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Bahserikowi, Center of Indigenous Medicine in Amazonia: Concepts and Practices of Indigenous Health

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Translated by Adam Louis-Klein²

Abstract: This article seeks to reflect on ontological conflicts between the indigenous model of knowledge and the dominant one, starting from an unpleasant (not to say, discriminatory) experience in 2009. Nonetheless, the event served as an embryo for the creation of *Bahserikowi: Center of Indigenous Medicine*. The text describes how the imaginary constructed by society around the “Indian” – especially by the medical profession – demonstrates an equivocal view of indigenous knowledge and practices. The indigenous model of knowledge holds that disease and health are not restricted to the

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2 I would like to thank Stephen Hugh-Jones for his revisions and comments on the translation of this piece – *translator’s note*.

biological. On the contrary, cosmopolitical dimensions are involved from the outset which condition practices of good health. Indigenous knowledge departs from a restricted understanding of a biological entity to connect the individual to a web of relations with other beings, with the *waimahsã*, with animals, specialists, one's kin and with other people.

Keywords: *Bahserikowi*, Biomedicine, *Bahsese*

This article discusses the conflicts between biomedical concepts and practices of health and those based in the perspective of the indigenous peoples of the Upper Rio Negro (Amazonas). The goal is to make clear how the indigenous way of conceiving disease is at the same time a conceiving of the equilibrium and disequilibrium of the cosmos - without the presupposition of the individual, the limits of its physical space, or the merely organic body. On the basis of this discussion, we problematize public health policy directed at indigenous peoples and the position of indigenous specialists in the process of treatment, focusing on the establishment of the Center of Indigenous Medicine in Amazonia, based in the city of Manaus.³

As the capital of the state of Amazonas, Manaus holds the highest diversity of indigenous peoples in Brazil, including Arapasso, Apurinã, Baniwa, Bará, Barasana, Baré, Deni, Desana, Hupda, Itana, Jamamadi, Yanomami, Yskarino, Kambeba, Kokama, Kanamari, Karapãna, Korubo, Kubeo, Satere-Maué, Manchineri, Matis, Maraguá, Marubo, Miranha, Mirititapuia, Munduruku, Mura, Piratapuya, Tariano, Tikuna, Tukano, Tuyuka, Wai-wai e Wanano, Maraguá, totaling a population of about 30 thousand people according to estimates made by FUNAI (*Fundação Nacional do Índio*).

The Center of Indigenous Medicine was founded on June 6th, 2017 on my initiative, as a member of the *Yepamahsã* (Tukano) people. It counted on the support of the *Kumuã* (shamans): Manoel Lima (Tuyuca); Ovídio Lemos Barreto (Tukano), and José Maria Barreto (Tukano): and on the collaboration of indigenous youth Ivan Barreto (Tukano), Cleofa

³ I would like to thank Professor Gilton Mendes dos Santos and Professor Valéria Macedo for their support and for the motivation to write this text. The exchange of ideas and their suggestions were fundamental to its writing.

Barreto (Tukano), Josivan Barreto (Tukano) and Carla Fernandes (Dessana). The center partners with the *Coordenação das Organizações Indígenas da Amazônia Brasileira* (COIAB) and the *Núcleo de Estudo da Amazônia Indígena* (NEAI/UFAM), while also receiving support from the media outlet *Amazônia Real*.

This initiative is the fruit of both personal and family experience over a period of twelve years - some negative, some positive - in the confrontation between indigenous and scientific models of knowledge, especially with biomedicine. Many concepts created by science to “unveil” the indigenous system of knowledge have produced a distorted imaginary that is quite distant from indigenous thinking. For example, the shaman (*pajé*)⁴ will be imagined as an old man (*velhinho*) with the power to move between the universe of gods and mortals, speaking with animals, plants or minerals to acquire supernatural powers - an exoticizing imaginary that the media, textbooks, and the scientific establishment spread amongst the non-indigenous public. In this way, concepts like *myth*, *religion*, shamanism, *maloca*, *benzimento* (‘blessing’),⁵ *magic*, and sorcery have led to an equivocal imaginary that is far removed from properly indigenous epistemologies.

