients with associated hypertension. Another trial found that Rg3 from Korean Red Ginseng (KRG) led to reductions in central and peripheral arterial pressures in healthy adults. A placebo-controlled randomized trial involving patients with type 2 diabetes mellitus (T2DM) showed that acutely administered Korean white Ginseng improved the augmentation index, an indicator of arterial health. Panax Ginseng extract (PGE), administered for 8 weeks at 6 grams per day, decreased total cholesterol, LDL levels, and serum triglycerides, while increasing HDL concentrations. These effects were attributed to the potent antioxidant properties of PGE. Additionally, a randomized, placebo-controlled trial investigated the impact of low-dose (3 grams

per day) and high-dose (6 grams per day) KRG supplementation over 8 weeks on antioxidant enzymes and oxidative stress markers. The study found increased activities of GSH-Px, SOD, and CAT in the high-dose group compared to the placebo group. Significant reductions in plasma oxidized-LDL levels were observed in both high- and low-dose groups, while these levels increased in the placebo group. The authors concluded that KRG supplementation could enhance antioxidant enzyme activity, thereby reducing lymphocyte DNA damage.

Despite the numerous clinical trials, the effectiveness of Ginseng in managing CVD remains debated. Some studies have not confirmed the beneficial effects of Ginseng against CVDs. For instance, Komishon et al. conducted a meta-analysis of 17 randomized clinical trials involving 1,381 patients and found that AG did not significantly affect arterial blood pressure or CVD risk. Another trial reported that a 3-week intake of KRG (3 grams per day) did not benefit hypertensive patients. However, combining KRG with standard treatments may improve hypertension. Ginseng appears to effectively regulate certain lipid profile parameters, showing promising effects in T2DM patients. Furthermore, Ginseng is well-recognized for managing hypertension when used in conjunction with commonly prescribed

antihypertensive medications.

### ***Ginkgo Biloba***

The vasorelaxation effects of Ginkgo Biloba Extract (GBE) in humans include the dilation of forearm blood vessels, which alters local blood flow without affecting blood pressure levels in 16 normal individuals. A small trial investigated the effects of GBE on glucose-induced pancreatic beta-cell function in glucose-tolerant individuals. The results showed that GBE ingestion could reduce both systolic blood pressure (SBP) and diastolic blood pressure (DBP) after 3 months. A placebo-controlled trial assessed the impact of supplemented EGb761 (300 mg/day) on treadmill walking time and cardiovascular measures in patients with peripheral artery disease. EGb761 resulted in a moderate but statistically insignificant increase in maximum treadmill walking time and flow-mediated vasodilation in older patients. The authors suggested that more prolonged use might be necessary to achieve significant benefits.

In the Ginkgo Evaluation of Memory Study (GEM), Kuller et al. evaluated cardiovascular disease (CVD) outcomes. This study randomized 3,069 individuals aged over 75 years to receive EGb761 (120 mg twice daily, totaling 240 mg/day) or a placebo. There were no significant differences in the incidence of angina pectoris, myocardial

infarction, or stroke between the placebo and GBE groups. The study, which monitored participants for 6 years, concluded that GBE did not reduce CVD mortality or ischemic events.

The remedial effects of GBE appear more pronounced when combined with modern medical treatments. Analysis of 23 randomized clinical trials involving 2,529 patients found that combining GBE with conventional Western medicine was more effective in relieving angina pectoris than using conventional medicine alone. Additionally, the combination of GBE with advanced medicine demonstrated beneficial properties in acute cerebral ischemia by inhibiting platelet aggregation. Patients receiving both ticlopidine and EGb761 showed significant reductions in platelet aggregation compared to those treated with ticlopidine alone. The combined use of EGb761 with metformin was found to be more effective than metformin alone in improving outcomes for patients with uncontrollable type 2 diabetes mellitus (T2DM).

However, the potential of GBE in controlling CVDs is not always evident in clinical settings. Brinkley et al. analyzed data from the GEM study and concluded that GBE did not decrease blood pressure or the incidence of hypertension in the elderly. Similarly, an analysis of nine randomized clinical trials involving 1,012 patients with hypertension indicated that more rigorous

trials are needed to assess the effectiveness of GBE in controlling hypertension. Although GBE shows promise in various studies, its effectiveness should be established and monitored in conjunction with other well-established medications for controlling CVDs.

## **5- COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR DERMATOLOGICAL DISEASES**

### ***Background***

Complementary and alternative medicine (CAM) encompasses a diverse array of practices and therapies that fall outside the scope of conventional Western medicine. These approaches are often used to manage and treat various health conditions, including dermatological diseases. Skin diseases, such as eczema, psoriasis, acne, and vitiligo, can significantly impact an individual's quality of life. CAM therapies offer holistic approaches that aim to address not only the physical symptoms but also the underlying causes and overall well-being of individuals with dermatological conditions.

### ***Herbal Medicine***

Herbal medicine is one of the oldest forms of CAM and remains widely used for treating dermatological diseases. Plants and plant extracts have been used for centuries to soothe skin ailments and promote healing. Herbal treatments can be administered topically or taken internally, depending on the specific condition and herb used.

Aloe vera is a well-known herbal remedy

for various skin conditions. Its gel has anti-inflammatory, antimicrobial, and wound-healing properties, making it effective for treating burns, cuts, and inflammatory skin conditions like eczema and psoriasis. Calendula, derived from marigold flowers, is another herb used for its anti-inflammatory and healing properties. It is often used in creams and ointments to soothe irritated skin and promote healing of minor wounds and rashes.

Turmeric, a bright yellow spice derived from the root of *Curcuma longa*, has gained popularity for its potent anti-inflammatory and antioxidant properties. Curcumin, the active compound in turmeric, has been shown to be effective in managing inflammatory skin conditions like psoriasis and eczema. Turmeric can be applied topically or taken as a supplement to reduce inflammation and promote skin health.

Neem (*Azadirachta indica*) is a tree native to India that has been used in Ayurvedic medicine for centuries. Neem oil and extracts have antimicrobial, anti-inflammatory, and antifungal properties, making them effective for treating acne, eczema, and fungal infections. Neem is often used in soaps, creams, and shampoos to promote healthy skin and hair.

Tea tree oil, derived from the leaves of *Melaleuca alternifolia*, is widely known for its antimicrobial and anti-inflammatory properties. It is commonly

used to treat acne, as it helps reduce bacteria on the skin and soothe inflammation. Tea tree oil can be applied directly to blemishes or diluted in a carrier oil for broader application.

### **Nutritional Therapy**

Diet and nutrition play a crucial role in skin health, and nutritional therapy focuses on optimizing dietary intake to manage and prevent dermatological diseases. Certain nutrients have been shown to support skin health and reduce the risk of developing skin conditions.

Omega-3 fatty acids, found in fatty fish like salmon and mackerel, as well as in flaxseeds and walnuts, have anti-inflammatory properties that can benefit individuals with inflammatory skin conditions like eczema and psoriasis. These healthy fats help reduce inflammation in the body and promote overall skin health.

Antioxidants, such as vitamins C and E, play a vital role in protecting the skin from oxidative stress and damage caused by free radicals. Vitamin C, found in citrus fruits, berries, and leafy greens, supports collagen production and helps maintain skin elasticity. Vitamin E, found in nuts, seeds, and vegetable oils, helps protect the skin from UV damage and supports overall skin health.

Zinc is an essential mineral that plays a crucial role in skin health and wound healing. It is particularly beneficial for individuals with acne, as it helps

regulate oil production and reduce inflammation. Foods rich in zinc include oysters, beef, pumpkin seeds, and lentils.

Probiotics, beneficial bacteria found in fermented foods and supplements, can also support skin health by promoting a healthy gut microbiome. A balanced gut microbiome has been linked to reduced inflammation and improved skin conditions like acne, eczema, and rosacea. Foods rich in probiotics include yogurt, kefir, sauerkraut, and kimchi.

### **Acupuncture**

Acupuncture, a key component of Traditional Chinese Medicine (TCM), involves inserting thin needles into specific points on the body to stimulate energy flow and promote healing. Acupuncture is believed to balance the body's energy (Qi) and improve overall health. It has gained recognition for its potential benefits in managing various dermatological conditions.

For individuals with eczema, acupuncture can help reduce itching, inflammation, and stress, which are common triggers for flare-ups. Acupuncture may also improve overall skin health by promoting circulation and supporting the body's natural healing processes.

Psoriasis is another condition that can benefit from acupuncture. Acupuncture may help reduce the severity and frequency of psoriasis flare-

ups by modulating the immune response and reducing inflammation. Some studies have shown that acupuncture can improve the appearance of psoriatic lesions and enhance the overall quality of life for individuals with psoriasis.

Acne, a common skin condition, can also be managed with acupuncture. By targeting specific acupuncture points, practitioners aim to regulate hormonal imbalances, reduce inflammation, and promote detoxification. Acupuncture may help reduce the frequency and severity of acne breakouts and improve overall skin health.

### **Mind-Body Practices**

Mind-body practices, such as yoga, meditation, and mindfulness, are CAM approaches that focus on the connection between the mind and body. These practices promote relaxation, reduce stress, and enhance overall well-being, which can be particularly beneficial for individuals with dermatological conditions.

Stress is a common trigger for many skin conditions, including eczema, psoriasis, and acne. Mind-body practices help manage stress and improve emotional well-being, which can reduce the frequency and severity of flare-ups. Yoga combines physical postures, breathing exercises, and meditation to promote relaxation and balance. Regular yoga practice can improve skin health by reducing stress, enhancing circulation,

and promoting detoxification.

Meditation and mindfulness practices involve focusing the mind and cultivating a state of awareness and presence. These practices can help manage stress, reduce anxiety, and improve overall emotional well-being. By promoting relaxation and reducing the body's stress response, meditation and mindfulness can support skin health and reduce the risk of flare-ups.

### **Aromatherapy**

Aromatherapy involves the use of essential oils extracted from plants for therapeutic purposes. Essential oils can be inhaled, applied topically, or used in diffusers to promote physical and emotional well-being. Aromatherapy can be particularly beneficial for individuals with dermatological conditions, as it offers natural remedies that support skin health and overall well-being.

Lavender essential oil is known for its calming and soothing properties. It can help reduce stress, anxiety, and inflammation, making it beneficial for individuals with eczema and psoriasis. Lavender oil can be applied topically to affected areas or added to bathwater for a relaxing and therapeutic soak.

Chamomile essential oil has anti-inflammatory and calming properties that can soothe irritated

skin and reduce redness. It is often used to treat conditions like eczema, dermatitis, and rosacea. Chamomile oil can be applied topically, diluted in a carrier oil, or added to skincare products.

Tea tree essential oil, with its antimicrobial and anti-inflammatory properties, is commonly used to treat acne and other skin infections. It can help reduce bacteria on the skin, unclog pores, and soothe inflammation. Tea tree oil can be applied directly to blemishes or diluted in a carrier oil for broader application.

Frankincense essential oil has rejuvenating and healing properties that can benefit aging and damaged skin. It is often used in anti-aging skincare products to reduce the appearance of wrinkles and promote healthy skin. Frankincense oil can be applied topically, diluted in a carrier oil, or added to skincare formulations.

### **Homeopathy**

Homeopathy is a CAM approach based on the principle of "like cures like," where highly diluted substances are used to stimulate the body's natural healing processes. Homeopathic remedies are tailored to the individual's symptoms and overall health. For individuals with dermatological conditions, homeopathy can provide relief from symptoms and support overall skin health.

For eczema, common homeopathic remedies

include Sulphur, Graphites, and Natrum muriaticum. Sulphur is often used for dry, itchy, and inflamed skin, while Graphites is beneficial for thick, cracked, and oozing skin. Natrum muriaticum is used for dry and scaly skin conditions.

For psoriasis, homeopathic remedies like Arsenicum album, Sepia, and Rhus toxicodendron are commonly used. Arsenicum album is beneficial for dry, scaly, and itchy skin, while Sepia is used for thick, scaly, and cracked skin. Rhus toxicodendron is effective for red, swollen, and itchy skin.

For acne, homeopathic remedies such as Hepar sulphuris, Silicea, and Calcarea sulphurica are often used. Hepar sulphuris is beneficial for painful, pus-filled acne, while Silicea is used for deep, cystic acne. Calcarea sulphurica is effective for pustular acne.

### **Chiropractic Care**

Chiropractic care focuses on diagnosing and treating musculoskeletal disorders, particularly those related to the spine. This CAM approach can be beneficial for individuals with dermatological conditions experiencing pain and discomfort related to their condition.

Chiropractic adjustments can help improve alignment, reduce pain, and enhance overall mobility. For individuals with dermatological

conditions, chiropractic care can alleviate symptoms such as lower back pain and improve overall well-being. Additionally, chiropractic care may enhance nerve function and circulation, supporting skin health.

### **Ayurveda**

Ayurveda, the traditional medicine system of India, offers a comprehensive approach to health and wellness, including the management of dermatological conditions. Ayurvedic treatments for skin health often involve a combination of herbs, dietary modifications, and lifestyle practices.

In Ayurveda, the concept of Doshas (body types) is central to health. Skin health is closely linked to the balance of Vata, Pitta, and Kapha doshas. Ayurvedic treatments aim to balance these doshas, strengthen the body's natural healing processes, and alleviate symptoms.

Herbal treatments in Ayurveda often involve the use of Triphala, turmeric, and neem to support skin health and reduce inflammation. Triphala, a combination of three fruits (Amalaki, Bibhitaki, and Haritaki), is known for its detoxifying and rejuvenating properties. Turmeric has anti-inflammatory and antioxidant properties, while neem has antimicrobial and healing properties.

Ayurvedic dietary recommendations for skin health emphasize eating fresh, whole foods, and

avoiding processed and difficult-to-digest foods. Additionally, Ayurveda suggests eating according to one's dosha to maintain balance and support overall health. Lifestyle practices such as regular exercise, stress management, and adequate sleep are also essential for maintaining skin health.

### **Traditional Chinese Medicine**

Traditional Chinese Medicine (TCM) offers a holistic approach to managing dermatological conditions through a combination of acupuncture, herbal medicine, dietary therapy, and mind-body practices.

In TCM, the concept of Qi (vital energy) and its flow through the body's meridians is central to health. Skin health is closely linked to the Lung and Large Intestine meridians. TCM treatments aim to balance Qi, strengthen the skin, and alleviate symptoms.

Herbal medicine in TCM often involves complex formulas tailored to the individual's condition. Common herbs used for skin health include Chinese skullcap, honeysuckle, and dandelion. Dietary therapy in TCM emphasizes eating warm, cooked foods and avoiding cold and raw foods to support digestive function and overall skin health.

### **Functional Medicine**

Functional medicine is an approach that focuses on identifying and addressing the root causes of

disease. This patient-centered approach involves a detailed assessment of the individual's history, genetics, lifestyle, and environmental factors to develop a personalized treatment plan.

For individuals with dermatological conditions, functional medicine may involve comprehensive testing to identify food sensitivities, gut microbiome imbalances, and nutrient deficiencies. Treatment plans often include dietary modifications, targeted supplements, and lifestyle changes to support skin health and overall well-being.

Functional medicine practitioners may use a variety of CAM therapies, including herbal medicine, probiotics, and mind-body practices, to address the underlying causes of skin diseases and promote healing.

### **Integrative Medicine**

Integrative medicine combines conventional medical treatments with CAM therapies to provide a holistic approach to health care. This approach recognizes the value of both conventional and alternative therapies and aims to provide the best possible outcomes for patients.

For individuals with dermatological conditions, integrative medicine can offer a comprehensive treatment plan that addresses symptoms, supports skin health, and enhances overall well-being. Integrative practitioners work closely with

patients to develop personalized treatment plans that may include dietary modifications, herbal medicine, acupuncture, and mind-body practices.

### **Conclusion**

Complementary and alternative medicine offers a wide range of therapies and practices that can support the management of dermatological diseases. From herbal medicine and nutritional therapy to mind-body practices and energy medicine, these approaches can enhance conventional treatments and improve overall quality of life for individuals with skin conditions.

It is essential for patients to work closely with their healthcare providers when incorporating CAM into their treatment plans. A holistic, integrative approach that combines conventional and alternative therapies can provide the best outcomes for those living with dermatological diseases. As research continues to explore the potential benefits of CAM, these therapies may become increasingly recognized as valuable components of comprehensive skin health care.

## 6- COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR OPHTHALMOLOGICAL DISEASES

### **Background**

Ophthalmological diseases encompass a wide range of conditions affecting the eyes and visual system, from common issues like dry eyes and conjunctivitis to more serious disorders such as age-related macular degeneration (AMD) and glaucoma. While conventional medicine—encompassing pharmacological treatments, surgical interventions, and laser therapies—plays a critical role in managing these conditions, Complementary and Alternative Medicine (CAM) offers additional approaches that can complement and enhance traditional treatments. CAM includes a diverse range of practices, including herbal remedies, acupuncture, dietary supplements, and mind-body techniques. This exploration delves into the application of CAM in ophthalmological diseases, reviewing its modalities, efficacy, and integration with conventional treatments.

### **Overview of CAM Modalities for Ophthalmological Diseases**

CAM modalities used in the management of ophthalmological diseases include herbal

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medicine, nutritional supplements, acupuncture, and mind-body practices. Each approach offers unique mechanisms of action and potential benefits for eye health.

### **Herbal Medicine**

Herbal medicine involves the use of plant-based substances to prevent and treat various health conditions. In ophthalmology, certain herbs are believed to possess anti-inflammatory, antioxidant, and protective properties that can support eye health and address specific ocular diseases.

**Bilberry (*Vaccinium myrtillus*):** Bilberry is renowned for its high content of anthocyanins, which have antioxidant and anti-inflammatory effects. Research suggests that bilberry may improve night vision, support retinal health, and reduce symptoms of eye fatigue. Studies have shown potential benefits in managing conditions like macular degeneration and diabetic retinopathy.

**Ginkgo Biloba (*Ginkgo biloba*):** Ginkgo biloba is commonly used to enhance cognitive function but also has potential benefits for eye health. It is thought to improve blood circulation, including in the eyes, which may be beneficial for conditions such as glaucoma and diabetic retinopathy. Clinical studies have reported improvements in visual function and reduced symptoms of eye

strain.

