

Phytotherapy In Primary Health Care: An Integrative Literature Review

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ABSTRACT

Objective: The present study aimed to analyze the use of phytotherapy and medicinal plants in Primary Health Care. **Methodology:** This is an exploratory and descriptive qualitative research carried out through an integrative literature review. The study used three databases, from 2017 to 2022, using 21 publications. **Results and Discourse:** Older articles were used due to the wealth of information. The use of medicinal plants results from a vast knowledge that for centuries have been used by different ethnic groups resulting in what we now know as traditional medicine, which was recognized by the World Health Organization. **Final Considerations:** It was possible to identify in the study that there is a great shortage in terms of studies and publications regarding phytotherapy, even though our country is the largest plant biodiversity in the world. With training, information and research incentives, Primary Health Care has great potential to change this reality.

Keywords: Primary Health Care, Medicinal plants, Phytotherapy.

1 INTRODUCTION

Phytotherapy is a "therapy characterized by the use of medicinal plants in their different pharmaceutical forms, without the use of isolated active substances, even if of plant origin. The use of medicinal plants in the art of healing is a form of treatment with very ancient origins, related to the beginnings of medicine and based on the accumulation of information by successive generations. Over the centuries, products of plant origin have formed the basis for the treatment of different diseases (PNPIC, 2015).

The National Policy of Medicinal Plants and Herbal Medicines (PNPMF) was created in 2006, by Decree No. 5813. The policy guidelines were detailed as actions in the National Medicinal Plants and Herbal Medicines Program Interministerial Ordinance No. 2960/2008, signed by 10 ministries. The objective of the Policy and Program is to provide the Brazilian population with access to these plants in a

safe way and also the rational use of herbal medicines in order to ensure the development of the production chain and the national industry (BRASIL, 2015).

The Ministry of Health, attending to the need to know about experiences that are already being developed in the public network of many cities and states, adopted as a strategy the realization of a national diagnosis that would involve the rationalities already contemplated in the Unified Health System, among which those of traditional Chinese medicine/acupuncture, homeopathy, phytotherapy, and anthroposophic medicine, as well as complementary health practices, stand out (BRASIL, 2006).

Brazil is the country with the largest biodiversity on the planet that, associated with a rich ethnic and cultural diversity holds a valuable traditional knowledge associated with the use of medicinal plants, has the potential necessary for the development of research with results in appropriate technologies and therapeutics.(BRASIL, 2016).

In view of this cultural diversity in our country, and taking into account that a large part of our population is of low social class, the high cost of procedures and treatments makes users of the Unified Health System (SUS) seek alternative means of treatment. Many make use without knowledge and in an inadequate way, not having significant improvement and aggravating their health problems. Thus, it is of relevance to research the use of herbal medicine so that this choice may be effective and beneficial, thus ensuring the promotion of the health of the population in which it is acting.

The present study was a bibliographic research of the integrative literature review type. This procedure was chosen because it allows the synthesis and analysis of the scientific knowledge already produced on the theme "PHYTOTHERAPY IN PRIMARY HEALTH CARE: an integrative literature review".

According to Ercole, Melo, and Alcoforado (2014), integrative literature review is a method that aims to synthesize results obtained in research in a systematic, orderly, and comprehensive manner, using different methodologies. It is called integrative because it provides broader information on a subject, constituting a body of knowledge and can be directed to the definition of concepts, review of theories or methodological analysis of studies. This method provides the combination of data from theoretical and empirical literature, providing greater understanding of the topic of interest.

This integrative review was based on the following guiding question, "Why are herbal medicines rarely used in Brazil? "

To locate the relevant studies that answered the research question, we used indexed descriptors (keywords) in Portuguese and English from the Medical Subject Headings (MESH) of the Descriptors in Health Sciences (DeCS). The descriptors obtained were: Phytotherapy; Medicinal Plants; Primary Health Care.

