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## *Hãwäg* and *b'atib*: The Balance between Health and Disease among the Hupd'äh in the Upper Rio Negro Region, Brazil

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### Abstract

This paper addresses recent debates about body (*tsaa*) formation and the process of health and illness among the Hupd'äh, also known as Maku of the Uaupés, Papuri and Tiquié rivers. The ethnographic data presented here evinces the relationship between the main substances existing in the body (*hãwäg* and *b'atib*) and manifest in the Hup physiology as well as the potential ways of understanding the processes of health and illness for this people of the Northwest Amazon. Providing an overview of social logistics, this paper intends to provide health care professionals with appropriate curative and preventive actions in this region, especially during flu and tuberculosis outbreaks, the latter being considered the main illness affecting the Hupd'äh. This paper suggests that balance in Hupd'äh life is achieved when the balance between two opposite corporal substances, which are in dispute within the body, is negotiated through quotidian practices.

This study is exploratory in character. The questions raised here arose from field work carried out amongst the Hupd'äh-Maku (*hup* 'people', *d'äh* 'suffix of plural') who live in the region between the rivers Tiquié and Papuri, tributaries of the left bank of the Uaupés in the Upper Rio Negro, in the State of Amazonas. When carrying out this study we learnt that some Hupd'äh had been removed from their territories to be treated for Tubercle Bacillus (TB). Most of them, were already being treated for TB, but had abandoned the six months treatment half way. In the attempt to understand the reason for this phenomenon, I was led to research how the Hupd'äh perceive and represent the diseases introduced through contact with Brazilian society, better known locally as the sickness of the *Teng'hõid'äh' pée* (diseases of the noise-of-burning-wood-that-crackles). This paper therefore represents the beginning of a systematic ordering of representations of the body, through an analysis of health and disease amongst the Hupd'äh population.

It is important to stress that in the region known as the Upper Rio Negro a process known as 'interaction' among all peoples (Athias, 1995) has been taking place. The indigenous peoples involved in this process belong to the linguistic groups Maku, Tukano and Arawak. This process enables the indigenous populations of this region to interact and attempt to discover, through their mythology, oral tradition and memory, elements which justify their presence in this territory as distinct groups, each with its identity and, at the same time, integrated into the ecological context of the region (Athias, 1995).

These Indians have been in contact with the colonizing pioneers since the XVII century and there are stories to the effect that countless epidemics of measles, smallpox, influenza and colds occurred that decimated part of the population (Buchillet, 1995). Although there are significant differences between the various traditional medical systems of the Tukano, Arawak and Maku, there are nonetheless elements in common among them and especially within the therapeutic processes of shamans. Shamans operate between different clans and are seen and perceived by the various indigenous groups to be intermediate agents able of "seeing" bodies, making a diagnosis and later the cure, in dialogue with the "spirits".

Another common element – among the Hupd'äh, Tukano and Arawak – is the use of the word as an important element or agent in therapeutic healing. In this process of cultural assimilation, and the encountering of new illnesses, the indigenous peoples created specific

and new knowledge about these diseases, placing them within their portfolio of traditional healing and its associated language. In reality, all are unanimous in stating that, although they do not know the cause of these diseases, they have a mythical explanation for their appearance. The vast experience that indigenous peoples have of infectious diseases, introduced through contact, leads them to identify the river (the means of interethnic communication) as the vehicle of transmission of these infections: The “disease comes via the river” or “influenza comes together with the white-man’s products”, say the Hupd’äh.

The arrival of the Salesian missionaries in the region, around 1914, brought enormous changes in the social and political system of these indigenous groups. The way in which these changes took place broke the balance, with regard to concepts of health and disease and reconfigured how the body was represented. It is not my intention to state here that the new concepts or conceptions of health and disease introduced, based on a mainly discriminatory and hygienist approach, were pacifically accepted by the Indians. Never the less their approach and these ideas, instigated through missionary contact, did put an end to a significant number of shamanistic practices, considered to be “devilish”. Many shamans had to go into hiding and accept the prohibition of their practices.

Despite many years of a strong missionary presence, indigenous traditional medicine was not destroyed. It lives alongside official biomedicine, to a certain extent pacifically, and perhaps we could say that the two medical systems are complementary. During my health surveys, in 1996 and 2006, three workshops were held with indigenous health workers or the *Agente Indígena de Saúde* (AIS) and community leaders about their understanding of the prevalent notions of health and disease in the region. During these workshops, the AISs themselves emphasised the importance of the indigenous medical system and the necessity of health workers to learn more and to respect shamanic treatment.

As stressed in previous works (Athias, 1995, 1998, 2004), changes in the indigenous economic and social organization have led to the deterioration of sanitary conditions in almost all villages. The new model of nuclear family housing introduced by the Salesians, which involves small tin houses, for instance, had a negative effect. Furthermore, alternatives put in place in the region, such as the mission hospitals, medical posts, as well as indigenous health agents themselves, all reinforce the western medical system, but they do not provide a sustainable solution to the health problems of these populations. There is an urgent demand on the part of the Tukano and Arawak indigenous health workers (AIS) for improvements in the health situation of the region, as well as for the recognition of indigenous medicine. There is also a demand for “white” medicines amongst the Indians.

