

Japanese Acupuncture - Current Research

Acupuncture and Moxibustion Treatment for Patients with Cancer in Modern Japan – A Questionnaire Survey among Practitioners of Acupuncture and Moxibustion

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1) Background

According to the results of the nationwide survey carried out in 2001 by Yamashita, et al involving the people of Japan, the utilization rate of CAM was 76%. The top 5 of its best utilization were nutrition supplement drinks (43%), health appliances (22%), herbs/OTC (over-the-counter) Kampo medicines (17%), massages and shiatsu (finger pressure) (15%), and Kampo medicines prescribed by physicians (10%). The use of acupuncture and moxibustion was 7% [1]. On the other hand, the 2001 questionnaire among patients with cancer conducted by Hyodo, et al. showed that the rate of patients utilizing complementary and alternative medicine (CAM) was 44.6%. The breakdown was: health foods by an overwhelming majority (89.1%), Kampo medicines (7.1%), Qigong (3.8%), acupuncture (3.6%), and moxibustion (3.7%) [2]. The results of these two surveys cannot simply be compared as there are small differences in classification between these two. However, the utilization rate of acupuncture and moxibustion in patients with cancer is 3.7 % to 7.3%, which means that they use acupuncture and moxibustion more than a little. Since patients with cancer use CAM mainly for the reasons of suppressing cancer progression (67.1%) and seeking cure (44.5%), it is easy to imagine that Japanese people in general use acupuncture and moxibustion for other reasons than motor symptoms (79%). In conducting a large scale survey among patients with cancer who are receiving acupuncture and moxibustion treatment, what needs to be done first is the identification of survey participants. This is unrealistic. Thus, a survey was planned to garner

information relating to the treatment of cancer patients with acupuncture directly from acupuncture practitioners.

2) Objective

The objective of this survey is to investigate the reality of acupuncture and moxibustion treatment now being performed for cancer patients from the perspective of the practitioners and to discuss cancer treatment and the application range of acupuncture and moxibustion.

3) Methods

A survey was conducted through a questionnaire with the authors who published literatures concerning acupuncture and moxibustion treatment for cancer patients during the past five years. Specifically, in November 2006 “ichushi Web” was searched for literatures relating to “malignant tumors and acupuncture and moxibustion treatment” released during the past five years. Then “a questionnaire about roles of acupuncture and moxibustion in the treatment of cancer” was sent by post to 83 first authors, who were invited to send their replies. Literatures were restricted to those presenting human clinical data. Basic studies and animal studies were excluded. The period of the survey was three months from December 2006 to February 2007.

4) Results

4-1. Profiles of respondents

Replies were received from 46 respondents with the response rate of 55.4%. The respondents were 36 males and 10 females aged from 29 to 79 (average 51±, standard deviation 12.3).

The length of their clinical experience was 3 to 50 years (average 21.4±, standard deviation 11.3).

In regard to the employment status, 18 respondents were in practice, 20 were employees,

and 3 were in practice concurrently employees. Five respondents made no description for this question.

The number of experienced cases was 1 to 1300 (average $137\pm$, standard deviation 293.2). The most common 10-49 cases were experienced by 17 respondents, followed by less than 10 cases by 9 respondents. The above 17 and 9 respondents added by the respondents with less than 50 cases of experience made up the majority of the respondents. On the other hand, 100 cases were experienced by 12 respondents (of which 2 had 1,000 cases or more). The respondents having 1,000 or more cases of experience (8 out of 10 had 100 or more cases) all answered that their sites of practice were in medical institutions. This means that in the settings where acupuncture and moxibustion were adopted to care for cancer patients, there were many potential scenes to utilize acupuncture and moxibustion.

4-2. Practice sites

In terms of the sites where practice was performed, “in a medical institution” accounted for 50%, “in the practitioner’s own treatment room” accounted for 41.3% and “in patient’s home” 13.0%.

