144 - KNOWLEDGE AND USE OF PHYTOTHERAPY BY USERS OF A LIVING PHARMACY UNIT IN THE MUNICIPALITY OF GOVERNADOR DIX-SEPT ROSADO / RN

EDMILSON DE CASTRO DIAS; MARIA ROSÂNGELA DA SILVA;
SUIANN ROSÂNGELA DAMIÃO COSTA; GILSON DE VASCONCELOS TORRES.
Specialization Course on Epidemiological Vigilance of Transmissible Diseases,
Post-Graduate Program in Nursing
Rio Grande do Norte Federal University, Natal / RN, Brazil
edmilsoncdias@uol.com.br

INTRODUCTION

The phytotherapy is therapeutic resource which is characterized by the use of medicinal plants in its various pharmaceutical forms. It is one of the oldest diseases treatment means used by man, with reference to historical manuscripts from the beginnings of medicine, and has become increasingly popular among the peoples in the entire world. Its use is based on the consolidation of practices and alternative treatments, and is maintained over time through the accumulation of information that has been passed through the generations.

The history of the use of medicinal plants has shown that they are part of human evolution and were the first therapeutic resources used by people. In Egypt, according to Eldin and Dunford (2001), a large number of doctors used the plants as medicine and regarded the disease as a result of natural causes and not as a consequence of the powers of malicious spirits.

In Brazil, the history of the use of plants, in the treatment of diseases, shows influences of the African culture, indigenous and European (MARTINS et al., 2000). The contribution of African slaves with the tradition of using medicinal plants, in our country, has been through the plants they brought that were used in religious rituals and also by their pharmacological properties, empirically found.

The indians who lived here, allocated in many tribes, used a large quantity of medicinal plants and, through the indian xamans, this local knowledge of herbs and their uses were transmitted and Improved from generation to generation (LORENZI; MATOS, 2002).

The popular belief that the use of plants to treat diseases obtained satisfactory results was slowly being replaced by the use of industrialized drugs, which attracted people with the promise of a fast and total healing.

Currently, this picture begins to be modified, even synthetic drugs still represent the majority of medicines used by the population, phytotherapy also have achieved increasing space in the homemade pharmacy (GRAMS, 1999).

The increasing consumption of phytotherapy may be associated with the fact that people are questioning the dangers of abuse and irrational use of pharmaceuticals products, trying to replace them with medicinal plants. The attestation of action therapy also promotes this dynamic. In addition, it is important to emphasize the population dissatisfaction on the official healthcare system and also the people's need of being able to control their own body and recover their health, assuming the healthcare practices for themselves or for their families (LEITE, 2000).

The institutionalization and formalization of these practices on public healthcare services have begun to draw from the decade of 80, coming to a strengthening in 1988, with the creation of Unified Health System - SUS. With the principles of SUS, especially those facing the decentralization and the popular participation, the states and municipalities now have autonomy in setting its healthcare actions policies. Thus, several pioneers experiments with herbal alternative treatments were deployed across the country (BRASIL, 2006).

In this sense, has been remarkable the searching for better ways to waive, in a complementary manner, the pharmaceutical assistance based on medicinal plants and phytotherapy in health services, especially in SUS, with the aim of adequate and facilitate the resources of national flora, reduce costs and scientifically enhance the popular medicine (BRASIL, 2006).

To offer these services in an organized and scheduled way, you must always consider the knowledge of the major population, from epidemiological data on diseases that can be treated with herbs and phytotherapy (BRASIL, 2006).

In that sense, De La Cruz (2006) adds that the use of medicines depends on the social, economic, political and cultural nation's inter-relations, which, in our case, makes the demand for phytotherapy drugs so repressed that, in the current conditions, this pending has not been accomplished due to lack of socio-demographic studies on users. Furthermore, according to Herbário (2007), the researching studies with medicinal plants, on rule, originate medicines in a fewer time, often with lower costs and, therefore, more accessible to the population.

In this context, De La Cruz admits that the use of medicine is not a factor of social exclusion and vulnerability, and with the lack of treatment, it occurs the pathology aggravation, preventing the individual from gradually and freely exercising their citizenship. Not using the drug leads to the disease's worsening, to individual and family suffering, to a less life quality and to lost days in work.

