

Reima: Proibição de alimentos em comunidades de pescadores na Bahia, Brasil

Reima: food prohibitions in fishing communities in Bahia, Brazil

Reima: prohibiciones alimentarias en comunidades pesqueras de Bahía, Brasil

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RESUMO

Este estudo analisa significados da "reima" dos alimentos enquanto um conceito relacionado a um mal-estar que afeta o corpo. Em geral, os alimentos considerados "reimosos" vêm do campo, da floresta, os mangues e do mar. Este estudo etnográfico considera as experiências de marisqueiras e pescadores sobre "reima" na dimensão biossocial. Esta, faz parte de um conjunto de crenças sobre a relação entre alimentação, corpo e saúde em uma tradição que se mantém mesmo com o acesso aos serviços de saúde formais e à presença de alimentos processados. A "reima" se configura como um ethos da alimentação que causa danos ao corpo assim como produz sentimentos adversos na vida social. Para a clínica médica, "reima" parece com doenças alérgicas cujos sintomas são tratados. Para a comunidade não existe cura e só o "tempo" pode restaurar um corpo doente pela "reima". A interpretação mostra que se trata de uma "ofensa", um produto disciplinar do comer, em que a qualidade e a quantidade de alguns alimentos, bem como misturas, devem ser monitorados no processo saúde e doença.

Palavras-chaves: Antropologia da Alimentação; Hábitos Alimentares; Crenças Sobre Alimentação; Alimentação e Cultura

ABSTRACT

This ethnographic study examines the various meanings of the term *reima* describing a quality of certain foods that is believed to cause physical discomfort or ill health. In

Bahia, Brazil, the foods considered to contain *reima* generally come from the rural hinterland, jungle, mangrove forests and sea, and this paper examines their biosocial importance in the lives of artisan fishing and shellfish harvesting communities. In these communities, the notion of *reima* is part of a traditional set of beliefs about the relationship between food, the body and physical wellbeing which co-exists with the experience of official health services and the consumption of industrially processed foods. Specifically, *reima* constitutes an ethos about foods that cause physical harm to the body and can also provoke adverse reactions at a social level. Clinical medicine considers *reima* to resemble human allergies, whose symptoms can be treated, but local communities believe that there is no cure for *reima* and that only time can restore a person's health. The research shows that *reima* is understood to be the disciplinary consequence of violating a food prohibition under circumstances where the quality and quantity of some foods or combinations of foods must be controlled to ensure people's general health.

Keywords: Anthropology of Food; Eating Habits; Beliefs About Food; Food Culture

RESUMEN

Este estudio analiza los significados de "reima" de los alimentos, un concepto relacionado con un mal estar que afecta al cuerpo. En general, los alimentos considerados "reimosos" provienen del campo, la selva, el manglar y el mar. En este estudio etnográfico se consideran las experiencias de las marisqueras y pescadores artesanales sobre la "reima" desde una dimensión bio-social. Ésta forma parte de un conjunto de creencias sobre la relación entre alimentación, cuerpo y salud en una tradición que se mantiene al mismo tiempo que el acceso a los servicios de salud oficiales y a los alimentos industrializados. La "reima" se configura como un ethos de la alimentación que causa daños al cuerpo, así como produce sentimientos adversos en la vida social. Para la clínica médica, la "reima" se parece a los disturbios alérgicos cuyos síntomas son tratados. Para la comunidad no existe la curación y solamente es el "tiempo" el que puede restaurar un cuerpo enfermo por la "reima". La interpretación muestra que se trata de una "ofensa", producto disciplinario del comer en que la calidad y la cantidad de algunos alimentos, así como las mezclas, deben ser controladas en el proceso salud y enfermedad.

Palavras-chaves: Antropologia da Alimentação; Hábitos Alimentares; Crenças Sobre Alimentação; Alimentação e Cultura

Introduction

Because classifying foods by their *reima* content is imprecise ⁽¹⁾, there are few contemporary studies. If we consider Brazilian scientific literature some thirty years ago, however, we find a number of authoritative papers on *reima* including ⁽²⁾ ⁽³⁾ ⁽⁴⁾ ⁽⁵⁾. All have contributed substantially to our understanding of *reima* as a classifying principle based on binary oppositions present in native communities in the North and Northeast regions of Brazil, specifically indigenous riverside and coastal fishing communities.

The dearth of anthropological studies on local dietary practices after the 1970s was partially remedied during the 1990s by researchers' interest in the eating habits of local communities, influenced by tourism and an increasing preoccupation with the preparation of food and with issues of community health ⁽¹⁾. More recently, various ethnographic studies on Brazilian artisan fishing and food prohibitions that use the example of *reima* have addressed the North Region ^{(6) (7) (8)} and the Northeast Region ^{(9) (10) (11)}. In the field of human ecology, there have been important ethnographic contributions in the study of food taboos and foods containing *reima* in fishing communities in the Brazilian Amazon and on the Atlantic coast ^{(12) (13)}.

In local communities, the symbolic values of the category of *reima* exist as popular knowledge within the family unit and as associations between foods that are classified empirically ("hot", "cold", "strong", "pure", "impure", etc.) and that form the relationship between the body, nutrition and the regulation of diet.

Some authors describe *reima* as a medical category originating in Hippocrates' humoral medicine and the Greek term *rheum*, meaning "viscous fluid" ⁽¹⁴⁾, proposing that the term spread across Latin America with the colonial expansion of the Spanish and Portuguese, who advocated a humoral system of medicine ^{(15) (7)}. In time, the notion became part of a broader system of binary classification, of which to this day the hot–cold polarity is the most commonly known across the continent ⁽¹⁶⁾.

The literature offers two interpretations for the success of the hot–cold system of classification: one is that the colonialists' humoral medicine eventually adapted itself to suit the native categories ⁽¹⁷⁾; the other is that because the binary classification is a universal principle, this hot–cold system was already part of the indigenous peoples' world view before the colonialists arrived ⁽¹⁸⁾.

