

Cancer and AAPIs

Cancer is the second leading cause of death in the US. In 2003, an estimated 1,334,100 people in the US are expected to be diagnosed with cancer, and 556,500 are expected to die from cancer. (American Cancer Society, 2003). One-half of new cancer cases occur in people aged 65 years and over. (US DHHS, 2000).

Between 1990 and 1996, the lung and bronchus, prostate, female breast, and colon and rectum were the most common cancer sites for all racial and ethnic populations in the US. Together, they accounted for approximately 54% of all newly diagnosed cancers. (US DHHS, 2000).

To many, cancer embodies the fear of pain, suffering, and death (Sontag, 1977). Prevention and early detection are key elements in control, but unlike other chronic diseases such as heart disease and diabetes, cancer evokes a fear that creates barriers to the utilization of health care services. Successful cancer prevention and treatment efforts must be tailored to address the distinct health beliefs and behaviors of different cultural groups.

Although the specific causes of most cancers are not well understood, **cancer is thought to be caused by three factors: environmental exposure, viral agents, and genetic predisposition.**

Environmental factors include lifestyle behaviors such as cigarette smoking and improper diet. Smoking has been linked to cancer of the lung, mouth, bladder, and other organs. Diets high in fat and low in fiber have been linked to cancer of the colon. Excess alcohol intake has been associated with cancer of the esophagus, tongue, and pharynx. (Metzlin, 1992).

Viral infections have been implicated in a growing number of cancers. The human papillomavirus is thought to play a causal role in the development of cancer of the cervix. Those who carry the hepatitis B virus have a greatly increased risk of liver cancer. *Helicobacter pylori* has been shown to be related to stomach cancer, and the Epstein-Barr virus is related to cancer of the nasopharynx. (Nomura et al., 1991).

The third cause, genetic predisposition, appears to account for only 2% of the cancer incidence. (Desmond, 1987).

Recommendation

Help your clients modify their behavior to:

- Eliminate cigarette smoking
- Modify diet and alcohol intake
- Avoid exposure to other environmental or occupational carcinogens
- Prevent exposure to hepatitis B virus
- Undergo testing to detect early-stage cancer and maximize positive treatment outcomes
- Report symptoms of cancer for which there are no screening tests

(Jenkins and Kagawa-Singer, 1994).

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Incidence and Mortality

AAPIs in General

- **AAPIs have the lowest cancer rates.** As a group, AAPIs have lower rates of cancer than African Americans, whites, and Hispanics. They also have the lowest mortality rates from cancer. (American Cancer Society, 2003).
- **Cancer rates are higher for some sites.** For all anatomic sites combined, Chinese and Filipinos of both sexes have lower cancer rates than whites; however, they experience a greater incidence of stomach and liver cancer than whites. (Jenkins and Kagawa-Singer, 1994).
- **AAPIs have poorer survival rates for some types of cancer.** Some AAPIs who develop certain cancers may be less likely to survive. Five-year survival rates for cancer of the colon, rectum, and breast are poorer for some AAPI groups than for whites. (Jenkins and Kagawa-Singer, 1994).
- **AAPI men have much higher liver cancer rates.** The incidence of liver cancer among AAPI males, with the exception of Asian Indians, is dramatically higher than for whites. This difference is most likely explained by the high prevalence of hepatitis B carrier status, liver fluke infestation, and aflatoxin exposure among Asian immigrants and their high correlation with the development of hepatoma. (CDC, 1991; Lam, 1986; Nomura et al., 1991; Jenkins and Kagawa-Singer, 1994).
- **Lung cancer.** Lung cancer is the most common cancer among Chinese, Filipino, Hawaiian, and Vietnamese men. (Parker et al., 1998).
- **Stomach cancer.** Although the incidence of stomach cancer among the general US population is decreasing, it is still the most common malignant neoplasm among Asians in China, Japan, and Korea, with the highest rates in Japan and Korea. (Kaiser Permanente, 1999). Data from the Surveillance, Epidemiology and End Result (SEER) program reveal that several Asian ethnic groups (Chinese, Filipino, Japanese, Korean, and Vietnamese) experience a higher incidence of stomach cancer and liver cancer compared with whites. (Ro, 2001).