The structure of this text begins with the event that motivated the creation of the center, to then deepen indigenous conceptions of the cosmos and its inhabitants, then finally discusses the training and performance of curing specialists amongst the

4 Henceforth, both the Portuguese terms *pajé* and *xamã* are translated as “shaman” - *translator’s note*.

5 Within the region of the Upper Rio Negro, the missionary-influenced term “*benzimento*” - meaning “blessing” - has customarily been used to translate the Tukano term *bahsese*: verbal formulae, uttered by *kumua*, with the power to cure by influencing cosmic forces - *translator’s note*.

yepamahsã.

Biomedicine with a Knife

The creation of *Bahserikowi* is linked to a family incident involving my niece, which unfortunately is far from being an isolated event. Indigenous peoples go through many such experiences in the hospitals of Manaus.

In January of 2009, after she was bitten by a snake, my niece Luciane Trurriyo Barreto came to the capital of Amazonas for treatment. She had been transferred by the DSEI (*Distrito Sanitário Especial Indígena*) and was accompanied by her father José Maria Barreto. Presenting a serious condition, she was straightaway admitted to the hospital. Two days later, my brother, José Maria, called me desperately, saying that the doctors had decided to amputate her foot. The doctor's diagnosis maintained that the situation was serious: the injured foot was necrotizing rapidly and the girl's life was at risk. My brother also told me that the doctors had already started "vascular surgery," having removed all the skin from the sole of her foot, a situation which sent both Luciane and her father into a state of desperation.

At the time, I was about to conclude my undergraduate degree in Philosophy at the *Universidade Federal do Amazonas* (UFAM), while taking courses in Law at the *Universidade do Estado do Amazonas* (UEA). Hearing about the possible amputation of my niece's foot, I went straight away to meet my brother. He explained the situation in desperation and pointed to the pressure and threats that the social service worker and medical team had made for him to consent to the amputation. They had claimed that his daughter would die in less than three days should the procedure not go ahead. My brother tried to convince the doctors that the amputation was

not necessary, himself suggesting a treatment based in *bahsese* and herbal medicines.

However, beforehand, we consulted our *kumuã yepamahsã* (Tukano) specialists. Two of them were uncles of mine, the other my father. The specialists assured us that it wasn't necessary to amputate at that time, but to use treatment with *bahsese* and medicinal plants, which they could perform. The *kumuã* were sure as well that such procedures did not exclude medical treatment, which ought to continue simply without amputation.

Reassured by our specialists, we went to dialogue with the doctors at the hospital. Our proposal was immediately rejected, and the doctors maintained the decision to amputate my niece's foot. A serious conflict then emerged between us and the doctors. We were accused, amongst other things, of obstructing medical procedure. The social service worker at the hospital, as well as the *Casa de Assistência Social ao Índio* (CASAI), threatened to denounce my brother to the *Conselho Tutelar*.⁶

We struggled against time to delay the date of the amputation, since we had now decided to fight for treatment with *bahsese* and medicinal plants, realized conjointly with medical procedure. We proceeded to put into play the *Ministério Público Federal*, and the event started to resonate in the media. We demanded another meeting with the medical team. In the meantime, my brother took hidden medicinal plants to my niece and performed *bahsese* in secret at the hospital.

In response to the repercussions of the event in the media, the medical team agreed to have one more meeting with us. Though we now thought that joint

⁶ A public institution charged with protecting the rights of children in Brazil - *translator's note*.

treatment was guaranteed, it didn't happen this way. In the meeting room, the medical team sat on one side with us and our specialists on the other. The head of the medical team, without much discussion, addressed my father in an angry and arrogant tone: "why do you think we shouldn't amputate your granddaughter's foot?"

My father, not having a mastery of Portuguese, responded that, from his point of view as a *kumu*, Luciane's foot was not in the process of necrotizing, but that the purple color of the foot was a reaction of the blood to snake-venom. The doctor, who appeared visibly irritated, interrupted my father in the middle of speaking, and banging on the table, said: "I studied 8 years to have the authority to decide what's best for a patient, and you (with all due respect) didn't go through a single day in medicine." After which, he left the room and took the medical team with him.

From this point on, our struggle switched to removing Luciane from the hospital. I must say that this was not easy, for the entire time the medical team maintained the need to amputate and even threatened to sue us. After several days, eventually we managed to remove Luciane from the hospital and take her to the *Casa de Apoio* in the municipality of São Gabriel da Cachoeira. There she received the attention and treatment of the *kumuã*, based in *bahsese* and medicinal plants, without interrupting the use of the previous medicines which remained under the supervision of a nurses' team.