The results were persuasive because the subjects of this survey were literature authors and many of the respondents belonged to medical institutions, such as university hospitals, where there are necessarily many opportunities to write literatures.

4-3. Motives for performing acupuncture

A multi-choice question was asked as to what urged the subject to perform acupuncture. To this question, multiple answers were accepted. “Patient’s own decision” accounted for the highest rate of 78.2%, followed by “request by the doctor in charge” which accounted for 41.3%. And then “recommended by the patient’s family and/or close relatives” accounted for 39.1%.

Analysis of the data by practice site showed that “patient’s own decision” had the great majority in all sites. Second motives were “request by the doctor in charge” in medical institutions, “recommended by the patient’s family and/or close relatives” in practitioner’s own treatment rooms, and “recommended by a co-medical” in the patient’s homes. The results suggested that factors having influences on the treatment of cancer were dependent on the site of practice (Fig. 1).

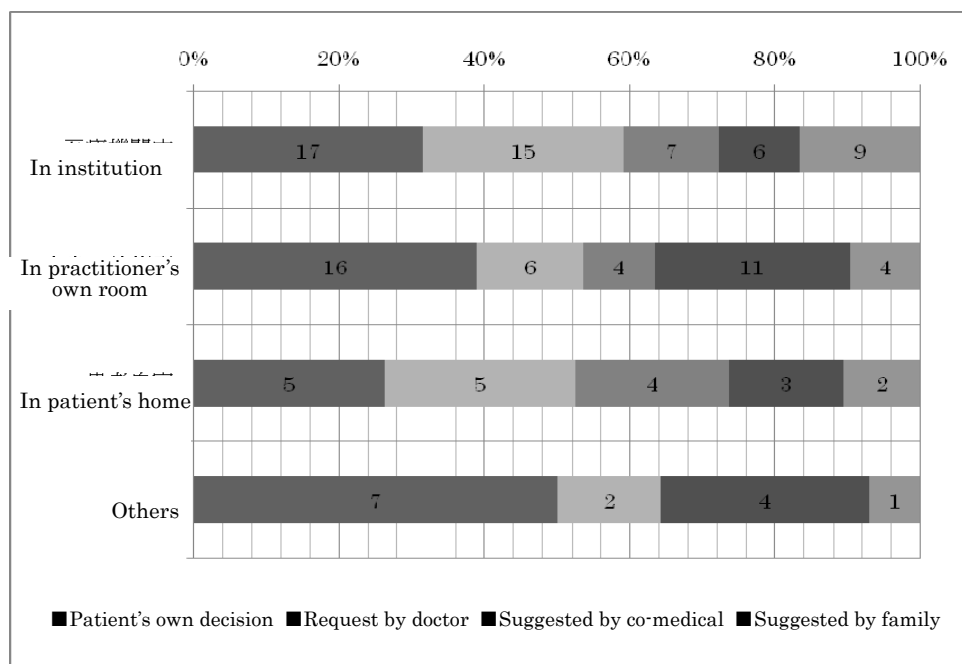


Fig. 1 Motives to come to perform acupuncture (by practice site)

4-4. Purposes of performing acupuncture and moxibustion for cancer patients

To the question as to the purposes of performing acupuncture, the answer of “as a means to relieve symptoms caused by cancer” had the vast majority of 69.5%, followed by 60.8% each for “as a means to relieve adverse effects associated with cancer” and “as a means to improve cancer and complaints unrelated to cancer and to enhance QOL.”

Analysis of the purposes by site of practice showed no major differences from the above results. Relatively many of the respondents, however, who answered that the purpose was “a means to shrink cancer and to retard cancer progression” perform the treatment in their own treatment rooms.

4-5.Reasons to determine use of acupuncture and moxibustion for cancer patients

A multiple-choice question was asked as to the reasons to determine the use of acupuncture treatment. “Can obtain patient’s satisfaction” accounted for the majority 69.5%, followed by “less side effects and less damages” at the rate of 56.5%, and then “expect resistance to cancer to improve by getting the patient in shape” was 54.3%.

