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PROFILE OF USERS ASSISTED IN THE EMERGENCY ENERGY HARMONIZATION OF A LABORATORY OF INTEGRATIVE AND COMPLEMENTARY HEALTH PRACTICES

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ABSTRACT

Objective: to characterize the profile of users who used emergency energy harmonization. **Methodology:** This is a quantitative-descriptive study, of a retrospective nature conducted through the survey of secondary data from the medical records of users who were attended in the Emergency Energy Harmonization of the Laboratory of Integrative and Complementary Practices of the Federal University of Rio Grande do Norte located in the municipality of Natal, Rio Grande do Norte, from March 2020 to March 2021. The sample consisted of 222 medical records of patients assisted in the Emergency Energy Harmonization. The analysis of the results was calculated using simple descriptive statistics, presenting the absolute numbers and percentages of the sample, being stored in Microsoft Office Excel for Windows tables. **Results:** the public seeking emergency harmonization care is characterized by females (82%), aged 60 years or more (25%) residents of the municipality of Natal (81.9%), northern part of the city (30%). Reasons for seeking the service are related to emotional and psychological complaints (67%). Most people went through only one session in emergency harmonization care (67%), not continuing other practices offered by the service. **Conclusion:** The results allow us to trace the profile of users served in this sector and the reasons why these people seek the service, and it is also important to know this profile so that it is possible to offer a service that meets the health needs of these users, as well as promoting the strengthening of services and their planning activities.

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INTRODUCTION

Integrative and complementary practices in health (PICS from the Portuguese *práticas integrativas e complementares em saúde*) are characterized by being a group of care practices that aim to stimulate the natural mechanisms of disease prevention and health recovery through safe, light and effective technologies, based on the humanization of the care and self-care centered on the subject's integrality. Thus, they become an important therapeutic resource for users of the Unified Health System (UHS) (Clímaco, 2019). Over the years, there has been a growing interest in PICS in various segments of society, including health professionals and UHS users, who have turned their attention to these practices. This interest can be understood as an expression of a movement that identifies with new ways of learning and doing health, as these practices are characterized by comprehensiveness, self-care and unique and unique languages (Assis, 2018). Discussions on this topic have been taking place since the 70s, when the World Health Organization (WHO) created the Traditional Medicine Program, which aimed to formulate health policies in this area and from that moment on, several communiqués and resolutions were produced, where WHO demonstrates its commitment by encouraging governments to implement public policies for the rational and integrated use of Traditional Medicine/Alternative Complementary Medicine in their health care systems, in addition to encouraging scientific studies in this area (BRASIL, 2006).

The reasons listed by the WHO for using PICS are related to the increased demand caused by chronic diseases; the rising costs of health services; dissatisfaction with existing health services; the resurgence of interest in holistic and preventive care for diseases and in palliative care (Contatore, 2015). In the national context, the use of PICS as a therapeutic resource has been discussed since the 1980s, from the VII National Health Conference, in which it deliberated in its final report the introduction of alternative health care practices in the UHS, enabling the user to access this therapy, being a milestone for the use of these practices in services, but its implementation occurred in fact after the publication of ordinance N0. 971, of May 2006, which institutes the National Policy on Integrative and Complementary Practices (NPICP) in the Unified Health System (UHS). These practices suggest new perspectives and "medical rationales" (Gontijo, 2017). Another advance for the insertion of PICS in the state of Rio Grande do Norte (RN) was the regulation of the Policy of Integrative Practices of the Municipality of Natal approved through ordinance N0 291 of June 6, 2017, in addition to the implementation of a specialized service in PICS, the Practice Center Integrative and Complementary (CERPIC) (Natal, 2017). And recently, in June 2021, the State of Rio Grande do Norte (RN), through Law 10,933, regulates the State Policy for Integrative and Complementary Practices (SPICP) in the RN's HUS, which allows the user access to 32 PICS offered in several points of health care in the state (RN, 2021).