Between November and December 1996, three important meetings involving both health agents and other indigenous leaders were held to discuss the notion that they held of disease and health in order to set up a new health project.<sup>2</sup> From 32 AISs present in these meetings, 20 replied that the main medication that they required were the analgesics dipyron and aspirin, and anti-parasitics. Many say that they prefer to take the Whites’ medicines to get rid of pain than to do what they would otherwise normally do, which is to use a plant known as *pinu-pinu* (a species of *Urticaceae*) a kind of nettle that, when rubbed on the body, alleviates pain. On the other hand, an Indian bitten by a snake is unlikely to seek treatment in a health post or hospital, as he/she believes in the efficiency of his/her own traditional remedy. In other words, there is a selective demand depending on the specific type of affliction. Within the health services in operation on the Colombian side with the same ethnic groups, according to the Indians themselves, this dichotomy was partly solved: in the health posts there are shamans paid (by the government) to attend first to the patients who ask for them, and then refer them to the AIS if need be.

This work is in a context where indigenous traditional medicine suffers significant changes on the basis of contact, and therefore the knowledge is transformed, and reformulated as new elements are introduced into a social sphere where relations are more intense. The questions and the elements presented here reinforce the fact that all knowledge relating to the body, health and disease is built up culturally, negotiated and renegotiated in a dynamic process which relates to time (in mythology) and place (territory and ecological context) in social terms. The intention here is to argue that the usual classification of ‘white men’s diseases’, and ‘*doenças-de-índios*’ (Indians’ diseases) is not a straightforward grouping for indigenous populations and is not really important in the way that the Hupd’äh see their therapeutic practices. The views of these populations form part of a broader collection of in-

terpretations and representations in the context of their cosmogony. What one hopes for is that the institutions that are responsible for health in indigenous areas may offer a health service that incorporates this knowledge and thus is accessible to the indigenous population.

### Who the Hupd'äh are

The Hupd'äh from the Nadahup linguistic family (Epps, 2006) traditionally live in the territory between the rivers Papuri and Tiquié, that flows to the right bank of the Uaupés. They are spread over more than 35 villages (local groups), home to an estimated 1.500 individuals. There are other groups, also known as Maku, in the basin of the Rio Negro. All of them, each with their own language, live inside the forest along the smaller streams. The Yohupd'äh, for example, live along the streams of the right-hand bank of the Tiquié (and also in the Castanho, Samaúma, Cunuri and Ira). They are less numerous and hardly have contact with the Hupd'äh. The Bará-Maku or Kákwa live along the streams of the left-hand bank of the Papuri River in Colombian territory. Also in Colombia are the Nukak on the rivers Guaviare and Inírida. The Dâw, popularly known as Kamã, live around São Gabriel da Cachoeira, although their traditional territory are the streams of the River Curicuriari, (the Dâw are reduced to 100 people). Finally the Nadëb, in permanent contact with river traders, live from extractive activities on the rivers Jurubaxi, Teia and Enuexi, tributaries forking off from the right bank of the Rio Negro.

Because of the geographical location of their villages, the Tukano have been described as river-Indians; while the Hupd'äh as forest-Indians, or simply Maku. The word Maku is Arawak in origin and means “without speech or without [our] language” [*ma* = possessive prefix/ *aku* = speech/language]. This term was initially used by Indians from the Arawak group and, subsequently, has been used in the entire region with a meaning of backward, wild, dirty, etc. Today the term has a pejorative connotation, at times being even offensive. It has been incorporated into the regional Portuguese.

One of the characteristics of the Hupd'äh is the historic and contingently complex relation they hold with the Indians from the Eastern Tukano linguistic family (mainly Desana, Tuyuka, Piratapuia and Tariano) that inhabit the Rivers Uaupés, Tiquié and Papuri. This interethnic relation is part of the tradition of the peoples of this region and deserves to be preserved as a form of guaranteeing the cultural balance of the peoples of the Upper Rio Negro. This relationship has been described as symbiotic, asymmetrical and hierarchical, or even as that of patron-client relations (cf. Athias, 1995). This relationship is justified through the myths that tell the origin of the people of the region. The Hupd'äh, according to the Tukano versions of the myths of ‘creation’, were the last to come into this world. Consequently they are considered inferior, the lowest in a hierarchical scale that regulates inter-ethnic relations and therefore they are subject to so-called inferior tasks, which only the lowest clans in the hierarchy perform. In other versions the Hupd'äh were the first to come out of the Pamúri-Masa (anaconda canoe)<sup>3</sup> to help the Tukano get down to the bank. In the Hupd'äh versions they did not come in the “anaconda canoe” but came out of a hole in the stone located in the rapids, for some in Ipanoré. It is not my intention to reduce the peculiarity and complexity of this relationship to the interpretation of myth. There are other elements that corroborate this vision of the Tukano vis-à-vis the Hupd'äh. The clans/sibs of Tukano and Arawak groups alike are also hierarchically classified in a scale of seniority. The lowest in the hierarchy are also considered inferior.

