

HEALTH CARE WITH THE USE OF MEDICINAL PLANTS: A CULTURAL PERSPECTIVE¹

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ABSTRACT

Considering the cultural characteristic of health care, the present study aimed to meet the health care with the use of medicinal plants by rural families. The methodology was of qualitative, descriptive and exploratory approach. There were conducted semi-structured interviews and systematic observation, construction of the genogram and eco-map and photograph families of medicinal plants cited were performed. The subjects were indicated from a Rural Health Team Family as knowledgeable herbal people. Three families of farmers were addressed in the months from July to September 2011. The data were analyzed and organized into thematic. As a result, there were observed the use of medicinal plants in family care and cultural influence on perceptions of health and illness reported by farmers. There was a worry about the loss of knowledge among the younger generations of the family and the desire of the informants in valuing the plants as a part of health care in the rural environment. The study reinforces the importance of expanding research in rural health care and a look into the use of medicinal plants with a view to ensuring an integral assistance and welcoming to these communities by professionals of the Unified Health System (SUS).

Keywords: Medicinal plants. Culture; Public Health; Rural Health.

INTRODUCTION

Traditional knowledge can be understood as a set of knowledge about the natural and supernatural world, passed down orally from generation to generation, which needs to be interpreted within the cultural context in which it is generated⁽¹⁾. In many communities the only therapeutic resource is carried out from this traditional knowledge.

For many cultures, health is a state of spiritual balance, community and ecological coexistence, including the system of healing remedies for both physical healing, and for the improvement and strengthening of welfare. The choice of treatment results from a complex understanding of health and the

probable causes of the disease. Thus, medicinal herbs and allopathic medicines used can be effective not only for its pharmacological action, but because of the cultural significance attributed to them⁽¹⁾.

Therefore, it is relevant that in performing care nurses consider the context of care practices in different societies, caring for the cultural ties and interactions that people establish over time with the environments. Thus, beliefs, habits and values are transmitted in the family unit, between different generations, involving not only the transmission of knowledge but also social characteristics involved in its context⁽²⁾.

The use of medicinal plants is a common practice that has been passed between family generations since ancient times⁽³⁾.

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Approximately 80% of the world population uses plants and their preparations in health care⁽⁴⁾ and currently this therapy is establishing itself as a complementary therapy. In this context, the Ministry of Health established in the last decade a number of programs and policies in order to stimulate the use of herbal and complementary therapies within the Unified Health System (SUS). In 2006, through the Federal Decree 5.813, it was approved the National Policy on Medicinal Plants and Herbal Medicines⁽⁵⁾. Therefore, the cognition of scientific medicinal plants and folk practices of care by nurse's principles is relevant to who is prepared to act in different scenarios of attention, performing the dialogue between scientific knowledge and popular knowledge.

In this context, consider the different sociocultural practices of care enables health professionals to understand the way of thinking and acting of individuals against their health problems, facilitating communication between them, and enabling a coherent care, which fosters the health promotion and formulation of policies and programs to the real needs of these populations⁽⁶⁾.

With this approach, this research proposes to discuss the nurse to practice the importance of valuing the popular health care, with emphasis on the use of medicinal plants. This study aims to evaluate the health care with the use of medicinal plants by rural families.

METHODOLOGY

This is a qualitative, exploratory and descriptive study⁽⁷⁾, which is part of the research of bioactive plants for human use by families of farmers ecological base from southern Rio Grande do Sul project, focusing on the use of medicinal plants used on human health by rural families. The research was conducted by the Faculty of Nursing, Federal University of Pelotas and the Brazilian Agricultural Research Corporation - Embrapa Temperate Climate.

The study sought to answer the following question: How health care with the use of medicinal plants by rural families and occurs how is the learning and transmission of

knowledge about these practices. As a theoretical framework we used the interpretative⁽⁸⁾ anthropology to understand the use of medicinal plants associated with culture and daily practice of these communities, which are built with the interaction between social groups. Thus, it is understood that to discuss the care is fundamental alignment with the culture, emphasizing that health care systems are culturally and socially constructed⁽⁹⁾.

