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EXPERIENCE REPORT

THE USE OF INTEGRATIVE AND COMPLEMENTARY PRACTICES AS A CARE TOOL: EXPERIENCE REPORT

A UTILIZAÇÃO DE PRÁTICAS INTEGRATIVAS E COMPLEMENTARES COMO FERRAMENTA DE CUIDADO: RELATO DE EXPERIÊNCIA

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Abstract
Introduction: Integrative and Complementary Health Practices (PICS) are a set of cross-cutting practicesthat aim to promote health by considering physical, mental, and spiritual well-being, allowing for acomprehensive approach to the patient. **Objective:** To describe the experience of a family health resident nurse at a Family Health Unit (FHU) that is a reference in ICPs, in the municipality of Caeté-Açu, Bahia. **Method:** This is a qualitative study, in the form of an experience report, conducted from July to September 2021 at the Vale do Capão FHU, with an emphasis on deepening knowledge and training in PICS as a caretool. **Results:** The provision of PICS during consultations revealed the importance of health services being community-centered and structuring work within an interprofessional rationality in order to modify the medical-centered care interface. In addition to developing autonomy in the self-care process based on co-responsibility for therapy, the use of PICS provides a link between the patient and the health professional. However, the provision of PICS in health institutions is still limited due to the lack of human resources training and educational strategies in PICS. **Conclusion:** The experience demonstrated that the incorporation of PICS in the USF strengthens integrative and person-centered care. This approach allows for the exploration of new forms of care, placing the patient as the protagonist of their own health. Expanding the provision of these services requires professional training, a solid theoretical foundation, and institutional investment to consolidate and expand these practices in the SUS.

Keywords: Complementary Therapies; Primary Health Care; Unified Health System.

Resumo
Introdução: As Práticas Integrativas e Complementares em Saúde (PICS) são um conjunto de práticas transversais que visam à promoção da saúde considerando o bem-estar físico, mental e espiritual, permitindo abordagem integral ao paciente. **Objetivo:** Descrever a vivência de uma enfermeira residente em saúde da família em uma Unidade de Saúde da Família (USF) referência em PICS, no município de Caeté-Açu, Bahia. **Método:** Trata-se de um estudo qualitativo, do tipo relato de experiência, realizado no período de julho a setembro de 2021 na USF Vale do Capão com ênfase no aprofundamento e capacitação em PICS como ferramenta de cuidado. **Resultados:** A

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Práticas e Cuidado:
Revista de Saúde Coletiva
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EXPERIENCE REPORT

oferta de PICS durante os atendimentos revelou a importância de os serviços de saúde terem como centro a comunidade e a estruturação do trabalho dentro da racionalidade interprofissional a fim de modificar a interface de assistência médico-centrada. Além de desenvolver a autonomia no processo de autocuidado a partir da corresponsabilização sobre a terapêutica, o uso das PICS proporciona vínculo entre paciente e profissional de saúde. Entretanto, a oferta de PICS nas instituições de saúde ainda é restrita, devido à carência de formação de recursos humanos e estratégias educacionais em PICS. **Conclusão:** A experiência demonstrou que a incorporação de PICS na USF fortalece uma assistência integrativa e centrada na pessoa. Essa abordagem permite explorar novas formas de cuidado, colocando o paciente como protagonista de sua própria saúde. A expansão da oferta requer capacitação profissional, fundamentação teórica sólida e investimento institucional para consolidar e ampliar essas práticas no SUS.

Palavras-chave: Terapias Complementares; Atenção Primária à Saúde; Sistema Único de Saúde.

INTRODUCTION

Integrative and Complementary Health Practices (ICHP) are a set of cross-cutting practices that aim to promote health based on the concept of health as physical, mental, and spiritual well-being, using elements that allow for a comprehensive approach to the patient.[1]

The International Conference on Primary Health Care (1978) and the 8th National Health Conference (1986), the latter being the first with social participation, initiated a movement to challenge the hegemonic model of health care at the time. Based on these historical milestones, a new model of care was proposed that views human beings holistically, thus establishing an expanded concept of health that considers the social determinants of health as factors that influence human beings.[2]

In line with this growth, in 2006, the National Policy for Integrative and Complementary Practices (NPICP) was institutionalized with the support of the World Health Organization, implementing ICHP in Primary Health Care. These include 29 activities that use natural therapeutic resources for disease prevention and health promotion, covering the areas of homeopathy, phytotherapy, traditional Chinese medicine, anthroposophic medicine, and social thermalism/crenotherapy.[3] The practices are offered in the Unified Health System (SUS) and promote mechanisms for valuing popular health knowledge consistent with the population's living conditions and health situation.[4]

