

P2.010

A systematic review and meta-analysis on the safety of yoga



Holger Cramer¹, Lesley Ward²,
Robert Saper³, Daniel Fishbein⁴,
Gustav Dobos¹, Romy Lauche¹

¹Department of Internal and Integrative Medicine,
University of Duisburg-Essen, Essen, Germany

²Dunedin School of Medicine, University of Otago,
Dunedin, New Zealand

³Boston University School of Medicine, Boston,
MA, USA

⁴Myanmar Research International, Santa Barbara,
CA, USA

Purpose: To systematically assess and meta-analyze the frequency of adverse events in randomized controlled trials of yoga.

Methods: Medline/Pubmed, Scopus, Cochrane Library, IndMED and tables of content of yoga specialty journals not listed in medical databases were screened from their inception until February 2014. Randomized controlled trials comparing yoga to other interventions, and reporting non-serious adverse events, serious adverse events, intervention-related adverse events, and/or drop-outs due to adverse events were included. Study characteristics and risk of bias (Cochrane risk of bias tool) were assessed by 2 reviewers independently. Risk differences (RD), odds ratios (OR), and their respective 95% confidence intervals (CI) were calculated and meta-analyzed using a random effects model.

Results: Out of 2,520 initially identified records, 301 were randomized controlled trials of yoga, of which 94 (total of 8,430 participants) reported on adverse events. No differences in the frequency of non-serious, serious, or intervention-related adverse events and of drop-outs due to adverse events were found when comparing yoga to usual care or exercise. Compared to psychological or educational interventions, more non-serious adverse events (RD=0.11; 95% CI=0.02, 0.19; p=0.01; OR=7.29; 95% CI=1.91, 27.89; p<0.01) and more intervention-related adverse events (RD=0.05; 95% CI=-0.02, 0.12; p=0.10; OR=4.72; 95% CI=1.01, 21.99; p=0.05) occurred in the yoga group; serious adverse events and drop-outs due to adverse events were comparable between groups.

Conclusion: Only 31% of the identified randomized trials of yoga reported on adverse events. While non-serious adverse events are more frequent with yoga than with psychological interventions, yoga appears as a generally safe intervention, comparable to exercise and usual care. Despite the limitations of the available evidence, recommending yoga to healthy people and those with underlying illnesses should not be discouraged based on safety and can be considered if sufficient evidence of effectiveness is available.

Contact: Holger Cramer, h.cramer@kliniken-essen-mitte.de

<http://dx.doi.org/10.1016/j.imr.2015.04.119>

P2.011

Characteristics of Patients with Cancer Treated with Japanese Kampo Medicine



Hiroshi Koike, Tetsuhiro Yoshino,
Yuko Horiba, Kenji Watanabe

Center for Kampo Medicine, Keio University School
of Medicine

Purpose: In Japan, cancer patients demand Kampo treatment, in order to augment the immune system or ameliorate the side effects from anti cancer therapy such as chemotherapy or irradiation. Here we report the characteristics of cancer-bearing patients in Kampo clinic.

Methods: Patients who made their first visit to the center for Kampo medicine at Keio University Hospital between May 2008 and March 2013 were included in this study. We counted and examined the patients who suffered from cancer in 4,057 patients (2,928 women, 72%).

Results: We treated 211 cancer patients (132 women, 63%. average age 59±14) in Kampo clinic. The patients consulted for the purpose of enhancement of immunity for cancer, improvement of cancer-related symptoms, or reduction of side effects of anti-cancer therapy. The patients with cancer were 5% of all patients. Among male patients, largest population was in the 60's and in the 50's among female patients. In male patients, 14% of patients suffered from colon cancer, also 14% from lung cancer, 11% from prostate cancer, 10% from stomach cancer and 9% from pancreas cancer. Among female patients, 39% suffered from breast cancer, 18% from uterus cancer, 9% from colon cancer, 8% from lung cancer and also 8% from stomach cancer.

Conclusion: We showed that our patients suffered from cancers of various types. In the Japanese national surveillance, largest population of cancer patients is in the 70's in both men and women. The average age of the cancer patients treated with Kampo medicine was younger than the Japanese national surveillance. There were more patients with cancer of prostate, breast or uterine, compared with the Japanese national surveillance. Japanese doctors can use both Western and Kampo medicines in one medical institute with public health insurance. Cancer patients can use combination therapies with Western and Kampo medicines easily in Japan.

Contact: Hiroshi Koike, koike-h@umin.org

<http://dx.doi.org/10.1016/j.imr.2015.04.120>