TITLE: Navigating Naturopathic Remedies in Oncology: A Conversation with Radiation

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This article is a pre-print. The final version can be found in issue 89(1).

ABSTRACT

The use of naturopathic and other alternative forms of cancer treatment are pervasive, and many patients may firmly believe in their effectiveness. This can present headwinds for physicians who have been trained to incorporate evidence-based practices into their care. This underscores the need for health care providers to be cognizant of the impact of these alternative therapies; it is imperative to understand patient perspectives regarding their use and find middle ground where it exists. We had the opportunity to speak with Dr. David Palma, who is a radiation oncologist and clinician-scientist at the London Health Sciences Centre who has had a vested interest in improving patient access to quality cancer treatment. In this article, Dr. Palma discusses his thoughts about the rising trend of alternative cancer treatments, and how we as future physicians can reconcile with their growing influence.

INTRODUCTION

When cancer patients initially receive their diagnosis, they may feel overwhelmed with uncertainty – along with the sea of information they will have to navigate regarding treatment options. In the face of this, perhaps it is only “natural” that cancer patients may gravitate towards naturopathic remedies, or other forms of alternative medicine. Alternative practitioners may offer patients with solutions that are easy to understand, and may be perceived as more palatable than taking several pills a day in the hopes of halting the cancer’s growth. In some cases, the initial shock of a devastating diagnosis can make patients more inclined to forego evidence-based treatment in favour of what is “natural”. This may be grounded in the misconception that “natural remedies” are inherently superior because they carry fewer side effects and take less of a toll on the body.¹ A study conducted at the Schulich School of Medicine and Dentistry found that recommendations for natural health products are often promulgated by unregulated verbal claims at health food stores, which may be an effective strategy given the high rate of illiteracy in North America.² Another study suggests that the majority of breast cancer patients in Ontario use natural health products in some capacity, highlighting the importance for clinicians to be cognizant of their potential impact.³

Dr. David Palma is a radiation oncologist and clinician-scientist who has had a vested interest in improving patient access to quality cancer treatment. His early interest in this area of research can be traced back to many years ago, since his best friend was diagnosed with colon cancer. After helping his friend navigate his treatment, Dr. Palma was motivated to create a handbook for patients seeking cancer treatments, as he realized not everyone will have an oncologist, or even a physician, in their social circle to guide them through this overwhelming process. He went on to author the book *Taking Charge of Cancer: What You Need to Know to Get*

the Best Treatment and founded the patient information website www.qualitycancertreatment.com.

We had the opportunity to discuss his thoughts about the rising trend of alternative cancer treatments, and how we as future physicians can reconcile with their growing influence.

Are there any benefits to “alternative treatments” for cancer?

It depends on the symptoms that you're looking at treating. If you are treating the cancer itself, then generally no. If you are treating symptoms though, then there could be some things that could be quite useful. It might not even be a supplement. It could be something like physical activity, that can be quite helpful for depression, or Tai Chi for sleep. There are “alternative” options, but I would actually use the term “complementary”, and I want to distinguish between the two. A complementary treatment would mean that you are having your cancer treatment, or have finished it, and you are taking something in addition to that. These kinds of things would add on to that, whereas the “alternative treatments” usually mean that you have decided to not have regular cancer treatment, and instead you are switching over to something that is unproven. We generally embrace complementary treatments, whereas alternative treatments are more of a risky situation because you are foregoing what is evidence-based. I am sure there is actually a long list of complementary interventions that would be helpful, mostly for treating symptoms like nausea and poor sleep, but in terms of treating the cancer itself, then no we are not there yet.

How do you counsel patients who want to explore alternative therapies for their cancer?

