Integrative and Complementary Practices in basic health care: a bibliometric study of Brazilian production

Práticas Integrativas e Complementares na atenção básica em saúde: um estudo bibliométrico da produção brasileira

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ABSTRACT Integrative and Complementary Practices (PICs) are a reality in the Unified Health System (SUS) since 2006, by the National Policy on Integrative and Complementary Practices (PNPIC). This study aimed to know the main characteristics of scientific production on PICs in basic health care developed in Brazil during the first 10 years of PNPIC implementation, in addition to pointing out the main results observed in these studies. The method was supported by bibliometrics. As a result, the researches related to the Federal University of Santa Catarina (UFSC) and publications of the journal 'Ciência e Saúde Coletiva' stand out. The largest number of articles was published between 2011 and 2014. Most of them intended to analyze the context of implementation and use of PICs. Phytotherapy, homeopathy and acupuncture were the most mentioned. As a result of the use of PICs, it was founded: reduction of medicalization; empowerment and accountability of users; reduction of the frequency of common mental disorders; low cost; absence of side effects; health promotion. Among the main problems are: mental disorders; social relationships; psychosomatic; insomnia; chronic diseases. The potentialities and weaknesses cited in the studies deserve more attention from academia and managers of the health area.

KEYWORDS Primary Health Care. Complementary therapies. Public health.

RESUMO *As Práticas Integrativas e Complementares (PICs) são realidade no Sistema Único de Saúde (SUS) desde 2006, pela Política Nacional de Práticas Integrativas e Complementares (PNPIC). Este estudo objetivou conhecer as principais características da produção científica sobre PICs na atenção básica em saúde desenvolvida no Brasil durante os 10 primeiros anos de implementação da PNPIC, além de apontar os principais resultados constatados nesses estudos. O método foi sustentado pela bibliometria. Como resultado, destacam-se as pesquisas vinculadas à Universidade Federal de Santa Catarina (UFSC) e publicações do periódico 'Ciência e Saúde Coletiva'. O maior número de artigos foi publicado entre 2011 e 2014. Grande parte deles pretendeu analisar o contexto da implementação e do uso das PICs. Foram citadas, especialmente, fitoterapia, homeopatia e acupuntura. Como resultado do uso das PICs, encontraram-se: redução da medicalização; empoderamento e responsabilização dos usuários; redução da frequência de transtornos mentais comuns; baixo custo; ausência de efeitos colaterais; promoção de saúde. Entre os principais problemas tratados estão: transtornos mentais; relações sociais; psicossomáticos; insônia; doenças crônicas. As potencialidades e fragilidades citadas nos estudos merecem mais atenção por parte da academia e dos gestores da área da saúde.*

PALAVRAS-CHAVE *Atenção Primária à Saúde. Terapias complementares. Saúde pública.*

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Introduction

In health services, individuals with chronic diseases and mental suffering are recurrent, situations where the biomedical model is not always sufficient to reduce symptoms and prevent diseases, making, this way, the insertion of Integrative and Complementary Practices (PICs) relevant to fill this need[1]. In this context, PICs represent a set of resources capable of acting in different aspects of health, providing both the recovery of health and the prevention of diseases and injuries, whether physical or mental[1]. They are advantageous because they are non-medicated methods, aimed at self-care, which favor supportive listening, bonding and integration with the environment and the community[1]. Professionals who exercise this model of care offer different alternatives for health promotion and renew the current understanding, which tends especially to medicalization and invasive procedures[2].

PICs represent an expanded perspective on the human being and the universe that surrounds them, they comprehend the integrality of the health-disease relationship and consider the subject within a global dimension, still valuing his/her individuality[3].

In its first publication, the National Policy on Integrative and Complementary Practices (PNPIC) included 5 practices. Currently, 29 types of practices are included, ranging from traditional Chinese medicine to family constellation[4].

