Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Results: We included 44 articles for analysis and sorted them into the sections history and origins (8 references) nursing guidance (8 references), trials regarding nursing inpatient (12 trials), and trials regarding patients at the Intensive Care Unit (16 trials). While a number of articles regarding the use of warm compresses, sponging and other physical cooling strategies are available, the use of calf compresses was only found in a minority of the articles mainly published in German-speaking countries. Only one study demonstrated the use of calf compresses for gentle fever reduction.

Conclusion: There are several methods of physical cooling to reduce fever in homecare, inpatient stay and intensive care unit. Further studies should investigate this important issue to relieve patients with fever with the aim of alleviating discomfort of a high fever.

Keywords: fever; physical cooling; calf compresses; scoping review

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Chronic otitis media in children - treatment with an integrative approach

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Introduction: Chronic otitis media with effusion (COME) is a common entity in 1-8year old children. Natural resolution is relatively high, although the longer COME persists the higher rate of complications is expected. Along actual international guidelines the conventional treatment - after a period of watchful waiting - includes local warmth and decongestants, mucolytics and surgical interventions. The routine use of antibiotics, local steroids, decongestants and antihistamines is not effective, not recommended though often applied. This low rate of guideline adherence opens a window for non-invasive, integrative therapeutic approaches in children with stage I-II. of COME.

Methods: In the period of 2013-2020 a total of 131 patients aged 1-8years presenting moderate to severe hearing loss and abnormal tympanometric findings were included in a cohort study protocol under real life conditions. The observation period presented 12 months with preferably monthly follow-up visits. Patients assignment to the study groups was self selected. The treatment of 76 patients involved: pneumatization exercises, education, anti-allergic diet, nasal hygiene, useful constitutional therapy and thermal interventions - the integrative multimodal P.E.A.N.U.T. method. 55 patients were treated with conventional measures. A number of objective and subjective parameter were statistically evaluated and also compared with historical data. Results Baseline characteristics were similar in the datasets.

Results: Objective and subjective parameters were congruent. With the integrative method a significant improvement could be achieved regarding both audiometric measures (intact hearing) and tympanometric measures (normal A-type curve) compared to conventional treatment and spontaneous resolution. Compared with the period before entry and the conventional treatment, the frequency and number of antibiotic use, the need for analgesic or antipyretic medication and invasive surgery could be reduced significantly. Adverse reactions were lower than with conventional treatment interventions.

Conclusion: The multicenter trial conducted over an extended time period was able to confirm the effectiveness of the integrative system approach in the treatment of COME in lowering the need for antibiotic and analgesic use and elective surgery. This could be especially important with respect to a generally observed overmedication. The method is easy to perform in different clinical settings; is safe and well tolerated.

Keywords: analgesics, antibiotics, children, chronic otitis media with effusion, integrative treatment, surgery; clinical trial

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Effects of footbaths with ginger powder on sleep quality in insomnia

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Introduction: Insomnia symptoms are associated with abnormalities in the circadian body temperature rhythm, as it is synchronized with the sleep-wake rhythm. Exogenous skin warming with footbaths can positively influence body’s physiological sleep preparation and sleep quality. Footbaths with ginger (GI) have a lasting effect on self-perceived warmth and could thus be more beneficial than a footbath with warm water only (WA). The aim of the study was to examine the effects of WA and GI on sleep quality and warmth regulation in insomnia patients using a randomized controlled parallel group design.

Methods: 28 participants (64.3% women, 50.9 years, insomnia duration 11.4 years) were randomized to receive WA (n=15) or GI (n=15) daily for 2 weeks 1-3 hours before bedtime with 12 litres of water heated to 38-42°C and with a maximum duration of 20 minutes. Outcome measures were assessed before (t0) and after the 2-week footbath period (t1). The primary outcome measure was change in sleep quality (Pittsburgh Sleep Quality Index, PSQI). Secondary outcome measures included the insomnia severity (Insomnia Severity Index, ISI), warmth perception at the feet (Herdecke Warmth Perception Questionnaire, HeWEP) and the distal-proximal skin temperature gradient (DPG).

Results: PSQI sleep quality improved significantly between t0 and t1 (p<0.001) with no difference between WA and GI (p=0.51). Insomnia severity improved in both conditions with high effect sizes (WA: Cohen’s d=1.04; GI: d=0.84). Warmth perception at the feet increased only with GI (d=0.58; WA: d=0.00), but WA had a greater effect on the DPG before sleep (d=0.24; GI: d=0.03).

Conclusion: Footbaths are a gentle and rapid method to improve sleep in insomnia patients. WA and GI showed different warmth qualities and should therefore be used more selectively, e.g., depending on patient’s individual thermal constitution.

Keywords: Insomnia; Footbath; Ginger; Circadian rhythm; Warmth perception; Distal-proximal skin temperature gradient

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Window of Knowledge in the Contributions of the TCIM in the context of the COVID-19 pandemic

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COVID-19 and herbal medicine: A practitioner survey
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Introduction: COVID-19 has had a large impact upon UK society and healthcare, however little is currently known about its impact upon UK herbal medicine practice. This survey aimed to identify: changes to herbal medicine practice since the start of the pandemic, common herbs used to support people with COVID-19 symptoms and types of advice patients are seeking from herbal practitioners.

Methods: We developed a mixed-methods e-survey for herbal practitioners, disseminated in June 2020 through practitioner professional bodies and social media. Quantitative results were analysed descriptively and qualitative results were analysed using basic content analysis.

Results: Findings from 59 complete responses indicated that most practitioners have moved to phone or video consultations only, whilst 37% had observed a decline in patients with other conditions. 56% respondents reported seeing patients with COVID-19 symptoms and 27% seeing patients with a COVID-19 diagnosis. Herbal practitioners reported that patients most commonly asked for information about herbs to support the immune system (46/59, 78%) and herbs to support them during COVID-19 symptoms (36/59, 61%), although the percentage of patients asking for COVID-19 advice varied. Practitioners described using a range of herbs to support people with COVID-19 symptoms, most commonly Glycyrrhiza glabra L. (15/31, 48%), Echinacea spp. (13/31, 42%) and Andrographis paniculata (Burm.f.) Nees (8/31, 26%). Practitioners also recommended vitamin D (14/29, 48%) and C (8/29, 28%). Herbal practitioners’ main sources of information about COVID-19 were webinars from other herbalists (56%), research databases (58%) and NHS guidance (49%).