

Difficulties of health professionals facing the use of medicinal plants and fitotherapy

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RESEARCH

DIFFICULTIES OF HEALTH PROFESSIONALS FACING THE USE OF MEDICINAL PLANTS AND FITOTHERAPY

DIFICULDADES DE PROFISSIONAIS DE SAÚDE FRENTE AO USO DE PLANTAS MEDICINAIS E FITOTERÁPICOS

DIFICULTADES DE PROFESIONALES DE LA SALUD SOBRE EL USO DE PLANTAS MEDICINALES Y FITOTERÁPICOS

Danielle Souza Silva Varela¹, Dulcian Medeiros de Azevedo²

ABSTRACT

Objective: To identify the difficulties encountered by doctors and nurses on the applicability of medicinal plants and phytotherapies in the Family Health Strategy (FHS) of Caico/RN. **Methods:** A qualitative and descriptive study developed with 19 health professionals. The data collection occurred between January and February 2011 through semi-structured interviews with treatment and analysis mediated by thematic content analysis. **Results:** The subjects show that the cultural resistance of the population, the lack of knowledge of the health professionals on integrative and complementary practices (PIC), the lack of inputs in the health services and the fragility of popular knowledge hinder the use of medicinal plants and phytotherapy. **Conclusion:** It is necessary some investments in this area with capacitating actions and training of human resources, besides the physical and structural support. It is suggested the realization of researches along of teaching about PIC and evaluation of the egress' ability to respond to the demands in health services. **Descriptors:** Phytotherapy, Medicinal Plants, Family Health Program, Health personnel, Community health nursing.

RESUMO

Objetivo: Identificar as dificuldades encontradas por médicos e enfermeiros na aplicabilidade de plantas medicinais e fitoterápicos na Estratégia Saúde da Família (ESF) de Caicó/RN. **Método:** Estudo descritivo e qualitativo desenvolvido com 19 profissionais de saúde. A coleta de dados ocorreu entre janeiro e fevereiro de 2011 através de entrevista semiestruturada, com tratamento e análise mediados pela análise temática de conteúdo. **Resultados:** Os sujeitos apontaram que a resistência cultural da população, o déficit de conhecimento dos profissionais de saúde sobre Práticas Integrativas e Complementares (PIC), a ausência de insumos nos serviços de saúde e a fragilidade do saber popular dificultam o emprego de plantas medicinais e de fitoterápicos. **Conclusão:** São necessários investimentos nesta área com capacitações e formação de recursos humanos, além do suporte físico e estrutural. Sugere-se a realização de pesquisas junto ao ensino sobre PIC e avaliação da capacidade do egresso em responder às demandas nos serviços de saúde. **Descritores:** Fitoterapia, Plantas medicinais, Programa saúde da família, Pessoal de saúde, Enfermagem em saúde comunitária.

RESUMEN

Objetivo: Identificar las dificultades encontradas por médicos y enfermeros en la aplicabilidad de plantas medicinales y fitoterápicos en la Estrategia de Salud Familiar (ESF) de Caicó/RN. **Métodos:** Estudio descriptivo y cualitativo desarrollado con 19 profesionales de salud. La recolección de datos ocurrió entre enero y febrero de 2011 a través de entrevista semiestructurada, con tratamiento y análisis mediados por análisis temático del contenido. **Resultados:** Los sujetos señalaron que la resistencia cultural de la población, la escasez de conocimiento de los profesionales de salud sobre Prácticas Integrativas y Complementarias (PIC), la ausencia de insumos en los servicios de salud y la fragilidad del conocimiento popular dificultan el uso de plantas medicinales y de fitoterápicos. **Conclusión:** Se necesitan inversiones en esta área con capacitaciones e incremento de recursos humanos. Sugerimos realizar investigaciones junto a enseñanza sobre PIC y evaluar la capacidad del egreso para responder a las demandas en los servicios de salud. **Descriptor:** Fitoterapia, Plantas medicinales, Programa de salud familiar, Personal de salud, Enfermería en salud comunitaria.

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INTRODUCTION

In recent years, discussions involving health and environmental awakened to the importance of "old practices" popular in health care, and their contributions to the recovery / health maintenance, reclaimed and redeemed in the social imaginary.