Following the repercussions in the media, a medical team from another hospital invited us for a conversation. During the meeting, our specialists were able to present techniques of treatment based in *bahsese* and medicinal plants. During a quite sincere dialogue that took into account the risks and probabilities of success, a formal agreement was

reached as to conjoint treatment. Following the agreement, Luciane was then admitted to the hospital. From that point on, every time the nurses treated my niece's foot, the *kumuã* contributed with their procedures of *bahsese*.

The result of all this effort was that my niece's foot was not amputated and only lost a bit of movement from the event. Today, she lives in the village of São Domingos Sávio, on the Rio Tiquié, upper Rio Negro, far from doctors and from the city.

The ontological conflict between us and the doctors put into play concepts of our indigenous knowledge, which the doctors only vaguely and falsely understood. The doctors at the hospital, influenced by their own imaginary of shamanism (*pajelança*), and who knows what else, expected the *kumuã* to come in painted and adorned with headdresses and jaguar-tooth necklaces, singing and dancing to the sound of drums and maracas.

Indigenous concepts of disease and health are not restricted to the biological. This is the point. Instead, cosmopolitical dimensions are involved from the outset which condition the practice of good health. Indigenous knowledge, in this way, departs from a restricted understanding of a biological entity to connect the individual to a web of relations with other beings, with the *waimahsã*, with animals, specialists, one's kin and with other people.

We maintain first of all that it is necessary to grant visibility and force to the concepts, techniques, and of practices of treatment developed by indigenous specialists, *yai*, *kumuã*, and *baya* (henceforth referred to as shamans), granting them the same value as that given to medicine.

The event that involved my niece Luciane was my greatest inspiration for the creation of the Center of

Indigenous Medicine. Her struggle - and our struggle - put indigenous conceptions and practices onto the negotiating table, with the same "value" as biomedicine. It brought a very positive result and definitively convinced us how important it was to amplify the struggle for our knowledge and values.

It was with this goal in mind that we created the Center of Indigenous Medicine in Manaus. Here, we put our project into practice. We valorize the specialists who practice their craft, most of the time at the margins of society, attending the same public and the same patients that a hospital does - a contingent that is quite real in Manaus and its municipalities, especially in São Gabriel da Cachoeira, where most of the population is indigenous.

In no way do we wish to question the official model of medical treatment. We only want to offer the opportunity to those who believe that good health can involve other kinds of treatment to have a right of access. In this way, the Center of Indigenous Medicine is an option - an opening - which grants to the public modes of treatment via indigenous technologies that are based in other parameters than Western medicine.

The idea is to use the Center as a space of encounter for specialists of various indigenous peoples. However, we do not currently have the financial resources to carry out this policy. We have had Yanomami, Apurinã, Marubo come pass a period of time in the Center. Yet such a project implies financial resources to bring and maintain the specialists here in the city and at the center. In the near future, we intend to attain this objective.

Those who seek treatment come directly to the Center. There are situations where the *Kumuã* may provide at-home service, if the interested person

offers backing, since we cannot provide transportation for the specialists. We have no affiliation with the public sector to make services available free for those interested. We maintain our specialists with a rate that is charged for treatment.

The stipend given to the specialists and young indigenous collaborators is divided in accordance with the monthly revenue. The same goes for supporting the team with transport, food, water, energy, cleaning materials, office supplies, etc. For this reason, there is no fixed salary.

Within four months of “operation,” 500 indigenous and non-indigenous people have passed through the Center, mostly women, within an age range of 30 to 50 years old. We sit in a building in the historic center of the city, with two rooms for consultation and treatment. We have collaborators both as attendants and translators. The protocol involves diagnosis, analysis of the complexity of the disease, the time of treatment, dietary and sexual restrictions, and, if necessary, a follow-up. There are two main forms of treatment: *bahsese* (blessing), and the use of medicinal plants. Neither produce side-effects. People tend to be surprised when they do not find sophisticated equipment in the consultation rooms.

