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Research Article

Phytotherapy and dismedicalization in Primary Health Care: a possible way?

Fitoterapia e desmedicalização na Atenção Primária à Saúde: um caminho possível?

Fitoterapia y desmedicalización en Atención Primaria de Salud: ¿Un posible camino?

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Abstract

Introduction: The use of phytotherapy in health care is accessible, reliable, and culturally accepted, and it is recognized that about 80% of the world population makes use of medicinal plants. In the Unified Health System (*Sistema Único de Saúde* – SUS), based on the Sanitary Reform movement and popular and institutional interests, the National Policy on Medicinal Plants and Phytotherapeutics was created, which encouraged the implementation of several phytotherapy programs in Brazil. Despite this rise of phytotherapy in the SUS, medicalization continues to influence clinical practice and make individuals increasingly susceptible to unnecessary interventions that often end up causing damage. **Objective:** To discuss possibilities of using phytotherapy to face overmedicalization to promote quaternary prevention in Primary Health Care. **Methods:** This is a theoretical essay based on the contextualization of the possibility of facing medicalization within the SUS from the perspective of Phytotherapy. **Results:** The theoretical framework started with a brief review of the advance of medicalization in the SUS, then considering phytotherapy as an accessible and widespread practice among the Brazilian population as a possibility to reduce medicalization when correlated with the Person-Centered Clinical Method. **Conclusions:** Phytotherapy can be an ally of the practice of quaternary prevention by making it possible to meet traditional and technical-scientific knowledge, enabling an alternative care method to the medicalizing logic.

Keywords: Phytotherapy; Medicalization; Quaternary prevention.

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Resumo

Introdução: O uso da fitoterapia no cuidado em saúde é acessível, confiável e culturalmente aceito, reconhecendo-se que cerca de 80% da população mundial faz uso das plantas medicinais. No Sistema Único de Saúde (SUS), com o movimento da Reforma Sanitária e os interesses popular e institucional, foi construída a Política Nacional de Plantas Medicinais e Fitoterápicos, que incentivou a implantação de diversos programas de fitoterapia no Brasil. Apesar dessa ascensão da fitoterapia no SUS, a medicalização segue influenciando a prática clínica e tornando os indivíduos cada vez mais suscetíveis a intervenções desnecessárias, que muitas vezes acabam causando danos. **Objetivo:** Debater possibilidades de uso da fitoterapia no enfrentamento da sobremedicalização para promover a prevenção quaternária na Atenção Primária à Saúde. **Métodos:** Trata-se de um ensaio teórico elaborado com base na contextualização da possibilidade de enfrentamento da medicalização no âmbito do SUS, com o uso da fitoterapia. **Resultados:** O referencial teórico partiu de uma breve revisão do avanço da medicalização no SUS, considerando em seguida a fitoterapia como prática acessível e difundida entre a população brasileira como possibilidade para reduzir a medicalização ao ser correlacionada com o método clínico centrado na pessoa. **Conclusões:** A fitoterapia pode ser uma aliada da prática da prevenção quaternária ao tornar possível o encontro do saber tradicional com o técnico-científico, viabilizando um modo de cuidado alternativo à lógica medicalizadora.

Palavras-chave: Fitoterapia; Medicalização; Prevenção quaternária.

Resumen

Introducción: El uso de la fitoterapia en el cuidado de la salud es accesible, confiable y culturalmente aceptado, y se reconoce que cerca del 80% de la población mundial hace uso de plantas medicinales. En el SUS, con base en el movimiento de Reforma Sanitaria y los intereses populares e institucionales, fue creada la Política Nacional de Plantas Medicinales y Fitoterapéuticos, que incentivó la implementación de varios programas de fitoterapia en Brasil. A pesar de este auge de la fitoterapia en el SUS, la medicalización continúa influyendo en la práctica clínica y hace que los individuos sean cada vez más susceptibles a intervenciones innecesarias que muchas veces terminan causando daños. **Objetivo:** Discutir las posibilidades del uso de la fitoterapia para enfrentar la sobremedicalización para promover la prevención cuaternaria en la Atención Primaria de Salud. **Métodos:** Se trata de un ensayo teórico basado en la contextualización de la posibilidad de enfrentar la medicalización en el SUS desde la perspectiva de la Fitoterapia. **Resultados:** El referencial teórico partió de una breve revisión del avance de la medicalización en el Sistema Único de Salud, considerando luego la fitoterapia como práctica accesible y difundida entre la población brasileña como posibilidad de reducción de la medicalización cuando se correlaciona con el Método Clínico Centrado en la Persona. **Conclusiones:** La fitoterapia puede ser un aliado de la práctica de la prevención cuaternaria al posibilitar el encuentro con los saberes tradicionales y técnico-científicos, posibilitando un método de atención alternativo a la lógica medicalizante.

