

# Complementary and alternative medicine (CAM)



Advice for patients with blood cancers

The diagnosis of a blood cancer can be a devastating event for patients, families and friends. It is therefore vital for everyone to have access to reputable and understandable information to help cope with the illness. Whenever possible our booklets are written in line with national guidelines for the treatment of patients with a blood cancer. The information in our booklets is more detailed than in many others but is written in a clear style with all scientific terms explained for the general reader.

We recognise that the amount and level of information needed is a personal decision and can change over time. Particularly at the time of diagnosis, patients may prefer less detailed information. A number of alternative sources of information are available which complement our publications.

The booklets in this series are intended to provide general information about the topics they describe. In many cases the treatment of individual patients will differ from that described in the booklets.

**At all times patients should rely on the advice of their specialist who is the only person with full information about their diagnosis and medical history.**

**For further advice contact the clinical information team on 020 7269 9060.**

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# Introduction

**Thankfully, many patients can now be cured of leukaemia and related conditions. Those who cannot be cured may still enjoy extended survival and much improved quality of life. Despite these improvements the effects of the disease or of the treatment may still concern patients sufficiently for them to consider non-conventional treatment. For example, some patients will use treatments such as homeopathy or aromatherapy alongside standard treatment, in an attempt to improve quality of life.**

This booklet provides information about the most commonly used non-conventional treatments and indicates some of the potential benefits and hazards of such treatments. An important concept in evaluating benefits of treatments is the placebo effect from the Latin placere meaning 'I please'. It has been known for centuries that if patients are given a pill with no active ingredients but which they think is a medicine, many will report an apparent improvement in their health — this is the placebo effect. The effect is not purely imaginary; patients often show measurable improvements such as reduced blood pressure even though there is no active ingredient in their medication. Many doctors believe that much, perhaps all, of the benefits of complementary therapies derive from the placebo effect; others believe that there is some placebo effect but also true benefits.

For the patient or the carer it is perhaps not so important why the patient feels better, but there are still risks; complementary therapies may directly cause harm or interact with conventional treatment or patients or families may be financially exploited by unscrupulous practitioners. It is very important that the healthcare team are told of any complementary treatments being used. The healthcare team can only warn of potential dangers or adverse interactions if they are aware of all treatments being used.

**Leukaemia Research does not endorse any non-conventional therapy or practitioner. Although some forms of complementary therapy may be both safe and effective, in other cases the evidence for any benefit is weak or absent.**

**Where complementary therapy involves any form of herbal, dietary or vitamin therapy or any physical intervention, it is vital that the healthcare team providing conventional therapy is made aware that this treatment is being used.**

**There are no circumstances in which any patient with cancer should use any form of alternative therapy in place of conventional treatment.**

# Complementary and alternative medicine (CAM)

**Conventional or orthodox treatment is usually defined as those systems of medicine taught in Western medical schools and widely practised by qualified doctors and healthcare professionals. The major forms of conventional treatment used for cancer are surgery, chemotherapy (drugs), radiotherapy and stem cell transplantation. All other forms of treatment are regarded as non-conventional; they are commonly referred to as complementary or alternative medicine and the abbreviation CAM is used throughout this booklet.**

It is essential to distinguish between alternative medicine, which refers to therapies intended to be used *instead* of conventional treatment, and complementary medicine which refers to treatments intended to be used *alongside* conventional treatment. Complementary therapies are often directed at alleviating symptoms or easing side effects of conventional treatment. A given treatment, for example homeopathy, may fall under the heading of alternative therapy if it is being used instead of conventional treatment, or complementary therapy if it is being used to alleviate side effects of chemotherapy.

Patients who have been advised that they cannot be offered curative treatment may feel that they have nothing to lose by trying suggested CAM therapies. This is not the case because conventional treatment, even when not aimed at a cure, can still prolong and enhance the quality of life. This is not necessarily true of non-prescribed treatments, i.e. those not recommended or prescribed by the healthcare team, as these may be damaging to the quality of life. Claims that CAM therapies can cure cancer or prolong survival have been studied extensively and none

has ever been shown to be as good as conventional treatment. No CAM therapy is capable of curing any form of cancer or of prolonging survival for cancer patients but sadly, some CAM practitioners will make such claims.

