

section 2.10: complementary therapies

growing interest in the use of complementary therapies

Awareness and interest in complementary and alternative therapies have increased significantly in recent years. A study in 2002 demonstrated 52% of South Australians used complementary and alternate therapies (CAM), and spent 4 times more on complementary and alternative medicines than on conventional pharmaceuticals.¹

Complementary and alternative therapies have been defined as “a group of diverse medical and health care systems, practices and products that are not part of conventional (standard) medicine”.² Alternative therapies are outside the scope of conventional medical practice, often claim to have a positive impact on the disease process, but are not supported by accepted scientific evidence. Alternative therapies are not offered as part of palliative care services and are therefore not included in this resource.

Complementary therapies are those therapies **which work alongside conventional or standard medical care** and do not claim to cure disease but to enhance quality of life and provide symptomatic relief. These diverse therapies acknowledge the patient as a whole person and consider the role and power of the mind, body and spirit, considerations which seem of increasing interest to the general public. Complementary therapies encompass concepts of self-care and personal responsibility for one’s own health and appear to have links with hope and optimism. These domains also have a particular reference to quality of life and relief of suffering – issues that are of immense significance when facing a life limiting illness for which there is no cure.

Many studies using complementary therapies have been performed within the population of patients with cancer and have shown no impact on survival times; however, impact has been demonstrated in managing symptoms and in coping with the side effects associated with mainstream cancer treatments.

Some of the beneficial effects cited include:

- reducing pain or the use of analgesia
- promoting relaxation
- improving sleep
- improving the sense of wellbeing
- reducing stress, anxiety and depression
- improving overall coping capacity³
- providing a feeling of self worth, of being cared for after what can be harsh effects of conventional treatment
- a specific focus on the individual and on the relationship between the patient and the therapist⁴.

Given the high use and interest in complementary therapies and the possibility that patients may not always disclose this to the treating team⁵ it is essential that we have an understanding of what is being used and its potential impact in the clinical setting.⁶

Types of complementary therapies available

A wide range of complementary therapies can be accessed privately and some may be able to be accessed by patients and their carers who are known to specialist palliative care services. Access is limited to those therapists who are qualified and are able to give of their time and skills – details can be obtained from the specific palliative care service. Therapies include, but are not limited to, the following:

body work

- acupuncture – use of acupuncture and trigger points to restore the balance of energy flow in the body via meridians or energy pathways
- aromatherapy – systematic use of essential oils which contain plant extracts and assist in physical and emotional well being⁷ – most common treatment is with oils or lotions via massage but can be used in baths or by inhalation
- massage and touch therapies
 - therapeutic massage - a form of structured touch which is used to relax, ease muscle tension and provide comfort through human touch
 - reflexology – treating the reflex areas in the feet, which are linked with organs and body structure, to restore homeostasis

healing and energy therapies

- therapeutic touch
- reiki – these are described as systems of healing which utilise the energy flows within the human body to support homeostasis⁸

expressive therapies

- music as therapy – active or passive music-based experiences, – listening to, participating in playing an instrument, composing lyrics to express feelings, memories or messages to be left for significant others
- narrative therapy
 - life review
 - story writing, journaling
- art therapy – promoting emotional expression through creating visual art – use of art material including pencils, crayons, paints, and clay for self-expression and reflection

psychological interventions

- counselling
- group therapy
- relaxation therapy, including systematic focusing and visualisation as an adjunct in the management of stress and pain; techniques which can continue to be used in the person's own home
- hypnosis
- meditation
- guided imagery⁹

related resources and information

selecting information about complementary medicine from the internet

CareSearch recommends the site of the US Government National Center for Complementary and Alternative Medicine (NCCAM) as a good starting point for consumers. The site has been recently redesigned to make it easier to navigate. See: www.nccam.nih.gov.

The Department of Health and Ageing – HealthInsite

A website on health related topics for the Australian community called HealthInsite. It includes a section on complementary and alternative therapies. The site provides some information and links to other Australian sites that may be of interest to consumers. It is not specifically about palliative care and you will have to search for your topic of interest: www.healthinsite.com.au.

