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National Policy on Integrative and Complementary Practices of the SUS

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Brasília-DF
2008

PNPIC: National Policy on Integrative and Complementary Practices of the SUS

MINISTRY OF HEALTH OF BRAZIL
Office of Health Care
Department of Primary Care

National Policy
on Integrative and
Complementary
Practices of
the SUS

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Series B. Basic Health Texts

Brasília-DF
2008

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OVERVIEW

In the exercise of its duties of coordinating the Unified Health System (SUS) and establishing policies to ensure integrality of health care, the Ministry of Health presents the National Policy on Integrative and Complementary Practices (PNPIC) at the SUS, which is implemented for political, technical, economic, social, and cultural reasons. This policy basically addresses the need to know, support, incorporate, and implement experiences that have been developed in the public network of many municipalities and states, especially in the fields of Traditional Chinese Medicine – Acupuncture, Homeopathy, Phytotherapy, Anthroposophical Medicine, and Hydrotherapy/Crenotherapy.

Due to the absence of specific guidelines, the experiences conducted in the 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, this National Policy defines the approaches of the PNPIC at the SUS considering also the increasing legitimacy of such experiences by society. A consequence of this process is the demand for its effective incorporation into the SUS, as demonstrated by the discussions at the National Health Conferences, the 1st National Health Surveillance Conference in 2001, the 1st National Pharmaceutical Care Conference in 2003, which emphasized the need for access to herbal and homeopathic medicines, and the 2nd National Conference on Health Science, Technology, and Innovation, held in 2004.

By acting in the fields of injury prevention and health promotion, maintenance, and recovery based on a humanized care model centered on the integrality of the individual, the

PNPIC contributes to strengthening the fundamental principles of the SUS. Accordingly, the development of this National Policy on Integrative and Complementary Practices must be seen as another step forward in the SUS implementation process.

By considering individuals in their entirety – without ignoring their individuality when explaining their disease development and health processes – the PNPIC contributes to the integrality of health care, a principle that also requires the integration of the actions and services found at the SUS. Studies have demonstrated that such approaches help strengthen the joint responsibility of the individuals for their health, thus contributing to the exercise of citizenship.

On the other hand, the implementation of the PNPIC at the SUS opens the possibility of access to services that were previously available only through private care, as part of the effort to expand the supply of health actions.

Thus, the Ministry of Health's priority is the improvement of services and development of different approaches to provide the SUS users with preventive and therapeutic options. Therefore, this National Policy attempts to make this priority effective by providing it with the required safety, effectiveness, and quality in furtherance of the integrality of health care in Brazil.

Ministry of Health of Brazil

CHAPTER 1

THE PROCESS OF DEVELOPING THE NATIONAL POLICY

The development of the National Policy on Integrative and Complementary Practices at the SUS started with the implementation of guidelines and recommendations of different National Health Conferences and the World Health Organization (WHO) recommendations. In June 2003, representatives of the National Associations of Phytotherapy, Homeopathy, Acupuncture, and Anthroposophical Medicine held a meeting with the then Minister of Health, at which, at the request of the Minister himself, a workgroup was set up, coordinated by the Department of Primary Care/Health Care Secretariat and by the Executive Secretariat, with the participation of representatives of the Science, Technology and Strategic Inputs Secretariat and the Health Work and Education Management Secretariat/MS; the National Health Inspection Agency (Anvisa); and Brazilian Associations of Phytotherapy, Homeopathy, Acupuncture, and Anthroposophical Medicine to discuss and implement actions towards the preparation of the National Policy.

At a meeting held on September 24, 2003, the management group responsible for coordinating the works and drafting the National Policy determined, among other things, the creation of four work subgroups according to the various areas, due to the specificities of each of them.

As a strategy to prepare the Policy, the management group designed an action plan to be adopted by the subgroups and to be subsequently consolidated into a single technical document of the National Policy.

Each subgroup had power to adopt different strategies to prepare its action plan, and the Homeopathy, Phytotherapy,

and Anthroposophical Medicine subgroups decided to hold nationwide Forums with extensive participation of civil society organizations, in addition to technical meetings to systematize the action plan. The TCM/Acupuncture subgroup decided to hold technical meetings supported by the documents produced by the WHO for that area, among others.

During that process, it was necessary to conduct a situational diagnosis of the practices at the SUS, especially: insertion of these practices at the SUS, survey on the installed capacity, number and profile of the professionals involved, training of human resources, quality of services, and others.

Accordingly, the management group and the work subgroups had, at this initial stage, the collaboration of the following organizations, entities, and institutions:

General coordination of the process of preparing the National Policy

- Executive Secretariat/MS.
- Secretariat of Health Care/MS.

Traditional Chinese medicine/acupuncture work subgroup Office of Health Care (Coordination).

Executive Secretariat.

Secretariat of Health Work and Education Management.

Secretariat of Science, Technology and Strategic Inputs.

National Health Inspection Agency (Anvisa).

Government of the Federal District - Department of Health.

Municipality of São Paulo - Department of Health.

Municipality of Campinas - Department of Health.

Brazilian Medical Association of Acupuncture (AMBA).

Brazilian Medical Society of Acupuncture (SMBA).

Homeopathy work subgroup

Secretariat of Health Care (Coordination).

Executive Secretariat.

Secretariat of Health Work and Education Management.

Secretariat of Science, Technology and Strategic Inputs.

National Health Inspection Agency (Anvisa).

Brazilian Homeopathic Medical Association (AMHA).

Brazilian Association of Homeopathic Pharmacists (ABFH).

Brazilian Association of Homeopathic Dental Surgeons (ABCDH).

Medicinal Plant and Phytotherapy work subgroup

Secretariat of Science, Technology and Strategic Inputs (Coordination).

Executive Secretariat.

Secretariat of Health Care.

National Health Inspection Agency (Anvisa).

Fiocruz - Farmanguinhos.

National Association of Phytotherapy in Public Services (Associofito).

Brazilian Institute of Medicinal Plants (IBPM).

Brazilian Phytomedicine Association (Sobrafito).

Latin American Interdisciplinary Network of Medicinal Plants (Reliplan).

Department of Health of the State of Santa Catarina.

Anthroposophical Medicine work subgroup

Secretariat of Health Care (Coordination).

Executive Secretariat.

National Health Inspection Agency (Anvisa).

Brazilian Anthroposophical Medicine Association (ABMA).

Upon consolidation of the works of the subgroups and preparation of the Proposed National Policy on Natural Medicine and Complementary Practices, the document was submitted to the Technical Committees of the National Council of State and Municipal Secretaries of Health for consideration and agreed by the Tripartite Commission of Managers on February 17, 2005.

The document was submitted at an ordinary meeting of the National Board of Health (CNS) and, upon recommendation of this Board, was submitted in September 2005 to the Health Surveillance and Pharmacoepidemiology Commission for consideration and comments. After innumerable meetings among technicians of the Ministry of Health and that Commission, the Proposed Policy was again submitted to and approved by the National Board of Health in December 2005 with reservations to the content of the technical proposal for Traditional Chinese Medicine/Acupuncture and the name of the Policy. On that same date, the CNS recommended a revision of the text of the TCM/Acupuncture and the inclusion of the practice of Social Hydrotherapy/Crenotherapy - based on the result of the report of the Water Group of the CNS.

Thus, a subcommission appointed by the CNS was set up with the participation of representatives of the National Board of Health, technicians of the Ministry of Health, and external consultants in order to discuss and prepare the final proposal to be evaluated by the CNS at a meeting scheduled for February 2006.

In February 2006, the final policy document, as amended, was unanimously approved by the National Board of Health and consolidated into the National Policy on Integrative and Complementary Practices at the SUS, published in the form of Ministerial Rules No. 971 of May 3, 2006 and No. 1600 of July 17, 2006.

CHAPTER 2

TECHNICAL DOCUMENT OF THE NATIONAL POLICY ON INTEGRATIVE AND COMPLEMENTARY PRACTICES IN THE SUS (PNPIC)

2.1 INTRODUCTION

The field of Integrative and Complementary Practices contemplates complex medical systems¹ and therapeutic resources², which are also denominated by the World Health Organization (WHO) as Traditional and Complementary/Alternative Medicine (TM/CAM), (World Health Organization 2002a). Such systems and resources involve approaches which stimulate the natural mechanisms of injury prevention and recovery of health through effective and safe technologies, with emphasis in the sheltering listening, in the development of therapeutic bond and in the integration of the human being with the environment and society. Other points shared by the several approaches included in this field are the broader vision of the health-disease process and the global promotion of human care, especially self-care.

In the end of the 70s, WHO created the Program of Traditional Medicine, aiming at the formulation of policies in the area. Ever since, in several official reports and resolutions, WHO

¹Understand Complex Medical Systems as the diagnosis and therapeutic approaches in the field of integrative and complementary practices with their own theories about the health/ disease process. LUZ.T.M, *Novos Saberes e Práticas em Saúde Coletiva*, São Paulo, Editora Hucitec, 2003

²Understand therapeutic resources as those instruments used in the different Complex Medical Systems.

expressed its commitment in motivating the state-members to formulate and to implement public policies for the rational and integrated use of TM/CAM in the national systems of health attention, as well as for the development of scientific studies for better knowledge of safety, effectiveness and quality of TM/CAM. The document "Strategy of WHO on Traditional Medicine 2002-2005" reassures the development of those principles.

In Brazil, the legitimating and institutionalization of those approaches of health attention started in the 80s, especially after the institution of SUS. With decentralization and popular participation, the states and municipalities had more autonomy in the definition of their policies and actions in health, coming to establish pioneering experiences.

Some events and documents about the regulation and the attempts of construction of the policy are important to highlight:

- 1985 – agreement celebration among the National Institute for Medical Assistance and Social Security (Inamps), Fiocruz, the State University of Rio de Janeiro and the Brazilian Hahnemanian Institute, with the intention of institutionalizing the homeopathic assistance in the public health network;
- 1986 – the 8th National Health Conference (NHC) also considered a hallmark for Integrative and Complementary Practices in the Brazilian Health System. NHC impelled by the Sanitary Reform, deliberated in its final report "the introduction of alternative practices of health care in the extent of the health services, making possible to the user the democratic access of choosing their favorite therapeutics";
- 1988 – resolutions of the Planning and Coordination Interministerial Commission (Ciplan) number 4, 5, 6, 7, and 8/88, established rules and guidelines for the service in homeopathy, acupuncture, thermalism, alternative techniques of mental health and phytotherapy;

- 1995 – the establishment of the Technical-Scientific Advisory Group in non-conventional medicines, by the administrative rule no. 2543/GM of December 14, 1995, published by the National Secretariat of Surveillance of the Ministry of Health;
- 1996 – the 10th National Health Conference approved in its final report the “incorporation to SUS, in the entire country, of health practices such as phytotherapy, acupuncture and homeopathy, contemplating alternative therapies and popular practices”;
- 1999 – the inclusion of the medical homeopathy and acupuncture appointments in the template of procedures of SIA/SUS (administrative rule no 1230/GM from October, 1999);
- 2000 – the 11th National Health Conference recommends “to incorporate in primary care (Family Health Program and Community Health Agent Program) non-conventional therapeutical practices such as acupuncture and homeopathy”;
- 2001 – the 1st National Conference of Sanitary Surveillance;
- 2003 – the constitution of a Work Group in the Ministry of Health with the objective of elaborating the National Policy of Natural Medicine and Complementary Practices (PMNPC or just MNPC) in SUS (currently PNPIC);
- 2003 – Report of the 1st National Conference of Pharmaceutical Assistance, which emphasized the importance of amplifying access to herbal and homeopathic medicines in SUS
- 2003 – the final report of the 12th National Health Conference deliberates for the effective inclusion of MNPC in SUS (currently Integrative and Complementary Practices);
- 2004 – the 2nd National Conference of Science and Technology Innovations in Health to MNPC (currently Integrative and Complementary Practices) that was included as strategic field of research inside of the National Agenda of Research Priorities;
- 2005 – the Presidential Decree of February 17, 2005, which establishes the Work Group to prepare the National Policy of Medicinal Plants and Herbal Medicines; and,

- 2005 – the final report of the Seminar “Mineral Water in Brazil”, in October, which indicates the constitution of a pilot project of Social Thermalism in SUS.

The Ministry of Health, in order to meet the need to know experiences that have been developed in the public network of many municipalities and states, adopted the strategy of conducting a National Diagnosis of the conceptions already contemplated at the Unified Health System, especially those in the field of Traditional Chinese Medicine – Acupuncture, Homeopathy, Phytotherapy, and Anthroposophical Medicine, in addition to complementary health practices.

The diagnosis was conducted by the Department of Primary Care within the Health Care Secretariat of the Ministry of Health, during the period from March to June 2004 by sending a questionnaire to all municipal and state health system managers, totaling 5,560.

1,340 questionnaires were returned, and the results of the situational diagnosis on integrative and complementary practices at the state and municipal health systems revealed the structure of some of these practices in 232 municipalities, including 19 state capitals, in 26 states altogether. Results were considered satisfactory in the calculation of statistical significance for a national diagnosis.

2.1.1 TRADITIONAL CHINESE MEDICINE – ACUPUNCTURE

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 in its several treatment modalities (acupuncture, medicinal plants, diet therapy, corporal and mental practices), elements of anamnesis, palpation of the pulse, and the observation of the face and of the language.

