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Herbal Healing and Folk Remedies: A Comparison of Practices, Beliefs, and Attitudes
within Hispanic Communities in Adams County, Pennsylvania and Monte Carmelo,
Venezuela

As I hiked up the steep, slippery mountainside and through the dense, verdant foliage, enveloped in the thick mist of a Venezuelan cloud forest, I paused as *Morocho*, a native of Monte Carmelo and guide for the day, pointed out a berry whose purple liquid has served as a natural watercolor and dye since indigenous times (see figures 1 and 2). *Morocho*, formally known as Juan José Escalona, has dedicated his life to the ethnography of the local region, Sanare, evident through his extensive knowledge on everything from plant names and mountain trails to literature and oral traditions. That day, as I imbibed copious amounts of information on the medicinal properties of native Venezuelan flora, trying to distinguish between the subtleties that made one green leaf poisonous and another edible, I contemplated why the number of people in Monte Carmelo who actually practiced herbal medicine and traditional remedies was diminishing when these resources were so readily available. The answer lay back in town where community members sought out the free medical care and prescription drugs in the *Ambulatorio*, a free clinic inaugurated during Chávez's presidency and run by Cuban doctors. Purchasing teas and tinctures made from herbal remedies no longer proved sustainable when compared with the no-cost chemical alternative. As few members of the

younger generation exhibited interest in sustaining the folk remedies, passed orally from one generation to the next, opting for the modern medicine alternative, the traditions and heritage stored in the cloud forest foliage began to fade into the mist, forgotten.

Back in Adams County, Pennsylvania, the landscape, a stark contrast from the rain forest-like vistas of Monte Carmelo, reveals uniform lines of apple trees neatly laid out over rolling hills. Undocumented migrant workers, primarily Mexican, return year after year for a short six-week stint in the abundant apple harvest. The hard physical labor leads to frequent medical problems, problems left untreated due to a lack of health care and fear of chemical-based medicine with labels and instructions in a foreign language. With limited access to free health care programs, many rely on the traditional medicine taught to them by mothers and grandmothers; some even request the herbs and medicinal plants by mail-order from Mexico, their health problems assuaged by the familiarity of a tea or salve commonly used during their childhood. The unaffordable clinic examinations and emergency room visits force this Hispanic community to sustain the cultural practices of their homeland and preserve folkloric tradition.

The gradual loss of medicinal plant practices in Monte Carmelo and retention of folkloric remedies in Adams County, both fueled by economic motives, present an opportunity to explore the sustainability of these cultural practices and to investigate the opinions, perceptions, and attitudes toward herbal healing in today's global, hegemonic society dominated by chemical panaceas. Through conducting interviews with herbal practitioners, like Venezuela's Father Mario Grippo, and researching the origins and sources of these herbal methods and folkloric traditions, we will be able to better

understand the spirituality, beliefs, and identities of these two unique Hispanic communities.

While herbal healing has been traced back to the Greeks and Romans, the roots of the *curandero* or *hierbero*, the traditional folkloric Mexican or Latin American herbal healer, originated during Aztec times where civilizations such as the Olmec, Toltec, Zapotec, and Mayan were renowned for their extensive botanical gardens home to thousands of varieties of herbs and foods reserved for medicinal and healing purposes (Folk 121). The “old Indian priestly knowledge of medicinal plants,” responsible for the longevity and health of the Aztec empire, “was suppressed by the new Castilian lords because of their magical or so-called diabolic connotations...” during the Spanish conquest in the early 1500s (121). Spanish explorer Hernán Cortez, in a correspondence back to the Spanish crown in 1521, writes of the unfamiliar landscape of the Aztec street: “...where there are all manner of roots and medicinal plants that are found in the land. There are houses as it were of apothecaries where they sell medicines made from these herbs both for drinking and for use as ointments and salves” (18).

Though homeopathy was not completely foreign to these Europeans—Arabs had disseminated herbal healing rituals throughout Spain before their exile from Europe—never had the Spanish witnessed such mastery in the usage and application of these herbs and plants (15, 73). The Spaniards first deemed the Aztecs’ practice *brujería* (witchcraft), refusing to eat tomatoes and potatoes offered to them for fear of poisonous properties, but eventually word was sent back to the Spanish empire requesting commission for an Aztec herbal manual in order to record this extensive homeopathic knowledge. Philip II of Spain approved the request in 1552 and appointed Doctor Francisco Hernandez as head

of the project (19). However the Spaniards, never able to duplicate or fully understand this Aztec practice, which consisted in the study of a pharmacopeia of over 5,000 plants and herbs, deemed the system a “device of the devil” and while attempts were made to ban the continuation of the spiritual healing methods in the 1600s, herbal practices still prevail today, due greatly to the importance of transmitting tradition orally from one generation to the next, either through *curanderos* and *hierberos* or mothers and grandmothers (19). The Hispanic community reclaimed the negative idea of *brujería* and invented the term *brujo* to also denote an herbal healer. These spiritual healers receive no formal training in healing practices or rituals, relying on the information passed down to them orally by way of the maternal side of the family. Other healers claim they merely have a *don*, or unique ability, for combining herbs and prayer in healing practices.

