

Integrative and complementary practices and the interface with the health promotion: integrative review

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ABSTRACT

Integrative and complementary practices (PIC) have an interface with health promotion, especially by encouraging a holistic vision and public pledges about the human being. This study aimed to identify the productions on the PIC on its interface with primary health care and health promotion. It is an integrative review held in databases: Latin American literature and Caribbean Center on health sciences, Spanish bibliographic index in health sciences, Online Search System and analysis of medical literature, Cochrane Library and Scientific Electronic Library Online, using the combination of descriptors: Complementary Therapies and Health Promotion and Primary Health Care, in the languages Portuguese, Spanish and English, from 2005 to 2014. The analysis of the data followed the thematic mode. Emerged 25 articles-search, and were included four for analysis and discussion. Of these, three categories: Know popular versus scientific: health implications known; The PIC and invisibility in the field of health promotion; Health education: necessity of thinking models and educational priorities. This study concluded that the PIC have poor visibility by the professionals, with regard to the promotion of health, and constitute a fledgling model in health education.

Keywords: Complementary therapies. Health promotion. Primary health care.

INTRODUCTION

The field of integrative and complementary practices (PIC) includes complex systems and therapeutic resources, which are also called traditional medicine and complementary/alternative (MT/MCA) by the World Health Organization (WHO). These practices involve approaches to stimulate natural mechanisms of diseases prevention and health recovery, expanding the vision about health promotion, care and self-care. They are ancient knowledge and techniques that in recent decades expanded in western society, considering the recognition and growing interest by your use, both by the population, scientific community and government organizations, as the results satisfactory scientific research⁽¹⁾.

From the WHO, the Traditional medicine program, aiming at the use of traditional medicine resources by national health systems by encouraging States to formulate public policies in defense of traditional and complementary knowledge on Primary health care attention (APS in Portuguese)⁽²⁾.

In Brazil, the legitimization and institutionalization of these approaches for health care started in the 80's, to strengthen the PHCA with health promotion actions have not yet practiced in the

industry, enriching the set of features present and extending the strategies for other therapies. In this direction, policies and programs are being structured to the consolidation of the basic attention, among them are the National Policy of Health Promotion (PNP in Portuguese) and the National Policy of Integrative and complementary Practices (PNPIC in Portuguese) in the unified health system (SUS in Portuguese)⁽³⁾.

So, on APS can be strengthened health promotion actions, in particular by means of PIC. These practices are important strategies, primarily to seek a new understanding of the health/disease process, holistically and entrepreneur⁽⁴⁾.

There are some reasons for looking for the PIC: the theoretical philosophical base your oppose health care with biological approach, whose fundamentals are the cartesian knowledge; the search for holistic vision that promotes accountability, empowerment, participation of people in decisions and actions with family involvement and respect popular practices; and challenges to the human being composed of fragmented parts. The purpose of the PIC is to promote the welfare of people who use it^(3,4).

In the perspective of a new model of attention, health promotion has global dimension, considering the biological aspects, psychological, social, cultural

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and environmental. The actions are aimed not only to particular pathology, but to provide quality of life, aiming at overcoming the healing practices⁽⁵⁾. Therefore, health promotion practices are those that stimulate the autonomy and would invigorate the political and social processes, leading to the transformation of the structural determinants that reaffirm the principles of the unified health system (SUS)⁽⁶⁾.

In Brazil, the National Policy of Integrative and Complementary Practices in SUS, approved in 2006 and expanded in 2017, stimulates the knowledge, training and the dissemination of these resources in health services, especially in the APS.

In view of the afore said basis, this research showed the goal of identifying the productions on the PIC on your interface with primary health care and health promotion, based on guiding question: what is the interface between the PIC and health promotion on APS according to the scientific literature?

METHODOLOGY

It is an integrative review of literature⁽⁷⁾ of a qualitative approach. The steps were conducted from an integrative review protocol drawn up by authors and based on the main references of the area, which was submitted to the analysis of two judges. This protocol lays down the following phases: identification of the theme, choose the research question and the objective; definition of the criteria for inclusion and exclusion of studies; definition of the information to be extracted from selected studies; database definition and descriptors; sample selection and storage; analysis and discussion of the results.

