



Traditionelle Chinesische Medizin (TCM) und Krebs – Stand der Evidenz?

Melchart Dieter



A: Evidenz von TCM und Cancer – allgemein

B: Evidenz von QiGong/Tai Chi und Cancer

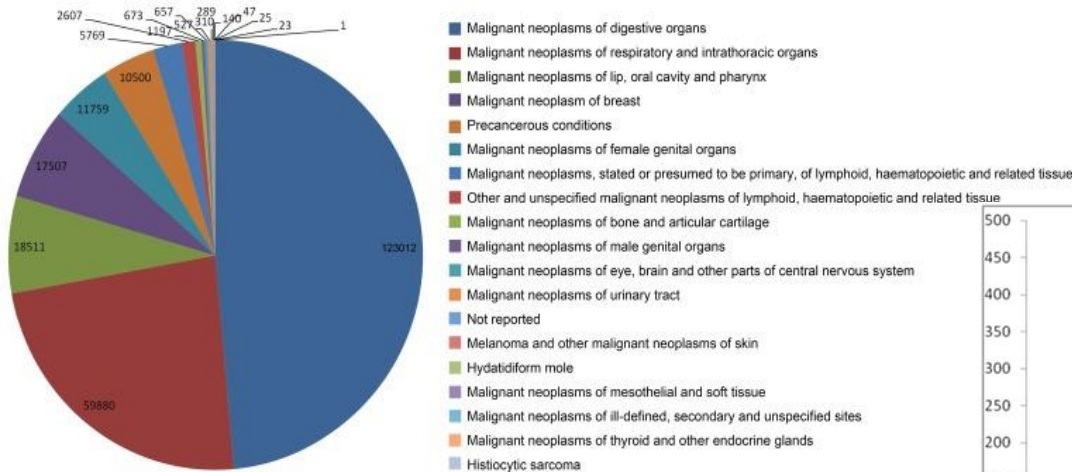
C: Evidenz von Akupunktur/Moxibustion und Cancer

D: Evidenz von Chinese Medicine und Cancer

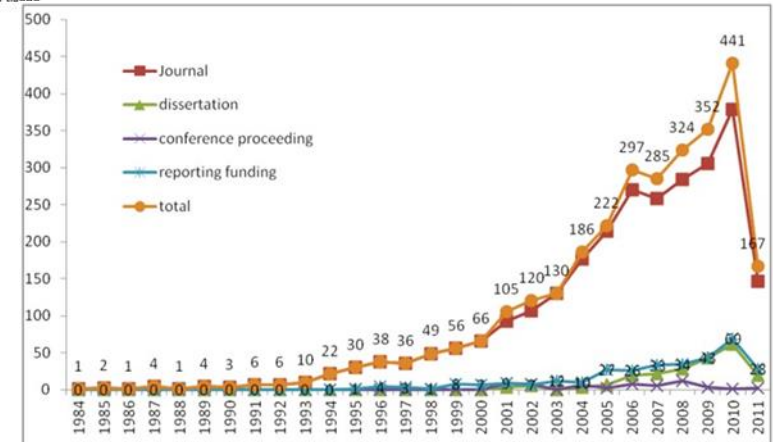


Cancer categories in controlled clinical studies of TCM for cancer published in China

