

# Auriculotherapy in primary health care: perspectives of participants of a closed group

Auriculoterapia na atenção primária: perspectivas de participantes de um grupo fechado

*Auriculoterapia en atención primaria: perspectivas de los participantes en un grupo cerrado*

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## Abstract

**Introduction:** The insertion of Auriculotherapy in the scope of Primary Health Care in João Pessoa, Brazil is recent and occurs in an autonomous and diffuse way, depending on the professional's motivation. **Objective:** The purpose of this article is to present a brief analysis of the Auriculotherapy offered in a closed group. **Methods:** Qualitative exploratory research, using data collected through semi-structured interviews with users who used Auriculotherapy in the therapeutic process. **Results:** After the qualitative analysis of the data using the Bardin Content Analysis technique, three categories emerged: Understanding and building concepts about Auriculotherapy; Conception about the Auriculotherapy effectiveness; Auriculotherapy group experience. We can infer that the offer of Auriculotherapy in Primary Care is viewed by the user as a practice that leads to well-being and relieves their pain, whether physical or emotional. They also reveal the importance of health education for understanding the therapy they enjoy, building their conceptions from experiences, exchanges and knowledge sharing. **Conclusions:** Auriculotherapy is, therefore, a practice by which can build and strengthen bonds and increase the scope of actions offered to reach the integrality.

**Keywords:** Auriculotherapy; Complementary therapies; Primary health care.

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## Resumo

**Introdução:** A inserção da auriculoterapia no âmbito da atenção primária à saúde em João Pessoa é recente e ocorre de forma autônoma e difusa, a depender da motivação dos profissionais. **Objetivo:** O objetivo deste artigo é apresentar uma breve análise sobre a oferta da auriculoterapia em um grupo de caráter fechado. **Métodos:** Pesquisa qualitativa exploratória utilizando dados coletados por meio de entrevistas semiestruturadas com usuários que utilizam a auriculoterapia no processo terapêutico. **Resultados:** Após a análise qualitativa dos dados por meio da técnica de análise de conteúdo de Bardin, emergiram três categorias: compreensão e construção de conceitos sobre auriculoterapia; concepção sobre a eficácia da auriculoterapia; experiência da auriculoterapia em grupo. Pode-se depreender que a oferta de auriculoterapia na atenção primária é visualizada pelo usuário como uma prática que leva ao bem-estar e alivia suas dores, sejam elas físicas ou emocionais. Os usuários revelam ainda a importância da educação em saúde para a compreensão da terapia da qual usufruem, construindo suas concepções pelas vivências, trocas e compartilhamento de conhecimentos. **Conclusões:** A auriculoterapia é, portanto, uma prática pela qual se pode construir e fortalecer vínculos e aumentar o escopo de ações ofertadas para o alcance da integralidade.

**Palavras-Chave:** Auriculoterapia; Terapias complementares; Atenção primária à saúde.

## Resumen

**Introducción:** La inserción de la Auriculoterapia en el ámbito de la Atención Primaria de Salud en João Pessoa, Brazil es reciente y se produce de forma autónoma y difusa, en función de la motivación de los profesionales. **Objetivo:** El propósito de este artículo es presentar un breve análisis de la oferta de Auriculoterapia en un grupo cerrado. **Métodos:** Investigación exploratoria cualitativa, utilizando datos recolectados a través de entrevistas semiestruturadas con usuarios que utilizan Auriculoterapia en el proceso terapéutico. **Resultados:** Luego del análisis cualitativo de los datos mediante la técnica de Análisis de Contenido de Bardin, surgieron tres categorías: Comprensión y construcción de conceptos sobre Auriculoterapia; Concepción sobre la efectividad de la Auriculoterapia; Experiencia grupal de auriculoterapia. Podemos inferir que la oferta de Auriculoterapia en Atención Primaria es vista por el usuario como una práctica que conduce al bienestar y alivia su dolor, ya sea físico o emocional. También revelan la importancia de la educación para la salud para comprender la terapia que disfrutan, construyendo sus concepciones a partir de experiencias, intercambios e intercambio de conocimientos. **Conclusiones:** La auriculoterapia es, por tanto, una práctica mediante la cual se pueden construir y fortalecer vínculos y se puede incrementar el alcance de las acciones que se ofrecen para lograr la integralidad.

