

**FARMÁCIA VERDE IN MANICORÉ (AM): POSSIBLE DIALOGUES BETWEEN
INTEGRATIVE CONVENTIONAL PRACTICES**

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PRÁTICAS INTEGRATIVAS E CONVENCIONAIS***

***FARMACIA VERDE EN MANICORÉ (AM): DIÁLOGOS POSIBLES ENTRE
PRÁCTICAS INTEGRATIVAS Y CONVENCIONALES***



Mariana Cardoso OSHIRO¹

e-mail: marianac.oshiro@gmail.com



Bianca Barbosa CHIZZOLINI²

e-mail: bianca.chizzolini@usp.br



Monique Batista de OLIVEIRA³

e-mail: monique.oliveira@usp.br

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¹ University Federal de Pernambuco (UFPE), Recife – PE – Brazil. The pharmacist graduated from Oswaldo Cruz College, a Master of Pharmaceutical Sciences from the Federal University of Paraná, and is currently a Doctoral degree candidate in Pharmaceutical Sciences, specializing in Natural Products and Bioactive Compounds at University Federal de Pernambuco.

² University of São Paulo (USP), São Paulo – SP – Brazil. Doctoral degree candidate and Master of Social Anthropology from the University of São Paulo (USP), with a Bachelor's degree in Social Sciences from the same institution. Currently a *fellow* of the Wenner Gren Foundation.

³ University of São Paulo (USP), São Paulo – SP – Brazil. Postdoctoral researcher at the Faculty of Public Health, USP. A journalism graduate from Cásper Líbero, Bachelor of Social Sciences from USP, Master of Science Communication and Cultural Dissemination from Unicamp, and Doctoral degree from USP.

ABSTRACT: Actors from both sides heat the debate between integrative practices and conventional medicine. This analysis presents concrete elements for greater dialogue between the fields based on the methods of the Farmácia Verde located in the municipality of Manicoré (AM). We will use the experience report of a volunteer pharmacist in the space between July and November 2021 as our method. The report presents tensions between pharmaceutical education and the observed practices, which allowed for the following results: 1) similarities (such as anamnesis); 2) incommensurabilities (such as the use of a pendulum for dosage, for example); and 3) differences (such as the organization of services). We understand that elements 1 and 2 can be overcome, while element 3 represents obstacles to integrating biomedical practices that would enable, for example, more excellent referrals from primary care to the pharmacy. Implementing inter-epistemic research that can comprehend the contributions of these spaces to the healthcare system becomes urgent.

KEYWORDS: Integrative medicine. Health care. Medical anthropology. Medicinal plants. Epistemology of health.

RESUMO: O debate entre práticas integrativas e a medicina convencional é acirrado por atores de ambos os lados. Esta análise apresenta elementos concretos para uma maior interlocução entre os campos, com base nas práticas da Farmácia Verde localizada no município de Manicoré (AM). Utilizaremos como método o relato de experiência de uma farmacêutica voluntária no espaço entre julho e novembro de 2021. O relato apresenta tensões entre a formação farmacêutica e as práticas observadas, o que permitiu os seguintes resultados: 1) as semelhanças (como a anamnese); 2) as incomensurabilidades (como o uso do pêndulo para posologia, por exemplo); e 3) as diferenças (como a organização dos serviços). Entendemos que os elementos 1 e 2 são superáveis, enquanto o elemento 3 representa obstáculos para a aproximação com práticas biomédicas que permitiriam, por exemplo, maiores encaminhamentos da atenção primária para a farmácia. Torna-se urgente a implementação de pesquisas interepistêmicas capazes de compreender as contribuições desses espaços para o sistema de saúde.

PALAVRAS-CHAVE: Medicina integrativa. Cuidados de saúde. Antropologia da saúde. Plantas medicinais. Epistemologia da saúde.

RESUMEN: El debate entre las prácticas integradoras y la medicina convencional es acalorado por actores de ambos lados. Este análisis presenta elementos concretos para un mayor diálogo entre los campos, a partir de las prácticas de Farmácia Verde ubicada en el municipio de Manicoré (AM). Utilizaremos como método el relato de experiencia de una farmacéutica voluntaria en el período entre julio y noviembre de 2021. El relato presenta tensiones entre la formación farmacéutica y las prácticas observadas, lo que permitió los siguientes resultados: 1) las similitudes (como la anamnesis); 2) las inconmensurabilidades (el uso del péndulo para posología, por ejemplo); y 3) las diferencias (como la organización de los servicios). Entendemos (1-2) como elementos superables, y (3) como obstáculos para abordar prácticas biomédicas que permitan, por ejemplo, mayores derivaciones desde atención primaria a farmacia. Es urgente implementar investigaciones interepistémicas capaces de comprender las contribuciones de estos espacios al sistema de salud.

PALABRAS CLAVE: Medicina integrativa. Cuidado de la salud. Antropología médica. Plantas medicinales. Epistemología de la salud.

Introduction

Intending to investigate the potential for expanding the interplay between complementary medicine practices and conventional medicine, this analysis presents an experiential account of voluntary work conducted at Farmácia Verde, located in the municipality of Manicoré, in the state of Amazonas. Farmácia Verde is a project for the production of herbal medicines maintained by the Diocese of Humaitá and began its activities in 1995 at the Parish of São José. The municipality of Manicoré, situated in the southern region of the state of Amazonas, is located between the capitals of Manaus and Porto Velho (RO). The city's name derives from the homonymous river and the word Ancoré, the indigenous community that inhabited the region (FERLA *et al.*, 2022). The Manicoré River is a tributary of the Madeira River, whose hydrographic basin is highly impacted by mining activities and uncontrolled urbanization (RIBEIRO *et al.*, 2022). Additionally, the region is home to a 19,000-hectare indigenous reserve, recognized in 2001, where 221 descendants of the Mura ethnic group were living in 2010 (TERRAS INDÍGENAS..., 2010). The Mura extends over a vast region and have faced successive historical extermination processes, having been classified as enemies of the Portuguese crown in the 18th century (ISA, 2009).

