



Original article

# Acupuncture for cancer patients undergoing chemotherapy in a Brazilian hospital—An exploratory study

Pamela Siegel\*, Nelson Filice de Barros, Juan Guzmán Quispe-Cabanillas, Celso Stephan, Carmen Silvia Passos Lima

Universidade Estadual de Campinas, Rua Tessália Vieira de Camargo, 126, 13.083-887 Campinas, SP, Brazil

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## Abstract

**Introduction:** Integrative Oncology when combined with conventional care can be effective and reduce adverse symptoms of cancer and its treatment. The purpose of this exploratory study was to explore whether individualized acupuncture given to cancer patients at a Brazilian hospital improved symptoms and wellbeing.

**Methods:** This exploratory study was carried out between May 2012 and January 2013. Data from twenty patients who received 8 weekly acupuncture sessions were compared before and after their treatment and also with data from 9 patients who did not receive acupuncture, who acted as comparison group. An adapted version of the MYMOP was used to identify patients' self-reported symptoms and perceptions of wellbeing.

**Results:** After completing the acupuncture sessions with the intervention group, 17 patients reported feeling significantly better ( $p > .0001$ ), one felt worse, one reported no change and one could not be evaluated because he was asymptomatic. Of the comparison group five patients reported feeling better and four felt worse, results were not significantly different. The Student *t* test was used to compare differences between the acupuncture and comparison group. The results for the intervention group achieved statistically significant changes ( $p$  value = 0.016), compared to the comparison group.

**Conclusion:** The acupuncture practice delivered as part of the integrative care in oncology produced clinically and statistically significant changes for the majority of the patients undergoing cancer treatment, resulting in improvements in patients' self reported wellbeing.

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**Keywords:** Acupuncture; Traditional Chinese medicine; Oncology; Neoplasms; Integrative medicine; Complementary and alternative medicine

## Introduction

Integrative oncology (IO) uses the following five categories of complementary and alternative medicine (CAM) to help treat the side effects of cancer and the effects resulting from resulting from conventional cancer therapies such as surgery, chemotherapy, radiotherapy and molecular therapy. CAM treatments can be defined as: (1) Biologically based practices: medicinal herbs, vitamins and other dietary supplements; (2) Mind-body techniques: yoga, meditation, mindfulness, imagery and expressive

arts (art therapy, music therapy and dance therapy); (3) Body manipulations: massage, reflexology, exercises; (4) Energetic therapies: therapies of the magnetic field, reiki, therapeutic touch, qigong; (5) Whole systems: traditional Chinese medicine (TCM) and ayurvedic medicine [1,2]. When combined with conventional care, these modalities can be effective in reducing the adverse symptoms associated with cancer [3,4].

Acupuncture is part of traditional Chinese Medicine (TCM) and involves the insertion of needles into specific points of the body which can either be manually or electrically manipulated [5]. The action depends on the function of the point, the characteristics of needle insertion, the type of needle and point depth, as well as on the body posture and the phase of the respiratory cycle [6,7].

Acupuncture, acupressure, auricular therapy as well as acupuncture applied using electric pulses can alleviate nausea.

\* Corresponding author. Tel.: +55 1932585343; fax: +55 193521 8044.

E-mail addresses: [gfusc@mpc.com.br](mailto:gfusc@mpc.com.br) (P. Siegel), [nelfel@uol.com.br](mailto:nelfel@uol.com.br) (N.F. de Barros), [juangqc@gmail.com](mailto:juangqc@gmail.com) (J.G. Quispe-Cabanillas), [celso.stephan@gmail.com](mailto:celso.stephan@gmail.com) (C. Stephan), [carmenl@fcm.unicamp.br](mailto:carmenl@fcm.unicamp.br) (C.S.P. Lima).

By stimulating the P6 point, even pressing it with the fingers of the other hand, it can be effective [8,9]. For patients who have been diagnosed with some form of cancer and need to stop smoking, both hypnosis and acupuncture can be helpful [10]. For patients with respiratory problems or chronic constipation, acupuncture and acupressure can also be helpful [11,12].

Due to its popularity with the public, acupuncture has not been ignored by the scientific and medical community worldwide and several clinical trials have been carried out to explore its use for treating different symptoms [5]. Although there are some studies available on the use of acupuncture for alleviating some specific symptoms of conventional cancer treatments, such as xerostomia, nausea and vomiting [13–18], studies on the use of acupuncture applied to a broader palette of *chemotherapy-induced and/or radiation therapy-induced* symptoms such as: anorexia/cachexia, anxiety, cognitive dysfunction, constipation, depression, diarrhea, fatigue, hormonal changes and hot flashes, insomnia, myelosuppression, nutritional issues, pain and sexual alterations are still lacking.

