

## Popular healing practices and medical plants use for riparian mothers in early childhood care<sup>1</sup>

Práticas populares de cura e o uso de plantas medicinais por mães ribeirinhas no cuidado infantil

Prácticas populares de cura y plantas medicinales usados por las madres ribereñas en el cuidado infantil

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### ABSTRACT

**Objectives:** To analyze the popular healing practices with the use of medicinal plants by riparian mothers during child care. **Methods:** This is a qualitative research called ethnoscience, with data collection through semi-structured interview and participative observation. 15 mothers participated in the study of the riverside community Vila Nova Maringa, Amazonas, Brazil. For data analysis, the thematic analysis was used. Research was approved by the CEP EEAN / HESFA nº54/08. **Results:** It was found that the popular healing practices vary according to the etiology; 17 infant physical health problems can be treated with 37 medicinal plants; and many of the plants used are supported by the scientific knowledge. **Conclusion:** It is believed that this research has relevance for the nursing and community, because it allowed the exchange of popular and scientific knowledge and pointed to a need for investment in works approaching this theme.

**Descriptors:** Transcultural nursing; Popular medicine; Maternal care; Medicinal plants.

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## RESUMO

**Objetivo:** Analisar as práticas populares de cura com plantas medicinais pelas mães ribeirinhas durante o cuidado dos filhos. **Métodos:** Trata-se de uma pesquisa qualitativa, de etnoenfermagem, com coleta de dados por meio de entrevista semiestruturada e observação participante. Participaram do estudo 15 mães da comunidade ribeirinha Vila Nova Maringá, Amazonas. Para análise dos dados foi utilizada a análise temática. Pesquisa aprovada pelo CEP EEAN/HESFA nº54/08. **Resultados:** Constatou-se que as práticas populares de cura variam de acordo com a etiologia; que 17 problemas físicos de saúde infantis podem ser tratados com 37 plantas medicinais; e que grande parte das plantas utilizadas encontram respaldo no saber científico. **Conclusão:** Acredita-se que a pesquisa tenha relevância para a enfermagem e comunidade, pois permitiu o intercâmbio de saberes popular e científico, bem como apontou uma necessidade de investimentos que trabalhem com esta temática.

**Descritores:** Enfermagem transcultural, Medicina popular, Cuidado materno, Plantas medicinais.

## RESUMEN

**Objetivo:** Analizar las prácticas de curación populares con el uso de plantas medicinales por las madres de ribera durante el cuidado del niño. **Métodos:** Se trata de una investigación cualitativa, etnoenfermería con la recopilación de datos a través de entrevistas semiestructuradas y observación participante. Los participantes del estudio fueron 15 madres de la comunidad ribereña Vila Nova Maringá, Amazonas. Para el análisis de datos se utilizó el análisis temático. De investigación aprobado por el CEP EEAN/HESFA nº54/08.

**Resultados:** Se encontró que las prácticas de curación populares varían de acuerdo a la etiología; 17 que los problemas de salud física para niños pueden ser tratados con 37 plantas medicinales; y que muchas de las plantas utilizadas están basadas en el conocimiento científico. **Conclusión:** Se cree que la investigación tiene relevancia para el mal gema y la comunidad debido a que permitía el intercambio de conocimiento popular y científica, y señaló una necesidad de inversión para trabajar con este tema.

**Descriptorios:** Enfermería transcultural, Medicina popular, Cuidado materno, Plantas medicinales.

## INTRODUCTION

The use of medicinal plants is present in society since ancient times, in which natural resources were used for both food preparation and health care.<sup>1</sup> Despite the evolution of modern medicine, currently about 80% of people living in developing countries choose to employ traditional medicine with the use of plants to treat diseases.<sup>2</sup>

Assuming that this is a potential resource that can be used for curative purposes, the World Health Organization recommends that third world countries expand their therapeutic arsenal of public health, empowering them with knowledge about the practices of traditional medicine as a way to improve the quality of care offered.<sup>3</sup>

