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RESEARCH

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USE OF INTEGRATIVE PRACTICES IN A OCCUPATIONAL HEALTH CARE SERVICE*

*Uso das práticas integrativas em um serviço de atenção à saúde do trabalhador**Uso de prácticas integrativas en un servicio de salud del trabajador***Maíra Rossetto¹** **Leila Schmatz¹** **Adriana Remião Luzardo¹** **Paulo Roberto Barbato¹** **Solange de Fátima Cardozo²** **Maria Eneida de Almeida¹** 

ABSTRACT

Objective: analyze the development of Integrative and Complementary Practices by the multidisciplinary team of the Workers' Health Care Service. **Method:** exploratory and descriptive study, developed with a multiprofessional team through interviews. **Results:** thematic categories were organized: 1. Integrative Practices: question of personal growth; 2. Is there a supremacy of medicalization?; 3. The different paradigms. It was observed that multiprofessional teamwork and health promotion were points importance and constant search for knowledge and recognition of the theme, so that the service gains visibility and strengthens itself, addition to the need overcome the biomedical paradigm and the medicalization. **Conclusion:** the use of Complementary Practices in the reference service has been constituting as tools for the professionals who work there, whether they are used in a unique way, integrated or complementary, reflecting on the results of the treatment for health promotion and quality of care provided to users.

DESCRIPTORS: Complementary therapies; Health professional; Patient care team; Health promotion; Public health.

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RESUMO

Objetivo: analisar o desenvolvimento das Práticas Integrativas e Complementares pela equipe multiprofissional do Serviço de Atenção à Saúde do Trabalhador. **Método:** estudo exploratório e descritivo, desenvolvido com uma equipe multiprofissional por meio de entrevistas. **Resultados:** organizou-se categorias temáticas: 1. Práticas integrativas: uma questão de crescimento pessoal; 2. Existe a supremacia da medicalização?; e 3. Os diferentes paradigmas. Observou-se que o trabalho em equipe multiprofissional e a promoção de saúde foram pontos importantes, apontando a constante busca por conhecimento e reconhecimento do tema, para que o serviço ganhe visibilidade e se fortaleça, além da necessidade de superação do paradigma biomédico e da medicalização. **Conclusão:** o emprego das práticas integrativas no serviço de referência vem se constituindo como ferramentas para os profissionais que lá atuam, sejam elas utilizadas de forma única, integradas ou complementares, repercutindo nos resultados do tratamento para promoção de saúde e qualidade da atenção prestada aos usuários.

DESCRIPTORIOS: Terapias complementares; Profissional da saúde; Equipe multiprofissional; Promoção da saúde; Saúde coletiva.

RESUMEN

Objetivo: analizar el desarrollo de Práticas Integrativas y Complementarias por parte del equipo multidisciplinar del Servicio de Salud del Trabajador. **Método:** estudio exploratorio y descriptivo, desarrollado con equipo multiprofesional mediante entrevistas. **Resultados:** organizaron categorías temáticas: 1. Prácticas Integrativas: cuestión de crecimiento personal; 2. ¿Existe supremacía de la medicalización? y 3. Los diferentes paradigmas. Se observó que el trabajo equipo multiprofesional y promoción de salud fueron puntos importancia y la búsqueda constante del conocimiento y reconocimiento del tema, para que el servicio gane visibilidad y se fortalezca, además de la necesidad de superar el paradigma biomédico y medicalización. **Conclusión:** uso de Prácticas Integrativas en servicio de referencia se ha ido constituyendo como herramientas para los profesionales que allí laboran, ya sean utilizados de forma única, integrada o complementaria, reflexionando sobre los resultados del tratamiento para la promoción de la salud y la calidad de la atención brindada los usuarios.

DESCRIPTORIOS: Terapias complementarias; Profesional de la salud; Grupo de atención al paciente; Promoción de la salud; Salud pública.