Due to the fact that PNPIC has been part of the Brazilian public health system for more than a decade and knowing that such practices, in general, have good acceptance and significant effectiveness, through this study, it was intended to know the characteristics of Brazilian scientific production on the PICs in primary health care carried out in the first 10 years of implementation of the National Policy that brought them to the Unified Health System (SUS). Thus, it was intended to put in perspective the main characteristics of these studies, in addition to observing their conclusions.

It was established as a general objective to know the characteristics of Brazilian production on PICs in primary care. Specifically, it was intended (i) to identify trends in Brazilian research on PICs; (ii) evaluate the use of PICs in primary care; (iii) record the main results of research undertaken in Brazil regarding PICs.

Methodological path

This study was supported by the bibliometric method, quantitative technique and statistical measurement[5]. Through this documentary research method, it was sought to verify the scientific production about PICs developed in Brazil, between the years 2006 and 2016.

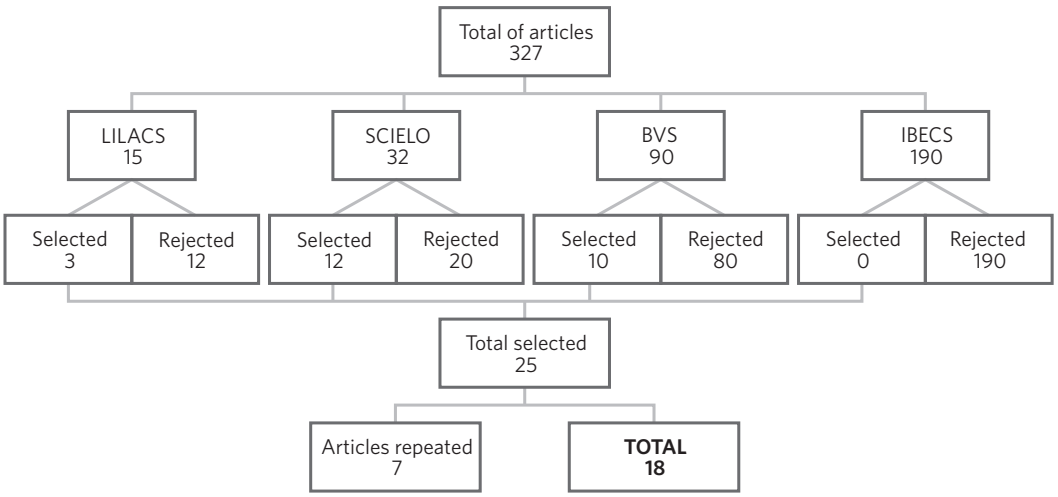
The study took on a descriptive-exploratory nature. For documentary research, the following databases were consulted: Latin American and Caribbean Literature in Health Sciences (Lilacs), Scientific Electronic Library Online (SciELO), Virtual Health Library (VHL) and Índice Bibliográfico Español en Ciencias de la Salud (Ibecs), with the descriptor 'Integrative and Complementary Practices', where filters consistent with the defined inclusion and exclusion criteria were applied. As inclusion criteria for the selection of articles, the following were considered: (a) the period of publication between 2006 and 2016; (b) articles published in Brazil and in Portuguese, English or Spanish; (c) open access articles; (d) articles that list PICs in primary health care. All publications were excluded: (a) which were not articles; (b) which were outside the established time limit (between 2006 and 2016) for the search; (c) which were bibliographic reviews and documentary research. To select the articles, first, the title and abstract were read; then, the pre-selected articles were read in full to assess their compatibility with the inclusion criteria previously established for the study.

The search, data collection and processing period took place between April

and October 2018. The articles published in 2017 were not included in the study because of the privileged period of 10 years of implementation of the PNPIC.

The selection stages are shown in *figure 1*, below.

Figure 1. Stages in the article selection process



It can be observed, through *figure 1*, that, among the 327 articles found, those that met the inclusion criteria were 25, and of these, due to the repetition in the databases, 18 resulted from the filtering process.

