INOSR Experimental Sciences 15(2):55-62, 2025. **ISSN: 2705-1692**
©INOSR PUBLICATIONS **INOSRES1520000**
International Network Organization for Scientific Research
https://doi.org/10.59298/INOSRES/2025/1525562

Integrative Oncology: Merging Conventional and Alternative Approaches

Nambi Namusisi H.

School of Natural and Applied Sciences Kampala International University Uganda

ABSTRACT

Integrative Oncology (IO) is an evolving field that bridges conventional cancer treatments with complementary and alternative medicine (CAM) to enhance patient-centered care. With cancer remaining a global health burden and conventional therapies often associated with significant side effects, patients increasingly turn to CAM for relief, empowerment, and holistic well-being. This paper examines the conceptual framework, historical roots, scientific challenges, and clinical promise of Integrative Oncology. It examines how evidence-based methodologies, ethical standards, patient-centered models, and education reform can facilitate the responsible integration of CAM. Regulatory challenges and training needs are discussed alongside international case studies highlighting the effectiveness of integrative strategies. The aim is to promote safe, evidence-informed, and equitable integration that respects both scientific rigor and cultural diversity in healing practices. As cancer care moves beyond survival toward quality of life, Integrative Oncology offers a balanced, compassionate, and collaborative path forward.

Keywords: Integrative Oncology, Complementary and Alternative Medicine (CAM), Cancer Therapy, Evidence-Based Medicine, Holistic Care, Patient-Centered Care.

INTRODUCTION

Cancer remains the leading cause of mortality, and routine screening has not significantly altered its evolution. Cancer treatment often induces painful symptoms, such as lymphedema, trunk/limb discomfort, and sleep disorders. With advancing technology, alternative and complementary medicine is increasingly adopted by the general public, including cancer patients. Scientists investigate these techniques to promote their safe use and address well-being. Integrative Oncology, a new field at the intersection of conventional cancer treatments and alternative techniques, is drawing attention in cancer care. Recent surveys reported that a significant percentage of patients used complementary or alternative medicine, a portion of patients discussed their behaviors with their oncologists, and many patients experienced benefit after using it. Most patients are motivated by a desire to be involved in care, avoid treatment side effects, and address spiritual and psychological needs. Notably, the use of alternative medicine is associated with a worse prognosis, particularly in late-stage cancer, high education levels, and upcoming treatment. However, non-disclosure to oncologists increases the likelihood of self-medication and non-evidence-based therapies and may substantially impact conventional treatments. Balanced and friendly integration between scientific and non-scientific (alternative) therapies has led to the emergence of the Integrative Oncology concept. Integration should aim for a delineated boundary to avoid harmful negative effects on conventional cancer treatments. Nevertheless, underestimating one's limitations can lead to seriously damaging recommendations, as demonstrated in various public opinions. High-quality Integrative Oncology requires the combination of clinical oncology, pre-clinical and clinical studies on combinations, and a thorough review of the medicinal properties and contraindications of alternative therapies. In light of the increasing global incidence of cancer and rising doubts on conventional therapy, optimal development of integrative oncology is likely [1, 2].

Historical Context of Oncology

It is difficult to assess when interaction between the natural and human worlds and thus, therapeutics in the sense of chemotherapeutics began. The first letters ever exchanged were more like illustrations than