Farmácia Verde is the result of this historical process which, despite its challenges, managed to become a space for preserving knowledge with few existing records. It is a model similar to Farmácia Viva, a project conceived by Professor Francisco José de Abreu Matos from the Federal University of Ceará, aiming to strengthen the knowledge and use of herbal medicines in Brazil by providing services to the community (MAGALHÃES; BANDEIRA; MONTEIRO, 2020). Farmácia Viva is regulated by Ordinance 886/2010 of the Ministry of Health, and its pharmaceutical products and services cannot be commercialized (BRASIL, 2010b).

Another policy aligned with the practices of Farmácia Verde is the National Policy on Integrative and Complementary Practices (PNPIC) and the National Program on Medicinal Plants and Herbal Medicines (PNPMF) (BRASIL, 2006; BRASIL, 2008). PNPIC is conceived as an approach to integrative medicine, seeking to promote the integration between complementary medicine (traditional practices of people with knowledge not widely incorporated into the health system) and conventional medicine (Western medical and scientific expertise that supports healthcare systems). This study aims to analyze the dialogue between different practices that occurs within this context (OPAS/OMS, 2019; OTANI; BARROS,

2011). The Farmácia Verde project exemplifies the possibility of interaction between different approaches to care and health. However, despite Brazil's recognition by the World Health Organization as a pioneer in incorporating complementary practices into the healthcare system (OPAS/OMS, 2019), this integration is not without challenges.

Theoretical Framework

The analysis of the obstacles to the further interplay between Farmácia Verde and other instances of the Unified Health System involves understanding the epistemological differences present in each of them. Conventional medicine is based on a scientific method that is founded on the division between soul and matter, where the study of the soul has been relegated to religion and metaphysics, while the study of matter has been assigned to the experimental sciences, whose mission has been limited to identifying the workings of the body (NOUVEL, 2013). The problem of the workings invades medical science, which becomes, to some extent, experimental: based on a method, clues validating previous discoveries are sought in the patient's account (BERNARD, 1978). In this framework, the individual's experience as a whole is not part of the analysis. The scientific spirit must oppose the commonplace, and the initial experience becomes an obstacle for this science that is outside the human being's time and will find patterns in a non-existent time (BACHELARD, 1938).

With evidence-based medicine, innovations and the calculated application of highly effective treatments occur, but often these therapies are carried out at the expense of integrated care that considers the patient's subjectivities. In the field of collective health and socioanthropology of health, many studies seek to reintroduce contexts and subjectivities into medical practice (BUSS; PELLEGRINI FILHO, 2006; BUSS; PELLEGRINI FILHO, 2007; MERHY, 2002). In the philosophy of science and anthropology, there is an extensive body of literature that delves into what may have been lost in this division between dualities (nature-culture, body-soul, subject-object) and advocates for a science and medical practice that, to be democratic, must open up to other forms of knowledge and to integrated participation with what used to be called objects and patients (FEYERABEND, 2011; LATOUR, 1994, 2004; SANTOS, 2019).

Democratization requires a new epistemology that is more contextual and interested in broader processes and outcomes. Epistemology is often understood as the field that investigates theories of knowledge, how it is attained, and what makes it valid. Classical epistemologists

study what underlies a declarative statement and what justifies it. On the other hand, more contemporary epistemologists consider the process of knowledge production and the context of the information as part of what underlies a claim (DUTRA, 2010). There is also another branch of epistemology interested in social justice, known as epistemologies of the South, which starts from the validation of knowledge rooted in experiences of resistance and social groups marginalized by colonialism and patriarchy (SANTOS, 2019).

Traditional knowledge, such as indigenous and traditional peoples' knowledge, is primarily based on local ancestral practices and knowledge transmitted from generation to generation in a specific territory through an intimate connection with a particular population's ways of life, language, and worldviews. However, this close connection to the past does not make this knowledge immutable; on the contrary, it is plural and dynamic, constantly in contact with the vital processes of the present, which makes it open to change and experimentation (EMPERAIRE, 2021; LIMA *et al.*, 2021).

In the context of the discussion about the use of herbal medicine in Farmácia Verde, biodiversity is a relevant topic related to traditional epistemologies. It is observed that a series of management practices adopted by conventional communities are guided by the creation, maintenance, and valorization of agrobiological diversity (EMPERAIRE, 2021; NEVES, 2016). This management, based on species variety and materialized in biodiversity, is the opposite of the standardization of crops developed by intensive monoculture and modern ideals of science.

Another epistemology experienced by Amerindian peoples, for example, is the idea of Bem Viver (Good Living), which in Brazil is present in the expression *teko porã* among the Guaraní peoples. *Teko* refers to life in the community, and *porã* has various meanings, such as beautiful and good. The idea of Bem Viver is also manifested in the expressions *sumak kawsay* (Quechua) and *suma qamaña* (Aymara). Its meaning is related to living in harmony with nature, not to dominate it, but as an integral part of other beings on the planet, seeking a balance of the individual with oneself, society, and the earth (ACOSTA, 2016). It is also a political articulation based on cooperation, not division, on relationality, complementarity, and solidarity among individuals. The concept of Bem Viver contrasts with the idea of unbridled development that, by reifying nature, moves away from the complex processes of biodiversity and life production (DÁVALOS, 2011).