Thus, in 2007 the Brazilian Ministry of Health established the National Program of Medicinal Plants and Herbal Medicines. Among the propositions of the Program, to “promote and recognize the popular and traditional practices of use of medicinal plants, herbal and home remedies” stands out.<sup>4,7</sup> Thus, in February 2009, the Ministry of Health issued the National List of Medicinal Plants of Interest to the Unified Health System - UHS (Renuis), which present 71 plant species that are used by popular wisdom and confirmed scientifically.<sup>5</sup>

In a study conducted by nurses in order to compare the popular knowledge to scientific knowledge on the pharmacological efficacy of medicinal plants, it was observed that there is an approximation between these, as the vast majority of plants mentioned by the interviewees has therapeutic indications based on evidence.<sup>6</sup>

Thus, it is believed that their curative properties should not be considered only as a folk tradition, but an area of science which should be studied and optimized to be applied safely and effectively by healthcare professionals. Special emphasis should be given for the nurses' care, as this is a space of popular knowledge that can be used as a proximity instrument, autonomy and cultural development of every citizen cared for this professional.<sup>6</sup>

However, analysis of the therapeutic use of medicinal plants goes beyond the mere use and must possess a interdisciplinary and integrative character, combining cultural and environmental factors as well as the concepts developed by these cultures on the plants and its uses.<sup>7</sup>

The Amazonian natives, considered as one of the traditional forest peoples, holds a vast knowledge of plants from the environment in which they live. This knowledge is passed on from generation to generation by vertical transmission, which involves plant preparation techniques, therapeutic indications, dosage and contraindications.<sup>8</sup>

These people built, over generations, a considerable body of knowledge and practices about the natural world and biodiversity, crucial to their survival in the forest and in the banks of rivers and lakes.<sup>9</sup>

The wealth of forest biodiversity, cultural and family values, the difficulties of access to public health services due to geographical factors, as well as vulnerable socioeconomic status results in the appropriation and use of these resources as a form of natural therapy in the treatment of health problems of maternal care routine.<sup>10,11,12</sup>

And, although the use of medicinal plants is based on the popular knowledge, this can serve as a screening for the discovery of new therapeutic methods for treating regional diseases.<sup>13</sup> The utilization of such healing practices should be carefully evaluated by health professionals, identifying their risks and benefits.<sup>14</sup> In view of this, the objective of this study was to verify the popular healing practices with the use of medicinal plants by riparian mothers during child care. The socio-cultural relevance of this study stands out for developing exchanges of popular and scientific knowledge, which results in a closer riverine relation with health professionals, especially nurses, whose work object is the integral care, which presupposes respect for cultural differences.

## METHOD

This is a descriptive-exploratory study of qualitative approach, having as the theoretical reference the Theory of Cultural Care.<sup>15</sup>

The study was conducted in July and August 2008, with women living in the riverside community Vila Nova Maringá, in the municipality of Maués/AM, Brazil, on the banks of Parauari River, home to 42 families.

All the houses were visited and village residents were invited to participate. After the visits, 15 women were selected for the sample as they met the following inclusion criteria: 1) residents of the riverside community Vila Nova Maringa; 2) over 18 years old; 3) mothers who were responsible for the care of children; 4) they wanted to spontaneously participate in this study by signing the term of free and informed consent.

It was followed the ethics of Resolution 466/2012 recommendations and its design was approved by the Research Ethics Committee of the Nursing School Anna Nery-UFRJ/Hospital School St. Francis of Assisi under the No. 54/2008 protocol.

For data collection it was used semi structured interview, covering the socio-economic and educational data of women and maternal care practices in the health-disease process, as well as observation, participation and reflection techniques, indicated for ethn nursing studies.

The interviews were recorded in MP3 and held in a reserved place, chosen by women in the community in order to foster dialogue between the participants and the interviewer. In order to ensure the privacy of witnesses, their names have been replaced by indigenous codenames of the language Tupi or Guarani.

The interviews were transcribed and their contents analyzed. Thematic analysis of the statements relating to cultural values involving maternal care was performed. In addition, medicinal plants were identified, as well as popular healing practices adopted by mothers in the care of the children. Therefore, an integrative review becomes necessary to analyze the use of medicinal plants and their therapeutic indications in order to identify evidence that strengthen the riverside cultural practice.