Food taboos are a common part of a community's eating behaviour and its ideological reasoning. For Contreras and Gracia ⁽¹⁹⁾, speaking about food sustains a community's symbolic understanding of reality, where food categories can be defined as healthy or unhealthy. Values systems exist in every society and all societies consider that certain foods should or shouldn't be eaten. The duality between what is permitted or prohibited or good or bad is part of a community's food lore. Prohibitions and personal aversions vary according to cultural context but foods of animal origin are the most commonly prohibited because they are considered to be unclean, the result of the habits of the animals they are taken from (this is especially true of pork)

⁽²⁰⁾. To examine the subject in greater depth, we should consider studies on religious behaviour in diet and health care where the notions of 'clean' and 'unclean' may have a number of different meanings ⁽²¹⁾. In everyday life, food prohibitions may be general, specific, temporary, segmental or permanent ⁽²²⁾ and they are applied in periods when the human body is especially vulnerable (e.g., illness, menstruation, pregnancy, the postpartum period and convalescence from physical wounds or injuries).

An ecological approach to the research shows that these taboos constitute adaptive strategies to support conservation in the local management of natural resources and the protection of certain animal species ⁽¹³⁾ ⁽²³⁾, including not only endangered or endemic species but also animals that play a key role in the region's ecology ⁽²²⁾. At the same time, the research shows that the fishing communities that are particularly diverse in biological terms and have the greatest access to protein are also the communities that most often cultivate food taboos prohibiting the consumption of fish with *reima* ⁽¹³⁾. Oily fish and carnivorous and piscivorous fish invariably accumulate the most toxins and for this reason, for Begossi et al ⁽¹³⁾, these communities display biologically adaptive behaviour when they subject members whose health is fragile to more food prohibitions with certain animal species, like carnivorous fish or other animals higher up the food chain.

For an anthropologist, the importance of a notion like *reima* and its effect on the human body cannot be understood without studying how the notion is part of a community's everyday life. This is what our study will show by examining the importance of *reima* for four fishing and shellfish harvesting communities in the state of Bahia in the Northeast Region of Brazil: Monte Alegre in the municipality of Cairu, São Francisco de Assis in Nilo Peçanha, Ilha de Maré in Salvador de Bahia, and finally the municipality of Salinas da Margarida in Recôncavo baiano. According to the 2010 census of the Brazilian Institute for Geography and Statistics (IBGE) ⁽⁴⁵⁾, Cairu has a population of 15,374 inhabitants, Nilo Peçanha has a population of 12,530, the city of Salvador de Bahia has a population of 2,675,656 and Salinas da Margarida has a population of 13,456. As for the fishing communities, Monte Alegre has 120 inhabitants ⁽²⁴⁾, São Francisco has 1,117 ⁽²⁵⁾ and the community studied in Ilha de Maré has 800 ⁽²⁶⁾.

According to Barros et al., *reima* is “a quality that makes foods disagreeable to certain states of the human organism”⁽²⁷⁾. Because it affects the body through food and can manifest itself as illness or suffering, it is thought that *reima* can be controlled by applying food prohibitions⁽²⁸⁾.

This paper analyzes the experiences of fishing and shellfish harvesting communities with *reima*, which considers it to be a quality that causes illness through certain foods or provokes feelings of physical discomfort when people eat certain prohibited foods, especially those who are more vulnerable and sensitive to certain common foods. The prohibition is related to the experience of falling ill, and is therefore considered important for diabetics, people who suffer from high blood pressure, and people who have recently been injured or underwent surgery.

Understood by clinical medicine as a popular interpretation of an allergic reaction, at an empirical level *reima* means the particular potential certain foods have to cause swellings in the form of surface or internal wounds. Popular belief holds that there is no cure for *reima*, which can cause illness or even death and which therefore must simply be avoided. In this sense, in the local community's studied here the danger of *reima* and the individual's personal behaviour are inextricably linked.

To understand how *reima* is perceived by local communities, this paper offers a series of emic interpretations. It also examines how the condition is understood by health professionals in the region studied⁽²⁹⁾.

Methodology

For ethnographic purposes we chose an approach that would allow us to inspect the notion of *reima* at closer quarters. Using a qualitative method, our observation of the local communities' experience of *reima* clarified the various uses of the term in people's everyday lives.

Our study focused on the women and men who worked (and may still work) as artisans in fishing and shellfish harvesting, who were mainly black and who lived in fishing communities. Ilha de Maré and Monte Alegre are island communities, while Salinas de Margarida and São Francisco de Assis are located on the mainland. Between 2004 and 2005 five communities on the Ilha de Maré were granted *quilombola* land titles by the Brazilian Ministry of Culture's Palmares Cultural

Foundation and in 2006 Monte Alegre was also registered as a *quilombo*. The Brazilian *quilombola* communities are indigenous peoples of Afro-Brazilian origin, the descendents of Africans who escaped from Brazil's slave plantations. To date, these communities practice subsistence farming combined with artisan fishing or shellfish harvesting. Their monthly family income remains below the national minimum wage in Brasil and they are reliant on social welfare through Brazil's *Bolsa Família* Program. It is the largest conditional cash transfer program in Brazil and it has been mentioned as one important factor contributing to the reduction of poverty in the country. Carvalho et al. ⁽³⁰⁾ observes that they are only beginning to have access to basic sanitation and Pena et al. ⁽²⁶⁾ observes that the artisan tools they use for their work expose them to the risk of occupational injuries and illnesses. According to the 2010 IBGE census, Ilha de Maré has the highest number of black inhabitants in the municipality of Salvador de Bahia, with 92.99% of the population describing their skin colour as *preta* (black) or *parda* (brown).