To take it further, the conception of humanity that the Tukano have – such as, for example, living along the riverbanks, planting manioc, marrying someone who speaks a different language and so on, is not one to which the Hupd'äh conform. The latter do not fit any of these standards, and are therefore not considered as people [*masa*] according to the Tukano. The Hupd'äh, as professional hunters, have in-depth knowledge of the forest and invest little in extensive agriculture unlike their neighbours, the Tukano. They are spread over more than 20 clans, each of which recognizes a common ancestor and a specific series of ceremonial practices known to each clan. Marriages are between the different clans. Marriages within a given clan are considered incestuous. The place of residence is also different from the Tukano. The man can live either in the local group of his father, (which is most common) or

in that of his father-in-law. For the Tukano the Hupd'äh are *pohsá*, or 'spoilt' people. Nowadays it is the Hupd'äh who still maintain the majority of traditions and cultural expressions of the people of the Uaupés basin.

Traditionally the Tukano have always had the Hupd'äh perform certain domestic services in exchange for cultivated or manufactured products. In many cases, there is a direct exchange, such as that of meat for manioc, since the Hupd'äh are very good hunters. Another product that the Hupd'äh use for exchanges is the *naturá* or back-basket [*mâi*], which they fabricate both for themselves and for others, and which is used by all the Tukano and Arawak linguistic groups in the region. This specialization in manufactured products is an important characteristic of the indigenous peoples of this region. In the past they were used in *Dabucuri* ceremonies. Today, all the indigenous groups of the Upper Rio Negro practice the *Dabucuri* feast and celebrate the *Jurupari* to this day.

The Hupd'äh have traditionally lived in villages or local groups with a population of between 15 and - at most - 50 people, generally with members of one or two clans. Each local group consists of various smaller fireside groups that represent the minimum unit of production and consumption. The local groups move about within a given perimeter, with one of the streams as a focal point, or reference. However, they do not migrate beyond this area, except for a length of time reserved for visits to in-laws or for an extended period of hunting. These visits are periodical and represent an important element in the regeneration of renewable resources.

In each local group, there is the presence of an older man as a reference and leader. He can generally tell the story of the clan's ancestors. One cannot confuse this figure of reference with the chief ("captain") who, in many cases is chosen for his relationship with the missionaries and other 'agents'. These captains speak some Portuguese and are intermediaries among the non-Indian dealers with the Hupd'äh world. Very often, they have to interpret for the local group the ideas and concepts of the missionaries and other interlocutors – which is not an easy task.

## Recent Contact

Although referred to in texts of chroniclers, missionaries, naturalists, ethnographers and anthropologists since the end of the last century, more permanent contact with these groups is recent. I think it is important to summarize this to draw lessons from the various means of contact that have dominated the region.

The most intense contact of missionaries and other social agents with these groups actually began in 1970, despite innumerable previous and unsuccessful attempts. Father Antonio Giaccone, in his 1949 book about the Tukano, tells of some of the strategies he had used to engage with this people. The evangelizing model created by the missionaries who attracted the Tukano to the Catholic boarding schools did not work with the Hupd'äh. They always wanted to stay in their own territory.<sup>4</sup> Father Giaccone relates that all who were taken to live in the mission eventually ran away. Casimiro who lived in the Japu Rivers, recounted to me the particular history of the Yauareté Salesian school.

The biggest large-scale missionary initiative began at the beginning of the 1950s, with the inauguration of a road linking the River Tiquié with Yauareté on the River Uaupés. This 65km road started in the Tukano village Seãpahkara dihtara, today known as Boca da Estrada on the Tiquié, and went through traditional Hupd'äh territory: the streams of Traíra, Cabari, Dohdeh and Japu. With the road built, the Mission then intended to create Hupd'äh villages en route with the objective of maintaining them and thus facilitating the missionaries' pastoral activities. This road no longer exists, for it has since been consumed by undergrowth.

In 1962 the first village-mission was created and named: Ton Haiã, (Serra dos Porcos or Santo Atanásio in Portuguese), in a territory considered Hupd'äh. They received frequent missionary visits via a 5 hour forest trek that leaves from Ituim (a Tariano village) in the Papuri, now just a hamlet. Serra dos Porcos was a pilot missionary station. Today, there is currently a FUNAI station and one of the landing strips of the region. In the eighties, it was also home to missionaries from the Summer Institute of Linguistics (ISL) and now has a

population of more than 280 people. In recent years, to minimize the tensions in clan disputes, this mission-village was divided into three inter-linked communities.

