Use of medicinal plants by users of a primary health care service

Uso de plantas medicinais por usuários de um serviço de atenção primária à saúde
Uso de plantas medicinales por usuarios de un servicio de atención primaria de salud

RESUMO
Objetivo: Identificar o uso de plantas medicinais entre usuários de um serviço de Atenção Primária à Saúde. Método: Estudo quantitativo descritivo realizado por meio de estudo de caso. Entrevistou-se 100 usuários do serviço de duas unidades de saúde, uma em zona urbana e outra em zona rural, do município de Benevides, Pará. Os resultados foram organizados e tabulados por meio de estatística descritiva. Resultados: Identificou-se uso de plantas medicinais, informantes, cultivo e comunicação aos profissionais de saúde. Os usuários das duas unidades de saúde usam, cultivam e conhecem. Acima de 80% das fontes de informação são membros da família. E acima de 60% dos usuários cultivam em propriedade particular.
Conclusão: As plantas medicinais são usadas entre os usuários do serviço, sendo a indicação, eficácia e eventos adversos repassados principalmente entre gerações de famílias e cultivadas principalmente em quintais, com limitação do informação sobre o uso aos profissionais de saúde.
DESCRITORES: Plantas Medicinais; Atenção Primária em Saúde; Fitoterapia; Itinerário Terapêutico.

ABSTRACT
Objective: To identify the use of medicinal plants among users of a Primary Health Care service. Method: Descriptive quantitative study conducted through a case study. We interviewed 100 users of the service of two health units, one in urban area and another in rural areas, in the municipality of Benevides, Pará. The results were organized and tabulated using descriptive statistics. Results: The use of medicinal plants, informants, cultivation and communication to health professionals was identified. Users of both health units use, cultivate and know. Over 80% of information sources are family members, and over 60% of users grow on private property. Conclusion: Medicinal plants are used among service users, and the indication, efficacy and adverse events are passed mainly between generations of families and cultivated mainly in backyards, with limitation of information on the use of health professionals.
DESCRPTORS: Medicinal Plants; Primary Health Care; Phytotherapy; Therapeutic Itinerary; Culture.

RESUMEN
Objetivo: Identificar el uso de plantas medicinales entre los usuarios de un servicio de Atención Primaria de Salud. Método: Estudio cuantitativo descriptivo realizado a través de un estudio de caso. Entrevistamos a 100 usuarios del servicio de dos unidades de salud, una en área urbana y otra en áreas rurales, en el municipio de Benevides, Pará. Los resultados fueron organizados y tabulados utilizando estadística descriptiva. Resultados: Se identificó el uso de plantas medicinales, informantes, cultivo y comunicación a profesionales de la salud. Los usuarios de ambas unidades de salud utilizan, cultivan y conocen. Más del 80% de las fuentes de información son miembros de la familia. Y más del 60% de los usuarios crecen en propiedad privada. Conclusión: Las plantas medicinales se utilizan entre los usuarios de servicios, y la indicación, eficacia y eventos adversos se transmiten principalmente entre generaciones de familias y se cultivan principalmente en patios traseros, con limitación de información sobre el uso de profesionales de la salud.
DESCRIPTORES: Plantas Medicinales; Primeros auxilios; fitoterapia; Itinerario Terapéutico; Cultura.

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INTRODUCTION

Medicinal plants have been used since the dawn of civilization by different ethnic groups. This knowledge has been the object of research and has become the basis of new drugs. The use of this natural resource favors the integrity of care in Primary Health Care (PHC), valuing popular knowledge and self-care, opposing the biomedical model centered on the disease, to the detriment of other types of knowledge generation.

Through policies and movements that strengthen integrative and complementary practices, it is possible to rescue this popular knowledge, favoring forms of holistic care that promote sustainability, appreciation of self-care and active participation of the patient throughout the process. However, it is important to note that the use of medicinal plants can cause serious poisoning, in most cases due to self-medication and ignorance. There is also a lack of microbial control in many medicinal plant products.

Because of this, it is important to consider the particularity of each species and its rational use, given that although they can have beneficial effects, they can also cause adverse reactions. Analyzing this situation, the Ministry of Health instituted the "National Policy on Medicinal Plants and Phytotherapies" (PNPMF - Política Nacional de Plantas Medicinais e Fitoterápicos) through Decree No. 5,813, of June 22, 2006, to provide safe access to the use of medicinal plants and phytotherapics.

Among these plants, nine were approved by ANVISA for the use and manufacture of herbal medicines. These first notes subsidized the Brazilian Pharmacopoeia herbal medicine form, establishing the practices of handling and dispensing herbal medicines (Resolution RDC no 60 of November 10th, 2011), of the Phytotherapics memento of the Brazilian Pharmacopoeia (MFFB - Memento de Fitoterápicos da Farmacopeia Brasileira) which has monographs that guide the prescription of medicinal plants and phytotherapics.

