

**SENSES AND MEANINGS OF TEAS AND OTHER PREPARATIONS WITH MEDICINAL PLANTS FOR ADVANCED CANCER PATIENTS IN PALLIATIVE CARE**

**SENTIDOS E SIGNIFICADOS DE CHÁS E DE OUTRAS PREPARAÇÕES COM PLANTAS MEDICINAIS PARA PACIENTES COM CÂNCER AVANÇADO SOB CUIDADOS PALIATIVOS**

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**Abstract**

In advanced cancer, there is a gradual change in treatment with an emphasis on palliative care, in order to relieve symptoms and improve quality of life. The search for alternative patients, which falls between the consumption of medicinal plants in the form of teas and other preparations, is a feature of choice for many of these patients. We aimed to interpret the meanings assigned to tea and medicinal plants from the viewpoint of palliative care inpatients in a referral national cancer hospital. The interpretative analysis, derived from interviews with six women, includes their narratives and direct ethnographic observations, following the methodology of social sciences, considering the subjectivity of advanced cancer patients and the new meanings given to these plants during their struggle against the disease. We built five categories of analysis: 1) idealization built in the search to reverse cancer; 2) clandestine use of medicinal plants; 3) medicinal plants as an expression of family or affective ties; 4) belief that a natural product is always beneficial; e 5) complementarity between medicine and food. The results reveal a strong influence of socio-cultural context on the use of health practices associated with conventional cancer treatments, which reaffirms the need for greater integration between technical, scientific and popular knowledge. Since palliative care are beyond the traditional treatments, we suggest better understanding of the needs and expectations of patients, giving them freedom to express a desire to try new eating practices and consumption of medicinal plants that could somehow benefit them, even if only from the psycho-social point of view.

**Key words:** Teas. Medicinal Plants. Advanced Câncer. Palliative Care. Quality of Life.

**Resumo**

No câncer avançado, ocorre uma gradual mudança no tratamento com ênfase em cuidados paliativos, que prima por aliviar sintomas e melhorar a qualidade de vida. A busca por tratamentos alternativos, entre os quais se insere o consumo das plantas medicinais, na forma de chás e de outras preparações, é uma vertente escolhida por muitos desses pacientes. Nosso objetivo foi interpretar os sentidos e significados atribuídos aos chás e plantas medicinais sob o ponto de vista dos pacientes em cuidados paliativos internados num hospital de referência nacional em câncer. A análise

interpretativa, decorrente das entrevistas com seis mulheres, inclui suas narrativas e observações diretas de cunho etnográfico, seguindo metodologia das ciências sociais, considerando a subjetividade de pacientes com câncer avançado e a ressignificação atribuída a essas plantas durante sua luta contra a doença. Foram construídas cinco categorias de análise: 1) idealização construída na busca da reversão do câncer; 2) clandestinidade na utilização plantas medicinais; 3) plantas medicinais como expressão de vínculos familiares e afetivos; 4) crença de que um produto natural seja sempre benéfico; e 5) complementaridade entre medicamento e comida. Os resultados revelam uma forte influência do contexto sociocultural no uso de práticas de saúde associadas aos tratamentos convencionais do câncer, o que reafirma a necessidade de maior integração entre os saberes técnico, científico e popular. Uma vez que os cuidados paliativos transcendem os modelos tradicionais de tratamento, sugerimos conhecer melhor as necessidades e expectativas desses pacientes, dando-lhes a liberdade de expressar o desejo de experimentar novas práticas de alimentação e consumo de plantas medicinais que possam, de alguma forma, beneficiá-los, ainda que apenas sob o ponto de vista psicossocial.