There are several key risks involved in using CAM. First there is the possibility that a patient will forego effective orthodox treatment in favour of an ineffectual alternative approach. If treatment is for a minor illness this may be relatively harmless but it may be life-threatening if a patient has a curable form of cancer. Even delay in consulting a doctor and starting effective treatment may reduce the chance of a cure. Secondly, if a patient elects to receive both conventional and CAM therapy there could be undesirable, even dangerous interactions, between the two forms of treatment. This makes it very important that patients should inform their specialist of any additional form of treatment they are using<sup>1</sup>. Thirdly, some CAM practitioners exploit desperate patients and families by charging excessive fees.

A particular problem arises with therapies being promoted on the Internet. There are many web sites that claim to offer treatments for cancer – some of these are run by people who are well intentioned but misguided. Unfortunately, many of them are operated by people who cynically wish to profit from the desperation of cancer patients and their families. The safest way to find information on the Internet is to start from sites run by reputable organisations such as Leukaemia Research ([www.lrf.org.uk](http://www.lrf.org.uk)) or Cancerbackup ([www.cancerbackup.org.uk](http://www.cancerbackup.org.uk)). Another guideline is to look for sites which are accredited by Health on the Net (HON), a charitable organisation which monitors web sites offering health information and publishes a code of practice with which they must comply. Among other things, this requires that any claims made for products being sold must be backed up by independent evidence.

Patients or family members may assume that palliative care means that the patient is terminally ill and has only a short life expectancy; this is not the case. Palliative care is any treatment that is not expected to cure the

<sup>1</sup> Healthcare professionals can encourage such openness by being sensitive in the way they discuss non-conventional treatments.

disease. In almost all cases, it will not only improve the patient's quality of life, it will also extend survival. Patients may, and often do, live for long periods while receiving palliative rather than curative treatment.

When there are no longer any realistic hopes of cure or of significantly prolonging survival, it is usually best to come to terms with the prognosis and to concentrate on ensuring as much "quality time" together as possible, even though this can often be very difficult to accept. Many families have spent very large amounts of time chasing unrealistic hopes and, in the process, deprived themselves of time with the patient and may have incurred debts.

There is evidence that some forms of complementary medicine can alleviate symptoms and reduce side effects of conventional treatment. In some cases the evidence for benefit is sufficiently strong that practitioners of conventional medicine may recommend that patients try these therapies. Other complementary therapies are considered to be unproven but probably harmless; these are unlikely to be available through the NHS.

Many doctors believe that much of the benefit of complementary therapies comes from the placebo effect (from the Latin placere meaning to please); this means that even when a treatment has no proven biological effect patients may perceive an apparent benefit. Conventional and CAM practitioners may disagree about how a treatment might work but the important issue for patients and carers is whether the patient feels any benefit.

Patients and carers need to be aware that some complementary therapies are potentially harmful. There are some treatments which may be harmless to most people but may carry specific risks for patients with leukaemia or a related condition. An appropriately qualified practitioner should be aware of any reasons why a specific treatment may not be suitable. Ideally all patients or carers should discuss therapies they are considering with a member of their healthcare team to check whether it is safe in light of the patient's diagnosis and other treatments they are receiving.

Examples of the sort of complications which may occur are bruising and/or bleeding, infections and drug interactions with conventional anti-cancer drugs.

In considering whether a treatment works, it is important to remember that a positive result is only valid for that study. If a study shows, for example, that acupuncture appears to help to control nausea for patients receiving chemotherapy, this does not show whether or not acupuncture can help against pain. It would be necessary to do a separate study looking just at this question. A single positive study which advocates the use of a treatment does not prove the underlying theory and cannot be a valid argument for using the same treatment for other problems.

Whatever they decide to do, patients considering using CAM therapies should always talk to their healthcare team first.

