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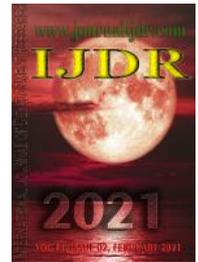
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INTEGRATIVE AND COMPLEMENTARY PRACTICES: A CARE TOOL IN THE CONTEXT OF PRIMARY HEALTH CARE

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ABSTRACT

Justification. Integrative and Complementary Practices (PICs) have the purpose of preventing and treating diseases through natural mechanisms that promote health through treatments based on traditional knowledge and effective technologies. **Objective.** Verify if the Integrative and Complementary Practices are tools of care in Primary Health Care. **Methodology.** Integrative review of national literature. The data collection was performed in the indexable database LILACS (Latin American Health Science Literature Database) and SCIELO (Scientific Electronic Library Online), with descriptors: Integrative and Complementary Practices, Health Professionals, Primary Health Care. **Results.** After the analysis of the selected articles, 08 articles composed the sample. **Conclusion.** The use of Integrative and Complementary Practices is a resource of care in basic attention contributing to the promotion of a better quality of life.

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INTRODUCTION

Integrative and Complementary Practices (PICS) are treatments that make use of materials, methods and therapeutic resources that are inspired by traditional knowledge, with the objective of preventing numerous pathologies such as: diabetes, hypertension, anxiety, depression; many times, they can be used in palliative treatments (Melo et al., 2013). Nowadays, the Brazilian Unified Health System (SUS) makes available, fully and free of charge, dozens of treatments related to PICS to the population, all of which begin primarily in Basic Care, which is the main gateway to SUS (Melo et al., 2013). The PICS match the concept that the World Health Organization (WHO) defines as complementary/alternative medicine, so WHO guides member states to create policies that place these practices

within health systems, with a focus on Basic Care (Silva et al., 2014). Such conducts have the purpose of preventing and treating diseases through natural mechanisms that promote health through treatments based on traditional knowledge and effective technologies. These, in turn, do not replace the traditional treatment, however, they make their complement, being indicated by a specific professional, according to each case, promoting popular participation and ensuring the autonomy of the client in order to reharmonize the human being, as cosmos, with the world and with others (Melo et al., 2013). Since the late 1970s, WHO has established the First International Conference on Primary Health Care, encouraging so-called Traditional Complementary and Integrative Medicines (MTCI) to be considered as a worldwide care resource. In Brazil, this movement gained strength after the Eighth National Health Conference (1986), with the creation of SUS, where the system was decentralized and popular participation began (Gontijo e Nunes, 2017). Considering what is stated in subsection II of article 198 of the Federal

Constitution (CF), about the integrality of the attention as a guideline of SUS, aiming at strengthening its fundamental principles, such as the prevention of illness and the promotion, maintenance, and recovery of health; a model of humanized attention focused on the integrality of the individual, the Ministry of Health (MS) approved Ordinance No. 971 of May 3, 2006, which refers to the National Policy on Integrative and Complementary Practices (PNPIC) in SUS, including traditional Chinese medicine/acupuncture, homeopathy, medicinal plants and phytotherapy, social thermalism/renotherapy, and anthroposophical medicine, in compliance with WHO guidelines (Gontijo e Nunes, 2017). The 10 years of PNPIC have brought significant advances for health promotion, that's why the MH included, through the Ordinance nº 849/2017, the practices art therapy, ayurveda, biodance, circular dance, meditation, music therapy, naturopathy, osteopathy, chiropractice, reflexotherapy, reiki, shantala, integrative community therapy, yoga; valuing popular and traditional knowledge and integrative and complementary practices (Dalmolin e Heidemann, 2017). Aiming at advancing the institutionalization of PICS within the SUS, corroborating what the WHO recommends, the MS publishes Ordinance No. 702/2018, including the PNPIC - apitherapy, aromatherapy, bioenergetics, family constellation, chromotherapy, geotherapy, hypnotherapy, laying on of hands, anthroposophical medicine, anthroposophy applied to health, ozone therapy, flower therapy, social thermalism, crenotherapy (Gontijo e Nunes, 2017). After the publication of the normative opinion of the Conselho Federal de Enfermagem (COFEN) number 004/95, the Nurses started to work more on these PICS. These practices are recognized as specialties and the nursing professionals are considered qualified for their exercise if they have attended and concluded the course offered by similar institutions with a minimum workload of 360 hours (Silva *et al.*, 2014). Nursing, among the professions in the health area, is standing out with respect to the use of PICS, since these professionals offer differentiated care with a holistic and humanized vision (Dalmolin e Heidemann, 2017). Valente (2019) found that, in the national territory, 22% of the municipalities offer some kind of PIC, being 17.3% in the North and Center-West Regions, 23.6% in the Northeast Region, 21.7% in the Southeast Region and 23.8% in the South Region. Among the most prevalent PICS, the use of Medicinal Plants / Phytotherapy stands out, followed by Traditional Chinese Medicine / Acupuncture.

