

30

CHAPTER



LATIN AMERICAN CURANDERISMO

ROBERT T. TROTTER II

HISTORY

Curanderismo, from the Spanish verb *curar* (to heal), is a broad healing tradition found in Mexican American communities throughout the United States. It has many historical roots in 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, curanderismo 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.

Seven historical roots are 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 in wide use at that time.

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 at someone). Homeopathic remedies for common health conditions such as earaches, constipation, anemia, cuts and bruises, and burns were brought from Europe to the New World to be passed down to the

present time within curanderismo. There also is significant sharing of beliefs with Aztec and other Native American cultural traditions in Mexico. Some of the folk illnesses treated in pre-Columbian times, such as a fallen fontanelle (*caida de la mollera*) and perhaps the blockage of the intestines (*empacho*) are parts of this tradition. The pharmacopeia of the New World also is important in curanderismo (and added significantly to the plants available for treatment of diseases in Europe from the 1600s to the present). Some healers (*curanderos*) keep track of developments in parapsychology and New Age spirituality, as well as acupuncture and Eastern healing traditions, and have incorporated these global perspectives into their own practices.

Finally, curanderismo is clearly a deeply rooted traditional healing system, but it also actively exists within the modern world. Biomedical beliefs, treatments, and practices are very much a part of curanderismo and are supported by curanderos. On the border between the United States and Mexico, it is not unusual for healers to recommend the use of prescription medications (which can often be purchased in Mexico over the counter) for infections and other illnesses. These healers also use information obtained from television and other sources to provide the best advice on preventive efforts such as nutrition and exercise and on explanations for biomedical illnesses.

Individual healers vary 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 chapter 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 U.S.-Mexican border, and from Mexican American communities in Colorado, Nebraska, Chicago, and Florida. Multiple research environments, both rural and urban, have affected the practice of curanderismo. Alger (1974) described one possible outcome of urbanized curanderismo, in which the folk healing system mimics the modern medical system, but this mimicry does not exist to any significant extent in southern Texas,

where both curanderos and their patients 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 use 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 use 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 on 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 with herbal remedies. A parallel supernatural source of illness also is recognized by this healing tradition. These illnesses are not considered amenable to treat-

ment 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 10% of patients in mental institutions were really *embrujados* (hexed or bewitched), and because physicians could not recognize this condition, it went untreated. This curandero was willing to test his theory scientifically in any way that the mental health professionals set up as a research project. However, the mental health professionals were not willing to allow the tests to be conducted because of their attitudes toward curanderismo. In this case, it appeared to the anthropologists that the curanderos had a stronger belief and trust in science, even when it was directed at the supernatural, than the physicians and other health professionals.

Supernaturally induced illnesses are most often 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, they believe 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 much less dichotomizing of physical and social problems within curanderismo than within the medical care system (Holland, 1963; Kiev, 1968).

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 include marital disruptions, alcoholism or alcohol abuse, infidelity, supernatural manifestations, cancer, diabetes, and infertility. One healer distinguishes between the problems presented by women and men. 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 almost 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 and Ludwig, 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; Madsen, 1965; Romano, 1964; Rubel, 1966). 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 humans, just like the ability to sing, run, or talk. Almost any person 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 (Currier, 1966; Foster, 1953; Ingham, 1940). This belief system is not common in southern Texas (Madsen, 1961), where the only indications of a hot-cold syndrome found among 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 was organized systematically or shared extensively 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.

I
Tl
cu
tic
lev
an
ha
is
or
ica
na
th
en
ser
(pt
ers
wii
pr
use
thi

cu
An
mo
un
nes
inc
wit
cab
ing
ula
wit
fixe
The
and

ing
gro
wor
and
of
mal
foll
voic
kno
the

ence
wor

THEORETICAL BASIS

The community-based theoretical 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 theoretical area can be subdivided into physical and supernatural manipulations. Physical treatments are those that do not require supernatural intervention to ensure 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 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*, *caida 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 shamanistic healing rituals around the world (Macklin, 1967, 1974a, 1974b, 1974c; Macklin and 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, and allowing spirits the use of the body to communicate with this world.

