



MEDICINAL PLANTS IN THE EXPERIENCES OF THE OLDER OF THE REFERENCE CENTER OF SOCIAL ASSISTANCE OF AUGUSTINÓPOLIS-TO, BRAZIL

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ARTICLE INFO

Article History:

Received 28th March, 2018
Received in revised form
16th April, 2018
Accepted 02nd May, 2018
Published online 28th June, 2018

Key Words:

Elderly, Nursing,
Phytotherapy.

ABSTRACT

Phytotherapy is the art of preventing and curing diseases through the use of natural practices, mainly by medicinal plants. In this sense, this research investigated natural practices of how medicinal plants are used, scientifically or not, for therapeutic purposes used by the elderly of the Reference Center of Social Assistance - CRAS of the city of Augustinópolis, Tocantins, Brazil. This is a descriptive exploratory research of quantitative and qualitative approach, having as an instrument of data collection an applied form for 50 institutionalized elderly women. Through the sociodemographic profile of the surveyed women, it was revealed that the predominant level of schooling revolved around illiteracy and Elementary Education, with a total of 90% of them. Another important fact analyzed in the research was that 80% of the interviewees cultivate these plants in their residences, thus affirming the existing belief regarding the medicinal powers that these plants possess, even in an empirical logic. However, around 53.3% of the plants and their functions known to the elderly are not scientifically proven by the National Agency of Sanitary Surveillance - ANVISA. In this way, the art of using medicinal plants is present in the daily life of people, even though the scientific advances of industrialized pharmaceutical drugs are taking place, this practice becomes paramount for the maintenance of health, reaching all social classes, it is necessary to increase the scientific knowledge so that the use of medicinal plants is safe and not indiscriminate.

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Citation: Martin Dharlle Oliveira Santana, Jennyfer Soares de Sá, Janayna Araújo Viana and Ruhena Kelber Abrão Ferreira, 2018. "Medicinal plants in the experiences of the older of the reference center of social assistance of augustinópolis-to, Brazil", *International Journal of Development Research*, 8, (06), 20945-20952.

INTRODUCTION

People around the world, through autonomous use and their healers, accumulated experiences and knowledge about medicinal plants, in which they have always been present showing their great importance in culture, medicine and food in a general context (ANTONIO; TESSER; MORETTI-PIRES, 2013). For this, phytotherapy is understood as the art of preventing and curing diseases through the use of natural

practices, mainly by medicinal plants. In our country, a part of the population opts for these curative methods, since there is a lower cost to the use, as well as, the risk for a toxicity due to the use of industrialized drugs is also smaller, while it provides the continuation of that culture by the population. Most people adopt this method because they believe in a whole historical context created from their ancestors to the present day, a context in which some plants have medicinal characteristics and can cure the diseases objectified (ANTONIO; TESSER; MORETTI-PIRES, 2013). The choice of the female sex with 60 years of age or more was defined by the principle that the woman is classified as the caregiver of the home, the children and the partner, bringing the responsibility of caring for the

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family in situations of illness and / or diseases, making it seek alternatives for healing and improvement, using natural practices and experiences, herbal products, medicinal herbs and even, crêpes and bottles brought from the common sense of family history. It is noted that the development of phytotherapy through the types of motivations and influences it passes, such as the increased need for therapeutic resources, with the cultural rescue of people, social development, biodiversity and popular education (ANTONIO; TESSER; MORETTI-PIRES, 2013). The use of medicinal plants, when possible, should be accompanied by professionals able to share pertinent guidelines for users, since their use, most of the time, are carried out in an empirical way and the lack of information can generate some complications. Not because it is a plant that will not hurt, the inappropriate use of this technique can cause serious and irreversible problems. In view of the above, the following guiding question was elaborated:

Are the natural practices that are understood and adopted by CRAS elderly women scientifically proven by the scientific literature as medicinal purposes?

MATERIALS AND METHODS

This is an exploratory descriptive research of quantitative and qualitative approach. According to Gil (2007), a research is conceptualized as a rational and systematic methodology that will provide results and answers to the determined problems that have been proposed. Being that the research will develop through a process that consists of sequential phases, from the development of the problem to the presentation and discussion of the results obtained. Exploratory research provides greater intimacy with problem question. Gil (2008) states that these researches are aimed at making the improvement of ideas more specific. In order to do so, they may involve the bibliographical survey, interviews with people experienced in the problem researched, being generally assumed the form of bibliographic research and case study. According to the author, "A descriptive method of conducting scientific research has as its primary objective the description of the characteristics of a given population or phenomenon or, thus, the establishment of relationships among variables such as age, sex, level of education, etc." (GIL, 2008, p.42). A quantitative approach is formulated by means of numerical data or quantities, and these numbers must be scientifically supported when their attributions and results are effective for the research. This scientific quantification, in general, assigns numbers to objects, events, and properties to provide veridical and useful information (FACHIN, 2006). According to Fachin (2006), a research with a qualitative approach is marked not only by the measurable aspects, but a descriptive definition of what is presented is also necessary. With these qualitative variables it is observed that this method is not used numbers for its formulation. The use of quantitative methods has the objective of bringing to light data, indicators and observable trends or to produce theoretical models of high abstraction with practical applicability, because "For a qualitative approach it fits better in the investigation of delimited and focused groups and segments, of histories social relations under the view of the actors, of relations and for analysis of discourses and documents " (MINAYO, 2014, p. 57). In the comparison of quantitative and qualitative approach, it is understood that each of the two types of methods has its role, its place and its adequacy. However, both can lead to important results, not because of the sense of assigning priority over one another

