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Complementary and Alternative Medicine: COVID-19 Pandemic

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Abstract

The WHO decided in March 2020 to implement a nationwide lockdown to prevent spread of the COVID-19 virus. The lockdown had vast socioeconomic consequences for the society. The aim of this study was to investigate how COVID-19 affected Complementary and Alternative Medicine (CAM) providers' practice, financial situation, recommendations to patients and how they perceived their future practice as CAM providers.

Keywords: Complementary and Alternative Medicine (CAM) • COVID-19 • Pandemic • Finance management

Introduction

Since the first patient with Coronavirus Disease 2019 (COVID-19) was discovered in November 2019, the illness has spread globally and the pandemic will continue until 2022. The initial uncertainty around the epidemic has subsided as a result of the widespread use of recently produced vaccinations and acute treatment measures, although it is difficult to estimate how long this condition will last. As the pandemic persists, there is an increasing interest in long-term symptom treatment in addition to the efforts that have only concentrated on the prevention of COVID infection and the care of acute symptoms. Due to a lack of adequate medical resources, it is possible that internationally recognised treatment procedures will not be effectively implemented in developing nations. These factors lead to the use of complementary and alternative medicine (CAM) therapies as COVID-19 alternatives, depending on the local medical landscape.

However, it is crucial to take into account the clinical evidence for these therapies given the rise in CAM usage. Finding suitable CAM therapies for COVID-19 patients based on the most recent best evidence is required among the deluge of information about the pandemic and workable cures. When CAM therapies are impacted by incorrect beliefs or cultural practises, they cannot be included in an effective approach to fight COVID-19.

Description

Active planning and execution of clinical studies with COVID-19 patients has resulted in a considerable body of knowledge about the efficacy and safety of CAM therapies in a very short amount of time. Establishing the clinical evidence for specific CAM therapies is a crucial first step; however, it is now time to synthesise the information from various sources, assess its degree and quality and pinpoint any gaps in the evidence. The goal of this study is to develop an evidence map that details CAM therapies in accordance with those that are supported by good evidence and those that require more research [1].

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Date of Submission: 11 August, 2022, Manuscript No. AlM-22-77612; Editor Assigned: 13 August, 2022, PreQC No. P-77612; Reviewed: 28 August, 2022, QC No. Q-77612; Revised: 03 September, 2022, Manuscript No. R-77612; Published: 09 September, 2022, DOI: 10.37421/2327-5162.2022.11.406 Finding viable treatments quickly was one of the main strategies used to halt or restrict the global spread of the COVID-19 virus at the beginning of the pandemic. Several researches at the time concentrated on using bioinformatics analysis to evaluate possible anti-COVID-19 drugs.

The Journal of Integrative Medicine published a novel finding by Zhang, et al. on February 14, 2020, which identified 26 Chinese herbs with possible inhibitory effects against SARS-CoV-2. The Qingfei Paidu decoction, one of the main formulae that has been both approved by The National Health Commission of the People's Republic of China and verified to be effective against COVID-19, contains a number of these plants. Later, a research by Zhang, et al. using network pharmacology to investigate the mechanism of Lung-toxin Dispelling Formula No. 1, another formulation used to successfully treat COVID-19, was published in the Journal of Integrative Medicine. Furthermore, Fuzimoto noted that A. Fuzimoto utilised a study of the literature to examine the efficiency of the Chinese herb Artemisia annua in the treatment of coronavirus infection. The SARS-CoV-2 attachment, membrane fusion and internalisation into the host cells, as well as the viral multiplication and transcription process, can be prevented by annua components. In light of these actions, Fuzimoto suggested that A. A potential source of medication for COVID-19 treatment was annua [2,3].

As time went on, an increasing number of COVID-19 patients made a full recovery. At the same time, CAM's efficacy in treating COVID-19 was gradually confirmed.

The Lancet released a piece titled Use of Herbal Drugs to Treat COVID-19 Should be with Caution on May 15, 2020. In the Journal of Integrative Medicine shortly after, Fields made a statement on this Lancet paper. While this is true for all medications, including herbal ones, he asserted that the results "may be skewed and demand a scientific answer." Further, a meta-analysis conducted by Fan, et al. revealed that Chinese herbal medicine could improve the symptoms and signs of COVID-19 patients, lower the level of the inflammation marker C-reactive protein and speed up the absorption of lung infections, wich is why we believe that these types of reports will unfairly and negatively impact the field of integrative medicine as a whole [4].

In addition, a number of research reported in the Journal of Integrative Medicine suggested that traditional Chinese medicine was an effective adjuvant therapy for COVID-19. For instance, a retrospective investigation found that traditional Chinese medicine might assist Western medical treatments in reducing the time it takes for faecal nucleic acid to undergo negative conversion and the length of time it takes for pharyngeal-fecal nucleic acid to undergo negative conversion. Shi, et al. also noted similar outcomes and highlighted that traditional Chinese medicine's benefits could be connected to its anti-inflammatory properties. The Lianhua Qingwen Capsule can greatly enhance the impact of Western medication in reducing the symptoms of COVID-19, according to a meta-analysis by Wang, et al. additionally, it has been demonstrated that using Chinese herbal medicine as a co-therapy with acupuncture can help cure COVID-19 [5].

However, Zhao, et al. noted that the present results from COVID-19 randomised controlled studies were insufficient and that more thorough evidence-based investigations were still required.

Conclusion

On CAM providers, COVID-19 had a significant effect. Their clinical practise, financial status and outlook on their future profession were all negatively impacted. It is advised to support and train CAM providers in the development of online CAM services as well as the effective implementation of infection prevention and control measures in order to guarantee that the health needs of the Norwegian population with regard to CAM use are met during pandemic times like COVID-19.

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Conflict of Interest

No potential conflict of interest was reported by the authors.

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