In this perspective, the National Policy on Integrative and Complementary Practices (PNPIC) was created aiming at integration of traditional medicine and complementary / alternative within the Unified Health System (SUS), proposing to offer more treatment options to users, such of medicinal plants and herbal medicines, homeopathy, acupuncture and Hydrotherapy social / Crenotherapy.¹

These therapies seek to encourage the natural mechanisms of injury prevention and recovery through a welcoming listening, relationship builder and integrator of human society and the environment. Furthermore, they share a broad view of the health-disease and promoting global human care, especially self-care, meeting the principles and guidelines of SUS.²

Incorporation of Complementary and Integrative Practices (PIC) in the public health services would therefore mean the use of a therapeutic procedure that, besides promoting the relief of symptoms, rescues the cultural dimension of the population, favoring an intimate bond of care practices made to the community, their beliefs, values and knowledge. Surely, this valuation advances in the recognition of users as subjects therapeutic.

In the specific case of medicinal plants, Brazil revealed early in its potential for the development of therapeutic practices related to the use of plant resources. The economy has made this largely rural territory doubly favorable because while close contact with the land favored field planting, also configured as the only R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3588-00

treatment option for a significant portion of the population had no access to specialized health care.³

Moreover, it is worth noting that the Brazilian territory has the largest share of global biodiversity, concentrating 15% to 20% of the total, with special emphasis on higher plants. Plants that are the raw material for the manufacture of herbal medicine made exclusively from raw vegetables active, characterized by knowledge of the effectiveness and risks of their use, validated through use of ethnopharmacological surveys, publications or documentation technoscientific in clinical trials.^{1,4}

Once recognized this potential, the creation of Law No. 8.080/90 intensified some of the 1980 initiatives to strengthen the use of these therapies, such as the prioritization of the study of medicinal plants research clinic in 1981 and the implementation of the Program Medicinal Plant Research Center Medicinal (1982). The recommendations of the 8th and the 10th National Conference on Health also contributed in this process.¹

In 2006 the National Policy on Medicinal Plants and Herbs (PNPMF) was then approved, bringing guidelines and priority lines for the development of actions to promote and ensure a rational and safe access to medicinal plants and herbal medicines, through the sustainable use of biodiversity and development of the productive chain and national industry.¹

In this sense, the use of plants and herbal began to be formally reflected by some health professionals and by certain government institutions as possible resources to be used in basic services health.⁵ Especially because PNPIC highlights in one of its guidelines that one must offer at least one of the following products: medicinal plant "in nature", the dried medicinal plant (a vegetable), the manipulated herbal

Varela DSS, Azevedo DM.

Difficulties of health...

medicine and herbal industrialized, to ensure adequate provisioning users.²

Whereas the inclusion of PNPMF can expand people's access to low-cost therapies, reduce regional inequalities through local generation of income (cultivation and marketing), and raise awareness about a rational consumption, and that not PNPIC limits the therapeutic indication of these only one professional category, but make them broad to be exploited by nurses, doctors and other workers in the area, we question the preparation of health professionals of the Family Health Strategy (FHS) to meet the demands presented by PNPIC PNPMF and in public health.

In this perspective, the present study aimed to identify the difficulties encountered by physicians and nurses in the applicability of medicinal plants and herbal medicines in the FHS.

METHODOLOGY

Research developed in the city of Caico, Serido hub city of the region, located in the southern state of Rio Grande do Norte (RN), northeastern Brazil. This municipality has about 60,000 inhabitants, is a reference center in the health services of the macro-region Serido, with an estimated population of 150,000 inhabitants and coverage of 25 cities, with two micro-regions and three health care modules.

This is a descriptive study with a qualitative approach. In the qualitative study, participants are purposefully selected by experiences related to the phenomenon of interest, and data-rich descriptions and details of experiences / specific social processes and cultural narratives.⁸

It was approved by the Ethics Committee of the University of Rio Grande do Norte, embodied opinion 087/10 (CAAE 0081.0.428.000-10) and R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3588-00

authorized by the Municipal Health Caico, where we observed the precepts advocated by Resolution 196/96 of the National Health Council.

The sample was composed of 19 health professionals who worked in the FHS Caico / RN, ten doctors and nine nurses, a total of 61.2% of employees working in the ESF. The inclusion criterion was established to present a minimum of expertise in the team / territory three months since the recent renovation on staff at the time of the survey, provided by public tender.

The professionals were approached and invited to participate in the study spontaneously, after clarification of the goals and purposes of the research and signing the consent form. Data collection occurred between January and February 2011.

