

## The cultural system biomedical health in perspective in the community *Ilé Alákétu Asè Ifá Omo Oyá*

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**Abstract** *This study was developed at the intersection of health sciences and anthropology in order to understand the value of traditional Afro-Brazilian Medicine portrayed in houses of Candomblé exploring its member's interactions with the biomedical system of health. The anthropology of health aims to understand the phenomenon of health as a socio-cultural elaboration and from this, develops the notion of cultural health system, the theoretical operator of this study. This proposal can contribute to the challenges faced in the field of collective health by enabling dialogue between cultural health systems, supporting the creation of more effective policies. This ethnographic-inspired article was developed from a specific bibliographic survey, followed by participant observations and interviews with members of the community Ilé Alákétu Asè Ifá Omo Oyá, located in São Paulo. The health practice in candomblé manages to reach gaps left by biomedicine by associating itself in a non-authoritarian, colonialist or exclusive way taking into account the symbolic, cultural, subjective and spiritual processes involved in the processes of illness. This practice brings other possible ways of interpretation, treatment and cure for health problems.*

**Key words** *Medical anthropology, Public health, Traditional medicines, Culturally competent care, Sfrican traditional medicine.*

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## Introduction

The anthropology of public health in Brazil dates back to the 1940s, with the anthropological approach to the health practices of the masses in contrast with biomedicine. Langdon *et al.*<sup>1</sup> write that, since then, the anthropology of Brazilian health has aided the establishment of a dialog between the official healthcare system and traditional systems, favoring the creation of more effective policies.

As highlighted by Langdon<sup>2</sup> and Langdon, Wiik<sup>3</sup>, the fundamental component of healthcare systems is culture. This perspective takes into account the relevance of multiple types of knowledge, perception, and cognizance established by healthcare systems, so that the health/illness phenomena may be adequately defined, classified, and perceived in a given context. Based on these premises, this paper establishes its theoretical operator, which is the concept of cultural healthcare system.

According to the data raised by Mello and Oliveira<sup>4</sup>, since 1978, the World Health Organization (WHO) has encouraged all nations to research and promote traditional regional medical practices within their territories, as well as to favor the dialog between these practices and the official healthcare system. Since the publication of its Traditional Medicine Strategy, first in 2002<sup>5</sup> and again in 2014<sup>6</sup>, the WHO has set out to assist authorities and managers of healthcare systems worldwide to find solutions that improve the quality of healthcare and grant greater autonomy to patients through the recognition and use of traditional medicine.

Brazilian traditional medicine is ingrained in the religious scope that surrounds Afro-Brazilian and indigenous matrices. Rabello<sup>7</sup> points to the convergence of several studies equating these religious practices with therapeutic agencies. These forms of religious expression offer narratives that are shared by the healer, by the patient, and by the community, and which help organize the chaotic experience of suffering an ailment.

Identifying, understanding, and reflecting on the practice of indigenous and Afro-Brazilian medicine are important factors in the promotion of healthcare in Brazil, in line with the holistic principle adopted by the SUS. The analysis and interpretation of the illness/health process within the specific social and cultural contexts of which each population or group is a part emphasizes the diversity of different types of healthcare, allows researchers to understand why certain pop-

ulations choose not to adhere to public health policies, and promotes collaborative work between social agents.

Mandarino *et al.*<sup>8</sup> posit that it is necessary to conduct more research and provide greater support to strengthen the recognition of the Afro-Brazilian cultural healthcare system, so as to adequately subsidize the training of capable, sensitive healthcare professionals who will be able to find common links and complement these different types of knowledge and practices. Silva<sup>9</sup> has written that practices and relationships established within the communities named *terreiros* (“houses”) promote healthcare, prevent complications, and renovate ages-old care practices.

This paper describes an exploratory field study of ethnographic inspiration carried out in the *terreiro* community of *Ilé Alákétu Asè Ifá Omo Oyá*, in the São Paulo metropolitan area. It sought to describe the cultural healthcare system of this community and to explore the interactions and interfaces between its members and the biomedical system.

