Discoursing the use of complementary therapy for cancer care in Indonesia: A perspective

Elisa Rinihapsari¹, ⁴, Y. Budi Widianarko², M. Sih Setija Utami³
¹ Doctoral Program of Environmental Science, Soegijapranata Catholic University, Semarang, Indonesia
² Faculty of Agricultural Technology, Soegijapranata Catholic University, Semarang, Indonesia
³ Faculty of Psychology, Soegijapranata Catholic University, Semarang, Indonesia
⁴ Department of Medical Laboratory Technology, Mangunwijaya Catholic Polytechnic, Semarang, Indonesia
*email: elisarinihapsari@gmail.com

DOI: https://doi.org/10.31603/nursing.v9i1.6451

ABSTRACT
Complementary-alternative medicine (CAM) is well known in Indonesia, and many cancer patients use this method to treat their cancer. Although many people use it, this method is still considered a second-class treatment. There are still many modern medical practitioners who have not been able to accept this method as a method of treatment that can be accounted for. This narrative review article seeks to explain why more and more cancer patients are interested in using CAM and why CAM needs to be widely proposed as an alternative treatment method, apart from modern medical treatment. Conventional medicine or modern medicine and CAM have different philosophical foundations, so imposing an assessment using biomedical methods to prove the efficacy of CAM seems less appropriate. If evidence of efficacy is required for CAM to be accepted, research methods with a qualitative and anthropological approach should be chosen that provide more space for individual experiences in the use of CAM.

Keywords: Complementary and alternative medicine; modern medicine; discourse, biomedical; anthropology

Article Info:
Submitted: 29/12/2021
Revised: 29/03/2022
Published: 19/4/2022
INTRODUCTION

Modern medicine is a mainstream treatment method that most people, including Indonesia, currently embrace. However, it must be admitted that modern medicine has not solved all health problems, especially during this pandemic. This is one of the reasons why more and more people are shifting their treatment to the method of Complementary and Alternative Medicine (CAM). People have the freedom and the inclination to choose the treatment method that best suits their circumstances. In general, treatment aims to maintain good health and prevent or treat the disease experienced. The method chosen can be through conventional western medicine, also known as modern medicine, and complementary-alternative medicine (NCCAM, 2013). Traditional medicine or complementary and alternative medicine (CAM) continues to increase its use globally (Horneber et al., 2012; World Health Organization, 2019). This treatment method is found in almost every country, such as in continental Europe (Eardley et al., 2012; Eurocam, 2014; Kemppainen et al., 2018), Australia (Xue et al., 2007), America (Roth and Kobayashi, 2008; NCCAM, 2013) and Asia (Khan and Sajid, 2014; Peltzer and Pengpid, 2015, 2018; Ching, Flores and Acelajado, 2016; Farooqui et al., 2016; Mastura et al., 2017; Reihaneh, Ramezani & Ramezani, 2017) with a tendency to use more and more from year to year. Worldwide, traditional and complementary medicine is one of the mainstays in health services (World Health Organization, 2013).

The use of CAM in cancer patients is also widely recognized worldwide. In Australia, it is estimated that around 17% to 87% of cancer patients have used one form of complementary therapy during their cancer treatment (Jones et al., 2019). Campo et al.’s research examined mind-body therapy as a type of CAM in patients (Campo et al., 2016). Likewise, many other researchers have reported the use of CAM in patients with various types of cancer in various countries (Shih, Chiang and Chan, 2009; Chui et al., 2015; Farooqui et al., 2016; Judson et al., 2016; Jones et al., 2017; Mastura et al., 2017; Hill et al., 2018; Keene et al., 2019).

WHO states that various forms of complementary-alternative medicine have long been the primary health care methods in developing countries and spread throughout the world, even in countries with dominant conventional medicine methods (Kramlich, 2014). Data from the 2013 Basic Health Research shows that 30.4% of households use traditional health services in Indonesia. These results indicate that the utilization of non-formal health services is still relatively high (Health Research and Development Agency, 2013). The national survey of the use of traditional and complementary medicine in Indonesia in 2014-2015 showed that 24.4% of the Indonesian population used the services of traditional practitioners and/or traditional medicine in the last four weeks, and 32.9% of the population used complementary medicine in the last four weeks of the study. (Pengpid and Peltzer, 2018).

