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Other complementary and alternative medicine modalities: acupuncture, magnets, reflexology, and homeopathy

Janet S. Carpenter, PhD, RN,[a] Jennifer G. Neal, BS[b]

[a]*School of Nursing, Indiana University, Indianapolis, Indiana, USA; and*
[b]*Walther Cancer Institute, Inc., Indianapolis, Indiana, USA*

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We sought to evaluate evidence for the benefits and risks of acupuncture, magnets, reflexology, and homeopathy for menopause-related symptoms. Search strategies included electronic searches of online databases (PubMed, PsycINFO, Medline), direct searches of target journals, and citation-index searches. A total of 12 intervention studies were identified for review. Complementary and alternative medicine (CAM) treatments resulted in few side effects. The design, study populations, and findings across acupuncture studies varied. In uncontrolled studies, acupuncture improved subjective measures of hot flash frequency and vasomotor, somatic, physical, and psychological symptoms; however, improvements were not consistent. Controlled studies of acupuncture yielded even less consistent findings. Overall, controlled studies of acupuncture did not reliably improve hot flashes, sleep disturbances, or mood when compared with nonspecific acupuncture, estrogen therapy, or superficial needling. Homeopathy significantly improved subjective measures of hot flash frequency and severity, mood, fatigue, and anxiety in uncontrolled, open-label studies. Controlled studies of magnets and reflexology failed to demonstrate any increased benefit of treatment over placebo. There is a need for additional investigations of acupuncture and homeopathy for the treatment of hot flashes and other menopausal symptoms. However, existing evidence does not indicate a beneficial effect of magnets or reflexology in the treatment of hot flashes and other menopausal symptoms. Understanding whether, for whom, and how these interventions work is crucial to building the evidence base needed to evaluate any potential for these CAM therapies in the management of menopause-related symptoms.

The aging population of the United States[1] and findings from the Women's Health Initiative (WHI) that indicate a shift in the risk-benefit balance of hormone therapy[2–8] have created a growing interest in complementary and alternative medicine (CAM) treatments for hot flashes. Healthy women as well as those taking medications such as tamoxifen and lupron—used in the prevention or treatment of hormonally dependent cancers—who experience hot flashes need and seek safe and effective treatments for symptom relief.[9–11] In addition, men with prostate cancer who experience hot flashes from androgen-deprivation therapy also need proven therapies.[12]

Numerous scientific and lay publications attest to the possible benefits of CAM modalities, including acupuncture, magnets, reflexology, and homeopathy.[13–17] However, these clinical recommendations are often made in the absence of clear empiric evidence of either safety or efficacy.

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Requests for reprints should be addressed to Janet S. Carpenter, PhD, RN, Indiana University, School of Nursing, 1111 Middle Drive NU340D, Indianapolis, Indiana 46202.

E-mail address: carpentj@iupui.edu.

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Irrespective of the evidence base, epidemiologic data suggest that consumers are using CAM for treating hot flashes and other menopausal symptoms and often do so based on the advice of a medical professional. In a recent National Health Interview Survey (NHIS) of 31,044 adults conducted by the Centers for Disease Control and Prevention (CDC), approximately 1% of adults who used CAM during the prior 12 months reported doing so to treat menopausal symptoms.[18] In addition, the NHIS survey found that approximately 25% of adult users sought CAM therapies based on the recommendations of a conventional healthcare professional (e.g., nurse, physician).[18] In another survey of 886 menopausal women, 76% reported using CAM, and 22% used ≥1 CAM therapies specifically for menopausal symptoms.[19] Homeopathy was the most frequently used CAM modality for menopausal symptoms (13%).[19] Acupuncture was used by <1% of women for menopausal symptoms but had been used at least once by 10% of subjects for other reasons.[19] In addition, 61% of respondents agreed that they preferred CAM modalities to hormone therapy.[19]

The purpose of this review was to evaluate evidence for the benefits and risks of commonly used CAM interventions for managing menopause-related symptoms, including acupuncture, magnets, reflexology, and homeopathy. The modalities reviewed here have typically been absent from other reviews of alternative therapies for menopausal symptoms, which have focused primarily on dietary supplements, such as soy and black cohosh.[20,21] They are also absent from the evidence-based recommendations for treating menopausal symptoms recently published by the North American Menopause Society (NAMS).[22]

Materials and methods

We used 3 search strategies in our investigation. First, we conducted searches for all literature published from January 1, 1950, through December 31, 2004, using PubMed and Medline and from January 1, 1985, through December 31, 2004, using PsycINFO. Key words used for treatment searches included *acupuncture, acupressure, magnets, reflexology*, and *homeopathy*; additional searches were conducted of treatment terms combined with *hot flashes, hot flushes, night sweats*, *vaginal dryness*, *vaginal atrophy, vaginal bleeding*, and *menopausal symptoms*. Articles published in languages other than English were included. All potentially relevant articles were identified, and full text articles were obtained and examined by both authors. A total of 29 relevant articles were identified using these search strategies. For comparison purposes, we also used the Google search engine to look for key words that might help identify additional articles. In addition, relevant specialty journals were identified, and direct index searches were conducted for available journals. Two additional articles were identified in this manner. Finally, we reviewed the reference lists of all obtained articles and found 1 additional reference. The majority of reports represented review articles or clinical recommendations. These were reviewed by both authors but were not included in the evaluation. In total, the combined search strategies yielded 12 intervention studies, all included here regardless of level of evidence or quality of design.

Studies were evaluated in the following manner. Both authors independently read and evaluated each of the 12 intervention articles. The second author extracted information and compiled it in tabular format based on study purpose, intervention condition, control or comparison condition, design, sample, sample size, outcome measures, and results. The first author then verified accuracy of the extracted information. Following completion and verification of the table, the authors discussed similarities and differences across studies and within those treatment modalities for which >1 study was available (e.g., acupuncture, homeopathy).

Results

Shown in **Table 1** are summaries of the 12 identified intervention studies. The intervention studies represented 8 reports evaluating acupuncture,[23–30] 1 on magnetic therapy,[31] 1 on reflexology,[32] and 2 on homeopathy.[33,34] No articles on acupressure for menopausal symptoms were found.

Acupuncture

We divided the acupuncture studies into 2 categories, controlled and uncontrolled. There were 3 uncontrolled acupuncture studies that demonstrated favorable effects on subjective measures of hot flash frequency[25] and mean scores for vasomotor and physical/somatic symptoms.[24,27] Although 1 uncontrolled study did not show significant improvement in psychosocial symptoms after 5 weeks of acupuncture,[24] another reported significant improvement in anxiety and depression after 12 weeks of treatment.[27] Intervention designs and sample characteristics were not the same across studies, but all had small sample sizes. One study used 5 biweekly sessions of 40 minutes' duration in a sample of 11 healthy women.[24] Others used a combination of 14 weekly and biweekly 30-minute sessions in a sample of 6 men with prostate cancer[25] and 12 weekly sessions for 15 female breast cancer survivors taking tamoxifen.[27] However, uncontrolled reports should be interpreted cautiously because some control groups have been noted to demonstrate improved outcomes over time.[23,26,29]

Findings from controlled studies of acupuncture for menopause-related symptoms were less consistent. Acupuncture did not consistently improve hot flashes, menopausal symptoms, sleep, or mood when compared with nonspecific acupuncture, estrogen therapy, or superficial needle insertion.[23,26,28–30] For example, when compared