

# Integrative and Complementary Practices in Treatment Oncology in Brazil: Narrative Review

BASSO Natasha<sup>1</sup>, SOUZA Martha Teixeira<sup>2</sup>, MEGIER Elisa Rucks<sup>3</sup>

<sup>1</sup>Nurse, Oncology Specialist, Franciscan University

<sup>2</sup>Nurse, Doctor of Nursing, Franciscan University

<sup>3</sup>Nurse, Specialist in APS with emphasis on ESF, Federal University of Santa Maria, Brazil

**Abstract:** *The present work aimed to identify in the literature the productions that address the subject of integrative and complementary practices in oncologic treatment. It is a bibliographical research narrative with a qualitative approach. From the results obtained, two thematic axes emerged, being them: religious beliefs and their influence on cancer treatment and the need for studies on practices integrative and complementary. This study highlights the demand for alternative means directed towards beliefs, but without professional guidance. It should be noted that impediments occur to the routing of these practices due to the absence of scientific evidence and lack of professionals capable. It is noticeable that family members often look for alternative practices.*

**Keywords:** Complementary therapies; Integrative oncology; Oncology treatment.

## 1. Introduction

Alternative means of healing are instruments that have been used by man since antiquity, being present in the most distinct cultures around the world. These practices have in common an inseparable relationship with their religious beliefs or intermediaries, such as shamans, sorcerers or priests; as well as the effects of their healing practices. It is noticeable that societies traditionally maintained a more holistic view in order to solve problems of the sick, which could have a spiritual or physical origin (BADKE et al., 2012; ALVIM et al., 2006).

Their methods were based on the observation of nature and its resources, as well as its association with humans and animals. In this context, the woman had a prominent role, making use of specific plants for each case in the care and treatment of the health of her family. This knowledge was passed from mother to daughter over generations and was gradually improved by the discovery of new plants and/or new methods of employing them in her daily life (BADKE et al., 2012; ALVIM et al., 2006).

The World Health Organization (WHO) stimulates traditional health practices/know-how which is called Complementary and Integrative Traditional Medicines (MTCI). In 1978, the Declaration of Alma Ata, presented and recommended Primary Health Care (PHC) as a tactic to order universal public health systems. As well as encouraging the use of MTCI practitioners, together with health professionals as allies of population care (TELESI JUNIOR, 2016).

With the popularization of these new methods, the World Health Organization (WHO) in 2002, from the document "WHO Traditional Medicine - definitions", brings the "complementary" and "alternative" definitions to refer to the set of practices and health care that is not part of the country's own medicine, not present in the national health system. WHO has now established the necessary policies to regulate safety, efficacy, quality, rational use and access.

Thus, encouraging the implementation of alternative practices in its member countries, especially by pointing out reasons such as low cost and high effectiveness (WHO, 2002).

In Brazil, the National Policy of Integrative and Complementary Practices (NPNC) was consolidated in the Unified Health System (SUS), in the form of Ministerial Ordinances No. 971 on May 3, 2006, and No. 1,600 on July 17, 2006, to ensure integrity in health, since it is known that these practices are applied in many municipalities and states. To ensure effectiveness and correct use with the contribution of trained professionals, this policy has been enforced. Traditional Chinese medicine - acupuncture, homeopathy, medicinal plants and phytotherapy, thermalism - crenotherapy and anthroposophical medicine (BRAZIL, 2008) are highlighted in practice.

Integrative oncology (IO) is a branch of Integrative Medicine (IM), in which the practices used are based on evidence and their interaction with conventional medicine. The conventional treatments for cancer are: chemotherapy, surgery, radiotherapy and molecular therapy. For the best effectiveness of conventional treatment is used concomitantly with integrative and complementary practices (ICPs), which are based on biology and consist of the use of vitamins, herbal remedies, mind-body techniques that include yoga, meditation, art therapy, music therapy and dance, body manipulation that can be used massage therapy, workplace gymnastics, energy therapies (with Reike as a highlight), therapeutic touch, chromotherapy and, finally, traditional Chinese medicine and Ayurvedic medicine (SIEGEL); BARROS, 2013).

With this, the constant and strong presence of popular practices stands out, being adopted as a form of treatment and prevention of diseases. Even though there are technological and scientific advances in health, their demand is constant because there is no compensation, they are easy to access, low cost and often the only alternative for a given population (BARBOSA et al., 2004).

In view of the above, the question is: what is being produced in the Brazilian literature on the theme of integrative and complementary practices in oncologic treatment. The objective of the present study is to identify in the literature the productions that approach the theme of integrative and complementary practices in oncologic treatment.

