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THE USE OF MEDICAL AND PHYTOTHERAPIC PLANTS IN BRAZILIAN PUBLIC HEALTH.

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REVISÃO DE LITERATURA

ABSTRACT

Medicinal plants are used for the purpose of promoting quality of life, even from primordial times. This paper aimed to present the importance of the use of herbal medicines in the network public health. The practice and consumption of herbal medicines has been growing every year, with the emergence of Ordinance No. 971 of May 3, 2006 approving the National Policy for Integrative and Complementary Practices (PNPIC) in Unified Health System (SUS). But there is still a big factor to be overcome, the high requirement of the National Agency Health Surveillance Authority (ANVISA), for the production, marketing and distribution of herbal medicines in the SUS. THE Ordinance GM / MS No. 533 of March 28, 2012 (National List of Essential Medicines - RENAME), cast herbal medicines in Primary Care, consists of only 12 plant species of interest of SUS, considered low due to Brazil being considered one of the countries with the greatest biodiversity in the world. The main problems that hindering the advances of herbal products in the SUS are the lack of state and municipal public policies and the lack of of interest of the managers of these secretariats in complying also with the federal legislation in force.

Keyword: Phytotherapy; Public health; Health Unic System

O uso de plantas médicas e fitoteápicas na saúde pública brasileira.

RESUMO

As plantas medicinais são usadas com o objetivo de promover a qualidade de vida, mesmo a partir de tempos primordiais. Este artigo teve como objetivo apresentar a importância do uso de medicamentos à base de plantas na rede pública de rede. A prática e o consumo de medicamentos à base de plantas tem crescido todos os anos, com o surgimento da Portaria nº 971 de 3 de maio de 2006, aprovando a política nacional de práticas integrativas e complementares (PNPIC) no Sistema de Saúde Unificado (SUS). Mas ainda há um grande fator a ser superado, o alto requisito da agência nacional Autoridade de Vigilância da Saúde (ANVISA), para a produção, marketing e distribuição de medicamentos à base de plantas no SUS. A ordenança GM / MS No. 533 de 28 de março de 2012 (Lista Nacional de Medicamentos Essentiais - Renomear), fundam os medicamentos à base de plantas na atenção primária, consiste em apenas 12 espécies vegetais de interesse de Sus, consideradas baixas devido ao Brasil ser considerado um dos Os países com a maior biodiversidade do mundo. Os principais problemas que impedem os avanços dos produtos à base de plantas no SUS são a falta de políticas públicas estaduais e municipais e a falta de interesse dos gerentes desses secretariados no cumprimento também da legislação federal em vigor.

Palavras-chave: fitoterapia; Saúde pública; Sistema único em saúde

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INTRODUÇÃO

Medicinal plants are considered all plant species that have in addition to chemical properties a history of traditional use as a therapeutic agent. The fact that a plant has among its constituent chemical precursors of drugs does not necessarily characterize it as a medicinal plant (BRAZIL, 2006).

These species with medicinal properties represent a factor of great importance for the maintenance of the health conditions of the populations. In addition to proving the therapeutic action of various plants used through traditional knowledge in the possibility of disease cure (TOMAZZONI et al., 2006).

Medicinal plants are essential for the treatment of many types of diseases, especially those living in localities that are considered difficult to access by public basic health units, such as indigenous, quilombola, riparian, extractivist and rural producers, to which In a rainy season, these populations are often isolated from urban health centers closest to their homes. In industrialized society, the use of medicinal plants is increasing every day, not only because of their healing power, but also because they are economically more accessible. Social inequality causes the population to seek alternatives and solutions for the promotion of quality of life, especially among the neediest families.

Phytotherapy represents an important part of the culture of a people, being also part of a knowledge used and disseminated by populations over several generations (TOMAZZONI et al.,2006).

Herbal medicines are medicines whose therapeutically active components are exclusively plants or plant derivatives (extracts, juices, oils, waxes, etc.) and cannot have in its composition, the inclusion of isolated active substances of any origin, nor associations of these with plant extracts. Phytopharmaceuticals is a drug (chemical compound with activity therapy) extracted from vegetables or their derivatives (BRAZIL, 2006).