This model of mission-village was to be reproduced by the Salesians in other places in the following decades. The central idea of this model was to concentrate various local Hupd'äh groups in a certain area with the support of the missionaries and others, setting up schools with non Hupd'äh indigenous teachers. In the 1970s this nexus was strengthened; the mission had human and other resources and thus other mission villages were set up: Taracua Igarapé and Fátima on the Tiquié River, neither of which was successful for they lay entirely outside the traditional Hupd'äh territory. Wanguiar (a stream of the upper Papuri), Cabari on the River Japú, and Nova Fundação on the Cucura stream are lands considered to belong to the Desana. Many Hupd'äh who now live in Nova Fundação used to inhabit the headwaters of the Cucura deep in Hupd'äh territory. Father Norberto Hohenscherer (1986) describes the model as such:

With the Maku of Japu I wanted to make a model village. First we cleaned out the stream well so that in the dry season it was possible to arrive by motorboat. Father Luis Di Stefano had already baptized many. They lived in two groups that I invited to come together in a single village. We chose a pleasant spot. They cut down and burned the forest. I worked with them. We began to mark out the houses and put up the posts. We cleared the surrounding area and planted grass to take cattle there later.

In 1974, the Mission on the Tiquié started a campaign with the slogan “we are all missionaries” encouraging the Tukano who were already converted to go and evangelize the Hupd'äh. In this initiative, another large Hupd'äh village was proposed in Barreira on the Tiquié in the mission-village style. The story of the setting up of this village differs from others of this nature, in that the Hupd'äh were brought by the Tukano themselves to live alongside their village.

In the space of 15 years (1983-1998) the Hupd'äh from Barreira (Yuyudeh) moved the location of their village four times. Now they are on the bank of the Tiquié next to Barreira, sharing the same space as the Tukano. This was only accepted by the Tukano residing in Barreira because the latter moved their gardens to the other bank of the river. The old gardens, now scrubland en route for young forest, are usually used by the Hupd'äh. In terms of the possible evolution of their living circumstances over the next few years, I foresee two alternatives: a) The Tukano move to the other bank of the river or b) The Hupd'äh withdraw from this area. In 1984 this local Hupd'äh group was estimated at 48, but now their population has reached 110, while there are less than 20 Tukano.

All these mission-villages, that are currently seven (Wanguiar, Serra dos Porcos, Cabari, Taracua Igarapé, Barreira, Nova Fundação and Boca do Umari), concentrate almost half of the total Hupd'äh population. It is in these villages that diseases such as TB have their focal points. As they represent, in population terms, dense villages, outside the traditional rule for Hupd'äh and all the indigenous peoples of this region. The resources around these communities is soon exhausted, thus provoking the lack of necessary foodstuffs to supply their basic needs. These agglomerations also increase the innumerable inter-clan disputes, creating tensions which would not exist if the local groups were separated.

### Health and Disease amongst the Hupd'äh

Because of this process, the health of the indigenous populations is currently in a deplorable state of deterioration.<sup>5</sup> The health situation among the Hupd'äh is characterized by a pattern of infectious/contagious diseases, such as TB, outbreaks of malaria, acute infections of the respiratory and digestive systems (colds, pneumonia and diarrhoea), skin infections, trachoma, etc. The occurrence of these ailments certainly explains the mortality rates in these areas, besides incurring an indisputable social cost that involves the temporary or permanent incapacity to perform daily tasks vital for survival.

During the study period (1996-1999) the following Hupd'äh villages were visited: Serra dos Porcos (Ton Haiã), Cabari (Pindeh), Piracema (Höpmöi), Taracua Igarapé (Tatdeh), No-

va Esperança (Boideh), Barreira (Yuyudeh), Nova Fundação (Pungdeh), Boca do Umari (Penddeeh Nu). The study involved a survey, rather than clinical visits, in villages with concentrated populations, such as Santo Atanásio (Serra dos Porcos) and Nova Fundação, i.e. those that do not follow traditional subsistence patterns; and where the incidence of diseases like TB and malnutrition related to food shortages are putting the survival of these groups at high risk.

In the Hupd'äh villages visited, there were various people with a previous history of TB, interrupted treatment and respiratory symptoms. Among the Hupd'äh important ophthalmic diseases were found, such as trachoma of unknown cause. Two cases of blindness were detected (*amaurosis fugax*). The process of contact with surrounding society has permeated their traditional relations, which have suffered deep alterations insofar as the river dwellers adopt practices geared towards the market economy. The current health situation of the Hupd'äh is a reminder of these abrupt transformations that have been occurring. Necessarily more sedentary, exploited and sick, the Hupd'äh are witness to the collapse of their basis of production and of their culture, without sufficient time to adapt.

Their epidemiological profile, which is distinct from that of the other groups, is typical of recently contacted societies. They live with a high level of transmittable diseases, in addition to the endemic diseases derived from the 'settling' process (as they become less mobile), both associated with serious nutritional deficiencies. In relation to TB, it is virtually pandemic. The Hupd'äh witness the contamination of their soil and water sources, and suffer the consequential diseases: they live with constant outbreaks of respiratory diseases and the depletion of traditional food resources. This profile completes a vicious circle, conditioning serious and constant disturbances to the activities that are essential to the subsistence of this group.

Alterations in the living conditions of the Hupd'äh, originating in new, demographically dense forms of living with other groups, are closely related to this scenario. It is to be stressed, furthermore, that the recent introduction of national welfare benefits, like government subsidiaries (*bolsa família*) that introduce money into the village, and their visits to the city of São Gabriel da Cachoeira in order to withdraw from the bank the money they receive from these incentives, are displacements that also carry serious risks to the health of this group. The situation is even more critical in the mission-villages, in which living standards have deteriorated and where the consumption of *caxiri*, based on the excesses of the manioc production, and that of *aguardente*, or cane liquor, apparently configured as a reactive social behavioural pattern, has become socially destructive.