words and still probably not understood by the counterpart. It would be fair to narrow down the above stage of evolution and say that appropriate communicative approaches were inherent to humanity from the very first steps, although it took thousands of years before such rudiments were acknowledged as medicine and culture. The Babylonian clay tablets, were most probably the first hermeneutic codes recording transmission of both the natural and human worlds. There, again rudimentarily, measures on the unmeasurable were already postulated. After the dawn in Mallen, Homer rose and physicians and philosophers like Hippocrates and Empedocles appeared. First words were shaped into sentences and connotations. The early Greek civilization may therefore be considered as the birth time of Holy Naturalism as it laid down the foundations to Divinity as natural order of the world, the quest for it and human health as wholesomeness leading to social invulnerability. Subsequently, however, with Pythagoras this Polychronian culture degenerating into monotheism, dualism and imbalances at either whimsical mutualities as panacea or sheer ignorance merged with beneficence as the beginning of civilizations, astronomies and medicines. Therapeutics assumed mystical, magical, religious or traditional/folklore approaches throughout epochs until the late 19th century. The gradual decline of the classical paradigm of physiology explaining the earlier prevailed corpuscularian chemical theories did not abrogate common Western approaches. The Newtonian times therefore have to be regarded gloriously in the academic discourse of medicine as the Age of Science in contrast to the medieval ages and Ethnic Medical Systems. However, the Greek Hippocratic/Hellenic corpus, systematically collated their predecessors and associates through appropriate political balancing and local lingua franca, Greek became a Holy Language as later did Latin. Therefore for over two millennia were the depths of the human soul and the heights of Nature assessed philosophically, the latter as Proclus said, alone with Religion and the former only as use of speech, by the best minds of Mankind. Recognizing mostly the illusive prevalent one Din that Holism and all its corollaries (including Cancer as Wholesomeness) have to be re-acknowledged in the Healing Arts which were born long before the arts of War. The balance desires on comets to rescue this planet once again [3, 4].

Conventional Cancer Treatments

Cancer is one of the most serious health problems in the world and an extremely complex disease affecting all species. There is never just one type of cancer (tumour). If a patient has breast cancer, say, it may be one of 40 sub-types. Each type has multiple further variants and combinations of mutations. Each cancer is unique. There is still much to learn about cancer as a disease and a problem suited to biomedical research. Biomedicine, the science of illness treatment, has made immense strides over the last 150 years, but much remains to be understood about how monotherapy can be made sufficiently effective over longer periods to improve quality of life and life expectancy. Each organ of the human frame, and every organ within that organ, has specific pharmacology and signalling. Tumour heterogeneity can mean that number of proliferating neoplasia cells in different sub-regions varies wildly even between neighbouring spherical domains of only 10-20 μm in diameter. Cancer cells and their microenvironment can develop hypoxic short range diffusion gradients of peptide growth factors that are perilous to any mode of localized therapy using e.g. X-rays. All research into tumor resonance properties is at an infant stage: Cancer is a very complicated emergent system derived from interactions between cellular genetic and environmental agents. The main conventional treatment methods for cancer are surgery, chemotherapy, radiotherapy, and biological or biophysical therapies, including hormonal therapies, immunotherapy, and interstitial hyperthermia [5, 6].

Alternative and Complementary Therapies

Cancer patients, like those with chronic diseases, increasingly pursue relief through complementary and alternative medicine (CAM). In the last decade, studies from the U.S., Canada, and Australia on this topic have surged. Surveys indicate around 60% of cancer patients have used CAM during their illness. However, most studies have focused on the selection and prevalence of CAM rather than its effectiveness, with few rigorous outcome studies available. While larger meta-analyses exist for single treatments, a comprehensive overview of all published studies is lacking. Cancer diagnoses and their treatments create significant physical and psychological stress, leading to distress not only from aggressive forms of the disease but also from more benign tumors, resulting in worry and anxiety over progression and mortality. These issues are often addressed by CAM therapists, attracting interest from patients and specialists alike. With variations in tradition, background, and training, CAM interventions differ significantly in disease diagnosis and understanding healing mechanisms. Most share concepts of holism, naturalism, and self-healing, aligning with clinical internistic work. Systematic reviews evaluate efficacy and safety but do not detail the care processes involved. More complex CAM interventions may have social and practical dynamics influencing outcomes, alongside biomedical approaches. Developing interdisciplinary models involving scientific, psychiatric, psychotherapeutic, and philosophical insights could aid in data collection,

feedback, and evaluation. This framework draws on experiences from the Medically Integrated Programme at a European cancer center [7, 8].

