


PHYTOTHERAPY AND THE PERFORMANCE OF HEALTH PASTORAL IN THE STATE OF ESPÍRITO SANTO: A DOCUMENTARY STUDY

 <https://doi.org/10.56238/arev7n3-074>

Submitted on: 02/10/2025

Publication date: 03/10/2025

Henriqueta Tereza do Sacramento¹, Marluce Mechelli de Siqueira² and Fabiana Gonring Xavier³

ABSTRACT

The Pastoral of Health is a milestone to guarantee the pioneering work of health promotion and maintenance of the traditional knowledge of the use of medicinal plants as recommended by the Ministry of Health in the National Policy on medicinal plants and herbal medicines. In the state of Espírito Santo (ES) since the 1990s, this community movement encourages and values the traditional use of medicinal plants as a therapeutic resource for the treatment of people excluded from access to herbal medicines in the health system (SUS). Given the relevance of the work developed by the agents of the Pastoral da Saúde (AgPS), this research proposes to know and analyze the documents that supported the implementation of phytotherapy by the Pastoral da Saúde through documentary research, carried out from May 2023 to November 2024. In the analysis of documents, it was possible to identify that the Pastoral da Saúde, despite developing pioneering work in health promotion and maintenance of traditional knowledge of the use of medicinal plants, for decades, there has been little dissemination about the places where they work and how they offer herbal treatments. It is necessary to carry out studies on the advances and contributions of the work carried out in the area of phytotherapy by AgPS in ES, as well as the expansion of the dissemination of health promotion and education actions developed.

Keywords: Medicinal plants. Health promotion. Phytotherapy. Health ministry.

¹ Professor of Medicine and Community (Emescam); Master in Public Policy and Local Development (Emescam); PhD student in Collective Health at CCS/PPGSC/Ufes; Physician specialized in homeopathy and management of health services and systems (Ufes);

E-mail: htsacramento1982@gmail.com

² Full Professor at UFES, working with undergraduate and graduate students in the area of health sciences, with experience in teaching assistance, research-extension in the field of mental and collective health for 34 years, in the area of concentration - health policy and management, especially evaluation of policies, projects, programs and services;

E-mail: marluce.siqueira@outlook.com.br

³ Adjunct Professor at UFES. Master's degree in Public Health from USP. Doctor in Nursing from the Federal University of Rio de Janeiro (UFRJ). Member of the Ethics Committee of the Health Sciences Center. Professor at the Bank of Evaluators of the National System for the Evaluation of Higher Education for authorization, recognition and renewal of Nursing Courses at the Bachelor's and Licentiate levels, Coordinator at the Center for Research in Integrative and Complementary Practices (CCS/UFES);

E-mail: fabiana.gonring@hotmail.com

INTRODUCTION

PHYTOTHERAPY AND THE PERFORMANCE OF HEALTH PASTORAL CARE

Phytotherapy is defined by the Ministry of Health as one of the integrative and complementary practices in health (BRASIL, 2006), being a therapeutic resource that values and rescues popular and traditional knowledge of medicinal plants, promotes self-care, stimulates the preservation of biodiversity and ancestry. The use of medicinal plants to treat health problems by people around the world is recognized by institutions and this popular and/or traditional knowledge has been increasingly valued by the World Health Organization (WHO).

Medicinal plants are part of traditional treatments, the population has the right to access, and the Ministry of Health, through several communiqués and resolutions, defines its position regarding the valorization of its use in the health field, noting that about 80% of the population in developing countries uses phytotherapy. In Brazil, a large part of the population uses products based on medicinal plants in self-care, either through traditional knowledge in indigenous medicine, quilombolas, other traditional peoples and communities, or through their use in Popular Medicine, of oral transmission between generations, or in official health systems, as a scientific practice (BRASIL, 2012).

The movement for the valorization and inclusion of medicinal plants and herbal medicines in the Brazilian public service has been promoted by the union of popular and institutional interests and both have grown to strengthen Phytotherapy in the Unified Health System (SUS). The National Policy on Medicinal Plants and Herbal Medicines was instituted in 2006, aims to guarantee the population safe access and rational use of medicinal plants and herbal medicines, promoting the sustainable use of biodiversity, stimulating municipalities to offer medicinal plants and herbal medicines, but few municipalities in the state of Espírito Santo have implemented it in the SUS (BRASIL, 2006).

The state of Espírito Santo (ES) is one of the oldest in Brazil, being colonized by the Portuguese in the sixteenth century, it has a cultural and traditional wealth of its population that is composed of descendants of Europeans, indigenous (native peoples) and Africans. Medicinal plants are everywhere, being highly valued by the population, whether domesticated, which were easily adapted to the soil and climate of the state, demonstrating the richness of cultural biodiversity, or those found in backyards and vegetable gardens

scattered in different geographical spaces: on the coast, in the sandbank, in the mountains of Espírito Santo and those in the Atlantic Forest.

The National Health Pastoral, according to Barchifontaine (2016), is a religious entity linked to the Catholic Church - National Confederation of Bishops of Brazil (CNBB)), aims at the integral development of the human being, promoting access to health by articles 196 to 200 of the Federal Constitution, Organic Health Laws No. 8,080/90 and No. 8,142/90, and other legislation in force, without distinction of race, color, profession, nationality, sex, religious or political creed.

