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LIAN GONG IN 18 THERAPIES AS A HEALTH PROMOTION STRATEGY

Lian Gong em 18 terapias como estratégia de promoção da saúde

Lian Gong en 18 terapias como estrategia para la promoción de la salud

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ABSTRACT

Objective: To identify the main benefits obtained by practitioners of Lian Gong in 18 therapies, which is included in Primary Care as a Health Promotion strategy. **Methods:** This is a cross-sectional study carried out in the municipality of Belo Horizonte through the administration of 1,091 questionnaires to Lian Gong practitioners in 2014. Socioeconomic variables relating to pain, use of medication and need for health services were assessed. The data were analyzed using descriptive analysis and marginal homogeneity tests and Pearson's Chi-squared test with significance level set at 5%. **Results:** Practitioners were predominantly women (89.55%; n=977), over 60 years old (61.90%; n=678), referred to Lian Gong by health professionals (66.50%; n=935); most participants practice twice a week (68.31%; n=735) and have been practicing for more than 7 months (75.87%; n=762). The main benefits provided by the practice were pain reduction, reduced use of medication (49.58%; n=297) and reduced demand for Primary Health Care services (78.49%; n=715). **Conclusion**: The practice of Lian Gong as a health promotion strategy included in Primary Health Care provides benefits to practitioners, such as body pain reduction, demedicalization and reduced demands for health services.

Descriptors: Health Promotion; Medicine, Chinese Traditional; Complementary Therapies; Primary Health Care.

RESUMO

Objetivo: *Identificar os principais benefícios alcançados pelos praticantes de Lian Gong em 18 terapias, que está vinculado à atenção primária como uma estratégia de promoção da Saúde.* ***Métodos****: Trata-se de um estudo transversal realizado no município de Belo Horizonte, Brasil, com aplicação de 1.091 questionários com os praticantes de Lian Gong no ano de 2014. Estudaram-se variáveis socioeconômicas relacionadas à dor, uso de medicação e necessidade de serviços de saúde. Os dados foram analisados por meio de análise descritiva e testes de homogeneidade marginal e qui-quadrado de Pearson, considerando-se nível de significância de 5%.* ***Resultados:*** *O perfil predominante dos praticantes são mulheres (89,5%; n= 977), com mais de 60 anos (61,90%; n = 678), indicadas para o Lian Gong por profissionais da saúde (66,50%; n = 935) e que realizam a prática com uma frequência de 2 vezes por semana (68,31%; n=735) e há mais de 7 meses (75,87%; n=792). Os principais benefícios relacionados a essa pratica foram a redução no quadro de dor, no uso de medicamento (49,6%; n=297) e a diminuição da demanda por serviços da Atenção Primária à Saúde (78,5%; n=715).* ***Conclusão:*** *A prática do Lian Gong como estratégia de promoção da saúde, inserida no ambiente da Atenção Primária à Saúde, promove benefícios para os praticantes, como a redução das dores no corpo, a desmedicalização e a redução da demanda por serviços de saúde.*

Descritores: *Promoção da Saúde; Medicina Tradicional Chinesa; Terapias Complementares; Atenção Primária à Saúde.*

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RESUMEN

Objetivo: *Identificar los principales beneficios alcanzados por los que practican el lian gong en 18 terapias que está vinculado a la atención primaria como estrategia para la promoción de la salud.* ***Métodos****: Se trata de un estudio transversal realizado en el municipio de Belo Horizonte con la aplicación de 1.091 cuestionarios con los que practicaban el lian gong en 2014. Se estudiaron las variables socioeconómicas relacionadas al dolor, al uso de medicación y la necesidad de servicios de salud. Los datos fueron analizados a través de un análisis descriptivo y pruebas de homogeneidad marginal y el chi-cuadrado de Pearson considerándose el nivel de significación del 5%.* ***Resultados:*** *El perfil predominante de los practicantes son mujeres (89,5%; n= 977), con más de 60 años (61,90%; n = 678), indicadas para el lian gong por profesionales de la salud (66,50%; n = 935) y que la practican con una frecuencia de 2 veces a la semana (68,31%; n=735) y hace más de 7 meses (75,87%; n=792). Los principales beneficios relacionados a esa práctica fueron la disminución del dolor, en el uso de medicación (49,6%; n=297) y la disminución de la demanda de los servicios de la Atención Primaria de Salud (78,5%; n=715).* ***Conclusión:*** *La práctica del lian gong como estrategia para la promoción de la salud inserida en al ambiente de la Atención Primaria de Salud promueve beneficios para los que la practican como la reducción de los dolores del cuerpo, la retirada de la medicación y la reducción de la demanda de los servicios de salud.*

