

Health Insights Today

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CAM in Review

When reading reports on new research, it is important to remember that no single study should be seen as providing the whole truth. The following reports offer helpful clues but in most cases further research is needed before firm conclusions can be drawn.

Acupuncture Equals Effectiveness of Effexor for Vasomotor Symptoms During Breast Cancer Treatment, with Beneficial Rather than Harmful Side-Effects

Vasomotor symptoms such as hot flashes and night sweats are common adverse effects of antiestrogen hormone treatment in conventional breast cancer care. Hormone replacement therapy is contraindicated in patients with breast cancer. Venlafaxine (Effexor), widely used for these symptoms, has numerous adverse effects. Previous studies have suggested acupuncture may be effective in reducing vasomotor symptoms in menopausal women.

Researchers in at the Henry Ford Hospital in Detroit conducted a randomized controlled trial testing whether acupuncture reduces vasomotor symptoms and produces fewer adverse effects than venlafaxine. Fifty patients were randomly assigned to receive 12 weeks of acupuncture or venlafaxine treatment. Health outcomes were measured for up to 1 year post-treatment. Both groups exhibited significant decreases in hot flashes, depressive symptoms, and other quality-of-life symptoms, including significant improvements in mental health from pre- to post-treatment. These changes were similar in both groups, indicating that acupuncture was as effective as venlafaxine. By 2 weeks post-treatment, the venlafaxine group experienced significant increases in hot flashes, whereas hot flashes in the acupuncture group remained at low levels. The venlafaxine group experienced 18 incidences of adverse effects (e.g., nausea, dry mouth, dizziness, anxiety), whereas the acupuncture group experienced no negative adverse effects. Acupuncture had the additional benefit of increased sex drive in some women, and most reported an improvement in their energy, clarity of thought, and sense of well-being.

Walker EM, Rodriguez AI, Kohn B, et al. Acupuncture versus venlafaxine for the management of vasomotor symptoms in patients with hormone receptor-positive breast cancer: a randomized controlled trial. *J Clin Oncol*. Feb 1 2010;28(4):634-640.

Arnica Diminishes Skin Bruising

The herb arnica has long been reputed to be effective in reducing bruising. In a study using methods that seem quite controversial, researchers at the Northwestern University Medical School studied healthy volunteers, age range 21-65 years, in a double (patient and rater) blinded randomized controlled trial. For each subject, four standard bruises of 7 mm diameter each were created on the bilateral upper inner arms, 5 cm apart, two per arm, using a 595-nm pulsed-dye laser (Vbeam; Candela Corp., Wayland, MA, U.S.A.). Randomization was used to assign one topical agent (5% vitamin K, 1% vitamin K and 0.3% retinol, 20% arnica, or white petrolatum) to exactly one bruise per subject, which was then treated under occlusion twice a day for 2 weeks. A dermatologist not involved with subject assignment rated bruises [visual analogue scale, 0-10] in standardized photographs immediately after bruise creation and at week 2.

There was significant difference in the change in the rater bruising score associated with the four treatments. Pairwise comparisons indicated that the mean improvement associated with 20% arnica was greater than with white petrolatum, and the improvement with arnica was greater than with the mixture of 1% vitamin K and 0.3% retinol. Improvement with arnica was not greater than with 5% vitamin K cream, however. Topical 20% arnica ointment may be able to reduce bruising more effectively than placebo and more effectively than low-concentration vitamin K formulations, such as 1% vitamin K with 0.3% retinol.

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Leu S, Havey J, White LE, et al. Accelerated resolution of laser-induced bruising with topical 20% arnica: a rater-blinded randomized controlled trial. *Br J Dermatol*. Apr 20 2010.

St. John's Wort Not Effective for Irritable Bowel Syndrome

St. John's Wort (SJW) is known to effectively treat patients with mild-to-moderate depression. Antidepressants are frequently used to treat irritable bowel syndrome (IBS), but no study had examined the efficacy of SJW in IBS. Researchers at the Mayo Clinic conducted a 12-week randomized, double-blind, placebo-controlled trial, in which 70 participants with an established diagnosis of IBS were assigned to either SJW or placebo. Both treatment arms were balanced on symptom subtype. The primary end point was self-reported overall bowel symptom score (BSS) at 12 weeks. Secondary end points were individual BSS for diarrhea (D-BSS), constipation (C-BSS), pain or discomfort, and bloating; adequate relief (AR) of IBS on at least 50% of the last 4 weeks of therapy; and IBS quality-of-life score at 12 weeks.