## RESULTS AND DISCUSSION

For the analysis of popular healing practices and the use of medicinal plants by riverine mothers during child care, understanding the cultural values that involve the health-disease, the following categories were used: the socio-cultural dimension and popular healing practices; and the use of medicinal plants and the exchange of knowledge.

### Socio cultural values that involve the health-disease process

#### *The socio cultural dimension of popular healing practices*

For the analysis of cultural values involving maternal care, with the utilization of popular healing practices and medicinal plants, it was necessary to identify the dimensions of the cultural and social structure.

With regard to marital status, 50% (n = 8) of the women were married, with the average relationship lasting about 22 years. The predominant religion is Catholicism with membership of 68.7% (n = 11).

The most common types of housing were wood (n = 13) and high (n = 11), with an average of two rooms per house. Regarding the number of inhabitants in each house, we obtained an average of 8 inhabitants.

All women devoted time to household chores during the day and, as a form of recreation, 43.35% reported watching television at night. Regarding the source of income, 56.25% reported its predominant financial basis due to the production of flour, a peculiar feature in the community.

On technological factors, 13 women reported having electricity in the house, from generator for 3 hours daily, 62.5% (n = 10) using the river water for food preparation, 37.5% (n = 06) did not have any electrical appliances or electronics.

It is known that low maternal education influences on child care practices, including feeding, hygiene and sickness care<sup>15</sup> Therefore, it is noteworthy that 75% (n = 12) of the women participating of the study are illiterate or didn't finish elementary school.

Health care practices cannot be analyzed separately, as the social and cultural aspects, especially its social organization, religious, political and economic, are constantly involved in the care and healing process. Thus, the identification of maternal profile is an important process to understand the dimensions of the cultural and social structures of this community that influence the standard of care and health expressions. Therefore, it is possible to observe, among mothers, that popular knowledge is preponderant in detriment of the scientific basis because of their educational and cultural characteristics, which certainly influences the care practices to children.<sup>15</sup>

In the community there are certain individuals that are experts on popular healing practices, whether practices considered by riparian as sacred, secular or both, and can be identified: one "raizeira" (herbalist), two midwives, three individuals that heal "desmentidura" - popular chiropractors that heal displaced bones - and two "benzedores" (spiritual healers).

By analyzing the etiology of childhood diseases referenced by mothers, we observed two health problems which, according to them, have mystical origin, defined by some authors as cultural disease, a common occurrence in non-industrialized places.<sup>16</sup> In the face of such a cultural disease, the only therapeutic resource adopted by mothers are the prayers performed by the "benzedor" (Table 1).

**Table 1** - Cultural diseases identified by riverside mothers, with their symptoms and etiology. Maues, AM, Brazil, 2009.

Cultural Disease	Symptoms	Etiology
"Evil animal eye"	"The child only sleeps, the mouth is sore and does not eat anything".	"When a person is going to menstruate at the riverside, the animal gets out of the water. And there is animal that likes children and gives the evil eye".
"Brokenness "	"The child is pooping nonstop, a greenish, brittle poo".	"People with big eye look at the child".

Source: Authors

In addition to these two very common childhood diseases, and that, according to the women, have mystical cause, Janaina describes a third evil of the same origin:

This other daughter also she almost dies... played a plague to her that God forbid, almost she dies, she fell ill, they went to Maués, when she came from there it was way too thin, this girl came with a head full of tumor that had no place to lay and it was I who cared, I cried, cried, cried the creature, she was more dead than alive. (Janaina, 63)

In the face of one of these conditions, the only cure, according to them, it is through the prayer performed by the "benzedor". As we see in the speech of Yara and Tinga:

One day a child's mother almost dies with evil eye, he just wanted to sleep, sleep, sleep, then we call daddy there at his house in Itacuruçá. I know that one day a man there blessed him, daddy blessed, but he was not bearing no, ate no food in the mouth, sore mouth only. (Yara, 18)

I always took him for the preacher, sometimes what gives more is brokenness, that thing that gives in the child, so I take him to be blessed, so I always sent him blessing, but it was hard, it was not all the time there. (Tinga, 36)

It is known that the use of plant resources for therapeutic purposes derives from the local reality applications. Thus, regional representations of body and individual local views on the etiology of disease, diagnostic techniques and healing, the design of therapeutic efficacy and the socioeconomic profile are directly related to culture and AA cosmology of social groups that develop the use of herbal practices.<sup>17</sup>

In addition to the cultural diseases, mothers identified 17 health problems and diseases with popular names, which, according to them, has physical origin and commonly affect children in the riverine environment. For the care of these health problems, mothers adopt the use of herbal and allopathic medicines, the procedures vary considerably among mothers, as noted in the following speech:

"First, I give the medicine, then I give the tea, if he/she does not get better, then I give tea" (Potira, 20).