Descriptores: *Promoción de la Salud; Medicina China Tradicional; Terapias Complementarias; Atención Primaria de Salud.*

INTRODUCTION

Health promotion involves proposals, ideas and practices originated from a broader concept of health and its determinants, with emphasis on the articulation of technical and popular knowledge through joint action involving institutional resources and the community. Its main fields of action are the development of healthy public policies, the implementation of health-friendly environments, greater community participation/action and the reorientation of the health system[1].

The National Health Promotion Policy (*Política Nacional de Promoção da Saúde – PNPS*) implemented in 2006 is aimed at tackling health inequities, one of the greatest challenges and dilemmas for Brazil. The 2014 revision of the PNPS maintained its goal to tackle these inequities and included an attempt to promote quality of life by reducing health-related risk factors through programs implemented at all levels of health care, particularly in Primary Health Care (PHC), which allows a greater approximation to and problematization of the local and regional reality of daily life. In PHC, results can be achieved using a methodology that involves many revised simultaneous movements, which include several actors involved in the implementation of health promotion[2].

In addition to the PNPS, comprehensive health care for individuals, which is based on the promotion of actions to improve the quality of life and prevent health problems, is also advocated by the National Policy on Integrative and Complementary Practices (*Política Nacional de Práticas Integrativas e Complementares – PNPIC*). Integrative and Complementary Practices (ICP) and the various therapeutic approaches reinforce a broader vision of the health-disease process and self-care through natural mechanisms with the aim of stopping the fragmentation of health care[3].

Health promotion and ICP are therapeutic practices that could be effectively included in SUS. However, their incorporation in Primary Health Care services is still incipient; importantly, most practitioners seek the practices on their own or are suggested to do so by friends and relatives[4].

Considered an ICP, the Traditional Chinese medicine (TCM) involves several techniques that relate in a harmonious way to nature with the aim of creating wholeness in life. Some of the modalities offered to the population include tai chi chuan, meditation, lien chi, qi gong, lian gong in 18 therapies, among others[5].

The Lian Gong in 18 Therapies (LG18T) is a body practice developed in China in 1974 that combines TCM with martial arts. Lian means “to train, to exercise” and gong means “persistent work”. Therefore, it is the persistent and long work of training and exercising the body with the aim of transforming it from weak to strong and from ill to healthy[6].

The LG18T takes into consideration the wholeness of an individual (physical, mental and emotional balance) and consists of the combination of smooth and simple movements lasting from 30 to 60 minutes that should be performed at least twice a week. Its regular practice is used as a therapeutic resource capable of intervening in the health of practitioners, reducing pain and improving the quality of life in addition to allowing social integration and inclusion[4,7].

The practice began to be implemented in Brazil in 1987[8]. In Belo Horizonte, the implementation of LG18T started only in 2007[4]. Currently, it is held in 222 facilities, including 145 health care centers and other places, such as the Reference Center for Mental Health (*Centro de Referência em Saúde Mental – CERSAM*), Community Centers, Reference Center for Rehabilitation (*Centro de Referência em Reabilitação – CREAB*), squares and parks. It is regularly taught by 305 instructors and practiced by about 15,000 people in the municipality. This makes the city of Belo Horizonte the largest in number of LG18T practitioners outside the Eastern civilization[8].

Such Health Promotion programs and Integrative and Complementary Practices, especially body practices, need to be evaluated so as to determine the impacts produced and to analyze the need for changes, improve processes and identify potentialities. The evaluation of these programs could generate knowledge to support and improve their implementation, development and management processes[4].

This evaluation allows to develop better practices, systematize knowledge, propose interventions, and change determinants of health. In addition to the impacts and results, political and social issues are also analyzed; therefore, the evaluation adds value to the program. Thus, evaluating the effectiveness of programs and policies is an strategic and potentially useful challenge for decision-making by managers[9,10].

