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Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:
Silva, D. C. d., Budó, M. d. L. D., Schimith, M. D., Heisler, E. V., Simon, B. S., & Torres, G. d. V. (2015). Use of medicinal plants by people with venous ulcer in outpatient treatment. *Revista de Pesquisa: Cuidado é Fundamental Online*, *7*(3), 2895-2997. https://doi.org/10.9789/2175-5361.2015.v7i3.2895-2997

Federal University of Rio de Janeiro State

Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Utilização de plantas medicinais por pessoas com úlcera venosa em tratamento ambulatorial

Use of medicinal plants by people with venous ulcer in outpatient treatment

Uso de plantas medicinales por personas con úlceras venosas en tratamiento ambulatorio

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ABSTRACT

Objective: Learning the use of medicinal plants by people with venous ulcers accompanied in an outpatient of a public hospital of the central region of Rio Grande do Sul, Brazil. **Method:** It is qualitative and descriptive study, in which 14 people with venous ulcers were interviewed between January and February 2013. The data were treated according to the content analysis. **Results:** The categories elaborated were: Medicinal plants used for the care of venous ulcers; Learning in care with medicinal plants; Forms for use of medicinal plants in the care for venous ulcer. **Conclusion:** The plants are used as tea or directly into the lesion. This care precedes the search to the health services or occurred as a complement form of professional practices. It was important for nursing identifying the influence of this popular knowledge in the care for people with venous ulcers. **Descriptors:** Medicinal plants, Medicine traditional, Varicose ulcer, Nursing.

RESUMO

Objetivo: Conhecer a utilização de plantas medicinais por pessoas com úlcera venosa acompanhadas no ambulatório de um hospital público da região central do Rio Grande do Sul, Brasil. **Método:** Pesquisa qualitativa, descritiva, na qual foram entrevistadas 14 pessoas com úlcera venosa entre janeiro e fevereiro de 2013. Os dados foram tratados conforme a análise de conteúdo. **Resultados:** Elaboraram-se as categorias: Plantas medicinais utilizadas no cuidado da úlcera venosa; Aprendizado no cuidado com plantas medicinais; e Formas de uso das plantas medicinais no cuidado à úlcera venosa. **Conclusão:** As plantas são utilizadas na forma de chá ou diretamente na lesão. Esse cuidado antecede a busca aos serviços de saúde ou ocorre de forma complementar as práticas profissionais. Faz-se importante a enfermagem identificar a influência desse conhecimento popular no cuidado a pessoas com úlcera venosa. **Descritores:** Plantas medicinais, Medicina tradicional, Úlcera varicose, Enfermagem.

RESUMEN

Objetivo: Conocer el uso de plantas medicinales por personas con úlceras venosas acompañadas en consultorio externo de un hospital público de la región central del Rio Grande do Sul, Brasil. **Método:** Un estudio cualitativo, descriptivo, en el cual 14 personas con úlceras venosas fueron entrevistados entre enero y febrero de 2013. Los datos fueron tratados de acuerdo con el análisis de contenido. **Resultados**: Ee elaboran las categorías: Plantas medicinales utilizadas en el cuidado de úlceras venosas; El aprendizaje en el cuidado con plantas medicinales; Formas de uso de plantas medicinales en el cuidado de las úlceras venosas. **Conclusión:** Las plantas son utilizadas como té o directamente en la lesión. Este cuidado es antes de buscar los servicios de salud y ocurre complementariamente con las prácticas profesionales. Es importante para la enfermería identificar la influencia del conocimiento común en el cuidado de personas con úlceras venosas. **Descriptores:** Plantas medicinales, Medicina tradicional, Úlcera varicosa, Enfermería.

