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# Cross-Cultural Curing: The Role of Traditional Medicine in the Yucatan and What Western Medicine Can Learn

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Cross-Cultural Curing: The Role of Traditional Medicine in the Yucatan and What  
Western Medicine Can Learn

Zona J. Ascensio

LBA 438

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**Abstract:** Research and observational data define the role and demonstrate the legitimacy of traditional medicine as it is practiced in the Yucatan. This project advocates for the integration of the Western and traditional medical models rather than viewing the two healthcare approaches as incompatible.

## I. Introduction

Every society is concerned with the health and well-being of its members. Therefore, when illness strikes, each society has culturally-determined methods for restoring a person to health. While practices vary globally, medicine can be divided into two general categories: Western or biomedicine, which uses scientific and technological approaches to health, and traditional or ethnomedicine, which is usually associated with indigenous belief systems and relies on inherited knowledge and practices as a means of healing.

Although the West often undervalues traditional medicine, regarding it as complementary at best or harmful charlatanism at worst, ethnomedicine often provides benefits to the peoples who use it. Here we examine the functions and effectiveness of traditional medicine by looking at it from an anthropological and biomedical perspective, by investigating its role in greater Mexico, and then by focusing on traditional medicine in the Mexican Yucatan. We will consider the roles of traditional healers in Yucatecan communities, their approaches to medical treatment, and the effectiveness of their treatments. Based on these observations, it is evident that traditional healing systems serve more than a mere social function; they are in fact also effective medical care systems capable of contributing to Western medicinal practice and should be regarded as such.

## II. What is Ethnomedicinal Anthropology?

Ethnomedicinal anthropology, a subset of medical anthropology, is the study of traditional conceptions of health and healing and the relationship of these concepts to their cultures as a whole. Topics of interest include such practices as magic, witchcraft, herbal medicine, and healing through touch. Ethnomedical anthropologists often compare and contrast these techniques with Western medical practice in order to understand the function of these healing techniques within society (Alexandrakis, 2011, p.75).

Given Western society's deep-rooted belief in the superiority of the scientific approach to healthcare, it can be difficult to understand disease and treatment as a cultural construct. Many Westerners would readily agree with the idea that in order to treat a disease, we must first find its cause. The disease agent, therefore, is perceived as something that must be removed from a patient's body, either manually through surgery or by administering pharmaceuticals, in order to restore health (Moore, Van Arsdale, Glitterberg, & Aldrich, 1980, p. 10).

Health and illness, however, are not universally defined. While biomedicine typically emphasizes the cause and removal approach, other cultures may, "include an array of natural, social, or supernatural agents in determining the cause of disease" (Moore et al., 1980, p. 10). This represents the difference between the natural and supernatural theories of illness causation. Natural causation refers to "any theory...which accounts for the impairment of health as a physiological consequence of some experience of the victim in a manner that would appear reasonable to modern medical science" (Murdock, 1980, p. 9). Supernatural causation, on the other hand, deals with magical, spiritual, or mystical explanations of disease (Murdock, p.17).

Western culture often ignores supernatural causal explanations, but other cultures may prioritize them while viewing the natural cause as secondary.

Explanations of sickness and health are, therefore, not universal, but rather they vary from one culture to another. By studying these variable expressions, anthropologists gain greater insight into the values and beliefs of a given culture. Take, for example, a case study of a Puerto Rican woman who was treated by both an *espiritualista* and the psychiatric staff at a New York hospital. The *espiritualista* diagnosed her as a victim of witchcraft, possessed by three malevolent spirits. The hospital staff diagnosed her as a paranoid schizophrenic and recommended therapy and treatment. While the *espiritualista* viewed the disease as being caused by something originating outside the body, the hospital emphasized an internal malfunction (Moore et al., 1980, p. 225). The case of this Puerto Rican patient not only demonstrates the differences between two cultures' conceptions of disease, but, by recognizing the differences, it provides clues toward better intercultural understanding which can lead to successful therapeutic intervention.

### **III. Medical Interest in Ethnomedicine**

Not all interest in traditional medicine comes from academia however. In the past, traditional knowledge of plant medicines has led to the discovery of such common Western medicines as aspirin and morphine (Ansari & Inamdar, 2010, p. 809). Today, the biomedical community continues to take seriously and investigate ethnomedicinal practices in order to discover new drugs and treatment options. In describing the role of traditional knowledge in the discovery of anti-malarial drugs, Walter H. Lewis (2003) explains that, by studying plants traditionally used to treat the disease, researchers can determine which plants warrant further

investigation. Traditional medicinal knowledge is vital and time-saving as most such studies are under time, financial, and personnel constraints (p. 128).