The Role of Evidence-Based Medicine

Evidence-based medicine (EBM) is a formalized mechanism for the continuous process of knowledge application in clinical practice. This mechanism involves health care professionals (HCPs) using the best evidence to answer questions in their clinical practice. Guided by a well-defined process, HCPs identify, assess, and summarize the domain-specific literature and effect estimates. Subsequently, mechanism- and population-specific evidence is integrated with patient preferences, beliefs, and values when weighing treatment options. EBM empowers cancer patients to take an active role by asking HCPs for evidence. Such requests can obstruct discretion and responsibility perceptions. A better understanding of how health care professionals seek and process evidence may promote the intention to apply evidence in discussions about complementary and alternative medicine (CAM) efficacy. Up to now, some reviews have addressed the EBM concept and the framework of good practice in CAM research. Therefore, this section reviews studies published since February 2003. In the first two parts, it discusses the contribution of the EBM movement to CAM research. The third part is devoted to methodological shortcomings of conventional research. The body of the paper considers ten recommendations for future CAM research. Conventional EBM is a seamless process of questioning the body of literature, summarizing reliable information, accessing it, appraising it, adapting it to individuals (patients), and applying it. Each link in this chain translates the purpose of research more directly into practical options for specific patients than the actual study results. It is essential that every link contributes to the smooth flow of reliable, trustworthy information regarding CAM efficacy, safety, and value for money. The role of good research design and good research questions in assuring the quality of individual studies is well addressed. Good answers to these questions will enhance the likelihood of good results, but cannot assure them [9, 10].

Patient-Centered Care in Integrative Oncology

Patient-centered care has been fundamental to integrative oncology for decades, where strong physician communication and time spent with patients enhance cancer outcomes and quality of life. The demand for such care has risen significantly, outpacing available supply, and will likely continue to grow. The increasing patient demand for alternative end-of-life options, not offered by traditional sources, will necessitate significant changes in oncology programs and practices. COVID-19 has exacerbated this need by depriving patients of personal care, particularly disadvantaging many. Consequently, the surge in canceled hospital procedures has led patients to alternative and complementary therapies. In a post-pandemic wellness context, healthcare systems must adapt by reaching patients where they are. Combining conventional oncology with alternative care is vital for survival, requiring new educational initiatives to overcome barriers that obstruct the patient-centered care model from prevailing in cancer treatment across Canada. The wisdom of patient-centered care should not be overshadowed by the diseases. The lesson from COVID-19 emphasizes that health and wealth are interconnected. For-profit systems offering miraculous cures without preventive measures will profit from ineffective safety nets. Healthy systems rely on shared responsibility for mutual healthcare. It is crucial that processes prioritize the underserved populations affected by hospital closures. Awareness of the barriers faced by patients seeking conventional care must guide the provision of complementary and integrative alternatives, or the intent of wellness initiatives will be undermined from the start. The expectation is that access to alternative care must remain unaffected by unforeseen challenges. Financial responsibility should rest with those not adversely impacted by the pandemic. Patient-centered care needs to reach out to those who are unable or hesitant to return to conventional options [11, 12].

Case Studies in Integrative Oncology

According to a survey, 83% of cancer patients use some form of CAM. Among the most popular CAM therapies reported by cancer patients were those with an emotional, spiritual, or psychological dimension, including relaxation and stress reduction methods such as prayer, meditation, art therapy, music therapy, journaling, and guided imagery. Diet-related CAM practices, including some form of dietary change, were another common focus. The Financing Committee issued recommendations urging an increased investment in the evidence-based evaluation of CAM approaches. At its annual fall meeting in 2009, the German Cancer Society discussed how best to proceed: to consider carefully the need for a greater openness toward CAM and to promote further research into additional treatment methods for cancer therapy. One of the more unorthodox measures to integrate CAM with conventional treatment was the appointment of a board for intangible methods and psychiatry. The purpose of this committee would be to assist in the integration of CAM approaches into the treatment plans of patients with metastatic cancer. Analyzing selected methods of CAM combined with psychosomatic therapy used at the Essen Integrative Medicine Program will be one of the challenges [13, 14].

