

Editorial

## Acupuncture in Oncology – Update 2024

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### Abstract

Acupuncture, as a promising complementary therapy for cancer patients, offers personalized symptom management and improved quality of life alongside conventional treatments. With its proven efficacy in alleviating chemotherapy-induced side effects such as nausea, fatigue, and pain, acupuncture stands as a holistic approach to cancer care. Tailored to individual needs and boasting a favorable safety profile, acupuncture addresses both physical symptoms and psychological distress, promoting resilience and quality of life. By integrating specific acupuncture points into treatment protocols, practitioners can provide targeted relief and support for patients, fostering holistic healing and emotional well-being amidst the challenges of cancer treatment.

### Keywords

Acupuncture; integrative oncology; symptom management; quality of life; acupuncture points in oncology



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## **1. Introduction**

Cancer remains a significant global health concern, with over 100 different types presenting varied characteristics. Risk factors such as smoking, poor diet, genetics, and environmental exposures contribute to its prevalence. Despite advancements, cancer ranks among the leading causes of death, necessitating ongoing efforts in risk mitigation, early detection, and innovative treatments.

Screening and early detection are crucial, enabling timely intervention and better outcomes. Treatment options, including surgery, chemotherapy, immunotherapy, and targeted therapy, are tailored to each case. Survival rates depend on factors like cancer type, stage, and treatment effectiveness, with ongoing research driving improvements.

Cancer poses challenges beyond physical symptoms, impacting emotional and psychological well-being. Supportive care services, including palliative care, address these needs, enhancing quality of life.

Globally, lung, breast, and colorectal cancers are most prevalent, with targeted interventions needed to reduce their impact. These efforts aim to mitigate risk factors, enhance screening, and expand access to effective treatments, ultimately improving patient outcomes worldwide [1-4].

## **2. Acupuncture and Its Role in Cancer Treatment**

Acupuncture has emerged as a promising complementary therapy for cancer patients, offering targeted relief from symptoms and side effects associated with conventional treatments. By addressing both physical and emotional aspects of the disease, acupuncture plays a valuable role in enhancing the overall well-being of patients undergoing cancer treatment.

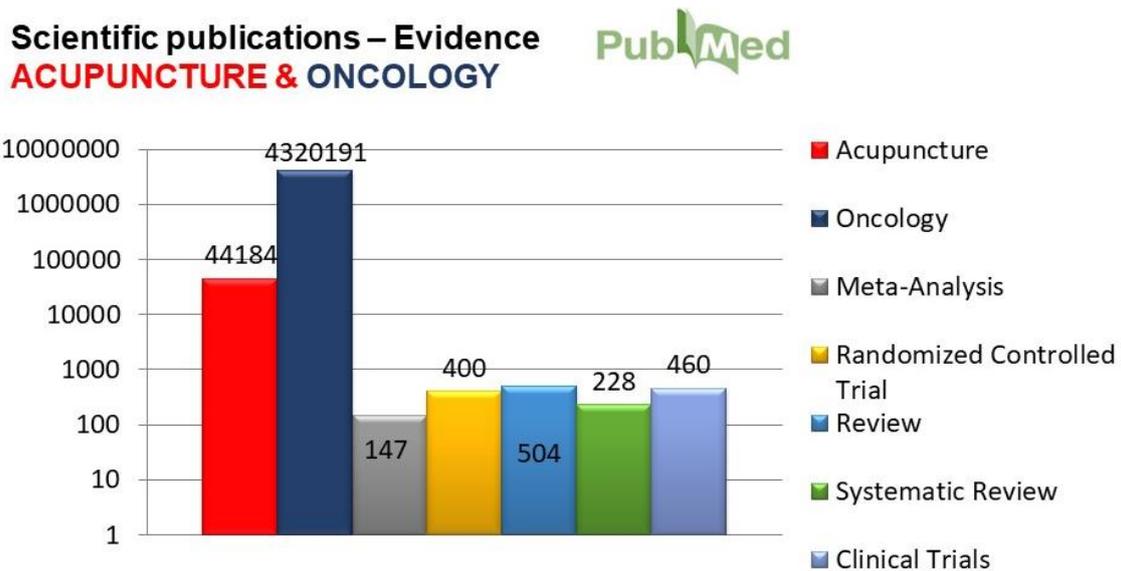
One of acupuncture's key strengths lies in its individualized approach to treatment. Tailored sessions consider factors such as cancer type, symptoms experienced, and ongoing treatment protocols, ensuring precise targeting for maximum therapeutic benefit.