Napo Pharmaceuticals (formerly Shaman Pharmaceuticals) discovered new drugs by sending teams of botanists and physicians into the tropics to collaborate with traditional healers. Their investigation yielded several anti-diabetic compounds, including nordihydroguaiaretic acid, a compound that showed promise in initial testing on mice for its abilities to regulate diabetes and lower cholesterol (Fabricant & Farnsworth, 2001, p. 72). Crofelemer, a more recent success for the Napo pharmaceutical company, is another example of traditional knowledge leading to the discovery of new drugs. Crofelemer was approved in December of 2012 by the FDA for market under the name Fulyzaq as a treatment for diarrhea relating to HIV/AIDS medication side effects (U. S. Federal Food and Drug Administration, 2012). The medicine is derived from a plant that had been used historically by native groups in South America as a digestion aid. Its indigenous name is *Sangre de Draco* or "Dragon's Blood" because it comes from the red, blood-like sap of the *Croton lechleri* (Vergel, 2008).

Leads for drug discovery are not the only things that traditional medicinal knowledge can contribute to the medical field. Many psychologists and doctors seeking to improve doctor-patient relationships are turning toward these types of healing practices as a model for increasing the effectiveness of treatment. Generally, Western doctors use a great deal of technology to find and treat disease. Consequently, they view patient testimony as a starting point or secondary contribution to their work. Neal Postman (1993) explains the problem:

As the physician makes greater use of the technology of diagnosis,  
he perceives his patient more and more indirectly through a screen

of machines and specialists; he also relinquishes control over more and more of the diagnostic process. These circumstances tend to estrange him from his patient and from his own judgment. (p. 101)

This sense of alienation felt by a patient may develop into distrust of the healthcare provider. A patient, in turn, may withhold information relevant to the doctor in deciding how to proceed medically because of his or her discomfort. Therefore, many healthcare practitioners are trying to incorporate more person-centered treatments by looking into the practices and concepts of health exercised in various traditional systems in order to develop a sense of trust between the doctor and patient and ultimately provide better care (Roberti di Sarsina, Alivia, & Guadagni, 2012, p. 4).

The field of psychology has also expressed increased interest in traditional healing practices and how they might improve therapy. Rachel Hoogasian and Ruth Lijtmaer (2010) explain that the worldview of Western psychology is likely a point of tension when it comes to treating people of different cultural backgrounds. "Many models of Western psychotherapy hold the individual responsible for overcoming personal and relational obstacles," they explain. "Researchers have argued that Western psychotherapy focuses on the egocentricity of the self, viewing the individual as autonomous and accountable for her or his subjective well-being" (p. 300). The belief in the centrality of the self is hardly universal, and it is understandable that a therapeutic practice derived from a monocultural worldview would dissuade people from non-Western cultures from seeking treatment. In turn, people from these cultures are more likely to seek counseling from traditional healers who also incorporate family and other important social relationships in the healing process (Hoogasian & Lijtmaer, 2010, p. 298).

Besides influencing the field to reevaluate its perspective, traditional medicine can also influence psychology through the practice of ceremonial treatments. Hoogasian and Lijtmaer mention the Mexican folk treatment called the *Barrida* which is the sweeping of an object, usually an egg or lemon, over the body to absorb the negative energy within a sick person. The psychological equivalent of this practice is exemplified in the case of Melanie, a 7-year-old girl who was suffering from stomach pains without a medical cause. Her therapist implemented the following treatment:

The therapist, incorporating ceremony into therapy, decided to have the girl bring in a stuffed animal that she does not play with very often. Upon bringing in her stuffed giraffe, which she named Bobo, Melanie was told by the therapist that stuffed animals are special and have the ability to hold pain better than humans. The therapist instructed the parents to set aside a special time each day in which they, together with Melanie, could give Bobo the stomach pain to hold. (p. 301-302)

This treatment, rooted in a Mexican folk-healing practice, proved effective. After a few weeks, Melanie reported a marked decrease in stomach pain (Hoogasian & Lijtmaer, p.302). This case is not the only example of Mexican folk healing proving effective in treating psychological disorders. A study conducted in 2006 by Steffi Zacharias revealed that ceremonial practices used in Mexican ethnomedicine demonstrated psychotherapeutic effectiveness in 75% of the cases studied, with the other 25% listed as either undetermined or partially successful (p. 396).

#### IV. Traditional Medicine in Mexico

*Curanderismo* is the most familiar name for Mexican ethnomedicine. This term, which translates broadly as folk healing, is, however, somewhat misleading because while many English speakers believe it describes one type of folk medicine, this is not the case. It is actually an umbrella term for a variety of curative practices used throughout Mexico and in other Latin American countries (Torres, 2006, p. 9). When a person refers to *curanderismo*, one must keep in mind that practices and influences may vary by region, ethnicity, and time.

Modern *curanderismo* tends to be a mix of both European and Native American beliefs. Mexican-American scholar Eliseo Torres describes this tradition as derived from six main elements:

1. Judeo-Christian religion, symbols, and rituals
2. Early Arabic medicine and health practices
3. Medieval and later European Witchcraft
4. Native American herbal lore
5. Modern Western beliefs about psychic phenomena
6. Modern medicine (p. 85)

It is important to keep in mind that one form of *curanderismo* may be influenced more heavily by one or more of these elements than others depending on its location and history. The Mexican indigenous population is itself multicultural, so practices common to one group are likely to differ from those of another.