Ethical Considerations

Integrative oncology (IO) combines conventional medicine with evidence-informed complementary therapies to enhance the quality of life for cancer patients. An increasing number of patients are turning to complementary and alternative medicine (CAM). Several IO models have been developed globally, highlighting the need for a deeper understanding of ethical considerations in this field. The integration of CAM raises questions about the ethics of holistic medicine and informed decision-making, especially when patients consider therapies outside conventional methods. Disparities in methodological rigor between CAM and conventional research complicate evidence-based IO establishment. Quality concerns regarding dietary supplements and herbal medicines arise due to FDA regulation issues, leading to ethical dilemmas. Patients desire safe products lacking pharmacologically active components, but misbranding can result in potency issues and harmful interactions. Patient safety and minimizing adverse effects align with the objectives of advancing IO and promoting informed decision-making among cancer patients. A research project in Germany aims to systematically compile information on major CAM modalities used by cancer patients. By translating information from professional CAM associations into accessible language and testing its effectiveness regarding knowledge and safety, the project seeks to ethically share vital CAM knowledge. IO serves as a framework for combining conventional and indigenous CAM, enhancing cancer understanding (etiopathogenesis) through indigenous concepts. It broadens treatment options by incorporating a wider range of remedies alongside IO training modules for effective implementation [15, 16].

Regulatory Issues in Integrative Oncology

Integrative oncology, a rapidly growing discipline over the past decade, merges conventional oncology with various complementary and alternative therapies, including Ayurveda, traditional Chinese medicine, homeopathy, and botanical medicine. These approaches have diverse origins and philosophies, often extending beyond cancer treatment. Traditional Chinese medicine exemplifies a holistic treatment system involving herbs, acupuncture, and a unique diagnostic perspective on life. The integration of spiritual practices with these therapies raises regulatory issues, complicating oversight in the field. Regulatory frameworks for integrative oncology vary worldwide; some regions have minimal regulation, while others have established oversight programs. The presence of favorable global factors could enhance regulatory infrastructure, ensuring both public protection and the advancement of integrative oncology. In the U.S. and Canada, numerous regulations impact the practice of integrative oncology, which can either hinder or promote its value in cancer treatment. Many countries lack comprehensive regulations governing integrative oncology practices, leading to settings where free market forces allow diverse complementary and alternative medicine (CAM) approaches with little oversight. The absence of regulation highlights the urgent need for standardized codes and definitions to prevent potentially harmful practices in integrative oncology [17, 18].

Training and Education for Practitioners

Training in Integrative Oncology and CAM is essential for practitioners, bridging gaps between CAM and conventional medical professionals. The goal is to utilize shared tools for education aimed at patients and caregivers, through workshops and international conventions. Collaborations with academic bodies and organizations are crucial for enriching the educational framework. There is a need to develop action research as a backbone for education and training, and help integrate CAM into medical practices and health systems. This involves establishing educational programs and community initiatives funded by social service grants. Training practitioners, including medical doctors, nurses, and therapists, focuses on building connections with CAM providers. Cooperation with practitioners facing legal challenges, like PTSD specialists, is key to improving patient care through referrals and self-help resources. Promoting CAM as part of medical education is vital to enhance acceptance among patients and align healthcare practices with legacy systems to achieve a balance between quality, accessibility, and intimacy in care. Integrative approaches will benefit from research and development across disciplines, emphasizing collaborative paradigms for diagnosing and treating patients effectively. Leading research institutions will expand training in various CAM practices, enhancing pharmacological safety and transparency while fostering independent regulatory platforms for practitioners. Education initiatives must focus on realigning beliefs and improving screening processes for patients and caregivers through holistic training events featuring renowned educators. A new framework for coordination and integration of educational efforts should emerge, allowing for non-hierarchical structures among academics and organizations, backed by research evidence. Comprehensive education and training programs should reach hospitals, health services, and the insurance sector while encouraging multi-disciplinary collaboration across scientific fields. This collaborative effort aligns with the concept of Socratic debate to challenge existing paradigms and establish protective trade organization structures for professionals in the field, facilitating

decentralized and virtual communities of advocates and operators dedicated to advancing integrative healthcare training and research [19, 20].

