

Integrative and complementary practices in dentistry

Práticas integrativas e complementares em odontologia

Prácticas integradoras y complementarias en odontología

RESUMO

As Práticas Integrativas e Complementares em Saúde são um grupo de sistemas de cuidado provenientes da medicina tradicional e, no Brasil, se constituem em uma política pública baseada na pluralidade de saberes. O profissional que atua com essas práticas têm como foco o ser humano em sua integralidade. Objetivo: Analisar as possibilidades de incorporação dessas práticas pelos profissionais de saúde bucal em seus espaços de trabalho, através de uma revisão narrativa da literatura. Método: Foi realizado um resgate teórico nas bases de dados, tendo sido selecionadas publicações relevantes produzidas no Brasil nos últimos anos. Resultado: Os referenciais literários estudados mostraram algumas modalidades que podem ser utilizadas por cirurgiões-dentistas no cuidado ao usuário para controle da dor, ansiedade e outras questões, sendo elas: acupuntura, auriculoterapia, homeopatia e fitoterapia. Conclusão: Buscou-se incentivar os profissionais de odontologia a incorporarem tais práticas na assistência à saúde, mediante sua relevância e eficácia.

DESCRIPTORES: Terapias Complementares; Sistema Único de Saúde; Odontologia

ABSTRACT

The Integrative and Complementary Health Practices are a group of care systems from traditional medicine and, in Brazil, constitute a public policy based on the plurality of knowledge. The professional who works with these practices focuses on the human being in entirety. Objective: Analyzing the possibilities of incorporating these practices by oral health professionals in their work spaces, through a narrative review of the literature. Method: A theoretical review was carried out in the databases, having selected relevant publications produced in Brazil in recent years. Results: The studied literary references showed some modalities that can be used by dentists in user care to control pain, anxiety and other issues, namely: acupuncture, auriculotherapy, homeopathy and herbal medicine. Conclusion: We sought to encourage dentistry professionals to incorporate such practices in health care, based on their relevance and effectiveness.

DESCRIPTORS: Complementary Therapies; Unified Health System; Dentistry.

RESUMEN

Las Prácticas Integrativas y Complementarias en Salud son un conjunto de sistemas de atención de la medicina tradicional y, en Brasil, constituyen una política pública basada en la pluralidad de saberes. El profesional que trabaja con estas prácticas se enfoca en el ser humano en su totalidad. Objetivo: Analizar las posibilidades de incorporar estas prácticas por parte de los profesionales de la salud bucal en sus espacios de trabajo, a través de una revisión narrativa de la literatura. Método: Se realizó una revisión teórica en las bases de datos, habiendo seleccionado publicaciones relevantes producidas en Brasil en los últimos años. Resultados: Las referencias literarias estudiadas mostraron algunas modalidades que pueden ser utilizadas por los odontólogos en la atención al usuario para controlar el dolor, la ansiedad y otras cuestiones, a saber: acupuntura, auriculoterapia, homeopatía y fitoterapia. Conclusión: Buscamos incentivar a los profesionales de la odontología a incorporar dichas prácticas en la atención de la salud, en base a su relevancia y efectividad.

DESCRIPTORES: Terapias complementarias; Sistema Único de Salud; Odontología

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INTRODUCTION

Integrative and Complementary Practices in Health (ICPH) are defined as a group of diverse health care systems that are not present in conventional Western medicine (biomedicine). The ICPH field does not include complex medical systems and therapeutic resources, being integrated into the area of Traditional Medicine (TM), also known as complementary or alternative.¹

The origin of integrative practices in public health systems goes back a long way. In the late 1970s, with the First International Conference on Primary Health Care in Alma Ata, the first recommendations for the implementation of traditional medicines spread throughout the world.²

In Brazil, TM has been registered in the Unified Health System (SUS - Sistema Único de Saúde) since the 1980s, but its insertion in the SUS was intensified in 2006 after the National Policy on Integrative and Complementary Practices (PNPIC - Política Nacional de Práticas Integrativas e Complementares).³ The PNPIC was implemented in Brazil through the Ministry of Health Ordinance No. 971, which included unconventional health knowledge and practices in the SUS.⁴ Currently, 29 ICPH have been instituted in the SUS through the PNPIC. And it is possible to ensure that there is a growing interest and acceptance of integrative and complementary practices by health professionals.⁵

The ICPH directly influences the outcome of care provided by health professionals in several factors; providing humanized care, the demedicalization of symptoms, the promotion of care and self-care, in addition to making the patient feel part of the health-disease process.⁶

It is important to emphasize that the use of ICPH is not intended to replace the existing health model, but to act as a complement to user assistance in a comprehensive

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and holistic way. The use of ICPH presents itself as a more human model, in which the interaction between caregiver and patient is stronger and more present.²

It can be said that the ICPH seeks the harmonization of the human organism and the perfect synchrony of systems through natural mechanisms. However, it is necessary to increase knowledge about its indications, methods and effectiveness, based on scientific evidence.⁷

Specifically in the field of dentistry, it is noticed that the ICPH can present themselves as a gateway to reducing the distance between professional and patient in oral health care. It is, therefore, extremely important to have historical and conceptual understanding, as well as knowledge of the modalities of ICPH by all who are part of the SUS in Brazil, including the professionals who make up the oral health team. Thus, the objective of this study was to analyze the possibilities of incorporation of these practices by oral health professionals in their work spaces, through a narrative review of the literature, highlighting the importance of these practices within the scope of the SUS.

