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- 1 Since the middle of the last decade, the use of the secretion of the arboreal frog *Phyllomedusa bicolor*, called kambô in Portuguese, has been spreading in the large cities of Brazil. Kambô is traditionally used as an invigorating stimulant by Indian hunting groups of the southwest Amazon; among them, the Katukina Yawanahua, and Cashinahua. It has attracted dual interests in urban centers, both as a “scientific remedy,” where its biochemical properties are extolled, and as a “medicine of the soul,” where what is most valued most is its “Indian origins.” The use of the secretion has become widespread, particularly in clinics and in alternative therapies offered in the environment of the Brazilian ayahuasca religions, that is, among adepts of the Santo Daime and the União do Vegetal (UDV) and their multiple offspring branches (for more information on these religions, see Labate 2012). The “applicators” (“aplicadores” in Portuguese, used in here to refer to the ones who apply the substance onto others) are quite different from each other: Indians, rubber tappers and former rubber tappers, holistic practitioners, ayahuasca leaders, and physicians. In this paper, we present a brief ethnography of the diffusion of kambô, especially analyzing the discourse that these various applicators have employed on the use of the secretion, understood by some as an animal analog of a “teacher plant” or “plant of power” (Goulart, Labate and Carneiro 2013; Shepard 2005), similar to peyote and ayahuasca.
- 2 Before proceeding, we offer a brief description of the application of the kambô secretion. The frog, known popularly as “giant waxy monkey tree frog” or “giant leaf frog” and described by some scientists as “green tree frog” (Daly et al, 1992) is captured and tied up. Then its skin is stimulated and it expels a secretion (his defense mechanism), which contains dermorphin, deltorfin and dermaseptines, among other peptides (idem). The secretion is collected and transferred to a “stick” or a “pallet.” The application is made by superficially burning a person’s skin surface with a sharp instrument (the *titica* vine, among Indians) and then depositing the kambô secretion, partially diluted in water to

prevent crystallization, in the burn, called a “point.” The number of “points,” as we will show below, varies greatly among users.¹

Methodology: Among Indians, Therapists, and Doctors

- 3 As result of our previous studies, we already knew of kambô: One of us has been familiar with the Katukina and their use of the green frog secretion for more than twenty years, the other has followed from a greater or lesser distance the introduction of the use of the secretion into the ayahuasca religions for about fifteen years. We formally started this study and began closely monitoring the urban expansion of kambô in March of 2005.
- 4 The research presented in this article is the result of more recent interviews with applicators of the secretion, and also of attending events and observing public lectures on kambô. Interviews were made with applicators from different backgrounds: two Indians; two therapists from Amazonia, based in Acre; four New Age therapists; and four doctors from Cruzeiro do Sul (in the state of Acre), São Paulo and Curitiba. By “Amazonian therapists”, we refer to the various non-Indian applicators of kambô based in Acre, usually in the region of Cruzeiro do Sul, who travel throughout Brazil and, more recently, also abroad, promoting kambô applications. The term “Amazonian therapists” (or “Amazonian healers”) is not a native category, and is used in only a geographical sense here to differentiate these subjects from urban therapists in southern and southeastern Brazil. Although it is likely that there are differences between them in terms of their conception of kambô, this is beyond the scope of this article.
- 5 We have attempted to obtain systematic information on the urban spread of kambô among applicators (people who apply the substance) rather than users (recipients) of the secretion, although we had contact with a number of people who received the application in urban centers. We chose to focus on this because the introduction of the kambô secretion to the menu of alternative therapies is still recent, and it has been particularly interesting to focus on those who are building a corpus of justifications to legitimize its use. In the future, however, it would be intriguing to extend the investigation to the heterogeneous population that has felt compelled to experience the secretion of this green frog.

Frogs and Toads: On Fables, Medicines, and Poisons

- 6 Frogs have played an important role in various cultures and historical periods. We shall argue that the expansion of the use of kambô should be understood within this broader context, wherein the frog takes on a variety of roles: a poison, a fertility aid, a magic potion, a diabolical force, medicine, an amulet, and so on. We will also see how knowledge of varieties (species and genera) of frogs and their uses permeates a logic of disputes and exchanges in the emerging field of the urban expansion of the use of kambô.
- 7 According to Rudgley (1993), although it is not possible to determine precisely whether the classical Maya culture utilized the psychoactive properties of frogs, it is certain that ancient Mayan art included subjects with mushrooms, frogs, and water lilies. In Mesoamerica, carved stones, pottery, and sculptures shaped like mushrooms and frogs have been discovered, as well as pestles decorated with motifs of frogs. The association of

frogs with rain and agriculture is well established, explaining the importance of the frog in the imaginary of this civilization.

