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# Traditional Medicine and Complementary/Alternative Medicine in Primary Health Care: The Brazilian Experience

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## 1. Introduction

Science has contributed a lot to longevity, as the discoveries of antibiotics and vaccines against diseases, for example, have been controlled or even extinct. But even with the hegemony of the biomedical model focused on allopathic medicine, the use of herbal and other therapeutic practices for the treatment of diseases has never been dropped. In an attempt to unite science and popular wisdom, medicine has been using more and more both practices to improve the quality of life.

Public health issues have always been a motive for reflection as they directly affect the quality of life of a nation. Making a socioeconomic, cultural and epidemiological analysis we realize that the changes in the modern world through the beginning of this century led to a social inequality and exclusion because of ineffective social policies and low public investment. Luz (2005) described the phenomenon of "health crisis" as an expression of an actual health crisis that generates levels of malnutrition, progressive increase in chronic degenerative diseases, new epidemics and diseases related to the collective malaise, such as anxiety, depression and panic. These diseases affect millions of individuals of the populations of almost every country in major cities, causing a situation of permanent suffering of the citizens and loss of many millions of dollars annually for the economies of these countries, in terms of days out of work and victims crowding the service of primary health care.

The scenario described has a direct impact on modern medicine. "Health crisis" paved the way for the institutionalization of other forms of treatment in public health service: Traditional Medicine and Complementary/ Alternative Medicine (TM/CAM) such as Homeopathy, Traditional Chinese Medicine and Herbal Medicine. These therapies have specific features in their practices, among these features is the attention and listening to patients and individualized therapy. Paradigmatic features of these medical rationalities, which put the patient in the center of medical activity, thus rescuing the art of healing (Araújo, 2008; Ferreira & Luz, 2007).

According to the World Health Organization (WHO), in 2011, between 70%, and 95% of citizens in a majority of developing countries, especially those in Asia, Africa, Latin America and the Middle East, were using traditional medicine, including herbal medicines, for the management of health and as primary health care to address their health-care needs and concerns. In addition, in some industrialized nations the use of traditional medication is equally significant. For instance: Canada, France, Germany and Italy, report that between 70% and 90% of their populations have used traditional medicines under the titles “complementary”, “alternative”, or “nonconventional” (WHO, 2011). Since the late 70’s, in various statements and resolutions, the WHO has expressed its commitment to encourage the formulation and implementation of public policies for integrated and rational use of Traditional Medicine and Complementary/Alternative Medicine in national health care as well as the development of studies for better scientific knowledge of its safety and efficacy. The document “WHO Strategy on Traditional Medicine 2002 - 2005” (WHO, 2002a) reaffirms the development of these principles.

Traditional Medicine and Complementary/Alternative Medicine introduced into the primary health care in the health system involves approaches that seek to encourage natural mechanisms of prevention and treatment of health disorders through safe and effective technologies. Furthermore, this approach is based on the emphasis in developing a therapeutic relationship and the integration of humans with the environment and society. Other points shared by the various approaches within this field are the broader view of the health-disease process and overall promotion of human care, especially self-care.

Brazil is the largest country in South America. It is the world's fifth largest country, both by geographical area and by population with over 190 million people (Brasil, 2011). In this country the legitimization and institutionalization of these approaches to health care were initiated in the 80's, especially after the creation of the Unified Health System (SUS) (Brasil, 1990). The SUS was created as part of the 1988 Federal Constitution to ensure that all Brazilians have universal, integral and equal access to public health care. It constitutes of a health system based on the undisputed premise of the Declaration of Alma-Ata, fruit of the "International Conference on Primary Health Care" in 1978 (WHO/UNICEF, 1978). For the Brazilian law *“health is everyone's right and duty of the state, guaranteed through social and economic policies aiming at reducing the risk of any illness and other disorders and providing universal and equalitarian access to actions and services for its promotion, protection, and recovery”*.

The SUS is characterized by the decentralization of actions and popular participation, which allowed states and cities to gain more autonomy in setting their policies and actions in health, contributing for the growth of pioneering experiments. This scenario was favorable to an innovative health policy, as the case of the National Policy of Integrative and Complementary Practices (PNPIC) in 2006 (Brasil, 2006a; Brazil 2008).

## **2. National Policy of Integrative and Complementary Practices (PNPIC) in the Unified Health System (SUS), Brazil**

The PNPIC was published in the Brazilian Official Gazette in May 2006. This policy caters mainly the need to understand, support, incorporate, and implement experiences with Integrative Practices that had already been developed in primary health care in many cities and states.

Among these health practices, we can highlight those in the Traditional Chinese Medicine, Acupuncture, Homeopathy, Herbal Medicine, Anthroposophical Medicine, and Hydrotherapy-Crenotherapy. These integrative practices are described below according to the definitions found in the PNPIC (Brasil, 2006a; Brazil, 2008).

## **2.1 Traditional Chinese Medicine**

The Traditional Chinese Medicine is characterized by an essential medical system, originated thousands of years ago in China. It uses language that portrays symbolically the laws of the nature and that it values the harmonic interrelation among the parts seeking integrality. Having Yin-Yang as the fundamental basis, the division of the world in two forces of fundamental principles, interpreting all phenomena in complementary opposites.

