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*Review*

# Complementary Therapies and Medical Education: Relevance for Clinical Recommendation and Their Integration into the Health Care System

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## Abstract

Complementary therapies are part of therapeutic support practices used by a growing number of individuals as a complement to conventional medicine. However, the lack of regulation and formal training on these therapies within health-related degree programs makes it difficult for professionals to adequately guide patients regarding their use. This paper proposes criteria for the inclusion of basic content on complementary therapies in medical curricula, with the aim of promoting a critical, informed, and safe understanding, without encouraging their direct practice by physicians.

**Keywords:** complementary therapies; complementary and alternative medicine; integrative health

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## Introduction

This article presents a narrative review aimed at analyzing the relevance of incorporating systematized information on complementary therapies into undergraduate medical education, with the objective of strengthening informed clinical recommendation and their responsible integration into health care systems. The purpose is not to train physicians as practitioners of these therapies, but rather to provide them with sufficient knowledge to understand their general mechanisms of action, potential benefits, limitations, and risks—particularly when used concomitantly with conventional medical treatments.

Scientific literature indicates that a growing number of patients resort to complementary therapies during the course of medical treatments, often without informing the health care team. This situation may lead to undesirable interactions, confusion, delays in care, discontinuation of effective treatments, or the development of inappropriate therapeutic expectations, with potentially avoidable clinical consequences. The lack of specific training on this topic limits physicians' ability to inquire about, assess, and appropriately guide patients regarding these practices, thereby affecting safety and quality of clinical care (1–5).

Within this framework, the most recent guidelines of the World Health Organization's Traditional, Complementary and Integrative Medicine Strategy (2025–2034) are examined. This strategy updates previous approaches and emphasizes the need to strengthen the evidence base, regulatory frameworks, and the integration of these practices into health systems in a safe, effective, and people-centered manner. It explicitly highlights the role of health professional education as a key component to ensure responsible use and to prevent harm associated with misinformation, unsupervised use, or non-disclosure.

The inclusion of academic content on complementary therapies in medical curricula seeks to provide future professionals with critical tools to understand their real-world use, assess risks and benefits, and support patients' decisions in an ethical, informed, and safe manner.

Finally, the need to align medical education, health policies, and regulatory frameworks is discussed in order to respond to an already established care reality, in which professional lack of knowledge may become an avoidable risk factor within the health care system.

## Methodology

This article was developed using a narrative review and theoretical framework design, with the aim of critically analyzing the need to integrate mandatory knowledge on complementary therapies into undergraduate medical curricula. This approach seeks to enrich medical education, health policies, and regulatory frameworks in order to support the integration of complementary therapies into the health care system and to prevent professional lack of knowledge from becoming an avoidable risk factor within the system.

A systematic documentary search was conducted in scientific databases using the following keywords: complementary therapies, alternative therapies, integrative health, integrative medicine, traditional medicine, and complementary and alternative medicine.

Original articles, reviews, and texts published between 1998 and 2026 in English and Spanish were selected. Studies lacking clinical support or presenting an exclusively commercial focus were excluded.

For the review and translation of this manuscript, the artificial intelligence tool ChatGPT, GPT-5 model, developed by OpenAI, was used and configured to ensure that the information generated is utilized for the training of artificial neural networks.

## General Objective

To analyze the relevance of incorporating knowledge about complementary therapies into medical education, so that future physicians can understand their mechanisms of action, evaluate benefits and risks, and guide patients in an ethical and safe manner, thereby contributing to their responsible integration into health care systems.

## Specific Objectives

1. To review national and international scientific literature on the use of complementary therapies by patients, as well as health professionals' perceptions and knowledge of these practices.
2. To identify educational gaps in undergraduate medical training related to the understanding of the mechanisms of action, benefits, limitations, and risks of complementary therapies, as well as physicians' ability to guide patients in an informed and safe manner.
3. To analyze recent World Health Organization (WHO) strategies and guidelines (2025–2034) on traditional and complementary medicine, focusing on their safe and responsible integration into health care systems and the role of health professional education.
4. To examine the clinical implications of the concurrent use of complementary therapies and conventional medical treatments, emphasizing risks, potential interactions, and the importance of physician–patient communication.
5. To propose conceptual and educational criteria to guide the inclusion of knowledge about complementary therapies in medical curricula, with the aim of enabling future physicians to understand, evaluate, and guide patients without assuming the direct practice of these therapies.