**Palabras clave:** Auriculoterapia; Terapias complementarias; Atención primaria de salud.

## INTRODUCTION

The Brazilian Sanitary Reform movement (*movimento de Reforma Sanitária Brasileira – MRSB*), during the 1970s and 1980s, constituted a process of social mobilization for redemocratization and expressed society's indignation at inequalities and the commodification of health.<sup>1,2</sup> It encompassed different groups and movements of social struggles for the formulation of health care policies, demanding improvements in living conditions that would enable the provision of health.<sup>3</sup>

Among many accomplishments, the MRSB rethought and modified the concept of health to be achieved through public policies in Brazil, as consolidated in the Final Report of the VIII National Health Conference (*Conferência Nacional de Saúde – CNS*) in 1986, the initial milestone of the Unified Health System (*Sistema Único de Saúde – SUS*) and the first with the participation of Society.<sup>4</sup>

Comprehensive care has become one of the guidelines of the SUS, established by the Federal Constitution of 1988 and regulated by Organic Law No. 8080 of 1990. In order to achieve integrality, the State must establish a set of actions from prevention to curative care, in different levels of complexity.<sup>5,6</sup>

During the VIII CNS, the introduction of alternative health care practices within the scope of health services was also decided.<sup>4,7</sup> In compliance with the formulation of public policies to guarantee comprehensiveness in health care, the Ministry of Health, through of Ordinance No. 971 of 2006, presented the National Policy on Integrative and Complementary Practices (PNPIC) in the SUS.<sup>8</sup>

Considering individuals in their uniqueness, the PNPIC collaborates for the integrality of health care, a principle that also requires the interaction of the actions and services existing in SUS.<sup>7</sup>

Integrative and complementary practices seek to stimulate the natural mechanisms of disease prevention and health recovery through effective and safe technologies, with an emphasis on welcoming listening, an expanded view of the health-disease process and the global promotion of care.<sup>8</sup>

Auriculotherapy is one of the procedures that make up the integrative and complementary health practices (*práticas integrativas e complementares em saúde* – PICS) and consists of a therapeutic technique that provides the psychic-organic regulation of individuals through stimuli of energy points, located in the auricular pavilion, activating neuroreactive zones. Auriculotherapy considers the auricle as a microsystem: the ear has areas that represent the entire organism. To stimulate energy points, needles, steel, gold, silver, plastic or mustard seeds are used.<sup>7</sup>

PICS in SUS are emphasized to be inserted in primary health care (PHC), from the perspective of disease prevention, health promotion and recovery, providing care strategies with different approaches to biomedicine, in a continuous, humanized and integral way.<sup>7</sup>

Primary care is the main gateway to SUS and offers individual, family and collective health actions that involve promotion, prevention, protection, diagnosis, treatment, rehabilitation, harm reduction, palliative care, and health surveillance, developed through of integrated care practices.<sup>9</sup>

PICS expand the understanding of the health-disease process and diagnostic-therapeutic possibilities.<sup>10</sup> In primary care, auriculotherapy can be used in individual and collective care.<sup>7</sup>

The insertion of auriculotherapy in the scope of PHC in João Pessoa is recent and occurs autonomously and diffusely, depending on the motivation of professionals. Based on the premise that Brazilian PHC should incorporate PICS in the provision of health services to the population, the objective of this article was to present a brief analysis of the offer of auriculotherapy in a closed modality health education group, in a basic health unit (*unidade básica de saúde* – UBS) of the municipality.

## METHODS

Exploratory qualitative research involving users of auriculotherapy in the therapeutic process, in PHC in João Pessoa, Paraíba.