Práticas e Cuidado:
Revista de Saúde Coletiva
ISSN: 2675-7591

Brazil is considered a global reference for ICHP, with a total of 9,350 health institutions offering these practices in their services. Of these, 8,239 are part of Primary Health Care (PHC), accounting for 78% of services, and are distributed across all state capitals in the country. In contrast, the use of ICHP in medium and high complexity care accounts for only 18% and 4%, respectively. Thus, it can be observed that greater access to ICHP is found in Basic Health Units and Family Health Units (FHU), which are the main entry points and coordinators of SUS.[5]

According to the most current indicators provided by the SUS Department of Informatics (DATASUS), in 2022, in the municipality of Salvador/BA, there are 40 health establishments with specialized ICHP services. However, no FHUs linked to this service offering were found in the National Registry of Health Establishments (CNES), with this service only being present in establishments such as clinics/specialty centers, polyclinics, general hospitals, and a single doctor's office.[6]

In the Chapada Diamantina region of Bahia, there is an ICHP reference unit registered with DATASUS that offers activities and groups in ThetaHealing, hypnosis, chiropractic, herbal medicine, hydrotherapy, Bach flower remedies, auriculotherapy, among other practices, highlighting that integrative care cuts across all professional categories.[6]

In view of the above, this study aims to describe the experience of a nurse resident in the Multiprofessional Family Health Residency Program at a Family Health Unit located in the municipality of Caeté-Açu, Chapada Diamantina-BA.

REPORT

The Multiprofessional Family Health Residency Program aims to deepen, train, and act in comprehensive health care for individuals, families, and communities in an interdisciplinary and intersectoral manner. [7] In addition to knowledge of social and health mechanisms in the SUS, it enables residents to gain practical experience in health services and remain in a constant process of continuing education.

Thus, among its curricular activities, the program uses methodologies in which second-year residents have the opportunity to experience another health facility, promoting the exchange of knowledge and consolidation of knowledge acquired in their first year.

Assigned by the Residency Program to a Family Health Unit (FHU) in the capital of Bahia, I had the opportunity to experience, for three months, a health service that is a reference in Bahia in integrative approaches, in which patient autonomy is encouraged when choosing the treatment to be used. The preference for this internship field was intended to deepen knowledge about ICHP, since the practices are understood as a tool capable of promoting improvements in the health of the population, as they are based on the expanded concept of health.[8]

This research is a qualitative study, in the form of an experience report, carried out at a Family Health Unit (FHU) located in Chapada Diamantina-BA, in the municipality of Caeté-Açu. It was based on the observation and practice of a resident nurse specializing in Family Health during her elective internship, which emphasized deepening knowledge and training in ICHP as a tool for care in Primary Health Care.

The FHU is located in the municipality of Caeté-Açu, better known as Vale do Capão, and is linked to the Health Department of Palmeiras, Bahia. Its target audience is the local population of approximately 1,552 inhabitants.[6] In 2017, the municipality of Palmeiras-BA instituted the Municipal ICHP Policy, focused on continuous, humanized, and comprehensive health care.[9]

Thus, the elective internship was carried out from July to September 2021 at the Vale do Capão Family Health Unit, where it was possible to follow the routine of the professionals working there and actively participate in consultations, meetings, educational spaces, and nursing procedures that took place during the period.

The Vale do Capão FHU has a team consisting of a general practitioner, a nurse, two nursing technicians, a dental surgeon, and a dental assistant. In addition, three psychologists and a psychiatrist provide voluntary care at the unit.

The unit is characterized as a teaching service, having received health students from the Federal University of Bahia for ten years. By incorporating these students into the multidisciplinary team for specific periods, the unit strengthens the link between academic training and practice in SUS.

Práticas e Cuidado:
Revista de Saúde Coletiva
ISSN: 2675-7591

The aim of the experience was to improve the assistance provided by nurses in the Family Health Strategy (FHS), promoting the collective construction of care and the valorization of traditional and popular health knowledge, based on the monitoring of cases of patients treated with ICHP in a person-centered practice. This internship was a practical activity guided by a reference professional — a nurse from the unit — who shared knowledge and contributed with insights on integrative practices in routine care.

During the internship, the resident professional is inserted into the context of FHU care, working from 8 a.m. to 5:30 p.m., Monday through Friday, experiencing the learning process and taking responsibility for nursing care and spontaneous demands together with the unit's nurse, as well as participating in consultations with doctors and medical students. In addition, they have the opportunity to act as facilitators for nursing technician interns, experiencing the practice related to continuing health education, the dilemmas and challenges of the work process in the FHS, including humanization and multiprofessional integration.[10]

The opportunity arose to learn about the work of professionals in an integrative approach to care, associating clinical practice with the application and/or referral to ICHP. In the context of integrative practices, the aim is to understand the context of individuals' lives, thus, the direction of ICHP is based on the professional's therapeutic analysis and the patient's decision.