PubMed databases from the National Library of Medicine were consulted using descriptors and keywords; VHL (Virtual Health Library), coordinated by BIREME and composed of bibliographic databases produced by the VHL Network, such as LILACS, in addition to the Medline database and other

types of information sources; and SCIELO (The Scientific Electronic Library Online). The inclusion criteria used were: studies available in their

All of them, published in recent years, from 2015 to 2022, in Portuguese, Spanish and English languages. Some other older articles were included due to the greatness and relevance of information. Book chapters, abstracts, incomplete texts, theses, dissertations, monographs, technical reports, and other forms of publication that are not full scientific articles were excluded from the initial search. There was no need to send the article to the Research Ethics Committee, since it is a secondary data analysis.

2 SCIENTIFIC PAPER DEVELOPMENT

2.1 RESULTS

The analysis for selection of the studies was performed in two phases, namely: In the first, the studies will be pre-selected according to the inclusion and exclusion criteria and according to the operation and search strategy of each database.

It was found 85,269 studies as a general search in the VHL, and limiting the search to full-text articles conducted with humans in the last 5 years, 214 studies were found. Of these, titles and abstracts were analyzed, and only 7 studies were consistent with the question of this research.

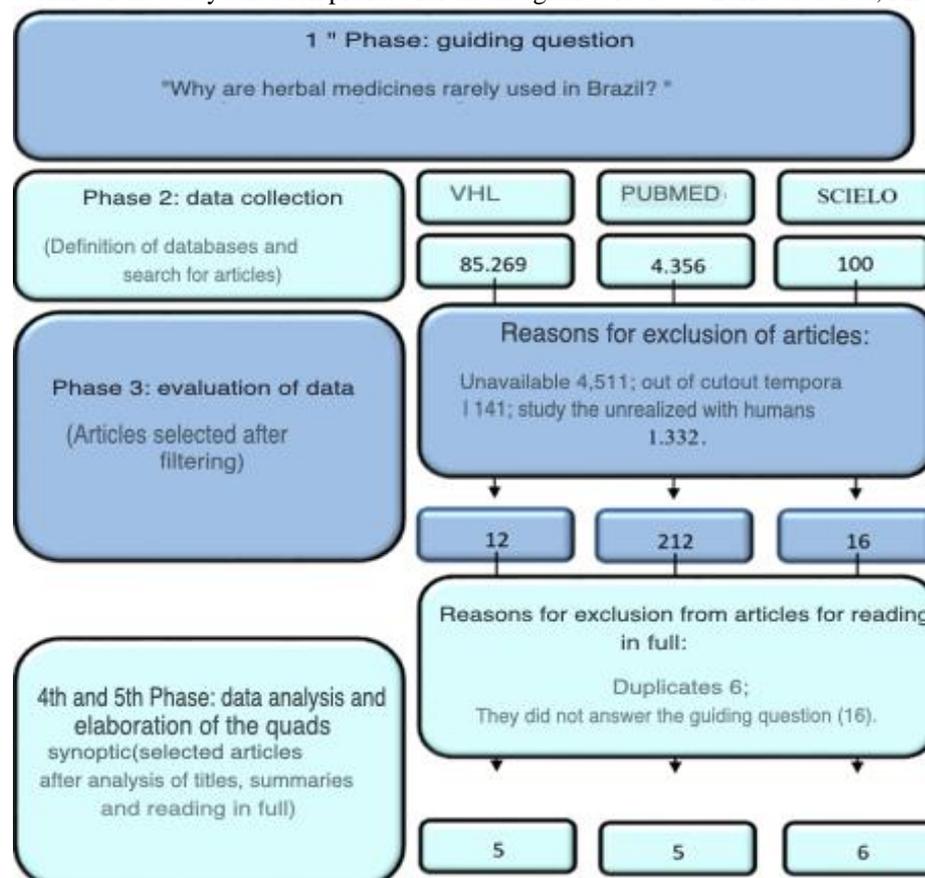
In the PUBMED database, as a total search 4,587 studies were found, applying the filter that limits by full text of the last five years with humans, 37 studies were obtained, of these titles and abstracts were analyzed and the final result was 5 studies.

