Acupuncture for Cancer a clinical review

ACUPUNCTURE IN CANCER CARE

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Acupuncture in Cancer Treatment

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A frequently asked question by patients undergoing cancer treatment is, “Can acupuncture help me?”

The issue then becomes: is there a place for acupuncture in the vast field of cancer with its diverse treatment modalities?

"Vast" since cancer is not one disease but over 300 different malignancies, each with its own unique histology, patho-physiology, and clinical behavior. 'Diverse" because of the different chemotherapeutic classes of agents, hormonal agents, types of High-energy particle beam generators, and various delivery systems for radiation treatment. "Diverse" also because it encompasses various types of surgical procedures, nutritional support, and the body-mind holistic approach.

Timely diagnosis and early surgery offer the most favorable possibility of a cure for solid tumors. The germinal cancers and Hodgkin's lymphoma, along with some hematologic malignancies such as childhood leukemia, are the few exceptions. These are treated with chemotherapy, radiation therapy, bone marrow or stem cell transplantation singly or in combination. Some of the latter are the most predictably curable malignancies with or without surgery.

If the diagnosis is late, surgery unsuccessful, or should the tumor recur after surgery, then the chance of a cure, with rare exceptions, is considered lost. This class of patients, along with those not amenable to surgical approaches, are treated palliatively. Palliative therapies also consist of chemotherapy, hormonal therapy, and radiation therapy and/or palliative surgery.

The role of acupuncture in the curative group is in its adjunctive use in anesthesia, in post-operative pain control, and in aiding and hastening recovery from the side effects of the various therapies. Acupuncture is effective for control of pain, of local swelling post-operatively, for shortening the resolution of hematoma and tissue swelling and for minimizing use of medications and their attendant side effects. Energetic acupuncture, an approach consisting of the use of needles with electricity and moxibustion (a form of local heating with herbs imparts a sense of well being and accelerates patients' recovery. In conjunction with nutritional support, its use is routinely employed in some cancer
The dreaded nausea and vomiting which commonly occurs in some patients undergoing chemotherapy and inevitably, with the use of certain classes of agents, can often be worse than the disease itself. Most oncologists have experienced the patients who start vomiting at the thought of their next clinic visit. At the University of Los Angeles (UCLA) School of Medicine, a well-controlled study completed over two years ago, the authors of the published paper reported significant reduction of nausea and vomiting when pre-treated with. It is now routinely administered before, after and in between chemotherapy treatment sessions for control or nausea and emesis. Such treatments are relatively simple and easily executed in an outpatient setting. Its effectiveness helps in minimizing the use of standard, expensive multi-drug anti-nausea regimens with their attendant side effects, given along with the chemotherapeutic agents.

That acupuncture is a powerful tool for general pain control is widely known. Less known is its success use in some cancer-related pain and in reducing narcotic use and thereby minimizing the side effects confusion, disturbed mentation, behavioral changes, nausea and severe constipation.

Needling a variety of trigger and painful points, percutaneous electrical nerve stimulation, and osteopuncture, along with whole body energetic acupuncture support, are approaches available to the acupuncturists. In the acupuncture paradigm, any chronic disease process depletes the energy level in the organism. Such depletion can be ameliorated, at least temporarily, by tonification, a process of imparting energy into the system. This is deemed necessary for more durable, successful pain control. It can also add to the patients' sense of well being and decrease the malaise associated with any chronic disease, especially cancer.

Nutritional support as an aid in boosting immune response in cancer patients, along with minimizing the immune and white blood cell suppression that occurs with most chemotherapeutic agents, has been receiving greater attention and funding for research. Kenneth Conklin, M.D., Ph.D., an anesthesiologist at UCLA working with the Oncology Department, reports gratifying results utilizing nutrition and supplements combined with energetic acupuncture.

Energetic acupuncture repletes energy level to the organism as a whole, reestablishes homeostasis by re-balancing energy distribution and un-blocking energy flow. This systems approach to deal with
system wide patho-physiology can be complemented by distinct meridian acupuncture, which directs healing energy to specific organ pathology and is a routine approach in treating diseased organs such as liver, pancreas kidney, including those ravaged by cancers.

While the degree of beneficial results from acupuncture treatment is dependent on various clinical factors such as presenting symptoms, clinical staging, timing of the encounter in the course of the illness, areas of involvement, the answer to the opening question "can acupuncture help me?" is, in all probability, that it can help in the care of the cancer patient.
Acupuncture for Patients with Breast Cancer
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Oct. 5, 2013

1. Acupuncture for Patients with Breast Cancer Weidong Lu, MB, MPH, PhD Oncology Acupuncturist Zakim Center, Dana-Farber Cancer Institute Harvard Medical School Weidong.lu@dfci.harvard.edu Oct. 5, 2013

2. What is Acupuncture? • National Institutes of Health Consensus Development Conference Statement, 1997: • “Acupuncture describes a family of procedures involving stimulation of anatomical locations on the skin by a variety of techniques.” • “The most studied mechanism of stimulation of acupuncture points employs penetration of the skin by thin, solid, metallic needles, which are manipulated manually or by electrical stimulation.”

3. Top 10 Clinical Conditions being Studied in Oncology Acupuncture Trials 21 Pain 10 Quality of Life 9 Fatigue 8 Nausea 7 Vomiting 6 Hot Flashes 5 Xerostomia 4 Joint Diseases Arthralgia 3 Anxiety Disorders 2 1 0 Series 1 2 3 4 5 6 7 8 9 10 Clinicaltrial.gov; Oct. 19, 2012 25

4. Clinical Trials of Oncology Acupuncture, what we are studying? (based upon 73 studies) Clinicaltrial.gov; Oct. 19, 2012
Why Acupuncture?