Potira reported that she prefers to give the pharmaceutical remedy before teas and home remedies, but this order of priority in the care may vary among women. Many often use them concurrently, as the report of Iaciara:

When she gets a cold, I make tea for her with garlic and lemon and give her with an AAS. When she's running a fever I do it too, sometimes when she has a stomach ache, pooping all the time, I always give that Diazec® for her to take, garlic and lemon tea (Iaciara, 20).

Other associations during the interviews have been reported to use sugar to facilitate the acceptance of children. Furthermore, Janaina reported that usually associate the drug with honey, also using, in other cases, breast milk to soften the drug taste:

Homemade remedy, when you give, make home remedy gives, if not we send soon to Maués, then stay there for medical care in hospital [...] Sometimes when was with sore throat I would put honey, honey with this Sufadiazina® which is a very good tablet, soothing, I gave to children to eat so because of flu, honey to children with the flu. To earache I would put breast milk with this purple clover, a little purple round leaf, it scalds, squeeze, put on cotton and boot in the child's ear, to anyone is good [...] To take warm bath, taperebá bark is good. I put in the water, bathed them when it costs to walk, to not cost to walk, to pick up strength in the legs, would put in the sun, already evening and bathed them. To take out the cold leg, the child's chair, it is good (Janaina, 63).

When asked about the origin of knowledge and the means of transmission, the mothers reported that they learned from their mothers and mothers in law through oral transmission. It goes to meet studies mention that the first manifestations of this knowledge begin in childhood passed from generation to generation.<sup>6</sup> An example of this can be seen by the speech of Janaina that, compared to when she learned to use plants, mentions:

I learned from Mom. She did and showed me, said that we could take the remedy for everything from nature. Then, I taught to my daughters. [...] Because we live here, isolated from everything, you see the sick child and you have to do something (Janaina, 63).

The feminine importance, especially the maternal figure in the transmission of such knowledge, is observed in similar results in other research.<sup>6,18</sup> However, the woman identified by the riparians as the local prayer suggests that the person has notorious knowledge, stating that developed this learning by herself, as expressed:

That stuff we do not learn, I brought myself, I brought myself, I learned by myself... Since when I started to have a child, I was always doing little medicine to put there, little medicine in here, there was, then I learned to make these other medicines for children take, for me sometimes I do, for other when it comes to me I do, I do to others medicine, syrup, tea... Ah, because Mom, Grandma with Mama she told me when I had my children I was going to learn to remedy, anything I had to do. (Jurema, 40)

Jurema uses the traditional care with techniques used by popular actors, guided by an oral tradition, cultural and experimental basis, non-invasively, producing home remedies to cure their children and others in the community.<sup>19</sup>

## The use of medicinal plants and the exchange of knowledge

The results obtained in this research showed that the use of medicinal plants is widely used in rehabilitation and prevention arising during the health-disease process, since there is limited access to health services available in urban centers, justifying the use of this resource as first choice in the treatment of children

affected by diseases. Thus, it is common to identify the prevalence in the cultivation of diverse plants in backyards or in areas near the place of residence, facilitating the acquisition and ownership of these, similar to other studies in the area.<sup>20</sup>

It was indicated by mothers a total of 29 medicinal plants with different forms of presentation for 17 child diseases/health problems, as shown in the table below.

**Table 2** - the therapeutic indications and forms of administration of the plants used in the riverine child care. Maués, AM, Brazil, 2009.

