

Use of medicinal plants by users of a primary health care service

Uso de plantas medicinais por usuários de um serviço de atenção primária à saúde

Uso de plantas medicinales por usuarios de un servicio de atención primaria de salud

RESUMO

Objetivo: Identificar o uso de plantas medicinais entre usuários de um serviço de Atenção Primária à Saúde. Método: Estudo quantitativo descritivo realizado por meio de estudo de caso. Entrevistou-se 100 usuários do serviço de duas unidades de saúde, uma em zona urbana e outra em zona rural, do município de Benevides, Pará. Os resultados foram organizados e tabulados por meio de estatística descritiva. Resultados: Identificou-se uso de plantas medicinais, informantes, cultivo e comunicação aos profissionais de saúde. Os usuários das duas unidades de saúde usam, cultivam e conhecem. Acima de 80% das fontes de informação são membros da família. E acima de 60% dos usuários cultivam em propriedade particular. Conclusão: As plantas medicinais são usadas entre os usuários do serviço, sendo a indicação, eficácia e eventos adversos repassados principalmente entre gerações de famílias e cultivadas principalmente em quintais, com limitação do informação sobre o uso aos profissionais de saúde.

DESCRIPTORES: Plantas Medicinais; Atenção Primária em Saúde; Fitoterapia; Itinerário Terapêutico.

ABSTRACT

Objective: To identify the use of medicinal plants among users of a Primary Health Care service. Method: Descriptive quantitative study conducted through a case study. We interviewed 100 users of the service of two health units, one in urban area and another in rural areas, in the municipality of Benevides, Pará. The results were organized and tabulated using descriptive statistics. Results: The use of medicinal plants, informants, cultivation and communication to health professionals was identified. Users of both health units use, cultivate and know. Over 80% of information sources are family members. And over 60% of users grow on private property. Conclusion: Medicinal plants are used among service users, and the indication, efficacy and adverse events are passed mainly between generations of families and cultivated mainly in backyards, with limitation of information on the use of health professionals.

DESCRIPTORS: Medicinal Plants; Primary Health Care; Phytotherapy; Therapeutic Itinerary; Culture.

RESUMEN

Objetivo: Identificar el uso de plantas medicinales entre los usuarios de un servicio de Atención Primaria de Salud. Método: Estudio cuantitativo descriptivo realizado a través de un estudio de caso. Entrevistamos a 100 usuarios del servicio de dos unidades de salud, una en área urbana y otra en áreas rurales, en el municipio de Benevides, Pará. Los resultados fueron organizados y tabulados utilizando estadística descriptiva. Resultados: Se identificó el uso de plantas medicinales, informantes, cultivo y comunicación a profesionales de la salud. Los usuarios de ambas unidades de salud utilizan, cultivan y conocen. Más del 80% de las fuentes de información son miembros de la familia. Y más del 60% de los usuarios crecen en propiedad privada. Conclusión: Las plantas medicinales se utilizan entre los usuarios de servicios, y la indicación, eficacia y eventos adversos se transmiten principalmente entre generaciones de familias y se cultivan principalmente en patios traseros, con limitación de información sobre el uso de profesionales de la salud.

DESCRIPTORES: Plantas Medicinales; Primeros auxilios; fitoterapia; Itinerario Terapêutico; Cultura.

RECEBIDO EM: 05/05/2022 APROVADO EM: 24/05/2022

Ana Cristina Costa Góes

Nurse graduated from the University of the Amazon (UNAMA), Researcher in the area of health education, specializing in the treatment of skin lesions and experience in occupational, urgency/emergency and collective health nursing with team coordination and the Basic Health Unit service. Currently an assistant nurse at the Integrated Center for Inclusion and Rehabilitation (CIIR)
ORCID: 0000-0001-7192-7549

Larissa Sonayra Leal da Silva:

Nurse graduated from the University of the Amazon. Specialist in urgency and emergency. Works in primary health care.

ORCID: 0000-0002-9596-4077

Monique Teresa Amoras do Nascimento

Student of Nursing at the Federal University of Pará, PIBIC scholarship holder of the research project Therapeutic Itineraries of an Amazonian Quilombola community, integrates the Study Group on Education, Training and Management for the Praxis of Nursing Care (EDUGESPEN), Member of the Working Group and Research with Amazonian Peoples and Populations Nursing (GTPE).