We have partnered with an Apurinã association from Tapuá to provide plant- and animal-based medicine. With the support of UFAM, this association has been developing medicines for more than 20 years. All the medicines come with a “fabrication” and expiration date, which we deem important to reassure people as to safety. But our goal is ultimately to create a garden in order to plant and produce indigenous pharmaceuticals. On the other hand, there are plant-based medicines which belong to a specific person. We ask for their provision with the understanding that they will not reveal the secret of the medicine. All this

has been under discussion and experimentation within the first four months of the Center's existence.

The Center is not restricted to consultation and treatment, since it also works to incentivize new centers of indigenous medicine in other regions of Brazil. Put succinctly, our initiative wishes to counter the policy of chemical dependence of indigenous peoples imposed by the public health establishment, promoting a debate around other forms of treatment and conceptions of health.

In this way, *Bahserikowi* aims broadly to be a space of dialogue between different knowledges - indigenous or not - so as to promote cultural exchange and the production of knowledge within the field of health and other domains. For indigenous thought, there exists a very clear distinction between diseases which biomedicine can resolve, especially using surgical methods, and those which only indigenous specialists can cure. In this sense, the two knowledge systems can work together.

As a *yepamashu* (Tukano) anthropologist, I am the creator of the Center. I seek to give political articulation to the Center, to spread its experience amongst indigenous associations, universities, schools, and the media, promoting debate and dialogue between biomedicine and indigenous concepts. I am also a researcher working to think indigenous thought, in order to give a theoretical foundation to the concepts and techniques of treatment that derive from indigenous epistemologies. Building partnerships also forms part of my work, in addition to directly encouraging the young people and specialists who are involved with the Center.

The Cosmopolitics of Knowledge

There are various ways to explain, understand, organize, and manipulate the world, which we designate as knowledge. Science, as a knowledge that claims to be universal, organizes reality into three great realms: the animal, plant, and mineral. Each realm is organized into specific fields of knowledge, such as the human sciences, exact and biological sciences, organized into disciplines such as Sociology, Anthropology, History, Geography, Law, Physics, Chemistry, Geology, Biology, Medicine, Nursing, etc. This organization into specialized fields of knowledge is nothing more than the desire to control and separate social and natural phenomena, in order to put them into play for political, economic, and social benefit.

Amongst the peoples of the Upper Rio Negro, to know the world necessarily means to establish cosmopolitical relations, without a division into social relations and the natural milieu (*meio*). We consider all “environments” (*ambientes*) of aquatic, earth/forest, and aerial spaces⁷ to be inhabited by other human beings, named *waimahsã* in the *yepamahsã* language and henceforth translated as spirits (*espíritos*). This more inclusive notion of space is unified through *bahsese* (blessings) and the interaction between humans (such as the *waimahsã*) who inhabit their respective “environments.”

The indigenous “intellectual tradition” of seeing, thinking, and organizing the world, beings, and things, of relating, manipulating, and perceiving

⁷ I treated the concept of the organization of cosmic spaces - the aquatic, earth/forest, and aerial spaces - in my Master's Thesis (Lima Barreto 2013). There, only the aquatic space received detailed discussion, so as to ground a description of the *waimahsã* as present within the aquatic universe. Later, Dagoberto Azevedo (2016) discussed the earth/forest space and Gabriel Maia (2016) the aerial space.

change, is anchored in an epistemology that we do not learn in conventional schools and universities. Instead, it is anchored in cosmology and cosmopolitics, which is the basis of knowledge and the guiding thread of indigenous thought and practice. These “theories of knowledge” are transmitted in an organized and systematic way to new generations by their holders, *yai*, *kumu*, or *baya*.

In this way, the cosmopolitical relationship is one of the basic principles of living well in the thought of the *yepamahsã*. Maintaining a harmonious relation with the *waimahsã*, who inhabit all cosmic spaces as their owners - responsible for the animals, plants, minerals, and temperature of the terrestrial world - is necessary for maintaining social and environmental equilibrium.

The *yepamahsã*, then, possess a clear notion of aquatic, earth/forest, and aerial space, subdivided into smaller spaces that are understood as environments. Rather than simply spaces holding determinate objects - be they animal, plant, or mineral - these environments are defined as the *bahsakawiseri* (houses) of the *waimahsã*, equivalent to the dwelling-places of humans. Waterfalls, rapids, lakes, mountains, upland regions (*terra firme*), stands of buriti palms and bamboo canes, clay deposits, etc. can in this way be understood to be the houses of the *waimahsã*.