Among the actions that the National Health Pastoral defines as guidelines are:

Carry out basic health, nutrition, education and communication actions, especially in pockets of misery, which promote the integral development of the human being; Maintain a file of data on the structure and activities of health pastorals throughout the national territory. (CNBB, 2024).

According to Favretto (2003), the pastoral agent must undertake several tasks, which are: formation of teams to visit the sick; organization of courses; creation of an outpatient clinic and health pastoral commission for help and guidance with the participation of the parish priest.

The Archdiocese of Vitoria-ES (2021), reports that with the arrival of three Camillian religious, in São Paulo, in 1922, the assistance to the sick as a Pastoral in Brazil, had a look of hope. They settled in the capital and joined a group of young Brazilians, who took on religious life and ministry with the sick, and after graduating, they developed the work of the Pastoral of Health, which in the beginning was known as the Pastoral of the Sick.

In the 1930s, a period in which the Catholic Church opened space for the participation of the population with the foundation of the Brazilian Catholic Action, making the first and important approach to young lay people. In 1948, Brazilian Catholic Action opted for the specialization of its groups, separating them by classes and social categories, and the Catholic Action youth groups emerged to evangelize young people, based on specific needs, which are: Catholic Agrarian Youth, Catholic Student Youth, Catholic Independent Youth, Catholic Worker Youth and Catholic University Youth (MOURA, 1981).

With the creation of the National Conference of Bishops of Brazil (CNBB), in 1952, the church began to participate in the Brazilian political field, whose objectives were to manage and organize the work of lay groups. During Vatican II, in 1964, the General Assembly of the CNBB, held in Rome, decided to assume Pastoral Planning as its

methodological instrument of renewal, and in 1970, the so-called pastoral groups emerged. This process is materialized in the country through the Joint Pastoral Plan (PPC), based, in turn, on the action of Catholic Action and the experience of the CNBB, founded in 1952 on the initiative of D. Hélder Câmara (Barchifontaine, 2016).

The Catholic Church tried to integrate itself into civil society and social movements, and the main institutional incentive came from the Latin American Episcopal Conferences, held in Medellín, Colombia, in 1968; in Puebla, Mexico in 1979 and Santo Domingo, Dominican Republic, in 1982. The debate generated in this historical journey leads the Church to direct its action from the condition of the poor and the excluded. The Church has concentrated its action on two points: on the current economic model, which it considers elitist and concentrating income, and on the regime of exception, in the face of which it is committed to fighting for the reestablishment of democratic order (AZEVEDO, 2004).

The pastorals of the Catholic Church, religious groups formed by the lay public of the Church, were defined as a set of groups inserted in various parishes and Basic Ecclesial Communities, distributed throughout Brazil, which began to be institutionalized within the National Conference of Bishops of Brazil (CNBB). Historically, before the 1970s, there was a movement of dialogue between the Church and politics, to get closer to the laity. The actions of part of the laity of the Catholic Church were characterized by participation in popular movements and the development of Liberation Theology, in defense of democracy and opposition to the government (JURKEVICS, 2003).

The CNBB is an institution that brings together the bishops of the Catholic Church of Brazil, with an evangelizing character, which performs some pastoral functions, contemplating social actions in various sectors. According to its members, it is the responsibility of the CNBB to foster relations of communion among the bishops, to encourage collegial affection, which would enable situations of exchange and knowledge between the members of a parish community, and to deepen the study of issues of common interest, promoting solidarity actions between priests and their churches (CNBB, 2024).

Officially established on May 9, 1986, the Pastoral da Saúde do Brasil is a social action entity of the National Conference of Bishops of Brazil (CNBB), constituted as a non-profit civic-religious society. It is one of the evangelizing actions committed to promoting, preserving, defending, caring for and celebrating life, making the liberating action of Jesus Christ present in the world of health. It has an organizational body: Referential Bishop;

Ecclesiastical Advisor; Coordinator; Vice Coordinator; Secretary; Vice-Secretary; Treasurer; Vice-Treasurer and Fiscal Council.

The principles of the National Health Pastoral are:

- a) To prioritize life integrally, in the light of the Gospel in the field of health, respecting the various cultural and religious expressions, promoting means of strengthening and making the human being an agent of its transformation;
- b) To carry out organized, standardized, formalized and educational work, aiming at a more just society at the service of life in a universal way throughout the national territory;
- c) To promote spirituality, commitment, charity, giving, ethics, balance, humility, humanization, respect, perseverance, organization, unity and teamwork (PASTORAL DA SAÚDE NACIONAL).

The official symbol of the Pastoral of Health is the emblem approved by the National Coordination and together with the National Assembly of the Pastoral of Health to represent it. The nationwide logo resembles the geographical map of Brazil with the figure of a group of three agents of the Pastoral da Saúde, holding hands in the center, representing a family. The geographical limits of the map with elements of flora, fauna and water, represent the natural riches that are offered as a gift from God at the service of life and health. "As the only element external to the chart and above the others, the sun reminds us of God's source of light, life and blessings." Representing the official symbol of the Pastoral of Health throughout the Brazilian territory, the use of the same logo, in all instances of the Pastoral of Health, demonstrates the bond of unity and communion of pastoral activities, in line with the guidelines of the CNBB (PASTORAL DA SAÚDE NACIONAL,).

