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Fitoterapia na atenção básica: estudo com profissionais enfermeiros

Phytotherapy in primary care: study with nurse professionals

Fitoterapia en la atención primaria: estudio con profesionales enfermeros

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ABSTRACT

Objective: Investigating the understanding of nurses about Phytotherapy and checking the strategies needed for consolidating this practice in Primary Care. **Methods:** This is an exploratory research, with qualitative approach, conducted with 10 nurses in Family Health units of the District IV, in the city of João Pessoa, Paraíba. Data were collected in interviews recorded during the month of April 2015 and qualitatively processed through the content analysis technique. **Results:** The categories emerged from the analysis were: Phytotherapy in Primary Care: understanding of nurses; and Strategies needed for consolidating Phytotherapy in Primary Care. These categories have proved the lack of understanding of nurses about Phytotherapy and its policies, as well as strategies needed for consolidating this in Primary Care. **Conclusion:** Accordingly, it is hoped that this study will enable new reflections and broader investigation about the use of Phytotherapy in the context of Primary Care.

Descriptors: Phytotherapy, Nursing, Primary Health Care.

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RESUMO

Objetivo: Investigar a compreensão de enfermeiros sobre a Fitoterapia e averiguar as estratégias necessárias para a consolidação desta prática na Atenção Básica. **Métodos:** Pesquisa exploratória, com abordagem qualitativa, realizada com 10 enfermeiros nas unidades de Saúde da Família do Distrito IV, na cidade de João Pessoa, Paraíba. Os dados foram coletados nas entrevistas gravadas, durante o mês de abril de 2015, e tratados qualitativamente mediante a técnica de análise de conteúdo. **Resultados:** As categorias emergidas da análise foram: Fitoterapia na Atenção Básica: compreensão de enfermeiros; e Estratégias necessárias para a consolidação da Fitoterapia na Atenção básica. Tais categorias demonstraram a falta de compreensão dos enfermeiros acerca da Fitoterapia e de suas políticas, assim como estratégias necessárias para a consolidação desta na Atenção Básica. **Conclusão:** Deste modo, espera-se que este estudo possibilite novas reflexões e uma maior investigação acerca da utilização da Fitoterapia no cenário da Atenção Básica.

Descritores: Fitoterapia, Enfermagem, Atenção Primária à Saúde.

RESUMEN

Objetivo: Investigar la comprensión de los enfermeros sobre la Fitoterapia y verificar las estrategias requeridas para la consolidación de esta práctica en la Atención Primaria. **Métodos:** Investigación exploratoria, con enfoque cualitativo, efectuada con 10 enfermeros en las unidades de Salud de la Familia del Distrito IV, en la ciudad de João Pessoa, Paraíba. Los datos fueron recogidos en entrevistas grabadas, durante el mes de abril de 2015, y tratados cualitativamente mediante la técnica de análisis de contenido. **Resultados:** Las categorías emergidas del análisis fueron: Fitoterapia en la Atención Primaria: la comprensión de los enfermeros; y Estrategias requeridas para la consolidación de la Fitoterapia en la Atención Primaria. Estas categorías demostraron la falta de comprensión de los enfermeros acerca de la Fitoterapia y de sus políticas, así como estrategias requeridas para su consolidación en la Atención Primaria. **Conclusión:** De este modo, se espera que este estudio pueda permitir nuevas reflexiones y una investigación más amplia acerca del uso de la Fitoterapia en el escenario de la Atención Primaria.

Descriptores: Fitoterapia, Enfermería, Atención Primaria de Salud.

