



## Review

# Cancer patients taking herbal medicines: A review of clinical purposes, associated factors, and perceptions of benefit or harm



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## ABSTRACT

*Ethnopharmacological relevance:* Cancer patients in all cultures are high consumers of herbal medicines (HMs) usually as part of a regime consisting of several complementary and alternative medicine (CAM) modalities, but the type of patient, the reasons for choosing such HM-CAM regimes, and the benefits they perceive from taking them are poorly understood. There are also concerns that local information may be ignored due to language issues. This study investigates aspects of HM-CAM use in cancer patients using two different abstracting sources: Medline, which contains only peer-reviewed studies from SCI journals, and in order to explore whether further data may be available regionally, the Thai national databases of HM and CAM were searched as an example.

*Materials and methods:* The international and Thai language databases were searched separately to identify relevant studies, using key words chosen to include HM use in all traditions. Analysis of these was undertaken to identify socio-demographic and clinical factors, as well as sources of information, which may inform the decision to use HMs.

*Results:* Medline yielded 5638 records, with 49 papers fitting the criteria for review. The Thai databases yielded 155, with none relevant for review. Factors associated with HM-CAM usage were: a younger age, higher education or economic status, multiple chemotherapy treatment, late stage of disease. The most common purposes for using HM-CAM cited by patients were to improve physical symptoms, support emotional health, stimulate the immune system, improve quality of life, and relieve side-effects of conventional treatment.

*Conclusions:* Several indicators were identified for cancer patients who are most likely to take HM-CAM. However, interpreting the clinical reasons why patients decide to use HM-CAM is hampered by a lack of standard terminology and thematic coding, because patients' own descriptions are too variable and overlapping for meaningful comparison. Nevertheless, fears that the results of local studies published regionally are being missed, at least in the case of Thailand, appeared to be unfounded.

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## 1. Introduction

Cancer patients in all parts of the world are high users of herbal medicines (HMs), which they choose for clinical reasons related to their cancer diagnosis (Poonthananiwatkul et al., 2015) and which they usually take as part of a regime consisting of several complementary and alternative medicine (CAM) modalities (Alsanad et al., 2014; McLay et al., 2012). The contribution of HMs cannot easily be separated from those of other forms of CAM, although they are more likely to possess pharmacological effects and/or interact with conventional medicines. The specific reasons why patients take HM-CAM regimes have not been completely identified but include trying to actively treat cancer, reduce symptoms of the disease, ameliorate side effects associated with conventional treatments, prevent further recurrence or metastasis of the cancer, and to enhance general health in order to deal with the disease and its treatment (Poonthananiwatkul et al., 2015; Alsanad et al., 2014; Ernst, 2009). A recent study of cancer patients at a traditional medicine hospice in Thailand suggested that in general herbal medicines were perceived to provide more benefit than harm, and a preliminary assessment of the herbal regime, using changes in symptom burden after staying at the hospice, supported this (Poonthananiwatkul et al., 2015). HMs can be registered as medicines in the European Union, but not in most other countries, and 'nutritional' products are poorly regulated everywhere. HMs are often sold as 'food' or 'dietary' supplements to circumvent the regulations; however, as they are taken for therapeutic purposes they are considered to be HMs for the purposes of this study. The first step to addressing the problem of uncontrolled use of HMs as self-medication is therefore to explore the reasons why patients feel the need to take them. Perceptions of the efficacy and safety of these medicines influence the products chosen, although patients are unlikely to consider the indirect consequences of taking these medicines, including their interaction with conventional medicines or other supplements (Goey et al., 2014; Zeller et al., 2013). The issues posed by combining herbal medicines with conventional drugs have been well documented over the last decade (e.g. Alsanad et al., 2014; McLay et al., 2012; Williamson et al., 2013) and patients in many countries are now being advised to avoid taking herbal medicines during conventional cancer treatment, although no published evidence is available to confirm this as a policy. The objective of this review is to summarise the socio-demographic and other factors that influence HM-CAM use in cancer patients, and their perceptions towards their benefit or harm.

## 2. Materials and methods

### 2.1. Search strategy

Data collected in ethnobotanical research has well-documented weaknesses, as critically reviewed by Heinrich et al. (2009), and one of these is that datasets compiled regionally in local languages

may not be available internationally. In order to investigate whether any such 'hidden studies' were available, two separate reviews were carried out: the first, a search of Science Citation Indexed, peer-reviewed journals in Medline; the second, a search of the national databases in Thailand. The purpose of the Thai review was to act as an example to investigate whether extra information could be gained by casting the net more widely, despite the unreliability of non-peer-reviewed sources. The Thai databases were used as a test case because Thailand is a very high user of herbal medicines, they are comprehensive and we had access to the full dataset. The searches were restricted to 2003 onwards to provide a contemporary context and also because as a preliminary search found very few relevant studies prior to this. Even peer-review cannot guarantee quality so as many details as possible about each study (method, sample size, other findings) are included in Table 1 to add context.

### 2.2. Information sources and searches

The global database Medline and the Thai on-line databases [Thailand Library Integrated System (ThaiLIS), Library of National Research Council of Thailand, Health Systems Research Institute Library, Thai Theses Online, Institute of Thai Traditional Medicine, Journal of Thai Traditional and Alternative medicine] (Thai Government, 2014) were searched to identify literature on the experiences, attitudes or perceptions of cancer patients who had taken herbal medicines, using the following terms or their Thai language versions:

1. Complementary
2. Alternative
3. Medicine
4. Herbs
5. 1 or 2 or 3 or 4
6. Cancer
7. Attitude
8. 5 and 6 and 7
9. Limited to English
10. Limited to 2003 and 2014

The off-line Khampramong research database was also searched using the same terms, as an example of an institutional data resources. All English language studies published between 2003 and 2014 identifying the experiences/attitudes/perceptions/intended purposes of cancer patients regarding HM were included. Review articles, operational (e.g. clinical guidelines) and health services (e.g. cancer screening) research, case reports, studies on CAM which did not include HM use or surveys of other parties (such as physicians and other healthcare providers), and laboratory and animal studies were excluded. Studies looking purely at prevalence, trends and costs of herbal medicines were also omitted, as were studies on herb-drug combinations or side effects.

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