

Review

Phytotherapy and Traditional Psychophysiological Feedback Therapies for Anxiety and Emotional Regulation in School-Aged Children.

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Abstract

Background: The increasing pace and complexity of modern life have led to a significant rise in mental health challenges, particularly anxiety and stress-related disorders, among children and adolescents. While pharmacological and psychological therapies remain the mainstay of treatment, their limitations, such as incomplete symptom remission and potential side effects, have encouraged growing interest in complementary and alternative medicine (CAM). Traditional Chinese Medicine (TCM) practices, including *Qigong* and *Taijiqian*, and phytotherapeutic interventions are gaining attention for their holistic approach and minimal adverse effects.

Objective: This study aimed to review the evidence regarding the effectiveness of Phytotherapy and Traditional Psychophysiological Feedback Therapies (*Qigong* and *Taijiqian*) in improving anxiety, emotional regulation, and behavioural symptoms in children and adolescents.

Methods: A comprehensive literature search was conducted across PubMed, Scopus, and SciELO databases from inception to August 2025. Eligible studies included randomised controlled trials, quasi-experimental, and observational studies assessing Phytotherapy or mind-body interventions on anxiety, stress, and emotional regulation.

Results: Evidence indicates that *Qigong* and *Taijiqian* interventions yield measurable improvements in anxiety, stress, and behavioural regulation among school-aged children. Short-term studies demonstrated reductions in heart rate, salivary cortisol, and self-reported anxiety, while long-term school-based programmes reported enhanced focus, emotional stability, and classroom cohesion. Integrating these mind-body practices into educational settings was shown to be feasible, safe, and cost-effective.

In Phytotherapy, several herbal formulations demonstrated potential benefits for nervous agitation, ADHD, and cognitive performance. A combination of *Hypericum perforatum*, *Valeriana officinalis*, and *Passiflora incarnata* improved mood and attention with good tolerability. *Ustukhuddus Alavi* was associated with enhanced cognitive function and reduced stress in adolescents. Other herbal interventions, including *Pinus pinaster*, *Ginkgo biloba*, and *Valeriana officinalis*, demonstrated varying degrees of effectiveness in managing ADHD symptoms, attention, and hyperactivity. However, variability in extract composition and methodological limitations reduce the certainty of findings.

A large survey among 905 Korean schoolchildren revealed that 65.2% had used herbal medicines at least once, with reported benefits but also minor adverse effects in 4.5% of users, underscoring the need for medical supervision and parental guidance in paediatric Phytotherapy.

Discussion: Both mind-body and phytotherapeutic interventions exhibit promise as complementary strategies for improving emotional and behavioural health in young populations. These approaches are generally low-cost, accessible, and culturally adaptable, making them viable for integration into school and community health programmes. Nevertheless, methodological heterogeneity, small sample sizes, and limited long-term data constrain definitive conclusions. Future research should

Citation: Almeida L., Gonçalves M.L., Costa R., Esteves T., Sampaio S., Sousa C.P., Peixoto M., Tomas M.S. Phytotherapy and Traditional Psychophysiological Feedback Therapies for Anxiety and Emotional Regulation in School-Aged Children. Journal of Complementary Therapies in Health. 2025;3(3) 10.5281/zenodo.17643625