With the purpose of recording and organizing the findings, a table was created composed of the information obtained in the 18 articles found, which were grouped in the categories: title, authors, year, periodic, indicator of quality stratification of the Qualis-Capes production, institutional affiliation, objective, type of study, language and main results. Thus, it was possible to analyze the composition of the studies. Then, each article was read in full, where the most relevant aspects to respond to the research objectives were selected and organized. Thus, the following categories and subcategories were created to present the results.

Results and discussion

Language, authors and universities associated with scientific production on PICs

All articles found were published in Portuguese. *Chart 1* makes it possible to visualize the authors and universities responsible for the publications.

Chart 1. Distribution of authors and respective academic affiliations

Nº	Nº of Authors	Authors	Academic Affiliation
01	02	- Maria Valquíria Nogueira do Nascimento (I) - Isabel Fernandes de Oliveira (II)	(I) – Federal University of Campina Grande (II – Federal University of Rio Grande do Norte
02	05	- Christiane Gasparini Araújo Costa - Mariana Tarricone Garcia - Silvana Maria Ribeiro - Marcia Fernanda de Sousa Salandini - Cláudia Maria Bógus	University of Sao Paulo
03	02	- Danielle Sousa Silva Varela (I) - Dulcian Medeiros de Azevedo (II)	(I) – Federal University of Piauí (II) – University of the State of Rio Grande do Norte
04	03	- Karla Morais Seabra Vieira Lima (I) - Kênia Lara Silva (I) - Charles Dalcanale Tesser (II)	(I) – Federal University of Minas Gerais (II) – Federal University of Santa Catarina
05	02	- Mariana Gonzalez Martins de Magalhães - Neide Aparecida Titonelli Alvim	Federal University of Rio de Janeiro
06	02	- Cristina dos Santos Padilha - Walter Ferreira de Oliveira	Federal University of Santa Catarina
07	03	- Wania Maria Papile Galhardi - Nelson Filice de Barros - Ana Cláudia Moraes Barros Leite-Mor	State University of Campinas
08	03	- Dayane Cordeiro Machado - Silvia Beatriz Costa Czermainski - Edyane Cardoso Lopes	Federal University of Rio Grande do Sul
09	05	- Islândia Maria Carvalho de Sousa (I), (II) - Regina Cele de Andrade Bodstein (II) - Charles Dalcanale Tesser (III) - Francisco de Assis da Silva Santos (I) - Virginia Alonso Hortale (II)	(I) – Oswaldo Cruz Foundation – Recife (II) – Oswaldo Cruz Foundation – Rio de Janeiro (III) – Federal University of Santa Catarina
10	02	- Sônia de Castro S Thiago - Charles Dalcanale Tesser	Federal University of Santa Catarina
11	06	- João Felício Rodrigues-Neto - Leonardo Santos Lima - Lucas Ferreira Rocha - Juliano Santos Lima - Kênia Rabelo Santana - Marise Fagundes Silveira	State University of Montes Claros
12	02	- Melissa Costa Santos - Charles Dalcanale Tesser	Federal University of Santa Catarina
13	05	- Luciene Alves Moreira Marques (I) - Flávia Vanessa Vieira Ribeiro do Vale (I) - Valéria Aparecida dos Santos Nogueira (II) - Fábio Luiz MialhelI - Lara Cristina Silva (I)	(I) – Federal University of Alfenas (II) – State University of Campinas
14	04	- João Felício Rodrigues-Neto - Maria Fernanda Santos Figueiredo - Anderson Antônio de Silveira Faria - Marise Fagundes	State University of Montes Claros

Chart 1. (cont.)

