

SIMIOTO'S DISEASE: HEALTH PRACTICE FOR CHILDREN IN THE INTERIOR OF BRAZIL

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ABSTRACT

The "*Simioto's Disease*" is a disease that has popular legitimacy and influences the search for treatment for infant health problems. This study aimed to understand the health practices related to *Simioto's Disease* in a city in the interior of Brazil, from the perspective of parents of treated children. This is a qualitative and descriptive study performed by obtaining data using a semi-structured questionnaire with parents of children who were diagnosed and treated for the *Simioto's Disease*. The data were subjected to content analysis. The categories discussed were: The *Simioto's Disease* pathology and its cultural aspects: symptoms, diagnosis, treatment and its indications and effectiveness; Relationship between *Simioto's Disease* and professional health care; The profile of healers or informal care and religiosity in the care of *Simioto's Disease*. It was concluded that diagnosis and treatment are practices based on symptoms that generate a popular diagnosis. By describing the parent perspective, this practice is based on the belief of the treatment efficacy and is legitimized by the healer reception, guidelines and precautionary measures of the disease that are passed, among other care, in addition to the baths performing frequency.

Keywords: Protein-Caloric Malnutrition. Culture. Medical Anthropology. Child Health.

INTRODUCTION

The *Simioto's Disease* is a form of child illness that exists in the popular representation in some regions of Brazil. The name "*simioto*" comes from the term "simian", which means "monkey" and is known in some states in the Midwest region of Brazil as the "monkey disease." It is a grievance not described in the medical literature; however it can be characterized as a malnutrition condition in children by an allergy to cow's milk or the inability to digest it⁽¹⁾. There are no studies to prove the correlation between the two illness conditions, nor that indicates the effectiveness of the popular treatment used for *Simioto's Disease*.

In cases of low birth weight children, there is the influence of cultural factors in families that can contribute to malnutrition frame⁽²⁾. These factors are also critical in the search for an informal health alternative in the experience of childhood illness, since the subjects constitute through the culture, their opinions, values,

beliefs and ways of thinking, feeling, relating and acting in the world⁽³⁾. The search for the *Simioto's Disease* treatment, as a care produced in the family and social context, figure to the search of an informal health alternative that can be understood as a non-professional field and society unskilled, in which diseases are recognized and defined for subsequent treatment⁽⁴⁾.

It is necessary to understand the culture and health beliefs that involve the imagination of the cared population for a better professional care practice⁽⁵⁾. In the dynamic between professional care and social health actions, it is perceived the difficulty in distinguishing official and popular therapies by the complex relationship between biological, social and psychological views of the representations that belong to the same theoretical set⁽⁶⁾.

When an informal care is accepted and socially legitimized, sometimes can lead to the exclusion of the search for formal treatment alternative, which deserves the attention of professionals and researchers about these

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phenomena. This study aimed to investigate: how does occurs the health practice related to *Simioto's* Disease to children in a city in the interior of Brazil? To which extent this social action relates to the process of health and disease of health services?

It is expected as a result, that the study will contribute to enlarge the view of nurses and other professionals to the way in which the local culture interferes with the care of low birth weight children met in primary health care.

The objective of the study is to understand the health practices related to *Simioto's* Disease, from the perspective of parents of treated children.

METHODOLOGY

This is a study of qualitative approach, developed based on the standards of a descriptive and exploratory research⁽⁷⁾. This study values the plurality of subjects and rationality and seeks to embrace the knowledge from the everyday expression, understanding that the sociocultural context can interfere with the effectiveness of professional health actions⁽⁸⁾.

The sample was randomly selected and the number of subjects defined by the saturation data. The contact with the subject was through active search in the community of the city of *Tangará da Serra, Mato Grosso*, located at 250 km from *Cuiabá*, the state capital. The survey was conducted through home visits to parents or guardians of children who have been, or are submitted to the treatment of *Simioto's* Disease, between December 2013 and March 2014, in time and place according to the availability of respondents. The criteria for inclusion of subjects in the study were: parents or guardians of children who are, or have been submitted to the treatment of *Simioto's* Disease and agreed to participate in the research by signing the Informed Consent Form.

