


Historical Perspective of Homeopathy in the Brazilian Public Health System

Fernanda Maria Simões da Costa Fujino^{1,2}  Jane de Eston Armond² Ana Paula Ribeiro²
 Patrícia Colombo de Souza²

¹ George Galvão Hahnemannian Institute, São Paulo, Brazil.

² Health Sciences Postgraduate Program, University of Santo Amaro, São Paulo, Brazil.

Address for correspondence Fernanda Maria Simões da Costa Fujino, Rua Dionísio da Costa, 410 - apto. 122 - Vila Mariana - São Paulo, SP, Brazil (e-mail: fernandamsco@gmail.com).

Homeopathy

Abstract

Homeopathy was introduced in Brazil with the French doctor Benoît Jules Mure's arrival in 1840 and was officially recognised in 1980 as a medical specialty by Brazilian regulatory authorities. Public health policies played an important role in incorporating homeopathy into the Brazilian Unified Health System (SUS), emphasising homeopathy's coherence with SUS's fundamental principles and with other national health policies. Homeopathy is supported by the guidelines of the National Primary Health Care Policy and the National Policy on Integrative and Complementary Practices, and its offer in the SUS has been recognised since 2006. Challenges persist, however, such as the low prevalence of the use of homeopathy, lack of investment in professional training and under-reporting of homeopathy outpatient appointments. Investments in disseminating information on homeopathic philosophy and raising awareness among managers and health professionals are essential to strengthen its presence in the Brazilian public health system.

Keywords

- ▶ Brazil
- ▶ homeopathy
- ▶ public health
- ▶ Unified Health System

Introduction

Following the arrival of French physician Dr. Benoît Jules Mure (1809–1858) in Brazil in 1840—after disseminating and promoting homeopathy in southern Europe—homeopathy has gradually been inserted into the Brazilian public health system. Homeopathy experienced periods of resistance and expansion at various points in that history, culminating in the year 1980 when it was recognised as a medical specialty by the national medical regulatory authorities—the Brazilian Medical Association and the Federal Council of Medicine—becoming then official in the Brazilian medical system.^{1–3}

From 1985, homeopathy became available in public health services in Rio de Janeiro, with outpatient care, through a project in which there was an agreement between the former National Institute of Medical Assistance for Social Security, the Oswaldo Cruz Foundation, the State University of Rio de Janeiro and the Hahnemannian Institute of Brazil. This agreement intended to

institutionalise homeopathic care in the country's public health network. The following year, in 1986, the 8th Brazilian National Health Conference took place, in which the introduction of alternative health care practices within the scope of health services was approved—homeopathy being considered one of these practices—enabling users to have democratic rights to choose and access their preferred therapy.^{3,4}

In 1988, with the new Brazilian Constitution, alternative practice programs were introduced into the health system. This Constitution consolidated the new social awareness of health promotion that gave rise to the national Unified Health System (Sistema Único de Saúde: SUS), which is the greatest achievement of the Brazilian health movement.^{3,5}

The Brazilian Public Health System

In the 1970s, the Health Care Reform Movement (Movimento Sanitarista) had arisen in Brazil in the context of the fight

received

November 28, 2023

accepted after revision

March 29, 2024

© 2024. Faculty of Homeopathy.

All rights reserved.

Georg Thieme Verlag KG,
 Rüdigerstraße 14,
 70469 Stuttgart, Germany

DOI <https://doi.org/>

10.1055/s-0044-1786739.

ISSN 1475-4916.

against the government's military dictatorship regime. This movement was made up of health professionals, intellectuals and political parties with the purpose of discussing the necessary changes to the public health in Brazil, in search of improvements in the population's living conditions. One of the group's achievements was the holding of the 8th National Health Conference, which was a milestone in the history of public health care in Brazil, as introduced above. The document drawn up at the end of the 1986 event was a draft for the creation of the SUS.⁶

The National Health Conferences are held by the National Health Council (CNS), which is one of the members of the organisational structure of the Ministry of Health. It was created in 1937, with the function of inspecting, accompanying and monitoring public health care policies, taking the population's demands to the public authorities, therefore being known as social control in health care. In addition to the Ministry of Health, the CNS includes social movements, governmental and non-governmental institutions, health professional entities, the scientific community and business entities in the health sector. The duties of the CNS are regulated by Law No. 8,142 (1990)⁷: these include holding conferences and social participation forums, approving the health budget and monitoring its implementation, and evaluating every four years the National Health Plan—a guiding instrument in planning, monitoring and evaluating the policies and programs of the Ministry of Health—with the intention of guaranteeing the right to comprehensive, free and high-quality health care for the entire population in Brazil, as established by the 1988 Constitution.^{8,9}