Who are the *waimahsã*? The task of defining and translating *waimahsã* is quite complex. According to *kumu* Ovídio Lemos Barreto, some *yepamahsã* say that during the time of emergence, all humans existed as *waimahsã*. It was in this condition that they made the long journey leading to the emergence of humans. At the final stop of the journey, during the transition from the condition of *waimahsã* to human beings, the demiurge *Yepa-oãkü* left some groups behind. These

people went to live in all the “environments” and spaces of the cosmos, with the same qualities and capacities of humans, to become the guardians of plants, animals, minerals, temperature, rain, day, night, etc.

They [*waimahsã*] can only be seen by a specialist, that is, a *yai* or *kumu*, known as ‘shamans’. These beings are, in short, the proper extension of humans, owing their existence and reproduction to the phenomenon of becoming – that is – the continuity of life after death, being the origin and destiny of humans, their beginning and end. It is with the *waimahsã*, the inhabitants of different environments, that indigenous specialists communicate and acquire their knowledge.

In relation to humans, the *waimahsã* are the holders of the primary knowledge of *kihti-ukūse* (mythic narratives), *bahsese* (blessings), and *bahsamori* (ensemble of rituals and social practices). Access to and acquisition of such knowledge occurs during the training period, when the student is connected to the dominion of the *waimahsã* by the *yai*, using *kahpi* (ayahuasca) or *wiõ* (snuff) as vehicles. The *waimahsã* are the teachers of humans. They use quite a sophisticated infrastructure, as much so as the laboratory. Humans must necessarily interact and maintain communication with the *waimahsã* in order to acquire knowledge.

In this way, the equilibrium or disequilibrium of the cosmos – be it environmental, social, or health-related – necessarily implies relations between categories of people, *waimahsã* and humans, who are connected in a system of interdependence in which each category involves a specific type of knowledge that also acts indistinctly.

Disease, Treatment, and Cure

The exercise in anthropological reflexivity that we indigenous *yepamahsã* of the *Núcleo de Estudo da Amazônia Indígena* (NEAI)⁸ have pursued - in conjunction with non-indigenous anthropologists and professors - has convinced us that the system of knowledge of the *yepamahsã* is anchored in three principal and abstract concepts: *Kihti-ukūse*, *Bahsese*, and *Bahsamori*, from which more specific fields of knowledge are organized. Our team of researchers developed a work entitled *Omerõ* (in press) in which we discuss these concepts.

In summary, *Kihti-ukūse* is the set of narratives telling of the social fabric of the demiurges, which is responsible for the origin of the world, of beings and landscapes (mountains, waterfalls, rapids, forest/vegetation). *Bahsese*⁹ is when *kihti-ukhūse* is used by the *kumuã* in the communication and interaction with the *waimashã*, in the sanitization of food and the invocation of the curing elements and principles contained in various types of plants, animals, and minerals. Finally, *Bahsamori*¹⁰ is when

8 An exercise in collective *reflexivity* by a group of indigenous students in the graduate program in Social Anthropology, affiliated with the project Rios e Redes, and developed by the *Núcleo de Estudo da Amazônia Indígena*-NEAI, which led to the conceptualization of Tukano knowledge as organized into three great fields of knowledge - *kihti-ukuse*, *bahsese*, and *bahsamori*. We call this organization a trinity, due to the indivisibility of these fields for Tukano specialists.

9 Dagoberto Azevedo (Tukano) treated *Bahsese* in his Master's Thesis, in 2016, with a rich variety of details concerning the ensemble of *bahsese* (blessings) that are put into action by indigenous specialists in daily experience - whether it be for communicating with beings who inhabit the earth/forest realms, sanitizing food, or to activate curing and protective principles.

10 Gabriel Sodré Maia (Tukano) discussed *Bahsamori* in their Master's Thesis, in 2016, treating the social practices of the indigenous people of the Upper Rio Negro - henceforth termed rituals - that accompany the cosmological calendar and its bioindicators. Maia's thesis showed that these practices are means of actualizing and circulating knowledge.

kihti-ukhūse is accessed through music during the dabucuri festivals, which involve singing, dancing, musical instruments, agricultural practice, hunting, fishing, etc.