The literature search was performed in June 2015, through the Virtual Health Library (VHL), which includes the following databases: Latin American literature and Caribbean Health Sciences (LILACS), Spanish bibliographic index in Health Sciences (IBECs), Online search system and analysis of medical literature (MEDLINE), the Cochrane Library and Scientific Electronic Library Online (SciELO). The data collection was carried out through free search on the item "Research on VHL" using the intersection: Complementary Therapies and Health Promotion and Primary Health Care.

Defined as inclusion criteria: original articles, reports of experiences, reflection, theoretical essays, bibliographical revisions; works whose objectives refer explicitly to the object of study; and publications

in Portuguese, Spanish and English languages, in the period from 2005 to 2014. Deleted: the media publications that cover scientific journals; duplicate studies; those who do not come with the scope of the proposed theme; and those not suitable for scientific analysis.

It is importante to note that have gone through peer review studies to attest to the reliability of the results, in order to ensure scientific rigor required in research of this nature. After being included in the review, were identified by the initial word, article, followed by the corresponding arabic numerals (A1, A2, A3 and A4).

The analysis of the data followed the thematic analysis mode, in its stages, since the pre-analysis until the interpretation of the materials⁸, enabling the grouping of units of meaning of articles examined in three thematic categories.

RESULTS AND DISCUSSION

Using the combination of descriptors, emerged 25 articles. Of these, were ruled out: 14, does not contemplate the inclusion criteria; six, for not having the full version available for free; and one to be repeated. That way, only four articles were included for analysis and discussion of this integrative review.

The studies analyzed and presented in Table 1, the majority (75%) was published in journals of national level and Portuguese language; and an article (25%) was published in international journal and in English language. All publications were carried out in the year 2012, a fact that may have occurred by influence of numerous national and international incentives for the recognition and use of PIC on APS in recent decades^(1,2,3). As for the area of operation and institution of the main author, 50% of the articles came from the area of nursing, being developed in master's education.

From the analyzed studies, three (75%) were original articles (A1, A3 and A4) and one (25%) was case studies (A2). All of them presented the PIC in your goals for different perspectives: understanding of users and health professionals (A1, A2, A3 and A4), user experience and methodology for the implementation and promotion of these practices on APS (A2 and A3).

Regarding the method, all works were of a qualitative nature and the main data collection technique was the semi-structured interview recorded and transcribed. In the world of scientific research,

the different types of studies are important to investigate in depth certain topics, for a qualitative or quantitative angle. In this case, analysed qualitative evidence that enabled an understanding of subjective aspects of verbal expressions and understanding of different subjects and authors of each article. The

interest in researching and understanding the process of deployment, acceptance and use of PIC on APS in the voice of the different actors involved in the daily life: users, community health Agents, technical and higher level professionals.

ID	Title of the article	Newspaper / Article mode	Year	Area of activity / Institution of the main author	Objective	Method
A1	Herbal Medicine in Primary Healthcare in Germany: The Patient's Perspective	Evidence-Based Complementary and Alternative Medicine/ Original Article	2012	Department of General Practice and Health Services Research, University Hospital Heidelberg, Heidelberg, Germany	Explore the perspectives and experiences of patients using herbal medicine, their sources of information and the costs in the context of primary care.	Qualitative research with 18 patients; and the technique of data collection was the semi-structured interview recorded and transcribed.
A2	A method for implementing and promoting access to Integrative and Complementary Practices in Primary Health Care	Ciência & Saúde Coletiva/ Experience Report	2012	Graduate Program in Public Health. Federal University of Santa Catarina (UFSC)	To present and to base a method for the implantation and promotion of access to PIC in the PHC, contributing in the qualification and extension of the care and the resolubility in the APS and providing an instrument of orientation for the local management.	Qualitative experience report.
A3	The knowledge of health professionals about the use of complementary therapies in the context of basic care	Revista de Pesquisa: cuidado é fundamental <i>Online</i> / Original Article	2012	Nurse graduated from the Federal University of Pelotas / UFPel	To describe the knowledge of health professionals about the use of complementary therapies in the context of basic care.	Qualitative research with four health professionals working in a Basic Health Unit of a municipality in the South of Brazil, through a semi-structured interview recorded and transcribed.
A4	The use of complementary practices by a family health team and its population	Revista APS – Atenção Primária à Saúde/ Original Article	2012	Nurse Master's Degree in Clinical Management at the Federal University of São Carlos, with Multiprofessional Residency in Family and Community Health, UFSCAR 2009-2011	To investigate the use of complementary practices by a community belonging to the area of coverage of a Family Health Unit, noting the attributed importance, as well as the vision of the professionals of the team regarding the use and meaning of these practices.	Qualitative research, in which 11 health professionals from one ESF and five subjects from the territory participated. Data collection was performed through a semi-structured questionnaire with health professionals and a semi-structured interview, recorded and transcribed with the subjects of the community.