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 (TCM), 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. 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 their state-members, producing several publications about its effectiveness and safety, professional training, as well as research methods and evaluation of the therapeutic results of the complementary and traditional medicines. The consensus of the United States National Health Institute attests the indication of acupuncture whether used alone or as a supporting procedure in several diseases and health injuries, such as postoperative dental pain, adult post-chemotherapy or surgery nauseas and vomits, chemical dependence, rehabilitation after cerebral vascular injury, dysmenorrheal, migraine, epicondylitis, fibromialgy, miofascial pain, osteo-arthritis, back pain, and asthma, among others.

TCM includes also 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.

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), 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.

In 1999, the Ministry of Health placed in the Ambulatory Information System (SIA/SUS) template of Unified Health System

the medical consultation in acupuncture (code 0701234), that allowed the evolution attendance of the consultations by area and in the entire country. The data from SIA/SUS demonstrate a growth of acupuncture medical consultations in all regions. In 2003, there were 181,983 consultations, with a larger concentration of acupuncture doctors in the Southeast region (213 out of 376 doctors registered in the system).

According to the insert diagnosis of MNPC in the services rendered by SUS and the data of SIA/SUS, it is verified that acupuncture is present in 19 states, distributed in 107 municipalities and 17 capitals.

As explained before, it is necessary to rethink, in the light of the attention model proposed by the Ministry of Health, the insertion of such practice in SUS, considering the need of capillarity increase to assure the principle of universality.

2.1.2 HOMEOPATHY

Homoeopathy, a complex medical system bases on holistic and vital principle and in the use of the natural law of healing 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 (AMHB) was founded. In 1980, homeopathy was recognized as a medical specialty by the Federal Council of Medicine

(Resolution no. 1000). In 1990, the Brazilian Association of Homeopathic Pharmaceuticals (ABFH) was created. In 1992, it is recognized as a pharmaceutical specialty by the Federal Council of Pharmacy (Resolution no. 232). In 1993, the Brazilian Veterinary Homeopathic Association (AMVHB) was created. Finally in 2000, homeopathy was recognized as a specialty by the Federal Council of Veterinary Medicine (Resolution no. 622).

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 established rules for the service in Homeopathy in the public health services and, in 1999, the Ministry of Health places in the SIA/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 SIA/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 specialist 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 AMHB, only 30% of

the homeopathy services of the SUS network supplied 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.

The implementation of homeopathy in the SUS, represents an important strategy to improve health attention:

- Has a person as a center of the attention, considering the physical, psychological, social and cultural dimensions. In homeopathy, illness is the expression of the harmony rupture of those different dimensions. In that way, homeopathy conception contributes to the empowerment of the integrality of the health attention.
- It strengthens the doctor-patient relationship as one of the therapeutics fundamental elements, promoting the humanization of the attention, stimulating self-care and the individual autonomy.
- It acts in several clinical situations of illness as, for instance, in non-transmissible chronic diseases, in breathing and allergic diseases, and in psychosomatic disorders, reducing the demand for hospital and emergency interventions, thus contributing for the improvement of the user's quality of life.
- It contributes for the rational use of medicines, reducing drug-dependence.

In 2004, with the objective of establishing participative process in the debate of the general guidelines for homeopathy practices, which served as subvention to the formulation of the actual National Policy, the Ministry of Health carried out the 1st National Forum of Homeopathy entitled "The homeopathy we want to implement in SUS". This forum gathered professionals, Municipal and State Health Secretariats, Public Universities, Association of Homeopathy Users, a national homeopathy representative entity; the

National Council of Municipal Health Secretariat (Conasems); the Federal Council of Pharmacy and of Medicine, the International Homeopathy Medical League (LMHI) – an international homeopathy medical organization, and representatives of the Ministry of Health and of the National Agency of Sanitary Surveillance (ANVISA).

2.1.3 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.

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.

The popular and institutional interest is growing in the sense of strengthening phytotherapy in SUS. Starting from the decade of 1980s, several documents were elaborated, emphasizing the introduction of medicinal plants and herbal

medicines in the public system basic attention, among which stands out:

- The Ciplan resolution no 8/88, which regulates the implantation of phytotherapy in the health services and creates procedures and routines related to its practice in the medical units;
- The Report of the 10th National Health Conference, held in 1996, which states in the item 286.12: “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 the item 351,10: “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”;
- The Administrative Rule no. 3816/98, which approved the National Medicine 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”;
- The report of the National Seminar of Medicinal Plants, Herbal Medicines and Pharmaceutical Assistance, held in 2003, which among its recommendations states: “to integrate in the Unified Health System the use of medicinal plants and herbal medicines”;
- The report of the 12th National Health conference held in 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 implantation of programs for the use of homeopathic medicines in the health services, in

accordance with the recommendations of the 1st National Medicine and Pharmaceutical Assistance” .

- The Resolution no 338/04 from the National Health Council 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” ;
- 2005 – The Presidential Decree of February 17, 2005 establishes the Work Groups for the elaboration of the National Policy of Medicinal Plants and Herbal medicines.

Nowadays, 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 pretension of implantation. In a survey done by the Ministry of Health in 2004, it was verified that in all Brazilian municipalities phytotherapy is present in 116 municipalities, contemplating 22 states.

In the Federal scope its worth mentioning that the Ministry of Health accomplished in 2001, the Forum for formulation of a National Policy of Medicinal Plants and Herbal Medicines proposal, where different segments participated and, taking into account especially the inter sectoriality involved in the productive chain of medicinal plants and herbal medicines. In 2003, the Ministry of Health promoted the National Seminary of Medicinal Plants, Herbal Medicines and Pharmaceutical Assistance. Both initiatives had important

contributions for the formulation of this National Policy, as the structuring of a stage for the elaboration of the National Policy of Medicinal Plants and Herbal medicines.

2.1.4 SOCIAL THERMALISM/CRENOTHERAPY

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.

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.

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 UFMG and 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 that population the access to the use of the mineral water with medicinal properties, to health recovery as well as health maintenance.

Thermalism, considered in the CIPLAN resolutions of 1988, 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 7, 2004 is an instrument of empowerment of the definition of government actions that involves the reevaluation 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.

2.1.5 ANTHROPOSOPHICAL MEDICINE

Anthroposophical Medicine (AM) 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 AM 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.

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 official

introduced into the municipal network, together with Homeopathy and Acupuncture. 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.

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). 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 AM Policy proposes the implementation of Observatories, based on the consolidated experiences, to deepen knowledge on their practices and impact on health.

2.2 OBJECTIVES

2.1 To incorporate and to implement the Integrative and Complementary Practices in 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.

2.2 To contribute for the increase of the System resolubility and broader access to the Integrative and Complementary Practices, ensuring quality, effectiveness, efficiency and safety in its use.

2.3 To promote the rationalization of health actions, stimulating innovative and socially contributive alternatives to the sustainable development of the communities.

2.4 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.

2.3 GUIDELINES

2.3.1 Structuring and empowerment of the attention in Integrative and Complementary Practices in SUS, by:

- Incentive to the insertion of Integrative and Complementary Practices in all levels of attention, with emphasis in the basic attention.
- Development of the Integrative and Complementary Practices in a multi professional manner for the professional categories present in SUS, and in consonance with the level of attention.
- Implantation and implementation of actions and empowerment of existent initiatives.

- Establishment of financing mechanisms.
- Elaboration of technical and operational norms for implantation and development of those approaches in SUS.
- Articulation between the National Policy of Health Attention to Indigenous People and other policies of the Ministry of Health.

2.3.2 Development of qualification strategies in Integrative and Complementary Practices for professionals in SUS, in accordance with the principles and guidelines established for permanent education;

2.3.3 Popularization and information of basic knowledge of Integrative and Complementary Practices for health professionals, managers and users of SUS, considering the participatory methodologies and the popular and traditional knowledge;

- Technical and financial support to professional qualification to act in areas of information, communication and popular education in Integrative and Complementary Practices that act in the strategy of Family Health and Program of Community Health Agents
- Elaboration of information material such as posters, booklets, pamphlets and videos, seeking to the promotion of Integrative and Complementary Practices information and popularization actions, respecting the regional and cultural specificities of the country and addressed to professionals, managers, health counselors, as well as health educators and students and the community in general.
- Inclusion of Integrative and Complementary Practices in the agenda of social communication activities of SUS;

- Support and empowerment of information and popularization innovative actions on Integrative and Complementary Practices in different cultural languages, such as jester, hip hop, theater, songs, pamphlet literature and other manifestation forms.
- Identification, articulation and support to experiences of popular education, information and communication in Integrative and Complementary Practices.

2.3.4 Encouragement of intersectorial actions by seeking partnerships to promote integral development of the actions

2.3.5 Empowerment of the social participation

2.3.6 Providing access in the sanitary regulation of homeopathic and herbal medicine in the perspective of the increase of public production, assuring the specificities of the pharmaceutical assistance in those areas

- Elaboration of the National List of Medicinal Plants and of the National List of Herbal Medicines.
- Promotion of the rational use of medicinal plants and herbal medicines in SUS.
- Fulfillment of the quality, effectiveness, efficiency and safety criteria in the use of medicinal plants and herbal medicines.
- Fulfillment of the best manufacturing practices, in agreement with the legislation in force.

2.3.7 Guarantee of access of other strategic input products of Integrative and Complementary Practices, with quality and safety of actions.

2.3.8 Incentive to research in Integrative and Complementary Practices for the refinement of health attention, evaluating efficiency, effectiveness, effectivity and safety of the rendered cares.

2.3.9 Development of follow-up and evaluation actions of the Integrative and Complementary Practices, for instrumentalization of management processes.

2.3.10 Promotion of national and international cooperation of the experiences in Integrative and Complementary Practices in the areas of attention, permanent education and health research

- Establishment of technical-scientific exchange seeking to the knowledge and information exchange of the experiences in the field of health attention, training, permanent education and research between the states and countries where Integrative and Complementary Practices are integrated into the public health service.

2.3.11 Assurance of monitoring the quality of herbal medicines by the National System of Sanitary Surveillance.

2.4 IMPLEMENTATION OF THE GUIDELINES

2.4.1 IN THE TRADITIONAL CHINESE MEDICINE – ACUPUNCTURE

Premise: Development of the Chinese Traditional Medicine – Acupuncture in a multi professional level, for the professional categories present in SUS, and in consonance with the level of attention.

TCM/A Guideline 1

Structuring and empowerment of the attention in TCM-acupuncture in SUS, with incentive to the insertion of TCM-acupuncture in all levels of the system with emphasis in basic attention.

1. Family Health Strategy

Mechanisms should be prioritized to assure the insertion of health professionals with regulation in acupuncture within support, participation and co-responsibility reasoning with family health strategy.

Besides this, it will be the main job of the professionals:

- To act in an integrated and planned way in agreement with the priority activities of the family health strategy (ESF).
- To identify, together with the teams of the primary care (ESF and teams primary care centers) and the population, the practices to be adopted in certain areas.
- To work for the collective construction of actions that are integrated into other social policies.
- To evaluate, together with the team of family health/primary care (RHC), the impact of the development and implementation of such new practice in the health situation, by previously established indicators.
- To act in the specialty with resolubility.
- To work using the reference/counter-reference system in an educational process.
- To clinically discuss the cases in meetings both in the nucleus and in the enrolled teams.

2. Specialized Centers

a) Acupuncture health professionals inserted in the specialized medium and high complexity ambulatory services should participate in the reference/counter-reference system, acting in a resolute manner in the process of permanent education.

b) Acupuncture health professionals inserted in the hospital network of SUS.

For every insertion of professionals who work with acupuncture in SUS it will be necessary the title of specialist.

Technical and operational compatible norms should be elaborated with the implantation and the development of those practices in SUS.

TCM/A Guideline 2

Development of qualification strategies in TCM-acupuncture for SUS professionals, consonant to the principles and guidelines for SUS permanent education.

1. Incentive for training so the health team can develop actions of injury prevention, promotion and education in health – both individual and collective – in the logic of TCM, once such training should involve basic concepts of TCM and corporal and meditative practices. Example: Tui-Na, Tai Chi Chuan, Lian Gong, Chi Gong and others that comprise the health attention in TCM.

2. Incentive of a database formation related to training schools.

3. Articulation with other areas seeking to enlarge the formal insertion of TCM-acupuncture in the undergraduate and graduate courses for health professionals.

TCM/A Guideline 3

Popularization and information of the basic knowledge of TCM-acupuncture for users, health professionals and managers of SUS.

1. For users

Popularization of the therapeutic possibilities: safety measures, alternatives to conventional treatments, besides emphasis in the aspect of prevention of injuries and corporal practices promotion.

2. For professionals

Popularization of uses and possibilities, the need of specific training, in agreement with the insertion model; safety measures; alternatives to conventional treatments and the professional role in the system.

3. For managers

Uses and therapeutic possibilities: need of investment in professional specific training in agreement with the insertion model: safety measures; alternatives to conventional treatments; possible cost reduction and federal incentive for such investment.

TCM/A Guideline 4

Guarantee of access to the strategic input products for TCM-acupuncture in the perspective of warranty of quality and safety of actions.

1. Establishment of norms related to the necessary input product for the practice of TCM-acupuncture with quality and safety: filiform disposable needles of varied sizes and calibers; moxa (coal and/or artemisia); vegetable sphere for earlobe acupuncture; metallic sphere for earlobe acupuncture; sucker glasses; equipment for electro-acupuncture; maps of acupuncture points.
2. Establishment of a National Price List for those products.

TCM/A Guideline 5

Development of follow up and evaluation actions for TCM-acupuncture.

For the development of follow up and evaluation actions, codes of procedures should be created, stated as followed for the composition of the indicators.

The regulated professional categories will be contemplated for the creation of SIA/SUS codes for registration and financing of acupuncture procedures.

