

Limiting chemotherapy side effects by using moxibustion: introducing a novel intervention into the NHS

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Introduction

Funding from the British Acupuncture Council enabled research into the feasibility of teaching cancer patients to self-administer moxibustion daily to the acupuncture point Zusanli ST-36 whilst undergoing chemotherapy, with the aim of improving outcomes for chemotherapy patients.

Moxibustion (also known as moxa), is a modality of acupuncture that uses heat from a smouldering herb to stimulate acupuncture points. It is a novel intervention that is not well known or understood in the National Health Service.

It was essential to prepare the ground carefully to gain support for this project from oncology healthcare professionals, as well as to ensure that study participants were well supported with information.

Building credibility

It was necessary to establish credibility in three areas:

- Within the research team
- Amongst the oncology health professionals
- With (potential) participants

Preparing the research team

The Health Improvement Practitioner (HIP) is responsible for recruiting and training participants. It was desirable for her to understand the intervention and, ideally, to have experience of its potential. To this end, she agreed to self-administer moxa daily for an extended period of time. The benefits included:

- Thorough understanding of the procedure and associated challenges
- Feedback that improved our approach, including type of moxa, lighters, and extinguishers
- Increased confidence in explaining and demonstrating the intervention
- Additional ideas, including focus on “time for yourself”

Preparing oncology healthcare professionals

To counteract scepticism on the part of healthcare professionals, we:

- Rewrote the protocol
- Demonstrated the technique in informal meetings
- Presented at formal meetings

Rewriting the protocol

The protocol submitted to the funders, the British Acupuncture Council, required rewriting for an audience of oncology healthcare professionals. This included presenting more detailed discussions of:

- Chemotherapy induced pancytopenia (CIP) and its conventional management
- Theory and evidence base for the acupuncture point Zusanli St-36
- Evidence base for using moxibustion for CIP
- Mechanisms of moxibustion
- Adverse effects of moxibustion
- Associated costs of treatment

We involved oncologists in rewriting and reviewing the protocol. This ensured use of correct medical terms and expressions. They also refined the inclusion and exclusion criteria.

Ethical approval

A measure of success was attaining ethical approval on first application. No questions or concerns were raised about moxibustion.

Discussion

Introducing a novel intervention requires considerable care in order to gain the confidence of oncology healthcare professionals, as well as patients. Developing a range of tools has proven to be a useful strategy. However, this has added considerably to the set-up time and to project expenses.

Nevertheless, this investment is paying off in positive responses from the healthcare team. The professional range of tools is also reassuring to patients, and helps them to make a decision about participation in this study.

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Supporting potential participants

This study differs from usual clinical practice in that our participants are not having regular acupuncture treatment, and lack the regular support of a professional conversant with using moxa. Furthermore, we are approaching patients cold, and introducing a new, novel intervention at a crisis point.

It was important to provide supportive information and tools. In addition to the required Participant Information Sheet (PIS), we have made available:

- A summary of the research evidence cited in our protocol
- A detailed instruction leaflet
- A video demonstrating the intervention.

These are posted on the Lynda Jackson Macmillan Centre (LJMC) website (www.ljmc.org). Potential participants can access them to have information in addition to the PIS to aid their decision making. They have also proven useful for informing oncology healthcare professionals.

