Original Article

# The use of medicinal plants and the role of faith in family care

*O uso das plantas medicinais e o papel da fé no cuidado familiar*

*El uso de las plantas medicinales y el papel de la fe en el cuidado de la familia*

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**How to cite this article:**
Lima CAB, Lima ARA, Mendonça CV, Lopes CV, Heck RM. The use of medicinal plants and the role of faith in family care. Rev Gaúcha Enferm. 2016;37(spe):e68285. doi: http://dx.doi.org/10.1590/1983-1447.2016.esp.68285.

doi: http://dx.doi.org/10.1590/1983-1447.2016.esp.68285

## ABSTRACT

**Objective:** To understand the use of medicinal plants and the role of faith in the family care system.

**Method:** The adopted methodology is qualitative research, conducted in April and July 2015, in a municipality of Rio Grande do Sul, Brazil, Brazil, with three informants who have knowledge of the healthcare practices. The data were interpreted using interpretive anthropology.

**Results:** Data interpretation led to two categories: **Medicinal plants in health care** and **Care with the use of plants in the blessing ritual**. It was identified that the use of plants and faith healing is a particular form of self-care in that given community. The purpose of this practice is to cure people from a biological and comprehensive perspective, involving the body, soul, spirit, and environment.

**Conclusion:** The research revealed that medicinal plants go beyond the merely biological relationship in the family care system. Use of these plants is not based on the principle of buying and selling, but rather on the act of exchanging, giving, receiving, and reciprocating.

**Keywords:** Plants, medicinal. Faith healing. Caregivers. Nursing care.

## RESUMO

**Objetivo:** Compreender o uso das plantas medicinais e o papel da fé no sistema de cuidado familiar.

**Método:** Pesquisa qualitativa, realizada em abril e julho de 2015, em um município do Rio Grande do Sul/Brasil, com três informantes conhecedores de práticas de cuidado. A interpretação dos dados seguiu referencial antropológico interpretativo.

**Resultados:** Emergiram duas categorias: **Plantas medicinais no cuidado à saúde** e **Cuidado com o uso das plantas no ritual de benzer**. Identificou-se que o uso das plantas e a cura pela fé constituem uma forma de autoatenção peculiar, própria do território, que resgata o ser humano da perspectiva biológica e íntegra corpo, alma, espírito e ambiente.

**Conclusão:** A investigação permitiu compreender que as plantas medicinais, além da relação biológica estabelecida, atuam no sistema de cuidado familiar, sendo que a sua utilização não opera conforme os princípios de compra e venda, mas da troca, do dar, receber e retribuir.

**Palavras-chave:** Plantas medicinais. Cura pela fé. Cuidadores. Cuidados de enfermagem.

## RESUMEN

**Objetivo:** Comprender el uso de plantas medicinales y el papel de la fe en el sistema de cuidado de la familia.

**Método:** La investigación cualitativa llevada a cabo en abril y julio de 2015, en una localidad de Rio Grande do Sul/Brasil, a partir de tres empleados con conocimientos en las prácticas de cuidado. La interpretación de los datos siguió la referencia antropológica interpretativa.

**Resultados:** Emergieron dos categorías: **Las plantas medicinales en el cuidado de la salud** y el **cuidado con el uso de las plantas en el ritual de la bendición**. Se identificó que el uso de plantas y curación por la fe es una forma de autoatención que rescata el ser humano desde el punto de vista puramente biológico y el cuerpo, alma, espíritu y medio ambiente.

**Conclusión:** La investigación hizo entender que las plantas medicinales actúan más allá de la relación biológica en el sistema de cuidado de la familia. No funciona de acuerdo con los principios de compra y venta, sino de intercambio, de dar, recibir y dar vuelta.

**Palabras clave:** Plantas medicinales. Curación por la fe. Cuidadores. Atención de enfermería.

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## INTRODUCTION

It has been observed that the environmental, social, and economic issues currently affecting Brazil and the world are merging with the subject of quality of life, care, access to healthcare, safety, autonomy, and humanisation. These subjects stress the need for an interdisciplinary approach and allow the exploration of care-related specificities, which often go unnoticed, but remain significant in the context of different social groups.