On the other hand, few respondents answered “connect to revenues and profits” and “there were evidences.”

In the results by site of practice, there were noticeable answers of “good ways/methods unavailable” from the respondents practicing in medical institutions. The reason mentioned by the largest number of respondents was “expect resistance to cancer to improve by getting the patient in shape.”

4-6.Cooperation with the doctor in charge

A question was asked about cooperation/partnership with the doctor in charge of the patient, to which “yes” cooperating had 47% of the total, whereas “no” had 36%. “Others” had 17%.

The results by site of practice showed respective 70% of the respondents performing treatment in medical institutions and those performing treatment in the patient’s homes were cooperating or developed a partnership with the doctor in charge. On the other hand, respondents performing treatment in their own treatment rooms who were cooperating or developed a partnership were short of 30% (Fig. 2).

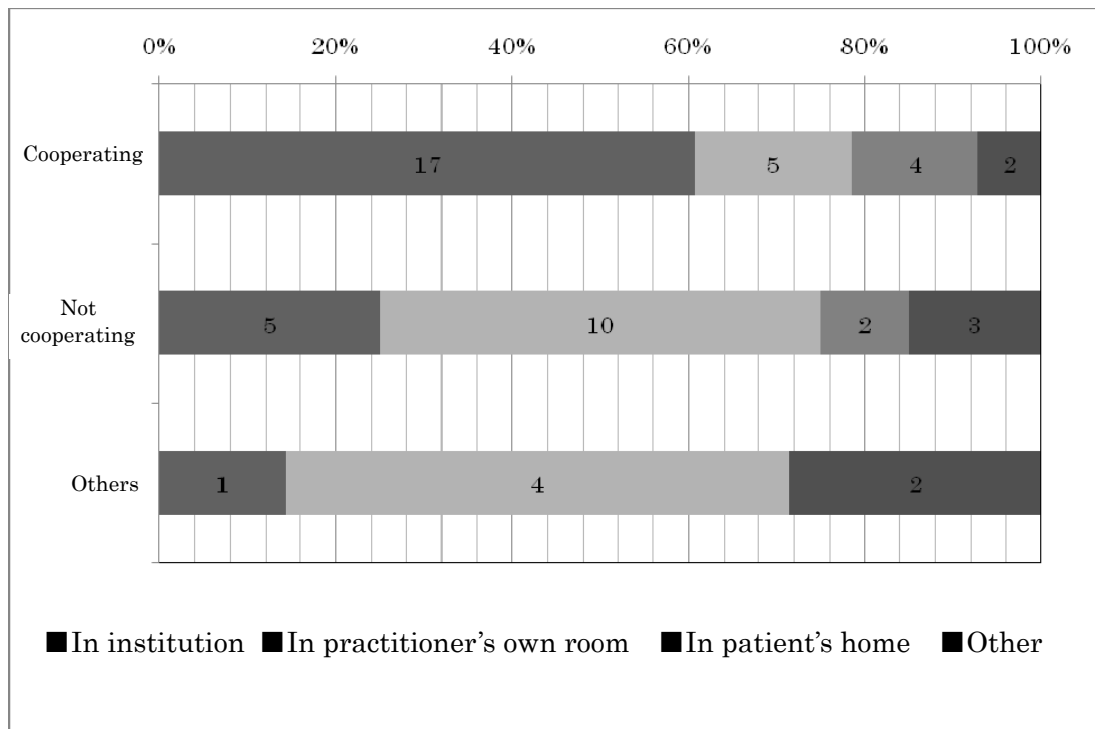


Fig. 2 Cooperating or not cooperating with doctor in charge (by site of practice)

Since the method of cooperation/developing a partnership was asked for free descriptions, there was variability among answers. In regard to the method of contact with the doctor in charge, many replies were received for verbal contacts or contacts by writing. There were answers describing that instructions were received from the doctor in charge and reports were made to the doctor in charge. From these results, it seemed that in performing acupuncture in medical institutions, suitable methods of cooperation/developing a partnership were adopted in the doctor-centered environment.