1. Insertion of codes of procedures for information and financing.
 - Acupuncture session with dry needling insertion of needles in neuroreactive acupuncture areas (acupuncture points)
 - Acupuncture sessions – other procedures:
 - a. Application of suckers – it consists of applying glass of plastic container, where a vacuum is generated with the

purpose of stimulating neuroreactive areas (acupuncture points).

b. Electrical stimulation – it consists of applying certain electric stimuli of variable low voltage and low amperage frequency from 1 to 1000 Hz in neuroreactive areas (acupuncture points).

c. Application of low potency laser in acupuncture – it consists of applying a stimulation produced by laser of low potency (5 to 40 nW) in neuroreactive acupuncture areas.

1.1. Insert of the codes 04.011.02-1; 0702101-1; 0702102-0, already existent in the SIA/SUS template of the missing professionals – for registration of the actions of health promotion in CTM-acupuncture.

2. The creation of codes for corporal practices registry.

Considering that TCM mediates corporal practices in their activities of health attention, specific codes should be created for the corporal practices in SUS for information registering;

- Group corporal practices developed in the unit: as of Tai Chi Chuan, Lian Gong, Chi Gong, self-massage.
- Group corporal practices developed in the community: as of Tai Chi Chuan, Lian Gong, Chi Gong, self-massage.
- Individual corporal practices: as of Tui-Na, meditation, Chi Gong, self-massage.

3. Evaluation of the services offered

Establishment of criteria for the implementation and implantation follow-up of TCM-acupuncture, such as: acupuncture consultation coverage; rate of procedures related to TCM-acupuncture; rate of educational actions

related to TCM-acupuncture; rate of procedures related to corporal practices – TCM-acupuncture, among others.

4. Follow-up of state actors in the support to the implantation of this National Policy.

TCM/A Guideline 6

Integration of TCM-acupuncture actions with similar health policies.

Because of this integration, it should be established within all areas of the Ministry of Health, for the construction of partnerships that shall propitiate the integral development of actions.

TCM/A Guideline 7

Incentive to research seeking to support the TCM/Acupuncture in SUS as strategic target of the research policy in the System.

Incentive to research lines in TCM-acupuncture that:

- Improves its practice and evaluate its effectiveness, safety, and economical aspects, in a pragmatic context, associated or not to other procedures and complementary health practices, and successful experiences (services and municipalities).
- Identify more effective, permanent, safe and efficient techniques and conducts for problem solving of health of a given population.
- Point out strategies for optimization of the treatment effectiveness by acupuncture and complementary practices.

- To establish technical-scientific exchange seeking knowledge and exchange of information deriving from the experiences in the field of training, permanent education and research among countries where TCM-acupuncture is integrated into the public health service.

It shall be observed, in the case of clinical research, the development of studies which follow the norms of National Commission on Ethics in Research/National Health Council.

TCM/A Guideline 8

Financing warranties for the acts of TCM-acupuncture.

To make possible the financing of the model of attention, measures should be adopted related to:

- The insert of codes of procedures with the objective of increasing the information on TCM-acupuncture in the system and to promote the financing of the accomplished interventions.
- The warranty of specific financing for information and information of TCM-acupuncture basic knowledge for health professionals, managers and users of SUS, considering the participatory methodologies and popular and traditional knowledge.

Consideration: there should be done quarterly evaluations of the increment of the actions accomplished starting for the first year, with views the adjustments in the financing by performance and agreement.

2.4.2 IN THE HOMEOPATHY

Premise: development of homeopathy in a multi professional level, for the professional categories present in SUS, and in consonance with the level of attention.

H Guideline 1

Inclusion of homoeopathy in the different levels of the system complexity, with emphasis in the primary health attention, through actions of prevention of injuries and health promotion and recovery.

For that purpose, steps will be taken in order to:

1. Guarantee of essential conditions for the best practices in homoeopathy, considering their technical peculiarities, the adopted measures and input products.

2. Support and strengthen of homeopathic attention initiatives in basic attention, observing the following criteria:

- To prioritize mechanisms to assure the insertion of homeopathic attention within the support, participation and co-responsibility logics and family health program.
- To render service in the basic attention unit, in agreement with the spontaneous or referred demand, to the users of all age groups.
- To have a homoeopathy professional as a physician of the family health program unit, and he should have the opportunity to practice homoeopathy, with no harm to the attributions particular of the professional in the family health strategy.

3. Support and to strengthen the initiatives of homoeopathy attention in the specialized attention:

- To render service at clinics of specialties or at reference centers, according to the demand, the users of all age groups and to render technical support to other local network services.
- Homeopathy can be incorporated in a complementary way at emergency rooms, intensive care units, palliative care centers

or in hospital infirmaries, to contribute for a greater resolubility of the attention.

4. Establish technical criteria of organization and operation of homoeopathy attention in all complexity levels, in order to assure the offer of safe, effective and quality services, and to evaluate the initiatives already existent at the states and with the participation of recognized homeopathic scientific societies.

5. To establish technical-scientific exchange seeking knowledge and exchange of information related to the experiences in the field of homoeopathy attention among counties where homeopathy is integrated into the public health service.

H Guideline 2

Financing warranty capable of assuring the development of essential activities to the best practices in homoeopathy, considering their technical peculiarities.

For that purpose, steps will be taken in order to:

1. Create financing mechanisms to assure the access to input products necessary to the practice of homoeopathy:

- Homoeopathy repertoire and homeopathic medical material in printed form and in software form.

2. Create incentive for the access warranty to homeopathy medicines in the perspective of:

- Incentive the implantation and/or adaptation of public homeopathic medicine manipulation pharmacies, with the possibility of expansion for herbal medicine, that assist the

demand and the loco-regional reality, according to established criteria, and in accordance with the legislation in force.

- Incentive to the implantation of projects for production of homeopathic matrix in the official laboratories seeking to supply local or regional Homeopathic Medicine Manipulation Pharmacies.

3. Guarantee financing mechanisms for projects and programs on formation and permanent education, that assure to the professionals of SUS specialization and improvement in homeopathy care, according to loco-regional disputes and agreement in the Permanent Health Education Centers.

4. The Ministry of Health has annually federal financing through agreements for projects presented to the National Health Fund for physical structuring of the services, and the states and municipalities co-finance the structuring of homeopathy attention services.

5. The warranty of specific financing for information and information of CTM-acupuncture basic knowledge for health professionals, managers and users of SUS, considering the participatory methodologies and popular and traditional knowledge.

Consideration: there should be done quarterly evaluations of the increment of the actions accomplished starting for the first year, with views the adjustments in the financing by performance and agreement.

H Guideline 3

To provide access of homeopathic prescribed medicines to the user of SUS, in the perspective of increase of public production.

For that purpose, steps will be taken in order to:

1. Include homeopathy in the policies of pharmaceutical assistance on the three management levels of SUS.

2. Mediate manipulation best practices for pharmacies with homeopathic manipulation that assists the needs of SUS in this area and in the sanitary legislation.

3. Increase the offer of homeopathic medicines, through public manipulation pharmacies that assist to the demand and the local needs, respecting the legislation concerning the needs of SUS in the area and emphasizing the pharmaceutical assistance.

- Financial incentive for the implantation or improvement of public manipulation pharmacies of homeopathy medicines (with the possible increase for herbal medicine), with compensation from municipalities and/or the state for their maintenance and according with pre-established criteria.
- Setting up the National Price List for materials necessary to the operation of the manipulation pharmacy to give support to the dispensation process done by states and municipalities.

4. Motivate the production by the official laboratories of:

- Homeopathy matrix with a view to the supply to the public manipulation pharmacies of homeopathic medicines, stimulating partnerships with State and Municipal Health Secretariat and based on polychrestic and semipolychrestic list from the Brazilian Homeopathic Pharmacotechniques – 2nd edition, 1997.
- Homeopathic medicines by the official laboratories, with the objective of supplying them to states and municipalities and according with studies of economical viability.

5. Support the local initiative in the identification of the medicines – pharmaceutical forms, scales, dinamization and methods used – the ones necessary and often used in the homeopathy services already existent, and elaborating an orientation list for the production of the medicines and for the health units, subjected to periodic revision and assisting the local reality.

H Guideline 4

Support to formation projects and permanent education, promoting professional technical qualification according to the principles of the National Policy of Permanent Education.

For that purpose, steps will be taken in order to:

1. Promote the discussion about homeopathy in the perspective of permanent health education, through the training institutions in the area, the users and homeopathy health professionals, seeking the professional qualification in SUS.

- To articulate in SUS, the diagnosis concerning the difficulties and current limitations in clinical homeopathy practice concerning the formation and the need of permanent education of the professionals of homeopathy who act in the several levels of complexity of SUS, from the basic attention to the specialized attention in consonance with the principles and guidelines established for Permanent Health Education.

2. Provide technical and financial support to the development of training projects and programs and permanent education that assure the specialization and improvement in homeopathy care to the professionals of SUS, considering:

- The adoption of methodologies and appropriate formats to the needs and the local and/or loco-regional viabilities, including distant education and in-service training.

- The agreement of actions and initiatives in the field of Permanent Health Education and that meet the loco-regional demand.

3. Elaborate informative materials with the objective of supporting the managers of SUS in the development of local projects of formation and permanent education of the homeopathy professionals, observing the principles and guidelines of SUS, the recommendations of the permanent education policies, the established criteria for homeopathy institutions of national representation, in terms of abilities and competences of homeopathy professionals, and the guidelines of this policy.

4. Give technical and financial support for the physical structuring of homeopathy at the reference centers, with attributions: in the implementation of in-service teaching activities (apprenticeships, formation and permanent education); in the development of research in homeopathy of SUS interest; in the integration of assistance, teaching and research activities, in articulation with principles and guidelines established for the Permanent Health Education in SUS.

5. Promote the inclusion of homeopathic rationality in undergraduate and graduate courses, both strict and lato sensu for health professionals.

6. Promote the discussion about homeopathy in the process of modification of teaching in the university.

7. Foment and to support residence projects in homeopathy, together with the Ministry of Education.

8. Foment and to support creation and maintenance initiatives of Permanent Virtual Forum, allowing a discussion space concerning the homeopathic formation/knowledge and model of attention, in a way that makes available productions, experiences and documents seeking the implementation of homeopathy attention in SUS.

9. Support the accomplishment of homeopathy forums in the three government levels, aiming at the discussion and the evaluation of the implantation and implementation of homeopathy in SUS.

10. Establish technical-scientific exchange seeking the knowledge and the exchange of information regarding the experiences in the field of formation, permanent education and research among countries where homeopathy is integrated into the public health service.

H Guideline 5

Follow-up and evaluation of the insertion and implementation of homeopathy attention in SUS.

For that purpose, steps will be taken in order to:

1. Develop appropriate instruments for assistance and evaluation of the insertion and implementation of homeopathy attention in SUS, with emphasis in the assistance and evaluation of the identified difficulties of insertion and its overcome. The establishment of mechanisms for data collection in order to make possible studies and research to serve as instruments in the management process.
2. Follow-up and evaluate the results of the implanted national research protocols, with views to the improvement of homeopathy attention in SUS.
3. Include in the information system of SUS the procedures in homeopathy regarding education and health activity in the basic attention for the university graduate health professionals.
4. Identify the establishment of Homeopathic Medicine Manipulation Pharmacies in the register of health establishments.

H Guideline 6

To socialize information on homeopathy and the characteristics of its practice, adapting them to the several population groups.

For that purpose, steps will be taken in order to:

1. Include homeopathy in the agenda of social communication activities of SUS.
2. Elaborate information material such as posters, booklets, pamphlets and videos, seeking to the promotion of homeopathy information and popularization actions, respecting the regional and cultural specificities of the country and addressed the professionals, managers, health counselors, as well as health educators and students and the community in general.
3. Support and empowerment of information and popularization innovative actions on homeopathy in different cultural languages, such as jester, hip hop, theater, songs, pamphlet literature and other manifestation forms.
4. Identify, articulate and support to experiences of popular education, information and communication in homeopathy.
5. Provide technical and financial support to professional qualification to act in areas of information, communication and popular education in homeopathy for those who act in the Family Health of Strategy and Community Health Agents of Program, considering the actions and initiatives of Permanent Health Education in SUS.

H Guideline 7

To support the development of studies and research to evaluate the quality and improve homeopathy attention in SUS.

For that purpose, steps will be taken in order to:

1. Include the theme of homeopathy in the research lines of SUS.
2. To identify and to establish networks of support, in partnership with homeopathy training associative and representative institutions, universities, colleges and other federal, state and municipal institutions, seeking:
 - The fomentation of research in homeopathy.
 - The identification of studies and research related to homeopathy in Brazil, with the objective of socializing, publishing and base new investigations.
 - The establishment of a database of researchers and homeopathy research performed in Brazil, connecting them with other international databases.
3. Identify and publish the potential financing lines for the research in homeopathy – the Ministry of Science and Technology, State Foundations of Research Support, the Third Sector and others.
4. Support studies about social representations on homeopathy, close to users and health professionals.
5. Prioritize the lines of research in homeopathy to be implemented by SUS, especially those that contemplate the evaluation of the effectiveness, efficiency and effectivity of homeopathy, seeking the improvement and consolidation of homeopathy attention in SUS.
6. Support for the establishment of homeopathy actions in the endemic and epidemic settings.
7. Follow-up and evaluation of the national research protocols implemented, with views to the improvement of the homeopathy attention in SUS.

2.4.3 IN THE MEDICINAL PLANTS AND PHYTOTHERAPY

MPF Guideline 1

Elaboration of the National List of Medicinal Plants and of the National List of Herbal Medicines.