- A high safety profile
- A non-pharmaceutical intervention
- Alleviates a wide variety of symptoms simultaneously
- Supported by increasing scientific evidence

6. Why Acupuncture? • A high safety profile • A non-pharmaceutical intervention • Alleviates a wide variety of symptoms simultaneously • Supported by increasing scientific evidence
7. Acupuncture Benefits for Patients with Breast Cancer • • • • • Reduce cancer pain Reduce nausea/vomiting Improve sleep quality Reduce hot flashes Reduce fatigue
9. Acupuncture for Chemotherapy Induced Nausea and Vomiting • Electroacupuncture for Control of Myeloblastic Chemotherapy–Induced Emesis A Randomized Controlled Trial • To compare the effectiveness of electroacupuncture vs minimal needling and mock electrical stimulation or antiemetic medications alone in controlling emesis among patients undergoing a highly emetogenic chemotherapy regimen • N=104, women with high-risk breast cancer Shen, J. et al. JAMA 2000;284:2755-2761.
11. Conclusions (1) • Oncology acupuncture is an emerging subspecialty in cancer care • Oncology acupuncture distinctively differs from traditional acupuncture • Increasing evidence from clinical trials supporting the use of acupuncture in cancer care

12. Conclusions (2) • Acupuncture is a safe intervention for patients with breast cancer; • Acupuncture is a reasonable option for symptom management in patients with breast cancer. • Acupuncture benefits include reducing pain, fatigue, insomnia, anxiety, and hot flashes. • More research is needed to incorporate acupuncture into conventional breast cancer treatment and survivorship.
What is acupuncture?

In acupuncture, sterile, hair-thin needles are inserted into specific points on the skin, called "acupuncture points," and then gently moved. Researchers propose that acupuncture stimulates the nervous system to release natural painkillers and immune system cells. They then travel to weakened areas of the body and relieve symptoms.

Studies show that acupuncture may:

- help relieve fatigue
- control hot flashes
- help decrease nausea
- reduce vomiting
- lessen pain

Along with practices such as tai chi, acupuncture is a central part of traditional Chinese medicine (TCM), an ancient system of medicine. In Chinese medicine, it is believed that vital energy, called "qi" (pronounced "chee"), flows through 20 pathways, or "meridians," which are connected by acupuncture points. According to TCM, if qi is blocked, the body...
can't function at its peak. The goal of acupuncture is to open certain points on these pathways and release blocked qi.

What to expect in a typical acupuncture session

At an acupuncture session, you can expect the following:

- **The practitioner will ask you questions about your health and lifestyle.** At your first acupuncture session, you'll answer questions to let the practitioner know about any medications you're taking, including herbal supplements, and any symptoms you have. Your treatment will be tailored to your individual lifestyle and health issues.

- **The practitioner will insert needles into acupuncture points on your skin.** Your practitioner will insert needles into the most appropriate acupuncture points for your condition. Acupuncturists use very thin, solid, stainless steel needles, and most people feel slight or no pain as needles are inserted. Needles are only inserted into the top layer of skin and are never inserted directly into any organs. Once the needles are in place, there is no pain.

The effects of acupuncture can feel different from person to person — you may feel relaxed, or you may feel energized. Directly after the first treatment, some people feel slightly disoriented, but this is usually brief. After treatment, avoid activities that require you to be extra alert, such as driving, mowing the lawn, or cooking.

In the days following treatment, symptoms may worsen for a day or two, or you may notice changes in your appetite, sleep, or mood before you begin to feel improvement. If this happens, it lasts only a short while and passes with rest.

Acupuncture practitioner requirements

It's becoming more common for medical doctors, such as anesthesiologists and neurologists, to be trained in acupuncture. There are also numerous accredited training programs in the United States for certified acupuncturists who aren't medical doctors.

- **Training requirements for medical doctors:** In most states, medical doctors must have 200 to 300 hours of acupuncture training in a program approved by the American Board of Medical Acupuncture (ABMA). For a list of board-certified physicians who practice acupuncture in the United States, visit the [ABMA website](http://www.acupuncture.org).

- **Training requirements for certified acupuncturists who are not medical doctors:**
Training: In the United States, an acupuncturist should complete between 2,000 and 3,000 hours of training in a master's degree program accredited by the Accreditation Commission for Acupuncture and Oriental Medicine.

Certification: For U.S. certification, an acupuncturist must pass board exams given by the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM). Check the NCCAOM website's searchable practitioner directory to find a certified acupuncturist in your area.

If you've had breast cancer and want to try acupuncture, be sure that your practitioner has treated people with breast cancer.

Research on acupuncture in people with breast cancer and other types of cancer

Much research is being done on how acupuncture can help relieve some of the symptoms of cancer and side effects of cancer treatment. Acupuncture has been shown to help relieve fatigue, hot flashes, nausea, vomiting, and pain.

The most thorough study of acupuncture in breast cancer patients was published in Journal of the American Medical Association in 2000. In the study, 104 women undergoing high-dose chemotherapy were given traditional anti-nausea medication. In addition to taking the medication, the women were randomly chosen to receive 5 days of electroacupuncture (acupuncture in which needles are stimulated with a mild electrical current), acupuncture without an electrical current, or no acupuncture. The women who had acupuncture had significantly fewer nausea episodes than those who didn't.

Another study, completed at Duke University and published in 2002, compared the use of acupuncture to the use of Zofran (chemical name: ondansetron), an anti-nausea medication, before breast cancer surgery to reduce the nausea that can occur after surgery. The acupuncture treatment was found to work better than Zofran at controlling nausea.

In a French study published in 2003, acupuncture was examined in the treatment of cancer-related pain. Patients treated with acupuncture had a 36% reduction in pain after 2 months of acupuncture treatments, compared with a 2% reduction in pain in the patients receiving a placebo type of acupuncture.

In one very preliminary 2004 study at Memorial Sloan-Kettering Cancer Center, acupuncture was shown to reduce post-chemotherapy fatigue by 31% in people with
various types of cancer. In 2005, another preliminary study of breast cancer patients in Sweden showed that acupuncture reduced hot flashes by half. While doctors find these results encouraging, they are still very early results and require further study.

