MINISTRY OF HEALTH OF BRAZIL

PNPIC

National Policy on Integrative and Complementary Pratices of the SUS

Brasilia – DF
2013

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ACCESS EXPANSION INITIATIVE

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

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Tirada: 2ª edición - 2013 - 3.000 ejemplares

Distribution: 2nd edition - 2013 - 2.000 copies
Preparation, distribution and information by:
MINISTRY OF HEALTH OF BRAZIL
Secretary of Health Care
Department of Primary Care
Esplanada dos Ministérios, Bloco G, 6.º andar, sala 645
CEP: 70058-900 – Brasília/DF
Tel.: +55 (61) 3315-9034 / 3315-9251
Fax: +55 (61) 3326-4340
Site: https://aps.saude.gov.br/ape/pics

General coordination:
Luis Fernando Rolim Sampaio

Technical revision:
Angelo Giovani Rodrigues
Antônio Dercy Silveira Filho
Carmem De Simoni
Paulo Roberto Sousa Rocha

Acknowledgments:
Technical Group Coordination - Traditional Chinese Medicine/ Acupunture Carmem De Simoni - DAB/SAS
Technical Group Coordination - Homeopathy
Tatiana Sampaio - DAB/SAS
Technical Group Coordination - Herbal Medicine
Angelo Giovani Rodrigues - DAF/SCTIE
Technical Group Coordination - Anthroposophical Medicine
Laurenice Lima (In Memorian)
Iracema Benevides - DAB/SAS

2nd Edition coordination
Daniel Miele Amado
Paulo Roberto Sousa Rocha

Technical Group Coordination - Social Hydrotherapy/ Crenotherapy

Water Group - National Health Council

Responsible publisher
MINISTRY OF HEALTH
Executive Secretariat
Undersecretariat for Administrative Affairs
General Coordination of Documentation and Information
Editorial Management Coordination
SIA, Trecho 4, Lotes 540/610
CEP: 71200-040 – Brasília/DF
Tels.: (61) 3315-7790 / 3315-7794
Fax: (61) 3233-9558
Site: www.saude.gov.br/editora
E-mail: editora.ms@saude.gov.br

Diagramming:
Roosevelt Ribeiro Teixeira - MS/DAB

Normalization:
Maristela da Fonseca Oliveira

Printed in Brazil

Catalog Card

Brazil. Ministry of Health of Brazil. Secretary of Health Care. Department of Primary Care.

PNPIC: National Policy on Integrative and Complementary Practices of the SUS: access expansion initiative / Ministry of Health of Brazil, Secretary of Health Care, Department of Primary Care. 2nd ed. - Brasília : Ministry of Health of Brazil, 2013. 98 p.

ISBN xxxxxxxxxxxx

1. Alternative therapies. 2. Integrative and complementary practices health.

CDU 351.77

Cataloging at source - General Coordination of Documentation and Information - Editor MS - OS 2013/0199

Index titles:
In spanish: *Política Nacional de Prácticas Integrativas y Complementarias en el SUS: Actitud de Ampliación de Acceso*
In portuguese: *Política Nacional de Práticas Integrativas e Complementares no SUS: Atitude de Ampliação de Acesso*

SUMMARY

PRESENTACIÓN

In the exercise of its duties of coordinating the UnifiedHealth 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 en el proceso de implantación del SUS. Considerando el individuo en su dimensión global - sin perder de vista su singularidad cuando explica sus procesos de enfermedad y de salud -, la PNPIC ratifica la integralidad de la atención a la salud, principio este que requiere también la interacción de las acciones y servicios PNIPIC 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 Secretrariat and by the Executive Secretariat, with the participation of representatives of the Science, Techology 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 systems[1] and therapeutic resources[2], 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 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

[1]Understand 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, 2003).

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

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 - Acunpucture

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 lager 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

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.

Guideline TCM/A 8

Financing warranties for the actins 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.

