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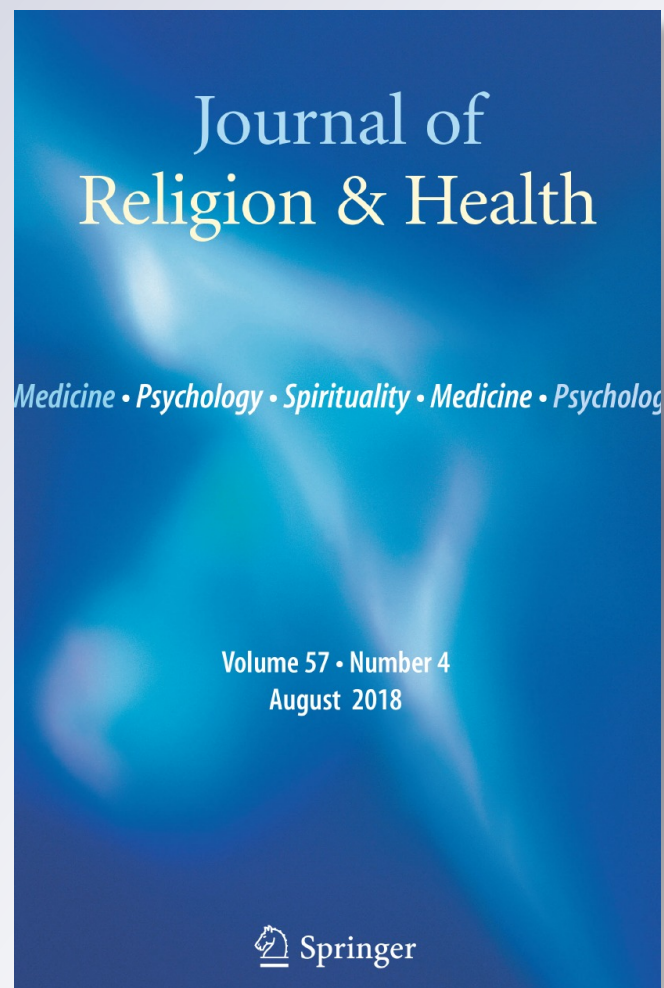
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Perception of Candomble Practitioners About Herbal Medicine and Health Promotion in Ceará, Brazil

Alexandre P. Braga¹ · Francisca Ilmar de Sousa² ·
 Geraldo Bezerra da Silva Junior^{1,4}  · Marilyn Kay Nations¹ ·
 Adriana Rolim Campos Barros^{1,3} · Rosendo Freitas de Amorim¹

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Abstract Candomble, a Brazilian religion of African origin that worships Orishas, promotes “healing” assistance during its worship rituals using therapy with plants and beliefs. From its ancestry tradition, the respect and beware with nature are expressed. Therefore, the aim of this study is to investigate the perception of ethnoecology and health promotion among Candomble practitioners from a Candomble temple in the state of Ceará, Brazil. The ethnography was designed to allow greater immersion into the current mystique. This immersion results in the breaking of existing prejudices and admiration for their worldview. Thus, it can be observed that people seek Candomble to get rid of “bad” health difficulties, such as insomnia, depression, eyesight problems among others, which are commonly treated with herbal preparations, baths, and teas, using plants native to the region; however, their indications are not always in accordance with scientific evidence. In parallel with biomedicine, their hospitable and healthcare practices are considered by most as the equivalent to traditional healthcare actions, but greater recognition of biomedicine is necessary. Based on this perspective, the use of native plants in Candomble is examples of memory, hospitality, and humanization for the community wellness.

Keywords Perception · Religion · Candomble · Herbal medicine · Health promotion · Brazil

✉ Geraldo Bezerra da Silva Junior
geraldobezerrajr@yahoo.com.br; yorgovitch@bol.com.br

¹ Public Health Graduate Program, Health Sciences Center, University of Fortaleza, Fortaleza, Ceará, Brazil

² University Center Estacio de Sa., Fortaleza, Ceará, Brazil

³ Medical Sciences Graduate Program, Health Sciences Center, University of Fortaleza, Fortaleza, Ceará, Brazil

⁴ Programa de Pós-Graduação em Saúde Coletiva, Universidade de Fortaleza – UNIFOR, Av Washington Soares, 1321, Bloco S, sala 1. Edson Queiroz, Fortaleza, Ceará CEP 60811-905, Brazil

Introduction

The relationship between African-origin religions and nature aims to achieve the equilibrium of men in all dimensions, beginning with the religious initiation, the bori*. This is in accordance with the concepts of health promotion, of which ideal is to improve the population's quality of life by encouraging the pursuit of well-being, both personal and collective, consistent with the concept of integrative health devised by the World Health Organization (Czeresnia 2003; Lages 2012).

During the curative action, the male and female Candomble priests, called “*Pai de Santo*” and “*Mãe de Santo*” (in Portuguese), respectively, associate health to a sense of physical, mental, social, and spiritual well-being; to self-esteem, equilibrium, and coping capacity, that is, individuals are considered healthy when they have faith in and take care of the Orishas. They point out the association between faith, mind, body, and health, emphasizing faith and positive thinking as important factors for health maintenance and coping capacity. They associate the disease with a difficult experience that brings intense or psychological distress. This concept is directly associated with African cultural traditions, where diseases are believed to originate from external attacks on the individual, which are overcome with faith in God and in the Orishas actions (Santos 2014).

The most often worshiped Orishas in Brazil are: Oxossi (forest hunter God), Logun-Ede (son of Oxossi and Ogun), Obaluaie (God related with healing), Ossaim (owner of herbal and plants secrets), Oxumare (symbolized by the rainbow, God of equilibrium), Xango (King in a throne, God of justice), Oxum (Goddess of maternity and fresh water), Iemanjá (the same symbology of Oxum, but with sea water), Iansa (Goddess of war, of wind, and rain), Nana (Goddess of creation and Oxala, ancestral mother), Oba (protector of female power), Ewa (from natural forests, God of clairvoyance) and Ibeji (Twin God, protector of children and adolescents) (Santos 2014).