# Whole systems of medicine

**Many non-European cultures embrace alternative systems of medicine, some of which have been in continuous use for many centuries e.g. traditional Chinese medicine.**

These place great emphasis on the spiritual causes of illness and thus invoke spiritual and other non-physical forms of healing. Many claim that there are body-mind interactions and that these are as important to health as treating the physical symptoms with conventional medicine. They often involve concepts such as humours (i.e. cold, wet, hot, dry) or Yin and Yang which must be balanced for good health. Practitioners of Chinese medicine believe in the need for free flow of an energy called Qi and that blockages of such flow cause illness. These are concepts which have either never existed in Western medicine or have long-since been discarded. Practitioners claim that achievement of mind-body balance leads to an overall improvement in well-being.

Many users of traditional treatments believe them to be more natural, and therefore safer, than conventional medicine. Unfortunately it has been found that many traditional, usually herbal, medicines imported into the UK either do not contain the ingredients they are supposed to or are contaminated with poisons such as lead or with powerful conventional drugs such as steroids. Some treatments used in alternative medical systems, such as acupuncture, may carry special risks for patients with leukaemia or related conditions.

The spiritual and lifestyle elements of alternative systems of medicine are unlikely to cause problems as long as patients are not deterred from conventional treatment.

# Homeopathy

**Homeopathic medicine was developed by a 19th century German doctor named Samuel Hahnemann. Homeopathy is based on the concept that “like cures like” and uses substances in very dilute form which cause symptoms similar to those of the disease being treated. Homeopaths believe that all aspects of a patient’s life must be taken into account in choosing a remedy because the symptoms are as much determined by patient characteristics, e.g. temperament, as they are by physical causes such as infection.**

Typically a homeopath will take a more detailed history at first consultation than is usual for conventional medicine. The extra time spent with the patient by the homeopath together with more detailed lifestyle advice probably maximises the placebo effect i.e. a perceived benefit to the patient in the absence of any effect of the homeopathic remedy. It is also common for homeopaths to change remedies several times through a course of treatment.

Practitioners consider that homeopathy is a highly effective form of treatment for a wide range of conditions and is inherently safe with few or no side effects. However if homeopathic remedies are as potent as advocates claim then significant side effects would be expected. A complete absence of side effects would suggest that any benefits are placebo effects rather than physical effects of the homeopathic remedy. Results of trials of homeopathy have been very variable with the best-designed trials showing the least benefit.

There is a danger to patients if conventional therapies are refused in favour of a homeopathic remedy. There is no documented case anywhere in the world of a patient being cured of any form of cancer by reliance on homeopathic treatment.

If patients are considering using homeopathic treatment, they are advised to first talk to their existing healthcare team. They should also choose practitioners who are medically qualified. More information can be found at [www.trusthomeopathy.org](http://www.trusthomeopathy.org) — this is the website of the British Homeopathic Association (BHA). All BHA practitioners are also qualified as doctors, nurses or other healthcare professionals and registered with the appropriate professional body.

# Acupuncture

**Acupuncture originated as a component of traditional Chinese medicine. There are many medically qualified acupuncturists who do not accept the traditional theories such as Qi and Yin and Yang as an explanation of how acupuncture works, but who believe it may be appropriate for some conditions.**

Practitioners of traditional acupuncture believe that interaction between a patient's temperament and environmental factors cause imbalances and blockages of energy flows and that this leads to ill health.

Acupuncture is thought to restore the balance of energies within the body and improves the general health of the patient.

Some traditional acupuncturists believe that restoring balance can enable the body to overcome even serious diseases. Few, if any, medically qualified acupuncturists would share this view and they would stress the limited range of conditions in which acupuncture is appropriate.

Doctors who use acupuncture mainly believe it works by stimulating nerve pathways to release substances called endorphins which can block pain. The best evidence for positive effects of acupuncture is the relief of nausea associated with chemotherapy and with the relief of pain in various conditions. However the results of trials have been inconsistent and the apparent benefits of pain relief and nausea prevention may well be mainly or completely placebo effects.

There are very good drugs now available to relieve pain and nausea and so conventional treatment should be effective at controlling these problems.