The social movements of the 1980s vindicated the inclusion of care to translate and integrate practices of a complex medical system to their reality. This discussion culminated in the adoption of the national policy of integrative and complementary practices ("PNPIC") in the unified health system ("SUS")[1], and the inclusion of homeopathy, the use of medicinal plants and herbal medicine, traditional Chinese medicine/acupuncture, anthroposophical medicine, and social thermalism as care practices.

In addition to these complementary and integrative practices, there are other forms of care that rely on faith and divine operation, in which folk healers, psychics and mediums work to heal the body and soul. These practices empower individuals toward an interconnectivity with themselves, with others, and with the environment. Furthermore, they target the individualised, exclusive care of each user, making them impossible to recreate; their uniqueness and need for external, non-human action power make them immeasurable, inexplicable, and incomprehensible in the eyes of science[2-5].

The basis of this system lies in the relationship and bond between people, surpassing economic borders, with the recognition and identification of all those who relate to it. It establishes a relationship with the paradigm of the God-given gift that is based on the concepts of giving, receiving and giving back[6], culminating in reciprocity, which arises from the establishment of bonds and the social construction.

This context contrasts with the hegemonic medical system, predominant in Brazilian healthcare, which reduces the human being to the biological dimension. This system denies the subjectivity of users and provides care that focuses on curing, the use of medication, and diagnostics with high-cost technology[7]. Thus, it relegates the provision of care to the fulfilment of a plan of actions established by health workers.

Moreover, it inhibits the construction of care relationships that involve other knowledge and approaches, which promote qualified, legitimate care based on autonomy, dignity, and the identify of its subjects, and respects their previous knowledge to produce authentic learning, essential for the reorganisation of healthcare system.

In this context, the core of rural health and sustainability research investigates the health-related practices, knowledge, and care in nursing and in the family system, and the use of medicinal plants by different social groups. This research seeks to appreciate everyday family care actions with the hope of approaching and understanding the care that emerges from practice experiences. The perspective is to gather the information that substantiates and qualifies a sensitive, symbolic, and comprehensive knowledge. The possibility of detailing care are its relations with the wider system structure, and of exploring the underlying framework that is barely visible to the biomedical system or the official healthcare network, despite being a part of the family care routine.

Along this path, while still attempting to recover these practices, some of which are officially legitimised, considered complementary, or not so much, such as the health-faith interface and reciprocity, the need to provide persevering, day by day, action-oriented gains ground.

In scientific literature on the subject, there is an abundance of studies on the use of medicinal plants in care based on precepts of the biological system[8-9]. Very few studies, however, focus on understanding singular forms of care that use faith and medicinal plants as resources to heal and relieve pain[2-5]. Consequently, the aim is to understand the use of medicinal plants and the role of faith in family care.

## METHODOLOGY

This study is part of the database of the project, "*Autoatenção e uso de plantas medicinais no bioma pampa: perspectivas para o cuidado de enfermagem rural*", conducted in partnership with Embrapa.

This investigation is based on the qualitative approach and data were collected using systematic observation, photographic records, the collection of medicinal plants, and semi-structured interviews. The data of this paper were collected between April and July 2015, from three key informants indicated by the department of primary development of the municipality of Rio Grande, who were considered knowledgeable in healthcare practices. The study site was the home of the informants, in the rural area of the municipality. The interviews were scheduled and recorded, after the participants signed an informed consent statement.

Data were collected by systematically observing care practices with the use of medicinal plants to recognise and understand the reality environment/territory/informant. This scenario was explored using in-depth semi-structured interviews with dialogues directed towards the actions, organisation, and mobilisation of the provided care practices to identify the purpose of this practice and its association with resources that make care comprehensive within its expectations. The interview script contained questions on sociocultural aspects, the care system, and the use of plants as therapy, and was complemented with a genogram and eco map[10] of the family care system.