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INTRODUCTION

The venous ulcer is characterized as an injury that has prolonged treatment because of chronic and frequent recurrences. In the routine of health services, the presence of people with venous ulcer is periodic for dressing changes.[1]

When describing the resources used by nurses in the care of people with venous ulcers, we highlight the traditional materials and technologies for the realization of healing and guidance for home care. In the face of these products developed and techniques, it is an analysis to define which provides better quality of life to people with venous ulcers.[2]

Despite the wide availability of resources, new methods of wound healing have been studied. These methods include complementary therapies, such as medicinal plants, which for centuries are used for family and community care, by popular knowledge. The wound care with medicinal plants, among other reasons, may be related to difficulties in access to professional and health services.[3]

The appreciation of the use of medicinal plants has been stimulated by the World Health Organization (WHO), and in the health context, 80% of the world population uses plants on preparations.[4] Also, the Ministry of Health has encouraged the use of medicinal plants, through the National Policy on Integrative and Complementary Practices in the Unified Health System (SUS)[4], and the National Policy on Medicinal Plants and Herbal Medicines in Primary Care.[5]

The Alternative/Complementary Therapies are recognized as a specialty and/or qualification of nurses, through resolution 197/1997 of the Federal Nursing Council of Brazil. Therefore, there is the need for nurses to be approved and complete the minimum course load of 360 hours in a course recognized by educational institution .6 In addition to nursing practice with the use of medicinal plants, identifies the lack of scientific studies with a focus on the potential of the herbs used as a form of health care.[7]

It is worth highlighting the need for more research in order to bring the knowledge from the common sense with scientific knowledge.[8] In this sense, to implement care that bring this knowledge, the nurse seeks, in practice, comprehensive care, which includes the context cultural of the person and his family. Consequently, you can enable the promotion of health and improving the quality of life.[9]

Thus, demonstrates the importance of knowledge and appreciation on the part of health professionals on the knowledge and practices of people with venous ulcers on the use of medicinal plants in care to the wound. It is characterized with it, the need for cultural sensitivity on the part of nursing professionals as a way of getting closer to the popular knowledge.[10]

Investigate care through the use of plants can be favorable to human health, provided that the person has knowledge of the purpose, risks and benefits of the plant used.

In this sense, asked them: How are used medicinal plants by people with venous ulcers accompanied in the outpatient clinic of a public hospital in the central region of Rio Grande do Sul (RS), Brazil? Therefore, this study aimed to recognizing the use of medicinal plants by people with venous ulcers accompanied in the clinic of a public hospital in the central region of RS, Brazil.

METHOD

A qualitative, descriptive research carried out in the clinic of a public hospital in a municipality located in the central region of RS, Brazil. There was used as an inclusion criterion being over 18 years old and living in the outpatient clinic, because of venous ulcers in the period of data collection. There were excluded those who had difficulties in understanding or communication.

Data collection took place between January and February 2013, through semi-structured interviews with 14 people with venous ulcers. The definition of the number of survey participants occurred when the objective was met.

The interviews were recorded and later transcribed and the data processed according to Content Analysis,[11] which was operationalized through three stages: pre-analysis; exploration of the material and the processing of results, inference and interpretation.

The ethical principles applicable to human research were respected, according to Resolution 196/96 of the National Health Council. The participants signed the consent form. The project was approved by the Ethics Committee of the University Research in which it linked to research, under the protocol number 23081.000145/2008-19 and Presentation Certificate of Appreciation for Ethics 0004.0.243.000-08 number. In presenting the data we used the letter E followed by the order number on which the interview.

RESULTS AND DISCUSSION

We interviewed 14 people with venous ulcers, nine women and five men, aged between 47 and 79 years old, average 62,9 years old (SD = 10,6). Regarding their occupation, 11 were retired, two receiving social security benefits and one was a day laborer. Regarding education, 12 had incomplete primary education, one complete elementary school and one was illiterate. About marital status, four were married, widowed four, three singles and three separate. Those who reported having children were 11 and 3

had no children. Ten said they were Catholic and four, Evangelic. About the place of residence, 11 reported living in the urban area and three in the countryside.

The time of existence of the lesion was between six months and 25 years; 13 participants had an injury and one had two lesions; ten have had relapses and four had venous ulcers for the first time.