(MINAYO, 2014, p. 57). For the accomplishment of this scientific research it was necessary to conduct interviews through the application of a form with all the elderly accompanied by the Reference Center of Social Assistance - CRAS of the city of Augustínópolis - TO, that fit the criteria of inclusion and exclusion proposed in this research. According to information provided by the multiprofessional team, the elderly group is composed of approximately 100 individuals enrolled in CRAS. Of these elderly people there are an average of 60 elderly women. From these 60 elderly women, the form was applied with 50 elderly women, because they conform to the inclusion criteria that are: Individuals with 60 years of age or older and exclusion from the survey; Elderly people who are part of the CRAS elderly group of the Municipality of Augustínópolis - TO; Elderly persons who agree to participate in the research and thus sign the participant's free and informed consent form. The exclusion criterion was only for those old women who refused to be part of the research when rejecting the signature in the informed consent term of the participant. The researchers took all necessary measures so that none of the elderly women involved suffered any harm during the stages of this research. In case of any eventuality that placed the group in question at risk, they would be referred to the public health system. All those involved in the research were respected for their physical, mental, social and spiritual integrity. In order to perform the data collection of the research, we used forms that according to Gil (2007) can be defined as the technique of data collection in which the researcher formulates previously elaborated questions and notes the answers. The interviewer is face to face with the interviewee, forming a more dynamic and productive dialogue. In relation to the statistical analysis, the data were registered in a Microsoft Excel spreadsheet, a single bank was created, analyzed with application of the program Statistical Package for Social Science (SPSS), version 23.0. The sociodemographic profile of the elderly was characterized by descriptive statistics (continuous variables) and absolute and relative frequency (categorical variables). The visualization of the answers on the known medicinal plants was done by means of graph.

RESULTS AND DISCUSSION

Sociodemographic Profile of Elderly Researchers

Table 1 shows the sociodemographic profile traced after the study, in which the mean age of the elderly was 65,54 years, with a standard deviation of 5,18. As the minimum age registered was 60 years and the maximum age was 87 years. The number of elderly women in the municipality of Augustínópolis - TO, around 711, according to data from the Demographic Census of 2010 and aged 60 years or more, may have increased in comparison with the time of the last analysis that was held seven years ago (IBGE, 2011). Regarding the marital status of the participants, they were separated according to their affirmations, by five specific variables in which 21 elderly women are married (42%) and 12 are widows (24%), while 10 are single (20%), 4 reported being in a stable union (8%) and 3 reported being divorced (6%). According to Luz *et al.* (2014), conducted in 2010, allowed us to analyze that, in relation to the marital status of the elderly women interviewed, the majority are married with 53,8%, followed by the widowed state 32,1%. It is remarkable when the focus is the marital status of older people, since the social patterns of

the 1950s were aimed at marriage, if a woman chose to be alone, she would end up being taxed by society itself as a defect, not as a personal choice. In terms of religion, there were only two predominance, in which 40 elderly women (80%) reported following Catholicism, while 10 participants (20%) followed the evangelical religion. For Santos & Abdala (2014), there was a prevalence of the Catholic religion on a scale of 60,2% and by evangelism of 27,7%. In which this study had samples of elderly people who had no religion and others who did not report in the interview. Brazil has a great influence still in Catholicism, this context is dated with historical data by the great expansion of Christianity, the religious ramifications ended up being base of studies in the majority of the researches.

Regarding the research on the color or ethnicity relationship of the elderly women, 32 of them (64%) said they were brown, in which 10 participants (20%) chose the black option and while 8 elderly (16%) reported being white. The study by Silva *et al.* (2015), the older women presented their own choices according to which 70% of them were classified as brown, while 15% if tall declared as black and 10% of respondents said they were white. The high number of elderly women classified as brown may be justified by the different cultural traits found in Brazil, miscegenation is the main factor that causes the formation of this Brazilian wealth. The sequence in the comparison of the ethnicities of the surveyed elderly with those of the scientific literature followed the same standards, however, there are regions in the country in which the white population predominates, as in the South and Southeast. Regarding the schooling of the research sample, 27 elderly women (54%) have only elementary school education, while 18 participants (36%) are illiterate, but 8 of them know how to sign their name. Only 4 of them (8%) have completed high school and 1 elderly (2%) have completed higher education. According to the economic profile of the elderly women, 48 interviewees (96%) reported that they have income of one to two minimum wages and that only 2 participants (4%) have an income greater than or equal to two minimum wages. However, these numbers are altered when the research involves the family group, in which 35 women (70%) still have an income below two minimum wages and 15 (30%) have two or more wages minimum.

