



Cancer and complementary medicine

Prevention and CM know-how are a priority,
say Profs Avni Sali and Luis Vitetta.

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The prognosis of most cancer patients has not improved over the past 40 years. Cancer incidence rates in Australia are generally much higher than in the UK and Canada, but lower than in the US and New Zealand.¹ Our mortality rates are lower than all of these countries, although we do have one of the highest rates of colorectal cancer.

Education and prevention

The lower incidence of lung cancer in Australia compared to other developed countries is almost certainly due to our major preventive programs²; our national cervical-cancer screening program is another example of the success of preventive action.

Clearly, most cancers are difficult to treat successfully. A major effort is needed to prevent this disease, and community education is an integral part.

Those who are best placed to carry out education about cancer prevention are GPs, who have frequent contact with the community. Health professionals such as pharmacists and naturopaths are also well placed.

GPs who work in integrative medicine are interested in why a person has developed cancer, but this is not the case in mainstream medicine, where the emphasis is on diagnosis and treatment.

In the care of the cancer patient, the least that should be done is to make them as healthy as possible because it is very likely to help them better cope with their illness and may significantly improve prognosis.

Mind-body medicine

Stress reduction improves immunity and decreases the stress hormones cortisol, insulin, growth hormone and prolactin that can stimulate cancer growth.²⁻⁴

While psychosocial interventions generally have beneficial effects on psychological health, their effects on physical health and survival for cancer are controversial. A literature review found five of 10 published studies reported psychotherapy prolongs survival, whereas three trials demonstrated psychological but not survival benefit.³ It is likely that the quality of the psychosocial support determines survival benefit.

Diet, nutrition and herbs

Epidemiology provides compelling evidence that many cancers may be avoidable. In a study of 24 European countries, a direct correlation was found between consumption of animal fat and colorectal plus breast cancer, with an inverse relationship with fish-oil consumption.^{5,6}

Epidemiological studies that compare people in different countries tend to yield the most reliable information, provided differences in human behaviour are considered. However, many such studies have not differentiated between



SUMMARY

- Prevention through screening programs and community education is a cornerstone of reducing incidence and mortality
- The benefits of psychosocial interventions, dietary modification and CM supplementation are still unclear
- The Government is currently reviewing a Senate report on cancer and CM

the different types of fats consumed, and the role of fat in cancer remains controversial.⁷

Fruits and vegetables have generally been shown to be protective against cancer and it is possible that nutrients such as vitamin C and E, and other phytochemicals such as isoflavones, play an important part.^{8,9}

A healthy diet for a cancer patient is of key importance, not only to improve general health but because there is increasing evidence showing certain nutrients can be cytotoxic to cancer cells while others can promote cancer growth. For example, substances in cruciferous vegetables can be cytotoxic to cancer cells *in vitro*, and soya can influence growth of prostate cancer.⁹ Selenium and vitamin D also inhibit prostate-cancer cells.¹⁰

Although there is a dearth of clinical studies investigating the role of nutrient supplements, one positive example is the use of megadose nutrients to reduce bladder-cancer recurrence by approximately half.^{11,12} *In-vitro* and preliminary human studies have shown

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high doses of multiple anti-oxidants enhance the efficacy of chemotherapy on cancer cells.¹³ It is essential that these studies are further tested in humans. A Chinese herbal combination called PC-SPES or prostatesol has been found to cause regression of prostate cancer in humans in several studies, but has attracted very little interest.¹⁴

Senate inquiry

The late Senator Peter Cook initiated one of the most important Senate inquiries concerning health in this country [see *JCM* 2005;4(5):9]. Senator Cook had metastatic melanoma and was very disappointed with the poor care he received, especially the lack of integration in his cancer management.

Prof Sali provided input to this inquiry and the receptive response was most auspicious. The report has been

passed by the Senate and is currently being reviewed by the Government. Key recommendations included dedicated CM research funding, appropriate CM representation to assess research applications, Cancer Australia to provide information on CM to patients and health professionals, referral networks be enhanced and that an integrative approach be encouraged through expansion of the MBS.

A diagnosis of cancer is enough to shatter most people. It is essential that those involved with cancer patients maintain a sense of compassion and sensitivity and remain open to possibilities that could improve their patients' well-being and survival.

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