Complementary medicine in palliative care and cancer symptom management


Prepared by: Mehrnoush Mirhosseini

Received during: February 27/2007

Abstract:

National Center for Complementary and Alternative Medicine, National Institutes of Health, DHHS, Bethesda, Maryland 20892, USA. manskyp@mail.nih.gov

Complementary and alternative medicine (CAM) use among cancer patients varies according to geographical area, gender, and disease diagnosis. The prevalence of CAM use among cancer patients in the United States has been estimated to be between 7% and 54%. Most cancer patients use CAM with the hope of boosting the immune system, relieving pain, and controlling side effects related to disease or treatment. Only a minority of patients include CAM in the treatment plan with curative intent. This review article focuses on practices belonging to the CAM domains of mind-body medicine, CAM botanicals, manipulative practices, and energy medicine, because they are widely used as complementary approaches to palliative cancer care and cancer symptom management. In the area of cancer symptom management, auricular acupuncture, therapeutic touch, and hypnosis may help to manage cancer pain. Music therapy, massage, and hypnosis may have an effect on anxiety, and both acupuncture and massage may have a therapeutic role in cancer fatigue. Acupuncture and selected botanicals may reduce chemotherapy-induced nausea and emesis, and hypnosis and guided imagery may be beneficial in anticipatory nausea and vomiting. Transcendental meditation and the mindfulness-based stress reduction can play a role in the management of depressed mood and anxiety. Black cohosh and phytoestrogen-rich foods may reduce vasomotor symptoms in postmenopausal women. Most CAM approaches to the treatment of cancer are safe when used by a CAM practitioner experienced in the treatment of cancer patients. The potential for many commonly used botanical to interact with prescription drugs continues to be a concern. Botanicals should be used with caution by cancer patients and only under the guidance of an oncologist knowledgeable in their use.

Comments:

Strengths/uniqueness:
The use of complimentary and alternative medicine in palliative care population has been discussed in this article. It helps the clinicians to become familiar
with these remedies and all the clinical trials related to this diverse modality of interventions. Thus, these trials would help clinicians to be prepared to discuss these remedies with their patients. It also deals with the safety related to the CAM, which raises the awareness for this important aspect of CAM.

Weaknesses:
The weakness attributed to this review is that it is not systematically approached. Also all the trials included in this review are very small in the number of their cohort which makes it difficult to draw any conclusion regarding their safety and efficacy.

Relevance to Palliative Care:
The use of CAM among cancer patients is estimated to be between 7 to 54% in USA. This makes it one of the commonly discussed treatment modalities in palliative care population. The clinicians are required to be familiar with CAM in order to be able to guide their patients with their use. This article would provide baseline information in this regard and reviews different modalities in CAM for the same purpose.