**Important things to consider before trying acupuncture**

Millions of people are treated with acupuncture every year. Still, as with all therapies, acupuncture carries certain risks.

- **Risk of lymphedema:** Anyone who has had lymph nodes removed from under the arm should not have needles inserted into that arm. If acupuncture is used on an arm, there is a risk of lymphedema, or swelling caused by an excess of fluid in the arm. Talk to the acupuncturist about other treatments that could be used on that arm, such as aromatherapy.

- **Risk of infection:** It is standard practice to use disposable, single-use, sterile needles and to swab acupuncture areas with alcohol or a similar disinfectant before using needles. Infection is always a risk, but the risk is higher if the acupuncturist does not follow this process. People who have low white blood cell counts are at an increased risk of infection during acupuncture. This is because the low white blood cell count weakens their immune systems.

- **Risk of bleeding for certain people:** Because of the risk of bleeding, acupuncture should not be received by people who:
  - have bleeding disorders
  - have low white blood cell counts, and take blood thinners
"I have Sworn on the Altar of God to Oppose any Tyranny over the Minds of Men"

Thomas Jefferson

https://www.youtube.com/watch?v=Z14C9nX6C0Q Sworn on the Altar

ACUPUNCTURE BECAME REGISTERED MEDICAL THERAPY WHEN DOCTOR NELSON (NOW PROF DESIRE’ DUBOUNET) FOUGHT THE FDA AND WON IN 1996. CLICK TO WATCH THIS TRUE TO LIFE MOVIE TOO SEE THE STORY.
Acupuncture for Cancer Pain and Related Symptoms

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Abstract. Cancer pain is one of the most prevalent symptoms in patients with cancer. Acupuncture and related techniques have been suggested for the management of cancer pain. The National Comprehensive Cancer Network guidelines for adult cancer pain recommends acupuncture, as one of several integrative interventions, in conjunction with pharmacologic intervention as needed. This review presents the latest available evidence regarding the use of acupuncture for cancer pain. It also provides “actionable” acupuncture protocols for specific cancer pain conditions and related symptoms in order to provide more clinically relevant solutions for clinicians and cancer patients with pain. These conditions include postoperative cancer pain, postoperative nausea and vomiting, postsurgical gastroparesis syndrome, opioid-induced constipation, opioid-induced pruritus, chemotherapy-induced neuropathy, aromatase inhibitor-associated joint pain, and neck dissection-related pain and dysfunction.

Keywords Acupuncture · Acupuncture protocol · Aromatase inhibitor-associated joint pain · Cancer pain · Chemotherapy-induced neuropathy · Clinical practice · Clinical trials · Electroacupuncture · Evidence · Neck dissection-related pain · Oncology acupuncture · Opioid-induced constipation · Opioid-induced pruritus · Postoperative cancer pain · Postoperative nausea and vomiting · Postsurgical gastroparesis syndrome

Introduction

Pain is a subjective, but a universal, experience of every individual. The International Association for the Study of Pain defines pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage” [1]. Pain is always subjective. Therefore, it is also an emotional experience. Approximately 100 million adults in the USA suffer from various chronic pain conditions, more than the number affected by heart disease, diabetes, and cancer combined.

Cancer pain is one of most common, but often undertreated, symptoms of cancer patients. It is estimated that up to 40-85% of cancer patients suffer from pain [2, 3]. Cancer pain can occur throughout different stages of the cancer journey: 25% in newly diagnosed patients, 33% in patients during the anticancer treatment, and up to 75% in patients with advanced stage of cancers [3]. Even among cancer survivors—persons who have lived more than 2 years from diagnosis—20% of them have current cancer-related chronic pain and 44% have experienced pain since their diagnosis. Those patients suffer substantial impairment in quality of life [4,]. In addition, a recent study reported 67% of cancer patients had pain or required analgesics [5,], and 33% of them were receiving inadequate analgesic medications. Compared with Cleeland’s landmark study published in 1994, in which 42% of cancer patients with pain were inadequately treated with pain medications [6], the situation has improved very little. It has been suggested that patients’ concerns about opioid addiction and adverse effects, along with other factors, such as communication styles (beliefs about the value of stoicism) are barriers to improved results [2, 7].

Pathophysiologically, chronic cancer pain is caused by two major factors. One is related to tumors themselves and the second is related to various anticancer treatments, such as surgery, chemotherapy and radiation therapy. Tumor growth and compression-related pain count for 75% of cancer pain, and treatment-induced pain counts for about 25% of cancer pain. These pains can be further divided into nociceptive, ongoing tissue injury, or neuropathic if sustained by damage or dysfunction of the nerves [8]. In addition, pain also has psychological and social aspects; therefore, an ideal treatment of pain also needs to focus on these three aspects.
Acupuncture for cancer-related fatigue: a systematic review of randomized clinical trials

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Abstract
Purpose Managing cancer-related fatigue (CRF) is an important element of the palliative care of cancer patients. The aim of this systematic review was to critically evaluate the effectiveness of acupuncture (AT) or electroacupuncture (EA) for CRF.

Methods Fourteen databases were searched from their respective inception to November 2012. Randomized clinical trials (RCTs) of AT or EA for the treatment of CRF were considered for inclusion. The risk of bias/methodological quality was assessed using the method suggested by the Cochrane Collaboration.

Results Seven RCTs met the eligibility criteria. Most were small pilot studies with serious methodological flaws. Four of the RCTs showed effectiveness of AT or EA in addition to usual care (UC) over sham AT, UC, enhanced UC, or no intervention for alleviating CRF. Three RCTs showed no effect of AT/EA over usual treatment.

Conclusion Overall, the quantity and quality of RCTs included in the analysis were too low to draw meaningful conclusions. Even in the positive trials, it remained unclear whether the observed outcome was due to specific effects of AT/EA or nonspecific effects of care. Further research is required to investigate whether AT/EA demonstrates specific effects on CRF.

