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Curanderismo

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History

Curanderismo, from the Spanish verb *curar* (to heal), is a healing tradition found in Mexican American communities throughout the United States. Its historic roots are common with traditional healing practices in Puerto Rican and Cuban American communities, as well as traditional practices found throughout Latin America. At the same time, it has a history and a set of traditional medical practices that are unique to Mexican cultural history and to the Mexican American experience in the United States.

There are seven historic roots embedded in modern curanderismo. Its theoretical beliefs partly trace their origins to Greek humoral medicine, especially the emphasis on balance, and the influence of hot and cold properties of food and medicines on the body. Many of the rituals that provide both a framework and a meaningful cultural healing experience in curanderismo date to healing practices contemporary to the beginning of the Christian tradition, and even into earlier Judeo-Christian writings. Other healing practices derive from the European Middle Ages, including the use of traditional medicinal plants and magical healing practices.

The Moorish conquest of Southern Europe is visible in the cultural expression of curanderismo. Some common Mexican-American folk illnesses originated in the Near East and then were transmitted throughout the Mediterranean, such as belief in *mal de ojo*, or the evil eye (the magical influence of staring

greatly in their knowledge of the practices that stem from each of these seven historical sources. The overall system of curanderismo is complex and not only maintains its cultural link to the past, but evolves toward accommodation with the future as well.

Cultural Context

This article is based partly on research that was conducted in the Lower Rio Grande Valley of Texas for more than 15 years. That information is enhanced by data from other regions near the border between America and Mexico, and from Mexican American communities in Colorado, Nebraska, Chicago, and Florida. A multiplicity of research environments, both rural and urban, has affected the practice of curanderismo. Alger (1974) has described one possible outcome of urbanized curanderismo, in which the folk healing system mimics the modern medical system. Yet this mimicry does not exist to any significant extent in South Texas, where both curanderos and their clients have extensive knowledge of the medical system in urban and rural areas. However, unlike attitudes reported in earlier studies of the area (Madsen 1961, Rubel 1966), curanderos and their patients accept the utility of modern medicine. These multiple environments of curanderismo practice create a complex healing system with core elements that are common to each place, and modifications that respond to local cultural, political, and legal circumstances.

The earliest systematic research was done on curanderismo in the late 1950s; when modern medicine was inaccessible, or only recently available to significant segments of the Mexican American population. Since that time, the efficacy of modern medicine has been demonstrated empirically numerous times, so it is an integrated part of the cultural system, although many access barriers still exist to prevent its full utilization by everyone. These barriers reflect the same reasons that the holistic health movement and the charismatic healing movements are becoming increasingly popular. Although traditional healers in Mexican American communities believe that modern medicine is as capable in certain types of healing, their experience shows that their own practices are not recognized in hospitals and clinics, and that they can accomplish those same tasks better than modern

medicine. Thus, curanderismo and modern medicine often assume complementary roles in the minds of the curanderos and their patients, although not necessarily in the minds of the medical professionals of the area.

Intellectual Tradition

Traditional Mexican American healers perceive health and illness to contain a duality of "natural" and "supernatural" illnesses. This duality forms the theoretical base upon which curanderismo is constructed. The natural source of illness is essentially a biomedical model of illness that includes lay interpretations of some diseases inspired by Mexican American culture. Biomedical aspects such as the germ theory of disease, genetic disorders, psychological conditions, and dietary causes for medical conditions are accepted. These natural illnesses are treated by physicians using herbal remedies. A parallel supernatural source of illness also is recognized by this healing tradition. These illnesses are not considered amenable to treatment by the medical establishment. They can be repaired only by the supernatural manipulations of curanderos. The curanderos fault the scientific medical system for its failure to recognize the existence of magic or of supernatural causation. One curandero commented that as many as ten percent of patients in mental institutions were really *embrujados* (hexed or bewitched), and because doctors could not recognize this condition, it went untreated.

Supernaturally induced illnesses are most commonly said to be initiated by either evil spirits (*espíritos malos*) or by *brujos* (individuals practicing antisocial magic). They form a significant part of the curanderos' work; these healers explain that any particular illness experienced by a patient could be caused theoretically by either natural or supernatural processes. For example, that there is a natural form of diabetes, and a form that is caused by a supernatural agent, such as a *brujo*. The same is true for alcoholism, cancer, and other diseases. Identifying the nature of the causal agent for a particular illness is a key problem for the curandero. Some identify more supernatural causes for illnesses, and others take a more biomedically balanced approach. In either case, there is far less dichotomizing of physical and social problems within curanderismo than

within the medical care system (Kiev 1968, Holland 1963).

Curanderos routinely deal with problems of a social, psychological, and spiritual nature, as well as physical ailments. Many cases overlap into two or more categories. Bad luck in business is a common problem presented to curanderos. Other problems encountered were marital disruptions, alcoholism or alcohol abuse, infidelity, supernatural manifestations, cancer, diabetes, and infertility. One healer distinguishes between the problems presented by females and males. The central focus of the problems brought by women is the husband—the husband drinks too much, does not work, does not give them money, or is seeing other women. Men bring problems of a more physical nature, such as stomach pain, headaches, weakness, and bladder dysfunction. Men also bring problems that deal directly with work; they need to find a job, cannot get along with people at work, or are having trouble setting up a business. The wife rarely is the focal point of their problems. The total list of problems presented to curanderos includes nearly every situation that can be thought of as an uncomfortable human condition. Curanderismo seems to play an important, culturally appropriate psychotherapeutic role in Mexican American communities (Galvin 1961, Klineman 1969, Torrey 1972).

Another element of curanderismo that forms an important intellectual foundation for its practices is the concept that healers work by virtue of “a gift of healing” (*el don*) (Hudson 1951, Romano 1964, Rubel 1966, Madsen 1965). This inherent ability allows the healer to practice his or her work, especially in the supernatural area. In the past, this was believed to be a gift from God. However, a secular interpretation of the *don* is competing with the more traditional explanation. Many healers still refer to the *don* as a gift from God and support this premise with Biblical passages (Corinthians 12:7 and James 5:14), but other healers explain the *don* as an inborn trait that is present in all human beings, just like the ability to sing, run, or talk. Almost any human being can do these things, but some do them better than others, and a few people can do them extremely well. Curanderos, according to this theory, are the individuals with a better ability to heal than is normative

for the population as a whole. Healers refer to this concept as “developed abilities.”

Another element common to Hispanic-based folk medicine is the hot-cold syndrome (Ingham 1940, Foster 1953, Currier 1966). This belief system is not common in South Texas (Madsen 1961), where the only indications of a hot-cold syndrome found amongst the patients were scattered folk beliefs such as not eating citrus during menses, not ironing barefoot on a cement floor, or taking a cold shower after prolonged exposure to the sun. None of these beliefs were organized in a systematic fashion, nor were they extensively shared within the Mexican American population. In other areas, there is extensive knowledge and use of this system of classifying foods, treatments, and elements of illnesses to provide the basis for deciding which remedies apply to specific illnesses.

Theoretic Basis

The community-based theoretic structure for curanderismo has three primary areas of concentration, called levels (*niveles*) by the healers—the material level (*nivel material*), the spiritual level (*nivel espiritual*), and the mental level (*nivel mental*). More curanderos have the *don* for working at the material level, which is organized around the use of physical objects to heal or to change the patient's environment. This theoretic area can be subdivided into physical and supernatural manipulations. Physical treatments are those do not require supernatural intervention to assure a successful outcome. *Parteras* (midwives), *hueseros* (bone setters), *yerberos* (herbalists), and *sobadores* (people who treat sprains and tense muscles), are healers who work on the *nivel material* and effect cures without any need for supernatural knowledge or practices. All of the *remedios caseros* (home remedies) used in Mexican American communities are part of this healing tradition.

The supernatural aspect of this level is involved in cures for common folk illnesses found in Mexican American communities, such as *susto*, *empacho*, *caída de mollera*, *espanto*, and *mal de ojo*. These illnesses are unique to Hispanic cultural models of health and illness. This area of healing also includes the spells

and incantations that are derived out of medieval European witchcraft and earlier forms of magic, such as the cabala, that have been maintained as supernatural healing elements of *curanderismo*. Supernatural manipulations involve prayers and incantations in conjunction with such objects as candies, ribbons, water, fire, crucifixes, tree branches, herbs, oils, eggs, and live animals. These treatments use a combination of common objects and rituals to cure health problems.

The spiritual level (*nivel espiritual*) is an area of healing that is parallel to the channeling found in New Age groups and in shaman healing rituals around the world (Macklin 1967, 1974a, 1974b, 1974c, 1978, Macklin & Crumrine 1973). Individuals enter an altered state of consciousness and, according to the *curanderos*, make contact with the spirit world by one or all of the following methods: opening their minds to spirit voices; sending their spirits out of the body to gain knowledge at a distance; or allowing spirits the use of the body to communicate with this world, or all three.