This qualitative research is guided by an interpretation of the real world, concerning the living experience of human beings.<sup>11</sup> The qualitative approach fits the objectives of this work, since it, as stated by Minayo (p.23):<sup>12</sup>

[...] aims to understand the internal logic of groups, institutions and actors in terms of cultural values and representations of their history and specific themes; relationships between individuals, institutions and social movements; historical and social processes and the implementation of public and social policies.

The exploratory research aims to know the study variable as it is presented, its meaning and the context in which it is inserted, since it is assumed that human behavior is better understood in its social context.<sup>13</sup>

As stated by Piovesan and Temporini,<sup>13</sup> all subjects whose popular approach is poorly known, or otherwise known, can be studied through exploratory research, whose primary purpose is the Popular Repertoire of Answers that can refer to knowledge, belief and opinion, as well as attitude, values, and conduct.

In order to achieve the objectives of this research, data collection was carried out through semi-structured interviews with participants of an auriculotherapy group in a UBS belonging to Sanitary District III, in the city of João Pessoa.

As for the sociodemographic and clinical profile of the users of the group, a sample of ten users presented: mean age of 35.58 years; female prevalence; incomplete and complete elementary education; married/stable union marital status; housewives and retirees; family income lower than the minimum wage. The most prevalent medical diagnoses were herniated discs, systemic arterial hypertension and fibromyalgia, and the main complaints reported were pain, insomnia/impaired sleep and rest, and anxiety.

The auriculotherapy group, so called by therapists and participants, is a heterogeneous and closed group. Access to the group takes place through an internal referral, written by any health professional at the unit, whether with higher or secondary education, in view of the user's need and desire to participate.

As it is a closed group, that is, with a defined beginning and end, there is no entry of new members during the weekly meetings, and their meetings take place on Wednesday afternoons, with eight meetings being held.

The group is led by community health agents and family and community health residents with training in nursing, nutrition, physiotherapy and psychology, duly trained as auriculotherapists through free courses made available in partnership between the Municipal Health Department and *Universidade Federal da Paraíba* (UFPB) and a distance education course through the platform of *Universidade Federal de Santa Catarina* (UFSC), being the professional's responsibility to seek training.

For the selection of the sample, the following inclusion criteria were adopted: agreeing to participate in the research in a free and informed manner; age 18 years old or older; having performed at least six auriculotherapy sessions. The ethical observances contained in Resolution No. 466/12 of the National Health Council were respected, preserving anonymity, privacy, and respect for the autonomy of the participants, subject to consent by the free and informed consent form. The project was approved by the Research Ethics Committee of the School of Medical Sciences of Paraíba, under CAEE: 19948019.1.0000.5178.

The instrument used for data collection has two parts: the first part refers to sociodemographic and clinical data and therapeutic resource used in addition to auriculotherapy; the second part consisted of the script for individual interview, through the following guiding questions.

1. Do you know what auriculotherapy is?
2. What made you seek auriculotherapy?
3. How do you feel after the sessions?
4. At the end of the eight sessions, did you feel any change in your complaints?
5. How would you classify the experience with auriculotherapy?
6. Would you recommend it to anyone?

In the qualitative analysis of the data, Bardin's content analysis technique was used.<sup>14</sup> This method requires a pre-analysis, in order to know the text, using exhaustibility, representativeness, homogeneity, and pertinence.

The phase called exploration of the material is considered the extensive moment of the study, and it may be necessary to carry out several readings of the material. In this phase, similarities and differences are revealed, which lead to categories.<sup>14</sup>

In the treatment of results, the categorized data must be treated in order to be meaningful and valid, using the results of the analysis for theoretical or pragmatic purposes, culminating in new discoveries.<sup>14</sup>

## RESULTS AND DISCUSSION

This work used data collected through interviews with participants of a closed auriculotherapy group. As for the proposed functioning of groups, these can be open or closed and are directly related to the group's objective and its duration. As pointed out by Osório,<sup>15</sup> the closed group has an objective with a determined time and number of people that will be the same from the beginning to the end of the activity. The consistency in the auriculotherapy group to which the participants of this study belong refers to their participation in eight sessions in a row, in addition to the follow-up of the contents related to traditional Chinese medicine in health education.