INTRODUCTION

It is understood that health work occurs dynamically, in which the consumption of a given product occurs immediately when it is produced, that is, in the production of care to the user of a health service.¹ Multiprofessional teamwork is a collective work modality that is built on reciprocity among peers. The multiple technical interventions and the interaction of professionals from different areas configure the articulation of actions and multiprofessional cooperation through communication.¹

When it comes to workers' health and support teams, the Workers' Health Reference Centers (CEREST) are always mentioned. With this, regarding the quality of the assistance to the worker in the Health Department of the municipality of Chapecó, which has as a reference the Service for Workers' Health Care (SAST) in the development of a set of actions for promotion, prevention of diseases, and risk control as responsibilities of the health sector. In the performance of this set of actions by a multidisciplinary health team, the actions of alternative and complementary medicine are present.²

The term Alternative and Complementary/Traditional Medicines used in the biomedical field is conceptualized by the World Health Organization (WHO) as Alternative and Complementary/Traditional Medicines to define the set of practices and knowledge that differ from biomedicine, referring to practices originated from the culture of each country, such as Traditional Chinese

Medicine, Hindu Ayurveda, and indigenous medicine. Thus, these therapies include manual practices (acupuncture, reiki, flower remedies, and chiropractic) and body activities (tai chi chuan, yoga, and lian gong) grouped by knowledge of a type of non-conventional medicine.^{3,4}

Understanding the importance of these practices, in Brazil, the National Policy for Integrative and Complementary Practices (PNPIC) was approved in 2006 in the Unified Health System (SUS) as a strategy to value and offer alternative and complementary knowledge in public health services. Since the implementation of PNPIC in SUS, the term Integrative and Complementary Practices (PIC) has been used to designate these practices, which include complex medical systems and therapeutic resources.⁵

It is believed that IPCs are an important investment in health, contributing to the adoption and implementation of a new paradigm in health practices, which incorporates other aspects beyond the treatment of disease and illness, overcoming the current treatment based on the biomedical model. The PNPIC involves approaches that seek to stimulate the natural mechanisms of disease prevention and health recovery, with emphasis on welcoming listening, on developing the therapeutic bond, and on the integration of the human being with the environment and society. Other aspects shared in this field are the expanded view of the health-disease process and the global promotion of human care, especially self-care, which brings them closer to health promotion.⁶

With the effectiveness of the ICP in SUS, questions arose regarding the practices offered in the municipality of Chapecó, Santa Catarina, knowing that they are offered in the Worker's Health Care Service (SAST) and that there is the involvement of a multiprofessional team in this space of health production. Based on this research interest, we questioned: what was the perception of the multiprofessional work dynamics by the team of professionals who attend the ICPs at the SAST Chapecó?

The objective of this research was to analyze the development of Integrative and Complementary Practices by the multiprofessional team of the Service for Workers' Health Care of the Health Department of Chapecó.

METHODOLOGY

An exploratory and descriptive study was carried out, with a qualitative approach⁷, which was done through semi-structured interviews.

The research was carried out in the SAST, which is a specialized municipal service and reference in worker health in the municipal health department in Chapecó. Workers who suffer from accidents and/or work-related diseases are referred to this service. These workers are referred from the Basic Health Care Network of the city of Chapecó, by the Family Health Centers and by the Family Health Care Centers (NASF) referred for care at the SAST.

The data collection field was accessed after consulting the service's staff, where all the professionals who used ICP in their care were identified. A total of twenty-one professionals were identified, seven of whom were physical therapists, two nurses, two doctors, two dentists, two psychologists, one pedagogue, one administrative technician, one nursing technician, one pharmacist, one speech therapist, and one physical educator. Of these, ten professionals were selected and invited based on the identification of their area of professional training and the inclusion criterion was to develop some of the ICP in their daily care, being excluded those professionals who did not use any ICP.

Data collection was carried out between July and August 2017. The interviews were previously scheduled, lasting approximately forty to sixty minutes, with the help of a minimum script of semi-structured questions, which were complemented by other questions as needed to deepen the theme. Thus, the information emerged more freely and the answers were not conditioned to a standardization of alternatives.⁸ Consent was obtained for audio recording, using a cell phone voice recorder application, so that there would be no loss of information, for later transcription and data analysis. The interviews were conducted with guaranteed anonymity and confidentiality of identities, respecting the privacy of the participants, in an attempt to minimize possible discomfort, avoiding as much as possible the risks or harm from exposure to the interview. Thus, a coding system was adopted to identify the participants, and the interviews were done individually and received a code from 1 to 10, followed by the letter P for professional.

