

62 - INTEGRATIVE AND COMPLEMENTARY PRACTICES AT SUS: REFLECTION ABOUT PROFESSIONAL EDUCATION NEEDED TO PROVIDE THESE SERVICES TO POPULATION

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INTRODUCTION

Constant concern in prevention, promotion and restoration of health actuation by means programs produced by the Health Ministry, allows several measures implemented in provided services to monitor the individuals health in general.

In this context in 2003 was implemented the Humanization National Program (PNH) intending provide dignified and humane care to users of services offered. At 2006, comes Integrative and Complementary Practices National Policy (PNPIC) as a use popular knowledge practices at institutional level in health care system (SUS).

However, despite having been institutionalized, the complementary and integrative practices have not yet been strongly enforced in primary care health institutions. In our view this is due in part poor preparation or even total lack health professional members preparation to deal this new perspective on health action.

Thus, the aim of this paper is to discuss educational institutions need to prepare health professionals as well as empower that one existing of health, to feel able to offer these practices to the community, taking into consideration School Nursing Christmas UFRN (EEN-UFRN) initiative to meet this need.

PROFESSIONAL TRAINING

It is utmost importance to be offered to population resoluteness health treatment and low cost to government. However, schools forming health professionals have not engaged in offering courses in their curricula intending this purpose.

On this subject, a recent experience demonstrates the EEN-UFRN Institution concern. This one proposes training professionals in all health levels in Rio Grande do Norte, offering a course involving alternative and complementary practices. This initiative began when evaluating need to provide Natal and region community, opportunities to develop those practices included in health units of Health Strategy of the Family (ESF).

The Educational Institution aforementioned mission is to promote citizen professionalization to serve students at different levels of health care in a comprehensive and critical way, considering ethical, technical, political and human rights with a view to contributing to improvement of population health. In this sense, training is guided by knowledge and skills for understanding, comprehension, analysis and transformation of reality, both in technical as in the political, social, ethical and humanistic.

Thus, intending run a course covering PNPIC - SUS, EEN-UFRN opened positions on its board of Professors to create a course within this perspective. Along with these professionals, acupuncture and yoga specialists, the school sent to Ministry of Education a proposal for a technical course.

This course is available to train health technical professionals committed to PNPIC - SUS consolidation through situations of teaching and learning to get expertise development in technical, ethical, political and communicative dimensions, to improving population life quality.

In view of contents to be taught, and as a way to explain the relevance of two major study fields, acupuncture and yoga, basic structure of proposed technical course, it is necessary to make observations about relevance these techniques/philosophies assumptions, against PNPIC - SUS applicability.

ACUPUNCTURE KNOWLEDGE CONTRIBUTION IN THIS PROCESS

According to PNPIC, acupuncture knowledge source dates back at least 3,000 years ago. In West, this technique has existed since second half of twentieth century, with the support of World Health Organization (WHO) regarding use of same in its Member States. In Brazil, this therapy was introduced nearly 40 years ago. In legal terms, through Resolution N 5/1988 of Interministerial Committee for Planning and Coordination (CIPLAN), standards have been set to meet in public health in the country. The paper considers TCM - acupuncture development is a practices multi-professional categories existents in SUS. However, it is necessary to them obtain title of acupuncturist (BRASIL, 2006a).

With respect to health care employees in general, before acupuncture practice, National Health Council (CNS) plenary in 162 th Ordinary Meeting unanimously approved the inclusion of seven professions in PNPIC contemplating biomedicine, physical education, nursing, pharmacy, physiotherapy, medicine and psychology (BRASIL, 2006b).

Thus, within universe of actions related to the health professional, must be considered that it should treat patients holistically and as a key context involves bio-psycho-emotional person assisted, as citizen is essentially formed by layers above. Through this human beings vision, understand that disharmony of these levels are responsible by discomfort symptoms causing decrease in lifestyle such as anxiety, fear, sadness, anger or pain.

Faced this problem, Traditional Chinese Medicine (TCM) knowledge is emerging as an alternative to provide problem-solving regarding to obtain energy balance of the body, being effective in inharmonious as said before, mainly via acupuncture premises. In this sense, therapy used takes into account lifestyle, personal and family history, two poles of Yin and Yang of behavior and response to stimuli inherent in each life story about cognitive content of individual, life force known by Qi(chee), energy channels known as meridians, organ system and internal organs (Zang / Fu) and the elements of each person (fire, earth, metal, water and wood). Data collected intended to diagnose patterns of disharmony deficiency, excess, dullness, cold, heat, internal and / or external.