- 8 In another study, Rudgley (1999) stated that there are indications that the Chinese also knew of the poisons of frogs: Their flesh was considered by the ancient Taoists to be good for longevity. There are also reports of the use of frog poison as an ingredient in the manufacture of explosives in the seventeenth century. In traditional Vietnamese medicine, a type of frog is used to treat children with fevers.
- 9 Frogs also played an important role in prehistoric European mythology, where they were linked to the different types of mushrooms, as can be seen in the English term “toadstool”; literally, “stool of toad,” figuratively: “frog excrement” (Carneiro 2005: 154, gives the translations “toad stool” or “toad feces”). This term refers to non-edible and poisonous mushrooms and is represented by a toad squatting on a mushroom (Rudgley 1999; see also Ginzburg 1991).
- 10 The use of frogs in Europe in the sixteenth and seventeenth centuries was common; there are also alchemical sources reporting their use there since the thirteenth century. It was believed that frogs had magical properties, and their psychoactive properties were known and used by witches and alchemists. They were used as amulets in strange recipes (Rudgley 1999), and Ginzburg (1991) suggests that the Witches Sabbaths of the Middle Ages, with their profusion of flying goats, werewolves, etc., imply the consumption of vegetable substances or unguents, possibly spindly rye and the *Amanita muscaria* mushroom. Ginzburg states that in Northern Italy, Germany, Ukraine, and Poland, the toad is called a “fairy,” “witch,” or “wizard,” and that, according to various indications, the toad, “like the *Amanita muscaria* mushroom and deambulatory anomalies, was in many cultures a symbolic link with the indivisible” (Ginzburg 1991: 264), although it cannot be confirmed whether this was a result of the function of the psychoactive properties contained in the secretions of its skin.
- 11 In Brazil, in the well-known novel by Mário de Andrade, *Macunaíma*, an important incident is depicted in which the eponymous hero received the *muiraquitã* from his companion, Ci, the Mother of the Forest. This Amazonian amulet is made of greenish stone or wood and usually has the shape of a frog (but can also have other shapes, such as a turtle or fish). It has been said that the *muiraquitã* “represents the memory of Ci, or rather, her Empire, the forest or, in other words, the tradition— which was stolen by a stranger” (Moraes, n.d.). We shall see that such an interpretation of the work of Mario de Andrade is not far away, in general terms, from the debate surrounding the current expansion of kambô beyond villages in the state of Acre.
- 12 The broad dissemination and popularization of kambô in the urban centers has raised a series of accusations about who is the rightful owner of the knowledge of the green frog and the kambô. There is no doubt that this knowledge originated among the indigenous peoples of the southwest Amazon and spread across the world, both through Amazonian and urban therapists and scientists (Lima 2005; about the internationalization of kambô use, see Lima 2014). Given such a transnational context, especially with regard to scientists, one of the first accusations was of biopiracy; made by the Indians themselves, but also by indigenists, journalists, and various other professionals who take part in debates on social and environmental issues. This accusation, which has also been called “bioparanoia” (Carneiro da Cunha 2009), is that genetic resources located in Brazilian territory, and originating among the “Brazilian Indians,” have been “stolen.”

- 13 While it is necessary to recognize that indigenous knowledge on kambô has actually not yet been recognized by scientists within the current legal framework, what interests us here are the accusations that have proliferated between the Indians and the Amazonian and urban therapists. This indicates, firstly, that there is a market and a network of services which form a common field.
- 14 There are recurring claims in the discourse of various users of kambô in different contexts, such as “there is a frog which has a much stronger poison, which can be dangerous,” and vague reports about alleged accidents or deaths involving the use of the “wrong frog,” or as the result of the misuse of kambô. Especially among urban users, and even among scholars, there seems to be an objective confusion between the *Phyllomedusa bicolor* and the *Chaunus sp.* (formerly *Bufo sp.*), which will be discussed below. Thus, a medical doctor from Curitiba we interviewed said kambô contains bufotenine, and another urban applicator of kambô in São Paulo mentioned that kambô frogs also exist in the United States.
- 15 According to Rudgley (1993), the *Chaunus marinus* species (formerly *Bufo marinus*) is found throughout Central and South America and also in the Caribbean, Florida, Hawaii, Australia, and the Philippines. It contains bufotenine² and bufotalina: very toxic substances. Another species described by Rudgley (1999) is the *Bufo alvarius*, also known as the Colorado River frog or the Sonoran Desert frog, and is found in Mexico, Texas, and Arizona. It contains high concentrations of bufotenine. Its secretion, used as an hallucinogen, can be licked, sucked, or inhaled in cigarettes or snuff. Its effects are reportedly extremely strong. Besides individual experimental use by “frog suckers” in the 1960s in the United States, the cult of the “Church of the Toad of Light” appeared, where the poison of the frog was treated as a sacrament (Rudgley 1999: 274-276). Jonathan Ott (2004) has described the use of the smoked secretion of the *Chaunus marinus* (formerly *Bufo marinus*), which produces effects similar to *Bufo alvarius*.
- 16 There is a record of the use of *Chaunus marinus* (formerly *Bufo*) among the Machiguenga, near the area which interests us here, who mix the eggs of this frog with tobacco juice to produce a drink with hallucinogenic and purgative properties used by shamans and healers. This infusion, according to Shepard Jr. (2005: 197), caused one death among the Indians and is currently little used.
- 17 Besides the objective confusion between genera and species of frogs, or perhaps precisely because of it, it is plausible to think that the reference made by various types of applicators, and even users, to a frog whose secretion is “stronger” or “more dangerous” seems to increase the symbolic force of kambô and its applicator. This happens either because one must be careful not to poison oneself, or because the contact with kambô may represent a kind of initiation, with the future prospect of possible contact with more powerful and mysterious substances. Thus, knowledge of the type of frog or its correct form of use may function as an accusatory category relative to other groups in the competition for the emerging market.
- 18 Continuing with allegations in the field, we note that among the Indians, particularly among the Katukina, in addition to accusations of “biopiracy,”—a term used interchangeably to refer to the appropriations that both scientists and therapists make of the kambô secretion, regarded as “illegal”—one frequently hears the concern that non-indigenous applicators may end up using kambô incorrectly and may “kill someone.” The fear, some say, is that the blame may ultimately fall on them, the experts in the

traditional use of the *green frog* (“sapo verde,” another name kambô is known by in Brazil). So much so that in July 2005, we heard among the Katukina that kambô applicators living in Cruzeiro do Sul were using the cururu frog (*Bufo/Chaunus marinus*) in place of the kambô, and they said this was dangerous.

