

# Complementary Therapies in Cancer Care



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Many countries outside the UK use a variety of complementary and alternative medicines (CAMs) to provide a 'holistic' approach to cancer care. Evidence exists that CAM is a substantial and growing part of health-care in other parts of Europe, Australia and North America, and is already well established in parts of Asia [1]. However this is not consistent with cancer care offered by the NHS because access to CAM is severely restricted for many patients, with 90% of provision being located in the private sector [2]. Even with these restrictions, a large number of cancer patients (some studies suggest up to 80%) use some form of CAM [4-6]. This article will focus solely on the use of complementary therapies (CTs), since very few patients adopt alternative cancer treatments in preference to mainstream therapy. There are a number of different CTs currently being used, some of the more popular being massage, hypnotherapy, reiki and yoga.

## Complementary therapies and cancer care

The cancer reform strategy published in 2007 [3] highlights that the experience of cancer can have a significant impact on patients' quality of life (QoL) and suggests that the NHS introduces interventions to improve services and QoL for cancer patients, with a view to returning them to as normal a life as can be reasonably achieved. This strategy proposes that this need can be met and sustained by helping patients to:

- Understand their cancer and its management
- Be involved in decision-making as they wish
- Make choices about their care as they see fit

Based on the evidence, two of these criteria (decision-making and choices about care) can be approached with complementary therapies (CTs) without compromising the efficacy of mainstream therapy. Ultimately there is an opportunity to integrate CT into NHS cancer care, with a view to improving QoL for patients and enabling them to be involved in the decision-making process, while fulfilling the requirements set out in the cancer reform strategy.

## Current psychological characteristics of cancer patients using CT

Patients using CTs wish to take an active role in their care by implementing a treatment regimen in which they have some control [14]. This is in stark contrast to traditional biomedical approaches where patients are passive observers in the treatment process. Patients using CTs have a desire to manage the side effects of mainstream therapies, including issues such as fatigue, pain and anxiety, which are often experienced by those undergoing chemotherapy, radiotherapy and surgery. They also want to improve their overall QoL by using a combination of CTs, self care and lifestyle-based interventions to have a holistic approach to integrative care.

Users of CT have an internal locus of control (in comparison to those relying on mainstream therapies alone) in relation to recovery from disease [5]. They identify a role for themselves within their experience of cancer, and perceive a number of responsibilities for their own care. In turn this leads to a belief that the decisions they make about their health will be

important in their overall recovery. Those with an internal locus of control are frequently reported as being more optimistic in their outlook on life and the success of their treatment regimen; indeed, optimism itself is a significant factor during treatment and recovery [15]. They have significantly more fighting spirit. In contrast, those patients with an external locus of control (who see they have no role in their care and have no effect of their disease progression) – show signs of depression and helplessness. There are also sociodemographic factors indicative of CT use. Some research has shown that younger, better educated women seek out and regularly use CTs as part of treatment for a number of medical conditions including cancer [5].

## What evidence is there that CTs work?

There are increasing numbers of publications regarding CT that relate to its role alongside mainstream treatments for a wide range of medical conditions including cancer. As the current users of CTs are predominantly female, a high proportion of research has focused on breast and gynaecological cancer. The results highlight both psychological and physiological advantages of the use of CTs.

### Psychological

Many of the psychological benefits of CT relate to QoL and associated factors, including anxiety, fatigue, pain and sleep quality. Several studies show significant results that suggest yoga can improve QoL, as well as reducing fatigue, depression and distress. Many of these studies have specifically targeted women with breast cancer; as a result, many breast cancer support groups recommend the use of yoga for patients with breast cancer [4,6-8]. Similar findings have been made for Tai-Chi [16], another 'mind-body' approach.

Hypnotherapy has been shown to improve coping mechanisms, giving patients skills to cope with both medical procedures and the psychological distress associated with having cancer [9]. In addition, reiki significantly improves pain control and also lowers diastolic blood pressure. These findings were secondary to the original hypothesis which examined whether reiki could lower the use of opioids in cancer care. Further research is required to get more reliable data [10].

### Physiological

Massage therapy may give several physiological benefits alongside the psychological ones. It is already widely used within the UK, with ~70% of all hospices offering this service [13]. Research suggests that this treatment reduces a number of symptoms, including pain, fatigue and anxiety. In addition, massage therapy increases dopamine levels, natural killer (NK) cells and lymphocytes in some women with breast cancer [11]. This American study suggested that massage therapy reduces the amount of cortisol in the body. Since cortisol reduces the NK cell population, this could explain why patients using massage therapy have increased NK cell levels. In addition to these benefits specifically relating to massage, relaxation (which is a common component of many CTs) can increase NK cell toxicity. It is still

not known why these techniques enhance the immune system, but some suggest that stimulation of pressure receptors during massage decreases sympathetic and increases parasympathetic activity [11].

Several studies have also highlighted that the location of CT is important in adherence and effectiveness. Locations not associated with medical care are preferred by patients as it reinforces that attending CT is external to mainstream therapy. However if different facilities are unavailable, patients who are not in hospices prefer to attend CT sessions in medical establishments rather than in hospice facilities [9].

### Barriers to the implementation of CTs

Research in Finland on physicians' attitudes towards the use of CTs has suggested that many acknowledge the potential benefits of CTs for the improvement of psychological aspects of cancer care, e.g. the reduction of stress and anxiety. However, it also highlights a lack of knowledge and understanding about which CTs are available and the possible advantages associated with their use [12]. Many physicians would like to see further scientific testing to establish the effectiveness of CT. A programme of education and awareness of CT and its benefits would be instrumental to the progression within the mainstream system, and may also help to improve the relationship between conventional mainstream treatments and CTs.

### How can we take the use of CTs forward?

Although some reviews have questioned the efficacy of CTs [17], the majority of studies suggesting benefits in key areas such as QoL dictate that further exploration of them is needed. Although research into the use of CTs within cancer care is increasing, more trial data is required before CTs can be offered within an appropriate integrated service in the NHS. Although rigorous testing can be time-consuming and expensive, it is important that further research is carried out into the potential benefits of CTs in cancer care.

Research by the University of Derby and the Royal Derby Hospital exploring the impact Yoga on the QoL of gynaecological cancer patients is about to commence. The trial also hopes to determine whether offering yoga to gynaecological cancer patients would be feasible within the NHS. ■

For further information on the trial from the University of Derby, please contact [s.archer@derby.ac.uk](mailto:s.archer@derby.ac.uk) or [h.sowter@derby.ac.uk](mailto:h.sowter@derby.ac.uk)

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