Significantly, acupuncture is generally considered safe when administered by trained practitioners, exhibiting minimal side effects compared to pharmaceutical interventions [2]. This safety profile is precious for cancer patients, offering a low-risk option for symptom management and promoting overall wellness.

The National Institutes of Health (NIH) has recognized acupuncture's efficacy in symptom management, particularly in reducing chemotherapy-induced nausea and vomiting. By alleviating distressing symptoms and promoting relaxation, acupuncture helps patients cope more effectively with the challenges of cancer treatment, fostering resilience and well-being [1-4].

## **3. Key Indications – Acupuncture – Cancer Patients**

Acupuncture offers promising avenues for managing pain and discomfort in cancer patients, addressing symptoms arising from both the disease itself and treatment side effects. By targeting specific acupoints, acupuncture can alleviate pain, nausea, and fatigue, enhancing overall well-being during cancer treatment. Figure 1 displays updated (March 2024) scientific data from articles from the PubMed database on 'Acupuncture in Oncology' [1].



**Figure 1** Scientific data from the PubMed database for ‘Acupuncture in Oncology’ (March 2024).

Chemotherapy-induced nausea and vomiting, typical side effects, can be effectively managed with acupuncture. By regulating neurotransmitter levels and gastrointestinal function, acupuncture provides relief, improving patients’ quality of life. Moreover, acupuncture shows potential in addressing psychological distress, such as anxiety and depression, common among cancer patients. By targeting relaxation points, acupuncture promotes emotional well-being and resilience.

Peripheral neuropathy, another prevalent issue, can cause tingling and numbness. Acupuncture aids in relieving these symptoms by modulating pain perception and promoting nerve regeneration. Hot flashes, a discomforting side effect of hormonal treatments, can be reduced through acupuncture. By regulating hormonal imbalances, it improves patient comfort. Additionally, acupuncture may provide immune support by stimulating specific acupoints associated with immune function, aiding recovery and reducing infection risks. Acupuncture also addresses sleep disturbances by inducing restful sleep, calming the mind, and reducing anxiety. Digestive issues such as nausea and diarrhea can be alleviated through acupuncture, as it regulates gastrointestinal function and fosters natural healing. For managing lymphedema, acupuncture complements conventional therapies by stimulating lymphatic flow and reducing inflammation, improving patient comfort and mobility [1-4].

#### 4. Acupuncture Points – Cancer Patients

The acupuncture points Zusanli (ST36), Hegu (LI4), and Sanyinjiao (SP6) offer significant therapeutic potential for cancer patients:

Zusanli (ST36), located on the lower leg, can boost energy, improve digestion, and enhance immune function. Acupuncture here may alleviate cancer-related fatigue, support digestive health, and strengthen the body’s defenses.

Hegu (LI4), positioned between the thumb and index finger, is versatile for pain relief and reducing nausea and vomiting, which are common side effects of cancer treatments.

Sanyinjiao (SP6) on the inner leg helps regulate the digestive system and promote relaxation. Acupuncture here may manage symptoms like nausea, insomnia, and anxiety, improving overall quality of life.

Similarly, Taixi (KI3), Hoku (LI11), and Huiyin (CV1) target various symptoms in cancer patients:

Taixi (KI3) on the inner foot supports kidney function and induces relaxation, helping manage fatigue during treatment.

Hoku (LI11), at the outer elbow crease, alleviates pain, reduces swelling, and strengthens the immune system.

Huiyin (CV1), located between the anus and genitals, can foster emotional stability and aid in managing anxiety and depression during cancer treatment. However, it is rarely used due to its location.

Additionally, acupuncture at Baihui (GV20), at the top of the head, enhances cognitive clarity and tranquillity, which is beneficial for managing stress, anxiety, and insomnia in cancer patients. Neiguan (PC6), on the inner forearm, alleviates nausea, vomiting, and anxiety, which is particularly relevant during chemotherapy.

