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Traditional Health Systems in Latin America and the Caribbean: Base Information

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EXECUTIVE SUMMARY

The existence of large amounts of information which is disperse and disorganized led to the need for a study which allowed for the identification of those less developed areas of research on "traditional" medicine. This research was intended to characterize and construct a database on the traditional health systems in various countries in Latin America and the Caribbean (Bolivia, Chile, Costa Rica, Ecuador, Guatemala, Mexico, Nicaragua, Peru, Dominican Republic). The goal of the study was to gather information in order to achieve the following objectives: a) characterize the structure of the traditional health systems; b) identify the government and non-government resources available; c) obtain data on researchers, therapist and organizations involved in the development and promotion of traditional medicine; d) understand the regulatory structures of traditional medicine; e) identify needs for future research.

The study began by forming a network of researchers in various countries interested in participating as specialized informants. In order to facilitate data collection, the information search also extended to therapists and other interested persons who wanted to participate.

Parallel to the search for references and the preparation of the participant directory, a questionnaire was designed to be answered by the participants. Instructions were attached, along with a letter that briefly explained the project objectives. Initially, a pilot test was run in order to identify necessary adjustments and make the required modifications.

A variety of communication methods were used to send information. Analysis of the information provided a general description of the state of traditional medicine in the participating countries. In addition this allowed the organization and systematization of information in the form of traditional health systems database. Further identification of specific areas for future research was delineated.

The study concluded that, contrary to what is generally believed, traditional medicine exists and has many connections in the societies. In addition many of the diverse topics surrounding traditional medicine were shown, and its dynamics in Latin America was characterized.

INTRODUCTION AND BACKGROUND

It is necessary to view traditional medicine within the context of the healthcare model in which it is found so as to be able to understand its current development in various geographic and cultural contexts, the way in which it adjusts to its environment, and finally, to identify the types of healthcare services available. A more detailed assessment of the dynamics of traditional medicine in Latin America and the Caribbean must begin with an analysis of the current situation of Traditional Healthcare Systems, which are understood as subsystems of a larger system.

The research project "Traditional Healthcare Systems in Latin America and the Caribbean: Basic Information" is part of the Health for the Indigenous Peoples of the Americas Initiative of the Pan-American Health Organization. It is important to peak the interest and obtain the participation of the National Institute of Health (NIH) from the USA, and through the Office of Alternative Medicine, finance part of the project and collaborate in the technical review of the research instrument (a questionnaire to be answered by the respondents).

Because of the undeniable presence of traditional healthcare systems co-existing with official healthcare systems, this document explores the state-of-the-art and development of traditional medicine in Latin America and the Caribbean. With the increase in the demand for more diversified medical care in various urban and rural regions with specific cultural features of their own, it has become essential to identify the mechanisms that determine this phenomenon.

In view of the changes that are occurring in healthcare systems throughout the world, it is important to understand the role traditional medicine plays in the provision of healthcare services for indigenous and rural sectors, as well as other population groups.

International organizations and governments worldwide are currently concerned about the lack of healthcare coverage that affects millions of people. Furthermore, the obstacles Western medicine faces in accessing indigenous and rural areas has been found to be due to economic factors, as well as to its difficulty in adjusting to the social realities of the countries and peoples that healthcare programs are attempting to serve.

Traditional medicine must be understood as a system in itself that is linked to each country's global healthcare system. The way it functions, however, tends to be distinct and the decision-makers of the formal healthcare system often underestimate its role as a viable healthcare alternative. It is seldom considered part of the conglomerate of healthcare systems and is placed in the realm of "magic" or the "primitive world." Its existence has even been denied.

It is the context described above which motivated us to undertake the investigation that is being presented in this document as an attempt to evaluate the state-of-the-art of traditional medicine in Latin America. There is a significant volume of scattered and unsystematized information on the topic. Thus, in light of the changes that healthcare systems are experiencing in this region, the need to identify the least developed areas of research in "traditional" medicine deserve top priority. It is also of great importance to

have a framework of reference in order to be able to design intervention strategies in agreement with each country's particular needs. This study aims to identify basic issues such as existing and published information regarding traditional medicine, information gaps on the subject, the resources available, and the organizations and institutions related to traditional medicine. The findings also document its historical presence in the region before the development of biomedicine during this century.

The purpose of this study was to collect general information about the various components of traditional healthcare systems in Latin America and the Caribbean in order to identify future research needs in the region. This study aims to reach the following objectives:

To collect information about the traditional healthcare systems in the region that has been published both formally and informally.

To identify the information gaps regarding this topic.

To identify the resources and governmental, non-governmental, religious and philanthropic organizations and institutions, among others, related to the presence and development of traditional healthcare systems.

To get references from researchers, healers and organizations in general related to traditional healthcare systems.

To identify the infrastructure which supports traditional healthcare systems such as ethnobotanical gardens, herbariums, laboratories, libraries and specialized centers, among others.

To identify priorities for the development of future research.

1. METHODOLOGY

A specific strategy was chosen to create a database on the components of traditional healthcare systems in Latin America and the Caribbean that would enable a detailed characterization of the situation of traditional medicine in the region.

First, we set out to create a network of researchers from different countries who would be interested in participating as specialists so as to facilitate the collection of information.

We also tried, to the extent possible, to have the healers themselves, as well as individuals interested in the subject, provide the information. These two groups, in fact, sometimes even participated together.

A research instrument was designed at the same time as references were being searched and a directory of participants was being made. The questionnaire was accompanied by directions and a letter briefly explaining the project's objectives. Once the research instrument was developed, a pilot test was applied in order to identify the elements that needed adjusting. The necessary adjustments were subsequently made. Fax, telephone, e-mail and mail were used to facilitate communication and the dissemination of materials.

Because of the nature and magnitude of the project itself, not all the invited researchers in the various countries who had originally agreed to collaborate responded positively. The motives or arguments expressed by those who declined to participate were lack of time due to their work, intellectual or academic activities, lack of financial resources and lack of human resources with which to research the requested information and have it sent to Mexico.

The methodological strategy followed to implement this project was due to the nature of the study itself, since it goes beyond national borders. Since our budget was rather limited, we were obliged to request information from researchers through a questionnaire that was sent to them through various means. We managed to obtain information revealing the general condition of traditional medicine in the different participating countries. This will not only enable us to promote and broaden research on this subject, but provides the possibility of having a regional database.

2. FINDINGS

The information hereby presented was obtained through a research instrument (a questionnaire) that was answered by 21 researchers, healers and grass roots representatives from different countries in Latin America and the Caribbean. The data collection was organized per country and was based on the information provided by the respondents, which does not imply that the answers are homogeneous even when they refer to the same country or region.

Based on the data sent by respondents from various countries, a set of matrixes was created into which the collected data was entered. A constant value appeared both public and private institutions only partly cover the different traditional medicine fields included in this study.

2.1 THE CONCEPT OF TRADITIONAL MEDICINE

To consider traditional medicine as a resource for health can help us to understand the meaning that is given to the concept in different areas of the region. The constitution of the concept of traditional medicine based on various positions enables the strengthening of our view and gives more grounds for a realistic definition that can take into account the existing diversity. In this sense, the wide variety of ideas and references to traditional medicine can be used as a framework to expose some of the specific concepts that are commonly used in the region regarding the topic.

A broad spectrum of ideas and references regarding traditional medicine serve as a framework to present the concepts related to this topic that are used at a regional level.

2.1.1 *Bolivia*

In regard to the concept and meaning assigned to traditional medicine, the members of the Bolivian Society of Traditional Medicine (SOBOMETRA) pointed out that "traditional medicine is currently the 'mestizo' medicine of the Andean area with a strong religious influence, based on the cosmovision that typifies it as such. This native medicine mainly includes the Kallawayas, Jampiris, Yatiris, Parteros (Midwives) and Ipayes. The names these traditional healers are given depends on the geographic area they belong to."

Another Bolivian respondent expressed his concept of traditional medicine as follows: all the populations have a legacy of knowledge that is orally transmitted from parents to children or from the elders to the young. This knowledge is generally the result of their observations of their environment. The use of their resources, mainly renewable resources, is thus highly effective and rational. They try to preserve their ecosystem without disturbing it. These resources play an important role in solving their health problems. People with greater knowledge of these resources therefore stand out and eventually become what have come to be known as traditional medicine people. Since many of their treatments are highly effective, scientific research centers have, in

recent years, invested their resources and potential in trying to recover this knowledge that has been called "traditional medicine" in order to be able to validate it and/or revalue it.

2.1.2 Chile

The respondents from Chile expressed the following idea regarding traditional medicine: it is the use of alternative medicine to heal human diseases. Traditional medicine is the way of acting on the health/disease/healthcare process that derives from the country's or region's traditions rooted in native, Spanish and various other cultural forms.

2.1.3 Costa Rica

The respondents from Costa Rica expressed the following idea regarding traditional medicine: it is the "activity of the native groups who relate to their region's natural resources." "Traditional medicine is the relation between medicine and magical-religious practices and the plant species belonging to their region."

They also pointed out that traditional medicine is the practice that uses natural medicine and that is transmitted orally within their country.

2.1.4 Ecuador

The respondents from the Jambi Huasi institution, the Health Area of the Indigenous and Peasant Federation of Imbabura (INRUJTA - FICI) pointed out that:

Traditional medicine is the set of preventive, diagnostic, therapeutic and assessment practices that join and express the knowledge, wisdom and values that they acknowledge in their traditions, and in the cultural process of the non-Western peoples as their rational and symbolic points of reference. These practices are articulated in various ways with the knowledge that proceeds from Western medicine in order to become an answer to their needs that balance their being as a whole.

The respondents pointed out that, as an indigenous organization, they have created the following concept of health based on Quichua medicine: health is not restricted to the absence of pain or disease, but refers to the inner harmony and balance of the individual, the family, the community, nature and the cosmos. In other words, health refers to a comprehensive realization of the human being within the universe.

2.1.5 Guatemala

The respondents from Guatemala defined traditional medicine as the application and wisdom belonging to the native populations of a nation based on their own cosmivision to solve the most common health problems. "It is the way our Mayan ancestors healed that is still preserved in various communities by people who have

discovered this skill as a vocation and not because of the fact that they learned it at a school.”

It is the therapeutic use of medicinal plants in various presentations that are used as a tradition or as a result of scientific proof.

It is the permanent medicine syncretized by the healers of a same culture from generation to generation. It is knowledge that comes from sensitive experience and proceeds by association of sensations in order to interpret an intuitive reality until it becomes objective in agreement with a logical method. It is transmitted by word of mouth and by example through teaching, initiation, inheritance or revelation.

It is whatever cannot be touched, seen, eaten, nor drunk, such as the sweatlodge, the Mayan priests, the midwives, the healers, the bone-setters, beliefs, Mayan astronomers and the application and dosage of natural medicine in medicinal plants.

2.1.6 Mexico

In this country, the concept of traditional medicine has been elaborated and discussed from the points of view of different fields and frameworks. Here we present only a sample of a wide variety of perspectives.

The Mexican respondent understood traditional medicine as a set of medicinal practices based on ritual, mysticism and magic heavily influenced by pre-Hispanic medicine that is sometimes syncretized with elements of Catholicism and/or allopathic medicine. It is transmitted through oral teaching, dreams or predestination. It mirrors the cosmovision of the group to which it belongs.

The following definition was extracted from working document number 7 of the Mexican Institute of Social Security (Instituto Mexicano de Seguro Social / IMSS) called Traditional Medicine in Chiapas Under the Framework of the Institute of Social Security ("La medicina tradicional en Chiapas y en el medio del IMSS-COPLAMAR") published in 1987. This definition was written by different specialists and traditional medicine people.