The Candomblé *terreiro* named *Ilé Alákétu Asè Ifá Omo Oyá* is located in the residential neighborhood of Jardim Angélica, in the outskirts of the city of Guarulhos, within the confines of the home of its manager, *Iyalorisa* Cláudia Ty’ Oyá, better known as Mother Cláudia de Oyá. The *terreiro* follows the traditions of the *Ketu* nations, which are connected to the *Yorubá* peoples. In addition to religious activities, the *terreiro* also develops cultural actions with activities for the entire community, through the *Ilé Omo Oyá* Cultural Association, which has been the center of the group’s efforts in the name of dialog with governmental authorities since 1999.

This paper has been divided into four sections: 1) the methodological study developed based on anthropology, as well as a description of the method and of the structure of the field visits and of the data collection; 2) the field observations, in which we describe the activities, the itineraries, and the perceptions of health-illness within the *Asè Ilé Alákétu Asè Ifá Omo Oyá* house; 3) a discussion on the relation between religiosity, spirituality, and health that permeates the data obtained in the field; and 4) a discussion on the perceived itineraries between the Candomblé’s cultural healthcare systems and biomedicine for the subjects of the research. We close with our observations, which contain a reflective synthesis on the study, as well as proposals and projected paths for its extension.

## Methodology

This study can be characterized as a qualitative field study of ethnographic inspiration. We consider that this research was not properly ethnographic, given how limited was the time in the field. However, the method and the disposition of the field researcher were largely influenced by references of ethnography, ethnology, and anthropology. This study was completed in two stages, the first one being a comprehensive selection and analysis of literature available on healthcare anthropology and Afro-Brazilian traditions, in addition to a study of the ethnographic method for methodological structuring purposes. The second stage comprised the fieldwork, during which participating observations and interviews with members of the house were recorded in a field notebook.

Following the establishment of the research foundation, a field study was developed between June and December 2019, with six visits to the *terreiro* named *Alákétu Asè Ifá Omo Oyá*, during which we participated as observers in ritual ceremonies, and conducted a total of four interviews: two in-depth interviews with the house's guardian, Mother Cláudia de Oyá, and two group interviews with seven members of the community, who are *filhos de santo* ("children of the saint"). This research project was approved by the Research Ethics Committee (CEP), as described on report no. 23131019.6.0000.5492. The scope of the research was explained to all participants, and adequate consent was obtained from them and duly recorded. The manuscript was also sent to Mother Cláudia de Oyá, who approved it prior to publication.

The anthropological resource used to retain the information obtained was the field notebook, where all the first impressions and the most important testimonies obtained during the sessions were recorded. We also used audio recordings to retain interviews that later subsidized their transcription.

DaMatta<sup>10</sup> posits that the goal of anthropology is to understand the meaning assigned by social actors to their experiences, as informed by the culture that permeates the subjectivity of all phenomena. The application of ethnographic references in this research stems from the desire of the researcher to perceive nuances, social and cultural relations, and instances of knowledge exchange taking place during interviews and observations in the field, with attentive and focused sight and hearing in search of the details perme-

ating the analyzed social and cultural healthcare phenomena. This is in line with the notes of Oliveira<sup>11</sup> on the ethnographic practice.

### The *Asè Ilé Alákétu Asè Ifá Omo Oyá* house and its activities

Cláudia's trajectory begins in the Angola Candomblé, before she continued to serve as "guardian" (*zeladora*) in the Candomblé of the *Ketu* nation, which has been her path for the last 21 years. She is an activist in the Black movement in Guarulhos, representing the traditions of the African matrix before governmental authorities, and is the first *Iyalorisà* to give lectures at universities in São Paulo.