Palabras clave: Fitoterapia; Medicalización; Prevención cuaternaria.

INTRODUCTION

Traditional and Complementary Medicine (T&CM) is widespread worldwide, being declared by the World Health Organization (WHO) as an alternative to ensure access to health care. In this scenario, herbal medicine is accessible, reliable, and culturally accepted by a large number of people, tendering to become more attractive in the current context of austerity in almost all countries.[1]

In the Alma-Ata Declaration in 1978, the WHO already expressed the importance of valuing medicinal plants, since about 80% of the world's population uses these plants or their preparations.[2] This worldwide recognition influenced the ideas of the Sanitary Reform movement, which guided the implementation of herbal medicine in the Unified Health System (*Sistema Único de Saúde* - SUS).[2,3]

From this movement, there was an increase in popular and institutional interest in herbal medicine within the scope of SUS, with the creation of several documents that endorsed the importance of debate on medicinal plants.[2] This process culminated, in 2006, with the publication of the National Policy of Medicinal and Phytotherapeutic Plants, which aims to guarantee safe access and rational use of herbal medicines and medicinal plants for the Brazilian population.[4] Since then, several herbal medicines in all regions of Brazil have been or are being implemented in order to facilitate access to medicinal plants and promote their correct use.[5,6]

Although there is a rise of herbal medicine in SUS, the widespread practice of medicalization has become dominant and has virtually affected the entire social body of Brazil.[7] This phenomenon has origins in science itself and is rooted in various plans, institutions and discourses of society, being difficult to perceive and face in clinical practice. In this scenario, quaternary prevention proposes to doctors a set of actions aimed at protecting patients from excess medical interventions,[8] configuring themselves as resistance in bringing in responses against the lack of humanity of large sectors of medicine in the context of overmedicalization.[9]

Is it possible to break new ways to promote quaternary prevention in Primary Health Care (PHC) using herbal medicine in the confrontation of overmedicalization? This is what the present essay yearns to debate in the light of current scientific production.

The medicalization of the Unified Health System and Primary Health Care

In the modern world, radical changes in society were induced by industrialization and urbanization processes, implying changes in the social system. One of these transformations is the medicalization of health, which has various effects on subjects and social institutions.[10] This process can be defined as the expansion of the area of biomedical intervention based on the consideration of natural behaviors and experiences of human beings as medical issues.[11]

Bringing the debate at the national level, it is well known that the expansion of PHC in Brazil considerably raised access to biomedicine and people's contact with it. Despite the importance of population access to PHC, one should be aware since this process can make it more susceptible to the effects of medicalization. Therefore, it is extremely necessary for this theme to be debated in the daily life of Family Health Strategy (FHS) professionals.[12]

With the expression of medicalization in PHC, depending on the organization of services, knowledge and practices, professionals in this level of attention can medicate to a greater or lesser extent.[8] Thus, those who work in PHC need to practice self-criticism, realizing the consequences in everyday life of medicalization that can be translated into clinical damage and also in harmful effects on the values, imaginary, fears and beliefs of those who use the SUS.[12]

Medicalization is often confused with the sole use of medicines. However, as already exposed, it is something broader, which still involves control of the lives of people and society based on biomedicine. When it comes to the use of medicines in situations that were previously not considered medical problems and did not lead to pharmacological treatment, the term medicamentalization is used.[13]

The Ministry of Health[14] recognizes that medicalization currently induces the population to want to solve social problems with the use of medications. This demands that professionals be aware of considering other forms of treatment, to strengthen integral and multidisciplinary care. Therefore, the SUS needs to debate when the disprescription of medicines is required, with the aim of advancing toward dismedicalization.

It is important to highlight that PHC has potentialities to combat medicalization. Among them, there is the proximity of the health service with the daily life of the community, the difficulty of framing in diagnostic hypotheses many of the problems of users and the possibility of contact with popular knowledge, which can provide low risk and effective health care.[15] Given this last potentiality, it is essential to consider complementary and integrative health practices (CIHP) as an important strategy for facing the medicalization of SUS.

The search for other knowledge and healing traditions that can be combined with health care, with reduced risks and damage to people, is important in this scenario of predominance of medicalization in SUS and PHC. In this context, CIHP can contribute to quaternary prevention and the humanization of health by offering other possibilities of care that go beyond the hegemonic biomedical model.[12]

Telesi Junior[16] corroborates this statement by declaring that, despite the availability of what is the latest in medicine in SUS and the private system, there is a process of redemption of the value of traditional medicines, motivated by the need to affirm a care logic that opposes to the inhuman practices still preponderant in the health system.