A set of regulations has regulated the application of complementary-alternative therapy in Indonesia. However, in reality, there are still many modern medical practitioners who have not been able to accept this method as a method of treatment that can be
accounted for (Satria, 2013). One of the reasons is the lack of data regarding the use of CAM for cancer patients in Indonesia (Sari and Rukmi, 2020). Although research results show that the use of CAM in Indonesia is relatively high, this method is generally still considered a second-class treatment. This narrative review article seeks to explain why more and more cancer patients are interested in using CAM and why CAM needs to be widely proposed as an alternative treatment method, apart from modern medical treatment. This article will spark the interest of many people to research the use of CAM in cancer patients in Indonesia so that more data will be available for clinicians to open up to CAM for cancer patients.

**METHOD**

This article is a narrative review study (Jones et al., 2019). The preparation of this article was carried out by evaluating articles using the electronic databases of Google Scholar, Scopus, Research Gate, and PubMed. The search terms "complementary-alternative medicine," "cancer," "Indonesia," reasons for using CAM," "health," and "post-modern paradigm" were used to search for explanations why more and more cancer patients are interested in using CAM, and why CAM need to be widely proposed as an alternative treatment method, in addition to modern medical treatment. The retrieved articles are reviewed and considered relevant, peer-reviewed, full text, and English or Indonesian.

**DISCUSSION**

**Health**

WHO defines human health in its broadest sense as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". According to the WHO definition (1948), health is the result of the interaction of three main aspects: physical, mental, and social. These three aspects are interrelated, and the balance of the three is an ideal condition that is expected to maintain health. Meanwhile, according to the Republic of Indonesia Health Law No. 36 of 2009, health is a healthy state, both physically, mentally, spiritually, and socially, allowing everyone to live socially and economically productive. Health efforts are every activity and/or a series of activities carried out in an integrated, integrated, and sustainable manner to maintain and improve the health status of the community in the form of disease prevention, health promotion, disease treatment, and health restoration by the government and/or the community (Menkes RI, 2009).

Following the times, health can be defined in three more specific definitions. The first definition states that health is a condition without disease or decline in function in the body. Second, health is a state that allows individuals to meet all the demands of everyday life. The third understanding is a state of equilibrium that allows individuals to be established within themselves and between themselves and their physical and social environment (Sartorius, 2006).

**Health In Modern And Postmodern Paradigm**
All forms of measurement, value, implementation, practice, and methods of modern medicine are products of modernism. The development of medical knowledge and practice from its early days to its present form is in line with the birth of modernism's thought and practice. The paradigm of modernism views humans in the context of dualism. Mind and body are two different substances or entities, each with different essential properties. Rene Descartes' version of dualism states that man is made up of two very different substances that cannot exist as a single entity. This dualistic nature of humans is the basis for the development of modern medical science today. In modern medical science, the human body is seen as a biological organism (materialism), so understanding it is done by examining its constituent parts (reductionism) using the principles of anatomy, physiology, biochemistry, and physics. The disease is seen as a deviation from biological norms caused by some identifiable physical or chemical event (Mehta, 2011; Bozok, 2015).

The postmodernism movement emerged due to the negative consequences that emerged during the period of modernism. Thoughts to revise modernism tend to return to pre-modern times, such as the teachings of New Age metaphysics and thoughts that associate themselves with the realm of physics and mysticism, known as 'holism'. Postmodernism wants to revise modernism, not by totally rejecting modernism, but by renewing modern premises. For example, science is not rejected in itself, but only science as an ideology where the truth is considered the most valid (Sugiharto, 1996).