In the health field, a cognitive process contributed to the exclusion of women and the separation between medical consultation and care. Sylvia Federici (2017) describes how, in pre-

industrial societies, many women were experts in "medical knowledge" due to their familiarity with the use and handling of herbs. However, this knowledge was not related to the idea of witchcraft. These women were judged and persecuted for prescribing herbal remedies, similar to what happened to women accused of witchcraft in Europe. Although many resisted and continued to be sought after, their practice was clandestine, and their methods did not have an epistemological representation (FEDERICI, 2017).

In the debates seeking a just epistemology, gender parity in the collective construction of knowledge began to be discussed in the 1980s. This discussion was not limited to women's professional participation but was also considered a necessity for the results and objects of science to represent different subjects in society (SISMONDO, 2010). If science is seen as the result of a historical legitimization process by various actors, all of them, regardless of gender, social class, or race, should be part of this process. In other words, the cognitive construction of knowledge must be representative and involve diverse professionals. From these assumptions, the theory of feminist epistemology emerges, arguing that women are in a privileged position to analyze particular objects, contributing to the quality of scientific evidence (HARAWAY, 2009; HARDING, 2008).

In advancing this discussion, the idea of intersectionality expands the gender debate, adding the need for the epistemological discussion of knowledge produced by marginalized populations due to issues of race, ethnicity, poverty, religion, and other social groups excluded from the hegemonic and professional construction of science (COLLINS, 2017). The central idea is that knowledge is being produced that could contribute to solving contemporary problems and the necessary engagement to address them. However, this knowledge is not considered an integral part of modern rationality due to the lack of cognitive representation of groups and individuals (DAGNINO, 2014; SANTOS, 2019).

The construction of traditional knowledge is based on detailed observation of phenomena, species, landscapes, and ecological processes and the systematization of differences (LIMA *et al.*, 2021). The knowledge built by traditional cosmologies inevitably results in another way of interpreting the world, and one of these ways is the inseparability between "Nature" and "Culture." This fundamental divide in modern science holds little importance in indigenous societies in Brazil, as the environment is perceived and classified differently, and human beings are considered involved in complex networks of multispecies relationships (LIMA *et al.*, 2021).

From the encounter between distinct epistemologies, inter-epistemic approaches arise, characterized by relating two or more pieces of knowledge with their internal diversities, capable of generating concepts from experiences or ideas derived from these contrasting regimes (OLIVEIRA; FIGUEROA; ALTIVO, 2021). Interepistemic dialogue does not have rigid formats or pre-established protocols but requires efforts of critical approximation and attention to its processes, considering the historical violence present in the encounter between different ways of perceiving and explaining the world (OLIVEIRA; FIGUEROA; ALTIVO, 2021).

Another expression that refers to this type of dialogue is the "encounter of knowledge," which has been increasingly used to name activities, with various formats, carried out in different universities between members of the academy and masters of traditional knowledge. These activities are based on the idea of mutual learning (BARBOSA NETO; ROSE; GOLDMAN, 2020) and involve institutional transformations of a political, pedagogical, institutional/administrative, and epistemic nature in higher education to make these encounters possible (CARVALHO; VIANNA, 2020), contributing to the processes of social justice proposed by the previously mentioned epistemologies of the South. However, the encounters of knowledge do not have triumphalist, conciliatory, or romantic intentions. The heterogeneous practices brought into relation "cannot use the encounter to abstract or neglect this heterogeneity" (BARBOSA NETO; ROSE; GOLDMAN, 2020, p. 14, our translation). Instead, the aim is to create vivid and active contrasts between the knowledge encountered rather than overcome their divisions (BARBOSA NETO; ROSE; GOLDMAN, 2020, p. 14).

Interepistemic dialogue faces significant challenges. The knowledge of hegemonic science is based on universality, devoid of historicity and subjects. The theoretical formulation in modern science is determined by logical elements, resulting from a reification process that neglects the demands of topics and the complexity of social issues (HORKHEIMER, 1991). Furthermore, a professional, scientific theory is not always committed to transforming the world, limiting itself to describing it. Far from complexity, scientific production focuses on partial issues, often linked to the power of some (DAGNINO, 2014). Therefore, it is necessary to develop studies that include other subjects in the scientific field. This is the purpose of the present work, highlighting the role of women in the municipality of Manicoré and giving visibility to their contributions.

Methodology

As a methodology, we will use the experiential account of one of the authors, who volunteered at the Farmácia Verde in Manicoré from July to November 2021, conducting visits three times a week. The experiential account is not an academic record and does not follow a specific research protocol but offers experiences that can provide *insights* for further in-depth studies (MINAYO, 2008; MINAYO; DESLANDES; GOMES, 2013).

The volunteer made detailed notes, following the thick description proposed by Geertz (1973). Thick description involves providing understanding and representativeness to details without seeking general laws. In this context, the analysis focuses not solely on the "Farmácia Verde" itself but on the pharmacist's relational position about other approaches, understanding that everything we say about others is also a reflection of ourselves. The account presented here is an example of how we can come to know a different culture through our own culture (WAGNER, 2017), both in the pharmacist's professional practice and in the volunteer's encounter with an unconventional therapeutic approach to her issues. In this context, the concept of culture refers to studying a set of symbols and meeting relationships where estrangement occurs amid similarities.