The Pastoral of Health is legally constituted by Statute and Internal Regulation. The methodology of its actions seeks to strengthen the identity of the Social Pastorals, the organization of social work in the Church and the dialogue with society. The attributions of the Health Pastoral are:

- To promote the ecclesial witness of charity and peace;
- To deepen reflection on the specific mission of Social Pastorals, in the face of the signs of the times;
- To strengthen the identity of Social Pastorals, the organization of social work in the Church and dialogue with society;
- To defend the integrity of creation;
- To promote articulation with other movements and organizations of society; sharing the same objectives of values, in defense of life, dignity and the rights of all. (PASTORAL DA SAÚDE, CNBB researched on 04/20/24).

The three Dimensions that define the areas of activity are:

Solidarity Dimension: Samaritan experience and presence with the sick and suffering in health institutions, in the family and community (carriers of the HIV and chronic degenerative and endemic diseases, neoplasms, people with disabilities, drug addicts, alcoholics, victims of social exclusion and countless forms of violence, mental health, smoking, etc.). It aims to serve the person integrally, in the physical, psychological, social and spiritual dimensions.

Community Dimension: Health education. It works in health promotion, prevention and education, values regional diversities, promotes debates, lectures, educational meetings on disease prevention, adequate nutrition, basic sanitation and hygiene.

Socio-Transformative Dimension: It works with public and private bodies and institutions that provide services and train professionals in the health area, so that there is Bioethics and Humanization reflection, ethical training and an accessible and responsible health policy, also participating in the collegiate instances of Social Control in Public Health. (PASTORAL DA SAÚDE, CNBB researched on 04/20/24)

In the State of Espírito Santo, the Pastoral of Health, is one of the social pastorals, it is part of the Vicariate for Social, Political and Ecumenical Action, of the General Coordination of the Pastoral of Health, which in turn is subordinated to a national coordination. In addition to the state coordination, in the field of work with phytotherapy, each area of the Archdiocese of Vitória has a regional reference coordination and local coordination. Its mission is to prioritize life and witness to the Gospel in the world of health.

As a mission, it aims to be an organized, educational, and evangelization work in our territory, participating in the construction of a just and solidary society at the service of life. It represents the activity carried out by the Church in the health sector and manifests God's tenderness towards suffering humanity. For the Health Pastoral, being healthy is not only being well with one's own body, but with the thoughts, emotions and environment in which one lives, in addition to spiritual well-being; it is the care of the Common Home.

The Health Pastoral of ES is made up of three dimensions: solidarity, aiming to provide humane and integral care to the sick; the community, assisting in education and health promotion focusing on the prevention and cure of diseases; and the political-institutional one, aiming to ensure the promotion of public health policies with governments and entities. Working in all six pastoral areas of the Archdiocese of Vitória, serving an audience of approximately ten thousand people between 12 and 75 years old. Among its functions are visits to hospitals and screenings, and the offer of bioenergetic and floral care, ear cleaning, manipulation of herbal medicines and massages, as well as listening and guidance actions. (AV JVES, 2020).

Most of them are women who work in the work of the pastoral of health. According to Renk, Buziquia, and Bordini (2022), women are the main responsible for managing the care of family members, and the work is not recognized. The relations between the genders are socially produced and historically constructed and reproduced in adult life. The care and involvement mainly with the other, and in the occupation as an agent of the Pastoral of Health, the search for the cure of illnesses with medicinal plants and the relief of suffering, is generally promoted by the women who attend the parishes of the Catholic Church.

To analyze this process of implementation of phytotherapy and the rooting of the work of health pastoral agents, the following guiding question was elaborated: how did the process of implementation of phytotherapy by the Pastoral of Health in Brazil and in the area covered by the Diocese of Vitória (ES) take place? This issue was based on the thesis that it is necessary to give visibility to the work of promoting and disseminating an ancient practice that is important for the population's access to herbal remedies.

To answer the research question and to achieve the thesis statement, the following objective was proposed in this first stage: to know and analyze the documents that supported the implementation of phytotherapy by the Pastoral of Health. This study is part of the first stage of the research on the Women of the Health Pastoral and their protagonism for the implementation of Phytotherapy in the Metropolitan Region of the Archdiocese of Vitória-Espírito Santo, duly approved by the Research Ethics Committee of the Health Sciences Center (Ufes), under the opinion No. CAAE 71519823.2.00005060.

METHODOLOGY

Documentary research is a procedure that uses methods and techniques to understand and analyze reports, minutes, media files, ordinances, legislation, among others. According to Gil (2010), document is a broad concept used in research, and can be represented by any object that proves some moment or fact that happened, such as instruments kept in the archives of organizations, or materials such as posters and institutional folders.

Using the keywords: "phytotherapy"; "medicinal plants", "medicinal plant", "herbal medicine" and "farmacinhas" (a term used by the women of the Pastoral to designate the space for the production of herbal medicines), from May 2023 to November 2024, documentary research was carried out on the website of the National Confederation of

Bishops of Brazil (CNBB)/National Health Pastoral, on the page of the Archdiocese of Vitória-ES, on the Vatican website (VATICAN NEWS), on the website of the National Health Pastoral-CNBB, and at the Documentation Center of the Archdiocese of Vitória (CEDOC), located in the Archdiocesan Mitra of Vitória.

To complement the analysis, a consultation was carried out in the regulations published on the website of the Ministry of Health and the World Health Organization, between the years 1990 and 2020, using the keywords: "phytotherapy"; "traditional medicine"; "alternative practices"; "popular practices"; "popular knowledge"; "traditional knowledge"; "traditional knowledge"; "home remedies".