In Candomble, according to Voeks (1997), the flora was a result of human modification of nature and is characterized by species that are not native to Brazil. It is evident that its religious actions include the use of herbal medicine, of which prescriptions do not always consider the actual indications and effects proven by biomedicine, often associated with disillusionment with the medical practice and respect for the popular ancestral knowledge. For this reason, the investigation of ethnobotany of a region or ethnic group constitutes a way of appreciating and preserving popular medicines, as well a way to scientifically prove their effects, bringing new knowledge and philosophical, ethical, epistemological, methodological, and organizational reflections (Passa Corette 2005; Alexiades 2003). Similarly, Toledo (1992, 2009) discusses about our ethnoecological role in preserving therapies with ancestral herbs used by diverse ethnicities worldwide, which are being destroyed by modernity, through pragmatism and skepticism.

The secrets and wisdom of herbal healing brought by bàbálosáyìns, priests of Ossaim worship, were appropriated by “*Mães*” and “*Pais de santo*” in Candomble, preserving the respectful relationship between man and nature (Barros 1999). The preservation of Black culture is an example of power, resistance, and fight against cultural and social discrimination that continues to exist in our country, but Anyinam (1995) points out that loss or modification of a tradition's essence can occur when its transmission is made orally, as it happens in Candomble, giving rise to free interpretations and then modifying its culture and religion.

Many cultivated plants have a sacred function in Candomble, because this cult comprises dedication of prepared food using known plants (Trindade 2000). However, due to

uncontrolled demographic growth in the cities and disseminated deforestation, the Candomble temples saw the need to cultivate their own plants in their backyards or to buy plants from markets, which is more common nowadays. According to Freitas (2012), the agroforestry backyards are among the traditional and ancestral practices of preserving one's culture being suffocated by modernity, from which herbs used in Candomble are acquired in the markets of the big cities.

Considering this scenario, we sought to evaluate the perspective of Candomble practitioners regarding herbal medicine used as means of treatment and social empowerment, assessing the full dimensions of the physical, spiritual, psychological, and social being of practitioners and *Mães* and *Pais de Santo*, who promote such rich cultural heritage. In this sense, establishing the profile of these members, comparing the effect of the most often used herbs with the scientific literature, and reflecting on the recognition and dissemination of popular healing practices as a means to contribute to health promotion, as compared to the biomedical model still so very much ingrained in the healthcare system in our country, are some of the challenges taken up by this study.

Methods

This is a qualitative/ethnographic study, as this scientific article originated from the experience lived by the main investigator during an immersion in the study field, seeking to understand the study object during its daily routine, responding to its social context. The ethnography approach is widely used in anthropological and management disciplines, allowing greater integration between the researcher and the researched, using descriptive and exploratory analysis. According to Triviños (1997), ethnography is based on the descriptive study of a culture through its massive interaction within a learning process, rather than pure research. For this reason, the evolution of ethnography should not be understood in a different manner, from immersion to writing, from political–epistemological reflections (Clifford 1998). This study protocol was reviewed and approved by the Ethics Committee of the University of Fortaleza. Participants and interviewed individuals signed the informed consent.

For Berbard (2008), the ethnography action is based on scientific participant observation with field research since the start of cultural anthropology, being used to exchange experiences. There are three growing approaches in it: *living as the natives' lives* (converging perspective), *living with the natives* (interpretative perspective), and another current one, which is the continuation of the second approach (Vergara 2005). In the ethnographic study, an anthropological view is essential, because the ethnological approach currently recognizes the need for a greater appreciation of human dimensions and how this interferes personally and collectively in the realization of the common good. When performing an anthropological research, one should strive to pay the most attention, trying to miss as little as possible, in a great social diving. This immersion is paradoxically associated with the social context brought by the researcher and must be rebuilt during the course of this work.

In this respect, it was decided to use the descriptive-exploratory method, as it is understood that its primary function is to describe the characteristics of a given population or phenomenon. This approach is analytical in nature, without the objective of explaining the described phenomena, but can be used as the basis for some explanations. The descriptive-exploratory study starts or extends the experience of the reality studied by the

researcher in search of results that may or may not oppose the literature. These case studies require a more stringent construction of its stages, as their truth is easily questioned (Triviños 1997).

This research allowed the understanding of the ethnobotany used for treatment and health promotion in the Candomblé religion, regarding its socio-religious dimension, in which plants and preparations are used in the presence of an assortment of assisted problems and afflictions and the visualization of the rising faith, viewing this dynamic as an act of social empowerment.

Study Site

The study was carried out from August to October 2015, and the data collection phase lasted from August to September 2015, after approval by the Ethics Committee on Human Research of the University de Fortaleza, Brazil (under number 1188 .517) and after obtaining authorization from the *Pai de Santo* from the Candomblé temple chosen for the study.

The selected Candomblé temple was the one led by *Pai de Santo* Joseh, located in the Ceará neighborhood in the city of Fortaleza, state of Ceará, Brazil, who includes in his ministrations the use of plants for spiritual balance and treatment of their followers.

Ethnographic Immersion

Among the care recipients, the ones included in the research were those selected by the *Pai de Santo* himself, among those who had been advised and used herbal medicine during the process of spiritual balance and treatment.