The objective of this knowledge is to obtain means of balancing such duality. It also includes the theory of the five movements that attributes all things and phenomena in nature as well as in the body, one of the five energies (wood, fire, earth, metal, and water). The Traditional Chinese Medicine uses elements of anamnesis, palpation of the pulse, and the observation of the face and of the language in its several treatment modalities.

Traditional Chinese Medicine includes acupuncture; corporal practices (lian gong, chi gong, tui-na, tai-chi-chuan); mental practices (meditation); diet orientation; and the use of medicinal plants (Traditional Chinese Phytotherapy), related to the prevention of injuries and diseases, health promotion and recovery.

All treatment modalities are important and are covered in the PNPIC, acupuncture will be deeply studied in this chapter.

### **2.1.1 Acupuncture**

Acupuncture is a health intervention technology that approaches in an integral and dynamic way the health-disease process in the human being, and could be used alone or in an integrated way with other therapeutic resources. Original of the Traditional Chinese Medicine, acupuncture comprises a group of procedures which allows the necessary stimulus of specific anatomical places through the insertion of threadlike metallic needles for the promotion, maintenance and recovery of health, as well as for the prevention of injuries and diseases.

Archeological findings allow us to suppose that this knowledge source remounts from at least 3,000 years. The Chinese denomination zhen jiu, which means needle (zhen) and heat (jiu) was adapted in the reports brought by the Jesuits in the 17th century, resulting in the word acupuncture (derived from the Latin words acus, needle and punctio, puncture). The therapeutic effect of the stimulation of neuroreactive areas or “acupuncture points” was first described and explained in a language of time, symbolic and analogical, consonant with the Chinese classic philosophy.

In the western societies, starting from the second half of the 20th century, acupuncture was assimilated by the contemporary medicine, and thanks to the scientific researches undertaken at several countries both eastern and western, their therapeutic effects were recognized and they have been explained gradually in scientific works published in

respected scientific magazines (Aune et al., 1998; Ballegaard et al., 1990; Bullock et al., 1989; David et al., 1998; Diehl, 1999; Dundee et al., 1987; Jobst et al., 1986; Joshi, 1992; Lao et al., 1995; Lee et al., 1992; Petrie & Hazleman, 1986; Vincent, 1989; Vilholm et al., 1998; Washburn et al., 1993; Wong et al., 1999). It is now admitted that the stimulation of acupuncture points provokes the release, in the Central Nervous System, of neurotransmitters and other substances responsible for the responses of pain relieve promotion, restoration of organic functions and immunity modulation.

WHO recommends acupuncture to its Member States. In 2003 the WHO published a document entitled "Acupuncture: Review and analysis of reports on controlled clinical trials" in which presents the results of controlled clinical trials. In this paper it was analyzed the effectiveness of acupuncture compared with conventional treatment of 147 diseases, symptoms and health conditions (WHO, 2003).

In Brazil, acupuncture was introduced about 40 years ago. In 1988, through the Resolution no. 5/88 of the Planning and Coordination Interministerial Commission (Ciplan) (cited in Brasil, 2006a), acupuncture had their norms established for the service in the public health service. Several Health Professional Councils recognize acupuncture as a specialty in our country, and training courses are available in several states.

According to the diagnosis made by the Ministry of Health in 2004 (Brasil, 2006a; Brazil, 2008) found that acupuncture was present in 19 states, distributed in 107 municipalities and 17 capitals.

## 2.2 Homeopathy

Homoeopathy is a complex medical system bases on holistic and vital principle and in the use of the natural law of healing which was enunciated by Hippocrates in the 6th century b.C. It was developed by Samuel Hahnemann in the 18th century. After studies and reflections based on clinical observation and in experiments accomplished at the time, Hahnemann systematized the philosophical principles and doctrinaire of homeopathy in his works "Organon of the Art of Healing" and "Chronic Diseases". Since then, this medical thinking has experienced great expansion in different places of the world, and today it is firmly established at several countries of Europe, America and Asia.

In Brazil, homeopathy was introduced by Benoit Mure in 1840, and has become a new treatment option. In 1979, the Brazilian Homeopathic Medical Association was founded. In 1980, homeopathy was recognized as a medical specialty by the Federal Council of Medicine (Conselho Federal de Medicina, 1980). In the 1980s, some Brazilian states and municipalities started to offer homeopathic services as a medical specialty to the users of public health services, but as isolated initiatives and, sometimes discontinued because of the absence of a national policy. In 1988, with the Resolution no. 4/88, CIPLAN (cited in Brasil, 2006a), established rules for the service in Homeopathy in the public health services and, in 1999, the Ministry of Health places in the SUS template the medical consultation in homeopathy

With the establishment of SUS and the decentralization of the management, the homeopathy service increased. Such progress can be observed in the number of homeopathy consultations that, since its placement as a procedure in the SUS template, is showing an annual growth around 10%. In 2003, the SUS information system and the diagnosis data

done by the Ministry of Health in 2004 showed that homeopathy is present in the public health network in 20 states, 16 capitals, 158 municipalities, counting with 457 homeopathy medical professionals registered.