- 19 If some are accused of using the wrong frog, others are criticized for mystifying the origin of the frog and the technique of extracting its poison. In an exclusively urban context, a therapist who, after meeting Genildo, the grandson and direct successor of Francisco Gomes (see below), went to Cruzeiro do Sul to acquire more knowledge about kambô. He then complained that the knowledge was not fully shared. In his words: “It is as if it were a treasure, a gold mine, and they were afraid that other people knew about it.” His complaint was based mainly on the fact that they did not let him see how the kambô secretion was collected. The therapist implied that, in hiding the collection technique, the applicators from Acre are trying to create a “market reserve.”
- 20 The disagreement over the price of the palettes containing the secretion, the percentage charged for the application, the form of transmission of the knowledge, the original discovery of kambô, or the establishment of contact with sources in Acre, are only some of the recurring themes in the disputes between urban and Amazonian applicators. Mutual accusations persist: It is common for therapists to try to delegitimize the secretion of others or doubt their knowledge. Thus, some urban applicators have said that they do not guarantee the origin of the secretion used by other therapists. Conversely, the development of more powerful techniques in the use of the secretion will be mentioned. This is the case with two kinds of snuff used by an applicator from the North of Brazil (one with kambô mixed with tobacco and the other with pure kambô) that, as he announced to his customers who followed the Santo Daime religion, “reached parts of the body Daime (ayahuasca) cannot reach.” Another urban therapist mentioned that there were more potent ways of consuming the kambô secretion that were known only to a few and could not be tried by a beginner. While it is a fact that ways of sucking and ingesting kambô secretion have been recorded among the Katukina (Lima 2005) and among the Yawanawa (Pérez Gil 1999), we understand these claims as part of a stratification of the emergent “psychoactive and ceremonial market” among urban contemporary spiritual and ritual seekers (Labate 2011).
- 21 Perhaps part of the fascination of the contemporary use of kambô derives from the fact that it involves using the secretion of a frog, an animal which is repugnant to many, a creature which has a strong symbolic profile, an imaginary that mixes, as we have seen, many references. Following the relationship between frogs and mushrooms, we can observe that, in the same way that the genus *Amanita* contains hallucinogenic (*Amanita muscaria* and *pantherina*), edible (*Amanita caesarea*), and poisonous (*Amanita phalloides*, *virosa*, and *verna*) species (Carneiro 2005: 115-116), there are several genera and species of frogs with different features, effects, and uses. Applicators and users are navigating a grey area, on a continuum between poison, hallucinations, numbness, stimulation, and healing, that accords them courage and recognition. Here, the use of kambô has much in common with the consumption of psychoactive substances in general, where the idea of “risk” is always present, whether in the type of substance, dosage, form of intake or context of use (for a discussion of the concept of risk in medical discourse, see Fiore 2007).

The Spread of Kambô

- 22 According to Lopes (2005), the first applications of kambô in a large city were made in São Paulo in 1994. The now-dominant version recounts that a single rubber tapper, Francisco Gomes, who died in 2001, and who had lived near the Katukina on the River Liberdade in the state of Acre in the 1960s, was primarily responsible for the urban spread of kambô. Lopes (2005) traces the journeys made by Francisco Gomes in the first half of the 1990s, applying kambô outside Acre. Although not explicitly mentioning the UDV, the script and the characters cited in the paper indicate that Francisco accompanied a nuclei of the institution through Brazil, passing through cities including Porto Velho in the state of Rondônia (where the UDV was founded), Pocinhos do Rio Verde in the state of Minas Gerais, and Campinas and São Paulo in the state of São Paulo.³ Lopes also mentions that Francisco was in Camanducaia in Minas Gerais, where there is a Santo Daime church. The kambô secretion is used regularly in Camanducaia. In 2004, Isabel Santana de Rose (2005) reported the presence of two visitors from Cruzeiro do Sul in the state of Acre, possibly relatives of Francisco Gomes, who applied kambô after the healing session (“trabalho de cura”) to frequenters of Céu da Mantiqueira. In 2006, we personally witnessed the application of kambô to the members of the community by a young leader from Juruá, a Santo Daime member.
- 23 As one of his sons, Ivanir Gomes, told us, Francisco Gomes was a man versed in the “knowledge of the forest,” who knew many plants and prayers and, even after leaving the rubber tapping area and moving to Cruzeiro do Sul, he used to treat people in the Upper Juruá. To preserve his knowledge, in 2002, after his death, his family set up the Juruaense Association of Extraction and Alternative Medicine (AJUREMA), which has among its aims the promotion of kambô, its conservation, and scientific research that explores its therapeutic potential. This scientific concern, which appears in AJUREMA, may be the influence of the Gomes family’s association with the UDV. As is public knowledge, the UDV is concerned with the promotion of scientific studies to investigate the effects of the consumption of ayahuasca and legitimize its safety (Labate and Melo 2013). As a matter of fact, beyond Gomes’ relationship with the UDV, we have noticed that the concern for scientific validation of the therapeutic potential of kambô is common in many urban contexts where it is applied. A large part of what has been recently published on the topic formalizes the version telling that Gomes was a pioneer in the expansion. This version is also confirmed by the Katukina, and first appeared in 2001 in the magazine *Outras Palavras*, published by the government of Acre (Lopes 2001). This story started a long series of articles in regional and national newspapers and magazines on the use of the green frog, the knowledge of which had previously been restricted to academic publications (see Lima and Labate 2010). The apex of this journalistic publicity on the use of the green frog was when *The New York Times*, on May 30, 2006, published an article about the way the Katukina use it (Prada 2006). A few days later, on June 13, the Reuters news agency also published a story on kambô, and also launched a short documentary film (Reuters 2006).
- 24 Given the increasing demand for the use of the green frog secretion in urban centers, in late April 2004, the National Health Monitoring Agency (ANVISA) published an ordinance prohibiting the advertising of kambô, which was mainly being publicized on the Internet. However, up to now, while advertisement is explicitly prohibited, there is no legislation regulating the use of kambô.