Whatever the source of the knowledge of herbal folklore may be, the Hispanic community demonstrates a reverence toward the *vis medicatrix naturae*, the healing and restorative force of nature, exemplified by the percent, between 70 and 90, of illnesses managed with natural remedies outside of the United States health care system (70, 73).

While I have been working with the Mexican migrant community in Adams County since freshman year, involved in the ESL program, this past semester I had the opportunity to establish more meaningful relationships and conduct personal interviews as part of the fieldwork for my *Spanish for Health Professions* course. As a volunteer interpreter for Keystone Health Services, I visited migrant worker camps in dozens of apple orchards in order to provide access to free health care to undocumented Mexican (im)migrants. Few migrant workers return to the same regions and camps each year, so each visit requires introducing the workers to the benefits of the free health care program

and convincing them to enroll so as to promote good health. However, on several occasions, upon reaching the campsite, some of the workers would flee the site or refuse to speak with us, unsure of the health care program and the risks of revealing personal data. Others were merely content with implementing natural medicine as their health care regimen.

Jarrah Pérez, manager of the packing house at Spiral Path Organic Farm, and Agustín Sálazar, native Mexican and full-time worker at Spiral Path for the past eight years, provided some insight into the preference for traditional medicine in migrant worker populations. If one of the workers suffers a minor health grievance, the inclination is to utilize traditional or natural remedies (Sálazar). While workers do not purposely try to avoid doctors and modern medicine, most do not have any health insurance and some harbor a fear of doctors and modern medicine due to language barriers and the implications these may cause, like the misinterpretation of instructions and dosages. Also, very few bosses grant workers sick days, therefore allowing them little or no time to make an appointment and see a doctor, that is if they have transportation and a means to cover the cost of the visit (Pérez). Herbal healing practices provide an alternative to doctors' offices and mysterious medicines; they can be self-administered at the convenience of the individual and are usually familiar and easy to use. Sálazar commented that some even order herbs from Mexico due to the inability to locate them in the States; however they take approximately one month to arrive and package contents sometimes pose delivery problems upon examination in United States Customs. It is interesting to note that while some do indeed acquire the herbs to make teas and other products, others remain unsure as to what their mothers or grandmothers

administered to them as children in Mexico, proving that these traditions are passed orally on the maternal side of the family and also stressing the necessity for men to take an active role in this cultural practice.

Another positive aspect of using herbal remedies for the Mexican migrant population is that they can be treated for illnesses that modern medicine does not recognize as valid sicknesses, such as *susto*, or fright from traumatic experiences like crossing the border. While a *curandero* would treat this and other cultural diseases with a combination of herbs ranging from chamomile and spearmint to borage and garlic, along with other faith-based rituals, the United States health care system prescribes medicine and looks to attribute symptoms to a common cause, such as *susto*'s high blood pressure due to a poor diet or genetic factors. This hesitance to assimilate to modern medicine can also be attributed to a lower socioeconomic, undocumented status in the United States and additionally to "formidable language and cultural barriers" that force the individual to seek help "where he is understood culturally and linguistically," like within his community amidst the solidarity of his peers (117).

The United States health care system is "technological and impersonal" and folk healers are largely depreciated, if not excluded altogether from the healing process (6). In the Hispanic perspective, for example, diseases, caused by an imbalance of the body's humors and energies, are deemed either "hot" or "cold" and therefore treated with either a "hot" or "cold" remedy individualized to each patient (Neff). Additionally, the family is included throughout the entire healing process with grandmothers sometimes serving as *curanderas* (Sack). Conversely, modern medicine looks at a disease as having one specific cause and one specific cure and focuses solely on the part of the body affected by

the illness as opposed to taking the entire well being of the patient into consideration. Such diverse approaches to health care result in a lack of cultural sensitivity and *familismo*. This, in turn, inhibits the Hispanic patient from feeling comfortable within the modern medical field and, therefore, encourages the patient to sustain more familiar practices.

