

The Use of Phytotherapy (Herbal Treatment) During Cancer Treatment: A Sample from Türkiye

Abstract

Background: Patients with cancer may consider using herbal products to alleviate symptoms and support their treatment; however, careful consideration is required, as these products may interact with conventional therapies and cause adverse effects. In this context, nurses play a critical role in assessing the use of herbal therapies, educating patients, and promoting safe, evidence-based practices.

Aim: This study aimed to determine the practices and perceptions of patients undergoing cancer treatment regarding phytotherapy.

Methods: This descriptive study was conducted with 149 patients with cancer receiving treatment at the medical oncology clinics of a university hospital and a training and research hospital in Türkiye between January 2022 and October 2023. Data were collected using three forms developed by the researchers. Descriptive statistics were presented as numbers and percentages, and the chi-square test was used to compare phytotherapy users and non-users.

Results: The patients had a mean age of 55.64 years, and 53.7% were male. A total of 44.3% had a university-level education or higher. Most patients (81.2%) were receiving chemotherapy, and 12.1% used phytotherapy. Only 17.4% were evaluated by an oncology professional regarding phytotherapy. Among users, 60% used phytotherapy to boost immunity, and 64.7% consulted a specialist, most commonly an oncologist. Phytotherapy use was not significantly associated with sociodemographic or medical characteristics.

Conclusion: Healthcare professionals should provide patients with evidence-based information about phytotherapy, and unsupervised use of herbal products should be prevented. Oncology nurses should assess patients' use of phytotherapy products and provide guidance as needed.

Keywords: Cancer, complementary and integrative medicine, nursing, phytotherapy, survey

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Introduction

The use of plants for therapeutic purposes has progressed through trial and error and forms the basis of today's pharmaceutical industry. In addition, traditional medical approaches developed in Chinese, Indian, Japanese, Arab, and European societies through the use of herbs for healing. These practices are still widely used in less-developed countries due to limited access to healthcare services or the high cost of conventional medicines.^{1,2} Today, plant-based treatment is one of the traditional and complementary medicine methods and is referred to as phytotherapy or herbal treatment. The use of therapeutic parts of plants in fresh or dried forms, or the use of extracts obtained from these parts as modern treatment methods in various forms such as drops, dragees, capsules, syrups, or tablets, falls within the scope of phytotherapy.³

Although phytotherapy is used as a complementary therapy in many conditions such as hypertension, diabetes, and chronic bowel diseases, it has also become an option for patients with cancer. A meta-analysis showed that the pooled prevalence of herbal medicine use among patients with cancer is 22%, with higher rates reported in low- and middle-income countries.⁴ Herbal medicines are widely used to relieve the side effects of chemotherapy or radiotherapy (e.g., nausea, vomiting) and to improve quality of life in patients diagnosed with cancer. Other reported positive effects of phytotherapy include increasing patients' appetite, strengthening the immune system, and facilitating general recovery.⁵ The increasing demand for herbal products is attributed to the harmful and life-threatening side effects of cytotoxic anticancer drugs, the search for natural agents with antitumor activity and fewer side effects, and the growing number of scientific studies demonstrating the anticancer effects of various plants.⁶ Patients diagnosed with cancer may consider using only plants or herbal products during the treatment process or may benefit from phytotherapy as a supportive approach alongside medical treatment. However, it should not be overlooked that herbs may cause unexpected or adverse effects by interacting with other drugs, especially chemotherapeutic agents,⁷ and may also reduce the therapeutic effectiveness of conventional cancer treatments.⁸ Because these products are often perceived as harmless and may be used without professional supervision, they can pose significant risks for patients with cancer. Therefore, their use should be carefully evaluated, particularly by oncology nurses, who maintain continuous clinical interaction with patients. Although numerous studies in the literature focus on the effects of phytotherapeutic agents on cancer cells,⁹⁻¹¹ there are relatively few studies examining the perceptions, practices, and information sources of patients diagnosed with cancer regarding phytotherapy.^{12,13}

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This study aims to provide guidance by exploring the perceptions and practices of patients with cancer regarding phytotherapy and to support the development of educational and evaluative strategies that optimize its safe use.

The research questions of this study are as follows:

1. What are the phytotherapy use practices of patients undergoing chemotherapy?
2. What are the perceptions of patients undergoing chemotherapy regarding phytotherapy?