For data collection, an initial appointment was scheduled between the *Pai de Santo* (the temple priest, the Babalorisha), their assistants, their followers, and the religious community supporters, in order to allow the construction of close associations and establish a relationship of trust between the researcher, the head of the temple, and other followers, facilitating the interviews, which were carried out later. This initial contact, between the Candomblé temple members and researchers, was provided by *Mãe* Patricia de Obaluia, an Umbanda follower, a teacher and writer, who works in the field of Education in Fortaleza, training teachers and students about the Afro-Brazilian history and culture and fighting against racism.

To achieve the objectives of this study, it was necessary to establish close contact with the selected individuals, so they could feel safe and confident in sharing their experienced feelings and perceptions of the received care.

In this study, the participant or artificial active observation was applied, which is based on the involvement in the group's daily life, studied from a member's perspective. We had the advantage of experiencing the daily habits and customs of the community more closely, whereas one disadvantage may be a possible resistance of the assessed individuals at the time of data collection (Gil 2008).

Through participant observation, the observed feelings and experiences were recorded in a diary. It described the environment and the feelings expressed during the routine of the assessed Candomblé temple (words, attitudes, gestures, participated festivities, etc.) that were shared by the individuals involved in this research, that is, everything that was not recorded during the formal interview. The descriptive notes required a broad perception by the researcher, who recorded the equivalent of what was being experienced in his field diary.

The initial approach at the temple was followed by the interviews, which were directed by an interview guide, a semi-structured script, focusing on the identification data, interviewees' schooling, and guiding questions.

After the data collection phase, the organization of the research participants' speech was carried out. The interviews were briefly read, so that the most important issues regarding the study objectives could be identified. Then, the textualization phase was initiated, in which the collected material comprises a *corpus* that is considered a deep ethnographic report (Clifford 1998).

The critical discourse analysis (CDA) propositions include reporting, speculating, and explaining dialectics in a historical–social and political scenario. The development of CDA in social practices involves several disciplines, such as linguistics, sociology, epistemology, and medical sciences, in a constant and mutual dialogue, in which discourse is the guide to argumentation. It also seeks to promote the acknowledgment that speech has the power to dominate people, as this understanding is the pathway to personal freedom. Its dynamic goes beyond the linguistic analysis, investigating the parallel language to the collective context (Magalhães 2005).

Close discourse clippings and aggregations were performed. Subsequently, we carried out the classification and grouping of elements obtained from the interviews of those individuals assisted by Candomble about the phenomena discussed in this study, based on the interpretation of the social context by analogy, and they were classified by relevance. That facilitated the definition of the reports as final results and, consequently, the ethnographic description that was carried out in data interpretation and discussion, with the interpellation of discourses with the ethnographic experiences and the acquired literature.

Results and Discussion

Ethnographic Immersion

Upon arrival, a pleasant atmosphere was observed in a room, in which coffee is served, and then they indicated the entrance of the Candomble temple. Between the living room and the backyard there is an antechamber, a kitchen, and a room for changing into liturgical accessories. In a corner of the antechamber there is a white-water pot, in which the people entering the temple can get rid of all the “evils” before getting into the sacred space of the Candomble temple.

At the entrance, it is also possible to see large drums and several small altars, each one representing a spiritual lineage, from Candomble, with Orishas, and Umbanda, with the “Pretos Velhos,” “Caboclo da Mata,” and “Jurema,” going toward the central space of the house.

The main altar is immediately seen, because it is in front of the main entrance, which is a beautiful place, containing statues of the saints from both African and Catholic religions. The image in the center is Saint George and Jesus' Sacred Heart, which is exuberant and majestic. Behind this image is the crucified Christ, which is also in the center to honor the “*Mãe de Santo*” Valdivia de Oxala, who is the master of this house's *Pai de Santo*.

Around the crucified Christ, there are several other saints' images, such as Saint Anthony. Below these, there are several stones (the sacred “*otás*”) and images of Candomble entities, the “*iabás*” (female saints) Oxum, Iansa, Nana, and Iemanjá—all depicting the same image, being differentiated by their colors and specific accessories.

These details of the place can only be observed after prolonged conversations with the *Pai de Santo* Joseh de Ogunsy and with *Mãe* Patricia, as well as after all the immersion period in the Candomble temple with the other members of the house.

After requesting the blessings of the master, the conversation took place in a solemn and mystical environment. The *Pai de Santo* spoke slowly and firmly regarding all that was talked about, very respectfully. As we were sitting around him, but at a lower height, a scenario of vassalage/royalty, a tribal aspect, could be perceived.

As soon as the research procedures were explained and the *Pai de Santo* had authorized (according to him) the shining of the light of Ogunsy Ogum (a conquering Orisha, fearless warrior, violent, and relentless), a range of personal questions was initiated, which were compared to what I had read in the scientific literature. It was a less solemn conversation, which lasted about an hour.

During the immersion process, one of the celebrations I had the opportunity to attend at the Candomble temple was an Umbanda party (at this temple, they follow the two lines of the African-Brazilian religion, Umbanda and Candomble) of the Orisha Oshosi, the Indian hunter. The party was given by one of the *Filhas de Santo*, a “daughter” of Oshosi, as she had been doing her “obligation” (penitence) for some time, and thus, the party was thrown in gratitude, after inviting all the temple members with their spiritual ancestors, a beautiful celebration with music, respect, mystical environment, and food.

Iyalorisha/Babalorisha

Babalorisha or Baba (*Father*) or Iyalorisha (*Mother*) is the priest or leader of the Candomble temple. They are the ones responsible for consulting their sons and daughters, throwing cowrie shells to answer questions and settle doubts. They have also an administrative function for caring for the house and rituals and also have the primordial function of transmitting their ancestry and watching over it.