Keywords Acupuncture · Cancer · Fatigue · Systematic review · Effectiveness

Introduction
Cancer-related fatigue (CRF) can be defined as a “distressing, persistent, subjective sense of physical, emotional, and/or cognitive tiredness or exhaustion that is not proportional to recent activity, interferes with usual functioning, and is not relieved by rest” [20]. CRF affects the functional status and quality of life of cancer patients and their families [21, 25]. CRF is also associated with various comorbidities ranging from pain, nausea, vomiting, dyspnea, and lack of appetite to depression and anxiety [3, 19]. The prevalence rates for CRF vary widely depending on how fatigue is defined and assessed [6]. However, most investigators agree that CRF is one of the most common symptoms of cancer patients, and it has been reported by up to 40 % of individuals at diagnosis, 90 % of those treated with radiation, and 80 % of those under chemotherapy treatment [11]. It is worth noting that CRF may persist for months or even years after treatment is completed [20]. CRF is often under-diagnosed and is invariably difficult to treat [13]. Pharmacological management of CRF includes the use of psycho-stimulants, erythropoietin, and antidepressants [15, 20]. There is some evidence to support the effectiveness of exercise [13], education, counseling, or sleep therapy [25] in the non-pharmacological management of CRF.

Many patients suffering from CRF turn to alternatives such as acupuncture therapy (AT) [17, 25] because of a fear of adverse effects (AEs) of drugs that can further exacerbate fatigue, a general belief in or good experience with alternative medicine, or the hope to take control over one’s own health [20]. Whatever the reasons may be for the use of AT, knowledge concerning its safety and effectiveness as a treatment for CRF is important.

Several randomized clinical trials (RCTs) of AT/electroacupuncture (EA) for CRF have recently been published. The aim of the present systematic review (SR) is to
Cancer – current clinic

Without an ideal no-harm therapy for cancer, doctors in conventional medicine must use highly toxic chemotherapy, radiation therapy or surgical therapy treatments. Doctors would not choose to have such therapy for themselves, should they find alternative means that are not so harmful to the body.

In conventional medicine, the highest hope for the treatment of cancer is a Five-year survival rate, rather than a cure rate. The survival rate for cancer might be higher when diagnosed in the early and middle stages. In the later stage of cancer, it is the patient’s fate - to live or die (Fig. 1.)

![Fig. 1. Five-year survival rate of cancer, U.S., 1974-76, 1983-85, 1992-98](chart)

(Source: American Cancer Society Surveillance Research, 2003)

Fig. 1. With so many conventional “sophisticated” therapies, the survival rate – a major measure of treatment effect has not witnessed a significant increase from 1971 to 1998 for most cancers.

Cancer – Traditional Chinese Medicine

In Traditional Chinese Medicine (TCM), cancer is regarded as the result of blood stagnation and Qi deficiency in the body. Blood belongs to the Yin but the Qi belongs to Yang in the body. It is the Yang Qi that pumps the blood, warms and activates the
body functions. Pretty much similar to the sun shining on living things on the earth, if there is no enough Yang Qi in the body, the blood flow is affected, which furthermore blocks the Yang Qi flow. This causes the accumulation of toxins in the body, which leads to trouble in health, such as cancer.

Among all reasons for the cancer, the reduced Yang Qi in the body is the most important. The current life style of most people may exhaust the Yang Qi in the body. For example, stress damages the Yang Qi in the upper cavity of the body (where the heart and lung located). The frequent intake of cold beverage, ice cream, oil, fried food damage the middle cavity of the body (where the stomach and spleen are located). Uncontrolled sexual life (physically or emotionally), or frequent pregnancies damage the Yang Qi in the lower cavity of the body (where the liver and kidney are located).

The improper use of antibiotics, hormones or refined vitamins, also damages the Yang Qi in the body. Anything that we are eating or drinking contains both the Qi (the Yang energy potency) and the Mass (the Yin structure). The industrial refining process losses the Yang Qi in food and beverage and leaves relatively more Yin mass in the product. When we take such refined chemicals (or food), no matter whether they be antibiotics, vitamins or minerals (calcium or potassium), we would take more Yin mass into our body. We may think that we do not take antibiotics or hormones, but forget that the milk or vegetables we eat every day could contain such refined chemicals, since hormones and antibiotics are needed to allow the cow to produce more milk and keep the domestic animals and farm produce (rice, wheat, vegetables) disease free.

When the body has relatively more Yin, people feel tired and have less physical or emotional energy. They have less ability to handle daily life, have less patience, less ability to focus on emotional works. They have reduced memory, shallow sleep, sweat easily, have cold hands or feet or have irregular bowel movements.

With damaged Yang Qi in the Heart system, the Heart has reduced ability to manage the defense system and clear the cancer cells. In TCM, the Heart system (note: we talk about the Heart system, not the heart in the conventional medicine) is the “King” in the body which governs all bio-functions.

With damage in the Spleen system, it fails to identify and transport the signal to the Heart that cancer cells exist. The Spleen system is responsible for monitoring any condition in the body and for transporting the signal to the Heart.

With damaged Yang Qi in the Liver system, it fails to transmit the signal from the Heart and fails to launch the cleansing campaign to clear the cancer cells.
For the above reasons, one of the most important treatment principles in the TCM for cancer is to improve the Yang Qi production. With enough Yang Qi, the blood flows smoothly and the functions in the Heart, Spleen, and Liver would be normal. All contribute to solve disorders in the body. Similar to sunshine in nature the Sunshine can melt ice and “sunshine” in the body also helps to “melt” cancer.

It has been realized that, every cell in the body should develop fully into a mature cell under normal conditions. The body’s defense system cannot identify it as “abnormal” after it has matured. If, for any reason, some cells fail to develop into maturity, they are called cancer cells. As with any normal cells in this stage, they have ability to differentiate beyond the control of the body’s defense system.