The survey instrument used was a semi-structured interview, with processing and analysis of data mediated by content analysis, thematic. Content analysis is a set of analysis techniques that aim to get communications through systematic and objective procedures to describe the content of the messages, indicators (quantitative or otherwise) that allow the inference of knowledge concerning the conditions of production (inferred variables) these messages.⁹

Data are presented as categorical analysis, method pileup, which classifies the different elements in the drawers capable of classification criteria, chosen based on what you are looking for or expected to find. Since this interview, it is rarely possible to establish a single, homogeneous categorical scale, due to the complexity and multidimensionality of verbal material.⁹

RESULTS AND DISCUSSION

The nurses participating in this study were predominantly female (80%) and male physicians (89%), those characteristics that are remnants in

Varela DSS, Azevedo DM.

Difficulties of health...

the constitution of both professions. With regard to marital status, 67% of physicians were married and 44% were aged between 41 and 50 years, and 70% of nurses were single, perhaps explained by the fact concentrated aged between 24 and 30 years (70%).

In addressing the training, there was the recent training of nurses, between one and five years (80%) compared to the long period of training of physicians was more than 21 years (55%), as directly related to the band age of the subjects.

The findings reflect an antagonistic position regarding categorical variables previously analyzed because nurses are on one side, young, unmarried and with less work experience, and other physicians, long-lived, married, with greater work experience.

The presence of physicians with this age profile in the FHS hinterland municipalities seems to be a common feature in all the national territory. Young doctors inserted at FHS graduates a few years of its schools, has not been a requirement in this current scenario, especially driven by the need for complementary and excessive appreciation in medical education (specialization), whereas the Community Medicine or performance in primary has been by far one of the least popular specialties.

However, in Florianopolis / SC found that 43.5% of doctors surveyed were specialists in Family and Community Medicine, and 12.4% were specialists in homeopathy and / or acupuncture. According to the authors, these percentages are probably higher than in the rest of the country, being possibly related to the valuation of specialization in Family Medicine and Community Health or Public procurement in the municipality, which takes place several years ago.¹⁰

This valuation or requirement would be a good alternative to other municipalities, since the evaluation of the functioning of the SUS 15 years R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3588-00

showed that the educational institutions are not adequately prepared medical professionals to work in primary care, keeping the focus of the training environment hospital, based on disease, the expertise and medical technology. For this reason, we created the Program in Health Interiorization Labor (Pits), specialization courses in Family Health and medical residency programs in Family Health, and the Multidisciplinary Residency in Family Health in an attempt to bring care professionals to basic precepts of SUS.¹¹

In this research, it was found that 78% of doctors and 50% of nurses had post-graduation courses. Doctors in the fields of gynecology, obstetrics, cardiology, mastology, pediatrics, general surgery and occupational health, and nurses in public health, public health, occupational health and dermatology. These specialties contribute to a better performance of professionals in primary care, since permeate the areas of health care for the children, adults, women, the elderly, which cover various health programs included in the FHS, collaborating for more assistance effective.

Most participants came from public universities (100% of physicians and 70% of nurses) and reported little closer to Integrative and Complementary Practices (PIC). Only 40% of nurses and 22% of doctors attended some discipline specific on this subject at graduation, and with respect to short course in the area and / or extension project developed in the specific area of medicinal plants and herbal medicines, only 20% of 22% of nurses and doctors have said.

Thus, the characterization of the subjects presented suggests significant influence professional practice of respondents, especially with regard to the supply and quality of care in this area. However, the preparation of health professionals in the care of the population looking for PIC seems to follow this trend / growth,

Varela DSS, Azevedo DM.

Difficulties of health...

howing weaknesses in accommodating such demands.¹²

The subjects identified various situations that hinder the use of medicinal plants and herbal medicines as part of the ESF Caico / RN. Through thematic content analysis, they were divided and presented in the following categories: cultural resistance of the population; Deficit knowledge of health professionals; Lack of inputs, and weaknesses of popular knowledge.

Cultural Resistance of the Population

Professionals reported perceiving some resistance of the population to the use of medicinal plants and herbal medicines, perhaps influenced by the position of the overvaluation allopathic (and new technologies) and / or disbelief culturally attributed to these products over time. For nurses this was the main difficulty for the use of these therapies in the FHS Caico / RN.