In the data found, the group of 27 elderly women with a level of schooling at the fundamental level with the 18 illiterate elderly women, totaled 90% of them with low schooling, which can be related to the income of one to two minimum wages totaling 96% of the elderly, however, the vast majority only have retirement income. Thus, in a study by Salvato, Ferreira & Duarte (2010), observed that income is associated with schooling, always directly proportional, leading to believe that the differential in an income can be its educational factor. The participants reported the number of people living in the same residence, 20 elderly people (40%) live in their home a total of 3 or 4 people, 16 participants (32%) reported having 2 people in the family, in which 9 of these participants (18%) said that in their home they had 5 to 8 people and finally 5 elderly (10%) live alone. According to Magalhães *et al.* (2013) his research reported that the total number of members in a residence had as median 4 members. Affirming the research finding that the majority live with this range of people. In Table 2, we describe information about medicinal plants and

how this knowledge about medicinal plants were acquired by these elderly women.

Table 1. Characterization of the sociodemographic profile of CRAS elderly women in the city of Augustinópolis – TO

Sociodemographic profile	Mean	Standard deviation	Minimum	Maximum
Age	65,54	5,18	60,00	87,00
	N		%	
Marital status				
Married	21		42,0	
Divorced	3		6,0	
Single	10		20,0	
Stable union	4		8,0	
Widow	12		24,0	
Religion				
Catholic	40		80,0	
Evangelical	10		20,0	
Color / Ethnicity				
White	8		16,0	
Black	10		20,0	
Brown	32		64,0	
Education				
Illiterate	18		36,0	
Elementary School	27		54,0	
High school	4		8,0	
Higher education	1		2,0	
Individual monthly income				
<2 minimum salaries	48		96,0	
≥ 2 minimum wages	2		4,0	
Monthly family income				
<2 minimum salaries	35		70,0	
≥ 2 minimum wages	15		30,0	
How many people live				
3 to 4 people	20		40,0	
5 to 8 people	9		18,0	
Only one	5		10,0	
Two people	16		32,0	

Source: Research data, 2017.

When questioned about the cultivation of medicinal plants in their homes, 40 (80%) of them said they planted some type of plant with medicinal potential in their residences, while 10 interviewees (20%) did not make this crop. According to Carvalho *et al.* (2013), about 71% of the people surveyed cultivate medicinal plants in their own homes or relatives. The study by Santos *et al.* (2017), which showed a quantitative of 94,6% of the elderly who do their own cultivation. An approximate number with this research was found in an earlier study, showing that people usually grow crops in their own homes, leading to the belief that they are due to immediate needs and also because they are cultural, always have a plant that is customary use. In relation to the elderly women who do not have plants in their homes, some reported not having adequate structure for planting such as backyards. Regarding the way these participants obtained information about medicinal plants and their experiences around them, they showed that 33 (66%) of these elderly women received knowledge only from their relatives, while 11 (22%) participants said that in addition to the family, they received information from the media and health professionals. Only 3 (6%) of them obtained knowledge about medicinal plants and their functionalities through family and health professionals. About 2 elderly women (4%) received information through the family, the media and health professionals, and, finally, 1 participant (2%) was not able to tell where this knowledge came from. According to the studies of Ferreira *et al.* (2016), in relation to the knowledge acquired about medicinal plants, the highest values were related to obtaining through parents and relatives. According to Ferreira the authors, the data found that 91,93% of those involved in the research received this

knowledge of medicinal plants through parents and relatives. After the correlation of the data obtained from the research with CRAS elderly women, it is well known that most of the studies that involve the means of acquisition of the knowledge of medicinal plants come from their parents or relatives.

Table 2. Description of the cultivation habits of medicinal plants and knowledge about them by the CRAS elderly women in the city of Augustínópolis - TO

	N	%
Cultivate medicinal plants		
No	10	20,0
Yes	40	80,0
Knowledge was acquired		
Family	33	66,0
Family, media / health professionals	2	4,0
Family / media	11	22,0
Family / Health Care Professionals	3	6,0
Did not inform	1	2,0

Source: Research data, 2017.