The data analysis was done by Thematic Analysis⁷, through the stages of pre-analysis, material exploration or codification, and treatment of the results obtained/interpretation.

Thus, interviews were held with ten professionals from different areas of training, who agreed to participate voluntarily in the research by signing the Free and Informed Consent Form (FICF), which stated the purpose of the research, the voluntary nature of participation, the guarantee of anonymity, the destination of the information collected, as well as authorization to publish the results. Thus, the study observed the rules on ethics in research with human beings contained in Resolution No. 466/2012 of the National Health Council.⁹ The study was approved by the Ethics Committee for Research with Human Beings (CEP) of the Universidade Federal da Fronteira Sul (UFFS) under protocol number 2.103.457. This study is part of a macroproject being developed in the period 2017-2019, between the institutions Federal University of the Southern Border, Chapecó campus and the Health Secretariat (SESAU) of the Municipality of Chapecó, to evaluate the activities of the SAST: "Integrative and Complementary Practices (PIC) in Chapecó: The development of the activities of the Worker Health Care Service (SAST) of the Municipal Health Secretariat (SESAU), 2012-2016".

RESULTS AND DISCUSSION

The interviewed professionals, nine female and one male, aged between twenty-seven and sixty-one years, with professional experience between six and forty years, and experience with integrative practices between four months and twenty-six years. The complementary practices identified as being the most performed in the service were auriculotherapy, reiki, Bach flowers, acupuncture, massage therapy, shiatsu and homeopathy, offered from three to forty hours a week.

From the data analysis of the contents expressed by the participants, three thematic categories were identified: 1. PIC: a question of personal growth; 2. Is there a supremacy of medicalization?; and 3. The different paradigms.

ICP: a matter of personal growth

In this category, the content of the statements showed that the practices brought personal growth to the lives of participants, especially P1, P3, P8 and P10, showing a sense of accomplishment in being able to provide comprehensive and humanized care, joining their clinical attributions and integrative and complementary practices in their care. The interviewees also contemplated, in their speeches, the perception regarding a significant improvement of the user, a situation evidenced, many times, in a quick and integral way, i.e., seeing the integral aspects of the user at the same time that they perceived their professional satisfaction.

As long as I can alleviate this pain that they (users) feel, for me I am already accomplished. Because they want to be heard, they want someone to pay attention. (P1)

I always liked integrative practices very much, for a question of personal growth, [...] because it unites two things that I like very much, the clinical part and the ICP. (P3)

I have always been very happy, because I did my undergraduate studies because I wanted to, I loved every year at every second, and I gave myself as a teacher, as a professional, as a therapist, as my life went on, and I feel complete. (P8)

It is significant that the professionals feel well and fulfilled for the performance, because this characterizes personal growth and professional satisfaction, for working doing something that motivates and inspires them to seek the best results with the exclusive use of ICP, or clinical training, or even the combined use of the two possibilities of care.

Other authors analyze that the experiences of professionals working with the ICP provide the construction of care in different ways, being it centered in people and in their real life situations.² They also emphasize that the professionals are in a constant search for new practices, which these efforts come to meet the direction of the humanization of care and the integrality of the being. Thus, the ICP, even in its multiplicity, according to its context and values of origin, tends to be humble about its therapeutic effects, which are centered on care relationships that aim at the improvement of the user, encouraging and facilitating the self-care process.¹⁰

In other words, even if the professionals are feeling accomplished and satisfied with their care, and if they unite clinical training with integrative and complementary practices, they should continue to seek professional improvement in order to always have new possibilities of resources to cover the integrality of the being.

It is also justified that, in this way, professionals do not feel limited, and are able to always be covering and performing more therapeutic and humanized care, and even accelerating the treatment process with the availability of ICP in their care.

Is there the supremacy of medicalization?

This category presents the possibility of questioning and breaking barriers in relation to the excessive bet on drug therapy, paying attention to the user with the ICP and envisioning their improvement, precisely because of the feasibility of enhancing the individual's quality of life. This happens to the extent that the professional helps the user to adopt measures for self-care and reduce drug consumption, thus becoming less dependent on them, a situation evidenced and reflected in the speeches of professionals P1, P2 and P5.