"Traditional medicine is a set of knowledge and practices generated within the community, transmitted from generation to generation, which, mainly based on empirical knowledge, offers solutions to various expressions of disease and seeks to encourage the community's health."

2.1.7 Nicaragua

The respondents from Nicaragua pointed out that, for them, traditional medicine is a series of nosological concepts including a series of healing practices anciently used by the people to solve health problems; some have indigenous roots, others are of Spanish and/or black African origin. They have been transmitted from generation to generation, generally in a direct way. They include concepts of disease based on the notions of cold-hot, diseases such as "moto", "empacho" (a form of indigestion), and fright. Healing

is based on the use of herbs and oils; some of the herbs are already known and used by the sick, whereas others are more mysterious and are only known by the healers.

2.1.8 Dominican Republic

The Dominican respondent quoted the WHO's definition of traditional medicine: "Traditional medicine is the set of therapeutic practices that have existed, sometimes for centuries, before the development and dissemination of modern scientific medicine and whose use still persists up to the present. These practices vary considerably depending on the cultural heritage of the different countries."

2.1.9 Peru

The respondent from Peru also shared the WHO's definition of traditional medicine: "Traditional medicine is the set of therapeutic practices that have existed, sometimes for centuries, before the development and dissemination of modern scientific medicine and whose use still persists up to the present. These practices vary considerably in depending on the cultural heritage of the different countries."

2.2 THE DEVELOPMENT OF TRADITIONAL HEALTH CARE SYSTEMS

In the process of development of traditional medicine in Latin America and the Caribbean, several aspects that have direct influence in the dynamics of the phenomena may be mentioned. In this section, we present information collected that illustrates the diversity of factors related to the development of traditional health systems. In this sense, the section includes topics such as: the volume and type of traditional therapists, female participation within traditional medicine, main specialties of traditional therapists, associations of traditional therapists, institutions that promote the development of traditional therapists and traditional medicine as a whole, and institutional and financial support to traditional health systems.

2.2.1 Bolivia

Healers

In the case of Bolivia, the data provided by both respondents pointed out that Bolivia does not have an official or formal registry of traditional healers, but it is nevertheless known that there are about 5,000 healers at a national level distributed in nine departments.

The healers' principal specialties are Coca Qawiri, Midwives, Aysiri, Materos, Qulliri, Milluris, Qaquidores, Paqos, Layqiri, Rezadores (prayers).

The percentage of women participating in these specialties is:

Specialties	Female Participation
Coca Qawiri	50%
Parteras	50%
Materos	50%
Qaquidores	10%
Milluris	10%
Rezadores	10%

The Bolivian Society of Traditional Medicine (SOBOMETRA) is an association that groups together the traditional healers. This institution works at a national level and its objectives are:

- To reappraise traditional cultures.
- To provide healthcare services at a national level.
- To legally defend traditional healers.
- To articulate with the biomedical healthcare system.
- To train health promoters.
- To group together the different traditional healers and provide healthcare services in both rural and urban areas.

One of the respondents pointed out that there are associations in Bolivia, such as SOBOMETRA, which group together traditional healers, but that their bargaining power vis-a-vis the authorities is low.

Another of the Bolivian respondents pointed out that an official registry of traditional healers was currently being worked on. It was also mentioned that there were associations that bring traditional healers together, such as SOBOMETRA, which work at a national level. He also confirmed that their bargaining power vis-a-vis the authorities is low.

Research and Support Institutions

In Bolivia, there are public and private institutions that promote the development of traditional medicine. The most representative of these institutions are the Bolivian Society of Traditional Medicine (SOBOMETRA), Kuska Sumaj Kausanapa (KUSKA), and CENDA

These three institutions are located in Cochabamba, Bolivia. Their main objectives are:

- a) To train traditional healers
- b) To train health promoters
- c) To provide healthcare services in rural areas

Research institutions are essential for the development of traditional medicine. In Bolivia, the research institutions in charge of traditional medicine as a topic are the same as the aforementioned institutions, CENDA and KUSKA, as well as GTZ, a German cooperation agency.

Of these institutions, KUSKA, in Cochabamba, has a program to rid children of parasites. This program's main lines of research are:

- The pharmacological validation of plants.
- Toxicological validation.
- Nutrition.

Since this program is new, it has not yet been evaluated.

Topics for future research are the social impact traditional healers have on health in the Valley and Tropic of Cochabamba; and the role psychoactive plants play in the treatment of addictions and mental health.

One of the respondents commented that long-term expectations are good, provided that there is interinstitutional cooperation and financial resources.

Apart from the aforementioned institutions, there are other research organizations in charge of traditional medicine as a topic, such as: the area of natural products of the Institute of Chemical Research (Instituto de Investigaciones Químicas, IIQ) at the University Campus UMSA, in Cota, La Paz; the Institute of Pharmaco-Biochemical Research (Instituto de Investigaciones Fármaco Bioquímicas, IIFB) in Miraflores; PROMENAT (Natural Medicine Project / Proyecto de Medicina Natural) in La Paz; Laboratorios Valencia in Cochabamba; Laboratorio Aleph in Cochabamba.

There is also a research program in traditional medicine among the following ethnic groups: the Tacanas, the Chacobos, the Mosestens, the Raqypampeños and the Guaranis. This program is called Environmental Conservation via Ethnobotanical and Ethnopharmacological Assessment in Bolivia (Conservación Ambiental a través de la Valoración Etnobotánica y Etnofarmacológica en Bolivia). The UMSA University is in charge of this program through its IIQ and IIFB research institutes.

The main lines of research are ethnobotanical, biological and chemical studies bidirected to medicinal plants used by different ethnic groups in Bolivia, inventory of medicinal plants used by the traditional healers of the ethnic groups in Bolivia, and the isolation of the active agents in the plants used by the traditional healers of the ethnic groups.

The impact of these studies or programs has not been determined because they have not been subjected to evaluation. On the other hand, projects applying the results obtained by research are currently being implemented and the obtainment of "Galenic" preparations by the traditional healers themselves is receiving support. Economically important crops of medicinal plants are being developed and subproducts are being obtained.

Future research intends to cover all ethnic groups and to be able to implement sustainable development projects addressed to and directed by the ethnic groups under study.

The medium and long-term expectations focus on developing economically important crops of medicinal plants.

National and Foreign Support

GTZ, a German cooperation agency, is a private institution that grants funds for research in and dissemination of traditional medicine in Bolivia.

Traditional healers in rural areas receive support from native organizations in the form of foodstuffs and other goods; in the urban areas, they receive economic support in exchange for the services they provide.

It was mentioned that the inspection and control over the activities by public health authorities constantly gets both licensed and unlicensed healers into trouble.

The government does not assign funds for research in or the development of traditional medicine nor any of its areas.

Many traditional healers are not supported economically by any organizations and tend to obtain their funds through what they charge for their services.

2.2.2 Chile

Healers

In the case of Chile, the collected data shows that there is no official registry of traditional healers in Chile, but it has been documented that there are more than 2,000 healers in the country as a whole.

The principal healing specialties are:

Specialties	Female Participation
Aromaterapia	80%
Bach Flowers	50%
Acupuncture	50%
Herbal Medicine	50%
Bone-setters	10%
Chiropractics	10%

As can be seen in the table above, the respondent mentioned healing specialties that are not strictly considered traditional medicine. The population that uses non-official healing practices nevertheless resort to these practices.

The respondent was aware of the existence of associations that group together traditional healers. Institutions, if they exist at all, are minor. The respondent was not familiar with their objectives, however, and is of the opinion that their bargaining power vis-a-vis the authorities is low or almost non-existent.

Another respondent, however, stated that although there is no official registry of traditional healers, there are more than 10,000 healers in the country as a whole.

In this case, the principal healing specialties are identified as:

Specialties	Female participation
Herbal healers	50%
Bone-setters	20%
Healers	20%
Santificadores (spiritual healers)	30%
Midwives	100%

The respondent was unaware of whether there were associations that group traditional healers in Chile.

It was pointed out that there is a public institution in Chile promoting the development of traditional medicine. It is the Unit of Traditional Medicine and Other Alternative Medical Practices (Unidad de Medicina Tradicional y Otras Prácticas Médicas Alternativas), dependent upon the Health Ministry. The main objectives of this organization were not detailed.

Research and Support Institutions

The respondent pointed out that research in traditional medicine in Chile is inherent to other alternative medical practices, particularly phytochemists, phytopharmacologists and anthropologists.

The support it is granted depends on specific research projects. Research is done via various institutions such as Universidad de la Frontera (in Temuco), Universidad de Chile, Universidad Católica de Chile, Universidad Austral (in Valdivia), Universidad de Santiago de Chile, Humanismo Cristiano, and the Unit of Traditional Medicine and Other Alternative Medical Practices of the Health Ministry.

The main lines of research are phytochemistry, phytopharmacology, and anthropology.

The impact these studies, programs and projects have is exclusively scientific and the medium or long-term proposals or projects depend on the criteria of each research group or institution.

National and Foreign Support

Funds are not directly granted for research in and dissemination of traditional medicine in Chile, but rather are geared to specific research projects.

The public organization granting support is the National Research, Science and Technology Council (Consejo Nacional de Investigación, Ciencia y Tecnología/ CONICYT). Support is also given by international organizations such as the European Economic Community, Swedish agencies, CYTED, et cetera. The funds that are granted are mainly for research.

Some healers linked to NGOs received economic support mainly during the military government.

There are researchers or healers related to traditional medicine who are unaware of whether there are funds for research in and dissemination of traditional medicine.

2.2.3 Costa Rica

Healers

According to the respondents, there is no registry of healers in Costa Rica, nor any associations that group traditional healers.

The "Health Diagnostic of the Indigenous Peoples of Costa Rica" ("Diagnóstico de Salud de los Pueblos Indígenas de Costa Rica," however, identified a total of 19 indigenous traditional healers.

The respondents did not detail the healing specialties and stated that, according to customs and tradition, women are not allowed to be traditional healers.

Development of Traditional Healing Systems

The respondents pointed out that there are NGOs in Costa Rica that promote the development of traditional medicine. Their objective is to produce medicinal plants for sale. The names of these institutions, however, were not provided.

Research and Support Institutions

In Costa Rica, the following research institutions are involved, one way or another, in traditional medicine as a topic: CIPRONA (Natural Product Research Center) at the Costa Rica University (Universidad de Costa Rica) and Agricultural Sciences (Ciencias Agrarias) at the National University (Universidad Nacional); LEBI (Biological Testing Laboratory/Laboratorio Ensayos Biológicos) at the Costa Rica University; NGO's such

as the Iria Sockok Foundation, the Costa Rica University and Agricultural Sciences at the National University.

The objective of these institutions is to rescue and strengthen traditional medicine. None of these institutions, however, have specialized programs regarding traditional medicine.

National and foreign support

Costa Rica does not have either national nor foreign support for research in traditional medicine. There are only a few very specific cases of traditional healers who receive economic support from international organizations.

2.2.4 Ecuador

Healers

The information provided by the Jambi Huasi institution (the Health Area of the Indigenous and Peasant Federation of Imbabura/Area de Salud de la Federación Indígena y Campesina de Imbabura) pointed out that there is no registry of traditional healers in Ecuador.

The principal healing specialties are:

Specialties	Female participation
Traditional Healer (Yachac) or Spiritual Healer (Samayuc) (Muscuc, Pucuc, Ricuc)	5%
Fregador o sobador (to scrub or rub)	20%
Midwifery or Mamahua pacarichic mama	90%
Herbal healing	50%

The percentages that this organization provided were estimated empirically since there is no statistical data.

