



INTEGRATIVE AND COMPLEMENTARY PRACTICES IN PRIMARY HEALTH CARE: EXPERIENCE REPORT

Práticas integrativas e complementares na Atenção Primária à Saúde: relato de experiência

Prácticas integrativas y complementarias de la Atención Primaria de Salud: relato de experiencia

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ABSTRACT

Objective: To report the experience of master's students about the use of Integrative and Complementary Practices as an instrument for building comprehensive health care in a Basic Health Unit by health professionals in the service. **Data synthesis:** It is a report of an experience of a descriptive nature, which was carried out through the field practice of a group of master's students in the Postgraduate Program in Nursing and Health at the State University of Southwest Bahia, Brazil. The experience took place at a Health Unit in the interior of Bahis, from November 21 to 25, 2018. At the time, students were offered some experiences with Integrative and Complementary Practices, such as Thetahealing, Hypnosis, Chiropractic and Thermalism. The use of these aforementioned practices allowed us to expand our view of personal and community health care. In addition to well-being and stress relief, the experiences served to prove the benefits, improve knowledge for activities in teaching about Integrative and Complementary Practices, being in fact a flattering and important experience, as it provided knowledge in practice before only seen in theory. **Conclusion:** It was observed as a fundamental element for the execution of the different health professions, the experience of field practice with integrative therapies, especially for master students and future teachers. Thus, it is necessary that the knowledge acquired from this experience be replicated in other health environments, spreading the knowledge about public policies with users, professionals and the academic community.

Descriptors: Complementary Therapies; Public Health; Primary Health Care.

RESUMO

Objetivo: Relatar a vivência de mestrandos acerca do emprego das práticas integrativas e complementares como instrumento de construção de uma atenção integral à saúde em uma Unidade Básica de Saúde por profissionais de saúde do serviço. **Síntese dos dados:** Trata-se de um relato de experiência de cunho descritivo, o qual foi efetivado mediante a prática de campo de um grupo de mestrandos de um programa de pós-graduação. A experiência ocorreu em uma Unidade de Saúde do interior da Bahia, Brasil, em 2018. Na oportunidade, ofertaram-se vivências com as práticas integrativas e complementares para os mestrandos, tais como thetahealing, hipnose, quiropraxia e termalismo. O uso dessas práticas permitiu expandir o olhar acerca do cuidado em saúde pessoal e comunitário. As vivências serviram para comprovar os benefícios e aperfeiçoar o conhecimento para as atividades no ensino das práticas integrativas e complementares, sendo, de fato, uma experiência lisonjeira e importante, na medida em que forneceu conhecimento na prática, antes só vista na teoria. **Conclusão:** Observou-se como elemento fundamental



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para a execução das diferentes profissões da saúde a experiência de prática de campo com as terapias integrativas, sobretudo para os mestrandos e futuros docentes. Desse modo, se faz necessário que o conhecimento adquirido com essa experiência seja replicado em outros ambientes de saúde.

Descritores: Terapias Complementares; Saúde Pública; Atenção Primária à Saúde.

RESUMEN

Objetivo: Relatar la vivencia de alumnos de maestría sobre la aplicación de prácticas integrativas y complementarias de profesionales sanitarios para la construcción de la atención integral de salud de una Unidad Básica de Salud. **Síntesis de datos:** Se trata de un relato de experiencia de carácter descriptivo de una práctica de campo de un grupo de alumnos de maestría de un programa de posgrado. La experiencia se dio en una Unidad de Salud del interior de Bahía, Brasil, en 2018. En la oportunidad se ha realizado vivencias con las prácticas integrativas y complementarias para los alumnos de maestría tales como el thetahealing, la hipnosis, la quiropraxia y el termalismo. El uso de esas prácticas ha permitido la ampliación de la mirada sobre el cuidado de salud personal y comunitaria. Las vivencias permitieron la comprobación de los beneficios y el perfeccionamiento del conocimiento para las actividades de enseñanza de las prácticas integrativas y complementarias, siendo, de hecho, una experiencia lisonjera e importante en la medida de que ha permitido el conocimiento práctico que solamente era visto en la teoría. **Conclusión:** Se observó la experiencia de la práctica de campo con las terapias integrativas como un elemento fundamental para la ejecución de las distintas profesiones de salud sobre todo para los alumnos de maestría y los futuros docentes. De esa manera, se hace necesario que el conocimiento adquirido con esa experiencia sea duplicado en otros ambientes de salud.

