

Integrative Medicine in Oncological Treatment

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Medicina Integrativa no Tratamento Oncológico

Medicina Integradora en el Tratamiento Oncológico

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INTRODUCTION

Despite the advances in oncological treatment, with the implementation of new technologies and development of several drugs, cancer still is a life-threatening disease, potentially fatal, whose conventional treatment leaves physical, emotional, and psychological sequelae. Oncological care is complex and must always rely on a multidisciplinary team. Given this scenario, the search for a more welcoming, thorough, and scientifically based treatment has increased¹.

Integrative medicine officially emerged in 1962, during a meeting of Portugal's Assembly of the Republic. In 2003, the Society for Integrative Oncology (SIO) was founded, initiating its partnership with the American Society of Clinical Oncology (ASCO), the most important oncology institution in the world².

In 2017, integrative medicine spread out its reach when the World Health Organization (WHO) technical unit of Traditional and Complementary Medicine added the term "integrative medicine" to the integrative approaches of Traditional, Complementary, and Integrative Medicine (TCI) and conventional medicine in relation to politics, knowledges and practices. Nowadays, through the Academic Consortium for Integrative Medicine & Health, which gathers over 70 academic institutions devoted to medicine advances, integrative medicine is defined as:

The medicine practice that reaffirms the importance of the relationship between patient and health professional; is focused on the person as a whole; is evidence-based and uses every adequate, professional, therapeutic and lifestyle approaches and disciplines to improve health and promote healing³.

Growing through the years, today, over 50 reference hospitals in the United States have integrative medicine within their areas of expertise. This growth reflects the commitment to a broader and patient-centered view of the illness. The health wheel (Figure 1) illustrates the

pillars of this approach. In the nucleus are the main actor, protagonist of the whole process, and the development of mindfulness and self-knowledge as the grounds for the journey success. Diet, physical activity/movement, body-mind connection, spiritual development and harmonious relationship with the environment one inhabits complete this virtuous circle of health, healing and quality of life. The patient is the focus⁴.

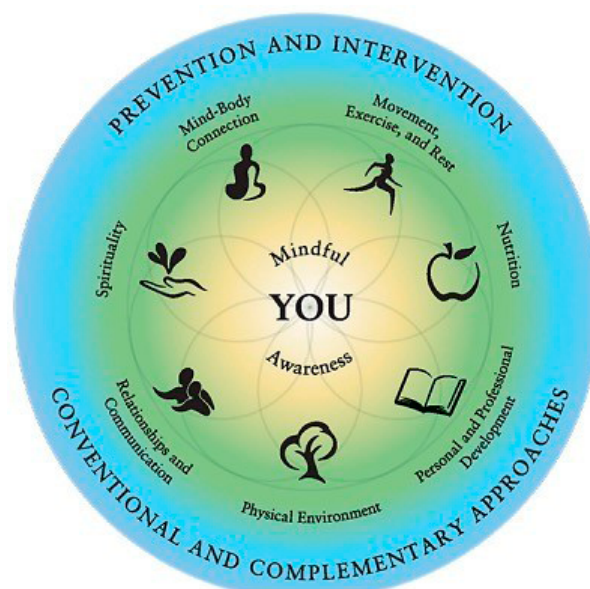


Figure 1. Wheel of Health – Duke Integrative Medicine
Source Duke Health⁴.

DEVELOPMENT

WHY HAVE THE INTEREST IN INTEGRATIVE PRACTICES AND THEIR ADOPTION GROWN THROUGH THE YEARS?

Throughout history, medicine has gone through an intense fragmentation, boosted by the Industrial Revolution and Cartesian thinking. Descartes, in the 17th century, with his mechanistic view of the human body, separated the mind from the body, thinking of

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health separately. In the 19th century, the Bacteriological Revolution led by Pasteur and Koch focused on identifying and fighting specific pathogenic agents, which, despite greatly advancing medicine, also contributed for an even greater detachment from the patient as a whole, treating the disease as an isolated issue⁵.

