Breast cancer is the second major cause of cancer-related mortality in women, after lung cancer (Youlden et al., 2012). Because of an increase in the occurrence of breast cancer, the prevention of complications from systemic chemotherapy administration, early detection of symptoms, and symptom control gradually have gained more significance. Although chemotherapy-induced nausea and vomiting (CINV) is the side effect most frequently reported by patients receiving breast cancer therapy, its severity and intensity vary among patients. CINV can be broadly categorized as acute (occurring within 24 hours of therapy), delayed (persisting for 6–7 days after therapy), or anticipatory (occurring prior to chemotherapy administration). The problems arising from CINV may include fluid and electrolyte imbalance, malnutrition, or delay of chemotherapy administration (Panahi et al., 2012; Rhodes & McDaniel, 2001). Despite the developments in pharmacologic treatment, 70%–87% of patients with breast cancer experience nausea and/or vomiting from chemotherapy (Cohen, de Moor, Eisenberg, Ming, & Hu, 2007; Lindley et al., 2005; Yap, Low, & Chan, 2012).

Patients frequently adopt complementary and alternative medicine (CAM) for CINV despite pharmacologic treatment.