Table 1: Characterization of articles selected with identification, title, periodical, article modality, year, area of action / institution of main author, objective and method.

Source: Prepared by the authors. Florianópolis, 2016.

Therefore, entering in the thematic analysis, three categories: Know popular versus scientific: health implications known; The PIC and invisibility in the field of health promotion; Health education: necessity of thinking models and educational priorities. Next, the presentation and discussion of these categories.

Popular knowledge versus scientific knowledge: health implications

The articles analyzed showed that to the population the primary form of health care is the use of medicinal plants, especially in the form of teas,

being a knowledge transmitted culturally by the family. Health professionals realized that using the herbal medicine, an effective alternative for health, however, expressed uncertainty about the scientific know in that area. Furthermore, the articles showed that the health services users notice the little knowledge and low indication of medicinal plants by professionals (A1, A3 and A4).

In the confrontation of the health/disease process, people see the knowledge coming from the popular family traditions in a complementary manner to the scientific one from the health sector namely, and vice versa. The choices come from visions about the human being and the meanings of life experiences, healing, health, illness. The herbal medicine is one of the most remote forms of life care. He is currently an important therapeutic strategy, with access available to all population groups, for prevention and treatment of disease holistically, as it stimulates the body's natural defenses and connects the man with mother Earth^(9,10,11).

The WHO says a growth in the use of the PIC in the last 10 years, more than 100 million Europeans and an even greater number of people in Africa, Asia, Australia and United States using these resources. The organization relates this growth with the advance of the demand caused by chronic diseases; the increased costs and dissatisfaction with health services, replacing them with alternative practices; the resurgence of holistic care; and palliative treatments⁽¹²⁾.

In Brazil, in relation to the SUS, the traditional Chinese medicine/acupuncture, homeopathy, herbal medicine and anthroposophical medicine, in addition to the complementary practices, being known and herbal medicine used by 50% of the population to health care⁽²⁾. Corroborating with this, another study showed that 94% of the elderly make use of medicinal plants, and 71.4% use often, in the form of tea, and 94.2% had influence of family members (parents and grandparents) on this PIC⁽¹³⁾.

The increasing demand for complementary therapies and your acceptance by health professionals is actually recent. Most of the professionals have little knowledge about the PIC, notably on anthroposophical medicine, and traditional Chinese aiurveda and moderated know prevails for homeopathy and acupuncture, in contrast to the greater ignorance of phytotherapy and plants medicinal plants⁽¹⁴⁾.

In addition, users report that doctors and

pharmacists have insufficient knowledge regarding herbal medicine and feel distrust of conventional professionals because they consider that these resist the complementary therapies, especially the use of teas⁽⁹⁾.

Research carried out with doctors of the Family Health Strategy (FHS) revealed that the professionals are not encouraged to use PIC during the formation and professional performance, squared off with this practice by user demand. In addition, your information is predominantly informal sources and contact with other people, where they seek references to meet the working demands in the APS⁽¹⁴⁾.

A research developed with nurses of FHS found that knowledge of these is limited and informal; not only encountered obstacles to the consolidation of herbal medicine practices, as found by the devaluation difficulties on the part of management and of the other members of the work team⁽¹⁵⁾.

Despite institutional developments related to the PIC on APS in recent years, there are still many challenges to the full consolidation of this new culture of health among the population and health professionals. To do this, one must prioritize the enhancement of knowledge/popular culture; to discuss/build the PIC deployment strategies in primary health care and to train professionals with scientific technical knowledge to the use of the PIC, especially of herbal medicine, with the order to promote the health of individuals, families and communities.