Postmodern values that emerge are value systems that offer ideas about nature, science and technology, health, authority, individual responsibility, and consumerism. This is in line with the philosophy of most alternative medicine therapists. Alternative medicine practitioners generally use natural and non-invasive therapies, follow a holistic health perspective, and invite patients to participate in the healing process. This treatment emphasizes that health comes from within oneself and is a personal responsibility to achieve the desired level of health. Medicine in the postmodern era emphasizes concentration on healthy living. The main aim of the treatment is to increase the human body's natural capacity. By adopting the principles of increasing the body's capacity, medicine in the postmodern era is centered on the potential of human physical abilities, cognition, mood, and life span. This capacity-building discourse replaces modern medical discourse built on achievements in curing disease. While modern medicine only focuses on the body and disease, postmodern medicine also considers individual health. Alternative medicine believes that medicine should focus on the body to help itself heal. This is contrary to modern medicine, which still concentrates on treating the symptoms of the disease, not paying attention to the body as a whole (Siahpush, 1998; Bozok, 2015).

**Complementary-Alternative Medicine (CAM) and Reason for Use**

Complementary-alternative medicine is a group of practices, products, or health care systems that are generally not part of conventional medicine with modern medical science. It is called complementary medicine if it is used together with conventional medicine, and it is called alternative medicine if it is used instead of conventional medicine.
Complementary-alternative medicine presents a variety of systems and methods of therapy that vary. The method is based on the knowledge, skills, and practice derived from the therapists' theory, philosophy, and experience. This treatment is used to maintain and improve health, preventing, diagnosing, alleviating, and treating physical and mental illnesses. Complementary-alternative therapies are mainly used outside of conventional health care, but in some countries, several types of therapy are adopted or adapted in conventional health care (Eurocam, 2014).

The Minister of Health of the Republic of Indonesia in Permenkes No. 1109/MENKES/PER/IX/2007 formulated alternative-complementary medicine as non-conventional treatment aimed at improving public health status, including promotive, preventive, curative, and rehabilitative efforts obtained through structured education with quality, safety, and high effectiveness based on biomedical science, which has not been accepted in conventional medicine (Menkes RI, 2007). It is important to note that this regulation clearly states that complementary-alternative medicine has not been accepted in conventional medicine.

CAM is widely recognized with various categories and modalities that vary greatly, so it is not easy to draw a precise definition of CAM (Park, 2012). NCCAM defines CAM as "a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine" because there is insufficient proof of their safety and efficacy. As described by NCCAM (http://nccam.nih.gov), three major types of CAM are currently used in the United States: (a) natural products, including herbal medicines, vitamins; (b) manipulative/body-based practices; and (c) mind-body CAM (Park, 2012). Mind-body therapy or mind-body intervention focuses on the interaction between the brain, mind, body, and behavior. This type of CAM aims to use the mind to influence physical function and improve general health (Elkins, Fisher, and Johnson, 2010).

The exact reasons alternative medicine has become popular are complex, change over time, and vary from one type of therapy to another. This reason is also very different from one individual to another. However, there is no single determining factor why complementary-alternative medicine is increasingly being used. There is a comprehensive interaction between positive and negative motivations, which is a critique of the modern system of medicine. Some of the reasons underlying the increasing number of people using CAM are: 1) dissatisfaction with the results of conventional treatment, 2) dissatisfaction with the services of formal health care providers, 3) The positive effects of CAM treatment in terms of physical, emotional and behavioural aspects; 4) The safety of CAM therapy when compared to conventional therapy; 5) Satisfaction with CAM therapy, 6) Trust in CAM service providers and the choice of type of therapy offered, 7) The emergence of a postmodern value system, and 8) Sources of recommendations for the use of CAM (Siahpush, 1998; Ernst, 2000; Hasan et al., 2010, 2011; Mitha, Nagarajan and Gohar, 2013; Sirois, Salamonsen and Kristoffersen, 2016; Shabrina and Iskandarsyah, 2019).

**CAM in Indonesia**
Undang-Undang Kesehatan RI No. 36 of 2009 clearly states that everyone has the same rights to access resources in the health sector (article 4). Furthermore, Article 5 paragraph 3 states that everyone has the right to independently and responsibly determine the health services needed for themselves. This means that the state is obliged to guarantee the freedom of its citizens to choose the type of treatment that is right for them. Article 48 states that traditional health services are part of the implementation of health efforts. Article 59-60 regulates traditional health services, their types, and their uses. Meanwhile, Article 61 clearly states that the community is given the broadest opportunity to develop, improve and use traditional health services whose benefits and safety can be accounted for.