People do the manipulation of the plants for the purpose of some products that help in the combat of some pathologies experienced in the day to day, in the research with the elderly women of Augustínópolis - TO, it was reported that all the interviewees make use of teas (100%) with the plants, in relation to the lambedores (70%), consume with other ingredients besides water as sugars and infusion of other plants, the bath form (10%) was also cited by the elderly, the bottles (14%) are part of the quantity of these elderly women involved in the research and, in the case of juices (5%), they use this purpose to improve health. In the studies of Ferreira *et al.* (2017) the findings of these authors were similar to those of this research, in which they indicate that the teas are the most used by the public, followed by lickers and the fourth place are the juices. For Lima *et al.* (2017), the findings regarding the use of these plants to make home remedies were similar to that of bottles and baths. In the descending order of the most cited plants for those with the lowest number of citations, we can observe lemongrass (10,5%), kingdom mallow (8,2%), mint (7,7%), slug (5,8%), boldo (5,8%), mastruz (5,6%), pomegranate (5,4%), holygrass (4,9%), ginger (3,7%), garlic (9,4%), eucalyptus (2,4%) and rue (2,2%); however, the classification with the name "other" (34,4%) is equivalent to the medicinal plants that were cited and did not reach the percentage of 2% or more.

The following is a discussion of the results obtained in the interview with the elderly women of Augustínópolis - TO, with other authors who approached the plants and their functionalities, and finally ANVISA informs if the functions of the plants cited by the interviewed women are scientifically proven or not, following the four documents on the correct use of the plants made available by that organ. It follows the order of the plants most cited to those that were less quoted. In the study by Santos *et al.* (2017), the lavender herb (*Melissa officinalis*), also known as melissa, was the medicinal plant most frequently mentioned by the elderly, in which they mention their functions for the treatment of influenza, gas, tranquilizer, hypertension, pain, insomnia and anti-inflammatory. The elderly women who participated in this research reported that they use the lemon balm to a large extent because they have several functions, for example, potential for empirical treatment such as antipyretic, lack of appetite, flu, tranquilizer and gastrointestinal problems. For the National Agency of Sanitary Surveillance - ANVISA (2010,

2012), the lemon balm is considered a plant that has medicinal functions for the treatment of gastrointestinal problems and also as a sedative, in which these functions are scientifically proven by this organ. Going according to the previous quote which states of use for gases and as soothing. According to Ferreira *et al.* (2016), the mallow of the kingdom (*Malva sylvestris*) was one of the plants mentioned in the realization of this research, in which the people who were part of this study informed that it is used for the treatment of influenza and as an expectorant. In the research with the elderly CRAS, the kingdom's mallow was very quoted, they reported that make use of this plant through common sense to seek healing in cases such as anti-inflammatory, expectorant and influenza.

Confronting the data obtained by ANVISA (2010), the kingdom's mallow has proven medicinal characteristics when they involve diseases of the respiratory tract, such as expectorant, when it has bruises, inflammatory processes of the mouth and throat. So, the elderly women who are only involved in the empirical power of medicinal plants tend to agree that they have properties that can cure a problem. According to Gomes & Lima (2017) the mint (*Mentha piperita*) and all its other nominal variations, were indicated for the treatment of heartburn, vomiting, influenza, cough and bronchitis, according to the information reported by the group interviewed in the research. According to information on mint, the elderly say that this plant helps as anxiolytic, treatment of high cholesterol, colic, pain, expectorant, fever, flu, gastrointestinal problems, liver problems and to see me. For ANVISA (2012, 2015), mint is a plant that has medicinal purposes that are proven by science for the treatment of cramps, expectorant, carminative, liver problems and antispasmodic. In view of the findings regarding mint in the research with CRAS elderly women, four of the functions mentioned above are mentioned by them in the research. The research carried out by Gomes, Portugal & Pinto (2017) indicated that aloe vera is a medicinal plant used for the treatment of prostate, in which there was no explanation for which purpose related to prostatic problems, following the reasoning of Lisboa *et al.* (2017) that according to the interviewees of the study aloe has medicinal properties in the fight against cancer, and there may be indications referring to prostate cancer. In relation to the reported functions related to algae by the elderly of this research, this has positive effects in the fight against inflammation, cancer, cicatrizant, expectorant, influenza, hemorrhoids, moisturizing, gastrointestinal problems, hair loss and worm. Only for the treatment of cancer that was related to the previous citation of Lisboa *et al.* (2017).

There are no reports by ANVISA (2012) of scientific evidence regarding aloe, but this body claims that this plant is used following the empirical knowledge to treat biliary diseases, burns, acne, psoriasis, hair loss, scarring, anti-inflammatory. However, its medicinal potential is not ruled out, studies must be carried out to verify whether or not the scientific evidence exists. Gomes, Portugal & Pinto (2017) reported that this plant was cited in his research for the treatment of liver problems, together with Gomes & Lima (2017), who cite the same use of this plant for liver treatments. According to Lisboa *et al.* (2017) boldo was mentioned for the improvement of gastrointestinal problems like belly pain and swollen belly. In the accomplishment of this scientific research, the old women informed the different types of boldos existing, however, none of them had knowledge of the scientific name of these plants.