Descriptor: Terapias Complementarias; Salud Pública; Atención Primaria de Salud.

INTRODUCTION

Integrative and complementary practices (ICP) aim at comprehensive patient care, taking into account the body and mind of these individuals⁽¹⁾, emphasizing that they do not replace traditional treatment. They are an additional and a complement in the treatment, and specific professionals indicated them according to the needs of each case.

The World Health Organization (WHO), for at least fifty years, has encouraged the integrative and complementary traditional medicines (ICTM) to be considered as care resources by the national health systems, known as traditional or diverse health practices and knowledge in biomedicine. In this sense, the Alma Ata Declaration expanded Primary Health Care (*Atenção Primária a Saúde - APS*) as a strategic element in the organization of universal public health systems, aiming to make universal clinical health care to populations⁽²⁾.

It is worth mentioning that another fundamental aspect related to CTM, in addition to other benefits, lies in the fact that they generate minimization of expenses due to the low cost of their performance, combining therapeutic competence higher than or equal to other types of treatment, with affordable economic value, important for the public health system⁽³⁾.

Thus, several CTMs were standardized, due to the National Policy of Integrative and Complementary Practices (NPICP). As an example, the following can be mentioned: acupuncture, homeopathy, phytotherapy, and social thermalism/crenotherapy⁽⁴⁾, in addition to the practice of anthroposophical medicine⁽⁵⁾. 14 new health practices were added to the NPICP in 2017, namely: art therapy, Ayurveda, biodance, circular dance, meditation, music therapy, naturopathy, osteopathy, chiropractic, reflexotherapy, reiki, shantala, integrative community therapy (ICT), and yoga⁽⁶⁾. One year later, in 2018⁽⁷⁾, other practices were added, such as aromatherapy, apitherapy, bioenergetics, family constellation, chromotherapy, geotherapy, hypnotherapy, laying on of hands, ozone therapy, and flower therapy.

In 2016, there was CTM in 9,470 health establishments spread in 56% (3,097) of Brazilian municipalities, and APS, in 54% of them. It was concentrated in the capitals, especially in the South and Northeast regions. The largest number of these establishments was public and municipal administration (APS). The same health establishment can offer more than one modality of CTM, homeopathy, and acupuncture, for example, registered by the Ministry of Health as CTM services. In 2017 (from January to September), there were 8,575 services offered⁽⁸⁾.

Despite the NPICP prioritizing the insertion of CTM in APS, the professionals of the Family Health Strategy (*Estratégia de Saúde da Família - ESF*) are its main promoters in SUS (*Sistema Único de Saúde - SUS*). In general, the training of human resources for the exercise of CTM in Brazil is considered scarce and diffuse, with limitations both in the offer and in the quality of professional education, being one of the greatest challenges for the increase of CTM in the Unified Health System⁽⁹⁾. A 2011 study admitted that less than 10% of the medical courses offered in Brazil contained CTMs content in their curricula⁽⁹⁾.

The growing increase in population and life expectancy, and the spread of new medical techniques and specialties, which are multiplying in a frightening way, are, besides that, the prosperity and the greatest drama of the health sector, especially for reaching communicative relations, the coordinated action of new knowledge and the integration of the immense amount of information that is produced⁽¹⁰⁾.

Brazil has adopted APS as a public policy structured by Basic Health Care (*Atenção Básica à Saúde - ABS*). According to the NPICP guidelines, this space must be used for the inclusion of these practices⁽¹¹⁾. CTMs are important for health services. In addition to complete care, they provide benefits such as a holistic view of the health-disease process, respect for the care practices developed by groups and populations, and the promotion of the quality of life of users⁽¹²⁾.

It is noteworthy that, although this therapeutic proposal is more focused on groups that live in vulnerable social conditions, in terms of their mental health and individual and community autonomy, this research has the opportunity to show that CTM can be applied to any group of people belonging to the most different social classes, ages, socioeconomic and professional situation since it is a theme that values the alternative way of taking care of people, respecting the life history of the participants, based on the construction of supportive bonds and the promotion of life.