Homeopathy is present in at least 10 public universities, in teaching, research or attention activities, and counts with courses for training Homeopathy specialists in 12 states. It also counts with training of Homeopathy Doctors approved by the National Commission of Medical Residence. Despite an increase of the services offered, the pharmaceutical attention in homeopathy does not follow this tendency. According to a survey done in 2000 by Brazilian Homeopathic Medical Association (Brasil, 2006a; Brazil, 2008), only 30% of the homeopathy services of the SUS network supplied homeopathic medicines. In 2003, in The report of the 1st National Conference on Medicines and Pharmaceutical Care, held in 2003 (Brasil, 2005) recommends "Establish mechanisms that facilitate the provision of homeopathic medicines to SUS users through the deployment of homeopathic pharmacies in public " and "ensure that private homeopathic pharmacies are complementary to the public health service providing users with full access to homeopathic medicines" .

The survey data done by the Ministry of Health in 2004, revealed that only 9.6% of the municipalities which informed having homeopathy services had Public Manipulation Pharmacies.

### **2.3 Medicinal plants and phytotherapy**

Phytotherapy is a "therapeutic process characterized by the use of medicinal plants in their different pharmaceutical forms, without the use of isolated active substances, although of vegetable origin". The use of medicinal plants in the art of healing is an ancient form of treatment, related to the origins of the medicine and based in the accumulation of information by successive generations. Along the centuries, products of vegetable origins constituted the basis for treatment of different diseases.

Since the Declaration of Alma-Ata in 1978, WHO has been stating its position regarding the need of valuing the use of medicinal plants in the sanitary scope, knowing that 80% of the world population use those plants on preparations in what refers to the primary health attention. Besides that, it stands out the participation of developing countries in such process, since they have 67% of the world's vegetable species (WHO/UNICEF, 1978).

Brazil possesses great potential for the development of such therapeutics, as the country with the largest vegetable diversity in the world, wide social diversity, the use of medicinal plants linked to the traditional knowledge and technology to scientifically validate such knowledge. In fact, some medicinal plants and herbal medicines were evaluated in clinical trials, scientifically proven supported by evidence-based medicine (Blumenthal et al., 1998; WHO, 1999, 2002b).

In Brazil, the popular and institutional interest has been growing in the sense of strengthening phytotherapy in SUS. This theme and subsequent insertion of phytotherapy in the health service was the result of a long walk (Rosa et al., 2011). This subject was raised on several occasions, as in 1986, the 8th National Health Conference (Brasil, 1986), when it was recommended the introduction of traditional healing practices in public health care. Some initiatives that incorporate the use of available scientific and popular knowledge have

shown promising results and visible growth, as the project "Living Pharmacies" (Matos, 1998), Federal University of Ceará (UFC), organized under the influence of the WHO recommendations on the use of medicinal plants in programs for primary health care.

Below the main documents and publications that guarantee phytotherapy in SUS:

- 1988. It was published the Ciplan resolution no 8/88 (cited in Brasil, 2006a),, which regulates the implementation of phytotherapy in the health services and creates procedures and routines related to its practice in the medical units;
- 1996. The Report of the 10th National Health Conference, held in 1996 (Brasil, 1998a), which states in: "to incorporate in SUS, through the entire country, the practices of health such as phytotherapy, acupuncture and homeopathy, contemplating the alternative therapies and popular practices" and in another item: "the Ministry of Health should stimulate phytotherapy use in the public pharmaceutical assistance and elaborate norms for its use, thoroughly discussed with health professionals and specialists, in cities where larger popular participation is a reality and with more engaged managers to the issue of citizenship and popular movements".
- 1998. The Administrative Rule no. 3916/98 (Brasil, 1998b), which approved the National Drugs Policy, which establishes in the scope of its guidelines for scientific and technological development: "... it should be continued and expanded the support to research that seek the use of the therapeutic potential of our flora and national fauna, emphasizing the certification of their medicinal potential".
- 2003. The report of the 1st National Conference on Medicines and Pharmaceutical Care, held in 2003 (Brasil, 2005) which among its recommendations states:
  - Provide a review of the Brazilian Pharmacopoeia, including and extending it in relation to herbal products, taking into account the regional character;
  - Support and encourage funding for research and development of the practice of organic farming of medicinal plants and deployment of services using herbal medicines in the public with the support of state and federal government;
  - Define and standardize herbal medicine services, organized by level of complexity of health care, with skilled human resources, incorporating traditional knowledge;
  - Develop in public universities, public research institutions and official laboratories, scientific research to the production of drugs, including studying and preserving the flora and fauna of Brazil, which meet local and regional needs;
  - Develop projects to encourage the production and rational use of herbal medicines.
- 2003. The report of the 12th National Health Conference held in 2003 (Brasil, 2003), which points out the need of "investing in research and technology development for the production of homeopathic medicines and medicines from the Brazilian flora, favoring the national production and the implementation of programs for the use of homeopathic medicines in the health services, in accordance with the recommendations of the 1st National Conference on Medicines and Pharmaceutical Care (Brasil, 2005)".
- 2004. The Resolution no 338/04 from the National Health Council (Brasil, 2004a) which approves the National Policy of Pharmaceutical Assistance, that contemplates in its strategic axes, the "definition and agreement of intersectorial actions which intends the use of the medicinal plants and herbal medicine in the process of health attention, respecting the traditional knowledge incorporated with scientific rationale, adopting policies of generation of work and income, with training and establishment of

procedures, involving the health professionals in the process of incorporation of this therapeutic option and based on the incentive to the national production, with the use of the existent biodiversity in the country”.