Materials and Methods

Study Design

This descriptive cross-sectional study examines the perceptions, practices, and opinions of patients with cancer regarding phytotherapy. Data were collected at a single point in time to provide a snapshot of participants' characteristics and behaviors.

Sample and Setting

Based on a similar study¹⁴ in the literature and calculations performed using G*Power, the required sample size for this research was determined to be 215 patients, with a 95% confidence level and a 5% margin of error. Due to practical constraints in the clinical setting, a convenience sampling method was employed. The study population consisted of patients receiving treatment in the medical oncology clinics of a university hospital and a training and research hospital. Inclusion criteria were being aged 18 years or older, being aware of one's cancer diagnosis, and currently receiving cancer-related treatment. Patients who were unwell during treatment or had communication barriers were excluded. Despite the planned sample size, only 149 patients could be reached during the study period due to factors such as treatment-related fatigue, nausea, and weakness; conflicts with treatment schedules; psychological or emotional state; and personal preference.

Data Collection Tools

The data for this study were collected using a Patient Information Form, a Herbal Product Form, and an Opinion and Suggestion Form.

Patient Information Form: This form consisted of 18 questions in total: four questions on sociodemographic characteristics (age, gender, education level, occupation), eight questions on clinical characteristics (diagnosis, date of diagnosis, stage, current treatment, previous treatments, chronic diseases, allergies, medications), and six questions related to phytotherapy (knowledge, use, evaluation, and related issues).

Herbal Product Form: This form consisted of nine questions completed by patients who used herbal products while receiving chemotherapy. It assessed the name of the herbal product used, its source, purpose of use, effectiveness, side effects, whether a specialist was consulted beforehand, and whether the patient would recommend the product to others.

Opinion and Suggestion Form: In addition, patients were provided with an optional open-ended question to express their thoughts, recommendations, and expectations regarding phytotherapy.

Data Collection

The study was conducted with patients with cancer receiving treatment at the medical oncology clinics of a university hospital and a training and research hospital between January 2022 and October 2023. These hospitals serve patients from diverse regions and sociodemographic backgrounds, enhancing the inclusiveness of the study sample and supporting broader representation of patients with cancer. Data were collected through face-to-face interviews using three forms developed by the authors based on a review of current national and international literature: the Patient Information Form, the Herbal Product Form, and the Opinion and Suggestion Form. Completion of all forms took approximately 10–15 minutes per patient.

Data Analysis

Statistical analyses were performed using IBM SPSS Statistics for Windows, Version 28.0 (IBM Corporation, Armonk, NY, USA). Descriptive findings were presented as numbers and percentages. The chi-square test was used to compare the char-

acteristics of participants who used phytotherapy with those who did not. A significance level of 0.05 (p value) was accepted for statistical analyses.

Ethics

This study was approved by the Social Sciences Research Ethics Committee of Koç University (Approval Number: 2021.452.IRB3.214; Date: 16.12.2021). Informed consent was obtained in writing from each participant. All principles of the Declaration of Helsinki were followed throughout the study.

Results

The demographic characteristics of the participants are summarized in Table 1. Among the participants, 43.6% were aged 40–59 years. In addition, 53.7% were men, and 44.3% had a university degree or higher. Active employment was reported by 43% of the participants. Among the patients, 30.2% were diagnosed with gastrointestinal system cancer. The most common cancer stage was stage IV [35.6%]. Chemotherapy was administered to 81.2% of the participants, and nearly half of these patients (49%) had previously undergone a surgical procedure. Regarding previous treatments, 40.9% had received chemotherapy and 31.5% had received radiotherapy. Comorbid diseases were present in 49.7% of participants, allergies to any agent in 12.8%, and regular medication use in 67.8%. The most common comorbid diseases were hypertension and diabetes.

The characteristics of participants' phytotherapy use are summarized in Table 2. Prior knowledge of phytotherapy was reported by 69.1% of the participants, and 29.5% had considered using phytotherapy during the chemotherapy process. Only 17.4% of participants ($n=26$) stated that they had been evaluated by an oncology physician or nurse regarding their use of herbal products; of these, 23 reported satisfaction with the evaluation.