- 25 The news reports described something occurring in reality: Beyond the borders of Acre, many people began to try or use regularly the secretion of the green frog. Through diffusion mainly by holistic and New Age practitioners and the members of the Brazilian ayahuasca religions, especially the UDV and the Santo Daime, as well as by neo-ayahuasqueros (Labate 2004), kambô quickly reached an unforeseen level of popularity. Today, it is not difficult to find people who apply the kambô secretion in Sao Paulo, Rio de Janeiro, Belo Horizonte, Curitiba, and Brasilia; these cities receive regular visits from applicators who are former rubber tappers and Indians. There seems to be a rise in the number of New Age therapists who apply kambô, and a large number of the urban clients of the secretion of the green frog participate directly or indirectly in these networks. We have also personally witnessed the application of kambô in countries like Germany, Holland, France, and the United States among followers of the Brazilian ayahuasca religions and practitioners of alternative therapies.

From the Forest to the Cities: The Applicators

- 26 As we mentioned earlier, it was in 1994 that the late rubber tapper, Francisco Gomes, first applied kambô to residents of a large city, São Paulo. Since then, this clientele has greatly increased and, with it, the number of applicators. Virtual discussion forums (like Orkut and Facebook) are not totally reliable sources of information; however, it is important to note that, in 2007, there were two forums to discuss kambô on Orkut: one called “Kambô,” and another called “Kambô Milagre Indígena” (Kambô Indigenous Miracle). On March 13, 2007, “Kambô” totaled 459 participants and “Kambô Milagre Indígena,” 602. On November 08, 2013, on Facebook, “Kambô Chile” totaled 501 participants, and “Kambogayahuasca Panacea (kambô+iboga+ayahuasca),” 621.
- 27 One way or another, it is possible to say that almost all kambô applicators working today relate directly or indirectly to Francisco Gomes. The obvious exceptions are the Katukina Indians themselves, from whom he learned to make use of the secretion, and other indigenous populations such as the Cashinahua and the Yawanahua that make use of the secretion and had no contact with Gomes. All other applicators, whether holistic therapists, psychologists or doctors, either learned to make the applications from Gomes and his children and grandchildren or from applicators who learned from him; that is, they are disciples of his disciples. We shall now describe these urban applicators, examining their discourse on the properties of kambô.
- 28 The most important and active applicator of kambô in Brazilian cities, a female follower of Santo Daime, met Francisco Gomes around 1999 in Camanducaia in the state of Minas Gerais. She received kambô applications from him and she claims that these cured her of infertility. Later, she tried to contact him in Acre to learn how to make applications, only to learn that Francisco Gomes had died. She then searched for his family members who, by this time, had already set up the Juruaense Association of Extraction and Alternative Medicine (AJUREMA) (Leandro Lopes, personal communication, 2005). Relatives of Francisco Gomes passed on knowledge of kambô to her, establishing certain conditions including the transfer of part of the profit from the kambô applications she made to AJUREMA. Approximately a year later, the partnership between this therapist and AJUREMA was broken, and she began to interact directly with some Katukina Indians who, in turn, met her through the relatives of Francisco Gomes in Cruzeiro do Sul. She

then began to take two of them on regular trips to Sao Paulo and other cities to participate in kambô sessions (see also Lima and Labate 2010, 2012; and Martins 2006).

- 29 In her materials advertising the kambô applications, she states that the secretion of the green frog acts “on the general perception, intuition, dreams, the third vision, the unconscious, and the blockages that impede the flow of vital energy.” The same phrase appears in the leaflet from the period when this therapist worked with AJUREMA. Thus the vocabulary used suggests that kambô has been going through a process of “shamanization” in urban cities for a while. We use “shamanization” precisely because, among the Indians themselves, particularly the Katukina, shamans have no more status to apply kambô than other members of the tribe (Lima 2005; Lima and Labate 2012; Martins 2006). Such an orientation is not, however, homogeneous, because in the same material an attempt can be seen to approximate kambô to Western medicine. First, the folder lists over 30 diseases for which it could be effective, such as low immunity, headaches, gastritis, diabetes, blood pressure, cirrhosis, labyrinthitis, epilepsy, impotence, and depression, among others. Further, the leaflet contains a section with the title “Scientific Study” that states, “doctors who have taken and studied kambô claim that it can be effective in the treatment of serious diseases... because it boosts the immune system.” In February 2007, an Internet advertisement appeared praising the benefits of applying kambô, stating that the World Health Organization (WHO) recognizes the use of the substance, due to “scientific evidence and its great efficacy.” The emphasis on the supposed healing properties of kambô, even with the alleged seal of an international body, demonstrates the way in which kambô is now becoming a therapeutic drug.
- 30 Maybe because all applicators are directly or indirectly related to the staff at AJUREMA—in other words, to the family of the rubber tapper Francisco Gomes—explanations about the effectiveness of kambô tend to be repetitive, as is the information contained in brochures and other kambô promotional material. AJUREMA can certainly be seen as a center for spreading the use of kambô beyond the villages, helping to create a hybrid culture around kambô from the combination of conceptions of Indians, rubber tappers, the Santo Daime religion, alternative medicine, and esoteric urban schools. This process certainly is not closed or fixed. We shall now describe some of the dominant concepts and practices, focusing on those in cities that seem to support the building of a shared knowledge on kambô.

Panema and Depression

- 31 One of the concepts at stake in this study concerns the definition of “panema.” In the Upper Juruá and throughout Amazonia, panema is seen as a condition of bad luck in hunting (Da Matta 1973). All the urban applicators we spoke with mentioned the use of kambô by the Indians as an anti-panema antidote, providing their own definitions of the term. Thus, an urban applicator, familiar with the use of kambô for ten years, describes panema as a kind of “sadness, negativity, something from the soul, which brings people down... it is really like depression.” Thus, kambô “brings a realignment” to overcome such negative conditions. At the first Brazilian Shamanism Forum, held in São Paulo in March 2005, the previously mentioned female therapist from Santo Daime defined panema as “Indian depression,” a term also used by a doctor who is the leader of a neo-ayahuasquero group in San Paulo. The very idea that kambô is used for hunting contains specific meanings. In the words of a psychologist who organizes sessions for a “doctor of

the forest” in Acre, “the prey comes to the hunter, possibly through kambô irradiation, maybe because of the peace it brings, a factor which harmonizes with the forest. You become part it, so the prey approaches you.” Needless to say, this is very far from the native idiom on hunting.

