

KNOWLEDGE ABOUT THE USE OF INTEGRATIVE AND COMPLEMENTARY PRACTICES IN MEDICINE STUDENTS AT A PRIVATE INSTITUTION IN BELÉM DO PARÁ

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Abstract: Introduction:The Integrative and Complementary Practices (PICs) approach the individual in a holistic way, aiming at the prevention or treatment of diseases, focusing on lifestyle and emotions. PICs are resources capable of acting in different aspects of health, providing both the recovery of health and the prevention of diseases and injuries, whether physical or mental. The professionals who exercise this model offer different alternatives for health promotion. **Objective:** To identify knowledge about the use of PICs by medical students in the 6th, 7th and 8th period at a private institution in Belém do Pará. **Methodology:** The methodology chosen was the descriptive field technique, applied directly through data collection with 100 students. **Results:** Most were female, with an average age between 22 and 25 years. It was noticed that 83% of the students knew what PICs were, and most had already used one of them, the main ones being: aromatherapy; phytotherapy and medicinal plants. However, most rarely use PICs, with more than 70% reporting that they would recommend PICs and that, after learning about them, they would recommend them to their patients. Finally, 80% would like this subject to be addressed at the faculty in the curricular stage, and more than 90% would like to obtain more information about PICs. **Conclusion:** It was possible to notice that most medical students use or have already used integrative and complementary practices and had positive results. However, it was observed that knowledge during the course of medicine is scarce, requiring introduction in some curricular stage of the faculty, in the theoretical and practical scope. In addition, the students showed great interest in going deeper into the subject, so that it can be used as a therapeutic alternative.

Keywords:Complementary Therapeutic Methods; Medical students; Medical Education; Health Resources.

INTRODUCTION

The biomedical model of health, biologicist and reductionist, has been questioned for its limitation or inability to deal with other dimensions of human beings, which directly affect their quality of life. Optionally, a supposedly broader care model has progressed, capable of supporting assistance that recognizes the articulations and interactions between mind, body and environment¹⁴.

With the advent of the scientific revolution and the industrial revolution, therapeutic practices that did not present scientific evidence based on experimental methods and quantifiable mathematical phenomena were marginalized. New ways of treating and curing diseases emerged with the use of industrialized medicines, which gained notoriety with the development of the experimental scientific model, to the detriment of the use of medicinal plants⁶.

Allopathic medicines were introduced into people's daily lives, not only by health professionals, but also through advertising campaigns by laboratories, which produced medicines with the promise of curing the most diverse diseases. In Brazil, in the 1980s, after extensive experience with allopathic medicines, the population became dissatisfied with the adverse effects they caused, in addition to the high cost, which prevented access to them⁶.

This way, the use of herbal medicines in the scientific environment was rescued, to join conventional medicines, supported by public policies and regulated by the respective Federal Councils regarding the right to exercise such practices. These measures were intended to expand access to other treatment options, with safe, effective and quality products, in an integrative way. However, the idea was not to replace the conventional model, but to have phytotherapy as a complementary practice, especially in the context of Primary Health

Care⁶.

Integrative and Complementary Practices (PICs) are part of this context by approaching the individual in a holistic way, in the prevention or treatment of diseases, focusing on the person's lifestyle, emotional state, their social relationships and with nature, promoting greater involvement between the health professional and the user¹⁴.

The origin of integrative practices in public health systems goes back a long time. At the end of the 1970s, with the First International Conference on Primary Health Care (in Alma Ata, Russia, 1978), the first recommendations for the implementation of traditional medicine and complementary practices spread throughout the world. In Brazil, this movement gained strength from the Eighth National Health Conference (1986), and since then it has only expanded¹².

The origin of integrative practices in public health systems goes back a long time. At the end of the 1970s, with the First International Conference on Primary Health Care (in Alma Ata, Russia, 1978), the first recommendations for the implementation of traditional medicine and complementary practices spread throughout the world. In Brazil, this movement gained strength from the Eighth National Health Conference (1986), and since then it has only expanded¹².

From Alma Ata, the World Health Organization (WHO) created the Traditional Medicine Program, aiming at formulating policies in defense of traditional knowledge in health. In several of its communiqués and resolutions, the WHO has committed itself to encouraging Member States to formulate public policies for the rational and integrated use of traditional medicine and complementary and alternative medicine in national health care systems, as well as for the development of scientific studies to better understand its safety, efficacy and quality¹².

Such systems and resources involve approaches that seek to stimulate the natural mechanisms for preventing injuries and recovering health through effective and safe technologies, with an emphasis on welcoming listening, the development of a therapeutic bond and the integration of human beings with the environment and society. Other points shared by the various practices covered in this field are the expanded view of the health-disease process and the global promotion of human care, especially self-care¹².