Influences also differ from one *curandero* to another. *Curandera* Elena Avila, for example, keeps an altar in her treatment room that incorporates Catholic, Aztec, Maya, and Native North American symbols. She explains, "As a *curandera*, I not only use whatever is available, practical, and creative in my practice, but I also individualize my treatments" (Avila, 1999, p. 18). Therefore, one should not expect to receive identical treatments from two different practitioners.

### **i. Types of *Curanderos***

Because *Curanderismo* encompasses several types of folk healing practices, it is helpful to categorize these practices based on specific specialties. Again, while the categories label the practices to facilitate understanding, one should not assume that a specialist in one area does not also incorporate practices from the other categories. As Avila explains, "A modern medical doctor must go through a procedural manual, but *curanderismo* uses whatever works: herbs, counseling, soul retrieval, psychodrama, rituals, spiritual cleansings—and, yes, referrals to medical doctors" (p. 17). The freedom to use "whatever works" allows for flexible and personalized treatment options for patients.

The *hierbero* (often called *yerbero* in the Yucatan) is an herbalist. These *hierberos* have knowledge of local medicinal plants and gather or grow herbs for use in healing, in *limpias* (spirit cleansings), and in sweat lodge ceremonies. Plants are not chosen at random, nor do the *hierberos* harvest more than they feel is necessary. *Hierberos* tend to follow information passed on through their families for generations about which plants to use, how to use them, and which prayers to say upon using the plants. Healers also know to make an offering to the plant because they believe the plants have spirits that need to be thanked upon being used. (Avila, p. 69-71).

The *partera* or midwife serves to not only deliver a baby, but also functions as a mediator between the mother and child, the community, and the spirit world. *Parteras* work to meet the spiritual, physical, and mental needs of the new mother and her baby. A good example of their function is their response when a child is born with a deformity or when the baby is still- born:

If a child were born dead and deformed, they would not show the child to the mother, because they did not want her to become fearful of having another child. They would give her therapeutic reasons for the deformity so that the mother would not blame herself for the child's death. They might say, for example, "This child died because of the solar eclipse. It was not your fault that this happened." (Avila, p. 74-75)

Here the *curandera's* rationale obviates the mother's own, alleviating the mother's feelings of personal responsibility and preventing any psychological trauma which they might cause her.

*Espiritualistas* are *curanderos* who get their energy from the spirit realm. Unlike *hierberos* and *parteras*, they typically channel the spirits of the deceased in their healing rituals, including a specific group called *Fidencistas* because they channel Niño Fidencio, "...a healer who is considered by many to be a folk saint" (Avila, p.82). They also incorporate magical rituals into their practice, often helping their clients with matters of money, luck, and love in addition to healing physical ailments.

## ii. The *Curandero's* Concept of Wellness

*Curanderismo* can be described as holistic. That is, it is concerned with discovering and treating both the natural and supernatural causes of illness along with emphasizing illness prevention. Although the natural cause of an ailment is given consideration, the treatment of this cause is incorporated into the treatment of the body as a whole (Avila, p.19). Since the concept of disease is extended beyond what is perceived as an illness by biomedicine, *Curanderismo* recognizes a number of sicknesses such as *mal de ojo* (the evil eye), *susto* (magical fright), and *empacho* (stomach blockage) which are either disregarded or diagnosed differently in Western tradition (Torres, 2006, p. 13).

Although they are traditionally thought of as "folk illnesses" with predominately supernatural causes, current medical research suggests that these illnesses may indicate pathology of some sort. An epidemiological study out of the Mexican state of Oaxaca divided subjects based on whether or not they had exhibited symptoms of *susto*. The research showed that not only were the *susto* patients more ill than the controls, but also "had higher levels of parasitic infection and lower hemoglobin and hematocrit levels." They were also found more likely to test positive for a life threatening disease and to die within seven years of the study's inception (Baer & Bustillo, 1993, p.91). Additionally, a study conducted in 2009 on immigrant populations in the United States revealed that symptoms of upper respiratory infections may be attributed to folk illnesses like *mal de ojo* (Larson, et al., 2009, p. 76). Studies such as these indicate that, although the names and perceived causes may be different, folk illness affliction can be a sign of other pathologies and should not be disregarded by Western doctors.

## **V. *Curanderismo* in the Yucatan**

*Curanderismo* in the Yucatan differs from that of most of the rest of Mexico because native influence and religious practices are not the same nationwide. Unlike Northern Mexico, healing traditions in the Yucatan are more heavily influenced by the Maya culture than by that of the Aztecs which have had a greater influence on some of the more familiar forms of *curanderismo*. Consequently, it is important to explore and understand the particular history of Yucatan herbal medicine and its defining views of illness.