Between 2005 and 2013, we conducted ethnographic observations and detailed interviews with members of the communities of Monte Alegre (19 respondents), São Francisco de Assis (5), Salinas da Margarida (5) and Ilha de Maré (10). Using the results of extensive fieldwork and periods of time spent living in these communities, we were able to gain greater insight into the importance of *reima* in local people's everyday lives. It was also evident that the local people considered the individuals who acted as our interviewees to be playing an important role because they were responsible for explaining the community's popular knowledge on the subject of food prohibitions. The interviewees themselves were chosen using snowball sampling, wherein interviewees are asked to nominate further interviewees.

To analyze the various meanings of *reima* in hermeneutic and dialectical terms, we assessed the importance of key words that respondents used in the interviews and accounts of their daily life to classify foods ⁽³¹⁾ ⁽³²⁾. The results showed that a number of associated symbols, metaphors and terms were directly related to feelings and beliefs about *reima*. Furthermore, the similarities in the sociocultural reality depicted by different respondents indicated their intersubjectivity, influenced by a common cultural history, and also determined the number of interviews conducted, which added up to 39 (31 women and 8 men).

To understand *reima* as a social phenomenon we observed the similarities and contradictions in the respondents' descriptions of how certain foods caused illnesses, taking as their main examples agricultural products and foods drawn from the jungle, mangrove forest and sea. In the course of the interviews, in which the members of the different shellfish harvesting and fishing communities talked openly and subjectively about their eating habits and food taboos, the following relational categories were observed to comprise a series of intersubjective axes between the respondents: the fear of illness and dying; the logic attributed to avoiding certain foods; the local people's sense of biological vulnerability; their belief in the offensive quality of certain foods for the body and spirit (understood in the symbolic universe as social behaviour); and their belief in the physical effects of "strong" or "heavy" foods.

The reader should note that these relational categories were also important for the purposes of our analysis, which alternated between understanding and putting forwards the terms we deemed most important. Note, too, that where the respondents made affirmative or negative statements with regard to the notion of *reima* they were reflecting cultural aspects of their social reality ⁽³²⁾.

After transcribing the interviews, we analyzed the various meanings the local community had attributed to the term *reima*. Both the researchers and the respondents had focused their efforts on generating language that could define the word and allowing for new results to emerge. In our analysis, we extracted the most meaningful terms from the transcriptions and then compared and contrasted these, establishing associations between the similarities and differences in the language used to talk about *reima*, bearing in mind the respondents' sociocultural context. Similar contexts were important indicators of the intersubjective presence of *reima* and its enduring tradition as a taboo word. The fact that different respondents attributed such values to *reima* confirmed the importance of the food prohibitions that the communities observed to avoid *reima*. People's reticence about discussing *reima* also revealed their conviction that *reima* was an independent and malevolent force, an example of nature turning against the body.

Hermeneutics interprets a cultural object from its social history and the beliefs, habits and everyday practices that inform it. In line with this, our analysis of the interviews with the women and men from the shellfish harvesting and fishing communities reflected both what people knew and didn't know about *reima*. As

semantic fields, our respondents' narratives expressed a knowledge that was similar between pairs, culturally informed by the fear of becoming ill and by those eating habits which combined naturally produced and industrially processed foods. As one respondent argued, the second type of food is considered to be healthy simply because "nobody knows where it comes from" (respondent MC, 70-year-old woman, Ilha de Maré).

Results and Discussion

The location of *reima*: the body that is ill or vulnerable

In our research we observed that there were two recurrent popular beliefs. The first was that *reima* came from outside the body and either harmed it or further aggravated a wound that was already there. This notion was characterized by a fear associated with the surface of the body. The second was that *reima* was a reaction to the process of becoming ill which affected the skin but also went beneath the surface of the body. In both cases, the respondents considered that human behaviour was responsible for exposing the body to the risk of an inflammation provoked by *reima* (The respondents even used a verb to express this: *reimarse*). Its medium provoked illness. When one respondent was asked which of the foods that her community obtained from the sea and mangrove forest contained *reima*, her list included skate (*Rajidae*), blue crab (*Callinectes sapidus*), blue land crab (*Cardisoma guanhumí*), common octopus (*Octopus vulgaris*), spotted moray (*Lycodontis moringa*) and shark (*Carcharrhinus* spp.). "We don't eat any catfish (*Siluriformes*) either," she observed (respondent B, 38-year-old woman, Monte Alegre). Other seafoods this respondent considered to contain *reima* and cause ill health included spiny lobster (*Palinurus elephas*), prawn (*Cammarus*) and clam (*Lucina pectinata*) (see Table 1).

Table 1. Animals and Food with *reima*

Portuguese name	Latin scientific name	English name	Hunting and gathering space
Aratu	Goniopsis cruentata	Mangrove crab	Mangrove forest
Arraia	Rajidae	Skate	Salt river Offshore
Cação	Carcharrhinus spp	Shark	Offshore
Camarão	Cammarus	Prawn	Salt river Offshore
Caramuru	Lycodontis moringua	Spotted moray	Mangrove forest Reef Offshore
Caranguejo	Ucides cordatus	Crab	Mangrove forest
Corvina	<i>Argyrosomus regius</i>	Shade-fish	Coast
Dendê (azeite)	Elaeis guieensis	Palm oil	Jungle
Galinha (ovo)	Gallus gallus domesticus	Egg	Backyard
Guaiamu	Cardisoma guanhumi	Blue land crab	Beach Mangrove forest
Lagosta	Palinurus elephas	Spiny lobster	Reef Offshore
Lambreta	Lucina pectinata	Clam	Mangrove forest
Luiz Caixeiro	Coendou prehensilis	Brazilian porcupine	Jungle
Ostra	Crassostrea rhizophorae	Mangrove oyster	Mangrove forest Reef
Paca	Cuniculus paca	Paca	Jungle
Peixes de couro	Bagre (siluriformes)ou cascudo (Loricariidae)	Catfish	Salt river Offshore
Polvo	Octopus vulgaris	Common octopus	Reef
Porco	Sus domesticus	Pork	Backyard
Quiabo	<i>Abelmoschus esculentus</i>	Okra	Backyard Outback
Sarnambi	Amiantis purpurata	Clam	Mangrove forest
Siri	Callinectes sapidus	Blue crab	Mangrove forest Mar salobre
Tainha	Mugilidae	Mullet	Salt river Offshore
Tatu- peba	Euphractus sexcentus	Armadillo	Jungle
Tatuí	Dasyposidade	Armadillo	Jungle