## 2. Methodology

It is a narrative review of a qualitative nature. The narrative review identifies itself as a broad research in which it is appropriate to describe, discuss the development or the "state of the art" of a given problem, from the theoretical and contextual point of view (ROTHER, 2007).

The data collection was conducted from March to June of 2019. The data collection consisted of the delimitation of the problem to be studied, that is, what already exists in the scientific production about the use of integrative and complementary practices in oncology in the national scope. The instrument used in the data collection was the electronic portal Biblioteca Virtual emSaúde (VHL), in addition to the LILACS and MEDLINE databases, including the descriptors: "Terapias Complementares" and "Oncologia Integrativa" and Brasil.

The inclusion criteria were articles published in national and international journals, available online in full. As exclusion criteria: theses, dissertations, books, monographs, technical reports and ministerial documents. We chose to select articles from the year 2004 onwards in order to analyse what was published next to the implementation of the National

Policy of Integrative and Complementary Practices (PNPIC) by SUS in 2006.

It should be noted that the articles found on this theme in Brazil were located in publications of international scope. Initially, six articles were located; however, two did not meet the objective proposed by the study, leaving four articles for analysis.

To compile the scientific productions, a document analysis form was applied, composed of the following steps: title, journal, year of publication, authors, objectives, methodology and main results. The articles were identified by the letters A, B, C and D.

The descriptive analysis was carried out through the thematic analysis which corresponds to the following stages: initial and superficial reading of the texts; attentive, exhaustive and profound re-reading of the material with a view to emerging the congruent and divergent themes related to the object of investigation and definition of the most recurrent themes with subsequent approximation and discussion with the pertinent scientific literature on the subject under study (MINAYO, 2012).

## 3. Results and Discussions

Table 1 shows the particularities of the articles selected for analysis. A low number of publications on the subject can be observed, with the period between 2004 and 2009, as shown below:

**Table 1:** Documentary analysis sheet

Authorship	Title	Objectives	Methodology	Main Results
Samano (2004)	Praying correlates with higher quality of life: results from a survey on complementary/ alternative medicine use among a group of Brazilian cancer patients	Obtaining the prevalence of complementary use of alternative medicine in a given group of patients. Descriptive observational study	Observational Descriptive Study	The study identified that complementary and alternative medicine is used by the participants, presenting the report of patients that, from them, improves their quality of life, aids in treatment and can cure cancer. It points out that group or individual prayer, spiritual surgery and herbal therapies were most frequently demonstrated. Another important and prominent fact is that the attending doctors were not communicated when using these medicines
Samano, et al (2005)	Use of complementary and alternative medicine by Brazilian oncologists	Establish why there was no indication about the use of alternative and complementary medicine in oncologic treatment Brazil.	Descriptive Research	Based on the results, it is highlighted that the reasons why doctors do not indicate is the lack of effectiveness in treatments, and do not believe that these methods can help in the treatment, and some do not have specific knowledge to indicate the correct treatment in the alternative area.
Tovey, et al (2006)	Use of Traditional Medicine and Globalized Complementary and Alternative Medicine Among Low-Income Cancer Service Users in Brazil	Explore the use of Traditional Medicine (MT) and Alternative and Complementary Medicine (MAC) in low-income users.	Quantitative Research	The study evaluates the data that prayers have been used alone or supplemented with another MAC, or uses only the MAC. It failed to identify and assess the relationship of low income to usage, being a consequence of social processes or something consciously decided, or is made available by the service at prior cost
Spadacio, et al (2009)	Conventional and non-conventional therapies in cancer treatment: the meanings of religious practices*	To understand the senses built by patients in oncologic treatment on the therapeutic experience in the use of alternative practices concomitant to conventional treatment.	Pesquisa Quantitativa	The article describes that the use of religious practices, regardless of religion, brings with it a well-being - physical and social, and all the patients in the research used alternative methods according to their belief, making the treatment more positive, because the biomedical model brings a "emptying".

From the results obtained, two thematic axes emerged: religious beliefs and the influence on cancer treatment and

the need for studies on integrative and complementary practices (SICP).

### Religious beliefs and the influence on cancer treatment

The study conducted by Philip Tovey and collaborators (2006), consists of 62.9% of participants who make use of alternative and complementary medicine: 18% of the participants use only prayer, 28.1% use prayer and another method of MAC, 15% use only another method of MAC, 37.1% do not practice any method of MAC (TOVEY, et al, 2005).