- **Colorectal cancer.** Rates are lower for AAPIs, except for Laotians, than for whites. (Jenkins and Kagawa-Singer, 1994).
- **Female breast cancer.** The female breast cancer rate among Asian Indians parallels the rate among whites, but for other AAPI ethnicities, the breast cancer rate is dramatically lower. (Jenkins and Kagawa-Singer, 1994). Breast cancer incidence rates for Chinese, Japanese, Korean, Filipino, and Vietnamese women are higher in the US than in Asia. In 1988-1992, for example, the age-adjusted rates for invasive breast cancer were highest in white American women, followed by Hawaiian, African-American, and Japanese-American women. Low incidence rates were reported in Korean-, Vietnamese-, and Native-American women. (Li and Pawlish, 2003).
- **Cervical cancer.** Rates are higher for all AAPI groups than for whites. (Jenkins and Kagawa-Singer, 1994).

Recommendation

There are no effective screening tests for some of the cancers that commonly strike AAPI groups (e.g., cancer of the liver, pancreas, stomach, esophagus, and uterus). Moreover, because symptoms of these cancers often appear only after the disease has advanced to a relatively late stage, they may have a very poor prognosis.

Thus, health care providers should be alert to a possible cancer diagnosis when a patient presents with vague complaints of discomfort that could be early signs of cancer at these common sites. These complaints may be mistaken for part of the AAPI cultural tendency to somatize emotional complaints and may be treated symptomatically, without performing a diagnostic workup. (Jenkins and Kagawa-Singer, 1994).

Chinese

- **Increased incidence of some cancers among men.** Chinese men have a greater incidence (compared with the majority population) of cancer of the oral cavity, pharynx, nasopharynx, esophagus, stomach, liver, and gallbladder. (Jenkins and Kagawa-Singer, 1994).
- **Increased incidence of some cancers among women.** Chinese women have a greater incidence of cancer of the oral cavity, pharynx, nasopharynx, stomach, liver, and cervix. (Jenkins and Kagawa-Singer, 1994).

Asian Indians

- **Breast cancer.** In India, only 1 in 40 women gets breast cancer, but in the US, 1 in 8 Asian Indian women gets the disease. According to the American Cancer Society, **South Asian women have the second highest incidence of cancer among AAPIs.** (Alagiakrishnan and Chopra, 2001).

Filipinos

- **Oral cavity, pharynx, and liver.** Filipino men have a greater incidence of cancer of the oral cavity, pharynx, and liver. (Jenkins and Kagawa-Singer, 1994).

- **Prostate cancer** is the most common cancer among Filipino men. (Parker et al., 1998).
- **Cervical cancer.** Filipino women have a higher incidence of cervical cancer. (Jenkins and Kagawa-Singer, 1994).

Pacific Islanders

- Native Hawaiians, unlike other AAPI groups for which there are data, have higher cancer rates than whites for all anatomic sites combined. (Heckler, 1985). Most notably, **native Hawaiians have a greater incidence of cancer of the female breast, cervix, uterus, esophagus, larynx, lung, pancreas, and stomach, as well as multiple myeloma.** (Jenkins and Kagawa-Singer, 1994).
- **Lung cancer** is the most commonly diagnosed cancer among American Samoan men and the second most diagnosed cancer among American Samoan women. (Kaiser Permanente, 1999).
- The **breast cancer** incidence and mortality rate for Marshallese women is 5 times greater than for white women in the US, and the **cervical cancer** rate is 75 times greater. It is suspected that this is linked to fallout from US nuclear testing in the 1950s and nuclear waste dumping in US-associated Pacific jurisdictions. (Palafox, 1997).

Individual Cancers

Liver Cancer

- **Both US and Asian-born AAPIs (men and women) have the highest rates of liver cancer.** This has been linked to higher rates of hepatitis B among AAPI populations. (Kaiser Permanente, 1999). AAPI men also have the highest death rates for liver cancer. (National Cancer Institute, 2003).

Colorectal Cancer

- **AAPIs have lower rates of colorectal cancer than the white population.** However, rates may increase as Asians become increasingly acculturated and adopt a more American diet. (Kaiser Permanente, 1999).

Breast Cancer

- Breast cancer is **the most common cancer among Chinese, Filipino, and Hawaiian women.** (APIAHF, 2003). One study showed that 22% of Chinese women use herbal remedies when diagnosed with breast cancer. (ICC, 2001).
- **Being born or living in the western US raises the breast cancer risk for AAPIs.** A case control study on the effects of migration on breast cancer risk among Chinese, Japanese, and Filipinos living in California showed that Asian Americans born in the West have a 60% higher breast cancer risk factor than those born in the East. Furthermore, this risk doubles after a decade of residence in the West. (Zeigler et al., 1993).