Her story, which she currently describes as *full of grace and blessings*, was not always like that. Until she found her current religious role, she endured many hardships, downtime periods, and provocations. The *Ilé Alákétu Asè Ifá Omo Oyá* guardian lost a son who was one year and seven months old for reasons that are still unknown to doctors. Later, her daughter fell ill with a serious disease whose medical treatment, while expensive, did not offer any guarantees of success for a full recovery. Against the recommendations of medical professionals, she found a cure when she turned her daughter into the *Orixás*, completing all her obligations. After this memorable time in her life, Cláudia undertook the priestly role she currently holds.

Mother Cláudia says she could not list from memory which diseases manifest more or less frequently *terreiro*, but she highlights that they perform countless types of healing there. She compares the work performed at the Candomblé house to that done at hospitals, due to the variety of problems reported by those who seek attention there, as well as the constant movement at the House, which is open twenty-four hours a day to anyone who needs assistance.

*Doctors take care of the body, of the flesh. Babalorixás and Yialorixás, priests, ministers, they heal the soul, and their job is just as important, because these two factors need to be in alignment, otherwise things can go south. This is why, to me, being a Yialorixá is just as important as being a doctor of the body, and as a psychologist I know, and I take this very seriously (Mother Cláudia).*

The building where the *Asè Ilé Alákétu Asè Ifá Omo Oyá* house is located has three floors, which host a beauty parlor, the family's home, and, on the last floor, the room where the Candomblé work takes place. Mother Cláudia de Oyá

always wanted to have a separate space for the Candomblé activities, which, however, has never been within her financial reach.

The goal of the first visit was Only to make the acquaintance of Mother Cláudia, in a free and open conversation, in which I spoke of my career and the scope of my research.

Our second visit took place in the month of July, during the monthly party held at the *terreiro* that is open to the entire community. These parties are called *Xirê* and they are a tradition of Candomblé, with a different Orixá being honored each month. At *Ilé Alaketu Asè Ifà*, they are held on the last Saturday of every month.

A *Xirê* requires a lot of preparation that tends to mobilize all of the *filhos de santo* in the house. A special decoration is put in place, in accordance with the elements and characteristics of the Orixá being honored at the ceremony. Another prayer ceremony is held for the internal members of the house days before the celebration. Additionally, they prepare the Orixá's food that will be served during the party.

The receptions always begin with a greeting to all the Orixás, following a specific order. Afterwards, the children of the Orixá being honored step into a room to put on adequate garments to receive the Saint. Following the moment when the Orixás are welcomed into the room, with dances that tell mythical stories, it is customary to serve sacred food that represents him. The Saint's food contains *Asè* with a power to heal physical, mental, and emotional ailments, and to restore the balance of those who seek nourishment there. The guests socialize during the meal, and some begin to leave at this time. Afterwards, the ritual proceeds until the closing of the ceremony and the end of the party.

The party on the second visit was called *Olu-bajé*. It is a feast that honors *Omulu* and *Obaluaiê*, and is an indispensable ritual for all *terreiros* as a special moment to pray for health and longevity to all attendees. The third visit took place on the day of the party of the *Ibejis*, the children's party, also known as the feast of Cosmas and Damian. The fourth visit took place during the feast of the Guardians (*Exu* and the Maids), which does not originate in the *Ketu* tradition, but was adopted by the guardian of the house as a part of her rituals out of respect and gratitude to the nocturnal entities, and due to their history within the Angola Candomblé.

The following month I went to the *terreiro* outside any festive dates to conduct my first in-depth interview with Mother Cláudia. On a num-

ber of occasions there was mention of the ways in which an *Asè* House is similar to a hospital. Mother Cláudia also emphasized the relevance of her psychology training to her work there, considering that several lines of psychology she had studied allowed her to establish a dialog with her experiences in the *terreiro*, and that they bear resemblance to the teachings of the *Itãs*.