Corina Tejada, native Dominican and professional medical interpreter at the Reading Hospital in West Reading, Pennsylvania, also attests to Hispanics' hesitance toward hospital environments and preference toward natural alternatives. Having grown up in a culture saturated in folkloric remedies and healing traditions, her culture allows her to understand natural remedies that Hispanic patients utilize for healing. "Hay pacientes que toman una hoja o un té a diferencia a aspirina," Tejada explained in an interview, "y cuando tengo que preguntar sobre el dieta de los pacientes diabéticos, no hay traducción exacta de vegetales de países tropicales" (Tejada). Tejada recognizes the importance of both doctors and patients possessing knowledge about folkloric remedies because of their still widespread use in Hispanic communities. As interpreter, she has the responsibility to know these beliefs so as to be able to convey them to doctors unfamiliar with these practices. Furthermore, she sometimes encounters cases where the herbs or plants that patients are utilizing are dangerous to their health. According to Tejada, the expensive procedures impede adequate access to health care for Hispanic (im)migrants. Without medical insurance, they must pay out of pocket, which they may not be able to afford.

Without an interest to learn more about or disseminate these folkloric practices orally, this natural medical knowledge could be lost completely—a loss to both the

Hispanic community and the modern medical community. In rural, underdeveloped areas, such as the agricultural community of Monte Carmelo, Venezuela, I expected the acceptance of herbal healing to be more widespread due to geographical distance from health care facilities and low socioeconomic status; however, Father Mario's herbal practices were being jeopardized, paradoxically, by Chávez's cost-free *Barrio Adentro* health care program and the goal of the town's younger generation to move toward a more modern and progressive community structure. With the number of *brujos* in Latin America still practicing faith-based healing rituals steadily declining and a community not overly concerned with recording and learning these natural rituals, not only centuries of tradition, but important medical knowledge risks being lost. However, I had the opportunity to meet with and interview a group of people in Venezuela truly dedicated to the preservation of natural remedies and the spirituality, tradition, identity and healthfulness involved in maintaining and disseminating these folkloric healing practices.

Monte Carmelo, a small agricultural community tucked alongside a lush, tropical cloud forest in the hills of the Lara region of Venezuela, abounds in a variety of exotic plants, herbs, fruits, and flowers and Father Mario Grippo, Italian priest and homeopathic healer, knows exactly how to employ nature to heal and cure his patients. One morning, after sipping a cup of coffee on the *Casa Campesina* porch, our housing for the duration of our stay in Monte Carmelo, watching the misty clouds envelop the mountainside, I meandered down to Father Mario's "laboratory," a small building where he housed over one thousand herbal, plant, and animal extracts—many sourced from the local area—all categorized in little dropper bottles. Father Mario had arrived to Venezuela over 33 years ago from Italy, in part to escape the intense capitalistic nature of Europe, and had since

become Monte Carmelo's resident homeopathic doctor. According to Father Mario, homeopathy consists in aligning nutrition, emotions, and medicines into one comprehensive healing method. Today I would be helping him mix over 150 tinctures, medicines consisting of various extracts diluted in an alcohol or distilled water solution, for the people of Monte Carmelo, and the neighboring communities of Barquisimeto, Sanare, and Quíbor. His patients range from children to the elderly, and most prefer alternative remedies over prescription medication. Father Mario claims that the tinctures advertise themselves: those who try them always experience positive results. He even takes his own tinctures for a genetic heart condition. Each tincture was composed of a recipe of several plant, herb, and animal extracts which Father Mario kept in a thick notebook, a compilation of the herbal "recipes" and homeopathic techniques taught to him by an English homeopath, Dr. Henry Pazos. Dr. Pazos, now with clinics in Caracas, Nicaragua, and the United States, came to Venezuela to teach homeopathic clinics and then left his books with Father Mario, who had attended his classes and followed in his footsteps (Grippe). At three Bolívares Fuertes a piece, roughly \$1.50 US, Father Mario's tinctures treat everything from tumors and thyroid problems to hair loss and weight gain. (Thyroid problems, according to Father Mario, constitute one of the worst problems in Monte Carmelo due to the residual effects of chemicals in the food and fumigation on some of the fields. Even though the fields are now organic, the community still suffers from the consequences of spraying chemicals and the consumption of non-organic produce. Another serious problem in Venezuelan farming communities is suicide: psychologists and doctors believe the pesticides that non-organic farmers use attack the nervous system and cause mental imbalance, something that can be avoided with the

daily usage of homeopathic medicine.) There was even a tincture, *pulsatilla*, for blond-haired girls to overcome timidity! However, what surprised me most was that due to the price, many residents were abandoning alternative herbal medicine and resorting to chemical-based modern medicine due to the new *Barrio Adentro* program, which provided most Venezuelans with completely free medical care.