Pertinent Fact: Breast Cancer Treatment Disparities

Compared with white women, AAPI women with breast cancer are more likely to undergo mastectomy than breast-conserving surgery, according to a 2002 study of women in the San Francisco Bay area of California. Researchers from the Minnesota Center for Health Care Ethics in Minneapolis found that 63% of Chinese women, 59% of Japanese women, 55% of Filipino women, and 55% of other AAPI women underwent mastectomy, versus 42% of white women. Furthermore, compared with white women, Chinese women were less likely to be given radiation therapy after breast-conserving surgery or hormone therapy for tumors that are responsive to estrogen, according to a team led by Dr. Angela Prehn. This difference did not hold for other AAPI women.

The researchers concluded that “differences in breast carcinoma (cancer) treatment patterns for Chinese, Japanese and Filipino women compared with white women underscore the importance of looking at treatment patterns separately for Asian/Pacific Islander subgroups.” They added that “the reasons for these racial/ethnic treatment differences remain unclear, although in this study they were not due to differences in tumor and socioeconomic characteristics.”

More research is needed to elucidate the cultural differences that may influence treatment choices for breast cancer so that all women have a better opportunity to receive therapeutically effective treatment. (Reuters, 2002).

Cervical Cancer

- **Cervical cancer is the most common cancer among Vietnamese women.** Their cervical cancer rate is more than two and a half times higher than that of any other racial or ethnic group in the US. (Parker et al., 1998).
- Research indicates that compared with other racial groups, **Southeast Asian women tend to have more severe cervical cancer**, due to late diagnosis, and are less likely to follow up with treatment. (Carey and Gjerdingen, 1993).

Stomach (Gastric) Cancer

- Although the incidence of stomach cancer among the general US population is decreasing, it is **still the most common malignant neoplasm among Asians in China, Japan, and Korea**, with the highest rates in Japan and Korea. (Kaiser Permanente, 1999).
- **Both Chinese and Japanese Americans have higher rates of stomach cancer than white Americans.** Filipino Americans have a lower incidence than the general white population. (Kaiser Permanente, 1999).

Lung Cancer

- The **lung cancer rate among Southeast Asians is 18% higher** than that among white Americans. (ICC, 2001).

- **Lung cancer is the most common cancer among Chinese, Hawaiian, Korean, and Vietnamese men.** (Parker et al., 1998). Lung cancer is also the most commonly diagnosed cancer among American Samoan men and the second most diagnosed cancer among American Samoan women. (Kaiser Permanente, 1999).

Prostate Cancer

- **Asian Americans have lower rates of prostate cancer** than African Americans or whites. (Kaiser Permanente, 1999).
- **Prostate cancer is the most common cancer among Filipino and Japanese men.** (Parker et al., 1998).

Traditional Health Beliefs and Practices

- **Negative connotation.** Cancer carries negative connotations in AAPI communities, as it does in other cultures. (Jenkins and Kagawa-Singer, 1994).
- **Cancer as a hereditary defect.** Some AAPIs believe that cancer is caused by a hereditary defect. Therefore, in more traditional communities, the offspring in families with a cancer history may be viewed as less marriageable. (Jenkins and Kagawa-Singer, 1994).
- **Cancer as punishment.** Some AAPIs believe that cancer is a punishment for transgressions in this life or in past lives. This can result in a reluctance to reveal a cancer diagnosis to the community or in the shunning of cancer patients by the community. (Jenkins and Kagawa-Singer, 1994).
- **Cancer as karma.** Most Japanese- and Chinese-American patients interviewed by Kagawa-Singer (1988) believed that their cancers were a result of karma caused by past lifestyle choices, such as imprudent diets or smoking. Their response to these “self-inflicted” cancers was one of acceptance, and their efforts were directed toward doing all they could to rid themselves of the disease so they would not be burdens to their families. Among study subjects, adherence to the prescribed treatment regimen was extremely high (greater than 95%). (Jenkins and Kagawa-Singer, 1994).
- **Women as traditional caretakers of the sick.** Traditionally, women are the caretakers of the sick. If a woman is working, she is torn between her career (or possible loss of her job and health insurance coverage) and familial obligations. She may also become a target for community derision because she does not fulfill her culturally expected role of caretaker and nurturer. (Jenkins and Kagawa-Singer, 1994).

Keeping Cancer in the Family

Social support is an important area of study in cancer care. American patients appear to use support from a wide network of friends and professional services. AAPI patients use much smaller networks of support, mainly immediate family members and possibly one or two very

close friends. (Kagawa-Singer, 1988, 1993).