The first interview was carried out with *Pai de Santo* Joseh of Ogunsy from the Ketu nation, because as the priest responsible for the temple, the author wanted to analyze his knowledge about the treatments recommended by him and whether he considered this work a health promotion action, as well as the herbal treatments he dispensed. The interview was carried out on the top floor of his African goods store, in the artisan neighborhood of the city of Fortaleza, state of Ceará, Brazil, a small, pleasant place, smelling of incense, and filled with peace, built within the cosmos of the Nago religion with their candles, spiritual guides, cowrie-shell divination, and saints. The priest meets some people there, to perform cowrie-shell divination, give advice, and say prayers.

During this meeting, *Pai de Santo* Joseh of Ogunsy’s manner was milder and transmitted sympathy, quite different from the image expressed during our first contact at the temple, during which he was wearing his priestly robes and smoking his pipe; perhaps on this occasion there was more of the man and less of the priest to be talked to; maybe there are more characteristics of the man and not the priest. As he reported:

[...]...most of the people who come to the Temple are mothers with children with the evil eye upon them, people suffering from the evils of alcoholism and depression
[...] (*Pai de Santo* Joseh of Ogunsy).

For the African-Brazilian religions, there are two conceptions of disease types: the physical ones, connected to the body, which can be treated both by traditional medicine (by health professionals) and by folk medicine (the action of healers, such as the *Pais de Santo*), and spiritual diseases, associated with the balance of the soul (mental health

problems treated by psychiatry and/or psychoanalysis). As there is no distinction between body and soul, both in Candomble and in Umbanda, the followers can associate the innate Nago religious counseling to biomedicine (Ferreti 2003).

Mota (2011) explains that the therapies with plants that take care of body and soul in Candomble are less sought after, due to the growth of neo-Pentecostal churches and the “disposable” dynamic of capitalism, but Loyola (1984) interposes by reporting that doctors’ difficulties to attain a diagnosis in the healthcare services offered to people from the lower socioeconomic levels of society encourage these alternative health treatments.

The greatest demand for counseling at African-based religion temples is imbalance problems of the psyche and emotional complications. When people seek treatments for their bodies, these are chronic or immunosuppressive diseases that the *Mãe* or *Pai de Santo* treat with their prayers, jolting, baths, or showers, in an attempt to bring their followers into a state of harmony (matter and spirit).

These treatments seek in ancestral wisdom the complementary actions of balance:

[...] ... there is always the use of leaves [...]... with the wisdom of the Orishas, the spiritual cleansing baths are prescribed, the extracts and “concoctions” with the use of sacred plants and barks [...] (*Pai de Santo* Joseh de Ogunsy).

[...] the baths, called *abò* and *amaci*, are like the blood of the leaves, I mean the life of the leaves [...] there is no Orisha without a leaf, because the leaf is life, it is what gives life to the Orisha, what gives power to the Orisha [...] as in Umbanda and Candomble, you live your life with baths, there is one for every hour (there is a right/suitable bath for all hours) [...] there is no life without leaves, there is no Orisha without leaves [...] (*Pai de Santo* Joseh of Ogunsy).

In Candomble, herbal baths for purification and spiritual cleansing are considered essential to prevent diseases, because the more one offers to the Saint of one’s devotion, the farther evil things will be kept at bay, together with the baths to fight generalized spiritual balance “evils.” There are also potions/concoctions that will fight specific ailments, such as depression and respiratory disorders (Ferreti 2003).

The most often used purification and spiritual cleansing baths are those with “positive” herbs, counteracting the person’s negativity. Before using the preparation, it is recommended to wash oneself with coconut or another mild soap, gently, all for the purification of body and soul.

Herbal Treatment

For the followers of African-origin religions, plants fully integrate their lives, from liturgical actions of religious initiation to their daily life routines, seeking in nature the balance of their beings, as demonstrated by the experience of attending their temples and visiting some of the members’ households. The use of herbs in Candomble herbal medicine is a prerogative of the *Pai de Santo*:

[...]... we use Basil for influenza [...] we use French basil [...] we use rue [...] we use mango tree and cashew tree leaves [...]we use weeping fig [...] chaste tree leaves [...] we also use White Roses and Red Roses [...] (Joseh de Ogunsy, *Pai de Santo*).

[...]the plants in general are alive, they have an energy and each one is good for something [...] there are the “hot” plants that are used to unburden and cannot be used in spiritual cleansing and cannot go to the head [...] there are cleansing plants

that are used to heal and purify and “remove obstructions” [...] there are those that promote love (very sought after), which uses cinnamon, fennel, nutmeg and cloves—these are the most fragrant ones [...] (Joseh de Ogunsy, *Pai de Santo*).

In the African region of Ioruba, the designation of plants considers their smell, color, and the texture of their leaves, their reaction to touch, and the sensation evoked at their contact (Verger 1995). These dynamics were preserved in Candomble plants and are commonly advised for both treating the body and equilibrating the psyche, which is not in accordance with the indication or formulation that is recommended and proven by positivist science. In this sense, the coherence and density of the inborn knowledge were considered through the structuring of tables of comparable comprehension, in which part of the reports are graded with parts of the selected literature (Marques 1995) Table 1.

Based on Matos (2002, 2007) and Barros (1999), we compared the collected discourses, such as the notes recorded in the research logbook, thus showing that the plants utilized in the “healing” practices in the analyzed Candomble temple are in disagreement with the scientific literature, and according to the *Farmacia Viva* viewpoint by Professor Matos, there are no studies that prove the effectiveness of some of these plants by biomedicine.

Several plants used in religious practices have had their effects scientifically proven in the “*Farmacia Viva*” project, which has warranted their provision through the Unified Health System (SUS) in Brazil. This is a project created in the 1980s by Professor Dr. Francisco José de Abreu Matos from the Federal University of Ceará (UFC), Northeast of Brazil. Since then, the use of herbs has been legitimated in primary care in Brazil to decrease the costs of medication and increase treatment options for the poorest individuals (Brasil 2012). Several plants used in popular health practices are used in the Afro-Brazilian religion rituals, but they are still poorly studied by medical science.