- 2006. In June, the same month the National Policy of Integrative and Complementary Practices was published (Brasil, 2006a; Brazil, 2008), the National Policy of Medicinal Plants and Herbal Medicines was also published (Brasil, 2006b), prepared by the Interministerial Working Group formed by representatives of the Ministries of Health, National Integration, Development, Industry and Foreign Trade, Agricultural Development, Science and Technology, Environment, Agriculture, Livestock and Supply; Social Development and Fight Against Hunger, in addition to the National Agency of Sanitary Surveillance, Oswaldo Cruz Foundation (Fiocruz) and the Civil House. This policy includes guidelines that go beyond the spheres of the health care sector and covers the entire production chain of medicinal plants and herbal products. Through the actions arising out of this policy the government in partnership with the company seeks to ensure access to the Brazilian population safe and rational use of medicinal plants and herbal medicines, promoting the sustainable use of biodiversity, the development of the productive chain and national industry.

In a survey done by the Ministry of Health in 2004 (Brasil, 2006a; Brazil, 2008) it was verified that in all Brazilian municipalities phytotherapy is present in 116 municipalities, contemplating 22 states. There are state and municipal programs of phytotherapy, from those with therapeutic memento and specific regulation for the service, implemented more than 10 years ago, to those recently started or with intention for implementation.

## 2.4 Anthroposophical Medicine

Anthroposophical Medicine was introduced in Brazil approximately 60 years ago and consists of a complementary medical/therapeutic approach with a vitalistic orientation, with a care model organized in a cross-disciplinary manner seeking the integrality of health care. Anthroposophical doctors use the Anthroposophical Medicine knowledge and resources as tools to expand clinical treatment, and their practice was accredited by the Federal Medical Board's Opinion 21/93 of Nov. 23, 1993 (Conselho Federal de Medicina, 1993).

Resources supporting this medical approach include the use of homeopathic and herbal medicines and specific anthroposophical medicines. It provides for the activity of other health professionals integrated with the doctor's work, according to the specificities of each category.

Experiences in public health have offered contributions to the fields of people's education, art, culture, and social developments. There are a few experiences at the SUS, including the service of “non-allopathic practices” in Belo Horizonte, in which Anthroposophical Medicine was officially introduced into the municipal network, together with Homeopathy and Acupuncture (Brasil, 2008a). In 1996, the Municipal Department of Health of Belo Horizonte conducted the first specific competitive examination for admission of an anthroposophical doctor into the SUS. In November 2004, the service completed 10 years of existence, with an ever-increasing number of patients seen.

In the municipal public network in São João Del Rei, Minas Gerais, a multi-disciplinary Family Health team has developed for more than six years an innovative experience based on the use of external applications of herbal medicines and other approaches (Brasil, 2008b).

In addition, the outpatient facility of the Monte Azul Community Association in São Paulo has offered care based on this approach for 25 years, as an informal part of the local referral network, with a non-allopathic practice center (massage, art therapy, and external applications) (Associação Comunitária Monte Azul/SP, 2011). Since 2001, the Association has had a partnership with the Municipal Department of Health for the implementation of the Family Health Strategy in that municipality.

Due to its reduced presence at the SUS and based on initial positive evaluations on the insertion of the services, this Anthroposophical Medicine Policy proposes the implementation of Observatories, based on the consolidated experiences, to deepen knowledge on their practices and impact on health.

## **2.5 Social thermalism/crenotherapy**

Thermalism constitutes the different ways of mineral water use and its application in health treatments. Crenotherapy consists of the prescription and use of mineral water with therapeutic purposes in a complementary way to other health treatments.

The use of mineral water in the treatment of health is a very ancient procedure, used from the time of the Greek Empire. It was described by Herodotus (450 B.C.), the author of the first scientific publication on thermalism.

In Brazil, crenotherapy was introduced with the Portuguese colonization, which brought to the country the habits of using mineral water for health treatment. For some decades it was considered a valuable and highly respected discipline present in medical schools such as Federal University of Minas Gerais (UFMG) and Federal University of Rio de Janeiro (UFRJ). After the end of the Second World War, this field of study suffered considerable reduction of its scientific production and popularization with the changes in the field of medicine and of the social health production as a whole.

Starting from the decade of 1990s, the Thermal Medicine started to be dedicated to collective approaches, as much of prevention as of promotion and recovery of health, inserting in this context the concept of Health Tourism and Social Thermalism, whose main objective is the search and the maintenance of health.

European countries like Spain, France, Italy, Germany, Hungary, among others, adopt Social Thermalism since the beginning of the 20th century, as a way of presenting to senior people treatments in specialized thermal establishments, aiming to provide with the senior people the access to the use of the mineral water with medicinal properties, to health recovery as well as health maintenance.

Thermalism, had an active role in some municipal health services with thermal sources, as it is the case of Poços de Caldas in Minas Gerais.