In SCIELO 1,376 studies were obtained as a general search, and limiting the search to full-text articles carried out in the last 5 years with humans, 100 studies were obtained, 6 of which were consistent with the question of this research after analyzing the titles and abstracts.

In the second phase the studies were analyzed for their potential for participation in the study, evaluating the fulfillment of the research question, as well as the type of investigation, objectives, sample, method, outcomes, results, and conclusion, resulting in 19 articles.

In the end 21 articles that met the guiding questions were added to the study.

Figure 1 - Flowchart of the study selection process for the integrative review - Barra do Corda, MA, Brazil, 2022.



Source: ASSIS, (2022).

2.2 DISCUSSION

Although the present article has not listed all the available and existing bibliometric indicators related to the study of herbal medicine, it can be considered a starting point for exploring the theme and providing subsidies for future research. The use of the Lilacs, SciELO and VHL databases was essential for this study.

The use of medicinal plants results from a vast knowledge that for centuries has been used by various ethnic groups resulting in what today

known as traditional medicine, which was recognized by the World Health Organization (SIMÕES et al., 1989).

The Collegiate Directorate Resolution (RDC) of May 26, 2014 found that herbal medicines are drugs obtained using only active botanical raw materials and are described by the knowledge of the efficacy and risks of their use, as well as the reproducibility and stability of their quality.(BRASIL, 2014).

In Brazil about 82% of the population has in its day to day employed the use of phytotherapeutics regarding health care, in view of the large amount of indigenous population in our country as well as by quilombola influences. (CASTRO; ALBIERO, 2016).

Some communities and ethnic groups are the greatest holders of what is known about the use of medicinal plants that even with the advances in health services, the use of plants are their only therapeutic

resource, and even today in the poorest regions of the country and even in large Brazilian cities, medicinal plants are sold in open fairs, popular markets and found in residential backyards (MACIEL et al., 2002).

To survive and evolve, plants compete for space and protect themselves from herbivores and pathogens. In this million-year-old reality, plants have developed their own chemical defenses. This is one reason why phytochemicals are so complex, and one reason why many plants biosynthesize substances to target specific molecules of predators (FERREIRA; PINTO, 2010).

Sampaio et al., (2011) state that even though the use of medicinal plants is vast and their use is extended throughout the world, the available research that proves the degree of use and effectiveness is rare. This explains the use of very old research.

Brazil is the country with the largest plant biodiversity in the world and due to the ease of access, the use has been attracting the attention of health care programs and professionals, in view of the low cost associated with the use of medicinal plants and is a practice indicated to reduce the misuse and uncontrolled use of industrialized drugs generating great impact on self-medication. (BRASIL, 2012).

The Unified Health System (SUS), seeking improvements and encouragement of public health services, has instituted the National Policy of Integrative and Sustainable Practices.

Complementary (PNPIC) seeking to insert different types of approaches for action and health promotion and in which the herbal medicine is inserted, and emerging also the living pharmacies, which were regulated by RDC 18, April 13, 2012. (DRESCH; LIBÓRIO; CZERMAINSK, 2021).

Brazil (2013) considers living pharmacy only those that perform all the steps of handling, from cultivation, processing, storage, preparation and workshops on the use of medicinal plants and herbal medicines and that come from community gardens to be used within the SUS.

The Ministry of Health in 2010 established the Farmácia Viva program in order to stimulate the cultivation and production of herbal medicines. Through the ordinance, it would be open to municipalities that were interested to join the program (ZENI et al., 2017).