In order to involve conduct ancillary to treatment it is important to mention even the existence of ear puncture practice as an acupuncture adjuvant therapy. This technique gained scientific support through first publication in France in the mid 50's. Foundation this therapeutic method to promote and diagnostic analgesia by stimulating specific points on the ear for psychosomatic homeostasis and thus control energy within meridians (DAL MAS, 2005).

It is noteworthy that set of actions relating to treatment based on acupuncture knowledge, it is necessary to combine items to meet each individual specific need. Following this reasoning, success of technique is based on diagnosis closer to

original energy dysfunction of patient, because this way decisions are taken on treatment application sites, needs toning, dispersion and/or harmonization and moxa, windy, bleeding and/or electroacupuncture use (Ross, 2003).

For clarity, it's relevant to show some relevant characteristics as constituent elements and their relationships to meridians Zang/Fu, meaning striking, tissue more prone to damage, prevalent emotion, psyche predominant flavor, season and climate preference (Table 1). Subsequently two maps illustrate, ear first one (Figure 1) and main meridians in second (Figure 2).

Table 1 - Characteristics of five elements (TCM)

Element	WOOD	FIRE	EARTH	METAL	WATER
ORGAN (ZANG)	Liver	Heart PC - Function	Spleen	Lung	Kidney
ORGAN (FU)	Gall Bladder	Small Intestine TH - Function	Stomach	Large Intestine	Bladder
SENSE	Visual	Talk	Gustatory	Olfactory	Auditory
TISSUE	Tendons Muscles	Vase	Connective Tissue	Skin and Hair	Bone
EMOTION	Angry	Happiness	Worry	Sadness	Fear
PSICHE	Reactivity	Vitality	Reflection	Subconsciously	Will
FLAVOR	Sour	Bitter	Sweet	Pungent	Salty
STATION	Spring	Summer	Inter station	Autumn	Winter
WEATHER	Wind	Heat	Humidity	Dry	Cool

Source: Hecker et al (2008)

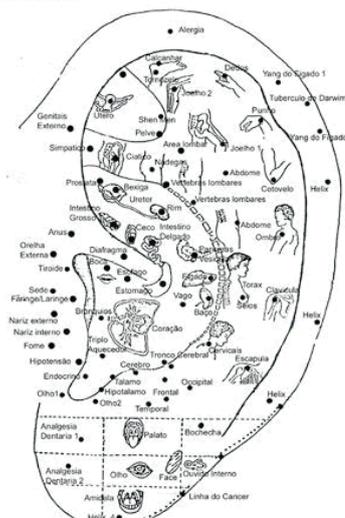


Figure 1 - Chart of auriculotherapy
Source: Gola (2002)

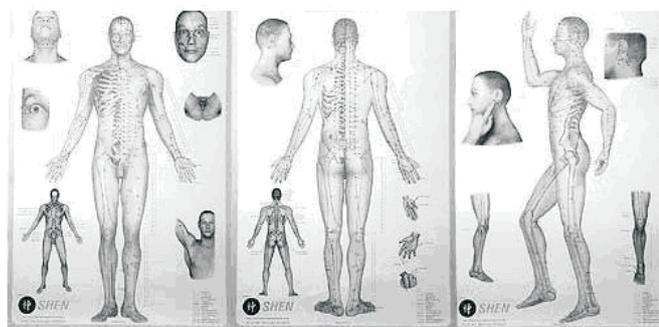


Figure 2 - Map of main meridians
Source: Saidah (2008)

In above considerations, motivated by realities of everyday service that is conducted by humane approach, characteristic of professionals involved to holism, and opening up of the Federal Government to provide to SUS user complementary health practices provided by professional network properly trained, the knowledge of TCM it's necessary as a way to implement and so aimed to train professionals in this approach to be offered to patients another alternative to remedy and/or minimize energy, organic dysfunctions, destabilizing their emotional well-being.

REFRAMING THE BODY IN YOGATHERAPY INTENDING HEALTH PROMOTION

The National Health Promotion – PT N. 687/GM, March 30, 2006 -, realizes that bodily practices are individual and collective expressions of body movement happened of knowledge and experience around the game, dance, sports, fighting, gymnastics. They are organizational possibilities, choices in modes of relating to the body and move around, they are understood as beneficial to the health of individuals and communities, including methods of hiking and guidance for conduct of exercises, practices and recreational , sports and therapeutic, such as capoeira, dancing, Tai Chi Chuan, Lien Chi, Lian Gong, Tui-Na, Shantala, Do-in, Shiatsu, Yoga, among others (BRASIL, 2006c).