Michel Foucault⁶ highlighted in his analyses how modern medicine transformed into a system of control and power, often dismissing the individuality and subjectiveness of the patient. Given this scenario, the need to rescue an integral approach emerges. Integrative medicine emerges exactly with this purpose, seeking to reintegrate care and respect human complexities. It emphasizes principles that go beyond conventional medical practice, considering the person as a whole, reinforcing the fundamental role of the doctor-patient relationship, and highlighting the importance of lifestyles⁶.

So much so that: "The frame is broken, and the wheels are coming off" is the first line of an article that references integrative medicine as a way to bring medicine back to its roots. In this same context, the integrative approach is not seen as a radical change, but a path whose focus on the doctor-patient relationship is restored, the promotion of health and healing occurs in opposition to the excessively technological focus, the active engagement of patients with their self-care is promoted and health maintenance happens through a healthier lifestyle. In summary, it brings the view that the integrative medicine used today will be the new medicine of the 21st century⁶.

Given such a broad view, it is imperative to clarify that integrative medicine is not the same as alternative medicine. Patients that give up conventional treatment as advised by the latter are known to have worse clinical outcomes⁷.

On the other hand, it is worth remembering that some integrative practices may bring harm to oncological patients. Thus, the importance of studies within this theme, since a great part of the patients adopts these practices without communicating their doctors⁸.

WHAT IS INTEGRATIVE ONCOLOGY?

In this context, it is worth presenting the definition of integrative oncology⁹:

It is an evidence-based field of cancer treatment centered on the patient that uses body and mental practices, natural products and/or changes to lifestyle of different traditions as well as conventional cancer treatments.

Integrative oncology aims to optimize health, quality of life, and clinical results during cancer treatment, enabling people to prevent cancer and

become active participants before, during, and after cancer treatment.

This concept was elaborated by a multi-centric committee that included North America, Europe and Asia, through SIO, with the mission to promote integrative health with evidence rigor, with the aim of improving the life of people with cancer⁹. Since 2004, SIO publishes articles and guidelines in its *Journal of the Society for Integrative Oncology*, a reference in the field.

This concept is recent, having been instituted by the National Cancer Institute in the 2000s, being disseminated above all in the main oncological treatment reference centers in the United States, like MD Anderson Cancer Center, Dana Farber Cancer Institute, Johns Hopkins University, Memorial Sloan-Kettering Cancer Center, Mayo Clinic and others.

SYMPTOM MANAGEMENT DURING ONCOLOGICAL TREATMENT

It is important to not only know the main symptoms of oncological patients, but also the indication of each integrative approach in this context. It is also worth mentioning that the guidelines of the National Comprehensive Cancer Network (NCCN) for controlling fatigue¹⁰, nausea¹¹ and pain¹² have a chapter on the non-medication approaches, including integrative practices. Similarly, ASCO endorses SIO's guidelines for the use of integrative medicine in breast cancer treatment¹³.

Fatigue, for example, is a complaint from 80% of patients in oncological treatment. By definition, cancer-related fatigue is a subjective, persistent, and anguishing feeling of physical, emotional, and/or cognitive tiredness, or an exhaustion related to cancer or its treatment, which is disproportional to the recent activity and interferes in the patient's normal functioning¹⁰. Given this comprehensive understanding of such a common symptom, it is hard to think that a restrictive approach to medication prescription will be effective. It is worth highlighting that an adequate fatigue management not only significantly improves the quality of life of patients, as it is also associated to a greater survival rate¹⁴. Thus, it is worth using every scientifically proven integrative approach available to control it, such as yoga, meditation, nutritional guidance, physical activity, acupuncture, and massage techniques¹⁵.

Another common symptom is pain, not just during the treatment; up to 50% of cancer survivors report feeling pain¹⁶. Whether it's due to the surgery, radiotherapy, chemotherapy, or hormone block, pain is an unpleasant sensory and emotional experience, associated to an actual or potential tissue lesion, or that resembles such lesion¹⁷. Among the integrative interventions indicated for this purpose are yoga, physical activity, nutritional

support, spiritual support, relaxation techniques, cognitive behavioral therapy, and others⁸.