ORCID: 0000-0003-1413-1565

Nadile Juliane Costa de Castro

Graduated in Nursing (School of Nursing Magalhães Barata/UEPA/2007). PhD in Sciences: socio-environmental (NAEA/UFPA/2019). Master in Tropical Diseases (NMT/UFPA/2010). Specialist in Public Health and methodology of teaching arts. Professor at the Federal University of Pará, assigned to the Institute of Health Sciences through the Faculty of Nursing. Permanent Professor of the Postgraduate Program in Nursing (PPGENF-UFPA).

ORCID: 0000-0002-7675-5106

INTRODUCTION

Medicinal plants have been used since the dawn of civilization by different ethnic groups, this knowledge has been the object of research and has become the basis of new drugs.¹ The use of this natural resource favors the integrality of care in Primary Health Care (PHC), valuing popular knowledge and self-care, opposing the biomedical model centered on the disease, to the detriment of other types of knowledge generation.²

Through policies and movements that strengthen integrative and complementary practices, it is possible to rescue this popular knowledge, favoring forms of holistic care that promote sustainability, appreciation of self-care and active participation of the patient throughout the process.³ However, it is important to note that the use of medicinal plants can cause serious poisoning, in most cases due to self-medication and ignorance.⁴ There is also a lack of microbial control in many medicinal plant products.⁴

Because of this, it is important to consider the particularity of each species and its rational use, given that although they can have beneficial effects, they can also cause adverse reactions.⁵ Analyzing this situation, the Ministry of Health instituted the “National Policy on Medicinal

Plants and Phytotherapics” (PNPMF - Política Nacional de Plantas Medicinais e Fitoterápicos) through Decree No. 5,813, of June 22, 2006, to provide safe access to the use of medicinal plants and phytotherapics.⁶

Among these plants, nine were approved by ANVISA for the use and manufacture of herbal medicines.⁷ These first notes subsidized the Brazilian Pharmacopoeia herbal medicine form, establishing the practices of handling and dispensing herbal medicines (Resolution RDC nº 60 of November 10th, 2011), of the Phytotherapics memento of the Brazilian Pharmacopoeia (MFFB - Memento de Fitoterápicos da Farmacopoeia Brasileira) which has monographs that guide the prescription of medicinal plants and phytotherapics.⁸

In view of these updates, we can see the advance of Brazilian regulations for the incorporation and valorization of medicinal plants in PHC.⁹ As a result of these insertions, the use of medicinal plants has been pointed out in studies, which demonstrates the importance of the discussion on the subject from the PNPMF and the various successful experiences.^{10,11,12}

However, there is still resistance in the prescription of medicinal plants.¹³ Studies show that nurses have a lack of knowledge of national and public po-

licies to value the use and diffusion of complementary therapies.¹⁴ Failure to deepen knowledge of such policies may imply non-adherence to traditional medicine, resulting in the devaluation of this form of care. Thus, it is necessary for professionals to acquire this knowledge for the consolidation of the policy.¹⁵

This lack begins with academic training, where health professionals do not learn about traditional medicine and are often unaware of scientific evidence about Medicinal Plants.^{16,17} This situation has an impact on the lack of incentive and dissemination of the rational use of Medicinal Plants for the population. In the work by Szerwieski et al., it was shown that users were not correctly aware of the contraindications and possible side effects, and said that they used indiscriminately, believing that because it is something more natural, it could not cause harm.¹⁸

In these terms, there is a need for studies that show the knowledge and itineraries of PHC users in different contexts in order to implement the PNPICS. It is observed that there is a gap with studies in the Amazon region, and it is necessary to expand the evidence, due to the peculiarities and pluralities of peoples in the region.

It is noteworthy that the knowledge about traditional ancestral medicine in

the Amazon is part of the historical-social construct of the populations that are in the territories of the region.^{19,20} It is, therefore, essential that health professionals and health care services identify the therapeutic itineraries for the social groups that are being monitored in the PHC health services.

The study aims to identify the use of medicinal plants among users of a Primary Health Care service.

METHOD

Type of study and theoretical framework

Descriptive quantitative study carried out through a case study.²¹ The case study is used in studies that evaluate a phenomenon in its real context in order to deepen an individual unit. It was carried out in two primary health care units in the municipality of Benevides, in the state of Pará, entitled Flores (UF) and Paraíso do Murinin (UPM). The choice of these places occurred because, in these are present urban space (Flowers Unit) and rural space (Paraíso de Murinin Unit). The theoretical framework was carried out through studies on traditional knowledge in the Amazon context.