In the jungle, where edible animals are a food source, another respondent listed the lowland paca (*Cuniculus paca*), armadillo (*Euphractus sexcentus* and *Dasypodidae*) and Brazilian porcupine (*Coendou prehensilis*) as animals which contained *reima* and "could be dangerous" (respondent M, 40-year-old man, São Francisco) while also observing that the nine-banded armadillo (*Dasypus novemcinctus*), black and white tegu (*Tupinambis merianae*), tamandua (*Tamandua*), large American opossum (*Didelphis*), capybara (*Hydrochoerus hydrochaeris*),

pampas deer (*Ozotoceros bezoarticus*) and opossum (*Marmosa* sp.) did not contain *reima* (see Table 2). "However," the same respondent observed, "we wouldn't dream of eating pork meat [*Sus domesticus*] because it's very *reimosa*"

Tabla 2. Animals and Foods without *reima*

Portuguese name	Latin scientific name	English name	Hunting and gathering space
Ariacó	<i>Lutjanus synagris</i>	Lane snapper	Offshore
Barbudo	<i>Pinirampus Pirinampu</i>	Catfish	Offshore Salt river Coast
Budião	<i>Sparissoma ssp</i>	Parrotfish	Reef Offshore Salt river
Boi	<i>Bos taurus</i>	Beef	Field
Capivara	<i>Hydrochoerus hydrochaeris</i>	Capybara	Jungle
Carapitanga	<i>Lutjanus ssp</i>	Snappers	Offshore Salt river
Galinha terra (galinha pé duro)	<i>Gallus gallus domesticus</i>	Chicken	Backyard
Rato cachorro	<i>Marmosa</i> sp.	Opossum	Jungle
Sarigué (gambã)	<i>Didelphis</i>	Large American opossum	Jungle
Tamanduá	<i>Tamandua</i>	Tamandua	Jungle
Tatu verdadeiro	<i>Dasypus novemcinctus</i>	Nine-banded armadillo	Jungle
Teiú	<i>Tupinambis merianae</i>	Black and white tegu	Jungle
Veado do mato	<i>Ozotoceros bezoarticus</i>	Pampas deer	Jungle

According to the respondents, ill people could eat beef (*Bos taurus*) or chicken (*Gallus gallus domesticus*) but factory farmed chicken was excluded from the diet of ill people in Monte Alegre or São Francisco because it was considered to contain too many hormones and to have been bred to grow too quickly to be healthy to eat. Furthermore, when prepared as food, chicken was always skinned and its viscera were discarded.

Our analysis of the respondents' narratives indicated that the location of *reima* was considered to be the body that had fallen ill or been made vulnerable under specific circumstances. The ill person was mainly understood to be someone

suffering from wounds. In women, physiological changes were considered to make the body more vulnerable to *reima* (such changes were understood to be a form of suffering); on the other hand, *reima* could also be avoided by observing a dietary regime and this was a feature of the social groups who lived in the most socioeconomically deprived communities, such as those referred to above.

Our research also showed that the meanings of the term *reima* were found in historic expressions that could be understood as representations of a reality whose symbolic values were important at a holistic level. As a food taboo, therefore, *reima* attached itself to the everyday in the form of a prohibition intended to favour people's physical health. In the semantic sphere we observed that the term was accompanied by a number of relational metaphors describing foods as "heavy", "strong", "weak", "hot" or "cold". Combining different foods could provoke serious allergic reactions and the local communities recommended caution with combining foods. For example, it was observed that pineapple (*Ananas comosus*) must never be eaten in the same meal as jackfruit (*Artocarpus heterophyllus*) and that there should be "a period of rest" between eating one kind of fruit and the other. Different combinations also required different rest periods (in the case of pineapple and jackfruit, for example, there should be one whole day of rest between eating one and then the other). This gave the body time to re-establish its particular balance:

The oldest people like my aunt María or my mother will say you shouldn't eat pineapple at the same time as mango [*Mangifera indica* L.] or that you can't eat jackfruit with pineapple. They'll say you can't eat banana [*Musa x paradisiaca*] when you eat pineapple [...] and you can't eat pineapple if you're drinking coffee. Some people mix those things but I don't. Mango, jackfruit, it's difficult to get it right.

Respondent C, 60-year-old woman, Salinas da Margarida

Another respondent observed that banana was especially dangerous for someone who had some kind of wound or injury because "it can attract pus towards the wounded area" (respondent N, 40-year-old man, São Francisco).

Fruit and vegetables were also classified as "hot" and "cold" (see Table 3). Generally, fruits were considered to contain more *reima* than vegetables and this was specifically the case with pineapple, peanut or groundnut (*Arachis hypogaea*),

custard apple (*Annona muricata* L.), sweet orange (*Citrus x sinensis*), lemon (*Citrus x limon*), acerola or Barbados cherry (*Malpighia emarginata* D.C.), Brazilian cherry (*Eugenia uniflora*), cupuaçu (*Theobroma grandiflorum*), jambul (*Eugenia jambolana* Lam.), genipa (*Genipa americana* L.), coconut (*Cocos nucifera*), cacao pod (*Theobroma cacao*), cashew nut (*Anacardium occidentale*), mango and jackfruit (see binomials above), and finally the pepper (*Capsicum* sp.). As one respondent observed, “If you eat fruit that’s hot in the middle of the summer when the heat’s at its worst then you get rashes and spots all over your body” (respondent Jo, 54 years old, Monte Alegre). Or as two other respondents explained: "Hot foods dry out your intestines" and "mangos and cherries are hot foods, while avocados and bananas are cold; and jambul is hot, too" (respondent M, 40-year-old man, São Francisco, and respondent B, 38-year-old woman, Monte Alegre, respectively).