The measures adopted shall provide:

1. To accomplish situational diagnosis of medicinal plants and herbal medicines used in state, municipal and other programs related to the theme.
2. To establish criteria for inclusion and exclusion of medicinal plants and herbal medicine in the National List, based on the concepts of effectiveness and safety.
3. To identify the needs for the majority of the population, starting from epidemic data of diseases susceptible to be treated with medicinal plants and herbal medicines.
4. To elaborate standardized monographs about medicinal plants and herbal medicines included in the National List.

MPF Guideline 2

Provision of access to the users of SUS of medicinal plants and herbal medicines.

The measures adopted shall provide:

1. To make possible medicinal plants and/or herbal medicines in the health units, in a complementary way, whether in the strategy of family health program, in the traditional model

or in the medium and high complexity units, using one or more of the following products: “in natura” medicinal plants, dry medicinal plants (vegetable), manipulated herbal medicine and industrialized herbal medicine.

1.1. When the option is for the supply of “in natura” medicinal plants, the following criteria should be observed:

- Supply of species specified in the National List of Medicinal Plants.
- Supply of memento regarding the species used.
- The use of botanically identified species, whose production has the warranty of the good agricultural organic practices, preserving the quality of air, soil, and water.
- Implantation and maintenance of official gardens of medicinal species and/or stimulating vegetable gardens and community gardens recognized by public institutions, for the supply of the plants.

1.2. When the option is for the supply of dry medicinal plants (vegetable medicines), the following criteria should be observed:

- Supply of species specified in the National List of Medicinal Plants.
- Supply of memento regarding the species used.
- The use of botanically identified species, whose production has the warranty of the good agricultural organic practices, preserving the quality of air, soil, and water.
- Obtaining the vegetable raw material, processed in accordance with the best practices, originating from official gardens of medicinal species, cooperatives, associations of producers, sustainable harvesting or other, with permit or license from the competent institutions.

1.3. When the option is for the supply of manipulated herbal medicine, the following criteria should be observed:

- Supply of manipulated herbal medicine according to memento associated to the National List of Medicinal Plants and the pertinent legislation to assist the needs of SUS in the area.
- The use of vegetable raw material, processed in accordance with the good practices, originating from official gardens of medicinal species, cooperatives, associations of producers, sustainable harvesting or other, with permit or license from the competent institutions.
- The use of products derived from vegetable raw material, processed in accordance with the good practices, originating from suppliers with permit or license from the competent institutions.
- Increase the offering of herbal medicine, through public pharmacies with herbal medicine manipulation that assists the demand and local needs, respecting the legislation regarding the needs of SUS in the area.
- Elaboration of monographs on herbal medicine products which could be included in the Brazilian Pharmacopoeia.
- To observe, in the sanitary legislation, good manufacture practices (GMP) for pharmacies with manipulation of herbal medicine that assists the needs of SUS in this area.

1.4. When the option is for the supply of industrialized herbal medicine, the following criteria should be observed:

- Supply of product specified in the National List of Herbal Medicine.
- Incentive to the production of herbal medicine using, primarily the official laboratories.
- Supply of herbal medicine that assist the legislation in force.

- Acquisition, storage, distribution and dispensation of the medicines to the users of SUS, according to the organization of the municipal services of pharmaceutical assistance.

MPF Guideline 3

Formation and permanent education of health professionals in medicinal plants and phytotherapy.

The measures adopted shall seek:

1. To define locally, according to the principles and guidelines established for Permanent Health Education in SUS, the formation and permanent education in medicinal plants and phytotherapy for the professionals who act in the health services. The permanent education for personnel and teams for the work with medicinal plants and phytotherapy, will be done in the following levels:

1.1. Basic interdisciplinary common to the whole team: contextualization the Integrative and Complementary Practices, contemplating the general care using medicinal plants and herbal medicines.

1.2. Specific for health professionals of university level: detailing the aspect related to the manipulation, the use and the prescription of medicinal plants and herbal medicines.

1.3. Specific for professionals of agronomic area: detailing the aspect related to the productive chain of medicinal plants.

2. To stimulate the elaboration of education and informative material seeking to support the managers of SUS in the development of local projects of formation and permanent education.

3. To stimulate apprenticeships in phytotherapy services to the health professionals' team and the students of the technical and university courses.

4. To stimulate universities to insert, in their undergraduate and graduate courses involved in the area, disciplines with syllabus based on medicinal plants and phytotherapy.

MPF Guideline 4

Follow-up and evaluation of insertion and implementation of medicinal plants and phytotherapy in SUS.

The measures adopted shall seek:

1. To develop instruments for follow-up and evaluation.
2. To monitor the implantation and implementation actions through the generated data.
3. To propose adaptation measures for the actions, subsidizing the managers decisions with the collected data.
4. To identify the establishment of pharmacies of herbal medicine manipulation in the register of health establishments.

MPF Guideline 5

Empowerment and increase of popular participation and social control.

The measures adopted shall seek:

1. To value the traditional knowledge and to promote the exchange of information among group of users, keepers of

traditional knowledge, researchers, technicians, health agents and representatives of the productive chain of medicinal plants and herbal medicines.

2. To stimulate the participation of social movements with knowledge about the traditional use of medicinal plants in the Health Councils.
3. To include the social actors in the implantation and implementation of this national policy in SUS.
4. To increase the discussion about the importance of environmental preservation in the productive chain.
5. To stimulate popular participation in the creation of gardens of medicinal species as support to the work with the population, regarding generation of work and income.

MPF Guideline 6

Establishment of financing policies for the development of actions related to the implantation of medicinal plants and phytotherapy in SUS.

The measures adopted shall seek:

1. To obtain plants in natura – to plan, starting from the articulation among the competence levels, the implantation and maintenance of official gardens of medicinal species or vegetable gardens and community gardens recognized by public organs to supply the plants.
2. To obtain dry plants – to plan, starting from the articulation among the competence levels, the obtaining of vegetable raw material, processed according to the good practices, originating from official gardens of medicinal species, cooperatives, and

associations of producers, sustainable harvesting or others, with permit or license from the competent organs.

3. To obtain manipulated herbal medicine – to incentive the implantation or improvement of the public pharmacies of herbal medicine manipulation, with increase possibility for homeopathy, with compensation from municipalities and/or the state for its maintenance and according to pre-established criteria and pertinent legislation to assist the needs of SUS in this area.

4. To obtain industrialized herbal medicine – to motivate herbal medicine production, using primarily the official laboratories, as well as creating incentives for acquisition, storage, distribution, and dispensation of the medicines to the users of SUS, according to the organization of the services of pharmaceutical assistance.

5. For popularization and information of the phytotherapy basic knowledge to health professionals, managers and users of SUS, considering the participatory methodologies and the popular and traditional knowledge – to assure specific financing.

MPF Guidelines 7

To stimulate research and development of medicinal plants and herbal medicines, prioritizing the biodiversity of the country.

The measures adopted shall seek:

1. To assure financing lines in the Ministry of Health, the Ministry of Agriculture, Livestock and Supply, the Ministry for the Environment, the Ministry of Science and Technology, Foundations of Research Assistance, in the World Health Organization/Pan-American Health Organization (WHO/PAHO), for research on the items of medicinal plants list with potential use in SUS and for incentive to the national production, seeking to assure the regular supply for the internal market.

2. To incorporate in the medicinal plants list with potential use in SUS in the National Agenda of Priorities in Research and Health.
3. To stimulate research lines in phytotherapy in the strictu sensu graduate courses at universities and research institutes.
4. To motivate the accomplishment and application of protocols for research development in phytotherapy, related to the epidemic, clinical and pharmaceutical assistance aspects.
5. To promote research and technological development based in the traditional use of the medicinal plants, prioritizing the epidemic needs of the population, with emphasis in the native species and in those that are being used in the public sector and in the social movement organizations.
6. To guarantee resources for support and development of clinical research centers in the area of phytotherapy.
7. To motivate the development of pharmaco surveillance and pharmaco epidemiology studies.
8. To establish databases of phytotherapy programs, research institutions, researchers and research results about medicinal plants and herbal medicines.

MPF Guideline 8

Promotion of rational use of medicinal plants and herbal medicines in SUS.

The measures adopted shall seek:

1. To publish the National List of Medicinal Plants and Herbal Medicines.
2. To assure technical support in every stage of implantation and implementation of phytotherapy.

3. To involve the managers of SUS in the development of communication and popularization actions, offering the necessary means (contents, financing, and methodologies, among others).
4. To develop educational campaigns seeking the health professionals participation with views to rational use.
5. To develop information and popularization actions to the users of SUS, through posters, booklets, pamphlets, and videos, among others, with respect to regional and cultural particularities of the country.
6. To include phytotherapy in the Agenda of Social Communication Activities of SUS.
7. To develop pharmaco surveillance and pharmaco epidemiology actions.
8. To identify, articulate and support experiences of popular education, information and communication in phytotherapy.

MPF Guideline 9

Warranty of monitoring the quality of herbal medicine by the National System of Sanitary Surveillance.

The measures adopted shall seek:

1. Financing the official quality control laboratories.
2. Implantation/insertion of information systems about the use, effects and quality of these medicines.
3. Sanitary surveillance professional formation for the quality monitoring of these medicines.
4. Support to the services of sanitary surveillance to act in these areas.

2.4.4 IN SOCIAL THERMALISM/CRENOTHERAPY

STC Guideline 1

Incentive to the establishment of Health Observatories where experiences in Social Thermalism are currently being developed, in the scope of SUS.

The measures adopted shall seek:

1. To institute observatory of the experiences consolidated in the social thermalism by terms of bipartite or tripartite technical cooperation, following its insertion in the local SUS.
2. To develop follow-up and evaluation actions of thermalism/crenotherapy practices developed in the services.
3. To support the popularization and training initiatives for actions regarding social thermalism/crenotherapy in SUS.
4. To stimulate the dialogue between government levels and civil society seeking the implantation of pilot projects of thermalism in the states and municipalities where sources of mineral water with therapeutic potential are offered.
5. To stimulate the government levels to perform periodic physiochemical analyses of mineral water.
6. To support studies and research about the therapeutic use of mineral water.
7. To elaborate and publish informative material on the results of the Health Observatories.

2.4.5 FOR ANTHROPOSOPHICAL MEDICINE

AM Guideline 1

Encouragement of the creation of Health Observatories where Anthroposophical Medicine experiences are currently developed at the SUS.

For that purpose, steps will be taken in order to:

1. Institute, through bipartisan or tripartite technical cooperation agreements, an observatory of consolidated experiences of Anthroposophical Medicine to monitor its insertion in the local SUS.
2. Perform follow-up actions and evaluation of the practices conducted in the services.
3. Prepare and publish informational material on the results of the Observatories.

2.5 INSTITUTIONAL RESPONSIBILITIES

2.5.1 FEDERAL MANAGER

- To prepare technical standards for insertion of the PNPIC in the SUS.
- To allocate budget and financial resources for the implementation of this Policy based on a tripartite composition.
- To encourage research in the areas of interest, especially strategic areas for the education and technology development in the PNPIC.
- To set guidelines for continuous education in PNPIC.
- To articulate with the states for support to the implementation and supervision of the actions.

- To promote intersectorial articulation to put this National Policy into effect.
- To establish instruments and indicators to monitor and assess the impact of the implementation of this Policy.
- To disclose the National Policy on Integrative and Complementary Practices at the SUS.
- To ensure specific pharmaceutical care in Homeopathy and Phytotherapy for the SUS in the sanitary regulations.
- To prepare and periodically revise the National List of Medicinal Plants, List of Medicinal Plants for Potential Use at the SUS, and National List of Herbal Medicines (the latter, according to the criteria of the National List of Essential Medicines / Rename).
- To establish criteria for inclusion and exclusion of medicinal plants and herbal medicines into and from the National Lists.
- To prepare and periodically update monographs on medicinal plants, giving priority to native medicinal specimens following the WHO standards.
- To prepare handbooks associated with the National List of Medicinal Plants and Herbal Medicines.
- To establish standards for the use of medicinal plants and herbal medicines in health care actions at the SUS.
- To strengthen the National Pharmacovigilance System, including actions related to medicinal plants, herbal and homeopathic medicines.
- To implement a database on PNPIC services at the SUS, educational and research institutions, as well as researches and results of scientific research on PNPIC.
- To create a National Price Database for relevant PNPIC inputs for guidance to states and municipalities.

2.5.2 STATE MANAGER

- To prepare technical standards for insertion of the PNPIC into the health network.
- To allocate budget and financial resources for the implementation of this Policy based on a tripartite composition.
- To promote intersectorial articulation to put the Policy into effect.
- To implement the continuous education guidelines according to the local/regional conditions.
- To establish instruments and indicators to monitor and assess the impact of the implementation of this Policy.
- To articulate with municipalities for support to the implementation and supervision of the actions.
- To disclose the National Policy on Integrative and Complementary Practices at the SUS.
- To monitor and coordinate pharmaceutical care with medicinal plants, herbal and homeopathic medicines.
- To conduct health surveillance in connection with the PNPIC and related actions, and encourage studies on pharmacovigilance and pharmacoepidemiology, especially medicinal plants and herbal medicines within their scope of activity.
- To submit and approve a proposal for inclusion of the PNPIC to the State Board of Health.

2.5.3 MUNICIPAL MANAGER

- To prepare technical standards for insertion of the PNPIC into the municipal health network.
- To allocate budget and financial resources for the implementation of this Policy based on a tripartite composition.

