

Improved Outcomes When Combining TCM With Western Interventions for Cancer

Jake Paul Fratkin, OMD, LAc

Patients undergoing treatment for cancer is becoming more commonplace as cancer rates increase in our society. Most acupuncturist patient loads now include patients who have had cancer, or who are being treated for it. An area of significant contribution by the qualified herbalist is the integration of Chinese herbal medicine during and after treatment with chemotherapy, radiation or surgery. Recently, I have seen a willingness of medical oncologists, radiologists and surgeons to "allow" their patients to have acupuncture during and after Western interventions. However, most have remained ignorant of the beneficial effects of administering Chinese herbal medicine during Western treatment, and many in fact tell their patients not to use it.

Scientifically oriented medical doctors are convinced or motivated when they read peer-reviewed research literature. While lots of good research on the benefits of a combined approach exists in the Chinese literature, especially specialty journals, little of it gets translated. Of course, outside of a very few NIH research projects, no Western funding source exists to test the efficacy of Chinese herbal medicine. Without quality research, the Western medical establishment is reluctant to accept the benefits of combining TCM herbal medicine with Western therapy.

Recently, a new English-language textbook on the treatment of cancer (*Management of Cancer With Chinese Medicine* by Li Peiwen, published by Donica Publishing, distributed by Churchill and Livingstone, 2003) refers to numerous Chinese studies. I am highlighting some of these studies here, so that American herbalists can at least open the door with oncologists, radiologists and surgeons in the hopes of encouraging a combined approach. The source text has in-depth references for each study cited.

For the herbalist willing to study the sophisticated herbal medicine required for treatment during cancer, I list several valuable English-language references at the end of the article.

Essentially, the combined approach shows significant improvement in the efficacy of the Western treatment. It also reduces symptoms associated with the cancer, treats the side-effects of Western interventions, and enhances recovery time. Most importantly, the five-year survival outcomes are remarkably enhanced, often prolonging life by twice the amount of time as with Western medicine alone. In China, where Western and traditional Chinese medical hospitals exist in separate worlds, patients are often recommended to use Chinese herbal soups from the Western medical doctors when given Western therapies for cancer.

1. Postoperative immunity of patients with colorectal cancer. A group of 48 patients were evaluated for immune function following surgery for colorectal cancer. They were divided into three groups: (A) TCM herbal decoction only; (B) chemotherapy only; and (C) combined chemotherapy and herbs. T lymphocytes and NK cells were recorded before surgery, during the first week post-surgery, and then monthly for three months. The CD4+/CD8+ ratio returned to pre-surgery values in group A within one month, and in group C in the second month. Group B did not report normalization until

the third month. (Li Peiwen, p. 59-60)

2. Middle- and late-stage pancreatic cancer not suitable for surgery. In a study employing 58 patients, subjects were evaluated for survival rates as well as gastrointestinal reactions to radiation and chemotherapy (nausea, diarrhea, poor appetite). Some patients also had abdominal pain and/or jaundice. Group A received radiation and chemotherapy alone. Group B also received an herbal formula to boost *qi* (vitality) and invigorate the blood.

Results: Group A had a one-year survival rate of 50 percent and a two-year survival rate of 21.4 percent. Group B reported 80.0 percent and 46.6 percent for the same time periods. Abdominal pain disappeared completely in 57.1 percent of group A, and 83.3 percent in group B. Jaundice was reduced by 50 percent in group A and 76.7 percent in group B. For gastrointestinal reactions, 11 patients in group A reported elevated distress (above grade II in the WHO classification), with only four patients reporting this in group B. (Li Peiwen, p. 67-68)

3. Reducing side-effects of chemotherapy in non-small-cell lung cancer. One-hundred fourteen patients were divided into two groups. Group A received both chemotherapy and TCM, while group B received chemotherapy alone. The authors reported significantly improved rates in group A for nausea, weight loss, hemoglobin changes, and WBC counts. The intent of TCM herbs was to reduce toxicity and increase effectiveness of chemotherapy. (Detailed results are found in Li Peiwen, p. 71-73.)

4. Quality of life improvement with TCM and late-stage lung cancer. A group of 78 patients were divided into two groups. One group used TCM plus chemotherapy. The second group used chemotherapy alone. Both used the same chemotherapy agents: the CAP regime of cyclophosphamide, doxorubicin/adriamycin, and cisplatin. The first group received herbal medicine - one of six formulas based on differentiation of patterns. These formulas were administered seven days before chemotherapy, continued through chemotherapy, and ended seven days after completion of two chemotherapy courses, for a total of 21 days.