The question is what causes them to stop developing into mature cells?

Current medicine may contribute to damage of the cells due to radiation, toxins from chemical materials… while the TCM believes that it is because the cells have no enough Yang Qi to help them develop. As it has been mentioned above, all bodily functions are governed by the Yang Qi. The cell differentiation needs the Yang Qi too.

Therefore, one of the most important ways for the treatment of cancer is to help the cells resume their development into mature cells. Not to regard them as the enemy to be “killed” or “cut”.

In practice, this concept works. With proper TCM treatment, cancer type can transform into normal cells. Such cells have reduced differentiation rate, less chance to spread into other part of the body (e.g. less metastasis). In medical research, it has been proven possible for such cell normalization. In conventional medicine, people still do not know how to do it.

**What TCM can do in the treatment of cancer**

In fact, cancer is not at all new to the TCM. Cancer has been treated with the TCM for thousands of years in China. The only thing missing is a summarized, and statistically treated data, that is familiar and understood by most medical researchers and clinics in the western world. For the past fifty years, there are in deed lots of clinic studies that have been performed in China for the treatment of cancer with TCM. The data is so abundant that we need not list them here.

(1). For early and middle stage of cancer, the TCM alone is as good as, and even better than the conventional medicine in the treatment of cancers in these stages, in terms of the 5-year survival rate of cancer patients (Fig. 2).
Herb therapy alone is shown to be effective for lung cancer, with a total effective rate of 89% (Fig. 2).

Herbal therapy alone is effective in the treatment of late stage cancer also. Here, we are not only talking about the survival rate, but the cure.

(2). Combination of conventional medicine and TCM treatment of cancer usually yields a higher than 5-year survival rate (Fig. 3 and 4). In these studies, the TCM therapy has been used before, during or after the conventional chemotherapy, radiation therapy or surgical therapy.
There are lots of clinical studies showing the benefits of the combination of TCM therapy and conventional therapies. The TCM therapies tested include herbal therapy, acupuncture, moxibustion, alone or in combination.

Fig. 5. Herbal therapy plus surgery is shown to significantly increase the five-year survival rate of breast cancer.
Similar results can be repeated in various studies with different kind of cancer groups (Fig. 6).

Fig. 6. The combination of surgery-chemotherapy and herbal therapy is shown to increase the 5-year survival rate of gastric cancer: to 68.4% with the addition of herbal therapy compared to 36% without herbal therapy.

Acupuncture is also effective in the treatment of cancer (Fig. 7), as well as the moxibustion therapy (Fig. 8).
Fig. 7. Animal studies show that acupuncture alone or together with chemotherapy may prevent the growth of cancer mass in cancer-bearing rats.

(3). Whenever TCM is applied, patients have higher quality of life. Patients experience less pain, less chance for bleeding, anemia, diarrhea, vomiting, constipation, or infection. Patients are usually more energized with the TCM treatment (Fig. 9 to 12).
Fig. 10. Herb therapy is shown to be effective for severe diarrhea after surgery of esophagus cancer. More than 33% of the cases recovered within two days, and 50% recovered within three days.

Fig. 11. Effect of herb powder (F5011) on release of pain for gastric cancer patients (100 cases) (Li Fajie, Shandong Zhongyi Zazhi, 1994; 13 (10):4433)
It has been introduced above that one of the most important mechanisms for Chinese herbal therapy in the treatment of cancer is to improve the differentiation of cells in the body. A normal embryo cell in the body will fully develop into a normal body cell. If, for some reason, the cells stop developing mid way to maturity, it is called “cancer cells”. Since the cancer cells develop similarly to those normal cells, the body’s defense system cannot identify these as abnormal. Therefore, they are allowed to grow freely, increasing in size and compressing the surrounding tissue/organs and releasing metabolic waste material and toxins into the body.

There have been many tests to study how herbs may improve the differentiation of cells.

It has been observed in clinic that Chinese herbal therapy can make the cancer shrink and even, disappear. For the past fifty years, lab researches using in vitro cell culture and in vivo in animals all suggest the possibility that some herbs can reverse the property of the cancer cells to become normal. Researchers have also tried to isolate active compounds that may be responsible for the anti-cancer effects of the whole and original herbs. So far, it has been known that there are at least 64 herbs that show such anti-cancer effects.

Clinic experience and lab studies showed that, these herbs:
1. Inhibit cancer cells growth.

2. Stimulate immune system.

3. Make the cancer cells sensitive to chemotherapy and radiation therapy.

4. Stimulate cancer cells to mature.

5. Correct symptoms of cancer and side effects caused by surgery, chemotherapy and radiation therapy.

Many active compounds have been identified and even isolated from herbs. There are many compounds in a herb, not only one compound.

Here is an example for such herbs.

**Hong Dao Shan**

Hong Dao Shan is the dried stem bark or leaf of Taxus chinensis (Pily) Rehd.

The active compound found in the Hong Dao Shan is Taxol, which exhibits a significant antineoplastic effect against P-388 leukemia-bearing mice and B-16 melanoma cells. In clinic, it is used in the late stage breast cancer, non-small cell lung cancer.
**E Zhu**

E Zhu is the dried rhizome of Curcuma zedoaria Rosc., C. aromatica Salisk. Curcumin, curcumeneol and curdione are the most active principle of the herb.

The problem with the application of the isolated active compounds in the treatment of cancer is that it works much like conventional chemotherapy: it kills cancer cells but also hurts normal cells to induce side effects.

**Theory validity**

The following are findings which support the theory that the cancer cell is a kind of normal cell but stops differentiation mid way to maturity:

1. Normal cells can be found in typical cancer tissues.

2. Mouse cancer cells could transform into normal cells (about 19%) in culture.
3. Mouse testis teratoma can transform into normal cells in body. (Pierce 1960)

4. Children neuroblastoma could automatically transform into benign glioma in vivo or in vitro. This phenomena can be found in several kinds of cancers, such as mouse myeloma into normal cells.

