

Letter to the Editor

Complementary and alternative medicine: A buzz for medical and health care systems

Sir,

Complementary and alternative medicine (CAM) comprises of diverse medical and health care systems, practices and products that presently are not considered as part of conventional medicine such as acupuncture, homeopathy and massage, etc.^[1] People use CAM therapies in a variety of ways; when used alone are often referred to as “alternative” and when used in addition to conventional medicine, they are referred as “complementary.” Conventional medicine (also called Western or allopathic medicine) is a medicine as practiced by holders of M.D.(Medical Doctor) and D.O.(Doctor of Osteopathic Medicine) degrees and by allied health professionals, such as physical therapists, psychologists, and registered nurses.

Cochrane Collaboration defined CAM as: “A broad domain of healing resources that encompasses all health systems, modalities and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health systems of a particular society or culture in a given historical period.”

National Center for Complementary and Alternative Medicine classifies CAM therapies into five categories or domains, which includes: (1) Alternative medical systems (i.e., ayurvedic medicine, homeopathic medicine, naturopathic medicine, traditional chinese medicine), (2) mind-body interventions (i.e., meditation, prayer, mental healing, therapies that use creative outlets such as art, music, or dance), (3) biologically based therapies, (4) manipulative and body-based methods, (5) energy therapies (i.e., biofield therapies, Bioelectromagnetic-based therapies).

Mitha *et al.* reflects the reasons of using CAM among lay public from different ethnicities.^[2] Jafarzadeh *et al.* showed the usage of essential oils along with citrus fragrance has been used by aromatherapists for the treatment of anxiety symptoms and concluded use of aromatherapy with natural essential oil of orange could reduce salivary cortisol and pulse rate due to child anxiety state.^[3] Chismark *et al.* CAM therapies may improve the quality of life, reduce work

disruptions and enhance career satisfaction for dental hygienists who suffer from chronic musculoskeletal pain (CMSP). Increased student awareness of associated risk is needed to reduce CMSP in the future by enhancing ergonomics education and incorporating CAM, such as yoga stretches, into the classroom and clinic routine. Little emphasized the impact in dentistry by the necessity of the dentist to be informed about the herbal and over-the-counter products that may impact the delivery of safe and effective dental treatment. In addition, the use of CAM treatments in dentistry should be based on evidence of effectiveness and safety as demonstrated in randomized clinical trials.^[4]

Both CAM and biomedical practitioners need to understand the strengths, limitations, and contributions of their particular approaches so that they can work together in ways that ensure the best possible care for their patients and the achievement of their shared goals of improved individual and public health. Once these issues have been addressed, countries could devote additional resources to studying those CAM approaches that appear to be the most promising in relation to their most pressing public health problems. Some priority areas for CAM research are widely applicable, including studies of approaches to palliate chronic pain and suffering, relieve depression, help release the grip of addictive substances, and slow the progression of degenerative disorders such as arthritis and dementia.^[5]

Future approaches should be intended for awareness campaigns for consumers, highlighting safety profile of CAM and as well as forbidding their use without the consultation of healthcare professional. Supportive legal framework would facilitate the dissemination of CAM medical practices. CAM procedures may eventually become standard practice after scientific verification of efficacy.

Sudhanshu Sanadhya¹, Pankaj Aapaliya², Sorabh Jain³, Garima Choudhary⁴

¹Assistant Professor, Department of Public Health Dentistry, Government Dental College and Hospital, Jaipur, Rajasthan, India

²Senior Lecturer, Department of Public Health Dentistry, Rajasthan Dental College and Hospital, Jaipur, Rajasthan, India

³Post Graduate Student, Department of Prosthodontics, Pacific Dental College and Hospital, Udaipur, Rajasthan, India

⁴Senior Lecturer, Department of Orthodontics, Rajasthan Dental College and Hospital, Jaipur, Rajasthan, India

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Corresponding author:
Dr. Sudhanshu Sanadhya,
E-mail: drsudhanshupcd@gmail.com.

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