巴西统一医疗体系(SUS)的国家结合和互补疗法政策(PNPIC)

扩大获得服务的措施

卫生部部令GM 971号，2012年五月3日

巴西统一医疗体系(SUS)内的国家结合和互补疗法政策(PNPIC)

1 前言

国家结合和互补疗法政策（PNPIC）的范围包括多个复杂性疗体系[1] 和治疗资源[2] ，世界卫生组织（WHO）称之为传统医学和互补或替代医学（TM/CAM）（WHO，2002）。这些体系和资源所包含的方面包括鼓励透过有效和安全的技术使用来预防疾病和恢复健康的自然机制，重点在于悉心和聆听的照料、诊疗的发展以及将人、环境与社会结合在一起。在此领域所包含的其它重点层面是能在健康/疾病相互间的过程拥有一个更宽广的视野以及全面的人文照顾方式，特别是自我照料。

在巴西，这些健康照料的方式的合法性和制度化自80年代开始，主要是自统一医疗制度（SUS）的创办之后。以着分层负责和大众参与制，各州各市在医疗政策与行动方面获得了更多的自主权，就使得这些先锋经验得以落实。

卫生部因着有了解在各州各市公共医疗制度推广这方面的经验的必要，所以采取策略进行全国诊疗调查，包括了在统一医疗制度（SUS）已有的不同的医疗理智，特别是中国传统医学的针灸、顺势疗法、草药疗法和人智医疗，尚有其它互补健康的疗法。

这项调查已由卫生部基层保健司基层保健局负责展开，自2004年三月至六月之间，透过发给各州各市相关管理部门的5560份问卷。共回收1340份问卷，其中在各州各市医疗体系的 结

1 复杂 性医疗体系是指着在自然医学与互补疗法(MNPC) 领域内对于健康/疾病、诊断和疗法过程拥有其本身的一套理论。LUZ.T.M著作，《集体健康制度的新知和诊疗实践》（Novos Saberes e Práticas em Saúde Coletiva），圣保罗，Hucitec出版社，2003年。
2 治疗资源是指着在不同的复杂性医疗体系内的工具。

合和互补诊疗情况调查结果显示在巴西全国26州，232个市，其中19个是州首府，已建立了当中部分疗法结构的形成。

1.1 中国传统医学 - 针灸 (TRADITIONAL CHINESE MEDICINE - ACUPUNCTURE)

中国传统医学的特征是整合式的医学体系，源于中国有数千年的历史。将自然法则以着象征方式表达，并采用各部分和谐的相互关系着重于合一。其基础，根据阴阳五行的理论，将世界分为两种力量或两个基本原则，将所有的现象用相对互补来解释。此学说的目的是取得平衡两极的方法。五行则是将所有自然事物，也包括人体，都有着五种能量之一（木、火、土、金、水）。此种医学将诊断、把脉、察颜观色和望舌运用在多种疗法（针灸、草药、食疗、身体和精神方面的诊疗实践）。

针灸是一种全人健康与疾病过程的整体和动态方式调解健康的技术，可以单独的或和其它诊疗资源并用。源自于中医，针灸包括一系列的程序，能使得在人体精确的定点部位施金属材料的针以刺激穴道，用以促进、保养和恢复健康，亦可预防身体不适和疾病。

考古挖掘的物证显示这种学问的来源至少可追溯三千年之久。中国人称之为针灸，是针和热之意，现称之为acupuncture的字眼是根据十七世纪耶稣会传教士的文献演变而来（拉丁原文“acus”是针之意，“punctio”是刺穿之意）。由刺激具有神经反应的部位或”穴道”所获得的疗 效，起初以当时的象征和类推字眼来叙述和解释，符合 着 中国古典哲学。

