

Review Article





Integration of alternative and complementary medicine with modern medicine: enhancing patient care, reducing side effects, and improving satisfaction

Abstract

The integration of alternative and complementary medicine (ACM) with modern medicine offers a transformative approach to healthcare. ACM systems, such as Ayurveda, Traditional Chinese Medicine (TCM), yoga, acupuncture, and herbal medicine, emphasize holistic healing and natural therapies, which can augment conventional approaches in chronic disease management, mental health care, and preventive medicine. This review explores the principles, practices, benefits, and challenges of integrative medicine (IM), providing evidence-based insights into how combining ACM with conventional medicine enhances therapeutic outcomes, reduces side effects, and improves patient satisfaction. Specific applications such as integrated oncology, acupuncture for pain, and yoga for cardiovascular health are discussed alongside strategies for implementation, including interdisciplinary collaboration and personalized care. Regulatory, scientific, and access-related barriers are acknowledged, and actionable solutions are proposed. As evidence and acceptance of integrative approaches grow, IM is poised to become a cornerstone of 21st-century healthcare.

Keywords: Integrated medicine, alternative and complementary medicine, holistic healthcare, chronic disease management, patient satisfaction, acupuncture, ayurveda, oncology

Volume 18 Issue 2 - 2025

Rajeev Gupta^{1,2,3}

Barnsley Hospital, Gawber Road, Barnsley S75 2EP, United Kingdom

²Institute of Medicine, University of Bolton, Bolton, United Kingdom

³International Organisation of Integrated Health Practitioners (IOIHP), United Kingdom

Correspondence: Rajeev Gupta, Barnsley Hospital, Gawber Road, Barnsley S75 2EP, UK, Tel +44 1226 432860

Received: November 29, 2024 | Published: March 28, 2025

Abbreviations: ACM, alternative and complementary medicine; IM, integrated medicine; TCM, traditional Chinese medicine; IBS, irritable bowel syndrome; PTSD, post-traumatic stress disorder; MBSR, mindfulness-based stress reduction; NHS, national health service

Introduction

Healthcare systems worldwide face increasing challenges in managing chronic diseases, mental health conditions, and patient dissatisfaction with standard care. Modern medicine, while effective in acute and emergency care, often struggles to address the broader biopsychosocial and spiritual aspects of illness. ^{1,2} This has prompted growing interest in ACM modalities, which focus on individualized, holistic, and often non-invasive approaches to healing. ³ Practices like Ayurveda, TCM, yoga, meditation, acupuncture, and herbal medicine are being increasingly researched and adopted globally. ⁴⁻⁶ Integrated medicine (IM) seeks to combine evidence-based ACM therapies with modern medical care to optimize outcomes.

An integrated approach emphasizes prevention, lifestyle modification, mind-body practices, and personalized treatment plans. As more clinical trials confirm the efficacy of various ACM modalities, from acupuncture for pain to mindfulness for anxiety, healthcare systems are beginning to implement IM programs in hospitals and academic centers.⁷⁻⁹ This review explores the current landscape of IM, highlighting clinical applications, scientific evidence, implementation strategies, and future perspectives.

Traditional medical systems

Ayurveda and TCM represent structured systems of healing that have evolved over millennia. Ayurveda emphasizes the balance of bodily energies (*doshas*) and incorporates dietary guidance, herbal remedies, yoga, and detoxification therapies like *Panchakarma*.^{10,11} Studies have

shown that Ayurvedic herbs such as *Withania somnifera* and *Curcuma longa* possess anti-inflammatory and adaptogenic properties. ^{12,13} TCM includes herbal medicine, acupuncture, moxibustion, and Tai Chi. Meta-analyses demonstrate that acupuncture can significantly reduce chronic pain, osteoarthritis symptoms, and chemotherapy-induced nausea. ^{14–16} Integrating these systems with conventional medicine offers a multi-pronged approach to chronic illness.