The selected subjects were constituted in three families, being named Family 1, Family 2 and Family 3. They have only interviewed parents of children receiving the nomination "Father" and "Mother" followed by the number corresponding to the family to which they belonged (Father 1, Mother 2, etc.). It was performed in this way to respect the anonymity of respondents.

A semi-structured questionnaire with closed and open questions was elaborated to data collection, developed specifically for this study, addressing gender, age, profession, religion, monthly income, number of children, how many children were submitted to treatment, how was diagnosed and who diagnosed the *Simioto's* Disease in the child, what led to the search decision for treatment, which is the relevance of *Simioto's* Disease treatment in children's health of these parents/guardians, how parents describe the bath which is performed as a treatment, how was developed the belief in the efficacy of the popular treatment, if parents would recommend the bath to other children and why, and finally, if with the informal treatment parents sought professional assistance for their child, and if yes, it was before, during or after the treatment with the bath.

The collected responses were transcribed, allowing the formulation of analysis and grouping of the responses into categories for the presentation and discussion of results. The employed method was content analysis through thematic analysis of responses to questionnaires^(3,8). The presentation of the data is given descriptively, with speeches citation to illustrate the categories and discussed through specialized literature⁽⁷⁾. The categories of this study include: (a) The *Simioto's* Disease pathology and its cultural aspects: symptoms, diagnosis, treatment and its indication and effectiveness; (b) Relationship between *Simioto's* Disease and professional health care; and (c) Profile of Healers or Informal Caregivers and religiosity in the care of *Simioto's* Disease.

This study was submitted to the Ethics Committee of the State University of *Mato Grosso* and received a favorable opinion by Opinion No. 911,316. The research respects and meets the requirements of Resolution 466/2012 of the National Health Council.

RESULTS AND DISCUSSION

Any description of this popular health practice was found in the Brazilian scientific literature from the perspective of parents of treated children. The research subjects are in a group of five people. Table 1 presents the characteristics of the studied group.

Table 1. Characterization of the subjects participating in the study *Simioto's Disease*: health practices for children in the interior of Brazil, 2015.

Data of the treated children and treatment											
Family/Subject	Profession	Age	Religion	Approximate family income (R\$)	Number of children	N.C.T.*	Current age** (years)	Age when treated (years)	Treatment time (months)	Return (annual)	
Family 1	Father 1	Foreman	39	Protestant	3000	02	01	05	01	06	02
	Mother 1	Sales Consultant	35	Protestant							
Family 2	Mother 2	Autonomous	44	Protestant	4000	02	01	15	02	06	05
Family 3	Father 3	Businessman	43	Protestant	5000	02	01	12	04	06	03
	Mother 3	Businesswoman	41	Protestant							

* Number of children who were treated with *Simioto's Disease*. ** Children's age at the time of data collection (December/2013 to March/2014).

SIMIOTO'S DISEASE PATHOLOGY AND ITS CULTURAL ASPECTS: SYMPTOMS, DIAGNOSIS, TREATMENT AND ITS INDICATION AND EFFECTIVENESS

Observing a child with low weight for age, macrocephaly, lack of body mass and irritability, families believe it indicates *Simioto's Disease*.

Very skinny, the head still, like, growing up, but it was not growing, it was the body that was skinny, and looked like it was, like the ancients spoke, the monkey disease, big head, skinny body, small. (Father 1)

[...] She started not eating and was very skinny. [...] And she was getting worse every day, she got very saggy skin, right. I do not know if you know but the child who has this, she gets saggy skin. [...] I do not know if it's because slims a lot. (Mother 2)

Families received the option of treating children with herbal bath indicated for the treatment of *Simioto's Disease* when to realize them vulnerable by presenting inadequate weight for their age and also the lack of weight gain over time. Parents observe signs of illness in childcare consultation because they have heard of similar stories and paid attention to malnutrition signs. There are weight maintenance reports between a query and another that indicated to the mother of the child suspected of the disease:

When my daughter was younger, I took her every month in the unit to follow up the weight [...]. And I began to realize that she was the same weight every month. And my mother-in-law said told me that this problem exists, this disease called *Simioto's Disease* [...] (Mother 1)

Thus, care professional system serves as a source of data for the diagnosis of *Simioto's Disease* since the appointment information subsidizes the diagnosis of parents. From this, the families seek information to confirm their suspicions by visiting a healer. To reach a diagnosis of a pathological condition, a test is performed with the same ingredients used in *Simioto's Disease* bath, investigating the presence or not of "worms" characteristic of sick children.

The diagnostic test can be positive when passing the "mass" in the child's skin appear the "worms." The mass used in the test results from the junction of bath ingredients with boiling water that gets doughy texture as it cools. The "worms" are small with the size of rice grains that raise the child's skin to escape from the herbs smell, according to the belief of the interviewed parents. Herbs with characteristic odors are called "smelly herbs."

The test is performed in the same way, the mass. Makes the mass, and passes on the skin. If reacts, they say they are little bugs, [...] then the child has. (Mother 2)

There is the wheat mass that you pass, and bath the child, [...] there are other ingredients together, and then you will taking as the little bugs will beginning to appear. (Mother 3)

All interviewed families knew about *Simioto's Disease* by family or friends indication, or have already heard of people who are already known to carry out the bath, as observed in the following lines:

[...] My mother at the time said that this problem existed, this disease called *Simioto's Disease*

because her granddaughter had already had it, and they had done this treatment. Then she suggested making the bath as a test, to see if she had also contracted the disease [...]. (Mother 1)

[...] My mom did the test [...] she had such knowledge of the past. And I had a friend of mine also, who lived here, who also gave this bath to her daughter [...] (Mother 2)

[...] We found that was a pharmacist who makes this kind of treatment here in the hall of the Catholic Church. (Mother 3)

Searching the informal care, friends, relatives, and neighbors network is a source of information and validate ways to search when seeking treatment⁽⁹⁻¹⁰⁾. There is a significant performance of the family and its social network in the care that is produced and managed by them to the child with the illness⁽²⁾. The family, through this support network, does not care alone⁽¹⁰⁾. In the treatment of *Simioto's Disease*, the social network of families has been organized to provide information and allow the family access to diagnosis and treatment.

It is understood that the treatment consists of the union of various types of sweet herbs boiled in water, as in the preparation of tea, and is expected to reduce the temperature to be capable of application to the child's skin in a bath, but must be applied still hot. Each conducted bath should be replaced by three types of herbs by new smelling herbs, making a rotation. Then, it makes a "mass" with wheat, yeast, and some water and is placed in the fire. By reducing the temperature gets a pasty appearance.

[...] There are nine types of herbs. In fact, there are several herbs, and you have to do with sweet herbs. It cannot be bitter herbs; it has to be with sweet herbs. And various kinds of herbs, you take nine and make the bath. Every bath, you change three herbs to not repeat the same in all baths, and then you do it. (Mother 3)

[...] A mass is made in the bath, which is made with wheat and yeast, right, and a bit of water. It turns a mass and is passed in the body. Then, allow acting for some minutes, and then the bath is provided with smelling herbs, many smelling herbs, all the ones you can find, right (Mother 2)

After bathing, do not rinse the child. They stay under observation until the next day if necessary to verify the "worms" are going out from the body. With the finding, the worms are

taken off from the skin on a common cleaning bath.

There is no consensus among all the techniques and care for the completion of treatment. About the withdrawal mode of children's skin worms, there are different care reports. One way is through the use of a blade and another through the use of olive oil associated with a swab with a bath bushing, vegetable or common:

[...] As the little bugs will begin to appear, you will take them. Or with a razor blade, right, you keep passing a razor there. I took them with a little dishrag, a vegetable one. But there are people who pass a razor. Even in the room, right, where it was done, he directed that could be, but with the fear of cutting I preferred to use the dishrag, passing the dishrag. (Mother 3)

[...] Then after the bath, it does not come out, it stuck. Then we use the olive oil after the bath. Also, because the skin is very dry right, then the olive oil, they say it is good to moisturize the skin, then the skin is not as dry. (Mother 2)

The treatment should be performed several times a week until there is no more the finding of "worms." The process and obtain of the cure may take from six months to over a year. Interestingly, the parents return regularly from year to year, with children who have been treated to confirm that they remain without the disease.

