

Integrative and Complementary Practices: Description of Applications Performed in Primary Health Care

Práticas Integrativas e Complementares: Descrição das Aplicações Feitas na Atenção Primária à Saúde

Prácticas Integrativas y Complementarias: Descripción de las Aplicaciones Realizadas en la Atención Primaria de Salud

RESUMO

Objetivo: descrever as aplicações das Práticas Integrativas e Complementares feitas na Atenção Primária à Saúde. **Método:** pesquisa qualitativa e descritiva realizada no período de abril a junho de 2023. A amostra foi composta por 24 trabalhadores da saúde e a coleta de dados foi realizada por meio de entrevista semiestruturada e a análise seguiu a técnica de análise de dados de Bardin. **Resultados:** predominaram participantes do sexo feminino, com a média de 25 anos, sendo a maioria enfermeiros e fisioterapeutas. As aplicações mais citadas foram auriculoterapia e fitoterapia, indicadas principalmente para distúrbios dos sistemas nervoso e esquelético, destacando-se como facilidades o acesso e baixo custo, e como dificuldades a falta de conhecimento, estrutura e investimentos. **Conclusão:** o estudo evidenciou a aplicação de diferentes práticas, apontando potencial de ampliação dessas práticas e fortalecimento de um modelo de cuidado mais integral.

DESCRIPTORES: Atenção Primária à Saúde; Práticas Integrativas e Complementares; Trabalhadores da Saúde.

ABSTRACT

Objective: to describe the applications of Integrative and Complementary Practices carried out in Primary Health Care. **Method:** a qualitative and descriptive study conducted from April to June 2023. The sample consisted of 24 health workers, and data collection was performed through semi-structured interviews. Data analysis followed Bardin's content analysis technique. **Results:** female participants predominated, with a mean age of 25 years, with most being nurses and physiotherapists, and the majority holding post-graduate degrees. The most cited applications were auriculotherapy and phytotherapy, mainly indicated for disorders of the nervous and skeletal systems. Facilitators included access and low cost, while difficulties involved lack of knowledge, structure, and investment. **Conclusion:** the study highlighted the application of different practices, indicating the potential for expanding these practices and strengthening a more comprehensive care model.

DESCRIPTORS: Primary Health Care; Integrative and Complementary Practices; Health Workers.

RESUMEN

Objetivo: describir las aplicaciones de las Prácticas Integrativas y Complementarias realizadas en la Atención Primaria de Salud. **Método:** investigación cualitativa y descriptiva realizada entre abril y junio de 2023. La muestra estuvo compuesta por 24 trabajadores de la salud y la recolección de datos se llevó a cabo mediante entrevistas semiestructuradas. El análisis siguió la técnica de análisis de contenido de Bardin. **Resultados:** predominaron participantes del sexo femenino, con una edad media de 25 años, siendo la mayoría enfermeros y fisioterapeutas, además de participantes mayoritariamente con posgrado. Las aplicaciones más citadas fueron la auriculoterapia y la fitoterapia, indicadas principalmente para trastornos de los sistemas nervioso y esquelético. Entre las facilidades se destacaron el acceso y el bajo costo, y entre las dificultades la falta de conocimiento, estructura e inversiones. **Conclusión:** el estudio evidenció la aplicación de diferentes prácticas, señalando el potencial de ampliación de estas prácticas y el fortalecimiento de un modelo de atención más integral.

DESCRIPTORES: Atención Primaria de Salud; Prácticas Integradoras y Complementarias; Trabajadores de la Salud.