Academic Editor: Jorge Rodrigues

Received: 2 September 2025

Reviewed: 16 September 2025

Revised: 10 October 2025

Accepted: 12 October 2025

Published: 13 October 2025

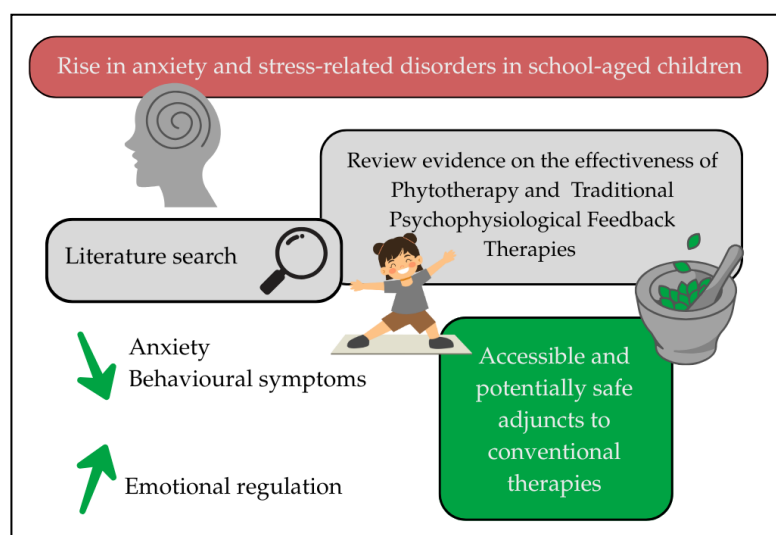
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prioritise standardised protocols, high-quality RCTs, and safety assessments to strengthen evidence and promote responsible integration of CAM into paediatric mental health care.

Conclusions: Traditional Psychophysiological Feedback Therapies (*Qigong*, *Taijiquan*) and Phytotherapy offer promising complementary approaches for enhancing mental health, emotional regulation, and behavioural functioning in children and adolescents. Their accessibility and safety profiles make them valuable adjuncts to conventional care. However, further rigorous, well-funded studies are necessary to confirm efficacy, ensure safety, and establish standardised implementation frameworks within clinical and educational settings.



Keywords: Anxiety; Emotional Regulation; ADHD; School; Traditional Chinese Medicine; Mind-body; *Qigong*; *Taijiquan*; Herbal Medicine; Phytotherapy.

1. Background

Adapting to the pace and demands of contemporary life requires considerable physical, mental, and social effort. For some individuals, however, these efforts may be insufficient to cope with modern societal pressures¹. When individuals cannot effectively cope, they become more susceptible to stress, which may manifest as physical or psychological disorders, including anxiety and related conditions. Anxiety is an evolutionarily conserved response to perceived threats, real or imagined, triggering preparatory mechanisms in the individual². Clinically, anxiety is a psychiatric disorder characterised by persistent vigilance toward potential threats³. Emotionally, it can present as fear, insecurity, catastrophic thinking, and heightened anticipation; physiologically, it may cause insomnia, tachycardia, paleness, increased respiration, muscular tension, tremor, dizziness, and gastrointestinal disturbances⁴.

Social stigma and entrenched beliefs regarding mental illness can discourage patients (and in the case of children, their caregivers) from seeking medical or psychological treatment⁵.

It is established that the psychological development of children and adolescents is influenced by the complex interaction between emotional, social, and physical factors. In recent years, the prevalence of mental health conditions, including anxiety, depression, and behavioural dysregulation, has risen sharply among young populations⁶⁻¹⁰ and, therefore, immediate action is needed.

Conventional therapies, including pharmacological and psychological interventions, are effective for some patients but have limitations, such as incomplete symptom remission and adverse side effects¹¹⁻¹⁵. Consequently, complementary and alternative medicine (CAM) has gained attention for its holistic approach and potential to enhance mental health¹⁶.

1.1. Traditional Psychophysiological Feedback Therapies

Within TCM, *Taijiquan* and *Qigong* are among the most studied practices for promoting mental well-being¹⁷⁻²².

Qigong, meaning “cultivation of life energy,” combines breathing, movement, meditation, and visualisation to regulate *Qi* and achieve therapeutic effects²³. *Taijiquan*, originally a martial art, consists of slow, controlled movements that restore physical balance, enhance mental awareness, and promote emotional stability by correcting energy imbalances^{1,24}.

Both practices have demonstrated measurable physiological and psychological benefits^{17,18,25}.

From a Western perspective, these practices may be conceptualised as forms of traditional vegetative biofeedback exercises, capable of inducing autonomic functional changes²⁶. Practitioners can voluntarily modulate bodily processes through coordinated postures, breathing, movement, and meditation, aiming to achieve self-regulation of biological systems²³. Rodrigues *et al.*²³, describe these techniques as an applied psychophysiological feedback and patient-guided therapy, where individuals learn to control bodily functions through selective contraction or relaxation and visualisation techniques. Importantly, these approaches are associated with minimal risk of side effects or dependency²⁷.