In Ecuador, traditional healers are grouped in associations that work at regional and local levels. Some of them were created by indigenous organizations and others originated out of a State initiative.

The objectives of these associations are as follows:

- a) To serve indigenous peoples as well as other sectors of the population without excluding any individuals or races.

- b) To promote indigenous healthcare services at a provincial, national, and international level.
- c) To disseminate information regarding the importance of Quichua Healthcare Systems at a local, national, and international level.
- d) To share experience and knowledge among traditional healers from various places.
- e) To collaborate with private or state institutions and organizations existing in healthcare programs or projects.
- f) To recover ancient cultural expressions (e.g. language, costumes, customs, traditions, music and dance, indigenous wisdom).
- g) To promote a culture of health based on the knowledge and use of medicinal plants and other local resources.
- h) To struggle so that the communities may benefit from both traditional and Western healthcare.
- i) To defend the natural resources and reforest the environment.
- j) To revalue and develop the medical-health systems of Quichua communities in order to formulate alternative explanatory models regarding health and disease problems.
- k) To create a participatory line of action-research regarding the different phytochemical principles used in traditional medicine.
- l) To generate new methodological proposals promoting the active participation of different sectors of the community in the improvement of quality of life. Culture should also play a role in social movement, i.e. in society's organizational life, the improvement of its management capacity, and in providing basic services as a right.
- m) To recover the harmony between humankind and nature (by strengthening people's biological cycle, health, nutrition, agriculture, and the environment) so as to encourage the emergence of a new vision, incorporating the sense of sacredness into ecological proposals.
- n) To encourage the constant organization of encounters that revitalizes the knowledge and wisdom of traditional medicine at local, regional, national and international levels.
- o) To promote the training of communication facilitators specializing in traditional medicine through an exchange process between the agents of both traditional and official health systems.
- p) To protect themselves against harassment by organizing themselves in associations.

- q) To strengthen the prepositional capacity of indigenous forms of organization in order to generate initiatives and promote intra- and inter-departmental coordination within the ministries.
- r) To gain more spaces won via popular election through the intervention of congressional representatives.

In Ecuador, there are public and private institutions that promote the development of traditional medicine. The most representative of which are Jambi Huasi in Guayaquil and Colón, the School of Andean Education and Culture (Escuela de Educación y Cultura Andina - EECA), and the Tsunki Foundation in Sucua-Morona Santiago.

These organizations have the following objectives: Jambi Huasi's objectives were already mentioned above; the EECA has a research program in health; the Tsunki Foundation's main objective is to train *shuar* healers.

Research Institutions

In Ecuador, there are research institutions in charge of traditional medicine as a topic. Their bargaining power vis-a-vis the authorities is moderate.

The Jambi Huasi organization (the Health Area of the Indigenous and Peasant Federation of Imbabura) has bargaining power and the capacity to exert pressure from the meeting table to making denunciations through the mass media and mobilizing the community.

The six most important organizations are Universidad Andina "Simón Bolívar", Jambi Huasi de la Federación Indígena y Campesina de Imbabura, EECA, Universidad de Cuenca (Facultad de Medicina - Medicine Faculty), CEDECO (Centro de Desarrollo Comunitario - Community Development Center), Fundación Tsunki, (The Tsunki Foundation in Amazonia - Chocar).

All these institutions include research among their various activities.

National and Foreign Support

The funds that traditional medicine or some of its areas receive in order to develop or do research tend to be supports granted for specific or joined operational research with extremely specific objectives.

The United Nations, PAHO and some NGOs interested in alternative health are among the organizations supporting projects related to traditional medicine. PAHO's support tends to be joined.

Funds are normally granted for research only. Traditional healers do not receive any economic support from any public institution. It is common for research to be done based on the information provided by indigenous healers. However, they do not tend to benefit from their collaboration. Moreover, the State does not acknowledge their work.

2.2.5 Guatemala

Healers

According to the respondents from Guatemala, a registry of healers is currently being developed. The principal healing specialties in Guatemala are as follows:

Specialties	Female participation
Midwives (prenatal care, childbirth attention)	98%
Bone-setters (dislocations, fractures, fissures)	3%
Healers	50%
Herbalists	50%
Spiritual guides	50%
Fright healers	70%
Massage therapists, chiropractors (muscle tears) child healers, chupadores (suckers); sauna bath (temazcal)	Not specified

Another respondent from Guatemala stated that there are approximately three healers per municipality. On the other hand, the respondent belonging to the TOTO-Integrado Association commented that in spite of the lack of official registries of traditional healers, close to 250 healers have registered with their association.

The collected data indicates that there are associations that group traditional healers in Guatemala. They work at a national level and their objective is to acknowledge the value of traditional and non-traditional medicinal plants and to collectively coordinate their work. Their bargaining power with respect to the authorities is moderate.

In Guatemala, there are also associations grouping traditional healers that work at a local level in the municipalities. Their aim is to reinforce the work of the traditional healers and to strengthen their ancestral knowledge. Their bargaining power with respect to the authorities is low. Their objective is to reconstruct and reinforce Mayan medicine.

The purpose of the TOTO-Integrado Association is to recover and preserve traditional medicine, to bring together the people specializing in the various areas of traditional medicine, to strengthen their association and to link official and traditional medicine. They would like to have a good relationship with the public health workers and are gradually achieving this goal.

Research and Support Institutions

In Guatemala, there are associations that promote the development of traditional medicine, such as the Association of Community Healthy Services (Asociación de

Servicios Comunitarios de Salud/ASECSA); the TOTO-Integrado Association; CDRO (in Totonicapán); CEMAT; ADEPAC Coban A.V.; Clínica Maxeña Santo Tomás la Unión and other NGOs; the Ruth and Noemi Foundation in Chichiscatenango; CONAPLAMED; Suchitequez; ADEPAC in Coba and the Mayan Society / Sociedad Maya El Adelanto.

These associations have various objectives, among which are to promote traditional medicine, to strengthen the work of the healers, to rely on community leaders in order to minimize health problems, to rescue the culture of the communities themselves emphasizing health-related aspects, rescue the cultural values related to medicine, to propose that the practice of traditional medicine be officially recognized, to rescue preventive and healing medicine with less side effects and enable all the population to have access to these forms of medicine.

Other supporting organizations are San Carlos de Guatemala University, and Farmaya Huatales de Occidente. Their objectives are to make contacts in order to identify markets for medicinal plants, to grow organic medicinal plants, and to produce products for the market.

Institutions

In Guatemala, there are institutions in charge of researching traditional medicine with research programs of their own. The San Carlos University in Guatemala City is one of these institutions. Its main line of research is to check the validity of traditional healing actions. Additional institutions include the following: PAHO, Guatemala, ASECSA in Chimaltenango, CDRO in Totonicapán, ADEPAC in Cobán, Alta Verapaz, Médicos sin Fronteras (Doctors without Borders) in Guatemala City has a program whose line of research is to treat gastrointestinal diseases and women's healthcare, ATI in Totonicapán, ICTA in La Alameda Chimaltenango, the Faculty of Agronomy in Guatemala, Farmaya in Av. Centroamérica, other NGOs.

Some institutions have a research program in traditional medicine. One of the purposes of these studies is to help women participate actively as midwives and healers.

There are other institutions with research programs in traditional medicine, such as the Farmaya's program with a botanical orientation aiming at learning about the use of medicinal plants.

National and Foreign Support

Various foreign and private organizations, such as *Medicos sin Fronteras* (Doctors without Borders) and EDM, are in charge of the support received for the development and research in traditional medicine in Guatemala.

The funds that are granted are meant for dissemination and practical purposes. The healers themselves, however, receive no support. Pan-American Health Organization (PAHO) in Guatemala, Barefoot Doctors, the IDB, FOMIN, and the Faculty of Agronomy (assign funds for research).

The scope of the aid NGOs provide to traditional healers is rather limited due to their lack of resources, which is why they are obliged to look for financial support both within and outside of Guatemala.

Academic institutions grant healers some economic support. The healers only receive a small amount of money which, considering the importance of their work, turns out to be a merely symbolic incentive.

2.2.6 Mexico

Healers

Although there is a registry of traditional healers in Mexico, the exact number is unknown. This information is documented by the registries of the National Indian Institute (Instituto Nacional Indigenista - INI) or the Mexican Social Security Institute (Instituto Mexicano del Seguro Social - IMSS).

The principal healing specialties and the percentage of women participating are:

Specialties	Female participation
Midwives	80%
Herbalists	50%
Bone-setters	50%
Healers (curanderos)	50%
Snake healers (culebreros)	20%
Shamans	50%
Prayers	20%
Rubbers (sobadores)	40%

The associations, which organize traditional healers in Mexico, work at the regional, state, and national levels. Their objectives are:

- a) To legalize traditional medicine.
- b) To promote traditional medicine and create an interrelation with institutional medicine.
- c) To search for workspaces, fight against the current attitude of suspecting and marginalizing traditional medicine.
- d) The bargaining power that these associations have vis-a-vis the authorities is not representative.

Mexico has public and private institutions that promote the development of traditional medicine, such as the National Indian Institute (Instituto Nacional Indigenista -

INI) the Mexican Social Security Institute - Solidarity (Instituto Mexicano del Seguro Social- IMSS/Solidaridad), the National Council of Traditional Indigenous Medicine Men (Consejo Nacional de Médicos Indígenas Tradicionales - CONAMIT).

The specific objectives of these institutions are:

- INI: To support IMSS / Solidaridad and rescue traditional medicine
- IMSS / Solidaridad: To promote health and social welfare among rural populations with the support of institutional doctors and the collaboration of indigenous doctors, traditional healers and rural midwives, to create medicinal gardens, to recover traditional techniques to heal, and prevent diseases
- CONAMIT: To legislate traditional medicine

Research Institutions

In Mexico, there are research institutions with various perspectives that are in charge of the topic of traditional medicine:

- National Indian Institute (INI)
- IMSS - COPLAMAR
- ECOSUR - (El Colegio de la Frontera Sur)
- IEI - Instituto de Estudios Indigenistas (Indigenist Studies Institute)
- OMIECH - Organización de Médicos Tradicionales del Estado de Chiapas (Organization of Traditional Doctors of the State of Chiapas)

There are also institutions with research programs in traditional medicine, such as the IMSS / Solidaridad program of interrelation with Traditional Medicine.

The main lines of research are the characteristics of traditional medicine, the characteristics of traditional healers and rural midwives, medicinal plant plots, retrieval of traditional medicine, exchange between institutional doctors and traditional healers through workshops and joint community work.

The respondent stated that the economic, political, scientific and planning impact of these studies or programs is theoretically, there is a strong impact on the users for them to accept and use the IMSS's medical structures. Consultations should be free of charge as they are part of the exchange with the population/health center. Theoretically, the program is being implemented in a very small number of communities and basically remains as a proposal in writing because of the doctors' lack of qualifications and the lack of time and effort. These programs tend to be more political in nature rather than actual mechanisms to fight poverty.

In the future there should be more exchange workshops and the doctors should receive more support and training in anthropological issues, traditional medicine and methodology.

The expectations for medium- and long-term studies will decrease the medical personnel in indigenous and marginalized areas, stressing the use and acceptability of traditional practices and abandon even further these marginalized areas.

National and Foreign Support

Traditional medicine is assigned a certain amount of funds for its development and research by institutions such as the Organization of Doctors of the State of Chiapas (Organización de Médicos del Estado de Chiapas - OMIECH), INI, and IMSS/COPLAMAR

There are both public and private institutions offering support: the State Government, the MacArthur Foundation, SOLIDARIDAD, UNO, FAO, WHO, and PAHO

These funds are directed to research, dissemination and the implementation of training workshops and the exchange of knowledge.