Among these, Yoga practice has been widespread and has been integrated in our western world, participating in daily life and meaning to the printing world lives of its practitioners by providing experiences of well-being and self-knowledge. In Patañjali's system, recognized as the most traditional of all and called the Ashtanga Yoga system (in eight parts systems), real

goal of yoga practice is reaching a meditative state that results in quieting the flow of thoughts and a state awareness and integration of Being in physical, emotional, mental and spiritual. This state of full integration and consciousness is called Samadhi. To better visualize the proposed system by Patañjali, emphasize classification described by Gharote (1996), the following (Table 2):

Table 2 - Classification described by Garote (1996)

ASHTANGA YOGA (System in eight parts)	Described in <i>Yoga-sūtras</i> and proposed by Patañjali in century III B.C.
1.YAMAS	Training attitudes in order to effect an ethical competence. Examples include: Being peaceful working with 'non-violence'; Be true, Don't appropriate what is not yours; Balanced sexual conduct and cultivation of detachment and disengagement face of things, ideas and beliefs.
2.NYAMAS	Training attitudes in order to achieve self-discipline. Examples include: Personal purification, inside and outside one; Cultivation of contentment; Sincere effort to practice; Study of Yoga basic literature, including certain mantras recitation and finally lead in the quest to be in unity with whatever considered source or energy cosmic greater potential: God, Ishvara etc.
3.ASANA	Postures that evolved from concept of learning to sit still to meditate. According Patañjali, <i>asana</i> should be steady and comfortable, leading the practitioner to a stability sense. The positions should be initiated without jerky movements, slowly, so you can be kept for longer, with minimal effort.
4.PRANAYAMA	It is a technical procedure that includes retention of air between inspiration and expiration phase. In this process, inspiration and expiration are slower than in normal breathing. To Patañjali, <i>pranayama</i> is pause (Kumbhaka). To Gharote (ibid.), to be <i>pranayama</i> it's necessary breathing against a resistance. In Hatha Yoga manual are presented 10 major technical
5.PRATYAHARA	Yoga Stage in which up to an abstraction of senses, creating an activity field exclusively domestic. Gathering.
6.DHARANA	Stage where you can keep attention directed toward an object, sound, image, thoughts or feelings flow, no interference. Concentration.
7.DHYANA	Usually translated as meditation. Designates a state of broad awareness and mindfulness.
8.SAMADHI	Also translated as enlightenment ecstasy. Indicates an individual united in their entirety.

The route outlined by Patañjali indicates a path that can be considered a practical education to human being health integral. In education and health field, these techniques can have a very wide range, especially with regard to the development of potentialities to adapt to new spaces in the world today.

Techniques described in Hatha Yoga Pradipka, considered the most popular textbook containing yoga techniques and form what is called yoga therapy, appeal to the practitioner for his bodily existence, both as regards the subjective dimension as the physiological and energy of its corporeality. According to this manual the state of individual being identification to the transcendent reality takes place in physical existence, body being a manifestation of absolute reality.

In hatha yoga, body acquires a central importance for spiritual development, because the fact of obtaining release from suffering of life that is embodied is now accepted as a possible condition and this body is seen as the most perfect to achieve divinity. An interesting finding is while this body is instrument, it is also beginning and end, very manifestation of this divine energy. Therefore, it is sought to purify the body to access a divine light that is out, but itself knows, and expressing subtlety already existent in itself. In another assessment, which is sought through hatha-yoga practice is to let the body be the fact in essence it is.

It is interesting to add that awareness deepening toward more subtle is a self-regulatory action that is retroactive to vehicles more dense. Any yoga practitioner most dedicated can talk about how to start on meditative and pranayama practices felt its effects on physicality of the body.

The use of 'physicality' term, according to Ribeiro (1997) involves the body that is touched, that called 'my body'. It is a body that can still be fragmented into pieces. It is the body's anatomy and clinical. That's being the more immediate perception. However, over time, this understanding is extended to the 'sense of embodiment', that means that body manifest in physicality becomes an indivisible body and also elusive, but who can communicate in all its manifestations through gestures and movements.