The municipality of Governador Dix-Sept Rosado has the Living Pharmacy Program, which contemplates a physical structure with few medicinal plants, cultivated on their own arbour and some produced phytotherapy medicines.

We understand that the use of phytotherapy on this Living Pharmacy unit is necessary to improve the offered assistance, based on phytotherapy medicines and, at the same time, contributing to users, their families and healthcare professionals who prescribe these products.

In view of the above, this study aimed at identifying the users of the phytotherapy service on Living Pharmacy Unit, at the municipality of Governador Dix-Sept Rosado / RN, Brazil: the socio-demographic and morbidity aspects; the users' knowledge level on the phytotherapy used and who is prescribing the phytotherapy drugs acquired.

METHODOLOGY

Descriptive study conducted with a accessibility sample formed by 80 (eighty) users of the Living Pharmacy Unit (UFV) located in the municipality of Governador Dix-Sept. Rosado, at Chapada do Apodi micro region, in the state of Rio Grande do Norte (RN), in Brazil's Northeast region. It was used a structured questionnaire to data-collection.

The research project was approved (Ordinance No. 116/2007) by the Ethics in Research Committee - CEP/UFRN, given the standardization of Resolution 196/96, relating to the ethical aspects of research involving human beings (BRASIL, 1997).

After the institution consent that manages the Living Pharmacy Unit, the approach was conducted with the service users by the questionnaire implementation. Thus, all users who looked for UFV to request phytotherapy drugs in the period of data-collection, August and September of 2007, were invited to join the research. With those who agreed to participate, we asked the sign of the Free and Informed Consent Term - TCLE.

The data-collection was performed daily on UFV, in matutinal and vespertine shifts by the researchers. The data sorting for analysis was done through the preparation of a spreadsheet through Epi-Info program, version 3.4 Windows, which have been processed and presented in tables and graphs often expressed in absolute and relative frequency, and analyzed according the goals proposed in the study.

RESULTS

80 users of the phytotherapy services on UFV were researched, being 83.8% female and 16.2% male. The age ranged from 18 to 77 years, with an average of 38.7. The predominant age group was 18 to 39 years (60.0%), followed by 40 to 59 years (28.8%) and 60 to 77 years, with 11.2%.

As for schooling, had predominate users who had completed high school (33.8%), followed by those who have the basic education (28.8%), literated (26.3%) and graduated (1.3%). In relation to occupations, 93.8% of users have reported that have it, highlighting farmers (43.8%) and domestic workers (16.3%). With reference to family income, 55.0% have from 1 to 2 minimum wages (SM), 30% have income <1 SM and 12.5% have the income between 2 to 4 SM.

Users of the phytotherapy services on UFV had higher occurrence of respiratory tract (30.0%), neurological (22.5%), hypertension (18.8%) and osteomuscular (15.0%) diseases. The less frequently were diabetes (5.0%) and heart diseases and sexual transmissible diseases, both with 3.8% of occurrences.

In relation to the service users' knowledge on phytotherapeutic medicines, 61.3% said they had little knowledge, 27.5% said that don't have any knowledge, 7.5% responded be very aware and 3.7%, good knowledge, as we can see in Figure 1.

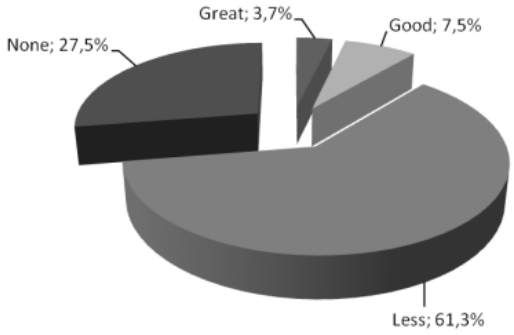

Figure 1. Users´ knowledge on phytotherapy. Gov. Dix Sept. Rosado/RN, Brazil, 2007.