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INTRODUCTION

Since 1970, the World Health Organization (WHO) has encouraged member countries to implement policies on Traditional and Complementary Medicine (TCM), with the following objectives: to promote the integration of these practices into official health systems, to develop legislation for the provision of services, to foster knowledge in the field, and to train professionals. Starting in 1986, several global conferences were held, and in Brazil, the 8th National Health Conference took place, a legitimate forum that raised demands for such practices. Finally, in 2006, the National Policy on Integrative and Complementary Practices (PNPIC) was published, in line with WHO recommendations and responding to the population's wishes.¹

The PNPIC includes complex medical systems and treatment resources. These systems and resources aim to encourage natural mechanisms for disease prevention, health promotion, and recovery through effective and safe technologies, with a focus on empathetic listening, establishing therapeutic bonds, and helping individuals adapt to their environment and society, in addition to promoting

self-care.² In line with WHO recommendations, Integrative and Complementary Practices (ICPs) are therapies based on a humanized care model centered on the individual's wholeness.³

The use of PICs is widespread throughout the Health Care Network (RAS), and there have been documented experiences within the Unified Health System (SUS) since the 1980s. However, they only gained popularity and expanded after being integrated into Primary Health Care (PHC).² PHC considers the individual in terms of their uniqueness, complexity, and holistic nature, as well as their sociocultural context, and seeks to promote their health, prevent and treat diseases, and reduce harm or suffering that may compromise their ability to live a healthy life.⁴

Officially recognized for the provision of services and products through the PNPIC, the SUS began with five practices: traditional Chinese medicine/acupuncture, homeopathy, medicinal plants/phytotherapy, anthroposophic medicine, and social thermalism/crenotherapy. In 2017 alone, it included another 14 practices: art therapy, ayurveda, biodance, dance circular, meditation, music therapy, naturopathy, osteopathy, chiropractic, reflexology, *reiki*, shantala,

integrative community therapy, and yoga. In 2018, it officially recognized 10 more practices: apitherapy, aromatherapy, bioenergetics, family constellations, chromotherapy, geotherapy, hypnotherapy, laying on of hands, ozone therapy, and flower therapy. There are now 29 PICs for the population to choose from through a democratic process.^{1,5-6}

PIC-based approaches in PHC take a broader view of the health/disease process and the comprehensive promotion of human care, especially self-care. The indications for these treatments are grounded in the person as a whole, considering their various aspects: physical, psychological, emotional, social, and spiritual.⁷ Thus, since their institutionalization, according to a monitoring study conducted in Brazil, the landscape of PICs has been undergoing expansions and changes in the PNPIC regarding the nomenclature within their scope of practice. The document notes that according to partial data obtained for the year 2019, PICs were offered in 17,335 services of the Health Care Network (RAS) distributed across 4,297 municipalities.⁸

In this context, PICs have great potential to be widely integrated into health services, in accordance with

PNPIC guidelines; however, due to the limited incentives available, their routine implementation still faces significant challenges. Thus, this study was guided by the following question: What are the Integrative and Complementary Practices applied in Primary Health Care?

These practices are very important for human quality of life in both its objective and subjective aspects and across its various dimensions. This is a relevant topic for society, as it awakens in individuals the desire and sense of responsibility for self-knowledge and self-care, which in turn lead to improved self-esteem and, in many cases, a reduction in medication use. All these possibilities translate into feelings of well-being, pleasure, love, and happiness, and consequently will produce physical, psychological, relational, environmental, and spiritual benefits.

With the data from this study, we hope to contribute to stimulating reflections and debates that lead to the adoption of measures and/or policies to expand the use of ICPs by PHC workers, thereby broadening care for the local population. With this in mind, the objective was to describe the applications of Integrative and Complementary Practices in Primary Health Care (PHC).

METHOD

This is a descriptive study with a qualitative approach conducted in the Primary Health Care system of a municipality in Pernambuco, from April to June 2023. The sample, consisting of 24 individuals, was selected by convenience. The inclusion criteria were: healthcare workers with a college degree, members of the family health team and the family health support unit, who had received training in ICPs, who agreed to participate, and who signed the Informed Consent Form (ICF). All those who did not

meet the above criteria were excluded.

Data collection was conducted at seven primary health care units in the urban area. The research instrument used was a semi-structured interview, aided by a script developed by the researchers, which consisted of open-ended and closed-ended questions related to the categories of analysis. To ensure the anonymity of the participants, the letter “E” for “interviewee” was used in the data tabulation, followed by the number corresponding to the order in which the interviews were conducted (E1 to E24).