## Rationale and Development of the Study Objectives

Based on the general objective of analyzing the relevance of incorporating knowledge about complementary therapies into medical education, it is necessary to break this purpose down into specific objectives that allow the phenomenon to be addressed from a comprehensive, critical, and contextualized perspective.

For the purposes of this study, complementary therapies are understood as non-pharmacological practices that can be integrated concurrently and responsibly with conventional medicine, without seeking to replace it. Their role is to support health care processes, particularly in terms of symptom relief, functional regulation, well-being, and improvement of quality of life. As discussed in Davila (2025) (16), these practices are characterized by having an identifiable

physiological mode of action and by requiring critical evaluation of their safety, limits, and scope within a framework of clinical integration that considers the patient's holistic therapeutic context. From this perspective, their "complementary" nature is not defined in opposition to conventional medicine, but rather by their capacity to coexist with it in an articulated, informed, and safe manner.

The development of the specific objectives is aimed at understanding the real-world use of complementary therapies in clinical practice, identifying existing gaps in undergraduate medical education, analyzing the clinical implications of their concomitant use with conventional treatments, and examining the strategic guidelines that inform their potential responsible integration into health care systems, in line with the recent World Health Organization directives for the 2025–2034 period.

These objectives do not seek to train physicians as practitioners of complementary therapies, but rather to strengthen competencies that enable them to understand their general modes of action, recognize their limitations, identify potential risks or interactions, and guide patients in an ethical, informed, and safe manner. In this way, the study aims to contribute to holistic, evidence-based health care grounded in shared decision-making, while reducing risks associated with professional lack of knowledge and the unsupervised use of these practices.

## Development of Objectives

### *1. Use of Complementary Therapies by Patients and Health Professionals' Perceptions and Knowledge of These Practices*

The use of complementary therapies among the general population has shown sustained growth worldwide, particularly among patients with chronic diseases, cancer, pain or stress-related conditions, as well as individuals who perceive complementary and alternative therapies as more consistent with their personal values, beliefs, and philosophical orientations toward health and life. International studies report rates of complementary and alternative therapy use of up to 70% of the general population, depending on the country and the type of practice evaluated. Among hospitalized and outpatient populations, a significant proportion of patients do not disclose the use of these therapies to their physicians, which may generate risks of interactions with conventional treatments or negatively affect therapeutic adherence (1, 6, 9, 10, 11).

At the national level, a study conducted at the "José de San Martín" Hospital de Clínicas showed that approximately 55% of surveyed patients used complementary therapies, often without informing the medical team. This situation reflects not only a widespread pattern of use but also a gap in clinical communication that may have consequences for treatment safety and effectiveness (1).

Studies examining health professionals' knowledge and attitudes toward these therapies indicate that, although many physicians are aware of their existence, formal training in this field is scarce or nonexistent. This limitation restricts their ability to critically evaluate the benefits and risks associated with their use and to guide patients in a safe and responsible manner (8, 17).

Within the university context, research on medical school education suggests that the type of training provided influences attitudes toward complementary and alternative medicine. As students progress through conventional medical training, they tend to develop increased skepticism toward these therapeutic approaches (7).

Critical analysis of the literature indicates that complementary therapies are widely used by patients across different health care settings, while physicians generally lack the necessary training to understand their modes of action and associated risks. This highlights the need to equip future professionals with critical tools to identify, evaluate, and guide the safe and responsible use of these practices.

### *2. Identification of Educational Gaps in Undergraduate Medical Education*

The increasing use of complementary therapies by patients poses a significant educational challenge for undergraduate medical training. Numerous studies agree that, although future physicians will routinely encounter consultations related to these practices, formal education on the

topic remains limited, fragmented, or entirely absent. This educational gap directly affects professionals' ability to understand the modes of action of complementary therapies, evaluate their benefits and limitations, recognize potential risks or interactions, and guide patients in an informed and safe manner—often leading to their outright dismissal.