The data collection for this study was conducted at the homes of participants in a rural district of the city of Pelotas, in southern Rio Grande do Sul / Brazil. The rural community is located 31,5 kilometers from the urban area and is characterized by having a majority elderly population. The reference when it comes to health problems is the staff of the Family Health Strategy (FHS).

The subjects were three farmers, indicated by the FHS of that team and community members participating in the group of hypertensive and diabetic of the Basic Health Unit (BHU) for being reference in the community about the knowledge and use related to medicinal plants. The participants were identified using the initial letter of their name followed by age, such as I. M., 79.

From the statement of the subjects, we created a list with the names, addresses and telephone numbers for further telephone contact. The inclusion criteria for the study were: to be resident in the area of the FHS approach; take up the case and authorize the disclosure; authorize the use of recorder; reside in an easy land access, be able to communicate orally in Portuguese, and have been shown to possess significant knowledge regarding the use of medicinal plants. After taking part in the study, meetings were scheduled.

The data collection occurred during the months of July and August 2011. The instruments used were: 1) semi-structured taped interview with open questions and aimed to understand the forms of health care with the use of medicinal plants, 2) systematic observation of medicinal plants, through a box containing the name of the plant, indication, dose, method of preparation and the used and

3) construction of the genogram and eco-map⁽¹⁰⁾ of the families.

In this research the genogram is possible to understand how the transmission of knowledge about medicinal plants among family members and check if this knowledge is perpetuating itself across generations. Eco-map already been used as a tool for identifying where the local community, and repassed to the subjects received information about these practices.

With respect to medicinal plants, it was carried out photographic record *in loco* and reproductive branches collection for preparation of plant specimens. The locations of the interviews and the aforementioned plants were geo-referenced using Global Positioning System (GPS) of navigation.

The data obtained from the interviews were transcribed, organized in thematic and carefully analyzed to obtain the main ideas, which were later described in sub-themes⁽⁸⁾. The plants mentioned by the subjects of the study were described using tables with the following information: common name of the plant, taxonomic identification, statement, form of preparation and portion used.

In this research there were respected all ethical and legal issues of nursing research, as well as the Resolution 196/96⁽¹¹⁾ of competence of the National Council of Health of the Ministry of Health that emanates guidelines on research with human beings.

The participants of the study signed the Informed Consent and the project received the assent of the Research Ethics Committee of the Faculty of Medicine, of the Federal University of Pelotas, Of. 072/2007.

RESULTS AND DISCUSSION

Featuring study participants and the conceptions of health and disease

The participants of this study were three women living in rural areas and were aged between 56 and 82 years old. Thus, it is believed that women are caregivers by nature because culturally, were chosen for the realization of care within families. Have the profile of older people can be seen as favorable to studies that address the issue of medicinal plants in health care, possibly because these are the largest holders of this

knowledge, because it is knowledge acquired over time and generations⁽¹²⁾.

As for the descent of the participants, two of them were German and one Brazilian, what is characteristic of the studies carried out in the South of Brazil, like other research which showed that rural families in the South region, knowledgeable of medicinal plants, had mostly German descent.⁽¹³⁾

Have religion presents itself as a very strong cultural characteristic, they are all very linked to the activities of the church and religious communities in the city, two of which have an evangelical and Lutheran religion. Religion emerged as an important practice of care that can serve as a form of injury prevention and maintenance of well-being⁽¹⁴⁾.

The main work carried out by the farmers is the care of family, household chores and tasks on the farm which include animal care, planting, maintenance and harvesting of the crop. Thus, traditionally, the universe of rural families is related to productive work as a source of income and care, in which is included a commitment among its members and the care the earth⁽¹⁵⁾.

With regard to the understanding of what health is, the farmers reported that this is not restricted in not being sick biologically, as we see in the statements below.

Health for me is a person living're well, not shy, not squatting because the person living sad lives shy, she's with some disease. (H.S.B., 79)

As health? Look. Health think it has to be of good cheer, work and do not feel bad. I dunno, willingness to work. (I.P.U., 56)

As rural workers, they need to always be willing to work in the fields and thus ensure the survival of their families. In this way, health is experienced as a form of welfare, to be willing to work without having fatigue or some limitation.