The location for conducting the interviews, as chosen by the participants, was a private room at their workplace. The study was conducted following approval by the Ethics Committee under Opinion No. 5,839,672, CAAE No. 65779222.2.0000.5191.

For description and analysis, the data were transferred to an Excel spreadsheet (Microsoft Corporation). The quantitative results of the descriptive analysis of the tabulated and totaled data contributed to the characterization of the interviewees' profiles. Content analysis was used as the method for analyzing qualitative data. The open-ended responses were transcribed and analyzed using the categorical analysis technique through thematic analysis, which works by breaking the text down into units and regrouping them by categories.

RESULTS

Sociodemographic and educational characteristics of the participants

Twenty-four PHC workers were interviewed, working in seven Basic Health Units (BHUs) in the urban area of the municipality. Regarding gender, 20 were female (83.33%) and 4 were male (16.66%). The average age of the participants was 36.75, and the most common age group was 25 years.

Regarding the participants' occupations, 10 were nurses (41.66%), 7 were physical therapists (29.16%), 3 were psychologists (12.50%), 2 were dietitians (8.33%), and 2 were physicians (8.33%). Regarding the time since graduation the average was 9.45 years. Regarding the length of time working at the UBS where they are currently employed, the average was 2 years.

All stated that they had taken short-term/continuing education courses, totaling 12 descriptions of training in complementary and alternative therapies (CATs), listed below: herbal medicine, auriculotherapy, cupping therapy, *reiki*, shantala, biodance, flower therapy, music therapy, chiropractic, osteopathy, aromatherapy, and acupuncture. The courses were funded with personal funds. Regarding the time elapsed since participating in the courses, the average was three years, and the most common period was one year.

Integrative and complementary practices applied

When asked about the names of the complementary and alternative therapies (CATs) they practiced, the workers listed one or more modalities, totaling 30 descriptions. Seven of these—acupuncture, aromatherapy, biodance, music therapy, osteopathy, chiropractic, Shantala, and flower therapy—were each mentioned only once. The CAM modalities mentioned three or more times, listed in ascending order, were: *Reiki* three times, cupping therapy five times, auriculotherapy and herbal medicine nine times each.

Regarding the conditions for which the CAMs are applied, among the various indications, the responses obtained were grouped according to the number of mentions, in ascending order: diabetes, stomach pain, anemia, depression, bipolar disorder, mood swings, pregnancy-related complaints, diarrhea, binge eating, lower

back pain, fibromyalgia, stress, muscle tension, work-related fatigue, general pain, emotional instability, low immunity, emotional balance, and mental health disorders, with only one mention each. Gastritis was cited three times, muscle pain twice, hypertension twice, sleep disorders three times, cough three times, abdominal pain four times, flu six times, insomnia seven times, and anxiety seventeen times.

After analysis, the conditions were grouped by body systems. Among the 28 conditions reported, these were related to disorders in the following systems: nervous 11 (39.28%), skeletal 9 (32.14%), digestive 4 (14.28%), respiratory 3 (10.71%), and cardiovascular 1 (3.57%).

It is observed that the fact that PICs are applied in these services, even if in much smaller numbers than those of the biomedical model of healthcare, can reframe the other practices of the workers, as expressed by the professionals in the following excerpts:

I prescribe herbal medicine, mainly for sleep. When patients arrive here wanting to take clonazepam, I prescribe Remilev. I prescribe a lot of herbal medicine. I recommend it to those who have trouble sleeping. (E4)
I use auriculotherapy for both physical and mental health, and I recommend it for cases of anxiety, depression, bipolar disorder, and mood swings. (E5)
I highly recommend espinheira santa tea for gastritis. I also recommend garlic and mint teas for the flu. There are also teas for anxiety and insomnia. (E7)

Advantages of PICS Applications

Regarding the advantages offered by PICS, the following were listed: easy access to ingredients already found at home, low cost, the appreciation of folk knowledge, cost-effectiveness, good patient adherence, the combination of pharmacological

and non-pharmacological methods, the ability to administer treatments *on-site*, a team available to patients, care provided by a multidisciplinary team at the facility or during planned activities outside the facility, easy implementation, reduced high hospital demand, improved communication with the community, and knowledge exchange.