**Eyebright (*Euphrasia officinalis*):** Eyebright has been traditionally used for its anti-inflammatory and astringent properties. It is often used in herbal formulations for treating conjunctivitis and other inflammatory eye conditions. While there is limited scientific evidence, anecdotal reports suggest its efficacy in relieving symptoms of eye irritation and inflammation.

**Goldenseal (*Hydrastis canadensis*):** Goldenseal contains berberine, an alkaloid with antimicrobial and anti-inflammatory properties. It has been used traditionally to treat conjunctivitis and other eye infections. Research on its efficacy is limited, but it is commonly included in herbal remedies for eye health.

### **Nutritional Supplements**

Nutritional supplements are commonly used in CAM to support eye health and manage ophthalmological diseases. Key supplements include vitamins, minerals, and antioxidants that play vital roles in maintaining healthy vision and preventing degenerative eye conditions.

**Vitamin A:** Vitamin A is essential for maintaining healthy vision and preventing night blindness. It is a critical component of rhodopsin, a pigment in the retina that facilitates low-light vision. Supplementing with vitamin A can be beneficial for individuals with vitamin A deficiency and may

support overall eye health.

**Lutein and Zeaxanthin:** Lutein and zeaxanthin are carotenoids found in high concentrations in the retina. They have antioxidant properties and are thought to protect the eyes from oxidative damage and harmful blue light. Studies suggest that these carotenoids can help prevent age-related macular degeneration (AMD) and cataracts.

**Omega-3 Fatty Acids:** Omega-3 fatty acids, particularly EPA and DHA, are known for their anti-inflammatory properties. They are essential for maintaining the health of the retinal cells and may reduce the risk of dry eye syndrome and AMD. Fish oil supplements are a common source of omega-3 fatty acids.

**Zinc:** Zinc is a trace mineral that plays a crucial role in maintaining the health of the retina and preventing macular degeneration. It is involved in the metabolism of vitamin A and has antioxidant properties that can protect the eyes from damage.

**Vitamin C and E:** Vitamins C and E are potent antioxidants that help protect the eyes from oxidative stress and damage. They are often included in supplements aimed at preventing cataracts and AMD. Studies have shown that these vitamins can support overall eye health and reduce the risk of age-related eye diseases.

### **Acupuncture**

Acupuncture, a traditional Chinese medicine practice, involves inserting thin needles into specific points on the body to promote healing and balance. In ophthalmology, acupuncture is used to address various eye conditions by improving circulation, reducing inflammation, and supporting overall eye health.

**Mechanism of Action:** Acupuncture is believed to stimulate the body's natural healing processes by enhancing blood flow and reducing inflammation. It may help alleviate symptoms of dry eyes, improve visual function, and support the treatment of conditions such as glaucoma and retinal disorders.

**Clinical Evidence:** Research on acupuncture for ophthalmological diseases is limited but growing. Some studies suggest that acupuncture may be effective in managing dry eye syndrome, reducing intraocular pressure in glaucoma, and improving visual acuity in certain conditions. However, more high-quality research is needed to establish its efficacy conclusively.

### ***Mind-Body Practices***

Mind-body practices involve techniques that integrate mental and physical well-being to support overall health. Practices such as yoga, meditation, and relaxation techniques have been explored for their potential benefits in managing ophthalmological conditions and improving

quality of life.

**Yoga:** Yoga incorporates physical postures, breathing exercises, and meditation to enhance physical and mental health. Some yoga practices focus on eye exercises that may help improve visual function and reduce eye strain. While there is limited direct evidence, yoga can contribute to overall well-being and stress reduction, which may indirectly benefit eye health.

**Meditation:** Meditation and mindfulness practices are known to reduce stress and improve mental clarity. Chronic stress can impact eye health and exacerbate conditions like dry eye syndrome and glaucoma. Meditation may help manage stress and promote relaxation, potentially supporting better eye health.

**Relaxation Techniques:** Techniques such as progressive muscle relaxation and deep breathing can help alleviate eye strain and fatigue. These practices may be beneficial for individuals experiencing eye discomfort related to prolonged screen use or stress.

### ***Efficacy and Evidence of CAM Modalities***

The efficacy of CAM modalities in treating ophthalmological diseases varies based on the specific condition and treatment approach. Clinical research provides valuable insights into

how these practices impact eye health and their potential benefits.

### **Research on Herbal Medicine**

**Bilberry:** Clinical studies have demonstrated that bilberry extract can improve visual function and reduce symptoms of eye fatigue. Research on its effectiveness in managing macular degeneration and diabetic retinopathy is promising but requires further investigation.

**Ginkgo Biloba:** Evidence suggests that ginkgo biloba may benefit individuals with glaucoma by improving blood flow to the optic nerve and reducing intraocular pressure. Clinical trials have reported improvements in visual function and reduced symptoms of eye strain.

**Eyebright:** Although traditional use supports its efficacy in treating conjunctivitis and eye irritation, scientific evidence is limited. More research is needed to confirm its benefits and establish optimal dosages and formulations.

**Goldenseal:** Research on goldenseal for ophthalmological conditions is limited, and while it has been traditionally used for eye infections, scientific evidence supporting its efficacy is lacking. Caution is advised due to potential side effects and interactions with other medications.

### **Research on Nutritional**

### **Supplements**

**Vitamin A:** Numerous studies have established the importance of vitamin A for maintaining healthy vision and preventing night blindness. Research supports its role in preventing vitamin A deficiency-related eye conditions but highlights the need for balanced intake to avoid toxicity.

**Lutein and Zeaxanthin:** Clinical trials have shown that lutein and zeaxanthin supplementation can reduce the risk of AMD and cataracts. They may help protect the retina from oxidative damage and improve visual function in individuals with age-related eye diseases.

**Omega-3 Fatty Acids:** Research supports the use of omega-3 fatty acids in managing dry eye syndrome and reducing inflammation. Clinical studies have shown that omega-3 supplements can improve tear production and alleviate symptoms of dry eyes.

**Zinc:** Clinical evidence indicates that zinc supplementation can slow the progression of AMD and support overall eye health. Studies suggest that zinc plays a crucial role in maintaining retinal health and reducing the risk of age-related eye diseases.

**Vitamin C and E:** Research supports the antioxidant properties of vitamins C and E in protecting the eyes from oxidative stress. Clinical trials have demonstrated their role in reducing the

risk of cataracts and AMD, contributing to overall eye health.

### **Research on Acupuncture**

**Dry Eye Syndrome:** Acupuncture has shown promise in managing dry eye syndrome by improving tear production and reducing symptoms of dryness and discomfort. Studies suggest that acupuncture can enhance the effectiveness of conventional treatments and provide symptomatic relief.

**Glaucoma:** Research on acupuncture for glaucoma is limited but suggests that it may help reduce intraocular pressure and improve visual function. Some studies have reported positive outcomes, but more high-quality research is needed to establish its efficacy.

**Retinal Disorders:** Acupuncture may support the treatment of retinal disorders by improving circulation and reducing inflammation. Clinical trials have shown mixed results, and further research is needed to determine its effectiveness in managing retinal diseases.

### **Research on Mind-Body Practices**

**Yoga:** Studies have indicated that yoga can improve visual function and reduce eye strain. Specific yoga exercises and practices focusing on eye health may contribute to overall well-being and support the management of eye conditions.

**Meditation:** Research on meditation's impact on eye health is limited but suggests that reducing stress through meditation can benefit overall well-being and potentially support eye health. Meditation may help manage conditions related to stress and improve quality of life.

**Relaxation Techniques:** Techniques such as progressive muscle relaxation and deep breathing may help alleviate symptoms of eye strain and fatigue. While evidence is limited, these practices can contribute to overall comfort and relaxation, potentially benefiting eye health.

### **Integration of CAM with Conventional Ophthalmological Treatments**

Integrating CAM with conventional ophthalmological treatments can offer a holistic approach to managing eye diseases. Collaboration between CAM practitioners and conventional healthcare providers is essential to ensure safe and effective integration.

### **Complementing Conventional Treatments**

**Herbal Medicine and Pharmaceuticals:** Herbal remedies can complement pharmaceutical treatments by addressing underlying inflammation and supporting overall eye health. Coordination with healthcare providers is

important to avoid potential interactions with medications.

**Nutritional Supplements and Conventional Care:** Nutritional supplements can enhance the effectiveness of conventional treatments for eye diseases. Incorporating vitamins, minerals, and antioxidants into the treatment plan can provide additional support and improve outcomes.

**Acupuncture and Conventional Therapies:** Acupuncture can be used alongside conventional treatments to manage symptoms and support overall eye health. Combining acupuncture with standard therapies may enhance therapeutic effects and provide additional benefits.

**Mind-Body Practices and Conventional Care:** Integrating mind-body practices such as yoga and meditation with conventional ophthalmological care can improve overall well-being and support eye health. These practices can complement traditional treatments by reducing stress and enhancing quality of life.

### ***Challenges and Considerations***

**Safety and Quality Control:** Ensuring the safety and quality of CAM modalities is crucial. Quality control measures for herbal supplements and adherence to proper techniques for acupuncture are essential to avoid potential risks and side effects.

**Evidence and Research:** Continued research is needed to establish the efficacy of CAM modalities for ophthalmological diseases. High-quality studies and clinical trials can provide valuable insights and guide the integration of CAM with conventional treatments.

**Patient Preferences and Education:** Educating patients about CAM options and their potential benefits is important. Understanding patient preferences and providing information on evidence-based practices can help tailor treatment plans and enhance patient satisfaction.

### ***Future Directions and Research***

Future research and development are essential to further explore the potential benefits and applications of CAM in ophthalmology. Advancing research, expanding knowledge, and fostering collaboration between CAM practitioners and conventional healthcare providers are key to improving patient care.

### ***Advancing Research***

**Clinical Trials:** Conducting well-designed clinical trials is crucial to evaluate the efficacy and safety of CAM modalities for ophthalmological diseases. Research should focus on assessing long-term outcomes, potential side effects, and interactions with conventional treatments.

**Mechanisms of Action:** Understanding the

mechanisms through which CAM modalities exert their effects can provide insights into their potential benefits and limitations. Research into the underlying biological processes can help optimize treatment approaches and enhance therapeutic outcomes.

### ***Expanding Knowledge and Collaboration***

**Education and Training:** Providing education and training for healthcare professionals on CAM modalities can enhance their ability to integrate these practices into patient care. Collaboration between CAM practitioners and conventional healthcare providers is essential for comprehensive and effective care.

**Patient-Centered Research:** Engaging patients in research and treatment development can provide valuable insights into their experiences and preferences. Patient-centered research can help shape future CAM practices and ensure that they meet the needs of diverse populations.

### ***Conclusion***

Complementary and Alternative Medicine offers a diverse range of therapeutic options for managing ophthalmological diseases. From herbal remedies and nutritional supplements to acupuncture and mind-body practices, CAM modalities can complement conventional treatments and

enhance patient outcomes. Integrating CAM with traditional ophthalmological care requires careful coordination, evidence-based approaches, and a patient-centered focus. Continued research, collaboration, and education will be essential in advancing the understanding and application of CAM in ophthalmology, ultimately improving the quality of care and enhancing the well-being of patients with eye conditions.

## **7- COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR ORAL DISEASES**

### ***Background***

Complementary and alternative medicine (CAM) is a group of different natural solutions, practices, and products that help the body's immune system by stimulating the healing process to fight off infections and diseases. Complementary medicines include treatment modalities such as herbal remedies, traditional Chinese medicine, naturopathy, aromatherapy, homeopathy, nutritional therapies, Ayurveda, exercise-based therapies, acupuncture, and massage.

Oral diseases are prevalent worldwide and are particularly challenging due to the nature of the oral cavity. Among oral diseases, periodontal diseases and dental caries are the most important. The disabilities caused by orofacial pain present another public health problem. In this chapter, we aim to assess the role of acupuncture and herbal medicine in the management of orofacial pain, periodontal diseases, and caries.

### ***Overview of CAM Modalities for Oral Diseases***

CAM modalities used in the management of oral diseases include herbal medicine, nutritional supplements, homeopathy, acupuncture, and mind-body practices. Each modality offers unique mechanisms of action and potential benefits for oral health.

### **Orofacial Pain**

Although acupuncture for orofacial pain was found to be more effective than placebo acupuncture in pain relief, it doesn't always work and isn't necessarily without consequences. Pneumothorax, endocarditis, and hepatitis are known adverse effects of acupuncture when aseptic procedures are not followed or in cases of basic anatomy ignorance. Several cycles of acupuncture treatments, when done by a properly trained practitioner, can be effective in relieving temporomandibular and facial pain.

### **Periodontal Diseases**

Some herbal medicines can promote tissue healing. *Centella asiatica* and *Punica granatum* extracts, when combined, have been shown to have a healing effect on periodontal tissues following periodontal scaling and root planing (SRP) procedures in adults with periodontitis. The combination of these extracts alongside SRP can significantly reduce chronic periodontitis signs. A boiling water extract of the Chinese herbal plant

*Coptidis rhizoma* (Ranunculaceae) has also been shown to be effective against periodontitis.

### **Dental Caries**

The Triphala plant and constituents of cranberry juice have anticariogenic properties by inhibiting biofilm formation, which is responsible for plaque formation over the tooth surface. Tea from *Camellia sinensis* (Theaceae) has preventive effects on bacterial adherence to tooth surfaces. Some herbal substances, including cinnamon bark and clove bud oil, Papua-mace extracts, and their constituents, have bactericidal and bacteriostatic effects on cariogenic bacteria. Broad-spectrum activity against cariogenic bacteria has been shown with herbal extracts of *Drosera peltata* (Droseraceae), *Albizia julibrissin* (Fabaceae), *Abies canadensis* (Pinaceae), *Ginkgo biloba* (Ginkgoaceae), *Chelidonium majus* (Papaveraceae), *Pinus virginiana* (Pinaceae), *Juniperus virginiana* (Cupressaceae), *Sassafras albidum* (Lauraceae), *Rosmarinus officinalis* (Lamiaceae), *Thuja plicata* (Cupressaceae), and *Tanacetum vulgare* (Asteraceae). Growth inhibition of *S. mutans* can be caused by xylitol (a plant-based sugar alcohol) without affecting the normal oral flora.

### **Safety Concerns**

Herbal medicines can be associated with

harmful effects or toxicity. Exposure to pesticides, microorganisms, and fumigants can be sources of toxicity. Highly concentrated or processed extracts can cause adverse reactions. Drug interactions can also be associated with herbal remedies. Side effects of herbal remedies can include bleeding, dry mouth, dizziness, rash, headache, stomachache, nervousness, tiredness, hypoglycemia, cardiac arrhythmias, and mucositis.

### **Herbal Medicine**

Herbal medicine involves using plant-based substances to treat various health conditions. In oral health, certain herbs are known for their antimicrobial, anti-inflammatory, and analgesic properties, which can support oral hygiene and manage oral diseases.

**Chamomile (*Matricaria chamomilla*):** Chamomile is renowned for its anti-inflammatory and soothing properties. It is often used in mouthwashes and topical applications to relieve oral mucositis, gingivitis, and sore throat. Chamomile tea or extracts can provide relief from oral discomfort and promote healing.

**Clove (*Syzygium aromaticum*):** Clove is well-known for its analgesic and antimicrobial properties, primarily due to the presence of eugenol. Clove oil is frequently used to alleviate toothache and as a natural remedy for oral

infections. It can also be applied topically to the affected area to reduce pain and inflammation.

**Tea Tree Oil (*Melaleuca alternifolia*):** Tea tree oil is an essential oil with strong antimicrobial properties. It is used in oral care products to combat oral bacteria and reduce plaque formation. Research suggests that tea tree oil can be effective in managing gingivitis and oral thrush when used appropriately.

**Aloe Vera (*Aloe barbadensis*):** Aloe vera is known for its soothing and healing properties. It can be applied topically to treat mouth ulcers, gingivitis, and other oral mucosal conditions. Aloe vera gel or juice can help reduce inflammation and promote healing of the oral tissues.

### **Nutritional Supplements**

Nutritional supplements are often used in CAM to support oral health and manage various oral conditions. Key supplements include vitamins, minerals, and antioxidants that play essential roles in maintaining healthy oral tissues and preventing diseases.

**Vitamin C:** Vitamin C is crucial for maintaining healthy gums and connective tissues. It plays a role in collagen synthesis and has antioxidant properties that can help protect oral tissues from damage. Vitamin C deficiency can lead to gingivitis and periodontal disease, so supplementation may benefit individuals with

gum issues.

**Calcium:** Calcium is essential for maintaining healthy teeth and bones. It plays a critical role in tooth structure and strength. Adequate calcium intake can help prevent dental caries and support overall oral health. Supplements may be recommended for individuals with low dietary calcium intake.

**Vitamin D:** Vitamin D is important for calcium absorption and bone health. It helps maintain healthy teeth and supports the immune system. Adequate vitamin D levels can help prevent periodontal disease and support oral health. Vitamin D supplementation may be necessary for individuals with deficiencies.

**Probiotics:** Probiotics are beneficial bacteria that can support oral health by maintaining a healthy balance of oral microbiota. They may help prevent dental caries, reduce gum inflammation, and manage oral infections. Probiotic supplements or foods containing live cultures can contribute to oral health.

**Coenzyme Q10 (CoQ10):** CoQ10 is an antioxidant that supports cellular energy production and has been studied for its role in managing gum disease. Some research suggests that CoQ10 supplementation can improve gum health and reduce inflammation in periodontal disease.

### **Homeopathy**

Homeopathy is a system of medicine based on the principle of "like cures like," where highly diluted substances are used to stimulate the body's healing responses. In oral health, homeopathy can be used to address various conditions by tailoring remedies to the individual's symptoms and overall health.

**Belladonna:** Belladonna is used in homeopathy for conditions characterized by sudden onset of severe pain and inflammation, such as dental abscesses and acute gingivitis. It is often indicated when symptoms are intense and throbbing.

**Arnica Montana:** Arnica Montana is commonly used in homeopathy for managing trauma and bruising. It can be beneficial after dental procedures or injuries to reduce swelling and promote healing.

**Calcarea Phosphorica:** Calcarea Phosphorica is used for managing dental issues related to tooth development and bone health. It may be recommended for conditions such as delayed tooth eruption or weakened teeth.

**Hypericum Perforatum:** Hypericum is used for nerve pain and is indicated for conditions involving sharp, shooting pain in the mouth, such as after dental procedures or injuries.