*All the scholars who have been building psychology I hear from each one of the Itãs. They use different words, but they all tell the same story and pass on the same teachings. In different ways, in different times, they offer the same teachings, all of which reinforce all I learned as a Yialorixá.*

Finally, we were participating observers in the year-end party of *Ifá*, led by the *Awô Ifá* of the house, Father João. Since this is an African ceremony from the tradition followed by Father João, Mother Cláudia chooses to take the role of peacekeeper. After the coffee moment, the *pai-de-santo* walks up to a room with some of the *filhos de santo* to pray and to make offerings behind closed doors, while the other guests stay in the larger hall, concentrated and praying together.

During that morning of prayer, two *filhas de santo* groups were formed, one with four women, and another with three women. I participated in both of them and asked them the same questions to stimulate our conversation: how long have you frequented Candomblé? What does "health" mean to you? Do you have any healing stories with the help of a *terreiro*? Their answers to these questions furnished data which supported this essay of ethnographic persuasion, and they will be explored in the next section.

After the prayers and the offerings to *Ifá*, Father João invited all attendees to take their *Ifá* seeds (which had been handed out earlier) and, in a line, to go up to the room, bow their heads to the *esteiras* (mats) on the floor, ask *Ifá* for protection and health, receive a shower of consecrated popcorn, and randomly pick a piece of paper containing teachings about the evolutionary journey that brought each one of us here and to the future that is near. The popcorn shower is not a part of the year-end *Ifá* ritual. However, they chose to include this atypical portion to the ceremony because *Ifá* predicted a large number of deaths for the year 2020 – which is currently interpreted by Mother Cláudia as a prediction of the currently ongoing COVID-19 pandemic. Once these steps in the *Ifá* ritual were completed and the attendees were consecrated for the new year, a potluck lunch was served to mark the fraternal end the day for the members of the *família de santo*.

In addition to the *Xirê* parties, to which members of the public are invited, there are weekly prayers to the *Orixá* that is honored during that month. The day of prayer begins with the preparation with the preparation of the holy foods of the *Orixá* to be worshipped. Upon arriving, the *filhos de santo* take a holy bath with herbs, then put on their white garments and take their place on their *esteiras* for the prayer service, which is conducted entirely in old *Yorubá*, the language of the ancestors, and during which they give thanks for all their feats and beseeching for blessings from their *Orixás*.

Traditionally, the cowrie-shell divination (*jogo de búzios*) keeps the house busy during the week, with Father João heading the rituals and sorceries of *Ifá*, as well as most consultations. This is the only activity for which the *terreiro* charges a fee. The *búzios* are *Ifá's* great oracles, and they are fundamental for the entire process of search and cure within the Candomblé activities. The *búzios* create a communication between the House's *Orixás* with the *Orixás* inside the head of each person sitting down for a session. They also determine if and when one must undertake the initiation to the status of saint, dubbed the *Iawô* cultivation.

*I take these divinations very seriously, of course, but as you could see I have a lot going on in my life, and since I was blessed with João's support, when he became an Awô Ifá, when he was initiated in our liturgy, he has supported me in that area* (Mother Cláudia).

The worshipping of *Iawô* is enough to keep the *terreiro* active all year long, at all times. To cultivate *Iawô* means to complete an initiation that requires keeping a 21-day obligation inside the *Asê* House, without any kind of contact with the outer world, praying and eating only what is dictated by the *Orixás*, under round-the-clock care that is only interrupted after the feast of the saint's departure.

Every other Saturday, unless it is the last Saturday of the month, which is reserved for the *Xirê*, the *mãe de santo* of the house receives her *caboclo*, who lays hands and speaks privately with those who need this kind of attention. This type of ritual is a habit from the *Ketu* nation. However, as with the feast honoring the Guardians, Mother Cláudia brought this type of assistance into her *terreiro* because she received fundamental treatments in hand-laying sessions and in conversations with spirits, a benefit she likes to pass on to others as well.