The National Health Conferences were originally constituted in different political and social contexts, with the State and social movements as central instruments for the construction of the country's health policies. During the military dictatorship period (1964–1985), several government measures raised popular dissatisfaction, which accelerated the protest movements against the contemporary public health system. With the end of the military regime in 1985, political opening led to the democratisation of the country and the Health Care Reform Movement took over strategic positions in the institutions responsible for public policies. It was in this context that the 8th National Health Conference was held, giving a new role to health care conferences, with space for civil society participation in deliberations on health policies; prior to 1986, during the military dictatorship, conferences had been merely technical in character.^{6,7}

The Health Care Reform proposals, legitimised from this Conference, resulted in the expansion of the concept of health (promotion, protection and recovery), in the universality of the right to health care, and in the approval of the creation of the SUS, made official and established in the Federal Constitution of 1988, which brings health care as a citizen's right and a duty of the State.⁶

In the period prior to this Constitution, the Brazilian public health system had provided assistance only to workers linked to Social Security—a public system that guarantees an income and some benefits to workers who contribute a monthly portion of their salary—so that assistance to other citizens

was dependent on philanthropic entities. The new Constitution mandated that Brazil's public health system be free, of high quality and accessible to all residents, leading to the creation of the SUS. Federal Laws No. 8,080 and No. 8,142 of 1990 established the universality of health care rights and community involvement in SUS management through Conferences and Health Councils. Consequently, health care actions and services started aligning with SUS principles, focusing on universality, comprehensiveness and equity.^{2,6,7,10}

According to the official position, there must be universal access to health care services at all levels of assistance, with the State being responsible for ensuring this citizen right; and access to actions and services must be guaranteed to all people, regardless of gender, race, occupation, or other social or personal characteristics. Furthermore, there must be comprehensive care, with integrated actions and services, including health promotion, disease prevention, treatment and rehabilitation, both individual and collective, that function in an articulated and continuous manner, at all levels of complexity of the system, considering individuals as a whole, meeting all their needs. This comprehensiveness also takes into consideration the harmonisation of health care with other public policies, to ensure inter-sectoral action between different areas that have an impact on individuals' health and quality of life. And finally, there must be equity in health care, without prejudice or privileges of any kind because, though all individuals have the right to the services, people are not all the same and therefore have different needs, and more investment should be made where the need is greatest.⁸

The network that makes up the SUS is broad, with health care actions and services that encompass primary, medium and high complexity care, urgent and emergency services, hospital care, epidemiological, health and environmental surveillance actions and services, and pharmaceutical assistance. The management of these health actions and services involves the participation of the three spheres of government—federal (represented by the Ministry of Health), state and municipal—each with its own co-responsibilities.⁸

The Ministry of Health is the national administrator of the SUS, formulating, regulating, inspecting, monitoring and evaluating policies and actions, in conjunction with the CNS, which takes the population's demands to the public authorities. The Ministry of Health operates within the scope of the Tripartite Inter-governmental Commission, made up of SUS managers from the three spheres of government, to agree on the National Health Plan.⁸

A Health Secretariat per state participates in putting together health policies and actions, providing support to municipalities in conjunction with the State Council, and participates in the Bipartite Inter-governmental Commission—composed of state and municipal SUS managers in all Brazilian states—to approve and implement the State Health Plan.⁸

Municipal Health Departments plan, organise, control, evaluate and execute actions and health services in alliance with Municipal Councils and with the state to approve and implement the Municipal Health Plan. The Municipal Council is the local government of a municipality, being composed of representatives of the executive branch and civil society.⁸

Through this organisational model Brazil establishes its public policies, which can be defined as the actions developed by the government through the establishment of national guidelines to guarantee population rights and which influence the way that resources and investments are allocated for specific purposes, with a focus on improving the quality of life of the population.

Public Health Policies and Homeopathy

Public health policies are programs and actions carried out by the government, in all areas, with the aim of putting into practice the health services that are provided by law, ensuring compliance with the rights established by the Federal Constitution.