The approach to the Farmácia Verde group occurred through the project for the regularization of herbal medicine labels, an ongoing project presented by the volunteer. The pharmacist already had knowledge of herbal medicine and had participated in other integrative activities, but in Manicoré, she encountered an almost institutionalized process using various approaches and a formed team. She shared her experience with the other authors, and this article results from that discussion. All professionals and volunteers at the Green Pharmacy are women. Through the description of the type of care implemented, our goal is to demonstrate how this epistemology and encounter challenged what we already knew and what tensions and differences these women bring to conventional medical practice.

The following account is divided into two parts: 1) a description of the experience as a volunteer at the Farmácia Verde, including the contact with the space and daily routine; 2) a personal account of a consultation for the treatment of issues related to anxiety, delayed menstruation, and muscular tension. First, we will present a narrative of this encounter and then analyze the possible cultural tensions. To guide this analysis, we will use concepts and questions proposed by Santos (2007, 2019) in the description of what he calls the "ecology of knowledge," which involves recognizing the presence of different knowledge to analyze: 1) similarities, 2)

differences; and 3) incommensurability (properties resulting from the comparison of epistemologies with little or no convergence).

Results

The Volunteer Experience

At the Farmácia Verde in Manicoré, there is an unexpected and fruitful encounter between Christianity and integrative therapies, giving rise to a unique approach to healthcare. Syncretism is evidenced by the various symbols present in the space. On the left side of the uniform worn by the therapists at the Farmácia Verde is a machine-embroidered design displaying a branch of green foliage wrapped around a red heart adorned with a discreet white cross. In one of the consultation rooms, three *banners* featuring anatomical acupuncture diagrams for the human body (an image of the front of the body, one of the back, and another of the hand) decorate a wall adjacent to another division where images of Jesus are printed, accompanied by the quote "The Lord is my shepherd, I shall not want", made with red glitter-covered EVA⁴ made with red glitter-covered EVA foam letters.

However, the influence of Christianity does not prevent dialogue with various forms of knowledge. Some participants profess the Catholic faith, and others follow the evangelical religion. Additionally, the Franciscan sister's welcome men and women with different religious orientations who require physical and mental health treatments. By mobilizing knowledge from traditional Chinese medicine and learning about regional medicinal plants brought by the riparian and indigenous populations, along with the medicinal plants described in the Brazilian Pharmacopoeia and official compendia, the Farmácia Verde brings together a group of 18 women, including staff and volunteers, who offer an integrative and complementary approach to health alongside allopathic medicine.

The Farmácia Verde currently produces 65 types of herbal medicines and has approximately 125 types of plant drugs prepared from dried medicinal plants in teas and baths. The use of established practices in the scientific field includes a standard method for plant identification, drying procedures, extraction, packaging, and labeling. The pharmacy is in the process of aligning with the practices recommended by ANVISA (National Health Surveillance Agency), as described in RDC (Collegiate Board Resolution) 18/2013, which establishes good

⁴ EVA is a flexible, rubber-like polymer with adhesive properties and waterproof components. It is widely used for decorative artifacts (O QUE É EVA, 2023).

manufacturing practices applicable to the Farmácia Viva (BRASIL, 2013). The team consists of two therapists, one administrator, and two assistants responsible for patient scheduling, receiving medicinal plants, and preparing herbal medicines, among other tasks. During the week, a rotation system of volunteers assists the therapists in daily activities. These volunteers perform various tasks such as extracting, packaging, and labeling herbal medicines and dried medicinal plants and cleaning the premises.

Consultations are conducted throughout the week, attending to approximately 10 to 12 people daily on a first-come, first-served basis. Additionally, the pharmacy carries out home visits with at least one therapist and one volunteer, and the organization of these visits is coordinated through a group on the WhatsApp application.

The therapists at the Farmácia Verde, with a background in Social Work, have also received training in certified courses on Phytotherapy, Reiki, Biomagnetism, and Bach Flower Remedies. They combine these therapeutic practices with the widespread knowledge of plant-based drugs to address low-complexity health issues in the most vulnerable population of the municipality. Therefore, the consultations result from combining the scientific method used in producing herbal medicines and the application of integrative therapies in healthcare.

The Farmácia Verde headquarters is in front of the Matriz Church, also by the riverside. A banner fixed on the exterior of the building indicates the entrance to the premises. Upon entering the main hall, on the right-hand side, a passage leads to the garden where various medicinal plants are cultivated. In the garden, trees are planted directly in the ground, while smaller plants occupy pots scattered throughout the space. Some of the cultivated plants include genovese basil, hairy-pigweed, white mulberry, aloe barbadensis miller, lemongrass, garlic vine, corama, crajiru, pepper elder, peppermint, princess vine, toothache plant, water hemp, pawpaw, Basil, wormseed, guinea hen weed, pepper vines, purging nut, bushmints, cat's claw and licorice weed⁵.

The previous passage provides access to the drying room for leaves, flowers, and branches collected by the pharmacy volunteers or received from local riverside residents, as

⁵ Below we present the respective common and scientific names of each plant: Genovese Basil (*Ocimum basilicum*), hairy-pigweed (*Portulaca papilosa*), white mulberry (*Morus alba*), Aloe barbadensis miller (*Aloe vera*), lemongrass (*Cymbopogon citratus*), garlic vine (*Mansoa alliacea*), corama (*Kalanchoe brasiliensis*), crajiru (*Arrabidaea chica*), pepper elder (*Peperomia pellucida*), Peppermint (*Mentha piperita*), insulina (princess vine), toothache plant (*Acmella oleracea*), water hemp (*Eupatorium triplinerve*), pawpaw (*Carica papaya*), basil (*Ocimum basilicum*), wormseed (*Dysphania ambrosioides*), guinea hen weed (*Petiveria alliacea*), pepper vines (*Piper callosum*), purging nut (*Jatropha curcas*), bushmints (*Hyptis crenata*), Cat's Claw (*Uncaria tomentosa*) e licorice weed (*Scoparia dulcis*).

well as an internal kitchen where coffee, tea, and daily treats are served, such as cooked manioc, banana porridge and tree mango ⁶. The therapists take breaks in this kitchen to eat, rest, and converse.