Depression and anxiety disorders are also frequent in patients after being diagnosed with cancer, and once again, the ASCO guidelines bring integrative approaches that can be associated to the treatment, including mindfulness, a practice of being fully concentrated in the present, physical activities, cognitive behavioral therapy and relaxation techniques¹⁹.

It's also possible to seek a relationship between mind and body practices and direct symptom management. Meditation/mindfulness, for example, shows strong evidence of helping control depression and anxiety, but also with fatigue, pain, insomnia, cognition and general well-being. Likewise, relaxation techniques can help with anxiety, depression, nausea, vomiting, and pain²⁰.

It is worth highlighting that most patients use some alternative/complementary/holistic/integrative approach and only a small portion reports it to their doctor, due to fear or lack of space in the communication, leaving out this important information and putting their own safety at risk²¹. It is known that up to 80% of patients use some kind of food supplement. Several multivitamin supplements can have antioxidant action, which decreases the efficacy of chemotherapy²². Translating this reality into numbers: despite 73% of breast cancer patients admit using some integrative approach, oncologists believe that only 43% of their patients use it²³.

With so many benefits, it is easy to understand that the use of different integrative medicine modalities can contribute for the well-being and emotional health of patients with cancer. Together, these approaches can decrease anxiety, pain, nausea, in addition to improve sleep, functionality and the sense of well-being. Since each modality can have counter-indications, patients should be followed up by trained professionals and, if possible, an integrative medicine department partnered with oncologists, to offer support and care to the patients²⁴.

CONCLUSION

Oncology, just like every field of medicine, finds several points of anguish in its practice. One of them is the difficulty in offering the solace patients seek, exclusively prescribing medication. The pain that is not only physical, the tiredness that is also fear and anxiety, among many other symptoms arising from the cancer treatment and diagnosis, are everyday challenges faced by doctors who see the patient as a whole, and not just as a disease.

With self-care and a welcoming doctor-patient relationship, integrative medicine allows the patient to seek a balanced diet, the practice of physical activities,

mind-body balance, spirituality, and healthy relationships. It also encompasses spirituality and concern with the family who is also suffering by seeing their family member suffer.

What patients seek is active listening and a humanized journey in which they feel fit to follow in the process of healing. In this context, integrative medicine represents the perfect union of science, and the care patients deserve.

CONTRIBUTION

Sabrina Rossi Perez Chagas participated of all the stages of the article from the design until the final approval of the version to be published.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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REFERENCES

1. Elkefi S, Asan O. The impact of patient-centered care on cancer patients' qoc, self-efficacy, and trust towards doctors: analysis of a national survey. *J Patient Exp.* 2023;10:23743735231151533. doi: <https://doi.org/10.1177/23743735231151533>
2. Noguchi DT, Massola MEA, Romano FRS, et al. *Medicina integrativa na Oncologia.* Rio de Janeiro: Atheneu; 2020.
3. IM Consortium [Internet]. Lake Oswego: IMH; 2024. Introdução. [acesso 2024 jul 10]. Disponível em: <https://imconsortium.org/about/introduction/>
4. Duke Health [Internet]. Raleigh: Duke University; 2004-2024[©]. [acesso 2024 abr 25]. Disponível em: <https://www.dukehealth.org/blog/assess-your-well-being-wheel-of-health>
5. Zorzaneli RT, Cruz MGA. O conceito de medicalização em Michel Foucault na década de 1970. *Interface (Botucatu).* 2018;22(66):721-31 doi: <https://doi.org/10.1590/1807-57622017.0194>
6. Snyderman R, Weil AT. Integrative medicine: bringing medicine back to its roots. *Arch Intern Med.* 2002;162(4):395-7. doi: <https://doi.org/10.1001/archinte.162.4.395>
7. Johnson SB, Park HS, Gross CP, et al. Use of alternative medicine for cancer and its impact on survival. *J Natl Cancer Inst.* 2018;110(1). doi: <https://doi.org/10.1093/jnci/djx145>