Other secrets, such as magic works that aid in doing away with anguish and troubles afflict-

ing those who seek the *terreiros*, are reserved for members of the community as discoveries to be revealed only to those who accept the Candomblé life, who are properly initiated and remain faithful to this spirituality. During these observations I was able to perceive the importance given to the *Ifá*, to food, to herbs, to revering ancestors, and to the very act of being within a community.

### Religiosity, spirituality, and health at the *Asê Ilé Alákétu Asê Ifá Omo Oyá* House

One of the principles of the Brazilian Unified Health System (*Sistema Único de Saúde – SUS*) is integrality, which means, according to Mattos<sup>12</sup>, an understanding of health and illness processes from multiple aspects: biological, social, cultural, psychological, and symbolic.

According to Andrade et al.<sup>13</sup>, the health and illness processes are inserted in a larger context which is also determined by socioeconomic and cultural factors, which influence the therapeutic choices of a given population. Understanding the social and cultural conjuncture requires acknowledging the influence of religious beliefs in the therapeutic itineraries chosen by each individual, which may sometimes involve, but are not limited to, the SUS, since these itineraries are built subjectively, within the complexity of culture, and in the collective absorption of meanings, corroborating the study of Mello and Oliveira<sup>4</sup>.

At the *Asê* House it was possible to observe that the proposed therapeutic process comprises multiple dimensions of the health–illness process, beyond those of the physical–biological level and of their symptoms. Mother Cláudia's *filhas de santo*, when asked about the meaning of “health” in their lives, offered clear, sharp answers (the actual names of the *filhas-de-santo* have been concealed to protect their identity):

*To me, health is essential, but not just physical health... Proper health flows from the inside out, one has to be well spiritually, personally, in all aspects and in all fields, so the body can reflect a healthy state* (Iara).

*Since I was already a psychologist before I got here, upon joining Candomblé some things relating to health became magnified, because I always visualized health as mental health, so I believe that if the body is sick that means that something inside the head is out of kilter. And the spiritual and the mental go hand and hand, don't you think?!* (Clara).

*Well, I see health as absolutely fundamental [...]. Without health we don't have anything. If*

*you're not in good health you can't go forward in any way. Without a good head, a good mind... I think it all goes together* (Veronica).

To these *filhas de santo*, their health is truly an important and central pillar of their lives, and it is a complex dynamic in which not only the physical dimension matters, but also the balance and the flow between the several dimensions of human existence. Physical, psychological, and spiritual aspects are always developing together and interacting with each other in the Afro-Brazilian health narrative.

*Because the Axé house is like a hospital, it is a place of healing, it is a hospital for the soul. It [the healing] travels from the inside out* (Veronica).

During our conversations, on many occasions the Mother and her *filhas-de-santo* used the term “hospital” – either as a “hospital of the soul” or as the “hospital of the *Orixás*” – when referring to the healing activities taking place at the *terreiro*. The use of these terms, as pointed out by Gomberg<sup>14</sup>, makes it possible to understand therapeutic itineraries, establishing multiple choices of diagnostic and treatment, but that is not all. Mandarino et al.<sup>8</sup> direct a reflection on the interests of social legitimation of Afro-Brazilian healthcare practices both by members and non-members of this community.

Within the *terreiro* community, healing is a process which entails a general transformation in the life of the person seeking treatment. The *família de santo* provides a cohesive support network that embraces those who seek it, and receives influences from different sources. The teachings at the *terreiro* bring forth new ways of understanding the events of life, how to care for one's body, and how to take responsibility for oneself.

*You could say she was rather crazy, she could never last at her job, she had been married, then broke it up and so on... Partying all night, car races, drinking, rock 'n' roll, but she was so tender, totally lost out there in the world... As she grew more spiritual, she transformed herself, then managed to land a steady job, quit partying so hard, quit her bad habits, she really transformed herself* (Mother Cláudia, on one of her *filhas de santo*).