### **Acupuncture**

Acupuncture is a traditional Chinese medicine practice that involves inserting thin needles into specific points on the body to promote healing and balance. In oral health, acupuncture can be used to address various conditions by improving circulation, reducing pain, and supporting overall well-being.

**Pain Management:** Acupuncture can be effective in managing oral pain, including toothaches, jaw pain, and pain associated with temporomandibular joint disorders (TMD). By stimulating specific acupuncture points, it can help alleviate pain and reduce inflammation.

**Gum Health:** Acupuncture may support gum health by improving blood flow and reducing inflammation. It can be used as an adjunct therapy for managing gingivitis and periodontal disease.

**TMJ Disorders:** Acupuncture can be beneficial for managing symptoms of temporomandibular joint disorders (TMD), including jaw pain, muscle tension, and limited jaw movement. Acupuncture points are selected based on the individual's specific symptoms and needs.

**Oral Mucosal Conditions:** Acupuncture may help manage oral mucosal conditions such as mouth ulcers and oral lichen planus by reducing inflammation and promoting healing.

### **Mind-Body Practices**

Mind-body practices, including techniques like yoga, meditation, and relaxation exercises, can contribute to overall oral health by promoting relaxation, reducing stress, and supporting overall well-being.

**Yoga:** Yoga can be beneficial for managing stress and promoting relaxation, which can indirectly support oral health. Stress reduction can help prevent conditions such as bruxism (teeth grinding) and temporomandibular joint disorders (TMD).

**Meditation:** Meditation and mindfulness practices can help reduce stress and improve mental clarity. Chronic stress can impact oral health by contributing to conditions such as gum disease and oral ulcers. Meditation can support overall well-being and enhance oral health.

**Relaxation Techniques:** Techniques such as progressive muscle relaxation and deep breathing can help alleviate symptoms of oral discomfort and stress-related conditions. These practices can contribute to overall relaxation and support oral health.

### **Efficacy and Evidence of CAM Modalities**

The efficacy of CAM modalities in treating oral diseases varies based on the specific condition and

treatment approach. Clinical research provides valuable insights into how these practices impact oral health and their potential benefits.

### **Research on Herbal Medicine**

**Chamomile:** Research supports the use of chamomile for its anti-inflammatory and soothing effects. Clinical studies have demonstrated its efficacy in reducing oral mucositis and gingivitis. Chamomile mouthwashes and topical applications can provide symptomatic relief and promote healing.

**Clove:** Clinical evidence supports the use of clove oil for its analgesic and antimicrobial properties. Studies have shown that clove oil can effectively reduce toothache and manage oral infections. However, caution is advised due to potential irritation and toxicity with excessive use.

**Tea Tree Oil:** Research indicates that tea tree oil has antimicrobial properties that can benefit oral health. Clinical trials have shown its effectiveness in managing gingivitis and oral thrush. However, proper dilution and usage are essential to avoid adverse effects.

**Aloe Vera:** Aloe vera has been studied for its soothing and healing properties in managing oral conditions. Clinical research supports its use for treating mouth ulcers and gingivitis, with evidence indicating reduced inflammation and faster healing.

### **Research on Nutritional Supplements**

**Vitamin C:** Numerous studies highlight the importance of vitamin C for maintaining gum health and preventing periodontal disease. Research supports its role in collagen synthesis and antioxidant protection. Supplementation can benefit individuals with vitamin C deficiency and gum issues.

**Calcium:** Research supports the role of calcium in maintaining healthy teeth and bones. Clinical studies have demonstrated that adequate calcium intake is crucial for preventing dental caries and supporting overall oral health.

**Vitamin D:** Evidence indicates that vitamin D is important for calcium absorption and bone health. Studies suggest that vitamin D supplementation can help prevent periodontal disease and support oral health, particularly in individuals with deficiencies.

**Probiotics:** Research on probiotics for oral health is growing, with evidence suggesting that they can help maintain a healthy balance of oral microbiota. Probiotics may reduce the risk of dental caries, manage gum inflammation, and support overall oral health.

**Coenzyme Q10:** Some studies have investigated the role of CoQ10 in managing gum disease.

Research suggests that CoQ10 supplementation may improve gum health and reduce inflammation in periodontal disease, although more research is needed to confirm its efficacy.

### **Research on Homeopathy**

**Belladonna:** Homeopathic remedies like Belladonna are used for acute dental pain and inflammation. While some clinical evidence supports its use for managing severe symptoms, more research is needed to establish its effectiveness and safety.

**Arnica Montana:** Clinical studies have shown that Arnica Montana can be beneficial for managing post-dental procedure discomfort and swelling. Research supports its use for reducing bruising and promoting healing after trauma.

**Calcarea Phosphorica:** Research on Calcarea Phosphorica is limited, but it is used in homeopathy for conditions related to tooth development and bone health. Clinical evidence is needed to confirm its effectiveness for specific dental issues.

**Hypericum Perforatum:** Studies have indicated that Hypericum may be useful for nerve pain and post-procedure discomfort. Research supports its use for managing sharp, shooting pain, although more studies are needed to confirm its efficacy in oral health.

### **Research on Acupuncture**

**Pain Management:** Clinical research supports the use of acupuncture for managing oral pain and TMD symptoms. Studies have shown that acupuncture can be effective in reducing pain, improving jaw function, and enhancing overall well-being.

**Gum Health:** Research on acupuncture for gum health is limited but promising. Studies suggest that acupuncture may help reduce inflammation and support gum healing, although more research is needed to establish its effectiveness.

**TMJ Disorders:** Acupuncture has been studied for its role in managing TMJ disorders. Clinical trials have demonstrated its potential benefits in reducing pain, improving jaw movement, and supporting overall function.

**Oral Mucosal Conditions:** Research on acupuncture for oral mucosal conditions is emerging. Preliminary studies suggest that acupuncture may help manage conditions such as mouth ulcers and oral lichen planus by reducing inflammation and promoting healing.

### **Research on Mind-Body Practices**

**Yoga:** Clinical studies have shown that yoga can help manage stress and improve overall well-being. While direct evidence on yoga's impact on oral health is limited, its stress-reducing benefits

can contribute to better oral health outcomes.

**Meditation:** Research supports the use of meditation for stress reduction and improved mental clarity. While direct evidence on its impact on oral diseases is limited, meditation can support overall health and potentially reduce stress-related oral conditions.

**Relaxation Techniques:** Studies have demonstrated that relaxation techniques can help manage stress and reduce symptoms of oral discomfort. Techniques such as deep breathing and progressive muscle relaxation can support overall well-being and oral health.

### ***Integrating CAM with Conventional Oral Care***

Integrating CAM modalities with conventional oral care requires careful consideration and coordination with healthcare providers. Combining CAM practices with traditional treatments can enhance patient outcomes and support overall oral health.

### ***Complementing Conventional Treatments***

**Herbal Medicine and Conventional Care:** Herbal remedies can complement conventional treatments by addressing underlying inflammation, pain, and infection. Coordination with dental professionals is important to avoid

potential interactions with medications and ensure safe use.

**Nutritional Supplements and Conventional Care:** Nutritional supplements can support conventional treatments by enhancing oral health and preventing deficiencies. Incorporating vitamins, minerals, and antioxidants into the treatment plan can provide additional support and improve outcomes.

**Homeopathy and Conventional Care:** Homeopathic remedies can be used alongside conventional treatments to address specific symptoms and support overall health. Coordination with dental professionals is essential to ensure safe and effective integration.

**Acupuncture and Conventional Care:** Acupuncture can be integrated with conventional treatments to manage pain, inflammation, and other symptoms. Combining acupuncture with standard dental care may enhance therapeutic effects and provide additional benefits.

**Mind-Body Practices and Conventional Care:** Mind-body practices can complement conventional care by promoting relaxation, reducing stress, and supporting overall well-being. Integrating these practices into the treatment plan can enhance patient satisfaction and improve oral health.

### **Challenges and Considerations**

**Safety and Quality Control:** Ensuring the safety and quality of CAM modalities is crucial. Quality control measures for herbal supplements, adherence to proper techniques for acupuncture, and education on safe use are essential to avoid potential risks and side effects.

**Evidence and Research:** Continued research is needed to establish the efficacy of CAM modalities for oral diseases. High-quality studies and clinical trials can provide valuable insights and guide the integration of CAM with conventional treatments.

**Patient Preferences and Education:** Educating patients about CAM options and their potential benefits is important. Understanding patient preferences and providing information on evidence-based practices can help tailor treatment plans and enhance patient satisfaction.

### **Future Directions and Research**

Future research and development are essential to further explore the potential benefits and applications of CAM in oral health. Advancing research, expanding knowledge, and fostering collaboration between CAM practitioners and conventional dental care providers are key to improving patient care.

### **Advancing Research**

**Clinical Trials:** Conducting well-designed clinical trials is crucial to evaluate the efficacy and safety of CAM modalities for oral diseases. Research should focus on assessing long-term outcomes, potential side effects, and interactions with conventional treatments.

**Mechanisms of Action:** Understanding the mechanisms through which CAM modalities exert their effects can provide insights into their potential benefits and limitations. Research into the underlying biological processes can help optimize treatment approaches and enhance therapeutic outcomes.

### **Expanding Knowledge and Collaboration**

**Education and Training:** Providing education and training for dental professionals on CAM modalities can enhance their ability to integrate these practices into patient care. Collaboration between CAM practitioners and conventional dental care providers is essential for comprehensive and effective care.

**Patient-Centered Research:** Engaging patients in research and treatment development can provide valuable insights into their experiences and preferences. Patient-centered research can help shape future CAM practices and ensure that they meet the needs of diverse populations.

### **Conclusion**

Complementary and Alternative Medicine offers a diverse range of therapeutic options for managing oral diseases. From herbal remedies and nutritional supplements to homeopathy, acupuncture, and mind-body practices, CAM modalities can complement conventional treatments and enhance patient outcomes. Integrating CAM with traditional dental care requires careful coordination, evidence-based approaches, and a patient-centered focus. Continued research, collaboration, and education will be essential in advancing the understanding and application of CAM in oral health, ultimately improving the quality of care and enhancing the well-being of patients with oral conditions.

## 8- COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR ENT DISEASES

### **Background**

Complementary and alternative medicine (CAM) encompasses a diverse array of treatments and practices that fall outside the realm of conventional Western medicine. Many individuals turn to CAM to manage ear, nose, and throat (ENT) diseases, seeking holistic approaches that address not just symptoms but also the overall well-being. ENT diseases can significantly impact quality of life, causing discomfort, pain, and functional impairments. This exploration delves into various CAM therapies and their potential benefits for managing ENT conditions.

### **Herbal Medicine**

Herbal medicine has been used for centuries to treat a variety of ailments, including ENT diseases. Herbs can provide anti-inflammatory, antimicrobial, and immune-boosting properties, making them effective in managing conditions such as sinusitis, otitis media, and allergic rhinitis.

Echinacea is a popular herb known for its immune-boosting properties. It is often used to prevent and treat upper respiratory infections,

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including the common cold, which can exacerbate ENT conditions. Echinacea can reduce the duration and severity of symptoms and is available in various forms, such as teas, tinctures, and capsules.

Goldenseal is another herb commonly used for its antimicrobial properties. It contains berberine, which has been shown to inhibit the growth of bacteria and fungi. Goldenseal is often used in combination with Echinacea to enhance its effects in treating respiratory infections and sinusitis.

Garlic has long been recognized for its antimicrobial and anti-inflammatory properties. It can be used to treat a variety of ENT conditions, including sinusitis and otitis media. Garlic can be consumed fresh, in supplement form, or as an oil applied topically to the affected area.

Butterbur is an herb that has gained attention for its effectiveness in treating allergic rhinitis. Studies have shown that butterbur extract can reduce symptoms such as nasal congestion, sneezing, and itchy eyes. It is believed to work by inhibiting the release of histamines and leukotrienes, which are involved in the allergic response.

### **Nutritional Therapy**

Diet and nutrition play a crucial role in maintaining overall health, including the health of the ear, nose, and throat. Nutritional therapy

focuses on optimizing dietary intake to manage and prevent ENT diseases.

Vitamin C is a powerful antioxidant that supports the immune system and helps protect against infections. It can be particularly beneficial for individuals with recurrent upper respiratory infections and sinusitis. Foods rich in vitamin C include citrus fruits, berries, kiwi, and leafy greens.

Zinc is an essential mineral that plays a vital role in immune function and wound healing. It has been shown to reduce the duration and severity of the common cold and may help prevent respiratory infections. Foods rich in zinc include oysters, beef, pumpkin seeds, and lentils.

Probiotics are beneficial bacteria that support gut health and immune function. A healthy gut microbiome is linked to a reduced risk of respiratory infections and allergies. Probiotic-rich foods include yogurt, kefir, sauerkraut, and kimchi. Probiotic supplements can also be beneficial, particularly for individuals with chronic sinusitis or allergic rhinitis.

Omega-3 fatty acids, found in fatty fish, flaxseeds, and walnuts, have anti-inflammatory properties that can benefit individuals with inflammatory ENT conditions. These healthy fats help reduce inflammation in the body and support overall immune function.

### **Acupuncture**

Acupuncture, a key component of Traditional Chinese Medicine (TCM), involves inserting thin needles into specific points on the body to stimulate energy flow and promote healing. Acupuncture is believed to balance the body's energy (Qi) and improve overall health. It has gained recognition for its potential benefits in managing various ENT conditions.

For individuals with chronic sinusitis, acupuncture can help reduce inflammation, improve sinus drainage, and alleviate pain. Acupuncture may also enhance immune function and reduce the frequency of sinus infections.

Tinnitus, a condition characterized by ringing or buzzing in the ears, can be challenging to treat with conventional medicine. Acupuncture has been shown to reduce the severity of tinnitus symptoms in some individuals. By targeting specific acupuncture points, practitioners aim to improve circulation, reduce stress, and promote relaxation.

For allergic rhinitis, acupuncture can help reduce nasal congestion, sneezing, and itching. It may also improve overall immune function and reduce the frequency of allergic reactions. Some studies have shown that acupuncture can be as effective as antihistamines in managing allergic rhinitis symptoms.

### **Mind-Body Practices**

Mind-body practices, such as yoga, meditation, and mindfulness, focus on the connection between the mind and body. These practices promote relaxation, reduce stress, and enhance overall well-being, which can be particularly beneficial for individuals with ENT conditions.

Stress is a common trigger for many ENT conditions, including tinnitus, chronic sinusitis, and allergic rhinitis. Mind-body practices help manage stress and improve emotional well-being, which can reduce the frequency and severity of symptoms.

Yoga combines physical postures, breathing exercises, and meditation to promote relaxation and balance. Regular yoga practice can improve respiratory function, reduce inflammation, and enhance immune function. Specific yoga poses, such as those that involve gentle inversions, can help improve sinus drainage and alleviate congestion.

Meditation and mindfulness practices involve focusing the mind and cultivating a state of awareness and presence. These practices can help manage stress, reduce anxiety, and improve overall emotional well-being. By promoting relaxation and reducing the body's stress response, meditation and mindfulness can support ENT health and reduce the risk of flare-

ups.

### **Aromatherapy**

Aromatherapy involves the use of essential oils extracted from plants for therapeutic purposes. Essential oils can be inhaled, applied topically, or used in diffusers to promote physical and emotional well-being. Aromatherapy can be particularly beneficial for individuals with ENT conditions, as it offers natural remedies that support respiratory health and overall well-being.

Eucalyptus essential oil is known for its decongestant and anti-inflammatory properties. It can help reduce nasal congestion, improve sinus drainage, and alleviate symptoms of sinusitis and allergic rhinitis. Eucalyptus oil can be added to a diffuser or inhaled directly from a tissue.

Peppermint essential oil has a cooling and soothing effect that can help relieve nasal congestion and headaches associated with sinusitis and colds. It can be inhaled directly, added to a diffuser, or applied topically to the temples and chest.

Lavender essential oil is known for its calming and relaxing properties. It can help reduce stress, anxiety, and inflammation, making it beneficial for individuals with tinnitus and stress-related ENT conditions. Lavender oil can be added to a diffuser, used in a bath, or applied topically.

Tea tree essential oil has antimicrobial properties that can help reduce the risk of infections and support respiratory health. It can be used to treat sinusitis and other respiratory infections. Tea tree oil can be added to a diffuser or inhaled directly from a tissue.

### **Homeopathy**

Homeopathy is a CAM approach based on the principle of "like cures like," where highly diluted substances are used to stimulate the body's natural healing processes. Homeopathic remedies are tailored to the individual's symptoms and overall health. For individuals with ENT conditions, homeopathy can provide relief from symptoms and support overall respiratory health.

For sinusitis, common homeopathic remedies include Belladonna, Kali bichromicum, and Pulsatilla. Belladonna is used for acute sinusitis with sudden onset and severe pain. Kali bichromicum is beneficial for thick, yellow-green nasal discharge and sinus congestion. Pulsatilla is used for sinusitis with thick, bland nasal discharge and congestion that worsens at night.

For otitis media (middle ear infection), homeopathic remedies such as Chamomilla, Pulsatilla, and Hepar sulphuris are often used. Chamomilla is beneficial for ear pain with irritability and restlessness. Pulsatilla is used for ear infections with thick, yellow-green discharge.

Hepar sulphuris is effective for ear infections with sharp, shooting pain.

For allergic rhinitis, homeopathic remedies like Allium cepa, Sabadilla, and Arsenicum album are commonly used. Allium cepa is beneficial for watery, burning nasal discharge and sneezing. Sabadilla is used for itchy, watery eyes and sneezing. Arsenicum album is effective for burning, thin nasal discharge and restlessness.

### **Chiropractic Care**

Chiropractic care focuses on diagnosing and treating musculoskeletal disorders, particularly those related to the spine. This CAM approach can be beneficial for individuals with ENT conditions experiencing pain and discomfort related to their condition.

Chiropractic adjustments can help improve alignment, reduce pain, and enhance overall mobility. For individuals with ENT conditions, chiropractic care can alleviate symptoms such as neck pain and headaches, which are common in chronic sinusitis and other ENT disorders. Additionally, chiropractic care may enhance nerve function and circulation, supporting respiratory health.

### **Ayurveda**

Ayurveda, the traditional medicine system of India, offers a comprehensive approach to health

and wellness, including the management of ENT conditions. Ayurvedic treatments for respiratory health often involve a combination of herbs, dietary modifications, and lifestyle practices.

