

## Complementary Medicine for Cancer Patients

The popularity of complementary and alternative medicine (CAM) is undeniable. For human patients with cancer, the usage rate is well over 50%.<sup>1</sup> The attraction of these approaches is multifaceted; they are often widely available, non-prescription, comforting, and “natural”. They may even come with a claim to cure or halt the progression of cancer<sup>2 3 4</sup>. However, “There is not a single alternative (rather than mainstream) intervention that has been demonstrated to constitute an effective cure for cancer.”<sup>5</sup> Nevertheless, health care professionals are recognizing that it is important to remain open and informed about CAM. “It is no longer acceptable to patients for physicians to label all of these alleged treatments as ludicrous and unfounded. Medical professionals must be able to converse intelligently about them with patients and learn not to denigrate out of hand those who utilize alternative and complementary techniques, as long as they are safe. Physicians must also warn patients of danger and hoaxes when that is appropriate.”<sup>6</sup>

The urgent need for high-quality research exploring the safety and effectiveness of CAM therapies is apparent; the dearth of substantive information on some of these approaches places veterinarians in a difficult professional and ethical position. Many health professionals who want to support and intelligently guide their clients in their search for relief within the CAM arena end up dismayed by the paucity of credible reports. Recently, CAM authorities from Harvard Medical School and the National Center for Complementary and Alternative Medicine at the National Institutes of Health responded to this problem by compiling a summary of current scientific medical literature on CAM in an article entitled: “Advising patients who seek complementary and alternative medical therapies for cancer” in *Annals of Internal Medicine* (Weiger WA et al., 2002;137:889-903). In this paper, researchers report on the efficacy and safety of various CAM cancer treatments and sort the approaches into three categories – i.e., those which clinicians may reasonably recommend, accept, or discourage. For example, they recommend CAM therapies for which evidence supports both efficacy and safety, but discourage those for which evidence indicates either inefficacy or serious

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<sup>1</sup> Zappa SB and Cassileth BR. Complementary approaches to palliative oncological care. *Journal of Nursing Care Quality*. 2003;18:22-26.

<sup>2</sup>Thoreson A and Thoreson AN Alternative Medicine Page: Acupuncture and Cancer Therapy. Obtained at <http://home.online.no/~arethore/eng.docs/e.introli.html> on 05-11-03.

<sup>3</sup> White CL. Cancer smart bomb, Part I: an idea from ancient Chinese medicine. Obtained at <http://www.mwt.net/~drbrewer/canart1.htm> on 05-16-03.

<sup>4</sup> Omura Y. Impressions on observing psychic surgery and healing in Brazil with appear to incorporate (+) Qi Gong energy & the use of acupuncture points. *Acupuncture & Electro-Therapeutics Res., Int. J.* 1997;22:17-33.

<sup>5</sup> Ernst E. Complementary therapies in palliative cancer care. *Cancer*. 2001;91:2181-2185.

<sup>6</sup> Metz JM. “Alternative medicine” and the cancer patient: an overview. *Medical and Pediatric Oncology*. 2000;34:20-26.

risk. While species-specific evidence would be ideal for veterinary practice, this approach provides a beneficial starting point.

Common CAM cancer treatments include acupuncture, massage, dietary modification and supplementation, herbs and other biological agents, and homeopathy. [A complete analysis of all existing data on the value of these approaches is beyond the scope of this article, which is meant only to provide a brief overview of popular CAM modalities for cancer patients.]

**Acupuncture:** Integrative oncology clinics have issued reports that they find acupuncture to be a safe, inexpensive, and valuable intervention for cancer patients.<sup>7 8</sup> Unfounded fears that acupuncture might elevate the chance of metastasis by increasing blood flow to a tumor have led to unnecessary underutilization in patients who stand to benefit from this important modality (see Table 1). Certainly, any acupuncturist treating animals should have a thorough understanding of animal health and disease, as well as acupuncture anatomy and physiology, in order to minimize risk of injury.<sup>9</sup> Extra care is required when needling immunosuppressed patients or those with bleeding disorders.

**Massage:** Physical medicine modalities such as gentle massage and myofascial release may further aid cancer patients by helping to reduce stress, restore mobility, deepen respirations, alleviate lymphedema, and enhance immune function.<sup>10</sup> In contrast, high-velocity manipulation, or “chiropractic adjustments” are contraindicated for patients with cancer, especially over areas of bone metastasis.

**Diet and nutritional supplementation:** Reliable information on nutritional approaches for veterinary cancer patients does exist.<sup>11</sup> Beyond this, however, the evidence for administering nutraceutical and herbal agents to veterinary patients is scarce. Antioxidant supplementation may help reduce cancer risk or slow the growth and metastasis rate of established malignant disease, but unanswered questions surround their concurrent administration with conventional cancer treatments. For example, anti-oxidants such as Vitamins C and E, and Coenzyme Q<sub>10</sub> might lower the effectiveness of certain chemotherapeutic agents which exert their anti-tumor effects through oxidative stress, while others may

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<sup>7</sup> Johnstone PAS et al. Integration of acupuncture into the oncology clinic. *Palliative Medicine*. 2002;16:235-239.