AAPI individuals and families are socialized to take care of private matters by themselves and to bear the consequences alone. Thus, community members may be reluctant to offer help if it is not asked for. Community members may want to avoid insulting the patient and family by intimating that they are not capable of enduring this hardship on their own. This practice may be functional in the native country or in traditional enclaves, where family networks are relatively cohesive, but it may be dysfunctional in American society, where the extended family is not always nearby and economic and social norms encourage women to work outside the home. (Jenkins and Kagawa-Singer, 1994).

- **Different view of autonomy and self-sufficiency.** Western psychosocial support efforts for patients with cancer typically encourage individuals to be self-sufficient and autonomous in their decision-making. However, such efforts may create distress in AAPIs, rather than reduce it as intended. Self-sufficiency and autonomy are values that are diametrically opposed to the AAPI cultural ethos of group identity, dependency, and consensus modes of decision-making. (Kagawa-Singer, 1988). Efforts to promote more individualistic values can create discomfort in AAPIs and raise barriers to health education and treatment. (Jenkins and Kagawa-Singer, 1994).
- **Lack of knowledge.** In one sample of Vietnamese adults in the San Francisco Bay area, 13% reported that they had never heard of cancer. Twenty-seven percent did not know that cigarette smoking can cause cancer, and 28% believed that cancer was contagious. Although liver cancer is common among Southeast Asians due to the prevalence of hepatitis B, 48% had never heard of hepatitis B. (Kaiser Permanente, 1999). Among Vietnamese women, 32% had never had a Pap test, 28% had never had a breast exam, and 83% had never had a mammogram. (Kaiser Permanente, 1999).

Risk Factors and Challenges

Cancer Types

- **Hepatitis B virus and liver cancer.** Carriers of the hepatitis B virus (HBV) have a risk of developing liver cancer that is more than 200 times that in the noninfected population. At the same time, it is important to understand that not all HBV carriers are at equal risk of developing serious liver disease and liver cancer. Among chronic HBV carriers, 40% to 50% of the men and 15% of the women will eventually develop and die of cirrhosis or liver cancer. (Beasley, 1988; Beasley et al., 1981).

Recommendations for Reducing Chronic Hepatitis B Virus Infection in Infants and Young Children (Perinatal Infection)

Each year, 16,000 to 18,000 children in the US are born to mothers infected with HBV. Without prevention programs, about 8,000 of these infants would become infected with HBV. However, 95% of these infections are preventable through appropriate maternal screening and infant care.

Screening pregnant women during an early prenatal visit is essential to identify those who are

infected. Women at high risk should be retested late in pregnancy. In 1997, 14 states had laws or regulations to ensure such screening.

To be maximally effective, steps to prevent the transmission of HBV to infants born to infected mothers must begin as soon as the child is born. Such infants should receive a first dose of hepatitis B vaccine within 12 hours of birth, along with hepatitis B immune globulin between the ages of 12 and 15 months to ensure that they are not infected and have developed immunity to the virus. (US DHHS, 2000).

- **Esophageal cancer.** A fermented fish sauce commonly used as a relish in southern China and other parts of Southeast Asia may account for the unusually high number of cases of esophageal cancer in the area. Individuals who reported eating the fish sauce every day were almost 16 times more likely to develop esophageal cancer than were those who never ate it. Smoking and drinking are well-established risk factors for esophageal cancer, but only smoking seems to interact with the consumption of fish sauce to increase the cancer risk even further. (McKinney, 2002).
- **Nasopharyngeal cancer.** The major modifiable risk factor for cancer of the nasopharynx is the consumption of Cantonese salted fish, which is commonly eaten from early infancy onward by high-risk groups. Other possible risk factors include extensive exposure to dust and smoke and regular consumption of other fermented foods. The role of the Epstein-Barr virus in the development of nasopharyngeal cancer continues to be explored. (Miller et al., 1996).
- **Stomach cancer.** Consumption of meat and fat, nitrates or nitrites, red pepper, sodium, and starch may contribute to the higher incidence of stomach cancer among Asians and Asian Americans. (Kaiser Permanente, 1999).
- **Cervical cancer.** Studies have shown that Vietnamese and Cambodian women have low rates of cervical cancer screening. (Yi, 1994; Wismer et al., 1998; Carey and Gjerdingen, 1993).
- **Breast cancer.** Only 48.5% of AAPI women 50 years and older in the US have had a mammogram or clinical breast exam within the last two years—the lowest rate of screening among all racial or ethnic groups. (Parker et al., 1998).