INTRODUCTION

The use of medicinal plants in the process of health-disease is a practice that accompanies humanity since its inception. In Brazil, the accumulation of knowledge passed on from generation to generation by different ethnic groups over the centuries culminated in a large spread in the use of these plants. This phenomenon is named Phytotherapy.[1]

This is conceptualized as a method for health treatment that uses plants in their various forms of presentations and preparation without the use of isolated active substances, although its origin are plants under the guidance of a qualified professional.[2]

It is revealed that the herbal medicine is a natural and simple practice, exercised popularly for thousands of years and is based on the method of allopathy, featuring the cure or prevention of disease from the use of the active ingredient extracted from medicinal plants in association with the necessary care.[3]

The creation of public policies that boost the use of alternative therapies, among which the herbal medicine, aims to reduce the disparity in relation to the maintenance and improvement of health in the population. Most of the population lives in large social inequality, predominant feature in users of primary care by lack of access to medical and drug treatments.[2]

The insertion of the practice of herbal medicine in Primary Care Health Units (PHC) has been advocated and encouraged, especially when you consider that 80% of the population makes use of medicinal plants and their preparations.[4]

In the Unified Health System (SUS), the implementation of Phytotherapy transcends the incorporation of a therapeutic tool available to the health professional, representing the fusion between popular knowledge and scientific knowledge. The application of these two lines supports the use of medicinal plants and enhances the picture regarding the prevention and treatment of diseases.[5]

The demand for the implementation of phytotherapy in SUS resulted in the creation of some national public policies. In 2006, it was approved the National Policy on Integrative Practices and Complementary (PNPIC) by Ordinance of the Ministry of Health GM / MS No. 971 of May 3, 2006; and the National Policy of Medicinal Plants and Herbal Medicines (PNPMF), through Decree No. 5813 of 22 June 2006. The created policies stimulate the debate on the establishment and implementation of herbal medicine in primary health care units.[5] It is noteworthy that the use of medicinal plants and herbal medicines, as highlights the PNPIC, is a traditional and complementary approach, and it is important health professionals to understand it, appreciate it and so apply it in practice.

Regarding the applicability of PNPIC in SUS, little is known about the health institutions and professionals that employ in health care, as well as the circumstances that have been used by users.[6]

Insecurity, the level of misinformation and the lack of health professionals, regarding such practices are factors that limit their activities and show the need of looking for guidance, which reflects the academic training a challenge to change this scenario.[7]

The usual and spontaneous use of medicinal plants, for much of the population, and also the use of herbal medicines, which comes from the prescriptions made by health professionals reinforce the need for guidance on the use of this therapy. It is important to note that the prescription performed by a health professional involves the legal aspects (authorization of professional advice) and technical aspects (foundation prescription by sufficient knowledge). For this, boards require their professional specific training for this purpose. As for the green plant or processed (plant drug), not being considered medicine, it is not necessary professional prescription.[8]

As for the nursing professional, the Federal Council of this profession establishes and recommends by Resolution COFEN - 197/97 the alternative therapies as a specialty and / or qualification of nursing professionals. The titration is granted upon completion and approval of course with minimum workload of 360 hours, offered by recognized educational institutions or similar entities.[9]

In this context, it is emphasized that even modern medicine advancing on a large scale, it is necessary that the nursing health professional be qualified to guide on the use of herbal medicines, as well as intervening correctly on the particularities of each individual.[3] The favorable health outcome is achieved when the user has prior knowledge of the purpose, risks and benefits in the management of medicinal plants.[10]

Thus, it is understood the importance of the subject on the screen, to enlarge the look of Nurses professionals of the Family Strategy Unit (ESF), to the use of herbal medicine, culminating in his recovery and helping to improve the quality of lives of users, but also for a comprehensive care within primary care.

Given the above, this study aimed to investigate the understanding of nurses about herbal medicine and determine the strategies required to consolidate this practice in primary care.

METHOD

This is an exploratory research, qualitative in nature. The research scenario consisted of family health units belonging to the health district IV, located in the city of João Pessoa/ PB. It is noteworthy that currently the Sanitary District IV consists of twenty-six health units of the family (USF), two basic health units (UBS) and a health center, a total of twenty-nine elements distributed by its comprehensiveness area.