Mind-body practices

Mind-body interventions such as yoga, meditation, Tai Chi, Qigong, and hypnotherapy address psychological and physiological aspects of health simultaneously. Yoga has demonstrated efficacy in managing hypertension, anxiety, depression, and chronic pain.¹⁷ Mindfulness-based stress reduction (MBSR) programs improve outcomes in cardiovascular patients and cancer survivors.¹⁸ Tai Chi and Qigong are particularly useful in older adults for enhancing balance and reducing falls.¹⁹ Hypnotherapy has been found effective in treating IBS and chronic pain.^{20,21} These practices promote self-awareness, emotional regulation, and autonomic balance, making them ideal adjuncts in integrated care.

Manual therapies

Chiropractic care, osteopathy, massage therapy, craniosacral therapy, and reflexology target the musculoskeletal system to relieve pain and improve mobility. Spinal manipulation by chiropractors and osteopaths has shown benefits in acute and chronic back pain. ^{22,23} Massage therapy is widely used for post-operative pain and palliative care. ²⁴ Reflexology has demonstrated modest effects in improving sleep and reducing anxiety in cancer patients. ²⁵ Craniosacral therapy, while less studied, is reported to support relaxation and pain relief in fibromyalgia and trauma recovery. ²⁶

Herbal and nutritional therapies





Herbal medicines offer anti-inflammatory, adaptogenic, or immune-modulating benefits. *Silybum marianum* (milk thistle) supports liver function, *Panax ginseng* reduces fatigue, and *Mentha piperita* (peppermint oil) alleviates IBS symptoms.^{27–29} Nutrition-based interventions are increasingly seen as foundational in chronic disease care. Probiotics, anti-inflammatory diets, and micronutrient supplementation can reduce metabolic syndrome risk and support gastrointestinal health.^{30–32} Integrating dietary strategies with pharmaceutical care enhances metabolic control and patient outcomes.

Energy and creative therapies

Reiki and healing touch are biofield therapies used to reduce pain, anxiety, and stress, particularly in palliative care.³³ Music therapy, meanwhile, has been shown to support neurorehabilitation and mental health by stimulating neural pathways and emotional expression.^{34,35} These therapies often accompany traditional interventions, contributing to psychological resilience and improved coping mechanisms.

Integrated clinical applications

Integrated oncology is a leading example of clinical implementation, combining chemotherapy and radiotherapy with acupuncture, yoga, and nutrition.³⁶ Studies from centers such as MD Anderson and Memorial Sloan Kettering report improvements in quality of life, fatigue reduction, and treatment adherence.³⁷ Similar models are applied in cardiovascular care, chronic pain management, and post-surgical rehabilitation.^{38,39} Disease-specific protocols that include mind-body techniques, dietary planning, and herbal support are being developed for diabetes, IBS, and autoimmune diseases.^{40,41}

Implementation and framework

The success of IM depends on several components: evidence-based integration, interdisciplinary collaboration, personalized treatment, and prevention-focused care. Electronic health records can include integrative plans; multidisciplinary teams may involve physicians, naturopaths, acupuncturists, nutritionists, and psychologists. Personalized medicine—using genomic and metabolic data—guides therapy choices, including which patients may benefit more from certain herbs or mind-body modalities. 42,43 Hospitals are increasingly creating integrative departments or referring patients to accredited external providers. 44

Challenges and opportunities

Scientific validation remains a barrier. Many ACM modalities lack large-scale randomized controlled trials (RCTs), though observational studies and meta-analyses are accumulating.⁴⁵ Regulation of practitioners and products varies internationally, affecting quality assurance.⁴⁶ Education and training of conventional providers in IM are limited, necessitating curriculum reform.⁴⁷ Insurance coverage for ACM remains inconsistent. Policy advocacy, cost-effectiveness research, and digital innovations like telehealth can help address access and affordability.

Future directions

Digital platforms now deliver ACM services via telehealth—especially during COVID-19—and mobile apps for mindfulness, nutrition, and exercise tracking are mainstream. AI and genomics are paving the way for personalized integrative care. International collaborations are shaping policy frameworks, and public demand continues to grow. Integrative medicine may become a central pillar in sustainable, person-centered healthcare systems worldwide.

Conclusion

Integrated medicine offers a compelling solution to the limitations of modern healthcare. By combining conventional and ACM modalities, patients benefit from holistic, effective, and personalized care. While barriers remain, growing evidence and institutional support are positioning IM as a transformative model for chronic disease management, mental health care, and preventive medicine. With continued research, regulation, education, and accessibility improvements, IM is poised to redefine healthcare in the 21st century.