The study pointed out that belief in God or something we believe in faithfully is directly linked to confronting difficulties that we have gone through throughout our lives, so faith and religious beliefs or ways that are used to express spirituality. Cancer patients go through many difficult times during treatment, the first and most difficult being the news of the discovery of a cancer, when they enter a clash between life and death passing through the denial of the disease, to later find ground in their personal beliefs in order to begin to face the treatment and the adversities that may occur (GUERREIRO et al., 2011).

In the study by Spadacio e Barros (2009) with evangelicals, Catholics, spiritists and a deist, when analyzing the results on the meanings of religious practices, there were reports of how unconventional therapy was of great significance. Faced with this, the result is similar; everyone used some belief to confront the health-disease process, with an improvement in physical, moral, personal and social issues, and that without it it would not be possible to fill the "treatment void" that is promoted by biomedical care (SPADACIO, et al, 2009).

It is understandable that the patient, upon receiving his diagnosis, goes through the confrontation phase before the news. Therefore, the desire for a belief, whether religious or not, cannot interfere with care. With this, spirituality is highlighted when there is a search for a better quality of life and survival. When faith is linked to treatment, it promotes greater comfort, resulting in adherence to treatment and facing the adversities it brings (PINTO et al., 2015).

It is noteworthy that the research of Philip Tovey and collaborators (2006), did not conclude which practices and prayers were used in the treatment, due to the diversity of religions presented in the study, but it was determined that even without identifying which methods are being used by patients in oncologic treatment (TOVEY, et al, 2005).

The work presented by Mesquita and collaborators (2013), presented participants of various beliefs who used Religious/Spiritual Coping (CRE), and that this coping could be positive or negative. One of the results obtained shows that all the participants prayed, meditated or prayed. This indicates that the oncologic patient under treatment considers it essential to continue with their belief during this period of adversity and that more professionals could use this CLP to qualify planning and intervention during treatment (MESQUITA et al., 2013).

### Need for studies on Integrative and Complementary Practices

Research showed that patients who were using alternative and complementary medicine did not inform their doctors about the practice. The reasons that stood out were: their doctors did not prescribe an alternative method to complement the treatment. The patients who were performing the practice did not communicate with the doctors, since the subject was never approached in any consultation, they believe that communication is not necessary (SAMANO, 2004).

Heberlê (2013), contemplates in his studies that there is still a difficulty in referral to PICs in the health field. The basic units have a volume of oncologic and non oncologic patients, where the practice does not occur, reporting that professionals do not expose them, and there is still a lack of definition and regulation of professionals qualified to prescribe and perform alternative treatments.

Samano and collaborators (2005) addresses in his research that oncologists do not indicate to their patients the use of alternative and complementary medicines, due to the lack of scientific evidence and proven efficacy. Some reported the lack of belief that they can bring improvement to patients, address the lack of knowledge of these practices, and that a determining factor is the abandonment of treatment by practices interfering with the progress already achieved by conventional treatment, except for some physicians who recommend as a last resort when the treatment has not shown positive results in relation to the advancement of the disease (SAMANO, et al, 2005).

The study carried out on the medical routine of residents, includes supporters of alternative medicine, but not all accept its use. It should also be noted that there is a cautious acceptance of these practices due to their recent use and should not be combated, but used only on the basis of scientific evidence. Another point addressed is that the physician puts himself in a vulnerable situation, because when patients start using MAC and ask for guidance, the medical class reports little familiarity and understanding, needing the promotion of studies and adequate conditions of knowledge about MAC, so that professionals have a basis when it comes to give opinions and prescribe alternative means, because the impact on treatment is evident (AKIYAMA, 2004)

Samano and collaborators (2005) still addresses that during their research most oncologists use the practices for their own benefit at least once in their lives. The modalities are varied, but the ones that stood out are individual prayers, vitamin supplements, massotherapy, group prayers and acupuncture. Thus, the practice for personal use of one or more practices is established (SAMANO, et al, 2005).

Hiberlê (2013) points out that from childhood on, during the family trajectory of health professionals, the means of using alternative methods ends up reflecting on the profession. Some health professionals from childhood used alternative means, such as the famous tea, and this type of practice was decisive for the choice in the career of homeopathic

medicine, besides other reports that address the non-use of any alternative method because of having relatives in the health field.

#### 4. Final Considerations

The present study highlights the lack of production and scientific evidence on integrative and complementary practices directed to Brazilian oncology. The few existing studies are found in international references. As the objective of this study was to focus on the Brazilian literature, it is believed that there is a lack of use of these practices to complement the use for care.

Although there is a National Policy of integrative and complementary practices, the use for oncologic treatment is not yet defined. This fact is due to the lack of evidence and professionals trained and integrated with the practices, who have the ability to prescribe as complementary therapy in conventional treatments and guide on the correct use. It is necessary to deepen these issues in order to provide competent care, because it is evident that without this use by trained professionals, the demand for "healers" and "home prescriptions" will increase, as well as the abandonment of conventional treatment.