The following statements were highlighted as examples of the advantages:

In the case of auriculotherapy, it's the speed and positioning. It can be done sitting, standing, or lying down. The cost-benefit ratio is very low; it's done with black mustard seeds, which are very inexpensive. (E5)
Easy access isn't always available, but you can get an onion or another ingredient from a neighbor to make the tea, and it's cost-effective. (E7)
The convenience lies in the fact that it can be administered on-site, requiring no extra costs to visit the patient's home, so both the community and the professionals can enjoy the benefits. (E11)
Because these are low-cost therapies that are easy to implement, they bring several benefits to the community that accesses the UBS as the gateway to the SUS. (E19)

Challenges in Implementing PICS

Among the list of difficulties, the first factors identified were a lack of knowledge regarding scientific methods and protocols for use, limited physical space, unavailability in professionals' schedules, a lack of training in other courses on PICS, recognition by therapy professionals, and investment in policy implementation. Other factors include a shortage of material resources, limited time for consultations, lack of information for the public, persistent resistance from some

professionals and patients regarding the credibility of PICS, the preference for allopathic medicine, and other high demands on services.

These difficulties were expressed in the following statements:

[...]public health education, because in rural areas, people always come here looking for medicines, like guaco syrup. They don't understand that there's no need for allopathic drugs; a tea can do the trick. (E4)
I believe the greatest difficulties are related to investment in public policies and greater acceptance by some professionals. (E11)
Having time available in the schedule to carry out the practices, alongside all the daily activities required at work by management. (E12)
The high demand at the UBS on most days makes it impossible to offer PICS in this service. There is little time for so many consultations. Often, there is a lack of knowledge on the part of professionals. (E23)

DISCUSSION

A study presenting a situational analysis of PICS showed that the provision of these practices remains a challenge even with WHO and PNPIC guidelines within SUS. However, it highlighted that Family Health Strategy (ESF) workers are key players in the implementation of PICS, as they understand that these practices make a valid contribution to resolving the population's healthcare needs and promoting health.¹⁰

ESF and NASF workers play a leading role in the implementation of PICS, even though the manner of application remains inconsistent. The implementation of such practices should enhance service effectiveness, given that professionals have invest-

ed time and resources in training and in providing PICs. Nevertheless, the ministries of health and education must invest in research, education, and financial incentives for municipalities that already offer PICs, so that they can train their workers through institutionalized programs.²

The findings of this study showed that the complementary and alternative therapies (CATs) most frequently cited in practice were herbal medicine and auriculotherapy, performed by nurses and physical therapists, among other primary care workers. Similar results were found in the state of Maranhão, where the most commonly offered types of practices were, in ascending order: phytotherapy, massage therapy, auriculotherapy, acupuncture, Shantala, and others, with phytotherapy and massage therapy among the most frequently offered PICs. The professionals who most frequently apply these resources are physical therapists, followed by nurses¹.

Regarding herbal medicine, an exploratory study conducted in the municipality of Assis and surrounding region in the Brazilian state of São Paulo, aimed at investigating the importance of this application in nursing care within PHC, indicated that, although the products are low-cost, improve health, and revive values of popular culture, there is little support for studying the subject. There is a lack of knowledge and credibility regarding the outcomes of this modality, factors that hinder nursing practice in guiding the use of medicinal plants in this setting.¹¹

Nurses' knowledge of PICs reveals limitations regarding PNPIC, the variability and purpose of such practices, which ultimately contributes to deficient implementation lacking scientific basis¹².