- To promote intersectorial articulation to put the Policy into effect.
- To establish mechanisms for qualification of the local health system professionals.
- To establish management instruments and indicators to monitor and assess the impact of the implementation of the Policy.
- To disclose the National Policy on Integrative and Complementary Practices at the SUS.
- To conduct pharmaceutical care with medicinal plants, herbal and homeopathic medicines, as well as health surveillance in connection with this Policy and actions related to its jurisdiction.
- To submit and approve a proposal for inclusion of the PNPIC to the Municipal Council of Health.
- To conduct health surveillance in connection with the PNPIC and related actions, and encourage studies on pharmacovigilance and pharmacoepidemiology, especially medicinal plants and herbal medicines within their scope of activity.

REFERENCES

AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA (ANVISA). Resolução de Diretoria Colegiada (RDC) n.º 33, de 5 de maio de 1999. Institui as boas práticas de manipulação em farmácias. *Diário Oficial da União*, Poder Executivo, Brasília, DF, 5 maio 1999. Seção 1.

_____. Resolução de Diretoria Colegiada (RDC) n.º 48, de 16 de março de 2004. Dispõe sobre o registro de medicamentos fitoterápicos. *Diário Oficial da União*, Poder Executivo, Brasília, DF, 18 mar. 2004. Seção 1.

ANTUNES, B. Tratamento através das águas minerais. *Revista Mercado de Águas*, [S.l.], n. 12, maio/jul. 2003. Disponível em: <http://www.guiamercadodeaguas.com.br/revista_12.htm>. Acesso em: 29 nov. 2005.

ASSOCIAÇÃO MÉDICA HOMEOPÁTICA BRASILEIRA (AMHB). Comissão de Saúde Pública. *Homeopatia para todos: a homeopatia em serviços públicos de saúde: relatório*. Belo Horizonte, 2001. No prelo.

BELO HORIZONTE (Cidade). Edital 02/96 de concursos para médico antroposófico. *Diário Oficial do Município*, Belo Horizonte, MG, ano 2, n. 99, 24 fev. 1996.

BOTT, V. *Medicina antroposófica: uma ampliação da arte de curar*. 3. ed. São Paulo: Associação Beneficente Tobias, 1991.

BRASIL. Ministério da Saúde. Portaria n.º 3.916, de 30 de outubro de 1998. Aprova a política nacional de medicamentos. *Diário Oficial da União*, Poder Executivo, Brasília, DF, 10 nov. 1998. Seção 1, p. 18.

_____. Ministério da Saúde. Resolução n.º 8, de 8 de março de 1988. Implanta a prática da fitoterapia nos serviços de saúde. *Diário Oficial da União*, Poder Executivo, Brasília, DF, mar. 1988.

_____. Ministério da Saúde. *Saúde no Brasil: contribuições para a agenda de prioridades de pesquisa*. Brasília, 2004. 306 p. (Série B. Textos Básicos de Saúde).

_____. Ministério da Saúde. Secretaria de Políticas de Saúde. *Proposta de Política Nacional de Plantas Medicinais e Medicamentos Fitoterápicos*. Brasília, 2002. 31 p. Versão sistematizada.

BECKER, B. E.; COLE, A. J. *Terapia aquática moderna*. São Paulo: Manole, 2000.

CANGUILHEM, G. *Lo Normal y lo patológico*. Buenos Aires: Siglo Veintiuno Argentina Editores, 1971.

CONSELHO NACIONAL DE SAÚDE (CNS). *Desenvolvimento do Sistema Único de Saúde no Brasil: avanços, desafios e reafirmação de princípios e diretrizes*. Brasília, 2002.

_____. Resolução n.º 338, de 6 de maio de 2004. Aprova a Política Nacional de Assistência Farmacêutica. *Diário Oficial da União*, Poder Executivo, Brasília, DF, 20 maio 2004. Seção 1, p. 52.

CULTURA contemporânea e medicinas alternativas: novos paradigmas em saúde no fim do século. *Revista de Saúde Coletiva*, Rio de Janeiro, 1997.

ERNST, E.; WHITE, A. *Acupuntura: uma avaliação científica*. São Paulo: Manole, 2001.

FÓRUM NACIONAL DE HOMEOPATIA, 1., 2004, Brasília. *A homeopatia que queremos implantar no SUS: relatório*. Brasília: Ministério da Saúde, 2004. 52 p. (Série D. Reuniões e Conferências).

FILSHIE, J.; WHITE, A. *Acupuntura médica: um enfoque científico do ponto de vista ocidental*. São Paulo: Roca, 2002.

GOEBEL, W.; GLÖCKER, M. *Consultório pediátrico: um conselheiro médico-pedagógico*. 2. ed. São Paulo: Antroposófica, 1993.

HUSEMANN, F.; WOLFF, O. *A imagem do homem como base da arte médica*. São Paulo: Resenha Universitária, 1978. 3 v.

INTERNATIONAL CONFERENCE ON PRIMARY HEALTH CARE, 1978, Alma Ata. *Report...* Geneva: WHO, 1978. p. 61.

KLEIJNEN, J.; KNIPSCHILD, P.; TER RIET, G. Clinical trials of homoeopathy. *B.M.J.*, [S.I.], v. 302, p. 316-323, 1991.

LINDE, K. et al. Are the clinical effects of homoeopathy placebo effects? A meta-analysis of placebo-controlled trials. *Lancet*, [S.I.], v. 350, p. 834-843, 1997.

LOPES, R. S. *Águas minerais do Brasil*. 2. ed. Rio de Janeiro: [s.n.], 1956.

LUZ NETTO JR., N. *Memento terapêutico fitoterápico do Hospital das Forças Armadas*. Brasília: EGGCF, 1998. 15 p.

LUZ, M. T. *Racionalidades médicas e terapêuticas alternativas*. Rio de Janeiro: UFRJ, 1993. (Série Estudos de Saúde Coletiva, n. 62).

_____. *A questão da Homeopatia*. Rio de Janeiro: PEC, 1987. (Textos de apoio).

MILLOT, O. S. *Termalismo: manual de información general para interesados en la actividad termal*. Córdoba: Alción, 2002.

MINAS GERAIS (Estado). Secretaria de Turismo e Lazer. *Termalismo no Brasil*. [S.I.], 1986.

MOREIRA NETO, G. *Homeopatia em Unidade Básica de Saúde (UBS): um espaço possível*. 1999. 118 f. Dissertação (Mestrado em Saúde Pública)–Faculdade de Saúde Pública, Universidade de São Paulo, São Paulo, 1999.

MOURÃO, B. M. *Medicina Hidrológica: moderna terapêutica das águas minerais e estâncias de cura*. Poços de Caldas, MG: Prefeitura Municipal, 1992.

_____. *Medicina Talássica*. Poços de Caldas, MG: DNPM, 1996.

NATIONAL INSTITUTES OF HEALTH. Consensus Conference: Acupuncture. *J.A.M.A.*, [S.I.], v. 280, n. 17, p. 1518-1524, 4 Nov. 1998.

OFFICE OF TECHNOLOGY ASSESSMENT (OTA). *Assessing the efficacy and safety of medical technologies*. Washington, DC: Government Printing Office, 1978.

PINHEIRO, R.; MATTOS, R. *A construção da integralidade: cotidiano, saberes e práticas em saúde*. Rio de Janeiro: IMS, 2003.

QUEIROZ, M. C. O itinerário rumo às medicinas alternativas: uma análise em representações sociais de profissionais de saúde. *Caderno de Saúde Pública*, Rio de Janeiro, abr./ jun. 2000.

- SEMINÁRIO ÁGUAS MINERAIS NO BRASIL, 2005, Brasília. *Relatório preliminar...* Brasília: Conselho Nacional de Saúde, 2005.
- SEMINÁRIO NACIONAL DE PLANTAS MEDICINAIS, FITOTERÁPICOS E ASSISTÊNCIA FARMACÊUTICA, 2003, Brasília. *Relatório técnico...* Brasília: Ministério da Saúde, 2003.
- SOARES, S. M. *Práticas terapêuticas no serviço público de saúde: caminhos e descaminhos*. 2000. Tese (Doutorado)–Faculdade de Saúde Pública, Universidade de São Paulo, São Paulo, 2000.
- STEINER, R.; WEGMAN, I. *Elementos fundamentais para uma ampliação da arte de curar*. São Paulo: Associação Brasileira de Medicina Antroposófica, 1994.
- TELESI, J. E. *As medicinas tradicionais e o Sistema Único de Saúde: a descoberta de uma nova eficácia no campo saúde pública?* [S.l.: s.n.], 2003. Texto de colaboração.
- VALENZUELA, M. A.; BACAICOA, J. S. M. *Curas Balneárias y Climáticas: Talasoterapia y Helioterapia*. Madrid: Editorial Complutense, 1994.
- VALENZUELA, M. A. *Compendio de Hidrología Médica*. Barcelona: Editorial Científico-Médica, 1986.
- VINCENT, C. *Complementary Medicine: a research perspective*. Great Britain: [s.n.], 1997.
- WHITE HOUSE. Commission on Complementary and Alternative Medicine Policy. *Final Report*. Washington, 2002.
- WORLD HEALTH ORGANIZATION (WHO). *Acupuncture: Review and analysis of reports on controlled clinical trials*. Geneva, 2002a.
- _____. *General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine*. Geneva, 2000.
- _____. *Guidelines for clinical research on acupuncture*. Geneva, 1995.
- _____. *Guidelines on Basic Training and Safety in Acupuncture*. Geneva, 1999.
- _____. *Traditional Medicine Strategy 2002-2005*. Geneva, 2002b. 65 p.

GLOSSARY

a. Traditional Chinese Medicine - Acupuncture

Acupuncture: a set of various therapeutic procedures applied based on TCM concepts, which allow precise stimulation of anatomic locations on the skin through the insertion of fine metal needles to protect, restore, and promote health. In many cases, stimulation may be achieved by local heat, low-voltage and low-intensity electric current, or low-frequency laser radiation.

Acupuncture needle: filiform puncturing instrument with a non-cutting tapered tip of various sizes and gauges.

Acupuncture points (neuroreactive acupuncture sites): specific sites in the body of humans and animals which can be precisely located using anatomical landmarks of Traditional Chinese Medicine.

Acupuncture procedures: a set of acts designed to stimulate neuroreactive sites of precise anatomical location to obtain a response, such as analgesia, restoration of organic functions, and immune modulation.

CONEP: National Commission on Ethics Research.

Craniopuncture: a combined method of diagnosis (palpation of abdomen and neck) and treatment through the insertion of needles at points on the skin of the face and scalp.

Electrical stimulation: an acupuncture procedure consisting of stimulating neuroreactive acupuncture sites with low-voltage and low-intensity electrical stimuli of certain waveforms at a frequency variable from 1 to 1,000 Hz, produced by a specific device.

Electrical stimulation of acupuncture needles: application of the above-mentioned electrical stimuli to a needle inserted at a neuroreactive Acupuncture site.

Fire cupping: a procedure, related to the practice of Acupuncture, consisting of applying glass or plastic cups with a vacuum created inside, which are attached to the skin surface at neuroreactive acupuncture sites for a period of 3 to 6 minutes.

Lian Gong: Chinese Therapeutic Gymnastics characterized by a set of three series of 18 therapeutic and preventive exercises, which combines knowledge of Western medicine with Traditional Chinese Medicine bases.

Low-power laser application to a neuroreactive acupuncture site: an acupuncture procedure consisting of applying to a neuroreactive acupuncture site a stimulus produced by a low-power laser emitter (5 to 40 mW).

Meditation: a procedure to focus attention in a non-analytical, non-judgmental way, producing positive effects on mood and cognitive performance.

Moxa: an artifact produced with ground up parts of the herb *Artemisia sinensis* in the form of a stick, cone, or small cylinder.

Moxibustion: an acupuncture procedure consisting of warming acupuncture points by burning appropriate medicinal herbs, usually applied indirectly to the skin.

Qigong: a series of harmonic motions combined with breathing focused on a certain part of the body to develop the inner qi and increase mental capacity.

Tai chi chuan: a set of gentle, continuous, progressive, and complete movements used for disease prevention, health maintenance, and emotional stabilization.

Transcutaneous electrical nerve stimulation at acupuncture sites: application of the above-mentioned electrical stimuli directly to the skin over a neuroreactive Acupuncture site.

Tui Na: A massage using rhythmic movements of sedation and tonification (pressure and pinch) to promote integration and balance of yin and yang energies.

Vaccaria seed: hard, spherical seed of the Vaccaria plant, with an average diameter of 1 mm.

b. Homeopath

Active Ingredient - or Drug or Pharmaceutical: a raw material of mineral, vegetable, or biological origin composed of one or more drugs used in the preparation of a homeopathic medicine.

Derivative Pharmaceutical Forms: represent the result of the potentization process, which consists basically of decreasing the concentration of active ingredients by successive dilutions followed by succussion or triturations. They are prepared using the Decimal, Centesimal, and 50 Millesimal Scales and Hahnemann's (multiple vials), Korsakoff (single vial), and continuous flow (continuous-flow device) methods.

Hahnemann: German physician, Christian Friederich Samuel Hahnemann, born in 1755.

Holistic: considering the relationship among symptoms in the organism and their association with the environment, lifestyle behaviors in a whole and integral manner (Whole - Organon, Sections 5, 6, 7, 15, 16, 58, 70, 104, 190, 192, 210, and 258).

Homeopathy: from homoios, which means similar and pathos, which means disease, a term proposed by the creator of homeopathy, Christian Friedrich Samuel Hahnemann.

