

Chapter 165

Traditional communities and integrative health policies

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ABSTRACT

The health-disease process requires an integrative view of knowledge when working with traditional communities. The objective is to reflect on this process in traditional communities. Bibliographic research on the subject was carried out. As a result, we can say that indigenous, quilombola, and rural communities live surrounded by public policies dissociated from popular knowledge and way of life. Primary Health Care needs the training to serve these people.

Keywords: Knowledge, Traditional Peoples, Public policy, Caution, Health.

1 INTRODUCTION

The health-disease process in a population takes into account inequalities in the health context, in access to essential health conditions, such as access to treated water, basic sanitation, food, education, work, and transportation. In contexts of traditional communities, it implies less possibility of access to specialized professionals, exams, and technologies that are available in urban centers. The populations of the countryside, the forest, and the waters are subjects whose way of life is linked to the land. They are peasants, family farmers, settled or camped rural workers, riverside communities, quilombolas, inhabitants of extractive reserves, forests, and among others (BRASIL, 2013).

Considering the health-disease contexts of traditional communities that have ways of life, production, and social reproduction related to the environment and territory in which they live based on available resources, these socio-spatial characteristics foster the circle of endemic diseases such as malaria,

fever yellow fever, Chagas disease, and leishmaniasis, among others. There are also infectious, parasitic, and gastrointestinal diseases (BRASIL, 2013).

In a panoramic view of the colonial period in Brazil, some studies demonstrate that before the arrival of the colonizers there was already a history of infectious diseases among the Indians, such as fossils with helminth eggs, and caries identified from the analysis of pre-colonial dental arches. history, herpes, hepatitis B, and others. Although some pathogens were introduced with the arrival of the Portuguese, especially viruses, causing serious epidemics such as smallpox, the Black Death, flu viruses and yellow fever, malaria, among others that resulted in the mass dissemination of indigenous peoples, they had a perception of health based on illness. in shamanic logic (COIMBRA JR, SANTOS, and CARDOSO, 2007, p.50).

The right to health for quilombola peoples is also a process of historical struggles, where the Castanhinho community argues that living with dignity and health is linked to the struggle for territory, the defense of culture, and the fight against racism. These people have a very strong connection with nature and their way of life, which is seen with disrespect to local care practices (GOMES, GURGEL, and FERNANDES, 2021).

These people are excluded from the social model of a developing country, being considered spaces of extreme poverty, difficult to access and without technology, and limited to compensation policies for the sociocultural inequalities of traditional peoples (ABRAMOVAY, 2000, p. 3). Using prescriptive medicine without assessing the causal effect of industrialization, economic growth, and city growth on these communities. This results in health problems such as acute and chronic diseases, and about the latter, studies show that the eating habits of indigenous people have triggered an increase in metabolic diseases such as cardiovascular disease, diabetes, and hypertension, which have as factors risk factors based on industrialized foods, smoking, alcohol, and physical inactivity. The COVID-19 pandemic is another example, where the adopted health policies did not contemplate the way of life of traditional peoples, which have historically resisted, with generalist, discontinuous, lack of information and economically neglected health policies (FARIAS et al., 2019; VIVEIROS DE CASTRO, 2020; FERNANDES and MACEDO, 2021).

The historical and cultural process of these communities gives resistance to the unequal social system that ignores the potential and needs of their people; therefore, the objective is to reflect, through a brief historical study, on the health-disease process in traditional communities based on the validation of this popular knowledge by the National Program of Medicinal and Phytotherapeutic Plants.

2 MATERIAL AND METHODS

Bibliographic research based on the theme: Living conditions in the health-disease process in rural and traditional contexts. Searches were carried out on websites and journals with a five-year cut-off, using the descriptor health and traditional communities, medicinal plants and traditional communities, food of

traditional peoples, and health. Articles were selected by pre-textual elements: title and abstract, exclusion criterion language other than Portuguese.

3 RESULTS AND DISCUSSION

The popular knowledge of traditional communities tends to be neglected by the primary health system because in the eyes of the residents of the Quilombo do Agreste in Alagoas, the Basic Health Units are an uncommon component of the community, where the on-site assistance process is seen as medication without integration of local popular knowledge (FERNANDES and SANTOS, 2019). However, the National Program of Medicinal Plants and Herbal Medicines (PNPMF, 2016, p.31) by Interministerial Ordinance No. 2.960/2008 has as one of its objectives: "To promote and recognize popular and traditional practices of using medicinal plants and home remedies". The training of health professionals to embrace the way these people treat diseases with mild symptoms does not contemplate the quilombola community, as the UBS is sought after in critical conditions such as diabetes treatment. Another factor was the search for a private health system also independently due to the delay in care at the UBS. Lima et al (2019) in a study show that farmers think that health professionals should know more about medicinal plants of popular use.

The right to health does not only contemplate the physical state of individuals, it encompasses multiple social determinations linked to the way of life and being; in the work developed by Silva and Santos (2020), we see the impact of the transposition of the São Francisco River on the daily lives of peasants who were expropriated due to the work. We perceive the disrespect for these peasants when their right to belong to a place is taken away, the value and importance of land and houses are calculated in a general way, but the importance of generating value for these peasants who have a daily relationship is forgotten. with the local fauna and flora, owners of an empirical knowledge still unknown by the scientific community, where expropriation does not measure the impact on this theme, as stated by one of the peasants "They released the people here and that's it..." (CASA MALVA WHITE). "[...] they let go like a bunch of cattle when you buy land..." (CASA CARNAÚBA) (SILVA and SANTOS, 2020, p.11).