The medicinal plants were registered using photography where they are cultivated or occur naturally, georeferenced with GPS and recorded in the field journal. The data of the medicinal plants were arranged in a chart with the common name, use, indication, care in preparation, and dosage. The bundles of these plants were collected, preferably in reproductive phase, dehydrated, and systematically organised and stored for botanical identification. Next, they were preserved in the herbarium of Embrapa Clima Temperado, and entered into a database to support further scientific research.

The data were subjected to qualitative analysis according to the operative model of Minayo[11]. After the transcription, organisation, and classification of the material collected in the field, the researchers read the data thoroughly. The data were divided into two groups: sociocultural information and care information. The statements produced two thematic categories: **Medicinal plants in healthcare** and **Care for the use of plants in the blessing ritual**. To safeguard the anonymity of the informants, they were identified with the codes P1, P2, P3.

Analysis was based on the interpretative anthropological framework of Geertz, which interprets culture as a dynamic social construction woven by everyday actions that signify and replicate experiences, expressed in symbols[12]. From this perspective, the medicinal plant is a dynamic symbol employed in different practices, and, in this project, the objective was to explore this symbol from the standpoint of self-care and healthcare[13].

This project observed all the ethical precepts of Resolution 466/2012 of the national health council. It was approved by the ethics committee of the Faculdade de Enfermagem of UFPel, protocol 076/2012. All the participants signed an informed consent statement.

## RESULTS AND DISCUSSION

The results are presented in two categories to objectify the understanding, namely **medicinal plants and healthcare** and the **use of plants in the blessing ritual**. However, in the adopted interpretative framework, it is essential to contextualise the actors of this care in time and space.

### Sociocultural context and the caregivers

Three individuals were indicated to participate in this investigation. These individuals are two women and one man, aged 55, 59, and 64, respectively, who live in two rural districts of the municipality of Rio Grande/RS. With regard to education, most of the informants had not finished primary school. The main source of income of the informants was agriculture and livestock farming. In terms of religion, two reported being Catholics and one reported being a spiritualist. All the participants referred to themselves as folk healers. The three informants had been living in their current location for more than 40 years, and two were born in the district. They all actively participate in religious and cultural activities of the community.

According to the 2010 Census of the Brazilian institute of geography and statistics ("IBGE")[14], by 2010, the population of Rio Grande is 197,228 inhabitants, of which 7,781 live in the country. The informants live approximately 35 km from the urban centre, accessed through an unpaved roadway.

The city of Rio Grande, currently a major sea port hub, was founded in 1737 with the construction of Fort Jesus Maria José, a support base during the Portuguese dominion of the South. Located in the coastal plain of Rio Grande do Sul, the growth of this region is related to its strategic position in the Lagoa dos Patos estuary along the Barra do Rio Grande. It is part of the coastal lagoon microregion of the pampa biome in the south coast, rich in environmental diversity, dunes along the entire coastline, bordered by the Laguna dos Patos, and fields with herbaceous undergrowth and vegetation[15].

The districts of Povo Novo and Quinta, where the informants live, have a history of important achievements in the cultural formation of the rural communities of Rio Grande. The first settlers of Povo Novo, initially located on both sides of the Estrada Real da Palma, were small-scale Portuguese farmers during the Spanish invasion between 1763 and 1776[16].

The core of the Torutama, which already existed, the Fazenda Real, or royal estate, in the island of Torutama, received most of the Portuguese families, and subsequently formed the Pueblo Nuevo del Torutama in the lands of Manoel Fernandes Vieira, who retired during the Spanish rule[16]. After the restoration of the Portuguese

lands, the former owner recovered the area, originally the first donation of allotments in the region, and transferred the 112 Azorean families of farmers and breeders to Rincão D'El Rey, where the district of Novo Povo now stands. The Vila da Quinta was founded as a district in 1912, and the geography of the territory was gradually constructed with continual divisions, namely sales, exchanges, and inheritances, eventually becoming an urban area in a rural setting[16].