In the Latin American context, Pacheco, Fritzsche, and Bedregal (2022) (12) assessed the attitudes and knowledge of faculty members in Psychiatry programs regarding complementary and alternative medicine. Their findings indicate that even in specialized academic settings, knowledge is heterogeneous and frequently insufficient, accompanied by ambivalent attitudes. The authors note that the lack of systematic training hinders a critical approach to these practices and limits their reflective incorporation into clinical discussion, despite their frequent use by patients. This finding is particularly relevant, as it demonstrates that the educational gap affects not only undergraduate students but also those actively involved in their training.

In Argentina, a study aimed at determining the level of knowledge, acceptance, and recommendation of complementary or alternative medicine among practicing physicians. The results revealed a marked lack of knowledge regarding these practices: approximately half of the surveyed professionals would not recommend them to patients or family members, and more than 40% considered that they lack sufficient scientific evidence to support their use. Nevertheless, a significant proportion reported having used them personally and expressed openness to their incorporation within health care institutions, contributing to their formal recognition as legitimate practices. Additionally, a high level of interest in receiving training, seeking information, and including these contents in undergraduate education was observed, and 37% of respondents considered coexistence between conventional medicine and complementary medicine to be necessary (14). These findings reveal an educational gap paradoxically accompanied by an explicit demand for training.

From an international perspective, the analysis conducted by Khamis and Ribeiro (2015) (13) on the inclusion of complementary and alternative medicine in undergraduate medical education highlights similar challenges. The authors describe that, despite widespread recognition of the use of these practices, teaching within medical curricula is inconsistent and lacks common guidelines. The absence of structured content limits the development of basic competencies, such as systematic inquiry into the use of complementary therapies during clinical encounters, critical appraisal of the available evidence, and informed dialogue with patients regarding benefits, risks, and interactions with conventional treatments. In this sense, the educational gap translates into communication difficulties and potential risks to patient safety.

Authoritative medical literature also acknowledges this scenario. Recent editions of Harrison's Principles of Internal Medicine note that physicians routinely encounter patients who use complementary practices, often without disclosing their use. The text warns that lack of professional knowledge not only prevents the identification of potential benefits but may also contribute to harm, whether through pharmacological interactions, inappropriate expectations, or underestimation of adverse effects. In this context, the importance of physicians possessing sufficient knowledge to address these practices from a critical, person-centered perspective is emphasized, without implying uncritical validation or substitution of conventional medicine (28).

It is essential to emphasize that, although many complementary practices are presented as "natural," they are not necessarily harmless. Complementary and alternative medicine holds significant potential to improve patients' quality of life, but its application must be carefully evaluated and supervised to avoid dangerous interactions or adverse effects. Multiple studies have shown that indiscriminate or unsupervised use of these practices may pose risks, particularly when patients do not inform their physicians about their use (15, 29). Therefore, training health care teams in competencies related to integrative medicine becomes essential, focusing on the appropriate use of complementary therapies alongside conventional treatments.

Taken together, this evidence identifies a clear educational gap in undergraduate medical education: the absence of curricular spaces that address, in a critical and evidence-based manner, the modes of action, benefits, limitations, and risks of complementary therapies. This deficiency restricts

future physicians' ability to appropriately guide patients, discourages clinical dialogue about these practices, and may compromise the safety and quality of care. Addressing this gap does not entail training physicians as practitioners of complementary therapies, but rather equipping them with conceptual and critical tools to understand their real-world use within the population and to accompany patients in an ethical, informed, and safe manner.

### *3. Recent World Health Organization Strategies and Guidelines (2025–2034) on Traditional, Complementary and Integrative Medicine: Safe and Responsible Integration and the Role of Professional Education*

The World Health Organization has renewed its global approach to traditional, complementary and integrative medicine through the WHO Global Traditional Medicine Strategy 2025–2034 (18), which updates and expands previous guidelines (2002–2005 and 2014–2023). This new strategic framework is grounded in the recognition of the widespread use of these practices across diverse cultural and health care contexts, as well as their potential contribution to primary health care and universal health coverage, provided that their incorporation is carried out in a safe, responsible, and evidence-based manner.