METHODS

This is a narrative literature review study. The search for references with the chosen topic was carried out subjectively in the SciELO, Lilacs and Academic Google databases. The studies found covered the period from 2004 to 2020, and used, as a priority, the following terms in the research: integrative practices (práticas integrativas); complementary therapies (terapias complementares); dentistry (odontologia); Sistema Único de Saúde; alternative medicine (medicina alternativa) and complementary medicine (medicina complementar), correlated or not.

Only Brazilian periodicals and books in Portuguese were selected, which address-

sed both the ICPH theme in a more comprehensive way, and those that correlated ICPH with dentistry. The inclusion criteria were, therefore: language (Portuguese); and availability of the full text.

Then, a thematic division of the modalities pointed out in the studies as possibilities of action of dentistry in user care to control pain, anxiety and other issues was carried out. Such categorization was presented and detailed in the results.

RESULTS

Traditional Medicine (TM) is described as the large set of health care practices that are not integrated into conventional medicine or the predominant health system of a given country.⁸ In the 1980s, the World Health Organization (WHO) recommended that national governments respect, preserve and disseminate knowledge of TM, and also carry out public health programs and regulations to promote the appropriate, safe and effective use of these forms of care.⁹

At the beginning of PNPIC in Brazil, only five practices were incorporated: homeopathy, traditional Chinese medicine/acupuncture, phytotherapy, anthroposophical medicine and thermalism/crenotherapy.⁴ In March 2017, 14 more practices were included in the PNPIC, namely: art therapy, ayurveda, biodanza, circular dance, yoga, meditation, music therapy, naturopathy, osteopathy, chiropractic, reflex therapy, reiki, shantala and community therapy.¹⁰ More recently, in 2018, the following modalities also joined the PNPIC: apitherapy, aromatherapy, bioenergetics, family constellation, color therapy, geotherapy, hypnotherapy, laying on of hands, ozone therapy and flower therapy.¹¹ Currently, there are 29 types of ICPH, which constitute a plurality of knowledge and health practices.

In the context of Primary Health Care (PHC) in Brazil, the Family Health Strategy (FHS) has established itself as the best format for organizing teams and reorienting care practices, providing improved quality of life for the population and access to health networks. Thus, the FHS contri-

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buted to the development and insertion of ICPH, which have been increasingly sought after, given the constant dissatisfaction in the doctor-patient relationship and the results of biomedicine, especially its adverse effects. Inserting ICPH into PHC requires a family and community approach, developing the longitudinality of care and comprehensive care.¹²

In the field of dentistry, some modalities of ICPH are pointed out in the literature as possibilities of direct action by oral health professionals in individual user care, namely: acupuncture, auriculotherapy, homeopathy and herbal medicine. So much so that, on November 6th, 2015, a resolution was published in the Official Gazette of the Union that recognized Acupuncture and Homeopathy as dental specialties by the Federal Council of Dentistry (CFO - Conselho Federal de Odontologia).¹³

Acupuncture and Auriculotherapy

Fear of the dentist is a serious problem, because despite the great advances in oral medicine in relation to pain control during procedures, anxiety can lead the patient to several risks in the preoperative, intraoperative and postoperative periods.¹⁴ Therefore, minimal sedation of patients by non-pharmacological means (verbalization, relaxation techniques and hypnosis, musicalization) and of pharmacological substances with guaranteed safety and efficiency has been advocated to facilitate the patient/professional relationship, contributing to a smooth and uneventful service.¹⁵ In addition to the sedative techniques mentioned, some integrative practices such as acupuncture and one of its specific branches - auriculotherapy - are directly related to the relief of anxiety and painful symptoms during dental treatments.

Acupuncture is considered an efficient method when associated with the most diverse dental treatments. In order to unite, integrate and solidify all technical and scientific knowledge with those of Traditional Chinese Medicine (TCM), a holistic view must be incorporated into the care, which results in better results for the patient, giving them more quality of life,

well-being and health.¹⁶

The use of acupuncture as integrative therapy in patients with Temporomandibular Disorder (TMD) is a useful, effective, low-cost tool that provides a better quality of life for patients affected by this condition.¹⁷ However, acupuncture can be used by dentists not only for analgesia and reducing anxiety and phobias so common in the dental office, but it is also effective in the recovery of motor functions in cases of facial paralysis, and in the control of reflexes such as retching.¹⁸

It can be said that acupuncture is effective in the three stages of dental treatment, that is, before, during and after. In each situation, it will have different results. Analgesia through acupuncture occurs as the application of needles causes microinflammation, which triggers the production of neurotransmitter substances, such as endorphins, serotonin and norepinephrine. Thus, there is a blockage of pain in the nervous system, in addition to the development of a sensation of well-being.¹⁸

