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Use of Complementary and Alternative Medicine are for Breast Cancer Clients In Hospital Dr Soetomo Padoli, Aida Novitasari, Dwi Utari Widiastuti Soetomo Nursing Department Health Polytechnic Surabaya Jl. Prof Moestopo 8 C Surabaya Email: Padolipolteksby@yahoo.co.id ABSTRACT Background:Complementary and Alternative Medicine (CAM) are refers to various treatment that is not considered as part of conventional care. CAM is used by the most of breast cancer clients. Method:This study

aims to determine the type of complementary and alternative medicine used by breast cancer's client. This type of research describe about the exploration of using complementary and alternative medicine in breast cancer's client in Poli Oncology (POSA) Hospital Dr Soetomo. 106 clients undergoing outclient given a questionnaire about the types of complementary therapies used to support healing and opinion about the benefits such of therapies against the disease. The response of each item questionnaire use complementary and alternative medicine presented by frequency distribution table. Based on [research on the use of complementary and alternative medicine](#) can be concluded that the most of the clients are post masectomi with chemotherapy (54.72%). The reason of using CAM is controlling cancer (96.23%). Used of CAM is performed before doctor's treatment (62.26%). Type of CAM are used by herbal decoction (46.23%), herbal extract (18.87%), TCM (10.38%), blend and herbal medicine (13.20%). The most of clients stated that complementary therapies are not useful for against breast cancer (56.60%). Result: Clients should use CAM as complement for conventional treatment of breast cancer but it is not as primary therapy. It is important for client to know the potential benefits and side effects of CAM, especially herbal products. Keyword : Complementary therapies, Breast cancer [Introduction In addition to standard](#) of care, [complementary therapies are increasingly being used by](#) clients [cancer in an attempt to alleviate the symptoms of cancer and those associated with cancer treatment](#) and improve their [well](#)-being and quality of life overall. Complementary or alternative medicine [an important part of health care in the United States and other countries](#) (Snyder & Lindquis, 2002), including the people of Indonesia towards complementary therapies or alternative medicine. It can be seen from the many visitors of complementary and alternative medicine practices in various places. Estimates in the United States 627 million people are users of alternative therapies and the 386 million people who visited the conventional practice (Smith et al., 2004). Other data says an increasing [number of users of complementary therapies in the United States from 33% in 1991 to 42% in 1997](#) (Eisenberg, 1998, [in](#) Snyder & Lindquis, 2002). [More than 40% of clients of breast cancer in the United States reported using complementary therapies, and the number is comparable to the use of complementary and alternative medicine by European cancer](#) clients. Clients who use komplementer therapy has several reasons. One reason is the philosophy of holistic complementary therapy, ie their inner harmony and health promotion in complementary therapies. The other reason for the client wants to be involved for making decisions on treatment and improved quality of life than ever before. Some 82% of clients reported any adverse reactions received from conventional treatments cause choose complementary therapies (Snyder & Lindquis, 2002). Complementary therapies that there be one community treatment option. In many places health services are not few [clients ask about complementary or alternative therapies](#) 134 [to health care workers such as](#) doctors and nurses. Increased community needs and the development of research on complementary therapies into nursing opportunities to participate according to community needs. Nurses can play a role as a consultant for clients in selecting appropriate alternatives or help provide immediate therapy. However, this needs to be further developed through research (evidence-based practice) to be used as therapeutic nursing better. Until now, there is no data on the use of complementary alternative medicine in breast cancer client in Surabaya. The [purpose of this study](#) aims [to](#) determine [the](#) therapeutic [use of complementary and alternative medicine in](#) cancer clients payudaradi Dr Soetomo Hospital. Material And Methods This research is descriptive explorative, that is studying the picture of the type of complementary and alternative therapies used in cancer clients Poli Oncology One Roof (POSA) Hospital Dr Soetomo, using a cross sectional study design. The sample in this