RESULTS

SEARCH FOR DOCUMENTS ON THE NATIONAL HEALTH PASTORAL WEBSITE

The document research carried out in April 2024, on the website of the National Health Pastoral, and a timeline was built with the main thematic axes discussed in the Assemblies and analysis of the agendas.

It was observed in the agendas of the Assemblies that the main themes are related to the statute from the administrative and organizational point of view, and financial movement, and the keywords of the search were not found, which are: "phytotherapy"; "medicinal plants"; "pharmacinhas".

Table 1 - Timeline of the Minutes of the National Assemblies of the Pastoral Care of Health

YEAR	THEMATIC AXES	GUIDELINES
2017	✓ Organizational ✓ Administrative	✓ Partnership with Pastoral da Criança- Horta ✓ Financial transactions
2018	✓ Organizational ✓ Administrative ✓	✓ Elaboration of Guidelines for Religious Assistance in Health Units ✓ Horta partnership with Pastoral da criança ✓ Financial transactions
2019	✓ Organizational ✓ Administrative	✓ Lack of health agents to partner with the Horta proposed by the Pastoral da criança ✓ Election of the new coordination (2019-2023) ✓ Financial transactions
2020	✓ Organizational ✓ Administrative	✓ Statute – review; update; ✓ <u>Agent Registration</u> ✓ Financial transactions

2022	✓ ✓	Organizational Administrative	✓	New Statute of the Pastoral of Health; Agent training Financial transactions
------	--------	----------------------------------	---	---

Source: Prepared by the author

The subjects of the Minutes of the national ordinary assemblies that took place in the period from 2017 to 2022, found on the CNBB website, are related to the administrative and organizational axes, more involved with issues of statute, regulation, however the themes "phytotherapy"; "medicinal plants"; "Pharmacinhas" were not found.

RESEARCH OF DOCUMENTS OF THE EVENTS HELD BY THE PASTORAL DA SAÚDE IN ESPÍRITO SANTO IN THE PERIOD 1995-2000

The documents found in the Documentation Center of the Archdiocese of Vitória were: Report of the First State Assembly of the Pastoral of Health (1995); Position of the Pastoral da Saúde-CNBB on the use of alternative therapies (1997); Report of the I Seminar on Alternative Therapies and People's Health (1998); Minutes of the First State Congress of Health Pastoral (2000).

The Report of the first State Assembly of the Pastoral of Health, which took place on 24, 25 and 26/03/1995, signed by the State Coordinator of the Pastoral of Health, Mr. Francisco, and held at the São Francisco Xavier Retreat House in Santa Isabel, Domingos Martins, with the presence of representatives of the Dioceses of São Mateus, Vitória, Colatina, Cachoeiro de Itapemirim, under the coordination of the Archdiocese of Vitória, it is said that the teams met to prepare a guide booklet for the Pastoral agents and the formation of specialized teams for the three dimensions. Among the guidelines entitled Proposal for action for the Pastoral of Health: Evangelization with faith and life; Visiting patients in hospitals and communities; creation of community gardens and herbal pharmacies in the communities; Personal awareness of the pastoral agent for their technical training; Perseverance in understanding with public authorities for health promotion; Obtaining physical space for meetings and alternative medicine work; Awareness of those responsible for the sick of the importance of love, support and understanding.

The works cited and developed by the agents of the pastoral of health (AgPS) were: visits to the sick in the community and the hospital, alternative food, herbal pharmacy and community garden. As for the difficulties encountered, the following were mentioned: lack

of rapport with the vicars and among the AgPS; state of poverty of the sick, lack of physical space in the communities to organize vegetable gardens and pharmacies.

It is observed that from the beginning of the training, there was awareness of the AgPS for action and dialogues with the public sectors about the importance of health promotion and disease prevention, including alternative medicine and phytotherapy to better serve the people of God, committed to integrative and natural care.

Historically, the Pastoral of Health was born in the peripheries of large centers in the 1980s, to fight together with other social movements, for the right to access to quality public health, with the expanded concept of health already defined since Alma-Ata, during the First Conference on Primary Health Care, and later in the Federal Constitution of 1988.

The actions defined for the performance of AgPS in the community dimension are: health promotion, health education and disease prevention through debates, lectures, educational meetings on adequate food, basic sanitation and hygiene. In this sense, it is observed that the actions to be carried out by the agents of the National Health Pastoral are in line with the concept of health promotion, of the First International Conference on Health Promotion, which had as its product the Ottawa Charter of 1978: "process of training the community to act in the improvement of its quality of life and health, including a greater participation in the control of this process" (BRASIL, 2002).

The bulletin of the Camillian Institute of Health Pastoral Care and Bioethics (ICAPS), dated November 1997, was found in CEDOC/Mitra/ES, which contains the Position of the Pastoral of Health-CNBB on the use of alternative therapies, which pronounces with a warning about natural and alternative therapies, stating that for the implementation of the practices specific training is required; some practices such as urine therapy and bioenergetics were not legally recognized and as a result they informed that by performing these practices the AgPS are in the illegal exercise of a profession. In addition, AgPS should not commit to diagnosing and treating diseases without scientific basis or legal recognition. Therefore, the CNBB is exempt from responsibility for agents who adhere to non-recommended practices, as well as for the production of educational material without scientific support.

