CANCER CARE · PRIMARY CARE TEACHING AID

Complementary & Alternative Therapies in Cancer Care

What every GP trainee needs to know to advise patients safely, kindly and on the evidence.

> Modernised from a 1999 Macmillan Cancer Relief report (Dr M Kohn). The original was a service-mapping document of its time. This rebuild keeps the human insight but replaces the dated evidence, policy and safety advice with current UK and international guidance (2018–2025).

◆ The 60-second version

1. **One word changes everything.** *Complementary* means *alongside* proven treatment. *Alternative* means *instead of* it — and that costs lives.
2. **Ask, don't judge.** Up to a third of cancer patients use these therapies. Most won't tell you unless you ask first.
3. **Mind–body therapies have the best evidence.** Mindfulness, yoga and relaxation genuinely help anxiety, low mood and fatigue.
4. **The real danger is interactions.** Herbs and supplements can blunt chemotherapy or push it into toxicity.
5. **"Natural" is not "safe".** Several popular "cancer cures" are useless, and a few are harmful.
6. **The NHS has moved on.** Homeopathy is no longer funded and is not recommended for any condition.

Why this matters in your consulting room

Your patient with cancer may already be taking turmeric capsules, browsing a clinic abroad, or quietly wondering whether to skip their chemotherapy. They are frightened and looking for control. If you dismiss the topic, they simply stop telling you — and you lose the chance to keep them safe. The goal of this guide is not to make you an expert in every therapy. It is to help you hold a calm, informed conversation that protects your patient from the few things that can truly harm them.

◎ WORDS YOU WILL USE WITH PATIENTS

Complementary — used *alongside* conventional cancer treatment to ease symptoms or improve wellbeing (e.g. massage, mindfulness). **Alternative** — used *instead of* conventional treatment, in the hope of a cure. **Integrative** — the modern term for combining the best-evidenced complementary approaches with standard oncology care, in one plan.

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1 The one distinction that matters most

If you remember nothing else, remember this: the danger is almost never the therapy itself. The danger is what the patient *stops* doing because of it.

A way to hold it in mind: a complementary therapy is a passenger in the car — it can make the journey more comfortable. An alternative therapy tries to grab the steering wheel. The same massage or herbal tea sits in either seat depending on one thing: whether proven treatment carries on alongside it.

✓ COMPLEMENTARY — ALONGSIDE

Sits **next to** chemotherapy, radiotherapy, surgery or hormone therapy. Aims to ease symptoms and improve quality of life, not to cure.

Usually **safe and often helpful** when chosen well and checked for interactions. This is where most of your patients sit — and where you can be genuinely supportive.

▲ ALTERNATIVE — INSTEAD OF

Replaces proven treatment, usually chasing a "natural cure". Often promoted online or by clinics charging large sums.

This is the **genuinely dangerous** path. It is rarely about the remedy and almost always about the treatment that was refused or delayed.

▲ THE HARD EVIDENCE — THIS IS NOT SCAREMONGERING

Two large US studies (Johnson et al.) using the National Cancer Database changed how we talk about this:

- Patients with curable cancers who chose **alternative medicine alone** had roughly **2.5 times the risk of death** compared with those who had standard treatment (*JNCI*, 2018).
- Patients who used **complementary medicine** were significantly more likely to **refuse part of their proven treatment** — and that refusal, not the therapy, drove a higher death rate (*JAMA Oncology*, 2018).

The teaching point: supporting a patient's interest in complementary care is safe and kind — *provided* it never becomes a reason to delay, dilute or drop treatment that can cure them.

◎ WHAT TO DO IN PRACTICE

You must gently establish, every time, whether a patient is using a therapy *alongside* or *instead of* their oncology plan. If a patient is considering refusing or stopping curative treatment, treat it as an urgent conversation — explore their fears, correct misinformation, and liaise with their oncology team the same week. **Do not** let it pass as "their choice" without making sure the choice is fully informed.

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2 Why patients reach for these therapies

Understanding the "why" turns a defensive exchange into a useful one. Patients are usually pushed away from one thing and pulled towards another.

▸ PUSHED AWAY FROM CONVENTIONAL CARE

- Fear of side-effects, especially of chemotherapy
- Feeling rushed, unheard or "processed"
- Care that feels fragmented across many specialists
- A sense of having no control over what is happening

▸ PULLED TOWARDS COMPLEMENTARY CARE

- The belief that "natural" means gentle and safe
- A wish to actively do something for themselves
- Focus on emotional and spiritual wellbeing
- Time, touch and unhurried attention from a therapist

Notice that most of these needs are reasonable and human. A patient who wants to feel calmer, more in control and properly listened to is not being foolish. Much of what draws people to complementary therapy is exactly what good supportive care should offer anyway. Naming these needs out loud — "it sounds like you want to feel more in control of all this" — often does more good than any debate about evidence.