Homeopathic materia medica: organization and compilation of data based on observations of the action of medicines for the application of the law of similars, a tool used by homeopaths in studying medicines, along with the repertory. It can be in printed form or software.

Homeopathic Remedy: according to the Brazilian homeopathic pharmacopoeia (FHB) – is any pharmaceutical composition to be used based on the principle of similarity

for preventive and therapeutic purposes, obtained through the method of successive dilutions followed by succussions and/or triturations.

Homeopathic repertory: an index of symptoms collected from toxicological records, trials in healthy individuals, and healing in clinical practice, a tool used by homeopaths, along with homeopathic material media, in choosing the best medicine for each case. It can be in printed form or software.

Inert Ingredient: Any additional substance of any nature having no pharmacological or therapeutic properties used as a vehicle or excipient, as well as any other material to condition pharmaceutical forms.

Law of similars (Similia similibus curantur): principle stated by Hippocrates in the 4th century B.C. – a substance which can cause effects on an organism can also cure similar effects in a sick organism (Organon, Sections 22, 28, 34, 43, 48, 61, 111, and 274).

Matrix: a derivative pharmaceutical form prepared according to internationally accepted homeopathic literature, which is used as a stock for homeopathic preparations.

Pharmaceutical forms: are preparations resulting from the manipulation of active and inert ingredients in accordance with homeopathic pharmacological standards.

Polychrests: useful for many purposes. Drugs possessing a broad, extensive, and multiple pharmacological action to cover symptoms of almost the entire organism. (Uribe Homeopathic Pharmacopoeia, page 117).

Potentization: is the result of the process of successive dilutions followed by succussions and/or triturations of a drug with a suitable inert ingredient to increase the remedy power.

Repertorization: process of selecting the best medicine for each case using the homeopathic repertory.

Scales: proportions of active ingredient to inert ingredient in the preparation of different dilutions.

Semi-polychrests: are homeopathic medicines so called due to their very extensive action, but smaller than that of polychrests. (Uribe Homeopathic Pharmacopoeia, page 117).

Succussion: consists of the vigorous and methodical shaking of soluble solid and liquid drugs, dissolved in a suitable inert ingredient, against a hard but elastic body.

Trituration: consists of reducing a drug into smaller particles by mechanical action in a porcelain mortar, using lactose as excipient, to solubilize, dilute, and potentiate the drug.

Vitalistic principle: study of the vital force that regulates the organism in a dynamic and harmonic manner – the sphere of action of homeopathy (Vital force, Organon, Sections 7, 8, 9 to 12, 22, 45, 60, 63, 64, 69, 72, 78, 79, 168, 189, 201, 247, 270, and 283).

c. Medicinal Plants and Phytotherapy

Access: degree of adjustment between the supply of health resources and the population and its needs. Mediating factor between the capacity to produce and supply services and the actual production and consumption of such services (Luiza, 2003).

Associated traditional knowledge: individual or collective information or practice of an indigenous community or local community of actual or potential value, associated with genetic heritage.

Compounding: a set of operations designed to make up magistral and officinal preparations and fractionate a manufactured product for human use (RDC 33 of April 16, 2000/ ANVISA).

Efficacy: the probability of benefit to individuals in a defined population from a technology applied for a given problem under ideal conditions of use (OFFICE OF TECHNOLOGY ASSESMENT, 1978).

Health education: 1. Educational process of developing knowledge on health for its appropriation by the population, and not for professional training or career in health. 2. It is also the set of practices of the sector that help increase people's independence in their care and when discussing with professionals and managers to achieve health care according to their needs. Notes: 1. Health education enhances the exercise of social control over health policies and services so that they can address the population's needs. 2. Health education is expected to help encourage social management of health (BVS, 2005).

Herbal medicine: a medicine made exclusively of active plant constituents. It is based on the knowledge of the efficacy and risks of its use, as well as reproducibility and stability of its quality. Its efficacy and safety are validated by ethnopharmacological studies on use and technical/scientific documentation through journals or phase 3 clinical trials. A medicine containing any active ingredients of any origin, isolated or associated with plant extracts in its composition, is not considered an herbal medicine. (AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA, 2004).

List of Medicinal Plants for Potential Use at the SUS: list of species of medicinal plants, selected based on the situational diagnosis, which have not met the requirements for inclusion in the National List of Medicinal Plants.

Local community: a distinct human group, including remnant quilombo communities, due to its cultural conditions, which is traditionally organized through successive generations and its own customs and preserves its social and economic institutions (MP 2.186-16, August 23, 2001).

Medicinal plant: is a plant species, cultivated or wild, used for therapeutic purposes (WHO, 2003). Fresh plant is that collected at the time of use, and dried plant is that which has been dried and is equivalent to a plant drug.

Official Laboratory: a laboratory of the Ministry of Health or similar bodies of the Federal Government, States, Federal District, and Territories, which has been delegated, by agreement or certification, responsibility for analysis of drugs, medicines, pharmaceutical ingredients, and the like.

Officinal preparation: is that prepared at a pharmacy according to a formula specified in Pharmacopoeias, Literature, or Formularies accepted by the Ministry of Health (RDC 33 of April 19, 2000/ Anvisa).

Pharmaceutical care: set of actions designed for the promotion, protection, and recovery of both individual and collective health, using the medicine as the primary ingredient, to promote access to and rational use of medicine; such set involves research, development, and production of medicines and ingredients, as well as their selection, programming, acquisition, distribution, dispensation, quality assurance of products and services, monitoring, and assessment of their use, with a view to achieving concrete results and improving the population's quality of life (CONSELHO NACIONAL DE SAÚDE, 2004).

Plant constituent: a fresh medicinal plant, plant drug, or its derivatives. (AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA, 2004).

Plant drug: a medicinal plant or its parts, after the process of collection, stabilization, and drying, whether whole, chopped, triturated, or pulverized (AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA, 2004).

Pharmacopoeia: a set of standards and monographs on drug products issued by and for a country. (BRASIL, 1998).

Pharmacovigilance: the science relating to the detection, assessment, understanding, and prevention of adverse effects or any other drug-related problem (WORD HEALTH ORGANIZATION), 2002).

Phytotherapy: therapy based on the use of medicinal plants in different pharmaceutical forms, without the use of isolated active ingredients, even if of vegetable origin. (Luz Netto Jr., N., 1998).

Primary health care: Primary Care means a set of individual and collective health care actions, which include health promotion and protection, injury prevention, diagnosis, treatment, rehabilitation, and health maintenance. It is delivered by democratic and participative administrative and sanitary practices in teamwork directed towards people living in well-defined territories of sanitary responsibility, considering the dynamics of the territories where those people live. It uses highly complex low-density technologies, which are expected to resolve the most frequent and relevant health problems in its territory. It is the preferred point of contact of users with health systems. It is guided by the principles of universality, accessibility, and coordination of care, interpersonal relationship and continuity, comprehensiveness, accountability, humanization, equity, and social participation. (Brazil. PNAB 2006)

Rational use: Is the process comprising the proper prescription, timely availability at accessible prices, dispensation under proper conditions, and consumption in the recommended dosages, at the indicated intervals, and for the recommended period of time, of effective, safe, and quality medicines. Use of resources based on economic sustainability.

Sustainable Management: use of natural assets and services through management practices that ensure ecosystem conservation and provide social and economic benefits to both current and future generations.

Remedy: a pharmaceutical product, technically obtained or prepared, for prophylactic, curative, palliative, or diagnostic purposes (Law 5991 of November 17, 1973).

Safety: acceptable risk in a specific situation (OFFICE OF TECHNOLOGY ASSESSMENT, 1978).

d. Social Hydrotherapy - Crenotherapy

Community Hydrotherapy: is the access to thermal establishments for preventive, therapeutic, and health maintenance purposes.

Crenology: is the study of mineral water springs, which is a branch of Hydrology.

Crenotherapy: treatment by mineral waters.

Mineral Water: “is that from natural or artificial sources, with a chemical composition or physical or physicochemical properties distinct from regular water, such that it has a medicinal action.” (Code of Mineral Waters, Decree Law No. 7841 of August 8, 1945).

Physicochemical analysis of water: is the procedure whereby mineral characteristics, temperature, presence of microorganisms, and radioactive elements of water are identified.

Thermal Medicine: the branch of clinical medicine concerned with the use of mineral water as a complementary therapy.

e. Anthroposophical Medicine

Anthroposophical doctors: professionals graduated in medicine, duly registered with a Regional Medical Board, who completed a training program in AM recognized by the Brazilian Association of Anthroposophical Medicine or its regional offices. Along with the medical work, other specific actions are performed by other professionals according to their specificities. The activity of doctors in this system is not much different from conventional practice, which is why Anthroposophical Medicine may be considered an

extension of medical practice. Steps such as anamnesis, physical examination, and request for additional examinations, when necessary, are similar. In the next step, in addition to conventional diagnosis, the anthroposophical doctor also performs a complementary diagnosis based on the body of knowledge involved in anthroposophical world view. Programs for health professionals have a common core curriculum of two years. Thereafter, each area continues separately with specific training, which lasts additional two or three years.

Non-drug therapeutic options in AM: health team professionals (nurses, psychologists, masseurs, art therapists, and others) work in an integrated manner with doctors and dentists, applying other therapeutic options when advisable.

a) External applications: comprise the use of hot-foot bath, bandaging, compresses, and poultices based on teas, oils, and herbal ointments. They may be performed by all health team professionals. Some modalities are folk medicine techniques and may be incorporated by users and community.

b) Therapeutic baths: are performed by diluting oils of medicinal plants in the immersion water. They are performed by the nursing team based on medical prescription and comprise some specific techniques.

c) Rhythmic massage: is inspired by Swedish massage and believes the human organism is filled with vitality, which is generally altered in pathologic states. Through specific strokes (effleurage, petrissage, and friction, double circle, and infinity symbol), it is possible to balance such vitality by acting on the aqueous, aerial, gaseous, and solid portions of the organism. It is performed by higher-level professionals specifically trained by the Rhythmic Massage School of Brazil.

d) Art therapy: is indicated both as a hygienic and preventive activity and for the treatment of various organic and psychological disorders. It involves activities of drawing, watercolor painting, clay modeling, and other techniques. It can be group or individual therapy.

Drug therapy: this therapy in Anthroposophical Medicine is performed exclusively by doctors and dentists, who prescribe according to an individual diagnosis. Although one of the perceived benefits is reduction in the use of allopathic drugs, whenever necessary the prescription will involve a combination of such drugs with homeopathic, herbal, and specific anthroposophical medicines (potentized preparations using specific anthroposophical pharmaceutical processes).

CHAPTER 3

SITUATIONAL DIAGNOSIS OF INTEGRATIVE AND COMPLEMENTARY PRACTICES AT THE SUS

3.1 INTRODUCTION

As part of the process of preparing the National Policy on Natural Medicine and Complementary Practices (PMNPC), currently named National Policy on Integrative and Complementary Practices at the SUS (PNPIC), and in order to meet the need to know experiences that have been developed in the public network of many municipalities and states, the Ministry of Health adopted the strategy of conducting a National Diagnosis of the conceptions already contemplated in the Unified Health System, especially those in the field of Traditional Chinese Medicine – Acupuncture, Homeopathy, Phytotherapy, and Anthroposophical Medicine, in addition to complementary health practices.

3.2 METHODOLOGY

The diagnosis was conducted by the Department of Primary Care, within the Health Care Secretariat of the Ministry of Health, during the period from March to June 2004 by mailing a questionnaire to all municipal and state secretaries of health, with a reply envelope and a cover letter signed by the Secretary of Health Care (Annex).

The information collected was entered into an Access database for statistical analysis, which was conducted between July and November 2004.

Based on the questionnaires returned, the statistical validity of the sample size calculation was verified for the continuation of the works.

3.3 RESULTS

Out of the 5,560 questionnaires sent, 1,342 were returned, 232 of which presented positive results and revealed the implementation of some integrative and/or complementary practice in 26 states, including 19 state capitals, and this sample was considered satisfactory in the statistical significance calculation for a national diagnosis.

After the questionnaire was sent, when reviewing the results, problems were noted in the working of questions 3/4/6/7. The results of these questions will be presented considering these limitations in the analysis.

Some of the practices were found to exist in 26 Brazilian states, especially in the Southeastern states (Graph 01). The results also revealed that complementary practices are predominant in terms of frequency, followed by Phytotherapy, Homeopathy, and Acupuncture (Graph 02).

Reiki and Lian Gong stand out among the complementary practices (Graph 03). Only 6% of the total has a State or Municipal institutional Law or Act creating some type of service related to Integrative and Complementary Practices (Graph 04).

It was also found that actions are preferably inserted in Primary Care – Family Health in all practices contemplated (Graphs 05 to 10).

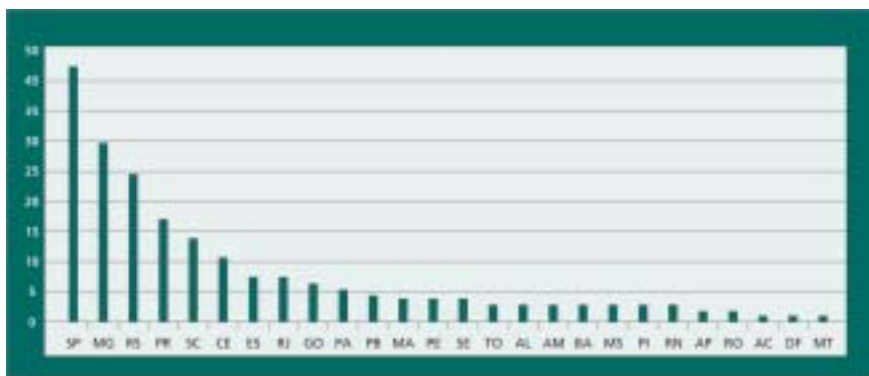
With regard to training of the professionals, most activities are performed in the very health services, followed by training at other educational centers (Graph 11).