Considering the principles of homeopathy, it can be stated that this medical specialty is consistent with the SUS principles of universality (can be applied to any individual), of equity (considers individuality as one of the fundamental principles for its practice, taking into account the health needs of each individual) and of integrality (understands the individual as a hierarchical and indivisible unit regarding the health–disease process). Moreover, the practice of homeopathy falls within what is recommended by the National Primary Health Care Policy (NPHCP), by the National Health Promotion Policy (NHPP), and by the National Humanization Policy (NHP).

The NPHCP deals with integrated care practices aimed at the population, encompassing individual, family and collective health actions that involve health promotion, disease prevention, diagnosis, treatment, rehabilitation, harm reduction, palliative care and health surveillance. Homeopathy fits into this recommended care practice, in accordance with NPHCP guidelines, mainly in relation to person-centredness, resoluteness, longitudinality of care and community involvement, which can encourage the participation of individuals in activities that involve community guidance in relation to health actions, aimed at preventing risk factors of diseases, encouraging self-knowledge and self-care.¹¹ The term 'longitudinality of care' reflects the possibility of continuous relationships and building bonds and accountability between professionals and users over time, and in a permanent and consistent way, monitoring the effects of health interventions and other elements in people's lives.

The NHPP encourages the expansion and qualification of health promotion actions in services with the intention of improving the individual and collective quality of life in the country, recognising the subjectivity of people and groups and ensuring the integrality of health care. Health promotion must consider the autonomy and uniqueness of individuals, communities and territories, considering their ways of living, their choices, and how they create possibilities to satisfy their needs.¹² These issues are present in two fundamental principles of homeopathy: individualisation and the vision of the integral individual, considering his or her totality, as the health–illness process is due to multiple and complex aspects, and knowledge of this entire totality is essential.

The NHP is based on valuing individuals in their potential to develop greater autonomy, expanding their capacity to

transform the reality in which they live, through shared responsibility, the creation of solidarity bonds, collective participation in processes of health management and production, with attention to social, collective and subjective health demands.¹³ In this context, once again, homeopathy proves to be compatible, with its expanded view of the health–disease process, considering individualisation with a view to the entirety of the individual, with sympathetic listening to physical, mental, emotional, behavioural and environmental aspects, helping the strengthening of the bond, as a lever for modifications in search of improving quality of life.

In addition to these aspects, homeopathy is a medical practice legitimised and offered by the Brazilian public health system, through the National Policy on Integrative and Complementary Practices (NPICP).⁵

The National Policy on Integrative and Complementary Practices

In 1986, the Final Report of the 8th National Health Conference suggested the introduction of alternative health care practices—including homeopathy—in Brazilian health services, which was approved by the Federal Constitution of 1988. From then on, movements that contributed to boost the supply and legitimisation of homeopathy in Brazil occurred.^{3,4}

In 1988, the Planning and Coordination Inter-ministerial Commission (CIPLAN)—composed of general secretaries of the Ministries of Health, Social Security and Social Assistance, Education and Labour—published CIPLAN resolution No. 4/88, with the aim to establish guidelines for homeopathic medical health care in public services and for implementing and enabling homeopathic practice in health services. The resolution's further aims were to include homeopathy in Integrated Health Actions—an inter-ministerial project (Welfare–Health–Education) in which curative–preventive and educational actions were integrated and established as a priority area for health promotion—and to create procedures and routines related to the practice of homeopathy in medical assistance units.¹⁴

In 1996, this movement in favour of homeopathy in public health gained strength with the 10th National Health Conference, which approved in its final report the incorporation of phytotherapy, acupuncture and homeopathy into the SUS. Some years later, in 1999, the Ministry of Health included medical consultation in homeopathy in the procedure production information tables of the SUS Ambulatory Information System (SIA/SUS Ordinance No. 1230/GM of October 1999), and in 2000, the 11th National Health Conference recommended the incorporation of homeopathy and acupuncture in primary care (in the Family Health Program and in the Community Health Agent Program).^{3,5}

In 2003, a National Policy on Natural Medicine and Complementary Practices began to be discussed by a working group from the Ministry of Health, which would later become the NPICP. In the same year, the final report of the 12th National Health Conference deliberated for the effective

inclusion of that National Policy in the SUS.⁵ The following year, organised by the Ministry of Health, the 1st National Homeopathy Forum was held in Brasília, entitled 'The homeopathy that we want to implement in the SUS'. That forum supported and continued the technical and political discussion regarding the standardisation, expansion and continuity of the offer and access to homeopathy in public health services, addressing the need for integration of homeopathy at different levels of complexity in health care, the training and capacitation of homeopathy professionals, the importance of information and communication within the community, integration with proposals for humanising care, financing, and encouraging a culture of participatory management in politics. In this way, the forum served as input for the formulation of the NPICP.¹⁵