On the basis of our collective research into indigenous knowledge, we may divide the cause of disease as including attacks by the *Waimahsã*; problems relating to nutrition; auto-provocation and dreams; and interpersonal aggression and sorcery.

As mentioned above, different environments are considered to be the houses of the *waimahsã* responsible for the natural resources of the area and for the animals who inhabit them. In order to use these resources, humans must negotiate with the *waimahsã*; if not, these beings will unleash attacks on the person using methods such as snakebite, fatal accidents, or illnesses that may result in death.

In order to visit these locations, humans must ask permission from their owners, especially during the most vulnerable phases of life such as gestation or menstruation. For these situations, the most important *bahsero* (blessing) is *wetidarero*.

Wetidarero is an art of communication with invisible humans practiced by the specialist, with the aim of avoiding attacks from the *waimahsã*, especially during vulnerable phases of life or when entering a new place (the habitations of the *waimahsã*) for the purpose of hunting, fishing, or gathering.

Another source of illness is diet, whether it be meat, vegetables, or fruit. All food bears the potential for sickness because it carries microorganisms able to attack the human body. For this reason, fruit must undergo a process of sanitization by means of *bahsese* (blessing) that is performed by the *kumu* (shaman).

The Tukano call this category of illness, *Baábokasé* (illness caused by nutrition). It occurs due to the consumption of *waikürã* (animals), *wai* (fish), and *yokü dühka* (plant): for example, consuming *baá/base* (food) after particularly vulnerable phases of life, such as the use of feathers, pre- or post-partum seclusion, or sight and contact with the *miriã* (jurupary flutes).¹¹ One of the main recommendations is moderation with certain foods containing certain elements, such as fruit or game meat that contain a lot of *üsé* (fat). These fats metaphysically impregnate the body of the person who has ingested them. The fat, invisibly soaked into blood, stomach, liver, heart, veins, skin, and flesh, causes *kamibükü* (dermatological wounds and infections), which may be incurable.

Another important recommendation is moderation in the consumption of *püõbaase* (roasted foods) and *tãbaase* (leaf-wrapped food cooked in embers) which, in addition to the *kamibükü* disorders mentioned above, may cause a series of *omeperi büsüse* (hearing disturbances), *wisisé* (excessive saliva at night), *dipetisé* (excessive pallor), *püapetisé* (weight loss), *dimehã* (obesity), *kematis* (strange dreams), *witõda ühüsé* ("burning of brain matter"), and finally, *matisé* (insanity).

Another cause of disease is auto-provocation, especially in women. During menstruation or gestation, a woman may come down with an illness. To avoid these complications, women must adopt preventive measures such as a specific diet and behavior prescribed by the *kumu*.

Illnesses due to negligence of such regimes involve the uterus, liver, breast, throat, wounds, and itchiness on the body, in addition to conditions like herpes. The

11 Flutes used during masculine initiation rites throughout the Upper Rio Negro region. - *translator's note*.

most serious might be the gestation of a disabled child. In addition, a woman could have difficulty with a natural birth. For all these situations, there are specific *bahsese* (blessings).

Illnesses caused by interpersonal aggression, commonly known as sorcery, also exist. *Ūseró pehtise* is a complex and delicate subject, given that those who know about it are reluctant to inform non-specialists, since they do not want to reveal how this inverse category of *bahsese* works. Instead, they limit themselves to what happens to the victim and their symptoms. Almost every specialist knows of the illnesses provoked by *Ūseró pehtise*, but not everyone – only some – know the treatment and cure. The specialists hold that a person with a propensity for aggressions using *bahsese* will live a short life, since the aggressor may themselves be struck with the *weopeose* and *bia doase* (“sorcery antidote”) of their own aggression.

Yepamahsã Specialists

In the indigenous societies of the Upper Rio Negro, there are three categories of specialists, *yai*, *kumu*, and *baya*, who are cosmic and cosmopolitical agents. They are individuals who have passed through rigorous education and training under the guidance of a studied specialist. Having connected with the dominion of the *waimahsã*, they have acquired *kihtikūse*, *bahsese* and *bahsamori*, knowledges that are fundamental for human existence.