Despite the World Health Organization's recommendations on the use of acupuncture to its member countries [19] and the fact that Brazil has had a National Policy for Integrative and Complementary Practices since 2006 [20] which includes the application of acupuncture in the National Health System, estimates show that roughly 500 thousand new cancer cases arise every year in the country [21], and yet there is no mention of acupuncture on the National Cancer Institute's website.

The cultural significance of suffering and healing was discussed by Kleinman [22] when he identified a difference between the subjective experience of ill-health according to the patient (illness) and the biomedical notion of a medical specialist, which emphasizes alterations in the physiological structure and functioning of the body (disease). The authors of this study chose to work with an adapted version of the self-report tool *Measure Yourself Medical Outcome Profile (av-MYMOP)*<sup>1</sup>, which allows the patient to elaborate on his/her experience of the disease, the symptoms and wellbeing levels [23].

The study presents the results of the use of individualized acupuncture for a group of 20 cancer patients receiving conventional cancer treatment at the cancer unit/clinics Hospital at the State University of Campinas (Unicamp). These patients were compared to a group of 9 cancer patients who did not receive acupuncture.

## Methods

This paper is based on data collected in a broader study applying CAM to cancer patients, approved by the Ethical Committee under no. 1209/2010 and was carried out between May 2011 and January 2013. The study was tailored as an exploratory study because CAM techniques had never been performed on cancer patients in the cancer unit before, little literature exists on

acupuncture for cancer patients in Brazil, and the researchers needed a flexible study design. We could not foresee how many cancer patients would agree to receive acupuncture treatment and how many would participate in the comparison group. Therefore, the sample was intentional, non-randomised and non-probabilistic. Cancer patients were included if they were undergoing chemotherapy once a week, for a period of two months, and not participating in any other CAM study. The potential patients were selected from the chemotherapy files at the hospital's cancer unit. Patients were firstly approached by phone and invited to participate in the acupuncture study.

Those who agreed were then scheduled to receive acupuncture on the same day as their chemotherapy treatment and provided their verbal consent. When they arrived they were handed a consent form to read and sign. As there were not many patients who could be fitted into this weekly protocol we decided not to select them according to the type of cancer, the kind of chemotherapy, age and gender. Patients in the intervention group were currently using one of the following drugs or a combination of them: Cisplatin, Flox-C, Carboplatin, IFL-Saltz regimen, Etoposide, Sandostatin, Paclitaxel, Zometa, Beva-Cizumab, Fluorouracil, Roswell Park regimen, Metformina, Cetuximab, Docetaxel, Plasil, Lisador and Buscopan.

An adaptation of the MYMOP questionnaire was used. As there is no validated version of it in Brazil, it was translated into Portuguese. The questions used in the study were: symptoms 1 and 2, activity and the level of wellbeing. The medication questions were not used in the study. One of the characteristics of CAM is to empower the patient to develop more autonomy by employing a selfcare approach and this process begins when the patients can voice their perceptions and feelings.

The av-MYMOP was used before each acupuncture session. It is a questionnaire used to measure the effects of CAM on a symptom/sign chosen by the patient, which bothered him/her the week before the interview and how as a consequence it has affected their physical, functional, professional and social activities [24].

Furthermore, the measure enables the patient to identify secondary symptoms related to the main symptom and their experience of wellbeing during the week preceding the interview. The questionnaire has a seven-point scale, from zero to six, where zero is the most positive score and six the worst. The patients completed the questionnaire every week prior to their treatment without seeing their previous results.

During the acupuncture intervention period, no patients were available to form a comparison group. So, after the acupuncture sessions had been concluded with the intervention group, nine patients were selected from a new group of patients coming in for cancer treatment. The selection of these nine patients was intentional, non-randomised and non-probabilistic. The number is uneven because they were the only patients available who fitted into our acupuncture protocol. As was the case with the patients belonging to the intervention group, those selected for the comparison group, from the chemotherapy files, had to be undergoing chemotherapy once a week, for a period of two months and not be participating in any other CAM study. They

<sup>1</sup> The questionnaire is spelled MYMOP when the authors refer to the original tool. When spelled av-MYMOP, the authors refer to the adapted version, translated into Portuguese.

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