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Potentials of Complementary Medicine (CAM) for Mental Health

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Publication History: Abstract

Mental disorders such as anxiety disease or depression are among the strongest contributors to the global Received: May 17, 2021 burden of disease with impacts on health and major social, human rights and economic consequences. Accepted: May 29, 2021 Gender is a contributing determinant of mental health and mental diseases.

Complementary and alternative medicine (CAM) can be an effective additional intervention form to Keywords: support and to heal patients in the context of mental health diseases; although some results of research on CAM can be inconclusive. Further research about CAM treatments is needed.

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Mental health, Complementary medicine, Psychiatric disorders, Alternative medicine

Introduction

Approximately 450 million people are affected by psychiatric disorders worldwide [1,2]. Mental disorders are among the strongest contributors to the global burden of disease with impacts on health and major social, human rights and economic consequences [3-5]. Nearly one third (31.7%) of people who suffer major psychiatric disorders end up with a long-term dependency and disability [6,7].

COVID-19 is hereby an amplifier, cf. the EU- High-Level Conference on 10th May 2021 in Brussels.

Many studies have shown that conventional therapies for mental disorders are not always effective [8,9].

Gender aspects occur particularly in the rates of common mental disorders - depression, anxiety and somatic complaints [10]. Statista [11] published the percentage of the global population who suffer from select mental health or substance use disorders by gender;

- 13.3% of any mental or substance use disorder are female and 12.6% male,
- 4.1% of women suffer from depression, compared to 2.7% of
- anxiety disorders are represented by 4.7% females and 2.8% males.

Leading mental health diseases of older adults are depression, organic brain syndromes and dementias, a majority of these sufferers are women [10].

CAM (complementary and alternative medicine) has been utilized for mental diseases. The US National Institutes of Health (NIH) stated that CAM consists of "a group of diverse medical and healthcare systems, practices and products that are not presently considered to be part of conventional medicine" [12]. CAM medicine include e.g., acupuncture, herbal medicine, homeopathy, and Traditional Chinese Medicine (TCM).

Often, complementary systems of medicine themselves encompass a range of practices which are commonly embedded within contextual cultural milieu, community beliefs, based on different historical traditions; CAM can hereby be less culture-specific [13].

Content

Current research suggests that a large and possibly growing number of people around the world use complementary and alternative medicine [4,14].

The CAM prevalence across the EU member states remains unclear due to the heterogeneity of studies, nevertheless the European Information Centre for Complementary & Alternative Medicine (EICCAM) suggest that more than 100 million EU citizens are regular users of CAM [15]. The use of CAM has increased in Western Countries over the last 25 years and this has been documented in the US and in the UK [16] and Germany with the epidemiological, economic and political importance of public health. Studies from the UK reported about the prevalence of CAM use by country between 6-71%, in Germany between 4.6-62%, and in Italy 16-84% [15, p. 20].

Complementary and alternative medicine is so far not part of conventional medicine as practiced by medical doctors and allied health professionals, but is still part of how to deal with health problems and disorders, including mental disorders [9,17,18].

Data on CAM consultations vary across countries, mental disorders and their severity [9].

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A current analysis documented that 6.4% of Singaporeans have used at least one form of CAM in the past 12 months for their mental illness [19].

In the US, significantly more people with moderate mental diseases reported the use of CAM when compared with the general population [20] and the use of CAM is more than twice as common among youth with mental health concerns as those without (28.9% vs. 11.6%, [21].

Anxiety and mood disorders, in particular, have been associated with increased CAM use, respectively an extensive use (43%) [22]. Also, Ng et al. [23], Freeman et al. [24], and Qureshi et al. [25] underlined that depression remains a condition where the prevalence of CAM use across patients is very high.

Ng et al. [23] documented, based on Qureshi et al. [25], that there are alone over 120 CAM therapies that purportedly help treat depression or relieve depressive symptoms, e.g., herbal remedies which include St. John's wort.

Current meta-analyses conducted by Ng et al. showed as well that St John's wort and curcumin had significant clinical efficacy in ameliorating depressive symptoms [26-28].

Haller et al. [29] and Luberto et al. [30] underlined that while some complementary or alternative therapies have become an adjunct in the standard treatment of depression, others are known for their possible side effects or interactions with standard drugs. But side effects are not new in this context - for example for antipsychotic drug use and the possible increased risk of strokes [31,32].

Recent clinical practice guidelines with a more comprehensive overview for the treatment of patients with major depressive disorders exist, for example from the American Psychiatric Association (APA). They concluded "however, there are still many unanswered questions about optimizing and individualizing treatment" [33, p. 100], but these statements also apply to tailored treatments with a generalistic approach, holistic and patient-centered [34].

Conclusion

Worldwide, the amount of research on CAM has increased, nevertheless some results can be inconclusive (Institute of Medicine (U.S.) [35]). Further research about CAM treatment is needed [29]. Nevertheless, in the coming decades advances in conventional biomedicine will take in place in parallel with non-conventional therapies [36].

Competing Interests

The author declare that there is no competing interests regarding the publication of this article.

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