Just worry about two major things. One is to be concerned if an alternative practitioner is promising you the world. If somebody says, “this is going to cure your cancer”, then that is too good to be true. Even when I have a patient where the chance of cure is 95%, I never say to them

“you are going to be cured”. I tell them that 95% of the time they will be cured, but we can’t guarantee that until five years go by. Be careful of somebody who’s promising the world, or spouting off conspiracy theories, saying things like “Dr. Palma doesn’t want you to know this but I think it’s important that we give you some IV maple syrup and vitamin C.” The other thing to watch out for is cost. If people are charging an arm and a leg then it’s probably something to be wary of. If someone takes a supplement at the cost of thirty dollars that doesn’t provide any harm or benefit, but makes them feel better, then that is completely reasonable. On the other hand, if it’s thirty thousand dollars that they’re paying to somebody, then they’re really being taken advantage of.

Are there really treatments out there that cost as much as \$30,000?

If the IV vitamin C is a thousand dollars a dose, and you’re getting two doses a month, it wouldn’t take too long. People also go to Mexico. There was this big outrage online because The Guardian, which is a UK newspaper, wrote a story about a mother from the UK who had a type of lung cancer that was incurable. She went to Mexico for alternative treatments, which cost tens of thousands of dollars for her to do. She came back, and the cancer had responded quite substantially. The whole story was about this mother who had gone overseas to have this alternative treatment that the doctors said was not going to work, and yet it worked. Look at that, it’s quite impressive. And then what they just mentioned very briefly is that at the same time she had been put on a new targeted drug for that kind of cancer, and that drug has an excellent response rate of about 80%. She was on the drug, and then she went to Mexico, so we cannot say that it was a neck treatment in Mexico that did anything. It was just sort of buried in this whole story that she had received this very new, very high-tech drug called crizotinib and that happens

to be quite useful in a very specific type of lung cancer. So yes, there are treatments that cost \$30,000. There are people who travel down to places that are poorly regulated after mortgaging their houses.

Are “Integrative Oncology Centers” becoming more influential, and if so, how can we adapt to that changing landscape?

The one in Ottawa is very controversial because, from what I have read in the news, sometimes it borders more on the “alternative” where they are telling patients to avoid the standard kinds of treatment. I think one of the most important things in medicine, and you guys are the future so this will be in your court in the next few decades, is meeting patients where they are and meeting the needs that they have. Our patients are better informed than any group of patients in the past. They have access to more information, and as a result they also have access to more information that is not true. We need to reach out to them, and I think if patients want integrative oncology, we need to provide that. In London, we do not have a formal integrative oncology program, but we have an excellent resource called Wellspring. They are based out of the YMCA in downtown London, and they offer a lot of very supportive things. They do not prescribe medicines, or “alternative medicines”, but they provide a lot of psychosocial support. They provide things like wellness therapy, Tai Chi, support groups, and all kinds of stuff.

And they also do some stuff that is a bit out there. They do Reiki which is when you wave your hands over somebody. There is no scientific basis for Reiki; it does not do anything from a physiological point of view. However, if someone wants to lie down and have Reiki done, knowing that it is not treating their cancer, but see it as some time for meditation and mindfulness, that is fantastic. It would be completely false if somebody were to say, “Hey, I’m

going to give you reiki and that's going to cure your cancer.” That is not what they do over there. What we do is meet our patients where they are, and we meet their needs. If they want to explore complementary medicines, we should be providing them with that and trying to give them an unbiased view.

What are the major obstacles that we have faced as a profession in addressing this issue?

I think as a specialty, and as a group of physicians, it is incumbent upon us to reach out to patients and explain some of the differences of where we are coming from. We should communicate to them why we know that certain treatments work, just as we are reaching out to people who have vaccine hesitancy. It's very, very similar. It is the spread of false information that we have to combat. In general, physicians and scientists tend to be terrible communicators to the public. It is very hard to compete when you have celebrities with this large following, like Gwyneth Paltrow or Jenny McCarthy, that can go out there and say something, and everybody believes it. We have to try to do a better job to talk to people in terms that are understandable and also to reach them in the places that they are in.

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