In Ayurveda, the concept of Doshas (body types) is central to health. Respiratory health is closely linked to the balance of Vata, Pitta, and Kapha doshas. Ayurvedic treatments aim to balance these doshas, strengthen the body's natural healing processes, and alleviate symptoms.

Herbal treatments in Ayurveda often involve the use of Tulsi (Holy Basil), Turmeric, and Licorice to support respiratory health and reduce inflammation. Tulsi is known for its immune-boosting and antimicrobial properties. Turmeric has anti-inflammatory and antioxidant properties. Licorice is used for its soothing and anti-inflammatory effects.

Ayurvedic dietary recommendations for respiratory health emphasize eating fresh, whole foods, and avoiding processed and difficult-to-digest foods. Additionally, Ayurveda suggests eating according to one's dosha to maintain balance and support overall health. Lifestyle practices such as regular exercise, stress management, and adequate sleep are also essential for maintaining respiratory health.

### **Traditional Chinese Medicine**

Traditional Chinese Medicine (TCM) offers a

holistic approach to managing ENT conditions through a combination of acupuncture, herbal medicine, dietary therapy, and mind-body practices.

In TCM, the concept of Qi (vital energy) and its flow through the body's meridians is central to health. Respiratory health is closely linked to the Lung and Large Intestine meridians. TCM treatments aim to balance Qi, strengthen the respiratory system, and alleviate symptoms.

Herbal medicine in TCM often involves complex formulas tailored to the individual's condition. Common herbs used for respiratory health include Astragalus, Licorice, and Schisandra. Dietary therapy in TCM emphasizes eating warm, cooked foods and avoiding cold and raw foods to support digestive function and overall respiratory health.

### **Functional Medicine**

Functional medicine is an approach that focuses on identifying and addressing the root causes of disease. This patient-centered approach involves a detailed assessment of the individual's history, genetics, lifestyle, and environmental factors to develop a personalized treatment plan.

For individuals with ENT conditions, functional medicine may involve comprehensive testing to identify food sensitivities, gut microbiome imbalances, and nutrient deficiencies. Treatment plans often include dietary modifications, targeted

supplements, and lifestyle changes to support respiratory health and overall well-being.

Functional medicine practitioners may use a variety of CAM therapies, including herbal medicine, probiotics, and mind-body practices, to address the underlying causes of ENT diseases and promote healing.

### ***Integrative Medicine***

Integrative medicine combines conventional medical treatments with CAM therapies to provide a holistic approach to health care. This approach recognizes the value of both conventional and alternative therapies and aims to provide the best possible outcomes for patients.

For individuals with ENT conditions, integrative medicine can offer a comprehensive treatment plan that addresses symptoms, supports respiratory health, and enhances overall well-being. Integrative practitioners work closely with patients to develop personalized treatment plans that may include dietary modifications, herbal medicine, acupuncture, and mind-body practices.

### ***Conclusion***

Complementary and alternative medicine offers a wide range of therapies and practices that can support the management of ENT diseases. From herbal medicine and nutritional therapy to mind-body practices and energy medicine, these

approaches can enhance conventional treatments and improve overall quality of life for individuals with respiratory conditions.

It is essential for patients to work closely with their healthcare providers when incorporating CAM into their treatment plans. A holistic, integrative approach that combines conventional and alternative therapies can provide the best outcomes for those living with ENT diseases. As research continues to explore the potential benefits of CAM, these therapies may become increasingly recognized as valuable components of comprehensive respiratory health care.

## **9- COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR ORTHOPEDIC DISEASES**

### ***Background***

Orthopedic diseases encompass a broad range of conditions affecting the musculoskeletal system, including bones, joints, muscles, tendons, and ligaments. Common orthopedic conditions include osteoarthritis, rheumatoid arthritis, osteoporosis, back pain, and various forms of musculoskeletal injury. While conventional medicine, including pharmaceuticals and surgery, plays a critical role in managing these conditions, Complementary and Alternative Medicine (CAM) offers additional therapeutic options. CAM includes a variety of practices and treatments not typically included in mainstream medical approaches. This comprehensive exploration of CAM for orthopedic diseases covers its modalities, efficacy, integration with conventional treatments, and current research.

### ***Overview of CAM Modalities for Orthopedic Diseases***

CAM modalities utilized in the treatment of orthopedic diseases encompass a wide range of practices, from herbal medicine to physical

therapies. Each modality offers unique benefits and mechanisms of action that may complement conventional orthopedic care.

### **Herbal Medicine**

Herbal medicine involves the use of plant-derived substances to treat various health conditions. In orthopedic medicine, certain herbs are believed to possess anti-inflammatory, analgesic, and regenerative properties that can aid in the management of orthopedic conditions.

**Turmeric (*Curcuma longa*):** Turmeric contains curcumin, a compound with potent anti-inflammatory and antioxidant properties. Studies have shown that curcumin can reduce inflammation and pain associated with osteoarthritis and rheumatoid arthritis. Turmeric supplements or topical applications may help manage joint pain and swelling.

**Ginger (*Zingiber officinale*):** Ginger has been used traditionally to treat nausea and digestive issues, but it also has anti-inflammatory effects. Ginger extract may be beneficial for managing pain and inflammation in conditions like osteoarthritis.

**Boswellia (*Boswellia serrata*):** Also known as Indian frankincense, Boswellia has been used in traditional medicine to treat inflammatory conditions. It is thought to inhibit inflammatory enzymes and may be effective in reducing joint pain and stiffness.

**Willow Bark (*Salix spp.*):** Willow bark contains salicin, a compound similar to aspirin, and has been used historically for pain relief. It may be useful for managing back pain and other musculoskeletal pain conditions.

### **Acupuncture**

Acupuncture, a traditional Chinese medicine practice, involves the insertion of thin needles into specific points on the body to restore balance and promote healing. In orthopedic care, acupuncture is used to alleviate pain, reduce inflammation, and improve joint function.

**Mechanism of Action:** Acupuncture is thought to stimulate the release of endorphins, which are natural painkillers. It also promotes blood flow and can help reduce inflammation by improving the body's natural healing processes.

**Clinical Evidence:** Research indicates that acupuncture can be effective in treating various orthopedic conditions, including knee osteoarthritis, lower back pain, and shoulder pain. Studies have shown that acupuncture can reduce pain and improve function in patients with chronic musculoskeletal pain.

### **Chiropractic Care**

Chiropractic care focuses on diagnosing and treating mechanical disorders of the spine and musculoskeletal system, primarily through spinal

manipulation and adjustment. Chiropractors use hands-on techniques to correct misalignments, reduce pain, and improve function.

**Spinal Manipulation:** Chiropractic adjustments, or spinal manipulations, aim to restore proper alignment and movement of the spine. This can alleviate pressure on nerves, reduce inflammation, and improve range of motion.

**Research and Efficacy:** Chiropractic care has been shown to be effective in managing back pain, neck pain, and certain types of headaches. It may also be beneficial in addressing musculoskeletal issues related to sports injuries and repetitive strain.

### **Physical Therapy and Rehabilitation**

Physical therapy (PT) involves exercises and manual therapies designed to improve movement, strength, and function. PT is a cornerstone of orthopedic rehabilitation and can be combined with CAM practices for enhanced outcomes.

**Exercise Therapy:** Targeted exercises can help strengthen muscles, improve flexibility, and support joint function. Physical therapists design personalized exercise programs to address specific orthopedic conditions.

**Manual Therapy:** Techniques such as joint mobilization, soft tissue massage, and myofascial release are used to alleviate pain, reduce muscle

tension, and enhance joint mobility.

**Integration with CAM:** Combining physical therapy with CAM modalities like acupuncture or herbal treatments can provide a comprehensive approach to managing orthopedic diseases, addressing both symptoms and underlying issues.

### **Mind-Body Practices**

Mind-body practices aim to enhance physical and emotional well-being through the integration of mental and physical health. Techniques such as yoga, tai chi, and mindfulness meditation have been explored for their benefits in managing orthopedic conditions.

**Yoga:** Yoga combines physical postures, breathing exercises, and meditation to improve flexibility, strength, and relaxation. Yoga can help manage chronic pain, improve joint function, and reduce stress related to orthopedic conditions.

**Tai Chi:** Tai chi is a gentle form of martial arts that involves slow, flowing movements and deep breathing. It has been shown to improve balance, reduce pain, and enhance overall physical function in patients with musculoskeletal conditions.

**Mindfulness Meditation:** Mindfulness meditation focuses on cultivating awareness and acceptance of the present moment. It can help manage pain, reduce stress, and improve quality of life for individuals with chronic orthopedic conditions.

### **Efficacy and Evidence of CAM Modalities**

The efficacy of CAM modalities in treating orthopedic diseases varies based on the specific condition and treatment approach. Clinical research provides insights into how these practices impact orthopedic health and their potential benefits.

#### **Research on Herbal Medicine**

**Turmeric:** Multiple studies have demonstrated the anti-inflammatory effects of turmeric. Clinical trials have shown that curcumin can significantly reduce pain and improve function in patients with osteoarthritis. However, the bioavailability of curcumin is a concern, and standardized extracts are recommended for therapeutic use.

**Ginger:** Research supports the use of ginger for reducing pain and inflammation. Clinical trials have shown that ginger supplements can be effective in managing osteoarthritis pain and improving joint function.

**Boswellia:** Clinical evidence indicates that Boswellia can reduce joint pain and inflammation in conditions like osteoarthritis and rheumatoid arthritis. Some studies suggest that Boswellia may be as effective as nonsteroidal anti-inflammatory drugs (NSAIDs) with fewer side effects.

**Willow Bark:** Studies have shown that willow bark

can provide pain relief similar to that of aspirin. It may be beneficial for managing lower back pain and osteoarthritis, but its use should be monitored to avoid potential side effects.

#### **Research on Acupuncture**

Acupuncture has been widely studied for its effectiveness in treating orthopedic conditions. Systematic reviews and meta-analyses have highlighted its benefits in pain management and functional improvement.

**Knee Osteoarthritis:** Research indicates that acupuncture can reduce pain and improve function in patients with knee osteoarthritis. It may also reduce the need for NSAIDs and other pain medications.

**Lower Back Pain:** Acupuncture has been shown to be effective in managing chronic lower back pain. Studies suggest that it can provide significant pain relief and improve mobility.

**Shoulder Pain:** Acupuncture may be beneficial for treating shoulder pain, including rotator cuff injuries and frozen shoulder. Clinical trials have reported improvements in pain and function following acupuncture treatment.

#### **Research on Chiropractic Care**

Chiropractic care is supported by evidence for its effectiveness in treating certain orthopedic

conditions. Clinical studies and reviews provide insights into its benefits and limitations.

**Back Pain:** Chiropractic adjustments have been shown to be effective in managing acute and chronic back pain. Research indicates that spinal manipulation can provide significant pain relief and improve function.

**Neck Pain:** Chiropractic care can help reduce neck pain and improve range of motion. Studies suggest that spinal manipulation, combined with exercise therapy, can be effective in treating neck pain.

**Headaches:** Chiropractic adjustments may benefit patients with tension-type headaches and migraines. Research indicates that spinal manipulation can reduce headache frequency and intensity.

### **Research on Physical Therapy and Rehabilitation**

Physical therapy and rehabilitation are well-established treatments for orthopedic diseases. Research supports their use in improving function, reducing pain, and enhancing recovery.

**Osteoarthritis:** Physical therapy is effective in managing osteoarthritis symptoms. Studies show that exercise therapy, combined with manual therapy, can improve joint function and reduce pain.

**Post-Surgical Rehabilitation:** After orthopedic

surgery, physical therapy plays a crucial role in the recovery process. Research indicates that tailored rehabilitation programs can enhance healing and restore function.

**Sports Injuries:** Physical therapy is essential for managing sports-related injuries. Evidence supports the use of rehabilitation exercises and manual therapy to facilitate recovery and prevent re-injury.

### **Research on Mind-Body Practices**

Mind-body practices have gained recognition for their role in managing orthopedic diseases. Research highlights their benefits in pain management, function, and overall well-being.

**Yoga:** Studies have shown that yoga can improve physical function and reduce pain in individuals with orthopedic conditions. Yoga practices can enhance flexibility, strength, and balance, contributing to better management of musculoskeletal issues.

**Tai Chi:** Research indicates that tai chi can improve balance, reduce pain, and enhance physical function in patients with orthopedic conditions. It is particularly beneficial for managing osteoarthritis and improving joint mobility.

**Mindfulness Meditation:** Mindfulness meditation can help manage pain and reduce stress related

to orthopedic conditions. Research supports its use in improving quality of life and reducing the impact of chronic pain.

### ***Integration of CAM with Conventional Orthopedic Treatments***

Integrating CAM with conventional orthopedic treatments can offer a comprehensive approach to managing orthopedic diseases. Collaboration between CAM practitioners and conventional healthcare providers is essential for achieving optimal outcomes.

### ***Coordinated Care Models***

Coordinated care models involve the collaboration of various healthcare professionals to develop a unified treatment plan. This approach ensures that CAM therapies complement conventional treatments and address all aspects of a patient's condition.

**Team-Based Approach:** Multidisciplinary teams, including orthopedic surgeons, physical therapists, CAM practitioners, and other specialists, work together to create personalized treatment plans. This collaborative approach ensures that all therapies align with the patient's needs and preferences.

**Patient-Centered Care:** Patient-centered care involves considering the patient's values,

preferences, and goals when developing treatment plans. Integrating CAM therapies into patient-centered care allows individuals to explore additional options that enhance their overall treatment experience.

### ***Integration with Conventional Treatments***

CAM modalities can be integrated with conventional orthopedic treatments to enhance their effectiveness and provide additional benefits.

**Acupuncture and Physical Therapy:** Combining acupuncture with physical therapy can address pain and inflammation while improving movement and function. Acupuncture may help reduce pain, allowing patients to participate more effectively in physical therapy.

**Herbal Medicine and Pharmaceuticals:** Herbal remedies can complement pharmaceutical treatments by reducing inflammation and pain. However, it is important to monitor potential interactions between herbal supplements and medications.

**Mind-Body Practices and Conventional Care:** Incorporating mind-body practices like yoga and tai chi into conventional orthopedic care can improve overall well-being, enhance physical function, and reduce stress related to chronic conditions.

### **Challenges and Considerations**

While CAM offers potential benefits for managing orthopedic diseases, several challenges and considerations must be addressed to ensure safe and effective use.

### **Safety and Quality Control**

**Herbal Medicine:** Quality control and safety are major concerns with herbal medicine. Standardized extracts and reputable sources are essential to avoid contaminants and ensure consistent dosing. Patients should consult with healthcare professionals before using herbal supplements.

**Acupuncture:** Acupuncture is generally considered safe when performed by trained practitioners. However, there are risks of infection or injury if proper hygiene and techniques are not followed.

### **Evidence and Research**

**Limited Evidence:** While there is growing evidence supporting the use of CAM for orthopedic diseases, more high-quality research is needed to fully understand its efficacy and safety. Clinical trials and systematic reviews can provide valuable insights into the effectiveness of CAM modalities.

**Integration Challenges:** Integrating CAM

with conventional treatments requires careful coordination between healthcare providers. Clear communication and collaboration are essential to ensure that all treatments are harmoniously combined and monitored.

### **Patient Preferences and Education**

**Patient Education:** Educating patients about the potential benefits and limitations of CAM modalities is crucial. Patients should be informed about the evidence supporting CAM practices and how they can complement conventional treatments.

**Personal Preferences:** Patients may have personal preferences for CAM therapies based on their cultural beliefs, experiences, and values. Understanding these preferences can help tailor treatment plans to align with patients' needs and enhance their overall satisfaction with care.

### **Future Directions and Research**

As interest in CAM for orthopedic diseases continues to grow, future research and development are essential to further explore its potential benefits and applications.

### **Advancing Research**

**Clinical Trials:** Conducting well-designed clinical trials is important to evaluate the efficacy and

safety of CAM modalities for orthopedic diseases. Research should focus on assessing long-term outcomes, potential side effects, and interactions with conventional treatments.

**Mechanisms of Action:** Understanding the mechanisms through which CAM modalities exert their effects can provide insights into their potential benefits and limitations. Research into the underlying biological processes can help optimize treatment approaches.

### ***Expanding Knowledge and Collaboration***

**Education and Training:** Providing education and training for healthcare professionals on CAM modalities can enhance their ability to integrate these practices into patient care. Collaboration between CAM practitioners and conventional healthcare providers is essential for comprehensive care.

**Patient-Centered Research:** Engaging patients in research and treatment development can provide valuable insights into their experiences and preferences. Patient-centered research can help shape future CAM practices and ensure that they meet the needs of diverse populations.

### ***Conclusion***

Complementary and Alternative Medicine offers a range of therapeutic options for managing

orthopedic diseases. From herbal medicine and acupuncture to chiropractic care and mind-body practices, CAM modalities can complement conventional treatments and enhance patient outcomes. Integrating CAM with conventional orthopedic care requires careful coordination, evidence-based approaches, and a patient-centered focus. Continued research and collaboration between healthcare providers will be essential in advancing the understanding and application of CAM in orthopedic medicine, ultimately improving the quality of care for patients with musculoskeletal conditions.

## **10- COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR OTHER DISEASES**

### ***Complementary and Alternative Medicine in Obstetrics and Gynecology***

Complementary and alternative medicine (CAM) methods are very popular in the field of obstetrics and gynecology. Studies show that between 7% and 55% of expectant mothers use CAM. Despite numerous studies, the safety and efficacy of CAM during pregnancy and lactation remain uncertain. The potential effects of these methods on fetuses, babies, and pregnancy outcomes are a cause for concern. However, society's view of complementary medicine is evolving, with some hoping to replace invasive methods with CAM. Pregnant or postpartum mothers have reported dissatisfaction with the quality of prenatal care due to previous experiences and find conventional treatments to be more expensive. They also have concerns about the side effects of chemotherapy drugs, which is why they prefer to use complementary medicine.

CAM methods commonly used during pregnancy include massage, acupressure, multivitamins and minerals, herbal remedies, relaxation techniques,

hypnobirthing, and aromatherapy. Medicinal herbs are commonly used during pregnancy for cervical ripening (83%), induction of labor (77%), and to alleviate common pregnancy discomforts such as nausea and vomiting (80%). Herbal remedies are used to treat anemia, perineal issues, coughs, colds, flu, anxiety, stress, fatigue, stomach complaints, and other disturbing symptoms experienced by mothers during pregnancy. The most commonly used herbal medicines during pregnancy are ginger, blueberry, anise, valerian, peppermint, thyme, raspberry, green tea, tea leaves, chamomile, raspberries, and echinacea leaves.

