

# Complementary and Alternative Therapy for Chronic Fatigue Syndrome Patients

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## Introduction

Patients with chronic conditions use complementary and alternative medicines (CAM) worldwide. Patients with illnesses or diseases with no known cause also make significant use of complementary and alternative medicine. There is no exception with chronic fatigue syndrome (CFS), also known as myalgic encephalomyelitis (ME). To summarize the existing evidence from RCTs of CAM treatments in this patient population, a systematic review of randomised controlled trials of CAM treatments was conducted. Up until August 13th, 2011, seventeen data sources were searched. With the exception of acupuncture and complex herbal medicines, all CAM therapies used to treat CFS were included in the randomised controlled trials (RCTs); Blinding did not prevent studies from being included. Case studies, uncontrolled observational studies and controlled clinical trials were all excluded [1].

## Description

PCOS's cause is poorly understood. Although hyperinsulinemia/insulin resistance and abdominal obesity are also thought to be important, ovarian hyperandrogenemia, the most consistent endocrine feature, probably plays a key role. It is unclear whether hyperandrogenism is caused by IR's hyperinsulinemia or the other way around. Additionally, ovarian androgen production can be further boosted by persistently rapid pulsatility and increased amplitude of luteinizing hormone (LH) caused by neuroendocrine defects [2]. Additionally, circulating testosterone is the most significant explanation for the elevated activity in PCOS women in comparison to controls. In addition, ovarian cysts in rats are preceded by high activity in sympathetic neurons and women with PCOS may have an increased density of ovarian nerve fibers.

The most common chronic inflammatory bowel diseases (IBD) are Crohn's disease (CD) and ulcerative colitis (UC), which affect an estimated 1.4 million people in the United States and 2.2 million people in Europe. IBD share a common complex and multifactorial pathogenesis, despite the fact that the etiology of both CD and UC is unknown. Researchers from all over the world agree that the environment, genetic makeup, intestinal microbiota, and, most importantly, a dysregulated immune system are all involved in the development of the intestinal inflammation that is characteristic of IBD. Major insights into the pathogenesis of IBD have been achieved over the past few decades. An increased mucosal immune response directed against luminal antigens is the cause of IBD-related mucosal inflammation in predisposed individuals, according to recent evidence. Both types of IBD can make it more likely that gastrointestinal and colon cancer will happen. The pathophysiologies of CD

and UC patients differ, according to reports. T cells play a crucial role in the pathogenic process of IBD progression, which is mediated by an active cross talk between immune and nonimmune cells [3]. It is hypothesized that the cellular response in CD, which results in the increased production of cytokines due to the increased activation of CD4+ T cells primarily differentiated into the T1 subpopulation, has a significant impact on the subsequent course of disease progression.

People who are having trouble conceiving often use complementary and alternative medicine (CAM) as a first line of treatment before attempting more invasive medical procedures because of the stigma, high costs and lack of clarity that come with biomedical fertility treatments. According to recent research, people who are trying to conceive frequently consider complementary and alternative treatments (CAM) to be safe and effective ways to increase their fertility. As a result, they are more likely to try these treatments in addition to more conventional ones. A way for current fertility patients to offset some potential negative side effects of biomedical treatments is offered by the holistic approach that many complementary and alternative medicine (CAM) methods claim to take. In addition, CAM's focus on the patient gives fertility patients a sense of control over the treatment process. Despite the fact that these "fertility-enhancing" treatments are frequently offered to couples trying to conceive naturally or through biomedical procedures, their efficacy is frequently disputed [4].

Using a structured or semi-structured questionnaire about CAM use, three studies evaluated self-reported efficacy. The responses ranged from 81% to 100%. In Singapore, 48% of CAM users perceived some improvement, 58% perceived no improvement and 2% perceived a worsening of their parkinsonian symptoms. Although 41.6% (37/89) of Korean CAM users reported a reduction in their PD symptoms, the majority (83.8%) reported only a slight improvement and 9.6% (9/94) reported experiencing negative effects. Nevertheless, 57.4% of CAM users indicated that they intended to continue using CAM in their responses. Self-reported efficacy in Sweden varied from CAM to CAM. 50% of patients who received acupuncture reported no improvement, while 50% reported some improvement. For home grown prescriptions and different medications, 33% announced great improvement, 33% a few improvement and the leftover third no impact. However, the majority stated that other CAM alternatives had no effect [5].

Needle therapy studies are hard to plan for some reasons, including the range of farce methods, the quantity of needle therapy focuses utilized, the number and term of needle therapy medicines and contrasts in excitement procedures. It is practically impossible to conduct acupuncture studies in which neither the patient nor the therapist are aware of the treatment. As a result, the outcome of an acupuncture study is influenced by numerous variables. The supposed fake treatment needle therapy needle has been utilized in numerous preliminaries and most frequently it has comparative impacts to genuine needle therapy however is better than no treatment on the off chance that a no-treatment bunch is incorporated. Therefore, the placebo-acupuncture needle cannot be used as a sham because it is not inert. Instead, the control/comparison group should meet with a therapist the same number of times as the acupuncture group to control for the increased attention.

## Conclusion

Despite the widespread use of CAM practices among PD patients, there is

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insufficient evidence regarding their safety and efficacy. Patients are more likely to be exposed to unvalidated information and potential risks from unproven treatments as a result of increasing access to CAM-related information through the media and the internet, where CAMs are frequently promoted. As a result, physicians should learn about evidence-based complementary and alternative medicine (CAM) treatments and educate patients in a responsible manner about CAM, assisting patients in making informed choices regarding CAM use.

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## Conflict of Interest

No conflict of interest.

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