5. High fever due to infection makes cancer disappear (Buch, Coley 1893). Virus infected cancer cells become normal forms at 38 C.

6. Leukemia cells can be transformed into normal cells in culture, after addition of differentiation promoter (13-cRA) (Breitman, 1980, 1983).

7. These experiments have been verified in other cancer cells in culture (Cheson 1986)

8. Acute leukemia has been successfully treated with differentiation promoter ATRA (1987, 1988, China)

It is suspected that there must be a differentiation promoter in the body, that works to help cells fulfill their course to maturity. The promoter has been found in both animal and plant sources.

In animals, it is found in animal hormones, embryo extracts and under developed animal body cells. In plants, it is found in herbs, fruits and vegetables too.

**Thyroid hormone:**

(1). High incidence of breast cancer is related to low intake of iodine in food, as well as low thyroid hormones in blood. Low intake of iodine – high incidence of breast cancer (US); High intake of iodine – low incidence of breast cancer (Japan);

(2). Feed iodine to rat could prevent the incidence of breast cancer.

(3). Hyperthyroidism patients shows very low incidence of breast cancer.

(4). Recurrent breast cancer patients show lower thyroid hormone level.

(5). Hypothyroidism patients have five time more incidence of breast cancer than other people.

**Estrogen:**

Another important hormone is estrogen. The reasons for this are:
(1) Estrogen could prevent onset of stomach cancer in mice.

(2) Pregnant women have low chance to get breast cancer.

(3) Nuns have five times higher incidence of breast cancer.

(4) Male have 1.25 times of higher incidence of cancer than female.

Differentiation promoters in **plants**:

Plant hormones promote the development of roots and leaves and sprouting of the plants. Plant hormones may also, be able to promote the differentiation of animal cells. The hormone includes ABA, cell stimulators and growth hormones. It is found that **herbs** with the following characteristics may have stronger differentiation ability: the herbs

- with hairs on the stem or leaves; with saw tooth, separation in the leaves; with multiple leaves from the same starting position; with more underground fruits (such as potato); with strong re-generation ability; or they grow in a cane or are trailing.

The fruits that may have more cell promoter are hawthorn, watermelon, cucumber, muskmelon, tomato, strawberry.

Good source of the cell promoters in vegetables are kidney beans, onion, lotus root, cauliflower, celery, sweet potato, summer squash, coriander, green bean, soya bean, carrot, rutabaga, Chinese chives, garlic, wild cabbage, peanut.

Good source of the cell promoters in animal foods are various fishes, shrimp, shellfishes, sea cucumber and animal livers.

**Significance of the differentiation theory**

It opens a completely new direction towards the treatment of cancer. We should help the cancer cells to mature, rather than try to kill them. Be kind to nature, your friends, your body and the cells in your body.

It enables the normalization of cancer cells without damage to normal cells at all.

It makes the cure of some kinds of cancers possible.

It explains the previous observations for the normalization phenomenon of cancer cells, experimentally and clinically.
It helps to find more useful herbs, foods and chemicals for the treatment of cancer.

**Problem with the differentiation theory**

It should be pointed out that, the differentiation promotion might be one of the mechanisms, not the only mechanism that herbs work for cancer treatment. Nature is more complex could be than we want it to be. That’s why the differentiation promoter therapy only works for some cancers, not for all. Also, with the extra amount of hormones, such as thyroid hormone and estrogen, there could still be cancer occurring in the body, though they are also the promoters.
https://www.youtube.com/watch?v=klE_AgvCMtg  course on Electro-Acupuncture
watch and learn about Electro-Acupuncture
Acupuncture points uncorrected, Treat with needle or pressure

These are the probable energetic fact, use your acupuncture skills to further evaluate or use the pictures program to find a point and apply acupuncture till anomaly corrected.

Red indicates meridian is too Yin
Yellow indicates meridian is too Yin

Acup Picture Program
Accesses acupoint picture and specific pt Rx

Ear Point Text
Acupuncture for the treatment of hot flashes in breast cancer patients, a randomized, controlled trial

Jill Hervik · Odd Mjåland

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Abstract Acupuncture has been used to treat the problem of hot flashes in healthy postmenopausal women. The object of this study was to investigate the efficacy of acupuncture in women with breast cancer suffering from hot flashes as a result of anti-oestrogen medication. In a prospective, controlled trial, 59 women suffering from hot flashes following breast cancer surgery and adjuvant oestrogen-antagonist treatment (Tamoxifen) were randomized to either 10 weeks of traditional Chinese acupuncture or sham acupuncture (SA). Mean number of hot flashes at day and night were recorded prior to treatment, during the treatment period as well as during the 12 weeks following treatment. A validated health score (Kupperman index) was conducted at baseline, at the end of the treatment period and at 12 weeks following treatment. During the treatment period mean number of hot flashes at day and night was significantly reduced by 50 and almost 60%, respectively from baseline in the acupuncture group, and was further reduced by 30% both at day and night during the next 12 weeks. In the sham acupuncture group a significant reduction of 25% in hot flashes at day was seen during treatment, but was reversed during the following 12 weeks. No reduction was seen in hot flashes at night. Kupperman index was reduced by 44% from baseline to the end of the treatment period in the acupuncture group, and largely maintained 12 weeks after treatment ended. No corresponding changes were seen in the sham acupuncture group. Acupuncture seems to provide effective relief from hot flashes both day and night in women operated for breast cancer, treated with Tamoxifen. This treatment effect seems to coincide with a general health improvement measured with the validated Kupperman index.