The Hupd'äh do not seem to have found in their cultural representations adequate adaptive reactions to all these events. They are reticent in relation to changes in several of their living habits. They have great difficulty in sticking to western treatments and even TB does not seem to have an appropriate cultural conception. Total tragedy has only been avoided because of the relatively effective pan-regional vaccination campaign, which nonetheless, continues to require significant improvements.

As was observed in interviews with the AISs, it is not believed that health workers from other ethnic groups will be able to work successfully with this group. Part of the problem lies in traditional hierarchies. Other forms of support are rare, since even though the Hupd'äh often take up referrals from the Mission hospitals in the region, in particular for the treatment of TB, they do not see out the full course of treatment. A health program with this population should be characterized by an approach that takes into account the multi-faceted factors of the health scenario of the Hupd'äh, and their specificity in relation to the other groups, i.e. based on multi-disciplinary means. Given this background, the training of Hupd'äh AISs should be distinguished from that of the other such healthcare providers in the region. It is necessary to provide not only preventive and curative assistance to this group, but also to recognize their cultural wealth, reconstruct their productive base and opt for an adequate educational model that is able to restore and strengthen the self-esteem of these people.

### ***Bi'íd: the Hupd'äh shamanic process of alchemy and bodily transformations***

The Hupd'äh representation of health and disease is founded on the conception of their

world and humanity, one that explicates their own presence in this earthly world. This cosmology is based on the existence of various worlds superimposed upon each other.<sup>6</sup> The earthly world (*s'áb*) is where we (Indians and non-Indians) live with our body (*sáp*). It is situated between two extremities of a continuous plane: on the eastern side (*mená*) is the *wedó ip møy* (the house of the father of the sun and the moon), and at the western side (*porá*) is the *s'áb tút*, where all the rivers are born and which is cold.<sup>7</sup> The other worlds are located vertically below the earth and the waters (*s'ák'móy* and *pèd móy* - world of the spirits); above the earth in the direction of the infinite sky (*Kég teh móy*, *wedo m'èh móy*, *tút móy*) is the world of *Kég teh*, of the stars, the birds and the vultures. These worlds are all inhabited by mythological beings in the form of animals, fruits and energies. The earthly world is tied to the sky by a vine or string (*yúb tut*).

The body [*sáp*] of the Hupd'äh and of all the humans is in opposition to all the “living” beings that can be classified as “spirits” [*b'atib*], which do not manifest themselves through the body but in other material forms. The Hupd'äh maintain that within their own body there is a point, a central energy that we can analogically identify as being the “soul” [*hāwäg*]. They are unanimous in affirming that this point is situated in the chest near the heart. In fact the heart, in Hupd'äh anatomy, has the same name (*hāwäg*). When they are born and receive their clan name they begin to get stronger and thus begin the growing process of the *hāwäg* (that is still small and will grow at the same time as the physical body). To say “to be ill” the Hupd'äh use the expression *hāwäg páy* (*hāwäg bad*) or *Hup pè* (Hup pain), indicating in which part of the body there is pain (*pè*). When they are feeling sad, they say *hāwäg bi hú*. Thus the state of sadness has the same meaning as being ill.

Coca [*pu'uk*], tobacco [*bunt*] or vine “*kahpi*” (*Banisteriopsis sp.*), also known as *ayuaska*, *çipó*, *yage*, is associated with *tut*, the string or vine that links the worlds. They say, when they are using these substances, the “person can perceive the *hāwäg*”. The shaman (the B'ín) uses these plants to dream and thus obtain a diagnosis of a patient. The shaman is the only one who, through a trance or dream, can perceive the *hāwäg* of the other (patient). Although other Hupd'äh inform us that when they are using *pu'uk* they can also perceive the *hāwäg* of another person, a diagnosis can only be offered by someone who is initiated or a shaman.

Besides having *sáp* (body) and *hāwäg* (soul), Hupd'äh also have the term *b'atib*, which is used a great deal and its semantics are difficult to translate.<sup>8</sup> This could be translated as “spirit,” “ghost” or “shadow”, and also refers to the several spirits of the forest. The Hupd'äh also use this expression to name the darkness, or, as they say: in the darkness is the world of the *b'atib*, and it is in the darkness that the *b'atibd'äh* can be seen. This being is generally associated with negative or malevolent forces. In the forest, for example, when camping, it is essential to eat one's supplies, because if there are any leftovers the *b'atibd'äh* appear to eat them, say the Hupd'äh. This term can also be confused with the “devil”, due to the catholic influence that associated the Tukano term *wānti*, corresponding to *b'atib* among the Tukano groups. Animal bodies only have a *hāwäg* but no *b'atib*. Some say that dogs are capable of having their own *b'atib* because they can perceive other *b'atibde* in the dark (Reid, 1979:78).