It has to be done the right treatment to stop coming out the mass there! The little bug, I do not know what it is, until to finish coming everything out, when pass and there is nothing anymore, is done then. So like he said, it is not nine baths, seven baths, it is up to the day you pass and nothing is coming out. (Mother 1)

The "worms" are categorized by color. There are three categories, black worms, red and white. Black worms are more aggressive; red worms are intermediaries, and white worms are more lenient:

[...] There are ones that are well fixed on the skin, in the pores, and are like a little macaroni. It is very strange. My daughter has a white one. [...] Then as change the color, right, like hers was white and was not as aggressive as others. Because there are also the red and the black ones. The black, if I'm not mistaken is the most aggressive, you know, that most harm the child,

let the children most undernourished, right. But, thank God it was white. (Mother 3)

All the families believe in the efficacy of treatment and have already indicated or would indicate the practice to other families, as can be seen in the responses when asked if they would recommend the treatment:

Certainly! Because the example is at home, and she is our daughter. She developed, she is another child, long, she's growing. (Father 1)

Certainly. Because of the effectiveness right, it has shown but not only my daughter, but like others I've heard, so many, you know, that had the cure, so treatment is very good. I would certainly recommend it. (Mother 2)

Oh, sure. I have already recommended it, and I have helped others to do the bath, I already taught how to do it. Certainly. (Mother 3)

Thus, it is observed that *Simioto's Disease* is a popular disease that has specific symptoms to condition it as a disease, based on a systematized and organized knowledge. The knowledge of this practice is useful to produce a different view of the professionals, especially those working in the monitoring of child growth and infant development, combining the popular practice to health practice.

RELATIONSHIP BETWEEN *SIMIOTO'S DISEASE* AND PROFESSIONAL HEALTH CARE

The interviewed families are convinced of the existence of the pathological condition and the effectiveness of treatment, and this brings an observed conflict in the child's consultation with health professionals. Parents feel afraid to comment with professionals that perform *Simioto's Disease* bath on their children, thinking that this culture could not be well received by the doctor or nurse.

[...] I was afraid to talk. [...] Doctors, they are against. Everything must have scientific proof or them [...] we were just waiting to see what would be his reaction. I said 'ok, he will run with us here.' (Father 1)

[...] Because health experts do not believe, for them it does not exist. Children are dying of malnutrition, and they do not know the cause, only say that the children are just malnourished. (Mother 3)

[...]I never said anything to the doctors because they do not even believe in this medicine, which is more popular right. (Mother 2)

It is noted that the interviewed families, before the medical care, they feel intimidated by the knowledge of this professional, trying not to reveal their beliefs about aspects of the disease. This can be understood as an example of how the biomedical model is still hegemonic and leads to a reductionist view of the disease, seen as a purely biological process and validated only by medical knowledge⁽¹¹⁾. Therefore, some families decide to stop searching professional assistance and treat their children only with *Simioto's Disease* bath, and also disbelief of families in routine professional consultations.

[...] No. I did not take to the doctor; her only treatment was this. (Mother 3)

[...] I took, and then he did the routine examinations, he passed those vitamins, you know, but nothing worked. (Father 1)

[...] Before we make the bath, I had taken him several times the doctor, and the doctor never knew what she had. [...] Then we did the bath, and she improved [...] so we had no medical or nurse follow-up. (Mother 2)

The cultural *background* plays an important influence on various aspects of people's lives, including their beliefs and behaviors, and attitudes related to the disease and pain⁽⁵⁾. These aspects will certainly have important implications for health issues and health care. It would be up to the professional to create the opportunity to listen and dialogue, exercising the act and create caring practices that could integrate the subjects⁽¹²⁾.