- 32 It should be remembered that, in recent decades, depression has been seen as one of the great epidemics of our time, now even be considered by the World Health Organization (WHO) as the leading cause of incapacity in developed countries (Carneiro 2008). In the perspective of the new urban applicators and their clients, kambô, therefore, represents a hope for healing in a scenario of the growing ineffectiveness of the resources of Western medicine.
- 33 The reinterpretations around the usefulness of kambô are not exclusive to urban therapists. In Brasília in early 2005, the son of a rubber tapper living in Cruzeiro do Sul mentioned, in conversations with a researcher interested in “experiencing” the substance, the close coexistence he had enjoyed until the age of nine with the Katukina, from whom he had acquired his knowledge of kambô. His understanding of the panema is not very different from that of the therapists in the big cities: It is, in his words, a “bad energy,” a “type of evil eye,” and kambô is something that “releases the bad energy and replenishes the body with good energy.”
- 34 The discourse of a Cashinahua Indian who occasionally applies kambô in large cities may help clarify the broader meaning that “panema” is acquiring in its new urban habitat. According to this Kaxinawa, kambô “in the villages is used for panema [bad luck in hunting], and in the city to cure diseases. Many people come after kampu [Cashinahua spelling] because of diseases.” He himself took kambô in São Paulo because, he said, “I had problems. I was depressed. City life is very hard. I really missed the village.”
- 35 In summary, the urban, Amazonian, and indigenous therapists all give the same answer: that kambô helps overcome various negative conditions. In different ways, the applicators repeat the fact that kambô acts positively against imbalance, negativity, the evil eye, evil energy, damaged auras, feeling down, and sadness. And in their perspective, it can provide so many benefits because it comes from the remote Amazonian forests, places where purity, harmony, and originality exist; antidotes to the ills of modern society, where disorder, imbalance, pollution, and chaos prevail.

Diseases of the Body and Diseases of the Spirit

- 36 In addition to the lack of definition of what is meant by panema, the discourse of all the applicators we talked to is marked by a certain oscillation between different interpretations of the results that can be expected from kambô. Thus, one of the therapists mentioned above, after defining panema as a kind of “negativity,” said kambô “works” for allergies, headaches, migraines, stomach ailments, neuralgic and muscular pains, hypertension, diabetes, heart disease, and depression.
- 37 Another therapist says it takes “shamanic experience” to apply kambô and “knowledge of the things of the forest.” Then he said that kambô “acts in the bloodstream, increases red blood cells and platelets.” In the list of the successes of treatment with kambô, he mentioned three supposed cases of healing cancer sufferers. In July 2012, we heard similar claims in Petaluma, California.

- 38 The discourse vacillates between, on one hand, a spiritual or New Age explanation, and, on the other, a *scientific* or medical interpretation of the diseases. Precisely because they fluctuate, they highlight that what is at stake here is a definition of “cure” that is alien to Western medicine. Both lines of interpretation are not mutually exclusive and are often confused. Thus, in the words of a therapist: “The cure is in the spirit, in the soul. Kambô operates on the level of the soul. People are being transformed and healed. It is a remedy, perhaps one of the greatest. It heals pain.” This discourse is part of what Luiz Eduardo Soares called “the new religious consciousness”; a kind of cultural and religious experimentalism; a revival of the intellectual, political and existential interest in “alternative therapies, esoteric disciplines or practices” by the intellectualized middle-classes of big urban centers (Soares 1999: 122).

Treatment with Kambô

- 39 There is clearly an urban tendency to conceive of kambô as a “treatment,” and there are recommendations on the number and frequency of applications: generally speaking, three applications with varying intervals. In the Céu de Mantiqueira Santo Daime community in Camanducaia, in the state of Minas Gerais, the Cruzeiro do Sul applicators from the state of Acre who visit the site recommend that kambô be applied once a month for three consecutive months (Rose 2005: 99).
- 40 There is controversy among applicators on the need for the three applications. According to a young Santo Daime leader and son of a rubber tapper who currently lives in Crôa (around 30 km from the Indigenous Territory on the River Campinas, in Acre, where the New Life Health project has been established, which includes kambô among its “remedies”), the number of applications depends on the patient and the problem. And a UDV doctor, who met Francisco Gomes in the second half of 1990 and participated directly in the expansion of kambô, said that Gomes never mentioned that kambô should be taken three consecutive times.
- 41 Regardless of the recommendation to follow a system of three applications, there seems to be agreement that the number of “points” made by the Katukina Indians, which can reach more than a hundred in the same application, is not suitable for urban users. According to an urban therapist, “one thing is to apply it to Indians, and it is another thing in the city. Urban dwellers cannot handle so many jabs, they are not Indians. The Indians are not so worried and can concentrate better. The more focused the person, the more harmonious the effect.” The differences between Indians and non-Indians are believed to be due to their different ways of life and perhaps to their own “nature.” Here we have the conception that the Indians, forest dwellers, are stronger and more resilient, and more balanced and able to interact with nature and its powers.