Traditional healers receive economic support when they are involved in projects and if they belong to organizations of indigenous healers. The support they receive, however, is not for their healing activities, but rather to organize encounters, workshops and exchanges.

2.2.7 Nicaragua

Healers

According to the respondents, there is a registry of traditional healers in Nicaragua that has so far registered 2,500 healers.

The principal healing specialties are midwives, healers, shamans, and rubbers (a traditional healing massage).

Specialties	Female participation
Midwives	Not specified
Healers	Not specified
Shamans	Not specified
Rubbers	Not specified
Some health promoters tend to also be traditional healers	Not specified

Nicaragua has national associations that group traditional healers. Their objectives are among others to disseminate alternative forms of healing, such as rebirthing (CECALLI), to research treatment effectiveness and to disseminate, and exchange knowledge regarding traditional or indigenous medicine.

The National Center of Traditional Popular Medicine Estelí (Centro Nacional de Medicina Popular Tradicional Estelí) is an example of this type of association. This center provides direct healthcare services and functions as a clinic like OIJ and SOYNICA, among others.

Support and Research Institutions

Nicaragua has institutions that promote the development of traditional medicine, such as:

- a) CECALLI in Estelí.
- b) The National Center of Traditional Popular Medicine Estelí (Centro Nacional de Medicina Popular Tradicional Estelí - CNMPT).
- c) The National Network of Alternative Therapies (Red Nacional de Terapias Alternativas).
- d) TRAMIL - ENDA - Caribe.
- e) SOYNICA in Managua.
- f) UPONIC (a University degree in Natural Medicine).
- g) MINSA promotes midwifery as a way of improving the quality of prenatal, childbirth and postnatal services.
- h) The Institute of Traditional Medicine (Instituto de Medicina Tradicional), together with CEDEMETRA, CNMPT, CECALLI and CEPA, aims at recovering, preserving and disseminating traditional medicine (both as a practice and training).

The research institutions in Nicaragua in charge of traditional medicine as a topic are CECALLI in Estelí, CNMPT in Estelí, The National Network of Alternative Therapies (Red Nacional de Terapias Alternativas UNAN), in León, CISAS, TRAMIL, URACAN in the Atlantic Coast, UNAN in León, and the Institute of Traditional Medicine (Instituto de Medicina Tradicional)/URACAN.

National and Foreign Support

Some NGOs channel occasional and specific international support for research. Some of the institutions providing this support are Bread for the World (Pan para el Mundo) (a private institution), Barna Network (Red Barna) (a private institution), DANIDA (a private institution), and TRAMIL. This kind of support is granted to research,

teaching, practice and dissemination. Healers only get economic support from NGOs when they participate in public events.

Other foreign institutions granting support are Academic institutions, Bread for the Children (Pan para el Niño), CII Network from Canada, and other NGOs.

The funds that these organizations grant are for the dissemination of traditional medicine.

2.2.8 Dominican Republic

Healers

Although there is not an official registry of traditional healers, the respondent from the Dominican Republic stated that there are between 2,000 and 3,000 healers at the national level.

The principal healing specialties are:

Specialties	Female participation
Voodoo	90%
Ensalmadores (sorcerers)	80%
Herbalists	50%

There are no associations grouping traditional healers in the Dominican Republic.

Development of the Traditional Healthcare Systems (Traditional Medicine)

In the Dominican Republic there are public and private institutions that promote the development of traditional medicine. The most representative institution is:

The Dominican Institute of Medicine (Instituto de Medicina Dominicana) with its headquarters in Santo Domingo. Its specific objectives are to contribute to the creation of a healthcare system within the reach of all sectors of society in both cultural and economic terms; to research traditional medicine; to contribute toward the development of a work methodology for public health.

Research Institutions

The research institutions in charge of traditional medicine as a topic in the Dominican Republic are the Dominican Institute of Medicine (Instituto de Medicina Dominicana), INDIA/UASA, ENDA - Caribe, QUIPRONA/UASA, and UNPMU.

There is a research program on traditional medicine that is run by the Dominican Institute of Medicine called Revaluating Dominican Traditional Medicine. The main lines of research are Medical Anthropology, Ethnobotanics, and Ethnopharmacology.

The impacts these studies have had so far are: it is now more common to use the term "Dominican traditional medicine" in research environments and institutions related to this topic and a forum was established in official entities, such as the Health Ministry, WHO and the universities.

The topics for further research are the legislation of herbal medicines, production and commercialization of medical plants, and systemization of traditional practices.

According to the respondent, the medium and long-term expectations are very difficult because of a "chronic lack of funds."

National and Foreign Support

There are no funds for the development of or research on traditional medicine in the Dominican Republic. Traditional healers are not supported economically by any organizations or institutions.

2.2.9 Peru

Healers

A registry of traditional healers is currently being developed in Peru. According to the collected data, the principal healing specialties in Peru are:

Specialists	Female participation
Healers	20%
Herbalists	50%
Midwives	90%
Bone-setters	10%

In Peru, the associations grouping traditional healers work at a regional level. The specific objectives of these organizations are to obtain official recognition and to formally collaborate in the healthcare arena. Their current bargaining power is almost non-existent.

Development of Traditional Healthcare Systems

The following public and private institutions promote the development of traditional medicine in Peru:

The National Institute of Traditional Medicine (Instituto Nacional de Medicina Tradicional) has 17 branches all over the country in Arequipa, Ayacucho, Cajamarca, Cusco, Chiclayo, Huáraz, Ica, Trujillo, Piura, Iquitos, Pucallpa, Tarapoto, Tacna, Huancayo, Jauja, Tarma and Huacho. Some universities and NGOs registered at the Health Ministry offer courses in traditional medicine. All these organizations have the specific objectives of disseminating and researching traditional medicine.

Research Institutions

The institutions in charge of traditional medicine as a research topic are the National Institute of Traditional Medicine (Instituto Nacional de Medicina Tradicional - INMETRA) with its branches: INMETRA-Ayacucho, INMETRA-Cusco, INMETRA-Chiclayo, INMETRA-Iquitos, the Institute of Traditional Medicine of the Peruvian Social Security Institute (Instituto de Medicina Tradicional del Instituto Peruano de Seguridad Social), INMETRA-Tarapoto, The TAKIWASI Center (Centro TAKIWASI), and INMETRA-Cajamarca.

All these institutions are closely related to the corresponding local university.

The National Institute of Traditional Medicine is in charge of a research program in traditional medicine known as the General Direction of Research and Technology (Dirección General de Investigación y Tecnología). The main lines of research that this program follows are clinical research, medical anthropology, and demographic statistics.

The impact of these studies or programs can be seen in the implementation of programs and services in communities, the evaluation of medicinal plants and the understanding of statistical variables.

The following works are part of the future research/studies to be implemented: an ethnobotanical atlas, agent identification, comparative traditional medicine (Peru and Latin America), psychoactive substances and neurotransmitters.

National and Foreign Support

At least some areas of traditional medicine in Peru have funds for development and research. The organizations providing this support are the Ministry of Public Health (Ministerio de Salud Pública), NAPRALERT, Salerno University, Scientific University of the South (Universidad Científica del Sur), certain industries specializing in herbs.

The assigned resources are used for research, teaching and dissemination. Traditional healers in Peru may even receive economic support from NGOs and academic institutions.

2.3 LEGISLATION AND LEGALIZATION OF HEALING PRACTICES

The issue of legislation and legalization of the practice of traditional medicine is of great importance due to the direct implications that it has on traditional medicine's development. The relationship between official and formal health systems and traditional medicine can be interpreted in different ways. Therefore, in this section, we present

information about topics such as the regulation of the practice of traditional medicine, the laws that has been passed in different countries to undertake this regulation, the process of creation and implementation of the laws, the licensing of practitioners and/or the special procedures they have to comply with in order to practice, the problems that traditional practitioners face in dealing with regulations, and the position that the official system has toward the practice of traditional medicine and traditional practitioners.

2.3.1 Bolivia

Legislation and Legalization

It is necessary to have an official license in order to practice traditional healing in Bolivia. According to the respondent, only ten percent of the traditional healers have this permit. This implies that only approximately 500 healers have an official license. This license is granted by the government through the Ministry of Human Development.

There is a law that regulates the practice of traditional medicine in Bolivia. It is known as the Supreme Resolution No. 198771, La Paz, 1984. This law was proposed sixteen years ago and has been in force since the bill was passed in January, 1984.

As sometimes happens with statutes, bills or laws, this law, in spite of having nation-wide jurisdiction, in actual fact does not regulate the practice of traditional medicine. The Department of Ethnic Issues of the Ministry of Human Development as well as the Ministry of Health are in charge of regulating the practice of traditional medicine in Bolivia. The Ministry of Health is currently against the practice of traditional medicine. SOBOMETRA, for example, does not have the autonomy to act on its own despite of having the legal provisions to do so. "Freedom of action is not allowed."

In Bolivia, not all those involved in or related to traditional medicine have access to the most updated information about laws regarding traditional medicine. One of the respondents stated that there are no official standards or permits to regulate traditional healers' practices. He argued that since the law regulating traditional medicine had not been passed yet, he ignored the kind of problems unlicensed healers might face. He also claimed to ignore the existence of any bill or law regulating the practice of traditional medicine in Bolivia. However, he stated that the Health Ministry is the governmental institution in charge of regulating this practice.

Because there is a lack of legislation, laws, bills or standards to regulate traditional medicine within the official health legislation, the Congress decided to create a Bolivian Traditional Medicine Society, which does not have the full support of the health authorities.

In spite of the fact that things are being done to legislate and legalize the practice of traditional medicine, it can be seen that not all researchers or people involved in this field have access to updated or adequate information about this topic.

2.3.2 Chile

There is an official license in Chile for the practice of traditional healing. According to the respondent, very few traditional healers are licensed. It is the government who grants this license through its Health Ministry. Unlicensed healers can be fined or their offices may be closed down.

The Unit of Traditional Medicine and Other Alternative Medical Practices (Unidad de Medicina Tradicional y Otras Prácticas Médicas Alternativas) of the Health Ministry is the governmental institution in charge of regulating the practice of traditional medicine.

According to one respondent, in Chile there are no laws, bills or standards regulating traditional medicine, it is not included within legislation, with the exception of specific cases such as homeopathy and, to a lesser degree, medicinal plants. There is a need for public policies regarding traditional medicine that may propose the legislation and legalization of the activities of a large number of traditional healers whose work must be done in a covert way or under the shield of unclear licenses.

Another respondent agreed with the above overview and reiterated that there are no official licenses for the practice of traditional healers in Chile. If healers invade the realm of the official medical practice, they may be fined or accused of illegal medical practice and thus have legal problems.

In view of the lack of a legal framework regulating traditional medicine in Chile, it is tolerated so long as it passes practically unnoticed and does not compete with the official health practice.

2.3.3 Costa Rica

There is no official license in Costa Rica for the practice of traditional healing. Therefore, healers cannot work openly. However, because traditional medicine is not regulated, they are not sanctioned for practicing their healing arts. Since the practice of traditional healing is ignored by the official health laws, there is no control over the healers. It is the Health Ministry who is to a certain extent informed of the practice of traditional medicine. Only the production of traditional medications is regulated.

The Legislative Assembly is currently studying a bill for the enactment of a future law on traditional medicine (the "indigenous law").

