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# An Integrated Alternative Medicine Program

by Peter S. Kennedy, M.D.

**A**t St. Vincent Medical Center in Los Angeles, Calif., cancer patients as well as those with other medical conditions have the option of seeking alternative therapy at the hospital's Alternative Medicine Oncology Clinic, located within the Cancer Treatment Center. Most often, cancer patients are referred to the clinic because of chemotherapy- and radiation-related stomatitis, chronic fatigue, and nausea. The availability of an alternative therapy program has added a new dimension to cancer symptom management at this institution.

The Alternative Medicine Oncology Clinic focuses primarily on herbal medicine and acupuncture. The clinic is open to all patients in the medical community and receives about 20 to 25 patients each week. Approximately half of these patients are referred from the Metropolitan Oncology Medical Group, a group practice affiliated with the hospital. The remainder comes from other referrals or from other members of the hospital's medical staff. The hospital's

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administration has been supportive of the clinic. Generally, patients are referred when it is evident that standard therapy is either ineffective or intolerable. They are seen in initial consultation by the alternative medicine practitioner and prescribed appropriate therapy to address their needs. This same practitioner sees these patients in routine follow-up to assess the results of treatment.

Third-party insurers only recently recognized herbal medicine and acupuncture as reimbursable therapies. In California, MediCare and MediCal as well as private insurers and some managed care plans provide limited reimbursement for some diagnoses. Thus, most patients at the clinic must pay out of pocket for our alternative medicine practitioner's professional services.

St. Vincent Medical Center is an inner city hospital, and few patients have private insurance to cover the cost of his services. Therefore, other sources for funding were examined. We applied for and received a grant from The Daughters of Charity Foundation to help cover the alternative medicine practitioner's professional fees. These funds help subsidize the cost of providing alternative treatment to the indigent.

The availability of alternative therapy is capturing the interest of a growing number of patients diagnosed with cancer. Estimates are that up to 85 percent of patients have at least considered alternative cancer treatment methods, including diet and vitamin therapy, often without the knowledge and approval of the treating physician.<sup>1</sup> This attraction by cancer patients

to alternative treatments may be related to fear of traditional cancer treatment, loss of control over one's health, distrust of physicians, and a feeling of powerlessness.<sup>2</sup> Some patients and their families believe alternative therapies offer the promise of non-toxic medicine, immune system enhancers, and perhaps even cures for cancer.

## HERBAL THERAPY AND ACUPUNCTURE

More than 20 years ago, St. Vincent Medical Center decided to bring its patients' explorations of alternative cancer treatments under some control. In 1977 David Boyd, Ph.D., a prominent Chinese herbal therapist who also practices acupuncture, was recruited. He was offered access to patients for a half-day each week. Today, he still sees patients for a half-day, every Friday.

Boyd is a proponent of standardization of dosing for herbs and favors regulations that would permit dispensing of herbal medicines by prescription only from trained personnel. He learned his craft in China before returning to the U.S. to practice. Today, he is also dean of a Los Angeles-based herbal medicine and acupuncture graduate school.

From an operational perspective, Boyd requires little ancillary support. He needs only clerical support for appointments, storage space for his herbs and acupuncture tools, and examination rooms for patient privacy.

In his practice at the clinic, Boyd explains to patients that the herbs he prescribes are for relief of cancer-treatment-related symptoms and are not an effective treatment for cancer. Although some

cytotoxic chemotherapy drugs have indeed been derived from plant products (for instance, vincristine from periwinkle plants), Boyd explains that the quantity of active drug in teas or oral herbal preparations is much too small to kill cancer cells. However, he does prescribe teas and herbal preparations for patients with cancer-treatment symptoms, such as chronic nausea, weakness, constipation, myalgias, stomatitis, and chronic pain, among others. For example, concentrated extracts that include pinellia, ginger, and saussurea can help treat nausea in chemotherapy patients.