The population [...] it is very difficult to adhere to this practice, if only relies leave here [UBSF] with a drug [allopathic] [...]. Then suddenly I come and spend a tea or something like that, and then they do not trust it will get better. (E2)

There are those who say so are already "figurines" the health post, which comes out here and just be happy to take a bottle of medication, right? [...] If I spend a polyherbal also would say "no, but it pays here?". (E3)

Many patients are not in favor of these medicines [herbal], right? [...] Many believe only in allopathic medicine. (M1)

This result is quite different from that found in Shark / SC, which showed a high acceptance rate of the PIC population, and herbal teas and herbal medicine gained more prominence, respectively 100% and 86.3% interest. Moreover, 80% were important as the inclusion of eleven PIC SUS.¹³

In Caico / RN, the positioning of the population claimed by respondents reflects the reality of a society that still sees the allopathic medicines and diagnostic technology as the only ones capable of solving their health problems. This perception may even interfere with adherence to other therapies recommended by PNPIC in order aversion presented in speeches.

The skepticism expressed perhaps find justification in Cartesian paradigm / mechanistic, who despises practices that do not fit the established scientific principles, and values, on the other hand, responding to scientific tests and checks.

It is also suggested that this bias may be related to the argument that the valuation of alternative and complementary medicine is a proposal to abandon the scientific knowledge and, therefore, the attempt to rescue the traditions unscientific, not survived the confrontation with science, and would be irrational and unnecessary.¹⁴

Thus, the changes occurring around the diagnosis and therapy influenced by this paradigm resulted in a "real trade" in the health sector, where the "products" are offered to a consumer society that increasingly seeks the medical-curative, prevailing the use of drugs and diagnostic technologies.

The people, when entering the room [office] now want to go out with a medicine or some test ordering and when it comes out, it comes out angry. (E2)

The population is behind only medicine, right? [...] They already know what they want, come now asking this medicine, take it, they do not come saying what they are feeling, you know? (E5)

This situation reveals the multifaceted universe resulting from scientific and technological advances in health care, because while the population began to enjoy new features,

Varela DSS, Azevedo DM.

Difficulties of health...

forgotten and / or despised his knowledge and other existing therapies.

A discussion of social medicalization becomes relevant in this context. One author states that the medicalized culture leaves man helpless, incompetent and dependent medical auger, which is often stranger to understanding the relationship between man and disease, external environment and nature, where cultural knowledge about health is understood, sometimes as something obsolete and unwanted. This undermines the autonomy of the individual and creates more demands for attention heteronomous, i.e., a service performed by professionals institutionalized and controlled, compromising, finally, their own effectiveness and overall effectiveness.¹⁵

However, this medicalization social, economic globalization, the expansion in the scientific world, today's health care challenges, crises of medicine and public health, sustain demand and overcome this "fear".¹⁴ Currently, the avoidance of conventional treatments has occurred quite often and search for alternative cures for diseases has highlighted the importance of plant species with medicinal properties.¹⁶

In the FHS Caico / RN, the recommendation of medicinal plants was reported as a novelty; both for users and for health professionals, and for this reason, the study subjects reported that the population may prove favorable to it or apprehensive applicability. But, it is worth noting that the population's perception of the efficacy of a given therapy is influenced also the placement of health professionals regarding this. Soon, the professional shows up open and receptive to other therapies, the population tends to judge her more recognition and effectiveness.

In this perspective, it is expected that the popular resistance as mentioned difficulty in this R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3588-00

research is seen as a challenge to be overcome, because the assumption of rejection expressed in some speeches resulted in not recommending these therapies by some health professionals. This can be directed as a possibility for dialogue and coordination with the FHS population of the municipality, seeking ways to facilitate the construction / dissemination of new / old knowledge and practices.

Lack of knowledge of health professionals

Another difficulty for the use of therapeutic surveyed Caico of the FHS / RN was the low level of knowledge of health professionals on this issue. Fact mainly attributed to the absence of this content during undergraduate medical and nursing presented by most subjects.

In the medical profession, it was identified that the few who obtained professional approach to these therapies had higher graduation and domain security on the subject when compared to those who did not have that opportunity. Now with regard to nurses, the same result was not obtained because although a greater number of these individuals have attended specific courses on PIC, they also reported numerous weaknesses.

The divergence may be identified related to how teaching about PIC has been inserted in the academic and discussed with regard to the education of nurses. Warning that the contents that make up the general programs of disciplines, the teaching methodologies and finally, the competence of graduates to use these practices in healthcare are investigated by other research.