The phytotherapeutic were mostly prescribed by physicians (97.0%) and nurses (3.0%) of the family healthcare program, and the most used by users were: with 67.5%, the Cumaru syrup (Expectorant); 30.0%, Erva Cidreira capsule (Calminative); 13.7%, Aroeira cream (Anti-inflammatory) and 8.7%, Aroeira elixir (Cicatrizing).

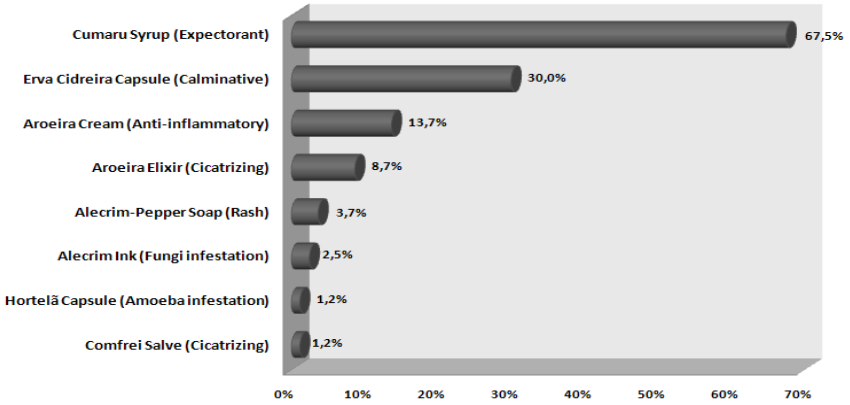

Figure 2. Phytotherapy used by researched on UFV Gov. Dix-Sept. Rosado/RN, Brazil, 2007.

DISCUSSIONS

Corroborating with the findings of our study, Silva et al. (2002), notes that the profile of users with little schooling and low income, adding that those individuals don't seek phytotherapy drugs on their own initiative, but for the availability of such pharmaceutical assistance in the public service.

However, other studies show that in recent years the demand for phytotherapy drugs has increased considerably. To Harnack et al. (2001) and Astin (1998) this trend is more frequently seen in developed countries between individuals with a high level of education and income. Ribeiro et al., (2005) also observed that reality in developing countries like Brazil.

Grandi et. al. (1990) found an increase in demand for phytotherapy between people of higher social classes. To the authors, these results may suggest cultural or mentality changes of the people and / or regional differences, as well as alternatives for economic losses between populations, as a result of socio-economic conditions and policies in the country.

De La Cruz, (2006) stresses that mortality indicators, particularly infant mortality and morbidity by causes involves the population health. In this case, as the phytotherapeutic product is used in diseases in primary care stage, it is necessary to study their morbidity aspects on the users. Thus, for the author, the phytotherapy product represents an important technical role in reducing these mortality and morbidity rates, especially those in which access to these inputs is a reality.

For authors such as Herrick (1983, Elisabetsky (1986) and Etkin (1988; 1990), the study of medicinal plants uses must take into account the social and cultural context in which these practices are introduced. Without this perception, it becomes confusing understanding the uses and knowledge of cultural diversity. Souza and Felfili (2001) believe that this traditional

knowledge of the most common given to plants can be redeemed by ethno-botanic and used for the plants valorization.

Studies show that due to lack of perception of socio-cultural reality and disability from the public primary health care network, about 80% of the Brazilian population do not use the essential medicines (DATASUS, 2005). Herbário (2007) emphasizes that the medicinal plants that have rated its therapeutic efficiency and the toxicology or safety for using, among other things, are scientifically approved to be used by people in their basic needs of health, according to the access easiness, the low cost and the compatibility with the popular cultural traditions.

Studies like those from Souza and Felfili (2001) also show that a significant group of diseases are treated with phytotherapy medicines. They found that 19% of uses are related to respiratory problems, 18% to infections, 9% to diarrheas, 7% vermifuge and six species are used in the treatment of sexually transmitted diseases.

This influence is held by the professional physician, since he prescribes and guides the user to pharmaceutical assistance on UFV. Studies that corroborates with that discussion are little in the scientific literature, however, Silva et al. (2002), which identified some phytotherapy medicines searched and not found during the completion of their study were not being produced, which may have limited the prescription from health-care professionals.