Plant used		Part used	Administration form
Popular name	Scientific name		
<b>Anemia</b>			
avocado	<i>Persea americana</i>	Leaf	
crajiru	<i>Arrabidaea chica</i>	Leaf	
cipo-quira	<i>Pleonotoma Jasminifolium</i>	Leaf	Syrup
tuatua	<i>Jatropha Gossyplifolia</i>	Leaf	
açaí	<i>Euterpe precatória</i>	Root	
pupunha	<i>Bactris gasipaes</i>	Root	
cará	<i>Dioscorea alata</i>	Root	Tea
avocado	<i>Persea americana</i>	Leaf	
<b>Heartburn and colic</b>			
mint	<i>Mentha sp.</i>	Leaf	Tea
elixir-paregórico	<i>Piper callosum</i>	Leaf	
<b>Soothing</b>			
Lemon balm	<i>Lippia alba</i>	Leaf	Tea
Diarrhea			
"Holy grass"	<i>Cymbopogon citratus</i>	Leaf	Tea
cashew	<i>Anacardium occidentale</i>	Bark	Juice
<b>Dysentery</b>			
coconut	<i>Cocos nucifera</i>	Juice	Juice
<b>Pain</b>			
melhoral-plant	<i>Justicia pectoralis</i>	Leaf	Tea
<b>Headache</b>			
anador-plant	<i>Justicia pectoralis</i>	Leaf	Tea
<b>Earache</b>			
purple clover	<i>Oxalis atropurpurea</i>	Leaf	Juice
To make children walk *			
taperebá	<i>Spondias mombin</i>	Bark	Bath
<b>Fever</b>			
garlic	<i>Allium sativum</i>	Fruit	
lemon	<i>Citrus aurantiifolia</i>	Bark	Tea
rue	<i>Ruta graveolens L.</i>	Leaf	

(To be continued)

(Continuation)

Plant used		Part used	Administration form
Popular name	Scientific name		
<b>Sores</b>			
avocado	<i>Persea americana</i>	Seed	Plaster
growing love	<i>Portulaca pilosa</i>	Seed	
<b>Child strengthening and coagulant</b>			
potato	<i>Solanum tuberosum</i>	Root	"Garrafada"
<b>Gauzes</b>			
fennel	<i>Foeniculum sp</i>	Leaf	Tea
<b>Flu</b>			
garlic	<i>Allium sativum</i>	Fruit	Tea
lemon	<i>Citrus aurantiifolia</i>	Bark	
jucá	<i>Caesalpinia ferrea</i>	Bark	Syrup
mango	<i>Mangifera indica</i>	Bark	
<b>Cleaning teeth and caries</b>			
cedar	<i>Cedrela fissilis</i>	Stem (coal)	Plaster
coffee	<i>Coffea sp.</i>	Seed	
<b>Measles</b>			
cane	<i>Saccharum officinarum</i>	Straw	Tea
corn	<i>Zea mays</i>	Straw	
<b>Dry the stump</b>			
taperebá	<i>Spondias mombim</i>	Seed	Plaster

**Note:** \* According to them, the child may have weak legs and need the medicinal plant to achieve their first steps still in the breastfeeding stage.  
Source: Authors

It is observed that the home remedies made from medicinal plants have different forms of presentation and administration, with the use of tea, syrup, plaster, juice, bath and "garrafada" prepared with seeds, stems, roots, fruits, leaves and juices.

From the survey conducted, it was found that traditional herbal medicines have some differences with respect to chemical composition and use of the riparian people, for example, açai (*Euterpe precatória Mart.*) that, according to the popular saying, is used in the treatment of anemia, since they believe that this is an iron-rich fruit.

However, the articles found report low bioavailability of iron existing in açai, which can be justified by the presence of inhibitors in absorption of this material as tannin and fiber. In addition, there is the fact that this mineral is present in the ferric form (or nonheme) contained only in vegetables, and the lower bioavailability in the body. Thus, caution is suggested in the recommendation to use açai as a source of iron.<sup>21</sup>

The consumption of this pulp (*Euterpe precatória Mart.*), rich in essential lipids and good nutritional quality, and minerals such as calcium and potassium can contribute to the growth and proper functioning of the human body in

general, since these nutrients participate in many important metabolic reactions in the body. However, the pulp cannot be considered a source of iron, suggesting a supplement in the diet of the mineral with iron-rich foods that have increased bioavailability.<sup>22</sup>

