



Integrative and Complementary Practices: the Therapeutic Benefits of Aromatherapy and Chromotherapy

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ABSTRACT

Objective: To understand the availability and use of integrative and complementary practices by the SUS; as well as to evaluate two of the various therapy options, chromotherapy and aromatherapy, in relation to their effectiveness and benefits for patients. **Method:** This is an integrative review of the literature available in the PUBMED and SciELO database, using the descriptors: "Aromatherapy", "Chromotherapy" and "Alternative Therapy", duly registered in MeSH/DeCS, using the boolean operator AND. Twenty-nine articles were found, 25 evaluated and, at the end, 11 selected to compose this review. The inclusion criteria were: complete articles, available free of charge, published in English, from 2012 to 2020. **Results:** The inclusion of integrative and complementary practices (ICPs) in the Sistema Único de Saúde (SUS) was through the Política Nacional de Práticas Integrativas e Complementares (PNPIC), supported through the Portaria GM/ MS no 971, on May 3, 2006. Brazil is the country characterized as a world reference in the field of ICPs in basic attention. **Conclusion:** However, several cases of use of chromotherapy and aromatherapy as alternative therapies to promote patient's health, relieve pain and, among other unique symptoms in each case, were evaluated, and the therapies used proved their efficacy and safety for patients, as well as improved the quality of life of these people.

Keywords: Alternative Therapy, Aromatherapy, Chromotherapy, Integrative and Complementary Practices.

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INTRODUCTION

Integrative and Complementary Practices (ICPs) are means of treatment based on traditional knowledge, with a focus on prevention and/or alternative treatment of various diseases, including depression and hypertension. In many cases, they are also used as palliative treatment in chronic diseases.^[1]

The combination of ICPs with conventional medicine has brought benefits to patients, and emphasized that the number of trained and qualified professionals is increasing. Therefore, there is a broader understanding of traditional knowledge, which is the origin of most ICPs.^[1]

Inserted in the ICPs, chromotherapy is characterized as a therapeutic resource that uses the wavelength in the visible region to treat various diseases and medical conditions. The literature reports significant advances in therapy, such as the effect exerted by visible light on bacteria and enzymes, as well as on wound healing and even the treatment of mental diseases.^[2]

Aromatherapy, on the other hand, is a therapeutic resource that uses the chemical properties of essential oils, in which volatile concentrates are extracted from plants/vegetables. It is used to restore balance and harmony to the body, and aims to promote physical and mental health with improved sense of well-being. This method has a wide collective and/or individual use, and can also be used in combination with other practices, such as chromotherapy, flower therapy, among others. Aromatherapy is an alternative method that enhances the effects of the therapy adopted.^[1]

In the search for therapeutic resources based on traditional knowledge, ICPs aim to prevent many diseases in modern society, such as hypertension and depression, as well as being used in palliative treatments for some chronic diseases. Thus, it becomes necessary to understand the availability and use of ICPs by the Sistema Único de Saúde (SUS); as well as to evaluate two of the various therapy options,

chromotherapy and aromatherapy, in relation to their effectiveness and benefits for patients.

METHODS

This is an integrative review of the literature available in the PUBMED and SciELO database, using the descriptors: "Aromatherapy", "Chromotherapy" and "Alternative Therapy", duly registered in MeSH/DeCS, using the boolean operator AND. Twenty-nine old articles were found, 25 evaluated, and at the end, 11 were selected to compose this review. The inclusion criteria were: full articles, available free of charge, published in English, from 2012 to 2020. The exclusion criteria were: articles in other languages, not freely available and in which chromotherapy and aromatherapy were not associated as therapy. Data regarding ICPs were also researched at the Ministry of Health/Brazil website.

RESULTS

Under the Política Nacional de Práticas Integrativas e Complementares (PNPIC) in the SUS, it encompasses complex health organizations and therapeutic means, and is also called Medicina Tradicional e Complementar/Alternativa (MT/MCA) by the World Health Organization (WHO). Such organizations and means involve methods that seek to stimulate natural mechanisms for the prevention of diseases and restoration of health through effective and safe technologies, focusing on reception, evolution of the therapeutic link and integration of mankind with society and the environment.^[3]

The insertion of the ICPs in the SUS was through the PNPIC, supported through Portaria GM/ MS nº 971, on May 3, 2006. Brazil is the country characterized as a world reference in the field of ICPs in basic care. Such practices help to reduce symptoms and the treatment of certain diseases, to prevent and promote health, with the objective of minimizing the number of sick patients. In 2017, SUS offered 29 ICPs procedures to the Brazilian population free of

charge, with assistance offered in Basic Care, since this is the main gateway to SUS.^[1]