This general life transformation happens gradually, as each *filho de santo* becomes ever more connected to the community and shares their experiences, visions, and meanings. It is possible to observe the importance of the bond, of the affection, and of the sense of belonging to the community as transforming agents for health-illness patterns on several levels of being.

This finding also corroborates the observations of Rabelo<sup>7</sup>, who stresses the notion that healing is a procedural reality continuously negotiated within the systems of faith. The daily encounters permeated by public feasts, closed rituals, prayer services, showers, initiations, consultations, etc. result in well-structured narratives that give sense to the health-illness processes, bringing new possibilities for the subjects' routine, as well as more satisfying habits.

Regarding specific illness processes, the *filhas de santo* reported several situations affecting their physical, mental, or spiritual health for which they were healed through the practices at the *terreiro*. These situations included difficulties during pregnancies and in the days following births, depression, complications after surgeries, financial and social distress, and other types of illness that could not be diagnosed at first, and that, from the standpoint of traditional healthcare practices, would not be considered a specific disease, but that within the *terreiro* community were successfully treated.

*I had a lot of health difficulties stemming from depression and a lot of other things, and the Orixá transformed my life so profoundly that nowadays my depression doesn't hurt me so badly, I can take things a little easier* (Iara).

*One day you feel great, the next day you're in bed sick... Sometimes the body responds to things acting as sort of a filter, the spirit filters, the soul filters, and the response shows in the body, in our organism. And I felt that it wasn't properly a medical issue, you know?! So I came here to talk and they saw that her issues were really spiritual, because of all her late relatives, many of their spirits were circling too close to her and that was causing her illness, it was as if they were sucking her energy out of her. This was when she came here, underwent several treatment sessions, the Father also took care of her, and it looks as though someone actually performed an operation on her. Nowadays my grandmother is doing a lot better, she is really well* (Veronica, on her grandmother's disease).

Afro-Brazilian culture, which is integral to Candomblé, calls for humans to engage in a new relationship with food and plants, which, within this cosmology, are considered sacred and are found to have healing powers which stem from their vital energy, the *Asè*. The *Asè* is impregnated in the food made for the saints, in the showers, and in the herbal beverages prepared within the *terreiro* with the magic of the faith borne by those who cultivate them.

*It is true, it all starts in the kitchen! The great magic begins in the kitchen. It's all that goes in the*

pot, all the food, everything that sustains us. Without food, what would be of the body, right?! And where do we get our energy from? Isn't it from food? From the things that the earth gives us that we transform for our benefit? So, yes, everything starts in the kitchen, the kitchen is a part of the enchantment of it all (Mother Cláudia).

This healing culture is absorbed and shared alongside physical and mental activities, organizing the world of this social group, integrating and bringing about a feeling of belonging to the community, which corroborates the theses of Langdon and Wiik<sup>2</sup> upon describing healthcare systems as cultural systems that include their specific symbols and practices guided by the cultural construction of each group.

By maintaining its rituals, its feasts, and its prayers in Yorubá, the Candomblé terreiro preserves a centuries-old tradition arising from the African diaspora. Every terreiro is an extension of the quilombos, an outpost on the fight against the prejudice and the adversities that the social minority of Black people experience. Mandarino et al.<sup>8</sup> highlight this characteristic, pointing at the multifunctionality of the Asè houses, which seek to develop a healthcare model based on traditional Afro-Brazilian values. Serving as a place of active resistance, the terreiro remains essentially connected with the principles of respect and equality, and embraces other minorities. We were able to observe that Mother Cláudia's terreiro community sides with the LGBT and the feminist causes, and practices its religion in a manner that places women in focus.

*If you really think about it, the terreiro is a place where all the struggles which are necessary to change humanity are present. There we fight against racism, we fight for the LGBT cause, we fight for the feminist cause, we fight for the great African matrix and for the matriarchal health (Tatiana).*

### **Intersection between Candomblé and biomedicine**

Some accounts by the *filhas de santo* at Alákétu Asè Ifá Omo Oya house exemplify situations in which the Afro-Brazilian cultural healthcare system brought about not only relief, but an emancipation from formerly chronic illness processes, which once took a heavy toll on them, and whose biomedical treatments drained their vital energy.