The mental level (*nivel mental*) is the least commonly encountered of the three levels. One healer described working with the mental level as the ability to transmit, channel, and focus mental vibrations (*vibraciones mentales*) in a way that would affect the patient's mental or physical condition directly. Both patients and healers are confident that the *curanderos* can effect a cure from a distance using this technique.

The three levels are discrete areas of knowledge and behavior, each necessitating the presence of a separate gift for healing. They involve different types of training, and different methods of dealing with both the natural and the supernatural world. The material level involves the manipulations of traditional magical forces found in literature on Western witchcraft (Hudson 1970, Givrey 1971). Spiritualism involves the manipulation of a complex spirit world that exists parallel to our own, and the manipulation of *corrientes espirituales*, spiritual currents that can both heal and provide information or diagnosis from a distance. The mental level necessitates the control and use of the previously mentioned *vibraciones mentales*. Thus, the levels are separate methods of diagnosing and treating human problems that are embedded into a single cultural tradition.

Not all problems can be successfully dealt with using each level. An example of this is serious alcohol abuse (Trotter & Chavira 1978, Trotter 1979). Alcohol abuse and alcoholism are treated by *curanderos*, using techniques of both the material and the mental level. The techniques of the spiritual level, however, were considered ineffective in dealing with alcohol-related problems. So if one has the *don* for working with the spiritual level alone, he or she is excluded from the process of curing alcohol problems.

One theme that is common to the practices of all three levels is the use of energy to change the health status of the client. On the material level, this energy often is discussed in relation to the major ritual of that level, known as the *barrida* or *limpia* (a sweeping, or cleansing). In that ritual, a person is "swept" from head to foot with an object that is thought to be able to either remove bad vibrations (*vibraciones malos*), or to give positive energy (*vibraciones positivas*) to the patient. The type of object used (such as egg, lemon, garlic, crucifix, or broom) depends on the nature of the patient's problem and whether it is necessary to remove or to replace energy. On the spiritual level, the energy that is used for both diagnosis and healing is the previously mentioned *corrientes espirituales*. The mental level is nearly totally oriented around generating and channeling *vibraciones mentales*. The following sections provide more detail on the actual practices of the *curandero's* work on each level.

The Material Level (*nivel material*)

The material level is the easiest of the three levels to describe; it is the most extensively practiced and the most widely reported. At this level, the *curandero* manipulates physical objects and performs rituals (or *trabajos*, spells). The combination of objects and rituals is widely recognized by Mexican-Americans as having curative powers. Practitioners of the material level employ common herbs, fruits, nuts, flowers, animals and animal products (chickens, doves, and eggs), and spices. Religious symbols are widely used, such as the crucifix, pictures of saints, incense, candles, holy water, oils, and sweet fragrances, and secular items as well, such as cards, alum, and ribbons. The *curandero* allows his patients to rely extensively on their own resources by prescribing items that either are familiar or have

strong cultural significance; thus, a significant characteristic of the objects used at the material level is that they are common items used for daily activities such as cooking and worship.

Natural Illnesses and Herbal Cures

Curanderos recognize that illnesses can be brought about by natural causes, such as dysfunction of the body, carelessness or the inability of a person to take proper care of himself or herself, and infection. Curanderos at the material level utilized large amounts of medicinal herbs (*plantas medicinales*) to treat these natural ailments. Some traditional curanderos classify herbs as having the dichotomous properties considered essential for humoral medicine, based on a hot-cold classification system common throughout Latin America (Foster 1953). They use these dual properties to prescribe an herb or combination of herbs, depending on the characteristics of the illness. If a person's illness supposedly is caused by excessive "heat," an herb with "cold" properties is given. Conversely, if a person's illness is believed to be caused by excessive "coldness and dryness," a combination of herbs having "hot and wet" properties is administered.

Other curanderos recognize herbs for their chemical properties, such as poisons (*yerba del coyote*, *Karwinskia humboldtiana* Roem. et Sch.), hallucinogens (*peyote*, *Lophophora williamsi* Lem.), sedatives (*flor de tila*, *Tilia mexicana* Schl.), stimulants (*yerba del trueno*), and purgatives (*casaca sagrada*). These individuals refer to the beneficial chemical properties of the herbs that allow them to treat natural illnesses.

Curanderos prescribe herbs most frequently as teas, baths, or poultices. The teas act as a sort of formative chemotherapy. *Borraja* (borage: *Borago officinalis* L.), for example, is taken to cut a fever; *flor de tila*, a mild sedative, is taken for insomnia; *yerba de la golondrina* (*Euphorbia prostrata* Ait.) is used as a douche for vaginal discharges; and *peilos de elote* are used for kidney problems. Herbal baths usually are prescribed to deal with skin diseases; *fresno* (ash tree, *Fraxinus* Sp.) is used to treat scalp problems such as eczema, dandruff, and psoriasis; and *linaza* is prescribed for body sores. For specific sores such as boils, *malva* (probably a *Malvastrum*) leaves are

boiled until soft and then applied to the sores as a poultice. Other herbs are used as decongestants. A handful of *oregano* (*oregano*: *Oreganum vulgare* L.) is placed in a humidifier to treat someone with a bad cold.

Some herbal lore is passed on as an oral tradition, and other information is available in Mexican books that are widely circulated among both curanderos and the public (Arias; Wagner). These works describe and classify numerous herbs. Herbal remedies are so important to Mexican-American folk medicine, that their use often is confused with the art of curanderismo itself by the mass culture. Indeed, some curanderos known as *yerberos* or *yerberas*, specialize in herbs, but their knowledge and skills go beyond the mere connection of one disease to one herbal formula. In order for a curandero to be genuine, even at the material level, an element of mysticism must be involved in their practice. Herbs are used commonly for their spiritual or supernatural properties. Spiritual cleansings (*barridas*) often are given with *ruda* (*Ruta graveolens* L.), *romero* (rosemary, *Rosmarinus officinalis* L.), and *albacar* (sweet basil, *Ocimum basilicum* L.), among others. Herbs are used as amulets, *verbena* (*verbena*, *Verbena officinalis* L.), worn as an amulet, is used to help open a person's mind to learn and retain knowledge.

Some curanderos have successful practices on the material level without resorting to the use of herbs. Some nonherbal treatments are described below.

Supernaturally Caused Illnesses and Ritual Cures

Supernatural illnesses, which occur when impelling negative forces damage a person's health, sometimes can be confused with natural illnesses. One healer stated that these supernatural illnesses may manifest as ulcers, tuberculosis, rheumatism, or migraine headaches, but in reality, they are believed to be hexes that have been placed on the person by an enemy. Supernatural influences also disrupt a person's mental health and his or her living environment. Physicians cannot cure a supernatural illness. The curandero commonly deals with social disruption, personality complexes, and sometimes with serious psychological disturbances. One healer gave the following description of a case that contained several of these elements:

This patient worked for the street maintenance department of (a small city in south Texas). Every day after work a voice would lead him out into the brush and sometimes keep him there until 2:00 AM. This activity was wearing out the man and his family and he was going crazy. A bad spirit was following this man and would not leave him alone. The man was cured, but it took three people to cure him: myself, a friend, and a master (*maestro*) from Mexico. This man was given three *barridas* each day for seven days, one by each of us. The tools used were eggs, lemons, herbs, garlic, and black chickens. The man was also prescribed herbal baths and some teas to drink. He was also given a charm made from the *haba mijrina* designed to ward off any more negative influences which might be directed at him. This patient regained his sanity.

There also are a number of illnesses that are both supernaturally caused and of a supernatural nature, which can be treated on the material level. The following account is an example of such an illness and cure.

My brother-in-law was working at a motel . . . in Weslaco. When he started working they laid off this other guy who had been working there for several years. This guy didn't like it, and he's been known to be messing around with black magic. I don't know what he did to my brother-in-law, but every other day he'd have to be taken home because he was sick. He started throwing up, had shaky knees, and weak joints. So my mother and I went over to see this lady in Reynosa, and she told my mother just what to do. My sister rubbed her husband with a lemon every night for three days. She also gave him some kind of tea . . . On the third day, a big black spot appeared on the lemon, so we threw it away, and he's been fine ever since.

