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**Objectives:** To analyze the movement of community herbal pharmacies that belongs to Pastoral on Health from Brazil, under the framework of the right to health constitution.

**Methodology:** Case study. Participants were: on one hand, members, representatives and alternates of the Pastoral; and in the other, movement advisers, a member of Caritas and officials from the health system from two municipalities of Rio de Janeiro, Brazil. Data were collected through participant observation, the application of semi-structured interviews and questionnaires.

**Results:** The authors identify three aspects of the community movement that promote new practices in collective health: the use of herbal pharmacies, the development of relations of care, and the constitution of social bonds of solidarity.

After referring the qualities of herbal pharmacy, the authors point out four reasons for attending and supporting the Pastoral: access, efficiency, acquisition and application of knowledge related to herbal treatment. Then they evoke three central principles and practices of this movement: first, the affirmation of health as life; second, the search for health through personalized care; and third, the planning of strategies for guiding, preventing and promoting health as much as systematizing the sense common knowledge on medicinal herbs. These practices are opposed to the hegemonic definition of disease, the prescriptive medicine, the technological innovation and devices of knowledge-power supported by the so commercialized biomedical market.

On the relations of care, the authors describe their immanent quality as subjective, hospitable, affectionate, respectful, reliable, and personalized; therefore they are not objective nor hierarchical, nor do they constitute exchanges of biomedical care or are based in commercial ties to the health care business.

Finally, with respect to the network of social bonds of solidarity, they remark six aspects of its organization and operation: 1) The Pastoral operates from donations; 2) it is composed by different actors, who spread amply the movement; 3) pharmacies are points of discussion, experience and communal assistance; 4) work is developed through the coordination of Pastoral’s groups with the Archdiocese; 5) the new Pastoral organizes new communities and works on completing the health demands for the community; 6) The Catholic Church has no direct influence on the pastoral groups.
Conclusions: For the authors, Pastoral Health provides a contrast with the mechanisms of biomedical power. The authors conclude that the new Pastoral health practices promote the right to health from new perspectives.