

LETTER TO THE EDITOR

IMPORTANCE OF COMPLEMENTARY AND ALTERNATIVE CANCER THERAPIES IN PALLIATIVE ONCOLOGY IN INDIA

Dear Editor:

The use of complementary and alternative therapies is widespread among patients with cancer. Throughout the world patients with cancer try many forms of questionable or unproven treatment methods (Schraub, 2000). The reasons for adopting these therapies most certainly are complex and related to the social and cultural contexts. In the case of severe illness, the hope to leave no stone unturned is a powerful motivator. In developed countries a significant proportion of patients with cancer try complementary therapies as adjuncts to mainstream care for the management of symptoms and to improve quality of life (Vickers and Casileth, 2001). In developing countries, however, factors such as ignorance, socioeconomics, and inadequate access to mainstream medical facilities are some major factors that play an important role in patients opting for alternative therapies that are replacements for, rather than adjuncts to, mainstream therapy. Many alternative therapies including pharmacologic and biologic treatments remain highly controversial as well as popular in the West.

In India, approximately 75%–80% of patients with cancer have late-stage incurable disease when first diagnosed (Pal, 2002). This not only complicates the treatment options but also makes palliation difficult. In the most remote parts of the country, patients who are in an economically disadvantageous position have limited access to medical services. Many are compelled to try alternative medicines, such as Ayurveda, naturopathy, biopathy, homeopathy, home remedies, wheat-grass therapy, hydrotherapy, acupuncture, autourine therapy, osteopathy, and *vipasana*. Patients generally do not

prefer to discuss alternative medicine with their oncologists. Conventional clinicians are generally not aware of various forms of complementary and alternative medicine (CAM) used by patients because they are not provided with any structured teaching/training regarding CAM during their medical education. Hence, most clinicians are reluctant to discuss anything other than surgery, radiotherapy and chemotherapy, or any other measures that are not aimed at cure (Rajagopal, 2001). Some clinicians also feel that CAM therapies tried by Indian patients are bogus and should be banned immediately (Chaturvedi et al., 2002). However, there is documented evidence of many CAM therapies providing survival benefits to many terminally ill patients. An alternative cancer therapy called *Psorinum* is popular in Kolkata (previously Calcutta) (Pal, 2002). This alternative cancer therapy comprises a combination of homeopathy and natural medicine along with conventional supportive care. Since the publication of an anecdotal report alleging improved survival among many patients with advanced-stage cancer, both the public and many oncologists now regard this approach as effective. Another popular homeopathic approach to treat cancer has been developed by the doctors of Prasanta Banerji Homeopathic Research Foundation in Kolkata. Clinical reports of few of the successfully treated patients were recently presented in the "NCI Best Case Series" to the Cancer Advisory Panel for Complementary and Alternative Medicine (Vanchieri, 2000). A scientist from Vaidya Chandra Prakash Cancer Research Centre, Dehradun, has developed an metal based ayurvedic approach to treat acute myeloid leukemia (AML). Studies of this formulation have shown complete remission in 15 of 22 patients with AML within 90 days of treatment (Prakash et al., 2002). Other Ayurvedic medicines are also popular in the treatment of cancer in India (Vaidya et al., 2003). *Maharishi Amrit*

Kalash, an Ayurvedic formulation has proved to be effective in controlling the side-effects of chemotherapy (Pal, 2002). A dietary regimen known as *Sarvapasti* developed by the scientists of Daya Sankar Research Centre, Varanasi, is also popular among patients with cancer (Singh, 2000). *Sarvapasti* evolved in 1983 from as many as 1621 herbs and plants. A book published from the center recently, *Cancer is Curable Now*, provided documentary evidence of more than 100 patients where marked remission of the cancer/tumor was observed along with substantial increase in the disease free survival time. The proposal of two alternative cancer therapies, namely antineoplastin and methylglyoxal created much public interest recently in Kolkata (Pal, 2001). However, the effectiveness of both these therapies against cancer is yet to be ascertained. Other popular alternative medicines used in India for cancer treatment include herbal, natural, tribal, and folk medicines. *Kromba*, a mixture of herbal medicines, is popular in Rishikesh. *In vitro* studies have demonstrated the anticancer property of this formulation. *Huma*, a combination of herbal and Ayurvedic medicines promoted by the Huma Cancer Society is popular in Lucknow. *Muthu Marunthu*, comprising eight various plant ingredients, is popular in South India. A herbal medicine, SJ-29, promoted by the Athulya Ayurvedic Medical Research Centre, Kerala, is also popular. Other CAM approaches include nutritional therapy, *Tulsi*, *Reiki*, religious therapy, meditation, yoga, laughter therapy, and black magic (Chaturvedi et al., 2002).

Nearly 1 million new cancer cases are reported every year in India. More than 75% of patients have advanced cancer at the time of diagnosis, and half of them eventually die. But treatment and palliative care resources are limited: there are only 20 specialized cancer centers and 13 hospices (Sharma, 2003). Many states in India are without any form of palliative care facility. In this situation CAM may play an important role in palliative oncologic care. However, CAM modalities such as hypnosis for management of cancer pain and nausea, relaxation therapy and massage for anxiety, and acupuncture for nausea that are proven by randomized clinical trials are not recognized in mainstream medicine in India. There are few clinical studies to evaluate the importance and efficacy of various CAM therapies

tried by Indian patients. Evidence-based CAM if integrated properly with mainstream medicine can play an important role in cancer management in India. It is important that health professionals and policy makers understand that patients need to play a meaningful role in their own care. Hence, various alternative approaches tried by patients with cancer need to be evaluated and documented so that useful evidence-based therapies can be provided to others.

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