To reporting the use of medicinal plants by people with venous ulcers in attendance, the data were organized in the following categories: Medicinal plants used in the care of venous ulcer; Learning in the care of medicinal plants; and Ways to use of medicinal plants in care for venous ulcers.

Medicinal plants used in the care of venous ulcer

This category describes the medicinal plants cited and used by the research participants for care of venous ulcers. Moreover, the category is intended to report and discuss the experience of respondents on the use of plant popularly called as Aloe (Aloe vera L.), which was often referred to in this research.

Respondents cited 12 medicinal plants, which are presented in Table 1, according to the order and which were most frequently mentioned by respondents.

Table 1: Medicinal plants cited by people with venous ulcers in outpatient care. Central region of Rio Grande do Sul, Brazil, in 2013.

Popular name of the plant/scientific name	Scientific statement	Use mentioned by respondents
Aloe/*Aloe vera L.*	Topical treatment of 1st and 2nd level burns and as adjuvant in cases of *Psoriasis vulgaris*.[12]	For healing, pain relief.
Comfrey/*Symphytum officinale*		To take and wash the wound
Arnica/*Arnica montana*	Traumas, contusions, sprains, swelling due to fractures and sprains. Hematoma. Should not be applied to open wounds.[13]	Anti-inflammatory
Malva/ *Malva sylvestris*	Respiratory disorders as Expectorant. Bruising and inflammation of the mouth and throat.[13]	To take and wash the wound
Maytenus/*Maytenus ilicifolia*	Dyspepsia (disturbed digestion), heartburn and gastritis. Coadjuvant in the treatment of episodic ulcer prevention in use of nonsteroidal anti-inflammatory drugs.[13]	To take and heal the wound
Marcela/*Achyrocline*	Poor digestion and intestinal	To take and wash the wound

satureioides	cramps; as mild sedative; and as anti-inflammatory.[13]	
Pike/Bidens pilosa	Jaundice, yellowing of skin and mucous membranes due to an accumulation of bilirubin in the body.[13]	To take and wash the wound
Transagem; Plantain; Tranchagem/ *Plantago major*	Inflammation of the mouth and pharynx. [13]	To take and wash the wound
Mistletoe		To take and wash the wound
Cassava leaf		To wash the wound
Chinaberry bark		To wash the wound
Coronial bark		Aids blood circulation

Of the 12 medicinal plants cited by respondents, seven plants were found in documents of the Ministry of Health (MOH)[12-3], which aim to help health professionals and the public on the correct use of medicinal plants. The Collegiate Board Resolution (RDC) no. 10 of the National Health Surveillance Agency (ANVISA), created in 2010, brings a list of 66 medicinal plants and explains how these should be used and its indications.[13]

Also, there is the National List of Medicinal Plants of Interest to SUS (RENISUS), which are present 71 plants, with the aim of guiding studies to support the development of herbal relationship to be made available by MOH to use the population.[14] From the seven plants presented in MS12-3 documents, only Marcela is not mentioned in RENISUS.

From the search to documents[12-4], it was found that there were no results for five plants: comfrey, cassava leaves, cinnamon bark, coronial bark and grass-of-bird.

The lack of knowledge about the indication may cause the improper use of plants such as intoxication or health problems. One has for example, the plant popularly known as comfrey, Symphytum officinale, which has toxic activity when taken orally. She was listed among the 11 toxic plants cited by ecological farmers in southern RS.[15]

Still, when you survey the plants mentioned by the interviewees identified that, for most, there is no healing therapeutic indications, despite being mentioned in popular usage. Thus, it is not really the fact that the population use medicinal plants that knowledge about them should be added to the working environment of health professionals. Thus, it is not to transfer knowledge and practices of the common field to scientific, but investigate such knowledge and practices, in order to explore the effectiveness of medicinal plants in health care.