Already, the answer is that the disease would reinforce the availability to work, which we saw earlier.

Disease, I think if the person're bad at, I dunno, I think I cannot walk or even if you're in bed. I think illness is to're evil or even if you have something serious, you cannot explain, but I think it is so. (I.P.U., 56)

From the reported perceptions of health and disease, is the fact that each group or

community has peculiarities that differentiate their culture from another and how to perform the health care. The farmers and their families practice family farming; this requires the participation of its members, providing opportunities on daily basis, the transfer of knowledge, beliefs and values between generations. This type of farming is a practice that also incorporates issues related to their culture⁽¹³⁾.

Thus, the perception of health and illness of participants is strongly influenced by their surroundings, ie as the main work of the farmers of this study is related to farming and the care of their properties, their responses to what is health and disease are related to the willingness to work, which ensures their survival.

It is noteworthy, therefore, that families covered in this study have characteristics that match the diversity and complexity of factors that belong to the living conditions and local health and have a relationship with them. With this, the inter-relationship between health and illness becomes dynamic and constant⁽¹⁶⁾. In this context, medicinal plants emerge as one of the forms of care filled with cultural meanings and influences of the environment they live in rural health.

The use of medicinal plants as the primary form of care

During the data collection there was a great rapport with the interviewees' use of medicinal plants and the difficulty in accessing health services officers. Thus, the primary care practice held by them and their families is the use of preparations made from medicinal plants. Moreover, these women are a reference to the other residents of the community when it comes to the use of this practice being sought by several people to care and treatment indication.

This perspective considers that the system of health care can be divided into three sectors: professional, which encompasses the healing professions legally known and follow the biomedical model of care; popular, where people from the family circle, friends and neighbors are used common sense, emotional support and religious practices, and folk, in which we find healing professionals not recognized by law and using medicinal plants,

manipulation, exercises, shamanism. The participants of this study are recognized in the community as representatives of the latter sector, may be called folk informants in medicinal plants⁽⁹⁾.

Thus, medicinal plants are used and indicated as important to health care among the farmers, which exchange their knowledge with each other and with other members of the community practice. This transfer of knowledge is a cultural practice that conveys a long time, the family being the main source of information, as we see in the statements below.

[...] And older who also knew bless. And give the medicine. And there will ever learning and learn more. (F.R., 82)

With my parents. As a child [...] I've been always dedicating myself to it, is now effectively since 1998. . (H.S.B., 79)

With what I learned? I with my grandfather, he was a doctor of St. Lawrence, called not called blesser not called healer, they called him Doctor, he healed many things [...].(F.R., 82)

Therefore, in this study it was clear that the transmission of knowledge about medicinal plants occurs in the family setting. So the family can be considered a system in which combine knowledge, beliefs, values and practices, building an explanatory model of health and illness, through which the family develops its operating dynamics, promoting health and acting on prevention and treatment of its members disease⁽¹³⁾.

When trying to understand how the process of transmission of knowledge about health care with medicinal plants among the family generations, occurs nurses should understand the significance of this action and the cultural context in which it occurs⁽¹¹⁾.

This knowledge passed on between generations has been lost over the years and between family members, as seen in Figure 1, in which predominantly older individuals of the family owns or owned the knowledge.

Going to encounter these data also found that another search is going to unconsciousness between family generations. This portrayed less attention from the younger population about the knowledge imparted⁽¹⁷⁾. It was also noted that the family genogram of stronger bond occurs

between the knowledgeable people of medicinal plants, which portrays this transmission of

knowledge through socialization among family members.