At the end of this work, it is noted the need for the competent bodies to sign an orderly commission for studies and training, entering into force the regular use of these practices, that when used any alternative means is as safety and proper monitoring, so that it is not harmful to the health of the user but can comfort and relieve the pain, concerns and desires for treatment methods that will follow during the illness.

It is hoped that this work will make it possible to open studies and create protocols in the area of integrative and complementary practices in oncology, so that when this search for alternative means of patients and family members, is really based on evidence, using the principle of equity, being unique for each user and their specific treatment.

#### References

- [1] AKIYAMA, K. Non-conventional practices in medicine in the City of São Paulo. [doctoralthesis]. São Paulo. Faculdade de Medicina da Universidade de São Paulo, Departamento de Medicina Preventiva, Universidade de São Paulo; 2004.
- [2] ALVIM, N.A.T.; et al. The use of medicinal plants as a therapeutic resource: from the influences of professional training to the ethical and legal implications of its applicability as an extension of the nursing practice. São Paulo: Revista Latino-Americana de Enfermagem, v. 14, n. 3, p. 316-323, May/June, 2006.
- [3] BADKE, M.R.; et al. Saberes e práticas populares de cuidado em saúde com o uso de plantas medicinais. Florianópolis: Texto & Contexto - Enfermagem, v. 21, n.2, p.363-370, April/June, 2012.
- [4] BARBOSA, M.A.; et al. Saber popular: sua existência no meio universitário. Brasília: Revista Brasileira de Enfermagem, v. 57. n. 6, p. 715-719, November/December, 2004.
- [5] BRAZIL: Ministry of Health. Política Nacional das Práticas Integrativas e Complementares do SUS. 2008.
- [6] GUERREIRO, G.P.; et al. Relação entre espiritualidade e câncer: perspectiva do paciente. Brasília: Revista Brasileira de Enfermagem, v. 64, n.1, p 53-59, January-February, 2011.
- [7] HEBERLÊ, M. Um estudo da concepção dos profissionais de saúde sobre as Práticas Integrativas e Complementares em Saúde. [dissertation]. Santa Maria - RS. Federal University of Santa Maria, 2013.
- [8] MESQUITA, A.C.; et al. The use of religious/spiritual confrontation by cancer patients in chemotherapy treatment. São Paulo: Revista Latino-Americana de Enfermagem, v. 21, n.2, March/April, 2013
- [9] MINAYO, M.C.S. The Challenge of Social Research. In: \_\_\_ (Org.). Social Research theory, method and creativity. 31st ed. Petrópolis, RJ: Velozes, 2012.
- [10] PINTO, A.C.; et al. The importance of spirituality in cancer patients. Bahia: Revista Saúde.Com, v. 11, n. 2, p. 114-122, 2015.
- [11] ROTHER, E. T. Revisão sistemática versus revisão narrativa. São Paulo: Acta Paulista de Enfermagem, v.20, n.2, , p. v-vi, June, 2007.
- [12] SAMANO, E. Praying correlates with higher quality of life: results from a survey on complementary/alternative medicine use among a group of Brazilian cancer patients. Sao Paulo Med. J., São Paulo, v. 122, n. 2, p. 60-63, 2004.
- [13] SAMANO E.; et al. Use of complementary and alternative medicine by Brazilian oncologists. Eur J Cancer Care, England, v.14, n.2, p. 143-8, 2005.
- [14] SPADACIO, C.; BARROS, N. F. Conventional and unconventional therapies in cancer treatment: the meanings of religious practices. Interface (Botucatu), Botucatu, v. 13, n. 30, p. 45-52, 2009.
- [15] SIEGEL, P.; BARROS, N. F. Que é a Oncologia Integrativa?.Rio de Janeiro: Cadernos Saúde Coletiva, vol.21, no.3,pp.348-354, 2013.
- [16] TELES JUNIOR, E. Práticas integrativas e complementares em saúde, uma nova eficácia para o SUS. São Paulo: Estudos Avançados, v.30, n.86, p.99-112, 2016.
- [17] TOVEY, P.; BARROS, N.F.; HOEHNE, E.L.; CARVALHEIRA, J.B. Use of traditional medicine and globalized complementary and alternative medicine among low-income cancer service users in Brazil. Integr Cancer Ther, v.5, n.3, p. 232-5, 2006.
- [18] WHO-World Health Organization. Traditional Medicine Strategy 2002-2005. Geneva: WHO 2002.