CONCLUSION

The socio-demographic aspects of the users who predominated were female, aged from 18 to 39 years, with high school, farmers, with family monthly income of 1 to 2 minimum wage. The most frequent morbidities were the respiratory tract, neurological, hypertension and osteomuscular diseases.

Users of the phytotherapy service had low level of knowledge about the phytotherapy drugs. Most of the prescriptions were conducted by physician of the healthcare family program, being the most used phytotherapeutic, the Cumaru syrup (Expectorant), the Erva Cidreira capsule (Calminative), the Aroeira cream (Anti-inflammatory) and Aroeira elixir (Cicatrizing).

We think that the expansion of phytotherapy use by the population is of prime importance. Therefore, it is clear the need for intervention strategies in health education to improve the knowledge level and the proper use of these products, once is clear, in addition to the benefits to human health by helping to combat the morbidities, the therapeutic efficiency with low cost and increased security for users.

REFERENCES

BRASIL. CONSELHO NACIONAL DE SECRETÁRIOS DE SAÚDE. Construindo o SUS -Fitoterapia. **REVISTA CONASEMS**. Disponível em www. conasems.gov.br. Acesso em 11/04/2007.

BRASIL. . Ministério da Saúde. Conselho Nacional de Saúde. Comissão Nacional de Ética em Pesquisas. CONEP. Resolução n.º 196/96. **Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos**. Brasília, 1997.

BRASIL. Ministério da Saúde. **Portaria nº 971/06**. Fonte: Diário Oficial da União do dia 04 de Maio de 2006.

_____. **Decreto nº 5.813/06**. Fonte: Diário Oficial da União do dia 23 de Junho de 2006.

DE LA CRUZ, M. G. F. **Plantas medicinais utilizadas por raizeiros**: uma abordagem etnobotânica no contexto da saúde e da doença. Cuibá. Mato Grosso, 2006. Dissertação (Mestrado) - Programa de Pós Graduação em Saúde e Ambiente. UFMT/ISC. 2006.

ELISABETSKY, E. New directions in ethnopharmacology. **Journal of Ethnobiology,** v. 6, n .1, p. 121-128, 1986.

ETKIN, N.L.. Etnopharmacology: biological and behavioral perspectives in the study of indigenous medicines. In: JOHNSON, T.M.; SARGENT, C.F. (Eds.). **Medical antropology:** A handbook of theory and method. New York: Greenwood Press, 1990. p. 149-158.

ELDIN, S; DUNFORD, A. **Fitoterapia na atenção primária a saúde**. São Paulo: Manole; 2001.

GRAMS, W.F.M.P. P**lantas medicinais de uso popular em cinco distritos da ilha de Santa Catarina**. Florianópolis, SC. Curitiba (PR), 1999. Dissertação (Mestrado) - Ciências Biológicas, UFPR, 1999.

HERRICK, J.W. The symbolic roots of three potent Iroquois medicinal plants. In: L. ROMANUCCI, R.O.S.S; MOERMAN, D..E.; TANCREDI, L.R. (Eds.). **The antropology of medicine: From culture to method**. South Hadley: J.F. Bergin. 1983. p. 134-155.

HERBÁRIO. **Plantas Medicinais e Aromáticas**. Disponível em www. herbário.Com.br. Acesso em 22/01/2007.

LEITE, S.N. **Além da medicação**: a contribuição da fitoterapia para a saúde pública [dissertação]. São Paulo (SP): Departamento de Saúde Materno-Infantil da Faculdade de Saúde Pública/USP; 2000.

LORENZI, H; MATOS, F.J.A. **Plantas medicinais no Brasil**: nativas e exóticas. São Paulo: Instituto Plantarum; 2002.

MARTINS, E.R et al. **Plantas medicinais**. Viçosa: Ed. UFV; 2000.

SILVA, A. M. C; MENDONÇA, D. P. **Levantamento de indicadores de morbidade de grupos de doenças tratáveis por fitoterápicos**. Escola de Saúde Pública/ SÉS-MT. 2003.

SOUZA, C.D.; FELFILI, J.M . **Uso de plantas medicinais na região de Alto Paraíso de Goiás**, Goiás: Brasil, 2001.