3 The evidence map — at a glance

Think of a traffic light. Some therapies have real, repeatable evidence for easing symptoms; some have promising but modest evidence; some have little or none. None of the therapies in this guide cure cancer.

BEST EVIDENCE	MODERATE EVIDENCE	WEAK / UNCLEAR	NO BENEFIT / RISK
Mind–body therapies. Mindfulness-based interventions, yoga, relaxation, hypnosis. Help anxiety, low mood, fatigue, fear of recurrence.	**Touch & needling.** Acupuncture and massage for cancer pain, nausea, hot flushes and joint pain from hormone therapy.	**Reflexology, aromatherapy, healing.** Pleasant and low-risk; evidence is thin and mostly about relaxation, not disease.	**Homeopathy & "cures".** Mistletoe, shark cartilage, Essiac, Gerson diet, laetrile. No benefit; some cause harm.

◎ WHERE THESE GRADES COME FROM

The strongest current source is the joint **Society for Integrative Oncology (SIO) and ASCO** guidelines — on cancer pain (2022) and on anxiety and depression (2023) — together with the ASCO–SIO fatigue update (2024). In these reviews, **mindfulness-based interventions carry the strongest recommendation**, with high-quality evidence for symptom relief both during and after treatment. UK supportive care is framed by **NICE guidance on improving supportive and palliative care for adults with cancer (CSG4)**.

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4 Therapy-by-therapy quick reference

A one-line steer for the therapies you are most likely to be asked about. "Evidence" here means evidence for *symptom support* in cancer — not for treating the cancer itself.

Therapy	Evidence (symptoms)	What to tell your patient
Mindfulness & meditation	STRONG	Best-evidenced of all. Reduces anxiety, depression and fatigue during and after treatment. Free apps and NHS Talking Therapies make it accessible. Actively worth recommending.
Yoga	STRONG	Helps anxiety, low mood and cancer-related fatigue. Encourage gentle or cancer-adapted classes; avoid extreme positions if bony metastases or low platelets.
Relaxation & guided imagery	MODERATE	Lowers distress and eases procedure-related anxiety and nausea. Simple, safe, easily taught by nurses.
Hypnosis	MODERATE	Useful for cancer pain and anticipatory nausea. Use a properly trained practitioner.
Acupuncture	MODERATE	Helps cancer pain, hormone-therapy joint pain and chemotherapy nausea (as an add-on to anti-sickness drugs). Avoid needling lymphoedematous limbs and use caution with low platelets/neutrophils.
Massage	MODERATE	Eases pain, anxiety and low mood. Use a therapist experienced in cancer; gentle pressure, avoiding tumour sites, recent surgery and fragile bone.
Aromatherapy	WEAK	Pleasant and relaxing; short-term anxiety benefit at best. Oils must never be swallowed; watch for skin and photo-sensitivity reactions.
Reflexology	WEAK	Low-risk and relaxing. No good evidence beyond general relaxation. Reasonable if the patient values it and treatment continues.
Spiritual healing / Reiki	WEAK	No reliable evidence of physical effect; some patients find it comforting. Harmless unless it displaces real treatment or hope is exploited.
Herbal remedies & supplements	CAUTION	No proven anti-cancer benefit and a real interaction risk (see overleaf). Always ask specifically; "natural" does not mean inert.
Homeopathy	NONE	No effect beyond placebo for any condition. No longer NHS-funded. Safe in itself, but must never replace treatment.
"Cancer cure" diets & products	NONE	Mistletoe, shark cartilage, Essiac, Gerson, laetrile. No benefit; several carry real harm. Steer firmly but kindly away.

◆ **THE PATTERN WORTH MEMORISING**

Evidence is strongest where the therapy works on the **mind** (mindfulness, yoga, relaxation), moderate where it works through **touch or the nervous system** (acupuncture, massage), and weakest or absent where it claims a **biological cure** (herbs, homeopathy, special diets). As the claim shifts from "feel better" to "cure cancer", evidence falls and risk climbs.

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5 Safety — the part that actually protects your patient

This is the clinical heart of the topic. The most common real-world harm is not a dramatic "alternative cure" — it is a herb or supplement quietly interfering with treatment.

