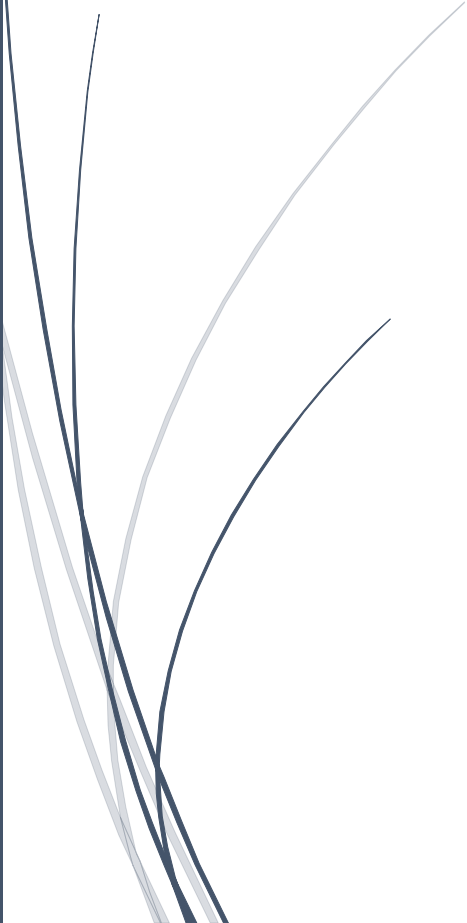


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5/3/2021

COMPLEMENTAR- Y THERAPIES

BMHP 5001
TASK 2 REPORT

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INTRODUCTION

This report will be detailing the use of herbal medicine, compare its usage to orthodox treatments, analyse its efficacy while looking at the regulatory systems and finally give recommendations.

AN OVERVIEW OF COMPLIMENTARY THERAPIES AND THE CURRENT SYSTEMS UTILISED TO REGULATE TREATMENTS

Complimentary medicines can be described as any scope of medicinal therapies that is outside the horizon of allopathic medicine but could be utilised together in the treatment of illnesses and diseases (Oxford Lexico, 2021) types of complimentary therapies include acupuncture, herbal medicine, osteopathy massage therapy etc. it represents an alternative approach (Bupa, 2021) to conventional medicine. Some of these treatments have their bases on principles and evidence that are not recognised by most scientists and there is no universally accepted form of definition of complementary and alternative medicines (NHS Choices, 2018).

Complimentary therapies have become commonly utilised over the past three decades and several practitioners in the UK are not regulated, this is due to the common law right to select the treatment a person wants. This makes it therefore legal for any practitioner of complementary medicine to operate in different professions dealing with healthcare, but they cannot state that they are registered medical professionals and they do not practise protected professions like veterinary medicine, dentistry, midwifery or for them to give medicine that can only be given through prescription (Mills, 2001). Professionals of two complimentary therapies, osteopathy, and chiropractic are regulated (statutory professional regulation) but the other complementary therapies are not regulated, there are associations that members can choose to join if they wish (IBD Relief, 2020)

HISTORY OF HERBAL MEDICINE

The **history** and healing with medicinal plants is as old as humanity. There is a lot of evidence relating to man's quest to find healing for example written documents, original plant medicines and monuments that have been preserved. The oldest evidence in written form of the usage of healing plants for drug preparation was discovered in a Sumerian clay slab originating from Nagpur present day India, it is about five thousand years old. It contained twelve recipes for drug preparation while referring to about two hundred and fifty different plants and some of the plants where alkaloid such as henbane, poppy, and mandrake. Furthermore, the book written by emperor Shen Nung, "pen T' Sao", about roots and grasses around 2500 BC, dealt with 365 dried parts of medicinal plants majority of which is being used to this day, an example of this drugs is: camphor, ginseng, cinnamon bark, jimson weed, the great yellow Gentian and ephedra. The holy books of India wrote about treatment with plants like nutmeg, pepper, clove etc.

