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ALTERNATIVE MEDICINE AND ITS SOURCES

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ABSTRACT
Alternative medicine, often known as complementary and alternative medicine (CAM), is a broad category of medical procedures, treatments, and interventions that fall outside of or coexist with traditional biomedical medicine. These treatments are being used more frequently all over the world because to the rise in chronic illnesses, non-communicable diseases, and patient demand for holistic care. An overview of alternative medicine is given in this document, along with definitions and sources, an explanation of its function in healthcare, and a categorization system for the main modalities. We discuss the beginnings and sources of alternative therapies, such as mind-body interventions, body-based therapies, herbal remedies, and traditional systems. We provide a categorization that takes into account the variety of techniques and domains and is based on recent literature. We emphasize the necessity of consistent language and classification, integration into health systems, and solid evidence. The goal of the article is to offer a succinct but thorough framework for comprehending the field of alternative medicine and to act as a basis for future study, the creation of policies, and clinical integration.

INTRODUCTION

The prevalence of chronic non-communicable diseases (NCDs), including cancer, diabetes, heart disease, and chronic respiratory conditions, has dramatically grown worldwide in recent decades. The World Health Organization (WHO) reports that 36 million of the 57 million deaths worldwide in 2008 were caused by NCDs. Even though they are quite successful in many areas, conventional biological techniques occasionally fall short of meeting all population health demands, especially when it comes to holistic treatment, prevention, health promotion, integrative approaches, and patient-centered values.

As a result, there has been an increase in interest in and use of alternative medicine, which is generally described as medical procedures that are not part of the mainstream biomedical system. For instance, it has been shown that CAM is used in many nations; in the US, the number of visits to CAM practitioners increased from 427 million in 1990 to 629 million in 1997. Academic interest has also grown. According to one analysis, while papers about alternative medicine made up around 0.4% of the MEDLINE corpus between 1966 and 1996, the number of articles about clinical trials climbed dramatically in subsequent years.

Alternative medicine is still debatable in many areas, nevertheless, including efficacy, standardization, language, categorization, legislation, evidence basis, and safety. For instance, while there is some promise for improving physical and mental health with acupuncture, yoga, tai chi, and massage, one study found inconsistent and conflicting data for numerous CAM techniques. Additionally, the definition of CAM itself orA treatment that is deemed "alternative" in one nation may be accepted in another due to the dynamic and context-dependent nature of alternative medicine.

Therefore, it is crucial for research as well as for integration into health care systems to have a clear categorization structure together with a summary of sources and modalities. The sources and origins of alternative medicine, a categorization of alternative medicine modalities, and discussion on concerns of evidence and integration are all included in this work.

Sources and Origins of Alternative Medicine

Traditional healing methods, herbal and natural products, mind-body techniques, manual treatments, and new integrative approaches are just a few of the many sources that alternative medicine incorporates. Traditional medical systems, such as Ayurveda (India), Traditional Chinese Medicine (TCM), Unani, Indigenous, and folk medicine traditions, are among the important sources.

- Herbal and botanical remedies: Phytomedicine, botanical extracts, and plant-derived substances are used in many alternative therapies.
- Mind-body and wellbeing exercises: biofeedback, yoga, tai chi, meditation, and relaxation methods.
- Manipulative and body-based treatments, such as reflexology, massage, osteopathy, and chiropractic.
- Energy therapies: methods that purport to control "qi," "chi," bioenergy fields, therapeutic touch, and Reiki.
- Nutritional and dietary interventions: naturopathy, specific diets, and nutritional supplements (however supplements may be a

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different field).
• Combinations that are complementary and integrative: when traditional medicine is
• supplemented by alternative modalities; when the two are methodically blended, the phrase "integrative medicine" is occasionally employed.

In addition to formalized systems included in curriculum or national health regulations, the sources also include informal knowledge systems such as family customs, folk healers, community practices, and cultural beliefs. According to a qualitative analysis of the application of knowledge in complementary medicine consultations, key components of knowledge are derived from patient narratives, practitioner experience, and tradition before being categorized into application domains. Databases and information resources have also been developed to collect evidence on complementary and alternative medicine (CAM); one evaluation mapped 45 published databases for CAM-related therapies.
To put it briefly, the sources are diverse and include historical/traditional, experiential, community-based, evidence-based, and occasionally entrepreneurial (wellness industry, commercial supplements).