Acknowledgments

None.

Conflicts of interest

Author declares there are no conflicts of interest.

References

- 1. Institute of Medicine. Complementary and Alternative Medicine in the United States. National Academies Press. 2005.
- Barnes PM, Bloom B, Nahin RL. Complementary and alternative medicine use among adults and children: United States, 2007. Natl Health Stat Rep. 2008;(12):1–23.
- 3. Adams J, Andrews G, Barnes J, et al. *Traditional, complementary and integrative medicine: An international reader.* Palgrave Macmillan; 2012.
- Patwardhan B, Warude D, Pushpangadan P, et al. Ayurveda and traditional Chinese medicine: a comparative overview. Evid Based Complement Alternat Med. 2005;2(4):465–473.
- Chan K. Chinese medicinal materials and their interface with Western medical concepts. *J Ethnopharmacol*. 2005;96(1–2):1–18.
- Vickers AJ, Angel MC, Alexandra CM, et al. . Acupuncture for chronic pain: individual patient data meta-analysis. *Arch Intern Med*. 2012;172(19):1444–1453.
- Cramer H, Lauche R, Haller H, et al. A systematic review and metaanalysis of yoga for low back pain. Clin J Pain. 2013;29(5):450–460.
- Goyal M, Singh S, Sibinga EM, et al. Meditation programs for psychological stress and well-being: a systematic review and metaanalysis. *JAMA Intern Med.* 2014;174(3):357–368.
- Wardle J, Adams J. Indirect and non-health risks associated with complementary and alternative medicine use: an integrative review. Eur J Integr Med. 2014;6(4):409–422.
- 10. Lad V. Ayurveda: The Science of Self-Healing. Lotus Press; 1984.
- Patwardhan B, Vaidya AD. Natural products drug discovery: accelerating the clinical candidate development using reverse pharmacology approaches. *Indian J Exp Biol.* 2010;48(3):220–227.
- Chandran B, Goel A. A randomized, pilot study to assess the efficacy and safety of curcumin in patients with active rheumatoid arthritis. *Phytother Res.* 2012;26(11):1719–1725.
- Tiwari SK, Agarwal S. Ashwagandha for human health: An overview. J Ayurveda Integr Med. 2021;12(3):568–573.
- Lee A, Fan LT. Stimulation of the wrist acupuncture point P6 for preventing postoperative nausea and vomiting. *Cochrane Database Syst Rev.* 2009;(2):CD003281.
- Madsen MV, Gøtzsche PC, Hróbjartsson A. Acupuncture treatment for pain: systematic review of randomized clinical trials with acupuncture, placebo acupuncture, and no acupuncture groups. BMJ. 2009;338:a3115.

- Garcia MK, McQuade J, Haddad R, et al. Systematic review of acupuncture in cancer care: a synthesis of the evidence. *J Clin Oncol*. 2013;31(7):952–960.
- 17. Ross A, Thomas S. The health benefits of yoga and exercise: a review of comparison studies. *J Altern Complement Med.* 2010;16(1):3–12.
- 18. Kabat Zinn J. Full catastrophe living: using the wisdom of your body and mind to face stress, pain, and illness. Delta; 2009.
- Wayne PM, Kaptchuk TJ. Challenges inherent to T'ai Chi research: part I—T'ai Chi as a complex multicomponent intervention. J Altern Complement Med. 2008;14(1):95–102.
- Whorwell PJ, Prior A, Faragher EB. Controlled trial of hypnotherapy in the treatment of severe refractory irritable bowel syndrome. *Lancet*. 1984;2(8414):1232–1234.
- Elkins G, Jensen MP, Patterson DR. Hypnotherapy for the management of chronic pain. Int J Clin Exp Hypn. 2007;55(3):275–287.
- Rubinstein SM, van Middelkoop M, Assendelft WJ, et al. Spinal manipulative therapy for chronic low-back pain. Cochrane Database Syst Rev. 2011;(2):CD008112.
- 23. Walker BF, French SD, Grant W, et al. A Cochrane review of combined chiropractic interventions for low-back pain. *Spine*. 2011;36(3):230–242.
- Field T. Massage therapy research review. Complement Ther Clin Pract. 2014;20(4):224–229.
- McCullough JE, Liddle SD, Sinclair M, et al. The physiological and psychological effects of reflexology in healthy individuals: a systematic review. Evid Based Complement Alternat Med. 2014:502123.
- Haller H, Lauche R, Cramer H, Dobos G. Craniosacral therapy for chronic pain: a systematic review and meta-analysis of randomized controlled trials. BMC Musculoskelet Disord. 2019;21(1):1.
- Flora K, Hahn M, Rosen H, et al. Milk thistle (Silybum marianum) for the therapy of liver disease. Am J Gastroenterol. 1998;93(2):139–143.
- Reay JL, Kennedy DO, Scholey AB. Effects of Panax ginseng on physical performance: a meta-analysis. J Clin Pharm Ther. 2005;30(4):329–335.
- Cappello G, Spezzaferro M, Grossi L, et al. Peppermint oil (Mintoil) in the treatment of irritable bowel syndrome: a prospective double blind placebo-controlled randomized trial. *Dig Liver Dis.* 2007;39(6):530–536.
- Roberfroid MB. Prebiotics and probiotics: are they functional foods? Am J Clin Nutr. 2000;71(6 Suppl):1682S–1687S.
- Esposito K, Giugliano D. Mediterranean diet and type 2 diabetes. Diabetes Metab Res Rev. 2014;30(Suppl 1):34–40.
- Benton D. The influence of dietary status on the cognitive performance of children. Mol Nutr Food Res. 2010;54(4):457–470.

