



## NEW FORMS OF CARE THROUGH INTEGRATIVE PRACTICES IN THE BRAZILIAN UNIFIED HEALTH SYSTEM

*Novas formas de cuidado através das práticas integrativas no Sistema Único de Saúde*

*Nuevas normas de cuidado a través de las prácticas integrativas del Sistema Único de Salud*

### **Wagner Couto Assis**

State University of Southwestern Bahia (*Universidade Estadual do Sudoeste da Bahia - UESB*) - Jequié - (BA) - Brazil

### **Flávia Rocha Britto**

State University of Southwestern Bahia (*Universidade Estadual do Sudoeste da Bahia - UESB*) - Jequié - (BA) - Brazil

### **Larissa de Oliveira Vieira**

State University of Southwestern Bahia (*Universidade Estadual do Sudoeste da Bahia - UESB*) - Jequié - (BA) - Brazil

### **Eluzinete Sales dos Santos**

State University of Southwestern Bahia (*Universidade Estadual do Sudoeste da Bahia - UESB*) - Jequié - (BA) - Brazil

### **Rita Narriman Silva de Oliveira Boery**

State University of Southwestern Bahia (*Universidade Estadual do Sudoeste da Bahia - UESB*) - Jequié - (BA) - Brazil

### **Ana Cristina Santos Duarte**

State University of Southwestern Bahia (*Universidade Estadual do Sudoeste da Bahia - UESB*) - Jequié - (BA) - Brazil

## ABSTRACT

**Objective:** To report the experience of a workshop intended for fostering reflection on the National Policy on Integrative and Complementary Practices. **Data synthesis:** Descriptive case study reporting the experience performed in the first half of 2017 at the State University of Southwestern Bahia, in Jequié, Bahia, Brazil. The workshop was held in cooperation with a course of the Academic Master's Graduate Program in Nursing and Health (PPGES) of the same university, with a duration of approximately four hours. Master's students with training in Nursing, Psychology and Dentistry mediated the workshop, which had as participants students of the Nursing and Dentistry Undergraduate Programs, and was conducted with use of group dynamics addressing the National Policy on Integrative and Complementary Practices, based on music therapy. Through personal narratives, the participants expressed the meanings of the experience and their learning process. **Conclusion:** Conducting workshops creates spaces for reflection so that future professionals understand the need for having Integrative and Complementary Practices included in their clinical practice and work processes. The workshop gave rise to multiprofessional experiences and enabled a rich variety of perspectives regarding the subject and the exchange of experiences among the workshop participants, which will be incorporated into the work routine as an effective, continuous process, and adjusted to the needs of the Brazilian Unified Health System.

**Descriptors:** Complementary Therapies; Public Health; Primary Health Care; Music Therapy.

## RESUMO

**Objetivo:** Relatar a experiência na realização de oficina de fomento à reflexão sobre a Política Nacional de Práticas Integrativas e Complementares (PNPIC). **Síntese dos dados:** Relato descritivo de experiência realizada no primeiro semestre de 2017, na Universidade Estadual do Sudoeste da Bahia, em Jequié, Bahia, Brasil. A oficina ocorreu em cooperação com uma disciplina do Mestrado Acadêmico do Programa de Pós-Graduação em Enfermagem e Saúde (PPGES), da mesma universidade, com aproximadamente quatro horas de duração. Discentes com formação em Enfermagem, Psicologia e Odontologia mediarão a oficina, que teve como participantes estudantes dos cursos de Enfermagem e de Odontologia, sendo realizada com dinâmicas que abordavam a Política Nacional de Práticas Integrativas e Complementares a partir da musicoterapia. Por meio das narrativas individuais, os participantes expressaram os significados da experiência e seus aprendizados. **Conclusão:** A realização de oficinas cria espaços de reflexão para que os futuros profissionais entendam a necessidade de incluir as Práticas Integrativas e Complementares em sua prática clínica e nos processos de trabalho. A experiência possibilitou vivências multiprofissionais, permitindo riqueza de olhares para o tema e a troca de experiência dos que vivenciaram a oficina, as quais serão incorporadas à rotina de trabalho como um processo efetivo, contínuo e ajustado às necessidades do Sistema Único de Saúde, valorizando a integralidade em saúde e a promoção global do cuidado humano.

