

# Role of Complementary Medicine in Nursing and Health Care Professionals

Lorna Suen Kwai Ping\*

School of Nursing, Hong Kong Polytechnic University, Hong Kong

Received: July 30, 2015; Accepted: July 31, 2015; Published: August 18, 2015

\*Corresponding author: Lorna Suen Kwai Ping, School of Nursing, Hong Kong Polytechnic University, Hong Kong. Email: lorna.suen@polyu.edu.hk

## Introduction

Complementary medicine (CM), sometimes referred to as complementary and alternative medicine (CAM), is rapidly expanding. The World Health Organization (2013) [1] defines CM as “a broad set of health practices that are not part of that country’s own tradition or conventional medicine and are not fully integrated into the dominant health care system.” Most CM approaches belong to either natural products or mind and body practices [2]. Nurses and other healthcare professionals have attempted to integrate acupuncture [3], music therapy [4], hypnosis [5], massage therapy [6], aromatherapy [7], or other therapies into clinical practice to provide a more holistic approach in treatment and care for their patients.

**The growing interest in the use of CM may be ascribed to a number of factors [8-11] including:**

- (1) The recognition of the potential benefits of these therapies
- (2) Limitations and side effects of orthodox treatment approaches
- (3) An increasing expectation for a more holistic approach to providing care
- (4) Quality of life issues
- (5) Improving control in the treatment process
- (6) Clients’ expectation of better communication with practitioners and
- (7) Adoption of particular healing systems compatible with specific cultural backgrounds.

CM is commonly used to treat pain, psychosocial problems, cardiovascular diseases, lung diseases [9], among others, as well as to provide symptomatic relief for cancer pain. This therapeutic approach focuses on the holistic care of the individual with a particular emphasis on client involvement. Many of these therapies also include the belief that an internal self-healing process exists within the person [10]. The holistic effect of CM has been demonstrated in a previous clinical trial involving the use of auriculotherapy (a CM approach for stimulating acupuncture points on the ears to achieve therapeutic effect). This therapy did not only positively influence the sleep behavior of the participants

but also managed certain minor ailments associated with sleep disturbances, such as headache, dizziness and nocturnal polyuria [12,13].

## Future Directions

Barriers hindering the wide use of CM include lack of knowledge about the subject, inaccessibility to competent practitioners, and lack of evidence supporting the effectiveness of therapies. Nearly two-thirds of CM users preferred not to discuss the use of CM with their doctors for fear of doctor’s disapproval, disinterest, or inability to help [14]. Although nurses tend to demonstrate a positive attitude towards CM because of their appreciation of a holistic approach to health, they seem to lack a comprehensive understanding of the associated risks and benefits of CM and feel uncomfortable discussing this therapeutic approach to their patients [15-17]. Fortunately, the awareness of incorporating CM in the existing curricula of nursing and medicine has increased in recent years [18-22]. The increase in knowledge regarding CM among health care professionals may lead to a more open and positive attitude towards these treatment modalities. This awareness may help promote a culture in which patients feel comfortable to disclose the use of CM to health care professionals, and thus allow monitoring of adverse drug effects and/or interactions, as well as the delivery of culturally competent care. The public and the health care providers should be well informed and must easily gain access to an updated list of qualified and competent practitioners for individual therapy when considering these therapies as additional treatment choices.

Many studies on CM are limited by small sample size, lack of an equivalent placebo-control group to establish a strong causal relationship, and inadequacy in terms of rigorous scientific testing [23]. Nurses and other health care professionals should play an active role to initiate or participate in several research activities in this area. As such, patients can receive evidence-based guidance regarding CM.

## Conclusion

Integrated medicine is definitely an attractive proposition within the health care system, and complementary and conventional medicine should be offered alongside each other by adequately trained and well-regulated practitioners to guarantee

a high standard of holistic care and positive outcomes for the patients. Integrating CM into the existing curriculum of health care professionals may lead to a more open and positive attitude towards these treatment modalities. Given the lack of scientific evidence to support the effectiveness of CM, further randomized studies involving more objective measures, large sample sizes, and long-term follow-ups are needed to validate the promising results which are already reported about the effects of CM on the well-being of patients.