If the awareness of life comes through the *hāwäg*, death appears when a person loses their own *hāwäg* or when the shaman determines that the person is without their *hāwäg*. It is possible to find someone for whom death is already pre-determined. Generally, that person stays lying in the hammock waiting for the body to stop functioning. After death, the body (*sáp*) is buried and the *hāwäg* goes to the world of the “souls” that is near the world of *Kég teh* and other heroes, in the highest heavens. The *b'atib* (*b'atib ním*/ghost) stays on earth for some time, later going to a world located under the waters (but at times it is able to appear on earth). The materialization of the *b'atib* is in all the body's secretions, and excretions, such as urine, sweat, catarrh, and faeces, in addition to blood. It is through these substances that all illness and diseases penetrate.

Therefore, disease and health are in the balance of two existing forces or energies in our body: the *hāwäg* and the *b'atib*. Everyone who is initiated knows the ceremonies for the protection and strengthening of the *hāwäg*. All the ceremonies of cure [*bi' id*] invoke the forces of the forest for the strengthening of the *hāwäg* and the reduction of the influences of the *b'atib* over the *hāwäg*. If a Hupd'äh is ill or feels bad, it is common to see them pointing first to the heart, even if the sickness is located somewhere else in the body. Disease therefore signifies,

ultimately, a manifestation of the weakness of the *hãwäg* and a greater control of the *b'atib* over the body.

The Hupd'äh medical system is mediated through people, generally (initiated) men, who possess the “keys” that open the various worlds in search of an interpretation for the happenings in the *s'äh*, or earth. Each clan has specific knowledge over the way to treat themselves. According to the Hupd'äh everything that happens in this world has, to a certain extent, already happened in the other world of mythic times. There is therefore an interpretation for everything and this can be found in the stories of *Kég teh* (son of the bone), the demurge, and creator of all worldly things. The medical system is a shamanistic system, both with respect to the representations of health and disease, and in its therapeutic practices.

The *bi'id* is a term that is used for a series of ritual practices that range from simple spells to the more complicated healing practices of witchcraft. As all these practices are carried out through speech, the term is generally translated as “*sopro*” in Portuguese, or ‘breath’, an allusion to the way in which the shaman recites the formulas, in a murmuring of words with a *cuia* (bowl) near his mouth. In regional Portuguese, the term “*soprar*”, to blow, is currently associated with shamanistic practices. The shaman usually uses a small bowl, or *cuia*, with water or some herb for the person to take or pass over their body. The most important element is not what is in the bowl so much as the “breath”, or *bi'in*, and the recitation of the formula. In many cases, the shaman does not need to see the patient. In the cases where he does, the latter prepares himself beforehand and takes the *kahpi* (*Banisteriopsis Caapi*) vine whenever necessary, but always has tobacco (*huni*) and coca (*pu'uk*). In examining the patient the shaman spends a long time holding the left arm to see how the person's *b'atib* is. They believe that in the body there are two central points where balance should be obtained. Generally the practice is to strengthen the *hãwäg* that is situated near the heart, thus reducing the power of the *b'atib* over the *sáp* (body) which, according to the majority of the Hupd'äh, is located in the left arm. This task may take hours and the patient should follow a special diet to reach the desired effect. The diet generally involves the exclusion of roasted meat, salt and chillies. Another requirement is that of not touching a menstruating woman, as well as sexual abstinence. The patient generally remains lying down most of the time.

The differences between the conceptions of Hupd'äh and Western medicine are found in the causes and in therapeutic practices. The fact that many Hupd'äh accept other alternatives/cures does not necessarily indicate a change in the representations of diseases or a reduction of the use of shamanistic practices to cases in which efficacy is affirmed. The Hupd'äh continue to interpret disease through their conception of the world and the forces and energies operating in this earthly sphere.

The therapeutic process in indigenous medical systems is incorporated as a series of interpretations about diseases between individuals: the people who have the power and the keys to curing. The Hupd'äh medical system cannot be considered as autonomous, but rather is always in the process of negotiation. The medical system can suffer transformations when significant changes occur in the social and political context of the Hupd'äh populations.

### ***Tuhu and B'atib'pät – Influenza and TB***

When I was with the Hupd'äh, I tried to observe their behaviour in relation to two diseases that affect them the most: influenza and TB. The former is a terror: it causes tremendous fear and is associated with white folk and their things. I am not so sure of this association in relation to TB. In fact, the classification of white folk diseases and indigenous diseases, as we generally find it in literature on the subject, needs to be investigated further. The Hupd'äh identify some traditional diseases that they know how to cure. For the Hupd'äh all diseases come from external sources, since according to them, the Hupd'äh do not have diseases. Any other problem that appears amongst them comes, in the first place, from the imbalance between the two energies (*b'atib* and *hãwäg*) and therefore would not come into the classification of diseases. The individual who stops following some ‘taboo’ can provoke this imbalance, as can someone who has disobeyed some law of social interchange (such as, for example, inappropriate or forced sexual exchanges); or the imbalance is provoked by an act of witchcraft; for in these cases only the shaman can be an antidote. These acts of shamanism are generally accompanied by a certain kind of poison, or some external element, which can

be a hair, tobacco, etc. Certain kinds of poison are only effective when they are related to the spoken word (spell) pronounced by the shaman or another initiated person.