Table 3. Fruits and vegetables classified as “hot” and “cold”

Portuguese name	Latin scientific name	English name	Classification
Abacate	<i>Persea americana</i>	Avocado	Cold
Abacaxi	<i>Ananas comosus</i>	Pineapple	Hot
Acerola	<i>Malpighia emarginata</i> D.C	Acerola or Barbados cherry	Hot
Amendoim	<i>Arachis hypogaea</i>	Peanut or groundnut	Hot
Banana	<i>Musa paradisiaca</i>	Banana	Cold
Cana de açúcar	<i>Saccharum officinarum</i>	Sugarcane	Cold
Cacau	<i>Theobroma cacao</i>	Cacao pod	Hot
Castanha de caju	<i>Anacardium occidentale</i>	Cashew nut	Hot
Coco	<i>Cocos nucifera</i>	Coconut	Hot
Cupuaçu	<i>Theobroma grandiflorum</i>	Cupuaçu	Hot
Graviola	<i>Annona muricata</i> L.	Custard apple	Hot
Jaca	<i>Artocarpus heterophyllus</i>	Jackfruit	Hot
Jamelão	<i>Eugenia jambolana</i> Lam.	Jambul	Hot
Jenipapo	<i>Genipa americana</i> L.	Genipa	Hot
Laranja	<i>Citrus sinensis</i>	Sweet orange	Hot
Limão	<i>Citrus limon</i>	Lemon	Hot
Mamão	<i>Carica papaya</i>	Papaya	Cold
Manga	<i>Mangifera indica</i> L.	Mango	Hot
Mangaba	<i>Hancornia speciosa</i>	Mangaba	Cold
Maracujá	<i>Passiflora edulis</i>	Passion fruit	Cold
Melancia	<i>Citrullus lanatus</i>	Watermelon	Cold
Pimenta	<i>Capsicum</i> sp	Pepper	Hot
Pitanga	<i>Eugenia uniflora</i>	Brazilian cherry	Hot

One of the most frequent observations made by the respondents was that “the body don’t get along well with the food” as part of an argument that the food caused the body discomfort. One of the most dangerous fruits was the jackfruit, which according to popular belief should not be taken with other fruits. It should therefore be observed that while some people were naturally vulnerable and reacted in different ways (headaches, gassy stomach), common sense suggested that the digestive system was more affected by eating this fruit and other, similar "hot" fruits.

The notion of heat in some fruits was associated with heat as part of a particular reaction like diarrhea, dehydration, stomach cramps or irritated skin. And the sensation of coldness was associated with catching colds, which could lead to influenza or chest infections and coughs. Fruits that were "cold" were also believed to refresh the body and these included watermelon (*Citrullus lanatus*), passion fruit (*Passiflora edulis*), avocado (*Persea americana*), mangaba (*Hancornia speciosa*), sugarcane (*Saccharum officinarum*) and papaya (*Carica papaya*). One respondent argued that these fruits made people healthier by lowering their blood pressure and observed that "papaya's a fresh fruit so it's good for gassy stomachs" (respondent N, 40-year-old man, São Francisco). For others who found that it made them feel ill, papaya was considered to contain *reima*.

The literature on clinical nutrition in the regions we studied makes no references to this popular knowledge but appears to recommend dietary restrictions on the consumption of pineapple (and other foods rich in ascorbic acid) for people suffering from an irritated digestive tract. At an empirical level, the 'heat' in question is not the heat of temperature but the burning sensation in the stomach that directly contrasts with the effect felt after consuming "cold" foods. The hot–cold system of classification is common across Latin America and is discussed in anthropological research that examines its role in provoking and treating common illnesses ⁽³³⁾. And the food prohibitions in the communities we studied appear to be associated with the notion of the body in balance ⁽³⁴⁾. The classification of foods from an empirical point of view comprises many denominations inasmuch as *reima* is a complex term that cannot be found in the natural sciences. In our research, because it was specifically used to refer to suffering, after eating a certain food the individual affected by *reima* was inevitably exposed to falling ill (see, in particular, the notion of how *reima* can disrupt the period of rest after childbirth, as described below). Such individuals then

displayed a variety of allergic reactions: rashes and boils, swellings in the skin and underneath the nails, facial edema or dropsy, pus, diarrhea and vomiting. Empirical diagnosis would associate these reactions with interruptions in breastfeeding, anemia, abdominal swelling or inflammation of the uterus and stomach cramps, as observed further below.

You have to stay away from eggs and fish that's heavy on the stomach, like meagre or shade-fish [*Argyrosomus regius*] and also lobster, shrimp, blue crab and blue land crab. Even cassava [*Manihot esculenta Crantz*] can be bad for you. And you should only eat beans with meat, rice or fish [...] What I like most, though, is papaya.

Respondent AM, 25-year-old woman, Monte Alegre

Our research showed that eating a food containing *reima* was considered to prevent wounds from scarring (examples of such wounds were cuts in the flesh, surgical incisions or gum wounds after dental extractions). A number of illnesses and conditions were believed to require a period of rest and a dietary regime that excluded heavy foods or certain food combinations. These included diabetes, hepatitis, anemia, high blood pressure, strokes or the illness commonly referred to as *espinhela caída* (a kind of lumbago provoked by an excess of weight that affects the lungs and liver).

Men only rest when they get sick, when they've got a problem like diabetes. Then they have to stay away from sugar. Women take care of themselves better than men. Some of us eat whatever we want and others can't stand certain foods. The most important thing is not to interrupt it if you're resting. Not ever.