Most patients with leukaemia and related conditions will have some weakening of the immune system, which makes them vulnerable to infection. As infectious complications have been reported following acupuncture, it is crucial that patients considering such treatment are assured that the practitioner works to the highest standard of hygiene. A medically qualified acupuncturist is likely to be more aware of the significance of infection risk and therefore may well be safer. To find out more information visit the British Medical Acupuncture Society's website at [www.medical-acupuncture.co.uk](http://www.medical-acupuncture.co.uk)

Many patients will also be at risk of bleeding complications. If a patient has a very low platelet count it might be wise to avoid acupuncture completely. It would certainly be wise for patients to consult with their healthcare team; it may be that acupuncture treatments being given for other reasons can be scheduled for times at which the blood count is relatively normal and therefore the risk minimal.

# Mind-Body interventions (including prayer)

**Belief in the power of prayer to affect the course of an illness depends on the religious beliefs of the patient or those praying for the patient.**

In the case of prayer interventions, the underlying belief of the patient or their carers is fundamental. Obviously, praying for a patient carries no risk of harm unless it is being proposed as a replacement for conventional therapy. Regardless of the personal beliefs of the healthcare professional, the faith of the patient and their carers should be respected and every effort made to facilitate support from their fellow believers.

There is a relatively new discipline in medicine called psychoneuroimmunology. The basis of this is the complex interactions between the mind and body. In particular there are two-way interactions between the nervous system and the immune system. The presumption is that psychological interventions can enhance the response to conventional therapy and can also improve the quality of life of cancer patients. These interventions are not dependent on the patient's faith and may well be offered as part of hospital-based treatment. An example of such an intervention is visualisation in which a patient receiving chemotherapy is encouraged to construct a mental image of the chemotherapy drug seeking out and destroying tumour cells throughout the body.

Many of the studies carried out on psychological interventions in a clinical setting have been criticised for poor design and the small numbers of patients under study; these are both factors which make results unreliable. There is clear evidence that patients may have an improved quality of life after such interventions but the best studies to date show no survival benefit.

It seems reasonable for intervention to be offered where available as long as patients and carers are not encouraged to have unrealistic expectations and as long as it does not interfere with conventional treatment.

There are some religious affiliations which reject conventional medicine. Whilst respecting individual beliefs it remains the case that Leukaemia Research would never recommend forgoing conventional medical treatment since doing so may compromise a patient's chances of survival and/or their quality of life.

If a patient's beliefs make them reluctant to accept therapy, it may be helpful to consult a spiritual advisor as they will almost always explain that an ill person need not comply with practices which may do them harm e.g. fasting during Ramadan. In some cases, such as refusal of blood products, careful planning of treatment protocols can still respect this belief. If an adult patient absolutely refuses treatment this is their right and must be respected; in the case of a child, legal advice will be sought if it is felt necessary. Medical staff will always strive to do their utmost to comply with the wishes of patients or families.

# Herbalism

**Many conventional medicines were developed by identifying and purifying the active ingredient in traditional medicines<sup>2</sup>. Usually the active ingredient will be manufactured in the laboratory, rather than extracted from the plant; this may be of particular value when the plant source is scarce in the wild.**

Herbalists use whole plants or extracts of plants rather than the specific ingredients that form the basis of conventional medicines. Herbal medicines may be applied alongside treatments such as traditional Chinese medicine or they may be prescribed by a herbal practitioner or self-prescribed by a patient or carer. A qualified herbal practitioner should be aware of the special risks of certain preparations being used by a cancer patient.

Leukaemia, lymphoma and related blood cancers affect cells of the immune system. Many herbal preparations are claimed to boost the immune system, usually in an unspecified fashion. There is at least a theoretical possibility that any treatment which stimulates the immune system could make the condition worse. Other herbal preparations contain ingredients which may interfere with the effects of conventional drugs<sup>3</sup>.

Herbalists believe that use of the whole plant is the most effective medicine. However for many drugs accurate dosing is crucially important and this is very difficult to achieve using whole plant preparations.

<sup>2</sup> An example is the drug digitalis used to treat certain heart diseases which was originally identified in the plant foxglove.

<sup>3</sup> An example is St John's Wort (*Hypericum perforatum*), a herbal treatment which has been shown to be of benefit for many patients with mild depression. Unfortunately it can interfere with several drugs which are used to treat blood cancers and can stimulate a process called multi-drug resistance which blocks the effect of many anti-cancer drugs.