An epidemiological survey conducted by Vieira *et al.* (2018), in Minas Gerais, identified that the great majority of the interviewees (88.3%) knew some PIC, being acupuncture (78.9%) and homeopathy (67.7%) the best known. About half (53.3%) have used some PIC and the most used were phytotherapy (36.0%) and homeopathy (24.3%). Pinto *et al.* (2020), in a study conducted in the state of Mato Grosso, identified that PIC was reported by 57.39% of the elderly and were significantly higher in females, being phytotherapy the most widely used practice. It is necessary to know the health professionals and how they exercise the use of PIC and all the programs and policies so that the assistance in this area is efficient. Based on this principle, the present study had as a general objective: to verify if the Integrative and Complementary Practices are seen as a resource of care in Basic Care. Faced with this context, the nurse needs to know these practices, since they are inserted in the area of health, especially in the context of primary health care, so she questions herself: Are the Integrative and Complementary Practices adopted as a care tool in Basic Care?

To answer this research question, this study had as objective to verify if Integrative and Complementary Practices are adopted as tools of care in Primary Health Care, from the literature review.

METHODOLOGY

It is an integrative review of the literature, which proposes to point out gaps in knowledge, providing the researcher with the direction to themes that need scientific exploration (Mendes *et al.*, 2008). This research was carried out according to the six stages recommended and in accordance with the *Revised Standards for Quality Improvement Reporting Excellence* (SQUIRE 2.0) (Ogring *et al.*,

2016). For the first stage, the PICo strategy was used, which represents an acronym for Problem (P), Intervention (I), Context (Co), these being elements of the research question and the construction of the guiding question for the study, as shown in Box 1 (Brun e Zuge, 2017). Thus, based on such structuring, the research was guided by the following question: Are Integrative and Complementary Practices seen as a resource of care in Basic Care?

Chart 1. Implementation of the PICo strategy

Strategy	Definition	Application
P	Problem	Complementary Practices
I	Intervention	Care
Co	Context	Primary Care

In the sequence, a survey was made in the electronic databases Scientific Electronic Library Online (SCIELO) and Latin American and Caribbean Literature in Health Sciences (LILACS); the search was carried out in August and September 2020, using the health descriptors in Portuguese: Integrative and Complementary Practices; Health Professionals; Primary Health Care. Associated with the Boolean descriptor "AND" since it favors the intersection in the course of the researches. The titles and abstracts were read and the inclusion criteria adopted were: original articles, published in full, between the years 2006 and 2018, that approached the subject of the study. Repeated articles were excluded, which did not address the subject of the study and those that remained outside the temporal delimitation. This delimitation is due to the framework of Ordinance No. 971 of May 3, 2006, which concerns the National Policy on Integrative and Complementary Practices (PNPIC) in SUS. Fourteen (14) articles were found, 8 (eight) from the Scielo database, 6 (six) from the Lilacs database. Of these 14 (fourteen) available articles, 6 (six) were excluded, being 1 (one) for duplicity, 3 (three) after the analysis of the titles and abstracts for not meeting the objective of the study, and two (2) after full reading for not meeting the addressed theme. This resulted in 8 (eight) articles that composed this study.

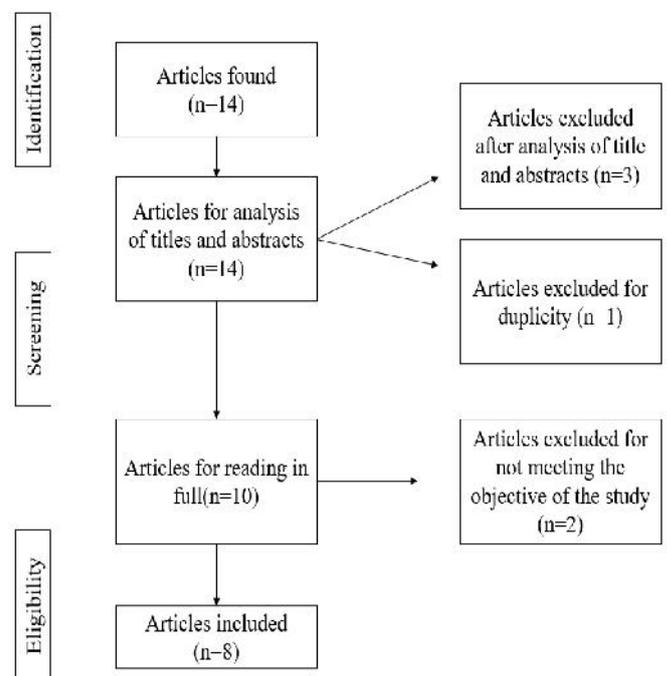


Figure 1. Flowchart of presentation of the inclusion and exclusion process of the studies, PRISMA

RESULTS

The following table portrays information from the selected articles regarding the year of publication and authors, journal, title, objectives and results.