Herb–drug interactions you must know

Substance	Mechanism	Why it matters in cancer care
St John's Wort	Strong CYP3A4 & P-glycoprotein *inducer*	Lowers blood levels of many anti-cancer drugs (e.g. imatinib, irinotecan, docetaxel), **reducing their effect**. Also weakens warfarin, ciclosporin, tacrolimus, HIV drugs and hormonal contraception. **Must be stopped** — ideally ≥1 week before chemotherapy.
Grapefruit juice	CYP3A4 *inhibitor*	Does the opposite — **raises** levels of some oral agents (e.g. imatinib), risking toxicity. An easily missed "food", not a supplement.
High-dose antioxidants (vitamins C, E, beta-carotene)	Mop up free radicals	Many chemo and radiotherapy treatments **kill cancer cells using oxidative stress**. High-dose antioxidants may blunt that effect. Advise avoiding supplement-level doses during treatment; normal dietary amounts are fine.
Phytoestrogens (high-dose soy/genistein, red clover, dong quai, ginseng)	Oestrogen-like activity	**Avoid in oestrogen-receptor-positive cancers** — may stimulate tumour growth and interfere with tamoxifen.
Echinacea, garlic, ginseng, milk thistle, green-tea extract (EGCG)	Alter drug-metabolising enzymes	Documented or strongly suspected interactions with chemotherapy. Treat any concentrated herbal extract as a potential interacting drug until checked.

▲ THE RULE THAT KEEPS YOU SAFE

You must ask every cancer patient, by name, what vitamins, herbs, teas and supplements they take — they rarely volunteer it and often don't class them as "medicines". **Do not** assume a product is safe because it is sold over the counter or labelled "natural". When unsure, **check against the BNF and refer to the oncology pharmacist** rather than guessing.

▸ WHERE TO VERIFY — DON'T RELY ON MEMORY

Interaction data changes. Verify against the **BNF**, **NICE CKS**, the patient's **oncology pharmacist / specialist team**, and the freely available **Memorial Sloan Kettering "About Herbs"** database. For any prescribing decision, the BNF and the treating team take precedence over this teaching aid.

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Hands-on therapy cautions

ACUPUNCTURE

- **Avoid** needling a limb at risk of, or affected by, **lymphoedema**
- Use real caution with **low platelets or neutrophils** (bleeding, infection)
- Rare but serious: **pneumothorax**, local infection, fainting
- Use a practitioner registered with the **British Acupuncture Council** or a medical acupuncturist

MASSAGE & MANUAL THERAPY

- Gentle pressure only; **avoid direct tumour sites and recent surgical wounds**
- Caution with **bony metastases** (fracture risk) and **low platelets** (bruising)
- Be alert to undiagnosed **DVT** in a swollen, painful limb
- Choose a therapist **experienced in oncology** massage

6 The discredited "cures" to steer away from

These appear repeatedly online and in private clinics. Patients may raise them with hope. Be clear, but be kind — ridicule pushes people towards the very paths you fear.

Product / regime	The honest position
Mistletoe (Iscador, Viscum album)	Popular in parts of Europe. No convincing evidence of improved survival or quality of life from good trials; potential for interactions and injection-site reactions.
Shark cartilage	Based on the myth that "sharks don't get cancer" (they do). No clinical evidence of benefit. Useless, not harmless once it replaces real care.
Essiac	A herbal mixture with longstanding anecdotal claims and **no supporting trial evidence** of anti-cancer effect.
Gerson therapy	Extreme diet plus coffee enemas. No evidence of benefit and **documented harms** — electrolyte disturbance, infection and malnutrition. Actively discourage.
Laetrile / amygdalin ("vitamin B17")	**Dangerous.** Not a vitamin; releases cyanide and has caused poisoning. No anti-cancer benefit. Must not be used.
High-dose vitamin / "IV" megadoses	No proven survival benefit; may interfere with treatment and carry their own risks. Not a substitute for oncology care.

◎ HOW TO RESPOND WHEN A PATIENT RAISES ONE OF THESE

Acknowledge the hope behind the question. Be honest that the evidence does not support it, and explain *why* in plain terms. Redirect towards what genuinely helps — symptom support, mind–body therapies, and staying on their proven treatment. **You must not** endorse or arrange anything that delays curative treatment, however much the patient wants it.

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7 Regulation & the NHS position today

The landscape is very different from the 1990s. Two facts matter most for safe referral.

◎ WHO IS ACTUALLY REGULATED

Only **osteopaths** and **chiropractors** are regulated by law (General Osteopathic Council; General Chiropractic Council). Practising without registration is a criminal offence.

Everyone else — acupuncturists, aromatherapists, reflexologists, herbalists, homeopaths — is **not regulated by law**. Anyone can use these titles. Steer patients to a register accredited by the **Professional Standards Authority** (e.g. CNHC, or BAcC for acupuncture).