study are cancer clients who visited the POSA Hospital Dr Soetomo totaling 106 people were selected with consecutive sampling. The variables in this study complementary and alternative therapies. The instrument for data collection of this study using a questionnaire containing demographic data clients that include: age, education, occupation and income. The next question on the practice of the method of use complementary and alternative therapies that have made the list of services or products CAM, and effectiveness. The response of each item questionnaire use complementary and alternative therapies are presented in frequency distribution table. Results Demographics Client characteristic of breast cancer in the study include marital status, age, education level, occupation and income. In general character cancer clients are mostly married, aged 26-71 years, elementary and high school education, most do not work or housewives (54.72%) and earn more than 2.5 million rupiah per month (Table 1) Table 1: Characteristic breast cancer clients in POSA Hospital Dr. Soetomo 2015 No. Marital Frequency Percentage Married 80 75,47 Divorce 26 24,53 Total 106 100 Age Minimum maximum mean 26 71 48,83 Education Frequency percentage Elementary school 40 37,74 High School 14 13,21 Senior High School 34 32,08 University 18 16,98 Total 106 100 Work Frequency percentage IRT 58 54,72 SWASTA 26 24,53 Interpreter 12 11,32 Farmer 8 7,55 PNS 2 1,89 Total 106 100.0 Income Frequency percentage < 2,5 million 51 48,11 > 2,5 million 55 51,89 Total 106 100 Characteristics of Breast Cancer Complementary and alternative medicine (CAM) (which is often called complementary therapies) are a group of variations in health care systems, practices and products that are considered not to be part of conventional medicine. Some clients use complementary therapies as a companion to conventional therapy. Disease stage breast cancer in most of the clients are post-mastectomy (66.04%), 135 conventional therapies being undertaken is chemotherapy to be continued with operation of (54.72%) (table 2) Table 2: Stage of disease and conventional therapy breast cancer clients in POSA Hospital Dr. Soetomo 2015 Stage of Cancer Frequency percentage 1. Stage 1 1 0,94 2. Stage 2 5 4,72 3. Stage 3 7 6,60 4. Stage 4 23 21,70 5. Post surgery 70 66,04 Amount 106 100 Conventional therapies Frequency percentage 1. Surgery 6 5,66 2. Chemotherapy and surgery 58 54,72 3. Chemotherapy 33 31,13 4. Chemotherapy and surgery and Radiation 9 8,49 Jumlah 106 100 Use of Complementary Therapies The use of complementary therapies by the client based on several reasons and the expected benefits. Almost entirely client breast cancer (96.23%) had reasons for wanting to control the cancer and some once the reason treatment doctors are too toxic (3.37%). Number of clients complementary therapies used mostly one kind (71.70%). There are 8 types of CAM used client breast cancer and the type of plant decoction is the highest (46.23%) (Table 3). Tabel 3: The experience and the type of complementary therapies used in breast cancer clients POSA Hospital Dr Soetomo 2015 Reason Use of Complementary Therapies Frequency percentage Treatment doctors are too toxic 4 3,77 Want to control the disease 102 96,23 Total 106 100 Time of Use Complementary Therapies Frequency percentage Before the treatment the doctor 66 62,26 Along with the doctors therapy 40 37,74 Total 106 100 Kinds of CAM Frequency percentage 1 kind s of CAM 76 71,70 > 1 kinds of CAM 30 28,30 Total 106 100.0 Modalities of CAM Use Frequency percentage Akupunktur 1 0,94 Herbal extracts 20 18,87 Herbal (jamu) 7 6,60 Tradisional Chine 11 10,38 136 Of Medicine Racikan obat herbal 7 6,60 Coursop leaf (herbal) 49 46,23 Tea 9 8,49 Message 2 1,89 Total 106 100 the most is the body feels fresh, and the pain has subsided. Almost entirely the client says no side effects and some small experience side effects frequent urination and bigger lumps (Table 4) Benefits and Side Effects CAM The majority (56.60%) client states complementary therapies are not useful, and nearly half say helpful. Therapeutic benefits Table 4 .: Benefits and side effects of the use of