Permenkes no 1109/MENKES/PER/IX/2007 states that complementary-alternative medicine is carried out as a continuous service effort starting from health improvement (promotive), disease prevention (preventive), disease healing (curative), and/or health recovery (rehabilitative). The scope of complementary-alternative medicine mentioned in the regulation includes: mind and body interventions, alternative system of medical practice, manual healing methods, pharmacologic and biologic treatments, diet and nutrition, the prevention and treatment of disease, and unclassified diagnostic and treatment methods.

The 2013 Riset Kesehatan Dasar results noted that 39.4% of households in Indonesia used traditional health services in the form of skills without tools (77.8%) and ingredients (49.0%). The main reason households use traditional health services is to maintain health/fitness. These results indicate that traditional health services are still a lot in Indonesian society. This is in line with the results of a national survey on the use of traditional and complementary medicine in Indonesia in 2014-2015, which showed that 24.4% of the population used the services of traditional practitioners and/or traditional medicine in the last four weeks, and 32.9% of the population used complementary medicine. In the last four weeks of the study (Agency for Health Research and Development, 2013; Pengpid and Peltzer, 2018).

The use of CAM worldwide is likely to increase. Reports on the use of CAM from around the world are abundant, with various methods varying widely. In Southeast Asia, the most widely and easily accessible reports on the use of CAM are in Malaysia and Singapore. For other Southeast Asian countries, reports that can be accessed online are still relatively limited. As in Indonesia, research reports on the use of CAM are still challenging to find online, although data from the 2013 Basic Health Research shows that in Indonesia, 30.4% of households use traditional health services. However, in Indonesia, almost no studies have been reported examining the use of CAM, especially in cancer patients (Azhar et al., 2016).

A study conducted in Bandung aimed to assess the use of CAM and its associated factors with breast cancer patients. In total, 330 breast cancer patients were given a questionnaire about CAM use and CAM predictive factors, including socio-demographic parameters, clinical data and quality of life, trust in physicians, trust in the hospital, satisfaction, and informational needs. As a result, 33.3% of patients reported the use of CAM.
Lower-income, lower education, presence of metastases, prolonged diagnosis, less trust in doctors were strongly associated with CAM use. This study concluded that the use of CAM by breast cancer patients could be interpreted as an attempt to explore all possible options, expressions of active coping styles, or expressions of unmet needs in the cancer care continuum. Clinicians need to openly discuss the use of CAM with their patients and identify whether they have other unmet support needs (Azhar et al., 2016).

Gunawan et al. was conducted on health care providers in Indonesia and the Netherlands. This study explores the CAM perspective of healthcare providers involved in the care of pediatric cancer survivors. The points studied are related to health beliefs, components of CAM, attitudes towards the use of CAM, and knowledge about CAM. The results conclude that Indonesian healthcare providers generally have a more positive perspective on CAM than their Dutch counterparts. Health professionals in the Netherlands and Indonesia consider their knowledge of CAM inadequate. Therefore, healthcare providers are advised to learn more about CAM, acknowledging its everyday use among children with cancer. Educational programs about CAM need to be provided according to the needs of the health profession (Gunawan et al., 2016).

Similar studies were also conducted to explore nurses' knowledge and attitudes towards the use of (CAM) cancer patients. The thematic analysis results identified that nurses had limited knowledge about CAM. Nurses were skeptical of CAM and lacked the confidence to recommend its use. Four main themes emerged: Understanding of CAM, indecisiveness, personal experience, and preferences in learning about CAM. There is a need to integrate CAM topics into nursing education programs to develop nurses' knowledge and build positive attitudes towards the use of CAM. Sufficient knowledge and a positive attitude towards CAM will support the safety and quality of care in managing patients with cancer (Christina and Whitehead, 2018).

Research in Jakarta on parents who used CAM for their children with cancer resulted in an exciting discussion. The researcher proposes that health professionals be aware of alternative medicine in children with cancer and provide adequate information to parents about the effectiveness and detrimental effects of alternative medicine (Karningsih, Herlyssa and Jomima, 2014).