The mental level (*nivel mental*) is the least often encountered of the three levels. One healer described working with the mental level as the ability to trans-

mit, 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. 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 dealt with successfully using each level. An example of this is serious alcohol abuse (Trotter, 1979; Trotter and Chavira, 1978). 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. Therefore, 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 patient's health status. 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 this ritual a person is "swept" from head to foot with an object that is thought to be able either to remove bad vibrations (*vibraciones malos*) or to give positive energy (*vibraciones positivas*) to the patient. The type of object used (e.g., egg, lemon, garlic, crucifix, 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 used for both diagnosis and healing is the previously mentioned *corrientes espirituales*. The mental level is almost 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 use common herbs, fruits, nuts, flowers, animals and animal products (chickens, doves, and eggs), and spices. Religious symbols, such as the crucifix, pictures of saints, incense, candles, holy water, oils, and sweet fragrances, are widely used, as are secular items, such as cards, alum, and ribbons. The curandero allows the 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 perform proper self-care, and infection. Curanderos at the material level use 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 williams* Lem.), sedatives (*flor de tila*, *Talia 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* species) 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*, *Oregenum 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 Spanish-language books for Mexico 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. For curanderos to be genuine, even at the material level, an element of mysticism must be involved in their practice. Herbs are typically used for their spiritual or supernatural properties. Spiritual cleansings (*barridas*) often are given with *ruda* (*Ruta graveolens* L.), *romero* (rosemary, *Rosmarinus officianalis* 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 in the following section.

Supernaturally Caused Illnesses and Ritual Cures

Supernatural illnesses, which occur when supernatural negative forces damage a person's health, sometimes can be confused with natural illnesses. One healer stated that these supernatural illnesses may

manifest
migraine
to be hex
enemy. S
son's me
ment. Pl
The cura
personal
chologic
ing desc
these ele

This
depar
day af
brush
This a
ily an
ing th
man
him:
Mexic
for se
were
ens. T
some
from
more
at hin

Also
rally cau
treated
an exam

My b
Wesla
other
years.
to be
know
other
was s
and v
see th
just v
a len
him
black
away,

Rituals
Curand
ral cure

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 usually deals with social disruption, personality complexes, and sometimes, 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.

Also, a number of illnesses are both supernaturally caused and of a supernatural nature and 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 common

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 making 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 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 performed by treating hot coals with an appropriate incense. The curandero may prepare his or her own incense or 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 7 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 (*salciones*), marital disruptions, illness, or disharmony. For business and farms, incensing helps ensure 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 often 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 I observed required four ribbons in red, green, white, and black, each approximately 1 yard in length. The color of each ribbon represents a type of magic, which the curanderos can activate to deal with specific 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 the appropriate color naturally or that have been made that color artificially. The color-based division of magic also is car-

ried 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 reveal the cause and extent of the patient's problems. Similarly, if a petitioner asks for candling, the wax of the candles burned for the *velacione* 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 Martin de Porres is asked to relieve poverty, San Martin Caballero to ensure success in business, San Judas Tadeo to help in impossible

situations
household
as water,
used by fi
gious obje
cacy close
healing m
patible wi
derismo p

The Sp Espiritu

Curander
ritual leve
numerous
These pra
mental pe
matic. Sp
around a
another p
making c
Healers b
existence
curandero
in other
which me
ried out b
occur in
espiritistas
other inc
often wo
Niño Fi
Pedrito
1974a, 19
ist center
been rep
doing re
(Clark, 19

The j
cept," a
derived
thought
personal
to exist a
arate fro
tant no
religions
cultures.

situations, and Santa Marta 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, whereas other activities occur in conjunction with spiritual centers (*centros espiritistas*) that are staffed by trance mediums and other individuals with occult abilities. These centers often work through two prominent folk saints: El Niño Fidencio from Northern Mexico and Don Pedrito Jaramillo from southern Texas (Macklin, 1974a, 1974b, 1974c). This trend in visiting spiritualist centers appears to be relatively recent, not having been reported during the 1950s and 1960s by those doing research on Mexican American folk medicine (Clark, 1959; Madsen, 1964; Rubel, 1960, 1966).

The practice of spiritualism rests on "soul concept," a belief in the existence of spirit entities derived from once-living humans. The soul is thought to be the immortal component, the life and personality force of humans, 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 alternatively described by curanderos as a force field, ectoplasm, concentrated vibrations, or 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 humans, they exist more often in the spiritual realm previously mentioned. Some people view this realm as having various divisions that have positive or negative connotations associated with them (e.g., heaven, limbo, purgatory, 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 "spirits" (*espíritos*) and "souls" (*almas*) are the same thing. These spirits' activities closely parallel their former activities in this world. Because 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, and wise spirits and fools.