CAM on Breast cancer clients in POSA Dr Soetomo Hospital 2015 Hope using CAM Frequency percentage Treat and cure cancer 28 26,42 To Reduce symptoms 10 9,43 Boost immunity 7 6,60 preventing recurrence 14 13,21 No comments 47 46,23 Total 106 100,00 The benefits of CAM Frequency percentage Useless 60 56,6 Lump shrink 2 1,89 The body feels fresh 30 28,30 Reduced pain 12 11,32 Reduced wounds 2 1,89 Total 106 100,00 The side effects of CAM Frequency percentage Lump increases 5 4,72 Frequent urination 3 1,83 Constipation 1 0,94 none 95 89,69 Total 106 100

DISCUSSION Use of Complementary Therapies Clients breast cancer use complementary therapies have several reasons, including: 1) to help overcome the side effects of cancer management such as nausea, vomiting and pain or fatigue; 2) improve the comfort and boredom treatment of cancer; 3) the feeling of doing something that helps to maintain and 4) try to cure cancer. (VICC, 2016). It is proven that 96.23% of clients cancer who went to POSA using complementary therapies with reason can help treat the disease. The results showed 62.26% of clients using CAM prior to the doctor and 37.24% used in conjunction with conventional therapy. This becomes problematic specialized in oncology, when the delay of treatment can reduce remission and healing. One side, which sold interventions such as chemotherapy, surgery and radiation therapy tend to be biologically active, potentially dangerous and costly. On the other hand, some complementary therapies proven safe and effective. (Barrie R. Cassileth, Gary Deng, 2003). This type of therapy is the most widely used soursop leaf decoction, mangosteen skin, binahong, taro rat, and diet to avoid certain foods. The mean duration of use was 30 weeks, with the frequency of therapy each day. In America, 91% of oncology clients using one or more forms of CAM with conventional therapies to manage symptoms related to cancer and side effects of cancer treatment (yates et al, 2005). In Europe, 40% of oncology clients using some form of CAM, although a very small role in providing information on CAM (Molassiotis, et al, 2005). Complementary therapies are categorized in various ways. The National Center for Complementary and Alternative Medicine (NCCAM) classifies therapy into 5 categories namely; alternative medical systems, mind-body interventions, biological- based therapies, methods of manipulative and body-based, and energy therapy. Categories of complementary therapies used POSA clients mostly biological product that herbs in the form of decoction (soursop leaf decoction, mangosteen skin, black cumin, betel leaves, binahong, taro rat, bitter herbs) (46.23%), extracts (mangosteen rind , soursop leaves, palm juice) (18.87%); green tea and tea rosella; Special diets that avoid consumption of fish / meat roasted or grilled, vitamin supplements. Very few clients that use alternative systems of medicine such as China and India or animal extracts (ants extract). The use of herbal medicine is common, 35-45% of Americans use herbal products (Cohen, 1998; Lee and Horne, 2001). Herbal products in the UK spending over 40 million per year (Vickers and Zollman, 1999). Meanwhile shopping for complementary therapies in average USD 2.937 million. Results of research Larkin (1999) of 979 clients who will undergo surgery, they use herbal medicine (17.4%), and the herbs most commonly used are ginkgo (32.4%), ginseng (26.5%) and garlic (Allium sativum, (26.5%)). Herbal therapy using a mixture of plants or plant extracts to treat illness and improve health. Herbal therapy is also called phytomedicine, phytotherapy or botanical medicine. Herbal medicine is most often used as a complementary therapy by clients cancer. Some studies show that 6 out of 10 clients of cancer using herbal therapy in addition to conventional cancer treatments. Herbal medicine often helps relax and overcome anxiety, depression and other conditions such as menstrual problems and skin conditions (www.cancerresearchuk.org). These results reinforce the initial data from the Women's Healthy Eating and Living show that up to 80% of breast cancer clients with stage IV non taking dietary supplements such as