It is in this sense that the National Policy on Integrative and Complementary Practices (PNPIC) favored the institutionalization of humanized care in the SUS⁴. In 2006, the Unified Health System (SUS) approved the PNPIC, which is a policy that proposes the inclusion of other therapies within the scope of public health services, such as phytotherapy, medicinal plants, acupuncture and homeopathy¹⁴.

In its first publication, the PNPIC included five practices. Currently, 29 practices are included, ranging from traditional Chinese medicine to family constellations¹.

Traditional medicine (older nomenclature) or PICs (as these practices are currently named by the Brazilian Ministry of Health) seems to have a different, less mercantilist view and prioritizes the health-disease-care process, with greater emphasis on treating the patient, presenting relatively low risk and great demedicalizing potential⁸.

In health services, individuals with chronic diseases and mental suffering are recurrent, situations in which the biomedical model is not always sufficient to reduce symptoms and prevent injuries, thus making the insertion of PICs relevant to fill this gap¹.

Through continuous studies carried out in academia, the scientific recognition built around these therapies has influenced their acceptance as care practices and,

gradually, their incorporation by some health professionals. For users, the search for services that offer PICs has become a common habit in the country, especially with regard to phytotherapy and medicinal plants, practices used to treat various health problems in primary care, especially in the Family Health Strategy (ESF)¹⁴.

The contribution of alternative medicine to knowledge/practice is undeniable, seeking patient autonomy. PICs, through simple therapy, depend less on hard and rigid scientism, being less expensive and more accessible to all social classes. The World Health Organization, in 2002, concluded that PICs have an economic impact on the public health system, since, because they are low cost, they bring great benefits to the population, especially in underdeveloped countries⁸.

In this context, PICs represent a set of resources capable of acting in different aspects of health, providing both the recovery of health and the prevention of diseases and injuries, whether physical or mental¹. They are advantageous because they are non-drug methods, aimed at self-care, which favor welcoming listening, bonding and integration with the environment and the community. Professionals who exercise this care model offer different alternatives for health promotion and renew the current understanding, which tends especially towards medicalization and invasive procedures⁵. The PICs represent an expanded perspective on the human being and the universe that surrounds him, comprise the integrality of the health-disease relationship and consider the subject within a global dimension,

Thus, this work was designed with the objective of analyzing the knowledge of medical students about the use of PICs, in addition to assessing the frequency and motivation for the use of this therapy by students, in order to encourage students'

interest in a deeper understanding of this knowledge in both theoretical and practical teaching during graduation, and thus encourage them to seek more information about this therapeutic alternative, so that it can be recommended to their future patients.

GOALS

GENERAL

To identify the knowledge about the use of PICS by medical students of the 6th, 7th and 8th period in a private institution, located in Belém do Pará.

SPECIFIC

- a) Enumerate the PICs and their purposes most used by medical students;
- b) Characterize the epidemiological profile of the students participating in the research;
- c) Encourage the use of integrative practices both in the academic community and in society;

METHODOLOGY

RESEARCH PROJECT

A field survey was carried out covering medical students at the Centro Universitário do Estado do Pará (CESUPA), which is a private institution located in the municipality of Belém-Pará. The methodology chosen to carry out this project was the predominantly quantitative descriptive technique, applied directly through data collection.

ETHICAL ASPECTS

The research was registered on the Brazil Platform and submitted to the Research Ethics Committee (CEP) of "Centro Universitário do Estado do Pará" (CESUPA), respecting Resolution Number: 466/12 of the National Health Council (CNS), with principles governed by the Nuremberg and Helsinki Codes.

The survey was approved by the CEP under opinion number 5,308,764 on March 23, 2022 (ANNEX A).

RESEARCH LOCATION AND PERIOD

The research was carried out at CESUPA, a private teaching institution located in Belém do Pará, on the campus of the Medical Course. The survey collection period was between the months of March, April and May 2022.

TARGET AUDIENCE

Students of the 6th, 7th and 8th period of the medical course at CESUPA, of both genders, aged between 19 and 26 years were invited to the survey, in the totality of 100 academics

INCLUSION AND EXCLUSION CRITERIA

Only students attending the 6th, 7th and 8th period of the medical course in the first half of 2022, enrolled at CESUPA and who agreed to participate in the research after reading the TCLE were included, expressing in writing their consent, being excluded from the research students from other periods of the medical course and those who, after reading the TCLE, did not agree to participate in the research.

RESULTS

CHARACTERIZATION OF STUDENTS

A total of 99 students were included in the survey who agreed to participate in the questionnaire through the free and informed consent form. The majority 66.7% were female and 33 were male. Of these, 47.5% were between 22 and 25 years old and 37 were in the sixth semester (Table 1).