**Palavras-chave:** Chás. Plantas Medicinais. Câncer Avançado. Cuidados Paliativos. Qualidade de Vida.

## INTRODUCTION

Cancer is a type of disease that may not always be perceived by recognized signs and symptoms, which exposes individuals to risk of illness in a silent way. Considered a public health problem, it is the leading cause of death worldwide (WHO, 2007) and second in Brazil (BRASIL, 2009). In advanced stages, it needs greater emphasis on palliative care (PC) for its interdisciplinary and holistic approach, focusing on quality of life, with attention focused on the subject and his family (WHO, 2007).

The situation of the subject with advanced disease becomes very difficult due to the inherent characteristics of the cancer, such as mutilation, deformation, secretions, odors, necrosis, and disintegration of the flesh (SILVEIRA, 2002). Although the 21st century allows advanced technology and global information, the stigma remains and is accompanied by negative representations of pain, suffering and imminent death; marked by fragile relationships, low self-esteem, fear and doubt. This is perceived in the way people interact with the patient, through social isolation, feelings of shame and prediction of death (SILVEIRA, 2002; RAMOS et al., 2007; GIRALDO-MORA, 2009).

Suffering is not confined to weakened physiological conditions caused by the disease itself or the adverse effects of the treatments, but their own life context. The pain felt by the body and the being reflects the lack of hope, the loss of autonomy and difficulties in dealing with the social relations in their new living conditions (SILVA; HORTALE, 2006; GIRALDO-MORA, 2009).

Faced with these cases of chronic, incurable, progressive and terminal diseases, it was proposed a form of attention called PC that emphasizes holistic and humanized approaches directed to the patient and his family at all times of sickness, death and post-death (WHO, 2007). Described as a proposal for active assistance, comprehensive, focused on the uniqueness of the bio-psychosocial and spiritual subject, PC is different concerning health care, by valuing life and encouraging social interaction. Its purpose is to prevent suffering, controlling symptoms, promoting better living conditions and providing good death (SILVA; HORTALE, 2006; BENARROZ et al., 2009).

The PC is based on concepts that often result in procedures other than those that have characterized modern and technical medicine, once it understands death as a process in which we must seek to reduce the suffering - especially those derived from trivial treatment (SILVA, 2004; FLORIANI; SCHRAMM, 2008) - respecting the wishes of the patient as well as the emotional comfort to their families and caregivers.

It is a way to unify the expertise of medicine and healing with the culture of respect and autonomy of the subject, focusing on the quality of life (SCHRAMM, 2002). Many health institutions consider PC both a philosophy of care and an organized and highly structured system (CHERNY, 2009), transcending the prevailing welfare model when it invests in integrating the interdisciplinary team, encouraging therapeutic listening and welcoming relationship (BENARROZ, 2009), besides providing deinstitutionalization and social integration of the ill subject (SILVA; HORTALE, 2006).

### **Phytotherapy, motivation for life and strengthening of social networks**

The search for alternative therapeutic resources to biomedical approaches, such as the use of plants, is a widespread reality in the world and widely used in various cultures to improve health, prevent and treat diseases (WHO, 2002; LUZ, 2003; CASSILETH; DENG, 2004; RUAN et al., 2006; TOVEY et al., 2006; FIRENZUOLI; GORI, 2007; KAEFER; MILNER, 2008, VANDEBROEK; SCHRIJVERS, 2008; ENGDAL et al., 2008; GRATUS et al., 2009b).

Given the limitations experienced in the context of modern medicine, cancer patients often use phytotherapy to try to improve their quality of life or seek a well-being condition, to avoid recurrence of the disease or help controlling symptoms caused by anticancer treatments, as well as to strengthen the nutritional status (CASSILETH; DENG, 2004; MOLASSIOTIS et al., 2005; HLUBOCKY et al., 2007; HARDY, 2008; ENGDAL et al., 2008; SAXE et al., 2008; GRATUS et al., 2009b; CRUZ et al., 2009). Despite the limited knowledge on the possible benefits of plants to treat illness, it has been found keen

interest on this subject by cancer patients, including those with advanced disease (RUAN et al., 2006; HLUBOCKY et al., 2007; ENGDAL et al., 2008; SPADACIO; BARROS, 2008).

