

CUIDADO É FUNDAMENTAL

UNIVERSIDADE FEDERAL DO ESTADO DO RIO DE JANEIRO • ESCOLA DE ENFERMAGEM ALFREDO PINTO

RESEARCH

DOI: 10.9789/2175-5361.2018.v10i3.619-625

Contributions of the Discipline “Complementary Therapies with Emphasis on Medicinal Plants” in the Nurses’ Professional Practice

As Contribuições da Disciplina “Terapias Complementares Com Ênfase em Plantas Medicinais” na Prática Profissional dos Enfermeiros

Contribuciones de la Asignatura “Terapias Complementarias, com Ênfasis em Plantas Medicinales” em la Práctica Profesional de Lãs Enfermeras

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How to quote this article:

Lopes ACP, Ceolin T, Ceolin S, *et al.* Contributions of the Discipline “Complementary Therapies with Emphasis on Medicinal Plants” In the Professional Practice of Nurses. 2018 Jul./Sep.; 10(3):619-625. DOI: <http://dx.doi.org/10.9789/2175-5361.2018.v10i3.619-625>

ABSTRACT

Objective: The study’s aim has been to analyze the contributions of the elective discipline “Complementary therapies with emphasis on medicinal plants” in the nurses’ practice that have graduated from the Nursing School at *Universidade Federal de Pelotas*. **Methods:** It is a descriptive-exploratory research with a qualitative approach. Data were collected from September to October 2015, totaling 12 participating nurses. **Results:** The results show the importance of the discipline in professional practice and in the participants’ family context. The nurses highlighted the theoretical and practical support of the discipline for the applicability of complementary therapies and medicinal plants in daily work practice. Nonetheless, they reported several difficulties for its application, among them the lack of protocols, the discontinuity of care by colleagues and the lack of in-depth knowledge of the theme. **Conclusion:** It is essential implementing changes in the education of universities in order to provide qualified training and qualified professionals willing to work in this area, and then applying comprehensive care and strengthening the health system.

Descriptors: Curriculum, Professional practice, Complementary therapies.

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RESUMO

Objetivo: O estudo tem o objetivo de analisar as contribuições da disciplina optativa “Terapias complementares com ênfase em plantas medicinais” na prática dos enfermeiros egressos da Faculdade de Enfermagem da Universidade Federal de Pelotas. **Método:** Trata-se de uma pesquisa descritiva, de caráter exploratório com abordagem qualitativa. Os dados foram coletados em setembro e outubro de 2015, totalizando 12 enfermeiros. **Resultados:** Mostram a importância da disciplina na prática profissional e no contexto familiar dos participantes. Os enfermeiros destacaram o suporte teórico e prático da disciplina para a aplicabilidade das terapias complementares e plantas medicinais no cotidiano laboral. Contudo, relataram diversas dificuldades para sua aplicação, dentre as quais a falta de protocolos, a descontinuidade do cuidado nessa linha por colegas e a carência de conhecimento aprofundado da temática. **Conclusão:** Mudanças na educação das universidades são necessárias a fim de formar profissionais capacitados e qualificados para atuarem nessa área, aplicando o cuidado integral e fortalecendo o sistema de saúde.

Descritores: Currículo, Prática profissional, Terapias complementares.

RESUMEN

Objetivo: Analizar las contribuciones de la asignatura optativa “Terapias complementarias, con énfasis en plantas medicinales” en la práctica de los enfermeros egresados de la facultad de enfermería de la Universidad Federal de Pelotas. **Método:** Investigación cualitativa realizada con 12 enfermeros en el año 2015. **Resultados:** Se evidenció la importancia de la asignatura en la práctica profesional y en el contexto familiar de los participantes. Las enfermeras destacaron el soporte de la asignatura para la aplicabilidad de las terapias complementarias y plantas medicinales en su trabajo. Sin embargo, reportaron dificultades en su aplicación, tales como la carencia de protocolos, la discontinuidad del cuidado y la falta de profundidad del conocimiento en esta temática. **Conclusión:** Se requieren cambios en los planes de estudio de las universidades para formar profesionales expertos, capaces de actuar en este ámbito. Esto se traduce en calificación de la atención y fortalecimiento del Sistema Único de Salud.

Descriptores: Plan de estudios, La práctica profesional, Terapias complementarias.