These spirits might communicate with or act on the physical plane. Some have left tasks undone in their physical lives that they want to complete; others want to help or cause harm; and many want to communicate messages to friends and relatives, telling them of their happiness or discontent with their new existence. Therefore, curanderos with the ability to work on the spiritual realm 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*, whereas 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 cerebrs represent a danger for anyone who wants to become a medium. Only rare individuals demonstrate mediumistic potential spontaneously and can practice as mediums without further training. Therefore, curanderos often test their patients 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 2 months to more than 6 months 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 the apprentice more and more experiences in controlled trances and possessions, as well as the knowledge necessary to develop and protect the apprentice 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 the environment. The apprentice must expect to encounter odd sensations, such as bright lights, 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 leaves. 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 several options are available to them. Some mediums work alone and treat only family problems (Box 30-1); 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 believe 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 (e.g., Fidencio, Francisco Rojas, Don Pedrito Jaramillo). The spiritual centers and the activities surrounding them take on the major aspects of a formalized religion.

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 development of these centers is described elsewhere

(Trotter and Chavira, 1975a). Once a temple has been established, it may house from 1 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 about 30 years ago, after discovering her ability to cure. She was granted permission to practice by a spiritual association. The following 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. 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.

Cu

The
thei
thei
ices
sim
reci
the
occ
new
the
cur
tho

Curandero:

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 20s who was one of her patients; 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 8 by 10 feet. She has an altar with saints and candles 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?

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 that 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.

These spiritual centers vary according to their size, their owners, and the spirits who are associated with them, but 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 southern Texas, a spirit repeatedly presented himself over the course of several weeks to treat several patients. One of these patients was a man with 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 2 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 had 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 (*btujeria*), 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 physician prescribed a mild sedative, which she had taken for 3 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.

Several aspects of the spiritual level have not been covered in this brief description but are described in more detail elsewhere (Trotter, 1975). These aspects 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 proved to be the most difficult task in exploring all the aspects of curanderismo. The mental level has the fewest rituals and the least outward complex behavior associated with it. 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 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
heale
aroun
diagr
They
or sh
learn
other
paraf
T
vidua
rathe
to thi
ified
const
work

The

The t
disea
folk
deter
deros
holis
the i
exten
envir
Chris
(canc
(ritua
and t
the n
that i
inter
deriv
that
heali
from
phys:

A
varia
expla
sona
abilit
retica
ator
unde
woul

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 on the basis of the color or shape of the patient's aura. Some state that they learned these practices from other healers, whereas 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 southern 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 among 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 in any area where Mexican Americans 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, 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 for the diagnosis of illnesses that eventually might necessitate a physician or hospital. On the other hand, some aspects of curanderismo require the use of special locations, preparations, and tools. This is especially true 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 most beneficial for the healing process, particularly in the case of supernatural problems and treatments (Trotter and Chavira, 1981).

RESEARCH AND EVALUATION APPROACHES

The research that is available on curanderismo is broad in interest and historical 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, whereas others have approached it from a sociopolitical or symbolic viewpoint. Some practices have not been studied at all. Therefore, although the efficacy of some parts of the system is clearly defined, other parts 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; Romano, 1965; Rubel, 1960, 1964, 1966). 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*, *caida de mollera*, *bilis*, and *espanto* (Nail and Speilberg, 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 and 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, whereas 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. Most of the authors used 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 uses the theoretical structure described in this chapter. These people can be viewed as both specialists and professionals. Several areas of curanderismo have received a considerable amount of research attention.

Hon

Herba
super:
Ameri
caseros
der al
dies h
activi
and L
bioche
strate
medic
small
lack o
projec
herbal
nities
graphi
1988;
Brown

Th
the us
cold, v
directl
dies, s
diuret
analge
antiba
vitami
antipa
effectiv
omme
therap
tices o
useful
icine.

Addi Epid

Of all
tional
researc
folk il
Mexica
quentl
frighte
traced

Home Remedies

Herbal and chemical treatments for both natural and supernatural illnesses are 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, 1981, 1983; Trotter and Logan, 1986). Overall, the remedies are not only biochemically active; more than 90% 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), by use of combined ethnographic and biomedical methods (Browner et al., 1988; Croom, 1983; Ortiz de Montellano and Browner, 1985; Trotter, 1985).

The exceptions to the general rule of efficacy are the use of remedies for illnesses such as the common cold, where the remedies relieve symptoms but do not directly treat the illness. The actions of these remedies, some of which are described earlier, include diuretics, treatments for constipation, abortifacients, analgesics, sedatives, stimulants, cough suppressants, antibacterial agents, coagulants and anticoagulants, vitamin and mineral supplements, and plants with antiparasitic actions. Most have proved 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 approaches for articulation with modern medicine.