Cel. Fausto Street, 199 - Boa Vista - Mossoró/RN, Brazil - Postcod: 59600-580,
Phone (84) 94115792 . E-mail: edmilsoncdias@uol.com.br

KNOWLEDGE AND USE OF PHYTOTHERAPY BY USERS OF A LIVING PHARMACY UNIT IN THE CITY OF GOVERNADOR DIX-SEPT ROSADO / RN

ASBTRACT

The phytotherapy is therapeutic resource which is characterized by the use of medicinal plants in its various pharmaceutical forms. Its use is based on the consolidation of practices and alternative treatments, and is maintained over time through the accumulation of information that has been passed through the generations. It is a descriptive study conducted with 80 users of Living Pharmacy Unit of the municipality of Governador Dix-Sept. Rosado (RN), Northeast / Brazil. It used a structured questionnaire to data-collection between August and September, 2007, after approval by the Ethics in Research Committee. The data were analyzed on Epi-Info 3.4 Windows. The predominant socio-demographic aspects of the users were the predominant female (60.0%), aged from 18 to 39 years (60.0%), with high school (33.8%), farmers (43.8%) and family monthly income of 1 to 2 minimum wages (55.0%). The most frequent morbidities were the respiratory tract (30.0%), neurological (22.5%), hypertension (18.8%) and osteomuscular (15.0%) diseases. Users had little (61.3%) and none (27.5%) knowledge about phytotherapy. Most of the prescriptions were performed by doctors (97.0%), being the most used phytotherapeutic, Cumaru syrup (67.5%), Erva Cidreira capsule (30.0%) and Aroeira cream (13.7%). We think that the expansion of phytotherapy use by the population is of

prime importance. Therefore, it is clear the need for intervention strategies in health education to improve the knowledge level and the proper use of these products.

KEYWORDS: Phytotherapy, User, Knowledge.

LA CONNAISSANCE ET L'UTILISATION DE LA PHYTOTERAPY DANS UNE UNITE DE PHARMACIE VIVANTE DANS LA VILLE DE GOVERNADOR DIX-SEPT ROSADO / RN

RÉSUMÉ

La phytoterapy est une fonction thérapeutique, qui est caractérisée par l'utilisation des plantes médicinales sous leurs diverses formes pharmaceutiques. Son utilisation est basée sur la consolidation des pratiques et des soins alternatifs, et maintenir au fil du temps les connaissances accumulees et les informations qui ont été requises à pendant des générations. Ces études menées par 80 chercheurs de Viva Pharmacie Unité de la municipalité du gouvernement Dix -sept. Rosado (RN), au Nord-Est du Brésil. Il ont utilisé un questionnaire structuré pour recueillir des données entre août et septembre 2007, après approbation par le Comité de l'éthique dans la recherche. Les données ont été analysées Epi Info 3,4 Windows. Socioprofessionnelles aspects démographiques des usagers, qui étaient principalement féminin (83,8%), le groupe d'âge de 18 à 39 ans (60,0%), l'enseignement secondaire (33,8%), les agriculteurs (43,8%) Et le revenu des ménages de 1 à 2 salaires minimum (55,0%). Les pathologies les plus fréquentes sont les maladies de l'appareil respiratoire (30,0%), neurologiques (22,5%), l'hypertension (18,8%) et osteomusculares (15,0%). Les usagers avaient peu (61,3%) et aucune (27,5%) connaissances sur les phytothérapeutiques. La plupart des ordonnances ont été effectuées par les médecins (97,0%), qui sont les plus utilisés phytothérapeutiques, sirop Cumaru (67,5%), la capsule de Erva Cidreira (30,0%) et Crème de Aroeira (13,7%) . ils pensent que l'importance est capitale pour l'expansion de l'utilisation des phytothérapeutiques par la population en général. Par conséquent, il est clair pour la nécessité pour les stratégies d'intervention en matière d'éducation et en matière de santé afin d'améliorer le niveau de connaissances et le bon usage de ces produits.

MOTS CLÉS: Phytothérapie, Utilisateur, le savoir.