Nº	Nº of Authors	Authors	Academic Affiliation
15	06	- Rosália Garcia Neves (I) - Leandro Barbosa de Pinho (II) - Roxana Isabel Cardozo Gonzáles (I) - Jenifer Harter (II) - Jacó Fernando Schneider (II) - Annie Jeanninne Bisso Lacchini (II)	(I) – Federal University of Pelotas (II) – Federal University of Rio Grande do Sul
16	02	- Silvana Cappelleti Nagai (I) - Marcos de Souza Queiroz (II)	(I) – Paulista University (II) – State University of Campinas
17	04	- Thatianny Tanferri de Brito Paranaguá - Ana Lúcia Queiroz Bezerra - Marcus Antônio de Souza - Karina Machado Siqueira	Federal University of Goiás
18	04	- Fabrício Fontanella - Frederico Pires Speck - Anna Paula Piovezan - Irene Clemes Kulkamp	University of Southern Santa Catarina

Through *chart 1*, it is possible to notice that, among the 18 articles, there are 55 different authors. Among them, Charles Dalcanale Tesser; João Felício Rodrigues-Neto and Marise Fagundes are present in more than one study. In this scenario, Charles Dalcanale Tesser stands out, author of four articles.

Another aspect analyzed is that four universities host researchers who have published more than one article, namely: Federal University of Rio Grande do Sul (2 articles); State University of Montes Claros (2 articles); State University of Campinas (3 articles); and Federal University of Santa Catarina, which stands out with 5 articles, as the origin of the largest number of studies published in the area by researchers linked to it. It appears that the latter is configured as a center for studies on PICs.

Regarding the number of authors per publication, among the 18 articles, seven (38.9%) were found that bring together two authors, therefore, the majority; three articles bring together five, four and three authors, respectively; and six authors are associated with the production of two articles.

Journals, years of publication and Qualis Capes classification

The journal 'Ciência e Saúde Coletiva' received five articles for publication with the theme PICs. It is observed, furthermore, that it is the only journal that is repeated among all the studies analyzed. It is a magazine classified as Qualis/Capes B1 in the area of public health. It appears that perhaps the scope of the journal or its very name is the reason for the attraction, choice or preference of the authors who research the theme.

In 2006, the National Policy that brought the PICs to SUS was implemented. There were no publications about the topic on that year. Something that is understandable, given the time required to produce and publish a study. It is also observed that in the first five years of the PNPIC implementation, the productions were modest, with an average of one article per year.

Between the years 2011 and 2014 there seems to have been a greater interest from researchers on the topic PICs, with a significant increase in publications. In this period, 12 of the 18 publications analyzed are found. Highlight is given to the year 2012.

The Qualis/Capes B1 stratum characterizes most journals that have received studies on PICs.

Verbs that characterize the purpose of PIC studies

The analysis undertaken regarding the objectives stated in the studies considered Bloom's Taxonomy[6] to identify the domain intended by the authors. In this sense, it was found:

(a) Regarding the authors' interest in determining, through the objective of the study, the cognitive stage of 'analysis' (analyzing), 06 articles were found. The verbs used for this purpose were: analyze (in the objective of 04 articles) and investigate (in the objective of 01 article); characterize (in the objective of 01 article).

(b) In order to determine the cognitive stage of 'comprehension' (to understand), verbs describe were found (in the objective of 02 articles); identify (in the objective of 01 article) and discuss (in the objective of 01 article).

(c) The verbs that aim at 'demonstration' (demonstrate) used were to present (in the objective of 01 article) and focus (in the objective of 01 article).

(d) To determine the cognitive stage of 'knowledge', the verb know was used (in the objective of 01 article).

(e) When the determination of the cognitive stage of 'evaluation' (evaluating) was planned, the verb evaluating (in the objective of 01 article) was used.

From the findings, it can be seen that most articles intended to analyze the context of the PICs.

Main results presented by the authors

For analysis of the data found in the articles, the conclusions were organized into categories: 1) What are PICs; 2) Types of PICs used; 3) Main results from the use of PICs; 4) Main problems/diseases treated with PICs; 5) Potentials and successes in the implementation of PICs in primary care; 6) Difficulties/weaknesses found in the implementation of PICs in primary care; 7) Perception of users/professionals about PICs; 8) Mobilization, autonomy and social control.