Additional Information on 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 frequently 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 *caida de la mollera*, a condition of fallen fontanelle in infants. A number of others also are well defined, if not as commonly studied, but these four receive most of the research attention.

The epidemiology and the cognitive models of these illnesses have been well documented (Rubel, 1964; Trotter, 1982, 1985; Weller et al., 1993). These illnesses have been studied both singly and in combination (Baer et al., 1989; Logan and Morrill, 1979; Rubel et al., 1984; Weller et al., 1993), 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 (Collado-Ardon et al., 1983; Trotter, 1991; Trotter et al., 1989). In the case of *susto*, clear evidence indicates 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*, on investigation, is a folk medicine 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. Because 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, because the symptoms include irritability, lethargy, and crying, some connection may 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 (Kiev, 1968; Klineman, 1969; Torrey, 1969; Trotter, 1979; Velimirovic, 1978). The parallels are

clear, especially when healers concentrate on psychological conditions that they recognize from their knowledge of psychology and psychiatry. A number of successful collaborations have been conducted in this area 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 previously, 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 ensures 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, allopathic conditions are not the bulk of its use, and a few unexpected consequences have been discovered in treating *empacho* (Baer and Ackerman, 1988; Baer et al., 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 much more pervasive positive 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.

Acknowledgments

The initial phase of the research findings reported by the author was supported by a grant from the Regional Medical Program of Texas (RMPT Grant No. 75-108G). Further efforts at data collection were supported by the Texas Commission on Alcoholism, Pan American University, and the author himself.

References

- Alger N, editor: *The Curandero-Supremo*. In *Many answers*, New York, 1974. West Publishing.
- Arias HyF, Costas: *Plantas medicinales*, Biblioteca Practica, Mexico.
- Baer R, Ackerman A: Toxic Mexican folk remedies for the treatment of empacho: the case of azarcon, greta and albayalde, *Ethnopharmacology* 24:31-39, 1988.
- Baer R, Garcia de Alba DJ, Cueto LM, et al: Lead based remedies for empacho: patterns and consequences, *Soc Sci Med* 29(12):1373-1379, 1989.
- Browner CH, Ortiz de Montellano BR, Rubel AJ: A new methodology for ethnomedicine, *Curr Anthropol* 29(5):681-701, 1988.
- Buckland R: *Practical candle burning*, St Paul, Minn, 1970, Llewellyn Publications.
- Clark M: *Health in the Mexican American culture*, Berkeley, 1959a, University of California Press.
- Clark M: Social functions of Mexican-American medical beliefs, *Calif Health* 16:153-155, 1959b.
- Collado-Ardon R, Rubel AJ, O'Neill CW: A folk illness (susto) as indicator of real illness, *Lancet* 2:1362, 1983.
- Croom EM: Documenting and evaluating herbal remedies, *Econ Botany* 37(1):13-27, 1983.
- Currier RL: The hot-cold syndrome and symbolic balance in Mexican and Spanish American folk medicine, *Ethnology* 4:251-263, 1966.
- Edgerton RB, Karno M, Fernandez I: Curanderismo in the metropolis: the diminished role of folk psychiatry among Los Angeles Mexican-Americans, *Am J Psychiatry* 24:124-134, 1970.
- Etkin N, editor: *Plants used in indigenous medicine: biocultural approaches*, New York, 1986, Redgrave Publications.
- Foster GM: Relationships between Spanish and Spanish-American folk medicine, *J Am Folklore* 66:201-247, 1953.
- Galvin JAV, Ludwig AM: A case of witchcraft, *J Nerv Ment Dis*, 1961, pp 161-168.
- Graham JS: Mexican American herbal remedies: an evaluation, *Herbalgram* 31:34-35, 1994.
- Holland WR: Mexican-American medical beliefs: science or magic? *Arizona Med* 20:89-102, 1963.
- Hudson WM: The healer of Los Olmos and other Mexican lore, *Texas Folklore Soc* XXIV, 1951.
- Ingham IM: On Mexican folk medicine, *Am Anthropol* 42:76-87, 1940.
- Jaco EG: Social factors in mental disorders in Texas, *Soc Probl* 4(4):322-328, 1957.
- Kiev A: *Curanderismo: Mexican American folk psychiatry*, New York, 1968, Free Press.
- Klineman A: Some factors in the psychiatric treatment of Spanish-Americans, *Am J Psychiatry* 124:1674-1681, 1969.