### **i. History of Healing in the Yucatan**

In 1535 Jacobo Testera, a friar of the Franciscan Order, wrote an account of a Maya baptismal ceremony in the Yucatan wherein native plants were used as a *limpia*. Testera describes the Maya "priest" as having a cup of water in which he dissolved certain flowers and cacao for the boys to drink. After that, he states that, "...the other assistants took a handful of flowers and a perfumed pipe... and passed each nine times over each child, then allowed them to smell the flowers and smoke the pipe" (Blom, 1971, p. 78-79). This shows that herbs were established ceremonial tools by the time of the Spanish incursion.

Robert Redfield (1941) describes the hot and cold theory of Maya traditional medicine, stating "The conception of the division of most foods and many herbal remedies into two categories, 'hot' and 'cold', is held by the citizen of Merida and the remote tribal Indian." He explains that people can also be considered naturally hot or cold and, "a person who is heated should not eat of 'cold' things. 'Cold' things are debilitating or otherwise dangerous" (p. 306). In 2003 Marianna Kunow recorded similar findings in her study of traditional Maya medicine in Pisté, Yucatan. She explains, "These 'hot' and 'cold' conditions are imbalances that are treated with medicines of the opposite intrinsic quality; if one has a 'hot' condition, 'cold' treatments will

be prescribed to reinstate a healthy balance, and vice versa" (p. 61). In her account she makes clear that the hot-cold dichotomy is still observed today.

As an additional part of her study, Kunow compared her contemporary findings with those listed in Mayan Colonial period texts in order to establish that use of these plants in the Yucatan today corresponded with their use during the Colonial period. She found that 83 percent of the plants shown to her by the Maya *curanderos* were listed as medicinal plants in the translated Mayan texts (p.75). This demonstrates the continuity of Yucatan's herbal healing practices over centuries and establishes that they predate Spanish arrival.

## ii. Important Features of Yucatan Traditional Healing

Maintaining the balance of the soul is a key concept in Maya healing. As discussed before, the hot-cold theory is a central element to understanding the prevailing cultural view of health and wellness. Sickness is caused when the soul is out of balance with the spirit or natural world, especially in regards to temperature. Such imbalances may be brought about by, "natural causes (including germs), emotional upsets, witchcraft, neglect of the gods or other supernaturals, hot/cold imbalances, or from encounters with disease-causing agents" (Kunow, p. 61). Although the Yucatan Maya share some folk diseases with greater Mexico (*mal de ojo*, for example), many types of these diseases are particular to the region.

*Bilis* (bile) is caused by fury, a hot emotion. Its symptoms include agitation and extreme irritability. Because it is a heated condition, a cold treatment is prescribed. According to Kunow, a cool drink of orange juice each morning before breakfast is the most common treatment for *bilis* (p.64). Another Yucatan illness, *pasmo* which translates as "chill" is also related to temperature. Older people get it from putting their feet on the cold floor after sleeping under a

very warm blanket. Women are said to become afflicted after giving birth if they drink cold water. Symptoms may be minor (eye-twitching) to severe (convulsions and infertility in women) (Kunow, p. 65).

The *evil winds* is a condition associated with being in or near caves. Caves have supernatural significance for the Maya as "...entrances to the underworld" (Kunow, p. 66). *Balams*, jaguar gods who are thought to be the guardians of the Maya villages and teach curers via their dreams (Kunow, p.141) may behave maliciously if not given the proper respect and bring the evil winds up from the underworld. Anyone who leaves a cave with a headache and a drunken, nauseated feeling is said to be affected by the evil winds (Kunow, p. 66).

### iii. Role of the *Curandero* in the Yucatan

It is important to realize that *curanderos* do not perform medical treatments as their full-time occupation or even hold regular office hours as one would expect of Western medical doctors. They typically live as any community member, often working alongside their patients in other types of jobs such as farming or construction. The curer-patient relationship is on much more equal terms and the visits, therefore, are more comfortable since the curer understands his clients' lifestyle, needs, and native language (Gubler, 1996, p.13).

Besides being seen as more comfortable, a visit to the *curandero* is also viewed as a more economical approach to healthcare. While a visit to a biomedical doctor may often be beyond the budget of the rural indigenous inhabitants of the Yucatan, a consultation with a *curandero* is generally much more cost-effective; at times, it is as inexpensive as 3-8 pesos (Gubler, p. 15). The availability of a *curandero* in an indigenous village provides a venue for a patient to receive non-emergency care for an affordable price.

The *curandero* may also act as a counselor, listening to his or her patients about their marital problems, bad luck in business, and any other problem that a patient may feel like discussing. These problems are attended to with the same amount of seriousness as given physical ailments. The *curandero* asks questions, usually about the patient's relationship with family members and neighbors, working to discover the root of these stressors (Gubler, p.12). As a member of the same community, the *curandero* often has additional insight into a condition that a Western therapist would not have. Therefore, he will be able to perform the appropriate rituals and suggest a plan of action to help his patient alleviate his or her problem, holistically addressing both the spiritual and psychological causes (Gubler, p.13).