The potency and thus the effect of a given herbal preparation may be different for different batches. For example, the amount of the active ingredient will be affected by the growing conditions, when it was harvested and the way in which it was processed. The presence of large numbers of untested or unidentified compounds also means that even if the concentration of the active ingredient is known its potency cannot be accurately predicted. For example, plants growing in an area where there are many grazing animals could have higher concentrations of toxins than the same species growing elsewhere.

Many herbal preparations, especially those unlicensed and imported under uncontrolled conditions have been found to contain potentially dangerous components; these may be natural constituents of the plant or added during processing. Patients who use herbal preparations alongside conventional drugs risk serious side effects. Some herbal compounds increase the activity of given drugs whilst others may block the action of anti-cancer drugs.

It is not unusual for the same plant to be known by several different names and, even more dangerously, the same non-scientific name may be used for completely different plants in different places. There have been many cases of misidentification of plants leading to toxic plants being used instead of the non-toxic plant required. It is crucially important that anyone preparing a herbal remedy can identify plants with absolute certainty. It is obviously dangerous when unqualified people attempt to collect plants and prepare their own herbal medicines.

The Medicines and Healthcare Products Regulatory Agency has prepared a detailed report on the safety of herbal medicinal products; the full text of this can be found on the website of the MHRA at <http://www.mhra.gov.uk>

As a general principle patients being treated for leukaemia or a related condition should not self-medicate. The safe advice for patients is to only take drugs or medicinal preparations (even aspirin) which have been prescribed, or confirmed as safe, by their specialist.

# Dietary modification and supplements

**Cancer patients and their carers often ask whether any change in their diet will enhance the body's ability to fight cancer. There is little evidence that any dietary supplements are needed or helpful to cancer patients who have a healthy diet.**

There have been suggestions that large amounts of vitamins A, C or D may be effective to prevent cancer. Vitamin C is an anti-oxidant which may protect against the development of some forms of cancer. Anti-oxidants can interfere with radiotherapy and some forms of chemotherapy so it would be unwise for patients to take any form of anti-oxidant, including high-dose vitamin C, without first seeking medical advice.

Vitamin D may be of value in reducing the risk of some cancers. The problem is that vitamin D affects the use of calcium by the body and this is already abnormal in many forms of cancer. If patients do wish to take vitamin D it is imperative that they first consult their specialist to determine whether this may be harmful.

Vitamin A based compounds are used in the treatment of some types of leukaemia. However very large doses are extremely toxic and may even be fatal. It is very important to discuss use of any vitamin A based supplement with a member of the clinical team.

There is little or no evidence from clinical trials that vitamin supplements have any impact on leukaemia or related conditions. The effect on other forms of cancer is more complex and will not be discussed here.

## Physical therapies (including massage)

**The nature of leukaemia and related conditions means that localised pain and discomfort are less common compared with solid tumours and surgery is rarely used in treatment. For these reasons, massage treatment may be recommended to assist with the patient's general sense of well-being. Massage therapy (now sometimes called body work) involves rubbing, stroking, kneading or manipulation of muscle and other tissue.**

Massage treatment is routinely provided in most hospitals by the physiotherapy department. There is a general consensus that massage delivered by physiotherapists is an effective treatment and consistent with the principles of conventional medicine. Most oncologists agree that, although deep massage in the region of a tumour might be unwise, massage therapy generally is safe and may be valuable to cancer patients. Special consideration has to be made for patients with leukaemia and related conditions as many have reduced platelet numbers; this could make patients vulnerable to bruising and even to local haemorrhage into tissues. For this reason, massage techniques for such patients must be modified to reduce the risk.

There are certain CAM therapies, particularly reflexology and aromatherapy, which are based on the theory that modified forms of massage therapy can affect the function of specific organs or organ systems.

Aromatherapy uses essential oils which are believed to have various health benefits when massaged into the skin. Aromatherapists believe that the essential oils influence the body through both physical and psychological pathways. Although the oils used are generally non-toxic they may be absorbed through the skin so it would be wise for patients to check that there is no risk of an adverse interaction with conventional treatment.