*Tubu* – literally “catarrh” – is the generic name for *gripe* (‘flu’ or a ‘cold’). These infections usually come via the river and always someone transports them in objects, bags, cloths etc. As the *hāwäg* of the children is still growing, they are the most affected. In Yuyudeh in the Tiquié, where I visited in 1983, I arrived soon after a serious flu epidemic in which 22 people died. The houses were burnt, many people had gone into the depths of the forest to isolate themselves and there was no *bi'id* that worked. Elderly individuals had discussions trying to explain why the epidemic had been so powerful. It was associated, at the time, with the arrival via the river of innumerable wildcat gold prospectors en route for the *garimpo*. The machines and the boats, that were many, brought a great deal of flu. Ultimately, it is a question of “the bigger the suitcase, the greater the disease/ flu”.

*Tubu*, catarrh, is a secretion identified as being from the *b'atib*, and to eliminate the catarrh certain ceremonies are performed to neutralize the *b'atib* and isolate its fury. Actually, there are several shamanistic formulas; however, all affirm that these formulas are effective only to eliminate the catarrh, but that in order to eliminate the flu they need to know more. The flu comes from the whites' world and there is no identification in any myth, neither in any story of *Kég teb* (perhaps due to the diversity of clinical manifestations, as one cold is not like another). In other words, there is not one single comprehensive understanding of the flu. In therapeutic processes, in general, the shamans insist on removing everything of white origin from the house and from the patient's body itself (e.g. wrist watches, brackets, clothing). This has always shocked the missionaries and other interlocutors when they have come across a child with a cold, and found him/her completely naked.

*B'atib pāt* (*b'atib*'s hair, the devil's hair) as the Hupd'äh denominate TB, is a recent illness, and is still being processed within Hupd'äh therapeutic methods. The disease does not seem to be associated with the world of the whites, as flu clearly is. In reality *b'atib'pāt* is a term used in the languages of the region to identify a series of sorcerer's practices, and when applied by a sorcerer, the result is devastating. The person who has received the curse of a *b'atib'pāt* dies in exactly the same way as a carrier of TB, i.e., coughing a lot and spitting blood. In other words, the *b'atib'pāt* represents the last stages of TB. The Hupd'äh only manage to diagnose the biomedical category of TB in the final stages. The initial process of the disease – involving symptoms such as weight loss, tiredness, and chronic coughing attacks – are seen independently and not associated with the *b'atib'pāt*. The symptoms are treated in isolation, according to the previously mentioned conception of the strengthening of the *hāwäg*.

Since the *b'atib'pāt* normally occurs among adults and old people, death is already expected. For the Hupd'äh, when a child is born, the *hāwäg* is still small and needs to grow in the same way as the child does. To the contrary, the person's *b'atib* is already fully-grown at birth and gradually shrinks, as they get older. The size of these two forces, which live within the *sáp*, is undoubtedly relevant in the interpretation of TB. A person of advanced age who dies, is considered to die of old age. *Naw ná'i* means ‘died well’, i.e. completed the cycle of dying with the *hāwäg* large and the *b'atib* really small.

To remove the *b'atib'pāt* from the body, the shaman – according to accounts we received – uses manioc flour in a *cúia*, together with certain formulas or spells. The bowl is left under the hammock over night. They say that when curing reaches this stage, little more can be done for a patient. I myself saw several people in this state and they normally stayed in the hammock waiting for their bodies to stop functioning. It is almost impossible to convince somebody in these circumstances that there can be a cure. Suggesting treatment for TB, and seeing through the course of medication, represents a real challenge for anyone working to improve the health of these populations.

In order to understand Hupd'äh behaviour and their understanding of contagious diseases, we must consider the Hupd'äh's logic of transmission and treatment of these illness. The difficulty is precisely in understanding the ‘why’ of certain behaviour patterns. As Langdon (1994) points out, the relevant literature does not offer explanations about the choice of the therapeutic process. One can observe in several instances that the choice of a certain therapeutic process among the Hupd'äh, be it via Western or indigenous medicine, obeys a sequence of explanations and interpretations that find their route in mythology.

During my visit to this area, in late 1996, to carry out the survey in question, we came

across some situations that deserve comment. In one of the villages, we found a 7-day old newborn baby that had had no bowel movements. The child's father, although having a shaman in his house, decided to call in the doctor to obtain another opinion and sought biomedical help. After the clinical examination, no medical problem was found. It was therefore decided to wait for another day or two before opting for the removal of the baby to a hospital or reference centre. The doctor and nurses examined the baby the next day and, once again, it was concluded that the child was well and that nothing indicated the need for urgent medical intervention or even a removal. However, the child's father asked me to find another shaman in the next village. I agreed and we went off to the other village after the shaman in question. On arriving there, the shaman I was seeking not only already knew what was happening, but also had the solution to the baby's problem. This particular shaman had prepared the baby's mother for the birth, but at the moment of birth itself, another shaman had been called in, causing a problem: there was insufficient protection. He should heal the child in order to undo the knot present in its intestine. In this specific case, the spell formula was in the making of the *Jurupari* flute and the manufacture of the devices used to express the excess juice from manioc (the *tipiti*) and the *arumã* vine that can tighten the press when tied to a stick. We found in the *Mitologia Sagrada dos Desana* (Diakuru & Kisibi, 1996:153) a passage in the myth that portrays precisely the possibility of spells for this type of occurrence. The right spells were performed and the child defecated normally. Cases such as this contribute to the Indians own legitimization of the efficiency of their medical system.