Returning to the main hall, this time on the left, there are two patient consultation rooms, the administration room, and a glass display case that houses the herbal remedies produced by the pharmacy. After the display case, arranged on iron shelves, are glass jars or plastic bags that store the dried medicinal plants, identified by their common names. Organized alphabetically by the therapists, one can find packages containing cinnamon leaf, fennel, *Ginkgo biloba*, blue snakeweed, guaco, peppermint, pink trumpet tree, brazilian-cherry, Wormwood, macela, marapuama, lemon balm, bitter gourd, coral tree, pariparoba, orchid tree, sage, sassafrás, common smilax, Colombian waxweed, sucupira and tamarind⁷; this list is just a glimpse of the extensive herbal inventory of the pharmacy. In the next room, equipped with a sink, cabinets, a counter, plastic jugs, and water containers, is the extract preparation room, with access to the external kitchen door and space for friendly encounters and relaxed breaks among the pharmacy members.

In this environment, facing the garden, I was integrated into the group of women and had the opportunity to talk and listen to their stories. As a newcomer to the city, that environment provided me with social interaction and helped me feel socially active and part of a group. During a conversation with one of the volunteers, she told me that her contact with the pharmacy was for the treatment of restlessness and anxiety she felt. The group of women, the camaraderie in that environment, and the treatment with some medicinal plants and Bach flower remedies reduced her discomfort, improved her self-acceptance (leading her to like her physical appearance more), and diminished the importance of her concerns about diet, weight loss, and plastic surgery, promoting a greater self-awareness.

The Farmácia Verde welcomes patients of all types. Its profile is broad and includes residents from the municipality's urban and rural areas. Housewives, public servants, miners, fishermen, drivers, and people just passing through the municipality, such as a university

⁶ Mangoes are collected from the nearby mango trees themselves.

⁷ Below we present the respective common and scientific names of each plant: cinnamon leaf (*Cinnamomum verum*), fennel (*Foeniculum vulgare*), *Ginkgo biloba*, blue snakeweed (*Stachytarpheta cayennensis*), guaco (*Mikania glomerata*), peppermint (*Mentha sp.*), pink trumpet tree (*Handroanthus impetiginosus*), brazilian-cherry (*Hymenaea courbaril*), wormwood (*Artemisia absinthium*), macela (*Achyrocline satureioides*), marapuama (*Ptychopetalum olacoides*), lemon balm (*Melissa officinalis*), bitter gourd (*Momordica charantia*), coral tree (*Erythrina verna*), pariparoba (*Piper umbellatum*), orchid tree (*Bauhinia forficata*), sage (*Salvia officinalis*), sassafrás (*Sassafras albidum*), common smilax (*Smilax aspera*), Colombian waxweed (*Cuphea carthagenensis*), sucupira (*Pterodon emarginatus*) e tamarindo (*Tamarindus indica*);

professor conducting fieldwork in the region. Regardless of the patient's social status, the pharmacy prioritizes health care, spirituality, and physical and mental well-being. Its actions are not intended to generate profit, and its operation is sustained through donations and the sale of food produced by the volunteers of Farmácia Verde at religious events.

Patient care occurs in a private environment, temperature-controlled, organized, and adapted room for complementary health therapies. Each patient has a visit record where their personal and health information is noted. The consultation, lasting between 1 hour and 1 hour and 30 minutes, begins with describing the complaint, followed by the therapist's assessment and applying the integrative practice.

In addition, the members of Farmácia Verde organize celebrations on sacred dates, such as the city's patron saint day, Our Lady of Sorrows. They carry out health actions, such as home visits, and offer training in integrative health practices to the public and healthcare professionals, such as Reiki and auriculotherapy courses.

The therapists conduct the meetings and training sessions, and at the beginning of each activity, the reading of a religious text or chant is proposed. Not all volunteers reside in the municipality of Manicoré, and those who live in rural areas depend on river transportation, such as *rabeta*⁸ or motorboat, to travel to the city and participate in Farmácia Verde activities. Through a WhatsApp group chat, this group of women, including therapists and volunteers, coordinates the activity calendar and manages the women's participation in-home visits. It is a diverse group of women, ranging in age from 20 to 65 years old, and their relationship is friendly and always filled with good humor, as their laughter can be heard during conversations.

While volunteering, I did not observe any interaction with the Basic Health Unit of the municipality. There is no formal referral of cases, and the systems operate independently. Although this is a difficulty within the healthcare system (MENDES, 2011), the existence of reference and counter-reference systems that ensure comprehensive care is not evident in Farmácia Verde. The establishment is relatively isolated and far from establishing Health Care Networks, which aim to integrate different health instances, as recommended by Ordinance nº 4.279 (BRASIL, 2010a). Issues related to financing, lack of professionals, and institutional pathways enabling integration contribute to this situation.

⁸ When attached to the rear of small boats or vessels, a small propulsion engine is manually operated with the assistance of a tiller that determines the directions. [By extension] Small boat with such an engine; motorized canoe (RABETA, 2023).