GENERAL CHARACTERIZATION OF RESPONSES

Most 83.8% knew what integrative and complementary practices are and most 62.6% had already used some of them, whereas 37.4% of individuals did not or were unable to report (Table 2).

As for the techniques that the students used, the most used was aromatherapy by almost 40% of the students, followed by meditation with 32.3% frequency and medicinal plants/phytotherapy with 26.3% (Figure 1).

Around 54.5% mentioned that the objective for using the technique was to control anxiety, 43.4% to improve their quality of life and 22.2% to improve concentration (Figure 2).

As for the frequency of use, 20.2% mentioned its weekly use and 15.2% reported monthly use (Figure 4).

As for the frequency of use of PICs, most 62.6% rarely use PICs, 19.2% of individuals said they use them frequently and 18.2% of students said they never use them.

Most of the students who used the PICS reported having obtained positive results (Figure 5).

Most reported that they would recommend PICs to their future patients. In addition, 84 students reported that they would like the topic to be addressed in college at some curricular or extracurricular stage and almost all (90%) said they would like to obtain more information about these (Figure 6).

COMPARISON OF THE RESPONSE PATTERN BETWEEN SEMESTERS

Then, the relationship between the answers to the questionnaire and the students' semester was evaluated. There was a significant association ($p=0.015$) between the semester and the question "do you know what integrative and complementary practices are": of the 37 individuals in the sixth semester, 11 (29.7%) did not know what PICs were, a higher

| Variable | Frequency (n=99) | Percentage (%) |
|--------------------|------------------|----------------|
| Female Gender | 66 | 66,7 |
| Male | 33 | 33,3 |
| Age | | |
| 19 to 21 years old | 34 | 34,3 |
| 22 to 25 Years Old | 47 | 47,5 |
| 26 or older | 18 | 18,2 |
| MD6 Semester | 37 | 37,4 |
| MD7 | 35 | 35,4 |
| MD8 | 27 | 27,3 |

Table1-Demographic characteristics and semester of the CESUPA students' course, evaluated in the firstsemester of 2022, Belem-Pará

| Variable | Frequency (n=99) | Percentage (%) |
|-------------------------------|------------------|----------------|
| Do you know what PICs | | |
| not | 16 | 16,2 |
| yes | 83 | 83,8 |
| Have you ever used one | | |
| no | 28 | 28,3 |
| don't know | 9 | 9,1 |
| yes | 62 | 62,6 |

Note: = Integrative and Complementary Practices

Table 2 - CESUPA medical students' knowledge about PICs, evaluated in the first semester of 2022, Belém-Pará

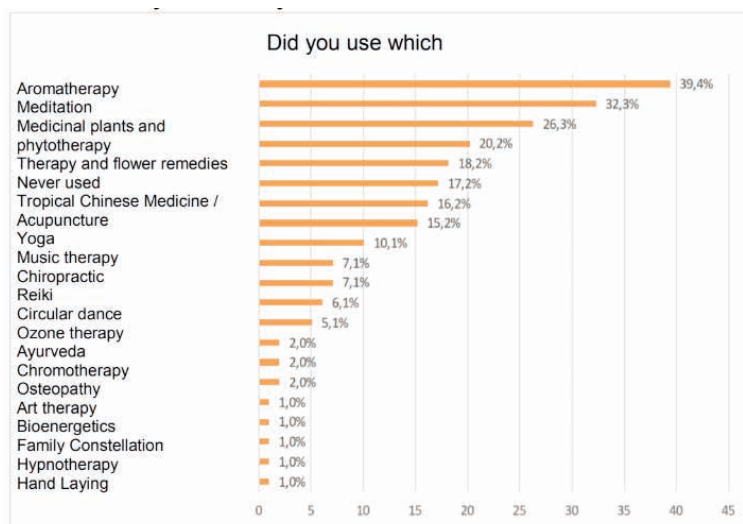


Figure 1 -PICs already used by students.

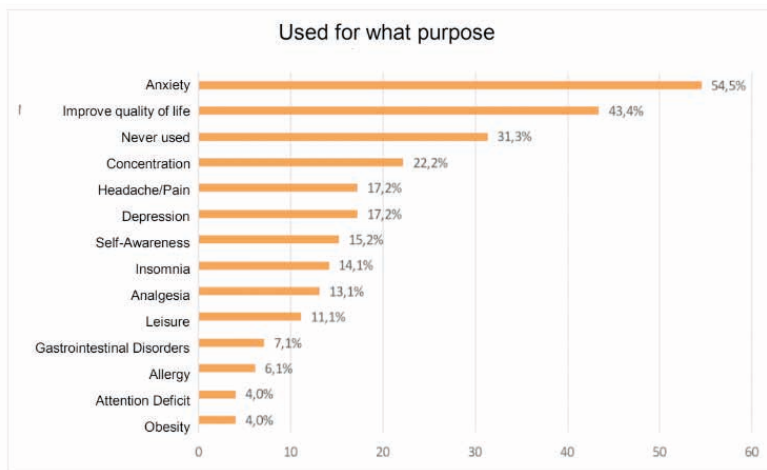


Figure 2 -Purpose of the use of PICs by students.

