

Health Insights Today

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CAM In Review

Complementary and alternative medicine (CAM) includes a wide range of healing practices. These are among recently published research articles in this developing field. When reading reports on new research, it is important to remember that no single study should be seen as providing the whole truth. The following reports offer helpful clues but in most cases further research is needed before firm conclusions can be drawn.

Plants in Hospital Rooms May Aid Recovery

Researchers at Kansas State University performed a randomized clinical trial with surgical patients to evaluate whether plants in hospital rooms have therapeutic influences. Ninety patients recovering from a hemorrhoidectomy were randomly assigned to either control or plant rooms. With half the patients, live plants were placed in their rooms during postoperative recovery periods. Data collected for each patient included length of hospitalization, analgesics used for postoperative pain control, vital signs, ratings of pain intensity, pain distress, anxiety and fatigue, the State-Trait Anxiety Inventory Form Y-1, the Environmental Assessment Scale, and the Patient's Room Satisfaction Questionnaire.

Patients in hospital rooms with plants and flowers had significantly more positive physiologic responses evidenced by lower systolic blood pressure, and lower ratings of pain, anxiety and fatigue than patients in the control room. Patients with plants also felt more positively about their rooms and evaluated them with higher satisfaction when compared with patients in similar rooms without plants. Based on patients' comments, plants brightened up the room environment, reduced stress, and also conveyed positive impressions of hospital employees caring for patients.

Park SH, Mattson RH. Ornamental indoor plants in hospital rooms enhanced health outcomes of patients recovering from surgery. *J Altern Complement Med.* Sep 2009;15(9):975-980.

Evaluation of Acupuncture and Herbs for Substance Abuse Treatment

Researchers in China evaluated all available clinical trials and neurochemical mechanisms of the action of traditional herbal remedies and acupuncture for treating drug addiction. They found that acupuncture showed evidence for clinical efficacy and relevant neurobiological mechanisms in opiate withdrawal, but it showed poor efficacy for alcohol and nicotine withdrawal or relapse prevention, and no large studies supported its efficacy for cocaine in well-designed clinical trials. Few clinical trials for herbal remedies exist. Radix Puerariae showed the most promising efficacy for alcoholism by acting through daidzin, which inhibits mitochondrial aldehyde dehydrogenase 2 and leads to disulfiram-like alcohol reactions. Peyote also has some evidence for alcoholism treatment among Native Americans. Ginseng and kava lack efficacy data in addictions, and kava can be hepatotoxic. Thunbergia laurifolia can protect against alcoholic liver toxicity. Withania somnifera and Salvia miltiorrhiza have no efficacy data, but can reduce morphine tolerance and alcohol intake, respectively, in animal models. The investigators concluded that traditional herbal treatments can complement pharmacotherapies for drug withdrawal and possibly relapse prevention with less expense and perhaps fewer side effects with notable exceptions. Both acupuncture and herbal treatments need testing as adjuncts to reduce doses and durations of standard pharmacotherapies.

Lu L, Liu Y, Zhu W, Shi J, Ling W, Kosten TR. Traditional medicine in the treatment of drug addiction. *Am J Drug Alcohol Abuse.* 2009;35(1):1-11.

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Homeopathy Not Inferior to Prozac for Depression

Researchers in Brazil evaluated the non-inferiority and tolerability of individualized homeopathic medicines [Quinquagintamillesimal (Q-potencies)] in acute depression, using fluoxetine (Prozac) as an active control. Ninety-one outpatients with moderate to severe depression were assigned to receive an individualized homeopathic medicine or fluoxetine 20-40 mg day in a prospective, randomized, double-blind double-dummy 8-week, single-center trial. The primary efficacy measure was the analysis of the mean change in the Montgomery & Asberg Depression Rating Scale (MADRS) depression scores, using a non-inferiority test with margin of 1.45. Secondary efficacy outcomes were response and remission rates. Tolerability was assessed with the side effect rating scale of the Scandinavian Society of Psychopharmacology.

Mean MADRS scores differences were not significant at the 4th and 8th weeks of treatment. Non-inferiority of homeopathy was indicated because the upper limit of the confidence interval (CI) for mean difference in MADRS change was less than the non-inferiority margin: mean differences (homeopathy-fluoxetine) were -3.04 (95% CI -6.95, 0.86) and -2.4 (95% CI -6.05, 0.77) at 4th and 8th week, respectively. There were no significant differences between the percentages of response or remission rates in both groups nor were there significant differences between the side effects rates, although a higher percentage of patients treated with fluoxetine reported troublesome side effects and there was a trend toward greater treatment interruption for adverse effects in the fluoxetine group. This study illustrates the feasibility of randomized controlled double-blind trials of homeopathy in depression and indicates the non-inferiority of individualized homeopathic Q-potencies as compared to fluoxetine in acute treatment of outpatients with moderate to severe depression.

Adler UC, Paiva NM, Cesar AT, et al. Homeopathic Individualized Q-potencies versus Fluoxetine for Moderate to Severe Depression: Double-blind, Randomized Non-inferiority Trial. *Evid Based Complement Alternat Med.* Aug 17 2009.

Herbal Treatment for Type II Diabetes

Iranian researchers seeking enhancements in the care of Type II diabetes evaluated treatment with *Citrullus colocynthis* (L.) Schrad fruit, an herbal medicine used by traditional herbalists for the treatment of diabetes in Iran. To determine its efficacy and toxicity, a 2 month clinical trial was conducted in 50 type II diabetic patients. Two groups of 25 each under standard antidiabetic therapy, received 100 mg *C. colocynthis* fruit capsules or placebos three times a day, respectively. The patients were visited monthly and glycosylated hemoglobin (HbA1c), fasting blood glucose, total cholesterol, LDL, HDL, triglyceride, aspartate transaminase, alanine transaminase, alkaline phosphatase, urea and creatinine levels were determined at the beginning and after 2 months.

The results showed a significant decrease in HbA1c and fasting blood glucose levels in *C. colocynthis* treated patients. No notable gastrointestinal side effect was observed in either group. Thus, this herbal treatment improved the glycemic profile of patients without severe adverse effects.

Huseini HF, Darvishzadeh F, Heshmat R, Jafariazar Z, Raza M, Larijani B. The clinical investigation of *Citrullus colocynthis* (L.) schrad fruit in treatment of Type II diabetic patients: a randomized, double blind, placebo-controlled clinical trial. *Phytother Res.* Aug 2009;23(8):1186-1189.