Table 1. Articles listed from the oldest to the most recent and their respective information, 2020

AUTHORS/ YEAR/ JOURNAL	TITLE	OBJECTIVES	RESULTS
Rangel Miranda Oliveira 2016 Research Magazine, Care is Fundamental	Integrative community therapy and nursing: the phenomenon and its contexts	To contextually Analyze the phenomenon of nursing practice based on Integrative Community Therapy by summarizing Brazilian productions.	Contexts emerged about the nursing performance in Integrative Community Therapy, the implementation of complementary and integrative practices, the production of knowledge about this therapy and the emerging paradigm proposal.
Dalmolin Heidemann 2017 Science, Care and Health	Integrative and complemen tary practices and the interface with health promotion: review	Identify the productions about PIC in Primary Care and its interface with health promotion	From the search emerged 25 articles, being included four for analysis and discussion. Of these, three categories were reached: Popular knowledge versus scientific knowledge: health implications; PICs and invisibility in the field of health promotion; Health training: the need to think about teaching models and priorities.
Silva Crepschi Milagres 2017 Scientific Journal of FHO UNIARA RAS	The Knowledge of Nursing Teachers About Integrative and Complementary Therapies In the Unified Health System	Identify whether nursing professors know this proposed theme and address it in the classroom.	The results show that most of the professors interviewed are unaware of the real concept and application of the PNPIC and are looking for greater training in the area.
Carvalho Nobrega 2017 Gaúcha Magazine of nursing	Integrative and complementary practices as a mental health resource in Primary Care	Check the knowledge of professionals working in Primary Care about Integrative and Complementary Practices (PIC) and whether they perceive them as a mental health care resource.	The professionals affirm that they know of some PIC (73.9%), that service users with Mental Health issues have benefited from them (94.2%), that they would like to receive training (91.3%) and that they consider them a possibility of recourse for Mental Health care (92.8%).
Matos et al. 2018 Collective health sciences	Reduction in the functional capacity of elderly residents in the community: a longitudinal study	Identify the incidence and risk factors for reducing the functional capacity of elderly residents in the community. A prospective cohort study was conducted in two phases, 2011 and 2014.	The risk factors for the functional decline were unmarried status (RRadj = 2.75; 95%CI: 1.15–6.57) and presence of depressive symptoms (RRadj = 2.41; 95%CI: 1.15–5.06), even after adjusting for gender, age group, per capita household income, diabetes, use of medication and level of physical activity.
Freitas et al. 2018 Research Magazine: Care is Fundamental	Reiki therapy in the Family Health Strategy: nurses' perception	The research aimed to know the feelings experienced by nurses who work with Family Health Strategies after receiving reiki.	It was found that the reiki improves the quality of life of these professionals, balancing the physical, mental, emotional and spiritual states.
Nascimento et al 2018 Work, Education and Health	Training in Integrative and Complementary Practices in Health: Challenges for Public Universities	Present the offer of disciplines and courses in Integrative and Complementary Practices at six public higher education institutions in the State of Rio de Janeiro, in 2014	The results show an offer of 56 modules distributed in almost all sub-areas of health care, mainly in Medicine, Pharmacy and Nursing, with a predominantly optional and informative approach. The main themes are Homeopathy, Meditation and Body Practices.

Source Bibliographic Research, Maceió, 2020.