Reflexology is based on the belief that each part of the body is “mapped” to a region on the sole of the foot and that by massaging the relevant region, they can influence the function of that organ and treat disease. There is no evidence that specific nerve pathways connect organs of the body to their supposedly corresponding regions of the foot. There are no special risks in reflexology other than the general risks already described for massage therapies.

There are two closely related therapies that concentrate on the manipulation of bones or joints — chiropractic and osteopathy. The basis of these therapies is that manipulation of the spine, joints and muscles can correct misalignments with improvements in health and relief of pain. The claims which are made by a minority of practitioners that the treatments can influence diseases such as cancer are considered unfounded.

Many practitioners of conventional medicine consider that chiropractic and/or osteopathy can be effective in certain conditions. It is possible that someone with leukaemia or a related condition may consider use of these therapies for a bone or joint problem. For patients who have low platelet counts there are potential risks with any form of manipulative therapy. It would probably be wise for any patient considering such treatment to discuss it with their healthcare team first.

# Energy therapies

**All living organisms are constantly exposed to the Earth's changing magnetic and electric fields. Advocates of magnetic or electric therapies claim that fields of specified strengths and characteristics can induce healing processes. Other therapists believe that there are vital energies, not detectable by conventional scientific methods, which flow through the body and must be in balance for a person to remain in good health. There are many different names for such energies and various techniques for influencing the flows and balances. While some practitioners believe this must be achieved by physical therapies, such as acupuncture, others believe that non-contact therapies are equally effective. There is no evidence that electric or magnetic fields, or any other form of energy therapy, can be used to treat any type of cancer.**

Energy therapies can be divided between those that refer to forms of energy that are not known to conventional science, and are common elements of alternative medicines, and those which rely on the application of recognised forces such as magnetic fields. Some therapists who practise a discipline called Reiki, therapeutic touch or similar therapies believe there is a vital force or energy which is present in all living organisms but undetectable by conventional scientific methods. They believe that disturbances in such energies either directly cause disease or create a susceptibility to disease. The latter groups believe that exposure to energy fields such as electric or magnetic fields may have therapeutic potential. There are some therapies which are adopted by conventional medicine such as the use of electric or magnetic fields to stimulate fracture repair. Other purported therapies such as the use of magnetic fields to treat cancer are not accepted as legitimate treatment.

# Assessing claims for complementary and alternative therapies

**Many practitioners of alternative and complementary therapies make claims for the effectiveness of their therapy. Unfortunately, these claims are often exaggerated or even completely untrue. It is important for patients and carers to be able to assess these claims and to know what questions they should be asking. This section is intended to help people to identify the warning signs that indicate that claims are likely to be exaggerated or false.**

Many claims are made for “miracle cures” for cancer, especially on the web which is virtually completely unregulated; these claims may be very attractive to patients or carers who have little hope left but sadly they are particularly unlikely to be true.

## **Anecdotal claims**

Claims for CAM treatments are often based on endorsements by individual patients – these are known as anecdotal claims. To assess such claims it is necessary to know how many patients received treatment and responded and, more importantly, how many patients received the treatment but did not benefit. When small numbers of patients are involved it is impossible to know whether the results are real or due to chance.

Patients may briefly feel better on stopping conventional treatment due to the absence of side effects. If there is no follow-up it is not possible to assess whether there are any long-term benefits. If this information is not available, it is very unlikely that the claims are true.

In many cases there is no proof of the diagnosis; some practitioners claim to diagnose cancer using unproven methods. They will then assert that they have cured cancer even though it was never present.

By contrast with anecdotal claims, conventional medicines are subject to careful testing in clinical trials. It is widely agreed that properly run clinical trials are the best way to assess whether a treatment is, or is not, safe and effective. Clinical trials are research studies involving patients, which compare a new or different type of treatment with the best treatment currently available (if there is one). Some clinical trials also look at possible ways to prevent illnesses, for example by testing new vaccines. No matter how promising a new drug or treatment may appear during tests in a laboratory, it must go through clinical trials before the benefits and risks can really be known.

Trials aim to find out if treatments used in health care:

- are safe
- have acceptable, tolerable side effects
- work better than the treatment used currently.