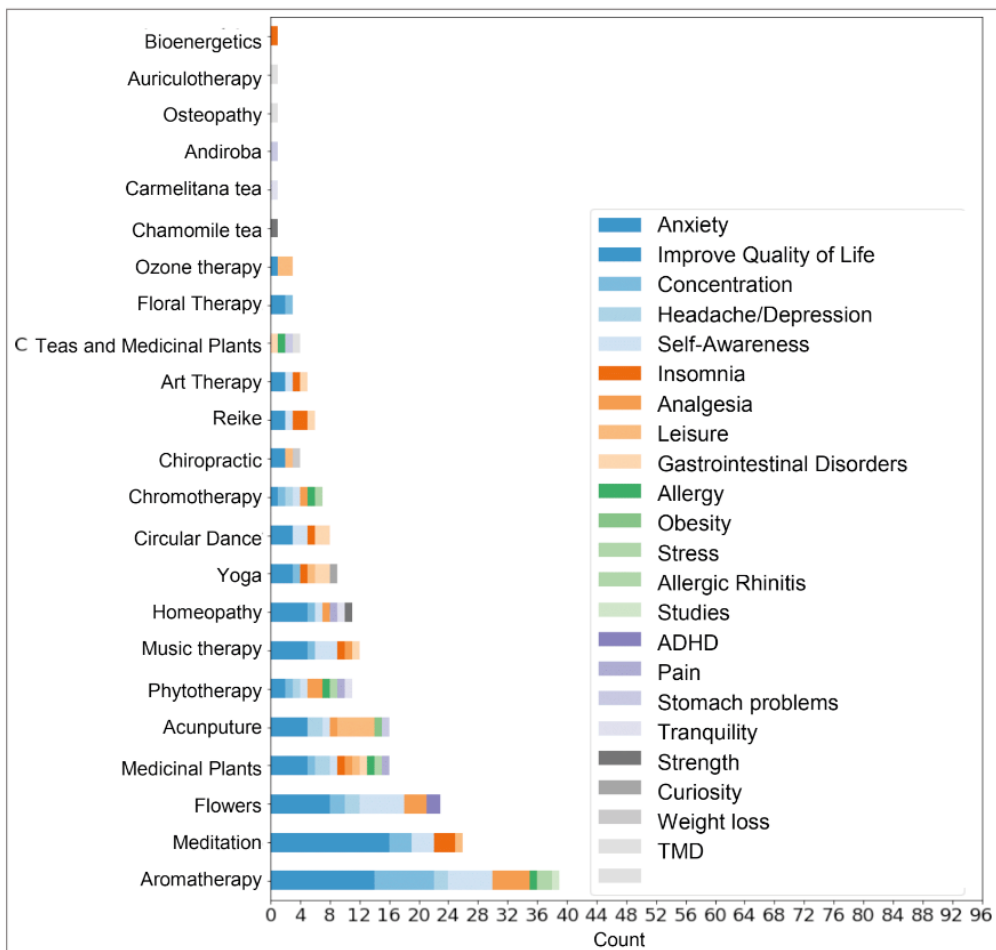


Figure 3 -Relationship between PICs and the purpose of their use by CESUPA medical students, evaluated in the first half of 2022, Belém- For.

Note: ADHD = Attention Deficit Hyperactivity Disorder; TMD = temporomandibular disorder; PICs = Integrative and Complementary Practices.

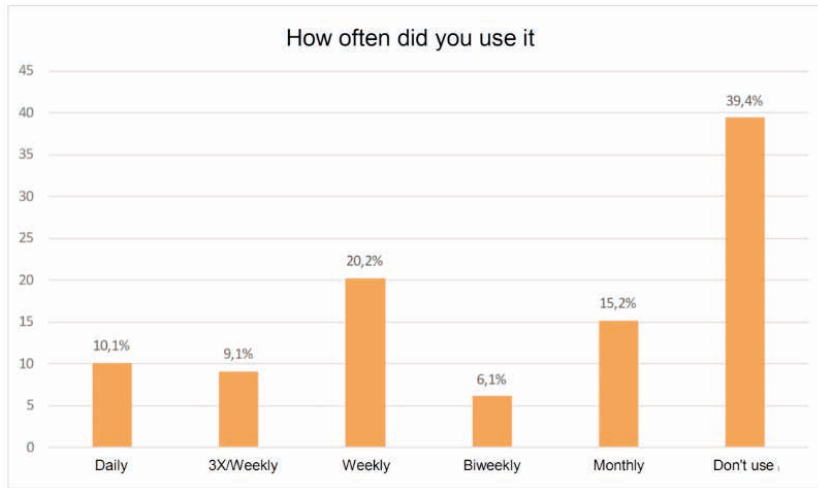


Figure 4 -Frequency of use of PICs by students.