Rituals and the Material Level

Curanderos use several types of rituals for supernatural cures. The *barrida* is one of the most frequent rituals. These cleansings are designed to remove the negative forces that are harming the patient, while simultaneously giving the patient the spiritual strength necessary to enhance recovery. Patients are always "swept" from head to toe, with the curandero makes sweeping or brushing motions with an egg, lemon, herb, or whatever object is deemed spiritually appropriate. Special emphasis is given to areas in pain. While sweeping the patient, the curandero recites specific prayers or invocations that appeal to God, saints, or other supernatural beings to restore health to the patient. The curandero may recite these prayers and invocations out loud or silently. Standard prayers include the Lord's Prayer, the Apostles' Creed, and *Las Doce Verdades de Mundo* (The Twelve Truths of the World).

The following description of a *barrida* illustrates how the material objects, the mystical power of these objects, the invocations, the curandero, and the patient come together to form a healing ritual designed for a specific patient and a specific illness: In this case, five eggs, four lemons, some branches of *albacar* (sweet basil), and oil were used. To begin the healing process, the lemons and eggs were washed with alcohol and water to cleanse them spiritually. Before beginning the ritual, the participants were instructed to take off their rings, watches, and other jewelry; high frequency spiritual and mental vibrations can produce electrical discharges on the metal, which might disturb the healing process. The sweeping itself is done by interchanging an egg and a lemon successively. Sweeping with the egg is intended to transfer the problem from the patient to the egg by means of conjures (*conjures*) and invocations (*rechazos*). The lemon is used to eliminate the *trabajo* (magical harm) that has been placed on the patient. The patient is swept once with *albacar* (sweet basil) that has been rinsed in *agua preparada* (prepared water). This sweeping purifies the patient, giving strength and comfort to his spiritual being. The ritual ends by making crosses with *aceite preparado* (specifically prepared oil) on the principal joints of the patients, such as the neck, under the knees, and above the elbow. This oil serves to cut the negative currents and vibrations that surround the patient,

which have been placed there by whoever is provoking the harm. The crosses protect against the continued effect of these negative vibrations. *Agua preparada* is then rubbed on the patient's forehead and occiput (*cerebro*) to tranquilize and to give mental strength. All the objects used in the *barrida* are then burned, in order to destroy the negative influences or harm transferred from the patient.

Another common ritual is called a *sahumerio*, or incensing. The *sahumerio* is a purification rite, used primarily for treating businesses, households, farms, and other places of work or habitation. This ritual is executed by treating hot coals with an appropriate incense. The curandero may prepare his own incense, or he may prescribe some commercially prepared incense such as *el sahumerio maravilloso* (miraculous incense). A pan with the smoking incense is carried throughout the building, making sure that all corners, closets, and hidden spaces, such as under the beds, are properly filled with smoke. While "incensing," the healer or someone else recites an appropriate prayer. If the *sahumerio maravilloso* is used, the prayer often is one to Santa Marta, requesting that peace and harmony be restored to the household. After the *sahumerio*, the healer may sprinkle holy water on the floor of every room in the house and light a white candle that stays lit for seven days. The *sahumerio* is an example of the curandero treating the general social environment, seeking to change the conditions of the persons who live or work there. Incensing of a house removes negative influences such as bad luck (*salaciones*), marital disruptions, illness, or disharmony. For business and farms, incensing helps assure success and growth, and protects against jealous competitors. These rituals are designed to affect everyone in the environment that has been treated.

Another type of ritual, called a *sortilegio* (conjure) uses material objects such as ribbons to tie up the negative influences that harm the curandero's patients. These negative influences are frequently personal shortcomings such as excessive drinking, infidelity, rebellious children, unemployment, or any other problem believed to be imposed by antisocial magic (*un trabajo*). One *sortilegio* that the authors observed required four ribbons in red, green, white, and black, each approximately one yard in length. The color of each ribbon represents a type of magic, which the curanderos can activate to deal with spe-

cific problems. Red magic involves domination, green deals with healing, white with general positive forces, and black with negative or debilitating forces.

When working with a specific area of magic, one uses material objects that are that color naturally or that have been made that color artificially. The color-based division of magic also is carried over into another type of ritual system used on the material level, *velacione*, or burning candles to produce supernatural results. The *velaciones* and the colored material objects used in the *sortilegios* tie into the energy theme that runs throughout curanderismo, because the colors and objects are believed to have specific vibratory power or energy that can affect the patient when activated by the incantations used in conjunction with the objects. For example, blue candles are burned for serenity or tranquility; red candles are burned for health, power, or domination; pink candles are burned for good will; green candles are burned to remove a harmful or negative influence; and purple candles are burned to repel and attack bad spirits (*espíritus oscuros*) or strong magic. Once the proper color of candle has been chosen to produce the proper mental atmosphere, the candles are arranged in the correct physical formation and activated by the *conjuros y rechazos*. If a patient asks for protection, the candles might be burned in a triangle, which is considered to be the strongest formation, one whose influence cannot be broken easily. If they want to dominate someone—a spouse, a lover, or an adversary—the candles might be burned in circles. Other formations include crosses, rectangles, and squares, depending on the results desired (Buckland 1970).

Another relatively common use of candles is to diagnose problems by studying the flame or the ridges that appear on the melted wax. A patient may be swept with a candle while the healer recites an invocation asking the spirit of the patient to allow its material being to be investigated for any physical or spiritual problems that may be affecting the person. This ritual also can be performed by burning objects used in a *barrida*. Lighting the candle or burning the object after the *barrida* helps the curandero to reveal the cause and extent of the patient's problems. Similarly, if a petitioner asks for candlering, the wax of the candles burned for the *velacion* may be examined for figures or other messages that point to the source of a patient's problems.

One of the organizing principles of the material level of curanderismo is synchronicity with Christianity in general and the Catholic Church in particular. Special invocations often are directed at saints or spirits to bring about desired results. For example, San Martín de Porres is asked to relieve poverty; San Martín Caballero is asked to assure success in business; San Judas Tadeo is asked to help in impossible situations; and Santa Marta is asked to bring harmony to a household. Ritual materials used by the church, such as water, incense, oils, and candles, are extensively used by folk healers. The ways in which these religious objects are used and the theories for their efficacy closely mirror the concepts found within the healing ministry of the Church, which are not incompatible with European witchcraft, from which curanderismo partly derives.

The Spiritual Level (*Nivel Espiritual*)

Curanderos who have the *don* for working on the spiritual level (*nivel espiritual*) of curanderismo are less numerous than those who work on the material level. These practitioners also must go through a developmental period (*desarrollo*) that can be somewhat traumatic. Spiritual practices in communities revolve around a belief in spiritual beings who inhabit another plane of existence, but who are interested in making contact with the physical world periodically. Healers become a direct link between this plane of existence and that other world. In some cases, the curanderos claim to control these spirit beings, and in other cases, they merely act as a channel through which messages pass. Some of these practices are carried out by individual healers, while other activities occur in conjunction with spiritual centers (*centros espiritistas*) that are staffed by trance mediums and other individuals with occult abilities. These centers frequently work through two prominent folk saints: El Niño Fidencio from Northern Mexico and Don Pedrito Jaramillo from South Texas (Macklin 1974a, 1974b, 1974c). This trend in visiting spiritualist centers appears to be relatively recent, having not been reported during the 1950s and 1960s by those doing research on Mexican American folk medicine (Madsen 1964, Rubel 1960, 1966, Clark 1959).

The practice of spiritualism rests on "soul concept," a belief in the existence of spirit entities de-

rived from once-living humans. The soul is thought to be the immortal component, the life and personality force of human beings—an entity that continues to exist after physical death on a plane of reality separate from the physical world. This concept is important not only to curanderismo but also to the religions and mystical beliefs found in all western cultures.

The soul is alternately described by curanderos as a force field, ectoplasm, concentrated vibrations, or as a group of electrical charges that exist separate from the physical body. It is thought to retain the personality, knowledge, and motivations of the individual even after the death of the body. Under proper conditions, the soul is ascribed the ability to contact and affect persons living in the physical world. Although souls occasionally can be seen as ghosts or apparitions by ordinary human beings, they exist more often in the spiritual realm mentioned above. Some people view this realm as having various divisions that have positive or negative connotations associated with them, for example, heaven, limbo, purgatory, or hell. Other people see the spiritual realm as parallel to the physical world. They state that the spiritual is a more pleasant plane on which to live, but few attempt any suicidal test of this belief. One healer commented that "spirit" [*espiritos*], "souls" [*almas*], are the same thing. These spirits' activities closely parallel their former activities in this world. Since the personality, knowledge, and motivation of the spirits are much the same as they were for the living being, there are both good and evil spirits, spirits who heal and spirits who harm, wise spirits and fools.

These spirits might communicate with or act upon the physical plane. Some have left tasks undone in their physical lives they wish to complete; others want to help or cause harm; many wish to communicate messages to friends and relatives, telling them of their happiness or discontent with their new existence. Curanderos with the ability to work on the spiritual realm, therefore, become the link between these two worlds. Some curanderos believe that there are multitudes of spirits who want to communicate with the physical world, and they tend to hover around those who have the *don* to become a medium, waiting for an opportunity to enter their bodies and possess them. This explains the cases of spirit possession in Western cultures. Individuals who become

possessed are people with a strong potential to be trance mediums, who have not had the opportunity to learn how to control this condition.

