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HerbClip

FILE: · Unconventional
Cancer Therapies

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**Re: Negative Review of Alternative Cancer
Treatments**

Montbriand, Muriel J. An Overview of Alternate Therapies Chosen by Patients with Cancer. *Oncology Nursing Forum*, Vol. 21, No. 9, 1994, pp. 1547-1554.

Biomedical information about alternate cancer therapies is necessary in order that cancer patients make informed decisions when opting for alternatives to conventional cancer treatment. Muriel J. Montbriand, PhD, of the College of Nursing at the University of Saskatchewan in Saskatoon, Saskatchewan, Canada, presents an overview of mostly cautionary biomedical perspectives for alternate therapies used by cancer patients.

Patients typically choose from three categories of alternate therapies: spiritual, psychological, and physical. Spiritual therapies usually include giving over control of health care to God, the Virgin Mary, or a saint. Psychological therapies involve allowing the mind to direct health care, e.g. through visualization or attitude-control techniques. Physical therapies may involve the use of vitamins, herbs, or other remedies, or physical manipulation as with massage or reflexology. Most patients who choose alternate therapies choose from the physical therapy category. Of informants with either respiratory or digestive system cancer, 76 percent used physical therapies in conjunction with conventional biomedicine. The remaining 24 percent used biomedicine alone.

Megadoses (i.e. ten times the recommended daily dose) of vitamins is one form of physical therapy used, with the purpose being to enhance the body's ability to fight the cancer. The possibility with toxicity is the main concern with megavitamins. Vitamin C is the vitamin most commonly taken in megadoses. Studies have shown that megadoses of vitamin C may actually promote malignancy development. Kidney stone development is also a concern, as is "rebound scurvy" when the megadose is abruptly discontinued.

Toxicity concerns are also relevant for vitamin B-complex, niacin, vitamin A, vitamin D, and vitamin E megadoses.

Over-the-counter remedies such as laxatives can be dangerous when used to excess, and any chronic self-prescribed use of aspirin should be reported to a physician. “Old-time remedies” such as garlic and onion, ginger tea, cayenne pepper, and hot toddies, are generally benign, although mustard plasters can cause problems when used without due care. According to this author, some health food store products can be, at best, useless or, at worst, dangerous to use. There is no known efficacy, for instance, for lecithin, a product sold in health food stores. Laetrile (amygdalin or vitamin B17), which contains cyanide, is promoted as a cancer cure, despite the fact that it has been responsible for deaths by cyanide-poisoning.

Herbs are popular among cancer patients. Pau d’arco (*Tabebuia impetiginosa*), touted as a cancer cure, was banned in Canada after samples were found to contain little to none of the actual tree bark. Although animal studies on its active compound lapachol have shown that pau d’arco may have anticancer effects, the author appears to confuse the herb with adverse effects reported in studies conducted on relatively high doses of the isolated lapachol. There is little evidence that the herb pau d’arco poses any health risk.

The author goes on to say that other herbs, such as red clover, may not be toxic, but there is no proof that they cure cancer either. Questions about the Zen Macrobiotic diet, chosen by many cancer patients, include concerns about serious vitamin deficiencies that can result from the diet.

Instead of providing sound biomedical information, both positive and negative, about the uses of alternate therapies, the author of this article, drawing heavily on sources known to have an “anti-alternative” bias, has instead presented virtually only the negative side of this issue. While it is important to compile information about the dangers of alternate therapies, what would really be useful for cancer patients is some biomedical perspective of how, when or why a certain alternative therapy might be useful. The author seems to display a misunderstanding of homeopathy by warning against the use of the homeopathic remedy *Arnica montana*; the internal use of the herb is not recommended, as she correctly states, but a homeopathic remedy is not an herb, although it may be derived from one. In light of such misunderstandings, the biomedical perspectives in this paper are suspect. However, the author recommends several first-hand sources of information regarding alternate therapies, including two books available through the ABC sales department: J.A. Duke’s *CRC Handbook of Medicinal Plants* (B#012) and V.E. Tyler’s *The New Honest Herbal* (B#005). —Ginger Webb

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