Mackl
Ni
Es
Mackl
M
In
Mackl
M
Mackl
ali
Za
cor
Ur
Mackl
m
Madse
An
Madse
11
Madse
Va
He
Madse
19
Madse
So
Ne
Martir
Me
Nall F
res
JE
Ortiz c
me
13
Romar
An
Ca
Romar
sai
Rubel
mt
Rubel
Hi
Rubel
Au
Torrey
Psy
Torrey
Yo:
Trotter
the
Eth

- Macklin J: *El Niño Fidencio: un estudio del Curanderismo en Nuevo Leon*, 1967, Anuario Huminitas, Centro de Estudios Humanisticos, Universidad de Nuevo Leon.
- Macklin J: Santos folk, curanderismo y cullos espiritistas en Mexico: eleccion divina y seleccion social, *Anuario Indigenista* 34:195-214, 1974a.
- Macklin J: Folk saints, healers and spirit cults in northern Mexico, *Rev Interamericana* 3(141):351-367, 1974b.
- Macklin J: Belief, ritual and healing: New England spiritualism and Mexican American spiritism compared. In Zaretsky IT, Leone MP, editors: *Religious movements in contemporary America*, Princeton, NJ, 1974c, Princeton University Press.
- Macklin J, Crumrine NR: Three north Mexican folk saint movements, *Comp Studies Soc History* 15(1):89-105, 1973.
- Madsen C: A study of change in Mexican folk medicine, *Mid Am Res Inst* 25:93-134, 1965.
- Madsen W: Shamanism in Mexico, *Southwest J Anthropol* 11:48-57, 1955.
- Madsen W: Society and health in the Lower Rio Grande Valley, Austin, Texas, 1961, Foundation for Mental Health, Hogg.
- Madsen W: *The Mexican Americans of South Texas*, New York, 1964a, Holt, Rinehart & Winston.
- Madsen W: Value conflicts and folk psychotherapy in South Texas. In Kiev A, editor: *Magic, faith and healing*, New York, 1964b, Free Press, pp 420-440
- Martinez C, Martin HW: Folk diseases among urban Mexican-Americans, *JAMA* 196:161-164, 1966.
- Nall FC, Speilberg J: Social and cultural factors in the responses of Mexican-Americans to medical treatment, *J Health Soc Behav* 7(1):299-308, 1967.
- Ortiz de Montellano BR, Browner CH: Chemical basis for medicinal plant use in Oaxaca, Mexico, *J Ethnopharmacol* 13:57-88, 1985.
- Romano O: *Don Pedrito Jaramillo: the emergence of a Mexican-American folk saint*, Berkeley, 1964, University of California (PhD dissertation).
- Romano O: Charismatic medicine, folk-healing, and folk sainthood, *Am Anthropol* 67:1151-1173, 1965.
- Rubel AJ: Concepts of disease in a Mexican-American community in Texas, *Am Anthropol* 62:795-814, 1960.
- Rubel AJ: The epidemiology of a folk illness: Susto in Hispanic America, *Ethnology* 3:268-283, 1964.
- Rubel A: *Across the tracks: Mexican-Americans in a Texas City*, Austin, 1966, University of Texas Press.
- Torrey FE: The case for the indigenous therapist, *Arch Gen Psychiatry* 20(3):365-373, 1969.
- Torrey FE: *The mind game: witch doctors and psychiatrists*, New York, 1972, Bantam Books, Emerson Hall.