DISCUSSION

In the global Cartesian view, the biomedical model, for the most part, sees man as a machine and the disease as a temporary or definitive deterioration in parts that make up an organism, in this case, the human body. At the end of the 19th century, new discoveries were incorporated into medicine, modifying the current approach and giving emphasis to the distinction body/spirit and illness/sick (Dalmolin e Heidemann, 2017). According to Matos et al. (2018), in the second half of the 20th century, a new holistic model emerges with very distinct proposals to the biomedical model. In that model, man is seen as a whole interacting with different systems of the organism because he considers them interdependent, making these relationships depend on the result of the cure. The biomedical model is still well present in the contemporary environment of science, emphasizing the human machine and neglecting determining factors of the health/disease process. Melo et al. (2013) state that in the PICS, the health of the individual is worked in its totality and not in isolated parts aiming at prevention, treatment, rehabilitation and cure considering him/her as body, soul and spirit. Magalhães and Alvim (2013) corroborate this concept affirming that this assistance model is based on a sharing of knowledge, allowing health care to be performed by making the client a participant in the decision-making process, questioning, criticizing, reflecting and expressing opinions, exercising the right to accept or refuse the care offered to him/her, promoting actions that are transformed and improved throughout the assistance provided to him/her. The PIC theme is fundamental during the undergraduate Nursing, and it is possible to carry it out through different modes of teaching strategies, such as: lectures, theoretical courses and discussion groups, as well as through optional discipline.

It is the university's responsibility to insert one of these strategies to discuss PIC in order to collaborate in the formation of professionals with a vision of integrality and interdisciplinarity of care (Carvalho e Nobrega, 2017). The use of these practices brings several benefits to the health of its users, with a proven efficacy, providing savings to the public coffers due to the low cost used in its implementation (Matos et al., 2018). With the construction of the basic care model focused on Family Health Strategies (ESF), improvements were sought to respond to individual and collective demands, investing in an assistance model capable of integrating SUS principles based on integrality, equity and universality (Rangel et al., 2016). The National Policy of Integrative and Complementary Practices has as objectives: Integrative and Complementary Practices in the SUS, focusing on basic care, concerned about continuous, humanized and integral health care; collaborate with the elevation of the solvability of the System and expanding access to the PNPIC, providing quality, effectiveness, efficiency and safety in use; to enable the rationalization of health actions, encouraging daring and socially contributive alternatives to the sustainable development of communities, also encouraging actions related to social control/participation, enabling the responsible and continuous involvement of users, managers and workers in the different instances of effectiveness of health policies (Brazil, 2017). The basic health units (UBSs) are the population's gateway to the services offered by the SUS. Located at strategic points near the homes of their users, they provide health strategies aimed at prevention, promotion, diagnosis, treatment, rehabilitation, and maintenance of the health of their beneficiaries. Brazil has a total of 9,350 health facilities that offer health care through the use of Integrative and Complementary Practices distributed among municipalities and Brazilian capitals, of these services offered 56% are of basic care (Andrade et al., 2018). The health professionals that most use these practices are inserted in the ESFs, mainly in the South and Northeast regions, and few have specific registration in PICS at the National Registry of Health

Establishments (CNES). Some Municipal Health Secretariats offer permanent education actions of these practices focused on basic care (Tesser et al., 2018). For Freitag et al. (2018), Nursing's performance is certainly essential for the area and for the implementation of the PNPIC in the SUS, because these professionals integrate one of the largest work forces of the public health system. Thus, it is important to emphasize that nurses can significantly enrich their professional practice if they choose to add knowledge about PIC to their knowledge. Basic Care professionals and health care teams are very important as resources of coping, and it is impossible to achieve satisfactory results without the use of these resources, just as there is no way to approach Integrative Practices without thinking about the devices related to the context of people's lives. It is essential that all those who need monitoring should have full access to care, so Basic Care is an important and articulating member, serving as an easy access and gateway to users (Nascimento et al., 2017). In accordance with Silva et al. (2017), the use of Integrative and Complementary Practices is seen as a way of caring for basic attention, contributing to the development of a better quality of life. Although its implementation is recommended by the National Policies, one can notice a lack of knowledge about these practices on the part of professionals working in basic care, making its implementation a challenge.

CONCLUSION

This study made it possible to understand PIC as a resource of care in Basic Care. It was demonstrated here that the participation of nursing professionals - with training that allows a holistic and integral service - in the implementation of these practices is fundamental for the well-being of the client, favoring the reduction of invasive procedures. The use of natural techniques has scientifically proven effectiveness and low financial cost; it extends the work in an interprofessional way, with a multidimensional approach to health, contributing to the relief of physical, psychological and emotional pain. It became evident that, contrary to what is desirable, PICS are seen in a few units as a resource of care in basic attention. In most units, professionals are reluctant to adopt methodologies that include integrative practices or due to lack of adequate training or prejudice, and therefore, in face of this scenario, professional training and awareness work is imperative. The present study made possible a relevant reflection on the implementation of the National Policy on Integrative and Complementary Practices in the SUS, specifically as a resource used for treatments in Basic Care. PICS should be accessible to the general population. It is concluded that measures should be adopted in all Basic Units to implement the PICS, empowering professionals to serve the client in a multidimensional approach to health. It is hoped that this study will collaborate with the research developed in the field in question and inspire future works.

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