Nurses working in the PHC context observe patients' preference for allopathic medications. Nevertheless, they advise on the use of plants and other natural products based on popular be-

liefs and religious rituals passed down by family members. This form of care provided by nurses is based solely on cultural experiences and not on scientific knowledge.¹³

In the field of chronic non-communicable diseases (CNCDs), many health professionals choose to recommend herbal medicine. This preference can be attributed to the fact that herbal medicine is one of the oldest and most commonly used therapies. The perception that it is a natural and harmless treatment enhances this trust, both among professionals and among patients. Nevertheless, it is important to understand that, despite this widespread recognition, the safe and effective use of herbal medicines requires specialized knowledge. Health professionals must be sufficiently informed about the properties of plants, their possible interactions, and appropriate dosages.¹⁴

Auriculotherapy was another form of complementary and alternative medicine (CAM) that appeared on the list of treatments used by the study participants, who recognize its benefits. Corroborating this finding, an analysis of the meanings of auriculotherapy from the perspective of healthcare for older adults with chronic conditions, conducted by researchers in Porto Alegre, showed that it is a health practice that fosters autonomy and falls within the realm of expanded clinical care, as it is grounded in addressing people's needs, subjectivities, and desires. The more bonding relationships are formed in healthcare, the more comprehensive care finds space to take root, integrate, apply, and exchange scientific, traditional, and folk knowledge.¹⁵

An experience with a group of women in primary healthcare in João Pessoa, Paraíba, indicated that auriculotherapy was used to treat anxiety, stress, pain, smoking, insomnia, and other disorders, and that it led to an improvement in the symptoms reported by all women who underwent the

therapy. The patients reported a reduction in body pain and headaches, which contributes to a better quality of life. In assessing the effectiveness of this therapy, the aforementioned study concluded that the use of auriculotherapy, from the perspective of the women treated, was of great importance and impact, given its effectiveness.¹⁶

A study aimed at evaluating the efficacy of auriculotherapy in reducing chronic musculoskeletal pain in the spine of healthcare workers showed that this practice, using seeds, had positive effects by significantly reducing pain intensity. It also highlighted the benefits of a simple, quick, low-cost therapy with few side effects for promoting individuals' health. Furthermore, auriculotherapy improved quality of life by reducing medication use among the workers studied, who reported feeling physically and mentally healthier.¹⁷

Regarding cupping therapy, it can be stated that it is one of the complementary and alternative therapies most frequently used by the participants in this study. The scientific basis for this practice was demonstrated in a study conducted with community members, where the treatment was used to alleviate chronic neck and shoulder pain. The results showed that cupping therapy increases skin temperature and reduces systemic blood pressure, and is effective in reducing pain intensity, as it mimics the analgesic effect without presenting its negative side effects. Therefore, it was considered a safe practice.¹⁸

In a study evaluating pain intensity, physical disability, quality of life, and the nociceptive threshold to mechanical stimulation following cupping therapy, the results showed a significant reduction in pain intensity. It was concluded that this method is promising for the treatment of chronic back pain in adults. However, this intervention requires adherence to standardized protocols.¹⁹

Reiki was among the therapies studied. Recent studies indicate that its use and recommendation by healthcare professionals have increased over the past seven years. Reports show that the application of this practice has demonstrated significant benefits, such as deep relaxation, pain relief, release of repressed emotions, and reduction of daily stress. In addition, *Reiki* provides moments of silence, tranquility, and meditation, contributing to physical and mental well-being.²⁰

In an analysis of narratives on PICs, it was observed that *Reiki* offers a range of benefits for both therapists and recipients of this therapy. These benefits include reduced insomnia, improved problem-solving skills, decreased reliance on medication, enhanced self-esteem, as well as significant improvements in quality of life and overall well-being. These reports highlight the positive impacts of *Reiki* in the field of health.²¹

Regarding acupuncture, despite being an ancient practice, it was mentioned only once in this study. This indicates that it is still little known and valued by users and healthcare professionals. However, it is important to note that recent studies have demonstrated the effectiveness of acupuncture in treating various conditions, such as musculoskeletal pain, insomnia, migraines, and anxiety. Therefore, it is essential that acupuncture be more valued and integrated into healthcare services so that more people can benefit from this therapeutic approach.²²