The participants were users of the Flores and Paraíso do Murinin Units located in the municipality of Benevides, State of Pará. The selection of participants was carried out through the contact of the Community Health Agents (CHA) of the Health Units.

As inclusion and exclusion criteria, it was listed as an inclusion criterion to be a user of health units and be between 18 and 80 years old. We sought to include an equal sample of health units. Users with cognitive and speech deficits and not registered in the units listed in the study are excluded. Thus, 100 users of both sexes participated in the study (50 in the Flores unit and 50 in the Paraíso do Murinin unit).

Data was collected in October 2015. Instruments used. The information was obtained through a form that contain-

ed seven structured questions. The results were organized and tabulated using simple descriptive statistics and presented in graphs produced using the Microsoft Windows Excel program. Re-

Through policies and movements that strengthen integrative and complementary practices, it is possible to rescue this popular knowledge, favoring forms of holistic care that promote sustainability, appreciation of self-care and active participation of the patient throughout the process.

garding ethical issues, the present study was approved by the Research Ethics Committee under Resolution No. 466 of December 12, 2012 under opinion number: 1340078. Research participants signed the informed consent after clarifying the research objective.

RESULT

The study showed that 92% (46/50) of the UPM population uses medicinal plants and 80% (40/50) of users surveyed in Flores also use them, regardless of gender or age. It was identified that 87.0% (43/50) of the population of both areas surveyed never suffered any side effects with the use of medicinal plants and phytotherapies, and 13% (7/50) of the UPM population and 12.5% (6/50) of the UF have already suffered some damage from the use. Among the population surveyed, 74% (37/50) of the UF and 55% (27/50) of the UPM never informed doctors and nurses about the use of medicinal plants and herbal medicines.

Regarding the sources of knowledge about the use of medicinal plants and their functions, the study identified that the family is the main source of information. It was found that 80.4% (40/50) of UPM participants and 80% (40/50) in Flores, obtained their knowledge of plants and herbal medicines through someone in the family as well as in the studies 19,22, as well as by observing the use by others 17.5% (9/50) Flores, 6.5% (3/50) from UM, by neighbors 13% (6/50) identified only at the UPM and a minimum percentage of 2.5% (1/50) by medical advice from the UF.

With regard to the origin of obtaining the plants, 69.6% (9/50) of the UPM participants and 60% (30/50) of the UF, grow the plants on their properties, without specific knowledge about the management and hygiene required in the planting and harvesting stages.

Home purchases of natural products were also indicated in both units, Flores with 19.6% (10/50) and UPM 19.5% (10/50) and at the pharmacy 12.5% (6/50) Flores and 10.5% UM. Regarding guidance on the use of Medicinal Plants, UPM users received 61.5% more guidance (30/50) compared to Flores 38.9% (19/50) as shown in Table 1.

DISCUSSION

The findings indicate that UPM participants, as they are in rural areas, have direct access to plants through their backyards. This highlights the possibility of socioeconomic issues and access to the service.²² It is noted that in rural areas, there is a more harmonious relationship with nature, which explains access to and knowledge of medicinal plants.²³ The cultivation of medicinal plants in rural populations is an important resource used for local health.²⁴ It was found that the backyards are an extension of the house and a place where users pay special attention is understood as a complementary production system.²⁵

Regarding the origin of information and knowledge, it was identified that the family is the main source. The process of transmission of knowledge about medicinal plants is transmitted through several generations by oral tradition and that the first manifestations of this knowledge begin in childhood.²⁶ This manifestation reinforces the transmission of knowledge, sustaining a relationship of trust between members of a family.

Regarding the side effect, it showed that even though it is a more natural way, it has toxicity actions.²⁷ Generally, such contaminants can cause serious problems in the body, resulting in various disorders and weakening the user's health.²⁸

It is important to emphasize that the population does not inform doctors and nurses about the use of this therapeutic modality. This situation reflects the fragility of the doctor-patient relationship.²⁹ In the past, the distance and lack of bond between professionals and users, due to different knowledge and cultures, promoted distancing. These are challenges that need to be overcome for the insertion of PICs in the SUS.³⁰

The lack of knowledge and little focus on alternative therapies during academic training represent the main reason why the vast majority of health professionals do not recommend medicines based on

Table 1. Distribution of percentage according to questions asked in two UBS about medicinal plants