The ability to become a medium is thought to be centered in the *cerebro*, that portion of the brain found at the posterior base of the skull. Those with the gift are said to have a more fully developed *cerebro*, while those who do not are said to have a weak *cerebro* (*un cerebro debil*). This weakness has no relationship either to the intelligence or to the moral nature of the individual, only to his or her ability to communicate with the spiritual realm. Weak *cerebros* represent a danger for anyone who wishes to become a medium. Only rare individuals demonstrate mediumistic potential spontaneously and can practice as mediums without further training. So, curanderos frequently test their clients and friends for this gift of healing, and those with the gift are encouraged to develop their ability. The development of this ability is called *desarrollo*, and is a fairly lengthy process that might last from two months to more than six initially, with periodic refresher encounters often available from the *maestro* (teacher). *Desarrollo* is a gradual process of increasing an apprentice's contact with the spirit world, giving him or her more and more experiences in controlled trances and possessions, as well as the knowledge necessary to develop and protect himself or herself as a spiritualist. The teacher also is responsible for giving the apprentice knowledge at a safe pace. The curandero does not always explain what each sensation means; each person, as he or she develops, becomes more sensitive to his or her environment. The apprentice must expect to encounter odd sensations such as bright light, noises, changes in pressure, and other sensations associated with developing powers. At the end of these *desarrollo* sessions, the conversation reverts to social chatting for some time before the apprentice takes his leave. This developmental process continues, with variations, until the apprentice is a fully developed medium.

Fully developed mediums control how, where, and when they work, and there are several options available to them. Some mediums work alone and only treat family problems; others might use their abilities only for their own knowledge and gratification. Some mediums work in groups with other mediums or with other persons whom they feel have complementary spiritual or psychic powers. Some mediums

work in elaborate spiritual centers (*centros espiritistas*) that are formal churches, often dedicated to a particular spirit (such as Fidencio, Francisco Rojas, or Don Pedrito Jaramillo). The spiritual centers and the activities surrounding them take on the major aspects of a formalized religion.

Many curanderos able to work on the spiritual level prefer to work at home, alone. Their practices tend to be less uniform than the practices of mediums working at spiritual centers, because they do not have to conform to the calendric and ritual structure found in more formalized temples. However, there is enough commonality to their actions to provide an accurate description of a lone medium. This healer is described by a student in his early twenties who was one of her clients; she had been handling problems for him and his family for several years.

R: Can you describe how this *curandera* works, in as great detail as you can?

S: We drive up into the driveway of a fairly decent-looking place. She walks out and greets us, shakes our hands, asks how we are doing and how we have been. Then we go inside. She's got a small room perhaps eight by ten feet. She has an altar with saints and candies and flowers on it. She has a small vase shaped like a crystal ball sitting on a table. Sometimes it has water on it and sometimes turned upside down.

You walk in there and sit down and she's talking with you. She's not in her trance; it's just social talk. Then she sits and puts her hand on that crystal-deal. She taps it, closes her eyes, and she starts asking you what kind of problem you have or whatever you want to ask her.

R: Her voice changes?

S: Yes, it does. It's a lot lower. All of a sudden her voice becomes soft, sort of like whispering. Really mild.

R: Does she keep her hands on the glass all of this time?

(Continues)

S: No. Sometimes she grabs a folder with papers in it and starts writing down things on it, using her finger.

R: Can she read what she has written?

S: I'm pretty sure she can.

R: How does she cure people?

S: She does it in a number of ways. Some time ago my mother had pains on both of her heels. She went to the doctor and the doctor didn't find anything wrong. So she went over to this lady again who said it was something (a *trabajo* or hex) that [a woman across the alley from his house] had put in the yard. When my mother's out hanging up clothes she's barefooted and she stepped on it. And that's what was hurting her. So the *curandera* gave her a "shot" on her arm like a regular shot. And that cured her.

R: How did she give her the shot?

S: (Simulated the action of giving an injection without a syringe or hypodermic.)

R: Could your mother feel it?

S: She told me she didn't. But it cured her.

The informant went on to tell of several other cures this *curandera* had performed for his family. She had prescribed herbs, suggested the use of perfumes to ward off the *envidia* (envy) of their neighbors, and suggested that the mother perform a series of *barridas* on her son-in-law to remove a hex against him that was making him ill and keeping him from work. Each of these cures could just as easily have been suggested or performed by a *curandero* working on the material level of *curanderismo*, but this *curandera* did it from a trance state. Therefore, what sets this *curandera* apart from those working strictly on the material level is not the tools she uses or the rituals she suggests to her clients, but the source of her diagnosis and cure—her contact with a spirit world.

Sometimes a trance session is open to more than one person at the same time. This group session can be carried out by a lone *curandero*, but more often is found at spiritual centers. The process of the devel-

opment of these centers is described elsewhere (Trotter & Chavira 1975). Once a temple has been established, it may house from one to 20 mediums. The more mediums, the better; otherwise, a medium may have to let his or her body be used by too many different spirits, exhausting them and laying them open to supernatural harm. Larger temples might have four or five *videntes* (clairvoyants), as well as the mediums, and might be putting several apprentices through *desarrollo* at the same time. Many of the accounts provided to these authors about spiritual healing were from individuals who had had experiences with spiritual temples in Mexico. Some temples were located in *Espinazo*, the home of El Niño Fidencio and a center of pilgrimage for mediums practicing in his name, and others were in urban centers such as Tampico and Mexico City. Large numbers of people make pilgrimages to these healing centers in Mexico, to deal with health care problems that they have not resolved in the United States.

One healing center is called Roca Blanca, after the spirit that speaks most often in that place. The owner, Lupita, founded it 25 years ago, after discovering her ability to cure. She was granted permission to practice by a spiritual association. This report is from a visitor to Lupita's healing center:

I went to this place simply because I was curious. I was swept with *albacar* and the medium was at my side. While I was being swept, the medium went into trance. The sister who was sweeping me asked the spirit who he wanted to talk to. He said, "with the one you are sweeping." Then, the sister finished sweeping me and directed me to talk with the person who was addressing me. When she (the medium in trance) talked to me, she sounded like a man. He asked me, "Do you know who I am?" I have a cousin who got killed in a place in Tampico. "You must be my cousin," I said. "Yes, exactly, I am your cousin." "Look," he said, "You have come here with your husband." On other occasions I really had been there with my husband, mother and different relatives. "You have come here with your husband because you think he is hexed and that is why he is sick."
(Continues)

But that's not true. He has a physical illness that the doctor can cure. Don't believe it's anything bad."

He said, "I'm going to prove who I am by coming to your house. Tell my cousin I'm going to see her." You see, I have a sister who's not nervous at all and who isn't afraid of anything. On Tuesday, as my sister was leaning by the window watching a television show, she felt someone embrace her. She turned and saw no one.

These spiritual centers vary according to their size, their owners and the spirits who are associated with them, yet there is considerable regularity in the services they perform. Sometimes mediums prescribe simple herbal remedies for physical problems. These recipes are virtually identical to the ones presented in the previous section on the material level although, occasionally, it is said that a spirit will recommend a new use for an herb. The mediums might suggest that the patient perform the already familiar rituals of curanderismo, such as the *barrida*. The spirits are thought to be able to influence people's lives directly, in addition to imparting knowledge about remedies. The curanderos state that spirits control spiritual currents (*Corrientes espirituales*) and mental vibrations (*vibraciones mentales*); they can manipulate the patient's health by directing positive or negative forces at them from the spiritual realm.

During spiritual sessions observed at a developing spiritual center in South Texas, a spirit repeatedly presented himself over the course of several weeks to treat several patients. One of these patients was a man suffering from lower back pain. One week the spirit told him to buy a bandage and bring it to the next session. The man did so, but then the spirit chided him for not following instructions correctly. The bandage was too narrow and not long enough. The man was instructed to buy a new bandage and place it on the window ledge to catch the morning dew, which is thought to have healing properties. He then was to place a glass of water under the head of his bed and a jar of alcohol at the side of the bed. He was to wrap himself in the bandage according to given instructions, and lie quietly on his bed for no

less than two hours, during which time the spirit promised to visit him and complete the cure. The man followed these instructions and stated that he did gain relief from his back pain. The same spirit treated a young college girl who periodically suffered asthma attacks. The girl's mother, a regular member of the group, brought her to the session. The spirit, in the person of the medium, stood and clasped the girl's head with one hand on her *cerebro* and the other on her forehead, sending *Corrientes espirituales* through her brain. The spirit then told her to take a sip of *agua preparada* and sit back down in the circle. The treatment was successful in overcoming this particular attack, and the mother mentioned after the session that these cures relieved her own asthma for several months.