Apart from biological reasons, it seems reasonable to think that the use of these plants - which often bring the hope of reversing the disease - enables patients with advanced cancer to draw closer to a reality different from that experienced by living exclusively with conventional treatments, and it is a great motivation to not give up living.

In a broad perspective, the use of phytotherapy may contribute to fight the disease, since such conduct involves making decisions often shared with relatives, neighbors and friends (SILVEIRA, 2002; MOLASSIOTIS et al., 2005; EVANS et al., 2007; ROJAS-COOLEY; GRANT, 2009; CRUZ et al., 2009, GRATUS et al., 2009a). In this sense, social relationships and supporting networks for patients and their families and caregivers can be enhanced, contributing to build a more favorable environment for these difficult paths that all those involved are taking.

Understanding the use of phytotherapy in a broad sense, in the perspective of the ill subject and its complexity is fundamental in the PC scenario (IEDEMA, 2009), considering the potential strengthening of the therapeutic relationship and investment in the construction of ethical strategies which aim to guide the behavior and social relations of the diseased individual (ROBINSON; MCGRAIL, 2004, HLUBOCKY et al., 2007; SAXE et al., 2008).

Considering the lack of studies that address the motivations behind the use of phytotherapy, this study proposes to interpret the senses and meanings assigned to such practices from the perspective of patients admitted to PC in a reference hospital for cancer treatment.

## **METHOD**

A qualitative approach can provide a unique understanding of the subjectivity of patients with advanced cancer and PC in fighting the disease and seeking new horizons of life from use of phytotherapy.

This study follows a systematic observation of reality, according to Silva & Pinto (2003), on the daily life of women admitted to the National Cancer Institute, at the Palliative Care Unit, in the city of Rio de Janeiro, Brazil. In this methodology, we considered the search for a conceptual network able to light up, in the socio-symbolic relations, the meanings and senses of some eating practices.

The analytical categories were built according to their central position in the empirical research conducted at the hospital, considered a national reference in this kind of treatment, receiving patients from different parts of the country.

The study was approved by the Ethics and Research Committee of the National Cancer Institute, registration number 04/09, in fulfillment of all the determinations required by the Declaration of Helsinki. To ensure anonymity of patients, we used the name of flowers.

The study enrolled six women between the ages of 30 and 54 with advanced cancer admitted to the institution between August 2009 and June 2010. The research proceeded in a random and eventual way, considering the fragility of the life of people with terminal illness, which does not allow any delay.

The research technique used was the informal interview, which took place during the daily activities of the service, with patients in their beds. The users of phytotherapy were identified by the researcher, who was also part of the health staff, during the clinic visit. Then the interview took place, following the traditional ethical precepts. Patients who had the following characteristics were included in the sample: clarity, guidance and knowledge of the nature of the disease, cognitive ability to answer questions and use at least once, some vegetable with medicinal purpose.

The interviews followed a thematic guide: identification of the subject, motivation for consumption of plants, type of product used, source of production and indication for use, knowledge on the plant used, time of disease when the consumption of products started, knowledge on risks and benefits of using plants, adverse effects observed when using these products and trust in health professionals. The purpose of this script was to use flexible categories of identity in a conversation sensitive to the senses and meanings constructed around the experiences and narratives, to avoid reduction of simply identifying or measuring information about this consumption.

Consultations were also held in the medical records, for collection of relevant information such as observations of the multidisciplinary team, patient outcomes, diagnosis identification and clinical diagnostics. These data were collected after the interviews and used to guide the analysis and interpretation.

The research followed a socio-anthropological approach developed by Luz (1988, 2001, 2003) in the field of health, on the interpretive analysis of senses and meanings of health practices and knowledge. The strategy seeks to relativize notions on the use of phytotherapy, interpreting the senses and meanings that continually construct and reconstruct themselves in the health practices within PC.