Phytotherapy in the context of medicalization of the Unified Health System

The popularity of herbal medicine in Brazil is linked to the historical use of medicinal plants as a form of care. It is estimated that 82% of the Brazilian population is estimated to use medicinal plants in their health care, either through popular use, which involves the knowledge of traditional indigenous, quilombola medicine and other traditional peoples and communities and traditional knowledge, through guidance and prescriptions in SUS, based on scientific practices.[17]

In their study, Franco and Barros[18] identified various ways of using medicinal plants in the popular environment, such as teas, bottles, licking, and baths. While drugs have healing, prophylactic, palliative or diagnostic purposes,[17] the popular use of medicinal plants remains in the modern world, enabling other forms of care that are not considered when it comes to healing aspects, since they may involve, for instance, mystical and religious aspects.[19]

One study investigated the frequency and offer of CIHP in PHC in Brazil, based on data from the National Program for Improvement of Access and the Quality of Primary Care (*Programa Nacional de Melhoria do Acesso e da Qualidade da Atenção Básica* – PMAQ) and the National Integrative and Complementary Health Practices in SUS. Among the results, the use of medicinal plants and herbal medicine was the most offered practice in the inquiry (17.5%), while, in PMAQ data, the "others" category was the most offered practice (14.7%), followed by medicinal plants and herbal medicine (12.1%). By evaluating the offered CIHP, the high supply of medicinal plants and herbal medicine can reflect the historical and social context of human development and evolution, which was accompanied by the use of plants with therapeutic objectives.[20]

Phytotherapy, within the SUS, is one of the most used and well-known complementary health practices, and can be offered in the form of fresh medicinal plants (*in natura*), dry medicinal plants (vegetable drug), manipulated and industrialized herbal medicines. It is noteworthy that, currently, the form of insertion of herbal medicine as a therapeutic method in the SUS is based on western scientific herbal medicine, which, however, should not move it away from popular desires, traditions, beliefs and knowledge with which it will dialogue and face.[17]

Among the benefits of offering herbal medicine in PHC, we highlight the validation of traditional/popular knowledge of communities, the strengthening of ties between the community and the health team, the expansion of community participation in health education groups and meetings, favoring greater user involvement in their treatment, strengthening integrality in health and the possibility of reducing excessive medicalization, with the offer of new therapeutic possibilities.[21]

Starting from models of ecology in medical care, it is known that most of the population develops some symptoms within a month. The classic study by White et al. showed that, during this period, from

a thousand adults, 750 presented some symptoms, 250 sought medical offices, 21 reached emergency services, nine were hospitalized, and less than one had to be admitted to a university hospital.[22] This study was updated by Green, in 2001, and even after 40 years of the previous analysis, similar results were found.[23]

Thus, many people who have symptoms and do not seek health services use herbal medicine for their accessibility and rooting in popular daily life. Schwanbach[24] noted that this practice is widespread, being present in the selfcare of 92.9% of respondents in their study, in the municipality of Teotonia, Rio Grande do Sul. In this sense, the use of medicinal plants consists of a viable option to enable the autonomy of the care of some symptoms, without looking for any health service.

In addition to the autonomous and popular use of this practice, it is also necessary that, when recognized in the scientific environment, it is linked to health care.[25] There are several examples that demonstrate the possibility of using herbal medicine in health services: mulungu (*E. Mulungu*) has anxiolytic action, with similar effects to those of benzodiazepines,[26] it can be used in PHC as an adjunct to benzodiazepine weaning; The Ministry of Health, in the High-Risk Gestation Manual, recommends the use of ginger for nausea during pregnancy;[27] and experiences show that the *Farmácia Viva* Project acts on the rescue of popular knowledge and the guidance of rational and correct use of medicinal plants.[28]

However, despite these and many other possibilities of herbal medicine having emerged as an alternative to excess medicalization, there are obstacles associated with vocational training, which is usually focused on the medicalizing practices of the biomedical model, making it difficult to apply the knowledge of the area of medicinal plants.[29] Several studies conducted under SUS reveal that health professionals have difficulty guiding and prescribing the use of herbal medicines.[30-32] The absence of work with this theme through permanent and comprehensive education contributes to this situation. In addition, Valeriano et al.,[33] in a systematic review, realized that health professionals are interested and find it necessary to have this practice as a way to offer new forms of treatment for SUS users.

It is important to highlight that, although the potentiality of herbal medicine contributes to the dismedicalization in SUS, this practice is not free to act by reinforcing the logic of medicalization. Therefore, it is essential to be careful when working with medicinal plants, so that the use of the product is not centered only for professional, restricted to the scientific and institutional universe.[34] In Brazil, the culture of vertically producing health can result in the medicalization of herbal medicines, denying their affective, spiritual, emotional, and empowerment aspects of selfcare.[32,35]

Thus, the expansion of access to herbal medicine in PHC needs to be carried out carefully to prevent medicinal plants, historically linked to traditional and popular knowledge, from reproducing the logic of medicalization and biomedical model. It is necessary that the insertion of herbal medicine in the practice of health professionals is associated with dialogue with the practices and knowledge existing in the community, so that the use of medicinal plants enables the rescue of cultural values and facilitates the bond with the community and the autonomy of care.[34]

Herbal medicine and the person-centered clinical method

The person-centered clinical method (PCCM) consists of an important resource for the practice of quaternary prevention, allowing the reduction of the effects of medicalization on people based on the valorization of listening and shared construction of care plans.[36] Currently, PCCM is based on four interactive components,[37] that will be correlated throughout this section with herbal medicine.

