

Spirituality and Integrative and Complementary Health Practices in Brazil: A Scope Review

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Abstract- This study aims to know the Brazilian medical literature scientific production on spirituality as a health care practice, as well as to identify the principal interventions-executed by these professionals-that have been characterized as Integrative and Complementary Health Practices. A scope methodology proposed by the Joanna Briggs Institute was used in the following phases: identification of research questions; identification of relevant studies; selection of studies; data mapping; grouping, synthesis of results. Two researchers alone carried out the searches, and a third researcher responded to the doubts of inclusion and exclusion of the identified articles. PubMed was the database, with the descriptors in Portuguese and English. Among the 71 articles identified, 27 were analyzed. The largest number of studies is concentrated in 2016 (44.44%). Concerning the type of study, the clinical trial prevails (77.77%). It was through meditation (29.63%) and Yoga (25.92%) that the discussion of spirituality-as Integrative and Complementary Practices in Health-materialized. Both had positive implications on the health of the groups participating in the studies. Based on the articles synthesis and on the regulations by the Ministry of Health and World Health Organization, it is plausible to assert that spirituality is ingrained in Integrative and Complementary Health Practices and that the concern in these practices has been enhancing.

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Introduction

In the interest of seeking scientific evidence that links science, religion, faith, and spirituality in the clinical outcome, one reveals the existence of a close relationship between health, wellbeing, and spirituality. Thereby, from 1982 until 2019, over 6,300 articles were published in the Medical Literature Analysis and Retrieval System Online (MEDLINE) that connected the descriptors health with spirituality, manifesting the relevance of the theme for community health and social welfare.

“Spirituality means a personal search for knowledge of the ultimate questions about life, of its meaning, relationship with the sacred and transcendent, and may or may not lead or originate religious rituals and community formation” (1). This concept is of a difficult definition, and it inclines to be accounted as “having meaning, purpose in life, transcendence or connection with a

superior being, force or energy” (2).

With respect to religion, it may be defined as an organized system of beliefs, practices, rituals, and symbols intended to aid vicinity with the sacred and the transcendent (3). Religion diverges from spirituality and can be outlined as “a set of fixed beliefs and practices held by a specific group or tradition, and spirituality is the healthy and positive way of living, in other terms it is related to a happy life ethic, balanced, and with dreams” (4).

In this context, it is noted that spirituality may be designed as an Integrative and Complementary Practice in Health, given that it is understood as a field of health care which purpose is to stimulate the natural mechanisms of disease prevention and health recovery (5).

The Integrative and Complementary Health Practices “signal a vision of health understood as broad wellbeing

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that involves a complex interaction of physical, social, mental, emotional and spiritual factors” (6).

The importance of spirituality in the health of the individual had its recognition materialized in the Unified Health System from the Integrative and Complementary Practices in Health, which discussion started in the late'70s, after Alma Ata's declaration and primarily validated in the mid-1980s, supported on the recommendations of the VIII National Health Conference and the World Health Organization (WHO).

In 2006, the Integrative and Complementary Practices in Health were effectively included in SUS in order to secure comprehensive health care and mostly to attend the need to know, support, incorporate and implement experiences that have already been developed in the public network of many municipalities, and states. The ones that excel are Traditional Chinese Medicine, Acupuncture, Homeopathy, Phytotherapy, Anthroposophic Medicine, and Thermalism-Crenotherapy.

Integrative and Complementary Health Practices currently hold a list of 29 practices acknowledged by the WHO (7), but with dissimilar usage patterns since they differ between and within the Member States, contingent on factors such as culture and historical significance, considering Brazil as a world reference in this area (8).

Comprehensiveness is the guiding principle of the Unified Health System that enables the expansion of Integrative and Complementary Health Practices geared towards the health care of individuals, especially in the basic health network. In the field of science, there is an enlargement of publications with an increasing number of diagnostic-therapeutic methods aimed at the articulation of oriental philosophies, religious practices, inter alia, as self-knowledge strategies and with positive health outcomes (8).

A collection of practices applied nowadays in therapeutic care as nutritional therapies, body disciplines, different forms of massage therapy, shamanic practices, and lifestyles related to naturalism and ecology. In regions such as Africa, Asia, and Latin America, the vast majority of the population meets their health needs through ancient beliefs and knowledge, like spiritual therapies, manual techniques, herbal and mineral treatments, along with other resources (7).