The Administrative Rule from the National Health Council no 343 of October, 2004 (Brasil, 2004b) is an instrument of empowerment of the definition of government actions that involves the revaluation of mineral water springs, its therapeutic aspect, and the definitions of mechanisms of prevention, supervision, and control, besides the incentive for research in the area.

### **3. Brazilian experiences with Traditional Medicine and Complementary/Alternative Medicine in the Unified Health System (SUS)**

#### **3.1 Homeopathy used in fight against Dengue**

Dengue is an example of a disease that may constitute a public health emergency of international concern with immense economic and social impact. It is transmitted by the *Aedes aegypti*, is the most rapidly spreading mosquito-borne viral disease in the world. Data released by the WHO (2009) show that, in the last 50 years, incidence has increased 30-fold with increasing geographic expansion to new countries and, in the present decade, from urban to rural settings. An estimated 50 million dengue infections occur annually and approximately 2,5 billion people live in dengue endemic countries. In Southern Cone countries (Brazil, Argentina, Chile, Paraguay e Uruguay) in the period from 2001 to 2007, 2,798,601 of dengue cases were notified of which 6,733 were Dengue Hemorrhagic Fever with a total of 500 deaths. Some 98.5% of the cases were notified by Brazil which also reports the highest case fatality rate.

Symptoms of the sickness may initially be confused with a cold. There are two kinds of dengue, the classic, named Dengue Fever or just Dengue and the Dengue Hemorrhagic Fever. The Dengue Hemorrhagic Fever has all the clinical symptoms of classic one, which starts with a fever, splitting headache, pain in the eyes, severe muscle and joints pain, plus hemorrhagic symptoms that go from bleeding gums, nosebleeds, the appearance of marks on the skin, and some more serious cases, stomach bleedings (Centers for Disease Control and Prevention, 2011). People who think they have dengue should rest, drink plenty of fluids to prevent dehydration and consult a physician. For Dengue Hemorrhagic Fever, if a clinical diagnosis is made early, a health care provider can effectively treat Dengue Hemorrhagic Fever using fluid replacement therapy. Adequately management of Dengue Hemorrhagic Fever generally requires hospitalization.

There is not a vaccine yet or even specific medication for treatment of a dengue infection. Thus the only strategy to fight outbreaks of the disease is the control of the mosquito *Aedes aegypti* proliferation.

The experience of homeopathy to fight Dengue in Brazil was described by two researches, Marino (2008) in the city of São José do Rio Preto, state of São Paulo and Nunes (2008) in the city of Macaé, state of Rio de Janeiro. Both cities are located in the Southeast, the region with the largest population of the country.

Marino (2008), described the use of the homeopathic remedy *Eupatorium perfoliatum* in dilution 30cH in single doses to prevent Dengue fever. The study was conducted in the Cristo Rei area, the neighborhood with the highest incidence of Dengue in São José do Rio Preto in May 2001. The remedy was chosen by applying the principles of epidemic genus, considering the symptoms obtained in patients residing in the same neighborhood between March and April 2001 with confirmed diagnosis of Dengue. At the time, 4,850 residents lived in the neighborhood, 1,959 individuals (40.2%) took the homeopathic remedy. After the homeopathic intervention, Dengue incidence decreased by 81.5%, a highly significant decrease as compared with neighborhoods that did not receive homeopathic prophylaxis ( $p < 0.0001$ ). Decrease in the number of cases in the neighborhoods considered between the

first period - incidence of Dengue from January 1st to May 4th 2001- and the second period - reported cases from May 5th to December 31st 2001 - dramatically demonstrates the fall in incidence in Cristo Rei area. The author does not examine biases or factors that may have confounded this association.

Six years after this experience, in 2007, facing an aggravation of the epidemiological status of Dengue in São José do Rio Preto and neighboring counties, the Municipal Secretary of Health and Hygiene (SMSH) decided to implement the actions indicated in National Policy of Integrative and Complementary Practices for the national public health system. In this context, a homeopathic complex composed of *Eupatorium perfoliatum*, *Phosphorus* and *Crotalus horridus* - all in dilution 30cH, in a single dose of 2 drops p.o. was administered for Dengue prevention. It was hoped that such prophylaxis would attenuate the intensity of symptoms of Dengue and prevent hemorrhagic complications. From March 15th to 22nd 2007, 20,000 doses of homeopathic complex against Dengue were administered to the population of São José do Rio Preto, in accordance with the Health Secretary program aimed at including this resource in the ongoing fight to combat Dengue fever. The use of the homeopathic complex was restricted to this single week in March 2007 due to a disagreement between the State and Municipal Secretaries of Health giving rise to a serious institutional crisis widely reported by Brazilian media, creating feelings of doubt and confusion among the population. This situation also seriously impeded this research, limited to a small sample and inadequate controls (Marino, 2008).