vitamins, antioxidants, and herbal (Pierce JP, Faerber S, Wright FA et al.2002). Important trend is the increased use of herbal products instead of other supplements in recent years (Rock CL2003). Proponents of dietary treatment of cancer usually develops core assumptions about the protective effects of fruits, vegetables, fiber, and avoiding excessive fat diet in reducing the risk of cancer with the idea that food or vitamin can cure cancer. Examples currently include a diet without milk, macrobiotic diet, fruits and vegetables medication, and metabolic therapy, offered at the clinic Tijuana, Mexico. One of the best known sites for this questionable practice is the Gerson Clinic, where liver damage countered with a diet low in salt, high in potassium, coffee enemas, and a gallon of fruit and vegetable juice every day (Green S. 1992). Most clients cancer complementary therapy users expect the benefits of therapy is to treat and cure cancer (26.42%), to prevent the recurrence of cancer (13.21%), and reducing the symptoms of cancer. This expectation is inversely related to the fact that the majority (56.6%) said that complementary therapies are not helpful and only body feels healthy (28.30%) and reduced pain (11.22%) (Table 4). Types of complementary therapies are likely to benefit are Chinese medicine, acupuncture, herbal concoction and use more than one type of therapy. While the types of herbs and stew not likely to provide benefits. It is possible types of herbs and herbal decoction 138 such as soursop leaves, mangosteen skin, rat taro leaves, leaf binahong not yet standardized, because clients usually boil themselves without definite instructions regarding the dosage and how to correct processing. They get information from neighbors, and family members. Therefore nurses need to give consideration when going to use CAM for clients breast cancer, include: the anticipated benefit from the therapy, the risk of any accompanying therapy, side effects that may present, whether therapies affect to conventional treatment, if the therapy is part of probation clinic if there are sponsorships and whether therapy is financed by insurance. Methods of knowledge CAM is still limited and interpretation subjectively varied and bias. CAM should be developed and against rational and coherence method for assessment of causality and efficacy based on the results that are controlled by the clinical trial. Side Effects of CAM Each of complementary therapies may have side effects. Some therapies are safe to use and does not have side effects that should be noted. But some plants are toxic to humans and can have serious side effects and weight. Client users of complementary therapies in POSA Hospital Dr Soetomo show almost entirely (89.69%) did not have any side effects. Some side effects were noted among other things the bigger bumps, frequent urination, constipation after drinking a potion (Table 4). The general public tend not to realize that herbs are natural aqueous drug containing a number of different chemicals, most of which have not been documented (Slifman NR, WR Obermeyer, Aloï BK et al. 1998). The effect is not always predictable (Drew AK, Myers SP1997). Both the FDA and other agencies researching herbal medicine for safety and effectiveness. Some products have been officially tested for side effects or quality control. Clients undergoing active treatment should be told to stop using the herbal medicine, because some herbal cause interaction problems with a chemotherapeutic agent, sensitivity of the skin to radiation therapy, swings in blood pressure that is dangerous and undesirable interactions with other anesthesia during surgery (Cheng B, CT Hung, Chiu W2002) Herbs such as fever few, garlic, ginger, and ginkgo have anticoagulant effect and should be avoided by clients on Coumadin, heparin, aspirin and related agents. Concerns have been raised recently about even dietary antioxidants, which can interact with radiation therapy or chemotherapeutic agents (Labriola D, Livingston R. 1999). The risk of drug interactions herb seems greatest for clients with kidney or liver problems (Izzo AA, Ernst E.2001) Medicinal herbs, vitamins and minerals, and dietary supplements are marketed as "natural product", but not

