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IMPORTANT

1. Until the moment of publication of this map, THERE IS NO EVIDENCE OF SPECIFIC TREATMENT FOR COVID-19, this work was a rapid review to organize useful information about the management of symptoms (especially in the dimension of mental health and mild symptoms of viral respiratory infections), as well as the strengthening of the immune system. This information is aimed at researchers and health professionals specializing in MTCI.

2. Most antiviral activity findings described here refer to respiratory viruses in general, not specifically to SARS-CoV-2, which may guide new research but do not necessarily support a therapeutic recommendation protocol.

3. We recommend that any suspicion of COVID-19 infection should follow the protocols recommended by the health authorities of each region.

MAP INFORMATION

The Brazilian Academic Consortium for Integrative Health - CABSIn, the TCIM Americas Network, and BIREME/PAHO/WHO have joined efforts to recruit volunteer researchers from Latin America, to systematize the available scientific evidence on possible contributions of Traditional, Complementary and Integrative Medicines (TCIM) in the face of the COVID-19 pandemic.

The information collected in this evidence map can be used to support health professionals, decision-makers, and researchers in building evidence-based actions.
A search strategy was developed, using the MeSH and DeCS terms for respiratory viral diseases associated with epidemics, COVID-19 symptoms, relevant mental health topics, pharmacological interventions related to TCIM (medicinal plants/ phytotherapy, herbal medicine, Chinese herbology, Ayurveda, homeopathy, dynamized drugs, probiotics, nutritional supplements, among others), as well as non-pharmacological TCIM interventions (yoga, tai chi, mindfulness, meditation, qigong, tapping, body practices, among others). The terms used in the search strategy were reviewed by TCIM experts and researchers, and by librarians.

The search (without chronological limits) was performed in the PUBMED and BIREME’s Virtual Health Library databases. The inclusion and exclusion criteria were:

<table>
<thead>
<tr>
<th>Inclusion criteria</th>
<th>Exclusion criteria</th>
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<tbody>
<tr>
<td>Controlled clinical studies</td>
<td>Case Reports</td>
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<tr>
<td>Systematic reviews with or without metaanalyses with humans, for any age group.</td>
<td>Control Case Studies</td>
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<tr>
<td>Relevant non-systematic reviews Inclusion of TCIM interventions.</td>
<td>Preclinical studies: in vitro and in vivo.</td>
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<td>Studies in Portuguese, Spanish, and English</td>
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The selection of the articles was made in the Rayyan software in pairs and disagreements were decided by consensus. A total of 634 studies were found, of which only 126 were included. After selection, a characterization of each of the selected articles was performed in an Microsoft Excel spreadsheet. The search and analysis of documents was performed in April 2020.

The studies found come from 12 countries, including by production order: USA, Netherlands, UK, China, Germany and Brazil.

The matrix in which the studies are presented includes 62 TCIM interventions and 353 clinical results grouped into 3 groups of health outcomes:

1. Improved immunity / antiviral effect for respiratory viruses
2. Complementary treatment of symptoms of respiratory infections
3. Contributions to mental health

MAIN FINDINGS
Specific Studies with COVID-19

Only one systematic review with specific focus on COVID-19 was found, this review and other specific studies for COVID-19 deal mainly with herbal medicine, with emphasis on herbal medicine within traditional Chinese medicine.

Mental Health

Findings in this category point to resources for Post-traumatic Stress Disorder, relevant in a situation of pandemic and social isolation, in this category body practices and yoga, meditation techniques and acupuncture stand out.

Other resources that promote resilience are highlighted from mindfulness meditation techniques with the reduction of negative affective symptoms, as well as factors such as stress, anxiety and depression.

Aromatherapy resources are also described for application in cases of anxiety.

Antiviral and Immunostimulant Activity

In this category, a systematic review points out the relevance of the use of probiotics for the prevention of respiratory diseases in hospitalized patients, as well as for the improvement of the immunological condition as a preventive resource for cases of aggravation of the disease. Another systematic review demonstrates that the use of prebiotics and probiotics can improve the efficiency of vaccines against influenza family viruses, a factor of great relevance for future research.

In the Medical Plants category, other clinical studies on immunostimulating activity of Echinacea purpúrea, Viscum album, individualized chinese herbal therapy and Wolfberry stand out.

In general, research on vitamin supplementation using Vitamin C, Vitamin D, Selenium, and other nutrients for immunological efficiency stands out as relevant only in cases of nutritional deficiency.

Management of symptoms

They also call attention to evidence of various formulations for respiratory symptoms present in COVID-19, these being potential resources for management of symptoms such as fever, body pain, runny nose and other symptoms.

Systematic reviews on Chinese herbal medicine also bring relevant findings for the management of symptoms in acute respiratory syndromes.

IMPLICATIONS FOR PRACTICE AND RESEARCH

- Positive effects presented on mental health highlighting results related to anxiety disorders, stress, and post-traumatic stress disorder.
• Probiotics, medicinal plants, formulations, and supplements can contribute to targeting studies and interventions involving TCIM resources to the current COVID-19 context.

• Rigorous impact assessments provide reliable evidence on effects, but a focus on effects is not sufficient. Future studies should adopt economic (cost-benefit) and organizational impact assessments of health services.

• Evidence gaps remain on the methodologies used by reviews and clinical studies included. Although all research has been peer-reviewed and is associated with large research databases, further steps in studying this evidence should include an individual quality assessment of each clinical trial and map review.

Evidence gaps filling should be directed at the needs of users and better consideration of the context for the health systems being researched.

REFERENCES


