

# Ten Best Readings Relating to Integrative Medicine

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**Alimi D, Rubino C, Pichard-Leandri E, et al. Analgesic effect of auricular acupuncture for cancer pain: a randomized, blinded, controlled trial. *J Clin Oncol.* 2003;21: 4120-4126.**

This trial examined the efficacy of auricular acupuncture in decreasing pain intensity in cancer patients who were receiving analgesic treatment. Pain intensity decreased by 36% at 2 months from baseline in the group receiving acupuncture vs 2% in those receiving placebo.

**Barnes PM, Powell-Griner E, McFann K, et al. *Complementary and Alternative Medicine Use Among Adults: United States, 2002. Advance Data From Vital and Health Statistics, No 343, May 27, 2004. Hyattsville, Md: National Center for Health Statistics; 2004. Available at [www.cdc.gov/nchs/data/ad/ad343.pdf](http://www.cdc.gov/nchs/data/ad/ad343.pdf)***

This report presents selected estimates of the use of 27 complementary and alternative medicine (CAM) therapies among US adults. When "prayer specifically for health reasons" was excluded as a form of CAM, 36% reported using some form of CAM therapy during the past year. Among the most commonly used CAM therapies were prayer, natural products, deep breathing exercises, medication, chiropractic care, yoga, massage, and diet-based therapies.

**Cohen L, Warneke C, Fouladi RT, et al. Psychological adjustment and sleep quality in a randomized trial of the effects of a Tibetan yoga intervention in patients with lymphoma. *Cancer.* 2004;100:2253-2260.**

The authors examined the effects of yoga in patients with lymphoma. Compared with those in the wait-list arm, patients in the yoga group reported lower sleep disturbance scores (better sleep quality, faster sleep latency, longer sleep duration). The authors suggested a yoga program improves sleep-related outcomes, although no significant differences were seen in anxiety, depression, or fatigue.

**Committee on the Use of Complementary and Alternative Medicine by the American Public, Board on Health Promotion and Disease Prevention. Institute of Medicine of the National Academies. *Complementary and Alternative Medicine in the United States. Washington, DC: National Academies Press; 2005.***

Numerous approaches to delivering integrative medicine have evolved. This book, which is available in full text

at [www.nap.edu/books/0309092701/html](http://www.nap.edu/books/0309092701/html), outlines areas of research in conventional and complementary/alternative medicine therapies, methods to integrate these therapies, and development of curricula that provide further education to health professionals.

**Deng G, Cassileth BR. Integrative oncology: complementary therapies for pain, anxiety, and mood disturbance. *CA Cancer J Clin.* 2005;55:109-116.**

The authors review the research to date on the ability of complementary therapies (eg, acupuncture, mind-body techniques, massage) to relieve pain, anxiety, and mood disturbance experienced by many cancer patients. They also discuss the rationale, expectations, and precautions surrounding complementary therapies with mainstream care.

**Post-White J, Kinney ME, Savik KS, et al. Therapeutic massage and Healing Touch improve symptoms in cancer. *Integr Cancer Ther.* 2003;2:332-344.**

This study tested the effects of therapeutic massage and Healing Touch in cancer patients compared with patients receiving standard care. The authors concluded that these applications are more effective than presence alone or standard care in reducing pain, mood disturbance and fatigue in patients receiving cancer chemotherapy.

**Richardson MA, Sanders T, Palmer JL, et al. Complementary/alternative medicine use in a comprehensive cancer center and the implications for oncology. *J Clin Oncol.* 2000;18:2505-2514.**

The authors surveyed cancer patients on the prevalence and predictors of complementary/alternative medicine (CAM) at a comprehensive cancer center. In most categories, CAM use was common among outpatients. The authors suggest that patient-provider communications need to be improved, reliable information needs to be offered to patients, and research to determine possible drug-herb-vitamin interactions needs to be initiated.

**Weiger WA, Smith M, Boon H, et al. Advising patients who seek complementary and alternative medical therapies for cancer. *Ann Intern Med.* 2002;137:889-903.**

This article summarizes evidence on the efficacy and safety of selected complementary and alternative thera-

pies commonly used by patients with cancer, and the authors evaluate possible effects on disease progression/survival and possible palliative effects.

**Cassileth BR, Vickers AJ. Massage therapy for symptom control: outcome study at a major cancer center. *J Pain Symptom Manage.* 2004;28:244-249.**

Cancer patients responding to a survey pre- and post-massage therapy reported approximately a 50% reduction in several symptoms including pain, fatigue, stress/anxiety, nausea, and depression. Benefits persisted, with outpatients experiencing no return toward baseline scores throughout the 48-hour follow-up.

**Sparreboom A, Cox MC, Acharya MR, et al. Herbal remedies in the United States: potential adverse interactions with anticancer agents. *J Clin Oncol.* 2004;22:2489-2503.**

This article provides an overview of known or suspected interactions of best-selling herbal remedies in the United States with conventional allopathic therapies for cancer. The authors recommend that health care professionals should be aware of the potential for adverse interactions with these herbs, question their patients on their use of them, especially among patients whose disease is not responding to treatments as expected, and urge patients to avoid herbs that could confound their cancer care.