

Editorial: Looking Beyond the Obvious

One of the unique attributes of integrative medicine is its focus on promoting health, a state of biological and psychological integrity. Disease eradication and complete remissions, while among the primary goals, are not the only focus of integrative cancer therapy. Quality of survival is deemed to be no less vital than length of survival; health promotion and disease eradication are both essential therapeutic goals. In contrast, until recently, conventional medical practices largely have been fixated on “nonhealth,” the mechanisms and manifestations of disease. Nonetheless, not all aspects of malignancy lie clearly within the domain of nonhealth. Following surgery, radiotherapy, and even chemotherapy, most if not all patients harbor residual cancer cells. These cells may persist for years or even decades; they can reside as a dormant cellular mass or as a slowly expanding tumor without any deterioration of a patient’s health. Should these relatively quiescent populations of cells be considered nonhealth, thus warranting cytoreductive or biotherapeutic intervention? Or are they simply an innocuous component of the natural course of the disease? Here, the dividing line between health and disease is clearly arbitrary. How then should we handle oncogenic processes that do not overtly impinge upon the patient’s health? Sophisticated diagnostic instruments have revealed precursor lesions, inflammatory changes, and other subtle aberrations that were heretofore undetectable and thus were either unknown or considered irrelevant. Are these aberrations bona fide expressions of disease? Technological advances in medicine enable us to address 2 emergent challenges: (1) how to reliably reveal and interpret these more subtle forms of nonhealth and (2) how to deal with such aberrations in individuals who appear to be in good health.

In this issue, we present 2 articles that address the first of these challenges. In the lead articles, Richard M. Fleming of the Fleming Heart Institute of Omaha, Nebraska, presents a new technique for detecting breast abnormalities, breast enhanced scintigraphy testing (BEST). Fleming shows data indicating that BEST may detect smaller lesions compared to mammograms, and may more accurately distinguish between cancers and noncancerous lesions. In a feature that will surely be welcomed by patients, BEST does not involve compression of the breast tissue. Another intriguing characteristic of this technology is its ability to detect inflammatory conditions within the breast, a nonhealth aberration that may translate into increased susceptibility to cancer or to its recurrence.

BEST is a variant of techniques already established in cardiac imaging, with which Fleming is experienced.

The alternative cancer world was shaken in January 2002 by the announcement of the cancellation of a clinical trial of PC-SPES, an herbal product used for prostate cancer, produced by BotanicLab Inc. of Brea, California. This product is composed of 8 traditional Chinese herbs and saw palmetto in a proprietary formula manufactured in China. PC-SPES and a related herbal product produced by the same company, SPES, were found to be adulterated with several prescription drugs, including diethylstilbestrol and warfarin. This finding has been repeated by several investigators, most recently Dr. Robert Nagourney, a member of the editorial board of *Integrative Cancer Therapies*, who reported in April 2002 at a meeting of the American Association for Cancer Research that he had isolated not only diethylstilbestrol but indomethacin from the herb mixture. In the current issue, we present an article by Geoffrey A. Cordell of the University of Illinois at Chicago that reviews the botanical, chemical, and pharmacological background of the herbs that make up PC-SPES, in addition to the human studies that have been published on it, to determine whether the formula may possess activity that would not be attributable to its prescription drug contents. Cordell offers his frank comments on the issues of quality control and design and funding of trials of PC-SPES.

We also feature a guest editorial by Mark Blumenthal of the American Botanical Council, editor of *HerbalGram*, a useful quarterly filled with information on the state of herbal medicine that we recommend to all our readers. Blumenthal has much experience in the herb industry and is acutely aware of regulatory and political issues that affect it: we have asked him to comment on the issues raised by the current problems with PC-SPES.

A solution to problems such as those raised by PC-SPES is better regulation of the herbal and dietary supplement industries. The development of a rational system of regulations in this area, however, is not an easy or straightforward task. Harry H. S. Fong, also of the University of Illinois at Chicago, has contributed a review of the scientific principles needed to foster appropriate regulations in this industry—not just in the United States, but worldwide. The appearance of articles from 2 senior professors at the University of Illinois at Chicago deserves some comment: the Program for Collaborative Research in the Pharmaceutical Sciences at this institution, with which both

professors are affiliated, is recognized worldwide as a source of expertise and training in the area of botanical medicines as well as natural product drug research.* Some of the projects that are currently under way in this program are the World Health Organization's monograph series on herbal medicine, with which Fong is involved, and a large-scale study, involving clinical trials, of dietary supplements used during menopause.

Our Integrative Tumor Board in this issue concerns a woman with early stage lung cancer who has sought out integrative care even though she continues to smoke and drink alcohol and consume a meat-based diet. Interesting perspectives on smoking cessation from a naturopath are one of the intriguing features of this Tumor Board. We also provide an alternative perspective from the Gerson Research Organization, which promotes alternative dietary approaches to cancer, in addition to integrative perspectives on nutrition and mind-body medicine. Leo Stolbach, who provides the medical oncology analysis, is among the early pioneers of psycho-oncology: besides his oncology practice, Stolbach began leading mind-body groups in the mid 1980s with Dr. Joan Borysenko, and continues these today, even after his retirement from active medical practice.

The Point-Counterpoint in this issue is a discussion of the role of the immune system in cancer, from both

integrative conventional viewpoints and an alternative viewpoint. D. Barry Boyd and Aristo Vojdani discuss the idea from contemporary scientific perspectives, whereas Nicholas Gonzalez provides a critique of current medical approaches to immunity and cancer from an alternative viewpoint that may be unfamiliar to many readers. We would affirm in connection with the contributions of both Gonzalez and the Gerson Research Organization that we do intend to provide a voice for alternative medicine approaches in this journal. Such approaches are of vital interest to many cancer patients, and it is the responsibility of health professionals to be acquainted with the nature of these views and their links to scientific concepts in order to properly counsel their patients. We hope that future articles will provide scientific perspectives and careful evaluations of these and other unorthodox approaches and propel readers to raise further questions.

Keith I. Block, MD

Editor-in-Chief

Block Center for Integrative Cancer Care

Evanston, Illinois

College of Medicine

University of Illinois at Chicago

Chicago, Illinois

*Associate Editor Charlotte Gyllenhaal and I also hold academic appointments in this program.