The 2025–2034 Strategy is structured around four interrelated objectives: strengthening the scientific evidence base to assess safety, efficacy, and potential mechanisms of action; developing regulatory frameworks to ensure practice quality and patient protection; promoting the progressive and context-specific integration of traditional, complementary and integrative medicine into health care systems in line with public health priorities; and optimizing its intersectoral value through coordination among the health, education, research, and community sectors. These objectives are supported by guiding principles such as person-centered care, health equity, respect for cultural diversity, protection of traditional knowledge, and the guarantee of the right to safe and high-quality care (18).

A central aspect of this strategy is the emphasis on ensuring that the integration of traditional, complementary and integrative medicine is not carried out in an uncritical or unregulated manner. The strategy underscores that incorporation into health care systems requires clear regulatory frameworks, appropriate oversight mechanisms, and effective coordination with conventional medicine in order to prevent risks, avoid unsafe practices, and protect patients' rights.

Within this framework, the education of health professionals plays a strategic role. The 2025–2034 Strategy highlights the need for physicians and health care teams to possess basic competencies to recognize the use of complementary therapies, understand their general modes of action and the current state of evidence, identify potential risks or interactions with conventional treatments, and establish clear, ethical, and respectful communication with patients. This training is not intended to transform professionals into practitioners of complementary therapies, but rather to provide them with critical tools to enable informed and safe integration within clinical practice, in alignment with principles of quality of care, bioethics, equity, and person-centered care (19–22).

### *4. Clinical Implications of the Concurrent Use of Complementary Therapies and Conventional Medical Treatments*

The concomitant use of complementary therapies alongside conventional medical treatments represents an increasingly common clinical reality across diverse health care settings. Numerous studies indicate that a significant proportion of patients resort to these practices as a complement to medical care, particularly in the management of chronic diseases, oncology, pain disorders, stress, and long-term conditions. However, this therapeutic coexistence does not always occur within a framework of open communication and adequate clinical supervision, raising important implications for patient safety and quality of care (23–25).

From a clinical perspective, one of the main challenges associated with the concurrent use of complementary therapies lies in the potential risks of interactions with pharmacological treatments or conventional medical procedures. Certain practices, natural products, or non-pharmacological interventions may interfere with medication efficacy, potentiate adverse effects, lead to delays in

adherence to prescribed treatments, or introduce confusing symptomatology. These risks are amplified when the use of complementary therapies is not disclosed to the health care team, a situation well documented in the literature and often associated with patients' fear of disapproval or dismissal by medical professionals.

The absence of specific training in complementary therapies may limit physicians' ability to identify warning signs, critically assess potential benefits and risks, or distinguish between practices with some degree of scientific support and those lacking sufficient evidence or presenting potential harm. In this regard, lack of knowledge not only hinders adequate patient guidance but may also contribute to incomplete clinical decision-making or decisions based on fragmented information.

In this context, physician–patient communication emerges as a central element of clinical safety. Multiple studies show that patients are more willing to disclose the use of complementary therapies when they perceive an open, respectful, and non-judgmental attitude from health care professionals. Informed dialogue allows exploration of patients' motivations, expectations, and beliefs, as well as joint evaluation of the appropriateness, potential risks, and limitations of the concurrent use of these practices within the overall therapeutic plan (26, 27).

From an ethical and person-centered perspective, omission of this dialogue may compromise fundamental principles of medical practice, such as those established in Argentina's National Patient Rights Law No. 26,529, including patient autonomy, non-maleficence, and shared decision-making. Conversely, appropriate clinical communication helps strengthen the therapeutic alliance, improve adherence to conventional treatments, and reduce the risk of adverse events associated with unsupervised practices.

Within this framework, it is essential that physicians possess conceptual and communication tools that enable them to address the concurrent use of complementary therapies in a critical, informed, and safe manner. This does not imply uncritical validation of such practices nor their substitution for conventional treatments, but rather the ability to recognize their real-world use within the population, identify potential interactions or risks, and guide patients from an integral, ethical, and evidence-based approach (28).

Analysis of these clinical implications reinforces the need to incorporate content into undergraduate medical education that addresses the concurrent use of complementary therapies and conventional medicine, with emphasis on patient safety, critical evaluation of risks and benefits, and the strengthening of physician–patient communication as a cornerstone of responsible, person-centered health care.