With the implementation of Chavez's *Barrio Adentro* mission, inaugurated in March 2003, Father Mario and his homeopathic practice has become a last resort for many previous patients. Father Mario, while concerned with the longevity and sustainability of his livelihood, finds it most important to have faith and trust in the medicinal and healing methods that you use (Grippe). He prefers, however, that his patients decide between either modern or natural medicine, since he is not a certified doctor and is unsure on how different tinctures and medicines combine. Father Mario also hopes to implement Venezuelan flora in place of the herbal supplements and tinctures that he has to order from Europe in order to decrease dependency on other countries and promote the sustainability of his healing practices.

The most disconcerting part of the sustainability of this project, however, is the lack of interest of younger generations to apprentice with him and learn and continue these homeopathic practices. As I picked coffee one day in a community *cornuco*, surrounded by banana, lemon, and mandarin orange trees, I listened to Titila, a *campesina* woman in her fifties, talk about the herbal remedies that her grandmothers passed down to her, like how a squeeze of lemon and a sprig of dill can treat some of the worst stomachaches. It was evident that the middle and older generations still sought out herbal alternatives for common ailments; however it seemed to me that there was little

incentive for the younger generation to maintain these herbal practices. In an interview with Jenny, a 29-year-old single mother of two boys and in her second year of medical school, I gained a perspective as to the medical practices of the younger generation. Jenny had worked alongside Father Mario for almost four years, memorizing the components of each remedy and learning the symptoms that each tincture addressed (Jenny). Father Mario instructed her on the common ailments in each community: snake bites and skin problems in the countryside, asthma in Sanare, diarrhea and Dengue fever in Monte Carmelo, and diabetes and hypertension in Palo Verde (Jenny). Father Mario also instilled in Jenny the importance of nutrition for addressing vitamin deficiency due to poor diet in the surrounding area. Folkloric medicine, according to Jenny, is extremely useful to know, especially if they would send her to work as a doctor in a remote location with limited access to modern medicine. Additionally, natural medicine “no le hace daño a nadie” and “los más viejitos” prefer it over chemical choices (Jenny). However, for Jenny, the loss of this tradition is “inevitable”: as of the January 2009 interview, the *Ambulatorio* was set to move to all chemical medication by February. In other words, doctors will be encouraged to only give prescription drugs and nothing natural. Interestingly, during both of her pregnancies, Jenny only utilized natural remedies, teas, and tinctures from Father Mario. “Es buenísima; las personas saben más o menos qué usar en casa para atacar cualquier enfermedad” (Jenny). Despite Jenny’s preference for traditional remedies, she has noticed that utilizing herbs makes the younger generation uneasy; ingesting chemicals appeals to them much more than ingesting a plant without labels and drug facts. “Gracias a Chávez,” *Barrio Adentro*’s progressive modern medical program is slowly replacing alternative medicine.

Omar Garcia, member of La Alianza organic farming cooperative, laments this loss of heritage and tradition, particularly in the younger generations. He associates it with the transformation of the community's structure from that of a close-knit network of agricultural families to a more widespread group of people with desires to work beyond the community farmland (Garcia). While both Chávez's administration and the community encourage the youth to seek out education and to develop ideas and experiences outside of their town, this in turn fuels the loss of tradition by breaking the chain of passing down practices orally from one generation to the next and leads young people away from agricultural lifestyles.

Irlanda Espinoza, native resident of Sanare and mother of two girls, advocates the healing power within each of our bodies and promotes the role of women in rehabilitating and sustaining traditional medicine. She understands the importance of the orality of these folkloric practices and the necessity to pass them down to her daughters. "Creo que el poder sanador lo tenemos nosotros" (Espinoza). Maintaining these practices is as important to the Venezuelan woman's identity as to the health of all the community. With the *Barrio Adentro* program, doctors no longer permit pregnant women to use herbs as part of their prenatal care; however, Irlanda believes it part of her responsibility to inform women that they can drink teas to reduce contraction pains, like fig, alucema, or chamomile tea (Espinoza). With such positive advocacy, Irlanda gives each woman the option—a voice—to what she wants to put into her body.