Thus, on May 3, 2006, Ordinance No. 971, published in the Official Gazette of the Federal Government, approved the NPICP, which began to offer and standardise homeopathy, traditional Chinese medicine/acupuncture, phytotherapy and medicinal plants, anthroposophic medicine and thermalism in the Brazilian public health system. Guidelines were established to structure and strengthen homeopathic care at different system levels, guaranteeing access to homeopathic medicines, with guiding elements in relation to the dissemination and spreading of this medical philosophy and the qualification of professionals, with incentives for research and follow-up action in evaluating homeopathic practice.^{5,16,17}

This Policy, which was expanded in 2017 and 2018 in 24 new practices, offering a total of 29 integrative practices in the public health system, answers the desire of many users and health professionals, presented in the recommendations of Brazil's National Health Conferences since 1988,⁶ in addition to meeting the recommendation of the World Health Organization (WHO)—contained in the document 'WHO Traditional Medicine Strategy 2002–2005'—to encourage the integration of traditional medicine/complementary and alternative medicine into the national health system.^{15,18}

The National Health Conferences

From the historical account presented here, one can see the important role of the National Health Conferences in the implementation of homeopathy in public health care, highlighting the 8th, 10th, 11th and 12th Conferences, as they all contributed in a certain way, via their deliberations, to the publication of the NPICP.

The national stage of the health conference receives reports with guidelines and proposals from the State Conferences, the Federal District and the National Free Conferences—spaces that enable the expansion of social participation for debates and the formulation of proposals regarding the National Conference's theme, deliberative in nature. These national conferences are exempt from official processes, as they do not require a minimum quorum, representation by segments or delegation elections for the main stage. A systematised report is prepared with all the presented guidelines and proposals, organising them by topics of

discussion that are discussed and voted on during a National Conference, with the result appearing in a Final Report that is included in the Union's next planning cycle that corresponds to the period of 4 years after a given National Conference, thus highlighting the budget priorities of the federal government and the Ministry of Health.⁷

The most recent National Health Conference was the 17th, with the theme 'Guaranteeing Rights, defending the SUS, Life and Democracy – Tomorrow will be another day!', held from July 2nd to 5th, 2023, in Brasília. It included guidelines and proposals from the 1st Free National Conference on Homeopathy, entitled 'National Conference on Homeopathy in the SUS: With homeopathy, tomorrow will be another day', that had been held on April 12th, 2023. All four guidelines—one from each thrust of discussion—proposed by the National Free Conference on Homeopathy were approved with more than 70% of the votes, and contributed directly to the Final Report of the Conference without the need to undergo approval by a deliberative plenary session. These guidelines related to (1) the availability of financing to expand and strengthen the offer of homeopathy in the SUS; (2) health education with a focus on homeopathy proposals for the SUS with social participation; (3) access to homeopathy at different levels of care and to prescribed homeopathic medicines; and (4) resources for research, training and enabling opportunities for homeopaths in the SUS.

Thus, in CNS Resolution No. 715, July 20th, 2023, the strategic guidelines for the Union's planning from 2024 to 2027 were published, formulated based on the guidelines approved at the 17th National Health Conference and the priorities for actions and public health services approved by the CNS, with the purpose of contributing to the democratic and constitutional process of formulating the national health policy. Guideline No. 57, present in Annex II of this resolution, is the only place that mentions homeopathy as it appears in the NPICP: 'Strengthen and expand the National Policy of Integrative and Complementary Practices of the SUS, as an expression of the human right to health and democratisation of care strategies'.

Current Situation

In recent years, Brazil has seen a growth in integrative and complementary practices, including homeopathy, but there remains a limited availability of homeopathy within the public health system (SUS).¹⁹ Some studies^{19–21} have utilised data from national surveys to assess the use of homeopathy among Brazilians, revealing low prevalence rates of 0.6 to 1% between 2013 and 2019. Most individuals seeking homeopathy treatment bear the cost themselves, as only a small percentage report receiving it through SUS. Despite efforts to expand homeopathic care, particularly in municipalities, there has been minimal progress, attributed to factors such as insufficient investment and a shortage of specialised professionals.^{3,6} This underscores the need for the policy interventions that were outlined in the 1st Free National Homeopathy Conference, presented to the 17th National Health Conference.