Another finding was that the same plant can have different common names. Accordingly, points out the need to minimize erroneous practice.[16]

These evidences are of concern, because they demonstrate that the population makes use of plants with therapeutic purpose without warranty of its safety and effectiveness, and support, only in the wisdom of common sense. [17]

Furthermore, in a survey conducted with residents of the community assisted by the Family Health Unit in a city of RS, it was found that the use of homemade tea is commonplace and that most used medicinal plants had their therapeutic indications similar to those popular found in the scientific literature. Thus points to a necessary approach between popular and scientific knowledge, as well as for the creation of projects that work with this theme.[10]

Among the plants mentioned for care of venous ulcer it was recurrent the use of Aloe, this being evaluated by some as positive and others negative effect on wound healing. Regarding the positive assessment by people with venous ulcers, identified the increased drainage of the lesion and relief from the discomfort.

The analgesic action with reduced pain at the site where it is applied is between Aloe therapeutic properties, as well as antiseptic action, anti-inflammatory, antibacterial, moisturizing the skin. Additionally, it assists in blood flow by dilating capillaries and their proteolytic enzymes destroy unviable tissues.[18]

The Aloe can be characterized as a resource used before seeking care in the health service.

> When I made the dressing at home, which I didn't have cream, I used the Aloe. Because I was taught it was good, it was put out and did it, put out and relieved myself. Then I went in the health center. (E1)

In home care, in the absence of ointment, the person with venous ulcers makes use of Aloe in the lesion. One can relate this practice due to the low cost and have been suggested by people nearby. Thus, the suggestion of using known for Aloe may favor the practice is maintained concomitant medical care.

> *At the beginning I used tea, Aloe Vera, Aloe, but to no avail nothing. I was at the doctor, but I was taught that it was good. The Aloe Vera, it is good, heals a lot of things, but my leg didn't help anything. More was the ointment that the doctor would prescribe and antibiotic.* (E13)

> *Everybody taught me to put Aloe Vera [...], wash it and get that goo she have and put that piece there, I also made a few times.* (E6)

There is the negative effect does not occur to the venous ulcer healing, as expected due to the intense statement made by family members or even with experience in other cases of injury. Moreover, despite access to health services, medicinal plants remain complementary to drug therapy, supported on knowledge of common sense.

The quest to formal health service, most often occurs after performing treatment with medicinal plants.[9] Using these, can also occur without the knowledge of health professionals and used along with the manufactured drugs without appreciation of the risks interactions. It has been that this may result from the delay in the expected action to be viewed with the use of plants.[19]

This fact highlights the need for the involvement of health professionals with the local culture, which can lower the barriers between professionals and users, increase

security when using medicinal plants and reduce the risk of toxicity of these, and also the dependence of people to manufactured drugs.[20]

The lack of more specific studies on the healing practice of some medicinal plants prevents the scientific evidence for use.[10] On the other hand, several factors have contributed to the use of plants as medicinal resource, including, difficult access of the population to medical, cultural and economic issues.[21]

Learning in care with medicinal plants

By questioning them about the main responsible for indicating the use of medicinal plants, such cite neighbors, friends, anyone who has had other injuries and people from the countryside. This reinforces the popular mode of transmission of this ancient knowledge that is the use of medicinal plants for the treatment and cure of various diseases.

> *A lot of people taught me how to use the herb Comfrey, Mallow, transagem and even the so-called pik, looked for leaf also taught me to put, Aloe Vera.* (E6)

Noting the diversity of plants that are offered to care for venous injury, and several people who can make that statement.

The use of medicinal plants is incorporated into the daily lives of its users and knowledge of this practice was built through family relationships, especially with their ancestors.[19] This knowledge accompanies and is transmitted by older people, with disbelief and disinterest on the part of younger.[22] women with more advanced age are responsible for the maintenance and enhancement of this practice, which usually occurs in the form of teas and poultices.[3]

People of network relationships can be responsible for the indication of use of the plant as a therapeutic practice for the care of the injury.