Complete results for symptom improvement are listed in the source text, but on average, the patients receiving herbal medicines showed more pronounced improvement of lung symptoms than the chemo-alone group, as well as less decrease of white blood cells. The herbal group also had less symptoms of nausea and vomiting, and reported a higher quality of life (according to the Karnofsky scale). For example, of all patients, 23 felt a higher quality of life on TCM herbs, compared with 11 on chemo alone. Also, for white blood cell reduction due to chemotherapy, 33 patients on chemo alone experienced this, while only 11 on the herbal combination were reported. (Li Peiwen, p. 73-75)

5. An alternative approach when expected survival period is short. This study examined 55 cases of late-stage colon cancer. All of the patients had undergone surgery, and were considered to be in the very late stage. In this advanced stage, 38 of the patients were given chemotherapy and Chinese herbs, while 17 had Chinese herbs only. The treatment method was to tonify the spleen, break blood stasis, and clear heat toxins. Modifications were allowed for blood deficiency, yin deficiency, *qi* stagnation, etc. Patients took herbal decoctions for an average of 90 days.

Of the patients who took the combined Western and TCM approach, based on the WHO criteria for relief of symptoms, 50 percent reported worsening of their condition over the 90 days, whereas with TCM alone, 23 percent reported worsening. The survival period for the combined approach was one to 14 months, and with TCM alone, 1-50 months. The mean survival rates were similar (6.2 months average versus 6.6 months average), but six- and 12-month survival rates were better for the TCM alone group.

The authors concluded that TCM treatment alone, at end-stage colon cancer, is as effective or more effective than the combined approach, and without the side-effects of chemotherapy.

"Consideration might be given to using TCM alone, as the quality of life is improved by avoiding the side-effects of chemotherapy when the patient's expected survival period is relatively short." (Li Peiwen, p. 75-76)

6. Using a standard herbal formula during chemotherapy. In a study with 182 cancer patients receiving chemotherapy, 98 were also given a foundation herbal formula. The formula was adjusted for various patients to address poor appetite, leukopenia, hemorrhaging of the digestive or respiratory tract, pain, jaundice, and nausea/vomiting.

After 28 days, the following results were observed for the group taking TCM herbs in comparison with the group taking chemotherapy alone: reduced leukopenia and thrombocytopenia, improved appetite and increased body weight. Scores on the Karnofsky scale were higher.

Follow-up after five years showed the following: recurrence and metastasis for the chemo/TCM group at 10 percent, and for the chemo-alone group at 35 percent; mortality at 8 percent for the chemo/TCM group and 20 percent for the chemo-alone group. The authors concluded, justifiably, that the orientation of supporting *zheng qi* and addressing side-effects of the chemotherapy are remarkably effective. (Li Peiwen, p. 76-77)

7. Enhancing radiotherapy with herbal medicine, part one. Several studies were reported for effectiveness of radiotherapy when combined with TCM herbal medicine. The treatment principle was to support *zheng qi*, invigorate the blood, and break blood stasis.

In a study of primary lung cancer, two groups were observed, one with radiotherapy and TCM combined, and one with radiotherapy alone. In the combined group, 69 percent were able to complete their prescribed radiation course, while in radiation alone, only 31 percent could complete the course. Also, the circumference of the tumor was more reduced in the combined approach.

In another study of radiotherapy for esophageal cancer, 78 percent of the combined approach could complete the radiation therapy compared with 33 percent of the radiation alone group. Again, reduction of the circumference of the combined group was more reduced than in the radiation-alone group. (Li Peiwen, p. 79)

8. Enhancing radiotherapy with herbal medicine, part two. In a five-year study at the Sino-Japanese Friendship Hospital, Beijing, 131 cancer patients (lung, esophageal and breast) were treated with radiation. They were divided into two groups: one with radiation alone, the other combined with Chinese herbal medicine. A complete symptom improvement comparison is shown in the source text. The rate of recurrence in the combined group was 11.6 percent, while in the radiation alone group, the recurrence rate was 38.1 percent. Three-year and five-year survival rates were higher in the combined group (87 percent and 67.4 percent) compared with radiation alone (66.4 percent and 47.8 percent). (Li Peiwen, p. 80-81)

Recommended Resources

- Pan Mingji, MD. *Cancer Treatment with Fu Zheng Pei Ben Principle*. Fuzhou: Fujian Science and Technology Press, 1992.
- Malin Dollinger, MD, et al. *Everyone's Guide to Cancer Therapy*, 4th edition. Kansas City: Andrews McMeel Publishing, 2002.
- Shi Lanling and Shi Peiquan. *Experience in Treating Carcinomas with Traditional Chinese Medicine*. Shandong Science and Technology Press, 1992.

- Li Peiwen. *Management of Cancer with Chinese Medicine*. Donica Publishing, 2003. Distributed by Churchill and Livingstone.
- Isaac Cohen, LAc, OMD, Mary Tagliaferri, MD, LAc, and Debu Tripathy, MD. Traditional Chinese Medicine in the Treatment of Breast Cancer. www.cancerlynx.com/chinesemedicine.html.
- Zhang Daizhao. *Treatment of Cancer by Integrated Chinese-Western Medicine*. Boulder: Blue Poppy Press, 1989.
- Jake Paul Fratkin, OMD, LAc. Treatment of Cancer with Western and TCM Medicine. <http://drjakefratkin.com/articles.htm>.

SEPTEMBER 2005