A study with undergraduate nursing students revealed that the PIC approach in academia takes, in most cases, a pejorative connotation, maintained by some students who believe that the use of these practices does not guarantee "status" to the profession. And even when the experience of teaching-learning allows the students to experience the application of

Varela DSS, Azevedo DM.

Difficulties of health...

medicinal plants in care to the user, not the academic values, not to regard it as a scientific practice.³

Similarly, a study with medical students at the Federal University of Goiás demonstrated that the PIC is not covered during this degree course where most students said it had obtained with this approach content. Among the reasons for this alleged lack found the lack of scientific proof, discrimination, protectionism, lack of time and lack of knowledge about this subject.¹⁷

Authors claim that in graduate programs in nursing, using natural practices in care, eventually, occurs and there is no systematic teaching of such content. As a rule, its introduction as a teaching-learning experience happens to meet specific interests of faculty scholars in the area, not political project consisting of a professional travel,³ and this seems to have happened to a group of nurses from the FHS Caico / RN.

In this regard, it is noteworthy that not addressing the scientific foundations on PIC in academia may raise the idea that only allopathic medicine has scientific evidence, and may be responsible for the perpetuation of the cycle "do not know - I do not believe - not I indicate, "which follows the rest of the professional career.¹⁸

A study conducted with medical professionals and nurses FHS Florianópolis / ES showed that 88.7% of respondents were unaware of the guidelines PNPIC, although 81.4% were in favor of its proposal, and all agreed that these practices should be addressed at graduation. Furthermore, the majority (59.9%) had an interest in training in the area and 45.8% accepted the inclusion in the three levels of care, but were limited due to lack of knowledge and information on the subject.¹⁰

For professionals Caico / RN, the gaps left by the absence of this content in undergraduate resulted in a deficit of knowledge and therefore the skills to work with medicinal plants and herbal medicine. By questioning the preparation of these to indicate or guide the use of medicinal plants and herbal medicines in the treatment or prevention of health problems of the population, some professionals said:

No, because at graduation we did not see it very thoroughly [...] and I never attended any training time on this. (E1)

No. Only after a course of training. (E4)

No, because our course has given no training in medicinal plants and herbal medicines. (M2)

Actually, not prepared, because at graduation we had no discipline to speak about it. (M8)

The subjects assigned to the academic function of the doctor and nurse preparing to use PIC. Porting, is evident the need of inclusion of disciplines that address these contents in the curriculum of the courses in the area of health, to be adequately prepared. However, one participant stressed the role of the university and health professional knowledge while building this possibility.

It would be a very little thought if I just remit that responsibility for training [...] we [health professionals] are eternal students, then it is a mutual responsibility in're looking to acquire such knowledge. (E7)

The search for tools that support and legitimize a performance in the health service should be constant day-to-day health worker, not just a responsibility of the university. Specifically, in the case of medicinal plants there is a concern about the lack of scientific studies that prove the pharmacological action of some plant species, their properties, dosages and contraindications directed to real applicability in health services. This somehow ends up compromising this search

Varela DSS, Azevedo DM.

Difficulties of health...

and results in weaknesses in the knowledge of health professionals, offering risks to human health.

Thus, the participants in this study argued the difficulty of obtaining scientific information, although vast research literature investigating the consumption profile medicinal plants and herbal medicines for some populations. The evaluation of properties of plant species and processed products, with effective results and findings to clinical application are still scarce.

Therefore, it is essential to integrate PIC practices of teaching and research in academia, the promotion of scientific research and continuing professional development to meet this demand.¹³

A nurse said that the lack of training for health professionals who are in the FHS Caico / RN collaborates with the non-applicability of the PIC UBSF.

The lack of training by SUS for professionals who are on the network undermines the very use of this alternative medicine. (E9)

In this regard, the PNPIC highlights on one of his training guidelines and continuing health education (EPS) of health professionals in medicinal plants and herbal medicine, stating that should be adopted and defined locally, in line with the principles and guidelines established EPS for the SUS.²

This guideline also addresses the EPS will occur at various levels: basic interdisciplinary, common to the whole team, which must contextualize PNPIC, contemplating the general care with medicinal plants and herbal medicines; specific to healthcare professionals at tertiary level, which details the aspects related to the handling, use and prescription, in addition to other professionals for specific agronomic, which

focuses on aspects related to the supply chain of medicinal plants.²

In this sense, if the SMS Caico / RN adhere to these recommendations, the supply of skills could contemplate the failure of training and train the health professionals involved. Some nurses stated including the need for and interest in this initiative.