In Brazil, as in many other parts of the world, herbal medicine is practiced by both popular healers and professional herbalists. Those who practice medicine People in general do not have a formal medical education, and often there are no written texts for their specific field. The professional herbalist had formal training in medicine, as well as a specialization in herbal medicine, and carries out the professional practice of a general practitioner. Phytotherapy is a multidisciplinary practice involving doctors, chemists, pharmacists, biologists, botanists, agronomists, nutritionists and anthropologists who seek to broaden knowledge about the great diversity of the flora. Although still regarded with suspicion, but increasing numbers of herbal medicine research centers (LAMEIRA; PINTO, 2008).

Currently in research related to the use of medicinal plants for purposes of herbal properties, it is unacceptable not to know the anthropological factors involved. Most of the

product recognized by the Sanitary Surveillance Agency (ANVISA) began with research with traditional communities, especially indigenous peoples who have been using medicinal plants for many years, even before contact with non-indigenous people.

This research aimed to demonstrate the importance of the use of herbal medicines in the Brazilian public health network.

USE OF PHYTOTHERAPICS IN THE SINGLE HEALTH SYSTEM

With the creation of the Unified Health System (SUS), the use of herbal medicine began to receive greater attention by health professionals, researchers, users and even managers of health departments (BRAZIL, 2006b).

The use of herbal medicines, with the principles of being used for prophylactic, curative, palliative or diagnostic purposes, was officially recognized by the World Health Organization in 1978, and its worldwide dissemination is recommended. necessary knowledge for its use (BRAZIL, 2006).

One of the objectives of this program is the expansion of therapeutic options and the improvement of basic health care for users of the Unified Health System (SUS), without value and understand the knowledge of traditional communities (BRAZIL, 2009).

Studies conducted in Anapolis report that the systematization of existing knowledge on the use of medicinal plants and herbal medicines, implementation of the use of plants in the Health System, guidelines for the rational and safe use of herbal medicines and awareness and collaboration of health professionals may contribute to the actions and implementation of the National Policy for Integrative and Complementary Practices (PNPIC) in the Public Health System (DUTRA, 2009).

Due to the high cost of medicines and the low living conditions of approximately 80% of world population, plants with therapeutic properties are once again important allies in health treatments. The World Health Organization (WHO) recognizing this reality launched in 1972 an incentive to Traditional Medicine, where herbal medicine is one of the most important practices. In any case, proper use of medicinal herbs is recognized. it depends on several factors, such as planting, drying, storage and preparation (DUTRA, 2009).

One of the major goals of medicinal and phytotherapeutic plants in SUS is the organization of production chain and cost reduction by implementing public policies for production through family farming, while generating a source of income for farmers and contributing to your stay in the field.

Public policies are characterized as decisions that meet the general characters that point the way and the strategic lines of action of a given time. Thus, they should be made explicit in order to: make public and express the Government's intentions; allow access by the general population and opinion makers in particular to the discussion of government proposals; guide at the governmental level the planning of programs, projects and activities;

act as guidelines for Government action, reducing the effects of discontinuityincreasing the available resources (BRAZIL, 2001).

Brazilian legislation for the use of herbal medicines According to Ministerial Ordinance No. 212 of September 11, 1981, medicinal plants should be one of the priorities of clinical research (BRASIL, 1981).

The clinical medical research aims to demonstrate the effectiveness of a certain type of treatment, in this case using medicinal plants as potential for the production of herbal medicines, but in our country unfortunately the above ordinance does not fully contemplate, still lacking incentives to research through the Ministry. Health for scientific knowledge of new active principles for the production of new herbal formulas, also incentives by research funding agencies are limited in this field of knowledge.

Even though Brazil is one of the largest biodiversity in the world, there are many plants to be cataloged for the production of medicines. Resolution 08/88 regulates the implementation of herbal medicine in health services. Since 1988 there has been regulation on the use of herbal medicines, yet its consumption in the country is considered low, having a remarkable growth in recent years.

One of the major factors is the acceptance of the population that often still discredits herbal medicines, to be used in various types of diseases, and may even cure cancer, which is considered one of the most deadly diseases in the world. And on the other hand, health professionals largely do not make recommendations for herbal medicines to their patients (BRAZIL, 1988).