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



## RESUMEN

**Objetivo:** Relatar la experiencia para la realización del taller de fomento que reflexiona sobre la Política Nacional de Prácticas Integrativas y Complementarias (PNPIC). **Síntesis de los datos:** Relato descriptivo de la experiencia realizada en el primer semestre de 2017 en la Universidad Estadual del Sudoeste de Bahía, en Jequié, Bahía, Brasil. El taller se dio en cooperación con una asignatura del Máster Académico del Programa de Posgrado en Enfermería y Salud (PPGES) de la misma universidad con más o menos cuatro horas de duración. Los alumnos con formación en Enfermería, Psicología y Odontología han ministrado el taller que ha sido realizado con dinámicas sobre la Política Nacional de Prácticas Integrativas y Complementarias a partir de la musicoterapia en el cual han participado estudiantes de los cursos de Enfermería y Odontología. En las narrativas individuales los participantes han expresado los significados de la experiencia y sus aprendizajes. **Conclusión:** La realización de talleres crea espacios para la reflexión de que los futuros profesionales comprendan la necesidad de la inclusión de las Prácticas Integrativas y Complementarias en su práctica clínica y en los procesos de trabajo. La experiencia ha posibilitado vivencias multiprofesionales lo que permite la riqueza de miradas para el tema y el intercambio de experiencia de los que han vivenciado el taller los cuales serán incorporados en la rutina de trabajo como un proceso efectivo, continuo y ajustado para las necesidades del Sistema Único de Salud valorando la integralidad en salud y la promoción global del cuidado humano.

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

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## INTRODUCTION

Integrative and Complementary Practices (ICPs) are characterized as a set of therapeutic practices and actions that are not present in biomedicine<sup>(1)</sup> and seek new perspectives on changing the mechanistic paradigm used in health care<sup>(2)</sup>. Such practices advocate comprehensive care for the patient, take into consideration the body-mind-soul triad. In recent years, there has been growing interest in ICPs in several segments of society, including health professionals, who have turned their attention to these practices<sup>(3)</sup>.

From the National Policy on Integrative and Complementary Practices (Política Nacional de Práticas Integrativas e Complementares - PNPIC), several ICPs have been regulated, such as: acupuncture, homeopathy, phytotherapy and social thermalism/ chrenotherapy<sup>(4)</sup>, as well as the practice of anthroposophic medicine<sup>(5)</sup>. In 2017, 14 new health practices were added to PNPIC, namely: art therapy, ayurveda, biodance, circle dance, meditation, music therapy, naturopathy, osteopathy, chiropractic, reflexotherapy, reiki, shantala, integrated community therapy and yoga<sup>(6)</sup>. Finally, in 2018<sup>(7)</sup>, the following practices were included: aromatherapy, apitherapy, bioenergetics, family constellation, chromotherapy, geotherapy, hypnotherapy, imposition of hand, ozonotherapy and flower therapy.

The growing interest in ICPs can be understood as an expression of a movement identified with new ways of learning and practicing health, since these practices are characterized by comprehensiveness, self-care, and unique and proper languages<sup>(8)</sup>. These practices are in opposition to the biomedical model, which is still ingrained and does not expand the embrace health promotion activities, being important for both the users and the professionals who perform them<sup>(9)</sup>.

Brazil adopted Primary Health Care, or Basic Health Care, as a public policy, structured by the Family Health Strategy. According to PNPIC guidelines, this space should be used for insertion of these practices<sup>(10)</sup>. ICPs are important for the health services because, in addition to comprehensive care, they provide benefits, such as the holistic view of the health-disease process, the respect for care practices developed by groups and populations, and the promotion of quality of life of the users<sup>(11)</sup>.

In result of technological, socioeconomic and cultural changes in society, care practices were divided into a multitude of tasks and varied activities. The object of care itself has also been gradually isolated and separated from the social and collective dimensions. This stratification of care exerted a strong influence on the health work process, characterized by biological reductionism, mechanicism and the primacy of the disease over the patient. These characteristics, however, are currently being criticized and reflected on with use of problematization, in search of holistic, systemic and interdisciplinary care<sup>(12)</sup>.

When introducing integrative and complementary practices into the Primary Health Care level, PNPIC is understood as a contribution to the implementation of the Brazilian Unified Health System (Sistema Único de Saúde - SUS) inasmuch as it supports fundamental principles such as: "universality, accessibility, establishment of bonds, continuity of care, comprehensiveness of care, accountability, humanization, equity and social participation"<sup>(13)</sup>.

Thus, integrative and complementary practices and humanization in Primary Care require, among other changes, a review of the work process, rendering it necessary to rethink, for example, the length of medical appointments, the way professionals approach users, and work team relationship<sup>(14)</sup>.

Among the ICPs, music therapy aims at developing potentials and restoring the individual's functions to achieve a better intra- and interpersonal integration and, consequently, a better quality of life. From this perspective, studies evidence the benefits of music, such as: mental health maintenance; stress reduction; relief of physical and mental fatigue; relief of the pain sensation, and physical and mental relaxation of the individual<sup>(15,16)</sup>. Thus, it is perceived that music is part of many social events, acting

as a tool present in all known cultures and used for a wide range of social functions, such as calming restless children, eliciting emotions, fostering social cohesion, expressing religious beliefs, among others. Moreover, it is used as therapy in group dynamics, workshops and in the treatment of patients, providing relaxation, calmness, joy and loss of inhibition to the participants<sup>(17)</sup>.