## RESULTS AND DISCUSSION

This work is one of the few in Brazil to explore the senses and meanings of the use of phytotherapy for women with cancer and in PC. Its uniqueness and importance lie in presenting a perspective on the use of plants centered in this group of sick subjects. So it invests in the possibilities of understanding (a) the reasons for consumption practices of plants when in conjunction with conventional biomedical treatment; (b) of the clandestine nature of their use; and (c) the expected effectiveness of these plants to treat their diseases.

Phytotherapy can be justified by cultural traditions, the ancient use of plants in the treatment of various diseases (WHO, 2002) and its nutritional, medicinal and flavoring properties (CRAIG, 1999; FERRARI, 2004; GURIB-FAKIM, 2006; KAEFER; MILNER, 2008). Moreover, it is known that the belief in natural products, widely disseminated by the media, can have great influence on patients' habits and in the senses and meanings attributed to plants (LUZ, 2003; MOLASSIOTIS et al., 2005; VEIGA JUNIOR et al., 2005).

We did not try to prove the effectiveness of the phytotherapy, not to advocate its use, but to observe how this practice can help women with incurable illness understand their lives. So we divided the interpretative analysis into categories and used part of the narratives and stories selected for illustration. The results cannot be considered general to the Brazilian population, nor represent a consensus of ideas, but elucidate some of the reasons motivating those practices which built meanings for the patients.

The interviewees were in the productive age group from the economic perspective, at maturity, a moment that in terms of age would be appropriate to dream and build a better life. The educational level of four respondents was less than ten years of study; other two had completed secondary school. All were of low socioeconomic status, a feature commonly found in patients admitted to public hospitals in Brazil (table 1).

**Table 1: Characteristics of study participants**

Name	Age	Marital status	Education level	Job	Type of Cancer	Metastases
Jasmine	30	Married	Completed primary	Housewife	Osteosarcoma	Bone
Acacia	33	Single	Completed secondary	Seller	Cervix	Lymph node
Violet	38	Married	Completed secondary	Housewife	Osteosarcoma	Lung and bone
Azalea	39	Married	Incompleted secondary	Unemployed	Respiratory system	Lung and pleura
Rose	46	Married	Completed primary	Maid	Cervix	Bladder, ureter and colon
Camellia	55	Married	Incompleted primary	Housewife	Breast	Bone

Considering the socioeconomic issue, studies in Brazil on medicinal use of plants show that low-income population and with little access to health care invest in alternative treatments such as phytotherapy (TORVEY et al., 2006; GUIZARDI; PINHEIRO, 2008; CRUZ et al., 2009). In contrast, results presented in international studies show that users of herbal products belong to a privileged social group, both economically and culturally (LUZ, 2003; MOLASSIOTIS et al., 2005; GRATUS et al., 2009b; CRUZ et al., 2009).

Living with such contradictions and making a hermeneutic effort on the speech of respondents to understand the above mentioned possibilities, we built four categories of analysis: 1) idealization built in seeking reversal of cancer; 2) clandestine use of plants; 3) phytotherapy as an expression of family and affective ties; and 4) belief that a natural product is always beneficial.

### **Idealization built in seeking reversal of cancer**

The use of phytotherapy is the expression of the desire for healing, and on the one hand, the plant is a symbol of something natural, useful of reversing the disease when the subject is inserted in a natural order of life, through a re-sacralization of nature (CARVALHO, 2009); on the other, redemption and the affirmation of a popular culture, meaning a new conception of health, which is not part of biomedical culture (LUZ, 2003; MOLASSIOTIS et al., 2005; TOVEY et al., 2006; GUIZARDI; PINHEIRO, 2008).

The use of phytotherapy causes to patients and their surroundings an expectation that goes beyond the finitude of information provided by healthcare professionals, although epidemiological data inform the rapidly increasing incidence of death caused by cancer in developing countries (TOVEY et al., 2006; BRASIL, 2009): "Everyone who is sick is looking for a way" (Camellia).