Health Unit	Question			
Knowledge and use of medicinal plants				
	Yes	No		
FLORES	80%	20%		
MURINIM	92%	8%		
How they learned to use medicinal plants				
	Medical advice	Watching	Neighbors	Family
FLORES	0%	17,5%	0%	80%
MURINIM	2,5%	6,5%	13%	80,4%
How do they get the medicinal plants				
	Health unity	Pharmacy	Commerce	Cultivating
FLORES	0%	12,5%	27,5%	60%
MURINIM	0%	10,9%	19,6%	69,6%
Adverse effects after using any medicinal plant				
	Yes	No		
FLORES	13%	87%		
MURINIM	13%	87%		
Information to the Doctor and Nurse on the use of medicinal plants				
	Yes	No		
FLORES	26%	74%		
MURINIM	45%	55%		
Received guidance from a health professional on the use of medicinal plants				
	Yes	No		
FLORES	58,9%	61,1%		
MURINIM	61,5%	38,5%		

Source: elaboration of the authors, 2022

Medicinal Plants.¹² To overcome this scenario, studies point the way to the implementation of phytotherapy in PHC as a therapeutic or educational resource.³¹ Initially, a survey of medicinal plants used by the community must be carried out and subsequently registered in the official protocols of the service.

It is reiterated that health professionals carry out a collective study and register a technical sheet or informative materials for the dissemination of the researched information. These support materials based on local medicinal plants help when prescribing, also contributing to the establishment of the professional's

bond with the community.³² Therefore, they help with educational activities based on dialogue and appreciation of popular knowledge, raising awareness and stimulating them in the search for articulating and instituting spaces for collaboration and exchange of experiences.^{33,34,35}

Another strategy is the creation of educational gardens, community gardens and a live pharmacy. The first refers to areas intended for the cultivation of in natura plants, with botanical identification, preservation of endangered species, studies and didactic guidance on plants.³⁶ Community gardens are areas

intended for organic cultivation, artisanal drying, exchange or donation of seedlings of plant species, most of them without botanical identification, but based on popular and traditional culture organized in the community, in households or schools.³⁰ The Farmácia-viva, on the other hand, is more complex and follows the recommendations of good practices for processing, storing, handling and dispensing medicinal plants and herbal medicines within the scope of the SUS.

37, 38

CONCLUSION

According to the study, it was found that users of the two basic units use

plants as a therapeutic resource, with emphasis on cultivation on their properties, do not inform health professionals about the use of these plants and report side effects in certain cases. Therefore, medicinal plants are used by users, however health professionals need to be sensitized to dialogue about this resource.

It was noted that the replacement of allopathic medication by herbal medicines, most people do not make this substitution, however, it is still noticed that this practice occurs, mainly in UM, this data becomes worrying, because it is a dangerous behavior, since many treatments involve therapeutic regimens.

In this way, all health service clients must be advised of the risks of abando-

ning treatments or associating medications. It should be understood that medicinal plants have pharmacological actions that can cause harm to health, also highlighting that the use of medicinal plants is neither worse nor better than allopathic plants, it is the same because in their composition there are chemical compounds capable of altering the body's functions.

This study has the limitation of not having explored the types of plants used by the community, lacking further research to expand this information. However, it was able to bring a reflection on popular knowledge as a form of treatment for diseases.