The Indianization of the Therapists and the Whitening of Kambô

- 42 The recognition of kambô as “indigenous knowledge” is unanimous among applicators and stimulates a desire for closer ties with the Indians. It's almost like the ongoing process of the Indianization of non-indigenous people: A number of applicators end up by identifying as “Indians” and eventually presenting themselves as such. It seems to be a

metonymic process from which contact with kambô, part of indigenous culture, makes the person an Indian. Thus, a former rubber tapper from the Upper Juruá said:

We already have a strong interaction with the Cariús [the whites]. Some people say I'm an Indian naturalized white, but I still have a very strong bond with the Indians. I still have blood, culture. I was raised in the village. When I was nine we moved to two miles from the town. At that time the Indians of that region were spread out. Until 12 years I spoke the Indian language. When I entered school my classmates mocked me. I spoke Tupi.

- 43 There is a therapist who claims to know “everything of Indians.” In his own words, “I'm inside the village, I know everything, because I'm already kind of half Indian.” During the process of the growth in the use of kambô in big cities, a resident of Crôa began to recognize himself as an Indian. As stated in promotional material distributed on the Internet, he was “a grandson of the Punhanawa Amazonian Indians.”
- 44 Conversely, one can say that kambô goes through a “whitening” process in order to be incorporated into the menu of alternative therapies provided in the metropolis. Thus, a doctor, who is also a kambô applicator, as he says, visited the Katukina and has been to Cruzeiro do Sul. He told us the indigenous use of kambô is “very raw” (primitive) and greater “subtlety” is required. By subtlety, he means fewer applications. For him, this “excessive” use causes the “kambô *peia*” (a kind of physical and spiritual punishment) i.e., vomiting and malaise, which should not be necessary.⁴
- 45 This doctor, like some other therapists, has combined kambô with other therapies available in their clinics. He applies kambô on meridional points: according to Chinese medicine, channels present in our body through which vital energy circulates. Further, he uses kambô simultaneously with a “brainwave synchronizer,” bee stings, herbal medicine, acupuncture, and orthomolecular medicine.
- 46 Another therapist, an acupuncturist of Japanese origin, helped a Cashinahua Indian to combine kambô applications with moxibustion; in this case, the aim was to leave a smaller scar (ironically, the scar is a quality appreciated by Indians as an indelible sign of strong will, courage, strength, and masculinity). A Spiritual Shamanic Institute announced on the Internet in June of 2006 that it promotes “the application of kambô for just R\$30 [US\$15], a package deal that includes a course to open the crown chakra for just R\$20 [US\$10], adding up to a total of R\$50 [US\$25].” According to our fieldwork, an application of kambô in São Paulo in 2013 ranged from R\$100 to R\$180, in California it costs from \$50 to \$80, and in Europe it costs from 40 to 100 euros. In 2010 in the Alto Juruá region, a pallet⁵ with the secretion was sold for R\$200 (Carvalho 2013). In São Paulo, a palette ranges currently from R\$200 to 5,000 (Denizar Camurça, personal communication, 2013). A Brazilian who applies kambô in Europe told us in November 2013 that he usually buys palates paying from 400 to 1,000 reals.
- 47 The doctor's discourse mentioned above offers us a good idea of what we are calling the process of “whitening” of the use of kambô: “It no longer needs any heavy application, better to be light; the Indian doesn't know everything; someone with medical knowledge, preferably a doctor, but with spiritual openness, handles the urban context better.” The Indian “does not know everything,” but he knows a lot. The question now is how to find the most appropriate way of using kambô to attend to clients in the cities.
- 48 The re-creation of the known forms of application, mainly from the use made by the Katukina and the AJUREMA staff, is continually developing. Among the Katukina, for example, women and old men apply kambô to their legs, on their calves, while the young

men usually apply it to their chest and arms. Among urban users, the location of the applications is not necessarily guided by this procedure, and some say that the location of the application in no way affects the results.

- 49 However, for a number of applicators, it is important to do exactly what the Caboclos (mixed-Indians) or Indians say, even though it may seem not to make sense or their motivations are not easily understood. We empirically found a broad diversity with regard to the guidelines for the implementation of the secretion: time, fasting or drinking large amounts of fluids, and restrictions for certain people. Here, we return to the issue discussed above, the extent to which indigenous or Caboclo knowledge of the green frog is valued. At least, the establishment of ties with the “Acre origin” of kambô seems to be of universal importance. One of the therapists, for example, made a point of saying he had had personal contact with kambô: Unlike others, he stressed, he had personally collected the secretion. All the applicators we met emphasized that they had been to Acre to get to know the cultural and ecological origins of kambô. This directly connects to a discussion on the “search for the origins” of kambô, to some extent in a religious sense. Again, this is similar to the Santo Daime followers, whose visit to Céu do Mapiá represents a certain “initiatory pilgrimage,” which confers legitimacy and knowledge on the official members (*fardados*) (Labate 2005).
- 50 Indeed, there seems to be a double movement, which values both “traditional” knowledge, sometimes identified with the Indians, and sometimes with the generic category of “doctor of the forest,” generally referring to persons of Caboclo origin from the North of Brazil, but which also seeks to surpass these traditional values. Some seek to “Indianize” or “Cabocloize” themselves; and Indians may want to modernize themselves. While a medical doctor applicator highlights the “purity” and “strength” of the Upper Juruá forest, he often resorts to computational metaphors to talk about the effects kambô produces on bodies. He says that kambô “reformats the hard disk and reinstalls the software. Kambô is like the defragmentation of the computer disk, it scans the lymphatic system.” He continues by saying that kambô is for “biological immunity” and “spiritual immunity.” He ends by using another strong expression, saying, “Kambô is like a biological exorcism.” In this way, it is possible to bring together, in the same formulation, the idea of magic (demons, spirits, religion) with medicine (remedy, body, biology).