INTRODUCTION

Traditional treatments have been used in many diseases effectively since the dawn of civilization, surviving to this day.¹ Recognizing the widespread use of these treatments, the World Health Organization is concerned with the quality and safety of alternative products and practices and complementary policies, encouraging the regulation and creation of national policies in this ambit.²

In the last decades, research in the field of complementary and alternative medicine is revealing the mechanisms of action and effectiveness of this type of treatment.¹ Furthermore, studies in countries such as the United States of America, the United Kingdom and Israel indicate the interest of academics in teaching of medicinal plants and complementary therapies.³ This demonstrates the need to invest in discussions on the theme, both in academic training and in the professional practice of nurses and other health professionals, since it

is during the graduation period that the necessary basic knowledge about the health-disease process and develops interest in the future area of action.⁴⁻⁵

Despite the popularity of medicinal plants and complementary therapies among academics and health professionals, and also among the population, the theme is not included in university curricula around the world.⁶ Many health courses still have their curricula built on the basis of the biomedical model, making it difficult to insert contents such as medicinal plants and phytotherapy, consequently, the work process of professionals maintains characteristics of this model.

Nevertheless, it is already possible to observe some initiatives, such as curricular or optional subjects on the topic,⁷ training courses,⁸ or recommendations regarding the approach and content to teach this theme.³ Additionally, there is a rapid growth in the literature on the use of alternative and complementary medicine in various situations and diseases.³ These activities constitute promising initiatives to qualify professionals from the perspective of integrality in health. According to this perspective, the Nursing School from the *Universidade Federal de Pelotas* (UFPel) offered an elective discipline “complementary therapies with emphasis on medicinal plants” to undergraduate students in the semesters 2011/1 and 2012/2. The discipline approached several complementary therapies, among them, medicinal plants, Reiki, acupuncture, homeopathy, thermalism, besides providing a visit to the garden of medicinal plants and workshops addressing ways of preparation and different uses of plants.

The study’s goal is to analyze the contributions of the elective discipline “Complementary therapies with emphasis on medicinal plants” in the nurses’ practice that have graduated from the Nursing School at Universidade Federal de Pelotas.

METHODS

It is a descriptive-exploratory research with a qualitative approach.⁹ The participants were 12 nurses graduated from the Nursing School/UFPel, who concluded the elective course “Complementary therapies with emphasis on medicinal plants”.

The course was offered to undergraduate students at UFPel, in two semesters (2011/1 and 2012/2), totaling 24 undergraduate students. Out of those students, 12 accepted to participate in the study, being 3 from the semester 2011/1 and 9 from the semester 2012/2. Data collection took place from September to October 2015 and was conducted through semi-structured interviews, with 13 questions (open and closed) about the discipline, academic training, and knowledge about complementary therapies using medicinal plants, as well as information about the participants’ profile. Six participants answered in person by the time they were at their homes located in Pelotas city, and six answered in

a self-applied form, which were sent by electronic mail. In order to preserve identity, participants were identified as Nurse 1, Nurse 2 and so forth.

The data analysis was developed using Taylor and Bogdan's proposal.⁹ The project was approved by the Ethics and Research Committee from the Nursing School at Universidade Federal de Pelotas (UFPel), Legal Opinion No. 1.269.001.

RESULTS AND DISCUSSION

The research was attended by 12 nurses, 7 of whom were female. The age group ranged from 24 to 56 years old. Graduation time ranged from eight months to four years. Among the participants, two were not working, two were resident students in Public Health at Basic Health Units, four worked in hospitals (one of them as a nursing technician) and one in the 3rd Regional Health Coordination, two were enrolled in postgraduate programs and one worked in a technical nursing school as professor.

In Brazil, a cohort study¹⁰ evaluated the inclusion of phytotherapy courses and complementary therapies in undergraduate curricula of health courses at Federal Universities throughout Brazil. The data obtained showed that 36 Federal Universities offer optional courses in medicinal plants and phytotherapy. Of all the institutions, there are 47 undergraduate programs in nursing, where only 20 of them offer courses in Medicinal Plants and Phytotherapy, among which one was required and 19 electives.

The participants of the present research believe that disciplines in this subject contribute to the academic formation, but, generally, do not integrate the curricular grid of the universities, according to the following reports:

[...] it is a specificity that we do not have the right during the graduation time, you look for it... some other discipline that broadens your knowledge, certainly had a contribution in my training. (Nurse 1)

It contributed so much, so that it was one of the few spaces within the academic formation that I had the opportunity to experience these questions of the complementary therapies. (Nurse 7)

These reports portray the importance that the participants attribute to the discipline studied, given the academic reality in which they were inserted, which does not integrate integrative and complementary therapies into the curriculum. Corroborating with these results, a study¹⁰ indicated that there is a small number of courses in herbal medicine and medicinal plants in the curriculum of courses in the health area and that despite this, it is clear that academics and health professionals are interested in this matter.

