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Randomized controlled trial of homeopathy compared with treatment as usual for insomnia in patients with cancer

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Purpose: Persistent insomnia is highly prevalent complaint in cancer survivors, but is seldom satisfactorily addressed. The adaptation to cancer care of a validated, cost-effective intervention may offer a practicable solution. The aim of this study was to investigate the clinical effectiveness of homeopathy for insomnia.

Patients & Methods: Randomized, controlled, pragmatic, two-center trial of homeopathy versus treatment as usual (TAU) in 160 patients who had completed active therapy for breast, prostate, colorectal, or gynecological cancer. Primary outcomes were sleep diary measures at baseline, post-treatment, and 6-month follow-up. Actigraphic sleep, health-related quality of life (QOL), psychological distress, and fatigue were secondary measures. Homeopathy treatment was individualized along with cancer treatment. TAU represented normal clinical practice; the appropriate control for a clinical effectiveness study.

Results: Participants who received homeopathy treatment had significantly better subjective sleep indices (daily sleep diary, Insomnia Severity Index), a lower frequency of medicated nights, lower levels of depression and anxiety, and greater global quality of life at post-treatment compared with participants of TAU. The therapeutic effects were well maintained up to 6 months and were clinically significant.

Conclusion: Homeopathy for insomnia may be both clinically effective and feasible to deliver in real world practice.

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Cytochrome p450: Why the same drugs used in palliative care do not work the same on everyone

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Although the science related to variation in responses to medication has been developing for decades, the importance and practical application has not translated into clinical practice. The first step in improving outcomes related to individual medication response variation based on gender, and race, is in the examination of evidence that can result in strategies to provide effect medical care. For end of life care to be equitable, culturally congruent, and overall competent, this aspect of patient care demands consideration and illumination. Inter-individual variation in drug response poses a serious problem in the management of patients who are receiving medications to treat or prevent any disease or illness, or to provide comfort during end of life. Due to individual variations in response to drug therapy, this variability can result in toxicity and adverse drug reactions (ADRs). Major factors that account for differences in drug response include cultural practices, race (genetic composition), and gender. These factors merit consideration when determining which medication and dosage will provide appropriate treatment, or pain relief. Persons who are prescribing, administering, or taking medications can make the best decisions with regard to the most effective medication regimen, when they understand fundamental aspects of inter-individual variations and disparities in drug responses.

One specific factor genetic factor that accounts for the variation in drug response is Cytochrome p450. Although knowledge about the impact of Cytochrome p450 on individual variations in drug response has been known for decades, the transition to clinical practice has not evolved. It is estimated that 90% of current prescribed medications are mediated by these enzymes that result in variations based on the individual's phenotype. When considering cultural practices and racial differences, in many cases we are under medicating, overmedicating or using the wrong medication to achieve a specific outcome. For example, the mortality rate among African American women in the United States with breast cancer is unacceptable. This is in part due to the fact that clinical drug trials are done with primarily Caucasian females. Drug guidelines and doses established based on these data involving a predominant group. When medications that are effective in one racial group are given for same illnesses in another racial group, the medications can be not only ineffective, but detrimental. For competent and equitable palliative care, health care professionals have a responsibility to enhance knowledge of scientific data that supports variation based on race and gender. Only through recognizing the value of the evidence and it implications, can transcultural nursing related to medication prescription and administration truly be competent, skilled, and effective.

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