Currently, at the national level, 29 practices are regulated in the HUS, but the state of RN has expanded its list of practices to 32 PICS, as mentioned above, and several services have made these practices available in their routine care, with this Federal University of Rio Grande do Norte (UFRN) implemented in September 2016 the Laboratory of Integrative and Complementary Practices – (LAPICS/UFRN from Portuguese *Laboratório de Práticas Integrativas e Complementares*), where teaching, research, extension and care activities in PICS are developed. This service meets the demand of users referred by the Onofre Lopes University Hospital (HUOL), spontaneous demand from HUS users, academic community (Sampaio, 2017). Several PICS are offered in the service, the main activity being the Humanescent Integrative Welcoming Protocol (HIWP), which was organized in an unprecedented way, based on a differentiated flow and process of care, with the main objective of integrative health care, aiming to legitimize the paradigm of Systemic Integral Care, as well as the provisions of the National Humanization Policy (NHP).

The HIWP consists of the following steps: Comprehensive Health Assessment; Energetic diagnosis (dowsing technique with the use of a pendulum); Auriculotherapy points for energy balance; therapeutic footbath and visualized Meditation (Heifer, 2019). Users served by LAPICS follow a flow in accordance with an initial assessment carried out in the Humanescent Integrative Reception. After that, they can be directed to individual care, collective practices such as Pilates and Yoga or to the Emergency Energy Harmonization (EEH) service. Based on the user flow within LAPICS, this study focuses on the Emergency Energy Harmonization (EEH) service, since most service users undergo this type of service, EEH is a term specific to the service, having been assigned due to this activity is carried out in the harmony room and the profile of the service has an emergency character, that is, it aims to act in a situation presented by the user at that time, not being a continuous service, where the user who presents any type of imbalance resulting from physical overload, emotional and/or energetic is welcomed immediately, working as a kind of "emergency service", characterized as an activity to promote energy rebalancing through the use of Reiki and massage practices (LAPICS/UFRN) (Sampaio, 2018). One of the practices performed in this service is Reiki, which is a practice of laying hands on the person's body or touch, which considers the existence of a channeled universal energy that acts on the balance of vital energy with the purpose of harmonizing general conditions body and mind in an integral way, stimulating the natural mechanisms of health recovery (Brasil, 2017).

The practice promotes the harmonization between physical, mental and spiritual dimensions. Stimulates the energization of organs and energy centers. Likewise, it takes into account dimensions of consciousness, the body and emotions, activates glands, organs, nervous, cardiac and immune systems, helps with stress, depression, anxiety, promotes the balance of vital energy (BRASIL, 2017). Regarding massage, it can be applied for therapeutic purposes, serving to help re-establish the balance of different human structures. Its application triggers mechanical, analgesic, psychological, thermal, energetic and structural effects (Alves, 2015). It was observed that the use of massage can significantly reduce stress, depression, heart rate and patterns presented in the electroencephalogram in response to the achieved relaxation. In addition, the practice can increase vagal activity, as well as promote a decrease in stress-related cortisol levels. The evaluation of magnetic resonance data indicates that the use of massage reaches different regions of the brain, such as the amygdala, hypothalamus and cingulate cortex, which are areas involved in stress control and emotional regulation (Kurebayashi, 2016). These practices were chosen due to the benefits already highlighted in the literature, in addition to the easy applicability of the techniques and the use of a minimal infrastructure to carry them out, as they do not require large material investments. It is important to know which type of public seeks this type of service, as research carried out in this field so far is incipient, requiring further studies on the subject. Knowing the profile of users regarding their sociodemographic aspects and reasons for seeking the service can help in planning actions and offering practices, thus contributing to the improvement of the service. In addition, turning to the study of the main reasons that lead these people to seek care in PICS strengthens integrated care by being based on the real needs of users. Given the above, we are faced with the following questions: What is the profile of users who seek emergency energy harmonization care and what are the reasons that led them to seek an Integrative and Complementary Practices service in health?. This study aims to characterize the profile of users who used the Emergency Energy Harmonization service, as well as to know the main reasons that led them to seek the service.

METHODS

This is a quantitative-descriptive, retrospective study carried out through a survey of secondary data from the medical records of users who were assisted in the Emergency Energy Harmonization, over a period of one year.

