



Review article

Broadening our perspectives on complementary and alternative medicine for menopause: A narrative review



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ABSTRACT

Complementary and alternative medicine (CAM) is widely used for menopause, although not all women disclose use to their healthcare providers. This narrative review aims to expand providers' understanding of cross-cultural approaches to treating and managing menopause by providing an overarching framework and perspective on CAM treatments. Increased provider understanding and awareness may improve not only provider-patient communication but also effectiveness of treatments. The distinction between illness (what patients suffer) and disease (what physicians treat) highlights the gap between what patients seek and doctors provide, and may help clarify why many women seek CAM at menopause. For example, CAM is often sought by women for whom biomedicine has been unsuccessful or inaccessible. We review the relevance to menopause of three CAM categories: natural products, mind-body practices including meditation, and other complementary health approaches including traditional Chinese medicine (TCM) and Japanese *Kampo*. Assessing the effectiveness of CAM is challenging because of the individualized nature of illness patterns and associated treatments, which complicate the design of randomized controlled trials. Because many women seek CAM due to inefficacy of biomedical treatments, or cultural or economic marginalization, biomedical practitioners who make an effort to learn about CAM and ask patients about their CAM use or interest may dramatically improve the patient-provider relationship and rapport, as well as harnessing the 'meaning response' (Moerman, 2002) imbued in the clinical encounter. By working with women to integrate their CAM-related health-seeking behaviors and treatments, providers may also boost the efficacy of their own biomedical treatments.

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1. Introduction

The treatments sought by menopausal women are as diverse as the symptoms themselves and the methods used to study them [1–5]. While medicalized views of menopause and biomedical treatments such as hormone replacement therapy (HRT) have reached the far corners of the globe, traditional treatments have also spread globally, increasing the options available to menopausal women and their providers.

Anthropological research suggests that biocultural factors (ranging from the physical environment in the form of diet and the microbiome, to the social environment in the form of social support, attitudes toward aging and medicalization) acting over the lifecourse may significantly influence women's experience and perception of menopause. These factors may also influence whether (and which) symptoms are bothersome, and what kinds of treatments are used and effective [6]. Many women seek complementary and alternative medicine (CAM) at menopause, as biomedicine is often perceived to be more aggressive [7]. The definition of CAM depends on who is using it and where. "Depending on one's perspective, CAM is a category of exclusion, preventive and therapeutic modalities that fall outside the conventional [bio]medical practice, or a category of inclusion, a residuum of everything else, ranging widely from prayer to acupuncture to Ayurvedic plant medicines" (p. 204) [8].

Interest in CAM for menopause increased following results from the Heart and Estrogen/Progestin Replacement Study II and the Women's Health Initiative [9] that suggested that HRT might increase risks of several chronic diseases such as coronary artery disease, stroke, thromboembolic events, and breast cancer [10–12]. To avoid potentially negative side effects of HRT [13], and because they perceive that CAM and conventional medicine combined (i.e., integrative medicine) is more effective [14], many women have turned to CAM for treatment of menopausal symptoms [15]. However, they do not always involve their physicians in the process [16], perhaps due to stereotypes on both sides. Women may assume that biomedical practitioners lack knowledge about CAM and associate negative stigma with CAM use [16]. Practitioners may hold negative stereotypes about CAM users, including that they are naïve or superstitious, although studies suggest these stereotypes are not entirely accurate [17,18]. One US study found that CAM users were generally better-educated and reported overall poorer health than those who used Western biomedicine exclusively [19], suggesting that subpopulations for whom biomedicine has not worked well are motivated to seek alternatives. CAM use in the United States has risen in recent years [20]. One in three Americans use some form of CAM and make more visits to CAM providers than to primary care physicians [21]. Thus, it is critical that practitioners understand more about CAM.

The US National Center for Complementary and Integrative Health (NCCIH) divides CAM into three categories: natural products, mind–body practices including meditation, and other complementary health approaches including traditional Chinese medicine (TCM) and Japanese *Kampo* [22]. This review aims to provide an overview of CAM and a context for understanding CAM use by women, highlighting examples from each of the three NCCIH CAM categories. Readers who desire evidence from randomized controlled trials (RCTs) are referred to the many systematic reviews

and meta-analyses on CAM for treatment of menopause [15,23–29]. Many reviews have found inconclusive results, due in part to low quality studies of CAM. Space does not permit an exhaustive treatment of individual therapies. Rather, this narrative review aims to fill a gap in the literature, taking a step back from attempts to study CAM by biomedical standards of RCTs, by providing an overarching framework and perspective on CAM and integrative therapies for treatment of menopause.

The goal of this narrative review is to expand providers' understanding of cross-cultural approaches to menopause, thereby enabling them to open channels of communication with their patients, possibly add to their own bags of tools and treatments, and work more effectively with their patients to develop appropriate treatment options. As women around the world increasingly choose to explore CAM, it is important for their providers to have a 'big picture' understanding of how CAM may work so that they can harness its power in treating their patients.

2. Methods

We searched PubMed and AnthroSource for articles related to CAM and menopause. Key words included: menopause AND complementary and alternative medicine or CAM; or herbal remedies; dietary phytoestrogens; supplements; moxibustion; acupuncture; aromatherapy; movement or meditation; lifestyle; traditional Chinese medicine (TCM); Chinese herbal medicine (CHM); or *Kampo*. Because we aimed to update the literature following the 2010 review of CAM and menopause [13], only English-language articles published between 2009 and 2016 were included. Additional references were identified from reference lists in the resulting publications, review articles, medical anthropology books on complementary and alternative medicine, and recommendations by colleagues working with CAM. Because this is a narrative review, rather than systematically summarizing results, we provide a broader framework for understanding and contextualizing the results of CAM studied by RCTs, and review literature on broader implications of CAM use and approaches. We highlight examples of three types of CAM to increase readers' familiarity with different categories of CAM, and draw on medical anthropology literature to provide a more holistic perspective on CAM approaches so that biomedical practitioners can integrate an understanding of CAM into their provider-patient relationship.

3. Evaluating CAM

3.1. RCT and western biomedical perspectives on CAM

The gold standard for evidence-based medicine (EBM) is the RCT. In biomedicine, blood tests and biomarkers (e.g. high FSH and low E2) may indicate a specific therapeutic course of action (e.g. HRT); however, in many CAM traditions, practice is empirical and individually-tailored to each patient's symptoms and mind-body characteristics, as well as larger environmental contexts. Thus, different CAM treatments may be prescribed for biomedically-similar symptoms or conditions. However western biomedicine tends to privilege models of single causes and cures, an idea of the universal body or patient, and standardization and risk management that

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