

CHAPTER 24 ALTERNATIVE AND COMPLEMENTARY THERAPIES

24.1 Introduction

Patients with lymphoma, in a similar way to patients with other cancers, frequently seek therapies not suggested by the treating physician. The patient's wish to seek complementary or alternative medicine (CAM) is often a manifestation of his or her desire to participate in the management of their disease. A health care professional who appreciates this patient need shows understanding, and this can enhance open communication with the patient. These therapies, in most instances, represent unproven clinical methods of treatment, and are frequently referred to as CAM. No clear definition for alternative therapies has been established¹, mainly because such therapies encompass a vast number of practices and systems of health care. In the literature, some complementary medicine practitioners attempt to distinguish between 'alternative' and 'complementary' cancer therapies.

Alternative therapy includes any unproven treatment that is promoted as a cancer cure in place of mainstream cancer care.^{2,3} Recent reviews have found no evidence to support that any alternative therapy can cure cancer.⁴⁻⁶ Promotion of alternative therapy thus raises certain ethical issues, such as guiding patients away from effective treatment, creating false hope, and financial exploitation.²

Complementary therapy is defined by those who practise in this field as treatment that complements mainstream medicine for enhancing quality of life. Some complementary therapies operate in the allopathic framework or conventional medicine; others derive from distinctly different origins and reflect concepts of health and disease that vary greatly from those of Western medicine.⁷

Several surveys involving cancer patients suggested that the most popular reason for seeking alternative or complementary therapies was to improve quality of life and to have better control of their destiny.⁸ Interestingly, some studies indicate that patients seeking alternative therapies actually have a poorer quality of life.^{9,10,11}

24.2 Recent trends and sociodemographic factors

By the end of the twentieth century, surveys showed that CAM treatments were used by 25–50% of the general population in industrialised nations^{6,12-14}, and up to 85% in the developed world.¹⁵ In some countries, the number of visits to CAM providers was greater than the number of visits to primary care physicians.¹² This trend appears to be increasing.¹⁶

There are no published data on the use of CAM therapy in lymphoma patients specifically. However, large surveys of cancer patients often included a substantial proportion of patients grouped under the heading of 'haematological cancer'.¹⁷ Patients with lymphoma or cancer of the brain/central nervous system may be more likely to seek alternative therapies.^{8,18} The key predictors of alternative therapy use in Australian cancer patients appear to be younger age and marital status (positive association), and level of satisfaction with conventional treatment (negative association).¹⁷ Other characteristics consistently reported by international and local surveys include higher income and education.^{16,17,19-21} Patients frequently try multiple alternative therapies — more than 75% trying two or more.¹⁷ In Australia, estimates of the annual national costs of CAM medicine preparations and practitioner visits exceed A\$900 million.¹⁸

Referral is generally by family or friends, indicating that even at the end of the twentieth century, word of mouth remained the usual method of finding alternative therapy practitioners.²⁰ With the advent of computer technology, patients have easy access to hundreds of Internet web sites, which may change the referral pattern.

A high proportion of patients using alternative methods of treatment do not discuss this with their treating physician.^{12,17} The most commonly cited reason for a patient to not disclose their alternative therapy use is that the physician did not ask.²²

Evidence indicates CAM use is not without risks. Adverse effects ranged from 0.2% to 31%, including death.^{15,22,23} Adverse effects associated with herbal remedies could be due to factors such as the properties of the herbs or contamination, misidentification, adulteration, and inappropriate advertising of products, because adherence to stringent good manufacturing practice is not required.

24.3 Evidence for CAM therapies

There is no published literature on alternative cancer therapies relating specifically to lymphoma. A review of some of the common alternative and complementary medicines is outlined below:

24.3.1 Herbal and related products

Yearly sale of herbal products is a multi-million dollar industry world-wide. Many herbal products consist of multiple compounds, and it is often difficult to define the principal active constituent(s). As these remedies are not subjected to government regulations as conventional drugs, few have been formally tested for efficacy and safety. Indeed, in some cases, the benefit and side effects may be due to more than one compound. Thus the conventional pharmacological wisdom of isolation and synthesis of (single) active ingredients is often not a viable option. Modern pharmaceutical drugs are derived from isolation of active ingredients from plants.

A few of the current herbal products consist of only a single herb. Some of these have been submitted to clinical tests. Below is an overview of herbs relating to cancer patients for which there is sufficient trial data, as well as systematic reviews or meta-analysis.^{23,24}

Guideline — Herbal and related products in common use			Level of evidence	Refs
Common name	Indication	Evidence for effectiveness		
Aloe vera	Various	Poor	IV	23
Cannabis	Nausea/vomiting	Good	II *	24
Ginger	Nausea/vomiting	Encouraging	III	23
Ginseng	Various	Poor	IV	23, 25
Kava	Anxiety	Good	II	23, 25
Mistletoe	Cancer	Poor	IV	23
Shark Cartilage	Cancer	Poor	III	23
St John's Wort	Mild/moderate depression	Good	II	23, 25
Valerian	Insomnia	Encouraging	III	23

* Efficacy has only been compared to moderately effective anti-emetics.

Is there any evidence for the claim that 'natural' products are safe?

Although it is widely perceived that 'natural' products are safe, there is evidence that they can harm and that some are toxic.^{11,15} The exact incidence of harm is unknown, as adverse event reports of these products are not required. In addition, the absence of guidelines and standardisation of processing, manufacturing and storage of herbal products can result in highly contaminated or toxic products.²³

There are many reported drug interactions^{6,25,26}, for example:

- ginkgo, ginger, garlic, feverfew can interfere with anticoagulation
- ginseng can increase blood pressure (problematic, particularly in thrombocytopaenic patients)
- St John's Wort interferes with Cp450 hepatic metabolism
- Cats Claw (Uña de Gato) may reduce erythrocytes in patients receiving chemotherapy
- coenzyme Q10 increases levels of potentially toxic metabolites in patients receiving chemotherapy.

