

To What Extent CAM Is More Beneficial Than Conventional Medicine When Treating Cancer Towards Patients.

Xin Zheng

The University of Nottingham, United Kingdom

Abstract

Complementary and alternative medicine (CAM) has been a controversial issue for treating cancer towards patients. It is generally accepted that Complementary and alternative medicine (CAM) is not considered to be part of conventional medicine. There is not an easy answer to the kind of support that treating cancer by using Complementary and alternative medicine is beneficial in the long term. National Health Interview Survey (NHIS) data argues that when CAM is treating with several treatments, not only it can improve quality of life in other ways but also decreasing the side-effects of cancer drugs. However, it seems the research of NHIS data are based on the population and this study may be affected by sampling error and missing data. This paper analyses using of CAM from different types of race, geographic area, gender and health status etc. It is concluded that a broad range of CAM interventions are often favored and are an appropriate option along with or even potentially instead of conventional medicine, as long as doctors take complementary and alternative medicine (CAM) carefully and collect the information of patients adequately.

Keywords

Complementary and alternative medicine, Conventional medicine, Cancer.

1. INTRODUCTION

Complementary and alternative medicine (CAM) is the term for medical products and practices that are not part of standard medical care as well as described medical treatments that are used instead of traditional (mainstream) therapies. There are a broad range of interventions that fall under the realm of CAM. These may include ancient medicine traditions such as Ayurvedic or Oriental medicine, acupuncture, Reiki, yoga or meditation, diets, herbs, nutritional supplements, and more. Opinion is divided in terms of whether complementary and alternative medicine (CAM) is more beneficial than conventional medicine when treating cancer. Andrain Liem suggests that psychologists hold ambivalent attitudes towards CAM and as a result it will decrease the trust of clients toward CAM. Meanwhile, Mbizo et al. B (2018) who analysis from the 2012 National Health Interview Survey argue that a crucial period exists in the process of CAM using: not only it can improve quality of life in other ways but also decreasing the side-effects of cancer drugs. However, it argue that the reliability of the NHIS data cause CAM based on the population and this result may effect with an error and lose the data. E. Ernst (2009) thinks states that Complementary and alternative medicine (CAM) for cancer is an issue while concerning the risks associated with CAM and might depend on using of CAM different types of race, geographic while Joshua Bauml (2015) suggests that beliefs and attitudes of patients play an important role when treating cancer. however there is argument that not all cancer patients are interested in CAM. The position this paper upholds is to be examined in this section which is that treating cancer by using Complementary and alternative medicine is beneficial in the long term.

2. PSYCHOLOGISTS' PERSPECTIVES ON COMPLEMENTARY AND ALTERNATIVE MEDICINE

It is generally accepted that Complementary and alternative medicine (CAM) is not considered to be part of conventional medicine. According to Andrain Liem(2019), he argues that if psychologists both in Australia and Indonesia have ambivalent attitudes towards CAM, it could stop CAM integration through into psychological services and defeat the trust of patients. Participants there are some risks by using CAM for mental health and because of CAM is perceived as a part of their heritage and Indonesian psychologists hold a disagreeable opinion on CAM scientific testing.

Another point is that bad experiences of psychologists when using CAM may also be bad attitudes towards knowing CAM. He makes a comparison of attitudes towards CAM among psychologists in Australia and Indonesia and the data were assessed from 1 (strongly disagree) to 7 (strongly agree). On the one hand, it indicates positive attitudes as the diagram shows the average is 4.58 (0.91) Australia and 4.67 (0.79) in Indonesia which means there is a higher score. On the other hand, it expresses concerning the risks associated with CAM and the data shows the average is 4.18(1.02) in Australia while the average is 4.43 (0.73) in Indonesia. Thus it refers to a higher scorer with a positive attitude toward risks associated with CAM. However, there is a limitation: the date of survey is not so clear CAM cause there is a little uncontrol thing :in Indonesia and Australia, there is a different definitions of CAM used by participants and World Health Organization has a whole system towards CAM .

In addition, Mbizo et al. B (2018) who analysis NHIS data argue that when CAM is treating with several treatments, not only it can improve quality of life in other ways but also decreasing the side-effects of cancer drugs. Here is some evidence: when making an analysis patient with diabetes and hypertension use different types of treatments followed by participants with hypertension and hypercholesterolemia importantly usage of treatments with CAM. Besides, looking at the data of participants with hypercholesterolemia and fat people, it seems that CAM play an important role in these illness. However, due to the research of NHIS data and it seems that CAM based on the population and this result may effect with an error and lose the data.

3. THE IMPACT OF COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) ON CANCER PATIENTS.

On the one hand, the study of Yanju Bao argues that CAM may play a positive role in alleviating cancer pain. As a result, they reports the highest data of using CAM among cancer patients is 64% and the lowest percentage is 7%. For instance, a survey among patients who using CAM with haematological cancers in countries of Europe reported that around 36% of cancer people in Europe have used a lot different kind of CAM, such as chinese herbs, yoga ect. Moreover, some data showed 42% prevalence rate in New Zealand and 43% prevalence rate in Canada among cancer patients who use CAM. Based on available evidence it shows the evidence level seems low or moderate, there is no clearly evidence that CAM is more beneficial than conventional medicine when treating cancer towards patients.