Labor pain is a highly subjective experience, with varying degrees of intensity among different individuals. Severe pain during childbirth can cause difficulties during the delivery process. Therefore, healthcare professionals and researchers in this field have been working for many years to develop effective strategies to manage and control the pain associated with childbirth. Various methods have been used to manage labor pain, including pharmaceutical and non-pharmacological interventions. However, pharmaceutical methods are often expensive and have side effects. Non-drug methods are more cost-effective, simpler, and safer than medications. They also increase the mother's satisfaction during childbirth by

allowing her to control her emotions and strength without any side effects. By utilizing new and supportive methods, including non-pharmacological techniques that induce a sense of relaxation, correct and alter the physiological response, and alleviate fear and symptoms of illness, it is possible to minimize the pain experienced during childbirth and transform this event into a pleasurable one. During childbirth, non-pharmacological pain relievers often used as methods of complementary and alternative medicine include acupuncture, acupressure, hypnosis, massage therapy, relaxation therapy, visualization, aromatherapy, music therapy, body posture changes, cold and heat therapy (hydrotherapy), and TENS.

Over the past 20 years, there has been significant discussion around the pros and cons of hormone replacement therapy (HRT). While some women still turn to complementary and alternative medicine to alleviate symptoms of menopause, such as hot flashes, insomnia, night sweats, mood swings, and anxiety. A study by Mandy L. Furlo et al., 2008, proposed several methods for common gynecological problems. These methods include biofeedback, chiropractic, acupuncture, meditation, hypnosis/guided imagery, herbal medications, music therapy, touch therapy, traditional Chinese medicine, homeopathy, special diets, bioelectromagnetic therapy, and

aromatherapy.

Common herbal medicines for reducing the annoying symptoms of menopause, according to various studies, include St John's wort, Agnus cactus, Black cohosh, Ginseng, Dong Quai, Gingko biloba, Phytoestrogens, Soya, and red clover isoflavones.

CAM methods for treating endometriosis and dysmenorrhea commonly include the use of herbal products (Shaofu Zhuyu decoction (SZD), Wengjing decoction (WJD), Xuefu Zhuyu decoction (XZD), and Danggui Sini decoction (DSD)), acupuncture, and moxibustion.

Evening primrose (*Oenothera biennis*) has been found to be effective in treating several health conditions. It has been shown to help with diabetes mellitus and reduce cholesterol levels. It can also alleviate common symptoms of premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD), particularly mood swings, breast tenderness, and menstrual cramps.

The systematic review by Dercan Akpunar et al. indicates that women with gynecological cancers use complementary and alternative medicine to cope with stress and improve their immune systems.

### **Complementary and Alternative Medicine for Dementia**

### **Background**

Globally, life expectancy is increasing, with many people expected to live into their sixties and beyond. This trend is leading to a rise in the number and percentage of older adults worldwide. By 2030, one in six individuals will be 60 years or older, totaling approximately 1.4 billion people. The World Health Organization (2022) projects that this number will double to 2.1 billion by 2050, with the population of individuals aged 80 and above tripling. Although population aging initially began in high-income countries, low- and middle-income nations are experiencing the most significant changes. By 2050, two-thirds of people over 60 worldwide will reside in these countries (WHO, 2022). Aging is a biological process characterized by accumulated damage over time, leading to physical and mental decline, increased susceptibility to illness, and eventual death. It is neither linear nor consistent and is often associated with life transitions such as retirement, parenting, and the loss of loved ones.

Dementia is a complex syndrome marked by a gradual decline in cognitive abilities, affecting memory, cognition, orientation, understanding, computation, learning ability, language, and decision-making (DSM-5). It is not a specific disease but rather a term used to describe a range of manifestations that may arise from various underlying conditions and illnesses.

Age is considered the most significant risk factor for developing dementia, with the risk increasing markedly after the age of 65. However, dementia is not an inevitable part of aging, and not all older adults will develop this condition. Early diagnosis is crucial as it enables interventions that can help manage symptoms, slow disease progression, and improve quality of life. Treatment options for dementia vary depending on the underlying cause and may include medication, cognitive therapy, and lifestyle modifications.

Ageist beliefs about older individuals, such as perceptions of weakness and dependency, can lead to discrimination, influence policy formation, and limit opportunities for older adults to recover and thrive. Factors such as globalization, migration, urbanization, technological advancements, and shifting gender norms directly and indirectly affect the lives of older people, necessitating policy adjustments and interventions by relevant stakeholders. The UN General Assembly has designated 2021–2030 as the UN Decade of Healthy Aging to promote longer, healthier lives. This initiative aims to enhance the health and well-being of older adults by transforming perceptions, creating age-responsive communities, providing person-centered care, and ensuring high-quality long-term care. This global partnership builds on the WHO Global Strategy and Action Plan and the

UN Madrid International Plan of Action on Aging, supporting the realization of the UN Agenda 2030 on Sustainable Development Goals (SDGs). Dementia is a major cause of dependence and impairment among older people worldwide and is currently the seventh leading cause of death.

Despite significant advancements in modern biotechnology and medical practices, the use of complementary and alternative medicine (CAM) is rapidly evolving and expanding within the healthcare industry, with notable increases in all modern societies. The health-seeking behavior of people, especially in developing countries, highlights the need to integrate CAM practitioners into the mainstream healthcare system by providing them with proper training, facilities, and referral support.

### **Definitions of Aging**

Aging is characterized as a decline in functions due to a continuous reduction in productivity and the ability to adapt to environmental factors. It is commonly examined from chronological, biological, psychological, and social perspectives.

**Chronological Age:** According to Basaraba (2023), chronological age is defined as the total time elapsed since an individual's birth, expressed in years, months, days, etc. This is the most common way people determine their age.

**Biological Age:** Also referred to as functional

or physiological age, biological age reflects the gradual accumulation of damage to various cells and tissues in the body. It takes into account factors beyond just the date of birth.

**Psychological Age:** This relates to changes in brain function and, in some cases, underlying psychological issues or cognitive changes that can impact emotions, problem-solving abilities, and subjective responses to situations.

**Social Age:** This refers to how social behaviors and habits evolve over time, including the individual's role in society and among peers of the same age group.

### ***Aging is categorized into:***

**The Young-Old:** This group includes individuals aged 65–74.

**The Middle-Old:** This group encompasses those aged 75–84.

**The Old-Old:** This category includes individuals aged 85 and above.

### ***Dementia***

In 2021, there were 55.2 million cases of dementia globally, with 60% of these cases occurring in low- and middle-income countries. The prevalence is expected to rise to 78 million by 2030 and to 139 million by 2050, according to the World Health Organization (WHO) report titled "Global

Status Report on the Public Health Response to Dementia." The annual cost of dementia is estimated to exceed \$1 trillion. Dementia ranks as the sixth leading cause of death worldwide. In China, dementia is notably more common in women than in men, with the frequency sometimes being twice as high in women.

### ***Signs and Symptoms:***

Decline in cognitive abilities and thinking speed

Mental agility and dexterity issues

Language problems, such as mispronouncing words

Difficulty speaking

Issues with judgment and understanding

Problems with movement

Trouble performing daily tasks (DSM-5).

### ***Impact of Dementia on the Elderly***

The global elderly population, including those with dementia, is increasing. However, the age-specific prevalence of dementia has decreased due to lifestyle changes, dietary improvements, education, and advances in healthcare. Dementia has a profound impact on patients and their families, affecting their quality of life and the lives of caregivers and family members.

A study by Livingston et al. (2020) found a 40% increased risk of dementia associated with factors such as low education, high blood pressure, hearing impairment, smoking, obesity, depression, inactivity, diabetes, alcohol consumption, head injuries, and air pollution. Additional risk factors include:

Age

Genetics

Cardiovascular disorders

Vitamin B12, folate, and homocysteine levels

Smoking

Depression

Vitamin deficiencies

Head injuries

Sleep disorders.

The specific etiology of dementia influences its progression. Here are a few prevalent causes of dementia and their typical progression:

**Alzheimer's Disease:** This is the most common cause of dementia. It typically progresses slowly over several years, beginning with mild forgetfulness and advancing to severe memory loss, confusion, and cognitive impairment. While the precise cause of Alzheimer's disease is still unknown, factors such as advancing age, family history, and untreated depression are known to

contribute.

**Vascular Dementia:** This occurs due to reduced blood supply to the brain, often resulting from strokes or small vessel disease. The extent and location of brain injury can influence the progression of vascular dementia. Symptoms may worsen gradually after a stroke or other vascular incident, with periods of stability and sudden declines.

**Lewy Body Dementia:** Characterized by abnormal protein deposits called Lewy bodies in the brain, Lewy body dementia can have an erratic course, with symptoms that fluctuate in intensity over time. Common symptoms include visual hallucinations, variations in concentration and alertness, and movement problems (DSM-5).

**Frontotemporal Dementia:** This group of disorders is marked by progressive deterioration or frontotemporal lobar degeneration. Behavior, personality, language, and executive function may deteriorate gradually, though this can vary depending on the specific subtype.

**Mixed Dementia:** This subtype involves a combination of vascular dementia and Alzheimer's disease. The course of mixed dementia can be more complex due to the interaction between both types of dementia.

**Other/Idiopathic Origin:** Conditions such as Parkinson's disease, Huntington's disease,

Creutzfeldt-Jakob disease, and traumatic brain injury can also cause dementia. In these cases, the progression of dementia is determined by the specific underlying cause.

### ***CAM Categories/ Domains***

CAM is divided into five categories:

**Biological Products** (e.g., naturopathy, Traditional Chinese Medicine)

**Mind-Body-Based** (e.g., meditation, relaxation techniques)

**Energy-Based** (e.g., acupuncture, Reiki)

**Body-Based** (e.g., chiropractic care, massage therapy)

This category also includes treatments such as aromatherapy, acupuncture, animal therapy, music therapy, exercise, herbal medicine, yoga, therapeutic touch, tai chi, meditation, and nutritional supplements.

### ***Application of Complementary and Alternative Medicine in Patients with Dementia***

Various CAM methods are being utilized by the general public, including older adults with dementia.

### ***Music Therapy***

Music therapy has emerged as a viable alternative to medication for individuals with Alzheimer's disease. Research has shown that patients with Alzheimer's often retain musical memory, recognizing familiar tunes. Music activates extensive brain networks rather than being confined to a single region, and the brain areas involved in musical memory tend to be among the last to atrophy in Alzheimer's disease. Furthermore, studies indicate that music therapy can reduce anxiety, enhance cognitive performance on verbal and episodic memory tests, improve verbal information acquisition and recall, and boost autobiographical memory.

### ***Acupuncture***

As a component of traditional Chinese medicine, acupuncture is widely used as a non-pharmacological treatment for various cognitive impairments, including vascular cognitive impairment, postoperative cognitive dysfunction, and multiple forms of mild cognitive impairment (MCI). Systematic reviews and meta-analyses suggest that acupuncture can enhance cognitive function in MCI patients. Additionally, experimental studies have demonstrated that acupuncture may alleviate oxidative stress, release central neurotransmitters, reduce neuroinflammation, and improve hippocampal synaptic transmission.

### **Aromatherapy**

Aromatherapy employs essential oils and aromatic plant extracts in various conventional, alternative, and complementary therapies. Research has indicated that lavender oil can reduce the likelihood of aggressive behavior in dementia patients, while lemon balm may improve mood and cognitive function in individuals with Alzheimer's disease.

### **Specific Herbal Supplements**

Many individuals continue to seek herbal remedies and natural supplements to prevent or treat memory loss. Various herbs and their extracts are often promoted for their potential to enhance neurocognitive function. Among the most well-known supplements for cognitive health is Ginkgo biloba leaf extract (GBE). A systematic review and meta-analysis by Weinmann et al. highlight the effects of the standardized extract EGb761® on cognitive function in Alzheimer's patients. Their study reviews demonstrate that Ginkgo biloba leaf extract (GBE), a widely used multivalent herbal remedy, can improve cognitive abilities and memory deficits. When used, it has shown significant benefits for mild to moderate dementia in Alzheimer's disease (AD) patients, as well as other aging-related neurological conditions. GBE reduces brain levels of APP and enhances  $\alpha$ -secretase activity, leading to decreased production

of A $\beta$  peptide. Additionally, GBE mitigates oxidative stress and mitochondrial dysfunction in the brain.

### **Nutritional Measures**

Consistent findings in supplementary and alternative approaches to dementia treatment suggest that adhering to a "Mediterranean diet" is associated with a lower risk of developing Alzheimer's disease or neurocognitive decline in general. This dietary pattern includes moderate to high consumption of fish, low to moderate intake of dairy and meat, minimal consumption of saturated fatty acids, and high intake of vegetables, legumes, fruits, nuts, grains, and unsaturated fatty acids (primarily from olive oil).

Numerous studies indicate that certain vegetables, rich in natural antioxidants, can help prevent neurodegeneration by activating multiple pathways. A ketogenic diet, which allows the brain to use ketones instead of glucose, has recently gained interest. A small study found that a ketogenic diet improved daily functioning and quality of life for individuals with AD. Another trial, using randomized assignments of a ketogenic drink, linked improved brain energy to cognitive function enhancements in patients with mild cognitive impairment (MCI) from AD. Specialized dietary patterns, such as consuming green leafy vegetables, have been associated with

reduced cognitive decline in aging individuals, as observed in the Memory and Aging Study.

There are potential advantages and disadvantages for older individuals using CAMs and supplements. Increased supplement use may reflect greater interest in one's health and better adherence to prescription drug regimens overall. However, there is insufficient data to demonstrate the efficacy of complementary and alternative medicine (CAM) in treating dementia, and clinical evidence supporting CAM use is conflicting. Furthermore, therapeutic interactions may arise because many older Australians use CAM alongside conventional medications.

### ***CAM Sociodemographic Prevalence and Studies Related to the Elderly with Dementia***

Elderly residents in nursing facilities often use CAM, including both herbal (e.g., mint, parsley, garlic) and non-herbal supplements (e.g., honey, vitamin B, vitamin C). Elderly individuals with chronic illnesses, frequent medication usage, and secondary school diplomas are more likely to adopt complementary and alternative treatments. It is anticipated that older individuals may increasingly use CAM in the future, as they typically do not disclose their use of these methods to medical staff.

Moreover, compared to a reference sample with

68% CAM usage, older individuals who report the highest levels of CAM use (100%) often have significantly lower levels of health literacy and decision-making capabilities related to health, which may present additional challenges for those with cognitive impairments. Asia represents the largest percentage of articles included in studies (25.5%), followed by Europe (20.9%), North America (20.0%), and the Middle East (14.7%), with a smaller number of Australian articles (7.8%). Many individuals over 65 in the US, Canada, the UK, and Australia have utilized CAM.

A survey of 32 nations shows that CAM usage varies from 10% in Eastern Europe to over 50% in Asia, with high treatment satisfaction ratings of 80%. In the UK, a study of CAM usage found an average prevalence of 41.1% after one year and 51.8% over a lifetime. The prevalence of CAM varies across European countries, ranging from 0.3% to 86%, with one Scandinavian study reporting 50% CAM usage among the elderly with dementia.

### ***Review on the Application of Different Forms of CAM Among Older Adults with Dementia***

Studies indicate that massage therapy can reduce anxiety and agitated behaviors associated with dementia. When achieved, this reduction enhances patient comfort, promotes restful sleep,

and provides pain relief, especially for those with dementia. Brett et al. (2016) reported increasing evidence that physical exercise benefits patients with dementia, though further research is needed to identify the most effective physical activities.

Tsoi et al. (2018) and Zhang et al. (2016) found that responsive music therapy effectively reduces agitation, behavioral issues, and anxiety in older adults with dementia, suggesting its encouragement. Abraha et al. (2017) demonstrated that playing music during mealtimes in residential dining rooms significantly reduces agitation in older individuals with dementia, both immediately after the intervention and one hour later. Livingston et al. (2014) found that sensory therapy exercises, such as massage, therapeutic touch, and multimodal stimulation, effectively reduced clinically significant agitation in elderly dementia patients. Another study highlighted laughter and humor as CAM treatments for dementia, suggesting that, given its physiological basis, this approach might be tried on an individual basis. Some articles discuss the use of essential oils (EO) in managing behavioral and psychological symptoms of dementia (BPSD) and cognitive function, indicating positive results.

However, research on art therapy for elderly dementia patients has not provided sufficient data to support its effectiveness. Kasper (2015)

reviewed the potential benefits of ginkgo biloba extract for older dementia sufferers. As dementia patients age, they experience increased pain and behavioral symptoms. Complementary and alternative medicine therapies, such as human connection and massage, can help alleviate symptoms and discomfort. Studies have shown improvements in BPSD, though Anderson et al. (2017) did not find evidence supporting the benefits of aromatherapy for dementia patients.

Agitation, a behavioral and psychological symptom of dementia, can signal pain, which may worsen agitation and potentially lead to psychosis and delusions in dementia patients. Antipsychotics, a commonly used medication, often have serious side effects in this population. CAM offers a potentially less intrusive, safer, and gentler approach to treating pain, BPSD, and enhancing quality of life. Ginkgo biloba, vitamin E, and omega oils are frequently used by individuals with dementia. Effective strategies for dementia prevention have included lifestyle modifications. Historically, CAM has been employed to improve memory, cognitive function, relaxation, and anxiety reduction in dementia patients.

### **Summary**

Music therapy may enhance cognitive function and quality of life for dementia patients. Aromatherapy, particularly with essential oils,

might help manage symptoms like anxiety and aggression. Acupuncture has been found to improve daily living skills and cognitive function in Alzheimer's patients. However, studies on herbal supplements, such as ginkgo biloba and huperzine, have produced inconsistent results. While some CAM techniques show promise, further research is needed to fully understand their safety and effectiveness. Individuals considering CAM for dementia should consult with medical experts, as certain therapies may interact with medications or have unintended effects. Overall, CAM offers a diverse range of options that can complement traditional dementia treatments.

