A review of curanderismo and healing practices among Mexicans and Mexican Americans

MARITZA MONTIEL TAFUR, Deppa Therapy Services, Albuquerque, NM, USA
TERRY K. CROWE, Division of Occupational Therapy, Department of Pediatrics, School of Medicine, University of New Mexico, NM, USA
ELISEO TORRES, Office of the Vice President for Student Affairs, University of New Mexico, Albuquerque, NM, USA

ABSTRACT: Occupational therapists working with Mexican and Mexican American populations may encounter traditional healing practices associated with curanderismo within a variety of practice settings. Curanderismo is a term referring to the practice of traditional healing in Latin American (Hispanic) cultures. This article reviews from the literature the different types of traditional healers (curanderos/as), the remedies recommended by traditional healers and common traditional illnesses treated. Traditional healing practices among Mexican and Mexican Americans may be as high as 50–75% in some parts of the United States. Further research is needed to investigate the effectiveness of curanderismo and its impact on quality of life, activities of daily living and overall social participation. Copyright © 2009 John Wiley & Sons, Ltd.

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Introduction

Curanderismo is a term referring to the Spanish word curar, meaning ‘to heal’, and is used to describe the practice of traditional healing in Latin American (Hispanic) cultures (Trotter and Chavira, 1997). Remedies, healers and rituals generally found in the health and healing practices of many Mexican and Mexican Americans are presented to help occupational therapists to understand curanderismo and to develop increased cultural sensitivity.

The health status of Hispanic populations living in the United States is below that of non-Hispanic Whites. For example, data suggest that Hispanics
are 1.5 times more likely to suffer from diabetes and have an increased prevalence for cardiovascular risk factors, such as a sedentary lifestyle and obesity, than non-Hispanic Whites (Priá, 2003; Aranda and Vázquez, 2004; National Diabetes Information Clearinghouse, 2004; Office of Minority Health, 2009). According to the Center for Disease Control and Prevention (2008), HIV is a serious health concern among Hispanics, and in 2005, it was the fourth leading cause of death among men and women age 35–44. In addition to these health concerns, Hispanics tend to use public healthcare facilities less often than non-Hispanic Whites and other minority populations (DeNavas-Wait et al., 2007). In the year 2006, 32.7% of Hispanics had no healthcare coverage for one or more years, compared with 14.5% of non-Hispanic Whites and 19.4% of African American in the United States (DeNavas-Wait et al., 2007). Theories of why Hispanic people are underrepresented in healthcare are related to: poor physician–patient communication, lack of citizenship, low socio-economic status, low educational level, social isolation, poor language comprehension and cultural barriers (Fishman et al., 1993; Aranda and Vázquez, 2004).

Studies conducted in west Texas have found that more than 75% of Mexican Americans use complementary or alternative therapies to treat their illnesses and suggest that Mexicans and Mexican Americans use traditional remedies because they prefer them to allopathic healthcare and integrate traditional remedies into their daily self-care routines (Bushy, 1992; Eisenberg et al., 1998; Rivera et al., 2002).

While many Mexicans and Mexican Americans incorporate traditional medicine into their healthcare practices, few share this information with their physicians and other healthcare providers. A recent study concluded that 69% of Mexican Americans do not report the use of herbal remedies to their physicians (Rivera et al., 2002). Several theories suggest that this lack of communication exists because of language barriers, people’s fear of being reproached by their physicians/health providers and health providers’ reluctance to believe in folk remedies to treat and cure illnesses (Gómez-Beloz and Chávez, 2001; Poss et al., 2003).