From this perspective, health education is used to provide guidance on healthy eating habits and lifestyle changes. In addition, the root cause of the condition or disease was investigated, associating it with naturalistic approaches such as herbal medicine, reflexology, and vital energy balance. In the consultations, it was common to associate illnesses with imbalances in the organic systems, recognizing that the body reacts to achieve healing.[11]

In Vale do Capão, the population is receptive to integrative practices, as they felt safe with the professionals involved and noticed positive outcomes without pharmacological intervention, in addition to cost-effective symptom relief. Most of the recommendations involved the use of medicinal plants found in the region or easily accessible items such as basins, cotton fabrics, blankets, pots, cold and/or hot water, teas, clay, or soil.

Práticas e Cuidado:
Revista de Saúde Coletiva
ISSN: 2675-7591

In order to facilitate access to medicinal plants, the FHU implemented a vegetable garden called “Farmácia Viva” (Living Pharmacy), which is open to the population and cared for by the unit’s own professionals and interns. The garden contains a variety of plants, such as: common comfrey (*Symphytum officinale)*, which is used as an anti-inflammatory in the form of a poultice made from its roots to treat burns and insect bites; aloe vera (*Aloe barbadensis miller*) as a healing agent; yarrow (*Achillea millefolium)*, with a wide range of uses from treating respiratory tract infections, stimulating digestive functions to relieving pain, regulating the menstrual cycle, and acting as an anti-inflammatory and antipruritic.[12] Also available are lemongrass (*Cymbopogon citratus*), known for its calming, diuretic, and antispasmodic effects; anise (*Pimpinella anisum)* for colds and airway inflammation, as well as promoting lactation, menstruation, and assisting in labor; lemon balm (*Melissa officinalis)* as a calming and digestive aid.[12]

The garden also features Cuban orégano (*Plectranthus amboinicus*) and pennyroyal (*Mentha pulegium*), which are used to treat general pain and digestive symptoms.[11] Basil (*Ocimum gratissimum*), in turn, is used for gastritis and constipation, as an appetite stimulant, and is beneficial for flu, colds, and mucosal inflammation.[11] Arnica (*Solidago chilensis*) is used to treat skin conditions; mugwort (*Artemisia vulgaris*) is used to treat bleeding, hives, and skin lesions; rosemary (*Salvia rosmarinus*, formerly *Rosmarinus officinalis*) is used as a diuretic, antimicrobial, tonic, and antipyretic. Lastly, guaco (*Mikania glomerata* or *Mikania laevigata)*, which thins bronchial secretions and acts as a muscle relaxant.[12]

During the residency, a high incidence of female health problems was observed, both at the FHU in Salvador and in Vale do Capão, including menstrual cramps, pregnancy-related changes, premenstrual tension, vaginosis, and vulvovaginitis. Studies show the effectiveness of medicinal plants in various contexts related to women's health, such as the use of rosemary (*Salvia rosmarinus)*, anise (*Pimpinella anisum)*, chamomile (*Matricaria recutita)*, garlic (*Allium sativum)*, guava (*Psidium guajava)*, and tea tree (*Melaleuca alternifolia)* in the therapeutic management of these conditions.[13–15]

Given the above, it was possible to resolve the cases present at the FHU only with the use of herbal medicine and lifestyle changes. In Salvador, on the other hand, care was based on the prescription of antifungals, antimicrobials, or antibiotics, resulting in high consumption of medications by the user and consequent adverse effects.

Thus, ICHP promote the restoration of user autonomy through shared responsibility for therapy, with the subject having the power of choice and opinion on what is proposed according to their uniqueness and needs.[16] This approach is similar to the concept of *Ecologia dos Saberes* (Ecology of Knowledge), by Boaventura de Sousa Santos (2016), which values and integrates different approaches to scientific and popular knowledge, understanding their benefits for disease promotion and prevention.[17]

In Primary Health Care (PHC), ICHP contribute to the prevention and maintenance of health based on technologies ordered according to the patient's needs, far from hard procedures and technologies, thus strengthening the therapeutic bond.[3,10] In addition to the service provided to users, with regard to the Vale do Capão Family Health Unit, the integration of all professional categories of the unit was observed in the application of integrative practices and pleasant moments between the team and users.[18]

From this perspective, it was possible to participate in case discussions with other professionals, which led to interprofessional thinking and the expansion of knowledge.[18] Another relevant aspect was the classes taught by the naturalist doctor from Vale do Capão and the periodic presence of professionals from the region working in ICHP for practice and exchange of experiences within the unit, such as the use of ThetaHealing and chiropractic.[10,18]

Thus, the acquisition of new knowledge is frequent, which favors professional practice. The existence of ICHP in the unit revealed the importance of health services being community-centered and structuring work within interprofessional rationality in order to modify the medical-centered care interface.[18]