These evidences make visible the need for universities to include in their curricula, disciplines focused on the study of medicinal plants, with the objective of training professionals who value popular health practices and who can attend to the population in an integral way.¹¹ In European countries, Integrative and complementary practices have been embedded in the curricula of health schools for quite some time. In Germany, since 2003, for example, there is already a workload for these practices. In Spain, masters are offered in complementary therapies for doctors and nurses.¹²

Most undergraduate courses in the health area do not discuss complementary therapies and the popular health care system, reflecting the professional's performance, which will hardly value and integrate these care practices.¹³ Given the above, changes are necessary in the education provided by the universities, because without the inclusion of certain topics in the curriculum, it is difficult to obtain and maintain qualified professionals in this area.¹⁰ Thus, it is necessary to train the academic with critical thinking, enabled to identify situations, formulate contradictions and achieve Solve them within their complexities.⁴

With the increase in the demand for complementary therapies, it is explicit the importance of these contents to be included throughout the academic formation. The insertion of this theme assists in the formation of a professional potentially qualified to work in the prevention and health promotion of the population.

The growth in the use of complementary therapies is also reflected in the individual and family practice of the research participants, according to the following reports:

[...] in my home, even now, we only use salt with herbs, the infusion, syrup, I use a lot of syrup for my daughter, for me. (Nurse 3)

[...] the indication was that passed from mother to daughter, so much that what my mother knew, she had learned from her mother in the case. (Nurse 7).

From the 12 participants in the study, 10 reported that medicinal plants are the most commonly used therapy. The participants' speeches emphasize that their knowledge about medicinal plants and complementary therapies is predominantly familiar. From the knowledge acquired in the discipline, they use it in care among family members, as reported by Nurse 3, who uses syrup, among other preparations, to care for her daughter. The use of complementary therapies in individual and family care is still based on empirical knowledge, as observed in the report of Nurse 7.

Information is orally propagated among family members about health habits and care, such as the use of medicinal plants. The family is a system that forms a health-disease

model through values, beliefs, knowledge and practices, developing its own dynamics of functioning by promoting health, preventing and treating disease.¹⁴

[...] since the choice of food, the withdrawal of the use of medicines, at any symptom I would already resort to some medicine, both for my family and me. [...] It is not also to substitute by a medicinal plant, as I said before, but there are other treatments, another alternatives for the use of therapy. (Nurse 5)

In addition to the report of using the complementary therapies for himself and his family, the report of Nurse 5 demonstrates the awareness that one therapy does not exclude the other and can be used in a complementary way.

Complementary therapies are therapeutic practices that allow for the complementation of traditional allopathic practice. Nursing, acting directly with users, has the necessary tools to make this practice effective, tailoring and directing care.¹⁵

Therefore, it is relevant inserting disciplines on complementary therapies and medicinal plants in the curriculum, because the professional becomes more skilled and multiplier of knowledge, with scientific basis, which is justified from what the participants said:

[...] The knowledge derived from the discipline could be based scientifically and theoretically to use correctly, especially medicinal plants, thus making it possible to multiply this knowledge to the whole network of friends and family. (Nurse 4)

[...] The knowledge obtained scientifically strengthened my knowledge to support professional practice, ceasing to be a mere empirical knowledge. (Nurse 12)

[The discipline] helped to break this view of the family, the house, that tea does no harm, that tea takes anyway. (Nurse 1)

Corroborating with the speech of the Nurse 1, one author¹⁶ states that medicinal plants and natural products are pharmacologically active, have contraindications, and can interact with medicines commonly used by the population. Given this data, it is necessary that the professionals have knowledge about the medicinal plants most used by the population accompanied, besides being prepared to talk with the users about this topic.

The absence or poor communication between health professionals and users of services on complementary therapies is dangerous, particularly when medicinal plants and natural products are used.¹⁶ In this sense, the professional-user interaction becomes necessary, aiming at the rational use of these therapies and also the improvement of the user's life quality. Such interaction, however, must value and respect the specificities and knowledge brought by the user, since the search for integral care.²

Many practitioners avoid asking about the use of complementary therapies, as many users omit it, which generates unattended use, and risks to users.¹⁶ Nurses' participation in this process is very important, aiming at integrating popular knowledge by enabling the individuals and their family to have autonomy in relation to health care.¹⁴

Despite the wide use of complementary therapies in individual and family care, the same is not observed in the daily work practice of these nurses, for the most diverse reasons, as reported below:

I have never used it for a patient, but everyone at home uses it, [...] I used my knowledge a lot, inside my residence. (Nurse 3)

In the hospital, I do not use it in practice. As I remembered, I never used it, even when I was in the maternity hospital we prohibited more teas, because the mothers like tea, but we only did that because inside the hospital is restricted. (Nurse 10)

The lack of knowledge about therapies is a limiting factor for their use in daily work and, although favorable to their use, they do not feel comfortable advising patients about it because they believe there are still deficits in the universities regarding the teaching in this area.¹⁷ The Nurses 5, 6 and 9 confirmed the need for a deepening to feel able to orientate on medicinal plants and complementary therapies, according to the following testimonies:

[Discipline] gave the basics and the necessary motivation, it will now depend on each professional, or if it were the case that I was acting, I would have to have a complement, more study, a deepening of the study, but it was essential to give the incentive. (Nurse 5)

[The discipline instrumented to the practice] in a certain way, however, I still do not feel an effective security to apply the complementary therapies in the professional practice. (Nurse 9)

[...] I do not feel totally apt to make an appointment; I know they exist, I know where to look. (Nurse 6)

Authors¹⁸ affirm that the professionals' lack of knowledge about the Integrative and Complementary Practices (ICP) is one of the factors that do not encourage the use of ICP. This lack of knowledge can also be considered responsible for the fact that, although they support the ICP and show an interest in them, they are restricted to primary care.

In this sense, it is evident the importance of the offer of disciplines throughout the academic formation, but also courses, specializations and other means that empower the professionals interested in using the complementary therapies in the integral care of the population and consequent

to the strengthening of the *Sistema Único de Saúde (SUS)* [Unified Health System]. It is noticed that there is movement of professionals in this sense, because when asked about motivation to broaden the knowledge about the subject, they answered the following:

In the future, who knows, I will still do a specialization course. (Nurse 11)

I bought a book of medicinal plants, I think of maybe doing a specialization in that area. (Nurse 7)

[After realizing the discipline] I feel like doing the masters facing the plants. [...] The basic attention notebook from the Health Ministry that I won, I usually take a look [to ask questions]. (Nurse 3)

The Nurse 7 also talks about the importance of theoretical support when orienting about the use of medicinal plants:

[...] I always try to use RDC No. 10, which brings 66 medicinal plants to be used, based on the RDC text, I feel safe to approach because it is approved by ANVISA, so it has indication, contraindication, and dosage. (Nurse 7)

The Resolução da Diretoria Colegiada (RDC) [Collegiate Directory Resolution] No. 10¹⁹ and the Basic Attention Notebook² cited by the participants are recent initiatives that constitute an important tool to support the assistance. These are also documents that seek to stimulate the implementation of new policies in the SUS, as well as improving the population's access to safe and quality products and services. The RDC presents 66 plant species with therapeutic claims, form(s) of use, amount to be ingested and the care and restrictions to their use, supported by traditional use, and can be indicated by a professional with the necessary knowledge, plant drugs are products free from doctor's prescription. This resolution is a regulatory framework for the production, distribution and use of medicinal plants, in order to guarantee and promote the effectiveness and quality of the products offered by the system.

The Basic Attention Notebook No. 31², about "Integrative and complementary practices: medicinal plants and phytotherapy in basic care", launched in 2012, aims to sensitize and guide health managers and professionals in the formulation and implementation of policies, programs and projects, and also structuring and strengthening attention in herbal medicine and medicinal plants.

Another factor that influences the practice of nurses is the non-use of complementary therapies by other professionals of the health team, making it difficult to continue care, a fact that can be seen in the report of Nurse 7:

[...] you take an approach with the patient, but the other professionals, especially the doctors, do not work in this line

that you approach, which ends up disrupting this process, because you make a whole orientation and from there he goes to your colleague, and he says that there is nothing, you have to take the medicine, you have to do it, it makes the process a little harder.

