

CLINICAL

PRACTICE

Complementary medicine series



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The Australasian Integrative

Medicine Association (AIMA) is a national, voluntary nonprofit organisation and is the peak medical body that promotes the safe integration of holistic and complementary medicine with current mainstream medical practice, in pursuit of complete whole person care.

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Complementary therapies in mental health care

Mental illness is a common and often complicated

condition that general practitioners deal with on a daily basis. Despite its complex nature, treating mental illness can be very rewarding. The mainstay of conventional treatment is pharmaceutical medications and psychotherapy; however, some people suffer with recalcitrant disease or significant side effects from pharmacotherapy. Much can be learned from looking at alternative therapies. Some herbal treatments carry great promise, and by recognising this as a profession it allows us toopen our minds to the potential benefit of some ofthese treatments.

Chinese medicine and schizophrenia

Traditional Chinese herbal medicine was used for 2000 years as first line therapy for psychosis before the advent of antipsychotic medications in the 1950s. There is some evidence that the use of a combination of traditional herbs and antipsychotic medications is beneficial.

A Cochrane systematic review¹ of seven studies was undertaken in 2005 to determine whether the use of traditional Chinese herbs alone or in combination was effective in the treatment of psychosis. The selection criteria included randomised controlled trials (RCTs) involving people with schizophrenia who were allocated Chinese herbal medicine and compared them to placebo/awaiting treatment, or those on antipsychotic medications.

One study evaluated the use of traditional Chinese medicine methodology; six used Chinese medicine alone. One study evaluated Chinese herbs compared to antipsychotic medications with results more favourable in the medication group. However, six of these trials compared the use of Chinese herbs in combination with antipsychotic medication compared to antipsychotic medication alone. Results of one study (n=123) came out against the combination treatment in terms of global outcome, and two studies (n=103) showed more favourable results for the combination group. It was also noted that fewer people in the combination group left the study compared to those in the medication alone study (n=1004). A significant reduction in constipation was noted in the combination group (n=67).

The review concluded that the use of Chinese herbal medicine when combined with antipsychotic medication may have a place in the treatment of schizophrenia. Despite being limited by sample size and study length, the review does show some positive indication for the combination of the two therapies, with particular benefits regarding a better side effect profile.

Kava and anxiety

Kava (*Piper methysticum*) is a member of the pepper family and has been traditionally used by Pacific Islanders both as a social custom and a ceremonial drink.

An Cochrane systematic review² was undertaken in 2002. Twelve RCTs were included in the review (n=700). All trials used oral kava alone as the therapy. A meta-analysis was also conducted including seven of the trials using the Hamilton Anxiety Scale as a common evaluating outcome. The results suggest a significant reduction in anxiety score in the kava treatment groups compared with the placebo group. Results from the other five trials not included in the meta-analysis also suggested a positive response in the kava group. Side effects were usually mild and temporary.

The Cochrane Review concluded that kava may be an effective and safe short term (1–24 weeks) treatment for anxiety; however, the sample size is relatively small and the long term effects are unclear.

Please note there have been some reports of hepatotoxicity in the ethanolic form of kava extract reported to the Adverse Drug Reactions Advisory Committee (ADRAC). For more information see the kava fact sheet at www.tga.gov.au/.

Conflict of interest: none declared.

References

- Rathbone J, Zhang L, Zhang M, Xia J, Xiehe L, Yanchun Y. Chinese herbal medicine for schizophrenia. Cochrane Database of Systematic Reviews 2006: Issue 4.
- Pittler MH, Ernst E. Kava extract versus placebo for treating anxiety. Cochrane Database of Systematic Reviews 2006; Issue 4.