EL CONOCIMIENTO Y EL USO DE PHYTOTERAPICS POR LOS USUARIOS DE UNA UNIDAD DE FARMACIA QUE VIVEN EN LA CIUDAD DE GOVERNADOR - DIX SEPT ROSADO / RN

RESUMEN

La fitoterapia es una función terapéutica que se caracteriza por el uso de las plantas medicinales en sus distintas formas farmacéuticas. Su uso se basa en la consolidación de las prácticas y tratamientos alternativos, y se mantiene en el tiempo a través de la acumulación de información que han vuelto a pasar por las generaciones. Se trata de un estudio descriptivo realizado con 80 usuarios de la Unidad de Farmacia Viva del municipio de Gobernador Dix - Sept. Rosado (RN), Nordeste / Brasil. Se utilizó un cuestionario estructurado para recopilar datos entre agosto y septiembre de 2007, después de la aprobación del Comité de Ética de la Investigación. Los datos fueron analizados Epi-Info 3,4 Windows. Los aspectos sociales demográficos de los usuarios que son los predominantes femenino (83,8%), el grupo de edad de 18 a 39 años (60,0%), la secundaria (33,8%), agricultores (43,8%) Los ingresos de los hogares y de 1 a 2 salarios mínimos (55,0%). Las enfermedades más frecuentes son las enfermedades de las vías respiratorias (30,0%), neurológicas (22,5%), hipertensión (18,8%) y osteomusclers (15,0%). Los usuarios tienen poco (61,3%) y ninguno (27,5%) de los conocimientos sobre las fitoterapéuticos. La mayoría de las prescripciones fueron realizadas por los médicos (97,0%), siendo el más utilizado fitoterapéuticos, Jarabe Cumaru-ferro (67,5%), cápsula de Erva Cidreira (30,0%) y Crema de Aroeira (13,7%) . Piense de primera importancia a la expansión de la utilización de fitoterapéuticos la población en general. Por lo tanto, es evidente la necesidad de estrategias de intervención en la educación en salud para mejorar el nivel de conocimientos y el uso adecuado de estos productos.

PALABRAS CLAVE: Fitoterapia, usuario, conocimiento.

CONHECIMENTO E USO DE FITOTERÁPICOS POR USUÁRIOS DE UMA UNIDADE DE FARMÁCIA VIVA NO MUNICÍPIO DE GOVERNADOR DIX-SEPT ROSADO/RN

RESUMO

A fitoterapia é um recurso terapêutico que se caracteriza pelo uso de plantas medicinais em suas diferentes formas farmacêuticas. Seu uso se fundamenta na consolidação das práticas e tratamentos alternativos, e se mantém ao longo dos tempos através do acúmulo de informações que vêm sendo repassados através das gerações. Trata-se de estudo descritivo realizado com 80 usuários da Unidade de Farmácia Viva do município de Governador Dix-Sept. Rosado (RN), Nordeste / Brasil. Foi utilizado um questionário estruturado para a coleta de dados entre agosto e setembro de 2007, após aprovação do Comitê de Ética em Pesquisa. Os dados foram analisados Epi-Info 3.4 Windows. Os aspectos sócio-demográficos dos usuários que predominaram foram o sexo feminino (83,8%), faixa etária de 18 a 39 anos (60,0%), ensino médio (33,8%), agricultores (43,8%) e renda familiar de 1 a 2 salários mínimos (55,0%). As morbidades mais freqüentes foram às doenças do aparelho respiratório (30,0%), neurológicas (22,5%), hipertensão (18,8%) e osteomusculares (15,0%). Os usuários apresentaram pouco (61,3%) e nenhum (27,5%) de conhecimento sobre os fitoterápicos. A maioria das prescrições foi realizada por médico (97,0%), sendo os fitoterápicos mais utilizados, Xarope Cumaru (67,5%), Cápsula de Erva Cidreira (30,0%) e Creme de Aroeira (13,7%). Consideramos de suma importância à ampliação do uso de fitoterápicos pela população em geral. Para isso, fica patente a necessidade de estratégias de intervenções em educação em saúde para melhorar nível de conhecimento e o uso adequado desses produtos.

PALAVRAS-CHAVE: Fitoterapia, Usuário, Conhecimento.