

Integrative and Complementary Health Practices in pain treatment

Práticas Integrativas e Complementares no tratamento da dor

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Pain weakens, sensitizes, and interferes in daily life, requiring that health professionals, especially those who manage pain treatment, recognize different resources for its control and treatment, whether it be pharmacological or non-pharmacological. In the case of the latter, the Integrative and Complementary Health Practices (ICHPs) are included.

According to the recommendations of the Alma-Ata Declaration (Russia, 1978) for Primary Health Care and those of the 8th National Health Conference (Brazil, 1986), as well as to the objectives of the World Health Organization (WHO) when it was created in 1972 and the document “WHO Traditional Medicine Strategy 2002-2005”, in May 2006, the Brazilian Ministry of Health (MH), through the MS 971/2006 Ordinance, normalizes the *Política Nacional de Práticas Integrativas e Complementares* (PNPIC - National Policy for Integrative and Complementary Practices) in the *Sistema Único de Saúde* (SUS – Brazil’s public health system) (Law 8080/1990), integrating them into the care provided in the *Unidades Básicas de Saúde* (BHU- Basic Health Units), regularizing their practice at all levels of health¹.

The PNPIC also foresees their great expansion, with varied natural priority approaches aiming at their better accessibility, increasing the “preventive and therapeutic interventions to SUS users”, understanding that disease is determined by different physical, emotional, and environmental factors and that health and well-being result from the balance and harmony of these factors. Therefore, the PICS being “therapeutic procedures based on the principles and knowledge of Traditional Medicine (TM), they can act as an integrative complement to conventional treatment”¹.

It’s important to notice that the WHO² considers Traditional Medicine/Complementary and Alternative Medicine (TM/CAM) to be the therapeutic resources of both the complex medical systems of Traditional Chinese Medicine (TCM), Hindu Ayurvedic Medicine, Arabic Unani Medicine, and various indigenous medicines, as well as practices, with or without drugs, of common and popular use¹, recognizing their importance in the responsible, safe, and qualified practice of Integrative/Complementary Therapies, recommending studies with evidence that validate them². Thus, the National Center for Complementary and Alternative Medicine (NCCAM) states that the CAM should include complex medical systems (Homeopathy, TCM, Ayurvedic Medicine, and others), body-mind interventions (hypnosis, meditation, dance therapy), body manipulations, (reflexology, chiropractic, osteopathy, massage), pharmacological and biological treatments (vitamins, shark cartilage), bioelectromagnetic applications, botanical drugs, and diet therapy²⁻⁴.

The Brazilian MH adopted through the MS n. 971/2006 Ordinance the term *Práticas Integrativas e Complementares* (Integrative and Complementary Practices) for the following procedures: Homeopathy, TCM (acupuncture, moxibustion, and auriculotherapy), medicinal plants and herbal medicine, Social Thermalism/Crenotherapy, and Anthroposophic Medicine¹.

In 2017, the PNPIC recognized the importance of preventive and therapeutic techniques to the users of SUS, aiming to streamline, increase and make the “preventive and therapeutic interventions to SUS users” available, and used as reference the WHO’s 2014 to 2023 TM Strategy Guide for the insertion of 14 new PICS through the MS 849/2017 Ordinance, revoked by the MS 702/2018 Ordinance, which included 10 more, resulting in a total of 29 PICS: Apitherapy, Aromatherapy, Art therapy, Ayurveda, Biodanza, Bioenergetics, Family Constellation, Chromotherapy, Circular dance, Geotherapy, Hypnotherapy, Homeopathy, Laying on of hands, Anthroposophic medicine, TCM/Acupuncture, Meditation, Music therapy, Naturopathy, Osteopathy, Ozone therapy, Medicinal herbs/phytotherapy, Chiropractic, Reflexology, Reiki, Shantala, Integrative Community Therapy, Bach flower remedies, Thermalism/Crenotherapy, and Yoga³⁻⁷.

Currently, their effectiveness has been scientifically evidenced, showing the benefits of the integration between the Conventional Medicine (CM) treatment and the ICHPs in the control of acute pain, especially chronic pain, which can be applied in primary, medium, and high complexity care, thus being adopted in the daily health care of the general population.

Taking that into consideration, the PNPIC proposed that the ICHPs be offered through SUS in parallel, complementary, and integrated to CM, and not as a substitute. It’s worth highlighting that, with the exception of acupuncture, which is minimally invasive, the others are non-invasive interventions that provide important rebalancing of psychobiological, psychosocial, and psychospiritual energies⁶, and that the objectives of ICHPs are to restore, harmonize, balance, and maintain the integrity of body, mind, emotion, and spirit by mobili-

zing its energies, and that their accessibility and availability in SUS is an undeniable reality in several Brazilian states, although with different demands in national public health services.

Therefore, in recent years the popular and academic/scientific recognition of the different types of therapy and care have sought to validate the study and use of ICHPs, specifically in the control and treatment of acute and chronic pain², not neglecting that the most important asset of human life is health and physical, social, and mental well-being.

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