



September, 2008

Volume 8, No. 3

***Wholistic News Reviews:
Traditional, Complementary, Alternative, and Psycho-Social Modalities
of Treatment***

Larry Lachman, PsyD

Complementary Medicine and childhood psychiatric disorders

Drs. Soh and Walter examine the few studies in the use of omega-3 fatty acids (recommended in the treatment of depression, ADHD and so on), St. John's wort, dietary manipulations, kava, ginkgo and lemon balm in treating childhood or adolescent psychiatric disorders. They summarize a review of six randomized controlled trials with omega-3 which showed some improved mental state with adult schizophrenic patients even though the clinical significance of those trials were debated although high doses of omega-3/EPA seem to show significant improvement with depressed patients. One study cited showed significant reduction in childhood depression with children aged 8-12 with an EPA dose of 380mg. Soh and Walter also review the use of St. John's wort and found in a review of 37 double-blind randomized controlled trials with adults, it was useful in treating mild to moderate depression but only of minor effectiveness with severe or prolonged depression. They also cite a recent study that found that 900-1800mg/day of St. John's wort was as effective as 20 and 40 mg/day of paroxetine in a six week treatment for moderate to severe depression. Stated caution was mentioned regarding St. John's wort potential adverse interaction with other medications potentiating the effects of SSRI's and reducing the effects of anticonvulsant drugs such as carbamazepine. Finally, Soh and Walter discuss a review of 12 double-blind randomized controlled trials using oral kava extracts which did show a positive effect in treating anxiety symptoms compared with placebo and a cross-over study of healthy adults finding that lemon balm and valerian root in small doses did reduce state anxiety but in higher doses produced a paradoxical reaction of a small increase in anxiety. Soh and Walter partially conclude by writing, "Current empirical research into the use of CAM in psychiatric conditions is at best modest, with omega-3, St John's wort and kava being the better-studied treatments. Research into CAM and children and adolescents is grievously lacking and, of the studies undertaken, very few have been of high quality. Considering the potential some CAM treatments have displayed in adult studies and the emerging potential revealed by the few pilot studies in children, quality research to establish the efficacy and safety of such treatments in this group is warranted."

Protect against cognitive decline by drinking tea

Dr. Tze-Pin Ng of the University of Singapore reports that tea has long been reported to have potential neurocognitive protective effects and that in the Singapore Longitudinal Ageing Studies Cohort of a cross-sectional sample of 2,501 Chinese adults, and longitudinal sample of 1,438 Chinese adults 55 years or older who were assessed for tea drinking and cognitive functioning through a Mini-Mental State Examination, Dr. Ng and colleagues found that total tea intake was significantly associated with lower prevalence of cognitive impairment. Dr. Ng and colleagues conclude, "Because tea is cheap, nontoxic, and widely consumed, it has a huge potential effect in promoting cognitive health and perhaps delaying the onset of dementia. Further studies should investigate whether tea consumption lessens the risk of vascular and Alzheimer-type dementia."

American Journal of Clinical Nutrition 2008, 88, 224-231

Treating elevated triglyceride levels in HIV-infected patients receiving anti-retroviral therapy with fish oil or fenofibrate

Dr. John Gerber, et al. report on 100 HIV-infected patients on HAART (Highly Active Anti-retroviral Therapy) with serum triglyceride levels greater than 400 mg/dl, with some randomized to receive 3 grams of fish oil twice weekly or 160 mg of fenofibrate (a cholesterol and triglyceride lowering drug with the brand names, Antara, Lipidil) or a combination of the two for those with fasting triglyceride levels over 200 mg/dl, they found that fish oil reduced triglyceride levels by 46%, fenofibrate by 58% and combined by 65%. Dr. Geber and colleagues conclude, "In summary, we have demonstrated that fish oil at the EPA plus DHA dose of 4.86 g/d is effective in combination with fenofibrate in lowering TGs in HIV-infected subjects with hypertriglyceridemia on HAART who fail to respond to single-drug lipid-lowering therapy. Most subjects failed to achieve the goal TG concentration of \leq 200 mg/dL when treated with fenofibrate or fish oil alone. When fish oil was combined with fenofibrate, however, a further reduction in TGs was obtained without any safety concerns."

Journal of Acquired Immune Deficiency Syndrome 2008, 47(4), 459-466

Health Outcomes from Humor and Laughter

Drs. Bennett and Lengacher write that studies have shown that laughter can decrease skeletal muscle tone and cause relaxation of large group of muscles especially during the time immediately following laughter which can last up to 45 minutes. In one study cited by the authors, they used the Hoffmann reflex (H-reflex) which is created by using an electrical shock to sensory fibers coming from muscle spindles recorded by an electromyography (EMG) which found that healthy volunteers who engaged in laughter demonstrated decreased muscle twitching and spinal cord excitability leading to a suppression of the H-reflex, with the most decrease being associated with true deep laughter. And in a third group of studies, the authors describe the use of biofeedback machines to measure sympathetic arousal in subjects exposed to a humorous movie and a sad movie and found that although both showed near equal increases in galvanic skin response, those who watched the humorous movie showed stable blood pressure where those who saw the sad movie showed an increase in blood pressure. The authors partially conclude by writing, "...the materials reviewed in this section support that the act of laughter can lead to immediate increases in heart rate, respiratory rate, respiratory depth and oxygen consumption. These increases are then followed by a period of muscle relaxation, with a corresponding decrease in heart rate, respiratory rate and blood pressure."

Evidence Based Complementary Alternative Medicine 2008, 5, 7-40

Optimism and Mastery In the Management of Cancer Patients' Pain

Dr. Margot Kurtz and colleagues from Michigan State University write that in studying 214 cancer patients undergoing chemotherapy treatment longitudinally over a 26 week period who received a nurse-assisted symptom control intervention at the 10 week point, they found that those patients who were older and more optimistic suffered fewer comorbid conditions and/or reported higher levels of mastery and reported less severe pain. The authors partially conclude by writing that, "These findings underscore the need for physicians and nurses involved in the care of cancer patients to recognize, encourage, promote, and take advantage of these traits in their patients to help them more effectively manage their cancer care, so that they ultimately can achieve a better quality of life during the sequelae of the cancer experience."

Journal of Pain and Symptom Management 2008, 36(1), 1-10

Larry Lachman, PsyD, is a Licensed Clinical Psychologist based in La Jolla, California, who is the co-author of a book on coping with cancer entitled, "Parallel Journeys." Dr. Lachman is a Psychology Instructor at Chapman University and Argosy University in San Diego.

Contact: www.DrLarryLachman.com



TERMS OF USE

The International Journal of Healing and Caring On Line is distributed electronically. You may choose to print your downloaded copy for relaxed reading.

We encourage you to share this article with friends and colleagues.

The International Journal of Healing and Caring – On Line

P.O. Box 502, Medford, NJ 08055

Phone (866) 823-4214 (519) 265-0746

Email: center@ijhc.org **Website:** <http://www.ijhc.org>

Copyright © 2007 IJHC. All rights reserved.