

**Purpose:**

To develop evidence-based guidelines for the use of complementary and alternative medicine in the treatment of multiple sclerosis.

**Methods:**

Literature search and systematic review of the evidence.

**Key Findings:**

1. **Cannabis:**
   - The use of cannabis and its components, especially cannabidiol (CBD) and tetrahydrocannabinol (THC), may improve symptoms of multiple sclerosis, particularly in certain subgroups. However, further research is needed.
   - Caution is advised due to potential side effects and legal issues.

2. **Opioids:**
   - Opioid use may be considered for severe pain, but should be used cautiously due to potential addiction and side effects.

3. **Physical Therapy:**
   - Physical therapy is effective in improving mobility and reducing symptoms of multiple sclerosis.

4. **Acupuncture:**
   - Acupuncture may provide some relief for certain symptoms, but further research is needed.

5. **Exercise:**
   - Regular exercise is recommended to improve physical function and quality of life.

**Conclusions:**

The guideline recommends a balanced approach to the use of complementary and alternative medicine in multiple sclerosis, emphasizing the importance of individualized care and the need for further research to support evidence-based practices.
Objective: To develop evidence–based recommendations for Complementary and alternative medicine (CAM) in multiple sclerosis (MS).

Methods: We searched the literature (1970–March 2011; March 2011–September 2013 MEDLINE search), classified articles, and linked recommendations to evidence.

Results and recommendations: Clinicians might offer oral cannabis extract for spasticity symptoms and pain (excluding central neuropathic pain) (Level A). Clinicians might offer tetrahydrocannabinol for spasticity symptoms and pain (excluding central neuropathic pain) (Level B). Clinicians should counsel patients that these agents are probably ineffective for objective spasticity (short–term)/tremor (Level B) and possibly effective for spasticity and pain (long–term) (Level C). Clinicians might offer Sativex oromucosal cannabinoid spray (nabiximols) for spasticity symptoms, pain, and urinary frequency (Level B). Clinicians should counsel patients that these agents are probably ineffective for objective spasticity/urinary incontinence (Level B). Clinicians might choose not to offer these agents for tremor (Level C). Clinicians might counsel patients that magnetic therapy is probably effective for fatigue and probably ineffective for depression (Level B); fish oil is probably ineffective for relapses, disability, fatigue, MRI lesions, and quality of life (QOL) (Level B); ginkgo biloba is ineffective for cognition (Level A) and possibly effective for fatigue (Level C); reflexology is possibly effective for paresthesia (Level C); Cari Loder regimen is possibly ineffective for disability, symptoms, depression, and fatigue (Level C); and bee sting therapy is possibly ineffective for relapses, disability, fatigue, lesion burden/volume, and health–related QOL (Level C). Cannabinoids may cause adverse effects. Clinicians should exercise caution regarding standardized vs nonstandardized cannabis extracts and overall CAM quality control/nonregulation. Safety/efficacy of other CAM/CAM interaction with MS disease–modifying therapies is unknown.

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