

Expanding Integrative Oncology

Using conventional and complementary therapies to treat mind, body, and spirit

I am happy to see that cancer treatment is evolving in this country, with more physicians realizing the importance of treating the whole person, not just the disease. This is the founding principle of integrative oncology, a strategic combination of conventional cancer treatments (surgery, chemotherapy, and radiation) with other therapies (ranging from nutrition to botanical medicine to acupuncture). Integrative oncologists create individualized plans to help patients live with and beyond their cancer, favoring less invasive and often less expensive treatments when appropriate.

This shift in medical care is in part due to the growing demand from patients seeking more natural ways to ease symptoms, improve quality of life, or bolster the effectiveness and reduce side effects of their conventional treatments. “Most of my patients are interested in using all of the available tools in the toolbox,” says Donald Abrams, MD, integrative oncologist at the University of California, San Francisco Osher Center for Integrative Medicine and the chief of hematology-oncology at San Francisco General Hospital. Surveys show that up to 90 percent of people with cancer use other therapies while receiving conventional treatment. Unfortunately, few tell their doctors about it; they expect to be criticized or told to stop. And even if a patient feels comfortable asking his or her oncologist about nutrition or herbs, most conventional doctors don’t have the training to offer informed advice.

More than a decade ago, I founded and the Arizona Center for Integrative Medicine (ACIM) to fill such gaps in medical education, and our graduates include physicians in many specialties, including oncology. But I don’t intend for the integrative approach to become a subspecialty of medicine. Instead, my colleagues and I aim to make this a required, accredited part of residency training in all medical specialties. It is my hope that in the near future, every person diagnosed with can-



cer will receive integrative treatment. It is simply good medicine. In the meantime, Dr. Abrams and I offer this summary of key integrative strategies that patients with cancer can use to maintain the best health possible during treatment.

Understand antioxidants. Some oncologists warn cancer patients to avoid antioxidant supplements and antioxidant-rich foods during radiation and chemotherapy. This is because these treatments were devised to eliminate cancer cells by way of oxidation, and antioxidants mitigate oxidative damage. Dr. Abrams says, “The fear is that you might be protecting the cancer cells from the very damage that you’re trying to cause.” Yet, consuming antioxidants may also protect healthy cells during treatment. He recommends patients continue to eat an antioxidant-rich diet—including plenty of organic produce, especially cruciferous vegetables—and drink several cups of green or white tea a day. But he advises not to take antioxidant supplements without expert advice; they may be counterproductive. In cases when a cancer can’t be eradicated, “it may be a good idea to protect healthy normal tissues by taking antioxidants,” Dr. Abrams says. “But it’s one issue in integrative oncology that warrants further research.”

Be strategic about soy. Because soy contains potent plant estrogens, some oncologists warn postmenopausal women with breast cancer to avoid soy, in part because it can block the action of tamoxifen. Dr. Abrams agreed with this recommendation until he read the February 2009 findings from the Life After Cancer Epidemiology Study of 1,954 women with breast cancer. “There were about 280 breast cancer recurrences, and the postmenopausal women on tamoxifen who had a high-soy diet actually did better than women with low-soy diets,” Dr. Abrams says. More studies are needed, but Dr. Abrams believes it’s safe to eat whole soy—soybeans, soymilk, tofu, and tempeh—and advises steering clear of processed foods like soy cheeses or supplements that provide soy isoflavones. If you’re a postmenopausal woman with estrogen-receptor-positive breast tumors, eat no more than one serving a day.

Try TCM. I am impressed by the potential benefits offered by traditional Chinese medicine. A variety of Chinese herbal medicines—such as astragalus—can be used with chemotherapy and radiation to increase the effectiveness of these treatments and reduce toxicity.

Acupuncture is effective for alleviating side effects of conventional treatments, including nausea, fatigue, pain, and lowered white blood cell counts. A recent pilot study at the University of Texas MD Anderson Cancer Center found that twice-weekly acupuncture treatments also relieved severe dry mouth caused by radiation. It’s important to work with a TCM practitioner knowledgeable in cancer treatment, especially given the potential for some herbal medicines to interact negatively with chemotherapy.

Use herbs carefully. We don’t yet have the research to understand potential interactions between cancer therapies and herbal medicines, Dr. Abrams says. “We do know that many botanicals are metab-

olized by the same system in the liver that metabolizes chemotherapy drugs,” he says. “So if you take St. John’s wort, for example, you may actually decrease levels of chemotherapeutic drugs in the bloodstream.” Unless you are taking herbs chosen by a knowledgeable practitioner, he suggests it is safest to stop most herbal medicines during chemotherapy.