Adding to this discussion, in this sense, one must investigate, in addition to the ethnopharmacological evidence of plant use in health care, the effectiveness perceived by users of the popular healing practices, thus assessing the ethnoefficacy through faith and trust in the experienced cultural tradition. The perceived efficacy can be measured, for instance, through the Multidimensional Scales of Perceived Self-Efficacy (MSPSE), which was developed by Bandura and has been used since 1990 to measure the potential of multidimensions of beliefs, evaluating 58 items in its questionnaire, divided into nine categories, associating faith to the academic and social contexts (Teixeira 2009). The evaluation of perceived efficacy can be an important tool, on which discussions are based about the social benefits provided by popular practices, which still face resistance in the biomedical scenario.

Filhos De Santo (Candomble Followers)

The “*Filhos de Santo*” are all those who are connected or devoted to the Orishas of Candomble, as well as with other African-matrix determinations. In Candomble, its members are treated by their *Pai* or *Mãe de Santo* who throw the cowrie shells, which reveals how one can get rid of the “evils” (both physical and spiritual), treating them through praying, rituals, and treatments obtained from nature.

During the study, 15 instances of assistance given to temple followers were assessed, but only 10 were selected, as they aimed to “cure” some type of physical or mental distress. The screening process was performed by the temple’s priest (empowered to work) after a consultation, thus, selecting those that were in line with the objective of the research, to be referred to the interview.

Table 1 List of species cataloged by the literature based on Matos' "*Farmacias Vivas*" ("*Live Pharmacies*"), as reported by the *Pai de Santo*, used in the treatment processes that are commonly advised and used in Candomblé, Fortaleza, Ceará, Brazil, 2015

Popular name	Scientific name (Matos, 2002; 2007)	Main effect according to Matos	Religious effect	Use at the Candomblé temple
Basil	<i>Ocimum gratissimum</i> L. (Labiatae)	Antiseptic	Intestinal fever	Teas and baths
Plum	<i>Prunus domestica</i> L.	–	Spiritual purification	Baths
Rue	<i>Ruta graveolens</i> L.	Uterine contractions	Ward off bad luck	Baths and jolting
Cashew tree	<i>Anacardium occidentale</i> L., Anacardiaceae	Anti-inflammatory	Spiritual purification	Baths and jolting
Weeping fig	<i>Ficus doliaria</i> Mart, Moraceae	Anti-syphilitic	Severe health problems	Baths
Mint	<i>Coleus ambrosioides</i> Benth, Labiatae	Anti-inflammatory	Works restricted to Eshu	Tea
Mango tree	<i>Mangifera indica</i> L., Anacardiaceae	–	Severe health problems used as a substitute for weeping fig	Baths and jolting
French basil	<i>Ocimum minimum</i> L., Labiatae	Digestive stimulant	Spiritual purification	Baths
Creeping swine cress	<i>Chenopodium ambrosioides</i> L., Chenopodiaceae	Anti-parasitic e anti-microbial	Spiritual purification	Jolting
Chaste tree	<i>Vitex agnus-castus</i> L., Verbenaceae	Anti-inflammatory	Tranquilizer	Tea
Cotton-leaf	<i>Jatropha gossypifolia</i> L.	–	Spiritual purification	Baths
White rose	<i>Rosa centifolia</i> L., Rosaceae	–	Spiritual purification	Baths
Red rose	<i>Rosa galica</i> L., Rosaceae	–	Spiritual purification	Baths
Guinea hen weed	<i>Petiveria alliacea</i> L., Phytolaccaceae	–	Spiritual purification	Jolting

Table 2 Socio-demographic profile of the selected Candomble temple followers, Fortaleza, Ceará, Brazil, 2015

Name	Age	Level of schooling	Time attending the temple	Religion	Self-attributed ethnicity
Zé	75 years	Finished college/university	10 years	Spiritualism	White
Yara	40 years	Finished college/university	06 years	Candomble	Black
Xuxa	37 years	Finished high school	Does not attend	Catholic	Mixed race
Vlade	36 years	Finished college/university	36 years	Candomble	Mixed race
Uesley	41 years	Finished college/university	11 years	Candomble	Mixed race
Tadeu	26 years	Finished elementary school	10 years	Candomble	Mixed race
Saulo	33 years	Finished high school	20 years	Candomble	Black
Raimunda	25 years	Finished high school	07 years	Candomble	Mixed race
Quitéria	55 years	Finished elementary school	07 years	Candomble	Mixed race
Patrícia	30 years	Finished high school	10 years	Candomble	White
Olívia	32 years	Did not finish elementary school	05 years	Candomble	Mixed race

A total of 12 individuals were interviewed, the Babalorisha and the 11 selected participants. The names given to the study participants, except that of the *Pai de Santo*, are hypothetical to ensure privacy, being shown in decreasing alphabetical order, from Z to Q. The level of schooling varied among respondents, from those who had graduated from College/University (four), from high school (four), from elementary school (two) to functional literacy (one). They are all adults, ranging in age from 25 to 75. Most of them started following Candomble during adulthood, and only two reported having another religion, as one declared being a Spiritualist and the other a Catholic. Most of them self-reported to be ethnically of mixed race, Black (two) and White (two) (Table 2).

The time during which the interviewed individuals had been attending the temple ranged between 5 years to those who were born into the religion. Of the 11 followers of the interviewed *Pai de Santo*, only two have been practicing Candomble for a short time, so it was not possible to get more in-depth conclusions regarding the time of religious practice, since this was not the purpose of the study; however, this question motivated a new investigation of the subject.