Research conducted on cancer patients who underwent radiotherapy provided data on 55.67% of those who underwent radiotherapy at Dr RSUP. Kariadi Semarang uses at least one type of CAM. There were no patient demographics associated with the use of TCAM. Most of the information about the TCAM used by the patient (40.74%) came from the patient's friends. The most frequently used types of TCAM were vitamins, minerals, oils and herbs (83.33%). Most (62.96%) patients using CAM did not inform their doctor about using CAM. Most (72.22%) patients using CAM have family members or friends who also use it. This study concluded that CAM use in cancer patients who underwent radiotherapy was higher than in those who did not use it (Ryamizard, Nawangsih P. and Margawati, 2018).
The research results above show that the Indonesian people are pretty familiar with and widely use CAM for treatment. However, this is not matched by modern medicine's knowledge and positive attitude to support the use of CAM. In Indonesia, although the application of complementary-alternative therapies has been regulated by a set of regulations, in reality, there are still many modern medical practitioners who have not been able to accept this method as a method of treatment that can be accounted for (Satia, 2013), so that patients who use it often without adequate understanding of the effects and risks.

**Discourse of the Use of CAM**

The use of CAM has an increasing trend in society, but how does modern medicine respond to the development trend of society to switch to complementary-alternative medicine? Research in the United Kingdom conducted on doctors on complementary-alternative medicine gave the following results: doctors were generally divided into three groups: 1) enthusiastic; 2) skeptical; 3) hesitate. The skepticism is mainly due to the lack of belief that complementary-alternative medicine methods can give positive results (Maha and Shaw, 2007).

Botting & Cook conducted a critical review study of physicians' knowledge, use, and attitudes towards complementary medicine. The results showed that doctors have an interest in complementary medicine. However, doctors also have several concerns about the lack of evidence of the effectiveness of treatment, the possibility of harmful effects, inadequate knowledge of doctors, and the lack of laws and regulations governing these complementary therapies (Botting and Cook). 2000). A study conducted on rehabilitation physicians in Australia reported that almost all rehabilitation patients used CAM therapy. However, only a tiny proportion of rehabilitation physicians inquired about regular use of CAM. This study proposes that more time be devoted to training in evidence-based CAM therapy in the education of rehabilitation physicians so that communication with patients regarding the use of CAM can be further enhanced (Mak et al., 2009).

Similar studies conducted on physicians in California revealed that concerns about medical professional norms limited physicians' use or recommendation of CAM in practice. Sixty-one percent of physicians did not feel sufficiently knowledgeable about the safety or efficacy of CAM, and 81% would like to receive further education about CAM modalities (Milden and Stokols, 2004). The study, conducted at the Mayo Clinic Rochester, USA, aimed to evaluate physicians' attitudes at an academic medical center towards CAM and assess physicians' basic knowledge of standard CAM therapies. Of the 233 physicians who responded to the survey, 76% never referred patients to a CAM practitioner. However, 44% stated that they would refer patients if a CAM practitioner were available at their institution. Fifty-seven percent of physicians thought incorporating CAM therapy would positively impact patient satisfaction, and 48% believed that offering CAM would attract more patients. Most physicians agree that some CAM therapies hold promise for treating symptoms or disease, but most feel uncomfortable counseling their patients about most CAM treatments. A prospective randomized controlled trial is considered an adequate
procedure to provide the scientific evidence needed by most clinicians to consider incorporating CAM therapy into their practice. This study highlights the importance of education and providing clinicians with readily available access to evidence-based information about CAM (Wahner-Roedler et al., 2006).

Why is CAM seen as the opposite of modern medicine? In the agenda of modernism, modern medical science has turned into a science, which is assumed to have the potential and obligation to reveal scientific rules regarding the body. Medical science relies on scientific evidence, so empirical evidence is one of the keywords in modern medicine. Medical interventions are meant to be rational and measurable. Clinical decision-making is processed and begins to be constructed on the truth and knowledge that comes from science-based on rationality. At the heart of clinical decisions is the modernist belief that decisions for therapy can be based on an objective understanding of universal reality. The formation of hegemony from evidence-based medicine occurs in this field (Bozok, 2015).