The difficulties in integrating these practices in health services in Brazil are still away being conquered by the

increasing demands of users, deficiencies in the training of professionals to work with the Integrative and Complementary Practices in Health, and the structure of services by governments.

Spirituality means to seek meaning in life, or even a relationship with a supreme-being that represents strength or energy (4) and Integrative and Complementary Health Practices are comprehended as broad wellbeing, which involves a complex interaction of physical, social factors, mental, emotional, and spiritual (9), accordingly, there is a resemblance between these concepts.

Given the context, this research purposes to be acquainted with the Brazilian medical literature scientific production on spirituality as a health care practice, and to identify the primary interventions held by these professionals who characterize themselves as Integrative and Complementary Practices in Health.

Materials and Methods

The current study used a scoping methodology by the Joanna Briggs Institute (10) in the following phases: identification of research questions (“How has the Brazilian medical literature approached spirituality as Integrative and Complementary Health Practices in the care for the health of individuals?” and “What are the main interventions performed by Brazilian physicians that constitute Integrative and Complementary Practices in Health?”); identification of relevant studies; selection of studies; data mapping; grouping, synthesis of results.

Two researchers performed the searches independently on September 10, 2019. On October 24, the third researcher worked on reviewing the identified articles. Searches were limited to the period 2014-2018, in order to identify the most recent evidence. Full articles were included.

PubMed was the database with descriptors in Portuguese and English: Spirituality; Religiosity; Complementary Therapies; Medicine; Brazil (Brazil), Boolean operators “OR” with the descriptors spirituality and religiosity, in addition “AND” for the others. By the first search, other descriptors were identified and used in the search strategies of other studies. Such fact contributed to enlarge the search key initially designed, as shown in Figure 1.

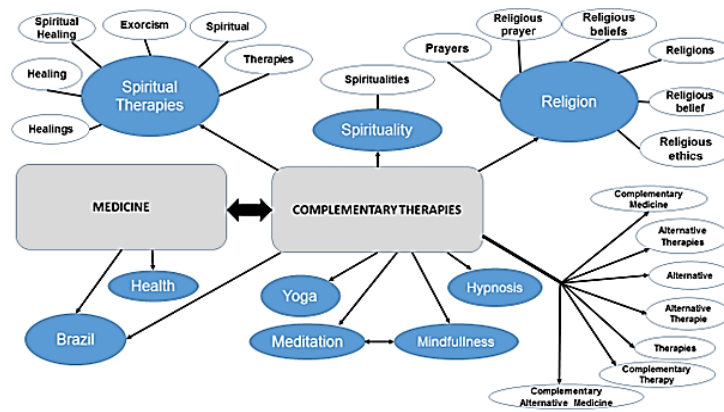


Figure 1. Map of the highlighted descriptors - PubMed, 2014 - 2018, Brazil
 Source: Elaborated by the authors, 2019

The data extraction was conducted from a checklist previously prepared by the authors, including the year of publication, type of study, interventions that included Integrative and Complementary Health Practices. The analysis for exclusion was initially carried out by titles and abstracts, and after reading the articles in full, those that did not meet the study objectives were excluded.

The qualitative analysis of the studies performed by the three researchers was synthetic to the point of showing the main characteristics of the studies analyzed, particularly concerning the interventions that are configured in Integrative and Complementary Health Practices and their benefits to the health of individuals.

Results and Discussion

Seventy-one selected articles had their titles and abstracts screened based on the eligibility criteria, leading to the exclusion of 27 publications. Forty-four articles were fully read, 17 papers that did not meet the proposed objectives were excluded. The final review sample consists of 27 articles (Figure 2), the flowchart structured following the Key Items for Reporting Systematic Reviews and Meta-Analyses (PRISMA) (10).