Helping to preserve these century-old homeopathic recipes by helping Father Mario was an extremely rewarding experience and allowed me to compare Venezuelan alternative practices to those used in the United States, which I continue to observe

through an internship as an interpreter for Well Span, a medical organization that offers free health care to Mexican communities here in Adams County. Hopefully in the United State the future will bring more of an acceptance of alternative medicine and perhaps even more doctors willing to practice complementary medicine, or a fusion of both modern and herbal practices. As for the future of homeopathy in Venezuela, some medical students have become interested in a branch of Cuban medical training which includes a specialty in homeopathy and acupuncture (Jenny). Additionally, economic problems need to be addressed: both of these Hispanic communities, Monte Carmelo and Adams County, base health care decisions on the price of the medications and treatment, something that they should not have to worry about when making choices as to the future and well-being of their bodies. These communities as well as those around them with higher socio-economic status need to encourage the government to implement plans that allow them to qualify for health care and rise above poverty. Only when this is accomplished will they be able to make decisions that focus on the best possible treatment for their bodies and minds and not the amount of money in their pockets. Above all, I hope that these home remedies will continue to be passed down from one generation to the next in attempt to preserve these practices which treat both the emotional wellbeing and health of the individual.

Appendix A: *A Weed Walk with Father Mario: The Medicinal Properties of Flowers, Herbs, and Plants of Monte Carmelo*

To better understand herbal medicine in Monte Carmelo, Father Mario took us on a weed-walk around Las Lajitas to learn about the local herbs and plants used to produce the tinctures.



Figures 1 and 2. *Morocho* holds out the ripe berry fruit of a plant in Monte Carmelo's cloud forest and then demonstrates its use as an indigenous dye and watercolor.



Figure 3. Stevia, *Lippia*: sweetener, cough reliever, tranquilizer.

Figure 4. Purple Tea, *Té morado*: vomit inducer.



Figure 5. Comfrey and lemongrass prepped at Las Lajitas for Farmers' Markets. Comfrey, *Consuelda*: ingredient in Father Mario's *pulsatilla* tincture, used for pregnant women and composed of fennel, *hinojo*, nettle, *ortiga*, and comfrey, *consuelda*. Lemongrass, *Malojillo*: used to make tea for *gripe*, the common cold.

Figure 6. "Death bed," *Camilla de muerte*: Leaves used for healing cuts.



Figure 7. Cyprus, *Ciprus*: Boil or steam leaves and apply to varicose veins.

Figure 8. *Mala madre o colombiana*: Essence of flowers used to regulate emotions, similar to Bach flower remedies; also treats kidney stones, maintaining vitality and energy during cancer treatments, gastritis, and stomach ulcers.



Figure 9. Wild raspberry, *Mora silvestre*: sore throat relief, boil leaves to make tea. This species native to the Andes, Bolivia, Ecuador and Venezuela.

Figure 10. Father Mario holds up leaves used to disinfect cuts and aide with vision problems.



Figures 11 and 12. Greater Plantain, *Llantén*: Leaves used as astringent, emollient, anti-diarrheic; also used for bee stings, other insect bites, and healing cuts.



Figures 13 and 14. Father Mario points out lantana, a common flower and part of the verbena family that grows wild in Monte Carmelo. Lantana, *Cariaquito*: Its leaves and flowers are utilized to make a bitter tea that aides in reducing and alleviating fevers.



Figure 15. *Erythrina edulis*, *Chachafruto*: indigenous to Colombia and Andes region; seeded in Venezuela two years ago; produces more protein than soy per square hectare; vine and bean-like seeds edible; leaves contain 21% protein.

Figure 16. Feverfew, *Matricaria*: Problems with the uterus and bleeding.

Father Mario also noted the medical importance of the following herbs and plants:

Nettle, *Ortiga*: Iron deficiency; increase in milk production in nursing women; arthritis alleviator.

Wild Parsley, *Apio de montaña*: Roots used for heart problems.

Dandelion, *Diente de lion*: Increases urination; liver cleanser; cleanse liver; nutritious greens.

Appendix B: *Venezuelan Naturopathic Medicine*

While on the weed walk, Father Mario introduced us to an interesting and fairly recent ideology of a Venezuelan naturopath. Your favorite colors, according to this naturopath, may indicate tendencies toward certain diseases or health problems. While this belief system may or may not be true, the importance lies in recording these beliefs as part of a cultural and homeopathic study. Below is a general overview of his philosophy.

Black, Green: Kidney problems.

Red: Blood-related problems.

Purple: Heart-problems.

Light blue: Lung and respiratory illnesses.

Dark blue: Tendency toward infections.

Pink: Varicose veins and circulation difficulties.

White: Stomach problems.

Brown: Muscle-related problems.

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