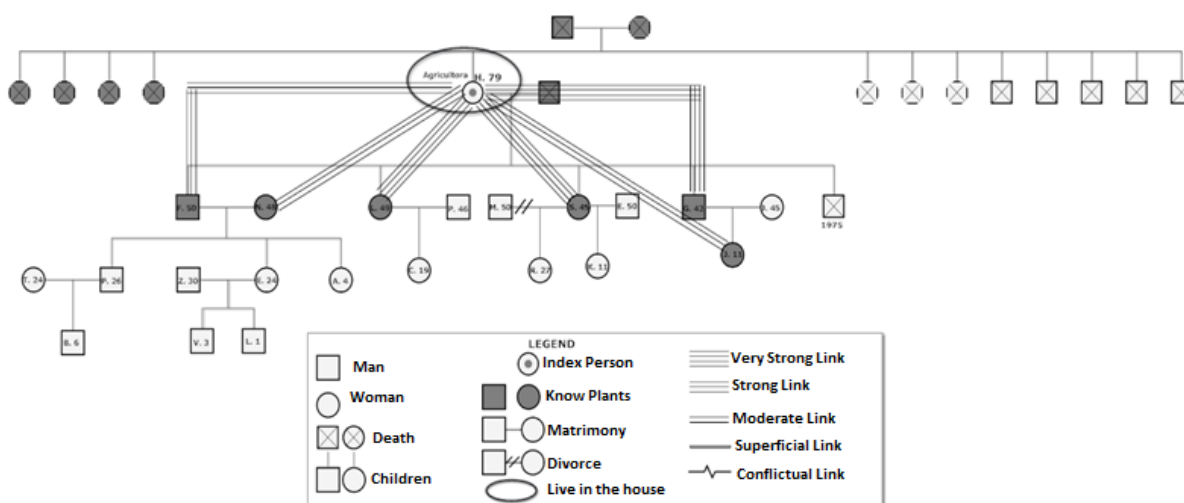


Figure 1. Genogram illustrating the transmission of knowledge between family generations. Pelotas. RS. 2011.

Another perception about the knowledge refers to one of the farmers, which states that the knowledge that has come from God, highlighting the importance of the presence of religiosity:

[...] And then came, as always, my father, my mother. But none passed to the other, came by God [...]. Look, so what I see around me in the field, or in the bush it is, so I know. Plants that are for it, at that. (F.R., 82)

In addition, there is also influence of the use of books and courses in learning about medicinal plants, as highlighted in the following lines.

[...] When I had a second daughter and all, I bought a book "Plants cure" means that there I've been always dedicating myself to it (H.S.B., 79)

Yes the books [...] So now several courses, meetings, also to gain a certificate of medicinal plants [...] (I.P.U, 56)

This use of books was also observed in a study with prestigious people in the community know medicinal plants, with the most knowledge about plants was acquired through these books⁽¹⁸⁾.

Other places such as the Centre for Small Farmers (CAPA), the church and the health team FHS, were also cited as a disseminator of knowledge about medicinal plants, which are illustrated in Figure 2 and in the statements below:

From the earliest times it was through CAPA. Coming to S. P. [...] in the church, it seems to me that it was twice a month. She always came and brought the plants along and we kept researching and knowing and going and was already 30 years ago [...]. (I.P.U., 56)

Until the doctors here, much has taught the nurses there, for it is, to what is not, and they will keep, noting goes in the book. (F.R., 82)

As evidenced in this study, data regarding the use of medicinal plants is transmitted diffusely in the family environment and the community through a repetitive motion in the socioeconomic and sociocultural context in which they were created and socialized, thus creating a network of knowledge, which are intertwined informal and formal health care system⁽¹³⁾.

With regard to medicinal plants, study participants cited 116 plants and plant extracts used for health care, ethnobotanical totaling 144 citations. How to prepare, what prevailed was the infusion of the leaves, with the majority of species is obtained from the garden and yard of their home. The main use of the sheet was also demonstrated in a study ethnobotanical⁽¹⁹⁾ held in Piauí, while the decoction was the most commonly used form of preparation. Among the cited medicinal plants, are listed in Table 1 for the eight most used

For farmers medicinal plants are a very important form of care and thus, the procedure for preparing these has a ritual that must be followed, as exemplified below:

I have my procedure, I have my approaches
cannikin there, I improvised a capful her, there
I put the water on to boil when I boiled off

inside the plant, in which softens, hopefully two minutes, turn off, wait five covered and then I coo, never leaves the plant inside, because if you leave the plant inside her with shock, she dropped the medicinal, after it cools it pulls it all back, and then the person will take only water and will not take medicine (H.S.B., 79)

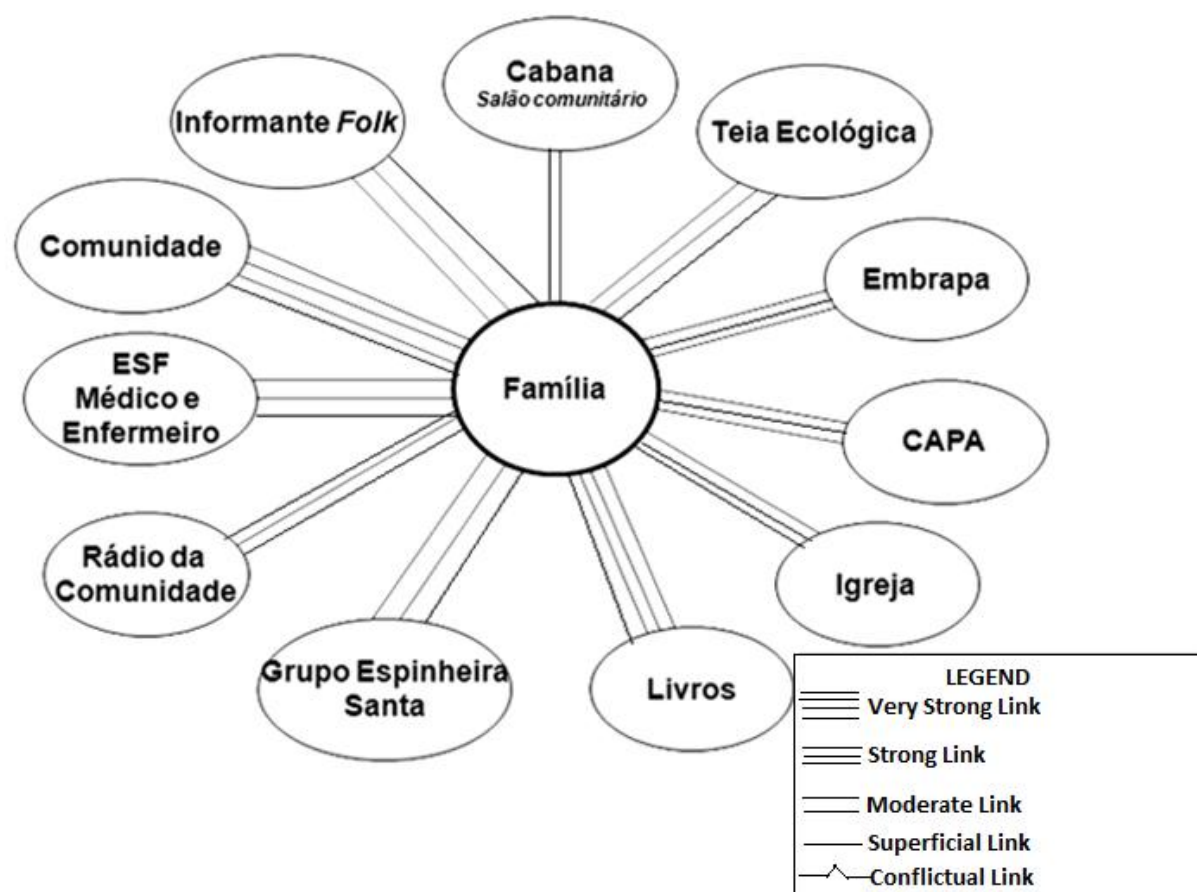


Figure 2 - Eco-map of links of diffusion of knowledge, existing between the families of the farmers and the community. Pelotas/RS, 2011.