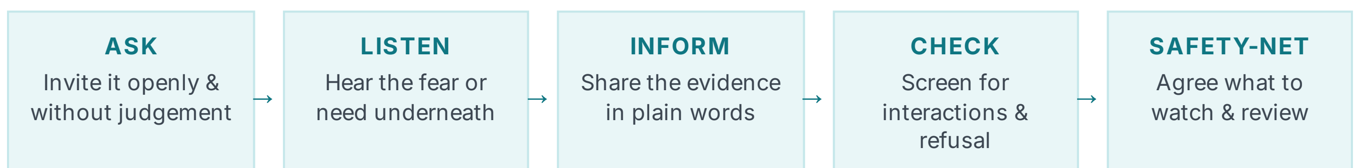
▶ WHAT THE NHS NOW SAYS

Homeopathy is no longer funded by the NHS (NHS England guidance 2017, upheld by the High Court in 2018). NICE does not recommend it for any condition. The former Royal London Homoeopathic Hospital stopped offering it.

Herbal medicines are not available on the NHS. Some complementary therapies (e.g. acupuncture, relaxation) may be offered locally within supportive or palliative care where there is evidence and value.

8 How to have the conversation

A simple, repeatable structure. It keeps you supportive and safe at the same time, and works well as an SCA framework.



◎ LINES THAT WORK

- **Ask:** "Lots of people try other things alongside their treatment — are you using or thinking about anything like that?"
- **Inform:** "Some of these really can help you feel better. A few can clash with your treatment, so let's just check them together."
- **Check & safety-net:** "Please keep taking the treatment that's there to cure this, and tell me before you start anything new — including vitamins and herbal teas."

✓ YOUR SAFE DEFAULTS

Encourage **mind–body therapies**. Support well-chosen **complementary** care for symptoms. Always **ask about supplements**. Always **protect curative treatment**. When a herb or supplement is involved, **verify against the BNF and the oncology team** before reassuring.

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▲ **WHAT'S CHANGED FROM THE OLDER TEACHING**

Then (1999 report)	Now (2018–2025 guidance)
"Best evidence" was acupuncture for nausea and visualisation for quality of life	**Mindfulness-based interventions** now carry the strongest recommendation (anxiety, depression, fatigue); acupuncture and massage hold a *moderate* place for pain and nausea (SIO–ASCO 2022–2024).
NHS funded homeopathy; five NHS homeopathic hospitals	**Homeopathy no longer NHS-funded** and not recommended for any condition (NHS England 2017; High Court 2018). NICE does not endorse it.
Safety framed mainly around therapist training	Safety now centres on **herb–drug interactions** and **refusal of treatment**, with real mortality data (Johnson 2018).
Mistletoe, shark cartilage, Essiac described neutrally	Now clearly framed as **no benefit**; laetrile flagged as **dangerous** (cyanide).
Policy built on fundholding, Primary Care Groups, a brand-new NICE	That structure is gone. Care is framed by current **NICE supportive & palliative care** guidance and integrated oncology.
Regulation "rudimentary and fragmented"	Osteopathy & chiropractic are **statutorily regulated**; others sit on **PSA-accredited voluntary registers** (e.g. CNHC).

Key sources used for this rebuild

SIO–ASCO guidelines: Integrative medicine for cancer pain (2022); Integrative oncology care of anxiety & depression in adults with cancer (*J Clin Oncol*, 2023); ASCO–SIO fatigue update (2024).

NICE: Improving supportive and palliative care for adults with cancer (CSG4); NICE position that homeopathy is not recommended for any condition.

Survival / refusal evidence: Johnson et al., *JNCI* 2018 (alternative medicine and survival); Johnson et al., *JAMA Oncology* 2018 (complementary medicine, refusal of treatment and survival).

Interactions & safety: NCI PDQ "Cancer therapy interactions with foods and dietary supplements"; Memorial Sloan Kettering "About Herbs"; UK BNF; published herb–drug interaction reviews (2019–2022).

NHS & regulation: NHS England guidance on items not routinely prescribed (2017) and 2018 High Court ruling; NHS.uk on herbal medicines & complementary therapies; Professional Standards Authority Accredited Registers; CNHC; General Osteopathic Council; General Chiropractic Council.

Original document: Kohn M. *Complementary therapies in cancer care*. Macmillan Cancer Relief, 1999 — source of the historical framing and patient-experience insight retained here.

◆ **TAKE IT AWAY IN ONE SENTENCE**

Welcome your patient's interest, recommend the mind–body therapies that work, screen hard for herb–drug interactions, and never let any of it become a reason to delay or refuse the treatment that can cure them.

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