The participants were 10 nurses from USF, selected from a universe of forty-six (46) nurses, crowded in that district, by the following inclusion criteria: the professional to acting for at least one year in primary care; were in professional activity during the data collection period; and had availability and interest to participate in the survey, confirming their agreement with the signing of the Consent and Informed (WIC).

Data collection took place during the period of April 2015 and only started after the approval of the research project by the Ethics Committee of the Faculty of Medical Sciences of Paraiba, as CAAE 39260214.0.0000.5178. It is noteworthy that the study was conducted considering the 466/12 Resolution of the National Health Council in relation to standards and regulatory guidelines for research with human beings.

To obtain the empirical data, we used the interview technique with recording system and a script with questions related to the proposed objectives for the research: 1) What is your understanding about herbal medicine? 2) Do you use the herbal medicine in service to users in your unit? 3) Do you know the National Policy on Integrative Practices and Complementary (PNPIC) and the National Policy of Medicinal Plants and Herbal Medicines? 4) Have you ever participated in training courses or have expertise in the area?

Interviews were transcribed in full, respecting the colloquial speech. It should be noted that to maintain the anonymity of the participants, the statements from the interviews were identified by the "E" followed by numbers from one to ten. Example: the first nurse interviewed was coded as follows: "E.1"; the second professional "E.2" and so on.

The empirical material arising from the interviews was coded and treated qualitatively by content analysis technique, being operationalized in: Step 1, the pre-analysis, in which they gathered the testimony and held the constitution of the corpus of analysis; the 2nd stage consisted of the exploration of the material; and the 3rd stage included the treatment of the results from the frequency of presence and inspection of uniformity of meaning.[11]

From the analysis, the following categories arose: Phytotherapy in primary care: understanding of nurses; Strategies needed to Phytotherapy consolidation in primary care.

RESULTS AND DISCUSSION

Regarding the categorization of nursing professional, ten individuals were interviewed, all of them female. It should be noted that the predominantly female population in nursing is a characteristic of the profession and an historic aspect.[12] The idea that health care, nursing, or vocational woman founded on the qualities considered typically female, of caring, selfless, dedicated, gentle and affectionate.[13-14]

The ages ranged from 38-66 years, with an average of 50 years. As for the graduate, none of the ten nurses has expertise to address the Integrative and Complementary Practices in Health, herbal medicine or a related field. It has been reported yet specialization in Family Health (05), Public Health (02), Occupational health (01), Social and Preventive Medicine (01) and Hospital Administration (01). Regarding the primary care operating time under the SUS, there was a variation from 08 to 30 years, predominantly average of 15 years of operation.

Category I – Herbal medicine in primary care: understanding nurses

Medicinal plants and herbal medicines do not have the same meaning. According to WHO, every plant that provides substances with therapeutic or that is a precursor semisynthetic drugs are defined as medicinal plant.[15] On the other hand, the plant development process to a specific formula features a phytotherapeutic.[16]

The secular and traditional practice of health care, based on the use of plants, is present in the daily life of the

population. Such habits do not disappear even with the support of modern tools of medicine and keep up nowadays to coexist with the official health system.[17]

With the advent of manufactured drugs in the mid-twentieth century, phytotherapy declined.[18] However, the technical character, the side effects and the lack of cure for some diseases have expressed the discontent of SUS users in the use of conventional therapies.[19] Thus, nowadays, the use of medicinal plants has grown and this fact is related to the high cost of manufactured drugs, difficulty of the population in obtaining medical care and the tendency to use natural products.[10]

In this context, the nursing professional must be an active agent in this process, considering the holistic view of nursing care associated with Complementary Practices in order to play an important role in the applicability thereof. Therefore, there is a need to expand the knowledge of these professionals, as well as the topic of discussion at the academic level and the production of research in the area, which develop further the exchange of information with users in a correct and constructive manner.[9]

Thus, we observed, by the testimony of the study participants, certain fragility in understanding the practice of herbal medicine, as shown below:

"[...] All medication based on some plant, in a substance. [...] a common use of therapy alone, like any medicine, if used in an exaggerated way can bring some reactions." (E1)

"It is the use of plants in the treatment of some diseases, taking the matter of medication, avoiding the use of 'undiscriminating' drugs." [...] (E2)

"[...] A plant, sometimes using small leaf mint, which is herbal, you use the licker, is often better than the syrup." (E5)

"I indicate a lot in the [...] I do cytological, when I see an inflammation, the mastic gel. Or buy to make tea [...] to cook [...] because it heals". (E6)

"Phytotherapy is [...] treatment through [...] the use of medicinal plants, is not it? Like it or not, we use naturally in our day to day by tea, is not it? It has medicines that are through syrup?" (E7)

"[...] It is the use of medicinal plants, is not it? Replacement of some drugs? In fact, I think." (E9)

The parts of the testimonies betray, emphatically, the difficulty of respondents to present a coherent understanding of herbal medicine, even though some professionals mentioned essential aspects of this, such as the use of medicinal plants, among which the mastic and small leaf mint. There is also the use of paralinguistic elements, for example, breaks and resource use of emotive language, such as "is not it", showing some professional uncertainty to talk about it.

One study reports the professional nurse deficiency in primary care in relation to knowledge about the practice of herbal medicine emphasizing the need to carry out further guidance and encouraging the pursuit of knowledge in this area, as this was pointed out by professionals as an obstacle in using this therapy. This statement is directly related to lack of education of nurses, which may be linked to the information deficit on the theme in undergraduate, graduate or training of these professionals.[20]

In this approach, although the PICS are part of the National Health Policy and are fully recognized by the Nursing Board, there are few institutions that offer courses addressing such practices. A survey from 2012 to 2013, containing a sample of 87 Brazilian public institutions of higher education in Nursing, found that only 23 (26.4%) offer courses related to practices, 55 (63.3%) do not offer and nine (10.3%) the data are not known. Of 23 in 06 (26.1%) they have an obligatory character and the other 17 (73.9%) are optional; regarding the location, 08 (35%) are in the Northeast region of the country.[21]

It should be noted that some participants in the study, despite the difficulty of understanding the practice of herbal medicine, mention about applying this practice to guiding for the use of the following medicinal plants: the mastic and small leaf mint girl. The mastic tree, whose scientific name is Myracrodruonurundeuva mentioned by one respondent nurse, is a medicinal plant that has bacteriostatic and bactericidal activity against microorganisms such as Streptococcusmutans, Streptococcusmitis, Streptococcussobrinus, Streptococcussanguis and Lactobacillus casei, and antifungal activity on Candidaalbicans, Candidatropicalis and Candidakrusei.[22]

Another plant pointed out by one of the participants was the Mint x Villosa (small leaf mint). It is noteworthy that this has effective ethanol extracts in inhibiting bacteria such as E. coli and S. aureus.[23]

The proof of safety and efficacy in the use of medicinal plants, which was previously restricted to popular knowledge, is now also confirmed by scientific research with the consolidation of pre-clinical and clinical studies.[5]

For the classification of practices in alternative medicine, complementary techniques are those carried out simultaneously to biomedicine, when biomedical practices are replaced we consider the adopted therapy as an alternative; finally, the combined use of therapeutic techniques, since based on sound scientific reviews and good efficacy, is called integrative.[24]

The PNPIC under the SUS, is contemplating complex medical systems and therapeutic resources using approaches with a broader view of the health-disease process, providing care, especially self-care, and also seeks to stimulate the natural resources in the prevention of injuries and health recovery.[25]

As for PNPMF, this aims secure access and rational use of medicinal and herbal plants, so that the sustainable use of biodiversity is promoted and development occurs in the production chain and in the national industry.[26]