Another patient requested a social and emotional treatment. Her husband recently had begun to practice witchcraft (*brujeria*), and she was worried that he or his friends might attack her or members of her family. A considerable amount of tension existed between the couple's families. She felt under continual stress and had gone to a doctor for help. The doctor prescribed a mild sedative, which she had taken for three weeks without relief. The medium's spirit probed her mind, and told her to take three sips of *agua preparada*, to break any spells that had been cast on her. The spirit promised to provide her with protection and help from the spiritual realm, to counteract anything that her husband might do. She appeared to be content with the spirit's activities on her behalf and was greatly relieved.

There are several aspects of the spiritual level that have not been covered in this brief description, but are described in more detail elsewhere (Trotter 1975). These include the actual techniques of testing for *el don*, the physical and supernatural dangers of trance mediumship, the acquisition of spiritual protectors to overcome those dangers, detailed descriptions of the trance state from the subjective perspective of the developing medium and the objective perspective of an observer, and finally, the existence and purpose of mediums' associations.

The Mental Level (*Nivel Mental*)

Conducting observational, descriptive, and experimental research on the practices of the mental level has proven to be the most difficult task in exploring

all of the aspects of curanderismo. The mental level has the fewest rituals and the least outward complex behavior associated with it. And, to date, it has the fewest practitioners, which severely limits the number of people who could be approached for an opportunity to investigate the phenomenon. All of the cases the author observed followed a similar pattern. For example:

After the curandero chatted with the patient and asked them about the basic problem, he asked the patient to state her complete name (*el nombre completo*). The curandero wrote the name on a piece of paper. Sitting behind the desk he used for consultations, he leaned his arms on the desk, bent forward slightly, closed his eyes, and concentrated on the piece of paper. After a few minutes, he opened his eyes, told the patient more about his or her problem, and stated that it was being resolved.

The curandero stated that he had learned to use his mind as a transmitter through *desarrollo*. He could channel, focus, and direct *vibraciones mentales* at the patient. These mental vibrations worked in two ways—one physical, one behavioral. If he was working with a physical illness, such as cancer, he channeled the vibrations to the afflicted area, which he already had pinpointed, and used the vibrations to retard the growth of damaged cells and accelerate the growth of normal cells. In a case of desired behavioral changes, he sent the vibrations into the person's mind and manipulated them in a way that modified the person's behavior. The curandero gave an example of one such case in which a husband had begun drinking excessively, was seeing other women, was being a poor father to his children, and was in danger of losing his job. The curandero stated that he dominated the man's thought processes and shifted them so that the husband stopped drinking to excess, and became a model husband and father (Trotter 1981, p. 473).

There also are a number of syncretic beliefs, drawn from other alternative healing traditions—such as New Age practices, the “psychic sciences,” and Eastern philosophy—that have been incorporated into this area of curanderismo. For example, some healers state that they are able to perceive “auras” around people, and that they can use these auras to diagnose problems that patients are encountering. They conduct the diagnosis based on the color or shape of the patient's aura. Some state that they learned these practices from other healers, while others indicate that they learned them from books on parapsychology.

The mental level is practiced most often by individual healers working with individual patients, rather than in groups. It appears to be a new addition to this healing system and does not have, as yet, a codified body of ritual associated with it. It therefore constitutes an area in which additional descriptive work will be necessary to unify healers' behavior.

Theoretical Unification

The three levels of curanderismo unify the theories of disease and illness found in the Mexican American folk medical model. They create a framework for determining the therapeutic approaches of curanderos in South Texas. The system emphasizes a holistic approach to treatment, and relies heavily on the intimate nature of the referral system and the extensive personal knowledge of the patient's social environment that is normally held by the curandero. Christian symbols and theology provide both tools (candles, incense, water) and organization models (rituals, prayers, animistic concepts) for the material and the spiritual levels, but not to a similar degree for the mental level. An energy concept is the central idea that integrates the three levels and forms a systematic interrelationship between them. This energy concept derives from belief in forces, vibration, and currents that center in the mind of those who have the gift for healing, and that can be transmitted to cause healing from a distance, by affecting the patient's social, physical, spiritual, or psychological environment.

All three levels of healing are still evolving. The variations in the practices of curanderismo can be explained partly by differences in the curanderos'

personality; differences in their treatment preferences or abilities; and differences in their emphasis on theoretical or experiential approaches. There also are variations produced by individual interpretations of an underlying body of theory. A study of these variations would be useful, now that the underlying theoretical system provides a common starting point and common objectives.

Settings for Curanderismo Healing System

Curanderismo is a community-based healing system. It is complex and widespread. At one level, it may be practiced anywhere that there exist Mexican Americans who know about it. Part of this healing tradition is the information that is spread throughout the Mexican American culture on home treatments for common physical ailments (colds, flu, arthritis, asthma, or diabetes), and for common spiritual or "folk illnesses" (*susto*, *mal de ojo*, and *empacho*). This is analogous to the biomedical information that is spread throughout all European cultures, including the Mexican American culture, where the home is the first line of defense and diagnosis of illnesses that eventually might necessitate a doctor or a hospital. On the other hand, some aspects of curanderismo require the use of special locations, preparations, and tools. This is true especially of spiritual practices on the spiritual level, and for the effective treatment of supernatural harm on the material level.

The first setting where this knowledge is used is at home. When people become ill, they use their existing cultural model of health and illness to come up with solutions. One type of solution is home diagnosis and home treatment. Therefore, both biomedical concepts and folk medical concepts are applied immediately, and home treatments are attempted. In the case of curanderismo, this often results in the use of home remedies (*remedio caseros*) that have been part of the culture for generations, especially herbal cures. When the diagnosis identifies a magical or supernaturally caused illness, the illness results in a home-based ritual. These interventions are done by mothers, grandmothers, cousins, friends, or knowledgeable acquaintances.

Illnesses that appear to be too serious to handle

at home, both natural and supernatural, are taken to professional healers who have a locally widespread reputation for being able to treat both biomedical and traditional health care problems. Most of these healers work in a silent, but positive, partnership with physicians, although the physicians often are unaware of the link. The curanderos interviewed in various studies of Mexican American folk medicine are consistent in their positive regard for modern medicine. They consistently refer patients to modern health care services, where they see the efficacy of that approach to be equal to or greater than their own. At the same time, they note significant differences in the models of health and illness between their own practices and modern medicine, especially in the areas of supernatural illnesses; in addressing social (marital, business, interpersonal) problems; and in dealing with psychological problems. In these cases, the treatments take place either in the patient's home or work environment, or in special workrooms established by the curanderos as part of their practices. The cure might call for working directly in the environment that is affected. In other cases, the venue of choice is the curandero's area because the cure depends on careful preparation and protection from outside influences. These work areas contain altars, medicinal plants, tools for supernatural rituals, and other items, and the atmosphere is considered to be most beneficial for the healing process, particularly in the case of supernatural problems and treatments (Trotter & Chavira 1981).

Research and Evaluations Approaches

The research that is available on curanderismo is broad in interest and historic depth. Unlike specific healing techniques, such as acupuncture, which can be studied in relation to specific illnesses with relative ease, curanderismo is a complex brew of both theoretical approaches to healing and an interrelated set of healing techniques. The techniques range from herbal cures, which must be approached from an ethnopharmacological perspective; to rituals, which can be studied symbolically as projective psychiatric techniques; to methods such as massages, natural birth, nutritional prescriptions, and dietary

practices. Some studies have investigated the scientific efficacy of the practices of curanderismo, while others have approached it from a sociopolitical or symbolic viewpoint. Some practices have not been studied at all. Therefore, while the efficacy of some parts of the system are clearly defined, others remain to be explored.

Early research on curanderismo can be found in the classic anthropological works on Mexican-American folk medicine, published primarily in the 1960s (Clark 1959a, Currier 1966, Kiev 1968, Madsen 1961, 1964, Rubel 1960, 1964, 1966, Romano 1965). These authors produced descriptive baseline data on the prominent folk medical practices of Hispanic communities in the United States. They provide an initial view of curanderismo that is rich in descriptions of Mexican-American folk illnesses such as *susto*, *empacho*, *mal de ojo*, *caída de mollera*, *bilis*, and *espanto* (Nall 1967). These works generally treat traditional healing in Mexican American communities as a body of knowledge that is widely distributed throughout the culture, rather than as a theoretical healing system. Therefore, the works consider the consensual data on what is available to a significant segment of the existing Mexican American population, but spend less time describing the professional actions of curanderos, because these mass cultural phenomena are generally thought of as having themes or unifying elements, rather than a theoretical structure. This viewpoint is well represented in articles about curanderismo and its form and function within Mexican-American communities (Clark 1959b, Edgerton et al 1970, Foster 1953, Martinez & Martin 1966, Torrey 1969).