2.3.4 Ecuador

There is no official license in Ecuador for the practice of traditional healing. In view of this, the healers have grouped in associations in order to secure protection. These associations, however, are not officially recognized by the State. There are no governmental institutions regulating the practice of traditional medicine.

In regard to the problems generated by the lack of official licensing, the Jambi Huasi institution stated: "The healers do not have a legal license or permit and thus cannot exercise their knowledge freely." They are therefore pursued and eventually imprisoned. The associations that are currently being created have been legalized through the Health Ministry. This strategy is creating new tolerance levels. Beyond this, however, there is not an adequate legal framework regulating the practice of Quicua healing practices.

In Ecuador, there are bills for the introduction of laws regulating the practice of traditional medicine. The bill was proposed by indigenous peoples and aims to achieve a global reform of the legal system by modifying the Constitution.

In regard to this bill, the Jambi Huasi institution stated: "Based on this bill, the last Constitutional Assembly included two articles stipulating the basic principles on which the practice of traditional medicine in general must be based." Chapter 4, Fourth Section, Article 44 reads:

"The State will formulate the national health policy and will monitor its application. It will control the operation of the entities of this sector. It will acknowledge, respect and promote the development of traditional and alternative medicine, the practice of which will be regulated by law, and will promote scientific and technological advancement in the health area subjected to bio-ethical principles." The Constitution of the Republic, Chapter 5, Article 84, numeral 12 regarding Collective Rights, states: "To the systems, knowledge and practice of Traditional Medicine, including the right to the protection of ritual and sacred places, plants, animals, minerals and ecosystems of interest to the state from the point of view of traditional medicine."

This bill was proposed at the beginning of 1998. It was formally passed by the end of June and came into force on August 10. It is too soon to know if the law is actually regulating the practice of traditional medicine. This is a law with national/federal jurisdiction.

The respondents stated that there is not a government institution in charge of regulating the practice of traditional medicine. There is an increasing interest and motivation in approaching the healthcare practices of the indigenous peoples.

2.3.5 Guatemala

The respondents stated that although there is not an official license for the practice of traditional healing, ten percent of the traditional healers have managed to get a permit. In order to get this permit, traditional healers need to go through training. These permits are issued by the Public Health Ministry together with the local Health Center. This kind of permit, however, is not granted throughout the country.

The healers without a permit do not face problems so long as their healing practice takes place within their own population. This is so because the local people still request the services of traditional healers for some of their treatments. At a national level, however, they are ignored. The respondents pointed out that the healing tradition of the healers who do not have a permit may disappear because of the fact that they are

rejected by the institutions. Traditional healers may risk being sued for malpractice, particularly when they do not have a permit.

The information about the bills of regulation mechanisms provided by the different respondents from Guatemala varied, so we have tried to give a general summary.

One of the respondents said he knew of the existence of a bill contemplating traditional medicine, Article 161 of the Health Code. This bill was proposed a year ago and was formally passed on November 1, 1997, but it has not been put to practice. Although it is a national law, in fact it does not really regulate the practice of traditional medicine.

Another respondent also commented that there was a bill in the Peace Agreement signed in Guatemala in 1996. Under the section regarding socio-economy and agriculture, there is a part dedicated to health. This bill was proposed a year and a half ago. Although the law was formally passed on December 29, 1996, it is not yet in operation. According to the respondent, this law only partly regulates the practice of traditional medicine. Traditional medicine is only mentioned in the Peace Agreements, but the current healthcare system does not comply with the laws regarding traditional medicine.

Another of the respondents recognized the existence of this bill and, like the previous respondent, made reference to the bill included in the Peace Agreements. Finally, the last respondent said he knew of the existence of a bill regarding traditional medicine called "Bill on Phytotherapeutic Products." This bill was proposed over three years ago.

All the respondents coincided in stating that there is not a governmental institution in Guatemala regulating the practice of traditional medicine, and that at the most, what is regulated are the end products, such as herbal medicine capsules and tablets. In any case, they all agree that the Ministry of Public Health should be in charge of regulating this practice.

2.3.6 Mexico

The Mexican authorities are currently working on an official license for the practice of traditional healers. So far no one has a license to practice traditional medicine. Unlicensed healers face the following problems:

Respect for the indigenous culture, freedom for healers to practice traditional medicine, validation of traditional medicine, legal and financial support for the development of traditional medicine, total independence for traditional healers, a mutually supportive and respectful relationship between both types of medicine, workshops for traditional healers.

A bill to regulate the practice of traditional medicine is currently being worked on. Proposals regarding this bill have been made since 1989.

2.3.7 *Nicaragua*

Nicaragua's official health statutes do not stipulate the need for an official license for the practice of traditional healers. So far they have worked without problems.

A regulation for the practice of traditional medicine is currently being developed and will eventually be under the responsibility of the Drugstore Department of the Health Ministry (according to the General Law of Medication and Drugstores). Regulation focuses on the use of plants (phytotherapies) and not on the practice of traditional medicine as a whole.

Traditional healers in Nicaragua face the following problems: lack of official control, lack of technical assistance, apart from being rejected by the Medical College and by the Health Ministry.

2.3.8 *Dominican Republic*

There is no official license in the Dominican Republic for the practice of traditional healing.

Traditional healers in the Dominican Republic face the following problems: lack of a license or permit to practice their healing arts that implies the work the healers do is practically illegal. The official institutions accept them so long as they keep a low profile.

The respondent was not aware of whether there was a bill regulating the practice of traditional medicine.

2.3.9 *Peru*

Although there is no official license in Peru for the practice of traditional healing, the Health Ministry is responsible for handing out permits.

Some of the problems traditional healers in Peru face because of the lack of an official license are legal difficulties for practice and possible police control or harassment.

A Traditional Medicine Bill to regulate traditional medicine in Peru is currently being promoted. It was proposed a year ago but has not been passed yet. It is believed that it will only partly regulate traditional medicine.

The National Institute of Traditional Medicine is the official institution that is working on the regulation of traditional medicine.

The Congress of the Republic is still discussing the making of laws and statutes for the regulation of traditional medicine.

2.4 REASONS FOR TRADITIONAL HEALTH CARE DEMAND

Within the wide variety of diseases that currently affect populations over the world, there are specific diseases and illnesses that are understood within its specific cultural environments. Therefore, in this section, we intend to show the variety of the most frequent illnesses and to characterize the reasons why the population demands traditional medicine. As a point of comparison, the section also shows those illnesses defined by the biomedical system, and some which are characterized by traditional medicine, putting special attention on the ten main reasons as well as highlighting some of the factors that induce the appearance of illnesses, according to the point of view of the informants.

2.4.1 *Bolivia*

According to the respondent, the ten most frequent causes of disease or ailments in urban areas in Bolivia are infections, nervous disorders, parasites, traumas, malnutrition, rheumatism, liver disorders, sexually transmitted diseases, kidney disorders, and paralysis.

And the ten most frequent causes of disease in rural areas in Bolivia are Orijasja (Malnutrition), Pakisja (broken bones), Qapeja (Pachamama's -Mother Earth's-punishments), Chuyu (cough), Mancharisga (fright), Qechalenas (diarrhea), Wayra (evil wind), Marasga (allergies and skin problems), Tullu nanay (rheumatism), and songo nanay (heart, thorax, chest pain).

We originally understood diseases or ailments as causes for the demand for healthcare that encourage people in urban areas to seek out traditional healers, but our respondent also pointed out social and cultural factors including their economic situation, their cultural situation, access to healers, biomedicine's failure in healing cases of fright, red tape (bureaucracy), and biomedicine's lack of human touch.

This information somehow reveals factors that have an influence over the use of traditional medicine.

In the case of the causes for the demand for healthcare that make people in rural areas seek traditional healers our respondent also pointed out social and cultural factors: their cultural situation, their economic situation, access to healers, lack of healthcare services, and religious beliefs.

The respondent pointed out that, according to the Andean cosmovision, natural and social factors as well as psychosomatic causes and divine agents are linked together as causes of disease.

According to another respondent, the most frequent cause of health problems in urban and rural areas in general is the lack of hygiene.

2.4.2 Chile

According to the respondent, in Chile the most frequent causes of health problems in urban areas are stress, infections, blood pressure, otitis, cholesterol problems, disphony, colds or flu, falls, upset stomach, gallbladder problems, and prostate problems.

The respondent said he was not aware of the most frequent causes of health problems in rural areas since he is not a doctor and has not researched these causes.

2.4.3 Costa Rica

Based on the data collected in Costa Rica, a series of illnesses were mentioned as the most frequent causes of disease.

The causes for the demand for healthcare that make people in rural areas seek traditional healers are high blood pressure, diabetes, flu, kidney disorders, ulcer, heart problems, diarrhea, bronchitis, rheumatism, and parasites.

Another respondent pointed out that the ten most frequent diseases in Costa Rica are upper breathing tract infections, acute tonsillitis, hypertension, lumbar affections, bronchitis, arthritic affections, neurotic disorders, diabetes mellitus, gastritis, and swelling of the womb or vagina.

2.4.4 Ecuador

According to the respondent, the ten most frequent causes of health problems in urban areas are cardiovascular diseases, arthritic affections, hypertension, peptic acid diseases, depression, car accidents, work accidents, infections of the breathing system, infections of the digestive system, and tuberculosis.

The ten most frequent causes of health problems in rural areas in Ecuador are breathing diseases, diarrheic diseases, tuberculosis, gyno-obstetric pathologies, postnatal sepsis, work accidents, hypertension, depression, peptic acid diseases, infections of the urinary tract, and malnutrition.

People go to traditional healers in urban areas for the following reasons: the cost of medication, as a new treatment alternative, psychological disorders, curiosity, in order to have comprehensive healthcare, the healer-patient relationship, the treatment is for the whole being rather than for organs or systems, they suffer from chronic diseases, they do not feel Western medicine is producing any improvements, the results they see when they have been treated with traditional indigenous medicine, and to get positive energy and improve their life situation (good luck).

People go to traditional healers in rural areas for the following reasons: the trust they have in the *Yachac* (healer), the healers tend to be part of the community, of the family, the cost of medication, medicinal plants are within their reach, the language,

most of them feel that what is natural is better, the cosmovision of each person, the way the health/disease process is understood, the discrimination they suffer at the state's health centers, the way healers interpret diseases, and they suffer from chronic diseases.

The respondents commented that the diseases and ailments listed above are attributed to different factors, such as natural or social factors, psychosomatic causes, and divine agents and disease resolution.

2.4.5 Guatemala

The lists of the causes for the demand for healthcare and of diseases that we present here are a compilation of the information provided by different respondents.

The most frequent causes of health problems in urban areas in Guatemala are breathing diseases, intestinal parasites, hepatitis, sexually transmitted diseases, skin diseases, pneumonia, alcoholism, depression, anxiety, gastritis, nervous disorders, cardiovascular diseases, arthritis, blindness, insomnia, diarrhea, malnutrition, and high blood pressure.

The most frequent causes of health problems in rural areas are malnutrition (both children and adults), parasites (amoebas), acute infections of the breathing system, (diarrheic) gastrointestinal diseases, dehydration, measles, whooping cough, alcoholism, anemia, poisoning, pre-eclampsia, typhoid fever, malaria, contagious infective diseases (skin diseases), colics, fright, rheumatic diseases, women's diseases, tuberculosis, obstetric risks, tonsillitis, gastritis, pneumonia, and bronchitis.

According to the respondents, the demand for healthcare from traditional healers in urban areas is due to the following causes: alcoholism, fright (anorexia), sunken crown of the head (dehydration), and parasites.