The Egyptian Ebers Papyrus that was written around 1550 BC, is a collection containing 800 proscriptions and elaborated on seven hundred species of plants for therapeutic purposes like pomegranate, aloe, castor oil, willow, senna, onion, garlic, etc. Myrtle, and incense were used in rituals in the Bible and in the holy Jewish book, the Talmud. The most well-known writer on plants and drugs was Dioscorides, referred to as the “father of pharmacognosy” he was a military physician in the army of Nero, he authored “De Materia Medica.”, Which gave a lot of data on medicinal plants. Pliny the Elder (23 AD to 79) a Dioscorides contemporary wrote about 1000 plants for medical uses in his book “Historia naturalis” (Petrovska, 2012). The history of herbal medicine is rich and diverse, but it cannot be fully covered since it is not the focus of this assignment.

USES OF HERBAL MEDICINE

Cultures around the world have relied on traditional herbal medicine for centuries and irrespective of medical and technological advancements the global demand for herbal cures is rising. **Echinacea** also known as cone flower is a well-known herbal remedy that originated from North America and has been used to treat different ailments like burns, wounds, toothache, upset stomach and sore throat. **Ginseng** has been used for centuries in traditional Chinese medicine to boost immunity, reduce inflammation, and boosting of brain function and levels of energy. **Ginkgo biloba** is also a traditional Chinese herbal remedy used to treat heart disease, mental difficulties, dementia, and sexual dysfunction.

Elderberry is used to treat nerve pain, headaches, colds, viral infections. **Turmeric** is used to treat different conditions like pain, chronic inflammation, metabolic syndrome, and anxiety conditions. **Ginger** is used to relieve nausea, chemotherapy, and medical operations with potential to treat cancer and heart disease. **Valerian** induces tranquility and a feeling of calm. **Chamomile** has been used for thousands of years to remedy conditions like diarrhoea, nausea, constipation, urinary tract infections etc. (Ansley Hill, 2020)

EFFICACY OF HERBAL MEDICINE

Several herb extracts have been demonstrated to be efficacious in the treatment of specific conditions and can be tested for effectiveness by employing conventional trial methodology (Ernst, 2005). Herbal medicine use was widespread during the previous **SARS outbreak**, currently, several **clinical studies** have **demonstrated** that herbal medicine plays an **important part** in the healing process of **COVID-19** (Cetinkaya, 2020). In a **study** to determine the efficacy of the use of herbal medicine (cinnamon, fennel, and ginger) in the treatment of **primary** dysmenorrhea involving six hundred and forty-seven patients, the **conclusion** was that pain intensity was significantly reduced (Yincong et al., 2020). In another **study** to determine how effective herbal medicine was for weight reduction in a sample of Jordanians, the **findings** indicated that fennel users stated that it was very effective for weight loss with 87.50% saying that they lost weight, also 87% of cumin users reported that it worked (Akour et al., 2020). In a **study** to determine the **clinical efficacy** of herbal medicines for the treatment of pediatric lymphatic malformations that involved eight children with LMS and who were orally administered herbal medicine, **the conclusion** was

that the administration of TJ-28 or Eppikajyutsuto, **was beneficial** and there was a marked reduction in the lesions (Hashizume et al., 2016) In **another study** to evaluate the effectiveness of a herbal treatment called Gegen Qinlian Decoction for ulcerative colitis (UC) it was found to have **potential benefits** when used alone or in **conjunction with allopathic medicine** (Fan et al., 2019).

CONTRAINDICATIONS OF HERBAL MEDICINE

Herbal medicines have been found to produce some **negative** effects such as **rashes, allergic reaction, nausea, headaches, vomiting, diarrhoea etc. and can interact with other medications** (Better Health Channel, 2012), in a **study** to determine the effectiveness and usefulness of herbal medicine for acute intracerebral haemorrhage, the results demonstrated that ultra-early administering of RBS herbal medicine, generally inside 6 hours of the beginning of ICH, of patients with AICH, incremented the peril of gastrointestinal bleeding and haematoma growth (Zeng et al., 2019)