- Thrane S, Cohen SM. Effect of reiki therapy on pain and anxiety in adults: an in-depth literature review of randomized trials with effect size calculations. *Pain Manag Nurs*. 2014;15(4):897–908.
- Särkämö T, Tervaniemi M, Laitinen S, et al. Music listening enhances cognitive recovery and mood after middle cerebral artery stroke. *Brain*. 2008;131(3):866–876.
- Magee WL, Richard JS, Barbara AD, et al. Music therapy assessment tool for awareness in disorders of consciousness (MATADOC): standardisation of the principal subscale to assess awareness in patients with disorders of consciousness. *Neuropsychol Rehabil*. 2014;24(1):101–124.
- Deng GE, Frenkel M, Cohen L, et al. Evidence-based clinical practice guidelines for integrative oncology: complementary therapies and botanicals. J Soc Integr Oncol. 2009;7(3):85–120.
- Cassileth BR, Trevisan C, Gubili J. Complementary therapies for cancer pain. Curr Pain Headache Rep. 2007;11(4):265–269.
- 38. Saper RB, Eisenberg DM, Davis RB, et al. Prevalence and patterns of adult yoga use in the United States. *Altern Ther Health Med*. 2004;10(2):44–49.
- Nahin RL, Boineau R, Khalsa PS, et al. Evidence-based evaluation of complementary health approaches for pain management in the United States. *Mayo Clin Proc.* 2016;91(9):1292–1306.
- Pizzorno JE, Katzinger J, Murray MT. Natural medicine instructions for managing type 2 diabetes. *Integr Med Clin J.* 2013;12(4):36–43.
- Vitetta L, Coulson S, Linnane AW. Nutritional medicine and detoxification. Clin Biochem Rev. 2007;28(1):63–68.
- 42. Hunter DJ, Reddy KS. Noncommunicable diseases. *N Engl J Med*. 2013;369(14):1336–1343.
- Lopresti AL, Drummond PD. Obesity and psychiatric disorders: commonalities in dysregulated biological pathways and their implications for treatment. Prog Neuropsychopharmacol Biol Psychiatry. 2013;45:92– 99
- 44. Kligler B, Teets R, Quick M. Complementary/integrative therapies that work: a review of the evidence. *Am Fam Physician*. 2016;94(5):369–374.
- 45. Tilburt JC, Kaptchuk TJ. Herbal medicine research and global health: an ethical analysis. *Bull World Health Organ*. 2008;86(8):594–599.
- 46. Ernst E. Regulation of complementary and alternative medicine: a systematic review. *Br J Gen Pract*. 2009;59(566):597–603.
- Frenkel M, Borkan J. An approach for integrating complementary– alternative medicine into primary care. Fam Pract. 2003;20(3):324–332.