*After my son was born, the stitches [from the C-section] burst open and they began leaking, and*

*the only thing that would dry up my stitches was Jurema. Jurema is a medicine prepared with sacred leaves. It is an indigenous recipe, because they are also our ancestors, we also have indigenous ancestors, you know?! We are caboclos (Denise).*

*I could not bear children. I sought medical treatment, and he even suggested I considered an in vitro fertilization. I was preparing for that alternative, saving up the money. Right around then I learned about Asè... I came to get my mother from here, but I ended up falling in love, I just stayed, and it was the Orixá who gave me my son (Naila).*

*I had supersized ovaries, maybe two or three times the size they are today, so I was in constant pain, I had cramps, many, many menstrual problems... Everything was out of whack, and I underwent several types of treatments, I jumped between doctors... They all talked about minimizing my discomfort, but none of them ever talked about curing me. Until I came here [to the terreiro] in March, and it must have been late March when I went to the doctor and I was no longer in any pain, and my tests later confirmed that there was no longer anything wrong with my uterus (Clara).*

Candomblé members do not exclude biomedicine from their therapeutic itinerary. It was possible to observe that, while they adopt the Candomblé cultural healthcare system as a frame of reference to explain and to treat their ailments, they also seek biomedical resources to attest their improvement. Additionally, from the testimonies given by the *filhas de santo*, we gathered that their explanations to their own illness processes, while linked to Candomblé, integrate biomedical notions with notions from the Yorubás, such as those from Asè. "Mental health," an expression inherently linked to the biomedical system, for instance, is used recurrently by members of the Ilé Alákétu Asè Ifá Omo Oya house when discussing the importance of taking care of thoughts and emotions.

Within the cultural healthcare system at Ilé Alákétu Asè Ifá Omo Oya house, the mental and the spiritual realms are intrinsically connected. Spiritually, the Orixá heals the head, which is called Ori; however, in order to achieve good physical health and quality of life, each person must nurture a good mental-emotional dynamic. Otherwise, without good mental health, the Orixá would be unable to interact and work in favor of the life of the member of the house. We could observe that the respondents demonstrated they put the mental-emotional health balance front and center:

*I would say that the most important thing is to take care of your own Ori. When I first set foot*

here, the first thing Mother Cláudia told me was that no saint would heal my Ori. First your Ori must settle down. First you worship him, then you turn him in to the saint, you know? It's a different kind of connection, one you don't see in other religions (Maira).

There can be no good spiritual connection with the *Orixás* if one is in a disturbed mental state. Finding the spiritual remedy for any anguish requires developing and strengthening the mental health of all those who frequent the *terreiro*. This finding resonates with the writings of Mandarino et al.<sup>8</sup>, Rabelo<sup>7</sup>, and Rabelo<sup>15</sup>, who highlight the Candomblé therapeutic process as one that strengthens individuals so they can better face adversities, ambiguities, and uncertainties in life.

A healthy body, in biological terms, becomes a result of good mental health and an adequate spiritual connection. The rituals, the prayers, and the practices have direct impact on the mental-emotional health of each person. Afro-Brazilian religions see the ailments of the body as a signal that non-material processes are out of balance. In this context, the *Ifá* (the cowrie-shell divination), the oracle responsible for the communication with the spiritual world, is sought with the goal of elucidating which imbalance is bringing those symptoms and those physical and material illnesses, in addition to plotting the path to the cure and to restore the vital equilibrium.

*It is always through the búzios, because the búzios allow us to connect with the Orixás, you know?! Your ancestors bring you what you need at that time, the kind of energy you're lacking, so we can find it again. I would say that that is always at the root (Mother Cláudia).*

## Final considerations

Public Health must carry out its analyses through different points of view, so the decision-making process of administrators and healthcare professionals can be aligned with a complex view of the illness processes. We agree with Tesser<sup>16</sup> where he emphasizes the importance of valuing popular knowledge and developing dialog strategies conjugating professional biomedical perspectives with the traditional community resources that promote health.