1.2. Phytotherapy

The use of medicinal plants for therapeutic purposes dates back to ancient human history, evolving through empirical observation and cross-cultural knowledge transmission^{28,29}.

Historical records, such as *Shen Nung's* catalog of 365 medicinal herbs (2838–2698 B.C.), highlight the longstanding integration of plants into medical practice³⁰.

Phytotherapy involves the application of bioactive compounds from various plant parts (roots, leaves, flowers, bark, and seeds) to influence physiological systems³¹.

In TCM, medicinal plants are employed to restore energetic balance, regulate *Qi*, and address mental disorders, supporting sleep and emotional calmness without chemical dependency^{32,33}.

Similarly, Naturopathy emphasises holistic plant-based therapies to restore physical, emotional, and spiritual equilibrium^{32,34}.

Classical TCM attributes mental disorders to imbalances in the heart (*Shen*) and liver (*Qi* flow and emotion), with conditions such as anxiety, insomnia, and depression rooted in these systems. Phytotherapy in TCM is therefore highly individualised, targeting both mind and body rather than isolated symptoms³³.

Evidence suggests that Phytotherapy from both TCM and Naturopathy provide significant mental health benefits, complementing conventional medicine and offering therapeutic alternatives for populations with limited access to standard care^{18,34}.

2. Methodology

A comprehensive literature search was conducted to identify studies investigating the effects of Phytotherapy, *Qigong*, and *Taijiquan* on anxiety and emotional regulation. Multiple electronic databases, including PubMed, Scopus, and SciELO, were searched from their inception to August 2025. The search strategy combined keywords and medical subject headings (MeSH) related to anxiety, emotional regulation, Phytotherapy, medicinal plants, *Qigong*, and *Taijiquan*, using Boolean operators (“AND”/“OR”) to refine results.

Eligible studies included randomised controlled trials (RCTs), quasi-experimental studies, and observational studies that assessed the effects of Phytotherapy or mind-body interventions (*Qigong* or *Taijiquan*) on anxiety, stress, or emotional regulation in adults. No restrictions were applied regarding the participants' sex, ethnicity, or geographical location. Studies focusing exclusively on animal models, in vitro experiments, or unrelated interventions were excluded.

Two independent reviewers screened titles and abstracts for relevance. Full-text articles of potentially eligible studies were retrieved and assessed against inclusion criteria. Discrepancies between reviewers were resolved through discussion and consensus with a third reviewer.

Given the heterogeneity of interventions, outcomes, and assessment tools, a narrative synthesis was performed to summarise the evidence.

This methodology ensured a rigorous approach to identifying the available evidence on the role of Phytotherapy and traditional Chinese mind-body practices in managing anxiety and promoting emotional well-being.

3. Traditional Psychophysiological Feedback Therapies

Several studies have explored the potential of TCM mind-body interventions, including *Taijiquan*, *Qigong*, in supporting emotional and behavioural regulation in children and adolescents.

A six-week randomised controlled trial involving 104 high-school students assessed *Qigong*'s impact on anxiety²³. Only participants in the *Qigong* group demonstrated statistically significant reductions in state and trait anxiety, with more pronounced improvements observed in male students. While salivary cortisol changes were not statistically significant, a trend toward biochemical improvement suggested that longer interventions might yield measurable effects on stress physiology.

A 4-week study investigated the potential of *Qigong* to support students' attention and learning capacity in the context of the COVID-19 pandemic, which has increased academic stress due to disruptions in education and heightened performance pressure³⁵. Improvements in attentional processes and reaction times were observed, suggesting potential benefits for cognitive functioning and academic performance. The study included a total of 44 participants, previously divided into an experimental *Qigong* group and a sham *Qigong* control group. Results indicated that enhancements in auditory processing and reaction times were more pronounced in the experimental *Qigong* group compared to the sham group. These findings suggest that *Qigong* may serve as an effective tool for managing stress and improving cognitive outcomes in students. Furthermore, the intervention could be readily integrated into physical education classes, providing a practical approach to support academic performance and assist students in coping with the heightened pressures associated with the COVID-19 pandemic.