In order to succeed, Health Promotion programs should consider the space in relation to the construction of innovative and public practices, mainly with regard to the importance of having managers committed to and focused on social transformation and policies targeted at the local reality, with a social management which guarantees the comprehensiveness of care[9].

Therefore, the aim of the present study was to identify the main benefits obtained by practitioners of Lian Gong in 18 therapies, which is included in Primary Care as a Health Promotion strategy.

METHODS

This is a quantitative cross-sectional study on the practice of lian gong in 18 therapies in the municipality of Belo Horizonte, Minas Gerais, Brazil. The municipality is divided into nine health districts according to their geographic location: North, Northeast, Northwest, Mid-South, Venda Nova, Pampulha, East, West and Barreiro[11]. The practice of lian gong has taken place in all districts since 2007, the year in which it was implemented[12].

The sample consisted of 1,091 practitioners from all districts of the capital. Inclusion criteria were: regular practice of lian gong and completion of the Free Informed Consent Form. Participants could have any level of education. Illiterate individuals could have their questionnaires answered by the instructors.

Data were collected using a structured questionnaire with closed-ended questions provided by the municipal lian gong coordination office, which is linked to the Health Care Management Office of the Municipal Health Secretariat (*Secretaria Municipal de Saúde – SMSA/PBH*). This questionnaire has been used as a management tool since 2008 and has been inserted in the work routine to monitor data on practitioners in the municipality. The questionnaire is administered by the instructors and has been answered by 10% of the practitioners in the year 2010[12]. The questionnaire has been used for the present research since 2014.

The questionnaires were self-administered on a voluntary basis for the literate participants, and the illiterate participants were assisted by the instructors. The instructors received previous training to clarify any possible doubts of lian gong practitioners. The questionnaire addressed sociodemographic issues, such as gender, age, type of work, education and occupation, and questions on the characterization of lian gong practice wih regard to indication, time and frequency. The questionnaire also contained questions on medication use before the start of the practice and possible reduction of the use after the practice, practitioner's pain complaint before and after practice and demand for Primary Health Care services.

The data were entered in a specific database created in Epidata Software, version 3.1.2, and then analyzed using SPSS software, version 19.0. A descriptive analysis was carried out with the construction of frequency distribution tables and line graphs. The results reported by the interviewees before and after the start of LG18T practice were compared using the marginal homogeneity test, which was appropriate for paired ordinal data (such as pain levels). Factors associated with a higher proportion of reported decrease in pain level after lian gong practice were also assessed by determining the equivalence of practitioners who reported a decrease in pain level after the start of the practice by group of sociodemographic variables. Pearson's chi-squared test was used to check for significant differences between groups. The significance level was set at 5% ($p<0.05$) for all analyses.

This study is part of research titled "Evaluation of the effectiveness of the lian gong in 18 therapies program in Primary Health Care" in the municipality of Belo Horizonte, Minas Gerais, Brazil, which was approved by the ethics committee of the Federal University of Minas Gerais (*Universidade Federal de Minas Gerais*) (Approval No. 1.697.693).

RESULTS

The present study analyzed 1,091 questionnaires. Most of the participants were women (89.5%; n=977) and were over 60 years old (61.9%; n=678). Most of the practitioners were retired (44.4%; n=481) and "homemakers" (29.4%; n=381), and the most frequent level of education was complete primary education (40.7%; n=428) (Table I).

With regard to the health situation, 48.5% (n=529) of the practitioners reported being diagnosed with hypertension and 14.9% (n=163) reported having diabetes. In addition, 40.6% (n=443) of the participants practiced other types of physical activity, such as walking, weight training, water aerobics, and others (Table I).

The practice was mostly recommended by Primary Health Care professionals (66.5%; n=935). Recommendations from friends and relatives accounted for 30.1% (n=423) of the sample, showing that the practice is being disseminated in the community. As for constancy, 75.9% (n=792) of the participants had been practicing lian gong for at least seven months, and most of them practiced it twice a week (68.3%; n=735), demonstrating the continuity of the practice.

Table I - Frequency distribution of sociodemographic variables of practitioners of lian gong, Belo Horizonte, Minas Gerais, Brazil, 2014 (n=1.091).