In all, 86% of the participants were women, and the median age was 42 years. Overall, 29% had C-IBS, 37% D-IBS, and 31% had mixed IBS. Both groups reported decreases in overall BSS from baseline, with the placebo arm having significantly lower scores at 12 weeks compared with SJW. These patterns of improvement were mirrored in the secondary end points. A similar proportion of subjects in each treatment group (SJW: 51% vs. placebo: 54%) believed that the study drug they received decreased IBS life interferences. Researchers concluded that SJW was a less effective treatment for IBS than placebo.

Saito YA, Rey E, Almazar-Elder AE, et al. A randomized, double-blind, placebo-controlled trial of St. John's Wort for treating irritable bowel syndrome. *Am J Gastroenterol*. Jan 2010;105(1):170-177.

St. John's Wort Helpful for Vasomotor Symptoms of Menopause

Because of a decline in estradiol levels, premenopausal, perimenopausal, and postmenopausal women experience symptoms related to vasomotor instability, including hot flashes. Certain plants have been found to have molecular components that are identical in structure and function to human hormones. Iranian researchers conducted a study to compare the efficacy of St. John's Wort with that of placebo in 100 women with hot flashes, for 8 weeks. Climacteric complaints were evaluated by using the Blatt-Kupperman Index at two follow-up visits.

The mean age of the participants was 50.4 years. Both groups responded to the interventions, and the within-group differences in frequency, duration, and severity of hot flashes were statistically significant. The difference in duration of hot flashes between groups was not significant on the 4th week of intervention; however, it was statistically significant between the two groups on the 8th week of treatment. The fall-off in frequency of hot flashes on the 4th and 8th weeks of intervention was more evident in women receiving St. John's Wort, and the differences between groups were statistically significant. The decrease in the severity of flashes in women who received St. John's Wort was more evident on the 4th and 8th weeks. Researchers concluded that St. John's Wort can be used as an effective treatment for the vasomotor symptoms of perimenopausal or postmenopausal women.

Abdali K, Khajehei M, Tabatabaee HR. Effect of St. John's Wort on severity, frequency, and duration of hot flashes in premenopausal, perimenopausal and postmenopausal women: a randomized, double-blind, placebo-controlled study. *Menopause*. Mar 2010;17(2):326-331.

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Acupuncture Helpful for Depression in Pregnancy

Stanford University investigators conducted a randomized controlled trial on acupuncture and depression, with 150 pregnant women who met Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) criteria for major depressive disorder. Subjects received either acupuncture specific for depression or one of two active controls: control acupuncture or massage. Treatments lasted 8 weeks (12 sessions). Junior acupuncturists, who were not told about treatment assignment, needled participants at points prescribed by senior acupuncturists. All treatments were standardized. The primary outcome was the Hamilton Rating Scale for Depression, administered by masked raters at baseline and after 4 and 8 weeks of treatment.

Fifty-two women were randomized to acupuncture specific for depression, 49 to control acupuncture, and 49 to massage. Women who received acupuncture specific for depression experienced a greater rate of decrease in symptom severity compared with the combined controls or control acupuncture alone. They also had significantly greater response rate (63.0%) than the combined controls (44.3%) and control acupuncture alone (37.5%). Symptom reduction and response rates did not differ significantly between controls (control acupuncture, 37.5%; massage, 50.0%). The authors concluded that the short acupuncture protocol demonstrated symptom reduction and a response rate comparable to those observed in standard depression treatments of similar length and could be a viable treatment option for depression during pregnancy.

Manber R, Schnyer RN, Lyell D, et al. Acupuncture for depression during pregnancy: a randomized controlled trial. *Obstet Gynecol.* Mar 2010;115(3):511-520.