In addition to performing individual healing rituals, the *curandero* may also execute various important rituals for the community. To call the rain, he may perform *Chachaak* to petition *Chac*, the rain god. Or, to ensure protection for the village, he may perform *El Wajo Kol*, a ceremony of gratitude (Gubler, p.12). For the agriculturally based society, the curer's perceived ability to serve as a mediator between man and nature meets a critical need. Not only does it solidify group beliefs and membership within a community, but rituals like the *Chachaak* demonstrate the importance of vital resources (water, for example.) By making the ordinary extraordinary, rituals remind the community not to take natural resources for granted and to avoid using them indiscriminately (Scarborough, 1998, p. 146-147).

## **VI. Observations**

In the summer of 2013, I had the opportunity to study abroad for five weeks in Merida, the capital of the Mexican state of Yucatan. In addition to the prescribed curriculum, I was able to conduct independent research and to interview and observe three traditional healers in order to

better understand their work. Although the specific interview questions varied, our conversations focused on their personal histories as healers, their training and educational background, how their positions benefit them (economically, spiritually, etc.), their thoughts about Western medicine, and how their work contributes to the community.

**i. Dr. Julián Demetrio Pot Pérez and Hacienda Santa Rosa**

The Mexican *hacienda* system arose out of the 16<sup>th</sup> century *encomienda* system wherein a Spanish colonist was granted ownership of a large area of land and the rights to extract a tribute of labor from the indigenous inhabitants upon it. Although the general premise of the *encomienda* was that the native population would pay tribute and labor to the colonial owner in exchange for provisions and protection, in practice, it became a system of brutal slavery. Maltreatment, disease, and poor living conditions resulted in a sharp decline of the indigenous population decline which, in turn, altered the *encomienda* structure due to loss of labor (Keen & Haynes, 2004, p. 76).

Without tribute and labor, an *encomienda* is essentially worthless; thus, the Spanish sought another means of exploiting the New World's resources. The *hacienda*, or estate system similar to the plantation system of the American South, focused on consolidating land specifically for more intensive agricultural use. The wealthy *hacendados*, or hacienda owners, would use their money and influence to accumulate farmland owned by either native groups or poorer Spanish landowners. The former property owners would continue living and working on the land as tenant farmers and pay rents, often in labor or in kind, to the land owner (Keen & Haynes, p. 85).

The *hacienda* was more than just farm land and a large house owned by the *hacendado*. Haciendas also had stores (wherein most laborers incurred large debts), chapels, jails, and typically one or more indigenous villages that grew to depend on the *hacienda* as a source of goods and income (Keen & Haynes, p.115). However, when the agricultural profits of the *haciendas* declined, these native villages were left without any employment options. In the Yucatan after World War I, the fall of the henequen fiber industry, once referred to as *oro verde* or green gold, triggered the abandonment of the hacienda system, leaving behind extravagant and empty houses and the rural indigenous laborers who were now unemployed and living in poverty (DuBois, 2009, p.6).

*Fundación Haciendas en el Mundo Maya* is a foundation that works with large hotel chains to restore the abandoned *hacienda* homes and bring tourism into these rural towns. The inhabitants, then, have the option of working for the hotel itself or of participating in the production of traditional arts and crafts to sell to the tourists. The profits not only provide an income for the workers, but they also allow the Maya community to develop and fund initiatives that benefit everyone, including health and education programs, cultural preservation, and sustainable development.

Hacienda Santa Rosa is located in the town of Santa Rosa, Yucatan. While the luxury hotel itself is elegant and comfortable, the town's poverty stands in a stark contrast. Despite recent improvements as a result of the foundation's work, it is clear that Santa Rosa still struggles with the poverty left behind after the flight of the henequen industry. Admittedly, the juxtaposition of the hotel catering to affluent white guests and the poor indigenous town outside the gates was disconcerting, especially considering the history of the haciendas and the fact that the Maya people were in the position of serving these foreign visitors once again. However, the

hotel and its patrons bring industry to this rural area, so the issue of economic inequality, while important, is not a priority for people just trying to make ends meet.



**Figure 1: Image of hotel Hacienda Santa Rosa**



**Figure 2: House in the Town of Santa Rosa**



**Figure 3: Street Corner in Santa Rosa**

Dr. Julián Demetrio Pot Pérez manages the *Casa de Salud*, or house of health, in Santa Rosa as part of the foundation's health initiatives. He studied both Western medicine at the Autonomous University of Yucatan and traditional healing as an apprentice of his grandfather. Because of his background, Dr. Pot Pérez understands the world of health and medicine both from a scientific and from an indigenous point of view. While he respects and utilizes both medicinal practices, he considers himself a *curandero* first, turning initially to indigenous interpretations of healing because of his ancestral background:

One of the best initiatives of the foundation is the return to traditional medicine.