We see that the patients get better. It doesn't take long for him to have a result, it's fast. Not that he won't come back, he will, but consequently, when he gets better, he can have a decrease in the consumption of drugs. Of course he won't stop using a medicine for blood pressure, which is of continuous use, but an analgesic, for pain, this will reduce with the introduction of the practices. (P1)

You notice that the person improves, improves as a whole. The emotional, mental and physical part improves, it is a result of this. So it is gratifying when the person leaves here, leaves much better than he arrived, and not only not feeling pain, with an illusion of being well because he is using a medication. (P2)

I believe that everything comes together, what is recommended comes to reduce the use of medication. I believe that using less medication improves the quality of life. (P5)

The search for ICP, are an ally in the demedicalizing character, although in a limited way, and not yet widely used, particularly regarding other medical rationalities present, and popular knowledge and practices. It can be considered a social reaction that is little used as far as the medicalizations proposed by biomedicine, and also a sign of the multiple senses and meanings that contemporary society holds for health-illness issues. Thus, the healer-patient relationship, the mobilization of self-care forces, the search for active participation of the user, and the more humanized meaning are virtues of the tendency toward demedicalization attributed to ICP.¹⁰

Thus, professionals perceive that this task is achieved with dedication and collective effort, that is, in the multidisciplinary and reflexive performance as integral care. They also point out that the ICP can contribute both to rehabilitation and to the prevention of diseases, be they of an "emotional", "mental" or "physical" nature, providing complementarity with allopathy, and that the two can walk together for the provision of the best treatment.² The use of medicalization alone transforms suffering and experiences that were previously managed autonomously into medical problems, diseases or disorders, thus making the user dependent on it and on the constant attention of the professional.¹¹

Therefore, it can be said that the potential of ICP contributes to the empowerment of the individual, considering that this element is a central axis of health promotion, especially because they establish a new understanding of their health-disease process, in which the holistic perspective and the empowerment of self-care stand out, with impacts on the daily life of subjects and society.¹¹

It should be noted that the response to the therapeutic approach, whether pharmacological or not, also depends on various factors, whether pathological, physical, chemical, and psychological related to the progression and/or development of the disease, as well as the posture of coping adopted by the user in the face of illness.¹² Thus, it can be recognized that the use of non-pharmacological practices, the ICP, for pain control, for example, contribute to the lower potential for toxicity, thus already avoiding the occurrence of this undesirable event in the body.

The different paradigms

In the category "the different paradigms", discussions emerged about the multiple conceptions in relation to health practices, from the belief of the professional and the user about the practice, as well as the perceptions about the look for the various

possibilities of making the “different” happen in the face of the traditionally technician and biomedical view. This situation was observed through the speeches of professionals P1, P4 and P6.

When it relieves you a little bit, you want to go back to that practice without taking medication, that's the most interesting thing. It's something that you can treat, let's say the head, the mind, in short, with “a little dot there will relieve the pain”. It is a “totally different treatment” than going to a “traditional service”. (P1)

With a multiprofessional team that works in an interdisciplinary way, having this holistic look, having “a differentiated look” for the patient as well. So the SAST with the PIC has a very big gain, both for the patient, for health promotion and for prevention. (P4)

I believe that professionals are always improving themselves because they see and believe that the PIC are good, that they have benefits, and to “leave a little of the traditional” also, to escape a little from western medicine, to have a complementary treatment or a “differentiated treatment”, which is important for the patient mainly. (P6)

The performance of conventional clinical care is very much focused on the treatment of diseases and performed with the latest technology and drugs that are available in the health system. Patients reproduce this paradigm as a value due to the perception that has been socially constructed in the search for health through the use of tools for treatment. Thus, the care was satisfactory when tests are indicated and/or some medication is prescribed, according to the “traditional care” model.