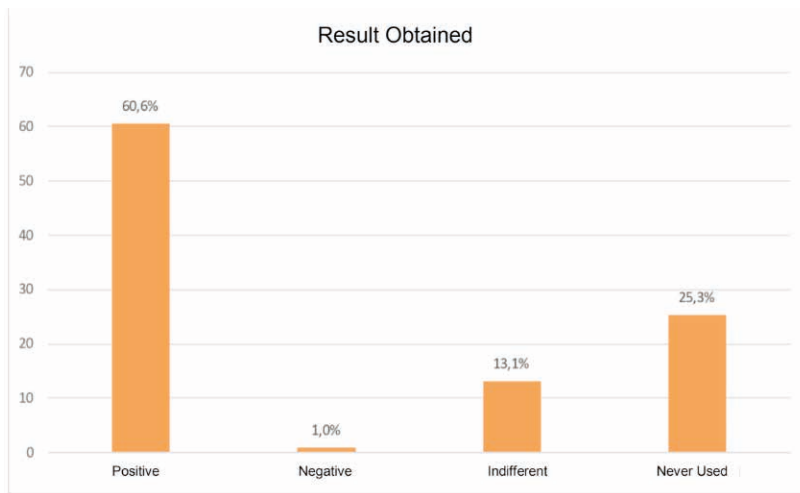


Figure 5 -Results obtained by the use of PICs by students.

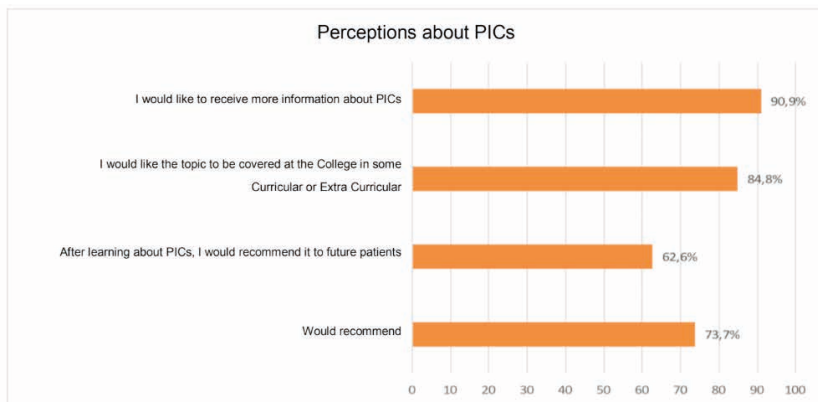


Figure 6 -Perceptions about the usefulness of PICs.

proportion than the expected; while of the 35 individuals in the seventh semester, 94.3% knew what integrative and complementary practices are, a higher proportion (†) than expected. That is, the sixth semester was more associated with institutional lack of knowledge up to this stage, because only at the end of the 6th semester is a single theoretical class addressing this topic, making this discrepancy also due to the period of application of the questionnaires being before this said theoretical class,

Figure 7 graphically displays these findings.

Table 4 shows the association between the student's semester and the answer to the question "Have you used any of the PICs", in which no significant result was found ($p=0.391$), that is, the pattern of answers to this question did not varied significantly between semesters of the course.

Figure 8 shows the association between semester and frequency of use of PICs. Similarly, there was no significant association with the semester ($p=0.649$).

There was no significant association ($p=0.719$), that is, the pattern of responses did not vary significantly between semesters (Table 5).

Table 6 shows the association between the semesters and the results obtained with the PICs approaches, whether the students considered their effects positive, negative or indifferent. Also in this case there was no significant association ($p=0.893$).

Figure 09 shows the association between semester and the questions: "after knowing about PICs, I would recommend it to future patients", "I would like the topic to be addressed in college at some curricular or extracurricular stage" and "I would like to obtain more information about PICs".

DISCUSSION

This study aimed to estimate the knowledge

and use of integrative and complementary practices in medical students from the 6th to the 8th period of the medical course at CESUPA, in which a questionnaire was applied to 99 of these students, who agreed to participate in the research. There was a higher prevalence of females (66.7%) compared to males (33.7%). This was also demonstrated in a study carried out in Monte Carlos - MG, with a prevalence of 69.7% of the female public of courses in the health area related to the specific use of phytotherapy, which is one of the PICs2.