Another preliminary study investigated the effects of a specific form of *Qigong*, the "White Ball" exercises, on physiological and psychological indicators of anxiety in school-aged children³⁶. Eight children participated in the experimental *Qigong* group, receiving structured lessons twice a week for seven weeks, along with instructions to practice at home daily, while another eight children served as a waiting-list control group without *Qigong* instruction. Anxiety levels were assessed using the Portuguese version of the Depression, Anxiety, and Stress Scale adapted for children, and physiological parameters including heart rate, blood pressure, salivary cortisol, heart rate variability, surface electromyography of the trapezius muscle, and reaction time were measured at the beginning and end of the intervention.

Results showed that children practicing "White Ball" *Qigong* exhibited a significant reduction in heart rate compared to controls. While differences in other measures did not reach statistical significance, large effect sizes were observed for salivary cortisol, blood pressure, and trapezius muscle activity. Trends also indicated reductions in subjective anxiety and improvements in physiological regulation. These findings suggest that the

“White Ball” exercises may positively influence both emotional and autonomic function in schoolchildren.

Another 7-week pilot study investigated the effects of mind-body integration practices combined with cooperative activities on stress levels and social interaction in school-aged children³⁷. The intervention involved children aged 7 to 9 participating in structured sessions once a week over a two-month period. During these sessions, participants engaged in mind-body integration exercises alongside cooperative group activities designed to promote social connectedness and emotional regulation.

Results indicated that the intervention led to reductions in salivary cortisol levels and improvements in social connectedness among the children. Notably, follow-up observations revealed that many participants continued to apply the learned mind-body practices at home in response to stressful situations, even five months after the program had ended. These findings suggest that children are highly receptive to adopting healthy coping strategies and demonstrate behavioral plasticity that allows for the incorporation of beneficial routines.

The study highlights the potential of combining mind-body practices with cooperative activities to enhance individual well-being and strengthen social networks within group settings. By demonstrating measurable reductions in stress and promoting adaptive social behaviors, this research contributes to the understanding of how structured interventions can support chronic stress reduction in children—a topic that remains relatively underexplored.

However, the effects of *Qigong* have also been evaluated in longer-term school-based interventions. A six-month qualitative pilot study across four Berlin schools, involving 140 children aged 10–17, examined *Xianggong* (Fragrant *Qigong*), a simplified version of traditional *Qigong*³⁸. Teachers reported reductions in restlessness, aggression, and social tension, alongside improvements in classroom focus, calmness, and cohesion. Students described better sleep, increased vitality, and fewer physical complaints, such as colds or allergies. These benefits were attributed to *Qigong*’s capacity to modulate the autonomic nervous system, promoting a relaxed physiological state. The study also explored practical aspects of implementing *Xianggong* in school schedules, highlighting challenges such as overly simple exercises leading to reduced engagement, time constraints, and parental skepticism regarding the practice’s cultural or spiritual origins.

A parallel six-month study with 90 school-aged children investigated *Xianggong*’s integration into regular classroom activities to support behavioural and emotional regulation³⁹. Teachers observed improvements in social behaviour, emotional stability, and classroom harmony, with some students showing enhancements in sleep and reductions in allergy-related symptoms. By combining qualitative and quantitative methods, this study reinforced the preventive and supportive role of *Qigong* in promoting school-based psychosocial and physiological well-being. The authors emphasised the relevance of incorporating traditional mind-body techniques into educational settings, noting their psychosomatic and regulatory potential as described in TCM theory.

A one-year pilot study conducted in a school setting with four children aged 6–10 suggested that *Taijiquan* and *Qigong* may help modulate behavioural disorders, such as attention-deficit hyperactivity disorder (particularly hyperactivity-impulsivity), oppositional defiant disorder, and conduct disorder¹. The authors proposed that the promotion of positive vegetative behavioural patterns could be linked to the characteristics of these practices, which act on the nervous system to foster relaxation⁴⁰. These techniques may mitigate physiological manifestations of chronic stress while supporting cognitive and emotional regulation.

Another preliminary one-year study with six school-aged children investigated the integration of these mind-body practices as mindfulness-based, movement-oriented cognitive-behavioral interventions for anxiety and depression⁴¹. Results indicated both therapeutic effects for children displaying symptoms and preventive benefits for those without clinically relevant signs.