It is crucial to foster public support, alongside private sector efforts, in training pharmaceutical and medical professionals who grasp the significance of homeopathy in public health.^{6,22,23} However, there is a notable deficiency in homeopathy education for medical students, leading to a lack of interest in the field.³ Despite historical efforts, there is insufficient dissemination of homeopathy knowledge among users and institution managers.¹⁷ Current actions largely rely on individual efforts rather than institutional support. Studies reveal a general lack of understanding among health managers about homeopathy, hindering its implementation and regulation.^{24–26} This persisting lack of awareness among professionals and managers poses a significant obstacle to the advancement of homeopathic practice, as it is not considered a priority in health care management.^{17,26}

Managers prioritise quantitative data, such as consultation and procedure numbers, impacting financing decisions. The longer homeopathic consultations pose a challenge due to their time consumption, yet these consultations can offset costs by reducing medication expenses and hospital visits.^{5,27} Studies have indicated cost-effectiveness of homeopathy compared to conventional treatments, with reduced prescription rates for various drugs.^{22,23} For instance, in France, homeopathy was 35% cheaper than conventional treatment,²² while in Brazil, adolescents with asthma experienced reduced medication dependency with homeopathic treatment.²² Nevertheless, inadequate recording of homeopathic consultations in the electronic medical record of the Ministry of Health (e-SUS) impedes accurate data collection, hindering financial support and the integration of homeopathy into the Brazilian health system.¹⁷

Conclusion

Whilst strides have been made in broadening integrative and complementary practices in Brazil, the advancement of homeopathy encounters substantial hurdles. These include insufficient investment, a dearth of specialised professionals, and a notable lack of awareness about its advantages among managers and healthcare practitioners. To surmount these challenges, there is an urgent need for robust public support in training health care professionals and disseminating scientific knowledge about homeopathy, with consequent enhanced accessibility and quality in health care services for the Brazilian population.

Highlights

- Homeopathy is consistent with the doctrinal principles—universality, integrality and equity—of the Brazilian Unified Health System (SUS).
- Homeopathy is legitimised in Brazil by the National Policy of Integrative and Complementary Practices, with its practice within what is recommended by the National Primary Health Care Policy, by the National Health Promotion Policy and by the National Humanisation Policy.
- Despite efforts and the expansion of integrative and complementary practices, including homeopathy, there

are still significant challenges in offering these services in the SUS.

- The lack of investment, specialised professionals and knowledge about homeopathy among managers and health professionals are obstacles that compromise its consolidation in the Brazilian health system.

Funding

None.

Conflicts of Interest

None declared.

References

- 1 Luz MT. A arte de curar versus a ciência das doenças: História Social da Homeopatia no Brasil. São Paulo: Dynamis; 1996
- 2 de Barros NF, Galhardi WMP. National Policy on Integrative and Complementary Practices in the Brazilian Health System: steps towards the expansion of homeopathy. *Homeopathy* 2008;97:53
- 3 Nascimento CC, Costa CB, Damasceno CA. Homeopathy in the Brazilian public health system in the last 15 years. *Res Soc Dev* 2022;11:e35211730123
- 4 do Sul RGSecretaria de Estado da Saúde. Departamento de ações em saúde. Política estadual de práticas integrativas e complementares. Nota técnica 02/2019. Orientações para implantação da homeopatia na rede de atenção à saúde Rio Grande do Sul2019. Available at: <https://atencaobasica.saude.rs.gov.br/upload/arquivos/202008/20134504-nota-tecnica-02-19-homeopatia-no-sus-rs-pepic-rs-docx.pdf>
- 5 Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Política Nacional de Práticas Integrativas e Complementares no SUS - PNPIC-SUS. 2 ed. Brasília, 2015. Available at: https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_atencao_basica.pdf
- 6 Ischkanian PC, Pelicioni MCF. Challenges of complementary and alternative medicine in the SUS aiming to health promotion. *J Hum Growth Dev* 2012;22:233–238
- 7 Brasil. Presidência da República. Casa Civil. Subchefia para Assuntos Jurídicos. Lei nº 8.142 de 28 de dezembro de 1990. Brasília. dez 1990; 128:25694–25695. Available at: https://www.planalto.gov.br/ccivil_03/LEIS/L8142.htm
- 8 Brasil. Ministério da Saúde. Secretaria Executiva. Sistema Único de Saúde (SUS): princípios e conquistas. Brasília2000. Available at: https://bvsms.saude.gov.br/bvs/publicacoes/sus_principios.pdf
- 9 Brasil. Ministério da Saúde. Plano Nacional de Saúde 2020–2023. Brasília2020. Available at: https://bvsms.saude.gov.br/bvs/publicacoes/plano_nacional_saude_2020_2023.pdf
- 10 Brasil. Presidência da República. Casa Civil. Subchefia para Assuntos Jurídicos. Lei nº 8.080 de 19 de setembro de 1990. Brasília. 20 set 1990;128:18055–18059. Available at: https://www.planalto.gov.br/ccivil_03/LEIS/L8080.htm
- 11 Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Política Nacional de Atenção Básica. 4 ed. Brasília2007. Available at: https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_atencao_basica_4ed.pdf
- 12 Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Secretaria de Atenção à Saúde. Política Nacional de Promoção da Saúde. 3 ed. Brasília2010. Available at: https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_promocao_saude_3ed.pdf
- 13 Brasil. Ministério da Saúde. Secretaria-Executiva. Núcleo Técnico da Política Nacional de Humanização HumanizaSUS - Política Nacional de Humanização: a humanização como eixo norteador das práticas de atenção e gestão em todas as instâncias do SUS. Brasília2004. Available at: https://bvsms.saude.gov.br/bvs/publicacoes/humanizasus_2004.pdf