Many physicians are still resistant to the use of complementary therapies, as they are not typically included in the curricular structure and others see it as something to be learned separately.¹⁶ This may be related to the academic training of health professionals, be focused on the biomedical model, which directly affects the work process of the professionals and, thus, even if some areas are directed to the integral form of care, others remain focused on medicalization.²⁰

The nurses interviewed mentioned the importance of following protocols and safe sources of research:

[...] I work in a private hospital, where the professional practice is organized through Standard Operational Procedures and currently the complementary therapies are not used. However, I consider it important to implement them in institutional routines. (Nurse 11)

[...] Nowadays a lot of work is done with protocols in primary health care, protocol for such complaint, protocol for this, and in these protocols very rarely will you find an indication of integrative practices. (Nurse 7)

The reports of Nurses 7 and 11 highlight an important point for discussion, because in many services professionals are conditioned to follow protocols for performing care. This "framework" generates a work dynamic in which it is difficult for professionals to approach the individual inserted in their cultural context, as foreseen by the SUS integrality principle. In this sense, the use of complementary therapies in professional practice is observed more frequently in primary health care, a fact that can be seen in the following statements:

Maybe, if I had gone to work on community assistance, I would have done it [broadened the knowledge on the theme]. (Nurse 12)

[...] when I did my last internship at a BHU, I had a little more opportunity to use what I learned, now in the hospital we do not use it. (Nurse 10)

The insertion of integrative and complementary practices in the SUS give value to non-biomedical resources and methods related to the health-disease process, besides enriching therapeutic strategies. In this way, the current public health system incorporates other traditional knowledge and rationalities that begin to talk with the conventional logic and services of biomedicine.²¹

In the municipality of *Londrina*, the Municipal Phytotherapy Program started in 2003, in 13 Basic Health Units (BHU) from the Rural Zone and 1 BHU from the Urban Zone. After going through five expansions in 2003, 2005, 2008, 2010, 2011 and two in 2012, the program now has 45 BHUs. The products offered at the beginning comprised six herbal medicines and six plant drugs, currently 32 herbal medicines and six plant drugs and the municipal protocol is in its third edition, published in 2012.²²

The increase in the use of complementary therapies means that nurses and other health professionals need to be familiar, enabling the individual to attend to a comprehensive approach, helping to make decisions based on scientific information,²³ without devaluing popular knowledge. From the current debates on the theme, it was assumed that it is essential that health professionals be trained by having access to the basic nucleus of alternative and complementary therapies, however, it is not what is observed in academic practice.²⁴

The greater application of complementary therapies in Primary Health Care may be linked to the principles of integrality and practices based on prevention and health promotion that govern basic health care. Moreover, the professionals that work in this area have a close relationship with families' daily lives, are also those that are more accessible to the population and are more educated about popular knowledge.²⁵ There is also great governmental incentive for the application of complementary therapies in public health through its policies and actions that seek to expand the supply of these in the *SUS*.

Given the aforementioned, it was possible to observe the importance of the discipline in the professional and familiar practice of the participants, in addition to verifying that there has been an increase in the demand for disciplines and courses that involve this subject in order to qualify the professionals, to improve the quality of life of the population, and also strengthen the existing health system. Nonetheless, professionals still find it difficult to apply in professional practice due to the discontinuity of care by other professionals, and also lack of protocols on integrative and complementary practices. Adjustments in the professional formation become urgent, through the inclusion in undergraduate and postgraduate courses of the content about alternative and complementary therapies, then forming less skeptical and prejudiced professionals and more capable of acting in this area.

CONCLUSIONS

Due to the increase in the use of integrative and complementary therapies and medicinal plants, the focus is on the need to insert these contents throughout the academic training of health professionals. The most used therapy among the participants was medicinal plants. The use is based on empirical knowledge, propagated by each generation; none-

theless, it is mixed with the scientific knowledge acquired in the discipline. Although medicinal plants are part of millennial knowledge passed on from generation to generation, this is constantly being built. This directly implies the training of qualified and qualified professionals to assist individuals in a comprehensive way, based on scientific knowledge and that value popular health practices.

The use of integrative and complementary therapies among the participants of this research was more expressive in family care than in professional practice due to several factors. Among them, we highlight the absence or lack of communication about complementary therapies between the professional and the user during consultations, insecurity when orienting on therapies due to the lack of theoretical deepening, discontinuity in care using complementary practices by other professionals, besides the lack of protocols related to this matter.

The interest of academics and health professionals has increased in recent years; however, this is not yet reflected in the courses offered in the health area, given the small number of courses and disciplines available in the curricula of Brazilian universities. Thus, it is essential that there is a change in the training currently offered by universities since the inclusion of elective or elective subjects on medicinal plants and complementary and harmonizing therapies will train qualified professionals to work in the area.

Therefore, the university being a center that forms the knowledge has the duty to participate in the discussion about integrative and complementary therapies in order to train qualified professionals that act in the improvement of the quality of life of the population and strengthening of the Unified Health System.

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Received on: 11/23/2016
Required Reviews: 02/07/2017
Approved on: 03/09/2017
Published on: 07/05/2018

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