A longitudinal study investigated the potential of *Taijiquan* to enhance self-concept in adolescents, addressing a gap in prior research that primarily focused on older adults or patients with specific health conditions ⁴². The study involved 160 students from a Chinese middle school, with half assigned to an experimental *Taijiquan* group and the other half to a control group. The intervention consisted of 60-minute *Taijiquan* sessions, delivered five times per week over one year. Both groups completed self-concept assessments at the start and end of the study.

Results indicated significant improvements in multiple dimensions of self-concept among participants in the *Taijiquan* group, including better behaviour, intellectual and school status, popularity, and reduced anxiety, compared with the control group. These findings suggest that regular *Taijiquan* practice may support the development of self-concept in adolescents, highlighting its potential as a school-based intervention for promoting psychological well-being.

4. Phytotherapy

The use of herbal products has an important role in many countries and societies ⁴³⁻⁴⁵. Therefore, the use of it by children is often implied ⁴⁶.

A multicenter, prospective observational study conducted in 2008 investigated the effects of a fixed combination of plant extracts on children experiencing nervous agitation, including symptoms related to agitated depression, over a period of approximately two years ⁴⁷. The study included 115 children aged 6 to 12 years.

Parental assessments indicated notable improvements in children exhibiting attention difficulties, social withdrawal, and anxiety or depressive symptoms. Physicians' evaluations further demonstrated that, by the end of the observation period, 81.6% to 93.9% of participants displayed no or only mild symptoms across nine of thirteen measured domains, including depression, school- or examination-related anxiety, other anxieties, sleep disturbances, and various physical complaints. Therapeutic outcomes were not affected by concomitant medications or other treatments. As well, the intervention was well tolerated, and the fixed plant extract combination included St. John's Wort (*Hypericum perforatum*), valerian root (*Valeriana officinalis*), and passionflower herb (*Passiflora incarnata*). These findings suggest that this herbal formulation may be a safe and effective option for supporting children with nervous agitation and related emotional or behavioural challenges.

Moreover, a randomised study investigated the effects of the multi-ingredient herbal formula *Ustukhuddus Alavi* on cognitive performance and stress regulation in female high school students. 86 students in grades 10 and 11 were randomly assigned to either an intervention group receiving *Ustukhuddus Alavi* or a placebo group over six weeks. Results showed that students in the *Ustukhuddus Alavi* group exhibited significant improvements in mental health, sustained attention, and mental fatigue compared with the placebo group. Additionally, salivary cortisol levels were significantly reduced in the intervention group. These findings suggest that *Ustukhuddus Alavi* may enhance cognitive function and support stress regulation in adolescent students. This formula is composed by *Lavandula stoechas* (flowers), *Anacyclus pyrethrum* (roots), *Polypodium vulgare* (rhizomes), *Cuscuta epithymum* (fruits), *Paeonia officinalis* (roots), and *Vitis vinifera* (fruits).

As well, several studies have explored the potential of herbal preparations in managing ADHD and related behavioural disturbances in children and adolescents ^{48,49}. Formulations designed for this purpose often include herbs traditionally recognised for their sedative or calming properties, such as chamomile (*Matricaria chamomilla*), kava (*Piper methysticum*), hops (*Humulus lupulus*), valerian (*Valeriana officinalis*), lemon balm (*Melissa officinalis*), and passionflower (*Passiflora incarnata*) ⁵⁰⁻⁵². These preparations are commonly used either alone or as adjuncts to standard pharmacologic therapies. However, caution is warranted when combining these herbs with conventional sedatives due to the potential for additive or enhanced effects ^{49,52}.

Despite their widespread use, robust clinical evidence for many of these herbs in ADHD management remains limited^{49,51,53}. Variability in the concentrations of active compounds across preparations complicates assessments of efficacy^{51,52}. Additionally, in countries like the United States, these products are not subject to strict regulatory oversight by the Food and Drug Administration, leading to a lack of standardisation and quality control⁵².

Among the herbal interventions investigated, *Pinus pinaster* extract (French maritime pine bark) demonstrated significant reductions in ADHD symptom severity based on teacher ratings in a double-blind, placebo-controlled trial, although improvements were not consistently observed in parent ratings⁴⁹.