It's part of our heritage and our world. It's what we've known for centuries. When

someone gets sick or hurt, the treatment is usually right outside, it works, and it costs nothing. (Pot Pérez, 2013)

Unlike a Western doctor, Dr. Pot Pérez is very informal. During the interview he wore tattered gardening clothes, took off his shoes, joked around with community members, and relaxed in a hammock. As we toured the town, many people came up to say hello or discuss various matters. This behavior is in agreement with Ruth Gubler's research asserting that a *curandero* lives and dresses like any other community member and relationships with patients are more egalitarian.



**Figure 4: Dr. Julián Demetrio Pot Pérez relaxing in a hammock**



**Figure 5: Dr. Pot Pérez lecturing about the role of traditional medicine**

After the introduction, we toured the medicine garden where he had arranged plants based on their effects. He had sections for aromatic and spiritual cleansing plants and other sections for medicinal plants that help with digestion, skin rashes, breathing issues, gynecological problems and many more. As we walked through the extensive garden, he would

often stop, pick a leaf from a plant, tell its name and use, and pass it around for everyone to see and smell.



**Figure 6: Processing area of the medicinal garden**



**Figure 7: Medicinal plants ready for planting**



**Figure 8: Label for section of plants used to cure digestive problems**



**Figure 9: Sprouting herbs**

He then led us to a hut behind the garden where the medicine is dried and processed. The building was hot and dark, and upon entering, we were struck by the aroma of the many different herbs housed inside. As our eyes adjusted, it became clear that we were surrounded by jars of dried plants. "Welcome to our pharmacy," Dr. Pot Pérez said with a smile. When asked how he managed to remember which plants did what, he said that he has committed the most commonly used recipes to memory, and several years of experience have made memorizing the plants easier, but he does also keep a recipe book in the hut just in case something slips his mind (Pot Pérez, 2013).



Figure 10: Hut for drying and storing herbs



Figure 11: Jars of medicinal herbs



**Figure 12: Herbs drying**

Next we toured the *Casa de Salud*. Against one wall was a shelf which held Western medical supplies such as antibiotic creams, medicines, injections, and bandages. On the other wall were glass jars of dried herbs and a prescription pad upon which to write the correct mixture of herbs to then be prepared by an assistant and handed to the patient. There was also a room dedicated to women's health equipped with a Western style examination table. Dr. Pot Pérez told us that the town's *partera* saw patients here. Of the practice, the doctor said,

Both Western and traditional medicine are important here. If someone is sick, we often use both types to treat the person. If he responds to traditional medicine, that's good. If he responds to Western medicine, that's good, too. The goal is to get him better. These [traditional] medicines help your body, your immune system, fight the illness. (Pot Pérez, 2013)



Figure 13: Outside the Casa de Salud



Figure 14: Dr. Pot Pérez explaining the use of traditional medicines



Figure 15: An examination room in the Casa de Salud

In addition to treating illness, the *Casa de Salud* also provides preventative screenings and health, nutrition, and personal hygiene classes to keep the public and other traditional healers informed. A staple of nutrition education is the focus on a native plant called *Chaya* as a nutrient rich food resource. "*Chaya* is a plant full of calcium and iron. It grows naturally, and it can be eaten in many different ways," he states. "Many health problems can be prevented if you get the right nutrition, and it is important to teach this to the community" (Pot Pérez, 2013). This focus on naturally available vitamin resources allows community members to have a rich and varied diet without spending too much money.



**Figure 16: Chaya plant**



**Figure 17: Drinking Chaya juice**

Dr. Julián Demetrio Pot Pérez and the *Fundación Haciendas en el Mundo Maya* work with around 300 families to affordably meet their health needs. According to Dr. Pot Pérez, 75% of the illnesses reported are effectively treated with herbal medicine. When herbal medicine has no effect or when the situation obviously requires Western treatment, the *Casa de Salud* works to help the patient receive the care he needs. Because of this union of Western and traditional Maya medical practices and knowledge, the inhabitants of Santa Rosa receive thorough and effective healthcare provided by a practitioner with whom they feel comfortable.

**ii. Zully Patrón, Yerbera**

*Mérida en Domingo* is an event held every Sunday in downtown Merida where vendors from the city and surrounding towns set up shop in the town square for citizens and tourists alike. One of these vendors was Sra. Zully Patrón, a *yerbera* who, along with her husband Feliciano,

processes and sells traditional herbal medicines both in Merida and in the small town of Izamal, where they live.



**Figure 18: Sra. Zully Patrón selling herbs**

Sra. Patrón explained that, for her family, herbs are a gift from the earth and that her family has been active in the promotion of traditional medicine for 52 years. "The lessons were passed through the family. My knowledge came from my parents and theirs from my grandparents. That's how we know which plants are good" (Patrón, 2013). Sra. Patrón explained that her children participate in the business as well and, most importantly, are learning their family's ancestral knowledge.