The *yai*, *kumu*, and *baya* are the holders of *Bahsese*. To carry out treatment, the specialists first do a diagnostic based on a series of questions. The goal is to discover the origin and cause of the illness. After the diagnosis, they perform specific *bahsese* in order to cure the sickness. The elements used can vary between tobacco, incense of bee’s wax or resin,

water, tea and other elements like perfume, gel, etc. As above, *bahsese* is the capacity to invoke curing elements and principles contained in plants, animals, and minerals in order to treat the patient.

Medicinal plants used for health purposes can come from plants in the forest or from one's backyard, but it is not just anyone who has knowledge of plants. Such usage requires training, education, and the capacity to manipulate the plant in order for it to have the power of cure or illness.

The *yai*, *kumu* or *baya* specialists are humans and almost demiurges, for they model themselves as extensions of the demiurges, those beings who gave origin to the terrestrial domain, the forest, rivers, animals, plants, and minerals. The demiurges gave origin to the *waimahsã* and humans as extensions of life, granting them specific capacities and customs. It was by means of *bahsese* that the demiurges made everything that came to be. In this way, whoever masters *kihti-ukūse-bahsese-bahsemori* is able to recreate and reorganize the cosmos, to manipulate its components for good or bad.

The *name* of the person is fundamental to becoming a specialist, for the name bears the presence of the creative and maintaining potential of all that is: *kihti-ukūse-bahsese-bahsemori*. The mastery of this knowledge puts the specialist on the level of recreator, maintainer or destroyer, similar to the demiurges told of in mythic narratives. Another important factor in naming is the insertion of the person into a cosmological and cosmopolitical structure, while also conferring a social function on the person amongst their peers. Put differently, the name is *omerõ* (force), a potency that may be cultivated so as to become an effective specialist.

Omerõ is intimately related to the ensemble of

bahsese and to the modes of action of *yepamahsã* specialists: *kumu*, *yaí*, *baya* and *bahsegü*. *Omerõ* refers to the force of the heart and mind, the force that the specialist maintains in their body so as to deploy *bahsese*. The origin of this force (the capacity to create or destroy), is directly linked to *Buhpo* (*Thunder*), for it is he who is *omerõ* itself. Thus, this force has existed since the origin of the *Yepamahsã*, as narrated in the ensemble of *kihti uküse*. The potency of *õmero* in the heart is linked to the act of realizing the *bahsero* for the heart of the new-born (*heriporã bahsese*) which consists in communication between the specialist and *Yepa Oãkü* so as to determine the child's name. The name is chosen from a known repertoire of *yepamahsã* names that will be granted in accordance with the potentialities and characteristics inherent to the child (calm, agitation, etc.), which *Yepa Oãkü* communicates to the specialist. Through granting the name during *heriporã bahsese*, the child is not only linked to the *yepamahsã* cosmological structure, but also acquires their *õmero*, which is itself a fragment of the *õmero* of *Yepa Oãkü* himself. This allows the *Yepamahsã* to put different types of *bahsese* into action, so as to interact with the *waimahsã* as well as with one's fellow humans. In such a way, the name given through *heriporã bahsese* is the *omerõ* itself. The *õmero* is located in the entrance to the mouth of the specialist. With this force, as combined with intention, narratives, classifications, and *murupu uküse*, the breath (*o sopro*) of the specialist acquires attributes of cure and communication between the *Yepamahsã* and *waimahsã*, as well as between humans.

In theory, any *Yepamahsü* (singular) person has the potential to become a specialist, but this comes with a price. Traditionally, the care of the body needed to become a specialist begins soon after birth, with the new-born child surrounded by various precautions

that the parents must follow, subjecting themselves to strict rules and prohibitions. During this period, the new-born child depends on the conduct of the parents in order to avoid the attacks of the *waimahsã*.

Following this period, precautions turn to the individual, involving both seclusion and a rigorous regime of sexual and alimentary restrictions, in addition to consulting a more experienced *yai*. From this effort, the power, force, or *omerõ* is activated, connecting the person definitively to the cosmological and cosmopolitical structure - that is, to the dominion of the demiurges and *waimahsã* with whom the person now begins to communicate and interact.