In contrast, St John's Wort (*Hypericum perforatum*) did not show benefits relative to placebo in ADHD symptomatology. *Ginkgo biloba*, when compared to methylphenidate in a double-blind randomised trial, produced less improvement in core ADHD symptoms, and controlled trials comparing ginkgo with placebo are still forthcoming⁴⁹.

TCM formulations have also been studied for their potential in ADHD management. For example, Liang *et al.*⁵⁴ evaluated a TCM herbal formula comprising granulated extracts equivalent to *Poria cocos*, *Rhizoma Acori Tatarinowii*, *Alpiniae oxyphyllae Fructus*, *Polygalae Radix*, *Glycyrrhizae Radix et Rhizome*, *Radix Codonopsis*, *Triticum aestivum*, and *Fructus Jujubae*. Administered over a three-month period, this formula was associated with reductions in ADHD-related behaviours, improvements in overall functioning, and an absence of reported side effects, suggesting both efficacy and safety in the paediatric population.

In addition, Yuan *et al.*⁴⁸ additionally highlighted *Rehmanniae radix preparata* as potentially beneficial in alleviating neurodevelopmental abnormalities, neuronal apoptosis, and energy metabolism dysfunction linked to ADHD. A review spanning studies from 1999 to 2014 identified twelve herbs most frequently employed in ADHD management, including *Rhizoma Acori Tatarinowii*, *Polygalae radix*, *Rehmanniae radix preparata*, *Os Draconis*, *Glycyrrhizae radix et rhizome*, *Poria cocos*, *Concha ostreae*, *Testudinis carapacis et plastris*, *Paeoniae Radix Alba*, *Schisandra chinensis*, *Corni fructus*, and *Dioscoreae Rhizoma*. Among these, five herbs (*Rehmanniae radix preparata*, *Testudinis carapacis et plastris*, *Schisandra chinensis*, *Corni fructus*, and *Dioscoreae Rhizoma*) are particularly associated with the nourishment of kidney essence, a key concept in TCM. These findings highlight the therapeutic potential of these botanicals in supporting cognitive, behavioural, and emotional regulation, although further research is needed to integrate them fully into standardised ADHD treatment protocols.

Moreover, *Valeriana officinalis* has been extensively investigated for its effects on hyperactivity, impulsivity, and inattention^{55,56}.

A three-week, double-blind, placebo-controlled pilot study assessed the efficacy of both a mother tincture (MT) and 3X potency in children with ADHD⁵⁵. Results demonstrated significant improvements across multiple subscales of the Conners Parent Symptom Questionnaire (PSQ), Teacher Rating Scale, and Child Concentration Test (CCT), particularly in hyperactivity, inattention, and impulsivity. Both treatment groups also exhibited reductions in anxiety symptoms, reflecting the known anxiolytic properties of *Valeriana officinalis*^{50,53,55}. Improvements were most notable after two weeks of treatment, suggesting a potential time- or dose-dependent effect, although the benefits did not persist in the one-week follow-up period⁵⁵. Notably, no statistically significant differences were observed between the MT and 3X potencies, supporting flexibility in dosing options^{50,55}.

In a related study, Gromball *et al.*⁵⁷ evaluated a combined high-dose preparation of valerian and lemon balm (*Melissa officinalis*) in school-aged children presenting with attention deficits, hyperactivity, and impulsiveness without a formal ADHD diagnosis. Across the study period, children demonstrated improvements in concentration, impulsivity, hyperactivity, and social behaviours, along with enhanced sleep quality. These findings underscore the importance of consistent extract quality, including active com-

pound concentrations and batch standardisation, in achieving reliable therapeutic outcomes. Both valerian and lemon balm were well tolerated, and no adverse effects were reported, indicating that such preparations can be safely incorporated into daily routines and school-based interventions.

Taken together, these studies illustrate the growing evidence base for herbal interventions in managing ADHD and related behavioural disturbances. They demonstrate the potential for carefully selected and standardised herbal extracts to support attention, behavioural regulation, and emotional well-being in children, while highlighting the need for further high-quality research to establish dosing, efficacy, and long-term safety profiles. The integration of herbal therapies, particularly within educational or school-based settings, may offer an additional avenue for non-pharmacological support of children experiencing attentional and hyperactivity challenges, complementing existing behavioural and cognitive approaches.