The demand for healthcare from traditional healers in rural areas in Guatemala is due to the following causes: evil eye, fright (anorexia), intestinal parasites/amoebas, alcoholism, fever, sorcery, sunken crown of the head, dehydration, muscular tear, dislocations, fractures, fissures, first aid, tonsillitis, diarrheic diseases, gastritis, arthritis, breathing diseases, hair problems, and measles.

2.4.6 Mexico

According to the respondent, the most frequent health problems in urban areas are: accidents, gastrointestinal diseases (diarrheic), acute infections of the breathing system, heart attack (myocardium infarct), breast cancer, cervical-uterine cancer, dermatitis, lung emphysema, peptic acid diseases, depression, diabetes, and hypertension.

The most frequent health problems in rural areas are diarrhea, gastrointestinal diseases, acute infections of the breathing system, dermatitis, parasites, tuberculosis, malnutrition, cervical-uterine cancer, and peptic acid disease.

The demand for healthcare from traditional healers in urban areas is due to the following ten causes: envy, sorcery, fright, high fever, acute skin problems, diseases “doctors don’t heal”, evil eye, insomnia/nerves, indigestion (empacho), and sunken crown of the head.

The demand for healthcare from traditional healers in rural areas is due to the following ten causes: diarrhea, fever, skin problems, heavy cough, sore throat, nerves, evil eye, fright, indigestion (empacho), and sunken crown of the head.

The list of the most frequent causes of diseases and ailments that make people demand healthcare services shows that they are attributed to different factors: natural factors (NF), social factors (SF), psychosomatic causes (PSC), divine agents (DA) or others (O) as follows:

2.4.7 Nicaragua

According to the respondents, the most frequent health problems in urban areas are acute diarrhetic diseases/parasites, acute breathing diseases / bronchitis, malnutrition, asthma, diabetes, abortions, STDs, problems during pregnancy, cervical uterine cancer, dengue fever, malaria, urinary tract infection, skin diseases, cancer, alcoholism and substance abuse, animal and snake bites, cardiovascular diseases, and kidney disorders.

According to the respondents from Nicaragua, the most frequent health problems in rural areas are acute diarrhetic diseases/parasites, acute breathing diseases, malnutrition, abortions, problems during pregnancy, neonatal tetanus, digestive diseases, STDs, fright/sorcery, cervical uterine-cancer, dengue fever, malaria, urinary tract infection, skin diseases, alcoholism and substance abuse, and snake bites.

The demand for healthcare from traditional healers in urban areas is due to the following causes: stress, located pain, swelling, kidney problems, hormone problems, unsatisfied with clinical doctor’s diagnosis, overweight, breathing disorders, diarrhea (children), terminal cancer, and unknown factors.

The demand for healthcare from traditional healers in rural areas is due to the following causes: childbirth, sunken crown, fright, different types of tumors, mental problems, hormone changes (menopause), nervous disorders, fear, insomnia, evil eye, diarrhea/colics, lung disorders, parasites/skin problems, fever/malaria, dengue fever, snake bite, and dislocations/fractures.

2.4.8 Dominican Republic

According to the respondent, the most frequent health problems in urban areas are in children: acute diarrhea, acute breathing diseases, malnutrition; in adults: hypertension, cancer, AIDS, tuberculosis, and malaria.

According to the respondents from the Dominican Republic, the most frequent health problems in rural areas are the same as above. In children: acute diarrhea, acute

breathing diseases, and malnutrition; in adults: hypertension, cancer, AIDS, tuberculosis, and malaria.

The demand for healthcare from traditional healers in urban areas is due to the following causes: evil eye, sorcery, *padregón*, possession, and conversion disorders.

The demand for healthcare from traditional healers in rural areas is due to the following causes: evil eye, sorcery, *padregón*, possession, and conversion disorders.

The respondent observed that according to the cosmovision of traditional medicine in the Dominican Republic, natural factors, social factors, psychosomatic causes and divine agents are all considered as causes of disease.

2.4.9 Peru

According to the respondent from Peru, various social and cultural factors are considered as causes of disease and ailments in urban and rural areas.

The causes of the most frequent health problems in urban areas in Peru are malnutrition, overcrowded housing, poverty, unemployment, pollution, and psychocultural causes.

The most frequent causes and factors related to the presence of diseases and ailments in rural areas in Peru are malnutrition, lack of hygiene, unhealthy housing, illiteracy, lack of sanitation, lack of access to culture, economic causes, social factors, and lack of technology.

The demand for healthcare from traditional healers in urban areas is due to the following causes: rural migration, failures in academic medicine, economic factors, and a preference for natural treatments.

The demand for healthcare from traditional healers in rural areas is due to the following causes: people are used to resorting to traditional medicine, the lack of official healthcare services in rural areas, the existence of traditional healers, and an abundance of medicinal plants.

2.5 POPULAR AND HOUSEHOLD MEDICINE

This section deals with the definition that informants have about popular and household medicine. It is important to highlight the concepts that are prevalent regarding these issues that share boundaries with the area of traditional medicine. In addition, this section shows some factors that are important when putting into practice the concepts of these types of medicine.

2.5.1 *Bolivia*

The definition of popular and household medicine varies according to how it is conceived and according to the specific contexts of some of the respondents. Here we will present a summary of the ideas expressed.

The respondent indicated that popular and household medicine are understood the same way as they are defined in the project as a set of resources that the population can count on to meet some of their health care needs. These resources and knowledge are not circumscribed in a specific cosmovision. In effect, it is knowledge developed by different types of medicines (allopathic, traditional, etc.) and is generally practiced before seeking any doctor or therapist. The practice occurs within the home as the first level of care. These therapeutic resources are put into practice due to the lack of economic resources, which causes the family of the patient to take action on their own, according to their level of knowledge of household remedies.

2.5.2 *Chile*

The respondents from Chile defined popular or household medicine as that which is transmitted from family to family through time, maintaining the belief in the health or curative effects, such as in the use of rarely known plants that are described as medicinal plants. This knowledge is put into practice due to low economic resources, ignorance, geographic isolation, and popular beliefs. On the other hand, the procedures for confronting health problems in the domestic environment derives from a decision made by the female head or housewife. This knowledge is put into practice for simple problems due to lack of money or because of distance or cultural conflict, among other reasons.

2.5.3 *Costa Rica*

The participant in Costa Rica stated that popular or household medicine is understood as that which persons practice individually within the household, autoprescribing and recommending remedies to friends and neighbors. On the other hand, for this practice, products of different cultural influences are used without leaving aside the use of medicinal plants that are occasionally found in domestic gardens. The plants and other articles that are used for this practice are generally brought into the country and few are native.

These therapeutic resources are put into practice when the health problem is not complicated, depending on the age, and principally with older women since they are the ones who use them. This practice is also employed in the presence of mild discomfort or when it is customary to use certain remedies that have been found to have positive results for pain relief. Such remedies are administered in the form of tea infusions, baths with leaves, or salves made of natural plants, clay, or fruits, for example.

2.5.4 Ecuador

The participants in Ecuador state that popular or household medicine include those practices which use resources found in the local environment and used culturally for a type of health care that is provided in the home or among relatives or neighbors.

Such therapeutic resources are put into practice under certain circumstances such as for preventative purposes, in emergencies, or in the case of general health problems. Some measures are calming or palliative, using the resources at hand. It is common to attend health centers at local level or where a traditional therapist is available. Population also attend those places when used remedies fail.

2.5.5 Guatemala

Based on the information from the respondents, the concept of household or popular medicine is constructed in the following manner:

- It is understood as the common and popular alternative uses to treat light symptoms, whether by natural means or chemicals. The treatment could be done by the mother of the family without consulting other persons who are dedicated to treating serious illness. It consists of the preparation of medicines with medicinal plants and some chemical substances. In addition to being prepared by people who are specially trained, these are prepared by housewives in many populations.
- It is the type of medicine that is prepared in the home by the female elder or the female head of the family.
- Household or popular medicine is the medicine used in the home with plants the others have used and have experienced the results.

The respondents commented that under the following circumstances such therapies are put into practice: due to previous experience and good results, because of rumors or hearsay, pharmaceutical consultation, pain, tiredness, sadness or melancholy, menstrual cycle, evil eye, as natural medicine, due to necessity, lack of money, because of habit or because it has always been done in the rural area, a person gets sick and there are no immediate curative resources.

2.5.6 Mexico

Household or popular medicine, according to the respondent, is defined as: Basic, non-specialized knowledge about herbs, baths, messages, prayers and patent medicine for first aid to any type of illness in the home. This knowledge is generally held by the women in the home. These resources are used as the first level of care for any type of illness and also when there is no doctor nearby.

2.5.7 *Nicaragua*

The informants stated that household or popular medicine is based on common knowledge in the population of the most frequent problems that could be treated through the advice of an elder or an expert in medicinal plants or animal oils. It is also used as the first level of care against serious complications (flu, diarrhea, nerves, etc.) and is applied by the mother of the family.

These resources are used almost always and independent of the distance or accessibility of a health unit. Some persons expressed a preference and opt for scientific medicine only when the problem has worsened and required hospitalization where all of the necessary resources are available.

2.5.8 *Dominican Republic*

The respondent stated that household or popular medicine shares the same definition as that of the project. Therefore, it is a set of resources that a population has to attend to some health needs. These resources and knowledge are not circumscribed in a specific cosmovision. In effect, it is knowledge composed of distinct medicines (allopathic, traditional, etc.) and is generally used before seeking care from a physician or healer. This practice is conducted within the home and as primary care. These therapeutic resources are used in all of the social classes in the Dominican Republic.

2.5.9 *Peru*

The respondent explained that household or popular medicine refers to a set of concepts about health and illness that is controlled primarily by the housewives or the older women in the family group.

This series of practices and therapeutic knowledge is applied in the case of mild illness, before the initiation or manifestation of an illness, and as the first response to an emergency.

2.6 TRAINING AND DEVELOPMENT OF THE TRADITIONAL HEALERS

Having a close reference of the elements that participate in the training of traditional practitioners allow us to understand the dynamics of its practice. This section deals with those aspects related to the training and development of these practitioners, including elements such as the way they acquire their knowledge, the institutions involved in the training process, the methods used to share knowledge and experiences, how the training turns later into practice, which are the regions in every country that are considered particularly important for the practice of traditional medicine and the social importance of traditional practitioners.

2.6.1 Bolivia

In this country, there are institutions responsible for teaching traditional medicine. Among these include KUSKA, which has a school of traditional medicine called INKARI in Cochabamba. In addition, the Kallawayaya Institute is located in La Paz. These educational institutions employ teaching and learning modalities through seminars, workshops, lectures, meetings, and trimester courses throughout the year. Teaching is accomplished through practicums and observations with more experienced healers as they carry out their work, lectures and workshops. Another form of transmitting knowledge of traditional medicine is through personal revelations and inspiration.

Healers generally secure a locale where they can carry out their therapeutic activities, which are generally located in the countryside and individually owned. Some have more equipped and formal consultation rooms for their traditional healing practices.

In Bolivia, the three regions of Bolivia that are known for their frequent use of traditional medicine and the presence of healers are the highlands - Kallawayas, the valley - Jampiris, the tropics - Ipayes, Chamanes.

The respondent from SOBOMETRA commented that in the population of Rajay Pampa, it is known that a family lineage frequently exists among traditional therapists. Therefore, it is common that the ability to become a traditional healer is delegated to the new generations through family relations.

On the other hand, training on traditional medicine is also offered through the personnel of the official health sector. This training consists of courses, workshops, and seminars. Workshops are also offered for nurses and health promoters and are principally sponsored by the Church.