Among the main material resources used, the following were listed for TCM/Acupuncture: Needles and Moxa; for Homeopathy: therapeutic handbook, repertory, and homeopathic medicine; for Phytotherapy: therapeutic handbook and herbal medicine; and for Anthroposophical Medicine: homeopathic medicine, herbal medicine (Graph 12).

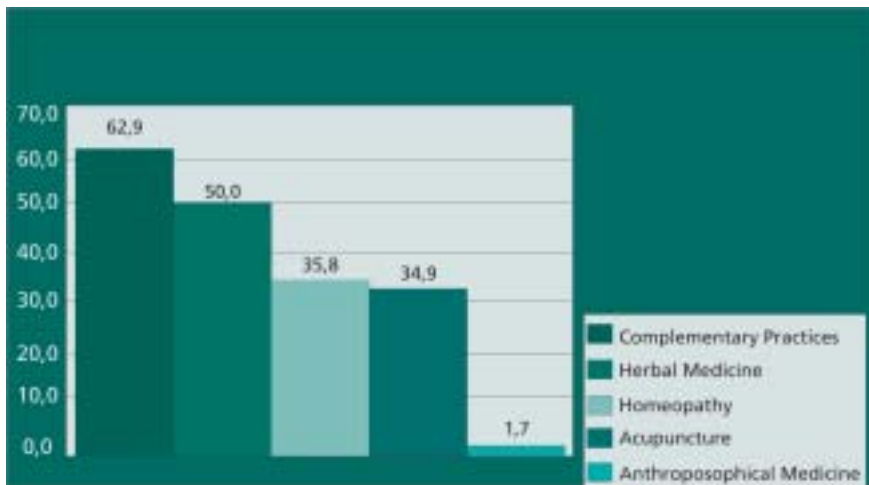
With regard to the supply of inputs by a public pharmacy, it was found that only 9.6% of the homeopathic medicines are distributed through a public pharmacy (Graph 13). Conversely, for Phytotherapy, in 35.5% of the cases herbal medicines are distributed through a public pharmacy (Graph 14).

The law requiring the presence of a professional pharmacist at pharmacies has still not been complied with (Graph 15).

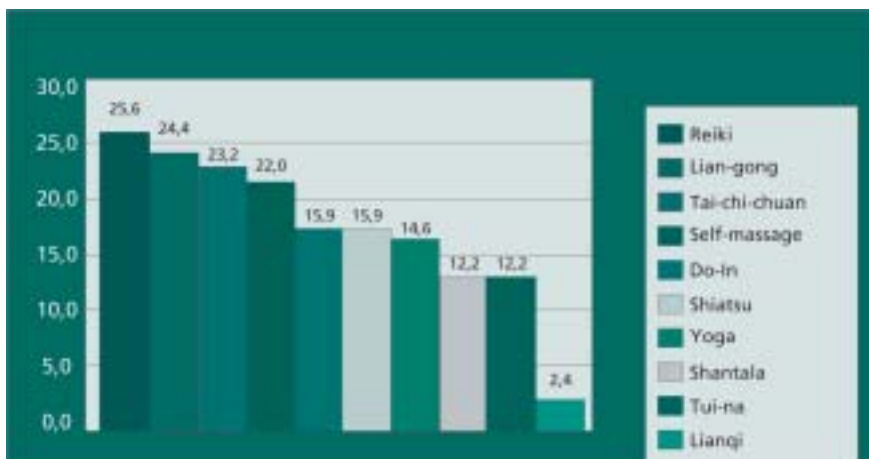
Graph 01 – Distribution by state of the insertion of Integrative and Complementary Practices in the SUS, based on the answered questionnaires. Brasília, 2006.



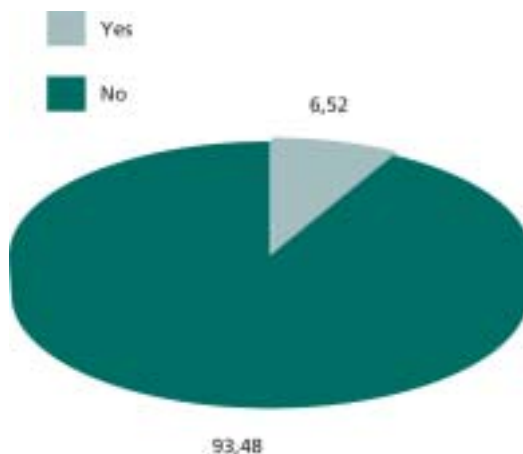
Graph 02 – Distribution by type, in percentage of the Integrative and Complementary Practices in Brazilian municipalities and states. Brasília, 2006.



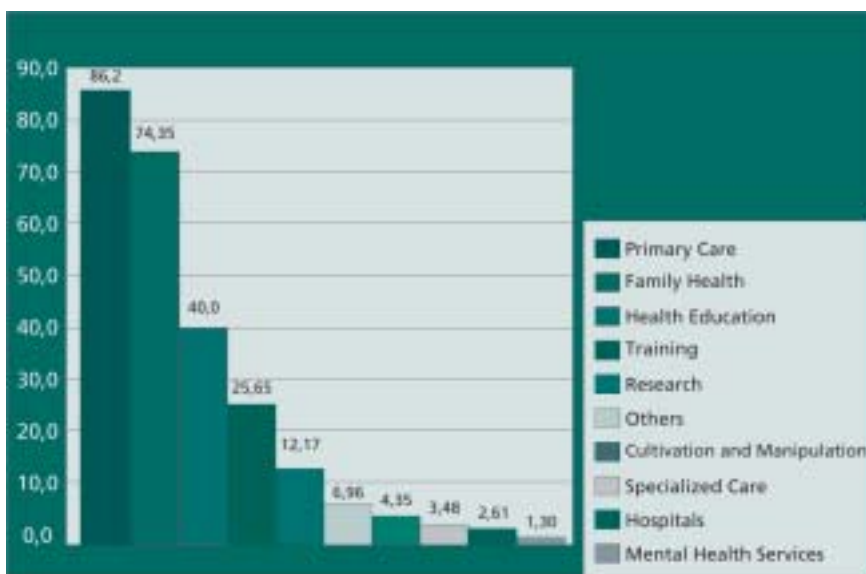
Graph 03 – Distribution of the types of Complementary Practices in Brazilian states and municipalities. Brasília, 2006.



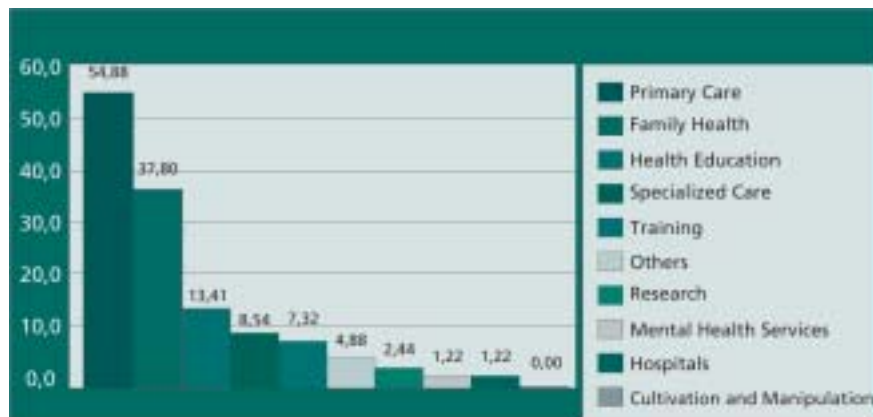
Graph 04 – Percentage of states and/or municipalities having an institutional law or Act for the creation of services in Integrative and Complementary practice at the SUS. Brasília, 2006.



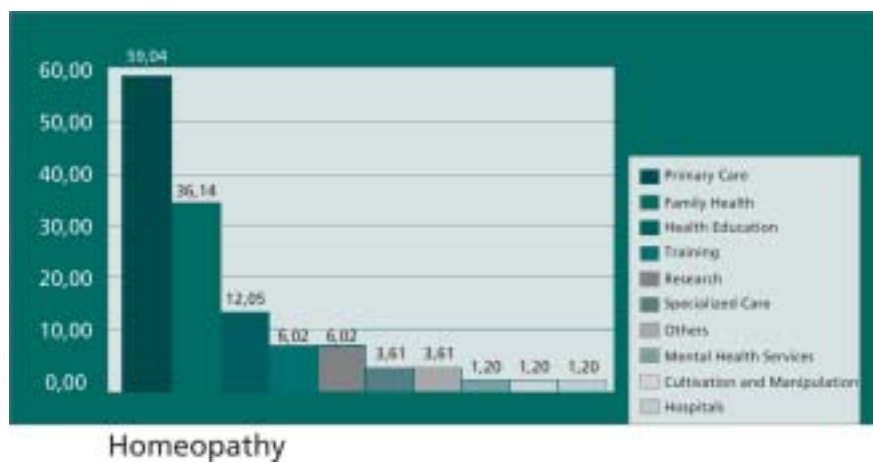
Graph 05 – Distribution of actions in Integrative and Complementary Practices by area of activity. Brasília, 2006.



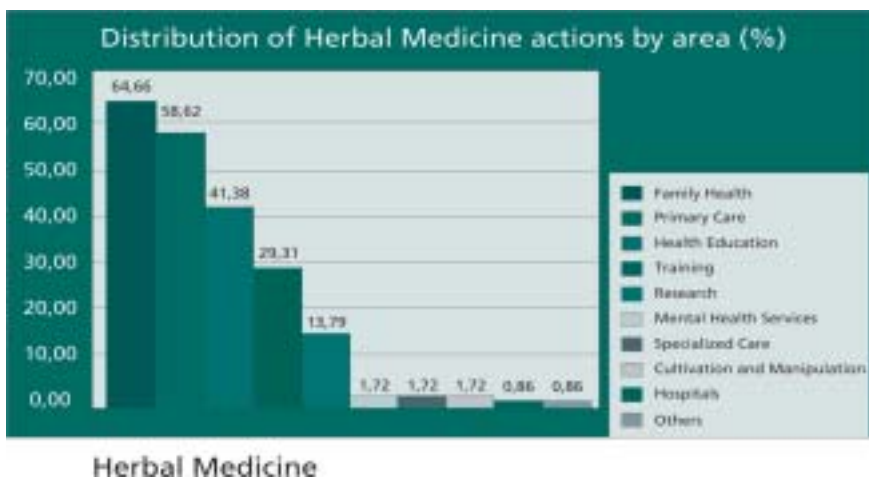
Graph 06 – Distribution of Acupuncture actions by area of activity Brasília, 2006.



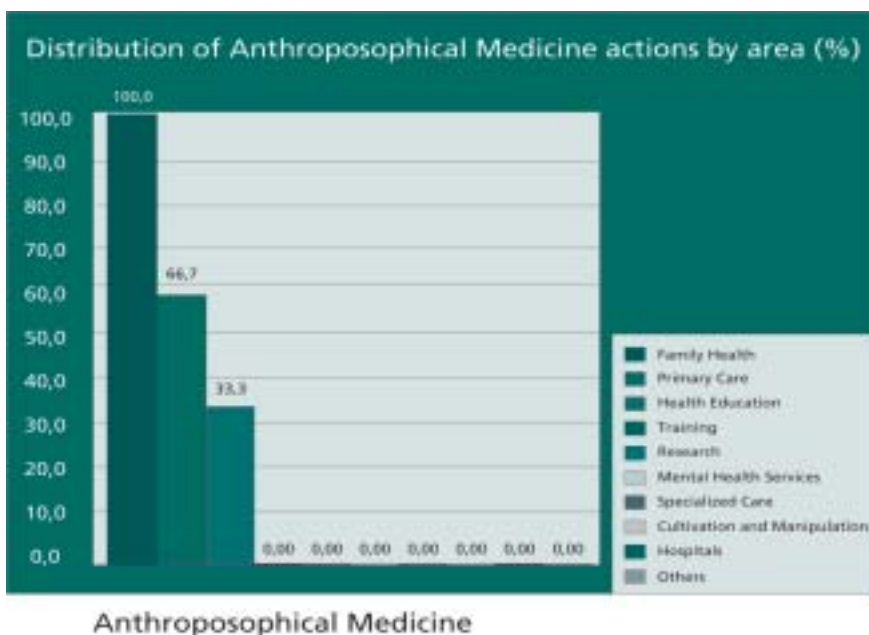
Graph 07 – Distribution of Homeopathy actions by area of activity Brasília, 2006.