The First Seminar on Alternative Therapies and People's Health, in March 1998, took place in the municipality of Cariacica at the Bom Pastor Catholic Church, Campo Grande neighborhood, with the presence of 350 pastoral agents, with the presence of Dom Silvestre Scandian, Archbishop of Vitória and several authorities in the area of public

health, such as: Municipal Secretary of Health of Vitória, Anselmo Tose; Municipal Secretary of Health of Cariacica, Élcio Couto Menezes; Municipal secretary of Serra, Geraldo Correa Queiroz. Among the topics addressed, it is noted in Dom Silvestre's speech a political position on the objectives of the Pastoral of Health, which is:

to give support, welcome, guidance on basic hygiene, basic sanitation and food care, attacking the causes of diseases, making the population aware of the rights and duties of the public power, fighting for ethics and care in health services, using the resources of nature, acquired over millions of years.

The topics discussed were: Concept of Health: Social determinism and public health policies and the health of the people; Social pastorals; Alternative practices; Phytotherapy; Homeopathy; Bioenergetic. The main points discussed were: possibilities of courses; where to find bibliography and materials for consultations and studies. Phytotherapy, the topic in question, was addressed and a speaker and coordinator of the phytotherapy program in Vitória, in the records of the minutes, the following narrative was found:

international organizations already recommend the use of medicinal plants in primary health care and reinforce that the municipality of Vitória implemented phytotherapy in 1995, because it is a science with scientific, financial and operational viability, and that the pharmacy for the manipulation of herbal medicines in Vitória, produced 7000 vials in less than a year, and it is necessary to partner with social movements for the institutionalization of official phytotherapy programs (REPORT, 1998).

The holding of training seminars aimed at the socialization of information and opinions of public service managers about the Unified Health System and phytotherapy, encouraged the involvement of AgPS in the monitoring of public health policies, and the debates involving issues on social determinants, health promotion, preventive health, healthy eating, demonstrated that the Pastoral of Health followed the defined guidelines, fundamental for the training and awareness of AgPS, including encouraging active participation in health councils.

In July 2000, the First State Congress of Health Pastoral, held at the São Francisco Xavier Retreat House in Santa Isabel, Domingos Martins-ES, with the theme "Health Pastoral: A Health Alternative for All", promoted by the Health Pastoral of the Archdiocese of Vitória, with the support of Caritas Archdiocesan of Vitória, had the participation of the Archdioceses of Colatina, Cachoeiro de Itapemirim and São Mateus, with the presence of 407 people. In this event, the following topics were addressed: Skin Cancer, Homeopathy,

Bioenergetics, Public Health Policies in the SUS, Phytotherapy, Alternative Therapies, Homeopathy, Spirituality of the Pastoral Agent.

It is noted the articulation of the Health Pastoral with representatives of the public health sectors to learn how the work dynamics of the municipality of Vitória worked, which was already developing the phytotherapy program, a reference in the state of Espírito Santo and Brazil, and for the dialogue with professionals who worked in various practices aimed at carrying out joint actions for health promotion and disease prevention.

On the website of the Archdiocese of Vitória, it appears that the Health Pastoral works in all six areas of the metropolitan region of Vitória, however, in the thematic search on medicinal plants and phytotherapy, only one news item from the year 2021 was found, about the Health Pastoral of the parish of Our Lady of Aparecida, which reports how they started the work and how they are acting to perform their functions:

In the beginning, the sisters and the agents carried out several researches and studies so that all the work could be developed. It is these researches that guarantee subsidies to the team's agents to this day, through the recipe book, production indications and storage mode, among others. (ARCHDIOCESE OF VITÓRIA, 2021).

Information was also found on the website about the performance of AgPS, such as the supply and handling of herbal products:

visits to hospitals and screenings, the offer of bioenergetic and floral care, ear cleaning, manipulation of herbal medicines and massages, as well as listening and guidance actions; Serving an audience of approximately ten thousand people between 12 and 75 years old and that one of the functions of the health pastoral is the manipulation of herbal medicines. (ARCHDIOCESE OF VITÓRIA, 2021).

In the Vicariate Document for social, political and ecumenical action of the Holy Spirit - Pastoral Action Plan (2019-2023), prepared by the social pastoral groups of the Archdiocese of Vitória about the mission and objectives, about Phytotherapy, the following proposed action was found:

ensure the actions of the community dimension of the Pastoral of Health by strengthening the work with pharmacies of natural medicines, phytotherapy: ointments, tinctures, herbal soaps, syrups, teas, shampoos, relaxing massage, reflexology, bioenergetics, florals and ear cleaning (ARCHDIOCESE OF VITÓRIA, 2020).

It is observed that the social movement receives support from the Diocese about the work with the production of herbal medicines, however they do not mention possible partnerships with the public power for this strengthening and to guarantee the community dimension.

SEARCHING FOR DOCUMENTS ON THE VATICAN WEBSITE

The documentary research on the Vatican website (Vaticans News) carried out on 07/03/24, 58 citations on Health Pastoral were observed, in the form of news. No news was found about phytotherapy, and as for the word "medicinal plant", only two news items were found, one from 2019 about respect for the traditional knowledge of the indigenous population of the Amazon, and another from 2022 about the III Ecotheology Meeting of the Pan-Amazonian Ecclesial Network (REPAM). The word medicinal plant was mentioned in the context of the preservation of biodiversity, but no mention was found about the work of the Pastoral of Health with medicinal plants and herbal pharmacies:

From this premise, it is important to address practical issues such as high temperatures or combating CO₂ (carbon dioxide) emissions. A more sober lifestyle and the protection of incomparable precious goods, such as water, are encouraged, a fundamental human right that, if privatized or contaminated, risks harming the lives of entire communities. The value of medicinal plants should be highlighted and the development of sustainable projects should be encouraged, through courses that lead to the knowledge of secrets and the sacredness of nature, according to the Amazonian vision. (VATICAN, 2021).