- Trotter RT II: Evidence of an ethnomedical form of aversion therapy on the United States-Mexico border, *J Ethnopharmacol* 1(3):279-284, 1979a.
- Trotter RT II: *Las yerbas de mi abuela (grandmother's tea)*, San Antonio, 1979b, Institute of Texas Cultures (slide series, filmstrip).
- Trotter RT II: *Don Pedrito Jaramillo*, San Antonio, 1981a, Institute of Texas Cultures (slide series, filmstrip).
- Trotter RT II: Folk remedies as indicators of common illnesses, *J Ethnopharmacol* 4(2):207-221, 1981b.
- Trotter RT II: Remedios caseros: Mexican American home remedies and community health problems, *Soc Sci Med* 15B:107-114, 1981c.
- Trotter RT II: Contrasting models of the healer's role: South Texas case examples, *Hispanic J Behav Sci* 4(3):315-327, 1982a.
- Trotter RT II: Susto: within the context of community morbidity patterns, *Ethnology* 21:215-226, 1982b.
- Trotter RT II: Azarcon and Greta: ethnomedical solution to an epidemiological mystery, *Med Anthropol Q* 14(3):3-18, 1983a.
- Trotter RT II: Community morbidity patterns and Mexican American folk illness: a comparative approach, *Med Anthropol* 7(1):33-44, 1983b.
- Trotter RT II: Ethnography and bioassay: combined methods for a preliminary screen of home remedies for potential pharmacologic activity, *J Ethnopharmacol* 8(1):113-119, 1983c.
- Trotter RT II: Greta and Azarcon: unusual sources of lead poisoning from Mexican American folk medicine, *Texas Rural Health J*, May-June, 1983d, pp 1-5.
- Trotter RT II: Letter to the editor: Greta and Azarcon: two sources of lead poisoning on the United States-Mexico border. *J Ethnopharmacol* 8(1):105-106, 1983e.
- Trotter RT II: Greta and Azarcon: a survey of episodic lead poisoning from a folk remedy, *Health Care Hum Organization* 44(1):64-71, 1985.
- Trotter RT II: A survey of four illnesses and their relationship to intracultural variation in a Mexican American community, *Am Anthropol* 93:115-125, 1991.
- Trotter RT II, Chavira JA: *The gift of healing: A monograph on Mexican American folk healing*, Edinburg, Texas, 1975a, Pan American University.
- Trotter RT II, Chavira JA: *Los Que Curan* (South Texas Curanderismo), 1975b (43-minute color 16-mm film).
- Trotter RT II, Chavira JA: Alcohol abuse, 1978.
- Trotter RT II, Chavira JA: *Curanderismo: Mexican American folk healing system*, Athens, 1981, University of Georgia Press.
- Trotter RT II, Logan M: Informant consensus: a new approach for identifying potentially effective medicinal plants. In Etkin N, editor: *Plants used in indigenous medicine: biocultural approaches*, 1986, Redgrave Publications, pp 91-112.
- Trotter RT II, Ortiz de Montellano B, Logan M: Fallen fontanelle in the American Southwest: its origin, epi-