Since the experiment conducted in the state of Rio de Janeiro, city of Macaé with complex homeopathic *Eupatorium perfoliatum*, *Phosphorus* and *Crotalus horridus* - all in dilution 30cH proposed by Marino (2008) could be completed without political and administrative problems. The remedy was prescribed in single doses, 2 drops p.o. for prevention purposes. In symptomatic cases suggesting dengue, the patient received at the public outpatient clinic a 5 ml vial of homeopathic remedy, to take 5 drops p.o. 3 times a day for one week. Educational materials were distributed among the population, explaining features of homeopathy: composition of remedies, expected effect, target population, side-effects, corresponding legislation, prevention regarding the mosquito and information on the disease and the fluxogram of treatment. Health workers were specifically trained; a "Routine for the assistance of patients suspected of dengue" included a protocol for the use of homeopathy. The estimated population of Macaé was 180,000 inhabitants. 156,000 doses of homeopathic remedy were freely distributed in April and May 2007 to asymptomatic patients and 129 doses to symptomatic patients treated in outpatient clinics. The incidence of the disease in the first three months of 2008 fell 93% by comparison to the corresponding period in 2007, whereas in the rest of the State of Rio de Janeiro there was an increase of 128%. While confounding factors were not controlled for, these results suggest that homeopathy may be an effective adjunct in Dengue outbreak prevention (Nunes, 2008).

Using these data, a Brazilian pharmaceutical company, registered homeopathic complex *Eupatorium perfoliatum*, *Phosphorus* and *Crotalus horridus* in dilution 30cH developed by Marino (2008) in National Health Surveillance Agency (ANVISA). Since December 2008, this product can be purchased at pharmacies and drugstores.

### **3.2 Alternative Medicine Hospital – Goiânia/Goiás**

The city of Goiânia is the capital of the state of Goiás, located in the central region of the country. According to the census conducted by the Brazilian Institute of Geography and Statistics in 2010, Goiânia is the twelfth most populous city in Brazil with 1,302,001 inhabitants (Brasil, 2011). The Alternative Medicine Hospital (HMA) in the city of Goiânia has been running, maintained by the State Secretary of Health. Despite the name this institution as a hospital only has outpatient care.

The pioneer history Alternative Medicine Hospital began in August 1986, when an agreement was established between the Secretary of Health of the State of Goiás, Ministry of Health of Brazil and the Brazilian Institute of Science and Technology Maharishi (IBCTM). The first action taken by the new institution was the creation of the first course about Ayurvedic Phytotherapy, ancient therapeutic method of Indian origin, unheard in Brazil until then. In February 1987 an outpatient service and a small pharmaceutical laboratory were implemented, which served as internship for the doctors and pharmacist students. In April 1988 this service was transferred to a location where it still works today, and in September 1988 became a specialized hospital belonging to the chain of the Secretary of Health of the State of Goiás and received the current name: Alternative Medicine Hospital (Secretária da Saúde do Estado de Goiás, 2011a).

The care service that the HMA aims to achieve is harmonization of the individual. Understanding the patient holistically and investigating all possibilities for the total stabilization of the patient, this service seeks to promote and maintain health care in primary care. For this purpose appointments, group therapy, lectures and consultations with other health professionals such as psychologists, nutritionists, nurses, speech therapists, physiotherapists and social works are offered.

The HMA has a garden, a unique experience in the public health in Brazil. In this case the local medicinal plant identification, growing and harvesting guided by specialized agronomists.

The number of consultations were reported in the HMA. In the year 2007 were 7,191 specialty consultations in herbal medicine, 10,109 consultations in the specialty of homeopathy, acupuncture consultations in 2,058 and 10,472 visits in other fields: psychology, nutrition, social work, nursing and physiotherapy. In 2010 were 5,963 specialty consultations in herbal medicine, 7,356 consultations in the specialty of homeopathy, in acupuncture consultations 1,777 and 13,135 visits in other fields: psychology, nutrition, social work, nursing and physiotherapy (Secretária da Saúde do Estado Goiás, 2011b).

### **3.3 The corporal practice Lian Gong - Traditional Chinese Medicine in the city of Suzano/ São Paulo**

The Lian Gong is a corporal practice established in the 70's by Dr. Zhuang Yuan Ming, a doctor of Traditional Chinese Medicine orthopedic surgeon who lives in Shanghai, China. The word "Lian" means train, but also to forge and "Gong" means work, experience, skill. That is, train and exercise a prolonged and persistent work that achieves a high level of skill (Lee, 2006).

This exercise technique was developed to prevent and treat pain in the body and restore its natural movement. The practice of Lian Gong is based on the same basic concepts of Traditional Chinese Medicine that underlie the Tui Na massage, acupuncture, Chinese

herbal medicine and Qi Gong: Qi, Meridians and the Yin and Yang. Exercises are preventive and curative, whose practice sets in motion the "Chi" (vital energy) in particular the "Zhen Chi" or "Chi True" in the body, these terms found in the fundamentals of Traditional Chinese Medicine, which advocates the following: "When the Zhen Chi is fully inside the human body, the negatives can not invade".

According to Lee (2006) Lian Gong regularly practiced strengthens the health, strengthens and enhances the therapeutic effect, shortens the treatment time. For sedentary people, Lian Gong provides balancing motion and rest, preserving the functioning of the body and prevents disease. It operates in internal organ disorders and respiratory problems. It also helps in blood circulation, dissolve adhesions and inflammation of the tendons.

Thus, the Lian Gong is an exercise therapy for the treatment and prevention of diseases but also for longevity.