To the question whether or not difficulties in having contacts with the doctor in charge or difficulties in reporting the doctor in charge about the patient were felt, 21.7% of the total answered “yes” whereas 26.1% answered “no.” And “others” accounted for 10.9% and “no answer” accounted for 10.9%. Among the respondents who answered that they were having contacts, half of them performing treatment in medical institutions felt no difficulties whereas 30% felt the difficulties. In regard to the treatment in the patient’s homes, 70% or more felt the difficulties. This may have been resulted from it that the site of practice was not shared between the practitioner and the doctor in charge as in medical institutions.

4-7. Issues arising from the participation of an acupuncture and moxibustion practitioner in team medicine for cancer

To the question as to what issues would arise if an acupuncture and moxibustion practitioner joined in the members of team medicine, 30.4% mentioned the points relating to “building confidence with other staff members,” 23.9% mentioned “understanding of acupuncture and moxibustion,” and 19.6% pointed out “insufficient medical knowledge.” Many answers received were lack of cooperation and understanding with each other. There were requirements for building up evidences.

The results by site of practice showed that many respondents performing practice in medical institutions mentioned “insufficient medical knowledge” and “understanding of acupuncture and moxibustion.” Although the respondents performing practice in their own practice rooms had different opinions, the most common answer was to understand acupuncture and moxibustion.” Unlike in medical institutions and in the patient’s homes, the respondents performing in their own practice rooms expressed opinions concerning “techniques of practitioners of acupuncture and moxibustion.” The respondents performing practice in the patient’s home expressed eye-catching opinions about “medical treatment fees and health insurance system” as well as “insufficient medical knowledge” and “cooperation” and the voices requiring understanding of acupuncture and moxibustion were undistinguished (Fig. 3).

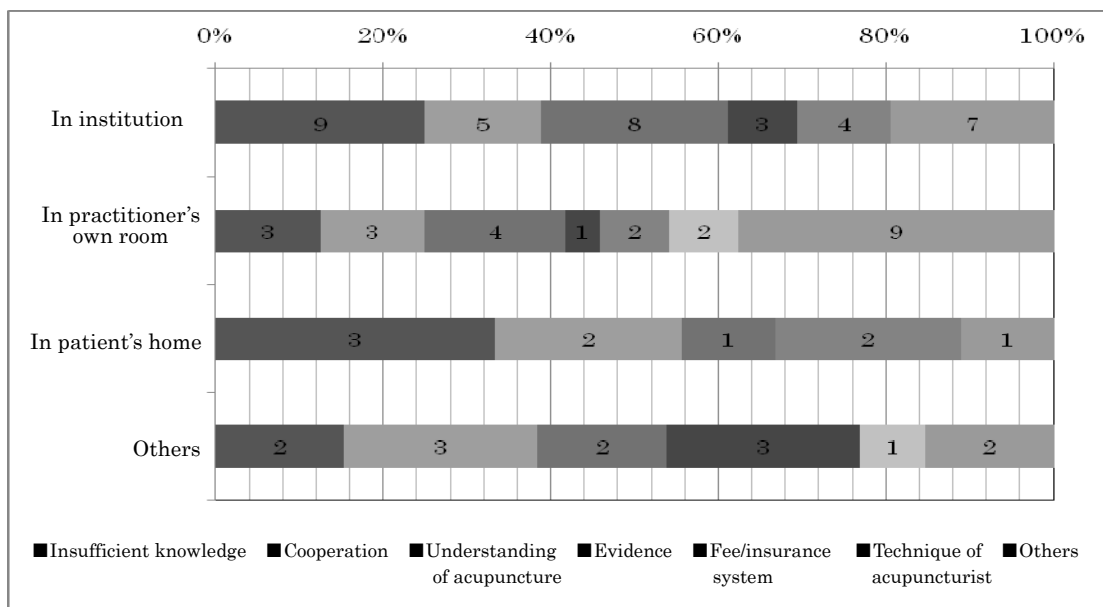


Fig. 3 Issues arising from the participation of an acupuncture and moxibustion practitioner in team medicine (by site of practice)