The Report of the 10th National Health Conference, held in 1996, highlights in its item 286.12: "incorporate into the SUS, throughout the country, health practices such as herbal medicine, acupuncture and homeopathy, contemplating alternative therapies and popular practices" and , in item 351.10: “the Ministry of Health should encourage herbal medicine in public pharmaceutical care and develop rules for its use, widely discussed with health workers and specialists, in cities where there is greater popular participation, with managers more committed to the issue citizenship and popular movements ”.

The Report of the 12th National Health Conference, held in 2003, portrays the need to “invest in research and development of technology for the production of homeopathic medicines and Brazilian flora, favoring national production and the implementation of programs for the use of herbal medicines in health services, in accordance with the recommendations of the 1st National Conference on Medicines and Pharmaceutical Assistance ''.

Ordinance No. 971 of May 3, 2006 approved the National Policy for Integrative and Complementary Practices (PNPIC) at SUS. In a study conducted by the Ministry of Health in 2006, it can be observed that 93.48% of the Health Secretariats did not have the act of implementing the integrative practices in the

SUS. The phytotherapy actions had the largest representation in family health with

64.66% and that 45.22% of the training of health professionals were performed by the team itself. As for the

distribution of phytotherapics by the SUS, only 35.5% of the municipalities supply this type of medicine through a public pharmacy, having only 7.39% of qualified pharmacists in these pharmacies (BRASIL, 2006).

Much remains to be done by the Ministry of Health and the municipal health departments to comply with the legislation on the national policy of integrative practices. whether they had the act of the law in their hands. The training of professionals is largely carried out by the entities themselves, where most of them do not have professionals qualified to be instructors of courses and workshops related to medicinal plants and herbal medicines, using only with knowledge obtained by the literature and not by their academic education and their professional life.

Even with the encouragement of a National Policy, Dutra (2009), highlights that there still seems to be a lack of information and actions to implement this practice therapy in the Brazilian Health System. Studies are also lacking for the scientific proof of their properties, efficacy and safety in the use of these plants as medicinal properties, the vast majority still being used only as a basis for traditional folk knowledge. By working in the fields of disease prevention and health promotion, maintenance and recovery based on models of care focused on the integrality of the individual, PNPIC contributes to for the strengthening of the fundamental principles of SUS (DUTRA, 2009).

The National List of Medicinal Plants of Interest to SUS has a total of 71 plant species according to DAF / SCTIE / MS - RENISUS - Feb / 2009. This relationship aims at to direct research studies to elaborate the official list of medicinal and phytotherapic plants, to be later accessible to the population and to ministries such as: Casa Civil; Agriculture, Livestock and Supply; Culture; Agrarian development; Social Development and Hunger Alleviation; Development Industry and Foreign Trade; Science and technology; National Integration; and Environment (RENISUS, 2009)

The proposal is to make a careful review periodically, always obeying the principles and factors proposed by the Ministry of Health (MS). No further information from 71 species beyond their scientific name and some indications of use was provided by the Ministry of Health, as part used, method of preparation, amount to be ingested and its care in the sanitation (PARAGUASSU et al. 2019) .

Within these plant species of interest to SUS, some are still under study for definition of indications and use. But even so few species are considered so far for the production of herbal medicines, and the Amazon region is one of the largest holders of plant species in the world. The low number of species identified is conditioned by the Ministry of Health's lack of resources and incentives for scientific research.

Ordinance No. 886, of April 20, 2010. In its Article 1 is established, within the Unified Health System-SUS, under state, municipal or Federal District, the Pharmacy Living. Living

Pharmacy, in the context of the National Policy on Pharmaceutical Assistance, should perform all stages, from cultivation, collection, processing, storage of

medicinal plants, the handling and dispensing of masterful preparations and workshops of medicinal and herbal medicines (BRAZIL, 2010).

According to Albuquerque (2001) living pharmacy also has as main objectives: cultivation techniques from production to commercialization, interaction of the technical team and the community, the rescue and cultural valorization in the use of medicinal plants, the introduction of scientific knowledge. , job and income generation for community members, and a great opportunity to save on drug spending due to the low cost of herbal medicines being up to 30 times cheaper than synthetic equivalents. This same author in his studies, in the state of Paraíba, found incomplete unknowns about the

Pharmacy Living program where they assign responsibility to the three government spheres: Federal, State and Municipal. Since 93.33% of the population reported that they are interested in which Live Pharmacy is implemented in their communities. Health teams claimed lack of training and dissemination of therapies using medicinal plants.