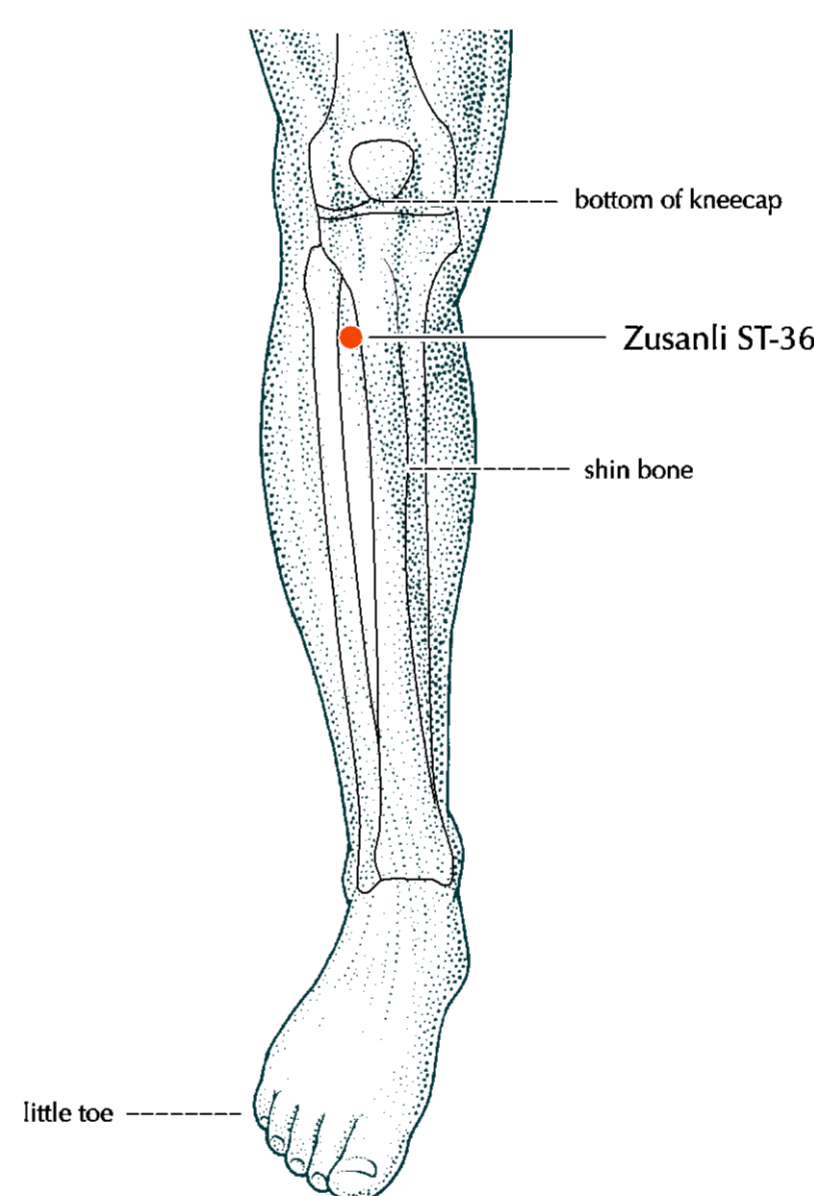
Supporting participants

The instruction leaflet and the video were primarily designed as *aide memoires* for participants.

Instruction leaflet

The LJMC award-winning information design team developed the information leaflet “*A Patient’s Guide: Using moxa to reduce the side effects of chemotherapy*”. It has been developed to meet the Information Standard, a national scheme developed by the Department of Health to help the public identify trustworthy health and social care information easily.

This details the procedures of finding the acupuncture point and how to apply and care for moxa. It uses patient-friendly language in an easy to read format. A hardcopy is given to new recruits; it is also available at http://www.ljmc.org/2_research/projects/moxa.html



Video

In addition, we have developed a video demonstrating the intervention. This is available in a number of formats, including:

- On a memory stick
- As a DVD
- Online as a YouTube video at http://www.ljmc.org/2_research/projects/moxa.html

Additional developments

We are continually evolving additional measures to keep busy oncology healthcare professionals reminded of this study. These include:

- Brightly coloured flyers detailing inclusion/exclusion criteria
- Continuous presence at clinics
- Working cross-team to identify potential recruits
- Building new relationships with oncology healthcare professionals

Publications

de Valois B, Young T, Glynne-Jones R, Scarlett C, Staebler F (2016) Limiting chemotherapy side effects by using moxa. Using daily self-administered indirect moxibustion to St 36 *zu san li* to reduce chemotherapy-induced pancytopenia: study protocol for a feasibility study. *European Journal of Oriental Medicine*, 8(3):29-39

Acknowledgements

The British Acupuncture Council funded this study. The illustration of ST-36 is adapted from “A Manual of Acupuncture” by Peter Deadman and Mazin Al-Khafaji, with Kevin Baker, and is used with permission.