The first component of the person-centered clinical method: exploring health, disease, and the experience of the disease

This component considered the importance of professionals addressing what the word health means to the person, noting that knowing the level of perception of individuals about the promotion of their own health is an important dimension in care.[37]

As already exposed, the use of medicinal plants is done by most of the Brazilian population,[17] and herbal medicine is highly used in popular self-care.[24] Among the treatments performed without professional guidance, the care involving medicinal plants are among those most reported, being associated with the relief of symptoms, providing the feeling of self-control and psychological comfort.[38]

Moreover, when exploring the experience of the disease, it is important to know the expectations of the person in relation to the health professional and their treatment.[38] Even when the beliefs of a person meet the dominant current (in this case, the biomedical model), family and community doctors value them proven to improve health.[39] Thus, it is important to know if, among the therapeutic possibilities, the user would like to take herbal medicine, taking into account their prior experiences with medicinal plants use.

The second component of the person-centered clinical method: understanding the person as a whole

It is necessary to understand that the different aspects that make up the context of the person and the family doctor are crucial for a person-centered approach. When trying to understand the person as a whole, it is necessary to value a broader perspective, which considers the community and its broader social context.[37]

In an anthropological view, Oliveira reports the importance of health services and their professionals realizing that, behind each user, there is a culture that supports their perception of their illness process and the health system. This put, understanding and valuing other forms of healing and treatment in the context in which they are developed can result in self-originated benefits to the person.[40]

Despite the importance of understanding the context of the person, popular knowledge about the health-disease process is not seen as important in health services. However, this is more difficult to impose in the context of medicinal plants, since, historically, the knowledge regarding them were built and transmitted by popular use.[41]

The appreciation of herbal medicine in clinical practice enables the encounter with popular knowledge of strong community insertion, which is part of the life context of most of the Brazilian population. With this importance given to the context in which the person is inserted, through herbal treatments, one can contribute to the best quality of life of the individual.[42]

The third component of the person-centered clinical method: elaborating a joint plan

The PCCM has as its central goal the construction of a joint management plan of health problems, according to people's needs, preferences, and values.[37]

By understanding one's understanding of health and the process of illness along with their context, it is important to identify whether medicinal plants are present in their therapeutic arsenal. If so, users should feel free to insert the medicinal plants into their care strategy. Opening new therapeutic paths, herbal medicine brings benefits to both users and SUS.[42]

It is noteworthy that, even starting from a shared decision, the prescription of herbal medicine does not disregard the technical responsibility of professionals.[17] Therefore, it is necessary for PHC workers to have training in the area, aiming at the viability of a harmonic union of popular and scientific knowledge. In studying medicinal plants, family and community doctor increase therapeutic alternatives, providing a different relationship with people and their communities.[43]

The fourth component of the person-centered clinical method: intensifying the of the person-doctor relationship

Phytotherapy consists of a field of exchange of knowledge and practices that values the interaction of people with health professionals.[44] The use of medicinal plants, by implying the acceptance of the knowledge of the person, results in respect for cultural values, strengthening bonds.[25] In addition, by demonstrating acceptance of popular customs and beliefs, it is possible to recognize that health professionals and services are compatible with local cultural concepts, facilitating the approach with the community.[38]

PCCM and phytotherapy can act at the medicalizing conjuncture by contributing to the reconfiguration of the hegemonic model, putting together stories, knowledge, and affections. With this, it is possible to strengthen the professional-user bond, highlighting the appreciation of the protagonism of people in their therapeutic paths.

FINAL CONSIDERATIONS

Medicalization impacts SUS and PHC, and unnecessary biomedical interventions become naturalized and reduce the autonomy of individuals in the care of their own health, exposing them to the risks of unnecessary interventions.

Herbal medicine can be an ally of the practice of quaternary prevention in PHC by merging traditional and technical-scientific knowledge, which enables an alternative way of care to medicalizing logic, as well as promotes the strengthening of the bond between family health teams and user through respect for popular knowledge and the appreciation of the autonomy of the individual. Thus, using the herbal medicine approach during PCCM application, it is possible to contribute to the reduction of overmedicalization in PHC.

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CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

AAS: Conceptualization, Data Curation, Formal Analysis, Writing – Original Draft, Writing – Review & Editing. WARP: Conceptualization, Data Curation, Formal Analysis, Writing – Review & Editing.

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