Even though the main author declared he was a researcher and a pharmacist who was performing the study, during most of the field research they identified me as the pharmacist (“doctor”) of the research. And, in a way, it was certainly this assignment that facilitated establishing the bond with the followers of the interviewed *Pai de Santo*.

It is noteworthy that a layman, with no reference to investigate the cosmos of an African religion, as noted, faces a lot of resistance by their leaders. With the experimental domain, the author had to win the trust of the *Pai de Santo*, and consequently, of the followers, something essential for them to feel safe and talk freely with the author.

During some of the interviews, the followers talked about what had led them to seek treatment at the Candomble temple, which biomedical treatment had been previously used, if the herbal medicine applied by the Candomble had been successful and their understanding of whether the Candomble treatment of the “illnesses” of its followers can be seen as a health promotion action.

The interviews took place in the living room that gives access to the temple yard, a simple, cozy, and quiet place that favored the progress of data collection. Three of the

meetings were carried out at the followers' homes, on days after the treatment given by *Pai de Santo* Joseh of Ogunsy, after agreed and instructed by the priest, as the researcher's presence was not possible. One of the interviews was carried out in the *Pai de Santo's* store, which is located in Emcetur, Fortaleza, Ceará; everything went smoothly, as the respondent follows the religion, and thus, there were no restraints due to the environment.

By sharing the problems and interacting with their religiosity, I could experience the motivations that made them seek the spiritual treatment of Candomble, the particular actions advised by the Babalorisha, the main used plants and their comprehension about the importance of integrated popular practices as an action that promotes health, and then, from a vast understanding of this subject, I could extract the focus of this study.

In this sense, through the participative observation, it is important to understand the interviewees through a relation of mutual interaction with the researcher, experiencing its context. This duality should be at the same time close and impartial, with the examiner being part of the speculated fact (Victora 2000).

Health Promotion

According to the ancient Ioruba tradition, humankind consists of body (*ara*), spirit (*ojiji*), heart (*okan*), breath (*emi*), and its essence (*ori*)—an element associated with divinity and nature. The subject should not be understood individually, but as a result of collectiveness (Oliveira 2006).

The concept of the disease/health binomial is valid for the essential conception of the *asé*. There is a variety of healing activities that aim to restore a probable physical and spiritual disharmony. This imbalance is called *ebó*, the *bori*, of which, with the help of the cowrie-shell divination, the force of nature promotes its removal along with that of the Orishas (Pinezi 2014).

As it is understood in the discourse of Zé, Yara, and Saulo:

[...] I do seek Candomble only as a religion [...] I seek it to achieve peace, balance, and healing [...] my leg was crippled due to a major accident [...] the spiritual impulse came to me and I decided to seek a *Pai de Santo* [...] (Zé).

[...] I sought treatment at Candomble due to the trust I have in the herbs recommended by my *Pai de Santo* [...] I had to eliminate the *ebó* to have my depression cured [...] (Yara).

[...] my mother, who already was a follower, took me to the Temple [...] I had a terrible insomnia problem and would take strong medications [...] I was healed by the spiritual mentor of this house [...] (Saulo).

During the immersion phase, it was understood that *ebós* are rites that aim to repair some kind of problem (body and spirit or heart). The organization of this work depends on its purpose, with fruits, plants, china, and animals being used, among others. De Carvalho Baptista (2006) mentions that the temple setup is established by providing financial offerings to the Orishas. It constitutes their connection, as well as their defense and help (the *asé*), the money that is found all the dynamics of religion, like any other.

The religious rituals of Candomble include extreme respect toward animals, in a mystical and sacred symbiosis between nature and religion. From the food and animals in the Candomble temple, the energy that is extracted returns to nature, nourishing it and adding the *axé* (Léo Neto 2010).

Most reports demonstrate the trust of the assisted individuals regarding the treatment suggested by the *Pai de Santo*. The ordered preparations and mantras are administered with appreciation and faith by the followers, who feel welcomed and soothed regarding their problems, hence their well-being and human stability. However, in the essence of African-matrix religions, its members agree with the efficacy of pharmaceutical products used by traditional medicine. They are aware of its importance for the healing of their patients and also recommend seeking specialists whenever necessary (Mota Trad 2011). In this process, the recommendation of taking baths is very strong in the African-Brazilian religions, as told by Yara, Vlade, and Saul:

[...] ah, my problem was cured with prayers, purifying baths, cleansing baths, and attraction baths [...] attraction baths are not used only for love affairs, but also to attract good fluids [...] (Yara).

[...] the baths and the teas given by my *Pai de Santo* made me get rid of a great sadness that I had [...] I trust him and in the power of the Saints [...] I live with this every day, I am a follower of the religion since I was small [...] (Vlade).

[...] I went through a treatment with leaves for one year [...] I used purifying and cleansing baths with garden cress, cotton-leaf, garlic weed, Guinea hen weed [...] I did not need to use any medication[...] (Saulo).

Vieira Filho (2003) reflects on the power of Candomble hierarchy that provides a collective psychosocial manipulation, but calling the *Pai de Santo* an impostor is a frivolous action. The work of the Babalorishas can be understood as a communicative effectiveness (spoken or transmitted) to their followers, which uses all the religious dynamics to promote health. Education and health empowerment are part of the individual, whereas the priest is a link in the construction of this well-being.

The several holistic harmonization treatment methods adopted by Candomble include the *ebó*, the *bori*, the use of plants, extracts, prayers, potions, the purification of the body and the soul, as well as the advice of the *Pais de Santo*. This dual dynamic with the Orishas, with offerings to please the saints, is requested so that something can be achieved, or something can be undone, or in praise of the grace achieved by the individual (Pinezi 2014).