Only 12.1% of participants ($n=18$) actively used herbal products. Among these users, ten participants used a single product, seven used two products, and one participant used four different products. The characteristics of the herbal products used by participants engaging in phytotherapy are summarized in Table 3.

The average age of the 18 participants who used phytotherapy was 55 years; 11 were men and seven were women. Most were actively receiving chemotherapy ($n=16$), while one participant was receiving radiotherapy and five were receiving immunotherapy or targeted therapy. Breast cancer was diagnosed in five participants, gastrointestinal cancer in eight, and lung cancer in three. Eleven participants had a university degree or higher. Comorbid diseases were present in six participants, and none reported allergies. Only seven of the herbal product users had been evaluated by a physician or nurse regarding their use of these products.

Herbal product use was analyzed based on the first product used by participants. Among the 18 users, 55.6% consumed herbal products in medicinal form, while the remainder used vegetables or fruits. The most common sources of information about herbal products were family and relatives, followed by physicians and the internet. A majority of participants (60%) reported using herbal products to enhance immunity, and 94.4% perceived the products as effective without experiencing any side effects.

Only 11 participants consulted a specialist before using herbal products, with oncologists being the most frequently consulted. Ten of these participants considered the specialist's opinion sufficient. Among the five who did not consult a specialist, most indicated that they did not feel it was necessary.

Regarding recommendations, 13 participants stated that they would recommend the products they used to others, citing perceived safety, relaxation, and beneficial effects. Two participants reported that they would not recommend herbal products, explaining that they were not experts and were unsure about potential effects on others.

Phytotherapy use did not differ according to participants' sociodemographic or clinical characteristics ($p>0.05$) [Table 4].

Approximately one-third of the participants ($n=50$) completed the Opinion and Suggestion Form. Responses to the open-ended questions indicated that most patients reported limited knowledge about phytotherapy or had not received recommendations from their physicians. Other concerns included insufficient evidence regarding

Table 1. Sociodemographic and medical characteristics of participants (n=149)

Characteristics	n	%	Characteristics	n	%
Age (years)			Stage III	30	20.1
18-39	20	13.4	Stage IV	53	35.6
40-59	65	43.6	Unknown	43	28.9
≥60	64	43.0	Current treatment**		
Gender			Chemotherapy	121	81.2
Female	69	46.3	Radiotherapy	13	8.7
Male	80	53.7	Immunotherapy/targeted therapy	50	33.6
Education level			Other	3	2.1
Less than high school	39	26.2	Previous treatment**		
High school	44	29.5	Surgery	73	49
University and higher	66	44.3	Chemotherapy	61	40.9
Employment status			Radiotherapy	47	31.5
Employed	64	43	Immunotherapy/targeted therapy	18	12.1
Unemployed	31	20.8	Other	2	1.4
Retired	54	36.2	Comorbid disease***		
Cancer diagnosis			Yes	74	49.7
Lung cancer	37	24.8	No	75	50.3
Breast cancer	31	20.8	Allergy		
Gastrointestinal system cancer	45	30.2	Yes	19	12.8
Urinary tract cancer	19	12.8	No	130	87.2
Other*	17	11.4	Oral medication use		
Cancer stage			Yes	101	67.8
Stage I	10	6.7	No	48	32.2
Stage II	13	8.7			

*: Ovarian cancer, melanoma, sarcoma, nasopharyngeal cancer, paraganglioma, lymphoma, multiple myeloma, Ewing sarcoma, **: Some patients received more than one treatment concurrently, ***: Includes hypertension, diabetes, heart disease, thyroid disease, hypercholesterolemia, heart failure, kidney failure, asthma, insulin resistance, and other conditions.

the benefits and risks of herbal products and a lack of trust in companies marketing these products. Some participants believed that herbal products could be beneficial if supported by scientific evidence and used under medical guidance. Many emphasized that they rely on their physicians' advice and expressed a need for clearer, evidence-based information on phytotherapy.