Classification of Alternative Medicine
To understand the landscape of alternative medicine it is helpful to adopt a classification scheme. Multiple authors have proposed such schemes; here we synthesise key categories and propose a structure that may aid clarity for research, policy and clinical use.

Proposed Classification Scheme
We suggest classifying alternative medical methods into the following main groups, each of which includes sample modalities:
1. Alternative Healthcare Systems
Ayurveda, TCM, Unani, homeopathy, naturopathy, and indigenous healing systems are a few examples.
o These systems differ from traditional biomedicine in their theoretical underpinnings, diagnostic techniques, and therapeutic approaches.
2. Mind-Body Interventions o Techniques including meditation, yoga, tai chi, qigong, biofeedback, hypnosis, and guided imagery that mainly connect the mind and body.
o Research on these therapies for pain management, mental health, and stress reduction is growing.
3. Treatments Based on Biology
o The use of natural substances, such as probiotics, functional foods, vitamins and minerals (however nutritional therapy may overlap with traditional treatment), herbal remedies, botanicals, and nutritional supplements.
o Frequently associated with both modern and traditional herbal systems.
2. The Body-Based and Manipulative Approach
Reiki, therapeutic touch, electromagnetic therapies, qi/chi energy treatments, and acupuncture (typically listed here but occasionally under medical systems) are examples of therapies based on hypothetical energy fields.
In terms of evidence, these are some of the more contentious.
4. Complementary and Integrative Methods
o Although not a distinct type of modality, this represents the scenario of integrating alternative therapies with traditional medicine in a coordinated manner ("integrative medicine").
o For categorization, one may superimpose: Alternative medicine is used instead of traditional medicine, complementary medicine is used in addition to conventional medicine, and integrative medicine is a hybrid paradigm.

Notes on Classification
• Certain therapies fall into more than one category. For instance, acupuncture may be considered both a body-based/manual or energy therapy and a component of Traditional Chinese Medicine.
• National circumstances vary, therefore the categorization is not set in stone. For instance, Ayurveda is more common than alternative in various nations. Therefore, rather than being absolute, the categorization should be viewed as pragmatic.
• Researchers, physicians, and policymakers may map the field by using the categorization to determine which modalities are regulated, which are frequently utilized, and which have stronger evidence.
• A classification scheme derived from Mollaoğlu and the NCCIH was used in one review of CAM in pediatric applications, grouping modalities according to expected effects (physiological, physical, and nutritional) and categories such as AMS (alternative medical systems), MBI (mind-body interventions), BBT (biologically based therapies), MBBM (manipulative and body-based methods), and ET (energy therapies).

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Summary Table (Example)

Types of Modalities Key Elements

Different Medical Systems Homeopathy, Ayurveda, TCM, and Naturopathy Diagnostic frameworks, whole-system theories, and frequently antiquated or conventional mind-body therapies Biofeedback, Tai Chi, Yoga, and Meditation stress reduction, holistic wellbeing, and the interaction of the mind and body

Biologically Oriented Treatments Botanicals, herbal medicine, and functional foods Utilizing natural materials, plant, animal, and mineral sources

Body-Based and Manipulative Techniques Chiropractic, reflexology, massage, and osteopathy Practical methods for body movement or structure

Therapies of Energy Qi-based treatments, therapeutic touch, and reiki Energy fluxes or conceptual domains outside of the conventional biological paradigm

Complementary/Integrative Context Use of both conventional and complementary and alternative medicine (CAM) in conjunction with mainstream care

CONCLUSION

This research attempts to clarify the many modalities and offer a framework for comprehending the area by mapping the sources, origins, and categorization of alternative medicine. There are still issues with evidence basis, safety, regulation, language, and integration into mainstream health systems, even if many treatments show promise in terms of supportive care and health promotion. Future research should concentrate on thorough investigation, standardized classification, policy recommendations, and patient and physician education.

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