Health professionals can analyze the health culture in which the attended families are inserted, seek to know the determinants and conditions of child malnutrition. For this, it is necessary to be open to new possibilities of care practices for the purpose of completeness, combining traditional folk practices, and thus, encourage treatment adherence through an association⁽⁶⁾. Malnutrition must be analyzed within its social, political, economic and environmental context, as isolated cultural influences are not responsible for most of the malnutrition cases in the world, but is one of the factors that contributes to this⁽⁵⁾.

The guidelines provided by nurses in primary care can be complemented by patients and their families in care, and the guidelines not adhered by patients can be given because of a superior posture adopted by professionals, thus, excluding the patient's autonomy in making a decision⁽⁶⁾.

PROFILE OF HEALERS OR INFORMAL CAREGIVERS AND RELIGIOSITY IN THE CARE OF *SIMIOTO'S* DISEASE

Healers who perform *Simioto's* Disease bath and who participated in the care of children of the interviewed families can be described as informal caregivers sought by the community. Knowledge about treatment and cure of *Simioto's* Disease is acquired along the lines of traditional healers, through learning with their parents. They are not recognized by the professional health system⁽¹³⁾ and do not play the healer role full time.

Healers that were cited in this study perform an informal practice of learned care for this particular pathological condition. They are considered common, such as relatives or friends of the family. Sometimes, one of them becomes known in town and is now sought by families. They have different types of religions, economic patterns, nationality, and jobs. They learned the bath and practice in their children or are sought by other families to undertake the bath for them. However, families perform a screening of who is recognized as able to perform the treatment.

When we sought, it was not just one person, we sought several, but not to guess, "I think this, I think that." [...] Even because you have to get the older people experience, that have already done it, have already dealt with this, right. (Father 1)

[...] We found that it was a pharmacist who did this [...]. (Mother 3)

In the *Simioto's* Disease care, the aforementioned caregivers are people who perform care when activated and are not seen as healers in the conception of this term, i.e., those who treat diseases by focusing on the person, not in the symptoms, and seeking harmony between body and mind to perform the treatment⁽¹⁴⁾. This figure differs from other medical subcultures that healers are organized in professional associations with admission rules and forms of relationship with the patient⁽⁵⁾.

In this study, there is the religious diversity of parents and informal caregivers who perform this health practice. In the account of Mother 3, which is Protestant, the bath practiced on her daughter was performed in a parish of the Catholic Church. The caring practice to children diagnosed with *Simioto's* Disease is transcendent to religion, not depending on this so that treatment gains legitimacy. Informal caregivers who performed the bath in Families 1 and 2 are Protestant religion. It is noted that religion has ceased to be associated with this practice and that the search for informal health alternatives is the main determining factor in the development of belief in the efficacy.

I think I did it by curiosity, because people talked, right. Then I found it strange to hear that a little bug comes out of the skin. (Mother 3)

[...] My son was always thin and did not feed right. And by curiosity, and suddenly think that he could have, I took him. (Mother 3)

Many people move simultaneously between various religious systems without resulting in the abandonment of some of them⁽¹⁵⁾. The absence of a connection between the belief in this popular health practice and religious belief of those seeking this care causes the reflection that health professionals would have more flexibility to associate this popular practice with professional care through a restructuring and negotiation with patients. It is also noted that the rapid intervention to initiation of treatment and success in the investigated cases did not allow religion to reveal with a support or coping mechanism, which is present in infant illness stories by chronic condition⁽¹⁶⁾.

FINAL CONSIDERATIONS

The anthropological, cultural and biomedical scope of disease and treatment linked to *Simioto's* Disease, a condition accepted by the population of some regions of the country, is still little known and referenced. It can be stated, in this case, that in the Brazilian literature the description of this popular process of care to children is still scarce.