This investment into the body is the basis of being a good specialist. The body is prepared with ornaments that are invisible to ordinary people, a way of expanding the quality of "originalness" (proximity to the demiurges and *waimahsã*), becoming a person with the force to invoke the curing elements and principles contained in plants, animals, and minerals. One gains the ability to treat illness, to transform specific elements (water, tobacco, plant incense, etc.) into protective and curing agents, provoke natural phenomena such as lightning and thunder, and to use animal qualities for specific ends.

Another function of the specialist is to maintain constant dialogue with the *waimahsã* beings so as to keep the cosmos in balance, preserving conditions that are habitable for humans. In this way, the relation between humans and the *waimahsã* is founded on the reciprocal exchange of vitality. Should this exchange be violated, social, political, economic, and environmental disequilibrium may follow. For this reason, the specialists are the main means of communication with the beings of different realms and spaces.

In this way, bodily imbalance is understood as the set of “abnormal” manifestations which negatively compose cosmological and cosmopolitical organization, affecting social, political, economic, and environmental life. This disequilibrium can manifest itself as outbreaks of disease, serious accidents, social conflicts, wars, birth of many children with physical or mental disabilities, serious impacts of natural phenomena, scarcity of natural resources, disequilibrium of bioindicators, and other abnormal phenomena.

Once, in the year 2016, my father Ovídio Lemos Barreto, at the invitation of a team of dermatologists from the *Hospital Tropical*, participated in a month-long treatment of two indigenous patients. While visiting areas of the hospital, he would look at patients – in particular, women – and would comment that the sickness was due to an attack by the *waimahsã* or was caused by faulty nutrition. Due to negligence during the most vulnerable moments of life, such as menstruation, pregnancy or postpartum, the patient must have frequented strange environments without protection or without *bahsese*. The *kumu* Ovídio Lemos Barreto performed a diagnosis of the patient solely based on observation. Employing the concept of contamination, he linked the problem to the patient’s mode of life.

The “world” of the *waimahsã* is the “laboratory,” the true school of humans, a space where the neophyte acquires knowledge, training, and diagnostic techniques and cures, before exercising their office amongst their peers. Different from the common anthropological notion that indigenous specialists are individuals with the gift of communicating with gods or with the dead, they are spiritual leaders, guardians of knowledge and trainers of new specialists. The specialists put *kihti-ukūse*, *bahsese* and *bahsamori* into action in order to resolve daily problems, be it for

the cure of illnesses or the reorganization of the cosmos. They maintain a constant dialogue with the *waimahsã* in the aquatic, earth/forest and aerial domains, so that these forces may remain in equilibrium.

On a daily basis, the specialists are required for various purposes: to elaborate *bahsese* for the cure of sickness, protecting against *waimahsã* attacks, *bahsese* for the first bath post-partum, protecting a young woman during first menstruation, protecting the house, family, work, and defending against the attacks of enemies. They are called upon for the *bahsese* of food sanitization¹², wounds, breast problems, diarrhea, headache, stomach-ache, toothache, and muscle pain.

The specialists also work to “make hell” (*infernizar*) for the lives of their adversaries, provoking the acceleration of particles for attack or counterattack. For example, the specialists might invoke intense lightning or thunder to fall upon a house or person. They also put animals into action - especially poisonous snakes - so as to assault the enemy. Another possibility is the use of the “clothes” (*sutiró*) of predators for specific purposes.

As an adolescent, I was lucky enough to have my paternal grandfather, a *yai* - known as Ponciano *yai* - as my interlocutor. Ponciano recounted his adventures to me as a specialist and how he would activate natural elements or phenomena in order to assault his adversaries. This he did until the end of his life. Today, I remain with my father - the *kumu* Ovídio Lemos Barreto - as his successor. I also have my uncle Manuel Lima, Tuyuca, a *kumu*, and my brother

12 For the indigenous peoples of the Upper Rio Negro, all food - fruit, fish, game meat, even water, are vehicles of sickness that must pass through a sanitization process so as to neutralize their potential for causing illness.

José Maria Barreto, who is in the process of becoming a *kumu*. All three are specialists active at *Bahserikowi'i*.

We still cannot say what the Center's future holds, for it has only recently been opened. But our intention is to strengthen indigenous knowledge in its ontological conflicts with biomedicine, strengthening at the same time those alliances and treatments that articulate different forms of curing and living.

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