8. Camargo TC. Editorial 59-2 . Rev Bras Cancerol [Internet]. 2013[acesso 2024 jul 24];59(2):163-4. Disponível em: <https://rbc.inca.gov.br/index.php/revista/article/view/1312/763>
9. Witt CM, Balneaves LG, Cardoso MJ, et al. A Comprehensive definition for integrative oncology. J Natl Cancer Inst Monogr. 2017;2017(52). doi: <https://doi.org/10.1093/jncimonographs/lgx012>
10. Mock V, Atkinson A, Barsevick A, et al. NCCN practice guidelines for cancer-related fatigue. Oncology (Williston Park). 2000;14(11A):151-61.
11. Berger MJ, Ettinger DS, Aston J, NCCN guidelines insights: antiemesis, version 2. 2017. J Natl Compr Canc Netw. 2017;15(7):883-93. doi: <https://doi.org/10.6004/jccn.2017.0117>
12. Dotan E, Walter LC, Browner IS, et al. NCCN guidelines® insights: older adult oncology, version 1.2021. J Natl Compr Canc Netw. 2021;19(9):1006-19. doi: <https://doi.org/10.6004/jccn.2021.0043>
13. Lyman GH, Greenlee H, Bohlke K, et al. Integrative therapies during and after breast cancer treatment: ASCO endorsement of SIO clinical practice guideline. J Clin Oncol. 2018;36(25):2647-55. doi: <https://doi.org/10.1200/jco.2018.79.2721>
14. Mo J, Darke AK, Guthrie KA, et al. Association of fatigue and outcomes in advanced cancer: an analysis of four SWOG treatment trials. JCO Oncol Pract. 2021;17(8):e1246-57
15. Mao JJ, Pillai GG, Andrade CJ, et al. Integrative oncology: Addressing the global challenges of cancer prevention and treatment. CA Cancer J Clin. 2022;72(2):144-64. doi: <https://doi.org/10.3322/caac.21706>
16. Jiang C, Wang H, Wang Q, et al. Prevalence of chronic pain and high-impact chronic pain in cancer survivors. JAMA Oncol. 2019;5(8):1224-6. doi: <https://doi.org/10.1001/jamaoncol.2019.1439>
17. Santana JM, Perissinotti DMN, Oliveira Junior JO, et al. Revised definition of pain after four decade [Editorial]. Brjp. 2020;3(3):197-8. doi: <https://doi.org/10.5935/2595-0118.20200191>
18. National Comprehensive Cancer Network [Internet]. Plymouth Meeting: NCCN; 2024®. Guidelines 2.2024. Adult Cancer Pain. [acesso 2024 abr 25]. Disponível em: https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf
19. Carlson LE, Ismaila N, Addington EL, et al. Integrative oncology care of symptoms of anxiety and depression in adults with cancer: Society for Integrative Oncology-ASCO Guideline. J Clin Oncol. 2023;41(28):4562-91. doi: <https://doi.org/10.1200/jco.23.00857>
20. Deleemans JM, Mather H, Spiropoulos A, et al. Recent progress in mind-body therapies in cancer care. Curr Oncol Rep. 2023;25(4):293-307. doi: <https://doi.org/10.1007/s11912-023-01373-w>
21. Johnson SB, Park HS, Gross CP, et al. Complementary medicine, refusal of conventional cancer therapy, and survival among patients with curable cancers. JAMA Oncol. 2018;4(10):1375-81. doi: <https://doi.org/10.1001/jamaoncol.2018.2487>
22. Lopez G, McQuade J, Cohen L, et al. Integrative oncology physician consultations at a comprehensive cancer center: analysis of demographic, clinical and patient reported outcomes. J Cancer. 2017;8(3):395-402. doi: <https://doi.org/10.7150/jca.17506>
23. Crudup T, Li L, Lawson E, et al. Awareness, perceptions, and usage of whole person integrative oncology practices: similarities and differences between breast cancer patients and oncologists. J Clin Oncol. 2021;39(Sup 15):e24123. doi: https://doi.org/10.1200/JCO.2021.39.15_suppl.e2412
24. Armstrong K, Lanni T Jr, Anderson MM, et al. Integrative medicine and the oncology patient: options and benefits. Support Care Cancer. 2018;26(7):2267-73. doi: <https://doi.org/10.1007/s00520-017-4007-y>

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