REFERENCES

- 1-Ministério da Saúde. Agência Nacional de Vigilância Sanitária. Resolução da Diretoria Colegiada - RDC nº 18, de 03 de abril de 2013: Dispõe sobre as boas práticas de processamento e armazenamento de plantas medicinais, preparação e dispensação de produtos magistrais e oficinais de plantas medicinais e fitoterápicos em farmácias vivas no âmbito do Sistema Único de Saúde (SUS). Brasília: Ministério da Saúde, 2013.
- 2-Caponi S, Verdi M, Brzozowski FS, Hellmann F, organizadores. Medicalização da Vida: Ética, Saúde Pública e Indústria Farmacêutica. Cien Saude Colet 2012; 17(9):2553-2556.
- 3-Brasil. Ministério da Saúde (MS). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Política Nacional de Práticas Integrativas e Complementares no SUS - PNPIC-SUS. Brasília: MS; 2006.
- 4-Caccia-Bava MCGG, Bertoni BW, Pereira MAS, Martinez EZ. Disponibilidade de medicamentos fitoterápicos e plantas medicinais nas unidades de atenção básica do Estado de São Paulo: resultados do Programa Nacional de Melhoria do Acesso e da Qualidade da Atenção Básica (PMAQ). Cienc Saude Colet 2017; 22(5):1651-1651.
- 5-Ribeiro JC. Qualidade de plantas medicinais de uso popular no Brasil: uma visão experimental: roteiro de práticas. São João da Boa Vista: Editora Universitária UNIFAE, 2021. 45p.
- 6-Brasil. Decreto Presidencial nº 5.813, de 22 de junho de 2006. Aprova a Política Nacional de Plantas Medicinais e Fitoterápicos. Diário Oficial da União 2006; 23 jun.
- 7-Brasil. Lista DCB Plantas medicinais atualizada em 2017 / ANVISA - Agência Nacional de Vigilância Sanitária.
- 8-Santos DL, Moraes JS, de Souza AZT, da Silva I. R. Saberes tradicionais sobre plantas medicinais na conservação da biodiversidade amazônica. Ciências em foco, 12(1), 2019.
- 9-Brasil, Memento Fitoterápico da Farmacopeia Brasileira. 1ª edição - 2016.
- 10-Santos DL, Moraes JS, de Souza AZT, da Silva I. R. Saberes tradicionais sobre plantas medicinais na conservação da biodiversidade amazônica. Ciências em foco, 12(1), 2019.
- 11-Ribeiro JC. Qualidade de plantas medicinais de uso popular no Brasil: uma visão experimental: roteiro de práticas. São João da Boa Vista: Editora Universitária UNIFAE, 2021. 45p.
- 12-Brasil. Decreto Presidencial nº 5.813, de 22 de junho de 2006. Aprova a Política Nacional de Plantas Medicinais e Fitoterápicos. Diário Oficial da União 2006; 23 jun.
- 13-Antonio GD, Tesser CD, Moretti-Pires RO. Contribuições das plantas medicinais para o cuidado e a promoção da saúde na atenção primária. Interface (Botucatu) 2013; 17(46):615-633.
- 14-Souza ADZ, Heinen HM, Amestoy SC, Mendieta MC, Piriz MA, Heck RM. O Processo de trabalho dos enfermeiros da atenção primária e a Política de Plantas Medicinais/Fitoterápicos. Rev Bras Plantas Med 2016; 18(2):480-487.
- 15-Patricio KP, et al. O uso de plantas medicinais na atenção primária à saúde: revisão integrativa. Ciência & Saúde Coletiva [online]. 2022, v. 27, n. 02 [cited 27 Abril 2022], pp. 677-686. Available from: <https://doi.org/10.1590/1413-81232022272.46312020>.
- 16-Alonso-Castro AJ, Domínguez F, Maldonado-Miranda JJ, Castillo-Pérez LJ, Carranza-Álvarez C, Solano E, Isiordia-Espinoza MA, Del Carmen Juárez-Vázquez M, Zapata-Morales JR, Argueta-Fuertes MA, Ruiz-Padilla AJ, Solorio-Alvarado CR, Rangel-Velázquez JE, Ortiz-Andrade R, González-Sánchez I, Cruz-Jiménez G, Orozco-Castellanos LM. Use of medicinal plants by health professionals in Mexico. J Ethnopharmacol 2017; 198:81-86.
- 17-Palma JS, Badke MR, Heisler EV, Hick RM, Meincke SMK. Modelos explicativos do setor profissional em relação às plantas medicinais.

Rev Pesqui Cuid Fundam 2015; 7(3):2998-3008.

18-Szerwieski LLD, Cortez DAG, Bennemann RM, Silva ES, Cortez LER. Uso de plantas medicinais por idosos da atenção primária. Rev Eletron Enferm 2017; 19:1-11.

19-Durães AG, Silva Filho ACC, Oliveira LL, da Silva RDM, Gomes TS. Implementação de horta fitoterápica em uma USF no extremo Sul da Bahia. Revista de APS, 23. 2020.

20-Feijó AJL, et al. Construção do guia de plantas medicinais de Florianópolis, SC, Brasil. Interface-Comunicação, Saúde, Educação, v. 25, p. e200718, 2021.

21-Yin RK. Estudo de caso: planejamento e métodos. 5. ed. Porto Alegre: Bookman, 2015.

22-Silva TLS da, Rosal LF, Oliveira MFS, Batista RF, Montão DP. Conhecimentos sobre plantas medicinais de comunidades tradicionais em viseu/pa: valorização e conservação. Rev. Bras. de Agroecologia [Internet]. 1º de outubro de 2019 [citado 28 de abril de 2022];14(3):12. Disponível em: <https://revistas.aba-agroecologia.org.br/rbagroecologia/article/view/22522>.