The beliefs of the rural population of the Rio Grande are rooted in Azorean and Portuguese mysticism[2]. It was observed that these values were propagated through leisure activities and religious festivals, which include chants in praise of the Holy Spirit. On these occasions, a group of people leave their homes at the end of the day, on the eve of Christmas, New Year, or Day of Kings, to sing door-to-door and joyfully celebrate life and the birth of Jesus. One of the informants is a member of the group of Kings in the community, which gathers regularly to celebrate sharing and friendship. These cultural manifestations have been recently identified in a study with a group of Azorean descendants in Santa Catarina[2].

In the region, there are accounts of witches who, once confronted, spread their witchcraft and may even cause death, especially of newborn infants. These reports specifically symbolise the way these communities see the world, and constantly provide new meanings to healthcare practices[17].

Thus, the cultural identity becomes a living set of social relations and a historically shared symbolic heritage, establishing a communion of certain values among the members of this social group and influencing the representations of health and disease, and the performed care practices[18].

In this perspective, health is a historically built process with attributed and shared values and meanings, from the past to the present, resulting in something adapted and different that influences the physical and natural environment in which the social groups live. For the people who participated in the study, healthcare is not merely represented as the absence of pain, but also as the possibility of work through dialogue and spiritual peace.

## Medicinal plants in healthcare

The use of medicinal plants by the population of Rio Grande has already been registered[17] as a healthcare practice, exercised from the beginning of colonisation, becoming a part of the history and the local reality of the region.

The research informants, who also live in Povo Novo and Quinta, mentioned 127 plants. Of these plants, 56 were mentioned more than once, as listed in Chart 1. Forty-eight species were botanically identified. It was not possible to identify the other species because some plants did not have fruit and/or flowers during collection, which prevents a precise identification.

The plants mentioned by the informants were used to promote health and to treat and prevent 81 signs, symptoms, or diseases. These data corroborate other studies[3-5, 17, 19 – 20] about how the popular care system takes ownership of biomedical practices by reinterpreting, rearranging and categorising knowledge and practices from experience and according to needs. This knowledge is used and shared, and constitutes another explanatory model of health and disease[12].

According to the statements, the use of plants was not restricted to infusions, syrups, and tinctures; they were also used for massage, to prepare food, spiritual cleansing baths, in blessing rituals, and to keep evil away.

> *P3: [...] Chamomile is very nice to have at home, it brings good energy, and for those with small child with colic, it is a Holy medicine. It helps to heal wounds, and also calms things down.*

> *P1: [...] Arruda I use to bless, but if you put it in alcohol to apply where there is rheumatic pain and can also be used for scabies, both of animals and human. Rosemary is also used for several things, it's used to bless, ward off bad energy, and for gastritis and stomach ulcer.*

A confluence of indications emerged from the experiences. Moreover, the use of different explanatory models of health/ disease associated with healing and plants was observed, based on systems that deal with the physical body or mind with assistance-oriented attitudes, and help people and their families recreate their experiences of suffering[3, 5]. For greater objectivity, the union of faith and the use of plants will be discussed separately.

> *P2: [...] People come to me asking for zedoaria that helps with cancer. You wash the root well, cut it and let it dry in the sun, then you put it in a dark glass container, a dye, it cannot get sunlight to preserve all the properties of the plant.*

It was identified that the medicinal plants are used in the care system of this community as a therapeutic re-