Quell inflammation. “Cancer, in many cases, is probably related to chronic, ongoing inflammation,” Dr. Abrams says. He asks cancer patients to adopt an anti-inflammatory diet, which emphasizes an abundance of fresh produce, whole grains, and good fats, while limiting refined and processed foods and quick-digesting carbohydrates. The spice turmeric, a potent anti-inflammatory, may also help, especially for people with gastrointestinal and hepatobiliary [liver or gall bladder] malignancies. Dr. Abrams feels that, unlike many supplements, patients can safely take 2 to 8 grams of turmeric in capsule form daily, which ideally includes piperine, a component of black pepper that boosts turmeric absorption.

Consider medical marijuana. Dr. Abrams practices in California, one of 14 states that allow physicians to authorize the medical use of *Cannabis sativa*, or marijuana. “Medical marijuana is something I find myself recommending more and more to many of the patients with cancer I see here,” he says. People with advanced cancers can experience weight loss, lack of appetite, depression, and insomnia. “Marijuana is one medicine that can take care of all of those problems,” Dr. Abrams says. A 2007 randomized, controlled trial of HIV patients with neuropathic pain (a common side effect of chemotherapy) found that cannabis cigarettes reduced daily pain by 34 percent, compared to 17 percent with placebos. Preliminary studies also suggest that cannabinoids (the active components of cannabis) inhibit tumor growth in ani-

mals. For more on medical marijuana laws, visit norml.org/index.cfm?Group_ID=3391.

Stay on the move. Researchers believe exercise improves prognosis in part by helping cancer patients to shed any extra weight. This is particularly important for patients with hormonally fueled cancers, such as breast, prostate, and endometrial, because fat cells produce excess hormones. Findings from the Nurses Health Study in 2005 show that among women diagnosed with breast cancer, those who completed the equivalent of three to five hours of brisk walking each week had a 50 percent decreased risk of dying from cancer. While people with cancer often report that they’re too tired to exercise, Dr. Abrams urges them to try it anyway, suggesting they aim to walk as vigorously as possible 30 to 60 minutes a day, six days a week. This can actually help boost energy levels and fight fatigue, as exercise releases endorphins and improves sleep.

Tend to mind-body needs. I see stress reduction as a critical part of living well with cancer, and Dr. Abrams agrees. He says, “Although I don’t believe that stress

causes cancer per se, I believe that stress is unhealthy for persons with cancer. The fight-or-flight hormone epinephrine “is toxic to lymphocytes, the building block cells of the immune system, which helps fight cancer. And cortisol is a stress hormone, which we know is an immunosuppressant.” Adopt a daily practice such as breath work or yoga to quell the stress response. Guided imagery can also help by enlisting the power of the mind in the fight against cancer. Steven Gurgevich, PhD, an ACIM expert in mind-body medicine, has a self-hypnosis program designed to help cancer patients strengthen the immune system and alleviate anxiety and discomfort associated with chemotherapy and radiation. For more information, visit tranceformation.com.

Regain control. Integrative oncology encourages patients to take an active role in treatment, through diet, exercise, and mind-body practices. It’s common for patients to tell Dr. Abrams that he’s the first doctor to give them hope. But he says, “I’m not giving people false hope. I’m giving them tools that they can use to regain some sense of control in their lives.”

How to Find an Integrative Oncologist

Because the field of integrative oncology is new, it can be difficult to find physicians trained in this approach. Programs like the Arizona Center for Integrative Medicine are educating doctors to fill this void. Visit the Consortium of Academic Health Centers for Integrative Medicine’s website at imconsortium.org/members/home.html to determine if a program exists near you. Some programs provide online databases that allow you to contact their graduates.

I believe it’s wise to be wary of cancer centers that claim to offer integrative treatment. To cater to patient demand for such care, these centers often offer the least controversial therapies, such as massage and stress reduction, without providing informed advice about botanical medicine, nutritional supplements, and traditional Chinese medicine. If you are limited to a conventional oncologist, seek one with whom you can talk openly. Consider giving him or her a copy of *Integrative Oncology* (Oxford University Press, 2009), the new textbook for health-care providers that I co-edited with integrative oncologist Donald Abrams, MD. It is a comprehensive, up-to-date source of information about the modalities most commonly used in integrative cancer treatment.