A



<http://www.ncbi.nlm.nih.gov/pubmed/23560092>

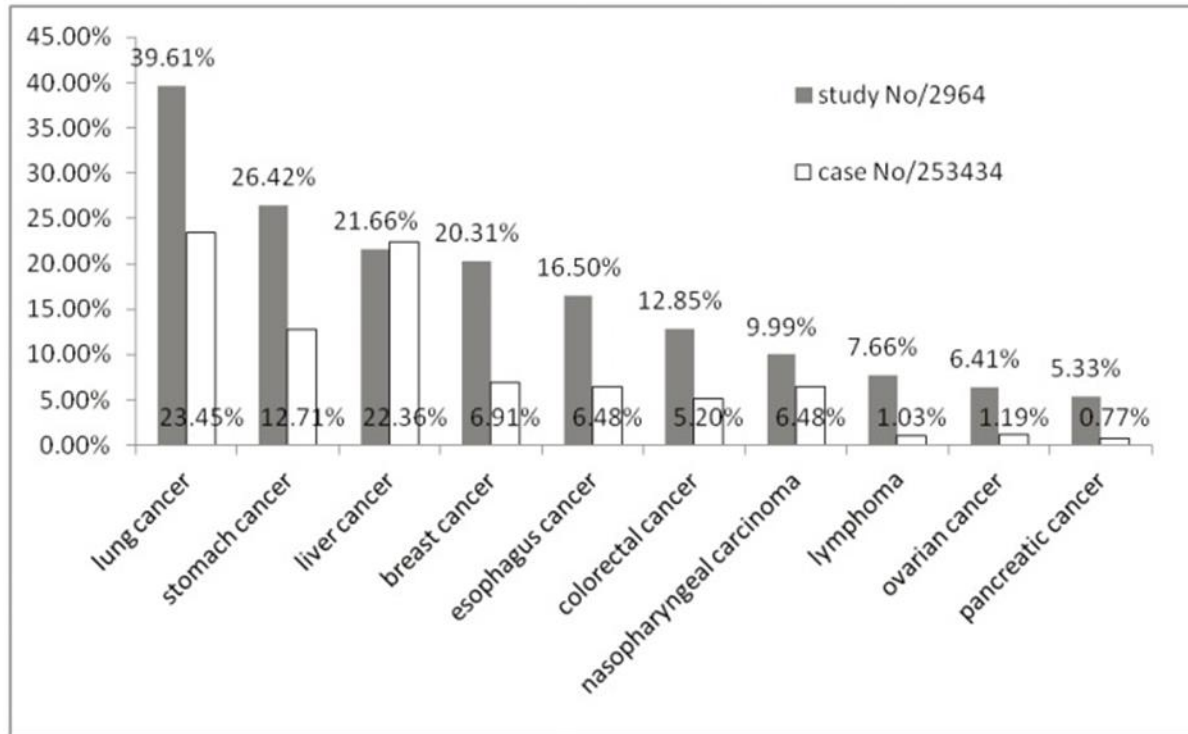


Traditional Chinese medicine in cancer care: a review of controlled clinical studies published in chinese.

[Li X¹](#), [Yang G](#), [Li X](#), [Zhang Y](#), [Yang J](#), [Chang J](#), [Sun X](#), [Zhou X](#), [Guo Y](#), [Xu Y](#), [Liu J](#), [Bensoussan A](#).

PLoS One. 2013;8(4):e60338. doi: 10.1371/journal.pone.0060338. Epub 2013 Apr 3





RCT 2385
NRCT 579

Traditional Chinese medicine in cancer care: a review of controlled clinical studies published in chinese.

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LIMITATIONS:

All included trials were conducted in China where emerging evidence suggests many RCTs are not, in fact, randomized. Publication bias may exist, favouring positive reports.

CONCLUSION:

Our meta-analysis displays compelling evidence of effectiveness for hepatocellular cancers that should be evaluated in high-quality and transparent clinical trials.



Comparison of effectiveness and safety between granules and decoction of Chinese herbal medicine: a systematic review of randomized clinical trials.

Luo H1, Li Q, Flower A, Lewith G, Liu J.

RESULTS:

56 clinical trials (n=9748) including 42 RCTs and 14 CCTs were included, and all trials were conducted in China and published in Chinese literature. 40 types of diseases and 15 syndromes of traditional Chinese medicine (TCM) were reported. Granules were provided by pharmaceutical companies in 13 trials. The included RCTs were of generally low methodological quality: 7 trials reported adequate randomization methods, and 2 of these reported allocation concealment. 10 trials used blinding, of which 5 trials used placebo which were delivered double blind (blinded participants and practitioners). 98.2% (55/56) of studies showed that there was no significant statistical difference between granules and decoctions of Chinese herbal medicine for their effectiveness. No severe adverse effects in either group were reported.