Keywords Acupuncture · Breast cancer · Tamoxifen · Hot flashes · Kupperman index

Introduction

Hot flashes are the most common symptom of menopause and can seriously reduce quality of life [1, 2]. Benefits of hormone replacement therapy (HRT) in alleviating hot flashes are apparent among healthy women [3, 4]. However, the use of HRT is controversial and traditionally contraindicated in women with breast cancer [2]. Anti-oestrogens used in the postoperative treatment of oestrogen receptor positive tumours, can cause vasomotor instability, and hence hot flashes in women with breast cancer. Up to 80% of patients receiving adjuvant Tamoxifen have reported vasomotor symptoms including hot flashes [4].

Acupuncture studies in the treatment of healthy women suffering from hot flashes due to vasomotor instability brought on by a natural post-menopausal reduction in oestrogen levels, have shown promising, however somewhat conflicting results [5–8].

Five small pilot studies without control groups [9–13] investigating the effect of acupuncture in women taking the anti-oestrogen Tamoxifen following breast cancer surgery have all indicated that acupuncture may be effective in reducing hot flashes. However, in the only randomized controlled study, Deng et al. [14] found no significant difference between treatment group and the sham acupuncture (SA) group.
Effects of acupuncture for cancer pain and quality of life – a case series

Sivarama Prasad Vinjamury, Ju-Tzu Li, Eric Hsiao, Calen Huang, Cheryl Hawk, Judith Miller and Yuhong Huang

Abstract

Background: Many cancer patients seek complementary and alternative medicine (CAM) including acupuncture to manage their cancer-related symptoms or side effects of treatment. Acupuncture is used to manage cancer pain and improve quality of life (QoL). This study aimed to conduct a preliminary study on a case series to evaluate the feasibility of acupuncture for treating cancer pain and to collect preliminary data on the effectiveness of acupuncture in treating cancer pain and improving QoL.

Methods: A semi-standardized acupuncture treatment comprising one to three treatment sessions (20–30 minutes per session) per week for 8 weeks was provided by four licensed acupuncturists, who had more than 5 years of clinical experience, at the University Health Center. The European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30) and a visual analogue scale (VAS) for pain rating were used as the outcome measures to assess pain and QoL. Data were collected at baseline, immediately after 2, 4, 6, and 8 weeks of treatment and at 4 weeks after treatment completion (week 12).

Results: Two males and five females with a median age of 66 years (range: 44–71 years) completed the study. For the VAS, the percentage of improvement ranged between 18% and 95%. The baseline mean raw score was reduced from 51 mm to 36 mm at the end of week 8 and to 23 mm at the end of week 12. The percentage of overall QoL improvement ranged between 20% and 100%. The mean raw score for QoL improved with time. The baseline score was increased from 55 to 69 at the end of treatment (week 8) and to 73 after the follow-up (week 12).

Conclusions: This pilot study on a case series showed that acupuncture might be beneficial for reducing pain and improving QoL in cancer patients.

Background

Cancer is the second leading cause of mortality in the United States [1], and 41.24% of men and women born in the United States will be diagnosed with some type of cancer during their lifetime [2]. Although modern therapies for cancer have improved life expectancy, the management of this complex disease [3] and improvement of quality of life (QoL) of patients, especially in managing cancer-related pain, are still limited. Cancer pain is frequently reported among patients, with 53% of patients experiencing pain, and one-third experiencing severe to moderate levels of acute or chronic pain [4]. The occurrence of pain in cancer patients increases the risk for psychological disorders (e.g., anxiety, depression, and suicidal ideation) [5], that distract patients from their daily activities (e.g., ability to concentrate) [6]. In addition, the cause of pain is not limited to the physiological etiology, but also arises through side effects of standard treatment modalities like drugs, surgery, radiotherapy, and chemotherapy [3].

Opioids are currently used in cancer pain management [7]. The World Health Organization has described a three-step analgesic ladder on how to effectively administer opioids for chronic cancer pain, with the main goal being to prohibit pain by giving high doses of the drugs around-the-clock [8,9]. However, up to 20% of patients are resistant to opioids [10], and of those who are not resistant, many choose not to have treatments that involve narcotic substances because of the various side effects. The common short-term side effects are constipation,
Recent Clinical Trials of Acupuncture for Cancer Patients

- Gary Deng,
- David Seto,
- Barrie Cassileth

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Abstract

Acupuncture is one of the most extensively studied complementary medicine modalities. The quality of acupuncture research has become increasingly better, due to refinement of research methodology and its dissemination among the researchers. In recent years, many randomized controlled trials have been reported on the application of acupuncture in cancer care. Here we review the studies deemed of high quality (Jadad scale 3 or above). The studies consist of randomized controlled trials of acupuncture on nausea, vomiting, hot flashes, xerostomia, pain, fatigue, mood-related symptoms and neutropenia. The most solid evidence came from studies of chemotherapy-related nausea and vomiting. Acupuncture has been repeatedly demonstrated to reduce nausea and vomiting in both the post-operative setting and the chemotherapy setting. Less strong evidence with mixed results was demonstrated in trials on hot flashes, xerostomia and post-operative pain, where acupuncture has shown benefit in some but not in other trials. There are insufficient number of trials of reasonable quality to evaluate other indications for acupuncture in cancer care. Serious adverse events are rare or non-existent among those trials. It would help our understanding of acupuncture if future studies take a “whole system” approach, taking into consideration of efficacy and effectiveness questions, and further explore the mechanistic aspect of acupuncture.

EA for Cancer Pain

- EA given to cancer patients post chemotherapy
- Acupuncture points: St-36, SP-6, CV-12 and PC-6.
- Methods: EA of G-6805 with dispersive –tense wave at an intensity tolerable to the patient.
- Duration: 30 minutes once daily, five days a week with interval of 2 days between the courses. Four courses were administered to evaluate the effects.
- Results: average 5-10 % increase in subsets of T-cells and a 15 % increase in natural killer cell activity.
- There was no control group for comparison.
- Was claimed also to improve appetite and sleep, relieve tumor pain, and alleviate the gastro-intestinal reaction s to chemotherapy.

