



Traditional medicine use by cancer patients in Thailand



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ABSTRACT

Ethnobotanical relevance: Cancer patients commonly use traditional medicines (TM) and in Thailand these are popular for both self-medication and as prescribed by TM practitioners, and are rarely monitored. A study was conducted at Wat Khampramong, a Thai Buddhist temple herbal medicine hospice, to document some of these practices as well as the hospice regime.

Materials and methods: Cancer patients ($n=286$) were surveyed shortly after admission as to which TMs they had previously taken and perceptions of effects experienced. They were also asked to describe their current symptoms. Treatment at the hospice is built upon an 11-herb anti-cancer formula, yod-ya-mareng, prescribed for all patients, and ideally, its effects would have been evaluated. However other herbal medicines and holistic practices are integral to the regime, so instead we attempted to assess the value of the patients' stay at the hospice by measuring any change in symptom burden, as they perceived it. Surviving patients ($n=270$) were therefore asked to describe their symptoms again just before leaving. **Results:** 42% of patients (120/286; 95% CI 36.4%, 47.8%) had used herbal medicines before their arrival, with 31.7% (38/120; 95% CI 24%, 40.4%) using several at once. Mixed effects were reported for these products. After taking the herbal regime at Khampramong, 77% (208/270 95% CI; 71.7%, 81.7%) reported benefit, and a comparison of the incidence of the most common (pain, dyspepsia, abdominal or visceral pain, insomnia, fatigue) showed statistical significance (χ^2 57.1, df 7, $p < 0.001$).

Conclusions: A wide range of TMs is taken by cancer patients in Thailand and considered to provide more benefit than harm, and this perception extends to the temple regime. Patients reported a significant reduction in symptoms after staying at Khampramong, indicating an improvement in quality of life, the aim of hospices everywhere. Based on this evidence, it is not possible to justify the use of TM for cancer in general, but this study suggests that further research is warranted. The uncontrolled use of TMs, many of which are uncharacterised, raises concerns, and this work also highlights the fact that validated, robust methods of assessing holistic medical regimes are urgently needed.

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1. Introduction

Cancer patients in all parts of the world are known to take herbal and nutritional medicines and may be at risk of drug interactions (Alsanad et al., 2014). In Thailand, as in most parts of Asia, the use of natural medicines is part of the national culture and research in cancer therapy is tending toward a holistic approach (Itharat and Ooraiikul, 2007). Traditional medicines (TMs; which include herbal and nutritional supplements and some animal and mineral products) are mainly used as a form of self-medication or prescribed by complementary and alternative medicine (CAM) practitioners and their use is not reported to official organisations. Adverse effects to TMs are not usually recorded by drug monitoring

agencies (Shaw et al., 2012) and patients' opinions on their perceived benefits and adverse effects have rarely been sought, so there exists a large population of patients taking an array of unknown TMs for a wide range of disorders with little or no observation or evaluation of their worth or otherwise. Meanwhile, patients continue to take supplements to try to cure, halt or delay the progression of their disease and to manage the symptoms of conventional treatment such as chemotherapy and radiotherapy.

The Arokhayasala Foundation at Wat (=temple) Khampramong in north-eastern Thailand is a traditional medicine hospice (henceforth referred to as Khampramong) which has offered palliative care, free of charge, to cancer patients since 2005. Herbal medicines (HM) and dietary therapies are normally used as the sole treatment, especially when conventional treatment has no more to offer, but also in conjunction with conventional medicine when required. Khampramong also provides a holistic combination of other therapies which include meditation, prayer, dancing, and laughter and

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music therapy (Khampramong, 2014). Part of the ethos of the Arokhayasala Foundation is to carry out research in order to benefit future patients, but as a Buddhist organisation dedicated to helping all patients, clinical interventions such as placebo-controlled studies are not possible. The hospice regime is built upon an 11-herb anti-cancer formula (yod-ya-mareng) which is prescribed for all patients and ideally, the effects of this formula should be evaluated, but as the regime is entirely holistic, we attempted instead to assess its overall value by measuring changes in occurrence of the most common symptoms over the course of the patients' admission, according to their own views. The WHO-UMC (World Health Organisation-Uppsala Monitoring Centre) criteria are applicable for evaluating the causality of adverse events for herbal medicines (WHO, 2011) but all the patients had been prescribed at least 9 types of herbal regimes each day in addition to other therapies so it was not possible to identify the causes of specific events. In the absence of any available validated methodology to evaluate complex situations over which no control can be exerted, an observational study was conducted to explore 1) the herbal medicines that cancer patients take in Thailand generally, and perceptions of the effects of each, and 2) the value of the mainly herbal but holistic treatment regime at Khampramong, as experienced by patients. It must be emphasised that these are subjective reports, and not supported by clinical or laboratory evidence, except in the case of the original cancer diagnosis.