In view of these updates, we can see the advance of Brazilian regulations for the incorporation and valorization of medicinal plants in PHC. As a result of these insertions, the use of medicinal plants has been pointed out in studies, which demonstrates the importance of the discussion on the subject from the PNPMF and the various successful experiences.

However, there is still resistance in the prescription of medicinal plants. Studies show that nurses have a lack of knowledge of national and public policies to value the use and diffusion of complementary therapies. Failure to deepen knowledge of such policies may imply non-adherence to traditional medicine, resulting in the devaluation of this form of care. Thus, it is necessary for professionals to acquire this knowledge for the consolidation of the policy.

This lack begins with academic training, where health professionals do not learn about traditional medicine and are often unaware of scientific evidence about Medicinal Plants. This situation has an impact on the lack of incentive and dissemination of the rational use of Medicinal Plants for the population. In the work by Szerwieski et al., it was shown that users were not correctly aware of the contraindications and possible side effects, and said that they used indiscriminately, believing that because it is something more natural, it could not cause harm.

In these terms, there is a need for studies that show the knowledge and itineraries of PHC users in different contexts in order to implement the PNPICS. It is observed that there is a gap with studies in the Amazon region, and it is necessary to expand the evidence, due to the peculiarities and pluralities of peoples in the region.

It is noteworthy that the knowledge about traditional ancestral medicine in...
the Amazon is part of the historical-social construct of the populations that are in the territories of the region.\textsuperscript{19} It is, therefore, essential that health professionals and health care services identify the therapeutic itineraries for the social groups that are being monitored in the PHC health services.

The study aims to identify the use of medicinal plants among users of a Primary Health Care service.

**METHOD**

**Type of study and theoretical framework**

Descriptive quantitative study carried out through a case study.\textsuperscript{21} The case study was used in studies that evaluate a phenomenon in its real context in order to deepen an individual unit. It was carried out in two primary health care units in the municipality of Benevides, in the state of Pará, entitled Flores (UF) and Paraíso do Murinim (UPM). The choice of these places occurred because, in these areas, there are present urban space (Flowers Unit) and rural space (Paraíso de Murinim Unit). The theoretical framework was carried out through studies on traditional knowledge in the Amazon context.

The participants were users of the Flores and Paraíso do Murinim Units located in the municipality of Benevides, State of Pará. The selection of participants was carried out through the contact of the Community Health Agents (CHA) of the Health Units.

As inclusion and exclusion criteria, it was listed as an inclusion criterion to be a user of health units and be between 18 and 80 years old. We sought to include an equal sample of health units. Users with cognitive and speech deficits and not registered in the units listed in the study are excluded. Thus, 100 users of both sexes participated in the study (50 in the Flores unit and 50 in the Paraíso do Murinim unit).

Data was collected in October 2015. Instruments used. The information was obtained through a form that contained seven structured questions. The results were organized and tabulated using simple descriptive statistics and presented in graphs produced using the Microsoft Windows Excel program.

**RESULT**

The study showed that 92% (46/50) of the UPM population uses medicinal plants and 80% (40/50) of users surveyed in Flores also use them, regardless of gender or age. It was identified that 87.0% (43/50) of the population of both areas surveyed never suffered any side effects with the use of medicinal plants and phytotherapies, and 13% (7/50) of the population used and 12.5% (6/50) of the UF have already suffered some damage from the use. Among the population surveyed, 74% (37/50) of the UF and 55% (27/50) of the UPM never informed doctors and nurses about the use of medicinal plants and herbal medicines.

Regarding the sources of knowledge about the use of medicinal plants and their functions, the study identified that the family is the main source of information. It was found that 80.4% (40/50) of UPM participants and 80% (40/50) in Flores, obtained their knowledge of plants and herbal medicines through someone in the family as well as through observing the use by others 17.5% (9/50) Flores, 6.5% (3/50) from UM, by neighbors 13% (6/50) identified only at the UPM and a minimum percentage of 2.5% (1/50) by medical advice from the UF.

With regard to the origin of obtaining the plants, 69.6% (9/50) of the UPM participants and 60% (30/50) of the UF, grow the plants on their properties, without specific knowledge about the management and hygiene required in the planting and harvesting stages.