Another case is also illustrative of the selective choice of treatment and how the Hupd'äh see the body. Maria, a woman in one Hupd'äh village, had been prostrate in her hammock for over 20 days. The whole village said that she was already dead. On examining her, we discovered that she had double pneumonia and a total prolapse of the uterus. We went to the chief and requested that she be removed to a nearby hospital, as quickly as possible (which implied a two-hour walk through the forest to the river bank followed by 3 hours by motor boat to a nearby air-strip, and then waiting for a rescue plane). Everyone insisted that she was already dead and that there was no cure. After an afternoon arguing, we managed to convince them that there was treatment for her condition. This did not represent a peaceful acceptance of her removal by the Hupd'äh. It was still necessary to convince her husband and children. She was eventually transported, received the necessary treatment, and operated on successfully. After a recovery period of 9 months, she returned to the village. We cannot say, in this case, that as a result of this successful intervention the Hupd'äh accepted the efficiency of the western medical system. It would have been necessary to return to the village, afterwards or at the time, to observe the reactions when the woman returned.

## Conclusion

In the Rio Negro region, two medical systems co-exist and one can observe that this co-existence is pacific, rather than antagonistic. But there remains a total lack of comprehension between the systems. How can some consistency in aetiology be reached? And how can one make the Hupd'äh understand that the *B'atib'pât* can be cured?

The issue that is posed here is precisely that of the validity of indigenous classifications when we know that the aetiology is based on cosmology and the myths. The logic in the drawing up of representations of the so-called white man's diseases can only be understood on the basis of an understanding of mythology and cosmology that ultimately structures relations within the ethnic group and in the interethnic relations of the Rio Negro basin as a whole. But the choice of treatment does not occur because there is a clear comprehension of what are white folk diseases or Hupd'äh diseases. Furthermore, from their point of view, besides aspirins and pills for parasites, they would not seek western medicine, as in reality they do not. In other words the demand for treatment is associated with and submerged by very specific cultural contexts. The therapeutic processes are associated with an understanding of the mythology and with the power of spell words "blown" on the patient.

Two main subjects emerged in this article, although I believe that the abundance of my field notes will allow me to discuss them further another time. The first relates to myth and the representation of the body; that is all stories and interpretations of the Hupd'äh and their presence in this world. Almost every mythological narrative emphasizes how the body is

formed to constitute humanity. During the creation, for example, Hupd'äh say people were in a world under water, with a body different from what it is today. The description of this situation is remarkable and detailed. And, in this under-water world, several processes are established in order to substitute the previous body for that of today's world. These changes in the body and how it is shaped are widely discussed in debates on creation stories, which the Hupd'äh call the "Time of Hi'bahtenre". This is the name that the Hupd'äh give to the whole mythology of creation. It means the time of the ancestors, more precisely, the time where all creation was under water, before the transformation of the bodies of human people (Hupd'äh) and how they came to be in this world.

In this article, I have tried to relate the body to particular diseases, particularly with a discussion about how the Hupd'äh's corporal substances can be used as elements to modify the body, itself leading to an improvement in the quality of life. It is the body's constituency that supports the experience of its own identity, leading to the belief that a 'me' inhabits this body and only this body. The *Hāwäg* and *b'atib* are fluids that are usually opposed to each other, but together provide a balance to support the body in this world.

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### Notes

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<sup>1</sup> As the Hupd'äh call all the non-Indians.

<sup>2</sup> This health project functioned through an agreement between the *Associação Saúde Sem Limites* / Health Unlimited and the Federation of Indigenous Organizations of the Rio Negro (FOIRN).

<sup>3</sup> Alson means the "Time of Transformation".

<sup>4</sup> See for example the book of Father Acionílio Bruzzi, *O método Civilizador Salesiano (1980) In-spetoria Missionária da Amazônia (CEDEM-Manaus)*, where he succinctly describes the techniques used by the missionaries in the region.

<sup>5</sup> The information in this section is based on the "Associação Saúde Sem Limites" reports on the health situation in 1996 (Oliveira et al., 1996-2001).

<sup>6</sup> The elements of Hupd'äh cosmology presented here come from a version collected during my field research among the members of the txókwótnohkorntenre clan, for other versions see Reid, 1979.

<sup>7</sup> In contrast to other languages (Tukano and Arawak) of the region the Hupd'äh give both the sun and the moon the same name: *weró*.

<sup>8</sup> Hearing the semantic interpretations of this term, there is a tendency to translate it as "spirit", but this can lead to ambiguities.

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