In Brazil, through the living pharmacies, communities now have access to two different levels of care in the area of herbal medicine: production of herbal medicines, prescription, and use in the public health network. In addition, they also gain knowledge and guidance on the correct use and preparation, thus ensuring efficacy and safe use of this complementary practice. It is worth noting that the objective of the living pharmacies is to preserve the traditional knowledge of the use of plants, adding to the scientific knowledge to ensure a correct and safe use without harm to health (PEIXE, 2010).

Primary Health Care is the first contact between health and the human being, and it is there that the actions of integrative and complementary practices must be frequently inserted, considering that this approximation of the community with the health service enriches the knowledge of professionals rescuing old popular knowledge, improving the way to promote the health of that community according to the reality of the population involving biopsychosocial and religious aspects (MARTINS et al., 2021).

The relationship that exists between different knowledges is the way to strengthen a policy that seeks validation and certification of phytotherapeutic products, and not only the reduction of costs. It also aims at health promotion, qualified listening, solidarity and social emancipation (ANTONIO; TESSER; MORETTI-PIRES, 2013).

Regarding the lack of records on phytotherapy and the use of medicinal plants and their great potential for health promotion, possible assumptions arise. Besides the under-recording of actions regarding the use, there is also the probability of little academic interest in the subject, thus explaining the scarcity of quantity and quality of experiences with phytotherapy in primary health care. Along with this, there may also be little government support and scientific institutions that have an interest in the subject (BRUNING; MOSEGUI; VIANNA, 2012).

The data reveal that this scarcity of existing literature is the union of different areas of scientific knowledge such as chemistry, biochemistry, pharmacology, botany, among others, which is necessary for reliable results and the development of new research. The fact that phytotherapy is an ancient and sacred knowledge, and that it would not be part of a future because of the emergence of new technologies and the industrial revolution, is also related to the fact that there are few studies. (ZENI et al., 2017).

The difficulty for the development of scientific research on phytotherapy in Brazil is due to the low development of research on this theme, i.e., in developing studies in this area, considering that the use of phytotherapy contributes both to the access to other therapeutic options and also to the aggregation of knowledge and values that are passed from generation to generation. Another important aspect that is also much addressed by the articles studied is the importance of knowing what the professionals' view is regarding the use of medicinal plants and herbal medicine, since personal opinion reflects on professional practice (BRUNING; MOSEGUI; VIANNA, 2012).

In a study conducted in 45 units of the Family Health Strategy (FHS) in the city of Blumenau (SC), 65.6% of health professionals reported knowing the National Policies of Integrative and Complementary Practices (PNPIC), but could not name all the practices, which shows a superficial knowledge on the subject. When asked if phytotherapy is present in the daily routine of the ESF, 70.7% of the professionals said that the population shows interest in the practice. Most professionals working at the ESF of Blumenau have been working at SUS for more than 10 years, which is a longer time than the existence of PNPIC, which in 2016 completed 10 years of existence. It was expected that most of them were actually aware of integrative and complementary practices (MATTOS et al., 2018).

Ischkanian and Pelicione (2012) justify this due to the scarcity of information, professionals' preference for the biomedical model, prejudice, disbelief, and also because this content is not present in the curriculum during academic training.

3 FINAL CONSIDERATIONS

The research found that, even though Brazil is the country with the greatest plant biodiversity in the world and has a large territorial extension and vast knowledge about the use of medicinal plants acquired from the ethnic matrices that make up the Brazilian population, There is a great scarcity of available materials and research relevant to phytotherapy and the use of medicinal plants, which is also evidenced by the fact that during the training of health professionals, the topics of integrative and complementary practices are not addressed, generating less knowledge, more prejudice due to lack of information and leading to less research, which results in less incentive and dissemination to the population. Given this, it is very difficult to implement a scientifically safe and correct use of phytotherapy since the lack of knowledge implies how to use and identify plants correctly, even with the knowledge passed from generation to generation that is evidenced by our ethnic matrices and that is still quite present in our reality.

However, Primary Health Care has great potential to change this reality and start and develop phytotherapy, with the training of professionals and the implementation of living pharmacies.

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