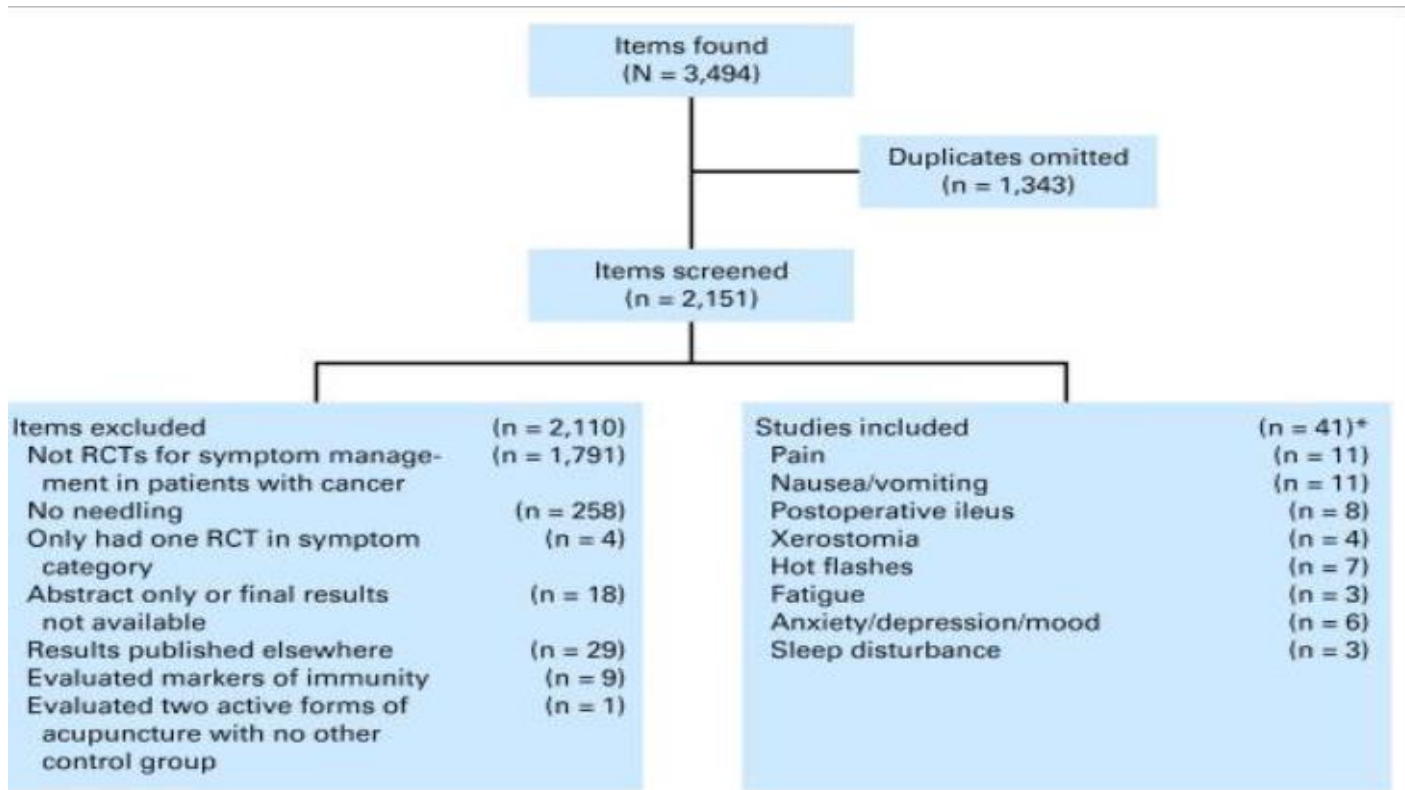
CONCLUSIONS:

Due to the poor methodological quality of most of the included trials, it is not possible to reach a definitive conclusion whether both Chinese herbal medicine granules and decoctions have the same degree of effectiveness and safety in clinical practice, but this preliminary evidence supports the continued use of granules in clinical practice and research. Standardization of granules and further more rigorous pharmacological, toxicological and clinical studies are needed to demonstrate the equivalence with decoctions.