The majority of patients seek Farmácia Verde autonomously, presenting with simple complaints. A survey conducted at the pharmacy revealed that, in the analyzed population sample, the most common symptom is headache, followed by heartburn and stomachache⁹ (CERVELATTI *et al.*, 2021). If the therapists perceive the need for conventional medical treatments for any complaint, they advise the patient to seek care at other healthcare institutions. However, referrals from the healthcare system to Farmácia Verde were observed less frequently.

I encountered challenging cases such as mental disorders and advanced-stage cancers as a volunteer. A cancer patient faced difficulties continuing conventional treatment and regularly sought support at Farmácia Verde because they felt welcomed there, unlike their family and schoolmates. The patient did not specifically seek the pharmacy for cancer treatment but appreciated the warm atmosphere of the place. We also encountered cases of patients with substance abuse issues who frequented the pharmacy, seeking emotional balance to avoid relapses and rebuild their family relationships.

The Consultation

After witnessing the work at Farmácia Verde, I decided to schedule an appointment to address anxiety issues, muscle tension, and difficulties in regulating my menstrual cycle. I chose to seek help at Farmácia Verde due to the high demand and difficulty in scheduling appointments in Manicoré, as there is a lack of full-time healthcare professionals and irregularities in the services provided, which make it challenging to have follow-ups and maintain continuous treatment. Additionally, I wanted to avoid treatments with synthetic hormones, the only options offered until then for my health concerns.

I was attended to by a therapist in a private room equipped with air conditioning, a treatment bed, a desk, chairs for the patient and accompanying person, a bookshelf with reference materials, and disposable items such as paper to cover the treatment bed, gloves, and masks. The therapist invited me to sit in one of the chairs so that she could fill out a paper form with basic information such as name, address, age, and primary health complaints, similar to a medical history questionnaire. In this form, which became my medical record at the pharmacy, the therapist recorded all the procedures performed and the recommended treatment and filed

⁹ Respectively, 15.95%, 12.76% and 9.57% of the cases.

it after the consultation. After the anamnesis, the treatment bed was sanitized, and I lay down on it using a clean towel. The therapist began biomagnetism, a practice that involves the detection of physical illnesses and emotional imbalances through reflexology, bioenergetics, and using pairs of magnets.

The therapist positioned herself in front of my feet, holding my heels and performing small taps between them to assess leg length discrepancy. While doing so, she pronounced a list of human organs in pairs, such as thymus-pituitary, pituitary-pituitary, uterus-ovary, and right temple-left temple. The therapist explains that each pair of organs is associated with a specific imbalance in biomagnetism. With each pronunciation of an organ pair, the therapist moved my legs. If a discrepancy was identified after the accent, the inequality to be treated was diagnosed. At that moment, she immediately applied magnets (one positive and one negative) to the corresponding region of my body and made a note on the paper form. In a simplified manner, according to the therapist, the magnets generate a magnetic field that aligns the cells, balancing the pH of the area.

After tracking the imbalances using the magnets, the therapist spread approximately 12 pairs of magnets throughout my body, and I remained still and relaxed on the hammock for about 30 minutes. At the end of this period, the magnets were removed, and I felt a sensation of relaxation. The therapist explained that reactions can vary from person to person; some may feel tired, sleepy, relaxed, or may not feel anything after the magnet session. She mentioned a specific case in which a patient had an allergic reaction after the session. When I was at the table, the therapist reviewed the notes taken during the session and prescribed some herbs to be consumed as tea.

After the session, the practitioner prescribed medicinal plants such as northern white-cedar (*Thuja occidentalis*), black sage (*Cordia verbenacea*), billygoat-weed (*Ageratum conyzoides*), cat's claw (*Uncaria tomentosa*), uxi (*Endopleura uchi*), chamomile (*Matricaria recutita*) and the common plantain (*Plantago major*). Using the pendulum, the therapist determined the dosage for consuming the tea made with these herbs. She instructed me to boil 1 liter of water for 5 minutes for woody plants or more complex parts, such as barks and roots. The prescribed dosage was 500 ml of tea throughout the day for about 14 days. In addition, the therapist prescribed a phytotherapeutic product produced by Farmácia Verde called "Compound 5 Herbs," indicated for cysts or fibroids in the uterus and ovary. Once again, using the pendulum, she defined the dosage as three tablespoons, three times a day, for 14 days. Finally, with the assistance of the pendulum, she indicated the use of Bach Flower Remedies,

selecting five essences that I should take, seven drops three times a day, until finishing the contents of the 30 ml bottle. The pendulum method caught my attention because a colleague who had anxiety issues and consulted Farmácia Verde received a different dosage and substance than mine.

The prescription with usage indications and dosage were handed to me along with a plastic bag containing all the dried herbs, separated into labeled paper bags with the name of each plant. I also received a 180 ml bottle of the "Compound 5 Herbs" and a 30 ml bottle of the Bach Flower Remedy, prepared minutes before. I was not charged for any of the treatments or the consultation. I decided to return to Farmácia Verde and have two more sessions to continue the treatment. During this process, I noticed that the magnetic points had decreased. Furthermore, I experienced emotional and physical improvement without any adverse effects.

Identification of Incommensurability, Differences, and Similarities

Based on the previous experience and consultation, we categorize the stages of care at Farmácia Verde in terms of incommensurability, differences, and similarities. It should be noted that the categorization is based on the analytical assumption of the volunteer as a pharmacist. However, the role of the pharmacist is problematized based on Boaventura de Sousa Santos (2007, 2019), an author who proposes a "sociology of emergences" to map the plurality of knowledge, giving them visibility and contributing to avoiding measures of appropriation and violence while promoting greater epistemological diversity in the world. However, to achieve this visibility, it is not enough to mention it but also to recognize "common concerns and complementary approximations, as well as, of course, insurmountable contradictions" (SANTOS, 2007, p. 91, our translation).