In the city of Suzano - located in the state of São Paulo with 262,568 inhabitants (Brasil, 2011) Lian Gong was implemented in an orderly fashion in 1999. Initially it aimed to promote care for the users of the municipal health monitoring programs of hypertension and diabetes (Brazil, 2008c). In October 2006, however, the Lian Gong became more visible when the city was the one selected by the Ministry of Health to invest in the experience of practice as a way of expanding health promotion activities in the municipality. The city acquired resources to be used specifically in the growth of this practice as an incentive for Surveillance and Prevention of Disease and Non-Communicable Diseases, with emphasis on corporal practices and physical activity.

Currently the city of Suzano estimates that more than 2,200 people across the city are adept at Lian Gong, mostly female. A survey of 150 practitioners of last year, pointed out interesting data on the Chinese corporal practice: most of the practitioners are in the age range between 50 to 70 years. Most of these people are referred by the Family Health Strategy<sup>1</sup>, to complement the treatment in controlling blood pressure - main complaint indicated by the survey (Brazil, 2008c).

Of these 150 people, 47% said that the number of doctors prescriptions were reduced after the adoption of the practice of Lian Gong, 83% of respondents admitted mood enhancement and 80% said there was improvement in feeding, sleep and expansion of social networking and family.

According to the Municipal Health Secretary, the Lian Gong is now a social achievement. There are 32 groups in activity in Suzano, eight monitors that rely on the work of Community Health Agents<sup>2</sup> and trained volunteers who are responsible for conducting classes. The average number of popular participation in each of these groups is 70 people.

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<sup>1</sup> In Brazil, Family Health is understood as a strategy for reorienting the care model, operationalized through the implementation of multidisciplinary teams in health care. These teams are responsible for monitoring a number of families, located in a defined geographical area. The teams with the actions of health promotion, prevention, recovery, rehabilitation of most frequent diseases and disorders, and in maintaining the health of the community served.

<sup>2</sup> Team member of the Family Health Strategy. It is a resident of community served the position which has to be an essential link between the community and the health system.

The regular activities are carried out in the Basic Health Unit / Family Health (UBS / SF) and other community centers throughout the city.

### 3.4 Phytotherapy in the Basic Health Units – Vitória/Espírito Santo

The city of Vitória is the capital of the state of Espírito Santo, located in the southeast region with 325,453 inhabitants (Brasil, 2011). A survey conducted by the city of Vitória, in 1990, pointed out the 1,000 families interviewed, 95% had the habit of using herbs medicines and teas to treat some diseases, before seeking medical attention. Flu, colds, dyspepsia and worms were the most common diseases treated by the citizens who responded to interview (Brasil, 2008d).

Another survey was conducted with professionals from the municipal health care, where it was observed that the 44 doctors interviewed, 61.3% had an interest in prescribing herbal medicines to their patients. With these data, the Municipal Health Secretary introduced the Herbal Medicine Program in Vitória. The justification of program implementation was the integration of popular knowledge and medical practice, making it a therapeutic option, respecting pharmacological and clinical criteria.

However, the program only became institutionalized in 1996 and that same year, the city opened the Herbal Medicines Pharmacy. The pharmacy then went to work with several medicinal plants, offering users the primary care natural medicines of great acceptance and with less risk side. Since 1998, with the implementation of the Family Health Strategy in Vitória, the dispensing of these drugs has to be made in the Basic Health Units (UBS), by prescription. Subsequently, some herbal medicines selected were included in the Municipal Register of Essential Medicines (REMUME).

The Herbal Medicines Pharmacy was in operation in the city until 2004, when the city opted for the acquisition of manufactured drugs through purchase complying with certain criteria of public administration.

The Municipal Health Secretary provides healthcare professionals of Primary Care/Family Health with training courses in herbal medicine, available for physicians and community health agents. The course is divided into: a survey of the traditional use through home visits, identification of most often cited botanical species; notions of pharmacology and pharmacognosy; preparation of homemade forms; toxicity; notions of health surveillance, indications and contraindications.

This type of therapy is so widespread in the city of Vitória that more than 110 physicians across the network of primary care often prescribe these drugs. With these physicians, a survey was made in 2003 by Municipal Health Secretary about the satisfaction with the use of herbal medicines, which resulted in meaningful indicators: 70% considered good results, 54% were satisfied with the herbal medicine, 93% considered good user acceptance.

Since 1997 there has been a growth of 110% in the number of prescriptions for herbal medicines. Only in 2002 16,918 formulations were prepared of a total of 11,138 prescriptions served in the city.

There is strict technical criteria for the drugs to reach the users with quality. In Vitória, Pharmacies in the Basic Health Unit/ Health Family you can find the following herbal products: *Achillea millefolium* L., *Ageratum conyzoides* L., *Baccharis trimera* Mart.,

*Calendula officinalis* L., *Verbenaceae* *Cordia* D.C. *Erythrina mulungu*, *Matricaria recutita* L. *Maytenus ilicifolia* Mart. *Melissa officinalis* L., *Mikania giomerata* Spreng., *Passiflora edulis*, *Phyllanthus niruri*, *Plantago major* L. (Brasil, 2008d).