PICs and invisibility in the field of health promotion

The analyzed articles (A1, A2, A3 and A4) identified a curator perspective related to PIC, directed to treatment, rehabilitation and prevention, without direct relation to health promotion. This was tackled superficially, without a broad understanding of what it means to promote it in fact. Particularly, A2 expressed that for the introduction of the PIC in the APS as a promoter of health strategy should be considered the different influences, such as management, institutional policy, involved professionals, local culture, among others.

The use of complementary therapies in health care is more a tool for the promotion of the completeness of the care. The Ministry of Health recommends the use of these practices within the SUS, especially in primary care, as a strategy to put

into practice the promotion, maintenance and restoration of health, because when looking at expanded health/disease process and the global promotion of human care notably the self-care and autonomy, stimulating a humanized and integral relationship between the subjects involved⁽¹⁶⁾.

The PIC are important tools for health promotion, enabling a new perspective on the health-disease process-watch, essentially holistic base and public pledges, seeking to understand health from the ways of being and living. This same study has identified the conceptual ambiguity that health promotion assumes the voice of professionals, to question the relationship of the PIC with health promotion, they focused on disease prevention, emphasizing phrases such as "prevent, take preventive information for groups and inform"^(4:5). In this context, there is need for investment in health practices that view the individual as a whole, with its potential, weaknesses and knowledge, which does not always match only with the look, but can walk side by side, in a balanced and coherent way⁽⁴⁾.

This discussion has revealed the need to move the health services, causing reflections on the processes of care, changing concepts and routines impregnated with convenience, in order to get a new health culture, in which the knowledge and practices of users are considered and valued by professionals. It is imperative that they can expand their conceptions and forms of care, including health promotion as a cross shaft your do, so that the PIC be included in real size, as empowerment practices, autonomy, physical, mental and care spiritual; as individual, social and collective health promotion practices.

Health education: need to think models and priorities of education

Articles assessed were unanimous in emphasising the need to invest in the training of health professionals since graduation, introducing the knowledge related to the PIC, so that the inclusion of these, in the curricula, contributes to professional practice and makes sense in reality of services (A1, A2, A3 and A4). In addition, the professionals acknowledged the contributions of complementary therapies for promotion, prevention and treatment in health, however, feel insecure, with little knowledge about the indication of these practices, highlighting importance include academic curricula subjects about the PIC, in order to disseminate knowledge and train

future professionals (A1, A3 and A4).

The curricular structures somehow impose limits on the formative process, being necessary to enable other experiences to students in partnership with community organizations and social movements in the area of health. Because it is through the principles of dialogue, respect for diversity and appreciation of collective subjects that people grow in vocational training⁽¹⁾. It is essential that use methodologies that promote the rapprochement between individuals, providing horizontal mixers, exchange of knowledge and freedom of expression⁽¹⁷⁾.

For different reasons the PIC wins the place of invisibility in the curricula of training courses of the health area, as follows: extremely scientific and biomedical culture, the professional corporatism, among others. Are scarce studies that evaluate the knowledge of health professionals on popular practices, or even the introduction of these practices in the curricula of healthcare majors. However, the data have access to reveal a grey scenario, that is, the knowledge of these therapies is given by common sense, there is little or no reflection in the classroom⁽¹⁾.

In research whose objective was to analyze the perception of professionals of the ESF in the city of Florianópolis on the PIC, all subjects agreed that these should be included in the courses of the health area⁽⁴⁾. Nursing and medicine have a differentiated's education proposal, in spite of this, it is observed that there is a still very fragmented and limited education to biological aspects. Currently, a movement that seeks to change this formation from restructuring of curricula, which may stimulate greater knowledge and interest about the PIC, but, for its execution in the SUS, it requires the integration of conventional medicine and the complementary practices in basic health units, a syncretic and respectful coexistence⁽¹⁸⁾.

At this level, it is understandable that the change of this scenario is tied to academic training and in the search for other forms of care, more natural, contributing to the improvement of the health of the population. A challenge to health professionals and to your training, one need to add other ways of seeing life, respecting the demands of user who comes to services⁽¹⁹⁾.