From Panacea to Placebo

- 51 Various therapists with whom we spoke revealed an unmistakable enthusiasm for kambô and the potential healing power of the secretion. All of them also seemed to know, though seldom in detail, of scientific studies on the biochemical properties of the green frog and emphasized that the interest of local and foreign researchers in kambô only confirms what they themselves had known for a long time: the effectiveness of its use.
- 52 It should be emphasized, however, that some people who were involved in the growth of urban kambô as applicators or popularizers do not have the same enthusiasm for the applications. At least one of these people invoked New Age and Santo Daime ideas and conceptions, such as the concepts of “strength” and “subtlety” differently from the other interviewees, to question the effectiveness of kambô in cities. Thus we hear that a medical doctor from Curitiba, influenced by New Age ideas in his practice, tried using kambô with patients suffering from cancer, HIV, and autoimmune diseases (such as amyotrophic lateral sclerosis, multiple sclerosis, and systemic lupus erythematosus).

After a while, he excluded kambô from the range of therapies offered at his clinic. As he explained to us, he had at least three reasons for dropping kambô as a therapy. Firstly, the “side effects,” such as vomiting, trembling, and tachycardia were excessive for patients who already had serious problems. Secondly, the results were limited, if compared to those obtained by the use of other therapies used in his clinic, such as phytotherapy, oxidative therapies, hormonal therapy, and homeopathy. Finally, and most importantly, he stressed that he believes the “strength” of kambô gets lost on the way from the forest to the cities. In his words:

When you take the therapy out of its context, it loses strength. With the Indians it must have a different strength. There should be more things, prayers, shamanism. Isolating the method and placing it in the urban environment is not enough, it makes it lose its strength. It's like buying marijuana from the dealer. Kambô has become commercial in the urban environment and is now even more detached from its original context. The “strong interest in healing” of the applicators is missing. This is something subtle, but it should be there. The applicator is fundamental and has to be linked to ancestry, and if this is not so there remains only the biochemistry. The elemental is not present. Merely the chemical and biochemical effect impoverishes it. (2007)

53 The idea that there must be some “subtlety” again appears, but with another meaning: The subtlety here seems to cover a whole cosmological system, and should occur, according to our interlocutor, only when the applications are made with no commercial interest.

54 The medical doctor’s discourse, even if by way of a negative opposition, shows that kambô appears both as a “medicine of science” and a “medicine of the soul.” One does not exist without the other, and he believes marketing weakens the “medicine of the soul” and, as a “medicine of science,” Kambô offers no “amazing” results. To highlight the absence of more significant results, he mentions that Francisco Gomes, the rubber tapper who began the expansion of kambô in the cities, died in 2001 from complications caused by cancer. If it had been as successful as Gomes had said, kambô would have rid the old rubber tapper of his disease.

55 The same caution regarding the healing power of kambô, although supported by different arguments, is present in the speech of another doctor from São Paulo:

Kambô is very strong. A person can have a glycemic peak, may be hypertensive, have strong reactions. It may be dangerous to apply kambô. I think it risky for anyone, even for Shimbam (as Francisco Gomes was called by the Katukina) and for the Indians, although they are more used to it, and it is part of their culture. We need to promote clinical studies to investigate the therapeutic and collateral effects with rigorous scientific research, double blind tests, etcetera. (2007)

56 This caution is also repeated in the speech of the doctor, Glacus de Souza Brito, who told an *Época* magazine journalist that “You cannot know how people with heart and neurological problems will be affected. There have been no reports of deaths, but I have many reservations as to the urban use of the procedure without the accompaniment of the indigenous experience” (Aranha 2006). In an interview, Glacus Brito told us that he had witnessed many applications of kambô but, after a long time, he had not reached “any conclusion” about its effectiveness: “I cannot tell whether or not it heals.” At that time, there was no register of deaths resulting from the use of kambô, but, since then, there have been two deaths supposedly caused by its use: one in 2008 in Pindamonhanga, in the interior of the state of São Paulo, and the other in Chile in 2009. The research on

the real causes of the deaths, however, were not announced, and therefore one can not know if they were, in fact, related to the use of kambô.

- 57 It is no coincidence that the three most cautious, or least enthusiastic, statements we heard on the therapeutic use of kambô were made by medical doctors. There has always been a certain opposition between doctors and urban therapists, which is explicit in the discourse of a doctor mentioned above who suggested that double blind tests should be made to test the effectiveness of kambô. A certain hegemonic conception of medicine seems here to wish to prove itself or prevail, but it has been hidden because all of these doctors have, in different ways, been impacted by the New Age referential and, in the case of two of them, use alternative medical practices in their clinics. Once again, doubts, ambiguities, and tensions surround kambô.

Final Considerations

- 58 In April 2006, the Katukina of the River Campinas Indigenous Territory, through the Katukina Association of Campinas (AKAC), released a document prohibiting Indians from their villages from working with urban therapists and forbidding these therapists to use pictures and the name of Katukina and the AKAC (Circular 001/AKAC of April 6, 2006). It is noteworthy that this came about as the result of an intense process of infighting; for a long time, a number of Katukina had been expressing their dissatisfaction with the partnership other members of the tribe had established with a number of urban therapists. The document was also a result of pressure from other indigenous groups who have knowledge of kambô in the context of a government meeting on the “Kampo Project” in February 2006 in Rio Branco, state of Acre. This was an initiative of the Ministry of Environment (MMA) to establish a group of researchers, such as molecular biologists, herpetologists, and anthropologists to study the commercial potential of kambô and the environmental and socio-environmental impact of its dissemination. As a result of the lack of agreement with scientists, this initiative wound down and ended in 2007 (Martins 2006; Lima 2009; Carneiro da Cunha 2009).
- 59 Some therapists have taken note of the document, but not expressed public opinions. One, who has no ties to the Katukina, told us that “it sounds like something from white people”; that is, the document may well have been written by non-indigenous and not by Katukina, thereby patronizing the Indians. Another, who worked with the Katukina but refused to be interviewed, said the letter was “window dressing,” a strategy of the Indians, whose (mysterious) reasons would not be easily understood by non-indigenous. Here the opposition is reversed, but in both cases the same refusal to accept the self-determination of the Katukina is insinuated.
- 60 Another therapist, who is close to some members of the Katukina and also did not want to be interviewed, said the document was part of a “natural balance” due to the “great interest and greed” that kambô has awakened, and probably other arrangements would soon be made, in which only the “applicators that are inside the story” (like she herself) would have space to work. Another applicator, from the North of Brazil, praised the decision of the Katukina and emphasized that this was a result of the misuse some were making of kambô.
- 61 The reaction of various urban applicators to the document replicates the logic of disputes we have seen here, where there is a changing and dynamic link between applicators of