The National Policy for Integrative and Complementary Practices was instituted in 2006, through ordinance GM/MS number 971, with the objective of encouraging, implementing and expanding PICs throughout the Brazilian territory, offered by the SUS, but which first contemplated and offered as services of health only homeopathy; Chinese tropical medicine/acupuncture; medicinal plants; Phytotherapy; anthropophobic medicine and social thermalism/crenotherapy, being modified in 2017 and 2018, in which other PICs were added, totaling 29 practices that generate countless therapeutic possibilities for users6-8.

Regarding knowledge about integrative and complementary practices, it was found that most students (83.8%) already knew the referred topic, but a study carried out with medical students at a college in São Paulo describes that more than 70% of the students have little knowledge about homeopathy and acupuncture, which are some of the PICs, which reinforces that, even though the students in these studies know the PICs, more than 80% reported that the use in their environment academic study is rare or never applied, which demonstrates that the study reported above may have used more accurate methods for data acquisition compared to our study9.

| Variable | MD6 (n=37) | MD7 (n=35) | MD8 (n=27) | p-Value |
|----------------------------|------------|------------|------------|---------|
| Knows what PICs are | | | | 0,015 |
| No | 11 (29,7)† | 2 (5,7)* | 3 (11,1) | |
| Yes | 26 (70,3)* | 33 (94,3)† | 24 (88,9) | |

Note: Categorical variables are shown as n (%). Percentages are relative to the total of each column. Chi-square was used.

Legend: * = this frequency was lower than what would be expected at random; † = this frequency was higher than expected; MD6 = sixth semester; MD7 = seventh semester; MD8 = eighth semester; PICs = Integrative and Complementary Practices.

Table 3 - Knowledge about PICs and relation with the semester of CESUPA medical students, evaluated in the first semester of 2022, Belém Pará.

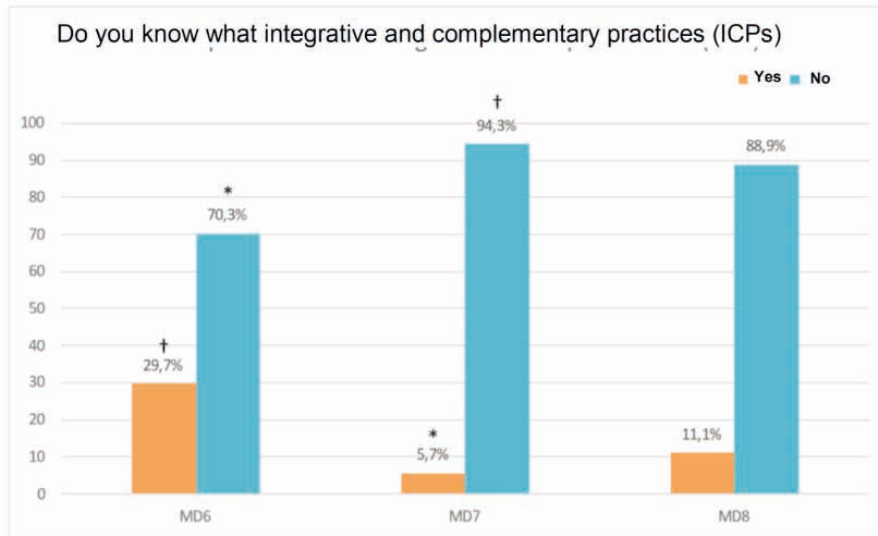


Figure 7 - Knowledge about PICs and relation to the semester.

| Variable | MD6 (n=37) | MD7 (n=35) | MD8 (n=27) | p-Value |
|------------------------------------|------------|------------|------------|---------|
| Have you ever used any PICs | | | | 0,391 |
| No/don't know | 17 (45,9) | 11 (31,4) | 9 (33,3) | |
| Yes | 20 (54,1) | 24 (68,6) | 18 (66,7) | |

Note: Categorical variables are shown as n (%). Percentages are relative to the total of each column. Chi-square was used.

Legend: MD6 = sixth semester; MD7 = seventh semester; MD8 = eighth semester; PICs = Integrative and Complementary Practices.

Table 4 - Use of PICs and relation with the semester of CESUPA medical students, evaluated in the first semester of 2022, Belém-Pará.