Study that examined nurses' knowledge about the herbal medicine, as well as the existence of training on this topic concluded that from all subjects, only four had already participated in some kind of qualification. Among these, one received information during graduation, other (ten) meet the field of herbal

medicine from the publications of the Ministry of health, with the creation of the Pharmacy program Alive, at the end of the Decade of 1990⁽²⁰⁾.

In this context, some experiences contributes to changing that scenario in Brazil. The nursing course, the Federal University of Sergipe (UFS), inserted in your new resume the discipline of Integrative and complementary health Practices. Within the College of nursing at the University of the State of Rio de Janeiro, in 1994 there was a curriculum reform which gave rise to the integrated curriculum, which adopted the critical theory of education as a reference and encompassed outstanding the problematic teaching methods⁽¹⁾.

Worldwide, there is evidence of attempts to overcome the problems with those teaching programs. In Australia, in Queensland, through a research project fact sheets were created about medicinal herbs that have been tested, and contributed to knowledge and better communication between professionals and patients. In Canada were introduced core competencies in herbal medicine for pharmacy students. In Germany, health professionals working in primary care have received training on the fundamentals of herbalism. And the authors also identified that learning about the same should be integrated to the training curricula and residences, thus ensuring a basic knowledge about this practice⁽⁹⁾.

The role of the Academy is expressive in the training of students in the area of health, giving visibility to other forms of care and the use of the PIC as a strategy for health promotion. The formative process of future professional skills beacon, thus, the undergraduate courses need to add new philosophies of teaching and learning, new ideas on the PIC and your relationship with health promotion, through courses, seminars, discussions, projects of teaching, research and extension.

FINAL CONSIDERATIONS

The PIC are part of people's everyday life, a tradition inherited from family and friends, and people generally resort to PIC, mainly to medicinal plants, regardless of indication of a health care professional.

The four studies brought important issues in relation to know popular and scientific related to PIC and know about the reflections in the careful users of health systems in Brazil and in Germany. In addition, signaling a curator perspective related to the PIC as a therapeutic resource primarily used for the treatment and rehabilitation, and can also be a tool of prevention, however, little directed to the field of health promotion. The articles also showed the need to invest in the formative processes of health professionals since graduation, in order to introduce the knowledge related to the PIC, aiming at the integral care to human beings, the promotion of health and the humanization of the professional and user relationship.

This study contributed in the context of professional practice, academic training and scientific area, since it identify a gap of knowledge in an emerging area, beaconing the need to rethink the teaching models in health, research and extension, as well as the processes of multiprofessional work on APS.

It was realized a limitation of studies on the subject in the searched time interval, which was a weakness for this review. It is recommended that if one extend the research on PIC and invest in methodologies for the awareness of actors involved in the context of primary care, aiming to extend the interface with health promotion, will favour the understanding and consolidation of the PIC in the scenario do in health.

PRÁTICAS INTEGRATIVAS E COMPLEMENTARES E A INTERFACE COM A PROMOÇÃO DA SAÚDE: REVISÃO INTEGRATIVA

RESUMO

As práticas integrativas e complementares (PIC) possuem uma interface com a promoção da saúde, especialmente por estimular uma visão holística e empoderadora sobre o ser humano. Este estudo teve como objetivo identificar as produções sobre as PIC na Atenção Primária e sua interface com a promoção da saúde. Trata-se de uma revisão integrativa realizada nas bases de dados: Literatura Latino-Americana e do Caribe em Ciências da Saúde, Índice Bibliográfico Espanhol em Ciências da Saúde, Sistema *Online* de Busca e Análise de Literatura Médica, Biblioteca *Cochrane* e Scientific Electronic Library Online, com a utilização da combinação dos descritores: *Complementary Therapies and Health Promotion and Primary Health Care*, nos idiomas português, espanhol e inglês, de 2005 a 2014. A análise dos dados seguiu a modalidade temática. Da busca emergiram 25 artigos, sendo incluídos quatro para análise e discussão. Desses, chegou-se a três categorias: Saber popular versus saber científico: implicações na saúde; As PIC e a invisibilidade no campo da promoção da saúde; Formação em saúde: necessidade de pensar os modelos e prioridades de ensino. Concluiu-se que as PIC possuem

pouca visibilidade pelos profissionais, no que tange à promoção da saúde, e constituem um modelo incipiente na formação em saúde.