This research seeks to demonstrate that, for members of Candomblé, the therapeutic itineraries of those who utilize biomedical treatments in the official healthcare system also includes

non-biomedical practices and conceptions. It is possible for biomedicine to accept the non-biomedical explanations to complement, if not integrate, its proposition of treatments and health evaluations.

However, from the standpoint of the *terreiro* community and its members, the notion of complementing traditional medicine with biomedicine is inverted, seen as the conceptions and the practices from the biomedical cultural system are associated to the conceptions and practices of the *terreiro* community, without demoting the latter from its central role of explaining the causes of illnesses and of being the foremost departure point for therapeutic treatment suggestions. At the *terreiro* of *Alákétu Asè Ifá Omo Oya*, biomedical practices complement traditional Afro-Brazilian medicine.

The findings of this research project present us with a highly valuable discussion: it is our understanding that the Afro-Brazilian cultural healthcare system, as practiced at *Alákétu Asè Ifá Omo Oya*, executes a transversal, integrative dialog between health knowledges, through an association between biomedical knowledges and traditional medical knowledge from the worship of guardians and *caboclos* of the Angolan nation that is not authoritarian, colonialist, or excluding. This juxtaposition of practices and knowledges within the *terreiro* community operates in a manner that potentializes and complexifies its practices, making it more effective in the search for solutions to health issues. We can attest that, at the *Asè* house, biomedical knowledges and diagnoses walk hand and hand with Afro-Brazilian knowledges and diagnoses, serving as tools that ultimately serve to prove the very effectiveness of Afro-Brazilian therapeutics.

Those who live the reality of the *Alákétu Asè Ifá Omo Oya* House, health is a complex composition that involves physical, mental, and spiritual (ancestral) aspects, and these in turn establish an incessant dialogical relationship of development, balance, and imbalance. Therapeutic processes are connected to individual choices, based on affective and supportive relationships within the community, and involve deep transformations and changes that are intermediated through life at the *terreiro*, its sacred foods, the *ebós*, prayer days, showers and drinks of sacred herbs, and respect to ancestry, among other factors, thus developing new abilities and sensitivities, as highlighted by Rabelo<sup>15</sup>.

The structure of the cultural healthcare system at *Alákétu Asè Ifá Omo Oya* house was found



to be linked to traditional knowledge. There, healthcare is promoted through reverence to ancestors, changes to the way of life, and the establishment of community as a support point for individual processes, while recognizing biomedical practices and knowledges without rejecting them.

This way, the Candomblé healthcare practice is able to fill blanks left by biomedicine, whenever the latter disregards symbolic, cultural, subjective, and spiritual aspects of the illness process. This traditional medical practice offers other possibilities for the interpretation, treatment, and cure of diseases by fostering a cultural healthcare system that understands complex phenomena in depth.

Our analysis indicates that an approach interpreting healthcare situations taking into account existing social and cultural biases can expand the

relevance of the information gathered for the development of policymaking work that is relevant to the reality of the Brazilian people. Upon describing the relations created between the biomedical healthcare system and traditional practices, we stand closer to the integrality principle adopted by SUS, while also giving Public Health new possibilities.

This study is our contribution to what we perceive is a necessary focus shift, by healthcare professionals, to practices beyond those of biomedicine. It is our goal to create a Public Health debate to discuss the importance of the Afro-Brazilian culture and how it can assist in the development of policies which are both more humane and more coherent with the reality of life in Brazil.

### **Collaborations**

DPP Boccuto: project and research development, data collection and analysis, article and reviewing writing. ACMBL Mor: project development, research supervision, writing and reviewing the article. DV Teixeira: research supervision, writing and reviewing the article.

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