COMPARING HERBAL MEDICINE TO CONVENTIONAL OR ALLOPATHIC MEDICINE

Several comparative studies have alluded to the merits of herbal medicine, in a study to **compare** allopathic therapies with herbal therapies in relation to the cost of illness and the cost benefit analysis after pharmacoeconomic data, the **conclusion** was a preference for herbal remedies (Ahmad et al., 2019)) in another **study** to evaluate the effectiveness of a herbal treatment called Gegen Qinlian Decoction for ulcerative colitis (UC), **the conclusion** was that Gegen Qinlian Decoction utilised alone or in fusion with allopathic medicine might have some possible benefits in curing ulcerative colitis (Fan et al., 2019). The use of herbal medicines is high in some societies especially for people with upper respiratory tract symptoms and pain **in comparison** to allopathic medicine use (Fernando et al., 2017). In the treatment and management of asthma **both herbal and conventional medicines are effective** but herbal medicines are generally considered **safer** in comparison to conventional medicine due to having **lesser side effects** (Zainab et al., 2019). There are also **differences in the regulation systems** of herbal medicines **in comparison** with allopathic medicine in the UK and around the globe (Alostad et al., 2018). In a **randomized clinical trial** for the treatment of patients between the ages of 18 – 80 diagnosed with chronic functional constipation treated with Persian herbal medicine **in comparison** with allopathic medicine, the **conclusion** was that traditional herbal medicine was an economical and available method of treatment with good efficacy which can be used effectively for the treatment of constipation (Parvizi et al., 2017). People take herbal remedies without having knowledge about what type of herbs was mixed to arrive at the herbal solution, they trust herbal medicine and in a **study** about the use of herbal medicine in adults who were hospitalised for hypertension related diseases, it was found that more than 70% of patients believed that there was no harm in using herbal medicine together with allopathic medicine (Liwa et al., 2017)

AN EVALUATION OF THE STATUTORY SELF- REGULATION SYSTEM AND THE VOLUNTARY SELF- REGULATION SYSTEM (MEMBERSHIP BODIES)

Regulation is the process of using controls and rules to keep something in order often by a regulatory agency representing the government and having the force of the law behind it (Merriam Webster, 2019). **Statutory regulation** denotes professions that must fulfil the requisite of registration with a professional regulatory body legally while voluntary self-regulation denotes professions that are not governed by a rule or act of law, they are usually in the form of membership bodies related to the professions that carry out their operations in that sector. **Voluntary self-regulation** refers to when a profession is not governed by an act of law. (NALP, 2019). The **pros for regulating** complementary therapies are varied and they include setting of the standards of competence, behaviour, and education; keeping a register of professionals that are currently fit to practice their profession, acting in relation to professionals who due to misconduct, poor health or poor performance are no longer fit to practice; having the power to remove professionals from their register if the removal will be in the public interest. It is important to regulate because practitioners could exploit the power, they have by harming patients psychologically and can sometimes violate or cross sexual boundaries. Statutory regulation appears to be the only way to ensure that when an individual is struck off the register, they will not be able to continue to practice that profession, but some **arguments against** or **cons** state that complementary therapies are **natural and safe** and it is unnecessary to regulate them (University Of Birmingham, 2021) but another benefit is that regulating protects people from suffering financial harm when they continue to pay for a treatment that is not appropriate or effective (Better Health Channel, 2020) and regulating has been argued to be the only effective way to ensure the safety of the patient and to ensure good practice (Mayberry, 2017) . **Statutory self-regulation** is a path that can be taken by professions, and it requires one governing body, a systematic aggregation of knowledge, training courses that are recognised, and efficacy that can be demonstrated (Walker and Budd, 2002) **The reason for self-regulation** can be based on the natural desire or instinct to enhance one's professional status this natural urge guides practitioners to subscribe to organisations and membership bodies (Mills, 2001) it can be reassuring to members of the public to know that a therapist is a **member of a professional association** and that they are **qualified and working to high standards**, this knowledge is important to the patient. The **therapist benefits** from joining a body also because many professional bodies require their members to have continuing professional development (CPD) (Therapy Directory, 2021). Complaints are investigated in relation to breaches of the code of conduct, performance and ethics and sanctions are imposed that reflect those of statutory health care regulators (CNHC, 2021). Recommendations that are evidence based and developed by independent professionals, committees and lay men is provided by NICE though not mandatory, they advise practitioners and organisations to take the guidelines into consideration in the treatment of patients (National Institute for Health and Care Excellence, 2019).