The group is operative in proposing that the members maintain a direct relationship with a task, be it healing, learning, among others,<sup>16</sup> being, in this case, the objective of treatment and self-care through auriculotherapy. And, finally, the group is therapeutic as it is a place of search for the improvement of a certain pathology, whether in relation to mental or organic health.<sup>17</sup>

Regarding the operationalization of PICS in the PHC work process, Sousa and Tesser<sup>18</sup> present three modes. The auriculotherapy group is operated according to the second method indicated by the authors, which occurs when professionals reserve a time to practice some traditional and complementary medicine, with Wednesday afternoons being reserved for group care.

As they are part of PHC, the profile of demands in care through PICS is similar to that of the health unit,<sup>18</sup> and their offers expand the scope and possibilities of treatments at this level of care. However, due to the scarcity of professionals trained to exercise PICS, their access becomes limited and restricted, as is the case with the closed group.

Next, a brief analysis of the offer of auriculotherapy is presented from the perspective of the participants of a closed group, in PHC. After content analysis, three categories emerged, namely: understanding and construction of concepts about auriculotherapy; conception about the effectiveness of auriculotherapy; experience of group auriculotherapy. For better understanding, the categories emerged from the interviews transcribed and analyzed according to the content analysis are indicated in subtitles, and, in compliance with the anonymity of the participants of this study, the interviewees received codenames related to traditional Chinese medicine.

### Understanding and construction of concepts about auriculotherapy

The practice of auriculotherapy is based on a method that uses the pinna to assess and treat emotional and organic disorders and pain in general, with two methodological approaches: French and Chinese.<sup>19</sup>

French auriculotherapy, also called reflex auriculotherapy, arises through the studies of the acupuncturist Paul Nogier and follows neurophysiological notions, considering the ramifications of the cranial and spinal nerves located in the auricular pavilion and communicate it with the brain regions, which in turn send reflexes to the body. Based on this reflexology, changes in organs and body structures can be detected and treated through the ear.<sup>7,19</sup>

Reflex auriculotherapy is also based on the relationship between the auricular regions and the organs and regions of the body, taking into account the embryological origin of the organs and tissues that develop through three primary layers found in the fetus/embryo, with the ear being one of the few body structures consisted of three layers.<sup>7</sup>

About the germ layers and their corresponding nerves, Tesser et al.<sup>7</sup> bring in the training manual in auriculotherapy for primary care professionals, namely: the mesoderm layer, innervated by the trigeminal nerve, represents the musculoskeletal system; the endoderm layer, innervated by the vagus nerve, represents the internal organs; and the ectoderm layer, innervated by the great auricular nerve, represents the central nervous system.

Thus, being constituted of the layers that originate the organs and body tissues, as well as being rich in enervation, the ear becomes an access to the body regions through reflexology. The pinna is seen as a microsystem in which the organs and body structures are found, and, due to the distribution of points in the reflex zones, its shape can be observed as an inverted fetus, facilitating the correspondence of the reflex areas with the body regions.<sup>7</sup>

In the auriculotherapy group of which the participants of this study were members, the concepts about auriculotherapy in the Chinese aspect are discussed, during health education, in a collective and shared way, using active methodologies that favor the insertion of users and active participation in the construction of the content. This practice implements one of the objectives of the PNPIC, which encourages the dissemination and information of knowledge about integrative and complementary practices for health professionals, managers and users of SUS, considering participatory methodologies and popular and traditional knowledge.<sup>8</sup>

The association between auriculotherapy and acupuncture, both techniques of traditional Chinese medicine, is evoked in the interviewees' statements:

"It's like acupuncture, I've done acupuncture too, so I think it's similar to acupuncture" (EARTH).