On the other hand, E. Ernst(2009) states that Complementary and alternative medicine (CAM) for cancer might depend on using of CAM different types of race, geographic area, gender and health status etc. Furthermore, it suggests that beliefs and attitudes of patients play an important role when treating cancer. (Joshua Bauml et al 2015). For example, final sample suggests that the percentage of patients who used some types of CAM is 58.5, such as herbs, diets, relaxation technique ect. Young people or equal to 65 has a significantly greater expected benefit from CAM. Females who had completed college also expected more benefit when

treating cancer. However, I argue that there is no more details show how attitudes and beliefs impact the using CAM when treating cancer towards cancer patients.

It suggests the improvement of knowledge to CAM has increased. For example data were collected and 88.9% participants show they were aware of some knowledge towards CAM while 11.1% of people had never heard about CAM. People increase their knowledge from media, phone, television. And newspapers, show 60.1% of knowledge on CAM and followed by relatives, and family members, friends (29.08%). Most of them show a high need of health education about CAM, especially for parayer, which is up to 90.5% while honey and bee products takes 85% and medical massage (61.8%) and others (10%) respectively.

4. THE IMPACT OF COMBINING COMPLIMENTARY AND ALTERNATIVE MEDICINE AND CONVENTIONAL MEDICINE

There is an argument that according to Fabienne Bauer (2018) who clarify that not all cancer patients are interested in CAM. Moreover, he agree it depends on the significantly communication between doctors and patients instead of race and geographic area. To take a data as an example, the percentage of 81.8 (n = 337) participants were interested in CAM, especially for female who were more interested in CAM. However, 61.4% of them were not happy with the information received about CAM from their doctor so they may turn to conventional medicine for help when treating cancer.

Besides, patients with anxiety disorders frequently have intense, excessive and persistent worry and fear about everyday situations. Public shows a high expectation on the combination treatment of acupuncture and conventional medicine.

Furthermore, another combination of both therapy like back pain which is also one of the most common cases. From the figure, it was suggested that there is a little side-effect if combining Complimentary and Alternative Medicine and conventional medicine rates. The sample of treatment group (n=1669) and the sample of control group (n=1664) have been listed. Moreover, abdominal discomfort of the treatment group was 5 (0.30%) and while the control group (n=1664) was 7 (0.42%). Allergic reaction was 1 (0.06%) from treatment group and the control group was 0 (0.00%). The facial flushing was 1.32% (treatment group) while 1.80% (control group). Although there is still no specific methods to make randomized trials and results indicated that publication bias may show a low reliability.

5. CONCLUSION

In conclusion, considering that using a complementary and alternative medicine (CAM) might have risks and it is believed to be facing high expectations and might be more beneficial than conventional medicine when treating cancer towards patients. Apart from that, not only it depends on doctors and patients but also race and geographic area when we treating cancer patients by using Complementary and Alternative medicine. Furthermore, it appears that the impact of combining Complimentary and Alternative Medicine and conventional medicine show a high expectation and may have a potential treatments toward other illness in the future. Additionally, the main argument against this is that this kind of therapy is taking potential risks, it is supposed that if doctors implement complementary and alternative medicine (CAM) carefully and collect the information of patients adequately, CAM can be very successful in the treatment of cancer.

REFERENCES

- [1] Bao, Y., Kong, X., Yang, L., Liu, R., Shi, Z., Li, W., Hua, B., & Hou, W. (2014) 'Complementary and alternative medicine for cancer pain: an overview of systematic reviews'. Evidence-based complementary and alternative medicine: eCAM 2014, 170396.
- [2] Dubois, C., Einfeld, H., Bauer, F., Schmidt, T., Kastrati, K., Hochhaus, A., & Hübner, J. (2019) 'Not all cancer patients with an interest in CAM are the same. Differences between patients with a CAM interest prior to the cancer diagnosis and those with first-time interest since diagnosis'. Complementary therapies in medicine 45, 167–171.
- [3] Ernst E. (2009) 'Complementary and alternative medicine (CAM) and cancer: the kind face of complementary medicine'. International journal of surgery (London, England) 7(6), 499–500.
- [4] Liem A. (2019) 'A comparison of attitudes towards complementary and alternative medicine between psychologists in Australia and Indonesia: a short report'. Integrative medicine research 8(3), 195–199.
- [5] Bauer, F., Schmidt, T., Einfeld, H., Dubois, C., Kastrati, K., Hochhaus, A., & Huebner, J. (2018) 'Information needs and usage of complementary and alternative medicine in members of a German self-help group for gastrointestinal stroma tumours, sarcoma, and renal cancer'. Complementary therapies in medicine 41, 105–110.
- [6] Tan, A., Wang, M., Liu, J., Huang, K., Dai, D., Li, L., Shi, H., & Wang, P. (2020) 'Efficacy and safety of acupuncture combined with western medicine for anxiety: A systematic review protocol'. Medicine 99(31), e21445.
- [7] Leem, J., Kim, H., Jo, H. G., Jeon, S. R., Hong, Y., Park, Y., Seo, B., Cho, Y., Kang, J. W., Kim, E. J., Han, G. Y., Kim, J. S., Lee, H. J., Kim, T. H., & Nam, D. (2018) 'Efficacy and safety of thread embedding acupuncture combined with conventional acupuncture for chronic low back pain: A study protocol for a randomized, controlled, assessor-blinded, multicenter clinical trial'. Medicine 97(21), e10790.