Home purchases of natural products were also indicated in both units, Flores with 19.6% (10/50) and UPM 19.5% (10/50) and at the pharmacy 12.5% (6/50) Flores and 10.5% UM. Regarding guidance on the use of Medicinal Plants, UPM users received 61.5% more guidance (30/50) compared to Flores 38.9% (19/50) as shown in Table 1.
DISCUSSION

The findings indicate that UPM participants, as they are in rural areas, have direct access to plants through their backyards. This highlights the possibility of socioeconomic issues and access to the service. 31 It is noted that in rural areas, there is a more harmonious relationship with nature, which explains access to and knowledge of medicinal plants. 33 The cultivation of medicinal plants in rural populations is an important resource used for local health. 34 It was found that the backyards are an extension of the house and a place where users pay special attention as understood as a complementary production system. 35

Regarding the origin of information and knowledge, it was identified that the family is the main source. The process of transmission of knowledge about medicinal plants is transmitted through several generations by oral tradition and that the first manifestations of this knowledge begin in childhood. 36 This manifestation reinforces the transmission of knowledge, sustaining a relationship of trust between members of a family.

Regarding the side effect, it showed that even though it is a more natural way, it has toxicity actions. 37 Generally, such contaminants can cause serious problems in the body, resulting in various disorders and weakening the user’s health. 38

It is important to emphasize that the population does not inform doctors and nurses about the use of this therapeutic modality. This situation reflects the fragility of the doctor-patient relationship. 29 In the past, the distance and lack of bond between professionals and users, due to different knowledge and cultures, promoted distancing. These are challenges that need to be overcome for the insertion of PICs in the SUS. 30

The lack of knowledge and little focus on alternative therapies during academic training represent the main reason why the vast majority of health professionals do not recommend medicines based on Medicinal Plants. 12 To overcome this scenario, studies point the way to the implementation of phytotherapy in PHC as a therapeutic or educational resource. 31 Initially, a survey of medicinal plants used by the community must be carried out and subsequently registered in the official protocols of the service.

It is reiterated that health professionals carry out a collective study and register a technical sheet or informative materials for the dissemination of the researched information. These support materials based on local medicinal plants help when prescribing, also contributing to the establishment of the professional’s bond with the community. 32 Therefore, they help with educational activities based on dialogue and appreciation of popular knowledge, raising awareness and stimulating them in the search for articulating and instituting spaces for collaboration and exchange of experiences. 30,34,35

Another strategy is the creation of educational gardens, community gardens and a live pharmacy. The first refers to areas intended for the cultivation of in natura plants, with botanical identification, preservation of endangered species, studies and didactic guidance on plants. 36 Community gardens are areas

<table>
<thead>
<tr>
<th>Health Unit</th>
<th>Question</th>
<th>Knowledge and use of medicinal plants</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>FLORES</td>
<td>80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MURINIM</td>
<td>92%</td>
<td>8%</td>
<td></td>
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### How they learned to use medicinal plants

| FLORES | 0% | 17.5% | 0% | 80% |
| MURINIM | 2.5% | 6.5% | 13% | 80.4% |

### How do they get the medicinal plants

| FLORES | 0% | 12.5% | 27.5% | 60% |
| MURINIM | 0% | 10.9% | 19.6% | 69.6% |

### Adverse effects after using any medicinal plant

| FLORES | Yes | No |
| MURINIM | 13% | 87% |

### Information to the Doctor and Nurse on the use of medicinal plants

| FLORES | Yes | No |
| MURINIM | 26% | 74% |

### Received guidance from a health professional on the use of medicinal plants

| FLORES | Yes | No |
| MURINIM | 58.9% | 61.1% |

Source: elaboration of the authors, 2022
intended for organic cultivation, artisanal drying, exchange or donation of seedlings of plant species, most of them without botanical identification, but based on popular and traditional culture organized in the community, in households or schools. The Farmácia-viva, on the other hand, is more complex and follows the recommendations of good practices for processing, storing, handling and dispensing medicinal plants and herbal medicines within the scope of the SUS.

CONCLUSION

According to the study, it was found that users of the two basic units use plants as a therapeutic resource, with emphasis on cultivation on their properties, do not inform health professionals about the use of these plants and report side effects in certain cases. Therefore, medicinal plants are used by users, however health professionals need to be sensitized to dialogue about this resource.

It was noted that the replacement of allopathic medication by herbal medicines, most people do not make this substitution, however, it is still noticed that this practice occurs, mainly in UM, this data becomes worrying, because it is a dangerous behavior, since many treatments involve therapeutic regimens.

In this way, all health service clients must be advised of the risks of abandoning treatments or associating medications. It should be understood that medicinal plants have pharmacological actions that can cause harm to health, also highlighting that the use of medicinal plants is neither worse nor better than allopathic plants, it is the same because in their composition there are chemical compounds capable of altering the body’s functions.

This study has the limitation of not having explored the types of plants used by the community, lacking further research to expand this information. However, it was able to bring a reflection on popular knowledge as a form of treatment for diseases.

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