Respondent Jo, 54-year-old woman, Ilha de Maré

When women have *reima* it can be bad for their womb. You can't eat heavy foods because they've all got *reima* and that can make you bleed a lot. Chicken's eggs are heavy like that and they'll make you smell bad if you're having your period. The yolk doesn't go down well. But you can eat beans because they've got iron, which is good if you're anemic or your blood isn't strong. Beans and blue land crab are strong. You've got to add a pinch of salt because everybody needs salt. Prawn is hot and heavy. And so are shark and skate. People with diabetes need to rest. You have to stay away from sugar and you can't eat bread or heavy dishes like *mingau de cachorro* [cream of cassava with salt and garlic]. If you've got high blood pressure you have to rest. And if you've had a stroke you can't eat blue land crab.

With diabetes and high blood pressure, everyone's different. Some eat whatever they want but they don't live too long afterwards: people

who eat armadillo, shark, skate and mangrove oyster [*Crassostrea rhizophorae*] one right after the other, what happens is they get sick.

Respondent MJ, 50-year-old woman, Salinas da Margarida

One woman from Monte Alegre (respondent A) described the case of a man who was negligent about what he ate and contracted hepatitis. It was also believed that *espinhela caída* could be cured with a special diet and prayers. Another woman from the same community (respondent M) said that she had contracted diabetes because she was overweight and this had damaged her liver. Seen empirically, the respondents often grouped together a number of different symptoms (for example, pains in the pancreas and liver, which are both affected by diabetes) and the part of the body they considered particularly vulnerable was the lungs, which most commonly suffered from *espinhela caída*. This social representation was associated with being overweight and the repercussions this could have for the vertebral column.

How easily someone could become ill was an individual matter. In the Candomblé, African origin religion most practiced in the investigated region, this individual dimension could become more important if people followed the advice of their particular deity. As one woman observed, “Crab (*Ucides cordatus*) is very bad for anyone who has a problem with their saint” (respondent Ja, 50-year-old woman, Monte Alegre). Another woman from the same community explained that even though her saint had told her to eat armadillo to combat feelings of fatigue, she decided not to do this and risk her health because armadillo contained *reima* and was prohibited. This suggests something of the strength of popular beliefs and the degree to which these determined people's survival strategies.

The vulnerable body: women, the ill and the wounded

Some respondents used the word *carrego* ('burden') to describe what the animal containing *reima* invariably carried with it, like the thick, scaly skin of certain fish species which were considered to absorb the impurities of the rivers and the sea where they lived. One respondent observed that “fish are generally very ugly-looking animals and have those eyes that bug out of their sockets and seem to be looking at you” (respondent C, 70-year-old woman, Salinas da Margarida). Another respondent considered that “with some animals you can feel their *reima* from way off without

even touching them, like the shark, skate, yellowtail snapper, blue land crab or pig. There aren't many fish that don't contain *reima*: just the snapper (*Lutjanus ssp.*), catfish (*Pinirampus pinirampu*) and parrotfish (*Sparisoma ssp.*)" (respondent I, 40-year-old woman, Monte Alegre).

People's varying vulnerability to the effects of *reima* was also seen to depend upon lunar phases. The interaction between different natural phenomena could be associated with the action of *reima* and its effect on people's behaviour.

For example, the 'open' parts of a woman's body during pregnancy and childbirth were considered especially vulnerable to the effects of *reima* and foods containing *reima* were believed to cause the uterus to swell up. Popular belief held that women's sexual organs were generally more exposed than men's (during the menstrual cycle, for example, the uterus was considered to be open because it bled) and for this reason having sexual relations after childbirth and during breastfeeding was dangerous.

When a woman has a baby everything is open and if she eats prohibited foods she swells up. She shouldn't sleep with her husband either because she's meant to be in quarantine. And because she's open she shouldn't eat some things or she'll get swollen up and she'll get pus and other kinds of infection.

Respondent B, 38-year-old woman, Monte Alegre

Heavy or strong foods were considered to be bad for mothers and their babies during breastfeeding, which was a period in which the woman was especially vulnerable and could risk her child's health.

If you eat strong foods while you're breastfeeding it gets into the milk. It can irritate your baby's scalp and infect the skin on its body, because babies are so delicate. The skin on the baby's scalp and body can get all swollen, too. That's why women who are breastfeeding need to rest...

Avocado's a cold food so you can't eat that. And if you eat papaya you have to rest at least fifteen days or even a whole month before you can eat it again. You can't eat pineapple with papaya or jackfruit either, because you get a stomachache. You can even die from that. And after eight days you have to eat beans with meat...

Respondent B, 38-year-old woman, Monte Alegre

One woman (respondent N, 33-year-old woman, Monte Alegre) explained that she had stopped eating peppers, palm oil (*Elaeis guineensis*) and greasy foods while

she was breastfeeding because it would contaminate her milk and be bad for the baby.

Some women said that this rest period was the time they most needed to look after their bodies and change their eating habits to avoid “strong foods”. Note that the term “strong foods” effectively described a category of *reima* and referred to the foods which were “difficult to digest”, greasy or had a high acid content and felt “heavy” (respondent L, 54-year-old woman, Salinas da Margarida). These were to be avoided when women were menstruating or in the period of childbirth, when the uterus was at its most vulnerable (or most “open”) and when someone was therefore most likely to react badly to foods containing *reima*, to experience inflammation and pain.