Additionally, they use the baths that include “hot” herbs (uplifting), during which getting the head wet is not recommended, or “cold” herbs (tranquilizers), which can be taken from head to toe. In this sense, Eshu offerings aim to remove the evil eye, ill-wishing, bad visions. As Patricia says:

[...] I wanted to die because of a headache [...] one day I was taken by my mother with the help of some neighbors to *Pai de Santo* Joseh [...] he said it was an *ebó* that was upon me [...] after several baths of cold herbs and jolting, I was fine, that agony was removed from my mind, thank God [...] (Patrícia).

The assistance dynamics of the temple to its members can be conceived as a group psychotherapeutic action involving counseling, musicality, rhythm, and belief in a transpsychiatric process that uses plants for the well-being of the people. Lima (2015) supports the effectiveness of group therapy, in which the interaction allows participants, by exchanging their experiences, to find solutions or strength to overcome their afflictions.

In all of Candomble balance pathways, it becomes evident that there is an intrinsic association between the sacred and profane, nature and faith and this act transcends the metaphysical aspects of religion, thus also encompassing its cosmovisionary nature.

For Paiva (2007), people's involvement with some type of religious practice brings benefits to the health/disease process, with faith being at the core of this search.

Therapy With Plants

Belief and recovery, which are divine gifts, the natural preparation and/or prayer, and the individuals' trust on those that are interceding agents are necessary factors for successful public practices. Regarding people's spirituality, faith and prayer are the sustenance of the spirit, as through them, the faithful achieve their graces and the treatment of their "illnesses," intermediated by the healers. All of this is constructed in a dialectic and crescent manner, a pathway based on the mutual trust, the priest's, and the believer's, in God (Nery 2006).

In Candomblé, the "illnesses" are related to the height of disharmony. Attaining this balance is possible through one's faith in the Orishas, following the recommendations of the *Pais de Santo*, through cowrie-shell divination. With their particular herbal medicine and incantations, they promote the health of their followers through faith and the attempt to balance body and mind. As reported by Zé, Uesley, and Tadeu:

[...] while talking to the *Pai de Santo*, he said he would heal me [...] he massaged my bad leg with a green oil extract, while chanting the incantations that I did not understand and saying he would heal me [...] thanks to the Orishas, now I can wear sandals and slippers, whereas the doctor said I would have to wear shoes for the rest of my life [...] (Zé).

[...] I always try to use plants, I consume them and trust in them [...] this is the wisdom of the elders and the basis of my religion [...] it is Nature that binds us to the Orishas [...] (Uesley).

[...] I used pharmacy medicines that the doctor prescribed before [...] I was cured with boldus and plum tree bark tea, which my religion recommends [...] (Tadeu).

Considering the discourses and experiences in the research, it can be verified that the recommendations of Babalorishas of African descent are carried out after the anamnesis is performed and, in addition to the recommended baths, treatment options include leaf infusions, balms, and preparations. These preparations are made and intermediated by the *Pai de Santo*, associating the followers' requests and the *asé*; they teach invocations that request help from the Orishas. These statements agree with the studied literature and the reports of Raimunda and Quitéria:

[...] I used several medications and my stomach pain did not go away [...] I underwent several tests and did not find out what the problem was [...] I was cured with the basil tea that my *Pai de Santo* told me to drink [...] (Raimunda).

[...] my breast dysplasia problem, which the doctor said would disappear after some time, without taking anything [...] the pain persisted [...] I was cured after taking the mint tea they gave me here at the Temple [...] I am cured, the problem disappeared [...] (Quitéria).

Puttini (2008) raises positive and negative historical aspects of healing through faith in relation to the fields of social sciences and public health in Brazil. Formerly, the healer's work in popular actions was legally a crime, as it affected medical sovereignty. Today, the hybrid healthcare model, integrating popular knowledge and Biomedicine, is discussed,

and applied in Latin America (Albuquerque 2012), and the spirituality is included in public health treatments as a complementary therapy, but if these dynamics are not well balanced, they can compromise the well-being of society.

Biomedicine and Popular Practices

Health professionals should assist individuals in an integrated manner, without analyzing them by compartments (Pereira 2014). In this sense, the scientific knowledge and popular wisdom should be understood to promote people's quality of life, a theosomatic medical practice—a study evaluating the improvement in people's health related to their spiritual evolution. Popular practices are in parallel with capacity, a common characteristic of society, which stands out through the comprehension of nature. From society's point of view there is no counterpart between ancestry and technological knowledge, because biomedicine in its essence comes from the actions and wishes of people, which are answered in a different manner and not through the epidemiological manner of the same knowledge (Ingold 2000).

For Paiva (2007) studies that confront faith and well-being, faith and illness, and faith and treatment, as well as studies that associate faith, health, and mental disorders, have increased. But there are still few epidemiological tools that specifically evaluate these associations in a comprehensive, longitudinal, and cross-sectional manner.

Even if there is clash between science and folk medicine in the temples of African-origin religions in Brazil, the two are frequently seen as being complementary. Generally, *Pais de Santo*, after treating the “illnesses of the spirit” and advising on or administering some type of preparation, refers the followers to a health professional or basic health units. As Tadeu says:

[...] not all diseases can be cured by Medicine [...] not everything Candomble does is to be treated without help [...] doctors have their importance (Tadeu).

Despite the low incidence, some priests report that the Candomble or Umbanda temples were recommended by clinicians or that the followers were encouraged by these health professionals to also seek spiritual therapy so they can be cured of their diseases and troubles (Ferretti 2003). This is reported by Zé, Yara, and Uesley:

[...] yes, of course it is a health promotion action [...] traditional medicine is yielding to natural practices [...] I know a doctor who drinks ayahuasca tea [...] if he will be healed, I do not know, or if he will hallucinate, it does not matter [...] faith is more important [...] (Ze).

[...] Yes, yes, yes... [...] the welcoming at the temple is considered an action of health promotion [...] in the treatment of the Candomble temples there is an individualized care for each person [...] (Yara).