2.6.2 Chile

In contrast to Bolivia, there are no institutions responsible for teaching traditional medicine in Chile. In order to transmit this knowledge from healer to apprentice, teaching is done through practice and observation. Among other forms, personal revelations and family relations are channels through which knowledge is passed. Traditional medicine is practiced in consultation rooms or spaces especially adapted for that activity. However, some healers occupy spaces that are considered traditional for healing and such sites are generally in the countryside. The respondents mentioned that the reporting of good results greatly benefits them, especially when the news is spread from one person to another. In Chile, for its geography and diversity in the indigenous population, traditional medicine is used in both urban and rural zones. Finally, there are herbalists (*yerbateros*) who transmit information from generation to generation and the same occur with bonesetters.

The respondent commented that there is not much training offered to the official health personnel on traditional medicine. The training that is offered is not very extensive and consists of occasional informative events that may or may not be included in the official training programs.

2.6.3 Costa Rica

According to the information obtained, the data does not clearly demonstrate a process of training. The informants stated that there are no institutions that are responsible for teaching traditional medicine. However, they do know of the existence of NGOs that, within their activities, contemplate the teaching and study of traditional medicine.

2.6.4 Ecuador

The institution in charge of teaching traditional medicine in this country is The Andean University "Simon Bolivar," a private institution in the city of Quito. The education programs include certificate programs, seminars, workshops and meetings. NGOs such as the clinic "Jambi Huasi" provide traditional medicine services. The regions of the country that are recognized for their frequent use of traditional medicine are:

- Ecuadorian coast- Santo Domingo de los Colorados- Sachilas.
- Sierra- the most known are the Yachac de Iluman- Otavalo.
- East- Los Cofanes.

In general, there is no training offered to official health personnel on traditional medicine.

2.6.5 Guatemala

The information regarding the teaching of traditional medicine has different interpretations. On one hand, some of the respondents agreed that traditional healing is learned through empirical means since there are no institutions in Guatemala responsible for teaching traditional medicine. In this sense, they coincide in that traditional medicine is taught through practice and observation, although personal revelations, family lineage, and dreams are also used. An informant mentioned that institutions such as C.D.R.O. located in Totonicapan Guatemala, as well as Barefoot Doctors in Chinique, the Quiche Guatemala, have other activities that involved teaching traditional medicine. These institutions carry out technical studies, seminars, informal presentations and workshops. On occasion, the practice of traditional medicine is delegated from generation to generation and is learned equally by adults who are struck with some illness and consequently gain experience in knowing how to cure it.

Other participants stated that traditional medicine is taught to apprentices through practice, observation, readings and workshops. Some even use videos. The practice of traditional medicine in Guatemala occurs in clinics. In some indigenous populations, there is a continuity or presence of a lineage through which healers pass down their knowledge that was acquired during their life to new generations in order to perpetuate the option that still prevails within family and community life. For example, there are

lineages among persons who set bones who are already teaching this skill to their children.

The zones of Guatemala most known for the practice and use of traditional medicine are the southeast, west, western highlands, center, and the Mayan region and population.

Another respondent stated that there are no apprentices for learning traditional medicine because the role of the healer is seen as a predestined gift that increases through inheritance and is granted according to the calendar, manifesting itself in different forms. Thus, it is only transmitted through kinship or inheritance.

Traditional medicine is practiced in the homes of the healers and in private clinics, such as that which is located in Chimaltenango. In Guatemala, the personnel of the official health services do not receive training on traditional medicine.

2.6.6 Mexico

There are different mechanisms for teaching traditional medicine in Mexico which include both government and non-government organisms. For example, the National Indian Institute (INI) has an area that is dedicated to the organization, coordination, and instruction of traditional medicine. The INI in some states in the country coordinate with organizations of traditional healers to provide workshops or courses, among other activities, where they can gather and share their knowledge.

Traditional medicine is taught to apprentices through practice, observation, workshops, and dreams. However, these means also vary according to the type of healer. In addition to lineage and dreams, knowledge is also transmitted through dreams of the "nagual" in the body of the newborn, visions, or serious diseases/ risks of death.

In Mexico, traditional medicine is practiced in the home of the healer, mixed clinics, caves, hills, special places in the town, and in the home of the sick person. There are areas throughout almost the entire country where traditional medicine is practiced, although its use is greater in some places than in others. For example, the states listed below have the highest prevalence: Chiapas, Morelos, Oaxaca, Veracruz, Guerrero, Chihuahua, Yucatan, and Veracruz.

A respondent commented that the continuity or existence of some lineage or kinship line is frequently known among healers of a given town, population or family. The respondent claimed that there are many, although the specific names were not known by the respondent. Furthermore, the respondent stated that training is offered to the personnel of the official health services in the form of traditional medicine workshops, informal presentations, medical anthropology workshops, and workshops on community work techniques with the IMSS-Solidarity.

2.6.7 Nicaragua

The following institutions are responsible for teaching traditional medicine:

- Cecalli, a private organization in Esteli.
- Soynica, a private organization in Managua.
- School of Agriculture, a public organization in Esteli.
- UNAN in Leon.
- Real Nicaraguense de Sistemas Tradicionales in Leon.
- MINSA, the Ministry of Health.

Traditional medicine is practiced in clinics and private offices and at the community level, especially in the case of basic care. The regions of the country that are recognized for its frequent use are Jinotega, Diriomo, Esteli, Somoto, Leon, Limay and Matagalpa. The zone of Nicaragua most know for these practices is on the Atlantic coast, although it is also practiced in the central and northern zones.

Training on traditional medicine does exist for the health personnel of state level services through the NGOs. In Nicaragua, the personnel of the official health services are not given training on traditional medicine.

2.6.8 *Dominican Republic*

According to the information gathered, there are no institutions that teach traditional medicine. Thus, the apprentice learns through practice and observation. Among other forms, knowledge is also transmitted through dreams and personal revelations. Since the healers can only count on their own personal resources, traditional medicine is practiced in individual houses. In the Dominican Republic, there are two regions of the country known for their frequent use of traditional medicine: San Juan de la Maguana and Samana.

The data indicates that the existence of a family lineage among traditional healers is not known. The respondent commented that training is not offered on the subject to official health personnel.

2.6.9 *Peru*

The respondent indicated that there are institutions responsible for teaching traditional medicine. One organization is the National Institute of Traditional Medicine. In addition to this organization, various universities offer courses in the schools for health personnel training. In these educational institutions, teaching is done through seminars, workshops, meetings and conferences. Teaching is done from healer to apprentice through practice, observation and dreams. Other mechanisms include videos, personal revelations, kinship, dreams, inspiration and personal experience. In reference to the spaces used by the healers, it was reported that special tables are used in Peru for such therapeutic practices. The regions that are known for frequent use of traditional

medicine are Huancabamba (Piura), Salas (Chiclayo), Ica, Cusco, Tarapoto (Iquitos), and Puno.

The respondent commented that the continuity of family lineage does frequently exist among some traditional healers such as the following cases: Garcia Flores (Huancabamba), Don Pablito (Trujillo), Calahuayas, Las Huarinas, Yatiris de Puno, and Pagos del Cusco.

The respondent commented that training programs are offered to official health personnel through courses, workshops and informal presentations.

2.7 DIAGNOSIS OF DISEASES

This section offers a description of diagnostic techniques of traditional medicine that are prevalent in the different regions in Latin America and the Caribbean. We can observe that there are two sharply defined trends, one with spiritual or mystic base and the other based on the use of herbs and other resources. The section also mentions the use of certain diagnostic procedures borrowed from biomedicine.

2.7.1 Bolivia

Some of the principal traditional diagnostic techniques that are employed by traditional healers in Bolivia are by means of the ingestion or consumption of coca leaves, *milla*, *cery* or *achuma via trichoceros pachanoi*. Occasionally, modern technology is used within the traditional practice for diagnosis.

2.7.2 Chile

The investigator in Chile stated that the principal diagnostic techniques are through observation ("see the water") of the patient's urine, *Tokpapas*, invocation of the Holy Spirit or patron saint, among others which were not specified.

The same informant commented that modern technology has never been used within traditional medicine practices in the country for the diagnosis of illnesses or disease.

2.7.3 Costa Rica

No information available.

2.7.4 Ecuador

Some of the principal and most widely used diagnostic techniques by traditional healers in the country are the following:

- Cleansing with *Cuy* (also known as *cobayo* or *curiel*)
- Cleansing with a candle
- Cleansing with an egg
- Urine (urine sample in transparent recipients)
- Physical examination (observations of the eyes and face through touch)
- Cleansing with sacred stones
- Dreams

The respondents in Ecuador commented that modern technology (such as stethoscopes, sphygmomanometers, etc.) has never been used within the traditional medicine practice for diagnostic purposes.

2.7.5 Guatemala

The principal techniques used for diagnosis are direct observation, interview, personal discussion, spiritual signs and analysis of the situation in general of the visit. There are also some that use iridology. In Guatemala, only on occasion is modern technology used in the diagnosis of illnesses and disease such as in the case of traditional midwives, for example, who are trained in the use of the stethoscope, fetoscope and other clinical instruments.

2.7.6 Mexico

Some traditional techniques used for diagnosis by the traditional healers are the following: dreams, listening to the pulse, tossing corn, hallucinogenic mushrooms, peyote, and reading of the egg.

Modern technology is occasionally used within traditional practices, especially those instruments or technologies for which the traditional midwives and healers have received instructions, courses or training from some institution.

2.7.7 Nicaragua

The principal traditional diagnostic techniques are the following: common nosologies, specific rituals for each disease, questioning, history and observation of the patient, Japanese and Chinese techniques have been introduced.

Within traditional medicine in Nicaragua, modern technology is usually employed in the therapeutic practice. The respondents stated that general physicians offer consultations with traditional medicine along with some traditional therapies.

2.7.8 Dominican Republic

The principal diagnostic methods are through reading the urine and through the traditional healers entering into a state of trance.

2.7.9 Peru

Some of the principal diagnostic techniques include message with *cuy*, message with egg, reading the leaves of Coca, through *psycoactivas*, and *mesadas*.

According to the informant, traditional medicine in Peru has never incorporated modern technology into the therapy.

2.8 THERAPEUTIC RITUALS

Given the importance of rituals in traditional medicine, this section revisits what the main rituals are in the region, the elements used to practice them and the symbolic representation of divine entities, gods, saints, etc. which are the most representative. It also deals with the use of altars and their composition. It also mentions the role of religion in the practice of traditional medicine.

2.8.1 Bolivia

The rituals or ceremonies that are frequently practiced in traditional medicine are *Milluchada*, *Quoarada*, *Pichorada*, and Call of the *animo* (valor, spirit).

The elements most widely used in the rituals or ceremonies are *Milla* (mineral), *Quoa* (plant), *Pichorada* (flowers, Ruda, Ratame), and Clothing of the "frightened one".

The symbols of nature, divine beings, gods, saints, among others, which are the most representative of the healing practices in Bolivia are *Tata Inti* - Father Sun, *Mama killa* - Mother Moon, *Pacha Mama* - Mother Earth, *Achachilas* - High mountains - Aymasa, and *Apus* - High mountains - Kechuas, *Riutas* - Human skull.

The relationship that traditional medicine maintains with religion could be understood in different forms according to the context of each particular place or region. In this respect, the informant stated the following: "The practice of traditional medicine is religious and naturalistic. There is no native healer who initiates a healing without first having offered rituals of petition and favors to the Andean and Christian divinities. Syncretism exists."