## REFERENCES

1. Chez RA, Jonas WB. The challenge of complementary and alternative medicine. *Am J Obstet Gynecol.* 1997;177(5):1156-61.
2. Hilsden RJ, Verhoef MJ. Complementary and alternative medicine: evaluating its effectiveness in inflammatory bowel disease. *Inflamm Bowel Dis.* 1998;4(4):318-23.
3. Eliopoulos C. Using complementary and alternative therapies wisely. *Geriatr Nurs.* 1999;20(3):139-42; quiz 43.
4. Mulhisen L, Rogers JZ. Complementary and alternative modes of therapy for the treatment of the obese patient. *J Am Osteopath Assoc.* 1999;99(10 Su Pt 2):S8-12.
5. Murphy PA, Kronenberg F, Wade C. Complementary and alternative medicine in women's health. Developing a research agenda. *J Nurse Midwifery.* 1999;44(3):192-204.
6. Ramos-Remus C, Gutierrez-Ureña S, Davis P. Epidemiology of complementary and alternative practices in rheumatology. *Rheum Dis Clin North Am.* 1999;25(4):789-804, v.
7. Ernst E. Complementary and alternative medicine in rheumatology. *Baillieres Best Pract Res Clin Rheumatol.* 2000;14(4):731-49.

## COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM)

8. Gardiner P, Wornham W. Recent review of complementary and alternative medicine used by adolescents. *Curr Opin Pediatr.* 2000;12(4):298-302.
9. Neldner KH. Complementary and alternative medicine. *Dermatol Clin.* 2000;18(1):189-93, xi.
10. Ziment I, Tashkin DP. Alternative medicine for allergy and asthma. *J Allergy Clin Immunol.* 2000;106(4):603-14.
11. Ernst E. A primer of complementary and alternative medicine commonly used by cancer patients. *Med J Aust.* 2001;174(2):88-92.
12. Hong CD. Complementary and alternative medicine in Korea: current status and future prospects. *J Altern Complement Med.* 2001;7 Suppl 1:S33-40.
13. Ernst E. Complementary and alternative medicine for pain management in rheumatic disease. *Curr Opin Rheumatol.* 2002;14(1):58-62.
14. Richardson MA, Straus SE. Complementary and alternative medicine: opportunities and challenges for cancer management and research. *Semin Oncol.* 2002;29(6):531-45.
15. Steurer-Stey C, Russi EW, Steurer J. Complementary and alternative medicine in asthma: do they work? *Swiss Med Wkly.* 2002;132(25-26):338-44.

16. Holdcraft LC, Assefi N, Buchwald D. Complementary and alternative medicine in fibromyalgia and related syndromes. *Best Pract Res Clin Rheumatol.* 2003;17(4):667-83.
17. Kinsel JF, Straus SE. Complementary and alternative therapeutics: rigorous research is needed to support claims. *Annu Rev Pharmacol Toxicol.* 2003;43:463-84.
18. Lewis CR, de Vedia A, Reuer B, Schwan R, Tourin C. Integrating complementary and alternative medicine (CAM) into standard hospice and palliative care. *Am J Hosp Palliat Care.* 2003;20(3):221-8.
19. Niggemann B, Grüber C. Side-effects of complementary and alternative medicine. *Allergy.* 2003;58(8):707-16.
20. Busch M, Visser A. Complementary and alternative medicine: whose responsibility? *Patient Educ Couns.* 2004;53(1):1-3.
21. Goldrosen MH, Straus SE. Complementary and alternative medicine: assessing the evidence for immunological benefits. *Nat Rev Immunol.* 2004;4(11):912-21.
22. Györik SA, Brutsche MH. Complementary and alternative medicine for bronchial asthma: is there new evidence? *Curr Opin Pulm Med.* 2004;10(1):37-43.
23. Little JW. Complementary and alternative

- medicine: impact on dentistry. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 2004;98(2):137-45.
24. Miller KL, Liebowitz RS, Newby LK. Complementary and alternative medicine in cardiovascular disease: a review of biologically based approaches. *Am Heart J.* 2004;147(3):401-11.
  25. Anderson FW, Johnson CT. Complementary and alternative medicine in obstetrics. *Int J Gynaecol Obstet.* 2005;91(2):116-24.
  26. Brown KA, Patel DR. Complementary and alternative medicine in developmental disabilities. *Indian J Pediatr.* 2005;72(11):949-52.
  27. Dreikorn K. Complementary and alternative medicine in urology. *BJU Int.* 2005;96(8):1177-84.
  28. Institute of Medicine Committee on the Use of Complementary and Alternative Medicine by the American People. *The National Academies Collection: Reports funded by National Institutes of Health. Complementary and Alternative Medicine in the United States.* Washington (DC): National Academies Press (US); 2005. Copyright © 2005, National Academy of Sciences.
  29. Post-White J, Hawks RG. Complementary and alternative medicine in pediatric oncology. *Semin Oncol Nurs.* 2005;21(2):107-14; discussion

15-24.

30. Saks M. Improving the research base of complementary and alternative medicine. *Complement Ther Clin Pract*. 2005;11(1):1-3.

31. Arthur HM, Patterson C, Stone JA. The role of complementary and alternative therapies in cardiac rehabilitation: a systematic evaluation. *Eur J Cardiovasc Prev Rehabil*. 2006;13(1):3-9.

32. Dham S, Shah V, Hirsch S, Banerji MA. The role of complementary and alternative medicine in diabetes. *Curr Diab Rep*. 2006;6(3):251-8.

33. Filshie J, Rubens CN. Complementary and alternative medicine. *Anesthesiol Clin*. 2006;24(1):81-111, viii.

34. Hussain Z, Quigley EM. Systematic review: Complementary and alternative medicine in the irritable bowel syndrome. *Aliment Pharmacol Ther*. 2006;23(4):465-71.

35. Langmead L, Rampton DS. Review article: complementary and alternative therapies for inflammatory bowel disease. *Aliment Pharmacol Ther*. 2006;23(3):341-9.

36. Ricotti V, Delanty N. Use of complementary and alternative medicine in epilepsy. *Curr Neurol Neurosci Rep*. 2006;6(4):347-53.

37. Yadav V, Bourdette D. Complementary and alternative medicine: is there a role in multiple sclerosis? *Curr Neurol Neurosci Rep*.

2006;6(3):259-67.

38. Buehler BA. Complementary and alternative medicine (CAM) in genetics. *Am J Med Genet A*. 2007;143a(24):2889-92.

39. Chang HY, Wallis M, Tiralongo E. Use of complementary and alternative medicine among people living with diabetes: literature review. *J Adv Nurs*. 2007;58(4):307-19.

40. Gaster B, Unterborn JN, Scott RB, Schneeweiss R. What should students learn about complementary and alternative medicine? *Acad Med*. 2007;82(10):934-8.

41. Lee MY, Benn R, Wimsatt L, Cornman J, Hedgecock J, Gerik S, et al. Integrating complementary and alternative medicine instruction into health professions education: organizational and instructional strategies. *Acad Med*. 2007;82(10):939-45.

42. Myers CD. Complementary and alternative medicine for persistent facial pain. *Dent Clin North Am*. 2007;51(1):263-74, ix.

43. Nedrow AR, Heitkemper M, Frenkel M, Mann D, Wayne P, Hughes E. Collaborations between allopathic and complementary and alternative medicine health professionals: four initiatives. *Acad Med*. 2007;82(10):962-6.

44. Ortiz BI, Shields KM, Clauson KA, Clay PG. Complementary and alternative medicine use

among Hispanics in the United States. *Ann Pharmacother.* 2007;41(6):994-1004.

45. Verma S, Thuluvath PJ. Complementary and alternative medicine in hepatology: review of the evidence of efficacy. *Clin Gastroenterol Hepatol.* 2007;5(4):408-16.

46. Vlioger AM. Discussing complementary and alternative medicine use for children. *Patient Educ Couns.* 2007;68(1):1-2.

47. Clarke JO, Mullin GE. A review of complementary and alternative approaches to immunomodulation. *Nutr Clin Pract.* 2008;23(1):49-62.

48. Hollander JM, Mechanick JI. Complementary and alternative medicine and the management of the metabolic syndrome. *J Am Diet Assoc.* 2008;108(3):495-509.

49. Nahas R. Complementary and alternative medicine approaches to blood pressure reduction: An evidence-based review. *Can Fam Physician.* 2008;54(11):1529-33.

50. van der Watt G, Laugharne J, Janca A. Complementary and alternative medicine in the treatment of anxiety and depression. *Curr Opin Psychiatry.* 2008;21(1):37-42.

51. Adams J, Lui CW, Sibbritt D, Broom A, Wardle J, Homer C, et al. Women's use of complementary and alternative medicine during

pregnancy: a critical review of the literature. *Birth.* 2009;36(3):237-45.

52. Engler RJ, With CM, Gregory PJ, Jellin JM. Complementary and alternative medicine for the allergist-immunologist: where do I start? *J Allergy Clin Immunol.* 2009;123(2):309-16.

53. Freeman MP. Complementary and Alternative Medicine (CAM): considerations for the treatment of major depressive disorder. *J Clin Psychiatry.* 2009;70 Suppl 5:4-6.

54. Li XM. Complementary and alternative medicine in pediatric allergic disorders. *Curr Opin Allergy Clin Immunol.* 2009;9(2):161-7.

55. Moquin B, Blackman MR, Mitty E, Flores S. Complementary and alternative medicine (CAM). *Geriatr Nurs.* 2009;30(3):196-203.

56. Nahas R, Moher M. Complementary and alternative medicine for the treatment of type 2 diabetes. *Can Fam Physician.* 2009;55(6):591-6.

57. Shen YH, Nahas R. Complementary and alternative medicine for treatment of irritable bowel syndrome. *Can Fam Physician.* 2009;55(2):143-8.

58. Smith N, Weymann A, Tausk FA, Gelfand JM. Complementary and alternative medicine for psoriasis: a qualitative review of the clinical trial literature. *J Am Acad Dermatol.* 2009;61(5):841-56.

59. Akins RS, Angkustsiri K, Hansen RL. Complementary and alternative medicine in autism: an evidence-based approach to negotiating safe and efficacious interventions with families. *Neurotherapeutics*. 2010;7(3):307-19.
60. Deligiannidis KM, Freeman MP. Complementary and alternative medicine for the treatment of depressive disorders in women. *Psychiatr Clin North Am*. 2010;33(2):441-63.
61. Freeman MP, Fava M, Lake J, Trivedi MH, Wisner KL, Mischoulon D. Complementary and alternative medicine in major depressive disorder: the American Psychiatric Association Task Force report. *J Clin Psychiatry*. 2010;71(6):669-81.
62. Frenkel M, Ben-Arye E, Cohen L. Communication in cancer care: discussing complementary and alternative medicine. *Integr Cancer Ther*. 2010;9(2):177-85.
63. Larzelere MM, Campbell JS, Robertson M. Complementary and alternative medicine usage for behavioral health indications. *Prim Care*. 2010;37(2):213-36.
64. Micke O, Büntzel J, Kisters K, Schäfer U, Micke P, Mücke R. Complementary and alternative medicine in lung cancer patients: a neglected phenomenon? *Front Radiat Ther Oncol*. 2010;42:198-205.
65. Wanchai A, Armer JM, Stewart BR.

- Complementary and alternative medicine use among women with breast cancer: a systematic review. *Clin J Oncol Nurs*. 2010;14(4):E45-55.
66. April KT, Walji R. The state of research on complementary and alternative medicine in pediatric rheumatology. *Rheum Dis Clin North Am*. 2011;37(1):85-94.
67. Bowling AC. Complementary and alternative medicine and multiple sclerosis. *Neurol Clin*. 2011;29(2):465-80.
68. Dhanani NM, Caruso TJ, Carinci AJ. Complementary and alternative medicine for pain: an evidence-based review. *Curr Pain Headache Rep*. 2011;15(1):39-46.
69. Ernst E, Posadzki P. Complementary and alternative medicine for rheumatoid arthritis and osteoarthritis: an overview of systematic reviews. *Curr Pain Headache Rep*. 2011;15(6):431-7.
70. Haija AJ, Schulz SW. The role and effect of complementary and alternative medicine in systemic lupus erythematosus. *Rheum Dis Clin North Am*. 2011;37(1):47-62.
71. Hall HG, Griffiths DL, McKenna LG. The use of complementary and alternative medicine by pregnant women: a literature review. *Midwifery*. 2011;27(6):817-24.
72. Hilsden RJ, Verhoef MJ, Rasmussen H, Porcino A, DeBruyn JC. Use of complementary

and alternative medicine by patients with inflammatory bowel disease. *Inflamm Bowel Dis*. 2011;17(2):655-62.

73. Lee FH, Raja SN. Complementary and alternative medicine in chronic pain. *Pain*. 2011;152(1):28-30.

74. Magge S, Lembo A. Complementary and alternative medicine for the irritable bowel syndrome. *Gastroenterol Clin North Am*. 2011;40(1):245-53.

75. Moss AS, Monti DA, Amsterdam JD, Newberg AB. Complementary and alternative medicine therapies in mood disorders. *Expert Rev Neurother*. 2011;11(7):1049-56.

76. Nahas R, Balla A. Complementary and alternative medicine for prevention and treatment of the common cold. *Can Fam Physician*. 2011;57(1):31-6.

77. Rispler DT, Sara J. The impact of complementary and alternative treatment modalities on the care of orthopaedic patients. *J Am Acad Orthop Surg*. 2011;19(10):634-43.

78. Shou C, Li J, Liu Z. Complementary and alternative medicine in the treatment of menopausal symptoms. *Chin J Integr Med*. 2011;17(12):883-8.

79. Strauss JL, Coeytaux R, McDuffie J, Nagi A, Williams JW, Jr. VA Evidence-based Synthesis

Program Reports. Efficacy of Complementary and Alternative Medicine Therapies for Posttraumatic Stress Disorder. Washington (DC): Department of Veterans Affairs (US); 2011.

80. Team V, Canaway R, Manderson L. Integration of complementary and alternative medicine information and advice in chronic disease management guidelines. *Aust J Prim Health*. 2011;17(2):142-9.

81. Bauer M, Rayner JA. Use of complementary and alternative medicine in residential aged care. *J Altern Complement Med*. 2012;18(11):989-93.

82. Can G, Demir M, Aydiner A. Complementary and alternative therapies used by Turkish breast cancer patients undergoing chemotherapy. *Breast Care (Basel)*. 2012;7(6):471-5.

83. De Luigi AJ. Complementary and alternative medicine in osteoarthritis. *Pm r*. 2012;4(5 Suppl):S122-33.

84. DiNardo MM, Gibson JM, Siminerio L, Morell AR, Lee ES. Complementary and alternative medicine in diabetes care. *Curr Diab Rep*. 2012;12(6):749-61.

85. Dixon S. Nutrition in complementary and alternative medicine. *Semin Oncol Nurs*. 2012;28(1):75-84.

86. Frantz TL. Advancing complementary and

alternative medicine through social network analysis and agent-based modeling. *Forsch Komplementmed.* 2012;19 Suppl 1:36-41.

87. Grant SJ, Bin YS, Kiat H, Chang DH. The use of complementary and alternative medicine by people with cardiovascular disease: a systematic review. *BMC Public Health.* 2012;12:299.

88. Hall HG, McKenna LG, Griffiths DL. Complementary and alternative medicine for induction of labour. *Women Birth.* 2012;25(3):142-8.

89. Hall HG, McKenna LG, Griffiths DL. Midwives' support for Complementary and Alternative Medicine: a literature review. *Women Birth.* 2012;25(1):4-12.

90. Longacre M, Silver-Highfield E, Lama P, Grodin M. Complementary and alternative medicine in the treatment of refugees and survivors of torture: a review and proposal for action. *Torture.* 2012;22(1):38-57.

91. Reiter B, Baumhöfener F, Dlaboha M, Odde Madsen J, Regenfelder S, Weidenhammer W. Building a sustainable complementary and alternative medicine research network in Europe. *Forsch Komplementmed.* 2012;19 Suppl 2:61-8.

92. Snyder J, Brown P. Complementary and alternative medicine in children: an analysis of the recent literature. *Curr Opin Pediatr.* 2012;24(4):539-46.

93. Wardle J, Lui CW, Adams J. Complementary and alternative medicine in rural communities: current research and future directions. *J Rural Health.* 2012;28(1):101-12.

94. Wiesener S, Falkenberg T, Hegyi G, Hök J, Roberti di Sarsina P, Fønnebo V. Legal status and regulation of complementary and alternative medicine in Europe. *Forsch Komplementmed.* 2012;19 Suppl 2:29-36.

95. Cassisi G, Ceccherelli F, Atzeni F, Sarzi-Puttini P. Complementary and alternative medicine in fibromyalgia: a practical clinical debate of agreements and contrasts. *Clin Exp Rheumatol.* 2013;31(6 Suppl 79):S134-52.

96. Cherniack EP. Use of complementary and alternative medicine to treat constipation in the elderly. *Geriatr Gerontol Int.* 2013;13(3):533-8.

97. Clark NA, Will M, Moravek MB, Fisseha S. A systematic review of the evidence for complementary and alternative medicine in infertility. *Int J Gynaecol Obstet.* 2013;122(3):202-6.

98. Cohen MH, Natbony SR, Abbott RB. Complementary and alternative medicine in child and adolescent psychiatry: legal considerations. *Child Adolesc Psychiatr Clin N Am.* 2013;22(3):493-507, vi.

99. Finnegan-John J, Molassiotis A, Richardson A, Ream E. A systematic review of complementary

and alternative medicine interventions for the management of cancer-related fatigue. *Integr Cancer Ther.* 2013;12(4):276-90.

100. George M, Topaz M. A systematic review of complementary and alternative medicine for asthma self-management. *Nurs Clin North Am.* 2013;48(1):53-149.

101. Greco CM, Nakajima C, Manzi S. Updated review of complementary and alternative medicine treatments for systemic lupus erythematosus. *Curr Rheumatol Rep.* 2013;15(11):378.

102. Karakurum Göksel B. The Use of Complementary and Alternative Medicine in Patients with Migraine. *Noro Psikiyatr Ars.* 2013;50(Suppl 1):S41-s6.

103. Kes VB, Cesarik M, Matovina LZ, Zavoreo I, Corić L, Drnasin S, et al. The role of complementary and alternative medicine in therapy of multiple sclerosis. *Acta Clin Croat.* 2013;52(4):464-71.

104. Levi JR, Brody RM, McKee-Cole K, Pribitkin E, O'Reilly R. Complementary and alternative medicine for pediatric otitis media. *Int J Pediatr Otorhinolaryngol.* 2013;77(6):926-31.