Evidence-Based Medicine (EBM) is defined as the best integration of research evidence conducted with clinical expertise and patient values/conditions. Research evidence is defined and arranged hierarchically in an evidence pyramid. The higher the position of the research type at the pyramid level, the more valid the research results can be recognized as evidence of the efficacy and safety of a type of treatment. The use of safe and effective treatment, which is based on unpublished historical evidence or experience, may not provide the evidence needed to qualify as a scientifically accepted type of treatment (Yakoot, 2013). The results of EBM, which is considered a rational science, are pretty rigorously adopted blindly in all conditions, without considering geographical, historical, cultural, economic factors, which can lead to bias in its implementation. Multinational companies compete to create the highest evidence supporting the brands they produce (Yakoot, 2013). This medical epistemological approach that generalizes research results to all population members is a weakness of modern medical science. In reality, there are always anomalies that must receive special attention.

The lack of scientific evidence of complementary-alternative medicine is not evidence of its lack of efficacy and efficacy. Alternative medicine practice faces a unique and challenging situation where no sponsor can afford the research to produce the scientific evidence needed to register alternative medicine products or techniques used (Yakoot, 2013). Tonelli and Callahan believe that alternative-complementary medicine is an area of inquiry in which the methods used to prove its efficacy must differ from those used in modern medicine. The methods used to gather knowledge in the art of complementary-alternative medicine must be in line with the art that underlies the theory of disease. Modern medicine tends to ignore society's need that complementary-alternative medicine can be evidence-based, at least providing a narrowly defined 'evidence' (Barry, 2006).

The biomedical approach is very different from the anthropological approach in explaining the phenomenon of alternative medicine. Scientific objectivity is required to explain evidence-based medical phenomena in biomedical disciplines and evaluate alternative therapeutic systems. Anthropological evidence is constructed very differently
from that in the biomedical sciences and offers closer resonance to alternative medicine philosophies. Ethnographic evidence of 'what works' in alternative medicine includes concepts such as transcendent, transformational experiences; changing body-life experience; and acquisition of meaning. The evidence presented in CAM must be constructed differently to legitimize the effectiveness of alternative medicine by broadening the definition of what works in therapy and offering a critique of what many modern medical treatments feel is lacking (Barry, 2006).

The weakness of the development of Indonesian Traditional Health so far is that it is stuck only on product development. In the end, the products developed are "forced" into the conventional medical paradigm, which ultimately has difficulty getting recognition from the conventional medical profession. This is understandable because of the philosophical differences between conventional medicine and traditional medicine. Conventional medicine has a materialistic and reductionist philosophy, while traditional medicine has a holistic and cybernetic philosophy (Siswanto, 2018).

The research community in alternative medicine has grown in recent years, it is beginning to ask questions like these, and qualitative and ethnographic research provides powerful tools in this endeavor. Ethnographic research in alternative medicine is used as a challenge to the hegemony of scientific biomedical evidence construction. The introduction of ethnographic forms of evidence that represent the experiences of users and therapists from the alternative medicine community acts as a critique of biomedical evidence. Thus anthropological evidence can be used to open a debate about what should be measured as evidence for the efficacy of alternative medicine and whether one should measure it (Barry, 2006).

CONCLUSION

The use of CAM by cancer patients in Indonesia shows an increase. However, conventional health practitioners still turn a blind eye to this treatment method. The main reason is that there are doubts about the results of CAM that can be justified according to biomedical disciplines. Conventional medical treatment or modern medicine and complementary-alternative medicine have different philosophical foundations, so imposing an assessment using biomedical methods to prove the efficacy of CAM seems less appropriate. Suppose evidence of efficacy is required for CAM to be accepted. In that case, it seems that research methods with qualitative and anthropological approaches should be chosen that provide more space for individual experiences in the use of CAM. More studies on the use of CAM for cancer patients in Indonesia need to be carried out using research methods that are more appropriate and can provide a complete picture of the efficacy of CAM. As more research is conducted, more data will become available for clinicians to open up to CAM for cancer patients.

DISCLOSURE STATEMENT

All the author contributed to this study. There are no ghost writer included during the manuscript preparation process.
REFERENCES


Farooqui, Maryam et al. (2016) 'Use of complementary and alternative medicines among


Mak, J. C. S. et al. (2009) 'Perceptions and attitudes of rehabilitation medicine physicians on