We understand the author's proposal as a path for the concrete construction of dialogues that explore the black box of evidence production and also raise other scientific questions. The experience at Farmácia Verde results in two relevant questions that contribute to questioning the relationship between the healthcare system and complementary practices. First, it is observed that incommensurable epistemological differences are present in some procedures but not all (as presented in Table 1). Second, the production of care and support is central at Farmácia Verde, which may shift the function of these spaces in the healthcare system towards this area. However, it is essential to emphasize that this support needs to be recognized as relevant, demanding an epistemological foundation within science that establishes it, with

studies and evidence production oriented in that direction. In this context, we have developed a table in which the practices have been classified to make the paths of greater complementarity (considered poles of dialogue with fewer obstacles) and the contradictions/incommensurabilities (practices that hinder further discussion) more visible.

In the category of incommensurabilities, we included experiences that generated strangeness for the pharmacist and difficulties encountered in the possibility of dialogue with her professional field and experience. For example, using the pendulum for bioenergetic identification and dosage definition is valued for its specific approach, considering individual characteristics. However, there is difficulty in understanding how this technique could converge with conventional medicine. In terms of differences, structural diversities are observed, such as the organization of services, which may not be as challenging to implement as epistemological differences. As for similarities, procedures such as asepsis were considered, which directly align with practices found in other instances of the healthcare system.

Quadro 1 - Classification of the Care Provided at Farmácia Verde based on the Experience Report

	Incommensurability	Differences	Similarities
Appointment Scheduling		<ul style="list-style-type: none"> - Scheduling appointments made at the Pharmacy's headquarters.; - Home visits are organized through a WhatsApp group by the therapists themselves. 	<ul style="list-style-type: none"> - Immediate assistance is available if there are available time slots.
Consultation	<ul style="list-style-type: none"> - "Medical syncretism" involves various approaches influenced by Chinese medicine, Indian medicine (Ayurveda), indigenous medicine, and other integrative therapies. 	<ul style="list-style-type: none"> - Utilization of voluntary workforce from community members; - Extended consultations lasting over 1 hour and 30 minutes - Services provided are not charged. There is no profit-generating objective. 	<ul style="list-style-type: none"> - Using a form/medical record to collect patient data and subsequent archiving for tracking their information.; - Sanitization of the massage table and other equipment after each consultation.

<p>Diagnosis</p>	<ul style="list-style-type: none"> - Screening for imbalances in the body and diseases with bioenergetic, biomagnetic, and reflexology techniques. 	<ul style="list-style-type: none"> - Diagnosis does not rely on laboratory tests, unlike conventional medical science 	<ul style="list-style-type: none"> - The search for imbalances in specific body regions and the notion that the therapist examines the patient.
<p>Treatment</p>	<ul style="list-style-type: none"> - Determining the dosage based on a bioenergetic analysis of the patient using a pendulum; - Collection of medicinal plants by community members; - Cultivation, processing, and manufacturing of herbal remedies in the Farmácia Verde space; - The patient prepares their treatment at home using teas and baths, following the instructions provided during the consultation; - The focus is not solely on symptom resolution, as the individual is embraced entirely, considering their subjectivity. 	<ul style="list-style-type: none"> - Diagnosis does not rely on laboratory tests, unlike conventional medical science; - Use medicinal species not listed in the National List of Phytotherapeutic Products (RENISUS). 	<ul style="list-style-type: none"> - The manufacturing of herbal remedies in the pharmacy space reflects the concept of a compounding pharmacy; - Guidance on treatment is provided through a prescription with dosage descriptions; - The patient carries out the treatment at home.

Source: Table created based on the intersection of a theoretical framework by Santos (2007, 2019) and an experiential account.

Discussion

The classification of this experiential report in terms of similarities, incommensurabilities, and differences aimed to identify possible points of dialogue between conventional medicine and complementary medicine. It is observed that, about incommensurability, conversations are more challenging, at least in relation to certain practices. This category refers to distinct theories of knowledge, which in turn generate equally diverse methods (KUHN, 2007). An epistemological assumption that hinders the convergence of practices is that conventional medicine, in theory, works with the need for evidence-based treatments, where controlled and double-masked clinical trials are considered the gold standard. Evidence is produced within a specific tradition of thought. For example, an editorial published in the *British Medical Journal* in 2006 argues that the practice of biomagnetism, used by one of the therapists at the Farmácia Verde, has its efficacy difficult to prove due to the challenges of conducting anonymous studies with patients (FINEGOLD; FLAMM, 2006). The experts who authored the text also claim a lack of evidence that the magnetic field can cause changes

in tissues since, otherwise, it could be postulated that a magnetic resonance imaging device would have therapeutic effects.

The objective of this work is not to discuss the effectiveness of biomagnetism. However, it is essential to highlight that a discussion on evidence would be necessary to integrate systems. Establishing a consensus on what constitutes valid evidence in this context is required. For example, does evidence need to cause a visible alteration in tissues to be considered adequate? Is the patient's account sufficient as proof of efficacy? Should the conditions under which the history is produced be considered? A survey conducted at the Green Pharmacy, which interviewed 70 users, showed that 88.6% of them reported improvements in symptoms, 82.9% rated the service as a ten, and 75.7% of users declared using the service more than once (CERVELATTI *et al.*, 2021). This illustrates the magnitude of the epistemological challenge. If we consider that, in the birth of professional science, there is a division between matter and subject, with the latter being more prone to suggestions while the matter is seen as evidence of efficacy, such duality needs to be considered (LATOURE, 2012). It would be necessary to question whether, if the evidence is not found in tissue or if an anonymous study is impossible, there might be another possibility for obtaining evidence or if the research question should be rephrased.