> *They were neighbors, friends, those who taught me. For me not solved anything, for example, cassava leaf I used for about twenty days and saw no way to solve anything and there would, washed with Comfrey, via which does not solve anything and what point do, do not have a result no.* (E6)

> Sometimes I talk to whoever had a problem like that and now is fine, but they still drink tea. Hence as we don't know what's going to do to get the cure. So when they tell me: "this tea is good!" I go there and I can and put in mate. People who have lived or met someone who had the injury and that's where improved. (E10)

As a result is the influence of neighbors, friends and knowledge of the experience of those who have experienced venous ulcer or other skin lesion. On the other hand, in some

cases, is the strengthening of disbelief in the popular care by failing to identify the outcomes of venous ulcer healing.

The active principles of plants have been identified empirically on the capacity that some had to fight off disease from the earliest civilizations. So long was the main therapeutic resource used to treat the health of people and their families. However, the use of medicinal plants has been replaced by the use of manufactured drugs, a fact explained by the progress made in the context of health sciences and the intense advertising campaigns.[10] This article shows the importance of studies in order to rescue this knowledge and scientifically validate this coming wisdom of common sense.

Also, the cultural context was another issue that had an influence on the indication on the use of plants.

> People, who came from outside (rural area) to visit me or met and said to my mother: "tell her to do this, do that". And we did that, but for me it didn't solve anything. They do for at least fifteen or twenty days, for example, I would take, let's say, to make Comfrey tea, to take and to wash. Via not solved that, then another told me makes a strong tea well and wash with that cassava leaf. So let the Comfrey and did that over fifteen and twenty days. (E6)

There are frequent information coming from rural people, having noticed that these socio-cultural issues may result from respondents' care context.

The use of medicinal plants has its use widespread and accepted by the rural population. In health care through medicinal plants, farmers were identified as referees this knowledge as part of the informal health system, in a rural community in a city in southern Brazil.[23]

Access to the plant may be encouraged to have contact with people who live or work in the countryside.

> Now a gentleman taught me cancorosa, but I can't go out into the woods to look for. Until this week my neighbor is going to bring, because he works on a farm out (rural area). And then take the tea, he showed me his leg, it was air pocket that’s surrounded not wound dried and he never said that tea will heal it, let's see. (E14)

Identifies the help of neighbor to do the popular treatment and also stimulate the use for having a successful experience in the healing of his wound. Another punctuated situation is how is the acquisition of the plant, which is informed that occurs with search on bush.

Thus, differs from other realities where the medicinal plants used in teas were planted and harvested in the own garden[10,23] and patio[23]of the respondents.

In a survey conducted in the mid-west region of Brazil, medicinal plants were acquired to be held habit to cultivate in yards and gardens, as well as through neighbors, friends, and even in places such as the "swamp" near their homes.[19] These practices may lead to mistaken identification, which leads to risks related to quality and safety. To

mitigate this risk as a strategy has been the adoption of gardens of medicinal plants, which species would be certified by botanists, and indications and usage would be under the responsibility of a multidisciplinary health team.[19]

In this study health professionals have not cited as responsible for the transmission of knowledge on the use of medicinal plants. In another survey these are remembered, but with less intensity, in which this probably is justified by the lack of preparation and/or disbelief of health professionals on this popular health care practice.[9]

They recognize, therefore, that the therapeutic use of plants was established as practice, historically constructed in the wisdom of common sense that articulates culture and health, as these aspects do not occur in isolation, but inserted in a specific historical context.[8]

Forms of use of medicinal plants in the care for venous ulcers

It approaches this category the ways in which plants are used by people in care for venous ulcers. There were scored the practice of using plants to wash the wound dressing and do to take, that is, teas.

> *I use enough tea, I use arnica, and I use mauve. Several medicinal herbs people tell me it's good. Chinaberry bark, too, say it is good, also I wash. Used to wash and make the dressing and take.* (E10)

When using to wash the lesion presents the various plants deals.

> Washed with Comfrey, who taught. It is a giant, green foliage and I washed with it, there is a remedy, which made up so I put ointment on his leg and nothing helped. (E5)

> *We used for business, home, taught many teas, it was washed with tea, but even with all we did because it was a lot you taught. Wore tea Marcela and Comfrey and others I can't even remember. Sometimes we want to see a difference and the improvement was an illusion.* (E11)

By the time that respondents reported the intake of tea, one can see that in this practice are highlighted systemic issues such as anti-inflammatory or circulatory action.