Table 3. Representation of medicinal plants, therapeutic indications and scientific validation from the citation of the elderly women from the city of Augustinópolis – TO

Used plant	Quoted functions	Functions cited and proven by ANVISA	Other functions of ANVISA	Functions cited by other authors
Galic (<i>Allium sativum</i>)	Expectorant, flu and worm.	Expectorant	Decreased cholesterol and antiseptic.	
Rue (<i>Ruta graveolens</i>)	Colic, pain, flu, inflammation, and postpartum problems.	—————	—————	Skin inflammations, tooth and ear pain, fever, cramps, verminoses and varicose veins (ANVISA recognizes this plant as medicinal through popular knowledge).
Slug (<i>Aloe vera</i>)	Anti-inflammatory, cancer, scarring expectorant, flu, hemorrhoids, moisturizer, gastrointestinal problems, hair loss and worm	—————	—————	Biliary infections, burns, acne, psoriasis, hair loss, healing and anti-inflammatory (ANVISA recognizes this plant as medicinal through popular knowledge).
Boldo (<i>Plectranthus barbatus</i> e <i>Vernonia condensata</i>)	Pain, gastrointestinal problems and liver problems.	Dyspepsia (digestive disorders), such as cholagogue and choleric (liver disorders) and pains.	—————	—————
Holy grass (<i>Cymbopogon citratus</i>)	Soothing, pain, fever, flu and gastrointestinal problems.	Calming and gastrointestinal problems.	Uterine cramps.	—————
Lemongrass (<i>Melissa officinalis</i>)	Antipyretic, soothing, lack of appetite, flu and gastrointestinal problems.	Calming and gastrointestinal problems.	—————	—————
Eucalyptus (<i>Eucalyptus sp.</i>)	Fever	—————	Gripes, cooled and for clearing the airways.	—————
Ginger (<i>Zingiber officinale</i>)	Anti-inflammatory, weight loss, expectorant, fever and influenza.	—————	Nausea, nausea and vomiting of pregnancy.	
Mint (<i>Mentha piperita</i>)	Anxiolytic, high cholesterol, colic, pain, expectorant, fever, influenza, gastrointestinal problems, liver problems and worm.	Treatment of colic, expectorant, gastrointestinal problems, liver problems.	Antispasmodic	—————
Kingdom mallow (<i>Malva sylvestris</i>)	Anti-inflammatory, expectorant and flu.	Expectorant, when you have bruises and inflammatory processes of the mouth and throat.	—————	—————
Mastruz (<i>Chenopodium ambrosioides</i>)	Anti-inflammatory, healing, pain and worm.	—————	—————	An alternative for prevention and treatment of diseases caused by infection (JESUS, et al., 2017). Study for stimulation in bone reconstitution (PENHA, et al. 2017).
Pomegranate (<i>Punica granatum</i>)	Anti-inflammatory, cancer, expectorant, flu and circulatory problems.	Anti-inflammatory and flu.	Inflammation and infections of the mucosa of the mouth and pharynx acting as anti-inflammatory and antiseptic.	—————

Then the two most well-known are the *Plectranthus barbatus* and *Vernonia condensata*, in which they are classified by several names like false-boldo, national-boldo, mint-man, African-boldo, Japanese-boldo and Boldo-Baiano. In view of this, CRAS elderly women reported through the questionnaires that this plant helps in the treatment of general pain, gastrointestinal problems, liver and heart problems. Reaffirming the above mentioned authors' citations respecting the Boldo's medicinal potentialities. The functions that are scientifically proven and recommended by ANVISA (2012, 2016) around the boldo are dyspepsia such as digestive disorders related to cholagogue and choleric that also has a relation with the liver, confirming with the answers of the elderly about the treatment of gastrointestinal and hepatic problems, this plant can also be used for pain treatment also cited by them, however, there was no evidence in ANVISA of the use of boldo in the treatment of heart problems. For Ferreira *et al.* (2016) mastruz (*Chenopodium ambrosioides*) has been mentioned in the research to treat diseases that are related to stomach problems, inflammation and cough. According to Gomes & Lima (2017), this

plant helps in the treatment of pneumonia, asthma, tuberculosis and verminosis. The informants in this research report that they use mastruz for the treatment of occasions in which they need some kind of anti-inflammatory, healing, fighting pain and for verminose. According to the aforementioned authors, the equivalent functions of the CRAS elderly women were as anti-inflammatory and verminoses. There are no reports in ANVISA of any kind of scientific evidence regarding the functions mentioned empirically by the elderly women in this research or others for the mastruz proving effect. The pomegranate (*Punica granatum*) according to Leandro, Jardim & Gavilanes (2017) is an exotic and shrubby plant that was cited by the research informants as having empirically medicinal properties for the treatment of sore throat and diarrhea. According to Griz *et al.* (2017) pomegranate was indicated to treat with regard to respiratory disease and inflammation. The CRAS informants have reported using pomegranate as a source of cure for problems requiring anti-inflammatory, expectorant, influenza, circulatory problems and cancer.