Future Directions in Integrative Oncology

Cancer is a major global health issue, leading to significant morbidity and mortality. An integrative medicine approach, blending complementary therapies with traditional healthcare, is gaining traction in oncology. Studies suggest that many cancer patients are drawn to integrative oncology for its broader therapeutic options. Over 75% of cancer patients use some form of complementary or alternative medicine (CAM), including herbs, vitamins, and dietary changes. An international study reports that over 50% of cancer patients use CAM, such as supplements and mind-body techniques. As interest in integrative oncology rises, a comprehensive framework for its implementation and evaluation is being developed. This framework aims to define integrative oncology, clarify services for patients, and assess outcomes effectively. Evaluation focuses on clinical efficacy, quality of life, psychosocial wellness, and the safety of CAM therapies. Emphasizing accountability in clinical care and research is crucial. With expanding literature on specific therapies, these efforts may enhance the understanding of integrative therapies in oncology, paving the way for evidence-based, safe, and effective care [21, 22].

Patient Stories and Testimonials

Numerous positive testimonials exist from patients who have successfully experienced Integrative Oncologic measures, reporting improvements in symptoms and quality of life, including reduced chemotherapy-related fatigue, nausea, vomiting, and better pain management. However, some patients have reported no benefits, worsening symptoms, and sometimes even feeling worse. Accounts highlight both positive and negative experiences associated with Integrative Oncology. While few studies focus on patient populations utilizing these services, there is a lack of literature summarizing individual patient stories. Individual narratives allow for sharing personal interactions with cancer treatment, which could benefit others facing similar challenges. Utilizing narrative analysis, anecdotal experiences from patients at a comprehensive cancer center who used Integrative Oncology services were studied. Qualitative narratives were summarized, offering a platform for patients to share their experiences. Key details such as patient demographics, cancer diagnoses, treatment histories, and appointment concerns were descriptively coded. A thematic narrative analysis was performed, interpreting individual stories by identifying and categorizing themes, ensuring the individual's voice remained intact. The reconstructed narratives were verified by patients for accuracy [23, 24].

Integrative Oncology in Different Cultures

Throughout human history, cancer has been viewed in very different ways by cultures across the globe. Segments on Integrative Oncology (IO) in different cultures have been written by various authors. One of the presentations provides a historical view on cancer from a cultural and scientific perspective. In Egypt 3000 years ago, occult medicine, namely herbal medicine, had its own laws. Plant material was carefully categorized. Papyrus writings appeared about mummification and skin cancer. Cancer originated from the Greek word for crab, cancerous tumor. Neither Hippocrates nor Galen saw it as caused by an imbalance of temperaments, humor or qualities, but rather as changeable organic lesions. The Energetics Theory of Cancer afterwards lost ground to the germ theory of disease that dominated for a century. Cultural views of cancer have evolved as knowledge has grown. Early variants remained grounded in witchcraft and environmental angles; closer to these terrestrial views were concepts of moor and mark. Ayurveda, Far-Eastern Systems, and medical cannibalism are culturally very different systems. All are pre-neoplastic variants of IO because they share the taxonomic category of both IO and IO. Other traditions handling cancer prophylactically also differ. They could be reconciled with known improbabilities and creatively merge the best of both worlds. In Malaysia there is a blend of high-synthesis science with Islamic/Gnostic mystique because understanding of cancer is not societal. It is self-understood, without myths and evil spirits. The dimensional nature of cancer needed a multi-dimensional solution. Gnostic Knowledge can pierce data for probabilistic naked truth; AI in all basic biologically possibilities should track behaviour for a systematic clue to cancer. It is a cautionary tale of cloning, manipulation and bodily enhancement by EM. Animal models may become obsolete and the synthetic learning horizon may approach a limit. There are possibilities of bigger/complex creatures with new phenomena unknown for mammal models. Fungi, viruses and prokaryotes have undergone countless rounds of natural selection in planetary history. Cancer has greatly thrived on such antennae/greaters; its scientist wise-ministers have access to bigger tools and the ability to morph [25, 26].