always [natural](#) means safe. Some products can have serious side effects. [Some vitamins and minerals can cause problems when taken in excessive amounts. It is important](#) for clients [to](#) know the [potential benefits and side effects of dietary supplements and herbal](#). Some tips are secure in taking supplements include: 1) talk to a nurse or physician before buying a diet supplement; 2) Avoid drug interactions, certain [medications can interact with certain dietary supplements](#), eg, [herbal supplement ginkgo can interact with](#) anti-clotting drug warfarin [and increase the risk of bleeding](#); 3) [before surgery](#) clients need to [tell about supplements](#) taken. [Some supplements can cause problems during surgery, such as](#) an increase [in](#) mean [heart rate, blood pressure or bleeding](#). So the [need to stop taking](#) the [supplements at least two weeks before](#) surgery; beware big promises such as miraculous healing Ikla (miracle cure), or a revolutionary discovery; pseudomedical jargon are like purification (purify), neutralize toxins (detoxify), energizer, cures all, or testimonials (Mayo Clinic) Nurses should [be aware of the risks and benefits of herbal medicine](#). [During](#) her stay at the hospital nurses should asses about CAM utilities, including drugs without a prescription. However, the nurse should not be judging (non-judgmental) of CAM, accept that clients have a choice in making decisions about treatment. 139 Health professionals, including nurses [need to](#) increase [their knowledge about CAM, otherwise it](#) can produce [communication gap with](#) its clients ([Rojas-Cooley et al, 2009](#)). [This communication gap](#) can [harm](#) clients [in several](#) forms: the client [may use CAM and delay diagnosis or](#) experiencing any [side effects](#) or interactions [CAM](#) CAM with conventional therapy ([NCCAM, 2009](#)). Health [providers need to be knowledgeable about CAM so that they can](#) analyze the effectiveness [of](#) therapy and to share information with clients ([Laurent et al, 2006](#)). [NCCAM \(2009\)](#) suggest [that](#) the [nurses to initiate](#) talks [with](#) clients about [CAM because nurses are direct service providers](#). CONCLUSION AND RECOMMENDATION Conclusion Based on [research on](#) the [use of complementary and alternative medicine](#) can be concluded that most of the clients post masectomi with chemotherapy (54.72%). The reason the use of CAM is to control cancer (96.23%). Use of CAM is performed before doctors treatment (62.26%). Type of CAM used were herbal decoction (46.23%), herbal extracts (18.87%), TCM (10.38%), blends and herbal medicine (13.20%). Most of the clients declare complementary therapies are not useful against breast cancer (56.60%), and nearly half of beneficial improve fitness and pain reduction (39.62%). Almost all (89.69%) clients say the use CAM no side effects and some small experience side effects such as frequent urination and bigger lumps. Recommendation Based on the conclusion of the study, it is recommended: Clients should use CAM to complement conventional treatment of breast cancer is not as primary therapy. It is important for clients to know the potential benefits and side effects of CAM, especially herbal products. Health professionals, including nurses need to increase their knowledge about CAM. [Andrews, M., Angone, K.M., Cray, J.V., Lewis, J.A., & Johnson, P.H. \(1999\). Nurse's handbook of alternative and complementary therapies. Pennsylvania: Springhouse. Barrie Cassileth, Marjet Heitzer, Jyothirmai Gubili, 2008, Integrative Oncology: Complementary Therapies in Cancer Care, Cancer Chemother Rev. 2008;3\(4\):204-211. Barrie R. Cassileth , Gary Deng,2003, Complementary and Alternative Therapies for Cancer , Memorial Sloan-Kettering Cancer Center, New York, New York, USA \[Cassileth BR, Lucarelli CD. Herb-Drug Interactions in Oncology. Hamilton, Canada: B. C. Decker, 2003:1-467. Cheng B, Hung CT, Chiu W2002. Herbal medicine and anaesthesia. Hong Kong Med J 2002;8:123-130. Medline David Sharp, Gary Isaacs, 2013. Complementary And Alternative Medicine \\(Thesis\\). Honors Program of Liberty University \\[Drew AK, Myers\\]\\(#\\) SP1997. \\[Safety issues in\\]\\(#\\) herbal medicine: implications for the health professions. Med J Aust 1997;166:538-541.Medline Field T, Morrow C, Valdeon C et al. 1992. Massage reduces anxiety in child and adolescent psychiatric clients. J Am\]\(#\)](#)

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