Palavras-chave: Terapias complementares. Promoção da saúde. Atenção primária à saúde.

PRÁCTICAS INTEGRADORAS Y COMPLEMENTARIAS Y LA INTERFAZ CON LA PROMOCIÓN DE LA SALUD: REVISIÓN INTEGRADORA

RESUMEN

Las prácticas integradoras y complementarias (PIC) poseen una interfaz con la promoción de la salud, especialmente por fomentar una visión holística y fortalecedora sobre el ser humano. Este estudio tuvo como objetivo identificar las producciones sobre las PIC en la Atención Primaria y su interfaz con la promoción de la salud. Se trata de una revisión integradora realizada en las bases de datos: Literatura Latino-Americana y del Caribe em Ciências da Saúde, Índice Bibliográfico Español en Ciencias de la Salud, Sistema Online de Búsqueda y Análisis de Literatura Médica, Biblioteca Cochrane y Scientific Electronic Library Online, con la utilización de la combinación de los descriptores: Complementary Therapies and Health Promotion and Primary Health Care, en los idiomas portugués, español e inglés, de 2005 a 2014. El análisis de los datos siguió la modalidad temática. A partir de la busca surgieron 25 artículos, siendo incluidos cuatro para análisis y discusión. De ellos, llegamos a tres categorías: Saber popular versus saber científico: implicaciones en la salud; Las PIC y la invisibilidad en el campo de la promoción de la salud; Formación en salud: necesidad de pensar los modelos y prioridades de enseñanza. Se concluyó que las PIC poseen poca visibilidad por los profesionales, con respecto a la promoción de la salud, y constituyen un modelo incipiente en la formación en salud.

Palabras clave: Terapias complementarias. Promoción de la salud. Atención primaria de salud.