| Common name | Scientific name | Family | Indication | Part used |
|---|---|---|---|---|
| Avocado tree | *Persea americana* Mill. | Lauraceae | Diuretic tea and massage | Pit/leaf |
| Rosemary | *Rosmarinus officinalis* L. | Lamiaceae | Tonic, stimulant, stomach ulcer, evil eye, blessing ritual | Whole plant except the root |
| Myrtle | *Psidium* sp. | Myrtaceae | Tea for diarrhoea | Leaves |
| Aroeira mansa (Brazilian pepper tree) | *Schinus terebinthifolius* (Raddi) | Anacardiceae | Anti-allergic, blessing ritual | Bark |
| Rue | *Ruta graveolens* L. | Rutaceae | Repellent, lice, scabies, massages, bad energy | Leaves |
| Aloe | *Aloe arborescens* Mill. | Asphodelaceae | Hair loss, cancer | Leaves (mucilage) |
| Aloe | *Aloe* sp. | Asphodelaceae | Localized pain, healing, hair | Leaves (mucilage) |
| Speckled aloe | *Aloe* sp. | Asphodelaceae | Burns and wounds | Leaves |
| Wild banana | *Bromelia antiacantha* Bertol. | Bromeliaceae | Cough syrup, flu, and respiratory infections | Fruit |
| Sweet potato | *Ipomea batatas* (L.) Lam. | Convolvulaceae | Tea for H-pilore | Leaves |
| Bergamot | *Citrus* sp. | Rutaceae | Tea for colds, flu, sedative, headache | Leaves |
| Boldine | *Plectranthus* sp. | Lamiaceae | Tea for stomach, liver | Leaves |
| Bilberry | *Plectranthus* sp. | Lamiaceae | Tea for the stomach, liver, | Leaves |
| Cambará (Big sage) | *Lantana camara* (L.) | Verbenaceae | Syrup for colds, bronchitis | Leaves |
| Chamomile | *Matricaria recutita* (L.) Rauschert | Asteraceae | Digestive tea, healing, prosperity, keeps the evil eye away. | Leaves/flowers |
| Carqueja (Bush baccharis) | *Baccharis* sp. | Asteraceae | Diuretic tea, digestive tea, and weight loss | Aerial part |
| Carqueja fina (Thin baccharis) | *Baccharis* sp. | Asteraceae | Slimming tea | Aerial part |
| Carqueja folha larga (Broad leaf baccharis) | *Baccharis* sp. | Asteraceae | Tea appetite stimulant and anaemia | Aerial part |
| Chinchilho | *Tagetes minuta* (L.) | Asteraceae | Tea fever, cough, flu | Leaves |
| Citronella | *Cymbopogom* sp. | Poaceae | Repellent | Leaves |
| Comfrey | *Symphytum officinale* L. | Boraginaceae | Massage rub | Leaves |
| Coronilha | Scutia buxifolia | Rhamnaceae | Analgesic tea | Bark |
| Dahlia | *Dahlia* sp. | Asteraceae | Antihistamine | Flower |
| Erva baleeira (Rock sage) | *Varronia verbenaceae* (DC) Borhidi | Boraginaceae | Massage rub, anti-inflammatory, analgesic, diarrhoea | Leaves |
| Lemon balm herb | Unidentified | Myrtaceae | Calming tea, digestive | Leaves |
| Erva de bicho (Knot weed) | *Polygonum* sp. | Polygonaceae | Tea to wash haemorrhoids, diseases of the reproductive system | Leaves |
| Erva de bugre/ Guaçatonga | *Casearia sylvestris* Sw. | Salicaceae | Tea to wash wounds, cleanse the blood | Leaves |

**Chart 1** – List of the plants of medicinal and mystical use most frequently mentioned by the research informants. Rio Grande, RS – 2015 (continue)