Later research maintains the strengths of this approach, but adds folk theoretical concepts. Early epidemiological approaches to folk illnesses give an idea of the geographical spread and variation in beliefs, illnesses, and healing rituals, while later studies identify or discuss the common denominators that unify curanderos—their underlying perception of illness. Traditional anthropological research techniques were used to gather the data for these studies, primarily participant observation and interviewing over prolonged periods of time. Most of the authors utilized personal networks to identify individuals who were known locally as healers. Emphasis often was placed on finding individuals who were full-time

healers, rather than talking to those who treated only family members and neighbors. Therefore, a curandero can be defined as an individual who is recognized in his community as having the ability to heal, who sees an average of five or more patients a day, and who has knowledge of and utilizes the theoretical structure described in this paper. These people can be viewed as both specialists and professionals. Several areas of curanderismo have received a considerable amount of research attention.

Home Remedies

Herbal and chemical treatments for both natural and supernatural illnesses are very common in Mexican American communities. More than 800 *remedios caseros* have been identified on the U.S./Mexican border alone (Trotter 1981a, 1981b). Many of the remedies have been tested for biochemical and therapeutic activities (Etkin 1986, Trotter & Logan 1986, Trotter 1981, Trotter 1983). Overall, the remedies are not only biochemically active; more than 90 percent have demonstrated therapeutic actions that matched the folk medical model for their uses. At the same time, only a small proportion of the herbs have been tested. This lack of information is being overcome by an ongoing project to study the efficacy of the complete range of herbal cures available in Mexican American communities (Graham 1994), utilizing combined ethnographic and biomedical methodology (Browner et al 1988, Croom 1983, Trotter 1985, Ortiz de Montellano & Browner 1985).

The exceptions to the general rule of efficacy are the use of remedies for illnesses such as the common cold, where they relieve symptoms but do not directly treat the illness. The actions of these remedies, some of which are described above, include diuretics, treatments for constipation, abortifacient, analgesics, sedatives, stimulants, cough suppressants, antibacterial agents, coagulants and anticoagulants, vitamin and mineral supplements, and plants with antiparasitic actions. The majority have proven safe and effective, when used in the manner described and recommended by the curanderos. This area, and the therapeutic, culturally competent counseling practices of the healers are the most clearly acceptable and useful for articulation with modern medicine.

Additional Information on the Epidemiology of Folk Illnesses

Of all the complex areas of Mexican American traditional healing, the one that has received the most research attention has been the study of common folk illnesses that are experienced and treated in Mexican American communities. The most commonly reported are *susto*, an illness caused by a frightening event; *mal de ojo*, an illness that can be traced to the Near East, which involves a magically powerful glance taking away some of the vital essence of a susceptible person; *empacho*, a blockage of the intestines caused by eating the wrong type of food at the wrong time, or by being forced to eat unwanted food; and *caída de la mollera*, a condition of fallen fontanel in infants. A number of others also are well defined, if not as commonly studied, but these four take up most of the research attention.

The epidemiology and the cognitive models of these illnesses have been well documented (Rubel 1964, Trotter 1982, Trotter 1985, Weller et al 1993). They have been studied both singly and in combination with each other (Baer et al 1989, Rubel et al 1984, Weller et al 1991, Weller et al 1993, Logan & Morrill 1979), in terms of their cognitive structure within and between Hispanic cultural groups, their frequency of treatment, belief and mention in various communities, and their relationships to medical conditions and to the treatment of medical conditions (Trotter 1991, Trotter et al 1989, Collado-Ardon et al 1983). In the case of *susto*, there is clear evidence that it is linked directly to serious morbidity patterns in Latin American communities, and acts as an excellent indicator that biomedical personnel should investigate multiple conditions and problems among patients complaining of its symptoms. *Caida de la mollera*, upon investigation, is a folk medical label that corresponds to severe dehydration in infants, caused by gastrointestinal problems. It is life threatening and, when identified by parents, is an excellent indicator that the child should be brought in immediately for medical care. *Empacho* is a severe form of constipation, based on its description, and is treated with numerous remedies that cause diarrhea. Since it is thought to be a blockage of the intestines, the purgative effect of these remedies signals that treatment has been effective. To date, no studies

have linked *mal de ojo* to any biomedical condition; however, since the symptoms include irritability, lethargy, and crying, it is possible that some connection will be made in the future.

Healing and Psychiatry

Another area of significant endeavor in curanderismo is the identification of parallels and areas of compatibility between the processes and rituals of curanderismo and the use of psychiatry in cross-cultural settings. The time period between 1969 and the mid-1970s saw the analysis and publication of several seminal works in this area (Kiev 1968, Klineman 1969, Torrey 1969, Trotter 1979, Velimirovic 1978). The parallels are clear, especially where healers concentrate on psychological conditions that they recognize from their knowledge of psychology and psychiatry. This is an area where a number of successful collaborations have been conducted between traditional healers and individuals from modern medical establishments in several states.

Unexpected Consequences

It is clear that Mexican American folk medicine contains a very high ratio of useful, insightful, and culturally competent healing strategies that work well in Hispanic communities. As seen above, these range from proven herbal cures, to therapeutic models, to culturally important labeling systems that can help physicians identify the cultural labels for certain types of biomedical problems. The complexity of curanderismo assures that these findings will increase.

At the same time, no health care system exists that does not have side effects and unexpected results. With allopathic medicine, these range from the birth defects of thalidomide, to dreadful side effects of chemotherapy, and the limited ability of psychology to deal with chronic mental health conditions such as alcohol and drug abuse. In curanderismo, conditions are not the bulk of the effects of its use, a few unexpected consequences have been discovered in treating *empacho* (Baer & Ackerman 1988, Baer 1989, Trotter 1983b). These occurrences are rare, but must be taken into account and understood within the overall cultural context of curanderismo, and within the context of the far more pervasive pos-

itive benefits that the communities derive from having these alternative health care practices available. With the complexity and the diversity of practices within this traditional healing system, there remains a great deal of useful and insightful research that can be conducted beneficially in relation to curanderismo.

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References

- Alger N (ed). 1974. *The Curandero-Supremo*. In *Many Answers*. West Publishing Co. New York
- Arias HyF, Costas: No date. *Plantas Medicinales*. Biblioteca Practica. Mexico
- Baca J. (1969). Some health beliefs of the Spanish speaking. *Am J Nurs* 69:2171-2176
- Baer R, Ackerman A. 1988. Toxic mexican folk remedies for the treatment of empacho: the case of azarcon, greta and albayalde. *Ethnopharmacol* 24:31-39
- Baer R, Garcia de Alba DJ, Cueto LM, et al. 1989. Lead based remedies for empacho: patterns and consequences. *Soc Sci Med* 29(12):1373-1379
- Bard CL. 1930. *Medicine and surgery among the first Californians*. Touring Topics
- Bourke IH. 1894. Popular medicine customs and superstitions of the Rio Grande. *J Am Folklore* 7:119-146
- Browner CH, Ortiz de Montellano BR, Rubel AJ. 1988. A new methodology for ethnomedicine. *Curr Anthropol* 29(5):681-701
- Buckland R. 1970. *Practical Candle Burning*. Llewellyn Publications. Saint Paul, Minnesota
- Capo NND. *Mis observaciones clinicas sobre el limon, el ajo, y la cebolla*. Ediciones Natura
- Chavez LR. 1984. Doctors, curanderos and brujos: health care delivery and Mexican immigration in San Diego. *Med Anthropol Q* 15(2):31-6
- Clark M. 1959a. *Health in the Mexican American Culture*. University of California Press, Berkeley
- Clark M. 1959b. Social functions of Mexican-American medical beliefs. *California's Health* 16:153-55
- Collado-Ardon R, Rubel AJ, O'Neill CW. 1983. A folk illness (susto) as indicator of real illness. *Lancet* 2:1362
- Comas J. 1954. *Influencia indigena en la Medicina Hipocratica, en la Nueva Espana del Siglo XVI*. *America Indigena* XIV(4):327-361
- Creson DL, McKinley C, Evans R. 1969. Folk medicine in Mexican American subculture. *Dis Nervous Sys* 30:264-266
- Croom EM. 1983. Documenting and evaluating herbal remedies. *Economic Botany* 37(1):13-27
- Currier RL. 1966. The hot-cold syndrome and symbolic balance in Mexican and Spanish American folk medicine. *Ethnology* 4:251-263
- Curtis LSM. 1947. *Healing herbs of the Upper Rio Grande*. Laboratory of Anthropology. Santa Fe, New Mexico
- Davis J. 1979. Witchcraft and superstitions of Torrance County. *NM Histor Rev* 54:53-58
- Dodson R. 1932. Folk curing among the Mexicans. In *Toll the Bell Easy*. Texas Folklore Society. Southern Methodist University Press
- Edgerton RB, Karno M, Fernandez I. 1970. Curanderismo in the metropolis: the diminished role of folk psychiatry among Los Angeles Mexican-Americans. *Am J Psychiatry* 124:124-134
- Esteyneffer J de SJ. 1711. *Florilegio medicina vide todos las enfermedades, acadodevarios, y clasicos autores, para bien de los pobres y de los que tienen falia de medicos, en particular para las provincial remotas en donde administran los RRPP*. Misioneros de la Compania de Jesus. Mexico
- Esteyneffer J de SJ. 1887. *Florilegio Medicinal o Oreve Epidomede las Medicinas y Cirujia*. La primera obra sobre esta ciencia impresa en Mexico en 1713. Mexico
- Etkin N (ed). 1986. *Plants Used in Indigenous Medicine: Biocultural Approaches*. Redgrave Publications. New York
- Fabrega H Jr. 1970. On the specificity of folk illness. *Southwest J Anthropol* 26:305-315
- Farfan A. 1944. *Tractado breve de medicina*. Obra impresa en Mexico por Pedro Orcharte en 1592 y ahora editada en facimil. Coleccion le Incinables Americanos, Vol. X. Ediciones Cultura Hispanica. Madrid
- Foster GM. 1953. Relationships between Spanish and Spanish American folk medicine. *J Am Folklore* 66:201-247
- Galvin JAV, Ludwig AM. 1961. A case of witchcraft. *J Nerv Men Dis* 161-168
- Gillin J. 1977. Witch doctor? a hexing case of dermatitis. *Cutis* 19(1):103-105
- Gobeil O. 1973. El susto: a descriptive analysis. *Int J Soc Psychiatry* 19:38-43
- Graham JS. 1994. Mexican American herbal remedies: an evaluation. *Herbalgram* 31:34-35
- Gudeman S. 1976. Saints, symbols and ceremonies. *Am Ethnologist* 3(4):709-730
- Guerra F. 1961. *Monardes. Dialogo de Hierro*. Compania