Technology and Integrative Oncology

Cancer patients have an enormous need for information. Web access is widely available, but seeing information that is not organized or scientifically founded is a frequent danger. Information, produced by investigators, authorities and patient institutions, should be provided in a way that can be understood and

help for navigational decisions. Oncologists are expected to keep pace with the increasing complexity of research data. With the aid of semantic web technologies, forms of structured information can be produced, which help oncologists to more efficiently navigate to the available information relevant to their patients. There are ten major aims of the proposed research. The Semantic Web enables the use of formal languages, which serve to organize Web-accessed items in a machine interpretable way. Existing material has to be annually assessed, and growing data need to be categorized and made accessible for viewing queries by non-expert users. The data achieved will be a continuing source of structure information for oncologists, enabling them to keep pace with the evolving data situation. Their questions will be answered by navigating the structures and querying them for paths in the linked data set. The risks and chances of Web-based data for cancer patients and oncologists should be scientifically assessed. Probabilistic modeling of tumor evolution in networks will help to explore the effect of genetic and therapeutic changes in the signaling infrastructure of tumor cells. Integrative Oncology is broadly defined as the provision of complementary care during and after conventional cancer treatment, in a manner that is evidence-based, ethical, respectful of patients' treatment choices, and also meets the nurses' own personal and professional ethics. The validity of the term "Integrative Oncology" is questioned, together with its implementation in an institutional setting. Moreover, the challenges of evaluation of the outcomes of patient care in terms of clinical effects, cost-effectiveness, generalizability and sustainability are addressed. More cancer patients are using complementary therapies. Integrative Oncology combines conventional oncology with evidence-based complementary therapies. There are various models of Integrative Oncology established at cancer clinics across the world. There is increasing interest in the concept of Integrative Oncology in Europe and in some parts of Asia and South America. Integration of complementary therapy into oncology care is accompanied by many challenges. Research into the provision of Integrative Oncology care is needed [27-32].

CONCLUSION

Integrative Oncology represents a transformative approach to cancer care, uniting the strengths of biomedical science with the patient-focused philosophies of alternative healing traditions. While conventional treatments remain the cornerstone of cancer management, their limitations in addressing patients' emotional, spiritual, and long-term quality-of-life needs have led to growing interest in complementary therapies. A successful integrative model requires rigorous evidence, transparent communication between patients and practitioners, ethical oversight, and educational reform to prepare future healthcare providers. As the global cancer burden intensifies and patient preferences evolve, Integrative Oncology stands out as a promising paradigm—one that not only treats disease but also nurtures the whole person. Moving forward, greater collaboration among medical, regulatory, and cultural sectors will be essential to ensure safe, accessible, and meaningful integrative cancer care for diverse populations.