在西方，自廿世纪的下半叶，针灸获得现代医学的接受，归功于东西方许多国家的科学研究，终于其疗效获得肯定，并也渐渐地在有口碑的科学专业刊物刊登科学论文阐释。现在已能接受在穴道上用针刺激中枢神经会释放神经传递素和其它物质，引起止痛反应、恢复有机功能和免疫调节等作用。

世界卫生组织建议各成员国使用针灸，出版了许多关于其效能、安全、专业人员培训，以及互补医学和传统医学的疗效研究法和评价的刊物。美国国立衛生研究院的共识认可推荐单独使用针灸或在治疗许多威胁健康的疾病作为辅助医疗，例如：牙手术后的疼痛、化疗或成人手术后的头晕和呕吐、毒瘾、脑溢血后的复健治疗，停经、偏头痛、上髁炎、肌肉酸痛、肌筋膜疼痛综合征、骨关节炎、背痛和哮喘等病征。

中国传统医学还包括身体的锻炼（练功、气功、推拿、太极拳等）、思考的锻炼（冥思）、食疗指导和采用草药疗法（中国传统医学的草药）等预防疾病和恢复健康的诊疗方式。[3]

针灸引进巴西已有约四十年之久。在1988年，透过跨部委计划和协调委员会（CIPLAN）所颁布的第5/88号决议案，确定了将其置入公共健康体系的规范。

多个正规的医疗委会接纳针灸成为巴西医学的专业之一，在巴西多个联邦州都能找到针灸培训班。

在1999年，卫生部已将针灸门诊栏（代号：0701234）加入巴西统一医疗体系的门诊信息系统（SIA/SUS）表里，便于在巴西全国和各个地区进行诊疗进展的追踪。数据显示，各地区针灸门诊都有着显著的增长。在2003年，已达181,983门诊人次，针灸医师主要集中在东南部（在本系统注册的376名有213名在此地区）。

3 参照39、40和41页的术语表

按照在巴西统一医疗体系（SUS）的自然医学与辅助疗法（MNPC）加入统一医疗体系的门诊信息系统（SIA/SUS）的数据，可了解到针灸已在巴西19州的107市展开诊疗活动，其中17个市是州首府。

按照前面所述，需要重新思考，根据卫生部所提出来的模式，将此实践加入巴西统一医疗体系（SUS），须增加地区性实践以保障达到普遍性。

1.2 顺势疗法 (HOMEOPATHY)

根据希波克拉底（Hippocrates）在第四世纪提出的活力论学说和同类理论[4]，顺势医疗是一种复杂性的整体性质的医疗系统，经过十八世纪萨穆尔•哈内曼（Samuel Hahnemann）当时多次的实验和临床经验发展出一套理论，哈内曼将哲学原理和同类学说系统化，载于其著作“治疗艺术的工具論和慢性病”。

根据2003年统一医疗体系（SUS）的信息系统和2004年巴西卫生部的诊断数据显示，在20州、16个州的首府、158市的公共卫生体系共有457名采用顺势医疗法的医师。

现有起码十家巴西公家大学进行针灸教学、研究或援助工作，在十二州有顺势医学的专业人员课程。顺势医学本科的课程已获得全国实习医生委会批准。

1.3 药用植物和草药疗法 (MEDICINAL PLANTS AND PHYTOTHERAPY)

草药疗法是“使用药用植物的不同药物形式的疗法，而不用提炼出来的活性成份,不论算是植物来源亦是如此”，使用药用植物的治疗艺术源远流长，可远溯至医学的起源，根据世世代代所累积的信息作为基础。数十个世纪以来，以植物来源的产品为治疗不同的疾病奠定了基础。

4 参照42页的术语表

巴西具有草药疗法的巨大潜力，例如有全球最多种类的植物和社会多样性，药用植物的使用和传统知识和技术链接来科学地验证这方面的知识。

现今，在巴西许多州和市已有草药疗法的方案，有的只是在开端，有的对于此疗法已有专有的规范十年之久，还有的地方正策划设置。2004年卫生部在全巴西所有的市进行了调查，查出在巴西22州的116市使用草药疗法。