All clinical trials include statisticians in the planning team to make sure that the results can be relied upon. This is important because trials usually compare two or more treatments and it is necessary to be sure that any differences are not just due to chance. One very important aspect is making sure that there are enough patients in a trial to reduce the likelihood that an apparent difference is really due to chance. If there are only five patients in each arm of a study and three get better with treatment A and four get better with treatment B that is not enough to prove B is better, as the difference might well be due to chance. Typically, in clinical trials there will only be a few percentage points difference between the outcomes of the treatments being compared; in this situation it is necessary to have very large numbers of patients to be sure that results are really significant and not just due to chance. There are complex statistical tests to prove that results of trials are not due to chance but are a real improvement (or sometimes no improvement) in treatment.

## Cure-alls

Different forms of cancer have different causes and they do not all respond in the same way to a given treatment. Some forms of cancer, for example some lymphomas, respond very well to radiotherapy; other forms of cancer may respond very poorly. Cancer specialists agree that it is very unlikely that a single treatment will ever be discovered which works against all forms of cancer.

It is not unusual to see claims that a treatment is effective against both AIDS and cancer. AIDS is a very different disease to cancer, even though some of the symptoms of advanced disease may be similar. It is particularly unlikely that a treatment will ever be found which will work both against cancer and against AIDS.

## Summary

**There are many different treatments which are together described as CAM therapies. An important distinction is between complementary therapies, which are meant to be used alongside conventional medical treatment, and alternative therapies, which are used instead of conventional treatment.**

There is a consensus that at least some forms of complementary therapy may offer apparent improvements in well-being, although this may be a placebo effect. Some units within the National Health Service now offer selected complementary therapies alongside routine treatment. There is no evidence that any form of alternative therapy is effective against cancer and patients must be aware that giving up conventional treatment may harm their chance of survival and damage their quality of life.

It is very important that patients using complementary therapies should discuss this with the healthcare team managing their conventional treatment. There may be interactions between CAM therapies and anti-cancer drugs or it may be that particular treatments may be dangerous in certain situations – for example the risk of bleeding if a patient with a low platelet count receives acupuncture.

Patients who are considering CAM therapies should assess claims made for such treatments carefully. Unlike conventional drugs and treatments there is no requirement for CAM practitioners to prove the safety and effectiveness of their treatments. There are several reported cases of patients suffering harm through use of CAM therapies.

There are now many conventionally qualified doctors or nurses offering

complementary therapies. It is much safer to consult these practitioners because they are aware of the potential risks associated with use of complementary therapies alongside conventional treatment and also because, whether they are offering conventional or complementary treatment, they are still bound by the ethical rules of their professional bodies. There are, at present, no laws regulating the majority of complementary therapists and nothing prevents an unqualified person from setting up in practice.

The following patient information booklets are available free of charge from Leukaemia Research. You can download them from our website or request copies by phone or post (see form inside):

Leukaemia and Related Diseases

Acute Promyelocytic Leukaemia (APL)

Adult Acute Lymphoblastic Leukaemia (ALL)

Adult Acute Myeloid Leukaemia (AML)

Aplastic Anaemia (AA)

Bone Marrow and Stem Cell Transplantation (BMT)

Childhood Acute Lymphoblastic Leukaemia (ALL)

Childhood Acute Myeloid Leukaemia (AML)

Chronic Lymphocytic Leukaemia (CLL)

Chronic Myeloid Leukaemia (CML)

Complementary and Alternative Medicine (CAM) (from May 07)

Hodgkin's Lymphoma (HL)

Multiple Myeloma (MM)

Non-Hodgkin's Lymphoma (NHL)

The Myelodysplastic Syndromes (MDS)

The Myeloproliferative Disorders (MPD)

Clinical Trials

Chemotherapy – what do I need to know?

Donating stem cells – what's involved?

Donor Lymphocyte Infusion (DLI) – what's involved

Supportive care

The Seven Steps – Blood & Bone Marrow Transplantation

Treatment Decisions (from May 07)

Young Adults with a blood cancer – what do I need to know?

Jack's Diary: an illustrated children's book to help young patients understand and deal with blood cancers, treatment and life changes

**Leaflets on a range of associated blood disorders are also available**

**Leukaemia Research, 43 Great Ormond Street, London, WC1N 3JJ**

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