Therefore, using pendulums, magnets, and pronouncing pairs of opposing organs, among other practices, would be challenging to incorporate into the system without a rigorous discussion of evidence and its meaning by all parties involved: professional scientists and project therapists. The challenge of this discussion is that despite all these practices being labeled as complementary or integrative therapies, they differ. In the experiential report of this article, herbal medicine was used in conjunction with biomagnetism and bioenergetics. For example, St John's wort, recommended for treatment in this report, has preliminary evidence registered for depression, according to a review study conducted by the Cochrane group (LINDE; BERNER; KRISTON, 2008). According to the tradition of mainstream science, medicinal plants would not have the same status as biomagnetism. Treatment with plant-based drugs has a more substantial basis in terms of evidence for their effectiveness due to their ancient traditional handling and how this knowledge is produced: through steadfast attention to the properties of the real, that is, through detailed observation and systematic differentiation, making scientific knowledge equivalent in terms of detail and depth (LÉVI-STRAUSS, 1989).

Still within the category of incommensurability, however, the collection of plants by residents and the production of herbal remedies locally indicate an involvement with the

community that could be integrated into the system. There is preliminary evidence of a circle of trust generated by the Farmácia Verde, which does not exclude individuals from the process but integrates them into the stages of producing their well-being. While it is necessary to consider good practices in handling teas and not exclude the possibility of side effects, *workshops* and training sessions with well-known plants could involve individuals, regarding them as protagonists of their treatment and building a circle of trust. This hypothesis should be tested in future, more detailed studies.

The similarities show that there is room for the adaptation of practices as long as there are dialogues in which the autonomies and objectives of each space are respected. Regarding the differences, there are issues associated with the functioning model of the Farmácia Verde, for example, with a voluntary team and without the need to assume the entire demand of a system and without commercial purposes, it has the capacity to conduct longer consultations - a distinctive feature that allows the individual to "relax" during the consultation. These lightweight organizational technologies of the pharmacy's functioning - not just biomagnetism itself or isolated practices - can be part of a study design that analyzes the pharmacy's effectiveness and its role in the healthcare system. In this model, the analysis should not be limited to the therapies in isolation but also consider the functioning of the pharmacy as a whole.

If we consider that the role of the Farmácia Verde is to ensure more comprehensive care for individuals and provide a supportive environment—such as in the case of a cancer patient seeking space for their well-being—analyzing the pharmacy's role in the healthcare system should be guided by this research question. Future studies can focus on producing evidence within the scope of care and well-being and determining which healthcare approaches are most suitable for this purpose. This debate also encompasses the discussion of gender, as care, historically delegated to women and unpaid (FEDERICI, 2017), is not adequately studied by the professional, scientific community. Therefore, we suggest the system establishes a space for dialogue among professionals working within it to understand best how to facilitate this interaction. We believe that incommensurability and the mixing of different practices pose a challenge, but it is crucial to understand the objectives of each unit and, based on that, establish a study design that aligns with those goals.

Contributions to the National Policy on Integrative and Complementary Practices SUS (PNPIC)

About the National Policy on Integrative and Complementary Practices (PNPIC), this article highlights points that can be explored to promote changes in the policy and provide further details. The PNPIC specifies, for example, in Guideline 2 ("Provision of access to medicinal plants and phytotherapeutic products for SUS users"), the need to adopt plants listed in the National List of Phytotherapeutic Products (RENISUS). This list contains 71 species of medicinal plants with the potential for developing products of interest to the Brazilian Unified Health System (SUS) (BRASIL, 2009). However, it is observed in the Farmácia Verde that plants not included in this list are also adopted. This highlights an existing gap between traditional and scientific knowledge, where scientific understanding becomes limited and restrictive, considering the diversity of Brazilian flora. This aspect leads to reflection on the current model of phytotherapy adopted in the country and the need to value new policies integrated with territories and communities (SOUSA *et al.*, 2012). This also represents a departure from what the PNPIC advocates in Guidelines 5, which addresses popular participation, and 7, which describes the promotion of research in the field. We believe that research should include popular participation, with study designs incorporating local knowledge and approaches. This is not observed in the Farmácia Verde. Once again, to advance these guidelines, it is necessary to recognize the incommensurabilities presented in this article and confront the challenges of these encounters of knowledge through inter epistemic dialogues rather than merely marginalizing them. Local knowledge cannot be used solely as data to be studied from the epistemic perspective of hegemonic science.

Conclusions

We noted important epistemological issues that must be considered in the dialogue between complementary and integrative medicines, including evidence production, context, and guiding research questions. We presented a preliminary study aimed at identifying concrete elements that could improve the interaction between initiatives such as the Farmácia Verde and other instances of the healthcare system. Despite the National Policy on Integrative and Complementary Practices (PNPIC) pointing this direction, the experience report reveals that Farmácia Verde is separate from the system. We have not observed patient referrals to the pharmacy, there is a lack of professionalization in the services with the use of unpaid labor, and

there is a need for greater control over the practices related to the management of phytotherapeutic products. We have observed that the main point of conflict for greater integration between the systems lies in the encountered incommensurability, which requires an epistemological effort in evidence production that takes into account the specificities and emerging scientific issues in the context of the Farmácia Verde. For instance, a study design that considers the production of care as a relevant scientific question, as well as the importance of patient participation and protagonism for the success of treatment, support, and well-being.

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