- Fundido de Fierro y Acero de Monterrey, SA., Mexico. D. Los Cronistas-Hispanoamericano. s.d. la Materia Med. Colonial. al Profesor Dr. Teofilo Hernando por sus amigos y in Homenaje O discipulos. Libreria y Casa Editorial Hernando. SA., Madrid
- Hamburger S. 1978. Profile of Curanderos: a study of Mexican folk practitioners. *Int J Soc Psychiatry* 24: 19-25
- Holland WR. 1963. Mexican-American medical beliefs: science or magic? *Arizona Med* 20:89-102
- Hudson WM. 1951. The healer of Los Olmos and other Mexican lore. *Texas Folklore Soc XXIV*
- Ingham IM. 1940. On Mexican folk medicine. *Am Anthropol* 42:76-87
- Jaco EG. 1957. Social factors in mental disorders in Texas. *Soc Probl* 4(4):322-328
- Jaco EG. 1959. Mental health of the Spanish-American in Texas. In Upler MK (ed). *Culture and Mental Health*. The Macmillan Co. New York
- Johnson CA. 1964. Nursing and Mexican-American folk medicine. *Nurs Forum* 4:100-112
- Karno M. 1965. The Enigma of Ethnicity in a Psychiatric Clinic. A paper presented at the Southwestern Anthropological Association Annual Meeting, UCLA. April 16, 1965
- Karno M. 1969. Mental health roles of physicians in a Mexican-American community. *Community Ment Health J* 5(1)
- Karno M, Edgerton RB. 1969. Perception of mental illness in a Mexican-American community. *Arch Gen Psychiatry* 20:233-238
- Kay M. 1972. Health and illness in the Barrio: Women's Point of View. Dissertation for Ph.D. University of Arizona. Tucson, Arizona
- Kay M. 1974a. The fusion of Utoaztec and European ethnogynecology in the florilegio medicinal. Paper presented at Medical Anthropology Symposium, XLI International Congress of Americanists. Mexico City, Mexico. Proceedings XLI International Congress of Americanists (in press)
- Kay M. 1974b. Florilegio Medicinal: Source of Southwestern Ethnomedicine. Paper presented to the Society for Applied Anthropology. Boston. 1978 Parallel, Alternative, or Collaborative: Curanderismo in Tucson, Arizona. In *Modern Medicine and Medical Anthropology in the United States-Mexico Border Population*. Boris Velimirovic (ed). Pan American Health Organization. Scientific Publication No. 359. Washington, DC
- Kiev A. 1968. *Curanderismo: Mexican American Folk Psychiatry*. The Free Press, New York
- Klein J. 1978. Susto: the anthropological study of diseases of adaptation. *Soc Sci Med* 12:23-28
- Kleinman A. 1978. Culture, illness, and care: clinical lessons from anthropological cross-cultural research. *Ann Intern Med* 88:251-258
- Klineman A. 1969. Some factors in the psychiatric treatment of Spanish-Americans. *Am J Psychiatry* 124: 1674-1681
- Kreisman JJ. 1975. Curandero's Apprentice: a therapeutic integration of folk and medical healing. *Am J Psychol* 132:81-83
- Langner TS. 1965. *Psychophysiological Symptoms and the Status of Women in Two Mexican Communities*. Approaches to Cross-Cultural Psychiatry. Cornell University Press. pp. 360-392
- Macklin J. 1965. Current Research Projects. Curanderismo Among Mexicans and Mexican-Americans. Connecticut College. New London, Connecticut
- Macklin J. 1967. *El Niño Fidencio: Un Estudio del Curanderismo en Nuevo Leon*. Anuario Huminitas. Centro de Estudios Humanisticos, Universidad de Nuevo Leon
- Macklin J. 1974a. Santos folk, curanderismo y cullos espiritistas en Mexico: eleccion divina y seleccion social. *Anuario Indigenista* 34:195-214
- Macklin J. 1974b. Folk saints, healers and spirit cults in northern Mexico. *Rev Interamericana* 3(4):351-367
- Macklin J. 1974c. Belief, ritual and healing: New England spiritualism and Mexican American spiritism compared. In Zaretsky IT, Leone MP (eds). *Religious Movements in Contemporary America*. Princeton University Press. Princeton, New Jersey
- Macklin J, Crumrine NR. 1973. Three north Mexican folk saint movements. *Comp Studies Soc History* 15(1): 89-105
- Madsen C. 1965. A study of change in Mexican folk medicine. *Mid Am Res Inst* 25:93-134
- Madsen W. 1955. Shamanism in Mexico. *Southwest J Anthropol* 11:48-57
- Madsen W. 1961. *Society and Health in the Lower Rio Grande Valley*. Hogg. Austin, Texas. Foundation for Mental Health
- Madsen W. 1964. *The Mexican Americans of South Texas*. Holt, Rinehart and Winston, Inc. New York
- Madsen W. 1964. Value conflicts and folk psychotherapy in South Texas. In Kiev A (ed). *Magic, Faith and Healing*. Free Press. New York, pp. 420-440
- Madsen N. 1966. Anxiety and witchcraft in Mexican-American acculturation. *Anthropol Q* 110-127
- Maduro R. 1983. Curanderismo and Latino views of disease and curing. *West J Med* 139:868-874
- Marcos LR, Alpert M. 1976. Strategies and Risks in Psychotherapy with Bilingual Patients. *Am J Psychiatry* 113(11):1275-1278
- Marin BV, Marin G, Padilla AM. 1983. Utilization of traditional and nontraditional sources of health care among Hispanics. *Hispanic J Behav Sci* 5(1):65-80
- Martinez C, Martin HW. 1966. Folk diseases among urban Mexican-Americans *JAMA* 196:161-164
- Martinez C Jr, Alegria D, Guerra E. *El Hospital Invisible: A Study of Curanderos*. Mimeograph. Department of Psychiatry, University of Texas Health Science Center at San Antonio. San Antonio, Texas
- Montiel M. 1970. The social science myth of the Mexican-