| Common name | Scientific name | Family | Indication | Part used |
|---|---|---|---|---|
| Espinheira santa | Maytenus ilicifolia | Celastraceae | Healing tea, stomach ulcer, heartburn | Leaves |
| Lemon eucalyptus | *Eucaliptus* sp. | Myrtaceae | Steam sinusitis | Leaves |
| Fennel | *Foeniculum vulgare* (Mill) | Apiaceae | Digestive tea, cramps | Leaves |
| Psidium guajava | *Psidium* sp. | Myrtaceae | Digestive tea, diarrhoea, constipation | Leaves |
| Mint | *Mentha* sp. | Lamiaceae | Digestive tea, expectorant | Leaves |
| Orange tree | *Citrus* sp. | Rutaceae | Calming tea | Leaves/flower/ fruit |
| Lemon | *Citrus* sp. | Rutaceae | Tea for cholesterol | Leaves/fruit |
| Marcela | *Achyrocline satureoides* (Lam.) | Asteraceae | Anti-inflammatory, digestive tea, ward off storms | Flower/leaves |
| Pata de vaca (Butterfly tree), plant insulin | *Bauhinia* sp. | Caesalpiniaceae | Tea for cholesterol, diabetes, diuretic | Leaves |
| Pente de macaco (Bushwillow) | *Combretum* sp. | Combretaceae | Digestive tea | Leaves and bark |
| Picão branco (Gallant-soldier) | *Galinsoga parviflora* (Cav.) | Asteraceae | Tea anti-inflammatory, ovarian infection | Whole plant |
| Pição preto (Beggar's tick) | Bidens pilosa L. | Asteraceae | Diabetes, anti-inflammatory | Leaves |
| Pitangueira (Surinam cherry) | *Eugenia uniflora* L. | Myrtaceae | Menstrual delay, colds and diarrhoea | Leaves |
| Pixirica (Bearing glory bushes) | *Leandra australis* (Cham.) Cogn. | Melastomata-ceae | Slimming tea, hypertension, cholesterol, diabetes | Leaves |
| Quebra pedra | *Phyllanthus* sp. | Phyllanthaceae | Tea for cystitis, genital infections | Leaves |
| Quitoco | *Pluchea sagittalis* (Lam.) Cabrera | Asteraceae | Tea for rheumatic pain and joint pain | Leaves |
| Elderberry | *Sambucus australis* Cham. & Schltdl. | Adoxaceae | Calming tea, fever, colds, measles, rubella, and chicken pox | Flower |
| Tansagem | *Plantago australis* (Lam.) | Plantaginaceae | Tea throat infection | Whole plant |
| Tansagem | *Plantago* sp. | Plantaginaceae | Tea throat infection | Whole plant |
| Trapoeraba, Ondas do mar (Spiderwort, Wandering jew) | Tradescantia zebrina | Commelina-ceae | Tea urinary tract infection | Leaf tea |
| Tumbo, Yerba santa | *Aloysia gratissima* Gillies & Hook.) | Verbenaceae | Calming tea, stomach, gases | Leaves |
| Zedoary | *Curcuma zedoaria* (Christm.) Roscoe | Zingiberaceae | Dye/anticancer tea | Leaves |

**Chart 1** – List of the plants of medicinal and mystical use most frequently mentioned by the research informants. Rio Grande, RS – 2015 (conclusion)

Source: Project database, "Autoatenção e uso de plantas medicinais no bioma pampa: perspectivas para o cuidado de enfermagem rural" – 2012/2017.

source. The informants stated that access to biomedical healthcare had improved in the form of basic units in rural areas and the implementation of the Family Health Strategy. However, the use of plants and the blessing rituals continued, indicating that these practices are not used only in the absence of official healthcare resources, but rather as a form of self-care within this social group. Thus, they are considered one of the practices of healthcare, and a form of complementing the biological with body, soul, spirit, and environment.

## Care with the use of plants in the blessing ritual

Given the complexity of the health-sickness process, traditional caregivers seek different healing techniques to ensure comprehensive care. In this community, the blessing ritual with the use of plants and elements of nature is a form of care, thus corroborating other studies[3, 5] that detected the use of this practice for healing and the relief of suffering.

The blessing ritual as a therapeutic resource is rooted in the European culture, especially the Azorean culture. The Azorean settlers brought a cultural baggage full of beliefs and religions, and applied them to all aspects of daily life. The blessing ritual is a form of warding off evil and clinging to the belief of the power of God. The female folk healers had the power and knowledge to heal and ward off the spiritual and physical ailments of adults and children, while men were sought for the specific cases of snake bites, haemorrhages, or to heal animals[5].

This cultural heritage was enriched by the Brazilian miscegenation. When the Azoreans first arrived, they found a culture that also used prayers and purification as a form of care, as well as diets, exercise, herbs, and relaxation[4]. All these elements contributed to the construction of the care system, which often reaffirms the rituals despite advances in biomedicine, and persists as a health resource, as shown below:

*P1: [...] When in doubt bless and then observe.*

*P1: [...] We do as the doctor does and tell them to take medicine, but sometimes it's just the blessing and they don't go to the doctor...*

*P2: [...] first we use the tea and bless at home, then if it does not get better, they have to go to the doctor.*

*P2: [...] we have the tea, bless, massage, and lastly the tests.*

The statements show that the blessing ritual and the use of plants is the first care resource, without differences or levels of priority between the practices. This care resource does not include the official healthcare system, and therefore constitutes self-care. It affords a humanistic vision to the care process, where the individual becomes a co-participant of the healing process by evaluating the effectiveness of treatment, opting for the concomitant use of other therapies, and searching for treatment in the official health system, thus defining the stages of care[5].