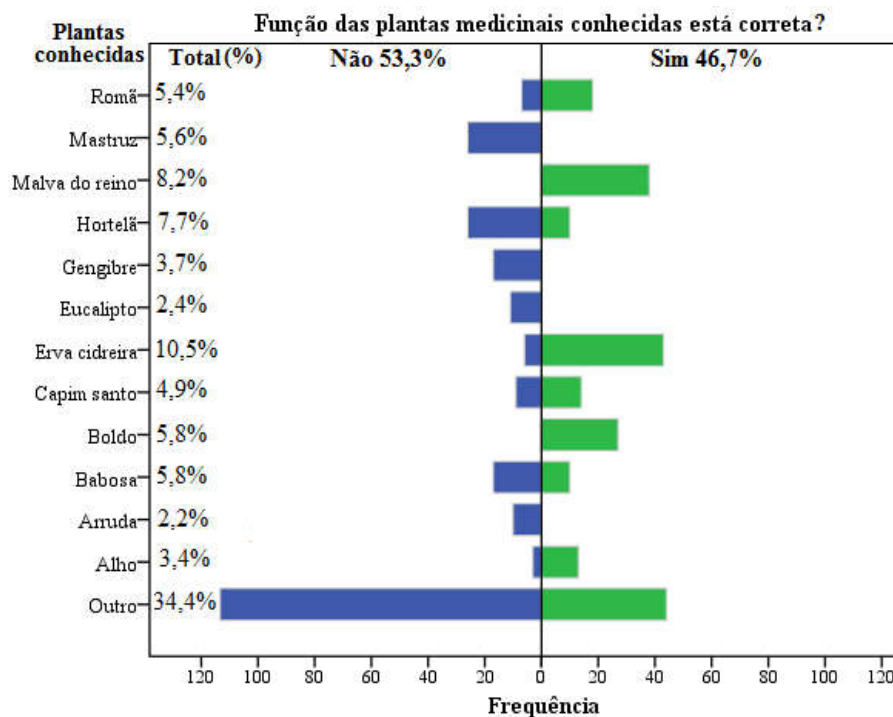


Figure 1. Comparison of the answers about the main types of medicinal plants known by CRAS elderly women in the city of Augustínópolis – TO

Comparing current research with the others cited previously, there was a familiar approach to sore throat with inflammation that was associated with what the elderly cited as anti-inflammatory, as well as respiratory diseases with the use of expectorant and influenza so cited by the elderly in this research. According to ANVISA (2012), the pomegranate has scientific proof regarding the treatment of inflammations and infections of the mucosa of the mouth and pharynx acting as anti-inflammatory and antiseptic. Confirming the medicinal function of anti-inflammatory cited by the elderly, leading to believe that the flu would fit as a scientifically correct saying because it is an infection that reaches the person's respiratory tract, unfortunately there are no reports of scientific evidence regarding treatment of cancer, such as expectorant and circulatory problems. According to Santos *et al.* (2017) the holy grass (*Cymbopogon citratus*) was the second plant with the highest number of citations, in which the participants of the research indicated it for the treatment of diarrhea, influenza, tranquilizer and gases. In the course of this research, the CRAS elderly women reported that the holy grass has medicinal properties and are used as a tranquilizer, treatment of pain, fever, flu and gastrointestinal problems. According to ANVISA (2010), santo grass really has medicinal characteristics that are scientifically proven, in which, in relation to the functions that were cited by the elderly of this research, this plant can be used as a sedative and gastrointestinal problems. It has records, also, by this organ for the treatment of uterine colic. Ginger (*Zingiber officinale*) cited by Gomes *et al.* (2017) is a much mentioned root in their research, in which they reported being used for the treatment of the cold. For Leandro, Jardim & Gavilanes (2017) participants reported that their findings regarding ginger tend to be used against influenza, sore throat and headache. Regarding CRAS elderly, the functionalities around ginger were mentioned for the cure used as anti-inflammatory, expectorant, fever, flu and to aid in weight loss. Going to the confrontation of previous authors, the cold, flu and sore throat

may be related to the anti-inflammatory and flu cited by the elderly in the research. ANVISA (2010; 2016) reported that ginger has scientifically proven medicinal properties for the treatment of nausea, nausea and vomiting of pregnancy. Unfortunately, none of the information cited by CRAS elders regarding this plant was stated by this body. Garlic (*Allium sativum*) according to Leandro, Jardim & Gavilanes (2017) is an exotic medicinal plant with herbaceous habits, in which the development of the research was reported its use for the treatment of influenza and also as an expectorant. In the studies of Ferreira *et al.* (2017) garlic is a plant cited by informants in the research with medicinal properties, in which it helps in the fight against influenza. Regarding the elderly women in this research, garlic is widely used in their cooking as a seasoning and also cited as a plant with medicinal properties, in which it is used as an expectorant to combat influenza and worm. In relation to the aforementioned authors, there was a coincidence between them regarding functions such as expectorant and influenza.