Evidence-based effect size estimation: An illustration using the case of acupuncture for cancer-related fatigue
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Abstract

Background: Estimating a realistic effect size is an important issue in the planning of clinical studies of complementary and alternative medicine therapies. When a minimally important difference is not available, researchers may estimate effect size using the published literature. This evidence-based effect size estimation may be used to produce a range of empirically-informed effect size and consequent sample size estimates. We provide an illustration of deriving plausible effect size ranges for a study of acupuncture in the relief of post-chemotherapy fatigue in breast cancer patients.

Methods: A PubMed search identified three uncontrolled studies reporting the effect of acupuncture in relieving fatigue. A separate search identified five randomized controlled trials (RCTs) with a wait-list control of breast cancer patients receiving standard care that reported data on fatigue. We use these published data to produce best, average, and worst-case effect size estimates and related sample size estimates for a trial of acupuncture in the relief of cancer-related fatigue relative to a wait-list control receiving standard care.

Results: Use of evidence-based effect size estimation to calculate sample size requirements for a study of acupuncture in relieving fatigue in breast cancer survivors relative to a wait-list control receiving standard care suggests that an adequately-powered phase III randomized controlled trial comprised of two arms would require at least 101 patients (52 per arm) if a strong effect is assumed for acupuncture and 235 (118 per arm) if a moderate effect is assumed.

Conclusions: Evidence-based effect size estimation helps justify assumptions in light of empirical evidence and can lead to more realistic sample size calculations, an outcome that would be of great benefit for the field of complementary and alternative medicine.

Background

In their content analysis of all scientific reviews of grant applications submitted by the Community Clinical Oncology Program for clinical trials of complementary and alternative medicine (CAM) to the National Cancer Institute, Buchanan and colleagues (p. 6685) indicated that one of the five major concerns raised by reviewers has been "justifying the anticipated effect sizes used to determine sample size."[1] With regards to published research studies, meta-analytic and systematic reviews regularly point to sample size as a troubling issue.[2] Often, the treatment effects are positive and non-trivial in size, but
Regulation of Acupuncture on Interferon-γ and Tumor Necrosis Factor of Lung Cancer-Operative Cases

ZHU Hong et al. Regulation of Acupuncture on Interferon-γ and Tumor Necrosis Factor of Lung cancer Operative Cases

Abstract Objective. To investigate the regulation of acupuncture on IFN-γ and TNF of lung cancer-operative cases. Methods. To determine the INF-γ and TNF contents in the blood serum of lung cancer patients by double antibody sandwich immuno-enzymatic method (ELISA). To measure the INF-γ and TNF contents of 30 lung cancer patients in the acupuncture anesthesia group and 30 lung cancer patients in general anesthesia group before the operation and at the 8th day, the 12th day after the operation respectively and make comparison between the two groups. Results. The pre-operation INF-γ contents of the two groups showed no significant difference (P>0.05); the post-operation INF-γ contents of the two groups showed significant difference at 8th day and 12th day after the operation (P<0.05); the acupuncture anesthesia group was superior to the general anesthesia group; the self comparison of the anesthesia group showed significant difference at the 12th day and 8th day after the operation (P<0.05); the pre-operation TNF contents of the two groups showed no significant difference (P>0.05) and the post-operation TNF contents of the two groups showed significant difference at the 8th day and 12th day after the operation (P<0.05). Conclusion. Acupuncture can increase the serum INF-γ and TNF contents of lung cancer patients and therefore regulate the immunity of the patients.

Key Words. Acupuncture Therapy; Combined Acupuncture and Drug Anesthesia: Lung Cancer; γ-interferon; II; Tumor Necrosis Factor (TNF)

CLC number: R246.9

Document code: A

We observed whether or not acupuncture can increase the immunological function of the post-operative lung cancer patients from February 2004 to April 2005. The 3 successive days of acupuncture before the operation showed the same result as before; another 3 acupuncture treatment was added after the operation, i.e., the patients were punctured once every day for 3 successive days after removal of the drainage tube starting at the 4th day after the operation, and then INF-γ and TNF contents in the blood serum were determined at the 8th day; and again the patients were punctured once every day for 3 successive days starting at the 9th day after the operation, and the INF-γ and TNF contents in the blood serum were determined at the 12th day after the operation and made comparison between the combined acupuncture and drug anesthesia group and general anesthesia group.

General Data

The detailed information about the 30 cases in the combined acupuncture and drug anesthesia group are listed as follows: male cases 20; female cases: 10; the oldest: 76 years old; the youngest: 33 years old; the mean age: 60 years old; the squamous cancer: 14 cases;

[Effect of acupuncture on interleukin-2 level and NK cell immunoactivity of peripheral blood of malignant tumor patients]

[Article in Chinese]

Wu B, Zhou RX, Zhou MS.

First Affiliated Hospital, Huaxi Medical University, Chengdu.

This paper deals with the observation of acupuncture therapy affecting interleukin-2 (IL-2) level and natural killer (NK) cell immunoactivity in the peripheral blood of patients with malignant tumors. In this clinical-laboratory test research, randomized double blind method was used. The patients were divided into an acupuncture treated group (n = 25) and a control group (n = 20). The former group was treated using points, ST36, LI11, RN6 and locations of symptomatic points bilaterally. They received one treatment of 30 minutes daily for 10 days. The results showed that the IL-2 level and NK cell activity were lower than normal in patients with malignant tumor, but there was an increase in the acupuncture group after 10 days of treatment. Significance was found to be remarkable (P < 0.01). The difference between the two groups was also significant (P < 0.01). This increase might be related to the mechanism of acupuncture that adjusting the body's immune function. Thus, acupuncture therapy could enhance the cellular immune function of patients with malignant tumors and providing a beneficial effect in anti-cancer treatment.

Publication Types:

- Clinical Trial
- Randomized Controlled Trial

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