El curandero, la curandera

Historically, healers in ancient Mexico played an important role in society and were held to many of the same standards of practice as modern-day healthcare professionals (León-Portilla, 1963; Kiev, 1968). Although the education of the healer is important and many curanderos (male) and curanderas (female) become healers after long apprenticeships, greater emphasis is put on the person’s innate talent to heal others (Torres and Sawyer, 2005). This talent cannot be learned and is typically referred to as a spiritual calling, or el don, a gift (Estrada, 1981; Maduro, 1983; Torres and Sawyer, 2005). At the core of curanderismo is spirituality and the maintaining of harmony and balance with nature (Trotter and Chavira, 1997; Avila, 1999; Santana and Santana, 2001). A trait among
Curanderos is the belief that healing is a gift from a higher power, and it is common for healers to rely on religious paraphernalia such as pictures of saints, crosses and holy water to assist in the healing process (Kiev, 1968). Altars are commonly placed in the home to attract attention to the sacred, and many go to these altars and ask assistance in the healing process (Kiev, 1968; Avila, 1999).

Curanderolas have specialties of practice (Avila, 1999; Torres and Sawyer, 2005). For example, Yerberos/as are herbalists that specialize in botanical remedies, Parteras are midwives, Sobadoros/as specialize in massage, Espiritualistas/os are psychic mediums; and Señor/s read tarot cards. Many curanderolas have multiple areas of specialty, and they usually work on many realms including the physical, mental, emotional and spiritual in order to diagnose and cure illness (Avila, 1999).

Many curanderolas do not charge for their services, but accept offerings in exchange for their services and may refuse payment from the very poor, while other curanderolas, living in urban or border communities, charge a fee for their services (Torres and Sawyer, 2005).

In some states in Mexico, up to 40% of births are attended to by a partera, or traditional midwife, and this number may be higher for those people who live in remote villages outside the cities (Castañeda Camey et al., 1991). Traditional healers are an important resource in many Mexican rural communities, and people often choose this type of healthcare over Western medicine because it is delivered in a culturally appropriate way (Castañeda Camey et al., 1996; Alonso and Meriyo-Azpiri, 2004). It was found that out of a sample size of 3625 Mexican Americans living in the southwestern United States over 18 years, only 4.2% reported going to a curanderola within the last 12 months (Higginbotham et al., 1990). According to Roeder (1988), Mexicans and Mexican Americans are integrating traditional beliefs and practices, such as the use of herbs, into their health routines, and the main way of transmitting this knowledge is not through consulting a curandero/a, but by communicating with family members and friends.

Remedies, los remedios

Remedies or interventions recommended by healers vary significantly including special diets. Within the context of hot and cold properties of foods, people are encouraged to eat foods that are hot or cold in essence, not in temperature, in order to maintain equilibrium in the body and regulate the amount of heat or cold (Avila, 1999). An imbalance is believed to be caused by anything from physical or emotional fatigue, an imbalanced relationship with another person, or experiencing an abrupt change of temperature, such as going outside with wet hair or walking barefoot on a cold floor (Roeder, 1988; Avila, 1999; López, 2005). Additional activities considered ‘cooling’ include menstruation, childbirth, surgical operations and exposure to cold air and substances.
Activities considered ‘heating’ include digestion, pregnancy and exposure to heat (Foster, 1994). Eating foods that are considered ‘cold’ neutralizes excess ‘heat’, while consuming ‘hot’ foods neutralizes excess ‘cold’ (Maduro, 1983; Torres and Sawyer, 2005). Drinking cold water, for example, is thought to harm someone in a highly emotional state and cause the body to produce excess heat to counteract the cold (Young, 1981). Herbal remedies are commonly administered to cure ailments that are hot or cold in nature, and many herbs and foods are classified into hot and cold classifications (Roeder, 1988).

Teas are prepared by steeping leaves, stems or flowers in hot water; herbs are infused into solid oils to make salves and ointments; tinctures are prepared by steeping plants in alcohol to extract their healing properties, which are then cooked with sugar and water to make syrup; plant derivatives are diluted in oils for massage; and capsules are filled with powdered herbs (Mabey, 1988; Davidow, 1999). Herbs are used to treat a variety of ailments including stomach and intestinal problems, sore muscles, burns, weight loss, cough, acne and bad breath, to more serious diseases such as arthritis, cancer, HIV and diabetes (Davidow, 1999; Gómez-Beloz and Chávez, 2001; Poss et al., 2003; Owens and Dirksen, 2004; Torres and Sawyer, 2005).