Her family makes more than 50 types of medicines treating ailments such as obesity, bad breath, sexual dysfunction, colds, insomnia, hair loss, alcohol addiction, cancer, *mal de ojo*, and stress. When asked whether diseases like cancer responded differently to traditional medicine

than less serious ailments such as colds or bad breath, she explained that cancer requires Western treatment, but traditional herbal medicines can help the body handle the side effects of the treatments. She also mentioned that sometimes Western medicine does not treat illnesses either, but rather helps the patient deal with the symptoms as is the case with cold medicine.



**Figure 19: Herbal medicine ready for sale**

Sra. Patrón and her family help their community by providing a cost-effective medical option without the embarrassment of seeing a Western doctor. "Some of the problems we help people with are very private," she explains. "A lot of our customers come to us because they know we understand." Because they are well-established members of their community, the Patróns are able to provide healthcare in a comfortable and culturally-sensitive way.

iii. *Espiritualista Doña Díaz of Rey Tutul Xiu*

The *Mercado Lucas de Gálvez* in downtown Merida is a large market full of fruits, vegetables, clothes, tools, meats, animals, and anything else a person may desire to buy. The market is crowded, colorful, and stocked with several vendors willing to make a deal. Doña Díaz is one of these vendors who runs a stand called *Rey Tutul Xiu* and sells various magical cures, candles and herbs for limpieas, and charms to ward off evil or draw in good fortune.



Figure 20: Mercado Lucas de Gálvez



**Figure 21: Doña Díaz**

Doña Díaz considers herself an *espiritualista* and says she is capable of communicating with the spirit world. She learned of her power in a dream and apprenticed under another *espiritualista* from her village. Díaz uses her abilities to make people feel better. "Often people come to me crying because of problems with their marriage or problems at work. I listen, consult with the spirits, and figure out the best way to help them," she explains (Díaz, 2013). Typically these types of emotional problems are treated with incense or candles and an incantation. If a strong emotion has upset the hot and cold balance in a person, however, she may recommend a tea or other drink.

When it comes to physical illness, her approach is a little different. First, she talks with the patient to label the illness. If it is a folk disease like *mal de ojo* she may recommend an herbal

bath or an amulet with herbs. If the illness appears to be a Western disease, she recommends consulting with a Western doctor, although she believes a *limpia* of the house with cleansing candles will help the Western treatments, eliminating any witchcraft causing susceptibility to disease, and preventing the spread of the illness.

Doña Díaz says that she has a good relationship with her customers and many people visit her on a weekly basis. Typically they make quick purchases of candles and incense, but occasionally they will converse with her at length about their troubles. Being willing to talk and listen seems to be a point of pride for her, and it is a key element to success at her craft. She does not charge much for her services; her consultations are free and most items cost anywhere from 10-50 pesos (\$1-3 USD) with the more expensive items priced at around 500 pesos (about \$40 USD).

## **VII. Uniting Traditional and Western Medicine to Improve Healthcare**

The research and observations collected from Mexico make clear some of the concerns held by the indigenous population of the Yucatan when it comes to healthcare. Some of the most common considerations include the cost of the treatment, comfort level and familiarity of treatment, and preservation of cultural/familial heritage. Equipped with this knowledge, Western medical practitioners and policy makers interested in effectively providing healthcare to people in this region and to people from similar cultural backgrounds can better meet their goals. To provide better healthcare, Western doctors should work with traditional healers, take traditional medicine seriously, and incorporate some aspects of traditional healing into their own practice.

### **i. Working with traditional healers**

None of the three *curanderos* interviewed doubt the effectiveness of Western medicine. On the contrary, they often recommend a visit to the doctor either in addition to or instead of traditional medicine. This practice suggests that *curanderos* are open to learning from and working with the West if approached as equals and if their practice is also respected. Usually *curanderos* are primarily concerned with the wellbeing of their community members and welcome any effective treatments.

Based on their knowledge of the body and their position in the community, traditional healers are well equipped to serve as primary care providers. Dr. Pot Pérez, for example, is able to provide the best care for the community of Santa Rosa based on both his background as a Maya healer and his Western medical training. Although expecting every *curandero* to get a medical degree is obviously not feasible, Western doctors can provide non-Western healers with basic training in primary and preventative care that would supplement their ethnomedicinal background.

Furthermore, because many indigenous people seek the help of a traditional healer first before turning to Western treatments, it is important that these healers have a good understanding of symptoms of various diseases and how to recognize when a patient is suffering from highly contagious diseases or diseases that must be treated with Western biomedicine. Biomedicine should not attempt to replace traditional medicine, but educating *curanderos* to recognize disease outbreaks, serious infections, and alternative explanations for folk diseases can protect indigenous communities by preventing health crises.