Despite the tone sought in PC - investing in quality of life by controlling pain and symptom relief with holistic approach - the desire for healing guides our search for new health practices that represent a field of transformations established with the symbolic construction of new senses and meanings in health that are based on concrete actions (CARVALHO; LUZ, 2009).

For these patients, who were without hope of life, the fight against the disease went on and the expression of this was the belief in a positive therapeutic response of products considered natural (such as aloe, soursop, noni). According to Silveira (2002), people with cancer have uncertain future prospects, which lead to the simultaneous use of multiple therapeutic resources, orienting their actions towards the cure. The construction

of senses and meanings is part of an intrinsic movement toward health practices, in actions built according to the meanings practitioners give them (CARVALHO; LUZ, 2009).

In the studies, patients who had metastatic cancer (table 1), with no hope for curative treatment from conventional medical resources, went on investing, through the use of plants, in dreams that reorganized their lives. They reported well-being and sense of improvement, as presented below. They did not give up, however, the conventional treatment, demonstrating a certain obedience to therapy.

I felt very well, so that it was lung cancer and I did not feel short of breath (Azalea).

It is more something to improve, to get better faster [...] I think I'm improving and I started a short time ago (Acacia).

I was in bed, could not get out of bed for anything, even to bathe. Had to ask for help from one side or the other, I could not pee, go to the toilet, do anything. I had to wear diapers. After I started using, I felt firmness in my legs and started walking on crutches (Camellia).

This imagery is here a symbolic way to reconfigure the possibility of curing the disease or improve symptoms caused by it. In this regard, it reaffirms the charming and magical role of plants and ancient healing powers attributed to them. We highlight a positive emotional memory in the description of a meticulous preparation and ritual to consuming the product, a process that attaches magic to the object.

Aloe vera, honey and whiskey. Any kind of drink or rum or whiskey. I took its thorns to prepare. I could not prepare it with thorns. I sting, beat in the blender and took it. Four times a day, one tablespoon (Azalea).

The concept of "sacred nature" is part of the meanings constructed around the use of the subject of phytotherapy of the ill person; this design is often stronger than the feeling of disillusionment about the terminal diagnosis. Thus, the relationship between, on one hand, reason and knowledge of scientific information and, on the other, the testimonies of healing and improvement of patients, are a coherent and articulated set in all interviewees, even with the final pathophysiological information on metastatic cancer brought by physicians.

Many people say aloe is good for many things (Acacia).

Ah! It treats many diseases: cancer, diabetes, many things (Camellia).

The question we ask is: can the use of phytotherapy improve the quality of life of these women who are in PC, because it is considered a prohibitive practice? What is barrier to the use of phytotherapy in PC?

### **Clandestine use of phytotherapy**

Several studies provide reasons why patients do not expose their use of phytotherapy to healthcare professionals, especially to the physician: the disinterest and lack of medical awareness about the plants; the fear of a negative response or prohibition from the professionals; fear of abandonment and rejection in their treatment (ROBINSON; MCGRAIL, 2004; MOLASSIOTIS et al., 2005; VICKERS et al., 2006; EVANS et al., 2007; SAXE et al. 2008; HARDY, 2008; CHAO et al, 2008; CRUZ et al., 2009, ROJAS-COOLEY; GRANT, 2009, GRATUS et al., 2009a ).

Patients are usually advised to inform healthcare professionals if they are consuming any product derived from plants (CASSILETH; DENG 2004; HLUBOCKY et al., 2007; HARDY, 2008; GRATUS et al., 2009a, ROJAS-COOLEY; GRANT, 2009), although professionals do not know how to deal with this information, nor adequately guide as to the dosage, benefits and dangers (GUIZARDI; PINHEIRO, 2008; XU; LEVINE, 2008; CRUZ et al., 2009; GRATUS et al., 2009a).