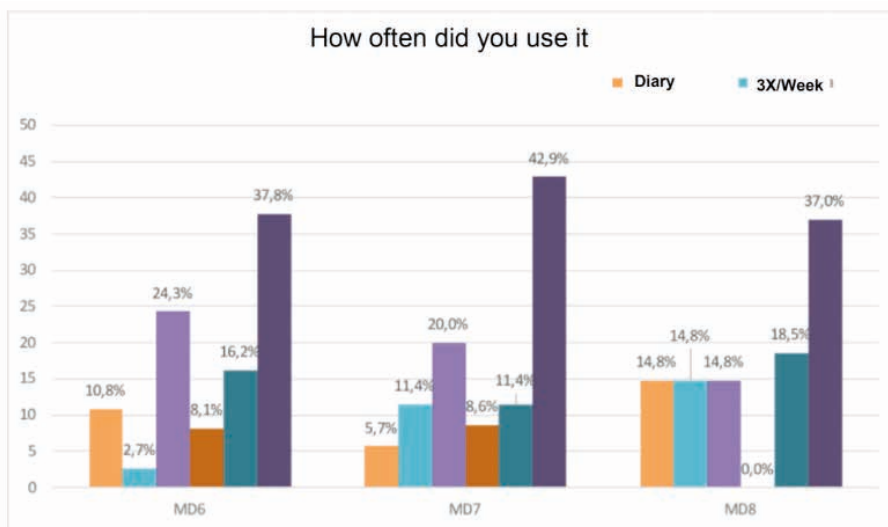


Figure 8 -Frequency of use of PICs and relationship with the semester of CESUPA medical students, evaluated in the first semester of 2022, Belém-Pará.

| Variable | MD6 (n=37) | MD7 (n=35) | MD8 (n=27) | p-Value |
|---|------------|------------|------------|---------|
| In your academic environment, it is common to use PICs | | | | 0,719 |
| Frequently | 9 (24,3) | 6 (17,1) | 4 (14,8) | |
| Rarely | 20 (54,1) | 24 (68,6) | 18 (66,7) | |
| Never | 8 (21,6) | 5 (14,3) | 5 (18,5) | |

Note: Categorical variables are shown as n (%). Percentages are relative to the total of each column. Chi-square was used.

Legend: MD6 = sixth semester; MD7 = seventh semester; MD8 = eighth semester; PICs = Integrative and Complementary Practices.

Table 5 — Use of PICs in the middle and relationship with the semester of CESUPA medical students, evaluated in the first semester of 2022, Belém Pará.

| Variable | MD6 (n=37) | MD7 (n=35) | MD8 (n=27) | p-Value |
|---|------------|------------|------------|---------|
| Results obtained after the use of PICs | | | | 0,893 |
| Positive | 23 (62,2) | 21 (60,0) | 16 (59,3) | |
| Negative | 0 (0,0) | 1 (2,9) | 0 (0,0) | |
| Indifferent | 5 (13,5) | 5 (14,3) | 3 (11,1) | |
| Never used | 9 (24,3) | 8 (22,9) | 8 (29,6) | |

Note: Categorical variables are shown as n (%). Percentages are relative to the total of each column. Chi-square was used.

Legend: MD6 = sixth semester; MD7 = seventh semester; MD8 = eighth semester; PICs = Integrative and Complementary Practices.

Table 6 - Results obtained by the PICs and relation with the semester of the CESUPA medical students, evaluated in the first semester of 2022, Belém Pará.

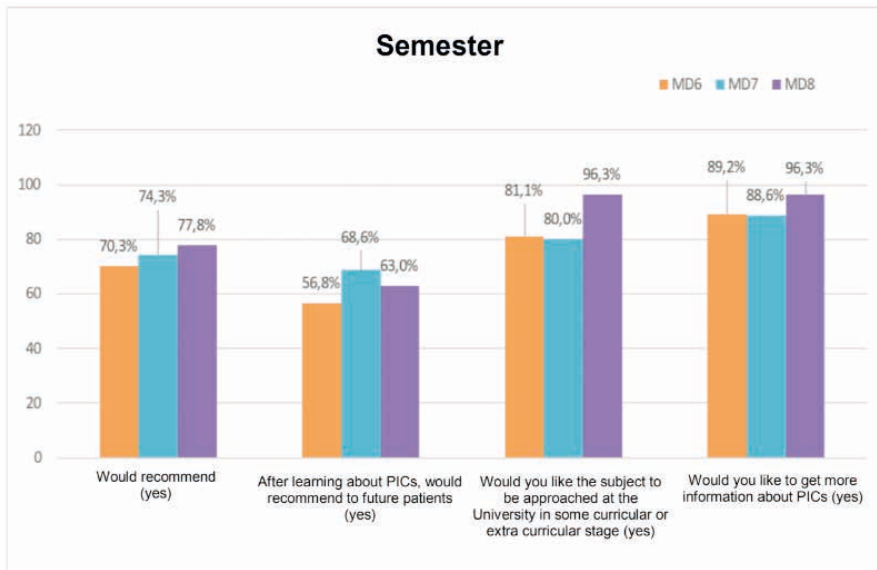


Figure 09 - Perception of the usefulness of PICs and relationship with the semester of CESUPA medical students, evaluated in the first semester of 2022, Belém-Pará.