A *curandero* can also serve as a mediator between an indigenous patient and a Western doctor when biomedical treatment is required. The *curandero* not only understands the patient's

language and concerns, but often is capable of articulating the problem to a doctor. If, however, the Western doctor does not accept the *curandero* as a reliable source of information or a legitimate medical practitioner, it can greatly limit the *curandero's* ability to help and could result in needlessly insufficient medical care. Therefore, it is essential that Western doctors take a *curandero's* diagnosis and contributions seriously.

## ii. Incorporating Traditional Healing into Western Practice

Ethnomedicine has much to offer biomedicine as well. One direct benefit is that, in the past, traditional medicine has led to new medical breakthroughs for Western medicine. This is most obvious in cases like the recent discovery of Crofelemer, the anti-diarrheal drug mentioned above. According to Dr. Pot Pérez, 75% of his patients are effectively treated by his herbal medicines. If this is the case, perhaps there are some components worthy of further scientific investigation within the Maya panoply of herbal medicine.

Unlike Western doctors, traditional healers spend a lot of time with their patients during the diagnostic process. They focus on finding the root of the problem and trying to understand what allowed the body to become infected in the first place. Beyond merely explaining that a pathogen has infected the body, the *curanderos* interviewed often seek to resolve personal stresses that leave a person vulnerable to infection in the first place. This is rarely addressed in the Western doctor's office. Instead, visits to a Western doctor are typically rushed and often focused more on relieving symptoms than upon considering how the patient became susceptible to the illness.

Understanding and respecting the role of the *curandero* in Latino culture can help Western doctors to better serve Latino patients. This is becoming increasingly important in the United States as the Latino population grows. According to Census Bureau projections, one in six United States residents identify as Hispanic today and by 2060, that number will rise to one in three (U.S. Census Bureau, 2012). As more and more people from a Hispanic cultural background seek healthcare, marginalizing their traditional forms of medicine will no longer be an option. To better serve their patients, Western doctors need to understand the *curandero's* role in the community, his or her approach to medicine and relationship of the *curandero* with his patients, and how to interpret diagnoses and contributions with the understanding that, while the *curandero's* background is different, his or her approach is still valid.

## **VIII. Conclusion**

In a more and more technologically dependent and globalized world, it is essential to recognize that, while biomedicine is backed by a body of scientific research, it is not enough for the medical practitioner to prescribe a pill and quickly move on to the next patient. Effective medical treatments not only cure disease but also build patient-doctor trust by taking time with the diagnosis, understanding the patient's concerns, and demonstrating cross-cultural competence. Ethnomedicinal models do this very well, as exhibited by the role of the *curandero* in the Yucatan.

The *curandero* provides more than medicine and physiological medical treatment for the rural indigenous population of the Yucatan. He or she acts as a member of the community, takes into account his patients' personal histories and backgrounds, and serves to meet their psychological and spiritual needs as well. *Curanderos* generally charge very little for their

services, which suggests that financial gain is not a primary motivation. Both the research and observations from Mexico suggest that these traditional healers are primarily concerned with the health and well-being of their community members. *Curanderos* do not view Western medicine as incompatible with their practice, but rather include it and recommend Western medicine as another means of effective treatment.

Given this willingness to integrate biomedicine into their traditional practice, proponents of Western medicine should not seek to replace the *curandero*, but should instead seek to train traditional healers to act as primary healthcare providers within their communities, capable of recognizing which illnesses will respond to ethnomedicinal methods and which will require Western treatments. The *curandero* can also mediate between the Western doctor and the indigenous patient to increase the patient's comfort level and understanding, especially when there is a language barrier. The Western doctor should view the *curandero* as a colleague, not a competitor, whose insights and approaches better serve the patient.

Just as traditional healers can learn from Western medicine, Western doctors can also learn from ethnomedicine. First, traditional herbalists are often aware of local plants with healing properties that could lead to medicinal breakthroughs in the biomedical community. Second, rushed and impersonal visits to the Western doctor typically focus on alleviating symptoms rather than preventative care or finding a cause beyond a vector discovered through lab tests. The same is not true for the *curandero* who often seeks out the root problem be it dietary, psychological, or pathological. Finally, by understanding the essential function of the *curandero* within Latino culture, doctors can competently treat Latino patients without disregarding their heritage. This is especially important for medical practitioners in the United States which has a burgeoning Latino population.

Ethnomedicine and biomedicine are not necessarily incompatible. Although their methods may differ, they share a single goal: to provide the best possible healthcare. With this in mind, Western doctors should take the knowledge and practices of traditional healers seriously instead of seeking to replace or exploit traditional knowledge. Likewise, traditional healers should be open to alternative explanations for folk diseases and incorporate Western treatments into their practices as needed. By working together, learning from each other, and showing mutual respect, traditional medicine and Western medicine can provide better healthcare to those who need it most.

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