RESEARCH OF OFFICIAL DOCUMENTS OF THE MINISTRY OF HEALTH AND WORLD HEALTH ORGANIZATION (WHO)

In the analysis of official documents of the Ministry of Health and the World Health Organization, such as Policies; Ordinances, Letters, Recommendations, Resolutions and Programs records were sought on the themes: "phytotherapy"; "traditional medicine"; "alternative practices"; "popular practices"; "popular knowledge"; "traditional knowledge"; "traditional knowledge"; "home remedies".

From the Alma-Ata Conference in 1978, a milestone for world health, the World Health Organization (WHO) began to recommend the incorporation of Traditional Medicine (TM) in primary health care, due to the absence of public policies that guaranteed the supply of medicines and health care to the population, with a great dependence of the world population on popular healing practices, including medicinal plants as a therapeutic resource.

This conference recommended that member countries identify and value traditional health practices in their territories. It was the milestone for defenders and connoisseurs of the value of medicinal plants for the life of a large part of the population, especially in rural areas. Since then, several documents and resolutions have continued to define the need to value medicinal plants and herbal medicines as fundamental.

In 1986, during the 8th National Health Conference, it was deliberated and included in the Report in its item 2.3.a: introduction of alternative health care practices in the scope of health services (BRASIL, 1986).

Later in 1988, a Resolution of the Interministerial Planning Committee (CIPLAN) No. 08/1988 defined the importance of Phytotherapy in public services and cites the competencies of managers:

Implement the practice of Phytotherapy in health services, as well as guide, through the Interinstitutional Health Commissions (CIS), seek the inclusion of Phytotherapy in Integrated Health Actions (AIS), and/or programming of the Unified and Decentralized Health System (SUDS) in the Federated Units, aiming to collaborate with the official practice of modern medicine, on a complementary basis; To create procedures and routines related to the practice of Phytotherapy in Medical Care Units (BRASIL, 1988).

The WHO recommends that both national policies and regulations for products derived from traditional practices include, among others, the concepts of traditional medicine (TM) and complementary/alternative medicine (CAM). In its documents, the WHO considers traditional medicine as:

a set of knowledge, skills and practices based on indigenous theories, beliefs and experiences from different cultures, explainable or not, used in health maintenance, as well as in prevention, diagnosis or treatment of physical and mental illnesses (WHO, 2005).

Complementary/alternative medicine (CAM) often refers to the set of health care practices that are not part of the country's tradition and are not integrated within the dominant health system. Other terms sometimes used for these care practices include "natural medicine", "non-conventional medicine" and "holistic medicine" (WHO, 2005).

In the document of the National Policy on Medicinal Plants and Herbal Medicines (PNPMF), two relevant principles were found that are in line with the work of the volunteers of the Health Pastoral, which are: "*valorization and preservation of the traditional*

knowledge of traditional communities and peoples, and popular participation and social control" (BRASIL, 2006).

The National Program of Medicinal Plants and Herbal Medicines is made up of many guidelines, among them an important one: *"to promote and recognize popular and traditional practices of use of medicinal plants and home remedies."* In this scenario, these care spaces located in parishes for the production, care and distribution of herbal remedies, affectionately called "farmacinhas", in their counter-hegemonic movement, promote a political space to reinforce the population's right to access herbal remedies for comprehensive health care (BRASIL, 2008).

The National Policy for Integrative and Complementary Practices (PNPIC) in the SUS about phytotherapy establishes that it is necessary to:

Rescue and value traditional knowledge and promote the exchange of information between groups of users, holders of traditional knowledge, researchers, technicians, health workers and representatives of the production chain of medicinal plants and herbal medicines (BRASIL, 2006b, p. 50).

Both the PNPIC and the PNPMF were instituted and counted on the participation of social movements in the construction and deliberation, and the important guideline is found:

the socialization of information about medicinal plants and herbal medicines, with due adaptation to the different segments of the target audience, especially users (BRASIL, 2006a; 2006b).

The Beijing Declaration (2008), based on the recommendations of Alma-Ata, on the documents and recommendations of the WHO, on the importance of TM for the health of the population, among others, reinforces the work developed in the SUS and by the volunteers of the health ministry, when it provides guidance on the practitioners of traditional medicine:

Knowledge of traditional medicine, treatments and practices must be respected, preserved and widely disseminated, taking into account the circumstances of each country; Governments have responsibility for the health of their population and should formulate national policies, regulations and standards, as part of comprehensive national health systems, to ensure the adequate, safe and effective use of traditional medicine; governments should establish systems for the qualification, accreditation or licensing of traditional medicine practitioners (WHO, 2008).

In this context, it is worth highlighting the resolution of the World Health Assembly, in 2009, which recommends to the member countries:

respect, preserve and disseminate knowledge about MT, as well as formulate national policies and regulations to promote safety and rational use; expand the development of TM based on research and innovation; and include it in official health systems; establish cooperations and socialize knowledge about TM/CAM while working to expand communication between TM practitioners and conventional medicine practitioners (WHO, 2011).