A qualification is very interesting, it would be very welcome for all of us nurses, will be a big help. (E4)

A training for nurse and doctor know exactly where to apply and what to apply. (E6)

It is necessary that we [nurses] have courses, we have training so we can guide the population. (E7)

If all network professionals SUS had a greater preparedness to're using this alternative medicine, herbal medicine in the case, we would get more treat various diseases and better. (E9)

The training of staff working in the ESF for the use and management of medicinal plants / herbal drugs seems to be a measure taken by municipal managers in an attempt to provide knowledge about its efficacy and safety, offering other treatment options.¹⁰

Lack of inputs in UBSF

The absence of inputs provided by the PNPIC UBSF was pointed out by professionals, especially for doctors, as a difficulty for the applicability of medicinal plants and herbal Caico of the FHS / RN, becoming a problem of economic order for users to get access.

In guideline that addresses the provision of access to medicinal plants and herbal users of SUS, the PNPIC emphasizes that measures should be taken to enable the availability of these products at health facilities in a complementary way, whether in the traditional model, is the FHS, or units of medium and high complexity.²

Varela DSS, Azevedo DM.

Difficulties of health...

In reality Caico / RN, these inputs do not exist in UBSF surveyed, which limits the recommendation, especially herbal medicines, researched by professionals. When asked about the recommendation of these therapies, some responded:

Very little, because the unit no availability of medicinal plants and herbal medicines. (M8)

Yes, because there is no limitations in the core network. (M9)

We do not have here in unity medication that can be donated to the base of herbal, well then guides us into the possible. (E8)

As a result, when prescribing herbal medicines, the users are those who have difficulties in acquiring them due to the low purchasing power of buying these.

One of the difficulties is that it has the basic network, right? [...]. Hence you prescribe; patients have difficulty those with low purchasing power to acquire. (M3)

The difficulty would be financial, as are products that do not have availability in the core network, the treatment becomes somewhat salty, obviously for those who do not have good purchasing power. (M6)

The main problem I think is the cost, right? Because we do not have a supply chain [...] then only if the patient can afford. (M9)

The absence at the time of the survey, a political city / state or institutional support in this area, may explain in part, the difficulty faced by the professionals surveyed, which was also identified in other research.¹⁰ A study with community health workers indicates that the use of some types of PIC is restricted to households that have different purchasing power, because, according to these professionals, such therapies never were present in UBSF.²⁰

The availability of inputs provided by PNPIC UBSF in the city of Caico / RN could

stabilize it as an initiative to contribute to the expansion of therapeutic options offered to users of the SUS, in view of the interest shown by many professionals surveyed.

Moreover, the supply of PIC-hospital environment also shows interesting. A survey conducted at the Center for Integrative and Complementary Therapies Sofia Feldman Hospital in Belo Horizonte / MG revealed that users admitted to pregnancy and childbirth showed satisfactory results after using some PIC, where the most used aromatherapy, music therapy and workshop teas. The activities provoked a feeling of wellbeing and relaxation, minimized the physical and psychological symptoms, empowering women to face the situation experienced (pre-natal, delivery and postpartum).²¹

These needs to be considered by municipal managers and actions should be taken in view of this insertion in various health services. The creation of a specific herbal medicine for the city of Caico / RN would set an interesting initiative with a view to the possibility of creating gardens in UBSF, aiming the provision of medicinal plants in nature and / or extraction of its constituents in manufacturing phytotherapy.

Weaknesses of popular knowledge

The professionals surveyed said that knowledge has some popular misconceptions about the herbal and medicinal plant, which makes difficult the applicability of these therapies in the FHS Caico / RN. The idea that natural products are harmless to health prevails in the minds of society, raising knowledge and practices that can detract from the proposed treatments.

The population is still ingrained in mind that plant because it will not bring harm [...] but it has the correct way to use [...] because instead of people use a tool to

Varela DSS, Azevedo DM.

Difficulties of health...

bring improvements, may end up bringing losses. (E7)

The medicinal plant or herbal [...] because it is natural does me good. I think this reasoning is somewhat misleading. (M4)

This "point of view" seems to be influenced, often by the media that overvalue the "naturalness" of these products and, consequently, their "safety". Additionally, the low participation of health professionals in the applicability of these therapies contributes to the population as unable to understand the cause harm to health.