After I took I said [...] At first I did not speak, I was afraid [...] I stopped taking because the physician said I could not. Then I stopped (Jasmine).  
She did not support me. She simply said she knew these things, and if I took something different, asked me to tell her before (Azalea).

There are reports in scientific literature of alternative practices that improve the quality of life of patients (CASSILETH; DENG 2004; MOLASSIOTIS et al., 2005; SAXE et al., 2008; SPADACIO; BARROS, 2008; HARDY, 2008; CRUZ et al., 2009; GRATUS et al., 2009a). Sharing knowledge on alternative practices, such as the use of plants, allows us to establish another relationship with the body and health, which brings people together by creating emotional bonds (ROBINSON; MCGRAIL, 2004; SOUZA; LUZ, 2009). We believe that this factor is relevant due to the huge arsenal of technology used by biomedicine in the care of cancer patients who have a weakness in the therapeutic relationship and welcoming listening (CLAIR et al, 2007; SAXE et al., 2008; GUIZARDI; PINHEIRO, 2008; SPADACIO; BARROS, 2008; STACEY et al, 2009).

If the PC follows a holistic approach, focusing on quality of life, respect to the person's autonomy and building of ties, how can we understand the fear and mistrust of

patients to disclose their treatment option to these professionals? The patients in PC, being with life by a thread, are more susceptible to potential hazards of indiscriminate and random use of phytotherapy, what would emphasize the importance of advice from healthcare professionals (SAXE et al., 2008).

Some authors argue the need for physicians to know the interests, beliefs and therapeutical choices of patients (ROBINSON; McGRAIL, 2004; HLUBOCKY et al., 2007; CHAO et al., 2008, GRATUS et al., 2009a). Others suggest that oncologists should know the most common plants and get to know where to find information for themselves and for their patients, which would encourage an open communication about risks and faint possibilities of life (CASSILETH; DENG, 2004, MOLASSIOTIS et al., 2005, HLUBOCKY et al., 2007, SAXE et al., 2008).

Several authors point to the difficulty that healthcare professionals have to ask or discuss and thus advise accordingly on the use of plants and other alternative therapies (ROBINSON; MCGRAIL, 2004; HLUBOCKY et al., 2007; EVANS et al., 2007; GUIZARDI; PINHEIRO, 2008, XU; LEVINE, 2008; CRUZ et al., 2009). A study conducted in the United Kingdom with users of herbal products showed the difficulty to obtain reliable information on the use of plants in treating cancer and suggested the making of an educational material both for healthcare professionals and patients, to facilitate communication between them, ensuring secure information and protecting patients from any adverse outcome (GRATUS et al., 2009a). Another Canadian study, conducted with residents and medical students, showed a lack of knowledge and uncertainty in advising on matters related to herbal products (XU; LEVINE, 2008).

The physician-patient relationship is historically filled with great symbolic significance. For the ill person, the physician symbolizes the ultimate authority, the actor who has the power to heal him; so the scientific medical knowledge is sometimes as an element of censorship (LUZ, 2003; SAXE et al., 2008; SOUZA; LUZ, 2009). We can then interpret the behavior of patients, omitting the use of plants as a pact of silence in which health professionals do not ask, do not care, do not allow an opening for the patient to express thoughts, desires and fantasies; and they in turn do not tell what otherwise could be important to direct advice or just give relief to their emotions.

### **Phytotherapy as an expression of family and affective ties**

The interviewees had the products of a social and affective context valued with familiarity, in the sense of closeness. Many plants come from the backyard of neighbors, a known street fair, popular trade in the sense of "our", or a very special place that a friend

tried to help in treatment. One said she used indigenous plant, originally from the city of Timbaúba, located within the state of Pernambuco (table 2).

This plant, my relatives brought it from the north. They found it in an Indian tribe [...] Send it from there. I'll get more, mine is over (Acacia).