The AgPS teams are responsible for the education and health promotion of the assisted population that seeks the parishes for the care of herbal medicines and are responsible not only for dispensation, but also for health education and dialogue on the importance of autonomy and respect for biodiversity, including the maintenance and preservation of popular knowledge.

To normalize the commercialization of herbal medicines, the Resolution of the Collegiate Board (RDC) No. 26, of May 2014, classifies herbal medicines into two categories: Herbal Medicines (MF) and Traditional Herbal Products (PTF). For MFs, proof of safety and efficacy is provided through standardized clinical studies, similar to those required for new synthetic drugs to be registered. TFPs, on the other hand, are registered upon presentation of information that proves safe use for certain low-severity diseases, which are designed for use without the need for medical monitoring, according to tradition, for a minimum period of thirty years (BRASIL, 2014).

In 2022, Anvisa (National Health Surveillance Agency) launched a booklet and a folder on the safe use of herbal medicines and medicinal plants. The educational materials guide the difference between medicinal plants and herbal medicines, the precautions that should be taken and the damage that an irregular product can cause to health. And it recently published the Formulary of Herbal Medicines of the Brazilian Pharmacopoeia, a pharmacopoeia compendium consisting of officinal or pharmacopoeia herbal formulations, monographs of plant species, on the way of preparing the formulas, their indication, how to use them and the main related warnings (BRASIL, 2024).

In 2023, the Ministry of Health, through the Secretariat for the Management of Work and Education in Health (SGTES) launched the Training Program for Educational Agents and Popular Health Educators (AgPopSUS), in partnership with social movements, and which is being operated by the Oswaldo Cruz Foundation. Created by Ordinance GM/MS

No. 1133, of August 16, to offer a six-month course, with a workload of 160 hours, with the objective of articulation and training between social movements and organized civil society, based on qualification courses offered by the Ministry of Health.

The objectives of the Program for the Training of Educational Agents and Popular Health Educators (AgPopSUS) are in line with the community dimension of health pastoral when it assumes that training aims to encourage and value traditional and popular care practices, communication and popular education and to strengthen community initiatives to promote healthy eating and fight hunger (BRASIL, 2023).

DISCUSSION

In the documentary research carried out, it is observed that the National Health Pastoral did not include the theme of medicinal plants/phytotherapy in the agendas of the National Assemblies. And on the official websites of the CNBB and the Archdiocese of Vitória, no records were found from 2001 onwards, nor were there any prominent news about the breadth of the work, parishes and places where the population can be cared for or acquire the products of the "pharmacinhas", with a gap of references for the historical construction of the research.

Historically in ES, there was a moment of approximation with the public power recorded in Minutes and reports found in CEDOC/Mitra, but after 2001, no reports of state events on Phytotherapy/medicinal plants coordinated by the Archdiocese of Vitória were found.

In the context of the community dimension, AgPS carry out fundamental work of health promotion and disease prevention in the territories where they live, including the preservation of ancestry and traditional culture. Public policies in the field of integrative and complementary practices, health promotion and phytotherapy advocate the appreciation of traditional knowledge and encourage the autonomy and empowerment of the community.

CONCLUSION

There are reports on phytotherapy in the SUS published by the Ministry of Health and the WHO, but in the search for documents on the trajectory of the work developed by the Health Pastoral of ES, little information was found about the municipalities and parishes that offer herbal treatments in ES. Considering the importance of the performance of the AgPS, it is fundamental and relevant to take advantage of the communication channels of

the Health Pastoral for the dissemination of information regarding the work carried out on the theme of Medicinal Plants/Phytotherapy in the parishes of the health territories throughout the state of ES.

REFERENCES

1. ARCHDIOCESE OF VITÓRIA. POULTRY. Health Pastoral - Archdiocese of Vitória (aves.org.br). Social Pastorals - Archdiocese of Vitória Researched on 04/20/24.
2. ARCHDIOCESE OF VITÓRIA. POULTRY. Vicariate for social, political and ecumenical action. Action Plan, 2019-2023-. -Vicariate-Action- Plan-for-Political-and-Ecumenica.pdf Social-Action-(aves.org.br).Searched on 04/20/24.
3. AZEVEDO, D. The Catholic Church and its political role in Brazil. Estud. Av. 18(52). Dec.2004 <https://doi.org/10.1590/S0103-40142004000300009>
4. BARCHIFONTAINE, Christian. The role of Health Pastoral in the Church. *Pastoral Life*. Jul-Aug, 2016. Available at <http://www.vidapastoral.com.br/wp-content/uploads/2016/06/WEB_VP_310_final.pdf Searched on 20/04/24.
5. BRAZIL. Ministry of Health. Secretariat of Science, Technology and Strategic Inputs. Department of Pharmaceutical Services. National policy on medicinal plants and herbal medicines / Ministry of Health, Secretariat of Science, Technology and Strategic Inputs, Department of Pharmaceutical Services. – Brasília: Ministry of Health, 2006. (Series B. Basic Health Texts).
6. _____. Ministry of Health. Health Care Secretariat. Department of Primary Care. Integrative and complementary practices: medicinal plants and phytotherapy in Primary Care/Ministry of Health. Health Care Secretariat. Department of Primary Care. – Brasília: Ministry of Health, 2012. (Series A. Standards and Technical Manuals / Primary Care Notebooks; n. 31)
7. _____. Ministry of Health. Secretariat of Science, Technology and Strategic Inputs. Department of Pharmaceutical Services and Strategic Inputs. National Program of Medicinal Plants and Herbal Medicines / Ministry of Health, Secretariat of Science, Technology and Strategic Inputs, Department of Pharmaceutical Services and Strategic Inputs. – Brasília: Ministry of Health, 2009. (Series C. Projects, Programs and Reports).
8. _____. Ministry of Health. National Health Surveillance Agency. *Formulae de Fitoterapêuticas Farmacopeia Brasileira*. 1. ed. Brasília: Anvisa, 2011. BRAZIL. Ministry of Health. National Health Surveillance Agency. RDC n. 26 of May 13, 2014. Provides for the registration of herbal medicines and the registration and notification of traditional herbal products. Official Gazette of the Federative Republic of Brazil, Brasília, DF, 14 May. 2014.
9. _____. ANVISA. Guide on Herbal Medicine Formula. Published Guide on Herbal Medicine Form - National Health Surveillance Agency - Anvisa. Searched on 02/01/25.
10. _____. Ministry of Health. Health Care Secretariat. Department of Primary Care. Integrative and complementary practices: medicinal plants and phytotherapy in Primary