The study was carried out at the UFRN's Laboratory of Integrative and Complementary Practices (LAPICS/UFRN), especially in the Emergency Energy Harmonization (EEH) sector, which works as a kind of emergency service. LAPICS is an administrative unit, linked to the Department of Public Health at UFRN. This service is specialized in PICS care, currently works in a building attached to the Onofre Lopes University Hospital (HUOL). In the laboratory, teaching, research, extension and care activities in PICS are developed. It meets the demand of users referred by the Onofre Lopes University Hospital (HUOL), spontaneous demand from users of the Unified Health System (UHS) and the academic community (Sampaio, 2017). Data were collected through the analysis of the medical records of users who went through the EEH. The period of time analyzed was 12 months, from March 2019 to March 2020, this period was chosen because it precedes the period of the pandemic by the new coronavirus, as from March 2020 the service had its face-to-face activities suspended. Data collection was carried out in March 2021, covering the following sociodemographic aspects (age, gender, city and neighborhood of residence), in addition, the main reasons that led users to seek the service and the number of sessions performed were sought.

The analysis of the results obtained was calculated using simple descriptive statistics, where absolute numbers and sample percentages were calculated. Data were stored in Microsoft Office Excel for Windows tables. Data were collected from the file of medical records at LAPICS/UFRN, using a script for data collection to better control the information collected. This work is part of the first stage of data collection of the research entitled "Emergency energy harmonization: intervention plan for an integrative practice service" and was submitted to the Ethics and Research Committee of the Federal University of Rio Grande do Norte, in respect of ethical assumptions of research involving human beings in accordance with Resolution 466 of 2012 (CONEP/MS), having been approved with Opinion No. 4,584,472.

RESULTS

222 medical records of users who used the Emergency Energy Harmonization service were analyzed. Of these, the most prevalent sociodemographic aspects were: Female gender (82%), predominant age group is between 60 years or more (25%), followed by the range between 50-54 years (12%), the region of the state with the greatest demand was Leste Potiguar (94%) (Table 01).

Table 1. Absolute and relative frequencies of sociodemographic variables of users who underwent Emergency Energy Harmonization service

Variable	Frequency	
	Number	%
GENDER		
Male	39	18
Female	183	82
Total	222	100
Age		
15-19	07	03
20-24	13	06
25-29	19	09
30-34	18	08
35-39	25	11
40-44	12	05
45-49	21	10
50-54	27	12
55-59	25	11
60 or more	55	25
Total	222	100
Location		
Central Potiguar	0	0
East potiguar	210	94
Wild potiguar	08	04
West Potiguar	04	02
Total	222	100

Source: Research data, (2021).

The data in Table 2 bring the demand for EEH care in the city of Natal distributed by zones, 182 records were analyzed, with the greatest demand located in the residents of the northern zone of Natal (30%). It is inferred here that the high demand for users in this region is due to the fact that there are no services of this nature available to this population and, since LAPICS is a UFRN laboratory that serves the entire metropolitan region of Natal, it serves these users and their demands, as well as serving the public in cities surrounding Natal, due to the same issue explained above, that is, the absence of PICS services in these locations, making the service absorb this demand. Regarding the reasons that led these users to seek care in the service, there were several, but they are concentrated in 02 distinct categories:

Table 2. Absolute and relative frequencies of demand for Emergency Energy Harmonization services in the city of Natal

Variable	Frequency	
	Number	%
ZONES		
EAST	48	26
SOUTH	48	27
NORTH	55	30
WEST	31	17
TOTAL	182	100

Source: Research Data, (2021).

Category 01: Reasons related to physical complaints: The records of the users' medical records showed that they seek the service mainly due to pain (knee, low back pain, spine, head), osteoarticular problems (tendinitis, arthrosis, bursitis), circulatory problems (tingling, swelling, numbness) among others related to the physical.

Category 02: Reasons related to emotional and psychological complaints: The records of the users' medical records showed that they seek the service mainly due to complaints such as low self-esteem, insomnia, mood swings, aggressiveness, but mainly anxiety, stress and depressive symptoms. Table 3 highlights the main reasons for the demand for PICS in LAPICS. Most records in medical records indicate that the main complaints are related to emotional and psychological conditions (67%).