When you have your period you need to rest. My grandmother used to say that when a woman has her period it's like when she has a baby: she needs the same kind of rest. If she doesn't rest she can get very sick, her womb can swell up and she'll be in serious trouble. Also, when you have your period you can't chew sugarcane because the eye [the circle between the stem nodes] can get into your womb. Banana, egg and okra [*Abelmoschus esculentus*] all make your period have a bad smell and the womb swells up. The same happens with blue land crab because those animals will eat anything! You can't eat prawns either, or lobster or clams. Clams have periods, like women; that's why they're so heavy to eat. My grandmother always said that papaya didn't agree with her because of the milk. I always rest when I'm having my period. Always. There's also mullet [*Mugilidae*], which has *reima* because it bleeds a lot. And nobody can eat moray, shark or skate when they're having their period or when they're going to have a baby. If you've just had a baby you have to wait a whole year before you can eat them again.

Respondent Ja, 50-year-old woman, Monte Alegre

Our research also showed that foods containing *reima* were normally eaten only with the approval of other family members, the woman's mother being the person who normally decided which foods could be eaten and which combinations could be made.

My mother supervised our rest period and always said that we could only eat game, catfish and shark between one and two years after having our baby. Skate, too. I say the same when I'm looking after a younger woman who's had a baby. I'm very careful about it. I won't even let her season meals with lemon, for example. I make sure she rests a lot, as much as 40 days, and I only let her go to the well after that or maybe even a few days longer so she won't be carrying too much weight or getting too much sun.

Respondent ME, 56-year-old woman, Monte Alegre

In her description of looking after a woman after childbirth, the midwife in Monte Alegre compared the differences between the foods women ate at home or in their local clinic.

Here, beef and chicken are normal foods for women after childbirth. After eight days you can eat beans with beef jerky or the kind of fish that ill people eat, like peacock bass, lane snapper [*Lutjanus synagris*] or catfish. But we roast the fish first and then scald it to make sure it's well cooked. That's what I did with all my daughters. After three or four days they could start eating a little fruit: an orange, for example. But no lobster, prawn, armadillo or strong game. You can't eat any of those or you'll hurt the baby; you can't eat skate or catfish or things like that.

Respondent M, 70-year-old woman, Monte Alegre

The respondents also believed that the danger of eating strong foods during menstruation, pregnancy, childbirth could be mitigated not only by resting or avoiding certain foods but by bathing in tepid water, which maintained the body's balance between hot and cold.

Cravings for certain foods also needed to be controlled during these times, including the temptation to eat the burnt rice at the bottom of the cookpot, or fruit like papaya and mango. Some respondents talked about the difficulty women sometimes had during giving up certain more common foods that contained *reima* and how they would go on eating them, even though it meant living with a certain amount of worry. The combination of certain foods, the heat of the day, the ups and downs of neighbour-to-neighbour relations and “the hot blood that goes to your head” were some of the feelings that became associated with the complications and dangers of *reima*. Some neighbours could feel the *reima* that was being experienced by others in the sense that they could “feel others' problems”. These were some of the ways that people understood their vulnerability to falling ill because of *reima*. And women were generally considered to be more vulnerable than men because by nature they were “hotter” than men.

However, the research showed that women did not always take precautions against foods containing *reima*. For example, one respondent explained that after living for time in a new community she acquired other habits and beliefs and was no

longer afraid of *reima* as she had been before. Moreover, the food she talked about was armadillo, one of the foods considered to be particularly strong in *reima* content:

The armadillo is a carrion feeder. There's another small animal that's also strong and my mother never gave it to us. She rested after she'd had her babies, too. Then I understood, and I eat everything and I don't have any problems. My children eat everything too [...] We don't rest ever.

Respondent E, 45-year-old woman, Monte Alegre

The respondents' answers indicated that the taboos about mixing hot and cold foods were also sometimes broken, although this never happened with pineapple, a particularly dangerous fruit which could not be eaten too close in time to the banana or cashew nut, or be accompanied by milk. On the other hand, the pain provoked by pineapple could be treated with bitter coffee, which could also cure other ills, such as the discomfort of excessive consumption of alcohol.

My brother-in-law went to help with the clearing of the fields and when he saw all the pineapples my father had he ate a whole lot of them. He got such a stomachache he had to come straight back; and when he came in the door, my mother had coffee ready and she poured him a steaming cup of it, a cup of bitter coffee. That took the pain away, thank God. Imagine: bitter coffee!

Respondent E, 45-year-old woman, Monte Alegre

The local communities also considered that the gradual return to eating certain foods after childbirth should follow a particular regime and that interrupting this regime could provoke illness. At various moments during the interviews, some respondents became reticent about actually uttering certain words related to *reima*, as if speaking them out loud might help to bring on its effects (in the words of respondent I, 39-year-old woman, Salinas de Margarida: "it's like you were calling on the illness to make it come out"). In such moments, the sensations people express illustrate their cultural baggage and their words reflect their reality. For the ethnologist, the surface of such a reality is rich in significant detail; so, in our study, the meaning of a term like *reima* remains important in what is first and foremost an everyday world where people's disposition forms the basis of the desire to eat. In their illness or vulnerability to illness, people become the place where understanding can be found: the place where we can find the subjectivity of the presence of being

and where the individual is at least guarded and most observable. This is where we can understand and interpret the condition of the individual and the possibility of feeling part of the world. And in this sense, we might argue, each meeting with the notion of *reima* is a moment in which the individual can be discovered or unveiled.

The body and its experience of *reima* can be understood as a microcosm of the world and of its reality which, in this study, we decoded through dialogue. In the process of falling ill because of the *reima* in a particular food, the body's reaction depended on the "strength of the *reima*" or because of the fact that the individual was already ill and needed to observe food prohibitions.