Complementary and Alternative Medicine for Cancer Pain: An Overview of Systematic Reviews

[Yanju Bao](#),¹ [Xiangying Kong](#),² [Liping Yang](#),³ [Rui Liu](#),¹ [Zhan Shi](#),¹ [Weidong Li](#),¹ [Baojin Hua](#),^{1,*} and [Wei Hou](#)¹
Evid Based Complement Alternat Med. 2014; 2014: 170396.



Results. 27 systematic reviews were included. Based on available evidence, we could find that psychoeducational interventions, music interventions, acupuncture plus drug therapy, Chinese herbal medicine plus cancer therapy, compound kushen injection, reflexology, lycopene, TENS, qigong, cupping, cannabis, Reiki, homeopathy (Traumeel), and creative arts therapies might have beneficial effects on adult cancer pain.

No benefits were found for acupuncture (versus drug therapy or sham acupuncture), and the results were inconsistent for massage therapy, transcutaneous electric nerve stimulation (TENS), and Viscum album L plus cancer treatment. However, the evidence levels for these interventions were low or moderate due to high risk of bias and/or small sample size of primary studies.

Conclusion. CAM may be beneficial for alleviating cancer pain, but the evidence levels were found to be low or moderate. Future large and rigor randomized controlled studies are needed to confirm the benefits of CAM on adult cancer pain.



Complement Ther Med. 2014 Feb;22(1):173-86. doi: 10.1016/j.ctim.2013.11.010. Epub 2013 Dec 18.

B Health benefits of qigong or tai chi for cancer patients: a systematic review and meta-analyses.

Zeng Y1, Luo T2, Xie H2, Huang M3, Cheng AS4.

Five databases (Medline, CINAHL, Scopus, the Cochrane Library, and the CAJ Full-text Database) were searched until June 30, 2013. Randomized controlled trials (RCTs) of qigong/tai chi as a treatment intervention for cancer patients were considered for inclusion.

The primary outcome for this review was changes in quality of life (QOL) and other physical and psychological effects in cancer patients.

Results:

A total of 13 RCTs with 592 subjects were included in this review.

Nine RCTs involving 499 subjects provided enough data to generate pooled estimates of effect size for health-related outcomes.

For cancer-specific QOL, the pooled weighted mean difference (WMD) was 7.99 [95% confidence interval (CI): 4.07, 11.91; Z score=4.00, $p<0.0001$].

The standardized mean differences (SMDs) for changes in depression and anxiety score were -0.69 (95% CI: -1.51, 0.14; Z score=1.64, $p=0.10$), and -0.93 (95% CI: -1.80, -0.06; Z score=2.09, $p=0.04$), respectively.



Conclusion:

This study found that qigong/tai chi had positive effects on the cancer-specific QOL, fatigue, immune function and cortisol level of cancer patients. Further rigorous trials are needed to explore possible therapeutic effects of qigong/tai chi on cancer patients.

Br J Sports Med. 2012 Aug;46(10):713-8. doi: 10.1136/bjsm.2010.080622. Epub 2011 May 16.

Systematic reviews of t'ai chi: an overview.

Lee MS1, Ernst E

..... t'ai chi seems to be ineffective for the symptomatic treatment of cancer



cam-cancer.org



Keine überzeugende Evidenz für Akupunktur zur
Behandlung Tumor-assoziiertes Schmerzes.

Grund: methodische Schwächen der Studien.

UEW: < 10%, mild und vorübergehend.

Interaktionen Akupunktur – konv. Therapie nicht zu erwarten!

Edzard Ernst, CAM-Cancer Consortium. Acupuncture in cancer pain
upgrade.cam-cancer.org/CAM-Summaries/Alternative-Medical-Systems/Acupuncture-in-cancer-pain. March 11, 2011.