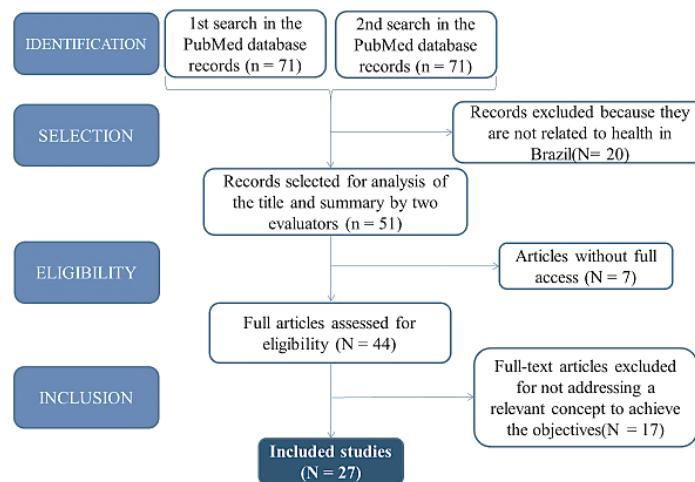


Figure 2. Flowchart PRISMA (2015) (10) of the process of searching and selecting articles

Twenty-seven publications were included in the study. From these publications, the data that fulfilled the proposed objectives were extracted. Initially, the distribution of studies by year of publication and type of study, from 2014 to 2018, was presented and,

subsequently, the interventions provided in the evaluated articles and their health benefits.

It can be seen that the largest number of studies is concentrated in 2016 (44.44%). Clinical trials represent about 77.77% of the total studies.

The most prevalent study (77.77%) was a clinical trial (Table 1). On this matter, it can be inferred that Brazilian researchers pursue the key factors of studies on spirituality in health care, which, in their great majority, seek to objectify the benefits of spiritual practices in the health of individuals, founded on research that brings quantifiable evidence of these benefits. This means that research seeks to objectify the subjectivity implicit in the spiritual dimension of the human being, which is characterized by the search for meaning for its existence and for the cure of many forms of suffering.

This stud-based inference (11) identified in three systematic literature reviews more than 3,000 (3,000) experimental studies on spirituality and its health benefits, evidencing that people with higher levels of religiosity/spirituality have less depression, fewer suicide attempts, less anxiety, less substance use, have more quality of life, faster remission of depressive symptoms, and better psychiatric prognosis.

The database used concentrates studies in the medical field, and experimental research prevails due to its Cartesian characteristics in medical education. Studies and research on the influence of spirituality on health are being expanded, resulting in the dissemination of this knowledge

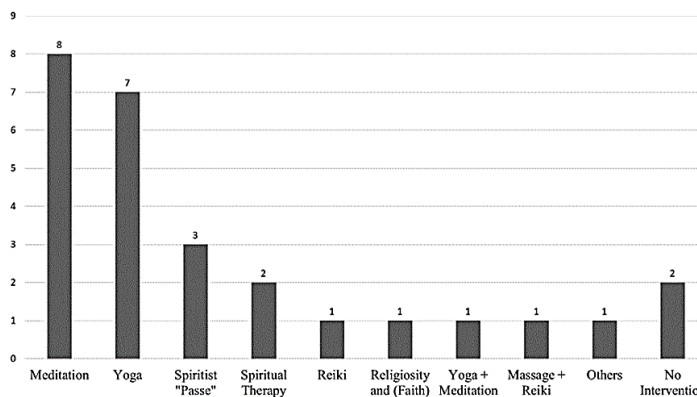
in the health area.

Table 1. Year of publication and type of study, 2014-2018, Brazil, (n=27)

Year of Publication	N (%)
2018	5 (18,5)
2017	4 (14,8)
2016	12 (44,44)
2015	6 (22,22)
Total	27 (100)
Type of Study	N (%)
Clinical Trial	21 (77,77)
Field Research	3 (11,11)
Case Report	2 (7,4)
Literature Review	1 (0,04)
Total	27 (100)

Source: Prepared by the authors, 2019

In Brazil, spirituality, as content in medical education, dates from 2006, when the Federal University of Ceará implemented a discipline called “Medicine and Spirituality” as an option in the medical curriculum. From then on, it is possible to note a growing movement of institutions that have been embodying, in medical education, the spirituality content, and its approach to science (11).



Graph 1. Integrative and Complementary Health Practices were identified in Brazilian medical practices from 2014 to 2018.