What are PICs

PICs bring a holistic perspective and can be tools to promote health, as they give new meaning to the health-disease process and propose greater user empowerment[7]. Other studies also point out that PICs are health-promoting practices[8]. Still in this context, it is observed that the complementary care model consists of a more comprehensive posture, which goes beyond ordinary medical procedures, as it goes beyond physical aspects and considers social, cultural and emotional issues, which provides space for a multidisciplinary perspective[9].

PICs are also described as a means to implement one of the SUS principles: comprehensiveness. For this to be possible, special care must be taken regarding its implementation, as these practices must express the comprehensiveness of care, and not become just another service provision based on the same attitudes as biomedicine[1]. In addition, PICs can provide humanized, safe, effective and universal assistance, as support for Medicine[10].

It is possible to consider that the successful implementation of PICs in SUS can be influenced by the population's discontent with

health services already available. When users are able to access a complementary service, which goes beyond conventional medicine, they can feel more satisfied, with their needs fully accepted[11]. Still, it is important to consider that allopathy represents problems for SUS, either due to the difficulty of access or the high cost. In addition, in many cases, medications have limited efficacy, or have adverse effects[12].

In addition to individual practices, there are collective resources, which can favor more complex approaches and open spaces for discussions, socialization and breaking paradigms, building health with the participation of users[13].

Types of PICs used

In the analyzed articles, the PICs were mentioned: phytotherapy; homeopathy; acupuncture; flower therapy; meditation; yoga; community therapy and biodanza. The practices of phytotherapy (five citations), homeopathy (five citations) and acupuncture (three citations) stood out as the most mentioned in the studies.

Practices that do not fall under the PNPIC were also present, but which are also used as complementary health practices: relaxation; Tai Chi Chuan; community gardens; activities of the energetic dynamics of the psyche; theater of the oppressed; memory workshop; senior dance[8,7,13,14].

Group activities were cited as complementary to health monitoring: mutual support groups; Alzheimer's caregivers; tale tent; prose group with women; embroiderers group; elderly group; hiking group; therapy and art group; storytelling groups[7,13]. Prayer to God and the search for healers are also pointed out as popularly used strategies for self-care, also as a complement to health care[15].

Main results from the use of PICs

Studies reveal: reduction in medicalization[13], empowerment of users in the search for self-care and accountability for their own health[7]; possibility of reducing the frequency of common mental disorders[11]; user autonomy and participation in choosing their treatment strategies[1]; and "low cost, absence of side effects, satisfaction and belief of the population"[10(1)].

In a survey conducted in the state of Minas Gerais[16] with users of the public health service, it is observed that the majority of respondents would accept the use of PICs, if offered. Another study identified that there is acceptance by professionals regarding the implementation of PICs in the public health network, even though there is a small number of professionals who express distrust about this proposal[9].

Current studies support the hypothesis that there is a growing interest in PICs, both by professionals and users, who have sought this model of complementary assistance[17]. It is observed that the search for professionals for training in this area and the demand for patients for the service can represent a significant cultural change regarding health care. Many people even seek these practices even without professional recommendation[12].

The acceptance of PICs by health professionals can also be related to the training and the role played by each one of them. Nurses would be more open to the use of PICs than doctors. They mention that doctors justify their practice within biomedicine and medicalization. On the other hand, nursing professionals would be more interested in offering non-medication strategies[17].

It was identified in research that most managers and health professionals did not know the PNPIC. In turn, the professionals who knew it used it to disseminate and justify the use of homeopathy[18]. Another study observed the perception of managers about phytotherapy and other PICs, identifying that in the researched municipality there is a good perspective for the implementation of PICs in primary care. It was also seen that the prescription of medicinal plants is greater than that of herbal medicines[19].

PNPIC brought to SUS approaches that were previously available especially through private providers. Authors report that practices such as acupuncture and homeopathy are still more prevalent in the private service, however, they point out that acupuncture spreads in SUS after being exercised by other professionals than just doctors[14].