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Intervention Review

Acupuncture for cancer pain in adults

Carole A Paley^{1,*}, Mark I Johnson²,
Osama A Tashani³, Anne-Marie Bagnall³

Database Title

The Cochrane Library

Editorial Group: [Cochrane Pain, Palliative
and Supportive Care Group](#)

Published Online: 19 JAN 2011

Assessed as up-to-date: 23 NOV 2010

Authors' conclusions

There is insufficient evidence to judge whether acupuncture is effective in treating cancer pain in adults.

Paley CA et al. Acupuncture for cancer pain in adults. Cochrane Database Syst Rev 2012

3 RCTs (n=204)

1 qualitativ hochwertige Studie:

- Ohr-Akupunktur vs. Placebo-Ohr-Akupunktur vs. Ohr-Seeds
Niedrigere Schmerz-Scores bei Ohr-Akup. nach 2 Monaten.

2 Studien mit hohem Bias-Risiko:

- Akupunktur wirksamer als konv. Medikation
- Akupunktur/Injektionsakup. wirksamer als konv. Medikation

Schlussfolgerung:

Keine ausreichende Evidenz, um über die Wirksamkeit der Akupunktur bei tumorassoziiertem Schmerz zu entscheiden.

Aktuelle Übersichtsarbeiten

Garcia et al. Systematic review of acupuncture in cancer care: a synthesis of the evidence. J Clin Oncol 2013 .

41 prospektiv random. Studien, nur Verum-Akupunktur
1 Studie mit niedrigem Bias-Risiko
33 Studien mit hohem Bias-Risiko

Ergebnis:

Akupunktur ist sinnvoll als ergänzende Therapie von CTx-assoziiierter Übelkeit/Erbrechen.

Wirksamkeit bei anderen Symptomen (inkl. Schmerz) bleibt unklar.



[Support Care Cancer](#). 2014 May;22(5):1429-40. doi: 10.1007/s00520-014-2161-z. Epub 2014 Mar 8.

The effectiveness and safety of moxibustion for treating cancer-related fatigue: a systematic review and meta-analyses.

[Lee S¹](#), [Jerng UM](#), [Liu Y](#), [Kang JW](#), [Nam D](#), [Lee JD](#)

Four RCTs with a total of 374 subjects were included for the review. These four studies compared moxibustion plus routine care with routine care alone.

Meta-analysis showed the favorable effects of moxibustion on the response rate (RR, 1.73; 95 % CI, 1.29 to 2.32; $p=.0003$; heterogeneity, $I^2=15\%$, $p=.32$).

Because of a high risk of bias and low reporting quality of the studies included in this review, it is difficult to draw the conclusion that moxibustion is an effective and safe treatment for patients with CRF. Further rigorous research will be necessary to evaluate whether moxibustion has beneficial effects on CRF.



<http://www.ncbi.nlm.nih.gov/pubmed/25355016>

Oncol Nurs Forum. 2014 Nov 1;41(6):581-92. doi: 10.1188/14.ONF.581-592.

Effects of acupuncture and acupressure on cancer-related fatigue: a systematic review.

Ling WM1, Lui LY2, So WK3, Chan K1.

DATA SOURCES:

18 databases were searched for randomized, controlled trials published in English and Chinese through April 2014.

DATA SYNTHESIS:

Given the heterogeneity of data, meta-analysis was not conducted. A six-step thematic analysis method was used to synthesize the results.

CONCLUSIONS:

Although results are inconclusive, acupuncture and acupressure tend to be effective in relieving CRF, with the former producing a greater improvement. Future research is recommended to contribute further evidence.

IMPLICATIONS FOR NURSING:

Nurses should know about the relative effectiveness of acupuncture and acupressure in the management of CRF to educate and support their patients.



Integr Cancer Ther. 2013 Nov 25;13(3):193-200.

Meta-Analysis of Randomized Controlled Trials of Acupuncture for Cancer-Related Fatigue.

Zeng Y1, Luo T2, Finnegan-John J3, Cheng AS4

Seven RCTs were included for meta-analysis, involving a total of 689 subjects. Three studies compared acupuncture with sham acupuncture for CRF with follow-up at 10 weeks; the standardized mean difference (SMD) for general CRF change values was -0.82 (95% confidence interval [CI] = -1.90 to 0.26). When acupuncture plus education intervention was compared with usual care, there was a statistically significant difference for the change score of general CRF (SMD = -2.12; 95% CI = -3.21 to -1.03).