"It's a treatment from China, isn't it? It's a treatment to improve anxiety, pain, something, and it's a Chinese treatment, which started just now, there's little knowledge about it, but that's what they use in China" (FIRE).

Traditional Chinese medicine is based on the concept of yin and yang, the negative and the positive, and animate and inanimate beings are constantly influenced by these two forces that must maintain balance and harmony with each other.<sup>20</sup> There is also the theory of the five elements (wood, fire, earth, metal and water) and the theory of meridians (energy channels) that conduct Qi or vital energy.<sup>21</sup>

The Chinese auriculotherapy technique uses the meridians that pass close to the ear to rebalance the body. The fluidity of the vital energy that passes through these channels is stimulated by toning and sedating the points on the ear.<sup>22</sup> To stimulate the points, pressure can be used by placing spheres of gold, silver, crystals or mustard seeds fixed with adhesive tape.

In the speeches observed, as well as in the daily practices of the author, auriculotherapy is commonly called "points on the ear":

"It's not just the points on the ear, you know, that you place them to relieve, and it does relieve a lot" (WATER).

"The points on the ear are very good, it relieved the pain I have in the spine and my anxiety has improved a lot" (FIRE).

"The meaning of the word and the treatment itself, and those little rubbers, I don't know what it is, I know it's something good [...]. I used to see it in people, and I'd ask what those rubbers were for, and they would say: 'this is to take away the pain, to take away the pain' [...]" (YANG).

According to Souza,<sup>23</sup> there are records of the use of stimulation of points on the pinna in the year 2500 BC. by women in ancient Egypt as a way to achieve a contraceptive effect and records of a 16<sup>th</sup> century Portuguese physician who used cauterization of an auricular point to treat sciatica. Auricular stimulation for therapeutic purposes was used by several peoples of antiquity, both in China and Europe.<sup>7</sup>

The systematization of maps of auricular points, as well as the use of the term “auriculotherapy”, occurred from the 20<sup>th</sup> century onward, by the French physician Paul Nogier,<sup>19</sup> an acupuncturist who noticed cauterization points in the ears of some of his patients, a practice traditionally used by healers from European villages in order to treat low back pain,<sup>7</sup> and sought to correlate regions of the ear with problems located in the body, initially mapping about 30 auricular points.

Nogier’s studies of auriculotherapy and the auricular map were published in the Shanghai Journal of Traditional Medicine in 1958 and served as a basis for its development in China. Auriculotherapy was related to traditional Chinese medicine through descriptions of classic books on the path of acupuncture meridians in the ear region and with principles of this medicine.<sup>24</sup>

Auriculotherapy is well accepted because it does not involve skin puncture, and the use of seed application is a less traumatic and painful method, in addition to using materials that are easy to access and manipulate. The permanence of the seeds in the pinna can take from 3 to 7 days, using adhesive tape, and with due care being taken to avoid unintentional removal. The stimulation of the auricular points must be performed by the patient, three to five times a day, self-massaging the ears, which generates greater co-responsibility in the care process.<sup>8</sup>

There were also statements that reveal a lack of knowledge about the concepts of auriculotherapy, but reveal effectiveness and promotion of well-being to the user:

“[...] I don’t know what it is, I know it’s a good thing, because I used it and the arm that was bad even to wear the bra, to hold the bus bar, I needed help from the other arm. And I started it... I didn’t get better right away, I kept putting it on, started seeing a difference, seeing a difference, and the difference happened” (YANG).

“No, we don’t really know, right. But what I do know is that it did me a lot of good” (YIN).

In primary care, auriculotherapy can be used alone or in addition to other treatments, being a low-cost, safe and easy-to-use therapeutic resource in the management of different symptomatic and chronic conditions, such as musculoskeletal pain.<sup>25</sup>

The offer of auriculotherapy and other PICS, in addition to increasing the scope of primary care actions, can favor the creation and strengthening of the professional-patient bond through listening and care, promoting well-being and changes in life habits.