Discussion

Various studies have shown that phytotherapy is the most commonly used complementary and integrative medicine method.¹⁵⁻¹⁸ In our study, although nearly one-third of participants considered using phytotherapy during chemotherapy, only a small proportion actually used it, and most of these individuals were receiving chemotherapy at the time. Previous research similarly indicates that approximately half of patients with cancer who use phytotherapy concurrently receive chemotherapy.^{15,19} Consistent with national data, phytotherapy remains the most familiar and preferred complementary approach in Türkiye,¹⁷ and, similar to previous findings, the primary reasons for its use include reducing chemotherapy side effects, supporting treatment, and strengthening the immune system.^{19,20} This aligns with our finding that 60% of users reported using phytotherapy to boost immunity.

Although our study did not identify a significant association between sociodemographic or clinical characteristics and phytotherapy use, the international literature presents inconsistent findings, reporting associations with factors such as education level, employment status, income, comorbidities, medication use, and age.¹⁹⁻²¹ Some studies have shown higher use among individuals with comorbidities and regular medication use,¹⁹ while others indicate more frequent use among younger, well-educated, and economically advantaged patients.²⁰ In contrast, a review from Morocco reported more common use among women, individuals aged 40–60 years, and low-income groups.²¹ Education level is particularly emphasized, as individuals with higher education may feel more confident seeking independent information—especially online—and may therefore continue using herbal products without

Table 2. Characteristics of phytotherapy use among participants (n=149)

Phytotherapy use	n	%
Heard of phytotherapy previously		
Yes	103	69.1
No	46	30.9
Considered using phytotherapy during chemotherapy		
Yes	44	29.5
No	105	70.5
Currently using herbal products		
Yes	18	12.1
No	131	87.9
Evaluated by an oncology physician or nurse for herbal use		
Yes	26	17.4
No	123	82.6
Satisfaction with oncology physician/nurse evaluation (n=25*)		
Yes	23	92
No	2	8

*: One response missing.

professional consultation.²⁰ However, despite the relatively high education level of participants in our study, professional assessment remained limited, indicating that education alone does not ensure safe or evidence-based use. Overall, these findings suggest that sociodemographic influences may be culture specific and underscore the need to identify commonly used herbal products and critically evaluate the supporting evidence to guide safe clinical practice.¹²

Table 3. Characteristics of herbal products used by participants practicing phytotherapy (n=18)

	n	%
Herbal product group		
Vegetables/fruits	8	44.4
Medicinal herbal products	10	55.6
Source for information about the herbal product (n=17)*		
Family/relatives	5	29.4
Neighbors	0	0
Friends	0	0
Physician	3	17.6
Nurse	0	0
Television	2	11.8
Internet	3	17.6
Other oncology patients	1	5.9
Books	1	5.9
Other people	2	11.8
Other	2	11.8
Purpose of herbal product use (n=15)*		
Enhancing immunity	9	60
Reducing/destroying tumor	2	13.3
Symptom management	4	26.7
Other	1	6.7
Effectiveness of the herbal product (n=18)		
Effective	17	94.4
Ineffective	0	0
Unknown	1	5.6
Experienced side effects (n=17)		
Yes	0	0
No	17	100
Consulted a specialist before herbal product use (n=17)		
Yes	11	64.7
No	6	35.3
Type of consultant (n=11)*		
Oncologist	8	72.7
Oncology nurse	1	9.1
Dietitian	2	18.2
Other	1	9.1
Competence of consultant (n=10)		
Yes	10	100
No	0	0
Would recommend herbal product to others (n=16)		
Yes	13	81.3
No	3	18.8

*: Some participants selected more than one response option.

Beyond usage patterns, the source of information is also critical. Previous studies indicate that many patients learn about herbal products from family members, social networks, and media platforms, while healthcare professionals are rarely consulted.²² Consistent with these findings, most participants in our study reported receiving information from non-professional sources. Given their close and continuous contact with patients, oncology nurses play a key role in providing reliable information, correcting misinformation, and supporting safe decision-making regarding phytotherapy.