- demiology, and possible organic causes, *Med Anthropol* 10(4):201-217, 1989.
- Velimirovic B, editor: Modern medicine and medical anthropology in the United States-Mexico border population, Scientific Publication No 359, Washington, DC, 1978, Pan American Health Organization.
- Wagner F: *Remedios caseros con plantas medicinales*, Hermanos, SA, DF Medicina, Mexico.
- Weller SC, Pachter LM, Trotter RT II, Baer RM: Empacho in four Latino groups: a study of intra- and inter-cultural variation in beliefs, *Med Anthropol* 15(2):109-136, 1993.
- ### Suggested Readings
- Baca J: Some health beliefs of the Spanish speaking, *Am J Nurs* 69:2171-2176, 1969.
- Bard CL: Medicine and surgery among the first Californians, *Touring Topics*, 1930.
- Bourke IH: Popular medicine customs and superstitions of the Rio Grande, *J Am Folklore* 7:119-146, 1894.
- Capo N: *Mis observaciones clinicas sobre el limon, el ajo, y la cebolla*, Ediciones Natura.
- Cartou LSM: Healing herbs of the Upper Rio Grande, Santa Fe, 1947, Laboratory of Anthropology.
- Chavez LR: Doctors, curanderos and brujos: health care delivery and Mexican immigration in San Diego, *Med Anthropol Q* 15(2):31-36, 1984.
- Comas J: Influencia indigena en la Medicina Hipocratica, en la Nueva Espana del Siglo XVI, *America Indigena* XIV(4):327-361, 1954.
- Creson DL, McKinley C, Evans R: Folk medicine in Mexican American subculture, *Dis Nerv Syst* 30:264-266, 1969.
- Davis J: Witchcraft and superstitions of Torrance County, *NM Histor Rev* 54:53-58, 1979.
- Dodson R: Folk curing among the Mexicans. In *Toll the bell easy*, Texas Folklore Society, 1932, Southern Methodist University Press.
- Esteyneffer J de SJ: 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, Mexico, 1711, Misioneros de la Compania de Jesus.
- Esteyneffer J de SJ: Florilegio medicinal o oreve epidomede las medicinas y cirujia: la primera obra sobre esta ciencia impresa en Mexico en 1713, Mexico, 1887.
- Fabrega H Jr: On the specificity of folk illness, *Southwest J Anthropol* 26:305-315, 1970.
- Farfan A: *Tractado breve de medicina: obra impresa en Mexico por Pedro Orcharte en 1592 y ahora editada en facimil*, Coleccion le Incinables Americanos, vol X, Madrid, 1944, Ediciones Cultura Hispanica.
- Gillin J: Witch doctor? A hexing case of dermatitis, *Cutis* 19(1):103-105, 1977.
- Gobeil O: El susto: a descriptive analysis, *Int J Soc Psychiatry* 19:38-43, 1973.
- Gudeman S: Saints, symbols and ceremonies, *Am Ethnol* 3(4):709-730, 1976.
- Guerra Fmonardes: Diologo de Hierro. Compania Fundido de Fierro y Acero de Monterrey, SA, Mexico. Los Cronistas-Hispanoamericanos de la Materia Medicina Colonial al Professor Dr Teofilo Hernando por sus amigos y in Homenaje o discipulos, SA, Madrid, 1961, Libreria y Casa Editorial Hernando.
- Hamburger S: Profile of Curanderos: a study of Mexican folk practitioners, *Int J Soc Psychiatry* 24:19-25, 1978.
- Jaco EG: Mental health of the Spanish-American in Texas. In Upler MK, editor: *Culture and mental health*, New York, 1959, Macmillan.
- Johnson CA: Nursing and Mexican-American folk medicine, *Nurs Forum* 4:100-112, 1964.
- Karno M: The enigma of ethnicity in a psychiatric clinic. A paper presented at the Southwestern Anthropological Association Annual Meeting, UCLA, April 16, 1965.
- Karno M: Mental health roles of physicians in a Mexican-American community, *Community Ment Health J* 5(1), 1969.
- Karno M, Edgerton RB: Perception of mental illness in a Mexican-American community, *Arch Gen Psychiatry* 20:233-238, 1969.
- Kay M: Health and illness in the barrio: women's point of view, Tucson, 1972, University of Arizona (PhD dissertation).
- Kay M: The fusion of Utoaztecan and European ethnogenecology in the florilegio medicinal. Paper presented at Medical Anthropology Symposium, XLI International Congress of Americanists, Mexico City, Mexico, 1974a.
- Kay M: Florilegio medicinal: source of southwestern ethnomedicine. Paper presented at Society for Applied Anthropology, Boston, 1978; Parallel, Alternative, or Collaborative: Curanderismo in Tucson. In Velimirovic B, editor: *Modern medicine and medical anthropology in the United States-Mexico border population*, Scientific Publication No 359, Washington, DC, 1974b, Pan American Health Organization.
- Klein J: Susto: the anthropological study of diseases of adaptation, *Soc Sci Med* 12:23-28, 1978.
- Kleinman A: Culture, illness, and care: clinical lessons from anthropological cross-cultural research, *Ann Intern Med* 88:251-258, 1978.
- Kreisman JJ: Curandero's apprentice: a therapeutic integration of folk and medical healing, *Am J Psychol* 132:81-83, 1975.
- Langner TS: *Psychophysiological symptoms and the status of women in two Mexican communities: approaches to cross-cul-*

