

The Practice of Phytotherapy in the Treatment of Complex Wounds in the Home Setting: Experience Report

A Prática da Fitoterapia no Tratamento de Feridas Complexas em Ambiente Domiciliar: Relato de Experiência
La Práctica de la Fitoterapia en el Tratamiento de Heridas Complejas en el Ámbito Domiciliario: Informe de Experiencia

RESUMO

Objetivo: Relatar a experiência de um enfermeiro no uso de formulações fitoterápicas no tratamento domiciliar de feridas complexas, com foco na erisipela bolhosa, evidenciando a viabilidade e a eficácia percebida dessa abordagem integrativa. **Método:** Trata-se de um relato de experiência desenvolvido a partir do acompanhamento domiciliar de pacientes com lesões infecciosas, utilizando soluções e coberturas manipuladas à base de plantas medicinais com propriedades cicatrizantes, anti-inflamatórias e antimicrobianas. O cuidado foi conduzido de forma autônoma pelo enfermeiro, com avaliação clínica contínua e participação ativa dos familiares no processo terapêutico. **Resultados:** Observou-se melhora progressiva dos sinais inflamatórios, redução do exsudato e cicatrização completa das feridas, sem intercorrências ou efeitos adversos. Destacaram-se, ainda, a adesão dos pacientes, o fortalecimento do vínculo terapêutico e o aumento da sensação de bem-estar. **Conclusão:** A experiência reforça o papel autônomo do enfermeiro na implementação de práticas integrativas e complementares, demonstrando que o uso de formulações fitoterápicas pode contribuir para a humanização, a resolutividade e a ampliação do acesso ao cuidado em contextos domiciliares e vulneráveis. **DESCRIPTORIOS:** Medicamento Fitoterápico. Cicatrização de Feridas. Assistência de Enfermagem Domiciliar.

ABSTRACT

Objective: To report the experience of a nurse using phytotherapeutic formulations in the home treatment of complex wounds, focusing on bullous erysipelas, highlighting the feasibility and perceived effectiveness of this integrative approach. **Method:** This is an experience report based on home follow-up of patients with infectious lesions, using solutions and dressings prepared with medicinal plants with healing, anti-inflammatory, and antimicrobial properties. Care was conducted autonomously by the nurse, with continuous clinical assessment and active participation of family members in the therapeutic process. **Results:** Progressive improvement of inflammatory signs, reduction of exudate, and complete wound healing were observed, without complications or adverse effects. Patient adherence, strengthening of the therapeutic bond, and increased well-being were also noted. **Conclusion:** The experience reinforces the autonomous role of nurses in implementing integrative and complementary practices, demonstrating that the use of phytotherapeutic formulations can contribute to humanization, problem-solving capacity, and expanded access to care in home and vulnerable contexts.

DESCRIPTORS: Phytotherapeutic Drugs. Wound Healing. Home Nursing Care.

RESUMEN

Objetivo: Relatar la experiencia de un enfermero en el uso de formulaciones fitoterapéuticas en el tratamiento domiciliario de heridas complejas, con enfoque en la erisipela bullosa, destacando la viabilidad y la eficacia percibida de este enfoque integrador. **Método:** Se trata de un informe de experiencia desarrollado a partir del acompañamiento domiciliario de pacientes con lesiones infecciosas, utilizando soluciones y coberturas elaboradas con plantas medicinales con propiedades cicatrizantes, antiinflamatorias y antimicrobianas. El cuidado fue conducido de manera autónoma por el enfermero, con evaluación clínica continua y participación activa de los familiares en el proceso terapéutico. **Resultados:** Se observó mejoría progresiva de los signos inflamatorios, reducción del exudado y cicatrización completa de las heridas, sin complicaciones ni efectos

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adversos. También se destacaron la adhesión de los pacientes, el fortalecimiento del vínculo terapéutico y el aumento de la sensación de bienestar. **Conclusión:** La experiencia refuerza el papel autónomo del enfermero en la implementación de prácticas integrativas y complementarias, demostrando que el uso de formulaciones fitoterapéuticas puede contribuir a la humanización, la resolutivez y la ampliación del acceso al cuidado en contextos domiciliarios y vulnerables.

DESCRIPTORES: Medicamento Fitoterapéutico. Cicatrización de Heridas. Atención de Enfermería Domiciliaria.

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ID Pedro Ivo Torquato Ludugério
Master's student in Public Health. Federal University of Rio Grande do Norte
ORCID: <https://orcid.org/0000-0002-6452-3615>

ID Mércia Maria de Santi
Ph.D. in Social Sciences. School of Public Health. Federal University of Rio Grande do Norte
ORCID: <https://orcid.org/0000-0002-7518-5383>

ID Rosires Magali Bezerra de Barros
Ph.D. in Public Health. School of Public Health. Federal University of Rio Grande do Norte
ORCID: <https://orcid.org/0000-0002-5527-6691>

ID Francisco de Assis Moura Batista
PhD Candidate in Public Health. Federal University of Rio Grande do Norte
ORCID: <https://orcid.org/0000-0002-5527-6691>

ID Geovani Gonçalves do Nascimento
Undergraduate Student in Nursing. Paraíso do Ceará University Center
ORCID: <https://orcid.org/0009-0002-6976-4642>

ID Grasiela Piuvezam
Ph.D. in Health Sciences. Federal University of Rio Grande do Norte
ORCID: <https://orcid.org/0000-0002-2343-7251>

INTRODUCTION

Infectious wounds pose a significant challenge in nursing practice, especially when associated with clinical conditions that require long-term monitoring and specialized care outside the hospital setting. Bullous erysipelas, a severe form of this condition, is characterized by blister formation, pain, erythema, and a high risk of complications, which requires specialized interventions to promote healing and prevent recurrence¹.

