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# Enhancing Knowledge About Use of Herbal Interventions in Cancer Care: Resources for Patients and Healthcare Providers

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The use of complementary and alternative medicine (CAM) has been reported within the context of all types of cancer and at varying stages along its continuum. Global reports estimate that forty to seventy percent of patients with cancer use some type of interventions and that over the past decade, incidence has risen [1,2]. Reports of steadily increasing adoption of CAM therapies have emanated from Korea, Iran, Australia, the Netherlands, Palestine, Italy, Nigeria, South Africa, Taiwan, Canada, Israel, Ghana, Sweden, China, Turkey, Sri Lanka, Poland, Singapore and the United States [3]. Hence, CAM has a global link with cancer worldwide. However, in today's reality, it is not systematically addressed in clinical practice.

While CAM consists of a variety of interventions, within cancer care the use of herbal medicines warrants special attention. Most patients are unaware that herbal supplements can interact with antineoplastics and adjunctive medications commonly used to treat symptom distress. Disclosure is also an issue. Patients routinely do not inform their health care providers of their CAM practices and health care providers do not ask patients about it [4]. This is important as the use of alternative products can potentially be associated with heightened drug toxicity, unusual symptom presentation, and poor responses in clinical trials evaluating new therapies [5]. These outcomes may be due to drug substitution with herbals or adding herbals to conventional regimens resulting in altered drug metabolism.

Consumers require considerable education about herbals' preparation and production. In the oncology setting, three common beliefs and practices related to such are particularly worrisome.

First, is a perceptual issue common in the United States. Because

herbal supplements are purchased 'Over the Counter' without a prescription, users perceive them to be safe and not associated with any untoward effects or have contraindications. These therapies are not formally scrutinized by the federal Food and Drug Association (FDA) like prescription drugs are. They come to market without having undergone any regulatory oversight for their approval. This also allows the manufacturer to include additives and other substances contaminants to the formulation. Second, the absence of clinical trial-based dosing guidelines can facilitate the 'More is Better' drug-taking philosophy. Knowing that these products can have untoward effects, the total dose consumed may be a factor to consider in toxicity prevalence. Finally, acknowledging that the majority of cancer patients are elderly, there is a high likelihood that concurrent medications outside of the oncology setting are being prescribed to manage co-morbidity. As an example, a 77-year-old cancer patient being treated for prostate cancer, who also has mild heart failure, and is taking herbal supplements to manage fatigue and increase his appetite, is at high risk for potential adversity due to drug-drug interactions in this elderly host.

For patients, decisions about using herbal preparations can be augmented by sharing scientific evidence rather than relying on hearsay or conjecture. Lay education resources can be included in new patient materials and posted in waiting rooms, clinics, and other public health setting locations. For oncology providers, having additional knowledge about herbs and botanicals would enhance overall patient assessment, especially when symptoms reported are unusual or unexpected. The provider's ability to advise the patient not to use a particular herb would also be augmented (i.e., warning about potential hepatotoxicity when an herb with this risk

is being considered in a patient with extensive liver metastases). It is imperative then that both patients and their providers actively seek out information about herbal products.

The availability of an up-to-date, quick reference guide for use in clinical practice is ideal for providers. The patient also needs to know where they can retrieve accurate information to guide informed decision-making. Currently, there are two excellent evidence-based CAM education resources that both the lay public and health care providers can access. Both sites have mobile APPs that can be downloaded on the phone and are free.



HerbList™ is the downloadable NCCIH APP. It provides brief factsheets on individual herbs including the numerous names given to the herb, its background, safety issues, if there are any known drug interactions, what is known about it, and what has been learned regarding its use to date.

**National Center for Complementary and Integrative Health (NCCIH)** (formerly NCCAM – National Center for Complementary and Alternative Medicine)

Website: [www.nccih.nih.gov/health](http://www.nccih.nih.gov/health)

NCCIH is a federal agency that was formally established in 1998. It is part of the National Institutes of Health (NIH) medical specialty enterprise. NCCIH's mission is to conduct and support research and provide information about complementary health products and practices. Their homepage offers a variety of links to health topics and lists research grants they fund and research they conduct.

### About Herbs, Botanicals, and Other Products

Memorial Sloan Kettering Cancer Center (MSKCC), Division of Integrative Medicine

Website: [www.mskcc.org/cancer-care/diagnosis-treatment/symptom-management/integrative-medicine/herbs](http://www.mskcc.org/cancer-care/diagnosis-treatment/symptom-management/integrative-medicine/herbs)



One of the nation's Comprehensive Cancer Centers, MSKCC has provided this resource through their Division of Integrative Medicine since 1999. It provides a database of herb- and botanical-related findings that is routinely updated by a pharmacist and botanicals expert. There are 4 major categories addressed for each herbal product: traditional and proven use, potential benefits, possible adverse effects, and interactions with other herbs or medicines. A listing of active herb-specific clinical trials and access to publications authored by department members is provided.

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### Conflict of Interest

The author declares that there is no conflict of interest.

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