Although pupunha (*Bactris gasipaes H.B.K*) is used by riverside mothers to treat anemia, that still does not provide evidence of its effectiveness. However, studies that have added pupunha in animal diet in the Amazon, then dosing the liver levels of vitamin A, found significantly higher rates of this vitamin in the body of animals, thus confirming the efficiency of the use of pupunha as source of vitamin A and not iron.<sup>23</sup>

In turn, mint (*Mentha spicata L.*), used by mothers against heartburn and intestinal colic, has in its essential oils, mint so as peppermint, a safe and effective therapeutic action for the treatment of chemotherapy induced nausea and emesis in patients.<sup>24</sup>

The "holy grass" (*Cymbopogon citratus Stapf.*) was indicated by informants as a traditional herbal medicine widely used in the treatment of diarrheal diseases. The findings relating to experimental studies with mice in India confirmed the antidiarrheal action of the medicinal plant.<sup>25</sup>

In all known experimental models, holy grass showed almost comparable efficacy with allopathic anti-diarrheal drug. The study authenticates thus the presence of antidiarrheal activity in *Cymbopogon citratus* S., who may have therapeutic benefit in humans with diarrhea disorders.<sup>25</sup>

Furthermore, the plant is a natural source of citral, the main essential oil component, which causes vascular relaxation of the thoracic aorta, thereby reducing the calcium influx by blocking the channels of  $Ca^{2+}$  of L type voltage-dependent. So the holy grass can also be used to reduce high blood pressure.<sup>26</sup>

The cajá/taperebá (*Spondias mombim* L.) is commonly used to treat children who have difficulty walking and accelerate the subsequent mummification process to the fall of the umbilical stump, but scientific evidence indicates that the aqueous and ethanolic extracts of cajá leaves and cordifolia Alchornea are able to inhibit the growth of Gram - positive and Gram - negative.<sup>27</sup>

The mango (*Mangifera indica* L.) was nominated to medicate the symptoms of flu, but the findings in the literature determine its effectiveness against fungi.<sup>28</sup>

The avocado, (*Persea americana* Mill.) used in wound care, acts as anti-inflammatory and analgesic, and has hypoglycemic activity, vasorelaxant, hypotensive and anticonvulsant. Overall, the results identified in the literature suggest that the defensin PaDef (Antibacterial Activity of defensin) is an avocado adenosine monophosphate (AMP) which could be used in the treatment of infectious diseases.<sup>29</sup>

The lemon balm herb (*Lippia alba* M.) is popularly known among the interviewees as a tranquilizer and anxiolytic. Indeed these medicinal plant effects are scientifically proved, exerting anxiolytic effects in a specific subset of defensive behaviors in cases of generalized anxiety. Although it was possible to identify that the carvone, one of the constituents of lemon balm, is responsible for its action as a tranquilizer.<sup>30</sup> In addition, this plant has some effects that may be related to anti-infectious and analgesic properties.<sup>31</sup>

The cashew (*Anacardium occidentale* L.), indicated by the informants as herbal medicine commonly used to treat childhood diarrhea, have an inhibitory effect in vitro of 82.2% against rotavirus simian, proving its effectiveness in the treatment of diarrheal frames.<sup>32</sup> Moreover, this fruit contains valuable substances for cosmetic applications and antimicrobial action.<sup>33</sup>

The coconut (*Cocos nucifera*) has significant properties that support its use in popular medicine bioactivity. The extract exhibits anti-inflammatory activity by inhibiting cell migration. Furthermore, the mixture of extract and methicillin components is capable of providing the development of a new combination of antibiotics against *Staphylococcus aureus* infections resistant to meticelina.<sup>34</sup>

Befitting the popular saying, the melhoral (*Justicia pectoralis* var.) acts to relieve pain, lignans which are the main components of the active extracts of melhoral species, showing valuable pharmacological properties such as

antiviral, antitumor, anti-inflammatory and antiplatelet actions relating to aggregations.<sup>35</sup>

The limon (*Citrus aurantiifolia* S.) had confirmed the association of popular use with scientific, being used to eliminate productive cough, treatment of influenza and pneumonia.<sup>36</sup>

The results on rue show anti-inflammatory properties, thus treating the fever indirectly because their etiology minimizes high temperature, which is consistent with what was mentioned by riverside mothers.<sup>37</sup>