For ANVISA (2015), garlic is a plant that has scientific proof for some medicinal functions, since when related to the quotations of the elderly of the research has in common the function of expectorant. However, cholesterol-lowering and antiseptic functions also have scientific viability. The eucalyptus (*Eucalyptus sp.*) According to Lima, Nascimento & Silva (2016) is considered as a tree in which the participants use their leaves to obtain treatment in cases in which they present fever, influenza, sore throat, gas and cough. In the course of the questions, CRAS elderly women reported that eucalyptus is widely used to treat people who are in a feverish state. In relation to the previous citation about this plant, there was a positive relation with the function mentioned by the elderly about the fever. There are no reports on the cited function of eucalyptus by the research participants, but ANVISA (2010, 2015) has scientific feasibility for other medicinal properties such as colds, flu and for clearing the

respiratory tract. Lima *et al.* (2016) is a plant in which research informants use it in situations where there is a need to treat colic, earache, flu, fever, ear inflammation, sinusitis, headache, pain, muscle aches and intimate cleansing. With regard to the elderly women in the research, the rue is used to obtain positive results in the treatment with regard to the cólicas, pain, influenza, inflammation and problems in the postpartum. When comparing the findings of this research with the previous quote it is noted that many functions are related such as colic, pain, influenza and inflammation. In relation to ANVISA (2012), there are no reports of medicinal evidence of this plant in its history, however, this organ characterizes this plant with medicinal properties for the treatment of skin inflammations, toothache and earache, fever, cramps, verminoses, varicose veins, all with regard to empirical use by the population. Regarding the plants mentioned by the elderly women, 53,3% of them did not have medicinal characteristics for the mentioned functions, and 46,7% presented only scientific evidence for the mentioned functions, in which this information was analyzed according to the Agency National Health Surveillance. The proportions found to be scientific evidence about the plants cited were similar, with a differential of 3,3%. It is identified that even with low schooling, the elderly women have this empirical knowledge about the medicinal power of plants, leading to the belief that from generation to generation by family members had a positive effect on them.

Conclusion

At the end of this research it was possible to reach the proposed goals about natural practices and health experiences proven or not scientifically adopted for therapeutic purposes used by the elderly of the Reference Center of Social Assistance - CRAS of the city of Augustinópolis - TO. The knowledge related to the natural practices and / or care for therapeutic purposes adopted by the majority of the surveyed women follow the premise that the knowledge they acquired up to the present day comes from their families, passing from generation to generation. In view of this, a large number of elderly women cultivate these plants in their homes, thus affirming the existing belief in the medicinal powers that these plants possess, even with an empirical logic. Most of the plants and the purposes cited by these elderly women through general knowledge are not scientifically proven by ANVISA. Nursing, in turn, is considered as the closest link in the link between the public and health practices and experiences, and nurses must be in contact with this practice, strengthening the National Policy of Medicinal Plants and Phytotherapeutics - PNPMF recommended by the Ministry of Health, in which it will guarantee the safe and rational access of this practice, since this will help and contribute to the quality of the assistance in a fast and qualified way for the population, besides being of low financial cost for the Single System in basic health care. The Brazilian flora is rich in plants that have medicinal values, in which it can treat and prevent various diseases. Therefore, the art of using medicinal plants is present in the daily life of people, even though the scientific advances of industrialized pharmaceutical drugs occur, this practice is essential for the maintenance of health, reaching all social classes, however, it is necessary that there is scientific knowledge so that the use of plants is safe and not indiscriminate. It is of great value to put the experiences of the elderly, especially those of the women in the construction of the knowledge regarding the medicinal plants and their varied forms of use. It should be noted that

empirical knowledge is equated with the importance of scientific knowledge, although they are dichotomous concepts, both when used side by side, complete and strengthen the phytotherapy in health.