The following case study illustrates well how herbal preparations can help in management of cancer treatment-related symptoms. A 53-year-old woman had a four-year history of ovarian cancer. She had presented with an abdominal wall mass. Biopsy demonstrated a papillary adenocarcinoma. She had received a variety of chemotherapy regimens and ultimately refused further treatment. She was weak, anorexic, and had obvious ascites. Her main complaint, however, was a persistent cough, producing copious amounts of clear phlegm. A physical exam revealed bilateral medium rales; however, no sign of heart failure was evident. A chest X-ray showed multiple pulmonary nodules. Cough suppressants were of some value, but she and her son were preoccupied with the "rattling" that was heard in her chest. She visited the alternative medicine practitioner who offered her fresh ginger, 5 grams per day, as a concentrated extract. Within five days, her breathing was much clearer, and the cough was improved without the use of antitussives.

Acupuncture has been used to relieve cancer pain, reduce fatigue from chemotherapy, alleviate nausea, and control stress-related anxiety. Although not as useful overall as herbal medicine, it can be an adjunct to treat these symptoms. Moreover, patients can be taught to massage specific acupuncture points to relieve symptoms. This exercise also provides the opportunity to be an active participant in one's own care.

As a case in point, the alternative medicine practitioner saw a 54-year-old post-mastectomy patient with positive axillary nodes. She

had persistent chest wall pain and hyperesthesia. She could not tolerate oral narcotics because of severe nausea and an inability to concentrate while on pain medication. In addition, she complained of chemotherapy-induced numbing fatigue. The alternative medicine practitioner performed acupuncture to specific "channels" that run through the body, one combating breast and subcostal pain and the other, fatigue. After the first treatment, her pain and fatigue were clinically reduced. A second treatment, one week later, completely eliminated the symptoms.

#### **ADDITIONAL SERVICES**

In conjunction with herbal medicine and acupuncture, other services have been made available for patients in the hospital's Cancer Treatment Center. The center is a 7,000-square-foot suite that houses a hospital-based radiation therapy unit and the Metropolitan Oncology Medical Group, comprised of three doctors. An infusion center in the office is available for other physicians' patients. In addition, a physician specialist in pain management, a dermatologist with an interest in adult malignancies, and an oral surgeon are provided space on a time-share basis by the medical oncology group.

Within the last two years, two personal trainers, who are experienced in working with cancer patients, have conducted twice weekly exercise sessions for patients receiving chemotherapy and radiotherapy. Patients are encouraged to participate as part of their involvement in the alternative medicine program.

Finally, a psychosocial support group, known as the Wellness Community, has provided facilitators who lead group sessions in English, Spanish, and Korean for patients and families.

#### **ASSESSING THE PROGRAM'S BENEFITS**

The value of the alternative medicine program as it affects quality of life and specific cancer and treatment-related symptoms has been difficult to quantify. The experience from our own practice is that patients must first be receptive to the idea of seeking help from a herbalist. Those who are reluctant

rarely find relief from this treatment. Among those who request to visit the clinic or are enthusiastic about its availability, more than half described real benefit from our alternative medicine practitioner and his administrations. Like patients with other diseases, these cancer patients are often intolerant to the side effects of standard antiemetics or analgesics, for example, and have inquired about alternative cancer treatment, especially immune-stimulating agents and compounds.

Although some patients in our program continue to buy herbs and vitamins from sources that promise far more than they deliver, many more have comfortably accepted an integrated regimen that combines traditional and alternative remedies. In no known instance has the use of herbal medicine interfered with the patient's cancer treatment plan.

We have tried to look critically at the benefits of alternative medicine. Our radiotherapist at St. Vincent has conducted a Phase I-II pilot study assessing the role of herbal therapy as prophylaxis against stomatitis in patients undergoing radiation for cancer of the head and neck. We have also applied for a grant to investigate the possible role of herbal medicines in ameliorating chemotherapy- and radiation-induced leukopenia and thrombocytopenia.

We continue to set new goals for the alternative medicine program, including enhancing our marketing efforts to attract more patients to this unique facility. Thanks to a responsible, connected resource for delivery of alternative medicine in our oncology center, patients are much less inclined to seek unproven methods of cancer treatment. Moreover, the physicians in our medical community are less skeptical of the value of alternative medicine as a legitimate form of symptom management. ❏

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