Ross, Guthrie and Dumont (2013), participated in their survey 117 healthy people, in which 89 were female and 28 male, aged between 19 and 72, and an average of 43 years. After the research found that light has an effect on people through many pathways, particularly the optic nerve that is associated with the cerebral visual cortex, producing a pathway for the visual actions of light. The authors highlighted that colored light significantly enriches the healing power of light, to the therapeutic capacity of light. As a result, there was no clinical evaluation of this effect in a specific way in 2013, mainly related to chromotherapy, emphasizing the need for more research on the subject.^[4]

Also, Yoshizumi, Asis and Luz (2018) analyzed 160 individuals, and of these 135 with trauma, 15 with personal phobias and 10 with panic disorder, being 134 women 26 men, aged between 20 and 60 years. The technique they used to treat the patients was auricular chromotherapy, which is characterized by satisfactory results in the treatment of anxiety disorders, phobias, psychological traumas and panic attacks. This technique is fast and relatively easy, but its mechanism of action in the body has not yet been fully elucidated. The treatment effect is excellent, with 93% positive reactions to the technique.^[5]

Between August and September 2015, Paragas and collaborators (2019) analyzed the effect of chromotherapy on cognitive skills of 135 elderly patients. The patients were divided into three groups, each with a colored light, red for the first, green for the second and white for the third. They emphasized that the cognitive abilities of the individuals are verified through a mini test of adapted mental state. After the analysis, compared to the white light group ($p < 0.001$), the score of cognitive abilities of the red and green light groups obtained a significant score. However, there is no significant difference between the green and red lights after the analysis ($p > 0.05$). But they concluded that

chromotherapy can effectively improve the cognitive ability of patients and found that, compared to the green and red lights, the white light is less effective to improve the cognition of the elderly.^[6]

In a systematic review conducted by Fung, Tsang and Chung (2012), they analyzed 11 pre-selected clinical trials that were available electronically in the database from 1995 to 2011. Their objective was to evaluate the clinical benefits of the aromatherapy technique for patients with dementia, as well as to analyze the effectiveness of the method in reducing behavioral and psychological symptoms of dementia based on randomized and available clinical trials. After the analysis of the trials, the authors stated that aromatherapy had a positive effect on the reduction of symptoms, as well as the cognitive function of the elderly improved, thus promoting individual health.^[7]

The work performed by Hodge, McCarthy and Pierce (2014) aimed to compare the effects of aromatherapy, with odorless inhalants to minimize the reported symptomatology of patients with post-operative nausea and vomiting. 121 patients with postoperative nausea were evaluated and divided into two groups, one group was treated with an aromatic inhaler and the other control group with a placebo inhaler to determine the effectiveness of aromatherapy. The results showed that the nausea attack scores of both groups were significantly reduced ($p < 0.01$), and there was a difference between the two groups ($P = 0.03$). In the control group, the effectiveness was obtained with the use of aromatherapy, which proved that aromatherapy is effective in treating postoperative nausea.^[8] Weaver, Robinson and Wichman (2020) analyzed the use of aromatherapy in children to verify if the effect of the technique in children is related to the symptoms they reported, namely: pain, nausea and anxiety. They evaluated the impact of 5 minutes and 1 hour after treatment. And, according to the report, after exposure to the technique for 5 minutes, satisfactory results

were obtained and the results were retained until the next evaluation, 1 hour after the execution. Facing the symptoms, the technique presented good results.^[9]

DISCUSSION

The ICPs help to expand health care offerings, rationalize health actions, and stimulate alternatives for innovation and social contribution to promote sustainable development of communities.^[3]

Chromotherapy uses the seven colors that make up the solar spectrum in its electromagnetic vibrations: red, orange, yellow, green, blue, indigo and violet. Each color has a certain wavelength and frequency, what it calls a specific function on man's organism. The technique is not based on the healing of the symptomatology, but rather intervenes in the origin of the process, providing the physical-energetic balance of the body systems and organs, promoting an improvement in the well-being of the individual.^[10]

Aromatherapy has been used for a long time, and its earliest reference date is 6000 BC and corresponds to a document that describes what we know today as Aromatherapy. In the beginning there was no precise definition of aromatherapy, the term was only created in the 20th century by the French chemical engineer René-Maurice Gattefossé, who used it for the first time in his manuscripts. Originally defined as a therapy in which the aromas of flowers, herbs and trees are inhaled to promote personal health and well-being.^[11, 12]

Today, with the development of science, it is known that this perfume corresponds to the smell of essential oils. Therefore, aromatherapy has been defined as a medicine or alternative/complementary therapy that uses essential oils from roots, stems, bark, leaves, flowers, fruits and seeds,^[11, 13] as the main components for promoting physical, psychological, emotional and even cognitive health.^[12]

CONCLUSION

However, several cases of use of chromotherapy and aromatherapy as alternative therapies to promote the patient's health, relieve pain and, among other unique symptoms in each case, were evaluated, and the therapies used proved their efficacy and safety for the patients, as well as improved the quality of life of these people.

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