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AUTORES

Juan Marques Garcia Arada¹, Zenon Coimbra Perez¹

Autor Correspondente: Juan Marques Garcia Arada
m.g.implant.1979@gmail.com

INSTITUIÇÃO AFILIADA

Departamento de ciências
farmacêuticas - Universidad de
Asunción - Asunción, Paraguay

CITAÇÃO

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PALAVRAS CHAVE

Medicinal Plants; Drug; Herbal Medicines; Oral Health.

TEMA: PHYTOTHERAPY IN DENTISTRY: SURVEY OF PRODUCTS OF PLANT ORIGIN FOR HEALTH ORAL

Introduction: The National Policy of Integrative and Complementary Practices (PNPIC), of the Ministry of Health, inserts the use of medicinal plants and herbal medicine in the Unified Health System (SUS) and was the recognized practice of herbal medicine by the dentist regulated in 2008. by the Federal Council of Dentistry. However, for dentistry, this therapeutic option is still little used.

Objectives: The aim of this study was to review and systematize data from the scientific literature on products of plant origin indicated for dentistry, contributing to promote their use by dentists.

Methodology: The Medline and BIREME indexing bases on the theme of phytotherapies in dentistry were searched. 230 articles were found and 15 were selected, based on the impact factor of the publications.

Conclusions: The difficulties of the use of Phytotherapy in the clinical routine are related to several aspects, such as the lack of qualification of professionals, difficulty of access to phytotherapeutic plants, cost, among others.

Phytotherapy in Dentistry: Survey of Products of Plant Origin for Health Oral

ABSTRACT

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Keywords: medicinal plants; drug; herbal medicines; oral health.

INTRODUCTION

Plants have always been linked to man's daily life, serving as food and remedy for their ills and it is estimated that approximately 40% of the medicines currently available were developed directly or indirectly from natural sources and 25% were obtained from plants [1]. In recent decades, the interest in natural therapies has increased significantly with the use of medicinal plants and herbal medicines.

Phytotherapy has the advantage of presenting a low cost in the process of health promotion, consistent with the current humanization of the professional / patient relationship, both in public policies and in social actions [2] .

The National Policy on Integrative and Complementary Practices (PNPIC), of the Ministry of Health, inserts the use of Phytotherapy in the Unified Health System (SUS) (Menezes et al., 2006), but for Dentistry, this therapeutic practice is still little used [3].

The dental surgeon is able to prescribe and use the Integrative and Complementary Practices to oral health for the benefit of his patients. However, the inclusion of Phytotherapy in dental procedures in routine clinical practice, is still a challenge to be overcome [4].

Thus, the general objective of the present work was to review and systematize data from the scientific literature on products of plant origin indicated for Dentistry, contributing to promote their use by dentists [2,5].

METHODOLOGY

The present work was carried out through the literature review by inductive approach, using a comparative statistical procedure through an indirect documentation technique (documental and bibliographical). Data were obtained from the scientific reference publications (monographs of official pharmacopoeias) and indexed databases, BIREME (Virtual Health Library) and Medline.

Scientific names and botanical families have been updated from the electronic databases of the Brazilian Plant Species List (JBRJ, online), Tropicos® of the Missouri Botanic Garden (TROPICOS®, online) and The International Plant Names (INPI, online).

RESULTS AND DISCUSSION

In total, 24 plant species were identified in 35 preparations containing single species or in combination, herbal products distributed by therapeutic classes (topical anesthetic, anxiolytic, antifungal, anti-inflammatory, oral antiseptic, antiviral, haemostatic, moisturizing / epidermal protective others) and five specialties.

The species mentioned in these preparations were rosemary (*Rosmarinus officinalis* L.), alecrimpimenta (*Lippia origanoides* Kunth), arnica (*Arnica montana* L.), barbatimão (*Stryphnodendron adstringens* (Mart.) Coville), calendula (*Calendula officinalis* L.), chamomile (*Themroma cacao* L.), lemon grass (*Cymbopogon citratus* (DC.) Stapf), horse mackerel (*Equisetum arvense* L.), (*Echinacea purpurea* (L.) Moench), guaco (*Mikania glomerata* Spreng, *Echinacea purpurea* (L.) Moench), clove (*Copaifera* spp.), crataeus (*Crataegus curvisepala* Lindm.), (*Passiflora edulis* Sims), pomegranate (*Punica granatum* L.), rose red (*Rosa gallica* L.), passion fruit (*Passiflora incarnata* L.), melissa (*Melissa officinalis* L.) (*Salvia alba* L.), salvia (*Salvia officinalis* L.), asparagus (*Plantago major* L.), cat's claw (*Uncaria tomentosa* (Willd.) DC.), mentioned in the official pharmacopoeias, being be prescribed and used in clinical practice.

Considering the ICD-10 Dental Classification[3, 6], there were a greater number of therapeutic options indications for herpes simplex virus vesicular dermatitis, gingivitis and periodontal diseases, inflammation of the oral mucosa and oral antiseptics [7].

Pediatric use in pregnant and lactating women should be carefully guided, as well as in individuals presenting comorbidities and / or concomitant use of synthetic medications [4, 8]

The analysis of the data obtained indicated that there are few studies on drug interactions, toxicology and clinical trials with specific methodology for dentistry [5, 9, 10]

CONCLUSION

The difficulties of using Phytotherapy in the clinical routine are related to several aspects such as the lack of qualification of the professionals, difficulty of access to the herbal / phytotherapeutic plants, cost, among others. However, the area offers possibilities in areas of knowledge, research, development and innovation, the results of which will be beneficial to the population as a whole, either in the direct use of therapeutic resources or through technological improvement for society.

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