Care/Ministry of Health. Health Care Secretariat. Department of Primary Care. – Brasília: Ministry of Health, 2012. (Series A. Standards and Technical Manuals / Primary Care Notebooks; n. 31)

11. _____. National Health Surveillance Agency. *Formulae of Herbal Medicines of the Brazilian Pharmacopoeia*. 2. ed. Brasília: Anvisa, 2021.
12. _____. Ministry of Health. National Health Surveillance Agency. Resolution of the Collegiate Board of Directors - RDC n. 26, of May 13, 2014. Provides for the registration of herbal medicines and the registration and notification of traditional herbal products. Federal Official Gazette, Brasília, DF, May 14, 2015. 2014. Section I, p. 52.
13. _____. Ministry of Health. Ordinance No. 971, of May 3, 2006. Approves the National Policy of Integrative and Complementary Practices (PNPIC) in the Unified Health System. Federal Official Gazette, Brasília, DF, May 4, 2006b. Section I, p. 20.
14. CELLARD, André. Documentary analysis. In: POUPART, J. *et al. Qualitative research: epistemological and methodological approaches*. Petrópolis: Vozes, 2008. Available in https://edisciplinas.usp.br/pluginfile.php/1932953/mod_resource/content/1/CELLARD%20Andr%C3%A9_An%C3%A1lise%20documental.pdf. Access date: 8 Mar.2024.
15. CNBB. National Confederation of Bishops of Brazil (BR). **Pastoral da Saúde**. Available at: <https://www.cnbb.org.br> Accessed date: 8 Mar.2024.
16. CNBB. Transformative Social Action – Home | CNBB Regional East 3 (cnbbeste3.org.br) surveyed on 04/20/24.
17. National Confederation of Bishops of Brazil (BR). **Pastoral da Saúde**. Available at: <http://www.pastoraldacrianca.org.br/pt/>. <https://www.cnbb.org.br>
18. CNBB. Studies of the CNBB -9. Pastoral da saúde. São Paulo: Paulinas, 1975.
19. FAVRETTO, A. Pastoral da saúde na paróquia.4. ed. São Paulo: Loyola, 2003.
20. GIL, A.C. **How to develop research projects**. 5. ed. São Paulo: Atlas, 2010.
21. MOURA, Antônio Carlos. *et. al.*; SALEN, Helena. (coord.). **The Church of the oppressed**. São Paulo: Brasil Debates, 1981. p. 21-2.
22. WORLD HEALTH ORGANIZATION. Meetings on selection and characterization of medicinal plants (vegetable drugs). Document, nº DPM/79.1, 1978.
23. _____. **National Policy on Traditional Medicine and Regulation of Herbal Medicines**: report of a WHO Global survey. Geneva: WHO, 2005. 156p.
24. _____. Beijing Declaration (2008). <https://news.un.org/pt/story/2008/11/1220501>. Researched in May 2024.

25. _____. **The world medicines situation 2011**: traditional medicines: global situation, issues and challenges. Geneva: WHO, 2011. 12p.
26. REPORT of the First State Assembly of the Pastoral of Health. Sundays Martins.ES 1995.
27. REPORT of the I State Seminar on Alternative Therapies of the Pastoral of Health. Cariacica.ES. 1998.
28. REPORT of the First State Congress of Health Pastoral. Sundays Martins.ES, 2000.
29. RENK Valquiria Elita; BUZQUIA, Sabrina Pontes; JULIATTO, Ana Silvia. **Women caregivers in a family environment**: the internalization of the ethics of care. Cad Saúde Colet, 2022; 30(3) 416-423. <https://doi.org/10.1590/1414-462X202230030228>
30. NATIONAL HEALTH PASTORAL (pastoraldasaudecnbb.com.br) <https://www.vidapastoral.com.br/artigos/bioetica/o-papel-da-pastoral-da-saude-na-igreja/> Pastoral Life. The role of the Pastoral of Health in the Church. Searched on 01/07/24
31. VATICANS NEWS.#SínodoAmazônico: reports of the Small Groups presented - Vatican News. Searched on 06/29/24.