REFERENCES

- Antonio, G.D.; Tesser, C.D.; Moretti-Pires, R.O. Contributions of medicinal plants to care and health promotion in primary health care. *Interface (Botucatu)*, v.17, n.46, p. 615-33, jul./set. 2013.
- Anvisa, Agência Nacional de Vigilância Sanitária. 2010. Accessed: 10 de nov. de 2016. Available em: http://portal.anvisa.gov.br/documents/10181/2718376/RDC_10_2010_COMP.pdf/6d4feca0-9b45-48f8-b44e-231fa048e4a6?version=1.0.
- Anvisa, Agência Nacional de Vigilância Sanitária. Consolidado de normas da COFID, Versão V, 2015.
- Anvisa, Agência Nacional de Vigilância Sanitária. Memento Fitoterápico: Farmacopeia Brasileira, 1ª edição, 2016.
- Anvisa, Agência Nacional de Vigilância Sanitária. Projeto: plantas medicinais – cartilha informativa. Itaipu Binacional, 2012.
- Carvalho, J.S.B. de, *et al.* Uso popular das plantas medicinais na comunidade da Várzea, Garanhuns-PE. *Revista de Biologia e Ciências da Terra*, 2013.
- Censo Demográfico 2010. Características da população e dos domicílios: resultados do universo. Rio de Janeiro: IBGE, 2011.
- Fachin, O. Fundamentos de metodologia. 5º ed. [rev.] – São Paulo: Saraiva, 2006.
- Ferreira, C. D. *et al.* Uso medicinal de plantas pela comunidade do bairro Nova Conquista (multirão) – Patos – PB. ACSA, Patos-PB, 2016.
- Gil, A. C. Como elaborar projetos de pesquisa. 4. ed. São Paulo: Atlas, 2007.
- Gil, A. C. Como elaborar projetos de pesquisa. 4. ed. São Paulo: Atlas, 2008.
- Gomes, N.S.; Lima, J.P.S. Uso e comercialização de plantas medicinais em Humaitá, Amazonas. *Rev. Bras. de Agroecologia*. 12(1): 019-031, 2017.
- Gomes, T. B.; Portugal, A. dos S.; Pinto, L. J. S. Plantas utilizadas por uma Benzedeira em Nova Friburgo, Rio de Janeiro, Brasil. *ESFA*, 2017.
- Griz, S. A. S. *et al.* Medicinal plants profile used by the 3rd District population of Maceió-AL. *Braz. J. Biol.* 2017.
- Jesus, R. S. *et al.* In vitro antimicrobial and antimycobacterial activity and HPLC-DAD screening of phenolics from *Chenopodium ambrosioides* L. *Braz J Microbiol.*, 2017.
- Leandro, Y. A. do S.; Jardim, I. N.; Gavilanes, M. L. Uso de plantas medicinais nos cuidados de saúde dos moradores de assentamento no município de Anapu, Pará, Brasil. *Biodiversidade - V.16, N2*, 2017.
- Lima, I.E.O.; Nascimento, L.A.M.; Silva, M.S. Comercialização de Plantas Medicinais no Município de Arapiraca-AL. *Rev. Bras. Pl. Med.*, Campinas, v.18, n.2, p.462-472, 2016.
- Lima, R.F.S. *et al.* Práticas populares de cura e o uso de plantas medicinais por mães ribeirinhas no cuidado infantil. *RevFundCare Online*, 2017.
- Lisboa, M. dos S. *et al.* Estudo etnobotânico em comunidade quilombola Salamina/Putumujú em Maragogipe, Bahia. *Revista Fitos*, Rio de Janeiro, vol. 11(1), 1-118, 2017
- Luz, E. P. da. *et al.* Perfil sociodemográfico e de hábitos de vida da população idosa de um município da região norte

- do Rio Grande do Sul, Brasil. Rev. Bras. Geriatr. Gerontol., Rio de Janeiro, 2014; 17(2):303-314.
- Magalhães, K. A. *et al.* A Habitação como Determinante Social da Saúde: percepções e condições de vida de famílias cadastradas no Programa Bolsa Família. Saúde Soc. São Paulo, 2013
- Minayo, M. C. de S. O desafio do conhecimento: pesquisa qualitativa em saúde. 14ª ed., v.22, n.1, p.57-72. São Paulo: Hucitec, 2014.
- Penha, E. S. da. Effect of *Chenopodium ambrosioides* on the healing process of the in vivo bone tissue. Microsc Res Tech., 2017.
- Salvato, M. A.; Ferreira, P. C. G.; Duarte, A. J. M. O Impacto da Escolaridade Sobre a Distribuição de Renda. Est. econ., v. 40, n. 4, p. 753-791. São Paulo, 2010.
- Santos, N. C. dos; Abdala, G. A. Religiosidade e qualidade de vida relacionada à saúde dos idosos em um município na Bahia, Brasil. Rev. Bras. Geriatr. Gerontol., v. 17(4):795-805. Rio de Janeiro, 2014.
- Santos, R. da S. *et al.* Uso regular de plantas medicinais para fins terapêuticos em famílias residentes na zona rural de Santo Antônio de Jesus – Bahia – Brasil. J. Health BiolSci. 2017.
- Silva, L. W. S. da. *et al.* Perfil de pessoas idosas com hipertensão arterial em um programa de atividade física com a família. Revista Kairós Gerontologia, São Paulo, 2015.