Regarding perceived effectiveness, the literature reports mixed results. A study from Türkiye found that 37.9% of patients perceived benefit, whereas 42.8% did not and 19.3% were unsure.¹⁵ In contrast, most participants in our study reported positive effects without side effects, suggesting more favorable perceptions compared with

Table 4. Comparison of phytotherapy use by sociodemographic and clinical characteristics

	Using herbal products		Not using herbal products	
	n	%	n	%
Age (years)				
18-39	3	16.7	17	13
40-59	9	50	56	42.7
≥60	6	33.3	58	44.3
Total	18	100	131	100
p - χ^2	0.673-0.792			
Gender				
Female	7	38.9	62	47.3
Male	11	61.1	69	52.7
Total	18	100	131	100
p - χ^2	0.501-0.453			
Education level				
<High school	2	11.1	37	28.2
High school	5	27.8	39	29.8
University and higher	11	61.1	55	42
Total	18	100	131	100
p - χ^2	0.212-3.103			
Employment status				
Employed	8	44.4	56	42.7
Unemployed	3	16.7	28	21.4
Retired	7	38.9	47	35.9
Total	18	100	131	100
p - χ^2	0.896-0.219			
Cancer diagnosis				
Lung cancer	3	16.7	34	26
Breast cancer	5	27.8	26	19.8
Gastrointestinal system cancer	8	44.4	37	28.2
Urinary tract cancer	0	0	19	14.5
Other	2	11.1	15	11.5
Total	18	100	131	100
p - χ^2	0.286-5.016			
Comorbid disease				
Yes	6	33.3	68	51.9
No	12	66.7	63	48.1
Total	18	100	131	100
p - χ^2	0.208-2.184			
Allergy				
Yes	0	0	19	14.5
No	18	100	112	85.5
Total	18	100	131	100
p - χ^2	0.130-2.992			
Oral medication use				
Yes	12	66.7	89	67.9
No	6	33.3	42	32.1
Total	18	100	131	100
p - χ^2	1.000-0.012			

findings from Turkish, Arab, and Western populations, where reported benefit rates were approximately 50-55% and negative effects were also documented.^{20,23,24} These differences may be related to variations in patient characteristics, types of herbal products used, or cultural attitudes toward phytotherapy.

Despite these positive perceptions, concerns remain regarding long-term safety, appropriate dosing, and potential interactions with cytotoxic treatments.^{19,25} The limited number of randomized controlled trials contributes to ongoing professional skepticism,^{11,26} highlighting the need for well-designed, large-scale, long-term clinical studies to support the safe integration of phytotherapy into oncology care.

From a clinical perspective, consultation with healthcare professionals is essential. Although more than half of the participants in this study sought professional advice, a substantial proportion continued phytotherapy without guidance. Similarly, a multicountry review reported that patients' self-disclosure of herbal product use varies across countries. For example, while most patients in the United States and the United Kingdom do not inform their physicians about herbal product use, the majority of patients in Australia do disclose this information.²⁰ In Türkiye, a systematic review reported that 44% of hospitalized patients and 60% of outpatients used herbal products without informing healthcare providers.¹⁸ Unfortunately, the literature indicates that oncology healthcare professionals are often unaware of patients' phytotherapy use. Previous Turkish studies similarly report low professional awareness and inadequate clinical assessment.^{19,27} For instance, in Yazar's study, 29.4% of physicians had only partial knowledge, and 66% had no information about their patients' herbal product use.²⁷ Consistently, another Turkish study conducted in 2017 found that 81.7% of patients were not assessed by a physician or nurse regarding herbal use during chemotherapy,¹⁹ whereas in our study only 17.4% received such an assessment. This limited evaluation may reflect clinicians' hesitations due to insufficient evidence, concerns about adverse effects, and potential interactions with conventional treatments.²⁸ Overall, these findings emphasize the need for routine and systematic evaluation of herbal product use in oncology practice, including nursing-led assessments, to enhance patient safety.

Limitations

This study contributes to the limited literature on phytotherapy use among patients with cancer and offers meaningful insights into their knowledge, practices, and opinions. However, the findings should be interpreted with caution due to the limited sample size, reliance on self-reported data that may involve recall bias or underreporting, and the lack of expert validation of the data collection tools.

Conclusion

Phytotherapy use among patients with cancer was limited, and most participants lacked professional guidance. As nurses maintain continuous contact with patients, their role in informing patients about phytotherapy, delivering evidence-based information, and ensuring patient safety is critically important. Therefore, structured training programs for nurses are essential to enhance their competence in this area and to support the safe integration of phytotherapy into oncology practice.

Ethics Committee Approval: The study was approved by the Social Sciences Research Ethics Committee of Koç University [Approval Number: 2021.452.IRB3.214, Date: 16.12.2021].

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