2. Materials and methods

2.1. Approvals

Organisational approval to collect data from patients at Khampramong concerning their medical history, their previous experiences of using herbal medicines, the traditional medicines they had taken, and their experiences of the regime at Arokhayasala was granted by the Abbot (author PP, July 8th 2012). Ethical approval for the study was obtained from the University of Reading Research Ethics Committee, UK (Project 12/34), the Thai Traditional Medicine Committee and Sirindhorn College of Public Health, Yala, Thailand (Project no 094/2555).

2.2. Participants

Patients who were resident at Khampramong during data collection periods, and who met the inclusion criteria, were invited to participate in the study. A trained researcher (author BP, a pharmacist registered in Thailand) approached patients and gained their informed consent.

2.2.1. Inclusion criteria

Patients resident at Khampramong who were 20 years or older, had a cancer or cancer-related diagnosis (e.g. adverse effects associated

with treatment for their cancer) from their hospital doctor, spoke Thai or English, and gave their informed consent to participate in the study.

2.2.2. Exclusion criteria

Patients not resident at Khampramong, did not have a cancer or cancer-related diagnosis, were < 20 years old, unable to speak Thai or English, or did not give informed consent.

2.3. Study design

The study consisted of 1) a survey of the past use of traditional medicines taken for cancer before patients came to Khampramong and their perceived benefits and harms, and 2) an investigation of the perceived effects of the Khampramong regime. Data were collected using a researcher-administered questionnaire (Fig. 1), initially within 4 days of arrival at the temple, and again just before departure, to investigate any change in symptom burden.

2.4. Questionnaire development

The questions were developed by authors BP and RH in consultation with the Abbot of Khampramong (author PP) and focused on the type of traditional medicines patients had taken after being diagnosed with cancer but before coming to Khampramong, and their perceived benefits and harms (questions 1–4). Patients were also asked to describe the effects of the Khampramong regime, which is based on an anticancer formula containing 11-herbs called yod-ya-mareng (questions 3 and 4). The questionnaire was developed in English and translated into Thai by a qualified translator from the Thai Embassy in London. The Thai language version was then back-translated to English by BP to ensure the meaning of the questions had not changed. The questionnaire was validated in a pilot study of 86 patients at Khampramong prior to the main study. No changes were necessary and the results from the pilot study were subsequently combined with the main study results (200 patients).

2.5. Data collection

Data collection was carried out by at Khampramong. Interviews were conducted in Thai and answers were recorded onto paper copies of questionnaires in Thai. Participants were assigned a sequential numeric code and could not be identified from their responses. Patients were interviewed within four days of their admission to Khampramong (or the start of the study) (questions 1–4) and just before leaving Khampramong (questions 3 and 4), but data is incomplete for 16 patients who died during the course of the study. The time interval between interviews was highly variable and depended on the time that the study started and/or the duration of their stay (mean 30 days; SD \pm 32, minimum 3, maximum 148 days). Only three patients stayed for less than one

Questions asked about pastexperience of taking traditional medicines

- 1) Have you used any traditional or herbal medicine for your cancer or related symptoms before coming to Khampramong?
 a) Yes b) No
 If No, go straight to question 3.
- 2) What kind of traditional medicines did you use before? Why did you use them?
- 3) Did you feel that the herbal medicines you have taken (including at Khampramong) helped?
 a) Yes b) No If yes, please give more detail
- 4) Did you feel any unpleasant effects from the herbal medicine (including at Khampramong)?
 a) Yes b) No If yes, please give more detail

Fig. 1. The guided questions asked of patients about their use of traditional medicine.

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