

CAM for men's health

| Leo Auerbach

In the past century, conventional (orthodox) medicine has obtained striking and substantial success in defending exogenous as well as endogenous diseases. The rapid development of invasive and non-invasive diagnostics, surgical techniques, therapeutic regimens and new drugs result in an unprecedented life expectancy of mankind.

Quality standards for establishing new therapies have been postulated in the recent decades. According to the concept of evidence-based medicine, newly developed therapeutic strategies have to undergo scientific verification applying good clinical practice (GCP). Although complementary therapeutic approaches were set aside due to the first enthusiasm about the success of orthodox medicine, there is an ongoing effort to survey complementary and alternative methods applying the same quality standards as used for conventional medicine. Moreover, topics like quality of life in health and also in chronic disease, preventive medicine and anti-ageing, which are integral fields for complementary medicine, have gained increasing attention among patients and health professionals [1,2].

The Worldwide Web facilitates access to information about medical topics and enables patients to learn about various therapeutic options in a short time. The opening of political borders to Eastern Europe and in particular to the Far East (China, India, Japan etc.) has brought to the West holistic therapeutic concepts, which have been developed by collecting knowledge over thousands of years.

These “new” old treatment options are increasing in popularity. Almost 50% of the population of the Western countries have used these therapies although most of them are not scientifically analyzed. Therapeutic regimens which have no proven efficacy or

safety applying standards of evidence-based medicine do not belong to orthodox Western medicine. They are usually designated “unorthodox”, “unproven”, or “unconventional”. However, it is important to distinguish between “complementary” and “alternative” medicine. Complementary medicine is characterized as an additional, supporting option accompanying orthodox medicine. By contrast, therapeutic regimens which substitute orthodox medicine are considered “alternative”. Taken together, complementary and alternative medicine are subsumed as CAM (complementary and alternative medicine) [3].

Among many health care professionals, and also political representatives, concerns exist about CAM. On one hand, alternative providers, who are often not even medical doctors, may not be able to obtain the appropriate diagnosis or underestimate disease progression. On the other hand, some complementary therapies, if not applied by specialists, may interfere with conventional treatments. The most serious concerns are that patients may substitute important conventional therapies by alternative methods.

The use of CAM is widespread and mainly includes diets, nutritional supplements (herbal products, vitamins, minerals, amino-acids) as well as measures for stress reduction (e.g. yoga, meditation, qi gong) acupuncture, aromatherapy, homeopathy, immune therapy and exercise therapy. These therapies can be given as a combination of two or more therapies, representing a holistic view of medicine and diseases [1]. Consumers state that their primary reason for using CAM is to promote overall health and wellness, but they also report using supplements to improve performance and energy, to treat and prevent illnesses (e.g. colds and flu), and to alleviate depression [4].

Leo Auerbach, MD
Outpatient Clinic for
Complementary Medicine,
General Hospital Vienna,
Medical University Vienna,
Austria

E-mail:
leo.auerbach@
meduniwien.ac.at

Online 1 June 2006

The National Center of Complementary and Alternative Medicine (NCCAM, <http://nccam.nih.gov/>) has grouped CAM into five major domains:

- Biologically based therapies
Biologically based practice includes, but is not limited to, botanicals, animal-derived extracts, vitamins, minerals, fatty acids, amino acids, proteins, prebiotics and probiotics, whole diets, and functional foods.
- Mind-body medicine
Mind-body medicine focuses on interactions among the brain, mind, body, and behaviour, and the powerful ways in which emotional, mental, social, spiritual, and behavioural factors can directly affect health. It regards as fundamental an approach that respects and enhances each person's capacity for self-knowledge and self-care, and it emphasizes techniques that are grounded in this approach. Mind-body medicine typically focuses on intervention strategies that are thought to promote health, such as relaxation, hypnosis, visual imagery, meditation, yoga, biofeedback, tai chi, qi gong, cognitive-behavioural therapies, group support, autogenic training, and spirituality. The field views illness as an opportunity for personal growth and transformation, and health care providers as catalysts and guides in this process.
- Energy therapies
Energy medicine deals with energy fields of two types:
 - Veritable, which can be measured
 - Putative, which have yet to be measured
 The veritable energies use mechanical vibrations (such as sound) and electromagnetic forces, including visible light, magnetism, monochromatic radiation (such as laser beams), and rays from other parts of the electromagnetic spectrum. They involve the use of specific, measurable wavelengths and frequencies to treat patients. In contrast, putative energy fields (also called biofields) have defied measurement to date by reproducible methods. Therapies involving putative energy fields are based on the concept that human beings are infused with a subtle form of energy. This vital energy or life force is known under different names in different cultures, such as qi in traditional Chinese medicine, ki in the Japanese Kampo system, doshas in Ayurvedic medicine, and elsewhere as prana, etheric energy, fohat, orgone, odic force, mana, and homeopathic resonance. Vital energy is believed to flow throughout the material human body, but it has not been unequivocally measured by means of conventional instrumentation.

icine, and elsewhere as prana, etheric energy, fohat, orgone, odic force, mana, and homeopathic resonance. Vital energy is believed to flow throughout the material human body, but it has not been unequivocally measured by means of conventional instrumentation.

- Alternative medical systems*
Whole medical systems involve complete systems of theory and practice that have evolved independently from or parallel to allopathic (conventional) medicine. Many are traditional systems of medicine that are practiced by individual cultures throughout the world.
 - Major Eastern whole medical systems include traditional Chinese medicine and Ayurvedic medicine, one of India's traditional systems of medicine.
 - Major Western whole medical systems include homeopathy and naturopathy.
 - Other systems have been developed by Native American, African, Middle Eastern, Tibetan, and Central and South American cultures.
- Manipulative and body-based methods
These include chiropractic and osteopathic manipulation, massage therapy, Tui Na, reflexology, rolfing, Bowen technique, Trager bodywork, Alexander technique, Feldenkrais method, and a host of others [4].