It is noted that the popular empirical knowledge of scientific approaches in certain respects. In this sense, nursing and other health areas need to undertake a joint this scenario carefully in order to know guide the use of these practices in the public health system. Considering nursing as a profession, it can be characterized as a feature of care closest of users of health systems, specifically as it relates to family unity, and therefore has the challenge of linking professional care actions to logic health care of families⁽²⁰⁾.

In this sense, this research provided an important approach to family care provided in rural environment, bringing to the fore the importance and relevance of human care processes that occur. This approach allows the use of medicinal plants is seen as a symbol that people use to organize and interpret the world in which they live.

One limitation of the study highlights not to taxonomic identification of some of the medicinal plants found, making it difficult for future research and evidence of their research indicated effects.

Table 1 - Medicinal plants used by the informants of the study. Pelotas, RS; 2011.

Popular Name	Scientific Name	Indication	Part Used	Preparation
Rosemary	<i>Rosmarinus officinalis</i>	Used to improve memory and blood flux.	Branches	Tea or prepared in wine
Common rue	<i>Ruta graveolens</i>	Fleas, lice. For the treatment of infections, headache, swelling and varicose veins.	Leaves	Tea. Let seek in alcohol. For the treatment of varicose veins do the "foot-flood"-put in a deep Tin water with the tea plant. For swelling, fry the leaves and massage.
Balsam-German	<i>Crassulaceae</i> sp.	Indicated to treat gastritis, bronchitis, cough, rhinitis and eye problems. And cure an earache.	Leaves	Tea. Do the miraculous drops and tear drops for pain. For coughs, crush with sugar.
Fennel	<i>Foeniculum vulgare</i>	Blood cleaning, treatment of worms and abdominal swelling in children.	Leaves	Beat in a blender a handful of leaves with a 1 glass of water. Tea.
Guaco	<i>Mikania</i> sp.	Used as a sedative and to treat coughs.	Leaves	Maple syrup, candy, tea. Prepare syrup with honey put all together (the guaco and honey).
Beggar-tips	<i>Bidens pilosa</i>	As antibiotic in the treatment of infections. Tears (infection) in the eyes of newborns. For kidney problems.	Leaves	Tea. If the leaves are dry the quantity used is less.
Elderberry	<i>Sambucus australis</i>	To treat measles and "thrush" in children.	Leaves	Tea at night
Plantago	<i>Plantago</i> sp.	Used as antibiotics to treat infections, throat and intestinal problems.	Seed /leaves	Tea

FINAL CONSIDERATIONS

The results obtained from the research showed that the primary health care held by the interviewed farmers is the use of medicinal plants, and these still have their widespread use and well accepted by families addressed, and this is evidenced by the citation of 116 plants and their preparations for health care. Moreover, it was realized through the development of the genogram and eco-map that is occurring significant decrease in transmission of this knowledge between family generations and there is the participation of the healthcare team and support centers for farmers as diffusers information about this practice. In this context it is necessary that nursing act more actively

with these families, as a way to encourage the use of medicinal plants and knowledge transfer.

This research brings contributions to both the nursing and about the relevance of the inclusion of these practices in education in healthcare. Moreover, it is of paramount importance to the joint research and extension of academic and health units with the diversity of care practices in rural communities' activities.

The study reinforces the importance of expanding research in rural health care and a look into the use of medicinal plants with a view to ensuring full assistance and welcoming to these communities by professionals of the Unified Health System (SUS).

O CUIDADO À SAÚDE COM O USO DE PLANTAS MEDICINAIS: UMA PERSPECTIVA CULTURAL

RESUMO

Considerando a característica cultural dos cuidados em saúde, o presente estudo teve por objetivo conhecer o cuidado à saúde com o uso de plantas medicinais por famílias rurais. A metodologia foi de abordagem qualitativa, descritiva e exploratória. Foram realizadas entrevistas semiestruturadas e observação sistemática, construção do genograma e ecomapa das famílias e fotografia das plantas medicinais citadas. Os sujeitos foram indicados a partir de uma Equipe de Saúde da Família rural como pessoas conhecedoras de plantas medicinais. Foram abordadas três famílias de agricultoras nos meses de julho a setembro de 2011. Os dados foram analisados e organizados em temáticas. Como resultados, observou-se a utilização de plantas medicinais nos cuidados familiares e a influência cultural nas percepções de saúde e doença referidas pelas agricultoras. A preocupação com a perda de conhecimento entre as gerações mais novas da família e o desejo dos informantes em valorizar as plantas como parte de cuidado em saúde no ambiente rural. O estudo reforça a importância de ampliar as pesquisas do cuidado em saúde rural e um olhar sobre a utilização de plantas medicinais na perspectiva de garantir uma assistência integral e acolhedora a estas comunidades por parte dos profissionais do Sistema Único de Saúde (SUS).