Integr Cancer Ther. 2015 Jul 28. pii: 1534735415596573. [Epub ahead of print]

Acupuncture for Aromatase Inhibitor-Induced Arthralgia: A Systematic Review.

Bae K1, Yoo HS2, Lamoury G3, Boyle F4, Rosenthal DS5, Oh B6

Four RCTs were identified in medical journals. Two studies were conducted with manual acupuncture and 2 studies were electroacupuncture. The range of sample size was between 32 and 67. One RCT showed significant improvement in the acupuncture group compared with the sham control group and another RCT showed a statistical difference between the electroacupuncture and waitlist group. The other 2 studies showed no statistical differences between control and acupuncture groups. Two studies conducted blood analysis to elucidate the mechanism of efficacy of acupuncture for arthralgia. The 2 positive studies had a lower ROB and 2 studies had a high ROB.

CONCLUSIONS: The systematic review suggests that acupuncture has potential benefits to improve arthralgia caused by AIs. However, further trials of adequate sample size, appropriate control group, and longer follow-up are necessary to investigate the efficacy of acupuncture in AI-induced arthralgia.



Traditional herbal medicine for cancer pain: a systematic review and meta-analysis.

Lee JW1, Lee WB1, Kim W1, Min BI2, Lee H3, Cho SH4.

Complement Ther Med. 2015 Apr;23(2):265-74. doi: 10.1016/j.ctim.2015.02.003.

Epub 2015 Feb 19

www.ncbi.nlm.nih.gov/pubmed/25847565

D

RESULTS: Twenty-four RCTs involving 4889 patients with cancer pain were systematically reviewed. Among them, nine studies of 952 patients reported a significant decrease in the number of patients with cancer pain in the treatment group. Four studies of 1696 patients reported a significant decrease in the degree of pain in the treatment group.

CONCLUSION: The results of these studies suggest that THM combined with conventional therapy is efficacious as an adjunctive therapy for patients with cancer pain. However, more research, including well-designed, rigorous, and larger clinical trials, are necessary to address these issues.



Cochrane Database Syst Rev. 2013 Apr 30;4:CD005096. doi: 10.1002/14651858.CD005096.pub4.

Chinese herbal medicines for induction of remission in advanced or late gastric cancer.

Yang J1, Zhu L, Wu Z, Wang Y.

This review did not provide assured evidence concerning the effectiveness of TCMHs in improving quality of life or rate of remission, alleviating the toxicity or side effects of chemotherapy, or reducing short-term mortality.

Eighty-five trials with 6857 advanced or late gastric cancer patients were identified for inclusion, most were of low quality and used traditional Chinese medicinal herbs (TCMHs) plus chemotherapy compared with the same chemotherapy alone (65 trials). Apart from 23 trials of four different kinds of TCMHs, we could not pool the results because no more than two used the same intervention or outcomes.



Cell Biochem Biophys. 2014 Nov 15. [Epub ahead of print]

Effects of Traditional Chinese Medicine in Treatment of Breast Cancer Patients After Mastectomy: A Meta-Analysis.

Wang W1, Xu L, Shen C

Twenty-nine studies were included in this meta-analysis, involving a total of 3142 breast cancer patients. Meta-analyses showed that TCM could improve short-term treatment efficacy ($Z = 7.67$, $RR = 1.59$, 95 % ci [1.41-1.80], $P < 0.00001$), extend 3-year ($Z = 5.47$, $RR = 1.26$, 95 % ci [1.16-1.37], $P < 0.00001$) and 5-year ($Z = 5.53$, $RR = 1.17$, 95 % ci [1.11-1.24], $P < 0.00001$) survival, reduce the incidence of adverse reactions in breast cancer patients after mastectomy. TCM provides beneficial and complementary effects in the treatment of breast cancer patients after mastectomy.