Source: Elaborated by the authors, 2019

The spirituality discussion as Integrative and Complementary Practices in Health discussion depended on the understanding (4) of spirituality as a healthy and positive way to live with ethics, to have a happy, balanced and dream-permeated life, meeting the recommendations of the use of meditation (29.63%) and Yoga (25.92%) in Integrative and Complementary Health Practices, which are the ones that had the most positive repercussions on the health of the groups participating in the studies analyzed.

Other practices mentioned by the authors, however not formally executed in the Integrative and Complementary

Health Practices, are spiritist therapies materialized by spiritist pass, prayer, and fluid therapy, considered important due to the positive results, have occurred in studies that addressed the laying on of hands (4).

The implicit spirituality in Integrative and Complementary Health Practices, mainly meditation and Yoga, were noted in the literature as interventions with positive impacts on the health of participants. The high prevalence of depression and anxiety symptoms among college students was the subject of a study that used meditation as Integrative and Complementary Health

Practices to diminish stress symptoms in this population (12).

A study confirmed that the spiritist “passe” (laying on of hands) in premature infants minimized respiratory rate and prevented the increase of salivary cortisol concentration in newborns (13). The reduction in anxiety level and the perception of muscle tension was sensed by the participants, with the consequent peripheral improvement of saturation oxyhemoglobin and the wellbeing sensation (14).

Another study aimed to comprehend the meaning that women with endometriosis-associated with pain attributed to the practice of Yoga. This practice was considered an important tool for pain control, as well as crucial in mind and body integration (15). As regards the practice of mindfulness and kindness meditation among professionals, the positive effects on stress reduction among nurses of a Brazilian hospital were spotted (16).

Sampaio, Lima, and Ladeia (2016) noted that curative meditation diminished anxiety among obese undergoing weight maintenance, indicating that meditation is an auxiliary resource for individuals targeting weight loss (17).

Kurebayashi; Turrini; Souza; Takiguchi; Kuba; Nagumo (18) highlighted the scope of Reiki's effects when they concluded that Reiki Massage combined were effective in lowering stress and anxiety levels with significant physical and emotional improvements among participants.

Mindfulness is essentially our ability-to a greater or lesser degree of development-to, be conscious, and open to present experience without prior judgment. Studies demonstrate that this skill can be developed through mindfulness meditation with positive results in the quality of life and improved attention of the participants (19,20).

Spiritual therapies have been used in mental health with positive effects in reducing stress and anxiety among participants (21-24).

Health promotion aspects (25,26), improved quality of life based on the symptoms of menopausal symptoms (27,28), reduced blood pressure levels (29), and improved cardiac function (30,31) were correlated with the use of Integrative and Complementary Health Practices.

On the basis of the demonstration of articles and analysis of Ordinance no. 971 of the Ministry of Health (8), it is possible to suggest that spirituality is added in the Integrative and Complementary Practices in Health and that, even though the advances in conventional Western medicine in Brazil, or the interest in the use of these current practices (32-35).

Considering the total number of publications in this

review, it is possible to notice that the theme has been gaining importance in recent years. It is understood that the method used was sufficient to achieve the proposed objectives. The descriptors cautious selection had as its main purpose to serve as a single indexing language, provided that their validity was verified. Therefore, it can be assumed that the mapping of descriptors in the current study may provide to widen the knowledge about the searches related to the theme.

In the light of the theme importance, a broader spirituality evaluation as an Integrative and Complementary Practice in Health is essential. It is believed that this type of review has a good ability to examine evidence in a context in which the intended relationship is not yet explicit. However, by including multiple studies with different research designs, it cannot go deeper, thus making data analysis more complex.

Using primary descriptors was a limitation of the study, given that the use of secondary descriptors could have expanded the search. It is expected that this work will serve as a ground for future evaluations covering this theme.