The importance of subjectivity in medical practices and care is emphasized and that disciplinary plurality is the path to a more comprehensive and global view of the human being⁽¹¹⁾. And it is in this exhibition that the CTM repertoire, with its vast set of resources, can contribute to the evolution of public health, as it proceeds from an ancient tradition of continued use and practically unchanged from the same technological resources guided by an interdisciplinary nature.

Another relevant aspect of CTM is that, when added to APS, they bring important contributions to the humanization of care and user assistance. Such care allows the individual to perform greater autonomy over their health, which favors the promotion of self-care and the care of the community, in addition to creating a bond with health professionals, all provided by the use of CTM⁽¹³⁾. Thus, health promotion practices tend to break the excessive fragmentation of the health-disease process, strengthening intersectoral articulations⁽¹⁴⁾, therefore, users are the main characters in their health production process and the integrality of assistance.

The present study allowed the authors to experience some CTMs thetahealing⁽¹⁵⁾, hypnosis⁽¹⁶⁾, chiropractic and thermal therapy, and therapists, who are health professionals in the service to be investigated, welcomed the master's students as participants who integrate the health system, who respect the subjective and particular aspects of the other, promoting the exercise of autonomy and the strengthening of the experience in CTM in the field of practice. Thus, because of this context, the objective of this study was to report the experience of master's students on the use of integrative and complementary practices as an instrument for building comprehensive health care in a Basic Health Unit by health service professionals.

DATA SYNTHESIS

This is an experience report of a descriptive nature, carried out through the field practice of a group of master's students from the Graduate Program in Nursing and Health (*Programa de Pós-Graduação em Enfermagem e Saúde - PPGES*) at the State University of Southwest Bahia (*Universidade Estadual do Sudoeste da Bahia - UESB*), Brazil. The place chosen to experiment was a Health Unit located in Vale do Capão, district of the municipality of Palmeiras, Chapada Diamantina, Bahia, between the 21st to the 25th of November 2018, to experience the reality of a unit of health that implemented the NPICP.

The scenario of research in the field of learning came from the theoretical and practical classes of the discipline Politics, Planning, and Management; and the location was chosen because it is a reference in the state of Bahia in the provision of CTM in the health service. In the insertion of the field practice, it was observed the planning and management of that policy in the public health service.

During the technical visit to the health unit, it was noticed that the care provided by the health professionals team who attended the Primary Care (*Atenção Básica - AB*) programs differed from that of other health units because the health professionals, trained in the perspective of the CTM, assisted allowing the patient to choose the treatment to be used, strengthening the autonomy of the service users.

The experience of the master's students with the CTM started with the thetahealing technique, followed by hypnosis, chiropractic, and thermalism, performed by therapists from the unit, beginning with the demonstration of the individual technique and, later, collectively, with those present at the basic health unit (*Unidade Básica de Saúde - UBS*).

Thetahealing is an energy healing practice that teaches you to identify and release beliefs and patterns that prevent someone from being happy, making it possible to learn looking at yourself in search of a reconnection with yourself

and with your essence⁽¹⁰⁾. Thus, the use of this form of treatment aims at associating another treatment or linking it with the standardized model, in an attempt to reduce costs, stimulate measures for the prevention of grievances and maintenance of health, through efficient and safe technologies, which emphasize welcoming listening, the formation of bonds with the therapeutic professional and the healthy connection of the individual with the environment and society, which is in accordance with the NPICP⁽¹⁷⁾.

In hypnosis, the professional addressed definitions and myths, and then had a group experience with all the people who were present in the unit's meeting room. Soon after, he performed the technique individually, and volunteers were chosen to demonstrate hypnosis. Hypnosis is situated as a pain control tool, something to be handled by someone external to the person (the health professional) who represents specialized, scientific knowledge; as a psychotherapeutic process, it becomes a way of helping the subject to deal with the deepest way of reconciliation with himself, which involves his identity and his affective niche of relationships⁽¹¹⁾.

Other potentialities of the practices experienced can be mentioned. The progress of user participation is a relevant element to be highlighted since it is a central axis of health promotion. At the time this scenario occurred, there was a chiropractic therapist, which performs the function in the city for twenty years, who explained the meaning of chiropractic and the purpose of the procedure. This form of therapy consists of using human hands to relieve pain and tension, being one of the oldest human resources to relieve physical discomfort. With this base, its original form is based on the use of the physiotherapeutic procedure, including processes such as assessment, diagnosis, and modulation of the strength and rhythm of manual movements⁽¹⁸⁾.

