

## Evidence summary

### Chinese medicine for cancer pain

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This summary of key findings from *Volume 18: Cancer pain*<sup>1</sup> of the Evidence-based Clinical Chinese Medicine monograph series outlines:

- what cancer pain is
- current treatments
- findings from research into classical Chinese medicine literature and modern Chinese medicine clinical studies.

#### What is cancer pain?

People with cancer may experience pain caused by the tumour, cancer treatments (including surgery), immobility or any combination of these factors.<sup>2</sup> Almost half of cancer patients have pain, and more than three-quarters of people with advanced cancer have pain.<sup>3</sup>

#### Current treatments

Conventional cancer pain treatment is based on the World Health Organization's 'analgesic ladder', which outlines a stepped-care approach for managing cancer pain.<sup>4</sup> Step 1 includes non-opioid analgesics. Step 2 includes weak opioids if pain is uncontrolled. Step 3 includes stronger opioids for continuous pain relief.<sup>4</sup>

Chinese medicine treatment options for cancer pain include oral and topical Chinese herbal medicine, acupuncture, moxibustion, electroacupuncture and ear acupuncture. *Qigong* and music therapy may also be considered. Chinese medicine practitioners base their treatments on the patient's symptoms, relevant clinical textbooks and guidelines, research and clinical experience.

#### Classical Chinese medicine literature

The *Encyclopedia of Traditional Chinese Medicine* (*Zhong Hua Yi Dian*) is a large and important collection of Chinese

medicine books. It includes 121 references to treatments for cancer pain, most (89) of which relate to oral and topical Chinese herbal medicine.

The most frequent Chinese herbal medicine formulas were *Xi lu wan* (six references) and *Da huang wan* (three references). Two of the formulas identified in the search continue to be recommended in contemporary clinical guidelines and textbooks: *Er chen tang* (oral) and *Chan su gao* (topical).

Acupuncture and moxibustion, found in 33 references, continue to be recommended in clinical textbooks and guidelines.

#### Modern Chinese medicine clinical studies

To write the *Cancer pain*<sup>1</sup> monograph, five English-language and four Chinese-language biomedical databases were searched in April 2018. This search found 70 relevant clinical studies of Chinese medicine for cancer pain-like symptoms, including 53 randomised controlled trials, two non-randomised controlled clinical trials, and 15 non-controlled studies. A search of the International Clinical Trials Registry Platform in November 2022 identified six newly published randomised controlled trials (one on Chinese herbal medicine, five on acupuncture therapies).

#### Chinese herbal medicine

Of 30 randomised controlled trials, 12 tested oral Chinese herbal medicines. Oral Chinese herbal medicine provided less pain relief than ibuprofen but greater pain relief than vitamins and minerals. Combining oral Chinese herbal medicine with conventional analgesics reduced pain more than conventional analgesics alone, and it reduced the average daily dose of analgesics.

Seventeen randomised controlled trials tested topical Chinese herbal medicines. Topical Chinese herbal medicine was more effective at reducing pain than placebo and as effective as the opioid tramadol. Topical Chinese herbal medicine combined with conventional analgesics was more effective at reducing pain than placebo plus conventional analgesics, conventional analgesics alone, and conventional analgesics plus osteoporosis medicine.

Compared to placebo plus conventional analgesics, the combination of topical Chinese herbal medicine and conventional analgesics had little effect on the maintenance dose of analgesics, but reduced the average daily analgesic dose. Combining topical Chinese herbal medicine with conventional analgesics reduced the maintenance and average daily analgesic dose more than conventional analgesics alone.

Ten studies reported there were no adverse events with Chinese herbal medicines. The remaining eight studies that reported on safety did not report the number of adverse events for both groups, so Chinese herbal medicine safety for cancer pain remains uncertain.

### Acupuncture therapies

Twenty-one randomised controlled trials tested acupuncture therapies. Acupuncture and/or electroacupuncture provided greater pain relief than sham acupuncture. Combining acupuncture and/or electroacupuncture with conventional analgesics was more effective at reducing pain than analgesics alone, and more effective at reducing the maintenance analgesic dose required. Further, combining acupuncture with kinesiotherapy was more effective at reducing pain than kinesiotherapy alone.

Ear acupuncture provided greater pain relief and reduced the average daily analgesic dose more than sham acupuncture. Combining ear acupressure with conventional analgesics was also more effective at reducing pain and the total analgesic dose than conventional analgesics alone.

Minor adverse events were reported with acupuncture therapies, but there were not enough data for an overall assessment of its safety.

### Key messages

- Chinese herbal medicine and acupuncture therapies have been used for cancer pain for centuries.
- Combining Chinese herbal medicine with conventional analgesics appears to effectively reduce pain.
- Acupuncture also appears to reduce cancer pain.
- Chinese medicine practitioners should discuss the potential risks and benefits of Chinese medicine treatment with patients and their caregivers.

### For more information

You can find out more about Chinese medicine for cancer pain in the book *Evidence-based Clinical Chinese Medicine Volume 18: Cancer pain*<sup>1</sup> from <https://doi.org/10.1142/12306>

To find out more about Chinese medicine research at the China–Australia International Centre for Chinese Medicine, visit [www.rmit.edu.au/research/centres-collaborations/multi-partner-collaborations/cairccm](http://www.rmit.edu.au/research/centres-collaborations/multi-partner-collaborations/cairccm)

### References

1. May B, et al. (2021) *Volume 18: Cancer pain*. Xue CC, Lu C, editors. World Scientific Publishing Co. Pte. Ltd.; Singapore.
2. Krajnik M, Zyllicz Z. (2013) Pain assessment, recognising clinical patterns, and cancer pain syndromes. In: Hanna M, Zyllicz Z (eds), *Cancer pain*. Springer, London, pp. 95–108.
3. Higginson IJ, Murtagh FEM, Osborne TR. (2013) Epidemiology of pain in cancer. In: Hanna M, Zyllicz Z (eds). *Cancer pain*, Springer, London, pp. 5–24.
4. World Health Organization (1996) Cancer pain relief. World Health Organization, Geneva.

### Disclaimer

This evidence summary is not intended as a guide for self-medication or medical advice – patients should seek professional advice from qualified Chinese medicine practitioners.