Belonging to a given place adds value to the community, as production practices for subsistence, consumption, cultural manifestations, and other elements that make up traditional communities are observed there; however, socio-spatial conditions are related to the health-disease process, as De Aragão and Vieira (2022) demonstrated in the Indigenous Reserve of Dourados-MS, where malnutrition, respiratory and acute gastrointestinal infections, tuberculosis, sexually transmitted diseases were detected, which reveal the absence of health professionals and articulation of SUS public policies that provide the necessary assistance to this community. This scenario of neglecting the health of the indigenous population is in line with the discourse of Fernandes and Macedo (2021) of the traditional communities that come from the colonial period, resisting marginalization and, in the face of the COVID-19 pandemic, one can see their

strengthening as subjects in their autonomy and self-determination where self-care with typical foods from the community to strengthen the body's immune system and the use of medicinal plants to face COVID-19.

Traditional peoples and communities in the Baixo Tocantins region, northeast of Pará, used traditional food to treat those sick with COVID-19, with the caribé to strengthen the sick. This food is considered by them as a vitamin. The healing practices with home remedies were: teas, syrups, herbal baths, and ointments. Lemon, cinchona leaves, and lemon teas were the most used to reduce the symptoms of pain in the body, throat, and fever. The syrup was composed of: bee honey, orange, and garlic. Baths with herbs to relieve "hotness of the head" and headaches were: japan bath, lemon leaf bath, and lemon leaf bath with mango. Ointments composed of olive oil, andiroba, chicken lard, boa lard, and ground coffee with butter and toothpaste, were used to rub the chest and relieve back pain (RODRIGUES et al., 2021).

Social inequalities influence the health-disease process and negatively impact the elderly population, a study carried out in the Quilombo Rincão do Couro community, in Rio Grande do Sul. For the community, the theme of aging is associated with: the loss of physical functions, the appearance of diseases, and loneliness. And the main health care was: medical consultations, walks, healthy eating, walks, and daily activities such as handicrafts and those related to subsistence agriculture. It is noticed that self-care is not monitored by health professionals. The difficulties of communities to access health services reveal gaps that need to be filled, although it is perceived that access to public health policies for quilombola causes a reduction in traditional care practices, but can coexist, as practices of blessings are seen as a complementary treatment. Respondents report the need for a Quilombola Family UBS (LOPES et al., 2019).

The National Policy for Comprehensive Health of the Black Population (PNSIPN) recognizes racial inequalities and injustices, and high rates of chronic and infectious diseases in this group and seeks to ensure the right to health of black populations (BRASIL, 2017). Despite the PNSIPN, we realized that the lack of trained professionals, with denial of traditional knowledge, as reported by Zumbi: "[...] [A health professional] when someone says he is drinking tea from medicinal plants, he asks right away: "Do you think this solves it?" (GOMES, GURGEL and FERNANDES, 2021, p.157).

We realize that there is a very wide field to be explored in terms of recognizing the healing practices of traditional communities. According to the PNPMF (2016, p.101) on the axes of traditions, "it is essential to promote the rescue, recognition, and appreciation of traditional and popular practices of using medicinal plants and home remedies, as elements for the promotion of health, as recommended by the World Health Organization". However, since 2012 only 12 herbal medicines are recognized and released by the National Health Surveillance Agency (ANVISA) offered by the Unified Health System (SUS), considering that herbal medicines are medicines used to treat mild and low-cost diseases, which are produced based on traditional knowledge; these are the gateway for researchers and health professionals together with traditional communities to validate popular knowledge about medicinal plants to promote the health of the population (BRASIL, 2022). In the Brazilian Pharmacopeia Phytotherapeutic Form, 85 species are

described, with a total of 236 formulations, which can be used in the health-disease process. There is a large gap in the development of herbal medicines in the face of Brazilian biodiversity and traditional knowledge added to their impact on reducing health costs compared to conventional medicines. In each biome, there is a diversity of plants, reptiles, amphibians, and arachnids intrinsically related to traditional knowledge. These potentialities are targets of foreign researchers for the development of drugs due to molecules with therapeutic effects for chronic diseases (CUNHA, MAGALHÃES, and ADAMS,2021; DA FARMACOPEIA, 2021).

Practices such as blessings, prayers, and the use of vegetables and medicinal plants to cure body and soul illnesses, as stated by an interviewee in the work by Fernandes and Santos, (2019), are intangible assets that need to be considered in the context of primary health by professionals.

4 CONCLUSION

The autonomy of traditional communities in the health-disease process needs to be strengthened based on PNPMF that transcends the presence of UBS in these communities, as the need for trained health professionals who understand local socio-spatial demands and integrate popular knowledge into basic care practices, giving them autonomy in the production of knowledge. Therefore, the articulation of these health policies must be aligned with the education of these communities so that they can break this cycle of exclusion and social neglect.

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