tu:
Pr
Mackl
M
19
Mads
ac
Madu
ct
Marc
w
1
Mari
a
F
Mart
s
U
Mon
/
Mor:
Mou
Part
Pati
Pre:
Pre
Ro:
Ro:
Ru
Ru

- tural psychiatry*, Ithaca, NY, 1965, Cornell University Press, pp 360-392.
- Macklin J: Current research projects: Curanderismo among Mexicans and Mexican-Americans, New London, Conn, 1965, Connecticut College.
- Madsen N: Anxiety and witchcraft in Mexican-American acculturation, *Anthropol Q*, 1966, pp 110-127.
- Maduro R: Curanderismo and Latino views of disease and curing, *West J Med* 139:868-874, 1983.
- Marcos LR, Alpert M: Strategies and risks in psychotherapy with bilingual patients, *Am J Psychiatry* 113(11):1275-1278, 1976.
- Marin BV, Marin G, Padilla AM: Utilization of traditional and nontraditional sources of health care among Hispanics, *Hispanic J Behav Sci* 5(1):65-80, 1983.
- Martinez C Jr, Alegria D, Guerra E: El Hospital Invisible: a study of Curanderos, Department of Psychiatry, University of Texas Health Science Center at San Antonio.
- Montiel M: The social science myth of the Mexican-American family, *El Grito* 3:111, 1970.
- Morales A: Mental health and public health issues: the case of the Mexican Americans in Los Angeles, *El Grito* 3:111(2), 1970.
- Moustafa A, Weiss G: *Health status and practices of Mexican-Americans*, Berkeley, 1968, University of California Graduate School of Business.
- Moya B. Superstitions and beliefs among the Spanish-speaking people of New Mexico, Albuquerque, 1940, University of New Mexico (master's thesis).
- Padilla AM: *Latino mental health: bibliography and abstracts*, Washington, DC, 1973, US Government Printing Office.
- Paredes A: *Folk medicine and the intercultural jest in Spanish-speaking people in the U.S.*, Seattle, 1968, University of Washington Press, pp 104-119.
- Pattison M: Faith healing: a study of personality and function, *J Nerv Ment Dis* 157:397-409, 1973.
- Press I: The urban Curandero, *Am Anthropol* 73:741-756, 1971.
- Press I: Urban folk medicine, *Am Anthropol* 78(1):71-84, 1978.
- Romano O: Donship in a Mexican-American community in Texas, *Am Anthropol* 62:966-976, 1960.
- Romano O: The anthropology and sociology of the Mexican-American history, *El Grito* 2, 1969.
- Rubel AJ: Ethnomedicine. In Johnson TM, Sargent CF, editors: *Medical anthropology: contemporary theory and methods*, New York, 1990, Praeger, pp 120-122.
- Rubel AJ, O'Neil CW: Difficulties of presenting complaints to physicians: Susto illness as an example. In Velimirovic B, editor: *Modern medicine and medical anthropology in the United States-Mexico border population*, Scientific Publication No 359, Washington, DC, 1978, Pan American Health Organization.
- Ruiz P, Langrod J: Psychiatry and folk healing: a dichotomy? *Am J Psychiatry* 133:95-97, 1976.
- Samora J: Conceptions of disease among Spanish Americans, *Am Cath Soc Rev* 22:314-323, 1961.
- Sanchez A: *Cultural differences and medical care: the case of the Spanish-speaking people of the Southwest*, New York, 1954, Russell Sage Foundation.
- Sanchez A: The defined and the definers: a mental health issue, *El Sol* 4:10-32, 1971.
- Saunders L, Hewes GW: Folk medicine and medical practice, *J Med Educ* 28:43-46, 1953.
- Smithers WD: Nature's pharmacy and the Curanderos, Alpine, Texas, 1961, Sul Ross State College Bulletin.
- Snow LF: Folk medical beliefs and their implications for care of patients, *Ann Intern Med* 81:82-96, 1974.
- Speilberg J: Social and cultural configurations and medical cure: a study of Mexican-American's response to proposed hospitalization for the treatment of tuberculosis, 1959, University of Texas (master's dissertation).
- Trotter RT II: A case of lead poisoning from folk remedies in Mexican American communities. In Fiske S, Wulff R, editors: *Anthropological Praxis*, Boulder, Colo, 1978a, Westview Press.
- Trotter RT II: Discovering new models for alcohol counseling in minority groups. In Velimirovic B, editor: *Modern medicine and medical anthropology in the United States-Mexico border population*, Scientific Publication No 359, Washington, DC, 1978b, Pan American Health Organization, pp 164-171.
- Trotter RT II: Folk medicines and drug interactions, *Migrant Health Newslines* 3(171):3-5, 1986.
- Trotter RT II: Folk medicine in the Southwest: myths and medical facts, *Postgrad Med* 78(8):167-179, 1986.
- Trotter RT II: Caida de mollera: a newborn and early infancy health risk, *Migrant Health Newslines*, 1988.
- Trotter RT II: The cultural parameters of lead poisoning: a medical anthropologist's view of intervention in environmental lead exposure, *Environ Health Perspect* 89:79-84, 1990.
- Trotter RT II, Chavira JA: Curanderismo: an emic theoretical perspective of Mexican American folk medicine, *Med Anthropol* 4(4):423-487, 1980.
- Unknown Jesuit: *Rudo Ensayo*, Tucson, 1951, Arizona Silhouettes Publication (Original 1763 by J Nentuig).
- Uzzell D: Susto Revisited: illness as a strategic role, *Am Ethmol* 1(2):369-378, 1974.
- Weclew RV: The nature, prevalence and levels of awareness of "Curanderismo" and some of its implications for community mental health, *Community Ment Health J* 11:145-154, 1975.