ETHICAL CONSIDERATIONS

There are four basic biomedical ethics or principles of health care practice that should be considered in the practice of health care, and for a practice to be labelled as ethical it must respect the four principles which are: **justice, autonomy, beneficence, and non-**

maleficence. **Autonomy** in this regard means the patient should have autonomy of intention, thinking and action when the decision about health care procedure is made. The process of making decisions should be free from coercion and coaxing, and the patient should know and understand all the risks and benefits involved in the procedure. **Justice** means that the procedures should respect and uphold the ideas of existing laws and act fairly to all those involved. **Beneficence** relates to the requirement that the intention of the procedure is to do good to the person using the procedure. This requirement demands that the provider continually develop their skills and knowledge, be up to date with training, put in consideration the personal circumstances of the patient and reach for net benefit. **Non maleficence** demands that the procedure does not result in harm to the patient or to other people in the society. Pursuing the greater good can sometimes give rise to conflict situations like in the case of assistive reproductive technologies with limited success rates, this makes it difficult for the practitioners to apply the principle of do no harm (Stanford University, 2020).

Ethical conflicts may arise for example when an oncologist comes across a patient that decides to opt for an unproven and unconventional treatment such as a form of diet instead of going through surgery, radiation and chemotherapy that has been recommended by a doctor. The physician finds it difficult to comprehend because he or she has studied conventional medicine for a long time, and they would not easily understand why a patient will elect an unproven treatment against a treatment proven to be effective (Jacobson and Cain, 2009). Ethical conflicts can arise in **Covid - 19** treatments where a medical practitioner may find it difficult to recommend herbal remedy even in the face of evidence that it is effective, but studies have shown that Chinese herbal medicine in combination with standard medical care for the treatment of severe coronavirus disease have produced an **outcome** of a change in the severity of the disease after the treatment (Ye, 2020) Complimentary therapists must uphold the code of ethics of the relevant professional bodies they belong to and by the guidance of the establishment which they provide the therapy, in general, **confidential information** can only be shared with the approval of the patient or when it becomes necessary for the welfare of the patient (MCCN, 2016) It is now essential for any business to have a **privacy policy**; this is necessary to avoid breaching **GDPR regulations**. the policy should state **how long the clients' data will be held**, how and when it will be **disposed or deleted**, their **right of access** and finally their right **to lodge a complaint** if they are satisfied that the therapist is breaching their personal data (Brighton Holistics, 2018). There are few exceptions to the rule of confidentiality, if it is in the interest of the clients health, if required by statute, etc and the client must be informed before the disclosure is made (GRCCT, 2019)

RECOMMENDATION

Studies have demonstrated the effectiveness of herbal medicine and the drawbacks associated with the use of herbal medicine, the best way forward for this treating modality is for further research to be carried out to have a better understanding of how herbal medicines work and what does not work this will help to meet the requirements and build greater trust in herbal medicine although herbal medicine enjoys a high degree of trust in its users. The studies mentioned earlier have demonstrated that patients generally combine the use of both forms of treatment with success and with little side effects, the society at large would benefit

from a study of the demerits and merits including finding a way of regulating those professions that are not regulated to protect the public from unscrupulous practitioners who through their negligence and lack of knowledge and training can cause harm.

CONCLUSION

Conclusively, herbal medicine can be described as a safe alternative and complimentary option to allopathic medicine, this is evident from the use of herbal medicine for thousands of years. Cultures and peoples around the globe have benefitted from its use and continue to benefit from its healing capabilities.

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