While some people prepare these herbs themselves, others find these products already prepared at their local botánica or herbal market (Gómez-Beloz and Chávez, 2001). Herbs and plants are also part of a traditional daily diet and are used in Mexican cooking. Simple spices, herbs, fruits and vegetables, such as tomatoes, papaya, onions, potatoes, garlic, cilantro, chocolate, rosemary, mint, cumin, oregano, cinnamon and chamomile, are all believed to have medicinal properties and are part of a nutritious diet (Torres and Sawyer, 2005). Although many herbal remedies are safe, healthcare professionals should be aware of incidences where herbal remedies have been known to have serious side effects or interactions with prescriptive medicines (Ball et al., 2005; Simpkins et al., 2005).

Amulets that can be worn on bracelets and necklaces, pictures and statues of saints, candles, holy oils, incense, perfumes and sprays are all remedies, also sold at the botánica or herbal market (Gómez-Beloz and Chávez, 2001). Amulets are believed to symbolically protect people from outside negative influences and serve as reflectors of undesired energies (Avila, 1999). Occupational therapists should recognize the importance amulets play in a person’s daily dressing routine. For example, it is a belief among some Mexicans that wearing a metal amulet, such as a safety pin, on the inside of an undergarment protects a pregnant mother against a lunar eclipse whose shadow is said to cause birth defects (Torres and Sawyer, 2005). Jewellery can have religious or spiritual meaning such as amulets portraying the Sacred Heart of Jesus or the Virgin of Guadalupe. Occupational therapists should take care in addressing both the spiritual and physical needs of clients during their daily dressing routines and assess the importance of wearing important symbolic items.
Common traditional illnesses

Five common traditional diagnoses (caída de mollera, susto, empacho, mal ojo and envidia) are used by Mexican healers.

Caída de mollera: This is a term that refers to the fallen fontanel of an infant's head located where the coronal and sagittal sutures meet on the superior portion of the head and is used to describe a sunken soft spot on the baby's head as the result of inefficient suckling, falling from a high surface or because the nipple was quickly pulled, rather than gently removed from the infant's mouth (Keiv, 1968; Kay, 1993). Symptoms include colic, crying, diarrhoea, vomiting and fever.

Susto: This term, which means ‘scared’ in Spanish, is used to describe an illness that results in soul loss. It is believed that this condition may result in mental illness and is based on the belief that the soul has left the body because an event was so traumatic that the soul does not feel safe and is scared to return to the physical body.

Empacho: This term refers to an intestinal blockage and is believed to be caused by eating something that you do not want to eat, eating spoiled food, eating too much, food getting stuck in the stomach or swallowing gum (Weller et al., 1993). Symptoms include stomachache, bloated stomach, loss of appetite, a hard stomach, nausea and stomach cramps (Weller et al., 1993).

Mal ojo (also called Mal de Ojo): This term is translated as an ‘illness caused by staring’, although, it has commonly been referred to as the ‘evil eye’ (Avila, 1999). This illness is believed to mainly affect babies and is felt to be a result of adults smiling or paying too much attention to a child.

Envidia: Envidia is translated as an illness caused by envy or intense jealousy, and is an illness in which a person who is envied or is envious of another becomes ill (Avila, 1999). Like mal ojo, the bad intent must be neutralized by physically touching the person who is envious or envied (López, 2005).

Application to occupational therapy

Although curanderismo greatly contrasts with Western allopathic medicine in its view of health, illness and treatment, the occupational therapist needs to be sensitive to the cultural needs of the Mexican American who may be using a traditional healer alongside of conventional treatment (Marsh and Hentges, 1988). The success of the occupational therapist and the curandero/a rests on establishing a relationship with the person, valuing the family culture and focusing on the person's physical, psychological and spiritual needs (Odawara, 2005).

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Address correspondence to Maritza Montiel Tafur MOTR, L., 2605 19th Street NW, Albuquerque, NM 87104, USA (E-mail: maritzatafur@msn.com).