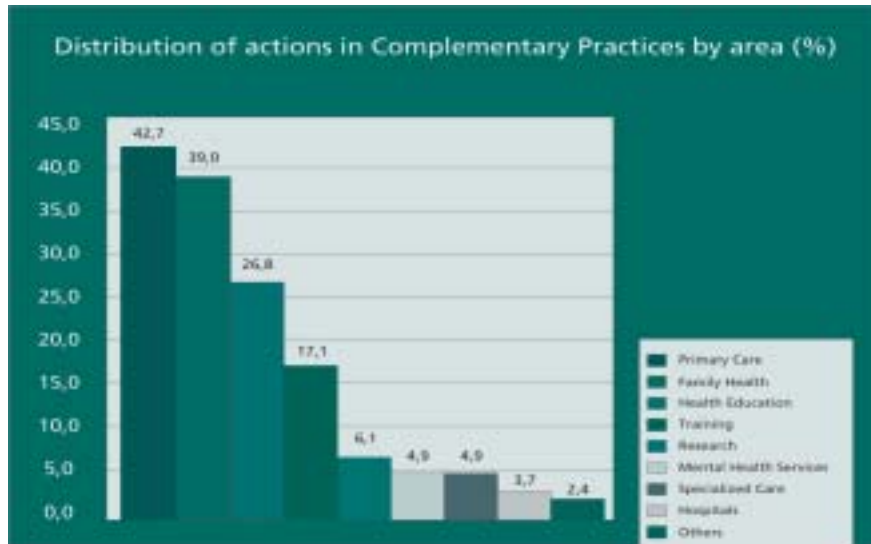
Graph 08 – Distribution of Phytotherapy actions by area of activity. Brasília, 2006.



Graph 09 – Distribution of Anthroposophical Medicine actions by area of activity. Brasília, 2006.

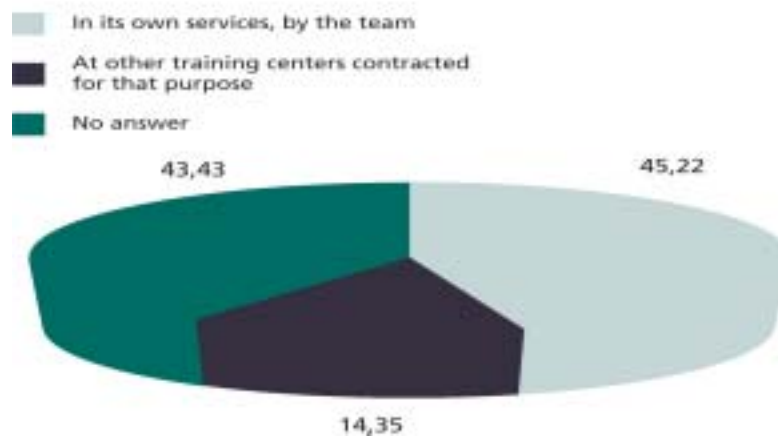


Graph 10 – Distribution of actions in Complementary Practices by area of activity. Brasília, 2006.

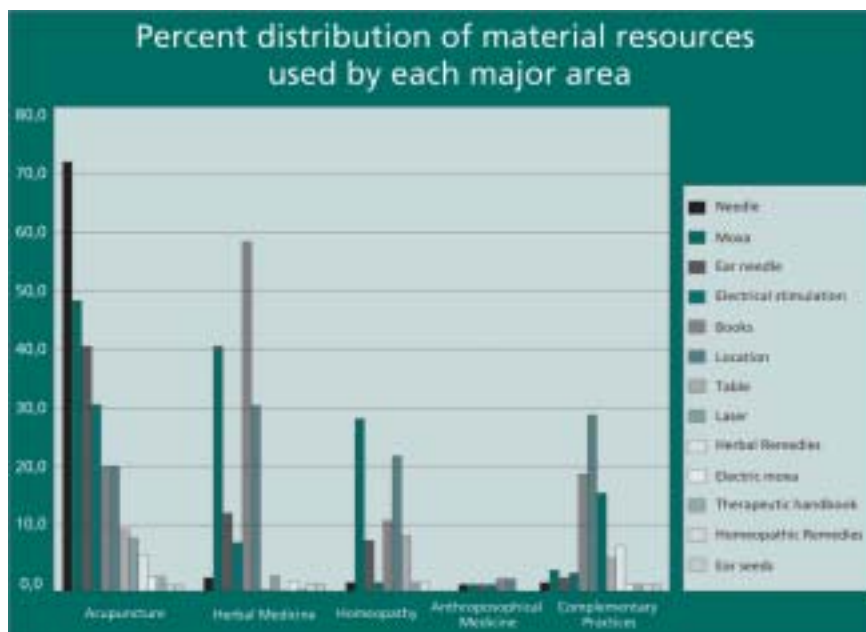


Graph 11 – Distribution of the method of training for professionals in Integrative and Complementary Practices. Brasília, 2006.

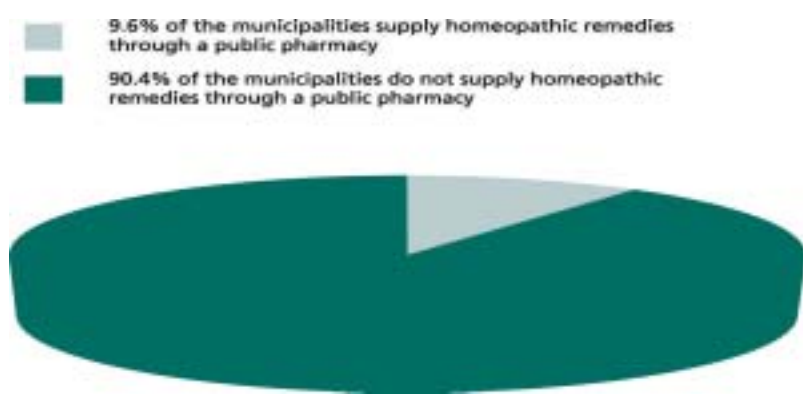
Distribution of the method of training for professionals (%)



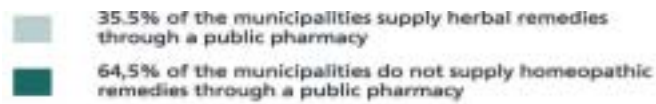
Graph 12 – Distribution of material resources available for the performance of actions related to the areas. Brasília, 2006.



Graph 13 – Percent distribution of supply of homeopathic medicines through a public pharmacy.

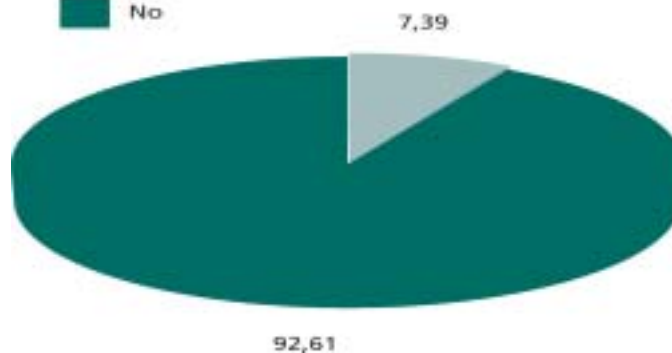


Graph 14. Percent distribution of supply of herbal medicines through a public pharmacy.



Graph 15: distribution of the presence of pharmacists at pharmacies.

If the Pharmacy is Owned, is there a pharmacist trained in homeopathy? (%)



3.4 FINAL CONSIDERATIONS

Due to the absence of specific guidelines, the experiences conducted in the 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.

A consequence of this process is the demand for its effective incorporation into the SUS, as demonstrated by the discussions at the National Health Conferences, the 1st National Pharmaceutical Care Conference in 2003, which emphasized the need for access to herbal and homeopathic medicines, and the 2nd National Conference on Health Science, Technology, and Innovation, held in 2004.

Thus, the survey on the insertion confirms that the development of the National Policy on Integrative and Complementary Practices at the SUS must be understood as a continuation of the process of implementation of the SUS, as it effectively promotes the application of the principles and guidelines governing the System. By considering individuals in their entirety – without ignoring their individuality when explaining their disease development and health processes – the MNPC contributes to the integrality of health care, a principle that also requires the integration of the actions and services found at the SUS.

On the other hand, the implementation of Integrative and Complementary Practices at the SUS opens the possibility of access to services that were previously available only through private care, as part of the effort to reduce regional differences in the supply of health actions.

Studies have demonstrated that such approaches help strengthen the joint responsibility of the individuals for their health, thus contributing to the exercise of citizenship.

Thus, the Ministry of Health's priority is the improvement of services and development of different approaches to provide the SUS users with preventive and therapeutic options.

ANNEX I

Situational Diagnosis of Actions and Services related to Natural Medicine and Complementary Practices found at the SUS

This questionnaire is intended to collect important information for the preparation of the National Policy on Natural Medicine and Complementary Practices (MNPC) at the SUS, currently including Homeopathy, Phytotherapy, Acupuncture, and Anthroposophical Medicine and Complementary Practices.

Thank you very much for your cooperation!

1. Identification:

1.1 – Secretary's Name _____
1.2 – Address _____ Neighborhood _____
1.3 – City _____ State _____
1.4 – Postal Code _____ Tel: () _____ Fax () _____
1.5 – E-mail: _____
1.6 – Completed by: _____

2. Is there any action related to the area of the MNPC in your Department?

Acupuncture	<input type="checkbox"/> Yes <input type="checkbox"/> No ▶ Starting year:
Herbal Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No ▶ Starting year:
Homeopathy	<input type="checkbox"/> Yes <input type="checkbox"/> No ▶ Starting year:
Anthroposophical Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No ▶ Starting year:
Complementary Practices	<input type="checkbox"/> Yes <input type="checkbox"/> No ▶ Starting year: <input type="checkbox"/> Self-massage ▶ Starting year: <input type="checkbox"/> Tai Chi Chuan ▶ Starting year: <input type="checkbox"/> Lian Gong ▶ Starting year: <input type="checkbox"/> Tui Na ▶ Starting year: <input type="checkbox"/> Shantala ▶ Starting year: <input type="checkbox"/> Yoga ▶ Starting year: <input type="checkbox"/> Shiatsu ▶ Starting year: <input type="checkbox"/> Do-In ▶ Starting year: <input type="checkbox"/> Reiki ▶ Starting year: <input type="checkbox"/> Others ▶ Please specify below 1. _____ Starting year:

3 Is there a person responsible for coordinating this work?

Acupuncture	<input type="checkbox"/> Yes <input type="checkbox"/> No ► Name/E-mail Tel
Herbal Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No ► Name/E-mail Tel
Homeopathy	<input type="checkbox"/> Yes <input type="checkbox"/> No ► Name/E-mail Tel
Anthroposophical Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No ► Name/E-mail Tel
Complementary Practices	<input type="checkbox"/> Yes <input type="checkbox"/> No ► Name/E-mail Tel
General Coordination	<input type="checkbox"/> Yes <input type="checkbox"/> No ► Name/E-mail Tel

ANNEX – Situational Diagnosis of Actions and Services related to Natural Medicine and Complementary Practices found at the SUS

4. Have any professionals been specifically hired for these activities after competitive examination? If so, please specify the number of professionals.

		Doctor	Dentist	Pharma	Veterinarian	Other/Specify	
Acupuncture	<input type="checkbox"/> Yes <input type="checkbox"/> No					1	4
						2	5
						3	6
Herbal Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No					1	4
						2	5
						3	6
Homeopathy	<input type="checkbox"/> Yes <input type="checkbox"/> No					1	4
						2	5
						3	6
Anthroposophical Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No					1	4
						2	5
						3	6
Complementary Practices	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						

5. Is there any State or Municipal Institutional Law or Act creating some MNPC Service?

Yes No

6. Please check with an "X" the areas in which actions are currently performed:

	Acupuncture	Herbal Medicine	Homeopathy	Anthroposophical Medicine	Complementary Practices
Family Health					
Primary Care					
Health Education					
Training					
Research					
Other (please specify)					

7. In the care area, please state the number of existing services and their complexity.

	Acupuncture	Herbal Medicine	Homeopathy	Anthroposophical Medicine	Complementary Practices
Family Health					
Health Centers and Facilities					
Polyclinics					
Hospital Care/ Outpatient Network					
Hospital Care/ Infirmaries					
Emergences / Urgencies					
ICU					
High Complexity Centers					

8. In the area of personnel training, activities are performed:

- In its own services, by the team.
- At other training centers contracted for that purpose (please specify below):

9 - Check with an "X" what material resources are available for the performance of actions related to the areas:

	Acupuncture	Herbal Medicine	Homeopathy	Anthroposophical Medicine	Complementary Practices
Disposable needles					
Ear needles					
Moxa					
Electrical stimulation device					
Laser acupuncture device					
Electric moxa device					
Primary books					
Therapeutic handbook					
Repertorization software					
Homeopathic Remedies					
Herbal Remedies					
Massage table					
Specific location for complementary practices					
Other (please specify)					

10. Is the supply of inputs ensured by the Services? If so, please check the applicable options with an "X".

		Owned pharmacy	External contractor	Donation	Other (please specify)
Acupuncture	<input type="checkbox"/> Yes <input type="checkbox"/> No				1
Needles	<input type="checkbox"/> Yes <input type="checkbox"/> No				2
Moxa	<input type="checkbox"/> Yes <input type="checkbox"/> No				3
Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No				4
					5
					6
Herbal Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No				1
Herbal remedy	<input type="checkbox"/> Yes <input type="checkbox"/> No				2
Medicinal Plants	<input type="checkbox"/> Yes <input type="checkbox"/> No				3
					4
					5
					6
Herbal Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No				1
Herbal remedy	<input type="checkbox"/> Yes <input type="checkbox"/> No				2
Medicinal Plants	<input type="checkbox"/> Yes <input type="checkbox"/> No				3
					4
					5
					6
Anthroposophical Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No				1
Herbal remedy	<input type="checkbox"/> Yes <input type="checkbox"/> No				2
Homeopathic Remedy	<input type="checkbox"/> Yes <input type="checkbox"/> No				3
					4
					5
					6

11. If the Pharmacy is Owned, is there a pharmacist trained in homeopathy.

Yes No

THANK YOU VERY MUCH FOR YOUR PARTICIPATION!!!!!!!!!!!!