Recommendation

Providers may want to intervene by educating AAPI women, within a culturally sensitive framework, about the causes of certain diseases and preventive measures they can take to reduce risk. (Kaiser Permanente, 1999).

Factors that May Discourage Cervical Cancer Screening

Knowledge, attitude, and belief barriers

- Language: little or no English proficiency
- Low level of education
- Fear of Pap test
- Lack of knowledge about cervical cancer and benefit of Pap test
- Belief that only married women should have Pap test
- Fatalistic attitude
- Embarrassment about Pap test

External and other barriers

- Access to health care
 - No health insurance
 - Medicaid coverage (versus private insurance or Medicare)
 - No regular health care provider
 - No physician referral or recommendation for Pap test
 - Cost
- Acculturation: short length of time in the US
- Being unmarried and young
- Being young
- Having no children
- Age over 40 years
- Age over 65 years
- Having immigrated between 1968 and 1992
- Having immigrated after 1981
- Low income

(Adapted from CDC, 2003).

Factors that May Encourage Cancer Screening among Women

Access to health care

- Regular source of health care
- Physician recommendation or referral
- Presence of female clinician

Logistical support

- Prearranged appointments
- Free transportation
- Female interpreter
- Person to guide the patient through the health care facility

(Adapted from CDC, 2003).

Smoking

- **Smoking rates in some Asian men.** Male Vietnamese, Chinese, Cambodian, and Laotian immigrants have smoking rates that are considerably higher than those of whites. (Jenkins and Kagawa-Singer, 1994). Asian Americans and Pacific Islanders are the least likely of the four US racial/ethnic minority groups to smoke, but several local surveys report very high smoking rates among recent male immigrants from Southeast Asia. Estimates of the smoking prevalence among Southeast Asian men range from 34% to 43%--much higher than among other AAPI groups. (CDC, 1998)
- **Exposure to secondhand smoke.** AAPI female nonsmokers have more prolonged exposure to secondhand cigarette smoke than do AAPI male nonsmokers. It is believed that the women's exposure to secondhand smoke is due to male smokers in the household. (APIAHF, 2001).

Tobacco Risk

There is no safe tobacco alternative to cigarettes. Chewing tobacco can cause cancer of the mouth, inflammation of the gums, and tooth loss. Cigar smoking is a cause of cancer of the mouth, throat, and lungs and can increase the risk of heart disease and chronic lung problems. (US DHHS, 2000).

Diet

- As recent AAPI immigrants adopt more **Western dietary and lifestyle habits**, the incidence of certain cancers, such as colorectal and breast cancer, appears to increase. (Jenkins and Kagawa-Singer, 1994).
- Some elements of **traditional AAPI diets** (such as the consumption of pickled foods) have been linked to an increased risk of cancer. (Jenkins and Kagawa-Singer, 1994).
- A **fermented fish sauce** used as a relish in southern China and other parts of Southeast Asia has been linked to an unusually high incidence of esophageal cancer in the area. Individuals

who ate the fish sauce every day were almost 16 times more likely to develop esophageal cancer than were those who never ate it. (McKinney, 2002).

- Numerous studies suggest that **curcumin**, a substance found in turmeric (which is a chief ingredient in Asian Indian food), may help fight colon cancer. For example, researchers in the UK noted that whereas 20% of the population of Leicester is Asian, only 2 out of 500 colon cancer patients are Asian. (Ireson et al., 2002). They are currently testing curcumin capsules as a possible treatment for colon cancer. Turmeric is also a mainstay of Ayurvedic medicine.

Adherence Factors

Communication

- **Medical information can be overwhelming.** Giving too much medical information at once can cause misunderstanding and possibly nonadherence to treatment advice.

Suggestion

Pace the delivery of information. As with all patients, try to avoid overwhelming your AAPI patients with too much information. Assess the individual's ability to take in information, and decide how much to present at one time. (Yu, 1999).

- **Use of interpreters.** Providers working through interpreters should be aware that patients may be reluctant to discuss sensitive topics in the presence of friends or relatives. Professionally certified medical interpreters may have their own culturally based biases. (Yu, 1999).
- **Indirect communication is common.** Many AAPIs use indirect or nonverbal communication rather than simply asking for what they want. Ideally, from an AAPI point of view, needs are met without having to ask directly or confront. Physicians who expect their patients to speak up and say what is on their minds often miss the substance of what is being communicated. (Yu, 1999).