<sup>8</sup> Wong R et al. Integration of Chinese medicine into supportive cancer care: a modern role for an ancient tradition. *Cancer Treatment Reviews*. 2001;27:235-246.

<sup>9</sup> Shen J and Glaspy J. Acupuncture: evidence and implications for cancer supportive care. *Cancer Practice*. 2001;9:147-150.

<sup>10</sup> Robinson NG and Ogilvie GK. Chapter 13, Complementary and Alternative Veterinary Medicine and Cancer. In Withrow SJ and MacEwen EG (eds.): *Small Animal Clinical Oncology*, 3<sup>rd</sup> Edition. Philadelphia: WB Saunders Company, 2001, pp. 183-197.

<sup>11</sup> Ogilvie GK. Chapter 12, Metabolic Alterations and Nutritional Therapy. In Withrow SJ and MacEwen EG (eds.): *Small Animal Clinical Oncology*, 3<sup>rd</sup> Edition. Philadelphia: WB Saunders Company, 2001, pp. 169-182.

potentiate chemotherapy.<sup>12</sup> Weiger et al. also discourage using high-dose Vitamin C because of a lack of evidence showing benefit and the increased risk of bleeding via its anti-coagulant effects. Research on high-dose Vitamin A has shown little benefit and some potential harm in humans.<sup>13</sup> A veterinary resource on natural medicine suggests that Vitamin A may have more value and less toxicity in veterinary patients than for humans with cancer.<sup>14</sup>

**Herbs:** Phytomedicinal (herbal) approaches can help with symptom management, offer anti-proliferative effects, immune enhancement, and more.<sup>15</sup> Herb administration should cease prior to surgery, chemotherapy, or radiation, as some products may interfere with blood coagulation or interact unpredictably with conventional treatments.<sup>16</sup>

**Homeopathy:** For radiation reactions on the skin, one study found homeopathy (a high-dilution homeopathic mixture of belladonna 7CH and X-ray 15 CH) to be helpful.<sup>17</sup> Yet, not only is the mechanism by which highly diluted remedies work largely speculative, but the incidence of their worsening symptoms is also unknown. Wynn and Marsden cite the potential for tumor “aggravation” if one administers either the wrong remedy to an animal or if gives the correct one excessively.<sup>18</sup> This underscores the need for establishment of an effective monitoring system for reporting and evaluating adverse effects of all CAM modalities.

Overall, counseling clients about CAM use for veterinary cancer patients requires care and prudence.<sup>19</sup> Discourage any intervention that delays conventional treatment with proven efficacy. Likewise, discourage clients from pursuing treatment by unlicensed professionals who would be violating a state’s veterinary practice act by providing services to an animal without appropriate training, referral, or supervision. Referrals to CAM practitioners are not without risk.<sup>20</sup> A referral to a CAM practitioner that delays, prevents, or minimizes the opportunity for the patient to receive necessary care via conventional means, and which subsequently causes the patient suffering, may be considered negligent; referrals made to incompetent practitioners are likewise problematic. Since development

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<sup>12</sup> Tagliaferri M et al. Complementary and alternative medicine in early-stage breast cancer. *Seminars in Oncology*. 2001;28:121-134.

<sup>13</sup> Weiger WA et al. Advising patients who seek complementary and alternative medical therapies for cancer. *Ann Intern Med*. 2002;137:889-903.

<sup>14</sup> Wynn SG and Marsden S. *Manual of Natural Veterinary Medicine – Science and Tradition*. St. Louis: Mosby, 2003, p. 410.

<sup>15</sup> Robinson NG and Ogilvie GK. Op. cit.

<sup>16</sup> Zappa SB and Cassileth BR. Op. cit.

<sup>17</sup> Balzarini A et al. Efficacy of homeopathic treatment of skin reactions during radiotherapy for breast cancer: a randomized, double-blind clinical trial. *Br Homeopath J*. 2000; 89:8-12. Cited in: Ernst E. Complementary therapies in palliative cancer care. *Cancer*. 2001;91:2181-2185.

<sup>18</sup> Wynn SG and Marsden S. Op. cit. pp. 402-403.

<sup>19</sup> Weiger WA et al. Op. cit.

<sup>20</sup> Grandinetti D. Will alternative-medicine referrals get you sued? *Medical Economics*. May 24, 1999: 38-51.

of standards of care and reliable information about CAM therapies is “seriously lagging and a disservice to obligations toward informed participation and consent”,<sup>21</sup> full disclosure of meaningful and realistic facts to clients requires an on-going commitment to research and critical review of the latest information as it becomes available.

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<sup>21</sup> Monaco GP and Smith G. Informed consent in complementary and alternative medicine: current status and future needs. *Seminars in Oncology*. 2002;29:601-608.