The findings also revealed other approaches to the application of CIPs carried out by the multidisciplinary team, offering various therapeutic resources including aromatherapy, biodance, music therapy, osteopathy, chiropractic, Shantala, and flower therapy. Aromatherapy is the intentional use of volatile concentrates extracted from plants — , and essential oils . Biodanza is a approach to human-body-emotion-reason interaction, through fundamental

concepts and body techniques. Music therapy is the use of music and its elements to develop potential and restore functions in the individual.^{1,6}

Osteopathy focuses on the relationship between body, mind, and spirit in health and illness, emphasizing the body's structural and functional integrity as a means to self-healing. Chiropractic is a healthcare approach that uses diagnostic and therapeutic manipulative techniques to treat and prevent disorders of the neuromusculoskeletal system and their effects on overall health. Shantala is a massage for infants and children, consisting of a series of movements across the body, which helps to awaken and strengthen the bond between caregiver and infant. Floral therapy employs the use of flower essences, which are natural liquid extracts intended to balance emotional issues.^{1,6}

Regarding the approach to health conditions and the indications for PICs, a range of options for using these practices has emerged. Thus, the number of professionals recommending such practices is growing daily, with the aim of deepening their knowledge and enhancing their care competencies.¹⁴

The experiences shared by professionals working with ICPs in PHC demonstrate a commitment to viewing each individual as a whole being, where mind, body, and spirit are intrinsically connected. These professionals adopt an approach that goes beyond the simple treatment of diseases and focuses on promoting health and well-being in all their aspects.²³

When interacting with patients, healthcare professionals who adopt integrative practices not only offer specific treatment methods but also play an important role in teaching these practices and complementing them with traditional medical methods. This approach reflects compassionate, evidence-based care that seeks to balance different therapies to improve the patient's quality of life.²⁰

The ease of access to complementary therapies is a result of the local community's growing acceptance and recognition of the benefits of PICs for health. When seeking care, participants consciously choose to use these practices, demonstrating a positive attitude toward them and a belief in their effectiveness. The personal experience of SUS professionals in using PICs facilitates their application, which supports health promotion initiatives when users express interest in PICs. Even with the informal use of traditional medicine, there is an alignment between PICs and elements of health practices that are embedded in Brazilian culture and religion.²⁴

In the results of an integrative literature review, which sought to identify the main challenges and difficulties in the adoption and implementation of PICs in PHC, limitations and gaps in health professionals' knowledge were highlighted as the primary cause of the deficit in the operationalization of these practices. However, the authors highlight that health service management must recognize the importance of PICs, allocate a financial budget, and coordinate the training of health professionals across sectors, since they are the ones who fund their own training. Educational initiatives for professional training will enable the knowledge, methods, and appropriate ways to implement PICs, as established by the PNPIC.²⁵

In the view of the interviewed professionals, the need for public management resources, insufficient materials, lack of adequate training for health professionals, limited availability of appointments, and even the lack of community participation have an impact on the failure to address the needs for the use of CIPs with users. It is important to emphasize that, despite the positive results of this study, health professionals specializing in complementary practices still face difficulties in implementing the 29 PICs, due to a

lack of knowledge among health professionals and a lack of management support for expanding users' access to these practices.

The main limitation of this study was the inability to conduct a comprehensive series of interviews with other members of the teams working in PHC, due to the timeframe established for the research.

The main contribution of this study was to demonstrate the benefits and advantages of PICs in treating specific clinical conditions among the population and to highlight what is already being achieved in the application of

these therapeutic resources by PHC workers. Furthermore, it may contribute to further discussions and encourage the expansion of strategies for utilizing PICs in PHC.

CONCLUSION

The study achieved its objective by describing the integrative and complementary practices applied in primary health care. The findings show that the participants have training in various forms of integrative and complementary practices, particularly herbal medicine, auriculotherapy, cupping

therapy, and *reiki*, which were used most frequently. The leading role of nurses and physical therapists in the use of these practices within the PHC context was also observed.

Despite the identified weaknesses, the workers highlight potentialities that favor the expansion of CIP adoption, indicating a movement toward transformation in the care model. This scenario points to a paradigm shift in health care, with an emphasis not only on the treatment of diseases but also on the promotion of physical, mental, and emotional well-being, reinforcing the comprehensiveness of care.

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