The ICPs bring a holistic view of the human being, in the form of a “differentiated treatment”, leaving the fragmented and technician approach of the dominant biomedical model, which aims at technologies, specialties, and takes the direction of the mercantilism of health. Holism comes from the Greek word *holos* (which means “Whole”) and brings a vision in which emotions, sensations, feelings, reason, and intuition compensate and reinforce each other in the search for the individual's balance in the physical, social, mental, spiritual, and environmental aspects.²

In the face of this collectivity that values the most improved or recent technology, procedures, and consumption of medicines, the holistic view is increasingly put aside, and the knowledge built from practices that provide health through popular knowledge is mischaracterized. Therefore, when the knowledge is approached through treatments that contemplate the being as a whole, and do not use so many technical and pharmacological means, it often generates surprises and doubts about the resoluteness of the condition that presents itself.¹² However, with the continuity of care, the differences about the paradigms were perceived in relation to integrative and complementary practices, and they begin to adhere and seek them more and more.

It is also noteworthy that the professionals also approached the issue of the different paradigms in the treatments applied, whether allopathic or not, reflecting a way of thinking and se-

eking professional improvement. The speeches brought up the conviction of the professionals to perform the treatments, as well as the search for and commitment to make it possible to link the ICP and the conventional clinic. Thus, it is still possible to identify the resistance of other professionals regarding the reconciliation of therapies in the treatments, as mentioned by interviewees P3 and P10.

I think that it is a very personal question, even more than a professional one, the opinion about ICP, because there are still people who do not believe in them. That is why I think that the ICP policy was a huge step forward, because the moment the Ministry recognizes and stimulates them to be practiced in the SUS, it breaks many barriers. Because many professionals, they don't even know about the ICP, but they judge it for not being something from our medicine. (P3)

I know how to do treatments based on the biomedical model, I apply conventional treatments, and there is a result, maybe this result is longer, in other areas it is also like this. But when you apply the integrative practices, you change the quality of life, the patient starts to see that it is not only that problem, here in front of me he talks about everything, and we try to work on this “everything”. I see that the users are satisfied because there is an improvement. (P10)

Other reasons for choosing to use ICP in the care could be based on dissatisfaction with traditional medicine and its conventional approaches.¹¹ Thus, traditional treatments routinely used often expose the weaknesses of the health system, which remains stuck to the high cost and adverse effects that these therapies bring.¹³ Moreover, they have also shown limited effectiveness for some patients' health problems, leading them to seek other forms of treatment, which are often stressful, long, and do not bring as many positive effects.

The professionals who provide care with the ICPs are meeting this challenge by providing health care with a holistic view, acting on the physical body as well as on the sensations and emotions that constitute it.¹³ Thus, it can be seen that the person assisted by the ICPs becomes the protagonist of his or her own care and health, strengthening the autonomy of the people who use them.

CONCLUDING REMARKS

It is concluded that the integrative and complementary practices are fundamental therapeutic tools for the success of a service that welcomes the worker who needs an integral, affective, loving, and humanized care.

It was possible to notice that the joint work of the multiprofessional team stands out as a strength and differential, with communication among its members about the evolution of the patients' symptoms, regardless of whether the appointments are individual or shared. This team integration enables actions to occur in order to actually promote the health and well-being of the people who attend the service.

Through this study, it was possible to reflect on the multi-dimensional reach that a service of this nature can make and accomplish, since the thematic categories indicated that the team performs the services in communion with the functioning and organization of the sector. The SAST has potentially remarkable characteristics, such as the differential of the multiprofessional team work developing and applying the ICP, as well as the management vision of health promotion and care based on the quality of life of the user, with reduced use of medication and the proportion of autonomy of self-care and well-being.

At the same time that one thinks about the expansion of access to these practices, one reflects about the presence of the fragmentation of care, based on the disease and the biomedical view, which still permeates health practices in the healthcare network and that sometimes clash because of paradigm differences. Thus, it is questionable whether these confrontations and resistance occur due to lack of knowledge, recognition, training, and/or ignorance about the benefits that can be achieved with the adoption and application of the ICP.

Finally, it is concluded that the theme is of utmost importance for formal education spaces, since it is a theme that is very little addressed in the Pedagogical Projects of Undergraduate Courses (PPC) in the health area, enabling the search and development of more knowledge and bases for an expanded and significant training for the future professional.

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