4-8. Symptoms difficult to have effect in the treatment of cancer patients with acupuncture and moxibustion

A question was asked about symptoms difficult to have effect on cancer patients. Answers were varied and it was not easy to categorize them all. In the answers that could be categorized, the most common answer was “pain” (especially, sharp pain and neuropathic pain) which accounted for 28.5%, followed by “aggravation of general conditions” which accounted for 19.5%.

4-9. Symptoms that could be indications for acupuncture and moxibustion treatment in cancer patients (Table 1)

Table 1. Acupuncture treatment applicable symptoms

symptoms	No.	Percentage
Cancer pain	23	50.0%
Nausea, vomit, poor appetite	14	30.4%
Non-cancer pain	8	17.4%
Side-effects of chemotherapy (except for nausea and vomit)	8	17.4%
Edema	7	15.2%
Sleep disorder	5	10.9%
Post-surgery health management	3	6.5%
Defecation	3	6.5%
Recurrence prevention	3	6.5%
Urination disorder	2	4.3%
Unidentified complaints	2	4.3%
Peritoneal fluid	2	4.3%
Others	24	52.2%

A question was asked about symptoms for which acupuncture was applicable. “Cancer pain” accounted for the highest rate of 50.0%, followed by “nausea, vomit, poor appetite” representing 30.4%, and then “pains other than cancer pain” and “thermotherapy side effects (except for nausea and vomit) representing 17.4% respectively.

5) Summary

The subjects of this survey were literature authors, so many replies were received from those belonging to medical institutions, such as university hospitals. Although there was a respondent’s bias, it was suggested that the environmental conditions surrounding patients differed in each site of practice.

In the sites of medical practice, the trend of feeling difficulties in cooperating with physicians was weak. And as issues arising from the practitioner’s participation in team medicine, insufficient medical knowledge and understanding of acupuncture and moxibustion, which could be translated as understanding of acupuncture and moxibustion and mutual understanding, were pointed out. In the settings where both medical practice and acupuncture and moxibustion practice were performed, certain levels of cooperation were functioning and seemed to be at the stage which required better mutual understanding.

On the other hands, although the respondents performing acupuncture in the patient’s homes answered that they were cooperating as similarly as in the sites of medical practice, 70% felt difficulties in cooperating or having a partnership with the doctor in charge. As issues in the participation in team medicine, medical fees and medical insurance were mentioned, from which it seemed practitioners were facing problems with systems revolving around cancer patients, physicians, and practitioners of acupuncture and moxibustion.

Out of the respondents performing acupuncture and moxibustion treatment in their own practice rooms, those who were able to have cooperation were short of 30%. The first reason for those respondents to apply acupuncture and moxibustion for the treatment of cancer patients was the “expectation to increase resistance to cancer by keeping the patient fit” whereas “for the patient’s satisfaction” was the first reason in other sites of

practice. From these responses, it was known that responding survey subjects were performing acupuncture and moxibustion treatment rather on their own experienced judgment than by instructions from physicians.

The efficacy of acupuncture and moxibustion for sick feeling, vomit, and loss of appetite in cancer treatment is now being discussed [3]. And acupuncture and moxibustion are also attracting attention for the treatment of side-effects This is supported by the symptoms that were mentioned by the respondents of this questionnaire survey [4]. In the meantime, pain was cited as a symptom difficult to have effects and it was also included in the indications for acupuncture and moxibustion. Further studies are necessary on usefulness of acupuncture and moxibustion in cancer patients.

References

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