References

1. Koenig, H, King D, Carson VB. Handbook of religion and health. USA: Oxford University Press, 2012.
2. Chiu, Lyren, Emblen JD, Hofwegen LV, Sawatzky R, Meyerhoff H. An integrative review of the concept of spirituality in the health sciences. *West J Nurs Res* 2004;26:405-28.
3. Pessini L, Barchifontaine CDPD. Search for meaning and fullness of life: bioethics, health and spirituality. São Paulo: Paulinas 2008:310.
4. Hill PC, Pargament KI. Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *Am Psychol Assoc* 2008;58:3-17.
5. Ministry of Health. Brasil. Department of Health Care. Department of Primary Care. Integrative and complementary practices: medicinal plants and phytotherapy in Primary Care/Ministry of Health. Brasília:DF, 2012.
6. Andrade JTD, Costa LFAD. Complementary medicine in SUS: integrative practices in the light of medical anthropology. *Health Soc* 2010;19:497-508.
7. World Health Organization (WHO). WHO traditional medicine strategy: 2014-2023. Geneva: WHO, 2013.
8. Ministry of Health. Brazil. Health Care Secretariat. Primary Care Department. National Policy of Integrative and Complementary Practices in SUS. Brasília: MS; 2006.
9. Ministry of Health. Brazil. Executive Secretary. Health

- Care Secretariat. Thematic glossary: integrative and complementary health practices/Ministry of Health, Executive Secretariat, Health Care Secretariat. Brasília: Ministry of Health, 2018:180.
10. The Joanna Briggs Institute (AU). Joanna Briggs Institute reviewers' manual 2015: methodology for JBI scoping reviews [Internet]. Adelaide: The Joanna Briggs Institute; 2015 (Accessed October 23, 2019, at https://joannabriggs.org/assets/docs/sumari/Reviewers-Manual_Methodology-for-JBI-ScopingReviews_2015_v1.pdf) <https://repositorio.usp.br/item/002775594>
 11. Da Silva AF, de Oliveira ACD, Oliveira MC, da Silva SBF. Narratives about health and disease: the meeting of science and spirituality. *Interdiscip J Health Educ* 2016;1:139-42.
 12. Carpena MX, de Souza Tavares P, Menezes CB. The effect of a six-week focused meditation training on depression and anxiety symptoms in Brazilian university students with 6 and 12 months of follow-up. *J Affect Disord* 2019;246:4017.
 13. Carneiro ÉM, Borges RMC, de Assis HMN, Bazaga LG, Tomé JM, da Silva AP, et al. Effect of Complementary Spiritist Therapy on emotional status, muscle tension, and wellbeing of inpatients with HIV/AIDS: A randomized controlled trial—single-blind. *J Complement Integr Med* 2018;16:0057.
 14. Carneiro ÉM, Barbosa LP, Marson JM, Junior JAT, Martins CJP, Modesto D, et al. Effectiveness of Spiritist “passe” (Spiritual healing) for anxiety levels, depression, pain, muscle tension, wellbeing, and physiological parameters in cardiovascular inpatients: A randomized controlled trial. *Complement Ther Med* 2017;30:73-8.
 15. Gonçalves AV, Makuch MY, Setubal MS, Barros NF, Bahamondes L. A qualitative study on the practice of Yoga for women with pain-associated endometriosis. *J Altern Complement Med* 2016;22:977-82.
 16. Dos Santos TM, Kozasa EH, Carmagnani IS, Tanaka LH, Lacerda SS, Nogueira-Martins LA. Positive effects of a stress reduction program based on mindfulness meditation in Brazilian nursing professionals: Qualitative and quantitative evaluation. *Explore (NY)* 2016;12:90-9.
 17. Sampaio CVS, Lima MG, Ladeia AM. Efficacy of Healing meditation in reducing anxiety of individuals at the phase of weight loss maintenance: A randomized blinded clinical trial. *Complementary therapies in medicine* 2016;29:1-8.
 18. Kurebayashi LFS, Turrini RNT, Souza TPBD, Takiguchi, RS, Kuba G, Nagumo MT. Massage and Reiki used to reduce stress and anxiety: Randomized Clinical Trial. *Rev Lat Am Enfermagem* 2016;24:e2834.
 19. Bueno VF, Kozasa EH, da Silva MA, Alves TM, Louzã M. R, Pompéia S. Mindfulness meditation improves mood, quality of life, and attention in adults with attention deficit hyperactivity disorder. *Biomed Res Int* 2015;2015:962857.
 20. Tanaka GK, Maslahati T, Gongora M, Bittencourt J, Lopez LCS, Demarzo MMP, et al. Effortless attention as a biomarker for experienced mindfulness practitioners. *PLoS one* 2015;10:e0138561.
 21. De Souza Cavalcante R, Banin VB, de Moura Ribeiro Paula NA, Daher SR, Habermann MC, Habermann F, et al. Effect of the Spiritist “passe” energy therapy in reducing anxiety in volunteers: A randomized controlled trial. *Complement Ther Med* 2016;27:18-24.
 22. Carneiro ÉM, Barbosa LP, Bittencourt AC, Hernández CG, Timóteo RP, de Oliveira Almeida C, et al. Effects of Spiritist “passe” (Spiritual healing) on stress hormone, pain, physiological parameters and length of stay in preterm newborns: a randomized, double-blind controlled trial. *J Complement Integr Med* 2018;15:0015.
 23. Lucchetti ALG, Peres MFP, Vallada HP, Lucchetti G. Spiritual treatment for depression in Brazil: an experience from Spiritism. *Explore (NY)* 2015;11:377-86.
 24. Lucchetti ALG, Lucchetti G, Leão FC, Peres MFP, Vallada H. Mental and physical health and spiritual healing: an evaluation of complementary religious therapies provided by spiritist centers in the city of São Paulo, Brazil. *Cult Med Psychiatry* 2016;40:404-21.
 25. Galvanese ATC, Barros NFD, d'Oliveira AFPL. Contributions and challenges associated with bodily practices and meditation for health promotion in the public primary care system in the city of São Paulo, Brazil. *Cad Saúde Pública* 2017;33:e00122016.
 26. Siegel P, Gonçalves AV, da Silva LG, Bartolomei L, Barreto MJ, Furlanetti MR, et al. Yoga and health promotion, practitioners' perspectives at a Brazilian university: A pilot study. *Complement Ther Clin Pract* 2016;23:94-101. <https://doi.org/10.1016/j.ctcp.2015.05.005>
 27. Afonso RF, Kozasa EH, Rodrigues D, Leite JR, Tufik S, Hachul H. Yoga increased serum estrogen levels in postmenopausal women—a case report. *Menopause* 2016;23:584-6.
 28. Jorge MP, Santaella DF, Pontes IM, Shiramizu VK, Nascimento EB, Cabral A, et al. Hatha Yoga practice decreases menopause symptoms and improves quality of life: A randomized controlled trial. *Complementary Complement Ther Med* 2016;26:128-35.
 29. De Fátima Rosas Marchiori M, Kozasa EH, Miranda RD, Monezi Andrade AL, Perrotti TC, Leite JR. Decrease in blood pressure and improved psychological aspects through meditation training in hypertensive older adults: A randomized control study. *Geriatr Gerontol Int* 2015;15:1158-64.