[...] The temple's actions are health actions [...] the herbal medicine is a less expensive treatment that is affordable to the lower classes [...] it is very good [...] (Uesley).

In contrast to that, Xuxa and Olivia report:

[...] I do not think the treatment at the Candomble temple is a health promotion action [...] there is no medication use [...] the therapy used in the temples complements what is prescribed by the physician [...] (Xuxa).

[...] My faith in the Saints heals me and keeps me safe from the evils of man [...] this has nothing to do with health, and much less with disease [...] (Olivia).

The understanding of health/disease is disclosed by the social contexts in which people are included, i.e., those concepts are understood in different ways by each individual. This will originate from one's personal principles, their religious, cultural, economic, social, and political experiences (Scliar 2007).

Thus, it becomes evident that there are differences regarding the abovementioned discourses, as Xuxa thinks Candomble therapies are not a health promotion action, contrarily to the others (Ze and Yara). The profiles of the first two show they have a higher educational degree and a higher level of religiousness than Xuxa, who favors the understanding of the health/disease concept and associates this therapy to a health promotion action.

The rites and social interactions of the African-root religions constitute the sharing of affection, the building of knowledge, the warmth, the health effectiveness, the removal of "illnesses" and losses, as well as the restoration of ancient heritage, especially with the practice of herbal medicine (Silvia 2007). Very often, this perception can only be built with the religious knowledge and experience observed in Zé, Yara, Vlade, and Saulo, who have been followers of Candomble for some time.

The struggle for racial respect in our world is a challenge, as we are under a veiled dictatorship of the capitalist standardization, which is based on consumption, being sold as well-being. In this sense, working with African pedagogy (or "*pretagogia*," which in Portuguese means "pedagogy of the Black ethnicity," from Black to Black or Black to White) is a way to provide feelings of social belonging and a tool aiming to minimize racism. The pedagogy of the African cosmovision or "*pretagogia*" deals with the teaching of "Africanism" through the cultural and spiritual elements in schools, using art, culture, and other elements of afro cosmovision (Petit 2013).

The Education Sector in our country is advancing, with Federal Law n. 10,639/2003 amending Law N. 9394 of December 20, 1996, establishing national education guidelines and bases to include the mandatory theme of "African-Brazilian History and Culture" into the official curriculum of the Education Network, and other measures, as well as Federal Law 11,645/2008, which extend the obligatoriness of teaching indigenous history and culture.

In the Health Sector, this method can be a possible strong partner in professional training, through permanent and continuing education, aiming at improving healthcare access to Afro-descendant people in our country. This leads to changes in practices in healthcare units and hospitals, with the reconfiguration of healthcare workers' actions, resulting in a self-reflection and aiming at changes (Batista 2011).

In contrast, the Brazilian health agencies, with their immobilized positivism and their predominant offer of market banking services, are still far from the objective of egalitarian citizens' rights. Their training using the African-Brazilian perspective can promote their acceptance by the Black population, which will allow access to health practices. Consequently, these actions can encourage scientific research in health, which also needs insightful investigations of this nature, supporting the recognition of African culture importance for the Brazilian Health System.

Study Limitations and Conclusion

The area particularities and the uniqueness of each report were expressed as being fruitful and diversified. With the ethnographic research, it was possible to more adequately analyze and understand the vast universe of Candomblé, a socially stigmatized territory, but one that does not get tired of defending their values and dignity as a cosmogony.

The possibility of having access to the temple and the construction of a relationship with the individuals attending the temple was a challenging process of mutual achievement, as, even though the group had an excellent initial reception and the fact that we were introduced by one of the followers, when we investigated their traditional secrets, such as the use of herbs, there was some resistance caused by their sense of zeal and ethnic preservation. An ethical, respectful, dedicated attitude gradually allowed us to enter the world of research.

By appreciating and experiencing the universe of the Candomblé religion, the author was able to get rid of his own biased and negative paradigms on the African-Brazilian religions, better understanding their rituals, their connection with the sacred/divine, and their processes to achieve spiritual balance. In this sense, the author acquired a sense of belonging that has made him more adequately assume and defend the African-Brazilian culture regarding their recognition as citizens.

During this ethnic and cultural immersion, many notions, and expectations of a neophyte, regarding the Afro-descendant knowledge, were reformulated or emerged as an investigative initial search to find herbal treatments for important physical afflictions, such as the “cure” for cancer.

Frequently, followers who spoke with more conviction and faith on the effectiveness of natural Candomblé treatments, with these being a recognized as a health promotion action, were those who had been attending the temple longer, had a higher level of education, and did not live on the outskirts of the city of Fortaleza.

It was observed that not all of them coincided with data from *Farmacias Vivas* (the study by Matos 2002) and that others did not have scientific interest. It was possible to verify that faith and respect for religion and nature permeate the Candomblé environment, providing quality of life for its followers, often concomitantly to medical treatment. In this sense, it is necessary to increasingly add alternative therapies to the traditional medical treatment. It also showed that there is an awareness by the Candomblé followers on the appraisal of popular practices by biomedicine.

It was also demonstrated that Candomblé members are aware of the valuation of herbal popular practices by biomedicine, but when referring to phytochemistry, even with the advent of biodiversity to simplify the rules for the study of innate flora, there is some questioning regarding when these investigations should be stimulated, without deconfiguring the local beliefs and culture.

In this sense, it is important to continuously train healthcare professionals aiming at the humanization of assistance, recognizing the benefits of popular medicine to build a healthy society (body/mind/spirit). Regarding Black culture as a potentiating action for the quality of social life, the government can implement “pretagógic” legislations associated with health, aiming at a better inclusion of Black culture.

Compliance with Ethical Standards

Conflicts of interest There are no conflicts of interest regarding this manuscript.

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