- 14 Brasil. Ministério da Saúde. Resolução CIPLAN n° 4, de 8 de março de 1988. Brasília, DF, 11 mar 1988;1:3996–7. Available at: <https://www.jusbrasil.com.br/diarios/3477541/pg-55-secao-1-diario-oficial-da-uniao-dou-de-11-03-1988>
- 15 Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. 1° Fórum Nacional de Homeopatia: a homeopatia que queremos implantar no SUS: relatório. Brasília2004. Available at: https://bvsms.saude.gov.br/bvs/publicacoes/a_homeopatia_que_queremos_implantar_sus.pdf
- 16 Salles SAC, Ayres JRCM. Homeopathic consultation: examining its effect among primary care patients. *Interface (Botucatu)* 2013; 17:315–326
- 17 Lemonica R, Patricio KP. Impact of the national policy on integrative and complementary practices on Brazilian public homeopathy services. *Homeopathy* 2022;111:235–239
- 18 World Health Organization. Programme on Traditional Medicine. WHO traditional medicine strategy 2002–2005. Geneva; 2002
- 19 Faisal-Cury A, Rodrigues DMO. Prevalence and associated factors with homeopathy use in Brazil: a population-based study. *Cad Saude Publica* 2022;38:e00261821
- 20 Boing AC, Ribeiro Santiago PH, Tesser CD, Furlan IL, Bertoldi AD, Boing AF. Prevalence and associated factors with integrative and complementary practices use in Brazil. *Complement Ther Clin Pract* 2019;37:1–5
- 21 Boccolini PMM, Boccolini CS. Prevalence of complementary and alternative medicine (CAM) use in Brazil. *BMC Complement Med Ther* 2020;20:51
- 22 Colas A, Danno K, Tabar C, Ehreth J, Duru G. Economic impact of homeopathic practice in general medicine in France. *Health Econ Rev* 2015;5:55
- 23 Hotta LM, Adler UC, de Toledo Cesar A, Martinez EZ, Demarzo MMP. Homeopathy for perennial asthma in adolescents: pilot feasibility study testing a randomised withdrawal design. *Homeopathy* 2018;107:143–149
- 24 Salles SAC, Schraiber LB. [Support for and resistance to homeopathy among managers of the Unified National Health System]. *Cad Saude Publica* 2009;25:195–202
- 25 Galhardi WMP, Barros NF, Leite-Mor ACMB. [Knowledge of the municipal health managers about the National Policy on Integrative and Complementary Practices and its influence on the provision of homeopathy in the Local Unified Health System]. *Cien Saude Colet* 2013;18:213–220
- 26 Santanna C, Hennington EA, Junges JR. Homeopathic care and the principle of integrality. *Interface—Comunic Saúde. Educ* 2008; 12:233–246
- 27 Galhardi WMP, Barros NF, Leite-Mor ACMB. Homeopathy in the public network of the São Paulo State: facilitating and hindering factors. *Rev Bras Med Fam Comunidade* 2012;7:35–43



THIEME