Furthermore, observing the need to discuss the ICPs in the academic environment, the aim of the current study is to report the experience of holding a workshop intended for fostering reflection on the National Policy on Integrative and Complementary Practices (PNPIC).

## DATA SYNTHESIS

This is an experience report descriptive in nature, based on a workshop held in May 2017, with a length of approximately four hours, entitled “New forms of care through Integrative and Complementary Practices in the Unified Health System”, held at the XI Nurses Week of the State University of Southwestern Bahia. The workshop was carried out in cooperation with the course Teaching-Learning Process in Health Sciences, at the master level of the Graduate Program in Nursing and Health (*Programa de Pós-Graduação em Enfermagem e Saúde - PPGES*) of the same University, which was publicized using social media on the internet and advertising posters on campus. The students of the master’s program, who were nursing, psychology and dentistry graduates acted as facilitators in the workshop.

When this workshop was held, favorable conditions were made available for development of the critical and reflective sense of the students, contributing to the training of a professional focused not only on the biological aspects but, above all, on the social and political context that strongly interferes and interacts with the health problems of the population.

The selection of participants was based on the following inclusion criteria: higher education students, about to graduate in the health field, over 18 years old and interested in participating in the workshop, that is, attracted by the theme. Two nursing undergraduates and thirteen dentistry undergraduates participated in the workshop. The workshop addressing the PNPIC was created because of the need to disseminate the National Policy on Integrative and Complementary Practices into the undergraduate programs, aiming to raise senior students’ awareness of the importance of the ICPs in health care. For development of the workshop, problematization was the method adopted, since it favors reflection on a concrete reality, with its conflicts and contradictions<sup>(18)</sup>.

In the workshop, one of the integrative practices was developed, namely the music therapy, which involves the emotional context of each individual and opens up possibilities for communication because, when the speech and action impose resistance, music often releases it. The musical sound stimulus provides a corporal response, gestural, nonverbal, in which the individual exposes their feeling more easily, with efficacy observed in the care of patients with neurological and behavioral disorders<sup>(19)</sup>.

Music refers to the memories of the past, brings back emotions and evokes memories related to the history of personal and family life. It is possible to witness the rescue of remote memories related to family and social bonds, and to affective relationships built along life. In addition, it provides means for the expression and stimulation of verbalization, enabling the person’s interaction with the reality in which they are inserted<sup>(20)</sup>.

The music chosen for the workshop was instrumental. This musical proposal is justified for emitting sounds of peace and with low vibratory power in the environment, acting directly upon the energy field of each person and providing balance between the external and internal environment of each individual<sup>(3)</sup>.

The workshop took place in two stages: in the first stage, the participants experienced the techniques of body awareness and music therapy. They entered a room individually and blindfolded, accompanied by a mediator, to the sound of several instrumental songs. They walked along a path where there were stones, sawdust, perfume and cotton, and were led to the end of the course, where there were mats and were told that they could or not remain blindfold until all the other participants had experienced the same path.

After the group dynamics, the workshop facilitators presented themselves and asked the other participants to do the same. After that, the team contextualized the PNPIC and, later, the second moment of the workshop occurred with the undergraduates. The theme addressed through the problematization method gave rise to a differentiated perspective, which transcends the purely clinical observation and technical practice, also contemplating the intuition, sensitivity, attentive listening and embracement.

Through the problematization, it is observed that the motivation for thousands of people that have been looking for ICPs is not explained by their health needs, since the public and private health services offer the most modern procedures, diagnostic methods and medications in medicine. The search for ICPs results from the desire to affirm an identity of care, rescuing the value of traditional medicines, as opposed to the technology-centered practice, conducted in a way that is often inhumane and, unfortunately, prevails in the current model. In addition, the ICPs express the desire to show that it is possible to implement other modes of health care, with new ways of learning, practicing and taking care of health, both their own and of others<sup>(2)</sup>.

In the music therapy process, it is perceived that the environment becomes conducive to coping with stress, eliminating anxiety and strengthening self-esteem, with a high sense of physical, mental and emotional well-being, as well as a sense of inner peace<sup>(3)</sup>.

After eleven years of implementation, the knowledge of the students about the PNPIC and the practices contemplated by them are still incipient<sup>(3)</sup>. Having training in PNPIC provided to future workers in Basic Health Care contributes to arouse

interest and encourage them to think about their professional qualification for health services<sup>(21)</sup>, because, despite the existence of a standardization of health actions, which is even based on SUS assumptions regarding the comprehensive care of the human being, it is known that, in practice, the implementation of such assumption faces difficulties<sup>(6,22)</sup>.