It is the body that allows the art (RIBEIRO, 1997). These movements are the expression of emotions, feelings, thoughts and spirituality; dimensions acting through gestures which reveal how body and minds are not separate. The results of this procedure can be deeply processors leading the practitioner to the expression of his compassionate action in the world.

CONCLUSION

Both acupuncture and yoga are practices from two complex systems of integrative complementary therapy, Traditional Chinese Medicine and Ayurvedic Traditional Medicine, respectively, express the need for special training. This, in turn, includes contents of therapies through an understanding of body adopt a multidimensional and care to extend the possibilities of encounters, observations, mobilization and sensitive listening to the ill people and healthy. The intention, in this promoting health and care of the body process, is to build relationships of attachment, co-responsibility, innovative, autonomous and socially inclusive, as proposed by PNPIC.

Whereas the purpose of a professional to develop collective and individual practices emphasis on promotion of care, health promotion and prevention of energy imbalances, functional and / or restoration of existing disharmonies, and following PNPIC premises, this course intends to provide basic knowledge as embodied practices of fun and relaxation, resulting from Indian Ayurvedic medicine traditions, such as Yoga and Traditional Chinese Medicine (TCM), such as Lian Gong and Tai Chi Chuan, massage techniques, relaxing and stimulating, like therapy and aesthetics; techniques from aromatherapy, color therapy, music therapy, ear puncture, moxibustion and cupping.

In this scenario, it is important to spread this initiative in other institutions forming health professionals. The commitment desired is relevant because, in this way, there will be a larger contingent of skilled people to spread techniques, habits and ways of dealing with the struggles of those living in assisted care. Thus health services make available to the population complementary and integrative practices in perspective of strengthening health promotion through holistic approaches to stamp prevention.

REFERENCES

- AGUIAR, A. C. V. V. Corporeidade e yoga: o transcender da educação para além do ego. **Dissertação de mestrado. Programa de pós-graduação em Educação – UFRN**, 2000.
- ANTUNES, F. Conversa com dor. Rotary Club de Castelo Branco. Distrito 1960, 2002. Disponível em: <http://www.rotaryclub.org/rotary/palestras/palestra_020917.html>. Acesso em: 26 set. 2008.
- BRASIL. Ministério da Saúde. Secretaria-Executiva. Núcleo Técnico da Política Nacional de Humanização. **HumanizaSUS: Política Nacional de Humanização: a humanização como eixo norteador das práticas de atenção e gestão em todas as instâncias do SUS**. Brasília: Ministério da Saúde, 2004.
- BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. **Departamento de Atenção Básica. Política Nacional de Práticas Integrativas e Complementares no SUS - PNPIC-SUS**. Brasília: Ministério da Saúde, 2006a.
- BRASIL. Ministério da Saúde. Secretaria de Vigilância em Saúde. Secretaria de Atenção à Saúde. **Política nacional de promoção da saúde. Brasília : Ministério da Saúde**, 2006c.
- BRASIL. Ministério da Saúde. Conselho Nacional de Saúde. **ATA da Centésima Sexagésima Segunda Reunião Ordinária do Conselho Nacional de Saúde – CNS. Brasília: Ministério da Saúde**, 2006b.
- DAL MAS, W.D. **Auriculoterapia: auriculomedicina na doutrina brasileira**. Rio de Janeiro: Roca, 2005.
- GHAROTE, M. L. **Yoga aplicada: da teoria à prática**. São Paulo: Phorte Editora, 1996.
- GHAROTE, M. L. **Técnicas de yoga**. São Paulo: Phorte Editora, 2000.
- GOLA, O. J. Mapa auricular. São Paulo, 2002. Disponível em: <<http://cseminario.vilabol.uol.com.br/mapauricular.htm>>. Acesso em: 26 set. 2008.
- HECKER, H.U. et al. **Prática de Acupuntura**. Rio de Janeiro: Guanabara Koogan, 2007.
- INADA, T. **Acupuntura e Moxabustão: uma coletânea e revisão sobre o tratamento de "cervico/dorso/lombo/sacro/ciatalgia"**. São Paulo: Ícone, 2006.
- RIBEIRO, Antônio Pinto. **Por exemplo a cadeira: ensaios sobre as artes do corpo**. Lisboa: Edições Cotovia, 1997.
- ROSS, J. **Combinações dos pontos de acupuntura: a chave para o êxito clínico**. São Paulo: Roca, 2003.
- SAIDAH, R. **Mapa sistema dos pontos de acupuntura nos meridianos principais**. São Paulo, 2008. Disponível em: <http://www.lautz.com.br/loja/product_info.php?currency=BR&PHPSESSID=%3Fa%3Da&products_id=1471>. Acesso em: 26 set. 2008.