Four important issues for CAM users have been reported:

- a view of CAM as safe and holistic coupled with the view of conventional medicine as an aggressive and isolated treatment
- concern about side effects, in particular impotence and incontinence from conventional cancer therapy
- a belief in the potential efficacy of CAM despite the lack of evidence
- a need to gain a sense of control [1,3,4].

It may not surprise the reader that the distribution between sexes in the use of CAM is not balanced between men and women. A woman who uses alternative medicine uses dietary supplements, focused mental therapies and lifestyle changes approximately twice as often as a man who uses alternative medicine [5].

Studies generally indicate that younger age, female gender, and higher education and income (household income >\$ 50,000) are

associated with the use of alternative medicine. Women who seek help from alternative medicine are more self-assertive, psychologically strong, and well-adjusted, and like the sense of control and empowerment. Women search for products used in alternative medicine on the Internet, in on-line chat rooms, and in health-food stores [2,6,7].

Even though the effect of CAM is difficult to assess scientifically and most CAM research and clinical studies are too short, too small and rarely double-blinded and placebo-controlled to fulfil the established prerequisites of evidence-based medicine, scientific knowledge of complementary treatment in urological diseases has been growing in the last 10 years. An increasing use of CAM is documented for male disease including urological conditions such as benign prostate hypertrophy, cancer treatment and prevention, prostatitis, erectile dysfunction, urolithiasis and infertility. Reports about prevention, e.g. routine prostate check ups, and problems of fertility

and impotence appear in the popular press and on television almost every week. Thus interest in discussing and treating diseases with CAM in male patients is increasing [5,7–9].

Results from the CaPSURE (Cancer of the Prostate strategic Urologic Research Endeavor) published in 2005 show that one third of 2582 patients with prostate cancer used CAM: 26 % used vitamins and mineral supplements, 16% herbs, 13% antioxidants, 12 % saw palmetto, selenium, vitamine E and lycopene [10–13]. Biologically based therapies are the most important CAM in urology because these include products and preparations which are increasingly used in benign urological conditions, and as complementary methods for preventing and treating cancers [14].

Information about CAM for men's health is growing every day and CAM is becoming part of daily routine medical treatment in men's health. But knowledge about CAM among urologists is still limited [15].

This editorial introduces a practicing medicine series on CAM. Articles in this series will be published in future issues of the journal and will characterize and discuss the efficacy and advantage of the most common complementary therapies.

References

- [1] Dreikorn K. Complementary and alternative medicine in urology. *BJU Int* 2005;96:1177–84.
- [2] Goldstein MS, Brown ER, Ballard-Barbash R, Morgenstern H, Bastani R, Lee J, et al. The use of complementary and alternative medicine among California adults with and without cancer. *Evid Based Complement Alternat Med* 2005;2(4):557–65.
- [3] Cassileth BR, Deng G. Complementary and alternative therapies for cancer. *The Oncologist* 2004;9:80–9.
- [4] The NCCAM (the National Center of Complementary and Alternative medicine) (<http://nccam.nih.gov>).
- [5] Eisenberg DM, Davis RB, Ettner SL, et al. Trends in alternative medicine use in the United States, 1990–1997 results of a follow-up national survey. *JAMA* 1998;280:1569–75.
- [6] Holland JC. Use of alternative medicine—a marker for distress? *N Engl J Med* 1999; 340(22):1758–9.
- [7] Hedderson MM, Patterson RE, Neuhaus ML, Schwartz SM, Bowen DJ, Standish LJ, et al. Sex Differences in motives for use of complementary and alternative medicine among cancer patients. *Altern Ther Health Med* 2004;10(5):58–64.
- [8] Fair WR. Back to the future – the role of complementary medicine in urology. *J Urol* 1999;162:411–20.
- [9] McClure MW. An overview of holistic medicine and complementary and alternative medicine for the prevention and treatment of BPH, prostatitis, and prostate cancer. *World J Urol* 2002;20:273–84.
- [10] Eng J, Ramsum D, Verhoef M, Guns E, Davison J, Gallagher R. A population-based survey of complementary and alternative medicine use in men recently diagnosed with prostate cancer. *Integr Cancer Ther* 2003;2(3):212–6.
- [11] Duffield-Lillico AJ, Dalkin BL, Reid ME. Selenium supplementation, baseline plasma selenium status and incidence of prostate cancer: an analysis of the complete treatment period of the Nutritional Prevention of Cancer Trial. *BJU Int* 2003;91:608–12.
- [12] Moyad MA. Selenium and vitamin E supplements for prostate cancer: evidence or embellishment? *Urology* 2002;59(4 Suppl 1):9–19: Review.
- [13] Chan JM, Elkin EP, Silva SJ, Broering JM, Latini DM, Carroll PR. Total and specific complementary and alternative medicine use in a large cohort of men with prostate cancer. *Urology* 2005;66(6):1223–8.
- [14] Singh H, Maskarinec G, Shumay DM. Understanding the motivation for conventional and complementary/alternative medicine use among men with prostate cancer. *Integr Cancer Ther* 2005;4(2):187–94.
- [15] Doggweiler-Wiygul R. Complementary medicine in urology – a different approach. *World J Urol* 2002;20:271–318.