This humanistic vision is linked to the belief that the blessing ritual is a gift that rests on two ethical imperatives; the first with God and the second with those who seek aid[3]. The folk healer is chosen by God, and this choice is revealed in the discovery of the gift, which can be passed from generation to generation, from another healer[5], or by divine intervention. In this sample, the informants stated they received the knowledge from relatives or deities. Informant P1 reported having received the gift from the grandmother and mother-in-law, who were healers, while P2 had a father who was a healer, and referred to a dream in which he/she was chosen by the Virgin Mary to bless others.

The desired outcome of the blessing, whether for curing, the relief of a malaise, the fall into grace, does not depend only on the healer and plants used; it is linked to the faith conditions of the folk healer and the receiver. In this respect, the relationship of trust and care is a form of organisation, a form of focusing on the causes of suffering. As the craft of blessing unfolds, in the event of a cure and relief of suffering, a relationship of trust is formed between the community and the healer, who is then indicated as a health resource by the community. This finding was also identified in other studies of the practice of blessing conducted in Brazil[2-3, 5].

The blessing ritual is sought when the biomedical model fails to acknowledge suffering or fails to identify a disease. The origin of some of these events is attributed to the supernatural, based on the belief that humans are composed of body, soul and spirit, and that these are inseparable. A problem that affects one person can be perceived in the other, and the cure does not merely depend on physical intervention and may require supernatural intervention. During the ritual, the healer can identify and differentiate the interface with the social group and the identity of the person being blessed[3, 5]. This observation is revealed in the following statements:

*P1: [...] The doctor doesn't believe it when people are having a breakdown, suffering from evil eye, stalled, and then*

*we bless them. We also bless for heat stroke, pain, acute, twisted joints, toothache, headache, thrush, warts, and warding off storms or driving away demons.*

The belief that blessing is a gift may explain the difficulty of passing on the knowledge to descendants, since both reported that no one in the family was interested in the craft. Thus, we can conclude that in order to receive the gift, the person has to be interested or willing. The folk healer is a channel to God, a being who lives to serve, as expressed in the statement of one of the healers:

*P1: [...] Those who do not live to serve, are not fit to live.*

Serving others is the main purpose of the life of healers, which approaches the theory of a universal gift of God[6]. We can also observe the presence of a triple collective obligation to give, receive, and return the symbolic assets and material, and construct a system of interpersonal reciprocity. Regardless, serving is not desirable in this individualistic, capitalist world based on the laws of trade, where everything has a price and must occur within rigidly established parameters and in a timely manner, thus hindering the existence of young people who are willing to receive the craft and continue along this path.

*P: [...] Do you have the habit of teaching your children to bless, know the plants that you use to made the teas?*
*P1: [...] The teas, yes, the blessing, no...*
*P: [...] Are they interested in learning or not?*
*P1: [...] I don't know (laughs), the youth is different since they have other things, they don't seem to believe much, but the tea I teach... And when things get bad they ask me to make some.*

Another point that keeps new members away from the craft is the lack of monetary compensation for the blessing ritual. The sacred is not sold and the healer does not promote himself or herself, and depends solely on the experiences of those who receive the care and their willingness to spread the word within the community, as observed in other social groups in studies that stress the importance of using medicinal plants in care[3, 5].