- American family. *El Grito* 3:4 Morales A. 1970. Mental health and public health issues: the case of the Mexican Americans in Los Angeles. *El Grito* 111(2)
- Moustafa A, Weiss G. 1968. Health Status and Practices of Mexican-Americans. University of California Graduate School of Business
- Moya B. 1940. Superstitions and Beliefs among the Spanish Speaking People of New Mexico. Masters Thesis. University of Mexico
- Nall FC, Speilberg J. 1967. Social and cultural factors in the responses of Mexican-Americans to medical treatment. *J Health Soc Behav* 7(1):299-308
- Ortiz de Montellano BR, Browner CH. 1985. Chemical basis for medicinal plant use in Oaxaca, Mexico. *J Ethnopharmacol* 13:57-88
- Padilla AM. 1973. Latino Mental Health: Bibliography and Abstracts. United States Government Printing Office
- Paredes A. 1968. Folk Medicine and the Intercultural Jest in Spanish-Speaking People in the U.S. University of Washington Press. pp. 104-119
- Pattison M. 1973. Faith healing: A study of personality and function. *J Nerv Ment Dis* 157:397-409
- Press I. 1971. The urban Curandero. *Am Anthropol* 73:741-756
- Press I. 1978. Urban folk medicine. *Am Anthropol* 78(1):71-84
- Romano O. 1960. Donship in a Mexican-American community in Texas. *Am Anthropol* 62:966-976
- Romano O. 1964. Don Pedrito Jaramillo: The emergence of a Mexican-American folk saint. PhD Dissertation, University of California. Berkeley, California
- Romano O. 1965. Charismatic medicine, folk-healing, and folk sainthood. *Am Anthropol* 67:1151-1173
- Romano O. 1969. The anthropology and sociology of the Mexican-American history. *El Grito* 2
- Rubel AJ. 1990. Ethnomedicine. In Johnson TM, Sargent CF (eds). *Medical Anthropology: Contemporary Theory and Methods*. Praeger. New York. pp. 120-122
- Rubel AJ. 1960. Concepts of disease in a Mexican-American community in Texas. *Am Anthropol* 62:795-814
- Rubel AJ. 1964. The epidemiology of a folk illness: Susto in Hispanic America. *Ethnology* 3:268-283
- Rubel A. 1966. *Across the Tracks: Mexican-Americans in a Texas City*. University of Texas Press. Austin, Texas
- Rubel AJ, O'Neil CW. 1978. Difficulties of presenting complaints to physicians: Susto illness as an example. In Velimirovic B (ed). *Modern Medicine and Medical Anthropology in the United States-Mexico Border Population*. Washington, D.C.: Pan American Health Organization. Scientific Publication No. 359
- Ruiz P, Langrod J. 1976. Psychiatry and folk healing: a dichotomy? *Am J Psychiatry* 133:95-97
- Samora J. 1961. Conceptions of disease among Spanish Americans. *Am Cath Soc Rev* 22:314-323
- Sanchez A. 1971. The defined and the definers: A mental health issue. *El Sol*
- Sanchez A. 1954. Cultural Differences and Medical Care: The Case of the Spanish-Speaking People of the Southwest. Russell Sage Foundation. New York
- Saunders L, Hewes GW. 1953. Folk medicine and medical practice. *J Med Educ* 28:43-46
- Smithers WD. 1961. Nature's Pharmacy and the Curanderos. *Sul Ross State College Bulletin*. Alpine, Texas
- Snow LF. 1974. Folk medical beliefs and their implications for care of patients. *Ann Intern Med* 81:82-96
- Speilberg J. 1959. Social and Cultural Configurations and Medical Cure: A Study of 'Mexican-American's Response to Proposed Hospitalization for the Treatment of Tuberculosis. Masters Dissertation. University of Texas
- Torrey FE. 1969. The case for the indigenous therapist. *Arch Gen Psychiatry* 20(3):365-373
- Torrey FE. 1972. *The Mind Game: Witch Doctors and Psychiatrists*. Bantam Books, Emerson Hall Pub. New York
- Trotter RT II. 1991. A survey of four illnesses and their relationship to intracultural variation in a Mexican American community. *Am Anthropol* 93:115-125
- Trotter RT II. 1990. The cultural parameters of lead poisoning: a medical anthropologist's view of intervention in environmental lead exposure. *Environ Health Perspect* 89:79-84
- Trotter RT II. 1988. Caida de mollera: A newborn and early infancy health risk. *Migrant Health Newslines*
- Trotter RT II. 1986. Folk medicines and drug interactions. *Migrant Health Newslines*. 3(7):3-5
- Trotter RT II. 1986. Folk medicine in the Southwest: myths and medical facts. *Postgrad Med* 78(8):167-179
- Trotter RT II. 1985. Greta and Azarcon: a survey of episodic lead poisoning from a folk remedy. *Health Care Hum Organization*. 44(1):64-71
- Trotter RT II. 1983. Greta and Azarcon. Unusual sources of lead poisoning from Mexican American folk medicine. *Tex Rural Health J* May-June:1-5
- Trotter RT II. 1983. Azarcon and Greta: ethnomedical solution to an epidemiological mystery. *Med Anthropol Q* 14(3):3-18
- Trotter RT II. 1983d. Letter to the editor: Greta and Azarcon: two sources of lead poisoning on the United States-Mexico border. *J Ethnopharmac* 8(1):105-106
- Trotter RT II. 1983. Ethnography and bioassay: combined methods for a preliminary screen of home remedies for potential pharmacologic activity. *J Ethnopharmac* 8(1):113-119
- Trotter RT II. 1983. Community morbidity patterns and Mexican American folk illness: a comparative approach. *Med Anthropol* 7(1):33-44
- Trotter RT II. 1982. Susto: within the context of community morbidity patterns. *Ethnology* 21:215-226
- Trotter RT II. 1982b. Contrasting models of the healer's role: South Texas case examples. *Hispanic J Behav Sci* 4(3):315-327
- Trotter RT II. 1981a. Don Pedrito Jaramillo. Slide series/

- filmstrip. Institute of Texas Cultures. San Antonio, Texas
- Trotter RT II. 1981b. Remedios caseros: Mexican American home remedies and community health problems. *Soc Sci Med* 15B:107-114
- Trotter RT II. 1981. Folk remedies as indicators of common illnesses. *J Ethnopharmac* 4(2):207-221
- Trotter RT II. 1979. Evidence of an ethnomedical form of aversion therapy on the United States-Mexico border. *J Ethnopharmac* 1(3):279-284
- Trotter RT II. 1979. Las Yervas de Mi Abuela (Grandmother's Tea), slide series/filmstrip. Institute of Texas Cultures. San Antonio, Texas
- Trotter RT II. 1978. Discovering New Models for Alcohol Counseling in Minority Groups. In Velimirovic B (ed). *Modern Medicine and Medical Anthropology in the United States-Mexico Border Population*. Scientific Publication No. 359. Pan American Health Organization. Washington, DC. pp. 164-171
- Trotter RT II. 1978. A case of lead poisoning from folk remedies in Mexican American communities. In Fiske S, Wulff R (eds). *Anthropological Praxis*. Westview Press. Boulder, Colorado
- Trotter RT II, Chavira JA. 1980. Curanderismo: an emic theoretical perspective of Mexican American folk medicine. *Med Anthropol* 4(4):423-487
- Trotter RT II, Chavira JA. 1981. *Curanderismo: Mexican American Folk Healing System*. University of Georgia Press. Athens, Georgia
- Trotter RT II, Chavira JA. 1975a. The Gift of Healing. A monograph on Mexican American Folk Healing. Pan American University. Edinburg, Texas
- Trotter RT II, Chavira JA. 1975b. Los Que Curan. A 43-minute color 16 mm film of South Texas Curanderismo
- Trotter RT II, Logan M. 1986. Informant consensus: a new approach for identifying potentially effective medicinal plants. In Etkin N (ed). *Plants Used in Indigenous Medicine: Biocultural Approaches*. Redgrave Publications pp. 91-112
- Trotter RT II, Ortiz de Montellano B, Logan M. 1989. Fallen fontanelle in the American Southwest: its origin, epidemiology, and possible organic causes. *Med Anthropol* 10(4):201-217
- Unknown. 1951. *Rudo Ensayo*. By an unknown Jesuit. Tucson: Arizona Silhouettes Publication. Original 1763 by Johann Nentuig
- Uzzell D. 1974. Susto Revisited: illness as a strategic role. *Am Ethnol* 1(2):369-378
- Velimirovic B (ed). 1978. *Modern Medicine and Medical Anthropology in the United States Mexico Border Population*. Pan American Health Organization. Washington, DC. Scientific Publication No. 359
- Wagner F. *Remedios Caseros con Plantas Medicinales*. D.F. Medicina, Mexico. Hermanos, S.A.
- Weclew RV. 1975. The nature, prevalence and levels of awareness of "Curanderismo" and some of its implications for community mental health. *Comm Ment Health J* 11:145-154
- Weller SC, Pachter LM, Trotter RT II, Baer RM. 1993. Empacho in four latino groups: a study of intra- and inter-cultural variation in beliefs. *Med Anthropol* 15(2): 109-136