Palavras-chave: Plantas medicinais. Cultura; Saúde pública; Saúde da população rural.

CUIDADO DE LA SALUD CON EL USO DE PLANTAS MEDICINALES: UNA PERSPECTIVA CULTURAL

RESUMEN

Considerando la característica cultural de los cuidados en salud, el presente estudio tuvo como objetivo conocer el cuidado a la salud con el uso de plantas medicinales por familias rurales. La metodología fue de enfoque cualitativo, descriptivo y exploratorio. Fueron realizadas entrevistas semiestructuradas y observación sistemática; construcción del genograma y del eco-mapa de las familias y fotografía de las plantas medicinales citadas. Los sujetos fueron indicados a partir de un Equipo de Salud de la familia rural como personas conocedoras de plantas medicinales. Fueron abordadas tres familias de agricultores entre los meses de julio a septiembre de 2011. Los datos fueron analizados y organizados en categorías temáticas. Como resultados, se observó el uso de plantas medicinales en los cuidados familiares y la influencia cultural en las percepciones de la salud y la enfermedad referidas por las agricultoras. También hay la preocupación por la pérdida de conocimiento entre las generaciones más jóvenes de la familia y el deseo de los informantes en valorar las plantas como parte de cuidado en salud en el ambiente rural. El estudio refuerza la importancia de ampliar las investigaciones del cuidado en salud rural y una mirada hacia la utilización de plantas medicinales con el fin de garantizar una atención integral y acogedora para estas comunidades por los profesionales del Sistema Único de Salud (SUS).

Palabras clave: Plantas medicinales. Cultura. Salud pública. Salud de la población rural.

REFERENCES

1. Hoeffel JLM, Gonçalves NM, Fadini AAB, Seixas SRC. Conhecimento tradicional e uso de plantas medicinais nas Apas's Cantareira/SP e Fernão Dias/MG. VITAS. [on-line]. 2011. [citado 2013 ago 20]; (1):1-25. Disponível em: <http://www.uff.br/revistavitas/ojs/index.php/revistavitas/article/view/5/5>.
2. Zillmer JGV, Schwartz E, Muniz RM. O olhar da enfermagem sobre as práticas de cuidado de famílias rurais à pessoa com câncer. Rev Esc Enferm USP. 2012. [citado 2013 ago 20]; 46(6):1371-1378. Disponível em: <http://www.scielo.br/pdf/reeusp/v46n6/13.pdf>. doi: 10.1590/S0080-62342012000600013.
3. Vanini M, Barbieri RL, Ceolin T, Heck RM, Mesquita MK. A relação do tubérculo andino yacon com a saúde humana. Cienc cuid saude. 2009; 8 (suplem.):92-96.
4. Ministério da Saúde (BR). Política Nacional de Práticas Integrativas e Complementares no SUS - PNPIC-SUS. Brasília (DF): Ministério da Saúde; 2006.
5. Ministério da Saúde (BR). Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Política Nacional de Plantas Medicinais e Fitoterápicos. Brasília (DF): Ministério da Saúde; 2006.
6. Rosa LM, Silva AMF, Pereima RSMR, Santos SMA, Meirelles BHS. Família, cultura e práticas de saúde: um estudo bibliométrico. Rev enferm UERJ. 2009 [citado 2013 ago 20]; 17(4):516-520. Disponível em: <http://www.facenf.uerj.br/v17n4/v17n4a11.pdf>.
7. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 11^a. ed. São Paulo – Rio de Janeiro: HUCITEC-ABRASCO; 2008.
8. Geertz C. A interpretação das Culturas. Rio de Janeiro: LTC; 2011.
9. Kleinmann, A. Concepts and a model for the comparison of medical systems as cultural systems. Soc Sci Med. 1978; 12(2B):85-95.
10. Wright LM, Leahey M. Enfermeiras e famílias: um guia para avaliação e intervenção em família. 3^a. ed. São Paulo: Roca; 2008.
11. Ministério da Saúde (BR). Conselho Nacional de Saúde. Resolução Nº 196/96 – Normas regulamentadoras de