105. Magge SS, Wolf JL. Complementary and alternative medicine and mind-body therapies for treatment of irritable bowel syndrome in women. *Womens Health (Lond).* 2013;9(6):557-67.

106. Malone MA, Gloyer K. Complementary and alternative treatments in sports medicine. *Prim Care.* 2013;40(4):945-68, ix.

107. Meyer S, Schroeder N, Gottschling S. Complementary and alternative medicine in children. *Eur J Pediatr.* 2013;172(3):419-20.

108. Paiva S, Carneiro MM. Complementary and Alternative Medicine in the Treatment of Chronic Pelvic Pain in Women: What Is the Evidence? *ISRN Pain.* 2013;2013:469575.

109. Perry TE, Hirshfeld-Cytron J. Role of complementary and alternative medicine to achieve fertility in uninsured patients. *Obstet Gynecol Surv.* 2013;68(4):305-11.

110. Philippou Y, Hadjipavlou M, Khan S, Rane A. Complementary and alternative medicine (CAM) in prostate and bladder cancer. *BJU Int.* 2013;112(8):1073-9.

111. Posadzki P, Watson L, Alotaibi A, Ernst E. Prevalence of complementary and alternative medicine (CAM)-use in UK paediatric patients: a systematic review of surveys. *Complement Ther Med.* 2013;21(3):224-31.

112. Sweet ES, Standish LJ, Goff BA, Andersen MR. Adverse events associated with complementary and alternative medicine use in ovarian cancer patients. *Integr Cancer Ther.* 2013;12(6):508-16.

113. Teut M, Linde K. Scientific case research in complementary and alternative medicine-a review. *Complement Ther Med.* 2013;21(4):388-95.
114. Truant TL, Porcino AJ, Ross BC, Wong ME, Hilario CT. Complementary and alternative medicine (CAM) use in advanced cancer: a systematic review. *J Support Oncol.* 2013;11(3):105-13.
115. Wanchai A, Armer JM, Stewart BR. Complementary and alternative medicine and lymphedema. *Semin Oncol Nurs.* 2013;29(1):41-9.
116. Wang Y, Xie CL, Wang WW, Lu L, Fu DL, Wang XT, et al. Epidemiology of complementary and alternative medicine use in patients with Parkinson's disease. *J Clin Neurosci.* 2013;20(8):1062-7.
117. Whitehouse AJ. Complementary and alternative medicine for autism spectrum disorders: rationale, safety and efficacy. *J Paediatr Child Health.* 2013;49(9):E438-42:quiz E42.
118. Williams JT. Credible complementary and alternative medicine websites. *J Adv Pract Oncol.* 2013;4(2):123-4.
119. Corey RL, Rakela J. Complementary and alternative medicine: risks and special considerations in pretransplant and posttransplant patients. *Nutr Clin Pract.* 2014;29(3):322-31.

120. Deligiannidis KM, Freeman MP. Complementary and alternative medicine therapies for perinatal depression. *Best Pract Res Clin Obstet Gynaecol.* 2014;28(1):85-95.
121. Duffy L, Adams J, Sibbritt D, Loxton D. Complementary and alternative medicine for victims of intimate partner abuse: a systematic review of use and efficacy. *Evid Based Complement Alternat Med.* 2014;2014:963967.
122. Fox RJ. Complementary and alternative medicine in multiple sclerosis. *Neurology.* 2014;82(12):e103-7.
123. Gilardi D, Fiorino G, Genua M, Allocca M, Danese S. Complementary and alternative medicine in inflammatory bowel diseases: what is the future in the field of herbal medicine? *Expert Rev Gastroenterol Hepatol.* 2014;8(7):835-46.
124. Landis ET, Davis SA, Feldman SR, Taylor S. Complementary and alternative medicine use in dermatology in the United States. *J Altern Complement Med.* 2014;20(5):392-8.
125. Liu C, Zhang Y, Kong S, Tsui I, Yu Y, Han F. Applications and therapeutic actions of complementary and alternative medicine for women with genital infection. *Evid Based Complement Alternat Med.* 2014;2014:658624.
126. Namjooyan F, Ghanavati R, Majdinasab N, Jokari S, Janbozorgi M. Uses of complementary and alternative medicine in multiple sclerosis. *J Tradit*

Complement Med. 2014;4(3):145-52.

127. Siddiqui MJ, Min CS, Verma RK, Jamshed SQ. Role of complementary and alternative medicine in geriatric care: A mini review. *Pharmacogn Rev.* 2014;8(16):81-7.

128. Yu A. Complementary and alternative treatments for primary dysmenorrhea in adolescents. *Nurse Pract.* 2014;39(11):1-12.

129. Amitani M, Amitani H, Sloan RA, Suzuki H, Sameshima N, Asakawa A, et al. The translational aspect of complementary and alternative medicine for cancer with particular emphasis on Kampo. *Front Pharmacol.* 2015;6:150.

130. Bozza C, Agostinetto E, Gerratana L, Puglisi F. [Complementary and alternative medicine in oncology]. *Recenti Prog Med.* 2015;106(12):601-7.

131. Chakraborty R, Savani BN, Litzow M, Mohty M, Hashmi S. A perspective on complementary/alternative medicine use among survivors of hematopoietic stem cell transplant: Benefits and uncertainties. *Cancer.* 2015;121(14):2303-13.

132. Henneghan AM, Harrison T. Complementary and alternative medicine therapies as symptom management strategies for the late effects of breast cancer treatment. *J Holist Nurs.* 2015;33(1):84-97.

133. Langhorst J, Wulfert H, Lauche R, Klose P, Cramer H, Dobos GJ, et al. Systematic review

of complementary and alternative medicine treatments in inflammatory bowel diseases. *J Crohns Colitis.* 2015;9(1):86-106.

134. Lee LA, Chen J, Yin J. Complementary and alternative medicine for gastroparesis. *Gastroenterol Clin North Am.* 2015;44(1):137-50.

135. Liu H, Yu B, Zhang M, Liu K, Wang FC, Gao XY. Treatment of Diabetic Gastroparesis by Complementary and Alternative Medicines. *Medicines (Basel).* 2015;2(3):212-9.

136. Mark JD, Chung Y. Complementary and alternative medicine in pulmonology. *Curr Opin Pediatr.* 2015;27(3):334-40.

137. Pang R, Ali A. The Chinese approach to complementary and alternative medicine treatment for interstitial cystitis/bladder pain syndrome. *Transl Androl Urol.* 2015;4(6):653-61.

138. Steel A, Adams J, Sibbritt D, Broom A. The outcomes of complementary and alternative medicine use among pregnant and birthing women: current trends and future directions. *Womens Health (Lond).* 2015;11(3):309-23.

139. Truant TL, Balneaves LG, Fitch MI. Integrating complementary and alternative medicine into cancer care: Canadian oncology nurses' perspectives. *Asia Pac J Oncol Nurs.* 2015;2(4):205-14.

140. Wei X, Wang S, Li J, Gao J, Yu J, Feng M,

et al. Complementary and Alternative Medicine for the Management of Cervical Radiculopathy: An Overview of Systematic Reviews. *Evid Based Complement Alternat Med.* 2015;2015:793649.

141. Wynn GH. Complementary and alternative medicine approaches in the treatment of PTSD. *Curr Psychiatry Rep.* 2015;17(8):600.

142. Yamashita H, Machino A, Shishida K, Yoshino A, Yamawaki S. [Complementary and alternative medicine for insomnia]. *Nihon Rinsho.* 2015;73(6):1031-5.

143. Bauer BA, Tilburt JC, Sood A, Li GX, Wang SH. Complementary and alternative medicine therapies for chronic pain. *Chin J Integr Med.* 2016;22(6):403-11.

144. Fogarty S, Smith CA, Hay P. The role of complementary and alternative medicine in the treatment of eating disorders: A systematic review. *Eat Behav.* 2016;21:179-88.

145. Hernández TD, Brenner LA, Walter KH, Bormann JE, Johansson B. Complementary and alternative medicine (CAM) following traumatic brain injury (TBI): Opportunities and challenges. *Brain Res.* 2016;1640(Pt A):139-51.

146. Posadzki P, AlBedah AM, Khalil MM, AlQaed MS. Complementary and alternative medicine for lowering blood lipid levels: A systematic review of systematic reviews. *Complement Ther Med.* 2016;29:141-51.

147. Posar A, Visconti P. Complementary and Alternative Medicine in Autism: The Question of Omega-3. *Pediatr Ann.* 2016;45(3):e103-7.

148. Qiu J, Grine K. Complementary and Alternative Treatment for Allergic Conditions. *Prim Care.* 2016;43(3):519-26.

149. Quezada SM, Briscoe J, Cross RK. Complementary and Alternative Medicine. *Inflamm Bowel Dis.* 2016;22(6):1523-30.

150. Racine E, Forlini C, Aspler J, Chandler J. Complementary and Alternative Medicine in the Context of Earlier Diagnoses of Alzheimer's Disease: Opening the Conversation to Prepare Ethical Responses. *J Alzheimers Dis.* 2016;51(1):1-9.

151. Ravindran AV, Balneaves LG, Faulkner G, Ortiz A, McIntosh D, Morehouse RL, et al. Canadian Network for Mood and Anxiety Treatments (CANMAT) 2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder: Section 5. Complementary and Alternative Medicine Treatments. *Can J Psychiatry.* 2016;61(9):576-87.

152. Sharma V, Holmes JH, Sarkar IN. Identifying Complementary and Alternative Medicine Usage Information from Internet Resources. A Systematic Review. *Methods Inf Med.* 2016;55(4):322-32.

153. Thirthalli J, Zhou L, Kumar K, Gao J, Vaid

H, Liu H, et al. Traditional, complementary, and alternative medicine approaches to mental health care and psychological wellbeing in India and China. *Lancet Psychiatry*. 2016;3(7):660-72.

154. Woodbury A, Soong SN, Fishman D, García PS. Complementary and alternative medicine therapies for the anesthesiologist and pain practitioner: a narrative review. *Can J Anaesth*. 2016;63(1):69-85.

155. Anderson AR, Deng J, Anthony RS, Atalla SA, Monroe TB. Using Complementary and Alternative Medicine to Treat Pain and Agitation in Dementia: A Review of Randomized Controlled Trials from Long-Term Care with Potential Use in Critical Care. *Crit Care Nurs Clin North Am*. 2017;29(4):519-37.

156. Basson AR, Lam M, Cominelli F. Complementary and Alternative Medicine Strategies for Therapeutic Gut Microbiota Modulation in Inflammatory Bowel Disease and their Next-Generation Approaches. *Gastroenterol Clin North Am*. 2017;46(4):689-729.

157. Costanian C, Christensen RAG, Edgell H, Ardern CI, Tamim H. Factors associated with complementary and alternative medicine use among women at midlife. *Climacteric*. 2017;20(5):421-6.

158. Gunawardana NC. Risk of anaphylaxis in complementary and alternative medicine. *Curr*

*Opin Allergy Clin Immunol*. 2017;17(5):332-7.

159. Höfer J, Hoffmann F, Bachmann C. Use of complementary and alternative medicine in children and adolescents with autism spectrum disorder: A systematic review. *Autism*. 2017;21(4):387-402.

160. Kesavadev J. Efficacy and safety concerns regarding Complementary and Alternative Medicine use among diabetes patients. *J Pak Med Assoc*. 2017;67(2):316-9.

161. Lim E, Vardy JL, Oh B, Dhillon HM. Integration of complementary and alternative medicine into cancer-specific supportive care programs in Australia: A scoping study. *Asia Pac J Clin Oncol*. 2017;13(1):6-12.

162. Moore TR, Franks RB, Fox C. Review of Efficacy of Complementary and Alternative Medicine Treatments for Menopausal Symptoms. *J Midwifery Womens Health*. 2017;62(3):286-97.

163. Nath D. Complementary and Alternative Medicine in the School-Age Child With Autism. *J Pediatr Health Care*. 2017;31(3):393-7.

164. Schäfer T. Complementary and alternative medicine (CAM) and atopic eczema. *Allergol Select*. 2017;1(1):44-52.

165. Stein DJ. Massage Acupuncture, Moxibustion, and Other Forms of Complementary and Alternative Medicine in Inflammatory

Bowel Disease. *Gastroenterol Clin North Am.* 2017;46(4):875-80.

166. Subramani R, Lakshmanaswamy R. Complementary and Alternative Medicine and Breast Cancer. *Prog Mol Biol Transl Sci.* 2017;151:231-74.

167. Tonob D, Melby MK. Broadening our perspectives on complementary and alternative medicine for menopause: A narrative review. *Maturitas.* 2017;99:79-85.

168. Vezari Y, Leach MJ, Kumar S. Barriers to the conduct and application of research in complementary and alternative medicine: a systematic review. *BMC Complement Altern Med.* 2017;17(1):166.

169. Wells RE, Baute V, Wahbeh H. Complementary and Integrative Medicine for Neurologic Conditions. *Med Clin North Am.* 2017;101(5):881-93.

170. Zazos P, Nguyen GC. Use of Complementary and Alternative Medicine in Inflammatory Bowel Disease Around the World. *Gastroenterol Clin North Am.* 2017;46(4):679-88.

171. Baker JH, Qiu J, Grine K. Role of Complementary and Alternative Therapies in Infectious Disease. *Prim Care.* 2018;45(3):533-9.

172. Bowman RL, Davis DL, Ferguson S, Taylor J. Women's motivation, perception and experience

of complementary and alternative medicine in pregnancy: A meta-synthesis. *Midwifery.* 2018;59:81-7.

173. de Almeida Andrade F, Schlechta Portella CF. Research methods in complementary and alternative medicine: an integrative review. *J Integr Med.* 2018;16(1):6-13.

174. Farrukh MJ, Makmor-Bakry M, Hatah E, Tan HJ. Use of complementary and alternative medicine and adherence to antiepileptic drug therapy among epilepsy patients: a systematic review. *Patient Prefer Adherence.* 2018;12:2111-21.

175. Kallush A, Riley CA, Kacker A. Role of Complementary and Alternative Medicine in Otolaryngologic Perioperative Care. *Ochsner J.* 2018;18(3):253-9.

176. Li XM. Complementary and Alternative Medicine for Treatment of Food Allergy. *Immunol Allergy Clin North Am.* 2018;38(1):103-24.

177. Lucas S, Leach M, Kumar S. Complementary and alternative medicine utilisation for the management of acute respiratory tract infection in children: A systematic review. *Complement Ther Med.* 2018;37:158-66.

178. Phang JK, Kwan YH, Goh H, Tan VIC, Thumboo J, Østbye T, et al. Complementary and alternative medicine for rheumatic diseases: A

systematic review of randomized controlled trials. *Complement Ther Med.* 2018;37:143-57.

179. Poulsen MJ, Coto J. Nursing Music Protocol and Postoperative Pain. *Pain Manag Nurs.* 2018;19(2):172-6.

180. Burton MS. Complementary and Alternative Medicine in Rehabilitation. *Curr Sports Med Rep.* 2019;18(8):283-4.

181. Guo PP, Li P, Zhang XH, Liu N, Wang J, Chen DD, et al. Complementary and alternative medicine for natural and treatment-induced vasomotor symptoms: An overview of systematic reviews and meta-analyses. *Complement Ther Clin Pract.* 2019;36:181-94.

182. Hosking AM, Juhasz M, Atanaskova Mesinkovska N. Complementary and Alternative Treatments for Alopecia: A Comprehensive Review. *Skin Appendage Disord.* 2019;5(2):72-89.

183. Johnson A, Roberts L, Elkins G. Complementary and Alternative Medicine for Menopause. *J Evid Based Integr Med.* 2019;24:2515690x19829380.

184. Jones E, Nissen L, McCarthy A, Steadman K, Windsor C. Exploring the Use of Complementary and Alternative Medicine in Cancer Patients. *Integr Cancer Ther.* 2019;18:1534735419854134.

185. Jones SL, Campbell B, Hart T. Laboratory tests commonly used in complementary and

alternative medicine: a review of the evidence. *Ann Clin Biochem.* 2019;56(3):310-25.

186. Knecht K, Kinder D, Stockert A. Biologically-Based Complementary and Alternative Medicine (CAM) Use in Cancer Patients: The Good, the Bad, the Misunderstood. *Front Nutr.* 2019;6:196.

187. Lee H, Peng W, Steel A, Reid R, Sibbritt D, Adams J. Complementary and alternative medicine research in practice-based research networks: A critical review. *Complement Ther Med.* 2019;43:7-19.

188. Ludmir EB, Jethanandani A, Mainwaring W, Miller AB, Lin TA, Espinoza AF, et al. The Trials (and Tribulations) of Complementary and Alternative Medicine in Oncology. *J Natl Cancer Inst.* 2019;111(12):1358-60.

189. Paknejad MS, Motaharifard MS, Barimani S, Kabiri P, Karimi M. Traditional, complementary and alternative medicine in children constipation: a systematic review. *Daru.* 2019;27(2):811-26.

190. Pan X, Zhang A, Henderson GE, Rennie S, Liu C, Cai W, et al. Traditional, complementary, and alternative medical cures for HIV: rationale and implications for HIV cure research. *Glob Public Health.* 2019;14(1):152-60.

191. Plachkinova M, Kettering V, Chatterjee S. Increasing exposure to complementary and alternative medicine treatment options through

the design of a social media tool. *Health Syst (Basingstoke)*. 2019;8(2):99-116.

192. Raposo VL. Complementary and alternative medicine, medical liability and the proper standard of care. *Complement Ther Clin Pract*. 2019;35:183-8.

193. Baig S, DiRenzo DD. Complementary and Alternative Medicine Use in Rheumatoid Arthritis. *Curr Rheumatol Rep*. 2020;22(10):61.

194. Bordes C, Leguelinel-Blache G, Lavigne JP, Mauboussin JM, Laureillard D, Faure H, et al. Interactions between antiretroviral therapy and complementary and alternative medicine: a narrative review. *Clin Microbiol Infect*. 2020;26(9):1161-70.

195. Cheng B, Liu Y, Tian J, Gao R, Liu Y. Complementary and Alternative Medicine for the Treatment of Insomnia: An Overview of Scientific Evidence from 2008 to 2018. *Curr Vasc Pharmacol*. 2020;18(4):307-21.

