The use of complementary alternative medicine (CAM) for mental health problems is well documented. In psychiatric patients, estimates of the prevalence of CAM use range from 8% to 57%. Such treatments are either used alternatively (instead of) or complementarily (in addition) to conventional medicine. Patients may choose a CAM approach for a variety of reasons, and the range of CAMs is huge. However, the evidence base for the effectiveness of CAMs remains limited. For many CAMs, effectiveness has not been demonstrated at all. Some treatments may even put patients’ physical or mental health at risk. Discussing this with patients who may have put high hopes into CAMs can be difficult, and physicians may feel ill-equipped to deal with their patients’ queries. From a medico-legal point of view, uncritical encouragement of the potentially harmful use of CAMs is as undesirable as overcautious discouragement. The goal of this module was to acquaint psychiatrists with the most common CAM medicines routinely encountered in clinical practice and to enable them to deal confidently with clinical queries in this area.

The world of complementary alternative medicine

- Whereas conventional medicine is predominantly disease-oriented, CAM is symptom-orientated. CAMs include pharmacological, physical and psychological options. Most treatments applicable to mental health aim at reducing stress, anxiety, agitation, low mood and sleep disturbance.

- The evidence base for many treatments is extremely limited, but individual patients may still derive benefit. Although all of these treatments are all very gentle and can enhance well-being, vulnerable people may experience a deterioration of their mental health problems.

Herbal remedies and supplements

- The evidence remains limited for most pharmacological CAMs used for psychiatric problems. The best evidence exists for the use of St John’s wort in the treatment of depression. Its effectiveness has been confirmed in several meta-analyses.

- The significance of zinc for mental health is most likely underestimated. Zinc seems an effective adjunct treatment to antidepressants.

- The evidence for omega-3 fatty acids, also referred to as n-fatty acids, remains limited; possibly they may improve depression in uni- and bipolar disorders. Omega-3 fatty acids have also been implicated for the treatment of schizophrenia, but the evidence remains inconclusive.

- The evidence for most remedies targeting the GABA system, including valerian for insomnia, remains inconclusive. Kava has been shown to be effective as treatment against anxiety. Yet its use cannot be recommended due to concerns about liver toxicity.

- Pharmacological CAM options for psychosis, tardive dyskinesia or dementia remain extremely limited.

Safety aspects of pharmacological CAMs

- Contrary to the commonly held belief that pharmacological CAMs are natural and hence harmless, they may be associated with significant health risks. Some remedies are associated with substantial adverse effects, others with significant drug interactions. Not all drug interactions identified in vitro or in animal experiments may be clinically significant.

- All serotonergic remedies may potentially increase the risk of hypomanic episodes in predisposed individuals. Equally, they may potentially increase the risk of serotonin syndrome if combined with other serotonergic agents.

- Kava kava is associated with significant liver toxicity and should not be used. St John’s wort can interact with many drugs including oral contraceptives, some antifungals, antibiotics, some antiretrovirals and anticancer drugs. Thus, its applicability in systemic disease may be limited. Several cases of severe haemorrhage have been reported with ginkgo biloba. However, epidemiological studies are required to quantify the potential risk.
• Trials and systematic review are powered to evaluate effectiveness but underpowered to identify health risks reliably. Rare but serious adverse effects may be underestimated. However, relying on case reports alone most likely introduces significant publication bias. Rare but serious adverse effects may be overestimated.

Psychological and medico-legal aspects of CAMs

• Clinicians need to be aware of side-effects or interactions associated with CAMs and should be able to identify hazards. Patients may not say that they are taking CAMs. Proactive history-taking is important.

• Ignorance in this area may lead to criticism and possibly litigation. Uncritical endorsement of CAMs is as undesirable as overcautious discouragement. However, because both patients and clinicians often have strong feelings with regard to CAMs, clinical consultations may become unconstructive if not conducted sensitively and tactfully.

Further reading

BBC News website (2002) Ban proposed for herbal medicine. [article]

BBC News website (2005) Homeopathy’s benefit questioned. [article]

BBC (2010) Chiropractor’s libel case dropped against Simon Singh. [article]

BBC (2011) New EU regulations on herbal medicines come into force. [article]


European Medicines Agency: Herbal medicinal products. [website]


GMC (2013) Good practice in prescribing and managing medicines and devices. [website]


Nursing times (2009) NICE endorses acupuncture for lower back pain. [article]


The Economist (2009) Libel: Court behind. [article]

Useful websites

Royal College of Psychiatrists: Mental Health Information: Therapies: Complementary and Alternative Medicines

RX List: Alternative medicine

Quackwatch: Your Guide to Quackery, Health Fraud, and Intelligent Decisions Operated by Stephen Barrett, M.D