Auriculotherapy, being a technique that uses physical stimuli with mustard seeds, metallic or magnetic objects in specific points of the external ear, is considered non-invasive.¹⁹ In the dental field, the insertion of auriculotherapy takes place in the treatment of painful and inflammatory processes in the dental elements and adjacent tissues, in temporomandibular joint disorders, and in the patient's conditioning to satisfactory emotional conditions. Such practices in the current dental medical context are used as integrative and complementary therapeutic means to traditional Western practices, aiming to reduce the exaggerated consumption of drugs and, consequently, the side effects caused by them.¹⁹

Homeopathy

Alternative therapies such as homeopathy can be effective in dental treatment, which is why it is important to expand interdisciplinary relationships so that this practice becomes a recognized and valued science. Homeopathy has been used in Dentistry since the 1940s, when dentists

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started to evolve into a therapeutic clinic in which a broad knowledge of the organism in general is necessary. The professional starts to observe the patient more completely, and seeks proven homeopathic therapeutic resources.²⁰

Phytotherapy

The SUS, through its guiding principles, considers phytotherapy as an integrative and complementary therapeutic resource to health. The discussion about this care practice has become more consistent in Primary Care from the observation that the population assisted in health centers uses medicinal plants for therapeutic purposes, associated with pharmacological treatment, but is often unaware of the possible existence of toxicity and even its proven therapeutic action, correct form of cultivation, preparation, indications and contraindications.²¹

The state of Ceará was one of the first in Brazil to systematize the use of medicinal plants, herbal medicines and services related to phytotherapy through the Farmácias Vivas project. 22 Years before the publication of the PNPIC, phytotherapy had its use regulated in the SUS, through Law No. 12951, of October 7th, 1999.

In dentistry, there is a growing interest in confirming and scientifically validating the effects of popular medicinal plants to treat and prevent oral diseases. Many researches have been carried out with a wide variety of plant species. Species such as cloves, pomegranate, mallow, sage, chamomile, among others, are indicated in cases of gingivitis, abscesses, inflammation and aphthous lesions. Several herbal medicines have also been added to dentifrices, showing antimicrobial activity. Therapeutic components extracted from medicinal plants are present in many toothpastes. Among them, we can mention: propolis, mallow tincture, juá extract, myrrh tincture and chamomile. All have been shown to be effective in preventing plaque and tartar. Aroeira has also shown good results in research involving the control of microorganisms related to oral pathologies.²³

DISCUSSION

In the researched databases, several works were found addressing the ICPH in general, as well as about each integrative practice individually. During the research, it was noted that most of the works present were about herbal medicines and homeopathy, followed by those that addressed acupuncture. In addition, most papers were published by nursing professionals, followed by dental professionals.

It was noticed that, despite the PNPIC encouragement for the implementation of practices in the SUS service network, there is a challenge to understand and build which health practices can be included in the scope of the ICPH. It is also noteworthy that the current Information System is not able to capture all the practices offered in the services. With that, there is a mismatch between what is practiced by professionals in the Service and what is registered in the information system.²⁴

In a study that evaluated the opinions of FHS professionals and users regarding the insertion of ICPH in family health units, both professionals and users reported as positive the insertion of other options for health care, including reports of the possi-

bility of a broader look, given the concept of body and health, which could have consequent reductions in the use of medications.¹¹ Through the ICPH, the desire to show that it is possible to implement other practices in health care is expressed. What moves the people involved in this process is, above all, the impulse to actively participate in a process capable of showing that other ways of learning, practicing and caring for health, for themselves and for others are possible.

A recent bibliometric study sought to know the characteristics of Brazilian production on ICPH in PHC and to assess the characteristics of the use of these practices. The authors concluded that ICPH should not be seen as a strategy to repair or replace existing elements in the health system, but that these practices are present in the SUS offering self-care and health promotion strategies. The articles they analyzed also pointed out that ICPH has ample potential for improving health services.²⁵

Regarding the role of dental professionals in the context of ICPH, it can be said that some techniques are truly effective in the individual care of users in health services, aiming to control pain, anxiety, and other disorders present in the dental care.

However, it is believed that the dentist and his team can go beyond the dental office, and join the health team in collective and community care. Dentistry professionals working in the SUS can, therefore, carry out qualifications and training to work with the most diverse ICPH.

CONCLUSION

It can be concluded that the ICPH collaborates effectively for the expanded clinic in dentistry, in an integrated manner with other knowledge, in addition to being powerful therapeutic resources in the promotion of health and disease prevention, adding numerous benefits to the quality of life of users.

Whether in the area of mental health, chronic pain management or reducing the use of medication through herbal and homeopathic medicines, the use of ICPH points to the importance of humanized care, and the vision of the patient in an integral and holistic way, for beyond the disease. Furthermore, it is considered that such practices encourage the user to participate in the healing process, transforming him into an author in promoting health in an economical and effective way.

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