5. Final remarks

Over recent decades, mental health has emerged as a central component of overall well-being and functionality, with particular emphasis on the younger generations. Promoting mental health in children and adolescents is essential not only for their present quality of life but also for the long-term social and economic health of society^{17,18,58,59}. Early interventions that support emotional regulation, stress management, and adaptive behavioural strategies can have lasting effects on development and psychosocial functioning.

Traditional vegetative biofeedback therapies, including mind-body practices such as *Qigong* and *Taijiquan*, have demonstrated significant potential in mitigating symptoms of mental disorders among children and adolescents. These interventions are generally low-cost, safe, and scalable, making them suitable for application in schools, community centres, and other institutional settings¹¹. Their ease of implementation allows for broad accessibility, particularly for populations who may not have access to conventional treatments. Nonetheless, the effectiveness of these therapies depends on proper guidance by trained professionals, emphasising the importance of expertise and standardised instruction in maximising outcomes.

Despite encouraging findings, a consistent limitation observed across studies is the overall quality of research methodology. Many investigations suffer from small sample sizes, short intervention durations, and heterogeneity in outcome measures. Furthermore, as these techniques originate outside Western contexts, research support and funding are often limited, constraining the development of robust evidence and hindering wider acceptance among health professionals¹⁸. Addressing these foundational issues, through increased funding, methodological rigor, and international collaboration, would improve scientific output, enhance professional trust, and ultimately ensure that complementary interventions fulfil their intended role: supporting conventional therapies or providing access to mental health support for those unable to access more expensive or unavailable treatments^{18,58,59}.

In addition to mind-body interventions, the use of herbal medicinal products among children warrants careful consideration. Despite their widespread perception as ‘natural’ and safe, herbal products can produce adverse effects and interact with conventional medications⁶⁰⁻⁶⁴.

A survey conducted among 905 elementary school students in Gwangju, Korea, highlighted the prevalence of herbal medicine use and associated patterns⁶⁵. The study revealed that 65.2% of students had taken herbal medicines at least once since birth, with higher usage among younger grades. First graders exhibited the highest prevalence (74.1%), while usage gradually decreased in higher grades. The mean frequency of use was 3.2 times, with an average cost ranging from €35 to €70, and the typical age of first use was 55 months. The most frequently cited reason for use was “looking weak, without disease,” and while 63.7% of students reported perceived benefits, 4.5% experienced side effects.

These findings underscore the widespread and often unsupervised use of herbal medicines in paediatric populations, highlighting the critical need for clinician involvement and parental education. Ensuring safe and informed use of herbal products is essential to minimise risks while allowing children to benefit from potential therapeutic effects.

6. Conclusion

Both Traditional Psychophysiological Feedback Therapies and Phytotherapy interventions show promise as complementary approaches for supporting mental health in children and adolescents. Mind-body practices provide safe, low-cost strategies to improve emotional regulation, attention, and overall psychosocial functioning, while herbal medicines, when appropriately guided and monitored, can serve as adjunctive support for behavioural and cognitive challenges. To maximise the benefits of these interventions, future research must prioritise methodological rigor, standardisation, and long-term follow-up, while healthcare providers and educators should receive adequate training to implement these therapies safely and effectively. Collectively, these complementary approaches have the potential to enhance mental well-being, provide equitable access to care, and contribute meaningfully to the health and development of younger populations.

Credit author statement: Conceptualisation, L.A.; Methodology, L.A. and M.L.G.; Validation R.C., T.E., S.S., C.P.S., M.P., and M.S.T.; Formal analysis, L.A.; Investigation, L.A., M.L.G., R.C., T.E., S.S., C.P.S., M.P., and M.S.T.; Writing – Original Draft, L.A., M.L.G., R.C., T.E., S.S., C.P.S., M.P., and M.S.T.; Writing – Review & Editing, L.A., M.L.G., R.C., T.E., S.S., C.P.S., M.P., and M.S.T. All authors have read and agreed to the published version of the manuscript.

Funding: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Conflict of Interest: The authors declare that there are no conflicts of interest.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: The original contributions presented in this study are included in the article. Further inquiries can be directed to the corresponding author.

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