By integrating these acupuncture points into treatment plans, practitioners can offer targeted relief for physical and emotional distress in cancer patients, enhancing their overall well-being and resilience throughout treatment [1-4].

## **5. TCIM Practices in Cancer Care: Insights from a Multinational Survey**

A recent study from Huemer et al. [3] represents a pioneering effort as the first multinational survey among Traditional, Complementary, and Integrative Medicine (TCIM) practitioners, focusing on acupuncture and herbal medicine in cancer care. It sheds light on prevalent practices and patient preferences within the TCIM community, emphasizing their complementary role in enhancing quality of life and managing treatment-related symptoms.

One notable finding is that TCIM practitioners commonly provide supportive and palliative care alongside biomedical treatments, highlighting the complementary nature of TCIM modalities in cancer management. Breast cancer is frequently encountered in TCIM clinics, reflecting patients' interest in exploring holistic approaches to address its unique challenges.

Patients seek TCIM primarily to alleviate treatment-related side effects, with fatigue, pain, and depression/anxiety being the top concerns. Acupuncture, especially at points like Zusanli (ST36) and Hegu (LI4), garners high ratings for effectiveness in managing these symptoms, offering a non-pharmacological approach supported by research.

To enhance their clinical practice, TCIM practitioners prioritize continuing education, including specific oncology training. While they utilize online databases, they often value expert opinions over research papers, which may influence their clinical decisions [3].

The landscape of TCIM in cancer care is evolving, with trends like the integration of acupuncture into public healthcare and the need for structured educational programs to develop TCIM oncologists. This integration offers patients access to a broader range of treatment options and fosters collaboration between TCIM practitioners and conventional healthcare providers, ultimately improving patient care and outcomes [3].

## **6. Updating Acupuncture Guidelines for Integrative Oncology**

Owing to the long period that had elapsed since the last guidelines were issued in 2006, efforts were undertaken between 2022 and 2023 to update recommendations for safe acupuncture practices within integrative oncology. The updated recommendations [4] sought to address advancements in cancer care and cater to the needs of survivors grappling with the late effects of the disease. Key focuses included safety considerations, tailored approaches for cancer patients, communication and collaboration between healthcare providers, and ongoing education and training for acupuncturists. The process involved a core development team, an international expert panel, and representation from key stakeholders, ensuring comprehensive review and consensus-building. These updated recommendations aim to enhance the quality of care for cancer patients, supporting the integration of acupuncture into comprehensive cancer care approaches [4].

## **7. Benefits and Guidelines for Integrating Acupuncture in Cancer Management**

Acupuncture, an evidence-based non-pharmaceutical approach, effectively manages various consequences of cancer and its treatments, including pain, nausea, fatigue, and anxiety. Its integration into comprehensive cancer care plans is crucial for addressing both physical and emotional aspects of the cancer experience. The updated recommendations [4] provide essential guidance for safe acupuncture practices [2], ensuring patient safety, efficacy, and standardization within integrative oncology. The recommendations, developed through a comprehensive and all-inclusive process, utilize multidisciplinary expertise and are designed to provide healthcare providers with evidence-based and easily accessible guidelines [4].

## **8. Conclusions**

Acupuncture has shown promising efficacy in managing various cancer-related symptoms, with minimal adverse effects, making it a safe adjunctive therapy alongside conventional treatments [1-4]. Integrating acupuncture into cancer care protocols offers a holistic approach, addressing patients' physical and emotional needs. By adhering to evidence-based guidelines, practitioners can optimize patient outcomes and enhance quality of life. These recommendations empower practitioners, protect patients, and promote the integration of acupuncture into routine cancer care, ultimately improving patient well-being and treatment experiences.

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The topic of 'Acupuncture in Oncology' will be presented by the author as the Opening Lecture at a seminar on April 6, 2024, in Laško, Slovenia, organized by the Slovenian Acupuncture School for Medical Doctors and the Oncology Institute Ljubljana, also in Slovenia, Europe. The author would like to extend a warm thank you for the invitation to speak as the opening presenter at this seminar, specifically to Ms. Primaria Dr. Jadwiga Hajevska Kosi and Ms. Dr. Slavka Topolić.

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## **Competing Interests**

The author hereby declares that no conflict of interests exists in connection with the publication of this editorial.

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