1.4 社会温泉疗法（Social Thermalism）/ 矿泉疗法（Crenotherapy）

将矿泉用于治疗是一种极为古老的医疗法，可远溯自希腊帝国。首次温泉疗法的科学文献是由希羅多德(Herodotus)所著（公元前450年）。

温泉疗法是将温泉水以补贴的方式应用于恢复健康的治疗。

矿泉疗法是将矿泉水应用于补充其他的健康治疗法。

1.5 人智医疗（Anthroposophic Medicine）

人智医疗引进巴西约有六十年，是一种互补医疗方式，以活力论学说为理论基础，其令人注目的跨学科模式寻求全人方式保健。

2 PNPIC方案的目标

- 将国家结合和互补疗法政策（PNPIC）方案融入统一医疗体系（SUS），以期预防疾病、改善保健和恢复健康，重点在于注意基本工作，针对持续、人性和一体的健康照料。

- 为增加本体系的解决性和更多人能进入PNPIC、保障质量、效益、效率和使用安全。

- 为推动保健活动的合理化，促进提供给社区更多创新和贡献社会可持续发展的选择。

- 促进关于社会管制/参与的行动，推动使用者、管理人员和职工在卫生政策落实的各个不同的有效时刻进行负责和持续的参与。

3 PNPIC的方针

- 在统一医疗体系（SUS）的结合和互补疗法（PIC）的组织和加强是透过：

    1. 鼓励将国家结合和互补疗法政策（PNPIC）放入各层次的治疗，特别是针对基层保健；
    2. 发展国家结合和互补疗法政策（PNPIC）的多专业性质符合在统一医疗体系（SUS）有的各个专业，并且和保健程度达成一致；
    3. 建立和实施行动和加强现有的举措；
    4. 设置融资的机制；

5. 为在统一医疗体系（SUS）落实和发展保健措施而制作技术和运行标准；
6. 与巴西国家土著民族保健政策和其它卫生部的政策关联。

- 为统一医疗体系（SUS）的专业人员进行结合和互补疗法（PIC）的资格策略的发展，以符合持续教育所厘定的原则和方针。

- 对统一医疗体系（SUS）的专业人员、管理人员和使用者推广和提供结合和互补疗法（PIC）的基本常识的信息，考虑到参与方法和通俗与传统的常识和传统。

1. 对家庭健康策略与社区健康人员方案的专业人士合格项目、提供技术或财务支援、来执行结合和互补疗法（PIC）信息、通信和民众教育。
2. 制作宣传材料，例如，海报、宣传单、单张和录像，以宣传和推广结合和互补疗法（PIC）和推广信息，尊重到地区性和文化的差异；以劳动者、管理人员、卫生政务委员，还有卫生方面的老师和学生，以及一般社区群众为对象。
3. 将国家结合和互补疗法政策（PNPIC）加入统一医疗体系（SUS）的社会传播活动的事项。
4. 支持和加强关于国家结合和互补疗法政策（PNPIC）的信息创新行动和推广，配合各种文化表达方式，例如：曲艺、嘻哈音樂、戏剧、歌曲、cordel巴西风土文学，以及其它艺术表达方式。
5. 对于与结合和互补疗法（PIC）有关联的民众教育、信息和沟通进行识别、连接和支持。

- 鼓励跨部门的活动，寻求伙伴关系以进行整合行动的发展。

- 加强社会参与。

- 从增加公共药物产量的角度,来方便顺势医疗和草药疗法药物的取得, 并确保在卫生法规领域内药物辅助的特征

    1. 制作全国药性植物名册和全国草药名册。
    2. 推广在统一医疗体系（SUS）合理的使用药性植物和草药。
    3. 履行质量效力、效率和使用安全的准则。
    4. 依法符合优良制药规范。