REFERENCES

1. Semeniuk G, Bahadini B, Ahn E, Zain J, Cheng J, Govindarajan A, Rose J, Lee RT. Integrative oncology and the clinical care network: challenges and opportunities. Journal of Clinical Medicine. 2023 Jun 9;12(12):3946. mdpi.com
2. Sharma K, Ramachandran A, Patel A. Scope of Integrative Approach in Present Era. Journal of Ayurveda and Integrated Medical Sciences. 2024 Dec 7;9(9):56-67. jaims.in
3. Stievermann J. Emersonian Transcendentalism and the Invention of Religion (s) in the Nineteenth Century. ESQ: A Journal of Nineteenth-Century American Literature and Culture. 2021;67(3):533-70. [HTML]
4. Aljunied K. Islam as therapy: Zakiah Daradjat and the uses of religious-oriented psychology. Indonesia and the Malay World. 2021 Jan 2;49(143):106-25.
5. Cavalcanti ID, Soares JC, Cavalcanti ID, Soares JC. Conventional cancer treatment. Advances in Cancer Treatment: From Systemic Chemotherapy to Targeted Therapy. 2021:29-56. [HTML]
6. Debela DT, Muzazu SG, Heraro KD, Ndalama MT, Mesele BW, Haile DC, Kitui SK, Manyazewal T. New approaches and procedures for cancer treatment: Current perspectives. SAGE open medicine. 2021 Aug;9:20503121211034366. sagepub.com
7. Stöcker A, Mehnert-Theuerkauf A, Hinz A, Ernst J. Utilization of complementary and alternative medicine (CAM) by women with breast cancer or gynecological cancer. Plos one. 2023 May 12;18(5):e0285718.
8. Ugwu CN, Ugwu OP, Alum EU, Eze VH, Basajja M, Ugwu JN, Ogenyi FC, Ejemot-Nwadiaro RI, Okon MB, Egba SI, Uti DE. Medical preparedness for bioterrorism and chemical warfare: A public health integration review. Medicine. 2025 May 2;104(18):e42289.

9. Akeeb AA, King SM, Olaku O, White JD. Communication between cancer patients and physicians about complementary and alternative medicine: A systematic review. Journal of integrative and complementary medicine. 2023 Feb 1;29(2):80-98. nih.gov
10. Jankovic I, Chen JH. Clinical decision support and implications for the clinician burnout crisis. Yearbook of medical informatics. 2020 Aug;29(01):145-54.
11. Ahmed A, van den Muijsenbergh ME, Vrijhoef HJ. Person-centred care in primary care: What works for whom, how and in what circumstances?. Health & social care in the community. 2022 Nov;30(6):e3328-41. wiley.com
12. Lacey J, Huston A, Lopez G, Vozmediano JR, Lam CS, Narayanan S, Lu W, Wolf U, Subbiah IM, Richard P, Lopez AM. Establishing an integrative oncology service: essential aspects of program development. Current oncology reports. 2024 Mar;26(3):200-11. [HTML]
13. Ugwu CN, Ugwu OP, Alum EU, Eze VH, Basajja M, Ugwu JN, Ogenyi FC, Ejemot-Nwadiaro RI, Okon MB, Egba SI, Uti DE. Sustainable development goals (SDGs) and resilient healthcare systems: Addressing medicine and public health challenges in conflict zones. Medicine. 2025 Feb 14;104(7):e41535.
14. Tran BQ. Strategies for effective patient care: Integrating quality communication with the patient-centered approach. Social and Personality Psychology Compass. 2021 Jan;15(1):e12574.
15. Kristoffersen AE, Nilsen JV, Stub T, Nordberg JH, Wider B, Mora D, Nakandi K, Bjelland M. Use of complementary and alternative medicine in the context of cancer; prevalence, reasons for use, disclosure, information received, risks and benefits reported by people with cancer in Norway. BMC Complementary Medicine and Therapies. 2022 Jul 29;22(1):202. springer.com
16. Wolf CP, Rachow T, Ernst T, Hochhaus A, Zomorodbakhsch B, Foller S, Rengsberger M, Hartmann M, Huebner J. Complementary and alternative medicine (CAM) supplements in cancer outpatients: analyses of usage and of interaction risks with cancer treatment. Journal of Cancer Research and Clinical Oncology. 2022 May 1:1-3. springer.com
17. Balneaves LG, Watling CZ, Hayward EN, Ross B, Taylor-Brown J, Porcino A, Truant TL. Addressing complementary and alternative medicine use among individuals with cancer: an integrative review and clinical practice guideline. JNCI: Journal of the National Cancer Institute. 2022 Jan 1;114(1):25-37. nih.gov
18. Ongesa TN, Ugwu OP, Ugwu CN, Alum EU, Eze VH, Basajja M, Ugwu JN, Ogenyi FC, Okon MB, Ejemot-Nwadiaro RI. Optimizing emergency response systems in urban health crises: A project management approach to public health preparedness and response. Medicine. 2025 Jan 17;104(3):e41279.
19. Bao T, Greenlee H, Lopez AM, Kadro ZO, Lopez G, Carlson LE. How to make evidence-based integrative medicine a part of everyday oncology practice. American Society of Clinical Oncology Educational Book. 2023 May;43:e389830. ascopubs.org
20. Kristoffersen AE, Wider B, Nilsen JV, Bjelland M, Mora DC, Nordberg JH, Broderstad AR, Nakandi K, Stub T. Prevalence of late and long-term effects of cancer (treatment) and use of complementary and alternative medicine in Norway. BMC complementary medicine and therapies. 2022 Dec 5;22(1):322. springer.com
21. Stritter W, Rutert B, Eidenschink C, Eggert A, Längler A, Holmberg C, Seifert G. Perception of integrative care in paediatric oncology—perspectives of parents and patients. Complementary Therapies in Medicine. 2021 Jan 1;56:102624. sciencedirect.com
22. Balneaves LG, Watling CZ. "Part of the Conversation": A Qualitative Study of Oncology Healthcare Professionals' Experiences of Integrating Standardized Assessment and Documentation of Complementary Medicine. Integrative cancer therapies. 2022 Feb;21:15347354221077229.
23. Hesmert D, Klocke C, Stolz R, Huber R, Samstag Y, Hübner K, Simmet T, Syrovets T, Joos S, Valentini J. Exploring the gap: attitudes, knowledge, and training needs in complementary and integrative medicine among healthcare professionals at German university hospitals. Frontiers in Medicine. 2024 May 9;11:1408653. frontiersin.org
24. Ağagündüz D, Şahin TÖ, Yılmaz B, Ekenci KD, Duyar Özer Ş, Capasso R. Cruciferous vegetables and their bioactive metabolites: from prevention to novel therapies of colorectal cancer. Evidence-based Complementary and Alternative Medicine. 2022;2022(1):1534083. wiley.com
25. Huang ZH, Du YP, Wen JT, Lu BF, Zhao Y. snoRNAs: functions and mechanisms in biological processes, and roles in tumor pathophysiology. Cell Death Discovery. 2022 May 12;8(1):259.