Some herbal products sensitise the skin to radiotherapy. Some interact with anaesthetics and blood pressure fluctuations. Herbs such as garlic, feverfew, ginger and ginkgo have anti-coagulant action. The risk of interaction between drugs and herbal compounds is highest for patients with renal and hepatic dysfunctions. Several Australian and overseas studies have shown the side-effects ranged from <1% to as high as 31%. Deaths have also been reported.^{11,15}

24.3.2 Acupuncture

Acupuncture is one of several elements of traditional Chinese medicine.²⁷ This can be done by stimulation of the acupuncture points by a needle, pressure, electric current, or laser. There is a mass of literature on acupuncture. Despite several hundred clinical controlled trials, the results are often contradictory, due to study designs, sample size and other methodological challenges. Risks associated with acupuncture are rare. They include infection (problematic in pancytopaenic patients) and pneumothorax. Pain and minor bleeding at the site of insertion is a common but transient side effect.

There is good evidence for the use of acupuncture to treat nausea and vomiting (chemotherapy-induced and post-operative), as well as back pain, dental pain, and migraine.²⁷ However, more vigorous study comparing acupuncture with standard anti-emetics and analgesics are needed.

24.3.3 Homeopathy

Homeopathy is based on two highly controversial principles: the law of similars (i.e. like cures like), and the notion that highly 'potentised' (diluted) remedies can be effective. Controversy exists as to whether these remedies contain a single molecule of the original substance. A meta-analysis of all randomised placebo-controlled trials concluded that the clinical effects of homeopathy are not entirely due to placebo.²⁸ The question of whether such remedies have a place in lymphoma treatment remains unanswered.

24.3.4 Manual healing methods

There is a variety of healing approaches that involve some kind of body contact or manipulation. These include: massage, reflexology, chiropractic therapy, and aromatherapy. Small trials have been conducted that show no or doubtful benefits in alleviating cancer-related symptoms.^{3,4}

24.3.5 Hypnotherapy

Several clinical trials have been conducted to assess hypnotherapy in emesis induced by cancer treatment and cancer-associated pain. A review of this topic concluded that the data are encouraging but inconclusive.²⁹

24.3.6 Meditation

Meditation is a general term describing treatments in which a person empties his or her mind of extraneous thoughts. The physiological effects of meditation are those of deep relaxation. There is evidence from controlled clinical trials suggesting that meditation-induced relaxation can be used clinically to control cardiovascular risk factors and chronic pain and anxiety. This could be of benefit to cancer patients.²⁵ Potential adverse effects of meditation include tension, anxiety, depression and confusion. Patients with psychotic or borderline personality disorders should avoid meditation.²⁵

24.3.7 Relaxation

The range of relaxation techniques makes it hard to assess efficacy of this type of therapy. However, several RCTs show some form of relaxation reduces stress and pain and improves QOL of cancer patients.^{3,30} Studies are needed to identify which relaxation therapy is the effective one and how it compares with conventional treatment.

24.3.8 Spiritual healing

Spiritual healing has been defined as the direct interaction between one individual (the healer) and a patient, with the intention of improving the patient's condition or curing the illness.³¹ Treatment can occur through personal contact or at a (sometimes large) distance. Variations include therapeutic touch, Reiki, faith healing, intercessory prayer. In therapeutic touch, for example, the effect is thought to result from the channelling of energy from the healer to the patient. 'Healers' suppose to sweep away energy blockage with their hands. The ability of therapeutic touch practitioners to detect energy field was disproved in a recent study.³²

Key points:

There is no evidence that CAM practices can cure lymphoma. Natural does not always equate to harmless.

Alternative medications should be questioned when suspected drug reactions occur and included in notification reports.

Guideline — Evaluation of complementary and alternative medicine (CAM) practices and armamentarium	Level of evidence	Refs
Some herbal products sensitise the skin to radiotherapy. Some interact with anaesthetics and blood pressure fluctuations. Herbs such as garlic, feverfew, ginger and ginkgo have anti-coagulant action. The risk of interaction between drugs and herbal compounds is highest for patients with renal and hepatic dysfunctions.	IV	23
There is good evidence for the use of acupuncture to treat nausea and vomiting (both chemotherapy induced and post-operative).	II	27

24.4 Discussing CAM with the patient

Doctor–patient communication must include direct questioning and documentation, because patients may not consider natural products to be drugs.

A good knowledge of CAM allows the clinician to have frank discussions with the patient. This does not mean endorsement. It provides the opportunity to establish a good understand of the patient's needs beyond the treatment of the lymphoma, that is, caring for the patient and not just treating the disease.

Once aware of any alternative therapies, physicians can alert patients about products that are contraindicated during chemotherapy, surgery and radiotherapy, as well as the financial burden of CAM.

Physicians should show respect for the patient's beliefs and values, ensure that the patient remains involved in health care decisions, and bear in mind that patients use these therapies for a variety of reasons.

Patients need answers to questions about clinics, web sites and practitioners claiming cancer cures.

The physician must gain the patient's confidence so that the patient does not feel inhibited about discussing alternative treatments. Straightforward scientific-based information, or lack thereof, may be all the patient is seeking.

If the physician is unaware of a particular treatment, the Poisons Information Centre may be able to provide the information needed.

24.5 References

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