The crajirú (*Arrabidaea chica*) indicated by the community as a phytotherapeutic important in combating anemia, has scientific evidence use in the treatment of iron deficiency anemia as it has high iron concentrations, with the highest mineral physiological absorption after oral intake.<sup>38</sup>

The fennel (*Pimpinella anisum*) although it is recommended for women just to cases of flatulence, it is one of the most used medicinal plants for different purposes, being able to promote gastric protection and involves potential antimicrobial, antifungal, antiviral, anticonvulsant, antioxidants. It also has ability to act as a muscle relaxant and minimize the effects of dysmenorrhea and climacteric. In diabetic patients, have hypoglycemic and lipid-lowering effects, also reducing lipid peroxidation.<sup>39</sup>

The garlic (*allium sativum* L.) had its herbal indication in this study for the treatment of childhood flu. In historical facts, its use is reported about three thousand years BC, where garlic was employed by Sumericos in epidemic prevention and treatment of parasitic diseases. In the current scientific context, it presents therapeutic purposes proven in reducing the rates of cholesterol blood sugar and blood pressure levels, also working with antiarrhythmic effects, antiplatelet agent, antiseptic, anti-infective, antitumor, detoxifying and antioxidant.<sup>40</sup>

## CONCLUSION

This research provided a greater knowledge about the popular healing practices, as well as medicinal plants commonly used in the riverside community for the treatment of common diseases and health problems that affect local children.

It can be seen that the disease may have its etiology related to mystical aspects, known as cultural diseases, in which healing occurs only through "benzodores" or prayers. Health problems and physical illnesses have a variety of therapeutic resources, and the association of allopathy and popular herbal medicine is common.

The female figure stands out for the transmission of knowledge, which occurs by generations via vertical and oral form. It was also noted that the difficulty of access to health services faced with the children's needs provided the development of such practices.

By comparing popular knowledge and scientific knowledge on the pharmacological efficacy of the medicinal plants, it was observed that, although all herbal indicated by riparian mothers are cited in similar ethnographic studies, only fifteen plants were assessed in this experimental studies.

Results either contradict or strengthen and encourage the use for two or more therapeutic indications.

It was noted that the homemade remedies made from medicinal plants have several components used simultaneously to solve a single type of disease, making it impossible to identify the exact compound that contributed to the healing.

Since the use of medicinal plants in the riverine child care is common, there is the importance of nurses to identify those scientific findings that can provide the strengthening of cultural practices or adapt them in the riverside routine. Furthermore, analysis of the healing power of medicinal plants and the use of herbal medicines can foster the development of a care based on evidence and culture.

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ANEXO

Falta tradução.

100

AUTORIZAÇÃO DO COMITÊ DE ÉTICA

 E E A N	<b>UNIVERSIDADE FEDERAL DO RIO DE JANEIRO</b> <b>CENTRO DE CIÊNCIAS DA SAÚDE</b> <b>ESCOLA DE ENFERMAGEM ANNA NERY</b> <b>COMITÊ DE ÉTICA EM PESQUISA DA EEAN/HESFA</b>	
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**Protocolo nº 54/08**

**Título do Projeto: O cuidado materno e os aspectos culturais e sociais que envolvem a criação de filhos**

**Pesquisadora Responsável: Raquel Faria da Silva**

**Instituição onde a pesquisa será realizada: UNIRIO**

**Data de Entrega do Protocolo ao CEP: 02/07/08**

**Parecer**

O Comitê de Ética em Pesquisa da EEAN/HESFA atendendo o previsto na Resolução 196/96 do Conselho Nacional de Saúde **APROVOU** o referido projeto na reunião realizada em 15 de julho de 2008.

Caso a pesquisadora altere a pesquisa é necessário que o projeto retorne ao CEP para uma futura avaliação e emissão de novo parecer.

Lembramos que a pesquisadora deverá encaminhar o relatório da pesquisa daqui a 01 (hum) ano e/ou ao término da mesma.

Rio de Janeiro, 16 de julho de 2008

  
Maria Aparecida Vasconcelos Moura  
Coordenadora CEP-EEAN/HESFA