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INTEGRATIVE AND COMPLEMENTARY PRACTICES AT SUS: REFLECTION ABOUT PROFESSIONAL EDUCATION NEEDED TO PROVIDE THESE SERVICES TO POPULATION

ABSTRACT

The concern in early prevention, promotion and restoration of health by means programs produced by Ministry of Health, allows measures implemented in services provided to monitor individuals health in general. However, in spite of having been institutionalized practices integrative and complementary (PICs) have not yet been firmly implemented in primary care institutions. The aim of this paper is to discuss the need for educational institutions to prepare health professionals as well as empower existing network in order to feel able to offer these practices to community, taking into consideration initiative of UFRN Nursing School of Natal (EEN-UFRN) to offer a course involving PICs. This initiative began when evaluating the need to provide Natal City to community and region, opportunities to develop those practices included in health units of Health Strategy of the Family. Therefore, acupuncture and yoga, two major areas of knowledge of Chinese Traditional Medicine and Ayurveda, are considered as basic structure of proposed technical school. Upon opening Federal Government to provide SUS user complementary health practices provided by network professionals duly empowered, TCM knowledge should be used as a way to implement and thus able to form health care workers facing such assistance. Added that the need to consider gestures and movements inherent in the human being as an expression of emotions and feelings. Thus may be offered to patients another alternative to remedy and/or minimize energy, organic dysfunctions, destabilizing their emotional well-being. In this situation, it is important to spread this initiative in other institutions forming health professionals. Thus health services make available to population PICs as a means of strengthening the health promotion through holistic approaches to stamp prevention.

KEYWORDS: alternative therapies, training, health promotion

LES PRATIQUES INTEGRATIVES ET COMPLEMENTAIRES AU SUS: REFLEXION SUR LE BESOIN DE FORMATION PROFESSIONNELLE POUR OFFRIR CES SERVICES A LA POPULATION

RESUME

La prévention, promotion et réhabilitation de la santé de la population est un des soucis des programmes créés par le ministère de la santé dans lequel des mesures sont appliquées dans les services offerts par les suivis de santé des individus en général. Cependant, malgré l'institutionnalisation des pratiques intégratives et complémentaires (PICs), ces fonctions ne sont pas encore réalisées avec rigueur au sein des institutions de santé concernant l'attention primaire. Le but de cette étude est de réfléchir sur le besoin des institutions de santé face à la préparation des professionnels, ainsi que de niveler ceux déjà actifs dans les réseaux, selon l'initiative de L'École des Infirmiers de Natal de l'UFRN (EEN-UFRN) dans la création d'un cursus professionnel dirigé vers les PICs. Cette action a été mise en place à partir de l'évaluation du besoin de rendre accessibles les possibilités de l'insertion de ces pratiques aux unités de santé dans la Stratégie de Santé de la famille. De ce fait, l'acupuncture et l'yoga, deux grands domaines de la connaissance des Médecines Traditionnelles Chinoise et l'ayurvédique, sont considérées comme la base du cursus proposé. Face à l'autorisation du Gouvernement Fédéral de fournir les pratiques complémentaires de santé aux utilisateurs du SUS, la MTC doit être utilisée comme outil dans la formation du personnel de la santé. Il faut encore considérer les

gestes et mouvements caractéristiques de l'humain comme expression des émotions et sentiments. De cette façon, il peut être offert aux patients une autre option pour guérir et/ou réduire les disfonctions énergétique-organique-émotionnelles. Pour ce panorama, il est important de diffuser cette initiative parmi d'autres Institutions responsables pour la formation de professionnels de santé. Par conséquent, les services des PICs seront disponibles à la population, comme moyen de consolider la promotion de la santé par les approches holistiques de prévention.