Table 3. Absolute and relative frequencies of variables on reasons for seeking care in integrative and complementary health practices

Variable	Frequency	
	Numbers	%
Reasons		
Physical complaints	74	33
Emotional and psychological complaints	148	67
Total	222	100

Source: Research Data, (2021)

Table 4. Absolute and relative frequencies of the variables on the number of sessions and the user's destination after attending the Emergency Energy Harmonization

Variable	Frequency	
	Numbers	%
Sessions		
1	148	67
2	36	16
3	19	08
4	08	04
5 or more	11	05
Total	372	100
Targeting within the service		
Yes	41	18
No	181	82
Total	222	100

Source: Research data, (2021).

Table 4 highlights the relationship between the number of sessions that each user went through and their direction within the service after the EEH service, we have that most users only went through one session in the EEH, (67%) and most of these users did not continued any other practice within the service (82%).

The results presented show that the main public seeking EEH care is made up of females (82%), aged 60 years or more (25%) who live in the city of Natal (81.9%), especially in the northern part of the city (30%). In addition, these users seek the service mainly due to issues related to emotional and psychological complaints (67%). Regarding the number of sessions held, most people only went through one session in EEH care (67%), not continuing with other practices offered by LAPICS, thus characterizing EEH care as an emergency activity/ punctual within the service.

DISCUSSION

There is a growth in the supply of PICS for services according to data presented in the PICS monitoring report of the Ministry of Health for the years 2017, 2018 and partial 2019, where there was an increase of 16% in the supply of PICS for services, being the northeast region the one with the largest quantity of services that offer these practices (BRASIL, 2020). The search for PICS as health care was evident in the public that sought care at LAPICS and was directed to EEH, as the results of this study point to a prevalence of females. Vieira (2018) highlights that woman have a greater perception of both their health condition and the health of other family members and, therefore, they seek more care in health services. And this greater presence of women in services is associated with the search for preventive treatments and for seeking new care and self-care strategies (Gonçalves, 2016). Regarding the predominant age group, the search for the service by people aged 60 years or more, followed by the age group 50-54 years, similar to the study by Ribeiro (2019), who highlighted that most users seek PICS services are located in the age group between 40 and 59 years and are female. Among the main reasons that lead patients to seek the LAPICS and consequently be directed to the care of EEH are primarily related to emotional and psychological complaints, especially anxiety, stress and depression. Studies highlight that part of the population presents illness in the form of diffuse suffering, expressed in the form of anxiety, depression, nervousness, this type of suffering is understood as a set of symptoms of nonspecific causes involving physical and psychological issues and that cannot be diagnosed by specific exams, despite not having a precise diagnosis, the complaints presented by the users have a great impact on their lives and can serve as triggers for the development of other pathologies (Bezerra, 2021). When these people seek help due to a pathology or illness, they may have other implicit health issues that may be the cause or is related to the health problem that made them seek the service. The need to seek care can be the search for answers to their poor living conditions, or it can be associated with the formation of a bond with the health team, in addition, these people also seek strategies that can improve living conditions and how they lead their lives, encouraging autonomy, and the importance of easy access to the service and the health technology offered by it should also be highlighted (Cabral, 2021). Still on the reasons that lead users to seek the PICS service, Bezerra (2021) highlights in his study that most users belong to the female gender and present anxiety, insomnia, depression and pain complaints, which corroborates the data found in our study. Historically, it is known that the care of family members and domestic demands have always been the responsibility of the woman, in addition to concerns about the other demands embedded in the complex care process, giving her a position that can and should be shared, since that everyone who lives in the same roof must help with the tasks, which in fact, often does not occur, overloading her and making her ill. The demands aimed at mental health care are observed, Carvalho (2018) in his study pointed out the importance of reflecting on the use of PICS as a health care strategy and that these should be disseminated and accessible to the population not only as a way harm reduction, but also as a health promotion tool.