It should be noted, however, that the provision of ICHP in health institutions in Brazil is still limited, being concentrated mainly in PHC. The literature shows that, among health professionals working in SUS, few have expertise in the subject due to a lack of incentives and training in their professional careers, thus generating insecurity in the execution of the practice.[19,20]

Finding an FHS team with professionals trained in ICHP is unprecedented in most health establishments, according to data from the CNES (2022).[6] ICHP is often performed by only a few professionals, which overloads their workload,

given the scarcity of human resources and facilities with a physical structure based on the logic of medical care with small offices that are unsuitable for physical or group practices.[18]

By dismissing the use of hard technologies, the applicability of ICHP in the FHS demonstrates greater problem-solving capacity, acting through health prevention, promotion, and recovery actions.[1-5] In the municipality of Salvador, a fellow resident physician started an integrative practices group at the FHU. However, the group had a low number of participants since its implementation due to the short period of dissemination and awareness-raising among users about ICHP; which coincided with the end of the residency program.

The introduction of ICHP in healthcare facilities faces challenges, mainly due to limited physical infrastructure, a shortage of trained human resources, and a lack of interest among professionals in integrative practices.[10,18,20] In addition, studies indicate that ICHP may be viewed in a distorted manner by users due to limited information about their benefits and lack of knowledge about the practices available in SUS, which leads to low adherence to ICHP in general. [22]

At the FHU in Salvador, there is a high demand for tests and prescriptions from SUS users and professionals, still based on a biomedical concept. It is common to see patients coming to the reception desk requesting only referrals for tests or consultations with specialists without proper clinical indication, as well as requesting prescriptions for drug treatment to the detriment of other non-pharmacological interventions.

This is related to the population's lack of knowledge about the potential of lifestyle changes and integrative therapies in promoting health, in addition to the fact that many professionals are resistant and unsure about performing therapies outside the biomedical mold, which occurs in most health units.[21-23] There is also a scarcity of scientific studies on the subject and minimal institutional support. [22–23]

After my experience at the Vale do Capão FHU, there was a greater theoretical basis for prescribing and guiding ICHP. One factor that strengthened the applicability in my unit was the offer of courses on ICHP by some federal universities in the country, including training in auriculotherapy for PHC health professionals.[20] With this knowledge, I started a partnership with a dental surgeon, and we treated

patients with anxiety, insomnia, and difficulty losing weight who were open to treatments associated with auriculotherapy. Other therapeutic approaches were also integrated into my consultations, including sitz baths, teas, natural syrups, aromatherapy, herbal medicine, and meditation, aimed mainly at women in postpartum consultations, reproductive planning, prenatal care, and the treatment of urogynecological complaints.[11,13-15]

The greatest learning experience during the internship was the broadening of my perspective toward an integrative and holistic approach to the patient that permeates the care provided at the FHU. Understanding that health problems can be related to the emotional state and well-being of the individual has elevated the practice of care to a logic centered on the person, their social context, thoughts, spirituality, and lifestyle.

In this way, it was possible to observe greater identification among users, increased attendance at follow-up appointments, recognition of professional value and a positive impact on nursing consultations, as well as greater patient satisfaction and a stronger therapeutic bond.[10]

CONCLUSION

Many institutions and health professionals still work from the perspective of the biomedical model, a fact justified mainly by misinformation about ICHP and a lack of interest in popular health knowledge. Given the lack of training in human resources and educational strategies on ICHP, there are still professionals who maintain a curative rationality, which creates a distance from the expanded concept of health and negatively affects the autonomy of the assisted user.[10]

With regard to care devices, ICHP contribute to the struggle for the demedicalization and transformation of care guided by the physician-centered model. The experience in a FHU that integrates ICHP in its daily routine explores new forms of health prevention and promotion, which contributes to integrative and holistic care, guiding the patient as the protagonist of their own health. [20]

It is necessary to ensure that professionals are competent and confident in applying and recommending the use of ICHP, based on adequate knowledge and training. This must

be supported by managerial investment to fully implement the National Policy for Integrative and Complementary Practices (NPICP) in health establishments.[10]

This experience contributed to my training and knowledge about ICHP, in addition to providing a broader view on the use of medicinal plants and auriculotherapy during nursing care at the FHU where I work, in the municipality of Salvador, Bahia. I consider it essential to expand the physical and political space for the development of the therapeutic arsenal with integrative activities, since ICHP can be used in association with traditional medicine or not, and contribute to maintaining the physical and mental health of those who use them.

The use of integrative and complementary practices as a care tool has shown the importance of promoting user autonomy, reinforcing the integration between scientific and popular knowledge.[16–17,20] The interprofessional work of the team and the strengthening of the bond with users demonstrate the relevance of including integrative practices in the logic of FHS care.[18-19]

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