26. Lopez G, McQuade J, Cohen L, Williams JT, Spelman AR, Fellman B, Li Y, Bruera E, Lee RT. Integrative oncology physician consultations at a comprehensive cancer center: analysis of demographic, clinical and patient reported outcomes. Journal of Cancer. 2017 Feb 10;8(3):395.
27. Cramer H, Cohen L, Dobos G, Witt CM. Integrative oncology: best of both worlds—theoretical, practical, and research issues. Evidence-Based Complementary and Alternative Medicine. 2013;2013(1):383142.
28. Nneoma UC, Fabian O, Valentine EH, Paul-Chima UO. Innovations in Renewable Energy for Health Applications. system. 2025;1:2.
29. Cacciamali A, Villa R, Dotti S. 3D cell cultures: evolution of an ancient tool for new applications. Frontiers in Physiology. 2022 Jul 22;13:836480.
30. Strome A, Moore-Petinak ND, Waselewski M, Chang T. Youths' knowledge and perceptions of health risks associated with unprotected oral sex. The Annals of Family Medicine. 2022 Jan 1;20(1):72-6. annfammed.org
31. O'Brien K, Ried K, Binjemain T, Sali A. Integrative approaches to the treatment of cancer. Cancers. 2022 Nov 30;14(23):5933.
32. Gowin K, Muminovic M, Zick SM, Lee RT, Lacchetti C, Mehta A. Integrative therapies in cancer care: An update on the guidelines. American Society of Clinical Oncology Educational Book. 2024 Jun;44(3):e431554. ascopubs.org

CITE AS: Nambi Namusisi H. (2025). Integrative Oncology: Merging Conventional and Alternative Approaches. INOSR Experimental Sciences 15(2):55-62.
https://doi.org/10.59298/INOSRES/2025/1525562