The Cancer Council Australia makes the following statement to people on their website, which includes several questions to consider when assessing whether to access non-conventional therapies

“The Cancer Council Australia urges people with cancer to remain in the care of qualified doctors who use proven methods of treatment and participate in clinical trials of promising new treatments. If you are using, or considering, a complementary or alternative treatment, it's important to discuss it with your doctor or call the [Cancer Helpline](#) for advice.

If you are thinking about using any other method instead of evidence-based medical treatment, you should carefully consider and investigate the claims made and any evidence for those claims, the credentials of the people or organisation promoting the treatment, the costs and the potential risks of delaying conventional treatments.”

The American Cancer Society recommends the following checklist to flag approaches or therapies that might be open to question and advises, “If you are not sure, talk to your doctor¹⁰.

- is the treatment based on an unproven theory?
- does the treatment promise a cure for all cancers?
- are you told not to use conventional medical treatment?
- is the treatment or drug a "secret" that only certain providers can give?
- does the treatment require you to travel to another country?
- do the promoters attack the medical/scientific establishment?

If the answer to any of these questions is 'yes', you should carefully consider whether the proposed treatment is of any value”. See <http://www.cancer.org/>

CareSearch

Includes an outline of considerations for practice, research issues and informed consent and the following subsections and links: www.caresearch.com.au.

General, consumer friendly information on CAMs

The National Center for Complementary and Alternative Medicine is a US organisation established in 1998 by the National Institute of Health to promote the development of CAMs within the framework of a scientific approach. It provides useful information for consumers and professionals, including links to current clinical trials: www.nccam.nih.gov.

Quackwatch is a reputable website which monitors fraudulent activities and misleading marketing in the complementary and alternative medicine industries and offers:

- The evidence base for CAMs
- Herbal and nutritional therapies – safety, efficacy and potential for interactions
- CAMs in cancer

The Memorial Sloan-Kettering Cancer Centre's information service called **About Herbs** focuses mainly on herbal therapies used by people with cancer: www.mskcc.org.

The **Office of Cancer Complementary and Alternative Medicine** is part of the US National Cancer Institute. It co-ordinates research into CAMs in cancer and has information on current clinical trials of CAMs in cancer: www.cancer.gov/cam.

references

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- ¹ MacLennan A, Wilson D, Taylor A (2002). The escalating cost and prevalence of alternative medicine. *Preventative Medicine*; 35:166-173.
 - ² National Centre for Complementary and Alternative Medicine, National Institute of Health, Bethesda, Maryland, USA from Get the Facts- Cancer and Alternative Medicine.
 - ³ see Table 1 in Joske D, Rao A, Kristjanson L (2006) Critical review of complementary therapies in haem-oncology. *Internal Medicine Journal*. 36: 583.
 - ⁴ Dunwoody L, Smyth A, Davidson R (2002) Cancer patients experience and evaluation of aromatherapy massage in palliative care. *International Journal of Palliative Nursing* Vol 8 (10) 497-504.
 - ⁵ Begbie S, Kerestes Z, Bell D (1996) Patterns of alternative medicine use by cancer patients. *MJA* 165:545-548.
 - ⁶ Sanderson C, Koczwara B, Currow D (2006) The "therapeutic footprint" of medical, complementary and alternative therapies and a doctor's duty of care. *MJA* 185(7) 373-376.
 - ⁷ National Occupational Standards for Aromatherapy Healthwork, 2002, UK.
 - ⁸ National Guidelines for the use of Complementary Therapies in Supportive and Palliative Care (2003) The Prince of Wales Foundation for Integrated Health, UK.
 - ⁹ Joske D, Rao A, Kristjanson L (2006) Critical review of complementary therapies in Haemo-Oncology. *Internal Medicine Journal*. 36 579-586.
 - ¹⁰ Complementary and Alternative Methods for Cancer Management- see www.cancer.org/