Varibles (categories)	Frequency (n)	Percentage (%)
Gender		
Women	977	89.5
Men	114	10.5
Type of work		
Homemaker	193	41.2
Retiree	127	27.1
Informal worker	56	12.0
Formal worker	51	10.9
Unemployed	5	1.1
Age		
Over 60 years old	678	61.9
20-59 years old	413	38.1
Education		
Complete primary	428	40.7
Complete secondary	271	25.8
Higher education	200	19.0
Incomplete primary	152	14.5
Occupation		
Retiree	481	44.4
Homemaker	318	29.4
Formal worker	175	16.2
Informal worker	76	7.0
Unemployed	32	3.0
Self-reported diseases		
Hypertension	529	48.5
Diabetes	163	14.9
Depression	128	11.7
Tendinitis	95	8.7
Asthma/Bronchitis	67	6.1
Practice or practiced another physical activity?		
Yes	443	40.6
No	648	59.4
Reccomendation of *lian gong*		
Primary Health Care professionals	935	66.5
Friends and family	423	30.1
Advertisements	30	2.1
Observation of the practice	15	1.1
Health gyms	3	0.2
Length of lian gong practice?		
More than 12 months	390	37.4
7 - 9 months	402	38.5
4 - 6 months	139	13.3
1- 3 months	113	10.8
Frequency of practice?		
3x week	149	13.8
2x week	735	68.3
1x week	143	13.2

Figure 1 shows a comparison of the level of self-reported pain before and after practice. Before the regular practice, many people reported severe pain (34.0%; n=343) and moderate pain (33.0%; n=336). After the practice, there was a reduction in the number of people who reported severe pain (2.1%; n=21).

On the other hand, the number of people who reported being painless (15.0%; n=151) or feeling mild pain (17.7%; n=179) before the practice increased after the practice to 37.3% (n=376) and 37.7% (n=380), respectively (Figure 1). It should be noted that this difference was statistically significant ($p<0.001$), indicating the reduction of pain levels reported by patients after LG18T practice.

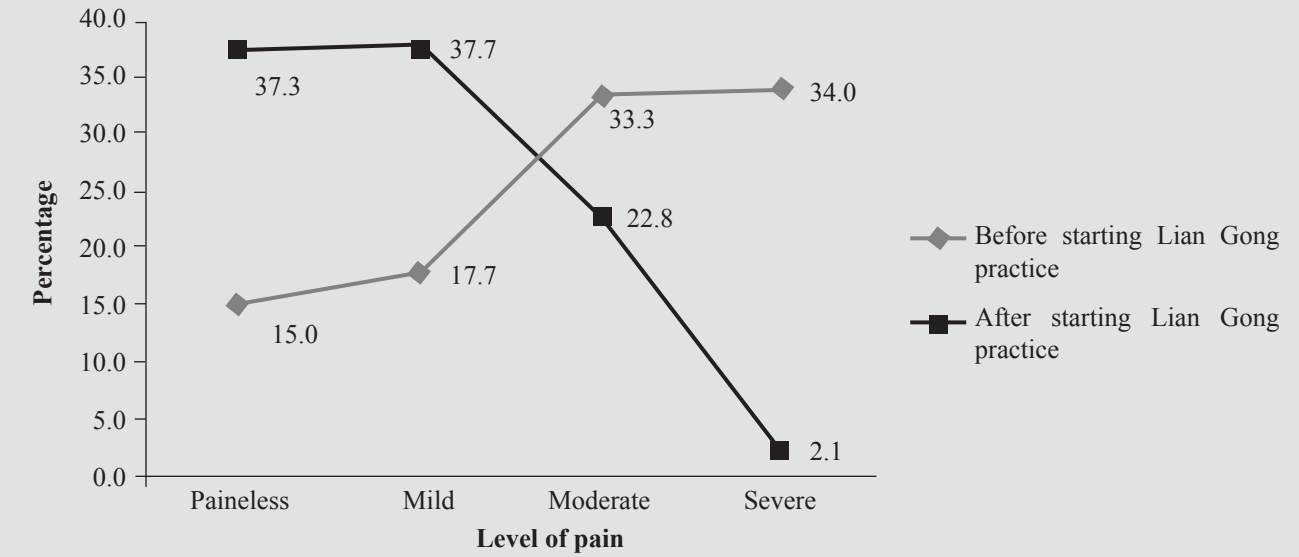

Figure 1 - Comparison of the level of pain before and after lian gong practice, Belo Horizonte, 2014, Minas Gerais, Brazil, 2014.