As a result of the study, it appears that most users performed only one session in the EEH service and this data can have two aspects: one focused on the immediate benefit that the practices carried out in this sector provide and the other associated with the issue of high demand by the PICS and the difficulty of the service in absorbing this

demand. When talking about the benefits and scope of Reiki and massage practices, activities developed in the care of EEH, Alves (2015) found that therapeutic massage provides short-term improvement in well-being, stress, the feeling of relaxation, depressive mood, physical and emotional discomfort. Regarding the practice of Reiki, some studies highlight that this practice significantly contributes to the reduction of anxiety and stress and painful conditions (Spezzia, 2018). In addition, they point out that a session is able to improve the physical and emotional conditions of users, but does not change pressure levels (Federizzi, 2017). Given the above, the reasons why users performed only 01 session of emergency care may be associated with the feeling of well-being and reduction of the situation initially mentioned, since, as shown in studies, both the practice of Reiki and the of massage promote short-term relief from these conditions, making the user's demand remedied in just one session. Regarding the absorption of this demand from users for the service, we have that the high demand for PICS, specifically at LAPICS, has been evident, since the service meets both spontaneous demand and patients referred by other services. The average demand for assistance from the service reaches approximately 200 weekly appointments, but it is worth noting that a large part of the team is composed of volunteer therapists who spend between 4 am and 8 am per week to attend at LAPICS, and they serve an average of 04 people per shift. This lack of trained human resources is still an important challenge for PICS services, this makes the assistance offered by professionals to be insufficient in relation to the high demand, this makes the services need to reflect on the expansion of care and improvement of operational planning (Azevedo, 2019). This profile represents the situation of LAPICS and consequent EEH care where there is high demand and few professionals trained to carry out the activity. This situation can directly reflect the non-continuity of the user within the service.

It is important that both the PICS services and the public service network in general are structured so that it is possible to offer users everything that is provided in the NPICP, and in this way enable the services to reach their greatest action potential, favoring the health promotion activities, in which the vast majority of the PICS are inserted, making the integrality of actions and universal access to activities be expanded (Habimorad, 2020). The PICS represent that it is possible to carry out other health practices, which encourages people to actively participate in the care processes, making it feasible to know other ways to learn, practice and take care of one's own health and the health of others (Telesi, 2016). Emergency care is a type of one-off care that acts as a way to energetically rebalance the user who seeks the LAPICS, often being the user's first contact with these practices, it is important to know the profile of the public that is served in this activity, aiming to promote strategies to improve both the comprehensive and multidimensional care offered and the work processes. As limitations present in this study, there is the issue of manual records of medical records, as well as the records of other information, which made the search for these data more difficult, as it was necessary to search for information in printed materials. It demanded more time from the researcher, in addition some medical records had incomplete or incorrectly filled data and could not be used in the research. Regarding the evidenced potentialities, it is observed that PICS have been contributing to the population's health care by offering and recovering knowledge that can be used as a strategy for promoting and recovering the health of individuals with its focus on health and not on disease, which differs from traditional, biological medicine, contributing to the assertion of the subject's autonomy and his active participation in the process of care. It is noteworthy that, even though the PICS are among the essential practices in the UHS, there are still many challenges and a path to be followed of struggles and battles so that they are really evidenced and practiced at all levels of complexity, for this reason it is always important to know the profile of users who use these practices, their health problems and their demands, so that it is possible to offer a quality and differentiated service, which above all respects the human being in all its nuances and dimensions, in order to remedy the their health needs, as well as promoting the strengthening of services and their planning activities.

FINAL CONSIDERATIONS

According to the results of this research, it is observed that the profile of users who search for LAPICS and consequently who undergo EEH care is characterized by females, whose age group is between 60 years or more, belonging to the city of Natal, especially in the northern area of this city, whose main reasons that lead these people to seek a PICS service are related to emotional and psychological conditions, data similar to studies found in the literature in the area. Regarding the number of sessions that each user participated, it was possible to notice that the majority held only one session in the care of EEH, this data can be related to both the effectiveness and the practices of Reiki and massage that promote short-term improvement in emotional conditions, how much can be related to the capacity to absorb the demand that the service has, as there is a high demand for PICS, but a restricted number of professionals, these reasons may have led users not to follow up on other activities within the service.

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