

# Quality of Life: Complementary Therapies Filling the Gap between Cancer Treatment and Patient Benefits

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## **Abstract:**

The evaluation of changes in quality of life due to malignant diseases or their therapy has only gradually been well established since the 1980s.

Many oncological patients ascribe similar importance to quality of life as to survival time. Some consider its importance even higher.

Conventional oncology therapies like chemotherapy, radiation and current targeted therapies are able to consecutively improve quality of life through their tumor-inhibiting effects. However, insufficient response to therapy often prevents such an improvement of quality of life. Furthermore, adverse drug reactions can even worsen the patient's condition.

To fill this gap, many therapies of Integrative Oncology have proven to be successful in improving parameters of quality of life. Some examples include medicinal substances, especially mistletoe, immune activating treatments, hyperthermia, anthroposophic nursing, physical activity, nutritional therapy, Rhythmical Massage Therapy, balneotherapy, external applications, eurythmy therapy, arts therapy, meditation, psychooncological and pastoral support and biographical counselling and many more can be mentioned.

For several of these therapeutic methods, an improvement in quality of life could be documented in clinical trials.

Mistletoe therapy will be discussed in greater detail in the following:

It is one of the most frequently prescribed (>50% in Germany), longest established (since 1920) and best researched (>2000 publications, >130 clinical trials) complementary therapies for cancer.

In general, mistletoe is indicated for all stages of malignant diseases, whether adjuvant or palliative, concomitant or solitary. Most commonly it is administered subcutaneously, two to three times per week, in increasing doses. Intravenous, intratumoral and intracavitary applications are in use to intensify the effects, mostly by means of higher doses.

More recent clinical trials, in majority of methodological high quality, show the best evidence of the efficacy of mistletoe therapy with regard to quality of life. Additionally, mistletoe was found to be safe and well tolerated.

Therefore, mistletoe is to be recommended and accordingly found entrance into guideline recommendations.

In discussions by expert committees, mistletoe therapy still appears underrepresented.

Further high-quality trials, especially regarding certain tumor entities, would be desirable to consolidate the results.