There are some activities that are not offered in the private service, such as community gardens. This practice is in line with the health promotion proposal in SUS. The interviews carried out by researchers reveal positive results in the mental health of people involved in the activities of contact with the land[8]. Collective work strengthens social ties and participation in the community, values history and popular knowledge. Community gardens provide opportunities to strengthen the use of medicinal plants, which, consequently, reduces allopathy[8].

In Montes Claros (MG), complementary and alternative practices are widely used by people infected with the Human Immunodeficiency Virus (HIV) who undergo treatment at a reference center for sexually transmitted diseases. Among the practices mentioned by patients, the main one is praying to God, in a therapeutic way, in addition to the popular 'blessings'. Regarding mental disorders, the authors reveal a predominance in the use of homeopathic drugs, suggesting that this data refers to the longer time of recognition of this practice by the Federal Council of Medicine, compared to other PICs[15].

Scholars bring an important perspective on the implementation of PICs as a strategy for health care, suggesting that such practices are not in opposition to Medicine, but complementing it and even transcending it. They also mention that the implementation of PICs in primary care is in accordance with the ideal of SUS and with the recommendations of the World Health Organization. In the same study, professionals reported that many of the problems by which people seek health care do not have their resolution guaranteed or possible through allopathy. The authors conclude that, in this way, the PICs would fill that gap[9].

Main problems/diseases treated with PICs

One study emphasizes that the main demands reported by users of PICs are: severe and mild mental disorders; family, labor, social and economic issues; various psychosomatic symptoms; alternative to medicalization; hypertension, diabetes and other chronic diseases[13].

Other studies also refer to issues such as anxiety, insomnia and common mental disorders as the main problems treated with the support of PICs in primary care[11,20]. Emphasis is placed on the use of herbal medicines as adjuvants for the prevention and control of diseases such as hypertension, where, for example, an anxiety situation could result in an increase in blood pressure, and, thus, the use of complementary therapy could support the antihypertensive medication and prevent injuries[20].

The prevalence of the use of herbal medicines with anxiolytic and sedative properties was observed in the treatment of problems such as menopause and others of a gynecological order[20].

Potentialities, successes and challenges in the implementation of PICs in primary care

There is an increasing multidisciplinarity in the realization of group PICs. Authors highlight the wide participation of Community Health Workers (CHW) in this context, being professionals of great potential, as they are members of both the team and the community[13].

Many of the PICs are inserted in practice by professionals who believe in different forms of assistance and who seek improvements in services[13].

It is evident the importance of addressing PICs in undergraduate courses in the health field, so that the newly graduated professionals are already familiar with the professional practice of these approaches and their applicability[20]. In Brazil, some federal universities offer elective disciplines of homeopathy and acupuncture in medical courses[14].

It is necessary to expand resources for health promotion activities, as well as offering technical support for them[8]. Continuing education is an important strategy for incorporating PICs in primary care and rethinking the centrality of doctors and medication as the only ones responsible for seeking to solve health problems. It is assumed that the provision of PICs in the health system is associated with management support and the interest of professionals[14]. The dissemination of PNPIC is important, both for professionals and users of services[16]. Scientific research in this area is also pertinent, in order to examine the potentials, benefits and limits of practices[21].

To establish PICs in primary care, it is necessary to consider the entire process that involves politics, management, human resources, local culture, culture of work organization, available resources, among others. Participatory collaboration in the consolidation of PICs is important, as it supports the change in thinking and the consequent change in culture[22]. The successful implementation of PICs has four main points: the willingness of users to receive these services; the perception of health doctors about health and their openness to complementary practices; support from professional categories that intend to expand their possibilities of intervention; the ideology contained in the PICs, which is consistent with the comprehensiveness proposed in SUS[9].

In addition to the insertion of PICs directly into Basic Health Units, another strategy used to offer practices in SUS is the creation of centers specialized in this service[7].

It is necessary to pay attention so that the essence of PNPIC is not lost, that this complementary model of assistance does not become more a mechanistic and technical service provision, without considering all the complexity of factors involved in health[1].