- 使优质和安全的行动来保证获取国家结合和互补疗法政策（PNPIC）的其它重要性原材料，。

- 鼓励在结合和互补疗法（PIC）进行研究，以期改善医疗服务、评估效力、效率、实践和安全。

- 结合和互补疗法（PIC）管理程序的跟进和评估。

- 在巴西国内外推广结合和互补疗法（PIC）在保健、持续教育和卫生研究等方面的经验。

    1. 与国家结合和互补疗法政策（PNPIC）实施公共卫生服务的巴西各州和国家进行科技交流，以期在于疗法、培训人才、持续教育和研究等各领域的经验上有更多的认识和信息交换。

- 保障国家卫生监管系统对于草药质量的监控。

4 方针的落实

4.1 中国传统医学 - 针灸（MTCA）

前提：以着多专业性质在统一医疗体系（SUS）发展中国传统医学-针灸，并且和保健程度达成一致。

MTCA 1号方针

在统一医疗体系（SUS）发展中国传统医学-针灸的组织和加强，鼓励将中国传统医学-针灸的基本诊疗融入各层次的医疗体系，特别是基层保健。

1. 家庭健康策略

在合理的支持、参与以及和家庭保健小组人员共同负责之下，应优先设置能够保障置入具有针灸方面规范之卫生专业人员，

2. 专科中心

a) 将针灸专业人员安置在中、高复杂程度的专科门诊中心。应参与转诊/转诊反回系统，坚定地进行持续教育。

b) 将针灸医疗人员安置在统一医疗体系（SUS） 医院 网络内。

所有在统一医疗体系（SUS）安置的针灸专业人员皆须有专家的头衔。

MTCA 2号方针

进行在统一医疗体系（SUS）发展中国传统医学/针灸的专业人员资格的策略，和统一医疗体系的持续教育方针保持一致。
1. 鼓励医疗团队参与培训，发展预防疾病的活动，在中医的范畴内进行个人和集体的保健的推广和教育，此培训应包括中医基本概念和身体与冥思的锻炼。例如：推拿、太极拳、练功、气功等中医疗法。

2. 鼓励成立专业学院数据库。

3. 与其他专业关联，目的在于促进中国传统医学-针灸正式加入医疗专业本科和学士后的课程。

MTCA 3号方针

将中国传统医学/针灸的基本知识推广和传递信息给使用者、医疗专业人员以及统一医疗体系（SUS）的管理人员

MTCA 4号方针

保障能够取得中国传统医学/针灸策略性原材料，以期保证质量和活动安全。

1. 建立关于中国医学/针灸具有质量和安全的原材料相关的规条：各种尺寸的灭菌针、艾灸（炭和/或艾草）、耳针植物丸、耳针金属球、罐疗器、电针仪、针灸图谱。

2. 制定这些产品的全国价格数据库

MTCA 5号方针

发展中国传统医学/针灸的追踪行动和审核。

为了发展追踪行动和审核，须建立不同的程序代码，以便组成指数。

对于正规化的专业人员将建立统一医疗体系的门诊信息系统(SIA/SUS)程序代码，对针灸程序进行登记和融资。

建立追踪中国传统医学/针灸设立的准则，例如：针灸门诊的覆盖范围、与中医/针灸有关的程序、与中医/针灸有关的教育活动、与中医/针灸有关的身体锻炼等比例。

MTCA 6号方针

中国传统医学/针灸活动和有关医疗政策的整合。

为此，需要和卫生部所有部门进行整合，以建立有利于一体化行动的伙伴关系。

MTCA 7号方针

鼓励在统一医疗制度的中国传统医学/针灸研究的补助，使之成为制度内的中心研究政策。

MTCA 8号方针

保障中国传统医学/针灸活动的融资。

MINISTRY OF HEALTH

PNPIC

National Policy on Integrative and Complementary Pratices of the SUS

巴西统一医疗体系(SUS)的
国家结合和
互补疗法政策(PNPIC)

DIAL HEALTH

136

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