



SHORT REVIEW

Integrating Traditional Chinese Medicine (TCM) into Health Care of Elderly-A Short Review

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Abstract

Traditional Chinese Medicine (TCM) emphasizes the combination of: The physical, psychological, spiritual, social, and environmental aspects. These aspects encourage human beings to live in harmony with the rhythm of nature. We believe these principles match with up the ideas of holistic care, and the characteristics of TCM therapies are much gentler and safer for the elderly. Nowadays, significant evidence supports the effectiveness and safety of TCM for seniors' health care. In this short review, we shall provide some brief illustrations for healthcare professionals to understand some of TCM's concepts for Geriatrics.

Keywords

Traditional chinese medicine, HealthCare, Elderly, Geriatrics

Traditional Chinese Medicine (TCM) encompasses a variety of techniques, which include Chinese herbal medicine and dietary therapy, manual therapies (acupuncture and massage), and mind-body exercises (Tai Chi and Qi Gong). Increasing evidence supports the effectiveness and safety of TCM for seniors' health care. These TCM researches involve a wide range of health services.

For health promotion and disability prevention, it has been well-known that Tai Chi can be successful in improving balance and can be routinely recommended for physically, inactive elderly who are at risk for easily falling down [1]. Guilu Erxian Jiao (GEJ) is a widely used

Chinese herbal remedy for the prevention of knee osteoarthritis (OA) in Taiwanese community; current trial results [2] demonstrate that elderly men with OA knee received 12 weeks of GEJ treatment, showed significant improvement in their lower limbs' muscle strength. Decreases of articular pain scores and Lequesne index scores were also observed. Treatment was well-tolerated and caused no conspicuous changes in the liver or renal function.

Acute and chronic pain are two of the most common illnesses among the elderly. In several systematic review and meta-analysis [3-5], acupuncture provides crucial pain relief compared to sham acupuncture and no treatment. The Joint Commission recently also recommended acupuncture as a treatment option for pain management [6]. Acupuncture is very safe under normal circumstances [7], with its most common risk being transient, mild discomfort.

Stable ischemic heart disease (SIHD) and heart failure (HF) are associated with a low functional status and quality of life but have high morbidity and mortality rates. Most patients with these chronic illnesses are elderly. Patients, who received 12 weeks of acupuncture treatment, showed intermediate effects in cardiac autonomic modulation, which was measured by heart rate variability (HRV) in SIHD patients [8]. HRV is reduced in these patients and is associated with sudden

cardiac death. Acupuncture may also be suggested as an additional therapeutic strategy to help improve the exercise tolerance of patients with HF, which potentially improves skeletal muscle function [9].

Stroke is one of the most common causes of disability in the elderly. During the convalescent period after stroke, acupuncture may have beneficial effects on improving dependency and global neurological deficiency, which has no obvious, serious, or adverse events [10].

Promoting quality of care and delay deterioration of disability are two main goals of the long-term care system. Acupuncture appears effective for amnesic mild cognitive impairment when it is used as an alternative or adjunctive treatment [11]. Tai Chi can be prescribed as a preferred exercise in improving various functional outcomes for patients with mild-to-moderate Parkinson's disease [12].

Even in the final stage of life, research has proven that combining treatments in TCM with hospice and/or palliative care modalities leads to benefits in patient comfort [13]. There is evidence to support the use of acupuncture in patients in palliative care to relief pain, nausea and vomiting, fatigue, dyspnea, etc. [14].

In the same way, high-quality evidence with rigorous design and large sample trials is never enough, but on the other hand, development of the creative methodology of study design and analysis for multidimensional approaches, such as acupuncture, is also needed. Despite the existence of theoretical obstacles and daunting practices, we can still expect more academic research centers to be committed to the continued development of integrating TCM into seniors' health care, in order to benefit the elderly.

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