These relationships based on the paradigm of the gift depend on reciprocity, in which the person who has the gift of blessing creates a bond with the blessed and transfers care. The blessed person who feels obliged to repay the care in some way usually brings plants, talks about the experiences that resulted in a cure, or does household chores (splits firewood, watches the house, feeds the animals). In other words, this retribution is rarely in the form of money. That is, financial payment for a blessing is not accepted in this system. Thus, the paradigm of the gift permeates the relationships that are not based on economic resources, but mainly on trust, bonding, ethics, and the giving-receiving-return cycle[6], as observed in a study conducted with a Brazilian indigenous tribe[4].

However, the blessing ritual as a part of the care system used by people in the community is often unknown, ignored or devalued by health professionals of the official system that work with communities, probably because this practice permeates the supernatural and faith.

In the participant observation, it is possible to experience the blessing ritual, where the informants use plants and elements of nature as means to cure, and say prayers that are unknown to the researchers.

This experience forces us to reflect on the biomedical procedures, in which the one-being-cared-for must go through a specific preparation for surgery and tests, such as removing garments and personal items, wearing other garments, caps, foot protectors, and having catheters and needles inserted in their bodies, unknown elements in the practice of self-care.

The observed mystical care practices operate within a system of reciprocity with elements that are unknown or hidden from the professionals who work on the official health system. In the collective imagination, this system often has unknown or inexplicable elements of cure, when prescriptions and practices go beyond their understanding[3].

The blessing ritual is part of the culture care system, with all the collective and individual meanings and signs and traces of receptive assistance and solidarity. It seeks to (re) elaborate the experience of suffering and (re) organise the healthy way of life, thus enabling people to cope with the challenges of everyday life[19]. To restore this form of care, as a significant practice to relieve suffering, sheds light on the importance of this care, especially in the scientific community, and on ways of integrating professional and family care to enable comprehensive care, as opposed to fragmented care.

In this context, the plant or part of it (branches, leaves or bundles), in the blessing ritual carries a meaning of faith and reverence, in addition to the medicinal action, and promotes the care of children, adults, seniors, pets, and pest control in crops. It can be compared to a rock offered to serve as an altar, thus acquiring a new, sacred meaning. In the blessing process, the healer is socially recognised as someone who is capable of mediating care and of connecting plants with the divine[3].

The clinical property, in this case, is not the plant or its phytochemical elements; it depends on the person who is mediating care. The mentioned plant holds the history and examples of care, which confirm its therapeutic efficiency[20].

This system of care with plants and faith based on reciprocity and the divine gift of healing goes beyond the disease. It values the local culture and safeguards the knowledge, songs, prayers, devotions, and rituals that are shared by everyone. The caregiver is dedicated to the one-being-cared-for, and transmits peace and comfort in exchange for the recognition of the community and the gift of healing. Thus, it becomes a health resource used by the families of those communities. Moreover, a limitation of this study is the observation of the families who received the care.

## CONCLUSION

This investigation showed that the use of medicinal plants and the role of faith in the family care system go beyond the biological relationship of healthcare. These practices are not based on the principles of buying and selling, but on the exchange, the giving, receiving, and reciprocating. This care system is supported on reciprocity, bonding, ethics, and the gift of healing.

The results of this investigation should urge professionals to reconsider the skills and knowledge needed to practice nursing in rural communities, and the need to incorporate other practices than those offered in the official system. These complementary therapies include the use, indication, contraindication, and drug interaction of medicinal plants.

We stress the inevitability of including disciplines in the nursing curriculum that dialogue with other forms of biomedicine and go beyond the biological issues. These disciplines include anthropology, sociology, Chinese traditional medicine, and homeopathic medicine.

This dialogue may narrow the gap between family and professional care since it allows nursing to restore individual care from the existing fragmentation of the official care system, and promotes the emancipation of these individuals and their families in relation to healthcare practices by giving them greater autonomy to make health-related decisions.

The low number of informants and the investigation of data from one municipality are limitation of this study. Therefore, we suggest further research with more subjects and in other territories to understand the bond between the practices of care, faith, and the use of medicinal plants.

Similarly, it is important to raise the awareness of nurses and encourage them to practice in different social and cultural contexts. This experience can provide nurses with the instruments they need to intervene in the cure process with health practices better suited to every family and community.

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Received: 09.29.2016
Approved: 03.21.2017