196. Hall PED, Card EB. Uses of Complementary and Alternative Medicine for Perioperative and Other Patients. *Nurs Clin North Am*. 2020;55(4):537-42.

197. Lattanzio M, Weir MR. An evidence-based appraisal of complementary and alternative medicine strategies for the management of hypertension. *J Hypertens*. 2020;38(8):1412-9.

198. Ng JY, Mohiuddin U. Quality of complementary and alternative medicine recommendations in low back pain guidelines: a systematic review. *Eur Spine J*. 2020;29(8):1833-44.

199. Roberts JAt, Mandl LA. Complementary and Alternative Medicine Use in Psoriatic Arthritis Patients: a Review. *Curr Rheumatol Rep*. 2020;22(11):81.

200. Thong MSY, van Noorden CJF, Steindorf K, Arndt V. Cancer-Related Fatigue: Causes and Current Treatment Options. *Curr Treat Options Oncol*. 2020;21(2):17.

201. Trkulja V, Barić H. Current Research on Complementary and Alternative Medicine (CAM) in the Treatment of Anxiety Disorders: An Evidence-Based Review. *Adv Exp Med Biol*. 2020;1191:415-49.

202. Chizenga EP, Abrahamse H. Biological Therapy with Complementary and Alternative Medicine in Innocuous Integrative Oncology: A Case of Cervical Cancer. *Pharmaceutics*. 2021;13.(5)

203. Feng J, Wang J, Zhang Y, Zhang Y, Jia L, Zhang D, et al. The Efficacy of Complementary and Alternative Medicine in the Treatment of Female Infertility. *Evid Based Complement Alternat Med*. 2021;2021:6634309.

204. Guo Y, Liu FY, Shen Y, Xu JY, Xie LZ, Li

SY, et al. Complementary and Alternative Medicine for Dysmenorrhea Caused by Endometriosis: A Review of Utilization and Mechanism. *Evid Based Complement Alternat Med.* 2021;2021:6663602.

205. Jia LY, Feng JX, Li JL, Liu FY, Xie LZ, Luo SJ, et al. The Complementary and Alternative Medicine for Polycystic Ovary Syndrome: A Review of Clinical Application and Mechanism. *Evid Based Complement Alternat Med.* 2021;2021:5555315.

206. Jung SY, Kang JW, Kim TH. Monitoring in clinical trials of complementary and alternative medicine. *Integr Med Res.* 2021;10(2):100666.

207. Lin J, Wu D, Jia L, Liang M, Liu S, Qin Z, et al. The Treatment of Complementary and Alternative Medicine on Premature Ovarian Failure. *Evid Based Complement Alternat Med.* 2021;2021:6677767.

208. Liu L, Tang Y, Baxter GD, Yin H, Tumilty S. Complementary and alternative medicine - practice, attitudes, and knowledge among healthcare professionals in New Zealand: an integrative review. *BMC Complement Med Ther.* 2021;21(1):63.

209. Mesraoua B, Kissani N, Deleu D, Elsheikh L, Ali M, Melikyan G, et al. Complementary and alternative medicine (CAM) for epilepsy treatment in the Middle East and North Africa (MENA) region. *Epilepsy Res.* 2021;170:106538.

210. Murat-Ringot A, Preau M, Piriou V.

[Complementary and alternative medicine in cancer patients and randomized controlled trials]. *Bull Cancer.* 2021;108(1):102-16.

211. Ng JY, Sharma AE. Guidelines for Cancer-Related Pain: A Systematic Review of Complementary and Alternative Medicine Recommendations. *Pain Pract.* 2021;21(4):454-67.

212. Shankar A, Saini D, Roy S, Bharati SJ, Mishra S, Singh P. Role of Complementary and Alternative Medicine in the Management of Cancer Cachexia. *Asia Pac J Oncol Nurs.* 2021;8(5):539-46.

213. Shapiro JM, Deutsch JK. Complementary and Alternative Medicine Therapies for Irritable Bowel Syndrome. *Gastroenterol Clin North Am.* 2021;50(3):671-88.

214. Soliman M, Bilszta J. Teaching complementary and alternative medicine in undergraduate medical education: a scoping review. *Int J Med Educ.* 2021;12:140-9.

215. Trkulja V, Barić H. Current Research on Complementary and Alternative Medicine (CAM) in the Treatment of Major Depressive Disorder: An Evidence-Based Review. *Adv Exp Med Biol.* 2021;1305:375-427.

216. Aizuddin AN, Zamzuri M'I A, Mansor J, Nurumal SR, Yunus S, Razak MAA, et al. Perception of integrating complementary and alternative medicine practice in patient's treatment among the healthcare practitioners: a systematic review.

Pan Afr Med J. 2022;43:19.

217. Fu Y, Ding DN, Shen Y, Jia LY, Yan MY, Wei W, et al. Complementary and Alternative Medicine for Premature Ovarian Insufficiency: A Review of Utilization and Mechanisms. *Evid Based Complement Alternat Med.* 2022;2022:9053930.

218. Guan H, Xu Y, Zhao D. Application of Virtual Reality Technology in Clinical Practice, Teaching, and Research in Complementary and Alternative Medicine. *Evid Based Complement Alternat Med.* 2022;2022:1373170.

219. Li Y, Yan MY, Chen QC, Xie YY, Li CY, Han FJ. Current Research on Complementary and Alternative Medicine in the Treatment of Premature Ovarian Failure: An Update Review. *Evid Based Complement Alternat Med.* 2022;2022:2574438.

220. Luu NN, Soldatova L, Friedman O. The Role of Complementary and Alternative Medicine in Facial Plastic Surgery. *Facial Plast Surg.* 2022;38(1):88-93.

221. Ng JY, Jain A. Complementary and alternative medicine mention and recommendations in guidelines for anxiety: A systematic review and quality assessment. *Psychiatry Res.* 2022;309:114388.

222. Seminerio J. Complementary and Alternative Medicine in Crohn's Disease. *Gastroenterol Clin North Am.* 2022;51(2):337-51.

223. Şenel E. Traditional, Complementary and Alternative Medicine in Dermatology: A Scientometric Literature Review. *Altern Ther Health Med.* 2022;28(1):38-43.

224. Setiyorini E, Qomaruddin MB, Wibisono S, Juwariah T, Setyowati A, Wulandari NA, et al. Complementary and alternative medicine for glycemic control of diabetes mellitus: A systematic review. *J Public Health Res.* 2022;11(3):22799036221106582.

225. Sharifi F, Roudsari RL. Complementary and alternative medicine use in infertility: A review of infertile women's needs. *J Educ Health Promot.* 2022;11:195.

226. Wang D, Jiang Y, Feng J, Gao J, Yu J, Zhao J, et al. Evidence for the Use of Complementary and Alternative Medicine for Pelvic Inflammatory Disease: A Literature Review. *Evid Based Complement Alternat Med.* 2022;2022:1364297.

227. Zhao C, Lu L, Liu W, Zhou D, Wu X. Complementary and alternative medicine for treating epilepsy in China: A systematic review. *Acta Neurol Scand.* 2022;146(6):775-85.

228. Alsabri M, Carfagnini C, Amin M, Castilo F, Lewis J, Ashkar M, et al. Complementary and alternative medicine for children with sickle cell disease: A systematic review. *Blood Rev.* 2023;59:101052.

229. Beversdorf DQ, Crosby HW, Shenker

Jl. Complementary and Alternative Medicine Approaches in Alzheimer Disease and Other Neurocognitive Disorders. *Mo Med.* 2023;120(1):70-8.

230. Casini F, Scaltrito F, Grimaldi MT, Pop TL, Calcaterra V, Zuccotti GV, et al. Use of complementary and alternative medicine in children affected by oncologic, neurologic and liver diseases: a narrative review. *Ital J Pediatr.* 2023;49(1):152.

231. Cupisti A, Giannese D, D'Alessandro C, Benedetti A, Panichi V, Alfieri C, et al. Kidney Stone Prevention: Is There a Role for Complementary and Alternative Medicine? *Nutrients.* 2023;15.(4)

232. Cutler JBR, Pane O, Panesar SK, Updike W, Moore TR. Treatment of Mood and Depressive Disorders With Complementary and Alternative Medicine: Efficacy Review. *J Midwifery Womens Health.* 2023;68(4):421-9.

233. Gaway B, Yang J, Bauer B, Song J, Wang XJ. The use of complementary and alternative medicine for the treatment of gastrointestinal symptoms in Long COVID: a systematic review. *Ther Adv Chronic Dis.* 2023;14:20406223231190548.

234. İnce T, İnce G, Üzüm Ö, Aydın A. Parent-reported complementary and alternative medicine use among pediatric patients with epilepsy at two tertiary centers in Turkey

- Prevalence and predictors. *Epilepsy Behav.* 2023;143:109226.

235. Kocyigit BF, Sagtaganov Z, Yessirkepov M, Akyol A. Assessment of complementary and alternative medicine methods in the management of ankylosing spondylitis, rheumatoid arthritis, and fibromyalgia syndrome. *Rheumatol Int.* 2023;43(4):617-25.

236. Li P, Wang Q, Liu L, Zhang Q, Zhou R, Wang Y, et al. The Role of Complementary and Alternative Medicine on Cancer-Related Fatigue in Adults: An Overview of Systematic Reviews. *Integr Cancer Ther.* 2023;22:15347354231188947.

237. Ng JY, Anagal M, Bhowmik T. Low back pain patients' perceived effectiveness of utilizing complementary and alternative medicine: a systematic review of qualitative studies. *J Complement Integr Med.* 2023;20(1):47-80.

238. Ng JY, Bhatt HA, Raja M. Complementary and alternative medicine mention and recommendations in pancreatic cancer clinical practice guidelines: A systematic review and quality assessment. *Integr Med Res.* 2023;12(1):100921.

239. Shin S, Moon W, Kim S, Chung SH, Kim J, Kim N, et al. Development of clinical practice guidelines for Korean medicine: Towards evidence-based complementary and alternative medicine. *Integr Med Res.* 2023;12(1):100924.

240. Tarasiuk A, Mirocha G, Fichna J. Current status of Complementary and Alternative Medicine Interventions in the Management of Pancreatic Cancer - An Overview. *Curr Treat Options Oncol.* 2023;24(12):1852-69.

241. Tkachenko E, Okhovat JP, Manjaly P, Huang KP, Senna MM, Mostaghimi A. Complementary and alternative medicine for alopecia areata: A systematic review. *J Am Acad Dermatol.* 2023;88(1):131-43.

242. Yang J, Lim KH, Lim KT, Woods JT, Mohabbat AB, Wahner-Roedler DL, et al. Complementary and alternative medicine for long COVID: a systematic review of randomized controlled trials. *Ther Adv Chronic Dis.* 2023;14:20406223231204727.

243. Zhu Z, Dluzynski D, Hammad N, Pugalenti D, Walser SA, Mittal R, et al. Use of Integrative, Complementary, and Alternative Medicine in Children with Epilepsy: A Global Scoping Review. *Children (Basel).* 2023;10.(4)

244. Adel Mehraban MS, Mosallanejad A, Mohammadi M, Tabatabaei Malazy O, Larijani B. Navigating ethical dilemmas in complementary and alternative medicine: a narrative review. *J Med Ethics Hist Med.* 2024;17:3.

245. Francesco Pio B, Marco C, Mauro R, Eros S, Pierluigi R, Filippo M, et al. The role of alternative medicine and complimentary

therapies in urologic disease: New horizons. *Urologia.* 2024;3915603241258697.

246. Gu J, Zhang H, Hu M, Liu L, Chen C, Wang J, et al. Complementary and alternative medicine in relation to chemotherapy-induced peripheral neuropathy: A narrative review. *Explore (NY).* 2024;20(2):181-7.

247. Li M, Zhang Y, Liu J, Zhang D. Complementary and alternative medicine: A narrative review of nutritional approaches for cancer-related fatigue. *Medicine (Baltimore).* 2024;103(11):e37480.

248. Mortada EM. Evidence-Based Complementary and Alternative Medicine in Current Medical Practice. *Cureus.* 2024;16(1):e52041.

249. Qin L, Song P, Li X, Yang L, Xu F, Zhu X, et al. Tension-Type Headache Management: A Systematic Review and Network Meta-analysis of Complementary and Alternative Medicine. *Pain Ther.* 2024;13(4):691-717.

250. Ye G, Miao R, Chen J, Huang J, Jiang M. Effectiveness of Complementary and Alternative Medicine in Fibromyalgia Syndrome: A Network Meta-Analysis. *J Pain Res.* 2024;17:305-19.

251. Farrokhi M, Khouzani SJ, Farrokhi M, Jalayeri H, Faranoush P, Babaei M, et al. Artificial Intelligence and Deep Learning for Screening and Risk Assessment of Cancers. *Kindle.*

2024;4(1):1-140.

252. Farrokhi M, Taheri F, Adibnia E, Mehrtabar S, Rassaf Z, Toyserkani SH, et al. The AI Diagnostician: Improving Medical Diagnosis with Artificial Intelligence. Kindle. 2024;4(1):1-219.

253. Farrokhi M, Taheri F, Bayat Z, Damiri M, Farrokhi M, Ghadirzadeh E, et al. Role of Lifestyle Medicine in the Prevention and Treatment of Diseases. Kindle. 2024;4(1):1-219.

254. Farrokhi M, Taheri F, Farrokhi M, Emtiazi N, Talebi M, Akbari A, et al. Human and AI: Collaborative Medicine in the Age of Technology. Kindle. 2024;4(1):1-160.

255. Farrokhi M, Taheri F, Farrokhi M, Heydari Z, Darbani R, Salbi M, et al. Advancements and Innovations in Cancer Management: A Comprehensive Perspective. Kindle. 2024;4(1):1-161.

256. Farrokhi M, Taheri F, Farrokhi M, Moeini A, Toyserkani SH, Shahali A, et al. Anti-Aging Strategies to Prevent Diseases: Promoting Longevity and Optimal Health. Kindle. 2024;4(1):1-194.

257. Farrokhi M, Taheri F, Farrokhi M, Tosi YEK, Ghadirzadeh E, Bagheri M, et al. Nanomedicine: Technologies and Applications. Kindle. 2024;4(1):1-196.

258. Farrokhi M, Taheri F, Moeini A, Farrokhi

M, Alireza MZS, Farahmandsadr M, et al. Artificial Intelligence for Remote Patient Monitoring: Advancements, Applications, and Challenges. Kindle. 2024;4(1):1-261.

259. Farrokhi M, Taheri F, Moeini A, Farrokhi M, Khouzani PJ, Ghadirzadeh E, et al. Artificial Intelligence for Drug Development, Personalized Prescriptions, and Adverse Event Prediction. Kindle. 2024;4(1):1-180.

260. Karimian S, Taheri F, Farrokhi M, Farrokhi M, Bayat Z, Zadeh SAM, et al. Digital Health and Wearable Technologies. Kindle. 2024;4(1):1-240.

261. Saadi MI, Nikandish M, Ghahramani Z, Valandani FM, Ahmadyan M, Hosseini F, et al. miR-155 and miR-92 levels in ALL, post-transplant aGVHD, and CMV: possible new treatment options. Journal of the Egyptian National Cancer Institute. 2023;35(1):18.

262. Saadi MI, Ramzi M, Fooladivanda N, Afshinpour S, Ghahramani Z, Ahmadyan M, et al. Probiotics: Potential Benefits and Safety in Hematological Malignancies: Probiotics in Hematologic Cancers. Galen Medical Journal. 2024;13:e3149-e.

263. Ghahartars M, Ahmadyan M, Salimkhanian M, Yazdanpanah S, Parvizi MM, Zomorodian K. Levels of zinc and vitamin D3 in patients with pityriasis versicolor: A study in Southern Iran, Shiraz. Dermatologic Therapy.

2020;33.(6)

264. Iravani Saadi M, Moayedi J, Hosseini F, Rostampour HA, Karimi Z, Rahimian Z, et al. The effects of resveratrol, gallic acid, and piperine on the expression of miR-17, miR-92b, miR-181a, miR-222, BAX, BCL-2, MCL-1, WT1, c-Kit, and CEBPA in human acute myeloid leukemia cells and their roles in apoptosis. *Biochemical Genetics*. 2023;1-17.

265. Ghadery M, Taslimi F, Hamel Darbandi M, Shabbak A, Ranjbarian T, Hamel Darbandi M, et al. A Narration of Orthopedic Surgery Experiences in COVID-19 Patients: Case Series of Early Complications . *Updates in Emergency Medicine*. 2022;2(1):34-9.

266. Mohammadi AT, Sanjarian S, Tehrany PM, Khorram R, Vafadar R, Mohseni H, et al. *Cutting-Edge Advances in Surgery: Nobel Sciences*; 2023.

267. Rigi A, Ghanbarzadeh E, Pourmirbabaei S, Soleymanpour A, Taslimi F, Shabbak A, et al. Clinical and Demographic Features of Burn Patients in Rasht . *Updates in Emergency Medicine*. 2022;2(1):60-6.

268. Shabbak A, Masoumkhani F, Fallah A, Amani-Beni R, Mohammadpour H, Shahbazi T, et al. 3D Printing for Cardiovascular Surgery and Intervention: A Review Article. *Curr Probl Cardiol*. 2024;49(1 Pt B):102086.

269. Motavaselian M, Bayati F, Amani-Beni R,

Khalaji A, Haghverdi S, Abdollahi Z, et al. Diagnostic performance of magnetic resonance imaging for detection of acute appendicitis in pregnant women; a systematic review and meta-analysis. *Archives of academic emergency medicine*. 2022;10.(1)

270. Motavaselian M, Farrokhi M, Khouzani PJ, Fard AM, Daeizadeh F, Pourrahimi M, et al. Diagnostic Performance of Ultrasonography for Identification of Small Bowel Obstruction; a Systematic Review and Meta-analysis. *Archives of Academic Emergency Medicine*. 2024;12.(1)

271. Rahmani E, Fard AM, Baghsheikhi H, Hosseini Z, Mashaollahi A, Atighi J, et al. Role of Selenium in Pathogenesis and Treatment of the Autoimmune Diseases. *Kindle*. 2022;2(1):1-131.

272. Shamabadi A, Karimi H, Arabzadeh Bahri R, Motavaselian M, Akhondzadeh S. Emerging drugs for the treatment of irritability associated with autism spectrum disorder. *Expert Opinion on Emerging Drugs*. 2024;29(1):45-56.

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