It is noted that the creation of Laws, Decrees, Resolutions and Ordinances in Brazil, do not address the real need of each locality and do not accompany professional qualification action and specialized technical assistance, especially for small farmers. Even if not all the requirements are met, it is important that part of it is incorporated by public managers. Disclosure about the program is lacking, but this is one of the key points, and that the minimum number of people have the knowledge so that the charge for implementation in its entirety is lower, thus avoiding mainly lawsuits against the Brazilian health system.

Ordinance GM / MS No. 533, of March 28, 2012 (National List of Essential Medicines - RENAME), in this list is available to the population in the Brazilian basic health, 12 species for the production of herbal medicines, being considered low until the present moment. , being the species: Artichoke (Cynarascolymus L.), Aroeira (Schinustere binthifolius Raddi), Aloe (Aloevera L.) (Burm. F.), Sacred Cascara (Rhamnuspurshiana DC.), Hawthorn (Maytenus officinalis Mabb.), Guaco (Mikania glomerata Spreng.), Devil's Claw (Harpago phytumprocumbens), Mint (Mentha x piperita L.), Soy Isoflavone (Glycinemax L.) Merr.), Plantago (Plantago ovata orssk.), Willow (Salix alba L.), Cat's Claw (Uncaria tomentosa (Willd. Ex Roem . & Schult.).

State and local laws for use of herbal medicines Within the scenario of Brazilian states and municipalities, there are laws in force and others still in the process of legal process for approval. The state of São Paulo stands out as one of the largest representatives of legislation focused on the use of medicinal plants and herbal medicines within the scope of the single health system, corresponding to the years 2004 to 2010, as listed below, and other Brazilian states such as: Rio de Janeiro, Espírito Santo, Minas Gerais, Federal District, Ceará, Pará and Rio Grande do Sul.

The North Region only appears with the State Law of the State of Pará, being one of

the regions with the greatest richness concentration of Brazilian flora and the world, due to its location in most of the Amazon, even so they have no representation and implementation of public policies directed. medicinal and phytotherapeutic plants for public health care (PARAGUASSU, 2019)

Being reflected the lack of public policies in the amount of herbal medicines registered by Brazilian regions. In research conducted by Carvalho et al. (2008), it is highlighted that a total of 512

registered herbal medicines, 80 associated and 432 simple herbal medicines are distributed as follows: Southeast 57%, South 33%, Midwest 4%, Northeast 4% and North 2%.

The northern region is considered to have the lowest number of registered products, also coming in accordance with state and municipal laws regarding medicinal plants and herbal medicines of interest to the single health system that are not present in this region. The creation of public policies in the northern region is essential, so that the population can be better off these states, taking sustainable advantage of the natural resources available in the Amazon (FIGUEIRA, 2019)

CONCLUSÃO

Medicinal plants have always been of great importance to many different types of populations in the world, but gradually traditional use is losing its value due to much of the information not passed on to younger people. But still, it is still widely used mainly for the production of teas such as: mental and behavioral disorders, system disorders digestive, and respiratory. In the single health system, there are still many discussions and its use is considered low, even for the lack of incentives in research to prove research on new herbal drugs.

Although the use of herbal medicines can give a better quality of life to the patient, reduce the costs with pharmaceutical drugs, where herbal medicines have their most affordable prices to the population. The lack of professionals in herbal medicine to indicate these practices to patients in SUS is another aspect much discussed, even by the health councils medicine and pharmacy that assigns its professionals to work in natural herbal medicine.

National laws are implemented as the case of Ordinance No. 886, of April 20, 2010, under state, municipal or Federal District, the Pharmacy Living. This law it passes its attributions to the Brazilian states and municipalities, but in many of them their managers of the health departments do not even know the federal legislation in force.

The southeast region, especially the state of São Paulo has the most laws passed in this area, while the northern region only the state of Pará has its own legislation approved so far, so the other states and municipalities are completely at the mercy of luck, and the

population in most cases are interested in participating in a live pharmacy Community

The lack of research, organizations and social movement and the underutilization of Brazilian biodiversity are fundamental factors for the implementation and the need for policies public.

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