It is suggested to train CHWs to inform the population about the importance of PICs, expanding the possibilities for self-care and bringing more alternatives for health promotion. For the authors, not only CHWs, but all health professionals should be encouraged to broaden their perspective on health, in order to understand that the biomedical model may not be able to singly solve a variety of problems[10]. PICs are already part of SUS, therefore, the next step is to bring them closer to professionals, inserting them in their contexts of performance[21]. It is, therefore, a challenge to sensitize users and professionals, as well as to train teams to use practices[8].

The implementation of PICs in primary care represents the adherence to a more comprehensive and extensive posture, which goes beyond biomedicine and considers the subject in his/her emotional, social and cultural totality, adopting a multidisciplinary approach[9].

Difficulties and weaknesses referred to regarding the implementation of PICs in primary care

Although PICs are part of the health service, they are on the margins of it. Researchers refer to the lack of support from management and institutions that train professionals. The lack of material resources, infrastructure and the fragility of teamwork significantly affect the implementation of the PICs[13]. Two negative aspects of implantation in primary care were identified, namely the lack of planning and a simplistic notion of what PICs are, and the misunderstanding about disease. The study also suggests the creation of a coordination of PICs, which is capable of properly planning the management of practices[9].

It is considered that the PNPIC favored the registration of practices in information systems, however, there is no exact definition of what can be registered as PIC. This lack of

definition can present impasses for the insertion of practices in the health service[7]. Other authors reinforce this understanding, stating that Ordinances nº 971, 2006, and nº 853, 2006, are not very clear about what can be registered as body practice and other techniques, which makes the records not specific. Measurement and evaluation are still a challenge, as there is a discrepancy between what is produced and what is recorded in information systems[14].

Professional performance has a significant impact when it comes to the difficulty of implementing PICs. It is noteworthy that undergraduate courses do not always prepare medical students to prescribe herbal medicines, therefore, they already come to practice with this formative deficit[20]. An investigation made it possible to identify that many professionals do not understand the perspective of health promotion related to PICs, confusing the concept with that of disease prevention[7].

It is noted that there is ignorance of the professionals on the topic, which reveals the need for qualification and greater dissemination of the subject[17]. According to a study, the benefits of these therapies should be more widely disseminated, especially to doctors[16]. In this regard, it is considered that medical science still has suspicion about PICs[21]. Authors mention that many patients do not inform their doctors about the use of complementary and alternative medicines, for fear of compromising the treatment performed[12].

Regarding qualification in PICs, it is observed that most courses are offered by private institutions, thus, the lack of investment in the training of professionals for PICs makes it difficult to increase their offer in public health[14].

On the other hand, professionals who have training in the area of PICs do not always have access to physical space and materials to carry out their actions; often, they are not even authorized to do them. As a result, these professionals end up transferring their practices to the private service[17]. The practices are being widespread and widely used, but they are difficult to access due to the high cost[10].

There are weaknesses in the PICs in group activities, as they are often not provided as part of the health service. In this way, they may appear to be invisible or less important than others. In addition, the vertical relationship between the professional and the community can hinder collective actions[13]. Often, primary care professionals have a less horizontal stance than secondary care, as is the case with Psychosocial Care Centers[23]. Other weaknesses in carrying out collective activities are: lack of awareness among doctors about the importance of recommending these activities to their patients; lack of adherence by professionals in carrying out actions; lack of training of the team to exercise health education[8].

Perception of users/professionals about PICs

It is possible to perceive in the results of the articles object of this research that the collective activities offered by the health teams are perceived positively by the community. The community garden is described as a therapeutic activity that involves the effective participation of people in a healthy, well-being space, where integration between the community and the health service occurs[8].

Community therapy appears in the researched production as another way to establish and strengthen bonds, in addition to encouraging community autonomy. The community therapist, despite guiding the progress of the group, is not in a position of superiority or holding knowledge, but assumes a position of equality with others. In this sense, the community therapist is perceived as "someone who humanizes interpersonal relationships in the health sector"[23(1)].