#### **4. The implementation of the National Policy of Integrative and Complementary Practices (PNPIC): Goals and challenges**

Due to the absence of specific guidelines, the experiences conducted in state and municipal public network have occurred in an unequal and discontinued manner and often without due registration, adequate supply of inputs, or follow up and assessment actions. Based on the current experiences, the PNPIC defines the approaches of the Traditional Medicine and Complementary/Alternative Medicine in the SUS considering also the increasing legitimacy of such experiences by society.

According to the PNPIC (Brasil, 2006a; Brazil, 2008) objectives of the Policy are:

- To incorporate and implement the Traditional Medicine and Complementary/Alternative Medicine in the SUS, in the perspective of injury prevention and the promotion and recovery of health, with emphasis in the basic attention, for the continuous humanized and integral health care.
- To contribute for the increase of the System resolubility and broader access to the Traditional Medicine and Complementary/Alternative Medicine, ensuring quality, effectiveness, efficiency and safety in its use.
- To promote the rationalization of health actions, stimulating innovative and socially contributive alternatives to the sustainable development of the communities.
- To stimulate actions regarding the social control/ participation, promoting the responsible and continuous involvement of the users, managers and professionals in the different instances of health policies effectiveness.

Some points still represent major challenges. Overcoming these challenges will depend essentially on the prioritization of the Traditional Medicine and Complementary/Alternative Medicine in government plans and the coordination between civil society and the health system. Among the main challenges listed below are considered the most immediate and strategic development the PNPIC in the SUS:

- Viability of training and qualification of professionals in adequate numbers, to work with Traditional Medicine and Complementary/Alternative Medicine;
- Implementation Monitoring and Evaluation, considering the general policy guidelines, the institutionalization of the evaluation of primary care, the specifics of each component and system levels;
- Provision of material resources (homeopathic / herbal medicines, needles for Traditional Chinese Medicine/acupuncture);
- Implementation of Research in Traditional Medicine and Complementary/Alternative Medicine, encouraging the expansion of knowledge, considering the needs and SUS guidelines, among others (Simoni et al., 2008).

Rosa et al. (2011) pointed out that it is not enough governments to institute Traditional Medicine and Complementary/Alternative Medicine or even law enacted to ensure that they offer quality, it is necessary to promote opportunities for discussion in both academic spaces and services, considering the difficulties to use a "new" paradigm of health care.

## 5. Final considerations

In this chapter only some experience of Traditional Medicine and Complementary/Alternative Medicine in health services could be described. However, there are in all regions in all 26 states and the Federal District of the Federative Republic of Brazil, experiences being developed on this topic (Brasil, 2008a; Brasil, 2008b; Brasil, 2008c; Brasil, 2008d; Brasil, 2008e; Brasil, 2008f; Brasil 2008g). Such experiences can serve as references for health services that ensure the universality in the SUS.

The introduction of the Integrative and Complementary Practices in the Primary Health Care seek the improvement of the services provided as well as the number of different approaches in the process of delivering health. Public health policies coupled with the WHO encouragement materialize such a priority, revealing the necessary safety, efficacy, and quality from the perspective of integral health care. Not many countries have national policies for traditional medicine. Regulating traditional medicine products, practices and practitioners is difficult due to variations in definitions and categorizations of traditional medicine therapies. A single herbal product could be defined as either a food, a dietary supplement or an herbal medicine, depending on the country. This disparity in regulations at the national level has implications for international access and distribution of products (WHO, 2005).

It is observed that the institutionalization of Integrative and Complementary Practices in Brazil has been a historically built process. It was the result of years of debate on the topic and involved both the scientific community and civic society.

The SUS was created in 1990. After 20 years of its creation, is in a consolidation process. The insertion of Traditional Medicine and Complementary/Alternative Medicine system is contemplating the doctrinal principles of SUS (universality, equity and integrality) and helps to strengthen the system, which is a social victory of the Brazilian people.

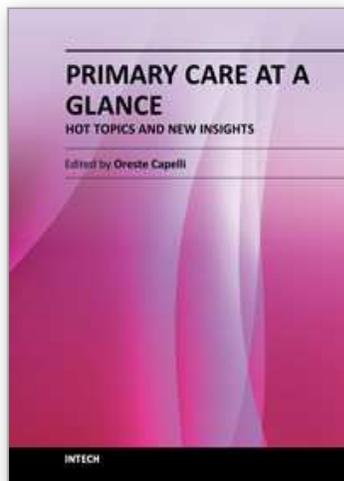
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## **Primary Care at a Glance - Hot Topics and New Insights**

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"Both among scientists and clinical practitioners, some find it easier to rely upon trivial explanations, while others never stop looking for answers". With these surprising words, Augusto Murri, an Italian master in clinical medicine, reminds us that medical practice should be a continuous journey towards knowledge and the quality of care. The book brings together contributions by over 50 authors from many countries, all around the world, from Europe to Africa, from Asia to Australia, from North to South America. Different cultures are presented together, from those with advanced technologies to those of intangible spirituality, but they are all connected by five professional attributes, that in the 1978 the Institute of Medicine (IOM)<sup>1</sup> stated as essentials of practicing good Primary Care: accessibility, comprehensiveness, coordination, continuity and accountability. The content of the book is organized according to these 5 attributes, to give the reader an international overview of hot topics and new insights in Primary Care, all around the world.

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