It is observed that the practice is carried out according to specific symptoms of the child, based on a popular and empirical diagnosis. Through the description of *Simioto's* Disease

treatment through the perspective of parents of children submitted to the bath, it is clear that the process is significant, favoring the adherence to specific care to practice bath to remove the "worms" and treatment periodicity.

Thus, the parents indicate the treatment to others for believing and known its effectiveness, which makes the practice highly widespread in the interior of Brazil. One can also observe that this practice interferes with the health-disease children process and that a limited professional view, which does not consider the experiences and subjectivities presented by individuals can generate barriers

in receiving and establishing linkages with the families. This can be evidenced by the fact that parents do not inform health professionals about informal care adopted for fear of being repressed. The situation reaffirms the sovereignty of medical knowledge related to other knowledge that explains the illness modes.

The need for further research about the described practice is emphasized, as the understanding of populations of empirical knowledge allows the scope of actions in health and improves the quality of assistance to families who perform informal health care practices.

MAL DE SIMIOTO: PRÁTICAS DE SAÚDE ÀS CRIANÇAS NO INTERIOR DO BRASIL

RESUMO

O "Mal de Simioto" é uma doença que possui legitimidade popular e que influencia a busca por tratamento para problemas de saúde infantil. Objetivou-se compreender as práticas de saúde relacionadas ao Mal de Simioto em um município no interior do Brasil, na perspectiva dos pais das crianças tratadas. Estudo qualitativo, descritivo, realizado através da obtenção de dados com o uso de questionário semiestruturado com os pais de crianças que foram diagnosticadas e tratadas com o Mal de Simioto. Os dados foram submetidos à análise de conteúdo. As categorias discutidas foram: A patologia Mal de Simioto e seus aspectos culturais: os sintomas, o diagnóstico, o tratamento e sua indicação e eficácia; Relação entre Mal de Simioto e os cuidados profissionais de saúde; O perfil dos curandeiros ou cuidadores informais e a religiosidade no cuidado ao Mal de Simioto. Concluiu-se que o diagnóstico e o tratamento são práticas baseadas em sintomas que geram um diagnóstico popular. Através da descrição pela perspectiva dos pais, essa prática baseia-se na crença da eficácia do tratamento e é legitimada pelo acolhimento do curandeiro, das orientações e medidas de precaução da doença que são repassadas, entre outros cuidados, além da periodicidade de realização dos banhos.

Palavras-chave: Desnutrição Proteico-Calórica. Cultura. Antropologia Médica. Saúde da Criança.

EL MAL SIMIOTO: PRÁCTICAS DE SALUD A LOS NIÑOS EN EL INTERIOR DE BRASIL

RESUMEN

La "Enfermedad de Simioto" tiene legitimidad popular e influye en la búsqueda de tratamiento para los problemas de salud infantil. Este estudio tuvo como objetivo comprender las prácticas de salud relacionadas con la Enfermedad de Simioto, en un municipio en el interior de Brasil, en la perspectiva de los padres de los niños tratados. Estudio cualitativo, descriptivo, realizado a través de la obtención de datos con el uso de un cuestionario semiestructurado aplicado a los padres de los niños que fueron diagnosticados y tratados con la Enfermedad de Simioto. Estos datos fueron sometidos al análisis de contenido y surgieron tres categorías: La Enfermedad de Simioto y sus aspectos culturales: síntomas, diagnóstico, tratamiento y su indicación y eficacia; La relación entre la Enfermedad de Simioto y los cuidados profesionales de salud; El perfil de los curanderos o cuidadores informales y la religiosidad en el cuidado a la Enfermedad de Simioto. Se concluyó que el diagnóstico y el tratamiento son prácticas basadas en los síntomas que generan un diagnóstico popular. En la perspectiva de los padres, esta práctica se basa en la creencia de la eficacia del tratamiento y se legitima por la acogida del curandero, en las orientaciones y medidas de precaución de la enfermedad que son repassadas, entre otros cuidados, además de la periodicidad de realización de baños.

Palabras clave: Desnutrición Proteico-Calórica. Cultura. Antropología Médica. Salud del niño.

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