Therefore, one can state that the inclusion of ICPs in the SUS has helped to promote more humanized health spaces, which makes it so relevant to address them, since they seek to stimulate the natural mechanisms of disease prevention and health promotion by means of effective and safe technologies, with an emphasis on welcoming listening, development of the therapeutic bond, and integration of the human being with the environment and society<sup>(4)</sup>.

Through the workshop, the need to expand discussions concerning the ICPs was perceived. Since the academic training functions as a means of diffusion, with existence of a gap in the qualification of senior undergraduates in relation to politics, which extends to health professionals, it becomes necessary that a greater number of institutions in Brazil spread and propagate this policy. Nevertheless, the teaching of ICPs in nursing care is regarded as a valuable possibility for the construction of health professionals with greater consciousness, reflectiveness and commitment to themselves, to others and to the planet<sup>(23)</sup>.

Conducting discussions on ICPs with students at universities can contribute to the decision-making process on the best path towards academic qualification of higher quality and in line with the curricular guidelines. A worrying verification was present, though. The workshop highlighted the difficulties and lack of initiative related to the use of such practices, which, because of their quality and efficiency, can help professionals to act in a more humanized way. Thus, the use of ICPs is justified, and investing in professionals who provide assistance to the population is one of the main strategies to achieve that<sup>(21)</sup>.

The ideal way to include the PNPIC in Primary Health Care is to think within the logic of humanized care and, to this end, one should consider: promoting research on PNPIC, inserting it in undergraduate programs and in training courses intended for health professionals, with an approach between traditional healers and Primary Health Care professionals, and organizing a list of herbal remedies and medicinal plants recommended by the health systems, aiming at comprehensive care and improvement of the service<sup>(23)</sup>.

Despite the established guidelines and the offer of practices, there are still challenges to be overcome, such as the lack of knowledge on the part of the managers with regard to the incorporation of this policy in the SUS. These difficulties need to be solved, particularly by those who deal with management, turning their attention to the extent of necessary actions, which go beyond the provision of medical attention. Thus, the training and qualification of future professionals is still the best investment that can be made by managers in order to improve the quality of services and, consequently, to extend care<sup>(10)</sup>.

A great challenge is also posed for the public service in Brazil. Given the advances and potential of our country for the growth of the sector, it is necessary to allocate specific resources for the development of actions related to integrative and complementary practices in health. In addition, the qualification/training of health professionals and the definition of specific norms for the service in the SUS<sup>(24)</sup> will foster a policy intended for comprehensive care, which sees health through a broader vision of the health-disease process<sup>(21)</sup>.

Thus, ICPs will gradually become a reality in the public health care network throughout the country. Its use in the Unified Health System deserves reflection, especially when one investigates the meaning of its adoption in Brazil, a complex society that has incorporated increasingly sophisticated and expensive technological resources. This advance can be understood as an expression of a movement that identifies itself with new ways of learning and practicing health, since the integrative practices are characterized by interdisciplinarity and their own singular languages. Such practices run counter to the highly technological vision of health that reigns over in the market society, dominated by health care plans whose primary objective is to generate profit and to fragment the treatment of the patient in specialties that do not account for the totality of the human being in search of remedies for their evils<sup>(2)</sup>.

Finally, a gap can be pointed out in the academic context of discussions about ICP, since this is a topic that has not yet been much explored in the universities, which provided the workshop facilitators with motivation to work with a subject that is essential in the health field, but little discussed into the academic environment.

## CONCLUSION

The implementation of the workshop created a space for reflection so that future professionals understand the need for having Integrative and Complementary Practices included in their clinical practice and work processes. This was an opportunity for different multiprofessional categories to share experiences, which has enabled a rich variety of perspectives regarding the topic and the exchange of experiences among those who participated in the workshop, making it possible to have it incorporated into the work routine as an effective, continuous process, adjusted to the needs of the Brazilian Unified Health System, valuing comprehensiveness in health and the global promotion of human care.

## CONFLICTS INTEREST

The authors declare no conflicts of interest while conducting the study.

## CONTRIBUTIONS

**Wagner Couto Assis** development and design of the study. **Flávia Rocha Britto** development and design of the study. **Larissa de Oliveira Vieira** analysis and interpretation of data. **Eluzinete Sales dos Santos** acquisition, analysis and interpretation of data. **Rita Narriman Silva de Oliveira Boery** review of the manuscript. **Ana Cristina Santos Duarte** review of the manuscript.

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**Mailing address:**

Wagner Couto Assis  
Av. Vavá Lomanto, 15  
Bairro: Jequezinho  
CEP: 45208-539 - Bahia - BA - Brasil  
E-mail: wagnerassis2010@hotmail.com