Another point to be addressed is that more than 70% of the questioned students would recommend the use of PICs, which further corroborates for this subject to be approached in a practical way during the course and that, after this knowledge, around 62% of students would recommend its use to their patients. It was found in a study carried out in Santa Catarina that 84% of the students answered that, in addition to indicating, they would support the use of PICs in their families and patients¹⁰.

Furthermore, it was found that 85.8% of students would like the topic to be addressed in college at some curricular or extracurricular stage, and more than 90% would like to obtain more information about the subject. In addition, an article conducted in Santa Cruz do Sul states that 87.3% of students would like the PICs to be implemented in the curriculum during the course, considering the subject important for training¹¹. Another study, also in Santa Catarina, showed an interest of over 50% by students in learning about this topic during the course¹².

In addition, the Ministry of Health created and implemented government policies with the objective of disseminating and informing health professionals about basic knowledge about PICs, aiming to guarantee access, quality, efficiency and guarantee of the use of PICs in their patients., and thus encourage the use of alternative medicine as an ally to conventional medicine¹³.

In addition, it was possible to observe in this study that most students (62.6%) have already used one of them, being used by 20.2% of students weekly and obtaining positive results by most of them (60.6%). It was also observed that the most cited technique was aromatherapy, which was used by 39 students (39.4%), and in second place meditation, used by 32.3% of the participants, aiming at improving anxiety and quality of life for the

most part.

In this study, it was observed that more than 60% of respondents who used one or more PICs obtained positive results in relation to the purpose of their use, being very frequent their use mainly for symptoms related to anxiety. Corroborating the following results, in a study carried out at a medical university in the city of São Paulo, one of the PICs was implemented, the Integrative Community Therapy (ICT), which was offered to students from the first to the sixth year, in which they had access to a welcoming and supportive space among themselves and by professionals such as therapists, who provided, in addition to listening and conversation, the sharing of experiences and outbursts, with the aim of improving the quality of life of these students, promoting a better adaptation to life adult life and minimize effects on mental health, as stress promoted throughout the course. In addition, other PICs were applied to help TCI in this study mentioned above, namely: meditation, music therapy and aromatherapy, all as a way to improve mainly the physical symptoms of anxiety, panic and stress. At the end of this study, the students reported that the symptoms decreased or disappeared over the semesters, improving the students' quality of life, physical well-being and mental health¹⁴.

As limitations of this study, we can mention that it was not addressed which practices the student has less knowledge about, which ones they would like to acquire more knowledge about, which PICs they see more in practice with their patients and how they would like this theme to be applied in the classroom curriculum. In addition, a bias that was found in our study was the application of the questionnaire before the only theoretical class in which the 6th semester of the medical course has, thus increasing the lack of knowledge of students in this specific semester. Such topics

can be expanded and addressed in a future study, with a larger sample, which would make the results more reliable, but with the results obtained in this study, we see the need and interest of students about PICs and their application amid illnesses.

CONCLUSION

In view of the results obtained in this study, it was possible to perceive that the majority of the students interviewed are female, with the most frequent age group being between 22 and 25 years old. In addition, it was noted that most of the interviewees already knew and had already used one or more PICs as a therapeutic measure, obtaining positive results, in general.

Furthermore, it was observed that aromatherapy was the main technique used by the students, followed by meditation and flower therapy, being mainly used to control symptoms associated with anxiety and improve quality of life.

It was also observed that students were interested in having PICs addressed at some curricular or extracurricular stage in college, as a way of obtaining more knowledge, as most would recommend or refer them to their patients. In addition, it was observed that the use of PICs brought benefits throughout the semesters, showing the importance of encouraging the use of PICs by students, with the aim of improving academic performance and the mental health of medical students.

It is possible to conclude that, although the students have knowledge about PICs, they are still not part of the routine of care, as it was observed that there is little information throughout the course. Our data point to the great importance of spreading knowledge about PICs, either through theoretical classes or through the creation of outpatient clinics, aiming to provide students with more confidence when indicating one of the PICs

to their patients as a form of treatment or as a measure. therapeutic auxiliary, exemplifying in practice how it is done, as is already seen in other outpatient clinics and specialties in the health area, thus expanding therapeutic resources and contributing to the role of the doctor.

A suggestion for expanding knowledge of PICS would be the inclusion of practices within the curriculum of courses in the health area, whether in more discussions, extension projects and optional subjects. It is believed that this could help students to have more treatment options for their patients, by learning more about the theory and applicability of PICs, in order to offer an alternative treatment to conventional medicine, and thus more individualized and specific.

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