## References

- World Health Organization (WHO). WHO Traditional Medicine Strategy: 2014-2023. Geneva, Switzerland. World Health Organization;2013.
- NCCAM (National Center for Complementary and Alternative Medicine). Complementary, alternative, or integrative health: What's in a name? [Cited 2015 July 26]. Available from: <https://nccih.nih.gov/health/integrative-health>
- Wu J, Lu Z, Hayes M, Donovan D, Lore R. Integration of acupuncture into family medicine teaching clinics. *J Altern Complement Med*. 2009;15(9):1015-9. doi: 10.1089/acm.2008.0541.
- Korhan EA, Khorshid L, Uyar M. The effect of music therapy on physiological signs of anxiety in patients receiving mechanical ventilator support. *J Clin Nurs*. 2011;20(7-8):1026-34. doi: 10.1111/j.1365-2702.2010.03434.x.
- Mottern R. Using hypnosis as adjunct care in mental health nursing. *J Psychosoc Nurs Ment Health Serv*. 2010;48(10):41-4. doi: 10.3928/02793695-20100730-05.
- Drackley NL, Degnim AC, Jakub JW, Cutshall SM, Thomley BS, Brodt JK, et al. Effect of massage therapy for postsurgical mastectomy recipients. *Clin J Oncol Nurs*. 2012;16(2):121-4. doi: 10.1188/12.CJON.121-124.
- McNeilly P. Complementary therapies for children: aromatherapy. *Paediatr Nurs*. 2004;16(7):28-30.
- Archer C. Research issues in complementary therapies. *Complement Ther Nurs Midwifery*. 1999; 5(4): 108-14. doi:10.1016/S1353-6117(99)80005-5.
- Barnes PM, Bloom B, Nahin RL. Complementary and alternative medicine use among adults and children: United States, 2007. *Natl Health Stat Report*. 2008;(12):1-23.
- Fontaine KL. Complementary and alternative therapies for nursing practice. 4th ed. Boston: Pearson Education;2015.
- O'Regan P, Wills T, O'early A. Complementary therapies: A challenge for nursing practice. *Nurs Stand*. 2010;24(21):35-9.
- Suen LKP, Wong TKS, Leung AWN. Auricular therapy using magnetic pearls on sleep: a standardized protocol for the elderly with insomnia. *Clin Acup Oriental Med*. 2002; 3(1): 39-50. doi:10.1054/caom.2001.0113.
- Suen LKP, Wong TKS, Leung AWN. Effectiveness of auricular therapy on sleep promotion in the elderly. *Am J Chin Med*. 2002;30(4):429-49.
- Kramlich D. Introduction to complementary, alternative, and traditional therapies. *Crit Care Nurse*. 2014;34(6):50-6. doi: 10.4037/ccn2014807.
- Chang HY, Chang HL. A review of nurses' knowledge, attitudes, and ability to communicate the risks and benefits of complementary and alternative medicine. *J Clin Nurs*. 2015;24(11-12):1466-78. doi: 10.1111/jocn.12790.
- Orkaby B, Greenberger C. Israeli nurses' attitudes to the holistic approach to health and their use of complementary and alternative therapies. *J Holistic Nurs*. 2014; 33(1): 19-26.
- Yildirim Y, Parlar S, Eyigor S, Sertoz OO, Eyigor C, Fadiloglu C, et al. An analysis of nursing and medical students' attitudes towards and knowledge of complementary and alternative medicine (CAM). *J Clin Nurs*. 2010;19(7-8):1157-66. doi: 10.1111/j.1365-2702.2009.03188.x.
- Hess DR, Everett G, Tuchmann L, Dossey BM. Holistic nurses and the New Mexico board of nursing: integrative practices subcommittee formation, development, and activities. *J Holist Nurs*. 2006;24(2):132-8.
- Kim DY, Bark WB, Kang HC, Kim MJ, Park KH, Min BI, et al. Complementary and alternative medicine in the undergraduate medical curriculum: A survey of Korean medical schools. *J Altern Complement Med*. 2012;18(9):870-4. doi: 10.1089/acm.2011.0179.
- Moore K. Rationale for complementary and alternative medicine in nursing school curriculum. *J Altern Complement Med*. 2010;16(6): 611-612.
- Neely D, Minford EJ. Current status of teaching on spirituality in UK medical schools. *Med Educ*. 2008;42(2):176-82. doi: 10.1111/j.1365-2923.2007.02980.x.
- Smith Y. Independent study: Complementary therapies from a nursing perspective: ONG-03-44-1. *ISNA Bulletin*.2005;31(2):21-6.
- Oberle K, Allen MN. Clinical trials with complementary therapies. *West J Nurs Res*. 2005; 27(2): 232-239.