pesquisa envolvendo seres humanos. Brasília (DF): Ministério da Saúde; 1996.

12. Badke MR, Budó MLD, Silva FM, Ressel LB. Plantas medicinais: o saber sustentado na prática do cotidiano popular. *Esc Anna Nery*. 2011 [citado 2013 mar 15]; 15(1):132-139. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452011000100019. doi: 10.1590/S1414-81452011000100019

13. Ceolin T, Heck RM, Barbieri RL, Schwartz E, Muniz RM, Pillon CN. Plantas medicinais: transmissão do conhecimento nas famílias de agricultores de base ecológica no Sul do RS. *Rev Esc Enferm USP*. 2011 [citado 2013 mar 15]; 45(1):47-54. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342011000100007. doi: 10.1590/S0080-62342011000100007.

14. Ferreira AGN, Gubert FA, Martins AKL, Galvão MTG, Vieira NFC, Pinheiro PNC. Promoção da saúde no cenário religioso: possibilidades para o cuidado de enfermagem. *Rev Gaúcha Enferm*. 2011. [citado 2013 ago 20]; 32(4):744-750. Disponível em: http://www.scielo.br/scielo.php?pid=S1983-14472011000400015&script=sci_arttext. doi: 10.1590/S1983-14472011000400015.

15. Wunsch S. Cuidado em saúde nas famílias em assentamento rural: um olhar da enfermagem. 2011. [dissertação]. Santa Maria (SC): Universidade Federal de Santa Maria; 2011.

16. Sant'anna CF, Cezar-Vaz MR, Cardoso LS, Erdmann AL, Soares JFS. Determinantes sociais de saúde: características da comunidade e trabalho das enfermeiras na saúde da família. *Rev Gaúcha Enferm*. 2010. [citado 2013 mar 15]; 31(1):92-99. Disponível em: <http://seer.ufrgs.br/RevistaGauchaDeEnfermagem/article/view/10891/8623>.

17. Brasileiro BG, Pizziolo VR, Matos DS, Germano AM, Jamal CM. Plantas medicinais utilizadas pela população atendida no "Programa de Saúde da Família", Governador Valadares, MG, Brasil. *Rev Bras Cienc Farm*. 2008 [citado 2013 ago 20]; 44(4):629-636. Disponível em: <http://www.scielo.br/pdf/rbcf/v44n4/v44n4a09.pdf>. doi: 10.1590/S1516-93322008000400009.

18. Santos MRA, Lima MR, Ferreira MGR. Uso de plantas medicinais pela população de Ariquemes, em Rondônia. *Hortic bras* [on-line]. 2008 [citado 2013 ago 20]; 26:244-250. Disponível em: <http://www.scielo.br/pdf/hb/v26n2/23.pdf>.

19. Oliveira FCS, Barros RFM, Moita Neto JM. Plantas medicinais utilizadas em comunidades rurais de Oeiras, semiárido piauiense. *Rev bras plantas med*. [on-line]. 2010 [citado 2013 ago 20]; 12(3):282-301. Disponível em: <http://www.scielo.br/pdf/rbpm/v12n3/06.pdf>. doi:10.1590/S1516-05722010000300006.

20. Boehs AE, Fernandes GCM, Rumor PCF, Jorge CSG. Rituais e rotinas familiares: reflexão teórica para a enfermagem no cuidado à família. *Cienc cuid saude*. 2012 [citado 2013 ago 20]; 11(3):620-625. Disponível em: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/12523>.

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