

From Scepticism to Acceptance: The Use of Complementary and Alternative Medicine for Menopausal Symptoms

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“Deception in a jar.” This was a quote from a Dutch physician in a news article (1). The quote shows the closed-minded view of Western (bio)medical practitioners about complementary and alternative medicine (CAM), such as homeopathy. Despite this, CAM has become more popular for treating menopausal symptoms. Menopause consists of many symptoms, but the most common are vasomotor symptoms (VMS), such as hot flashes and night sweats. These symptoms can be very bothersome and can last for multiple years (2). Treatments for menopause are diverse, since the symptoms themselves are also diverse, but hormone replacement therapy (HRT) is still the Western golden standard for treating VMS (2,3). However, there is a movement away from this medicalized view of menopause and biomedical treatments such as HRT. Many women turn towards CAM during menopause (3). CAM can be seen as everything outside the conventional (bio)medical practice, such as acupuncture or herbal medicine, but the exact definition differs (3). CAM is becoming more popular even though insurance in most countries does not cover it. The willingness to pay reflects the need and popularity for CAM therapies (4). Nevertheless, this increased acceptance does not translate into the Western world of (bio)medicine. This needs to change to create a more open-minded view about CAM use in menopausal treatment to contribute to the safe use of different types of medicine in our changing world.

Women have various reasons for using CAM instead of HRT. CAM is often sought after by women who cannot find effective treatment in Western biomedicine (3). CAM therapy is more individually based and is focused on treating illness rather than disease, as in Western biomedicine (figure 1). Women seeking remedies for symptoms caused by menopause often require personalized therapies, because the symptoms range and HRT is not effective for everyone. Moreover, not all hormonal changes result in symptoms bothersome enough to seek medication. CAM is adapted to the individual, resulting in a

treatment adapting to a specific set of symptoms (3). People's personal view also matters when choosing between Western or CAM treatments. Many women view menopause as a natural transition (5). These women describe a desire for a more ‘natural’ approach when finding remedies for the complaints caused by menopause. They desire treatment, such as CAM, that feels gentler and safer than Western medication. Furthermore, some women have an understanding of menopause as a life stage, rather than a medical condition. CAM is often sought-after to enhance general health instead of treating specific symptoms. A life stage model suggests that menopause

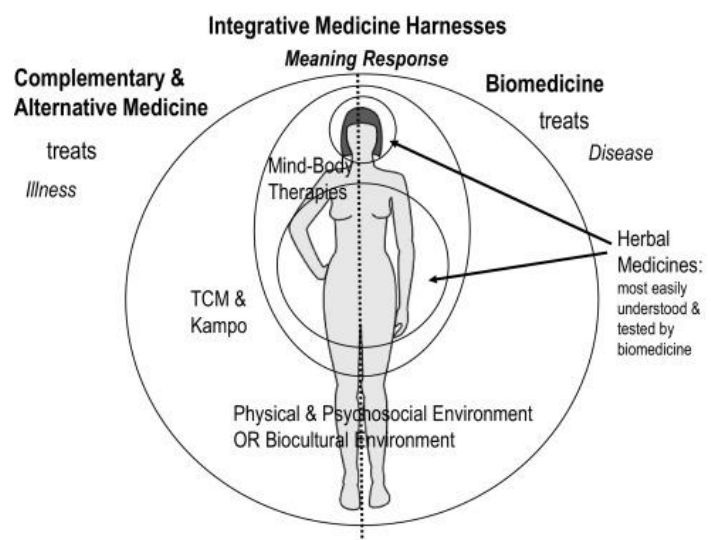


Figure 1. Depiction of three types of CAM: herbal medicines, mind-body therapies and TCM and Kampo. These Types of CAM focus on treating illness rather than disease (3).

is a period in life when focusing on personal health takes higher priority. These women often focus on taking certain supplements and focusing on exercise (5). Because every woman experiences menopause differently, it is necessary to not overlook this and be open-minded about the various reasons for women to use CAM.

Despite the mostly sceptical Western (bio)medical position to CAM, there have been studies that have shown CAM effectively reducing VMS symptoms (4). For example, clinical hypnosis has shown a reduction in hot flashes in women and is also recommended as an alternative treatment by the North American Menopause Society (2). Clinical hypnosis is a mind-body therapy involving a deep relaxed state, individualized mental imagery and suggestion. Mind-body practices like this are focused on how the mind can influence the experience and view of symptoms (3). Women who received clinical hypnosis experienced significantly fewer hot flashes and better sleep than controls (2). Both the mind-body practices Tai Chi and yoga also have been reported to have shown beneficial effects on the psychological symptoms of menopause (3). These mind-body practices are often practiced in groups and thus also have the additional benefit of social support, which could decrease the risk of cardiovascular disease and depression (3). Natural products, like isoflavones, are also effective in reliably reducing hot flashes (3). These different examples show that the sceptical view of the Western (bio)medical world is not entirely grounded, and some people do have benefit from CAM.

The scepticism of the effectiveness of CAM is often caused by insignificant results in scientific research. Western biomedicine is based on standardized models and risk management. On the contrary, CAM therapy is individually based, tailored to the patient's symptoms, mind-body characteristics and larger environmental contexts. This makes evaluating the effectiveness of CAM more difficult, because it doesn't really fit into the design of randomized controlled trials. Therefore, it is hard to show effectiveness of CAM in a Western biomedicine manner and biomedical practitioners may be sceptical about it (3). Nonetheless, this does not mean it cannot be effective. Due to this controversial view of the medical practitioners, the patients might be hesitant to disclose their use of CAM, because they feel unheard or not taken seriously. This creates a distance between patients using CAM and their medical practitioners. This distance can be harmful for the patient due to the risk of possible drug-drug interactions with CAM and Western medicine. If biomedical practitioners are more educated and open-minded towards CAM, safety of patients can be improved (3,5).

Overall, CAM has become increasingly popular among women in menopause for many reasons. However, it is not widely accepted by the Western biomedical world. Some studies showed effective treatment of menopause symptoms with CAM, even though the evidence for the efficacy of CAM is mostly inconclusive. At this point, CAM cannot with certainty be ruled out to be effective, as research is not applicable to the standardized model of Western biomedicine research. The inconclusive evidence might lead to biomedical practitioners being sceptical about CAM and patients being hesitant to disclose their CAM use with their biomedical practitioners. This can be harmful for the patient, because there is a risk of drug-drug interactions and suboptimal treatment. We think that the Western biomedical world should be more open minded towards CAM use in menopause treatment, because in the end this will lead to more treatment that is adapted to the patient needs. Moreover, risks of drug-drug interactions will be reduced. This open-mindedness can be achieved by educating medical practitioners about CAM during their training. So, you cannot just put CAM in a jar and call it a deception. It is more nuanced than that.

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