Soon after his theoretical explanation of the meaning and function of his form of therapy, the professional made a practical demonstration of the technique. An anamnesis was made about the origin, time, and cause of the pain pointed out by a volunteer, and it was possible to verify that chiropractic provides, in most cases, immediate improvement of the signs and symptoms that patients complain about. Thus, using such an alternative practice, there is the possibility of abdicating allopathic therapy or considerably reducing its use⁽¹⁸⁾.

Still in Vale do Capão, on the banks of a waterfall, a lecture given by the spa professional was offered to those present. At that moment, a parallel was made between the scientific knowledge used in universities and postgraduate courses about CTM and the limits found by science to legitimize such practices. Then, the thermal waters of Vale do Capão were used to finalize that moment.

Thermalism consists of using thermal water from natural sources or artificially captured for therapeutic purposes⁽¹⁹⁾. As a health and well-being practice, the use of thermal care has its origin in past times. Thus, touching on this subject nowadays brings to light the quality of natural thermal waters and the respective health care.

It is also necessary to mention that the originality of the contributions of the analyzed practices to health promotion consists of working with the perception of the uniqueness of the body as a place of singular human existence, in a permanent perceptive and plural relationship with their life contexts⁽²⁰⁾.

Thus, it is worth stating that adding CTMs to APS is of great importance when considering that they bring significant contributions concerning the humanization of care and assistance, which makes it possible to rescue patients' autonomy over their health. Besides, humanized care promotes strategies for self-care and community care, since users become the responsible for the health production process and comprehensive care⁽²¹⁾.

On the other hand, the growing number of CTMs has become one of the biggest challenges for academic and professional training, revealing the need for universities to insert subjects related to these practices in their curricula⁽²²⁾. In addition, it is necessary to consider that living the experiences with these practices helps to improve professional training by adding knowledge and enabling greater adherence to these practices.

The use of practices such as thetahealing, hypnosis, chiropractic, and thermalism allowed expanding the view on personal and community health care. The experiences served to prove the benefits, to improve the knowledge for the activities in the teaching about the CTM, being, in fact, a gratifying and important experience, since it provided knowledge in practice, previously only seen in theory⁽²³⁾.

Bringing CTMs to the experience of master's students was challenging, transforming, and rewarding. The understanding of graduate students' learning could lead them to adapt to different motivations and learning strategies since they could improve the didactic programs and the educational context to obtain a more appropriate academic performance⁽²⁴⁾.

The dissemination of this experience can contribute to health managers to recognize the importance of CTM as an instrument for mobilizing personal and cultural resources in the construction of social support networks to promote health in line with the principles of SUS⁽⁴⁾.

It is hoped that further studies will be carried out to assess the impact of CTMs in promoting collective health and to be an alternative strategy to enhance the assistance provided to the community. As a consequence of this experience,

the master's students shared their thoughts about the need to promote similar experiences in other health environments, intending to spread knowledge about public policies with users, professionals, and the academic community.

The limitation of this study concerns the time available for the presentation and development of the CTM in the postgraduate course (master's), as it was thought-provoking to know the CTM with its twenty-nine practices in a short period, requesting that the discipline Policies, Planning, and Management in Health have a longer time for the theoretical discussion of the theme. In this context, it is possible to see the need to expand the time available to discuss, practice, and experience CTM, since it is common to train professionals in the health area with partial/total lack of knowledge about the CTMs, which configures difficulties for implementation in health services.

CONCLUSION

The experience led the participants to reflect that the use of CTM presents itself as a great possibility to help in thinking and in the way of doing health from a look at the subject and the community.

Thus, the experience was considered of paramount importance for the master's students professional training, since, as future health and teaching professionals, such experiences provide the expansion of knowledge and perception about the validity and need to add the CTMs in the SUS.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest during the study.

CONTRIBUTIONS

Ivana Santos Ferraz and **Ismar Eduardo Martins Filho** contributed to the preparation and design of the study. **Alba Benemerita Alves Vilela** and **Eduardo Nagib Boery** contributed to the writing and / or revision of the manuscript. **Sérgio Donha Yarid** contributed to the acquisition, analysis and interpretation of data.

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