Suggestion

Try to listen carefully and observe the indirect or nonverbal communication of your AAPI patients. This will help you understand any concerns that may interfere with their adherence to the recommended treatment.

- **Deference to authority and nonadherence.** Most AAPI cultures value deference to authority, which is shown by smiling or nodding. Patients may appear to be compliant just to please the provider, even if they disagree with what the provider is saying. The desire to please the provider can prevent patients from self-advocating, raising concerns, or fully examining their options. This can result in nonadherence. (Yu, 1999).

- **Reluctance to ask questions.** Some AAPIs may not be comfortable asking questions if they do not understand the provider's explanations or instructions, making it difficult to follow the provider's recommendations.

Suggestion

Have the patient explain in his or her own words what you have said. Ask the patient what help he or she might need to adhere to the recommended treatment. Provide handouts that the patient can refer to at home.

Other Factors

- Compared with whites, **all AAPI populations are less likely to undergo screening procedures**, including Pap smear, breast exam, mammography, rectal exam, and stool blood test. (Jenkins and Kagawa-Singer, 1994).
- **Reluctance to disrobe**, especially among Vietnamese women, and physician deference to a patient's modesty may act as barriers to some cancer screening procedures. (Jenkins and Kagawa-Singer, 1994).
- **Fatalism.** Illness and death may be attributed to bad luck. Thus, the outcome of an individual's disease may be perceived fatalistically. Fatalism and other cultural beliefs can cause some patients to be passive about their health care. (Yu, 1999).

Complementary and Alternative Medicine

Traditional Chinese Medicine

Traditional Chinese medicine (TCM) views cancer as a slowing or stoppage (stasis) in the flow of substances in the body. In particular, there are thought to be underlying factors that allow cancer to develop. For example, *qi* stasis, blood stasis, and phlegm are responsible for masses and abnormal cellular growth. These three types of stasis are thought to result from a variety of factors, including emotional disharmony (which causes stasis in the body), improper diet and exercise, and external pathogenic factors (which may remain in the body and cause stasis).

- ***Qi* stasis.** Responsible for distending pain, masses that seems to appear and disappear or change in size, and easy frustration, irritability, or other emotional reactions. The tongue is a dusky color, and the pulse is wiry.
- **Blood stasis.** Causes sharp, stabbing pain and masses that are fixed in origin. The tongue has distended sublingual veins, and the pulse is choppy.
- **Phlegm.** Leads to soft masses, a subjective sensation of heaviness or sluggishness in the body, and expectoration of copious amounts of phlegm. The tongue has a greasy coating, and the pulse is slippery or wiry.

TCM plays an auxiliary role in cancer treatment. It treats side effects of conventional therapies, controls pain, and helps keep the immune system strong. Although new drugs and approaches are

being developed to overcome the side effects of cancer treatment, TCM may be a useful complement, focusing on specific symptoms.

Acupuncture

Acupuncture is most effective in treating pain, fatigue, and nausea caused by oncology therapies. For **pain**, traditional points that have an analgesic effect are employed, along with acupuncture points that affect specific local areas or meridians. **Nausea** can be treated effectively with acupuncture needles, electrical stimulation, or massage. **Fatigue** can be treated with points such as Large Intestine 10 and Stomach 36. In all cases, a careful differential diagnosis should be undertaken. (Alternative Medicine, 2003a)

Herbal Medicine

Herbal medicine, like acupuncture, treats symptoms based on a careful differential diagnosis. Specific herbal substances may be used for particular conditions, regardless of the overall energetic evaluation. For example, the herb *huang qi* (astragalus) in sufficient dosages may help prevent fatigue and raise the neutrophil count to allow chemotherapy to continue. Herbs such as cardamom seeds and fresh ginger are useful in preventing nausea. Herbs such as *ji xue teng* (caulis *ji xue teng*) have a potent effect in raising the white blood cell count. (Alternative Medicine, 2003b) A potential problem is that Chinese women may use herbal remedies when diagnosed with breast cancer. (ICC, 2001).

Qigong

Qigong has repeatedly demonstrated its effectiveness in strengthening the immune system; fighting fatigue, depression, and the side effects of cancer treatments; and inducing a sense of well-being. Cancer patients undergoing treatment should be encouraged to participate in qigong exercises within their tolerance level, particularly in group practice sessions, to maintain a gentle exercise program and reduce stress and fatigue. (Alternative Medicine, 2003c)

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