30. Lopes CP, Danzmann LC, Moraes RS, Vieira PJC, Meurer FF, Soares DS, et al. Yoga and breathing technique training in patients with heart failure and preserved ejection fraction: study protocol for a randomized clinical trial. *Trials* 2018;19, 405.
31. Rodrigues DB, Lacerda SS, Balardin JB, Chaim KT, Portes B, Sanches-Rocha LG, et al. Posterior cingulate cortex/precuneus blood oxygen-level dependent signal changes during the repetition of an attention task in meditators and nonmeditators. *Neuroreport* 2018;29:1463-7.
32. Batista JC, Souza AL, Ferreira HA, Canova F, Grassi-Kassisse DM. Acute and chronic effects of tantric yoga practice on distress index. *J Altern Complement Med* 2015;21:681-5.
33. Danucalov MA, Kozasa EH, Afonso RF, Galduroz JC, Leite JR. Yoga and compassion meditation program improve quality of life and self-compassion in family caregivers of Alzheimer's disease patients: A randomized controlled trial. *Geriatr Gerontol Int* 2017;17:85-91.
34. Pasquini HA, Tanaka GK, Basile LFH, Velasques B, Lozano MD, Ribeiro P. Electrophysiological correlates of long-term Soto Zen meditation. *Biomed Res Int* 2015;2015:598496.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4302970/>
35. Separavich MAA, Canesqui AM. Religious representations in illness experience: a case study. *Cad Saúde Pública* 2016;32:e00024915.