Acupuncture for the Treatment of Sweating Associated with Malignancy

Claudia Hallam, Christopher Whale

Summary
Acupuncture was used to treat a 60–year old woman with unexplained sweating associated with inoperable lung cancer that prevented her from sharing a bed with her husband. Other measures failed to improve her sweating, but she responded well to a course of acupuncture allowing her to continue sharing the marital bed.

Keywords
Acupuncture, paraneoplastic phenomenon, lung cancer.

Introduction
Excessive sweating is problematic in a proportion of cancer patients for various reasons, including fever, emotion, medication and paraneoplastic phenomena. Management includes simple measures, such as reducing room temperature and increasing ambient ventilation. Any infection should be treated with antibiotics, and medications that exacerbate the problem should be stopped if possible. Anti-pyretics or anti-muscarinics may be beneficial, but if sweating remains a problem palliating symptoms can be challenging. Novel approaches to pharmacological treatment of sweating include the use of the immunomodulator thalidomide, and the anti-depressant venlafaxine hydrochloride. Thalidomide has been shown to reduce the release of the pro-inflammatory cytokine tumour necrosis factor alpha (TNF-a) from monocytes, whereas the use of venlafaxine resulted from clinical observation and the mechanism of action is unknown. Acupuncture should be considered as a treatment option.

Presentation
This post-menopausal woman was fit and well until she developed a persistent cough in September 2001, leading to a diagnosis of lung cancer. Bronchoscopy revealed infiltration of the lower trachea and right main bronchus, and CT scan showed T4 N2 disease with extensive mediastinal involvement and possible hepatic metastasis. Biopsy revealed a poorly differentiated carcinoma of the bronchus, possibly adenocarcinoma. She received three cycles of MVP chemotherapy (Mitomycin-C, Vinblastine and Cisplatin) prior to localised radiotherapy, which was completed in January 2002. Following radiotherapy she remained well in herself, but developed troublesome sweats. In August 2002 she commenced a herbal remedy ‘Black Cohosh’, said to improve vasomotor symptoms, which led to a slight improvement. She was not on any other medication.

The patient was then referred to one of the authors (CAH) by her community palliative care clinical nurse specialist with a three month history of distressing sweats which occurred frequently, but particularly at night, necessitating a change in bedclothes on occasions. She was unable to sleep in the same bed as her husband for fear of disturbing him, which was distressing for them both. She wished to consider acupuncture for the problem.

On examination, the patient was alert and appeared well. She was afebrile, and there were no signs of infection. General, cardiovascular, respiratory and abdominal examinations were unremarkable. She underwent a course of acupuncture for her sweats after providing written informed consent.

Treatment
Classical acupuncture points were chosen on the basis of their theoretical ‘special action’ according
to traditional Chinese theory: SP6, ST36 (homeostatic); LR3 (sedative); KI3 (control of water). These points had been used for treating sweats at this centre with apparent success. Acupuncture was carried out on three occasions over a three week period according to the centre’s usual practice. The points LR3, KI3, SP6 were needled bilaterally. On the first session the needles were left in place for five minutes without stimulation. As this was well tolerated, ST36 was added for the subsequent two sessions, and the needles were left in place for 20 minutes without stimulation.

Results
One week after the first treatment session, sweating had improved subjectively; the patient had not needed to change her bedclothes at all, and was again sleeping in the same bed as her husband. She felt the acupuncture had improved her general sense of well-being, and her daughter remarked that she appeared to be her ‘old self again’. The improvement in symptoms was maintained throughout the treatment period and beyond. Over the last two weeks of treatment she commented that she had occasional mild sweats during the day, but no overnight sweats.

Discussion
Acupuncture has been reported as effective in treating vasomotor symptoms in patients being treated for breast cancer and in women with menopausal symptoms and a history of breast cancer, in whom hormone replacement therapy is contraindicated, using a similar combination of acupuncture points. Fever causes marked release of the cytokines interleukin-6 (IL-6) and TNF-α, and thalidomide is known to have opposing effects. Acupuncture may have similar immunomodulatory mechanisms since electroacupuncture in rats has demonstrated a reduction in prostaglandin-E2, and IL-6 mRNA levels. Although one study found a reduction in TNF-α levels amongst asthmatic patients undergoing a form of hand acupuncture, further studies are needed to examine the effect of acupuncture on cytokine release in humans.

In the absence of other detectable causes for excessive sweating, it is likely that in this patient the symptom was a paraneoplastic phenomenon. A marked improvement was noted after just one treatment of acupuncture, and the improvement was maintained. Therefore it would seem appropriate to consider acupuncture for paraneoplastic sweating before prescribing further medication in a group of patients already potentially compromised by polypharmacy.

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References
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