**Table 2: Type of plants and recommendation**

Name	Plant	Who recommended?	Place of acquisition
Jasmine	Aloe	Mother, friends from the North, relatives	Market
Acacia	Aloe	Mother	Street fair
	Indigenous plant	Relatives	Northeastern indigenous tribe
Violet	Aveloz	Friend	Backyard
Azalea	Aloe	Neighbor	Neighbor's backyard
	Noni	Friend	
Rose	Aveloz	Friend	Backyard
	Soursop	Internet	Given by a friend
	Aloe	Friends and relatives	Market

The plant, mentioned by the respondent, was not identified because the patient did not remember the name and would wait a visit from her mother to have the information, but this never happened. Acacia died 48 hours later.

Indication of a neighbor. He said it was good. I said: - It costs nothing to try. [...] The aloe, I picked it up the neighbor's yard (Azalea).

The use of plants is strengthened by the care and protection offered by social network. In the narratives we notice a common interest of another one - whether a family member, neighbor or friend - in care, both in advising on the use and availability of these products in order to prepare recommendations.

If we consider that cancer, for its stigma, usually keeps the ill person away from his social environment, the care of relatives and friends received during these practices of plants consumption contributed to the well-being and for the construction of meaning for the interviewees.

Therefore, diverging from physicians, patients leave the scientific evidence aside for a moment to invest more in information and statements obtained from their social network (MOLASSIOTIS et al., 2005; EVANS et al., 2007; ENGDAL et al., 2008; CRUZ et

al., 2009; GRATUS et al., 2009a; ROJAS-COOLEY; GRANT, 2009), namely, family, friends and the Internet, because these are their primary sources of hope (SILVEIRA, 2002; MOLASSIOTIS et al., 2005; HARDY, 2008; ENGDAL et al., 2008) and confidence at the moment.

Among the elements that make up the social network, the family is considered the most important core of support for the ill subject. In it, he reaches the safety and emotional balance needed to moments of suffering and imminent death. It was observed that these conditions for the balance of the respondents depended on such factors as the individual characteristics of its members and their beliefs about death.

### **Belief that a natural product is always beneficial**

Of the six interviewed women, five believed that the plants were natural products and therefore would not harm their health. We can see in the narratives that attribute “natural” was a way to justify the safety of these products, probably due to the advantages attributed to the effects of the chemical constituents of plants, as described in literature. It is known that the pharmacological action of these plants is milder as compared to drugs and to the large therapeutic application (WHO, 2002; VEIGA JUNIOR et al., 2005; GURIB-FAKIM, 2006). We also realized that these findings may promote the growth and compliance with these resources for the treatment of various diseases (WHO, 2002; VEIGA JUNIOR et al., 2005; FIRENZUOLI; GORI, 2007; GUIZARDI; PINHEIRO, 2008).

The attribute “natural” gives an illusion of being beneficial and without adverse effects. Since many plants are easily obtained, this helps their indiscriminate use, for the lack of security and poor product quality (WHO, 2002; VEIGA JUNIOR et al., 2005), making them dangerous, especially in the viewpoint of health care professionals, who argue that patients have a fragile health, so they cannot take risks and live experiences of this kind<sup>24</sup>.

We noticed little interest of the respondents in seeking scientific information or considering the possibility of adverse effects and drug interactions, which supports the belief that plants are harmless.

It must be emphasized that the indiscriminate use of plants may cause serious interactions when combined with specific drugs for the control of metabolic changes caused by advanced cancer, since the toxic effects and/or adverse effects of many plants may have not yet been fully assessed (VEIGA JUNIOR et al., 2005; GURIB-FAKIM, 2006; FIRENZUOLI; GORI, 2007; HLUBLOCKY et al., 2007; HARDY, 2008; SAXE et al., 2008; CRUZ et al., 2009). The risk of interactions between drugs and plants seem to be large in

patients with kidney and liver problems (CASSILETH; DENG, 2004), clinical features common in patients with advanced cancer.