Research conducted at Rattlesnake / PR identified that 96% of individuals interviewed were using medicinal plants, 86% of the cultivated and many did not know the precise indication of the crop. At the same time, no subject reported medical indication for this use and 10% reported not caring about the dose, stating that the plants are not harmful to health.²²

In this sense, whether by design or by charitable understanding of lightness, treatment with herbal or medicinal plants is performed as understanding consumer who decides on the dose to be administered, frequency of use and evaluation of the intensity / resolution capability of health problem identified.

It is common practice in some communities associate multiple plants at the same preparation to increase the effectiveness of treatment,²³ which can cause reactions synergistic or antagonistic; associate remedies, mostly in the form of tea, to manufactured drugs, increasing the likelihood of drug interactions,²⁴ and yet the combination of plants with other ingredients such as honey and alcohol (ethanol).²⁵

In this connection, it is worth noting that as well as allopathic medicines, medicinal plants / herbal drugs have important contraindications, adverse reactions, side effects and potential interaction. Therefore, it is important to deconstruct the image of safety of these products

and pay attention to what the people know the plant consumed (indications and contraindications), the preparation and the proper dosage, right route of administration as well as display good care of the crop, because all of these items may interfere with the active species and hence the expected effect.⁷

One of the interviewees describes the various aspects that need to be considered when recommending the use of medicinal plants for the population. It states that this requires a relationship of trust with the community and, consequently, with their knowledge, to be performed properly followed the guidelines. More than that, it involves the correct identification of the plant, adequate standards of hygiene in the preparation, dosage and the absence of contamination by pesticides.

One of the difficulties we have is to recommend that amateur use [...] where I cannot, depending on the population served, the trust so that it will do that procedure. First you have no way to gauge whether that's being used herb that is actually prescribed to you [...] is still the issue of hygiene and also the toxic matter, right? Because all medications we know that from a certain point, it can make a toxic action. (M9)

The situation presented points to the need to develop educational interventions with the community in an attempt to minimize erroneous practices, often coming from a knowledge frail and wrong, to fit in the best way possible to the precepts of rational and sustainable use, as provided the PNPMPF.

The participants in this study emphasized that these activities are necessary for the population to better understand the therapeutic use and more accurately, whether in the hospital or in primary care.

Would benefit, but long term, when you educate the population, right? Explaining how straight should be used [...] the benefits. (E3)

The difficulty is the head of the people [...] it would be up to health professionals, giving lectures, raising awareness. Now, every practice will be changed so that a longstanding culture is difficult. (E5)

Thus, upon the issue presented with respect to popular wisdom, the deployment of so-called-living pharmacies would be a good initiative for Caico / RN, as it would ensure an appropriate focus on dispensing, quality standards and safety in preparation, and finally an adequate consumption by the user.

CONCLUSION

The participants were 19 health professionals from FHS Caico / RN, ten doctors and nine nurses. The difficulties presented by the research subjects left the enrolled population of UBSF, and respondents' own professional health service in question. With regard to the population, were highlighted rejection culturally attributed to the use of medicinal plants / herbal and know weakened; healthcare professionals, the deficit on PIC approach in an academic setting, the lack of EPS in health services and the difficulty access to scientific studies, and the health service, lack of support for development / expansion of therapies for not providing the inputs provided by PNPIC.

The assumption of rejection by the population of Caico / RN referred to by some health professionals, lack of scientific knowledge on the subject and the lack of medicinal plants and herbal UBSF resulted in the non-applicability of these therapies in the FHS Caico / RN by some professionals interviewed.

The municipality of Caico / RN has considerable potential for implementation of projects in the area of herbal and medicinal plants, by building gardens of medicinal plants and herbal pharmacy in view the interest demonstrated by many professionals surveyed about the theme.

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However, this requires efforts of municipal health and the state government to invest in this area, making use of skills and training of human resources, in addition to basic support, physical and structural, to implementation and maintenance of these projects as per the guidelines of PNPIC.

Regarding the university, comes the premise of the PIC approach in undergraduate health care, so that learning opportunities are offered to students. It is suggested to carry out further research to investigate the provision of teaching courses on PIC in health status, and assess the ability of graduates to meet the demands presented to join the public health services.

The experience of this study helped to know the reality of the FHS Caico / RN with regard to the various difficulties encountered by health professionals, which go beyond the choice of whether or not a particular therapy. Stimulated interest by constantly conducting research and knowledge production provided fellow undergraduates.

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