

# Acupuncture for Malignant Pain

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The Royal Marsden Hospital is the major London centre for primary, secondary and advanced referrals for malignancy. I have now been running the pain clinic at their Surrey branch for approximately 10 years. Patients are referred to the pain clinic from oncologists, radiotherapists and surgeons, and have pain refractory to conventional methods of pain control. As the patients attend oncology, radiotherapy or surgical clinics, I have reasonably full information about their clinical staging and have access to further special investigations as necessary. I have recently started to computerise my pain clinic data and to date have logged in 193 patients who have attended the clinics over the last 5 years. The salient features of these patients will be summarised below.

A patient may have more than one pain, so it is important that each pain should be diagnosed by history, examination and special investigations prior to treatment. Pain can be related to tumour growth such as bone pain, nerve pain, soft tissue infiltration and visceral involvement. Pain can also be related to surgery, radiotherapy or chemotherapy treatment.

Post surgery pain includes post thoracotomy, post mastectomy, post radical neck dissection, and phantom limb pain. Post radiotherapy pain includes radiation fibrosis of a nerve plexus especially the brachial plexus, and radiation myelopathy. Post chemotherapy pain includes peripheral neuropathy, and post herpetic neuralgia which is likely to occur in the site of the original tumour. Pain can also be completely unrelated to cancer, e.g. osteoarthritis, migraine etc.

Out of 193 patients, only 156 were considered to be suitable for acupuncture. Contraindications were needling areas of cord compression, local malignant disease, lymphoedema and patients with abnormal clotting function. Acupuncture is inadvisable in the area of an unstable spine, as the removal of



protective muscle spasm by acupuncture might allow greater movement leading to further nerve compression or even spinal transection. Peripheral placement of needles in such patients may however be helpful. Patients close to death are unlikely to respond to acupuncture for longer than a few hours or days and may well be better treated pharmacologically.

Of the 156 patients given acupuncture, 55 had tumour related pain, 60 had treatment related pain, and 41 had unrelated pain (post herpetic neuralgia was included in this group). Current medication was not stopped when a patient was given acupuncture, but

acupuncture responsiveness could permit the reduction in drug consumption. Indeed as patients were often in extreme discomfort, additional forms of treatment were sometimes prescribed. Up to 3 acupuncture treatments were considered an adequate therapeutic trial. In fact no patient who obtained a zero response from 3 treatments and had further treatments ever developed a sustained response. As a result of this, I am now reluctant to try more than 2 treatments if there is absolutely no positive response at all.

## **Results.**

Out of the 156 patients, 56% had a worthwhile improvement of seven days or more, which could realistically be repeated as an out-patient; 22% had a cosmetic response, that is improvement of pain for a limited duration (e.g. two days) but of no significant long term benefit to the patient; and 22% obtained no help whatsoever. Overall, worthwhile results were least likely for patients with tumour related pain, and much more likely with treatment or unrelated pain.

Thirteen patients who had significant pain relief also had a significant improvement in mobility and behaved as if they had had sympathetic nerve

blockade. Seven out of ten patients who were especially sensitive to all medication had an excellent response to acupuncture, including six with tumour related pain. Acupuncture is therefore worthy of trial in this group. Twenty seven patients became tolerant to acupuncture with time and of these 17 had become tolerant due to an acceleration in their malignant disease. Indeed a patient may stop being acupuncture responsive on account of a metastasis, and then after treatment of the metastasis by radiotherapy or chemotherapy the patient may well revert back to being acupuncture responsive. Tolerance developing in a patient who had previously been acupuncture responsive should mean immediate referral back to the oncologists for investigation in case of tumour recurrence.

Acupuncture was particularly helpful for a large number of patients with breast or arm pain following breast surgery and radiotherapy for carcinoma of the breast.

Neuralgia and neuropathic pain are most difficult to treat in patients with malignancy. Despite this, acupuncture helped one third of our patients with tumour related neuralgic pain, two thirds with treatment related pain and more than two thirds if the pain was unrelated. Transcutaneous electrical nerve stimulation (TENS) was used in addition to acupuncture in 52 patients. Of the 25 who were significantly helped by TENS, 12 benefited significantly using acupuncture with TENS as a back up. These responses were not necessarily interchangeable, as some patients responded to acupuncture alone and others to TENS alone. Dothiepin, the tricyclic antidepressant, worked synergistically with acupuncture in 35 cases, and was especially useful for patients with neuralgia or neuropathic pain.

In the past I have shown how thermography can demonstrate an increase in circulation following acupuncture. I have also described the use of acupuncture for healing radionecrotic ulcers which classically do not respond to any form of treatment (1). It seems probable that the increase in vascular supply to the affected area by acupuncture allows sufficient healing nutrients access to the ulcerated area to allow healing to take place.

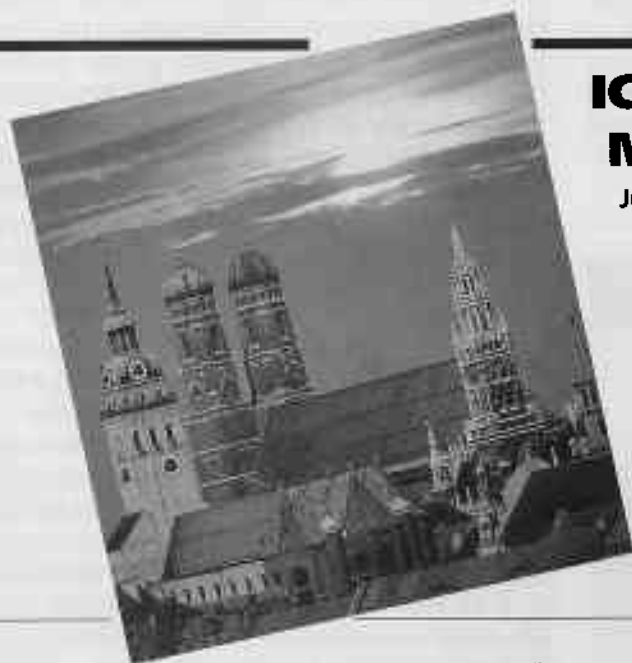
One interesting point to note is that acupuncture needs to be repeated much more frequently in patients with malignant disease than in the general population, e.g. 1,2,3 or 4 weekly treatments. It is helpful for an even more limited duration in many patients with advanced disease. It would be most interesting to find out why the larger the tumour volume, the less responsive the patient seems to be to acupuncture.

In conclusion, acupuncture is useful for many tumour and treatment related pains, e.g. nerve pain and vascular problems, muscular spasm (including bladder), dyspnoea (occasionally), bone pain in selected patients and for patients with known drug intolerance. It is difficult to construct meaningful clinical trials on such a heterogeneous group of patients, often on multiple therapy. Nevertheless, controlled prospective studies are desirable in this fascinating clinical area.

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#### Reference

1. Filshie J (1984) Acupuncture for Malignant Pain. *Acupuncture in Medicine*, May: 12-14



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