Table II depicts the comparison of the proportion of lian gong practitioners and the report of pain reduction according to sociodemographic characteristics. Of all practitioners, 62.1% (n=678) reported some decrease in pain levels after LG18T practice. This percentage was higher among women (63.8%; n=623) compared to men (48.2%; n=55), and this difference was statistically significant ($p<0.05$).

There was also a greater reduction in pain levels in relation to the increase in practice time. Those who exercised for more than 12 months – 66.4% (n=259) – reported a decrease in pain compared to 50.4% (n=57) of the participants who practiced lian gong for 1 to 3 months ($p<0.05$) (Table II).

Another factor that was associated ($p<0.05$) with the reduction in pain levels was the decrease in the demand for primary care. Practitioners who reported having decreased their search for Health Care Centers indicated more frequently reduction in pain levels (70.9%; n=507) compared to the others (51.5%; n=101). In addition to the cost to the health system, attention should be paid to improving the quality of life of users with chronic pain. In this regard, practitioners can benefit from lian gong in 18 therapies (Table II).

Table II - Comparison of the proportion of Lian Gong practitioners who reported reduction of pain levels by sociodemographic characteristics. Belo Horizonte, Minas Gerais, Brazil, 2014 (n=1.091).

Variables	Practitioners who reported reduction of pain level		p value*
	n	%	
Gender			
Women	623	63.8	0.001
Men	55	48.2	
Age			
20-59 years old	272	64.9	0.136
Over 60 years old	406	60.4	
Education			
Incomplete primary	78	61.8	0.077
Complete primary	280	65.4	
Complete secondary	153	56.5	
Higher education	132	66.0	
Occupation			
Retiree	292	60.7	0.069
Homemaker	203	63.8	
Formal worker	104	59.4	
Informal worker	57	75.0	
Unemployed	16	50.0	
Length of lian gong practice?			
1 - 3 months	57	50.4	0.003
4 - 6 months	76	54.7	
7 - 9 months	258	64.2	
More than 12 months	259	66.4	
Frequency of practice?			
1x week	83	58.0	0.295
2x week	458	62.3	
3x week	102	68.5	
4x week	29	59.2	
Use of Primary Health Care services			
Decreased demand	507	70.9	<0.001
Remained unchanged	101	51.5	

*Pearson's Chi-squared test

According to the data presented in Table III, 163 practitioners (12.9%) used analgesics, 138 used antidepressants and 12.3% of the practitioners reported using anti-inflammatories before practicing lian gong. After starting the practice, 49.6% of the participants (n=297) reported having stopped using such drugs.

Table III - Frequency distribution of variables related to medication use in practitioners of Lian Gong, Belo Horizonte, Minas Gerais, Brazil, 2014.

Variables (categories)	Frequency (n)	Percentage (%)
Medication use before starting the body practice		
Analgesics	163	12.9
Antidepressants	138	12.6
Anti-inflamatory drugs	134	12.3
Hypnotics	98	9.0
Anxiolytics	66	6.0
After starting the body practice, the use of these medications:		
Decreased	297	49.6

With regard to the users' perception of their demand for health services, 78.5% (n=715) of the practitioners reported a decrease in the demand after the start of the body practice in Primary Health Care (Table IV).

Table IV - Frequency distribution of variables related to the demand for Primary Health Care services by practitioners of Lian Gong, Belo Horizonte, Minas Gerais, Brazil, 2014.

Variables (categories)	Frequency (n)	Percentage (%)
Use of Primary Health Care services		
Decreased demand	715	78.5
Remained unchanged	196	21.5

DISCUSSION

Evaluating health promotion practices is one way of demonstrating their effectiveness in generating improvements in the quality of life gradient and including them in the main Health Care Center activities, providing information and knowledge that will assist in decision making and improvement of the service provided by professionals and managers to address the various themes underlying quality of life. Among the themes defined as priority by the PNPS, the mostly addressed ones in the national territories were: tackling violence, health at school and promotion of healthy eating, body practices and physical activities[13,14].