Some benefits highlighted in the use of these practices are: the validation of the popular knowledge of the community about the use of medicinal plants; the strengthening of the bond between the community and the health team; the exchange of knowledge and the construction of knowledge about medicinal plants generated by the interaction between these agents; the empowerment of the public and health professionals about the way care stimulating autonomy and co-responsibility; possibility of reducing excessive medicalization; and the strengthening of the principle of comprehensiveness exercised by extending the look, the increase of therapeutic resources and care offerings.[1]

Based on this understanding, it is essential to emphasize that all nurses interviewed showed lack of knowledge about the policies above, as illustrated by the following statements:

“I don’t know! No.” (E1)

“No. This policy of Integrative Practices? [...] Medicinal plants I never received training.” (E3)

“[...] I do not know the background of the Ordinance governing this practice.” (E4)

“Some time ago I read. I read. At time [...] Honestly, I do not know, so the content does not.” (E6)

“The issue of Acupuncture, homeopathy, Tai chi chuan, is not it? It is in the Ordinance, but we to be in this Ordinance, and I cannot tell you that I know. I only know that some drugs are released, others not, and the nurse, by Law 7,498 / 86, may prescribe allopathic medicine, but inside the herbal medicine I do not know.” (E7)

“[...] I do not know deeply, but I know it exists, but I haven’t had training.” (E10)

These passages show that the majority of study participants is unaware of the public policies that insert the complementary and integrative practices within the SUS. It is noteworthy that the PNPIC and PNPMF approved since 2006, have goals in relation to medicinal plants and herbal medicines, which converge to ensure the Brazilian population safe access and rational use of medicinal and herbal plants, a fact not observed in units visited.

A study in a Basic Health Unit (UBS) reported that none of the health workers interviewed knew PNPIC. It is important to note that this lack of knowledge about the policies may be related to factors such as inefficiency in the disclosure; some form of prejudice or discrimination; disbelief of health professionals in medical rationales; or even favoritism by managers to the biomedical model.[27]

The research also states the lack of nurses’ knowledge in relation to PNPIC and PNPMF, by showing that none of the participants showed safety to address such policies.[20]

Therefore, the present study showed some difficulty, by nurses, in understanding the practice. While there have been mentioned some species of medicinal plants and their properties and also reported mastic gel recommendation for the treatment of gynecological disorders, it was found that the practice is not formally performed in order that no nurses performs herbal prescription and the legitimacy of these prescription is unknown by most people.

In this light, there is a lack of understanding by the nurses on Phytotherapy and their policies, revealing the importance of knowledge with more depth of skills and expertise in the area. The need for continuing education for the professional is urgent in this area whose essential purpose is the quality of life of the population. Thus, it is evident the importance of herbal medicine in primary care linked to nursing care, which converges to improve the quality of life of the general population.

Category II – Strategies needed to Phytotherapy consolidation in primary care

The expansion and strengthening of complementary therapies in the Family Health Units (USF) are extremely important because it is a therapy widely used in low-income populations. Thus, the consolidation of such practices is a matter of citizenship and reveals itself by favoring people’s participation not only in the understanding of these interventions, but also in making the user an active agent in the health care.[3]

It is important to note that the creation of PNPMF is justified not only by the new possibilities that will arise in the area but for other reasons as to enable health professionals to other therapeutic form; easy access to medicinal plants and its low cost; the lowest potential to cause adverse effects; the cultural integration of the use of herbal medicine in people’s customs, which favors the rescue of popular knowledge; and also the guarantee for the user to choose the form of treatment to be adopted.[28]

Although it can be used at all levels of care, herbal medicine seeks primarily serve users within the primary care providing health problems and promoting and restoring health.[4] The number of visits in USF and its team

of professionals, major prescribers and guiding its use, make the units ideal for the implementation of this therapy.[8]

Regarding training and continuing education in medicinal and herbal plants, PNPIC and PNPMF stand out in one of its guidelines the need for training and continuing education for health professionals. Studying the common interdisciplinary in basic level by whole team is very important, contextualizing the PICs and addressing general care with medicinal plants and herbal medicines.[29]