The analyzed articles make it possible to see that both professionals and users seek PICs as a way to improve health[19]. In the case of professionals, homes and other specializations in the area of family and community health may be related to their good acceptance of PICs[17].

It is also found that dissatisfaction with the

biomedical model, with its invasive methods, with high costs, focus on disease and impersonality, is a significant motivation for the interest in PICs[17].

Mobilization, autonomy and social control

Through the analyzes undertaken in the selected articles, it is observed that the collective work represents a significant potential in primary care. Groups are favorable contexts for producing health[13]. By bringing a group together, there is the potential to build collective buildings, where health, self-care, food, among others, can be discussed. These meetings can provide well-being, as the subject finds time for himself/herself, reflects on his/her own health, as he/she relates to the social environment. Integration and involvement in the collective activity creates a feeling of belonging and makes the user closer to the health team[8].

It was observed in the articles analyzed that users of floral therapy were more participative in their own care and that they establish a more horizontal relationship with the professional. According to the authors, this relationship occurs through dialogue and the possibility of choice, something that differs from assistentialism[1]. Still in this sense, humanization must be guided by

> autonomy, co-responsibility, protagonism of the subjects involved, solidarity between established bonds, respect for users' rights and collective participation in the management process[1(652)].

Community therapy appears in the articles as an approach that in itself expresses the purest meaning of autonomy and participation, where users, through their relationship with other members of the community, establish bonds of mutual support[23].

The community garden, as mentioned by the authors of the articles, represents a rich technique to approach health in the full scope. For the authors, the cultivation of medicinal plants and organic food alone is a health-promoting activity, which creates spaces for the creation of healthy habits and training the community to make use of these resources. They continue affirming that the joint work and the narrowing of the relationships between the Basic Health Unit and the population are also important for the implementation of the proposals of primary care and PNPIC[8].

It is also found in the articles that the garden provides a search for knowledge, reflection on the preservation of natural resources, combating waste, food and healthy habits, in addition to participation and social control. Several demands can be worked on in this environment, both in terms of physical, mental and social health[8].

Final considerations

The present study sought to know the characteristics of Brazilian production on PICs in primary care, identify the trends of these researches, record their main results and evaluate the characteristics of the use of practices.

It is considered that professionals and users look for possibilities to improve health and quality of life in PICs. In this sense, the dissatisfaction of many users with the biomedical model can increase interest in PICs, as a support for health care. Users' autonomy in opting for complementary treatments makes them feel protagonists and co-responsible for their own care. In this respect, group activities are positively perceived, due to the fact that they represent favorable contexts for health production, sharing and social participation, as well as strengthening the horizontal user-service relationship.

It is understood that Brazilian researches on PICs tend to grow as shown by the achievements of these practices in public health. Qualitative studies stand out for evaluating the

subjective issues resulting from the provision of these services, considering that PICs favor mental health and awaken self-care. It can be seen from the studies that, despite having an established national policy, the PICs, in many contexts, are independently implemented by the interested professionals themselves, often with no management planning or resources available for their realization. For this reason, studies in the area of planning, implementation and management of PICs may be a trend for the coming years, supporting the growth and quality of the offer.

The training of professionals for the application and promotion of PICs in SUS should receive special attention, because, even if it is not an invasive or high-risk procedure, it must be administered responsibly, understanding the potential and limits offered by these therapies, which need to be included in services with due planning and clear objectives, in order to avoid trivialization or misuse of these treatments, which are as serious as the others.

It is concluded, based on the results of the articles published between 2006 and 2016, that PICs should not be seen as a strategy to repair or replace elements of the system that do not work satisfactorily, since they themselves have several limitations. These practices are presented in SUS as a complement to health care that already works well, thus, they can contribute to complement and improve already effective care, offering self-care strategies, health promotion and quality of life. The analyzed articles also lead to the belief that PICs have ample potential for improving health services, not only in primary care, but also in other instances.

Collaborators

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