Erysipelas is a highly prevalent condition in Brazil, affecting approximately 10 out of every 100,000 inhabitants per year, primarily among the elderly or those with chronic diseases such as hypertension and diabetes². It is estimated that, among cases of skin and soft tissue infections, erysipelas is one of the leading causes of hospitalization for derma-

tological reasons, with a direct impact on healthcare costs and patients' quality of life. Its bullous form, although less common, tends to progress more severely and result in a prolonged recovery time³.

Phytotherapy is a complementary practice that combines traditional knowledge with scientific knowledge. The use of medicinal plants with antimicrobial, anti-inflammatory, and healing properties has shown promise in wound management, contributing to infection control and tissue regeneration⁴. Within the context of the Unified Health System (SUS), the National Policy on Integrative and Complementary Practices (PNPIC) encourages the adoption of these practices as safe, accessible, and effective therapeutic alternatives⁵.

At the same time, nurses' professional autonomy has expanded the possibilities for innovation in work processes, partic-

ularly in home care⁶. The leading role of this professional in the selection and application of soft-hard technologies, such as herbal medicines, highlights the ability to develop individualized, effective, and humanized care solutions⁷.

In this context, the use of integrative therapeutic approaches and the autonomous practice of nurses constitute viable alternatives for improving care in vulnerable settings. Given this, this study aims to describe the home treatment of two patients with bullous erysipelas who used herbal formulations as dressings.

METHOD

This manuscript is a professional experience report developed by a nurse in the context of home care for people with infectious wounds, using herbal medicines as a complementary therapeutic resource in clinical management and the healing process. The experience emerged from daily practice and clinical care,

grounded in principles of holistic care and the search for safe and accessible alternatives for wound treatment.

The experience took place in homes located in the urban area of the municipality of Juazeiro do Norte, in the state of Ceará, Brazil, during the follow-up of two patients in a clinically vulnerable situation. The first contact with both patients occurred while the nurse was working as a preceptor at a public hospital in the southern region of the state, when family members observed wound management using herbal formulations and subsequently sought out the professional to continue care in the home setting on a private basis.

Home care was provided entirely by the nurse, with occasional support from previously trained family caregivers, ensuring continuity of therapy between professional visits. The work was guided by active listening, bonding, and shared responsibility among the professional, patient, and family.

The experience involved the clinical

follow-up and management of two individuals with a medical diagnosis of bullous erysipelas at different times in 2024. In both cases, the care approach prioritized a comprehensive patient assessment, control of the infectious process, the rational use of herbal formulations with antimicrobial and healing properties, and health education for caregivers to ensure safe home management.

Rather than following a rigid protocol, care was based on principles of reflective practice, with decisions guided by the clinical response, local conditions, and available therapeutic options. The nurse was responsible for all stages of care (assessment, prescribing dressings, follow-up, and discharge from nursing services) and provided ongoing guidance to caregivers.

As this is a report of professional experience, non-experimental in nature and without the disclosure of sensitive data, this study falls under the exceptions provided for in Article 1 of CNS Resolution No. 510/2016 and Article

26 of CNS Resolution No. 674/2022. The ethical principles of autonomy, confidentiality, and privacy were observed, with free and informed consent (oral and written) from participants and caregivers for the use of images and clinical information in an anonymous manner and exclusively for scientific purposes

RESULTS

The reported experience demonstrated the feasibility and effectiveness of using herbal formulations in the home care of infected and contagious wounds, especially in patients with complex clinical conditions. During the course of care, it was observed that the application of these formulations promoted satisfactory wound healing, with progressive improvement in local aspects, such as reduction in exudate, pain, and edema, as well as visible re-epithelialization of the injured tissue.

Images 1, 2, 3, and 4 – Initial clinical progression of the wound before the start of herbal treatment



Source: author's archives, (2024)

The practice also revealed the importance of close and continuous monitoring by the nurse in the home setting, strengthening the therapeutic bond and trust between the professional, patient,

and family. Systematic intervention and careful documentation of care allowed for the assessment of clinical response and the individualized adjustment of treatment approaches according to the progression of each case.

The experience also highlighted the relevance of health education for treatment adherence. Training family caregivers to perform wound care between professional visits proved essential for the continuity and safety of treatment,

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preventing complications and reducing the need for hospitalizations.