## **Conception about the effectiveness of auriculotherapy**

Another perspective that emerged in the participants’ discourses is about the effectiveness of auriculotherapy in relieving pain, especially chronic pain, as reported:

“To ease the body aches, soothing, calming down. I believe that’s it” (YANG).

“For me, acupressure is, how can I say, it is an aid to take the pain away, right? I felt very good [...]” (Qi).

"[...] when I see someone saying they have pain problems, then I say 'go to the PSF, they have a group there, look for a doctor, they'll give you the referral form to do it, 'cause acupuncture is good, right'. It relieves my pain a lot, if it relieves mine, it should relieve many people's" (EARTH).

"No, this is not going to cure you of the disease, you know, this is to ease, to calm your pain, because we know that chronic pain has no cure, right? And this is already well explained, in the groups they teach" (METAL).

In a research carried out by Manfroi et al.,<sup>26</sup> participants indicated that, when working with auriculotherapy and other therapies (Lian Gong/Qi Gong and meditation), the group became a place to recognize the subjectivity of each individual's pain, generating improvements in the specific pains and bringing good sensations to those involved, such as joy, enthusiasm, and pleasure.

Other problems emerge in the speeches on which auriculotherapy demonstrates effectiveness, as is the example of insomnia, pointed out in the following excerpts:

"[...] I relax more. At night, when I'm not doing it, I sleep badly; when I'm doing it, I sleep well" (METAL).

"When I do it, you know, I feel good. I do everything right as they say, I press them three times. It helps a lot. It soothes it a little more, so it's a ten for me!" (FIRE).

"Well, I felt good. I slept well. I would hardly feel the pain during the sessions" (YIN).

A study by Kurebayashi<sup>27</sup> pointed to the use of auriculotherapy to reduce anxiety in nursing professionals, and after ten sessions, anxiety levels were reduced. These results are corroborated by the speech:

"So, for me it is very good, the time I spent coming to do it lessened the anxiety, 'cause I am very anxious, the headache, the pain lessened as well, it decreased a lot" (WOOD).

It is worth pointing out statements that indicated the return of symptoms after the end of treatment, as seen as follows:

"During the time I was [doing it], I felt good, but now that I stopped it, it is starting to increase again, right, it had decreased" (WOOD).

"While I'm doing it, I feel an improvement, when it's over, that's it, the pain worsens again, it's like, it only improves during the treatment. When it's over, the pains come back again, more often [...]" (EARTH).

"Does it sooth it? Yes. But as it's already been about thirty days, I think, since I stopped it, then it's all coming back again" (YIN).

For traditional Chinese medicine, health corresponds to a state of balance between the five elements (wood, fire, earth, metal, and water) and between yin and yang, which promotes the flow of the vital force, Qi, responsible for harmony between body, mind, and spirituality. Diseases, consequently, arise from the rupture with such harmony and compromise the functions of the organism.<sup>28</sup>

Auriculotherapy, in the Chinese aspect, works to rebalance the body's forces and, applied in isolation, may not be sufficient for this objective. Therefore, each case must be analyzed and, if necessary, complemented with other practices and procedures, whether or not they belong to the role of integrative and complementary practices.

Therefore, the users' right to information regarding the different therapeutic possibilities must be respected, according to their clinical condition, based on scientific evidence, and the cost-effectiveness of treatment alternatives, with a right to refusal, as pointed out in Article 4 of the Charter on the Rights of Health Users.<sup>29</sup>

## Group auriculotherapy experience

According to the author Osório<sup>15</sup> (p. 57), a group is "all groups of people capable of recognizing themselves in their uniqueness and who are exercising an interactive action with shared objectives".

The operative groups in primary care can be applied to health promotion, disease prevention and provision of specific care, educational programs that enable an improvement in people's quality of life and health,<sup>30</sup> as in the case of the auriculotherapy group discussed in this work, which brings this integrative practice as a provision of care and moments of education and health promotion.