MOTS-CLÉS: Thérapies Alternatives, formation, promotion de la santé

PRÁCTICAS INTEGRATIVAS Y COMPLEMENTARIAS DE SUS: REFLECTINDO SOBRE LA NECESIDAD DE LA EDUCACIÓN DE PROFESIONALES PARA OFRECER ESTOS SERVICIOS A LA POBLACIÓN

RESUMEN

La preocupación en la prevención, promoción y recuperación de la salud por medio de programas elaborados por el Ministerio de Salud, permite las medidas aplicadas en los servicios prestados para controlar la salud de las personas en general. Sin embargo, a pesar de haber sido institucionalizadas las prácticas integrativas y complementarias (PICs) aún no han sido puestas en práctica en las instituciones de atención primaria. El objetivo de este trabajo es discutir la necesidad de las instituciones educativas preparar profesionales de la salud, así como potenciar la red existente a fin de sentirse capaz de ofrecer estas prácticas a la comunidad, teniendo en cuenta la iniciativa de la Escuela de Enfermería de Natal de UFRN (EEN-UFRN) para ofrecer un curso que envuelva PICs. Por lo tanto, la acupuntura y el yoga, dos grandes áreas de conocimiento de las medicinas tradicionales China y Ayurveda, son considerados como estructura básica de lo curso propuesto. Luego de la apertura del Gobierno Federal para ofrecer a las prácticas complementarias de salud a el usuario de SUS prestados por profesionales debidamente habilitados de la red, el conocimiento de la MTC debe ser utilizado como una manera de aplicar y por lo tanto capaz de formar trabajadores de la salud frente a dicha asistencia. Añadido a esto la necesidad de considerar los gestos y los movimientos inherentes al ser humano como una expresión de las emociones y sentimientos. Así, se puede ofrecer a los pacientes otra alternativa para remediar y/o reducir al mínimo las disfunciones energéticas-orgánicas-emocionales, desestructurantes de su bienestar. En esta situación, es importante difundir esta iniciativa en otras instituciones que forman profesionales de la salud. Así, los servicios de salud darán a la población PICs como un medio de fortalecimiento de la promoción de la salud a través de enfoques holísticos para la prevención.

PALABRAS-CLAVE: terapias alternativas, capacitación, promoción de la salud

PRÁTICAS INTEGRATIVAS E COMPLEMENTARES NO SUS: REFLETINDO ACERCA DA NECESSIDADE DA FORMAÇÃO DE PROFISSIONAIS PARA OFERECER ESTES SERVIÇOS À POPULAÇÃO

RESUMO

A preocupação em atuar na prevenção, promoção e recuperação da saúde da população através de programas produzidos pelo Ministério da Saúde, viabiliza medidas aplicadas nos serviços prestados no acompanhamento da saúde dos indivíduos em geral. Entretanto, apesar de já terem sido institucionalizadas, as práticas integrativas e complementares (PICs) ainda não têm sido aplicadas veementemente nas instituições de saúde da atenção primária. O objetivo deste trabalho é refletir sobre a necessidade das instituições de ensino em saúde preparar profissionais, bem como capacitar os já existentes na rede, para se sentirem aptos a oferecerem essas práticas à população, levando em consideração a iniciativa da Escola de Enfermagem de Natal da UFRN (EEN-UFRN) em oferecer um curso profissionalizante que envolva as PICs. Essa iniciativa surgiu ao se avaliar a necessidade de disponibilizar à comunidade de Natal e região, possibilidades de desenvolver essas práticas inseridas nas unidades de saúde da Estratégia de Saúde da Família. Para tanto, acupuntura e yoga, duas grandes áreas do conhecimento da Medicinas Tradicionais Chinesa e Ayurvédica, são consideradas como estrutura base do curso profissionalizante proposto. Mediante abertura do Governo Federal em fornecer ao usuário do SUS práticas complementares em saúde prestadas por profissionais da rede devidamente habilitados, o conhecimento da MTC deve ser utilizado como forma de instrumentalizar e assim poder formar trabalhadores da saúde voltados a essa assistência. Acrescenta-se a isso a necessidade de considerar gestos e movimentos inerentes ao ser humano como expressão de emoções e sentimentos. Desta forma poderá ser oferecido aos pacientes outra alternativa para sanar e/ou minimizar disfunções energético-orgânico-emocionais desestruturantes de seu bem estar. Nesse cenário, se faz importante disseminar essa iniciativa em outras Instituições formadoras de profissionais de saúde. Assim os serviços de saúde disponibilizarão à população PICs como meio de fortalecer a promoção da saúde através de abordagens holísticas de cunho preventivista.

PALAVRAS-CHAVE: terapias alternativas, capacitação, promoção da saúde

PUBLICAÇÃO NO FIEP BULLETIN ON-LINE: <http://www.fiepbulletin.net/80/a2/62>