> *The only tea I made was that tea of arnica. That I took because it is anti-inflammatory.* (E8)

> *Has the coronial hull, who says it is very good for the blood circulation. Put the mistletoe which is also good. Take tea in the mate I take diary.* (E10)

It identifies the concern of respondents with issues related to the circulatory system and the inflammatory process, thus expanding care beyond the site of venous ulcers. Also, is the cultural influence when the tea is mixed with mate, popular drink in southern Brazil, prepared with yerba mate (Ilex paraguariensis, IN) and hot water.[24] Similarly, use of medicinal plants for the consumption of mate was found in research with older men in Dourados, Mato Grosso.[11]

By knowing the care practices, confidence is evident in the benefits of teas and this choice is performed autonomously, demonstrating not be an indication of health professionals.[25]

Despite the use of medicinal plants, health professionals seem unaware such practices. Most of the time, people do not report that they use and there are no guidelines as to whether risks when used manufactured drugs along with the use of medicinal plants.[19]

Thus, points up the need for nurses to qualify, since the use of medicinal plants in health care has been stimulated by the MS with the introduction of complementary therapies in the SUS. To this end, the professional must have knowledge of the identification of these, the active ingredients and contraindications of each, taking into account local knowledge, including the diversity of names given by communities to the same plant. Thus, the nurse in the realization of care seeks to integrate the popular knowledge and scientific.[9]

In addition, there is the need to respect the differences and the social context of people and so, the nurse work, from the perspective of comprehensive care, to approach the care of common practices. It signals that academic training is not only back to recovery but for health promotion. [23] Thus, the training centers need to articulate learning about medicinal plants to other nursing knowledge.[26]

During the nursing education there is a lack of systematic use of natural practices in care when they occur are by teaching the interest that works with the theme. For care by applying medicinal herbs, it is necessary that education corroborates this practice through the formal inclusion of content and curricular experiences at the undergraduate and graduate levels. For thus help that sustained knowledge in popular usage, can be validated and allow a safe practice to be applied in the public space-professional nursing.[27] In addition to enhancing the knowledge of the population, highlights the importance of nurses being trained as the knowledge of the use of plants in the wound healing process.[28]

Reinforces once again, the importance of the rescue of popular knowledge about the use of medicinal plants, because despite being a genuine therapeutic resource of popular knowledge, knowledge of its therapeutic properties and forms of use cannot be based solely on the know common sense, considering side effects that may occur.[17]

Thus, it identifies the need for research that seeks scientific evidence of the use of medicinal plants in the treatment of venous ulcers, adding up to learn professional, scientific, popular knowledge.

CONCLUSION

It was found that the use of medicinal plants was part of the care of people with venous ulcers, which may precede the search to health services, or occur in a complementary way professional practices. Various plants have been reported in the care of venous ulcer, either for direct use in the lesion or as tea. However, it was found that the population has the popular knowledge; unaware of the existence of scientific studies about the therapeutic potential of plants indicated by known, as neighbors, friends, anyone who has had other injuries and people from the countryside.

Because of that, there was the importance of nursing to identify the influence of popular knowledge in the care of people with venous ulcers. As well as attend to the necessary guidelines for use of the resources in nature. Reinforces the relevance of the approach on the use of medicinal plants as a form of care, occur during graduation, since the complementary therapies, too, is a specialty nurse. Although there is already the guidance of WHO and politics in Brazil, professional unprepared to work this occurs the treatment considered important to people. There is still a gap between the popular knowledge and the preparation of the professional for this practice.

It highlights the need for new studies designed to demonstrating the healing potential of these plants, mainly in Brazil, for its wide biodiversity; even more revealing that it is knowledge that can be valued and serves as a subsidy for new researches, including pharmaceuticals.

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Received on: 24/06/2014
Required for review: No
Approved on: 25/02/2015
Published on: 01/07/2015

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