Chao-Wei Kao, Altern Integr Med 2017, 6:6(Suppl)
DOI: 10.4172/2327-5162-C1-035

A retrospective analysis of cirrhotic patients receiving Chinese herbal medicine in addition to conventional care: Survival and safety

Chao-Wei Kao
Kaohsiung Chang Gung Memorial Hospital, Taiwan

Introduction & Aim: Chinese herbal medicine (CHM) is often used to treat cirrhotic patients under conventional treatment in Taiwan, but the course, outcome, and safety of patients receiving CHM for cirrhosis have seldom been analyzed. The purpose of this retrospective study was to determine whether CHM interferes with conventional treatment of cirrhotic patients with respect to survival and to clinical and laboratory changes.

Methods: This study examined medical charts from cirrhotic patients who were hospitalized at Kaohsiung Chang Gung Memorial Hospital and consented to CHM therapy between 2010 and 2012. The four-week survival rate, clinical staging, and laboratory assessments before and during CHM intervention were evaluated.

Results: 33 patients were enrolled in the study. After an observation period of 4 weeks, 17 patients survived and 16 patients had died. The biochemical features of the first, second, and fourth weeks during the CMH treatment all exhibited unremarkable variations relative to those at baseline. Additionally, comparisons between the survivor group and the group that had died revealed that the scores on Model for End-Stage Liver Disease (MELD), the clinical staging system of the Eastern Cooperative Oncology Group (ECOG), and the Barcelona Clinic Liver Cancer (BCLC) staging system were worse in the expired group before the CHM intervention. Total bilirubin was also higher in the expired group before and during the CHM intervention.

Conclusions: This retrospective analysis determined that a short-term complementary CHM intervention neither hastens the progress of the disease nor interferes with current practice or laboratory tests for cirrhotic patients. This study also found survival benefits in patients with relatively better MELD scores and favorable ECOG performance statues or BCLC stages. A large, randomized, prospective, placebo or controlled study is needed to clarify the safety and evidence of CHM for such patients in the future.

Table 1: Data are expressed as mean ± SD. p value significant by Wilcoxon signed rank test. V0, baseline data; V1, data of first week of intervention; V2, data of 2nd week; V3, data of 4th week; PT, prothrombin time; PLT, platelet; HB, hemoglobin; WBC, white blood cell; BUN, blood urea nitrogen; Cr, creatinine; Na, sodium; K, potassium; AST, aspartate aminotransferase; ALT, alanine aminotransferase; T. bili, total bilirubin; Alb, Albumin

Biography

Chao-Wei Kao completed his MD in Department of Chinese Medicine at Kaohsiung Chang Gung Memorial Hospital, Taiwan.

kaochaowei@gmail.com