The formation of groups in the health area can make use of demographic and clinical aspects, becoming a space to stimulate the discussion of common problems, exchange of experiences and health promotion.<sup>31</sup> The auriculotherapy group aimed at this work is heterogeneous, and the common point among the participants was the search for an alternative and complementary treatment to biomedical care directed to their illness or health needs, whether physical or mental.

Group educational practices in health services should value both biological and emotional, social, political, economic, cultural and spiritual aspects, with concomitant activities that also meet the essential perspectives of social participation, disease prevention and health promotion for comprehensive and quality health care.<sup>32</sup>

Group consultations provide meetings between people who share common situations in everyday life,<sup>31</sup> as is observed in the interviewees' statements:

"Just by leaving the house, the responsibility, right, 'cause this is a responsibility. You have to go out that day and you know what you're going to look for, an improvement for your health. It would be bad if there was nowhere to go, right. You are suffering with nowhere to go, and there you have support" (METAL).

"But just by having support, a good conversation, is already a lot" (METAL).

Other statements elucidate the importance of the moment of health education carried out in a group, prior to the application of auriculotherapy, as stated:

"[...] I felt relieved for being in that group, everyone talking, playing, chatting" (YANG).

"[...] they explained everything, and I started enjoying being there in the group and enjoying it more because the pain was going away" (FIRE).

The agreement made for the participants states that, in order to perform individual care with the application of auriculotherapy, one must first participate in the collective moment of health education. This measure creates in the participants the notion of the importance of health education in their care process, being a space for exchanging experiences between professionals-users and users-users, encouraging changes in habits and building affective bonds and social support.

The health education activities offered in the group use active methodologies, shared construction of knowledge and concepts about the health/disease process and auriculotherapy, addressing health promotion through the relationship with the principles of traditional Chinese medicine and of users' popular knowledge, valuing them and making care co-responsible.

This corroborates the statement by Pereira et al.<sup>32</sup> that, in group activities, individual participation should be encouraged, ensuring space for listening and dialogue, not just a vertical transfer of information.

The auriculotherapy group constituted a space for acquiring and exchanging knowledge and experiences, both by users and therapists, building affections and bonds, care and integrality, professional and personal growth. Recognized and respected by other professionals and the community, the group represented an improvement in the quality of life and in the vision of illness and health of users.

## **CONCLUSION**

It can be inferred from this quick incursion into the narratives that the offer of auriculotherapy in primary care, despite its modes of insertion, is viewed by the user as a practice that leads to well-being and relieves their pain, whether physical or emotional.

In their speeches, users also reveal the importance of health education for understanding the therapy they take, building their conceptions about auriculotherapy, through experiences, exchanges, and sharing of knowledge.

For users, the auriculotherapy group presents itself as a space for health promotion, social support and encouragement to co-responsibility in the care process of each individual. It is understood that, regardless of remission or cure, the meetings, listening, welcoming, exchanges and care experienced there positively impacted the participants.

Auriculotherapy is, therefore, a practice through which primary care professionals can build and strengthen the relationship and bond with users and increase their scope of actions offered to achieve comprehensive health.

Based on this study, it is envisaged that other research will be carried out dealing with auriculotherapy and other PICS in the scope of primary care, strengthening its dissemination to expand its clinic, care and perspectives, with a view to encouraging more comprehensive and humanized care.

## **CONFLICT OF INTERESTS**

Nothing to declare.

## **AUTHORS' CONTRIBUTION**

LKMS: Conceptualization, Data Curation, Formal Analysis, Writing – Original Draft, Writing – Review & Editing. HSL: Conceptualization, Data Curation, Formal Analysis. WTC: Conceptualization, Data Curation, Formal Analysis. MSTM: Conceptualization, Data Curation, Formal Analysis, Writing – Original Draft, Writing – Review & Editing. YAV: Conceptualization, Data Curation, Formal Analysis. LMS: Conceptualization, Data Curation, Formal Analysis.

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