##### *5. Proposal of Conceptual and Educational Criteria for the Inclusion of Knowledge on Complementary Therapies in Medical Education*

Based on the evidence analyzed in the previous objectives, it becomes necessary to propose conceptual and educational criteria to guide the inclusion of content related to complementary therapies in medical curricula. This proposal is grounded in the widespread use of these practices by the population, the educational gaps identified in undergraduate medical education, and the recommendations of international organizations—particularly the World Health Organization—regarding their safe and responsible integration into health care systems (18–20, 22).

From a conceptual perspective, the incorporation of such content should be based on a clear definition of complementary therapies as non-pharmacological practices that can be integrated with conventional medicine without seeking to replace it, and whose clinical value must be assessed in light of the current scientific evidence, patient safety, and the overall therapeutic context. This framework makes it possible to move beyond both uncritical dismissal and indiscriminate acceptance of these practices, promoting a reflective, informed, and scientifically and ethically grounded approach.

From an educational standpoint, international literature agrees that teaching content related to complementary therapies is more effective when oriented toward the development of professional competencies rather than the transmission of specific techniques. Accordingly, it is proposed that

such content be integrated transversally within existing courses, such as internal medicine, pharmacology, public health, bioethics, or physician–patient communication, prioritizing critical analysis of the real-world use of these practices within the population and their impact on clinical care (12, 13).

Key educational axes include: recognition of the complementary therapies most frequently used by patients; general understanding of their possible mechanisms of action and the limitations of the current scientific evidence; identification of risks, adverse effects, and interactions with conventional treatments; and the ability to critically appraise the related scientific literature. These components are essential to reduce risks associated with uninformed or unsupervised use of these practices (12–14).

Additionally, several authors emphasize the importance of strengthening future physicians' communication skills by promoting systematic and unbiased inquiry into the use of complementary therapies during clinical encounters. Training in this area should encourage open and respectful dialogue with patients, shared decision-making, and the development of a therapeutic relationship based on trust, thereby contributing to clinical safety and adherence to conventional treatments (12–14).

The current World Health Organization strategy reinforces this perspective by emphasizing that the responsible integration of traditional, complementary and integrative medicine requires health professionals who are able to understand these practices from a critical, contextualized, and person-centered approach, without necessarily engaging in their direct practice. Within this framework, medical education plays a strategic role in ensuring that the incorporation of such knowledge aligns with principles of quality, equity, bioethics, and the protection of patient rights (18).

Taken together, the proposed conceptual and educational criteria aim to guide the responsible inclusion of knowledge on complementary therapies in undergraduate medical education. Far from redefining the professional role of physicians, this inclusion seeks to strengthen their capacity to understand the real-world use of these practices, evaluate their clinical implications, and accompany patients in an ethical, informed, and safe manner, in line with the contemporary challenges faced by health care systems. In a context of limited formal regulation, this approach prioritizes patient safety and informed decision-making, while reinforcing physicians' ability to support the responsible use of complementary therapies.

## Discussion

The findings of this review confirm that the use of complementary therapies by patients is a reality across diverse health care settings. The primary challenge identified does not lie in the existence of these practices themselves, but rather in the lack of systematic medical education that would allow them to be addressed in a critical, safe, and communicationally appropriate manner.

The absence of formal curricular content limits physicians' ability to identify risks, potential interactions, and clinically relevant situations, and contributes to the omission of physician–patient dialogue regarding their use. This educational gap turns lack of knowledge into a potential risk factor, particularly when complementary therapies are used concurrently with conventional treatments.

Within this context, the guidelines of the World Health Organization's 2025–2034 Strategy reinforce the need to integrate this knowledge from an educational perspective focused on patient safety and person-centered care. Medical education thus emerges as a key axis for responsible integration, without promoting the direct practice of these therapies.

## Conclusion

The critical analysis conducted in this review allows the conclusion that incorporating basic knowledge of complementary therapies into medical education is necessary in order to respond to an already established clinical reality. The lack of specific training limits clinical guidance, hinders physician–patient communication, and may compromise patient safety.

The inclusion of such content is not intended to train physicians as practitioners of complementary therapies, but rather to provide them with critical tools to understand their use, evaluate risks and benefits, and integrate their analysis in an ethical and responsible manner. Strengthening medical education in this field contributes to safer, more informed, and person-centered health care.

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