The question that calls our attention is the distance between the meaning of phytotherapy to the ill person and health professionals. For the patient, it is associated with the idea of natural and "sacred nature", while for the professional what matters is that the patient runs less risk. Anyway, some authors show that the evidence of the dangers and risks remain in terms of hypotheses, while the evidence of benefit in some cases would justify the recommendations to oriented use (HARDY, 2008).

### **Complementarity between medicine and food**

According to the reports of these patients, the use of phytotherapy can happen in several ways. Sometimes its preparation is by manual maceration or grinding and ingestion, in scheduled times and pre-set quantities, practices that attach meaning of medicine to procedures of tea handling and preparation. Also there is the use of these teas in eating practices, when they are ready to be drunk with crackers, bread and toast, in a quick meal.

In both cases, the meanings of treatment and healing seem to go through their lives, highlighting the fluidity with which the transition from food to drug happens, one not being reduced to the other. In other words, unlike the biomedical thinking, which forces a unique significance in the transformation of food into medicine, honoring the meaning of medication and reducing food to a set of nutritional components (CONTRERAS-HERNANDEZ, GRACIA-ARNAIZ, 1993; PRADO et al., 2011; CARVALHO; LUZ; PRADO, 2011), from the viewpoint of those women who seek phytotherapy, these meanings operate in a complementary eating practice.

Whilst the perspective of treatment is in evidence when phytotherapy is used in its food version (such as tea during a quick meal), these practices express family and affective ties that organize life at that time of suffering as a way of caring for another. Alimentation reproduces two simultaneous senses. It places a new perspective for phytotherapy, which combines symbolisms of treatment and healing in the version of drug, and pleasure and care in the eating practice. It should be noted that teas are served hot or warm, and sweet, and are associated with images of delicacy and warmth, especially when shared with visits, friends or family.

## CONCLUSION

The interviewees showed prior knowledge of plants, forwarded by people in their social network, according to the beliefs and cultural traditions. Some patients have reported that in their homeland - referring to the states of North and Northeast regions - these products were regularly used to treat various diseases. We saw the construction of a sense of familiarity and affection in the consumption practices of plants. These practices bring to light the strong influence of social and cultural context that demands the integration of these with conventional treatments for cancer, again emphasizing the need for greater integration between technical, scientific and popular knowledge.

Cancer, often fatal, is permeated with symbolic constructs that directly interfere with the experience in daily living, patient's quality of life and building prospects for the future. If, on the one hand, cancer causes suffering and social isolation, the consumption practices of phytotherapy, on the other, it brings people together, and thus, strengthening social ties and relationships, they can build hopeful directions for life that can lead to an improvement in quality of life.

Seeking new ways to live with the disease in PC is an attempt to reconstruct reality and reaffirm the struggle for life. Care - which is permeated by values like trust, respect and love - must be read along with reason and emotions in the construction of reality. It comprises efforts among the subjects: the caregiver and the ill person. The latter, who allows being cared for; the former, devoting himself, providing security, hope, interpersonal interaction, construction of meanings in pain, sickness, assistance.

Since the PC proposes to transcend the traditional models of treatment of diseases, including targets for improving quality of life for patients and their families, support in decision-making and offering better opportunities for personal growth (CHERNY, 2009), one suggests better understanding the needs and expectations of these patients, giving them freedom to express a desire to try new practices of consumption of PC that may, in some way benefit them, even if only from the psychosocial viewpoint.

The contributions this study may bring to the several health areas, according to the proposals of PC and aiming at the promotion of quality of life, are: 1) to show the need to develop a therapeutic relationship that allows an open dialogue for discussion of new treatment proposals; 2) to stimulate the search for information regarding therapies based on phytotherapy, although there is no clinical evidence of their effectiveness; 3) to understand the motivations that lead patients to use these treatments, considering that they have a history of their own life, with experiences, testimonies, beliefs and values that

make them react in a particular way, given the situation in which they are: with advanced cancer and no chance of cure.

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