The study in the ESF in Caicó / RN says that among the difficulties encountered in the use of medicinal plants and herbal medicine is the low level of knowledge of health professionals on this subject. It is worth noting that the lack of content results in the impairment of skills related to the use of therapy in the field of work.[30]

In this approach, we understand the importance of herbal medicine in primary attention and, above all, the need for professional qualifications, especially nursing. Respondents nurses approached this context, as emphasize the following excerpts:

"At graduation we had a few classes, but very little, nothing detailed." (E1)

"In Phytotherapy area I did not, but I hope that from here to the end of this year we will be called to a training." (E2)

"Not specialization, but smaller training I have done." (E3)

"There have been inscriptions on courses here, but they were never held." (E4)

"I never did any course. Unfortunately, now, if there was in the units it would be cheaper for the user of course." (E6)

"We had a course, but a long time." (E8)

Concerning the statements presented above, it appears that most of the nurses study participants reported a lack of preparation about the herbal medicine from the academic period, passing the professional life. Training courses providing, when offered, does not have the character of continuing education, given the gap between their achievements. It is noteworthy that the importance of capacity building and training of human resources is revealed as a necessary strategy to prepare these professionals, considering all the possibilities for treatment and care, as well as corroborating an integral role in patient care.

Despite the recovery by the higher education institutions to consider this therapy as a priority in teaching, research and extension, phytotherapy is still offered as an optional subject, leading the student, for lack of guidance, to see it as a discipline without great importance in the curriculum. Such segregation is reflected in professional practice, especially in primary care level, the need for knowing more about the therapies due to the community seeking the health team to guide it on the proper use of medicinal plants.[3]

One study reports the interest of nurses regarding the realization of training addressing Phytotherapy, thus demonstrating that the professionals realize the need to expand their knowledge to work with activities involving complementary therapies with emphasis on herbal medicine, on the edge of the ESF.[3] Other research involves conducting training, once found the favorable position of some professionals who claim the need and interest in such.[30]

Given the above, it is observed that despite having specific public policies for the use of herbal medicine as a therapeutic resource in primary care under the SUS, it was found that most respondents have a brief knowledge, or almost nil about Phytotherapy, which substantiates the state of near inaction of this practice, a fact several times associated with not detention of knowledge. Training courses and training in the area, either in academic or professional levels, are revealed as strategies needed to Phytotherapy consolidation in primary care.

The deficiency in academic training in relation to Integrative Practices, and the lack of continuing education are directly related to insecurity and lack of preparation of these professionals. It should be noted that this fact limits the professional practice in the care of people's needs, compromising the correct use of therapy and compliance with the policies mentioned.

CONCLUSION

The advent of scientific evidence and the implementation of public policies in the SUS, tied to ancient practices that persist to the present day, reveal and confirm the magnitude of Phytotherapy, whose primary purpose is to promote and restore the health of the general population, more specifically, in the context of primary care.

Regarding the nursing professional compression about herbal medicine in primary care, it was observed in the present study the lack of understanding, revealing a deficiency in training aimed at providing comprehensive care to the population, based on the promotion of quality life.

The creation of PNPIC and PNPMF emerged as a strategy by the Ministry of Health to implement, promote and disseminate knowledge of herbal medicine in health care. Such policies were also unknown to all participants, which emphasized further the unpreparedness of the professional nurse, whether in undergraduate, graduate or lack of training and specialization courses. It is noteworthy that little is known about the healing properties of medicinal plants and in its totality, ignoring the autonomy of nurses in

prescribing herbal medicines. Thus, in any of the units was evidenced formal prescription of herbal medicine.

Thus, it is expected that this study will enable new ideas and further research on the use of herbal medicine in the setting of basic attention in order to disburse and thus affect nursing care. It is worth noting that the study has some limitations, including the inability to generalize the results, because it is a qualitative research with a reduced number of participants.

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