In the state of Minas Gerais, the State Policy for Health Promotion (*Política Estadual de Promoção da Saúde – POEPS*) provides funding for three different types of health promotion actions: body practices/physical activity, healthy eating and health education[15]. In this context, the present work becomes relevant as it demonstrates the effectiveness of a health promotion action so as to ensure the continuity of body practices, especially lian gong.

The present study analyzed the socioeconomic profile of practitioners, the characterization of lian gong, the use of pain medication by practitioners before and after practice, and the demand for Primary Health Care services.

The socioeconomic profile found in the present study is in agreement with the results of other Brazilian studies on body practices which have shown a predominance of women over 60 years of age, "homemakers" and retirees[4,7,16-19]. With regard to health professionals, they are important facilitators of adherence to body practice. The comparison of 2010 data with those found in the present study reveal an increase in the number of recommendations made by professionals – from 33.3%[4] to 66.5%. This finding indicates a greater knowledge and dissemination by professionals in primary care.

Chronic pain generates costs to public health as it negatively interferes with quality of life and the capacity to produce work[20]. Pain contributes to the increasing demand for different levels of health care services (primary, secondary and tertiary) by individuals of all age groups; in addition, chronic pain patients use health services more often than other patients[21].

Some authors argue that because it is a therapeutic body practice, its regular practice can improve blood circulation, strengthen joints and muscles, and assist in the development of motor flexibility capacity and, consequently, in the increase of movement amplitude. Because of that, there is evidence of decreased pain[3,5,7,17].

A qualitative research carried out with focus groups lists pain and discomfort reduction as one of the thematic categories related to the benefits of such body practice in primary care and therefore corroborates the findings of the present quantitative research[22]. Another study, which demonstrated correlations between pain reduction and socioeconomic variables, showed that women reported lower pain intensity on the visual analog scale (VAS) compared with men; however, the study did not find statistically significant differences between ages[18].

In this regard, the LG18T is an important ICP and Health Promotion strategy for the control of pain, contributing to the reduction of healthcare costs. Therefore, there is a need to disseminate the activity throughout Brazil because the findings of present study can assist in the prevention and treatment of pain in the cervical spine, shoulders, upper and lower limbs, and lower back[23]. Lian gong also improved quality of life by generating changes in the symptoms presented by the practitioners analyzed in the present research, reducing the use of medication and thus reducing costs to health care services.

Pharmaceutical care and access to medications are part of individuals' constitutional right to health. On the other hand, they raise a concern about rising health spending. Thus, health promotion actions that improve individuals' quality of life stand out as strategies to reduce medicalization[20].

A study that combined qualitative and quantitative approaches carried out in 2013 showed that lian gong can reduce chronic pain and improve sleep quality by restoring physical and mental health. This means that there was a 36% reduction in the use of medications for pain, anxiety, depression and insomnia[24,25].

The synchronicity between movement and breathing during lian gong favors the recovery of physiological functions and boosts immunity, thus providing therapeutic effects. Because of that, practitioners usually reduce medication use and set such reduction as a desirable effect of the body practice[6,17,22].

Considering the predominance of noncommunicable diseases (NCDs), the decrease in the demand for health services suggests that the health promotion actions carried out in primary care indicate a potential change in the model of care, in which the user seeks to improve quality of life in health care centers rather than treating the disease. This fact highlights the effort health care services have put to carry out more actions to promote health and prevent diseases with the aim of reducing public health expenditures[1].

Regular physical activity positively influences the emotional aspects of practitioners, improving their perception of health. Additionally, many users seek care as an alternative social support, which leads to a decrease in the search for care in Primary Health Care services[4,25].

It should be noted that there are still few studies that evaluate the benefits of Lian Gong practice as a public policy and that the results of the present research reinforce the sustainability of health promotion actions at the municipal level.

The limitation of the present study lies in the fact that it used a self-administered quantitative questionnaire with practitioners of lian gong in 18 therapies. Therefore, the suggestion of associations between the benefits and the practice of lian gong was restricted, and there was no intention to test hypotheses. Given that limitation, new studies are recommended to broaden the vision of the benefits of the practice of liang gong. In addition, there is also the need for dissemination of such practice by health services as a therapeutic resource targeted at the community, professionals and health workers.

CONCLUSION

The practice of Lian Gong as a health promotion strategy included in Primary Health Care provides benefits to practitioners, such as body pain reduction, demedicalization and reduced demands for health services.

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