23-Gabriele Schek G, Mix PR, Kochhann DRA. O uso de plantas medicinais por famílias rurais. v.15, Revista Saúde – UNG- SER. n.1-2, 2021.

24-Mattos, Gerson et al. Plantas medicinais e fitoterápicos na Atenção Primária em Saúde: percepção dos profissionais. Ciência & Saúde Coletiva [online]. 2018, v. 23, n. 11 [Cited 20 Abril 2022], pp. 3735-3744. Available from: <https://doi.org/10.1590/1413-812320182311.23572016>.

25-Almada ED, Souza MO. Quintais como patrimônio biocultural. Quintais: memórias, resistência e patrimônio biocultural. Belo Horizonte: EdUEMG, cap 1, p. 15-29, 2017.

26-Ceolin, Teila et al. Plantas medicinais: transmissão do conhecimento nas famílias de agricultores de base ecológica no Sul do RS. Revista da Escola de Enfermagem da USP [online]. 2011, v. 45, n. 1 [Acessado 29 Abril 2022], pp. 47-54. Disponível em: <https://doi.org/10.1590/S0080-62342011000100007>. Epub 22 Mar 2011. ISSN 1980-220X. <https://doi.org/10.1590/S0080-62342011000100007>.

27-Ribeiro JC. Qualidade de plantas medicinais de uso popular no Brasil: uma visão experimental: roteiro de práticas. São João da Boa Vista: Editora Universitária UNIFAE, 2021. 45p.

28-Campos SC, Silva CG, Campana PRV; Almeida VL. Toxicidade de

espécies vegetais. Rev. Bras. Pl. Med., Campinas, v.18, n.1, supl. I, p.373-382, 2016.

29-Barbosa MDS, Bosi MLM. Vínculo: um conceito problemático no campo da Saúde Coletiva Physis Revista de Saúde Coletiva, Rio de Janeiro, 27 [4]: 1003-1022, 2017.

30-Nascimento, Marilene Cabral do et al. Formação em práticas integrativas e complementares em saúde: desafios para as universidades públicas. Trabalho, Educação e Saúde [online]. 2018, v. 16, n. 2 [Acessado 29 Abril 2022], pp. 751-772. Disponível em: <https://doi.org/10.1590/1981-7746-sol00130>. Epub 16 Abr 2018. ISSN 1981-7746. <https://doi.org/10.1590/1981-7746-sol00130>.

31-Vale CMGCD, Freitas VFD, Silva ARDS, Rocha MT, Casimiro LDQ, Borges LHMU, et al. Uso de plantas medicinais por usuários da Atenção Primária à Saúde em Mossoró/RN: contribuição para profissionais prescritores. 2020.

32-UFSC, Universidade Federal de Santa Catarina. Centro de Ciências da Saúde. Núcleo Telessaúde Santa Catarina. Plantas medicinais e fitoterapia na atenção básica. Florianópolis: CCS/UFSC, 2019.

33-Brasil. Ministério da Saúde. Biblioteca Virtual de Saúde. Telessaúde Brasil Redes. Como organizar rodas de conversa sobre plantas medicinais? Núcleo Telessaúde SC, 14 out. 2014.

34-Freitas JR, Silva AJ, Silva JAA, Ramos JRb, Silva FMV. A importância do enfermeiro nas práticas integrativas e complementares no sistema Único de Saúde. Revista Saúde Coletiva (Barueri). 2021; 11 (63); 5376-5389.

35-Araújo RS, Cruz PJSC, Vasconcelos ACCP, Pereira EAAL, Nascimento BGS, Mélo CT. Educação popular na atenção primária à saúde: sistematização de experiências com grupos comunitários de promoção da saúde. Revista Conexão UEPG. 2021; 17 (1): 01-22.

36-Brasil. Ministério da Saúde. Biblioteca Virtual de Saúde. Telessaúde Brasil Redes. Como inserir ações com fitoterapia como recurso terapêutico ou educativo na atenção básica? Núcleo Telessaúde SC, 10 jun 2017.

37-Antonio GD, Tesser CD, Moretti-Pires RO. Contribuições das plantas medicinais para o cuidado e a promoção da saúde na atenção primária. Interface (Botucatu) [online]. 2013; 17 (46): 615-633.

38-Brasil. Ministério da Saúde. Gabinete do Ministro. Portaria nº 886, de 20 de abril de 2010: Institui a Farmácia Viva no âmbito do Sistema Único de Saúde (SUS). Brasília: Ministério da Saúde, 2010.