REFERENCES

1. Salles LF, Homo RFB, Silva MJP. Situação do ensino das práticas integrativas e complementares nos cursos de graduação em enfermagem, fisioterapia e medicina. *Cogitare Enferm* [online]. 2014 out.-dez. [citado 2017 set 19]; 19(4): 741-6. Disponível em: <http://revistas.ufpr.br/cogitare/article/view/35140/23941>.
2. Telesi Júnior E. Práticas integrativas e complementares em saúde, uma nova eficácia para o SUS. *Estud Av/ Inst. Av., Univ São Paulo*. 2016. [citado 2017 set 19]; 30(86): 99-112. Disponível em: <http://www.scielo.br/pdf/ea/v30n86/0103-4014-ea-30-86-00099.pdf>.
3. Cruz PLB, Sampaio SF. O uso de práticas complementares por uma equipe de saúde da família e sua população. *Rev APS* [online]. 2012 [citado 2017 set 19]; 15(4):486-95. Disponível em: <https://aps.ufjf.emnuvens.com.br/aps/article/download/1483/681>
4. Lima KMSV, Silva KL, Tesser CD. Práticas integrativas e complementares e relação com promoção da saúde: experiência de um serviço municipal de saúde. *Interface (Botucatu)* [online]. 2014 jun [citado 2017 set 19]; 18(49):261-72. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832014000200261&lng=en.
5. Aguiar ASCD, Mariano MR, Almeida LS, Cardoso MVLML, Pagliuca LMF, Rebouças CBDA. Percepção do enfermeiro sobre promoção da saúde na Unidade de Terapia Intensiva. *Rev Esc Enferm USP*. 2012 [citado 2017 set 19]; 46(2):428-35. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342012000200022.
6. Heidemann ITSB, Wosny ADM, Boehs AE. Promoção da Saúde na Atenção Básica: estudo baseado no método de Paulo Freire. *Ciência & Saúde Coletiva* [on-line]. 2014 [citado 2017 set 19]; 19(8):3553-9. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232014000803553&lng=en&nrm=iso.
7. Whittemore R, Knaf K. The integrative review: updated methodology. *J Adv Nur* [online]. 2005 [citado 2017 Sept 19]; 52(5):543-53. Disponível em: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.465.9393&rep=rep1&type=pdf>.
8. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 13ª ed. São Paulo: Hucitec; 2013.
9. Joos S, Glassen K, Musselmann B. Herbal Medicine in Primary Health care in Germany: The Patient's Perspective. *Evidence-Based Complementary and Alternative Medicine* [online]. 2012 [citado 2016 Aug 27]. Disponível em: <http://www.hindawi.com/journals/ecam/2012/294638/>.
10. Santos MC, Tesser CD. Um método para a Implantação e Promoção de acesso às Práticas Integrativas e Complementares na Atenção Primária à Saúde. *Ciênc. saúde coletiva* [online]. 2012 [citado 2016 ago 27]; 17(11):3011-23. Disponível em: <http://www.scielo.br/pdf/csc/v17n11/v17n11a17.pdf>.
11. Neves RG, Pinho LBD, Gonzáles RIC, Harter J, Schneider JF, Lacchini AJB. O conhecimento dos profissionais de saúde acerca do uso de terapias complementares no contexto da atenção básica. *R. pesq.: cuid. fundam.* [online]. 2012 [citado 2016 ago 27]; 4(3):2502-9. Disponível em: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1767/pdf_584.
12. Fischborn AF, Machado J, Fagundes NC, Pereira NM. A Política das Práticas Integrativas e Complementares do SUS: o relato de experiência sobre a implementação em uma unidade de ensino e serviço de saúde. *Cinergis, Santa Cruz do Sul* [online]. 2016 out.-dez [citado 2017 set 19]; 17(4 Supl.1):358-63. Disponível em: <https://online.unisc.br/seer/index.php/cinergis/article/view/8149/5358>.
13. Balbinot SI, Velasquez PGI, Düsman E. Reconhecimento e uso de plantas medicinais pelos idosos do Município de Marmeleiro – Paraná. *Rev. bras. plantas med.* [online]. 2013 [citado 2016 ago 27]; 15(4): 632-8. Disponível em: <http://www.scielo.br/pdf/rbpm/v15n4s1/02.pdf>.
14. Ischkanian PC, Pelicioni MCF. Desafios das práticas integrativas e complementares no SUS visando a promoção da saúde. *Journal of Human Growth and Development* [online]. 2012 [citado 2017 set 19]; 22(2): 233-8. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S0104-12822012000200016&lng=pt&tlng=pt.
15. Sampaio LA, Oliveira DRD, Kermtopf MR, Júnior FEDB, Menezes IRAD. Percepção dos enfermeiros da estratégia saúde da família sobre o uso da fitoterapia. *Rev Min Enferm.* [online]. 2013 [citado 2016 ago 27]; 17(1): 76-84. Disponível em: <http://www.reme.org.br/artigo/detalhes/580>.
16. Araújo ECA. Integralidade no cuidado pela enfermagem com a utilização da fitoterapia. *Revenferm UFPE online.* [online]. 2015 [citado 2016 ago 27]; 9(9). Disponível em: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/9145/pdf_8988.

17. Michelin SR, Marchi JG, Hyeda IS, Heidemann ITSB, Nitschke RG. Percepção das mulheres sobre promoção da saúde durante a consulta de enfermagem. *Cienc Cuid Saude* [online]. 2015 [citado 2017 set 19]; 14(1): 901-9. Disponível em: http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/20300/pdf_308.

18. Schweitzer MC, Zoboli ELCP. Papel das práticas complementares na compreensão dos profissionais da Atenção Básica: uma revisão sistemática. *Rev Esc Enferm USP*. 2014 [citado 2017 set 19]; 48(Esp):189-96. Disponível em: http://www.scielo.br/pdf/reeusp/v48nspe/pt_0080-6234-reeusp-48-esp-188.pdf.

19. Freitag VL, Dalmolin IS, Badke MR, Andrade AD. Benefícios do Reiki em população idosa com dor crônica. *Texto Contexto Enferm* [online]. 2014 [citado 2016 ago 27]; 23(4):1032-40. Disponível em: http://www.scielo.br/pdf/tce/v23n4/pt_0104-0707-tce-23-04-01032.pdf.

20. Neves RG, Pinho LBD, Gonzáles RIC, Harter J, Schneider JF, Lacchini AJB. O conhecimento dos profissionais de saúde acerca do uso de terapias complementares no contexto da atenção básica. *R. pesq.: cuid. fundam.* [online]. 2012 [citado 2016 ago 27]; 4(3):2502-9. Disponível em: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1767/pdf_584.

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