Our research confirmed the enduring importance in traditional society of a dialogue in which popular knowledge informs the community's eating habits and food lore. Knowledge and practice together constitute a text that can be read and decoded, a system in which the meaning of certain terms is constantly extended. With regard to the profound effect that foods containing *reima* had on the individual, we observed a number of important moments. For example, while talking about the blue crab or mangrove crab (*Goniopsis cruentata*), a woman's reaction was to close her eyes or hug herself or even fall silent because she was unwilling to discuss the injurious effects that *reima* could have on the body of a pregnant woman ⁽³⁵⁾; because, it seemed, merely by uttering the word she would feel inside her the sensation she was afraid of feeling. Or there was the case of the respondent who began to get a burning feeling in her arms and legs, as if brought on by the word itself, and spoke about a sensation experienced by other women after eating fish with *reima* during their menstrual cycle. As one respondent observed, "Blue crab can even make you feel dizzy and nauseous; it just depends on the kind of person you are" (respondent N, 40-year-old man, Monte Alegre).

As a significant object, *reima* can be a sign of multiple meaning because it can trouble the body in so many ways. In the communities we studied, it also affected the behaviour of children—those members of society whose age and innocence might generally be expected to spare them from such a phenomenon. But children also experienced *reima*, through their vulnerability to contagion. As one woman remembered, on one particular occasion, "[a] child ate clam [*Amiantis purpurata*] and just dropped. In one moment he went all red and it looked like he was going to die. That was the *reima* running through his body" (respondent DD, 32-year-old woman,

Salinas da Margarida). On this occasion and on others analyzed above, *reima* became the situational condition of an individual, like an allergic reaction or a distinguishing feature, a mark of social identity. People considered that feeling *reima* was not so much a problem as it was proof of their concern for their health, their knowledge, sensitivity and feelings. “When a person feels this it's because they aren't able to properly receive everything that ends up in the body” (respondent DD, 32-year-old woman, Salinas de Margarida).

Thus, our women respondents demonstrated self-understanding of their everyday condition and acted upon what they understood from their common social history. If we pursue this idea, the term *reima* becomes open to interpretation once again and attaches itself to other possible meanings in the social context. The words *reima* and *reimoso* (its adjectival form) can be characterized in the dialectic of event and meaning, and of meaning as sense and reference ⁽³⁶⁾.

There is little literature on the links between *reima* and religion, and the Bahian religions of African origin offer no clear explanation that any such relationship exists. However, according to the reviews of various ethnobotanical and anthropological studies ^{(37) (38) (39) (40) (41)}, Brazilian (and mainly Bahian) food lore of African origin is especially concerned with a dietary prohibition that is known as *quizila* or *euó*, depending on the African nation of origin. This generally corresponds to the food prohibitions practised in the Candomblé religion, in which the gods communicate with the people and, in which, if a person violates a prohibition by eating a food that is not associated with her god, this can undermine that person's wellbeing or cause illness or death. But although at a semantic level the terms *quizila* and *euó* share similarities with the term *reima*, in the context of this study they cannot be considered synonymous with that term, if only because they were simply not mentioned by any interviewee. On the other hand, future ethnographic studies might well pursue this line of research and examine how food prohibitions are understood in a religious context, especially in the Candomblé religion, given their importance in Bahian communities.

Conclusions

To conclude, in the local communities we studied, the representations of *reima* were conditioned by how people traditionally negotiated new sensations involved in

eating. This knowledge offers a series of meanings expressed as cultural statements which can only be understood by observing the diverse factors that help the communities survive in their particular world, like their beliefs, customs and accumulated knowledge and abilities. This personal choice to regard with fear the possibility of falling ill because of *reima*, a common danger of the foods in the region, revealed both objectively and subjectively these communities' fragile position in their world, upon which *reima* acted so importantly and which, effectively, it regulated ⁽⁴²⁾ especially in the case of women and men who were already weak, wounded or ill, and in the case of women during menstruation, pregnancy and childbirth. The knowledge of the everyday and of the foods that were good or bad for the health was acquired from the community's lived experience and this provided the basis for its world view.

If we allow that this is so, we may consider that these communities chose a pragmatic way to understand *reima* in order to ensure their own survival. A community's feelings, sensations and lived experience are its cognitive limits, the cognitive style that is founded upon its specific tension of consciousness, representing the type of spontaneity and certain experience (in the restriction of certain foods), which in turn depends on its sense of sociability and a time perspective ⁽⁴²⁾.

Remembering the work of Schutz and Luckmann ⁽⁴³⁾, we may observe that the limits of the senses are taken to be "realities" or "quasi- Woortmann ⁽⁴⁴⁾ realities". To confirm this reality or quasi-reality, *reima* is considered a phenomenon of the "everyday life-world". Understood thus, the words and phrases associated with *reima* as uttered by the members of fishing and shellfish harvesting communities are texts of an everyday life-world. They are also semantically independent texts because they surpass the language of events and are directed towards possible meaning, descriptions offered by the intention of the actor in an autonomy that goes beyond the finitude of its horizon, which means more than it sets out to mean. In this context, therefore, the texts on the subject of *reima* become important because they are taken at the present moment in the history of these people in this place. And so, in its multiple and interactive dimension, *reima* becomes plural in meaning and its meanings constantly merge and cannot be separated from their social context.

Intertextuality refers to combining observations of what is real with what is imagined as ideal and of the material with the abstract in order to offer approximate but broad interpretations of reality. Likewise, we might argue, the metaphors used by the communities in our study to describe "heavy", "cold" and "hot" foods also combine to open spaces in which their social group can represent *reima*.

The experience of *reima* is imposed and, therefore, so are those subjective meanings that order the activity of eating in the everyday life-world. In this cultural construct, the individual becomes focused on her own reality, which directs her and informs her choices about what to eat.

Ethical aspects

The local communities who appear in this paper were included in the research project *Saúde, ambiente e sustentabilidade de Trabalhadores de Pesca Artesanal* ('Health, environment and sustainability in artisan fishing communities'), which was approved by the research ethics committee of the Faculty of Medicine of the UFBA (2011-2012, number 356.261). The ethnographic study of Monte Alegre was also approved by the Universitat de Barcelona and the research ethics committees of the Instituto de Saúde Coletiva – Universidade Federal da Bahia (2010-2011, number 044-10/CEP-ISC).

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