Another relevant aspect was the acceptance and interest of patients and family members in the use of integrative and complementary practices. The perception of clinical improvement associated with pain relief and healing con-

tributed to greater engagement in the therapeutic process and to the strengthening of patient autonomy in care.

No local or systemic adverse reactions related to the formulations used were observed, which reinforces the safety and therapeutic potential of the herbal combinations applied. The over-

all outcome of the study indicates that the use of herbal medicines, when administered by a qualified professional and within the ethical and scientific boundaries of nursing, can represent a viable, accessible, and effective alternative for the home management of infectious wounds.

Images 5, 6, and 7 – Final result after complete wound healing



Source: author's archives, (2024)

DISCUSSION

The reported experience demonstrates that herbal medicine, when integrated into the nurse's clinical practice, can constitute a promising and effective strategy in wound care, especially in home settings and in areas with limited access to conventional therapeutic resources. The use of formulations based on barbatimão, copaiba, propolis, calendula, and tea tree, among other natural compounds with antimicrobial, anti-inflammatory, and healing properties, was consistent with the scientific literature supporting the use of these active ingredients in the tissue repair process⁴.

The nurse's practice reflects the exercise of professional autonomy, as provided for in legislation and the ethical guidelines of the profession, and aligns with public policies that encourage the rational and safe use of integrative therapies, such as

the National Policy on Integrative and Complementary Practices in the SUS⁵. The incorporation of compounded herbal medicines into home care, supported by technical knowledge and systematic clinical observation, highlights the nurse's leading role in expanding comprehensive, safe, and humanized care⁶.

Unlike a rigid protocol, the experience was based on a reflective and adaptable practice, shaped by patients' needs and responses, with a focus on comprehensive and individualized care. This flexibility characterizes the experience report as an approach that values practical learning and the construction of knowledge through professional experience, rather than the demonstration of quantitative results.

The experience also revealed challenges inherent to home care, such as limited resources, the need for family engagement, and the maintenance of systematic clinical records. However, these challenges were

overcome through the therapeutic bond, continuous guidance, and close monitoring, reinforcing the importance of effective communication and the leading role of nursing in the planning and delivery of complex care.

From a clinical perspective, the favorable response to the use of herbal formulations reinforces already established evidence regarding the safety and efficacy of these substances in the treatment of infected wounds. Recent studies indicate that active ingredients such as tannins, flavonoids, and fatty acids present in plant species, especially barbatimão and copaiba, possess anti-inflammatory, antimicrobial, and wound-healing properties, capable of accelerating wound closure and reducing the local bacterial load^{1:3}. This scientific basis lends strength to the clinical use of herbal medicines as a complementary alternative to conventional therapies, particularly in cases of bullous erysipelas and hard-to-heal wounds.

Furthermore, the nursing literature reinforces the need for innovation and clinical entrepreneurship in care, highlighting the nurse's role as an agent of transformation and a researcher of their own practice⁷. The development of personalized formulations, combined with clinical reasoning and pharmacobotanical knowledge, represents a concrete example of how nursing can integrate science, autonomy, and humanization. Such initiatives contribute to strengthening advanced practice and expanding the effectiveness of healthcare interventions.

It is also important to note that there is no consensus on the "ideal dressing" for cases of bullous erysipelas, which highlights a gap in standardized therapeutic guidelines. In this context, the reported experience contributes by proposing an alternative, evidence-based approach, demonstrating that the judicious use of herbal products can achieve results comparable to or even superior to those obtained with industrialized products, especially in home care settings^{8,9}.

Overall, the use of herbal medicines proved to be a safe and effective alternative, expanding the therapeutic reper-

toire of nursing and contributing to the effectiveness of care. This experience reinforces that integrative practices, when applied ethically and evidence-based, can significantly complement conventional therapies, in addition to promoting professional autonomy and strengthening evidence-based practices within the context of the SUS.

CONCLUSION

The reported experience reaffirms the potential of herbal medicine as a promising strategy in the home care of infectious wounds, especially in contexts of vulnerability and limited resources. The use of compounded herbal formulations proved to be safe, accessible, and effective, contributing to wound healing, pain relief, and the overall improvement of patients' well-being.

More than the clinical results, the experience highlighted the importance of the professional's continuous presence and sensitive approach in the home, strengthening bonds, promoting patient autonomy, and valuing the shared knowledge in daily care. Professional practice grounded

in active listening, shared family responsibility, and the integration of traditional practices with scientific knowledge expanded therapeutic possibilities and reaffirmed the nurse's role as a transformative agent in healthcare.

The practice also demonstrated that the safe use of herbal medicines requires technical, ethical, and scientific foundations, as well as a critical perspective regarding the diverse realities of different regions and the living conditions of users. This experience shows that it is possible to combine "light" technologies—such as building relationships and health education—with natural and accessible technologies, thereby strengthening a more humanized and effective model of care.

By integrating popular and scientific knowledge, nurses not only expand the scope of Integrative and Complementary Practices within the SUS but also reaffirm the autonomy and leading role of nursing in the provision of comprehensive and culturally sensitive care. This experience therefore contributes to the advancement of innovative clinical practices and to the consolidation of care that unites science, sensitivity, and social commitment.

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