various origins. It also expresses the varying viewpoints on who would be the “authentic” guardians of knowledge of kambô: a continuum ranging from wise shamans to unsophisticated Indians. It is clear that there is a dispute over the kambô market in which documents, fragments of discourse by anthropologists, biologists, journalists, and Indians are quickly used as a source of self-legitimation, accusation, and production of new meanings. Hitherto, Amazonian and urban therapists have been quick to create their own “cosmologies” around kambô.

- 62 The AKAC document was insufficient to contain the urban growth of kambô and the continuity of partnerships between some Indians and urban therapists. However, it is important to consider that in the early years of the urban spread of kambô, the various indigenous groups who knew about the traditional use of the secretion were not present; they only began to participate in later years. In the mid-1990s, or even before, Francisco Gomes, when he learned to make use of indigenous knowledge and practices, certainly did not predict the paths that kambô would take, or imagine that it would attract so many disciples, both inside and outside his family. If kambô has spread throughout Brazil, as our title indicates, it is also true that it has gone beyond its borders. One frequently hears about kambô being used alongside power plants such as ayahuasca and iboga in places like the USA and Europe, not to mention the neighboring countries of South America. Another unexpected development includes the application of dermorphine, a powerful painkilling compound found in kambô, to racehorses in the USA, as a means to enhance performance. Summarizing, the green frog seems to follow its path immersed in controversies. Moving along ambiguities and ambivalences, posing as either as a mysterious power “plant” or a potent medicine, or as both at once, as the Katukina themselves put it, mixing some annoyance with pride, “kambô is out there in the world.”

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NOTES

1. On the application of kambô among indigenous populations in Acre, see Souza et al. (2002). For more information about the use among the Katukina, see Lima (2005).
2. According to Carneiro (2005: 154), bufotenine (5-Meo-DMT) is a substance with hallucinogenic properties, similar to DMT, contained in certain plants such as *Anadenanthera peregrina*, and the *Bufo alvarius* frog. Bufotenine, acting as a transmitter in the brain of mammals, was also identified (idem). According to Rudgley (1999), this substance is five times more potent than DMT and is prohibited in the United States.
3. The close link of Francisco Gomes with the UDV became clearer after his death, when a UDV "nucleus" (religious temple) bearing his name was opened in Cruzeiro do Sul: Master Francisco Gomes Nucleus.
4. It is possible to establish an analogy here between the changing conceptions of vomiting in the context of the indigenous and mestizo use of ayahuasca, and in the Brazilian ayahuasca religions, with the latter tending to be moralizing, and clothed in the language of Christian redemption (Labate 2004). For a personal account of the use of kambô, see Labate (2012).
5. A palate can generate approximately 50 to 100 applications; there is no standard size of palate. Some have two sides, and some are single sided.

ABSTRACTS

The secretion from the frog *Phyllomedusa bicolor*, known in Portuguese as *kambô*, has traditionally been used as a stimulant and an invigorating agent for hunting by indigenous groups such as the Katukina, Yawanawa, and the Kaxinawa in the southeast Amazon. Since the mid 90s, its use has expanded to large cities in Brazil and, since the late 2000s, abroad to Europe and the US. The urban diffusion of the use of kambô has taken place via healing clinics offering alternative therapies, by way of members of the Brazilian ayahuasca religions, and through travel, mainly by Amazonian rubber tappers, the Katukina, and the Kaxinawa Indians. In this article, we present

an ethnography of the expansion and reinvention of the use of kambô. We describe the individuals who apply the substance, who are a diverse group, including indigenous healers, ex-rubber tappers, holistic therapists, and doctors. We argue that the frog secretion has a double appeal among this new urban clientele: as a “remedy of science,” in which its biochemical properties are stressed; and as a “remedy of spirit,” in which its “indigenous origin” is more valued, as if kambô was a kind of shamanic power plant analogous to peyote and ayahuasca.

Desde a metade da última década, em grandes cidades do Brasil, começou a se difundir o uso da secreção da perereca *Phyllomedusa bicolor*. Um pouco mais tarde, partir da segunda década deste século, tornou-se possível alcançar informações sobre tal difusão em cidades europeias e norte-americanas. Tradicionalmente usada como revigorante e estimulante para caça por grupos indígenas do sudoeste amazônico (entre eles, Katukina, Yawanawá e Kaxinawá), tem havido um duplo interesse pelo kambô: como um “remédio da ciência” – no qual se exaltam suas propriedades bioquímicas – e como um “remédio da alma” – onde o que mais se valoriza é sua “origem indígena”. A difusão urbana do kambô tem-se dado, sobretudo, em clínicas de terapias alternativas e no ambiente das religiões ayahuasqueiras brasileiras. Os aplicadores são bastante diversos entre si: índios, ex-seringueiros, terapeutas holísticos e médicos. Neste artigo apresentamos uma etnografia da difusão do kambô, analisando sobretudo o discurso que esses diversos aplicadores têm elaborado sobre o uso da secreção, compreendida por alguns como uma espécie de ‘planta de poder’, análoga ao peiote e a ayahuasca.

INDEX

Keywords: kambô, katukina, alternative therapies, Brazilian ayahuasca religions, New Age

Palavras-chave: kambô, katukina, terapias alternativas, religiões ayahuasqueiras brasileiras, Nova Era

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