The respondent comments that for the healing, altars are used within the home on ritual tables and in sacred places. These altars contain the following elements: tables, candles, *incana*, *loza*, jingles, stones of *rayo*, *Sara Kuti*, *Llogue caito*, *Llogue* (wood from a tree), *Ama Tulya*, *Senga Atog Chupa*, *Petan*, plants, head of a condor, skin of a puma, and a deer horn.

2.8.2 Chile

With respect to the healing rituals and ceremonies that are frequently practiced in traditional medicine, a respondent commented that they were only familiar with that of the Sahumerios, but that others do exist. The elements that are most widely used are bunches of herbs, incense, religious figures or images, clothing of the sick, alcoholic beverages, candles.

It is common to use altars inside the home of the traditional healers to put the cure into effect. The elements and objects that are found on these altars depend on the type of traditional practice or the type of cure. Another respondent in Chile commented that the rituals and ceremonies are frequently done within the realm of traditional medicine in the country. This includes prayers by the Catholic indigenous women that are used to invoke beings from nature. According to the respondent, the symbols of nature, divine beings, gods, or saints that are the most representative of the healing practices in Chile depends more on the specific religious context of each popular practice. The relationship between traditional medicine with the established religion or with other religions still exists with a general sense of divinity and respect for the religion.

2.8.3 Costa Rica

The rituals or ceremonies in the traditional healing practices of Costa Rica are done within some indigenous groups. These consist of ceremonies of two or three gods of curing along with animals, chanting and plants around the patient. The elements that are most widely used in the traditional medicine rituals or ceremonies include wooden figures decorated with drawings of the illnesses, animals and *luengas*.

The respondent stated the following in terms of the relationship between traditional medicine and religion: "The Catholic religion is always against it, a clash exists." It was also commented that altars are used within the home for healing practices and contain flowers, clothes and candles.

The respondent commented that the religious people offer promises to virgins or saints such as the virgin of the angels. They walk by foot for hours or crawl on their knees toward the altar to give thanks for saving or curing a family member or themselves.

2.8.4 Ecuador

The rituals or ceremonies that are frequently practiced include: cleansing rituals with the use of whistles, sounds, chants, sayings and calls to the hills or the good spirits; ritual of the sacred bath (in sacred festivals such as the Inti Raymi); rite of Huaccha Caray.

The elements that are most widely used in those Ecuadorian traditional medicine rituals or ceremonies (such as figures, images, alcoholic beverages, incense, candles, clusters of sacred herbs, etc.) include: flower bouquets, blessed water, cologne, egg,

branches from the mountains corresponding to each case, branches for cleansing, tobacco cigarettes, lances de *chonta*, sacred stones, necklaces, rosaries, crucifixes, images, candles, drink, oils from sacred animals, and magnets.

Within the traditional medicine of Ecuador, the symbols of nature, divine beings, gods, saints, which are most represented include:

- Powers of the stones which represent the energy of a determined mount or hills in which the element is found.
- Blow smoke from a cigarette or alcohol which represents the passing of positive energy, thus strengthening the patient being treated.
- The healers wear white clothing as a symbol of strength, one that possesses positive energy, a clean body.
- The sacred stones are found in different colors. White, for instance, represents hope, which will maintain the strength of the patient and clean out all evils.
- Lances of *chonta* are used to demonstrate that the patient is spiritually strengthened, as a source of defense against negative energies (such as wearing an amulet or charm).
- The nettles of the plants are used to signify that it is going to open the pores of the skin through which the negative energies will leave. The **MATICO** because of its odor makes the bad spirits or energies go away and helps to keep the body clean.

Traditional medicine maintains a relationship with the established religion or others in the following manner, for example:

The relationships that are maintained with Catholicism are: prayer, the use of images, candles placed before saints, the invocation of the saints of the Church, the use of the rosary, blessed water for cleansings and blessings. With the mediation of the sacristan, one must pay the gods that do bad in the case of witchcraft.

Within traditional medicine in Ecuador, altars are used within the home of the healer for curing. These altars consist of elements and objects such as: sacred stones, crucifixes, rosaries, images, wildflowers (with meanings), eggs, cologne, alcoholic beverages (especially "pure"), blessed water, crystals or types of metals in some cases.

2.8.5 Guatemala

The rituals or ceremonies consist of the celebration of ceremonies of Mayan origin, which are practiced by spiritual guides. The rituals are used to resolve health problems, or better yet, to strengthen a person's spirituality. The elements that are most widely used for these therapeutic rituals or ceremonies are candles of 6 colors that represent the four cardinal points, the different races, heaven and nature, the seasons, etc.;

alcohol in some cases; incense, fire, herbs, sugar, white *copal*, myrrh, fluoride water, chocolate, honey and pomade.

Other therapeutic rituals or ceremonies that are practiced include *temazcal*, baths with medicinal plants, CHOJ (BAJOS) and healing ceremonies. The elements used here are medicinal plants, candles, incense, alcoholic beverages, and coal.

The respondents stated that in addition to the rituals and ceremonies already mentioned, they also conduct prayers with candles, incense and spiritualized plants for saturation. Ceremonies are also conducted to ask for collective health and healing, especially psychological.

The therapists in Guatemala use altars in their homes with objects and elements that correspond to the healer or the one who will use them, such as *naguales*, stones, birds and liquor, images of worship for the family, flowers, candles, some signs of the sacred Mayan calendar, incense, saints or images of the Catholic religion, *copal*, and herbs and liquids prepared with medicinal plants.

Among the symbols of nature, divine beings, and gods, the most representative of Guatemala include are the heart of the heavenly God, God the Creator; Ajau, Riruk'uk Kaj, Rukux Ulew, and Xtuya; colors of the candles (red = energy and sunrise, yellow = seed and human life, black = darkness, stillness, white = God and Ajau, sky blue = firmness, green = nature; Tzite (red bean) rod used to determine the personality traits of the human being which depend on the day of birth according to the 20 days of the Mayan calendar.

With respect to the relationship between traditional medicine and established religion, the respondent commented that the communities respect both instances. In this sense, some people in certain cases practice traditional medicine in any religion, although some religions do not accept the practice of traditional medicine. When there is a closer relationship between traditional medicine and religion, it is through prayer and the belief in the power of the creator. Another example is the relationship between traditional medicine and the Mayan religion, which are seen as complementary and integral for the beliefs and faith that exist between them. Respect is maintained toward issues of sacred order, such that the thought is shared that God left plants for His children to use for their well-being.

2.8.6 Mexico

With respect to the rituals and ceremonies that are most frequent in the practice of traditional medicine in Mexico, a respondent commented: all of the traditional medicine practices consider rituals from an ethnological view in the sense that every act of curing implies or is a ritual action.

The elements that are most widely used within these rituals or ceremonies include incense, colored candles, ritual alcohol, ritual drugs such as mushrooms, peyote and others, tobacco, colored flowers, white flowers, catholic figures or images, mystic/religious figures or images, special herbs, cloths, animals (live, dried, or in

alcohol) such as hens, chickens, cats, pigs, turtles, snails snakes, stuffed squash to call the spirit, and various beverages such as Coca-Cola.

The symbols of nature, divine beings, gods, or saints which are most representative in traditional medicine in Mexico were described in the following manner: In each place, the divinities change name and importance according to the historic moment and the context in which each character is referred. Moreover, all of the spirits of the sacred places exists such as caves, hills, water holes, lakes, the patron saint, the Virgin Guadeloupe, Jesus, Saint Mathew, the elves (in the jungle, they are known as the *ajaw*), and the mystic divinities and the creators of the human race.

A relationship exists between traditional medicine and the established religions and other religions according to and depending on the degree of acculturation, varying from rejection to syncretism. The respondent commented that within the home of the healer, altars are used for curing and consist of the following objects and elements: religious images, candles, flowers, incense, herbs, Coca-Cola, sacred images from the community, boxes with saints, and colored cloths.

2.8.7 Nicaragua

The rituals and ceremonies that are more frequently practiced are the santeria, cards, dream interpretation, visions, rituals with incense and branches, spit on the child, animal sacrifice, aromatic rubs, diagnosis via sweats, smokes and scrubs with herbs.

The elements that are most widely used in traditional medicine practices include images, incense, tinctures (alcoholic drinks with herbs), *ruda* (branches), candles, and herbs.

The therapists use altars in their homes that are composed of incense holders, basins, stones, cups or goblets, images, photos, candles, and little papers.

2.8.8 Dominican Republic

The healing rites and ceremonies most widely used are the following: voodoo, mani, pilgrimages (promises), and *reguardo*.

The elements used most frequently in the rites and ceremonies are music, herbs, figures, tobacco, saints, incense, candles, and alcoholic beverages.

The symbols of nature, divine beings, gods, and saints that are most representative of healing practices in the Dominican Republic, according to the informant, are those of voodoo, as well as the saints of the Catholic Church. The informant stated that altars are used in the home which contain candles, pictures of saints, bottles and *bolones*.

2.8.9 Peru

The most common rituals or ceremonies are mesadas, flowering, and baths in lagoons.

The most widely used elements include water, stones, dances, alcohol, plants, spades, woods, candles, music, chants, and images.

The symbols of nature, divine beings, gods, and saints that are most representative of healing practices in Peru are hills, lagoons, animals, christian saints, astros (sun, moon), ocean rivers, and *huacas*.

The respondent commented that the relationship between the Catholic religion and traditional medicine is that of syncretism. Furthermore, the healer uses altars in the home consisting of pictures of saints.

2.9 REMUNERATION

Practitioners of traditional medicine may receive certain type of payment for the services they provide, as any other type of worker. This section revisits the different ways in which traditional practitioners are paid, the link between payment and practice, as well as the links that some of them have with organizations that pay for their services in a formal commercial interaction.

2.9.1 Bolivia

In order to cover the fees for traditional healing services different payment forms are used, such as paying in-kind or in exchange for some other service.

In the other hand, there are companies and private businesses that contract services from traditional healers, such as cases of CHALLAKO in the offerings of *Q'oa* (a ritual that is offered to the Andean and Christian divinities to ask for favors or benefits to initiate the construction of buildings, bridges, houses, mines, etc.) In these cases, it is common to seek the help of a healer to perform a ritual so that the construction process does not suffer any delays.

2.9.2 Chile

The respondents stated that to pay for traditional healing services, different monetary forms are used, as well as payment in-kind, or in exchange for services.

There are no companies, private health business, nor others that contract traditional healing services.

2.9.3 *Costa Rica*

The respondent stated that payments are made in-kind or monetarily. It was also mentioned that there are companies and private business that contract traditional healing services, such as Biosalud. Specific reference was made to the case of a healer that was contracted by this German company to tend to a business venture (a shopping center).

2.9.4 *Ecuador*

The payment forms for healing practices are through monetary means or in-kind. Furthermore, there are no companies or private health services that contract such types of services.

2.9.5 *Guatemala*

To cover fees, payments are made in-kind and monetarily. A respondent commented that, in the past, traditional healers did not collect money for their services. Their services were covered through an exchange of objects or articles, or in-kind. In Guatemala, there are no companies or private businesses that contract traditional healers.

2.9.6 *Mexico*

Payments are made monetarily or through an exchange of service, but this depends on the specialty of the healer. For instance, midwives receive a more formal payment, as well as the *curanderos*. The others receive a type of "gift" in exchange for their services. There are no companies or private businesses that contract traditional healing services.

2.9.7 *Nicaragua*

The respondents stated that monetary and in-kind forms of payments are made to cover the traditional healers' fees. There are no companies or private businesses that contract traditional healing services.

2.9.8 *Dominican Republic*

The respondents stated that monetary and in-kind forms of payments are made to cover the traditional healers' fees. There are no companies or private businesses that contract traditional healing services.

2.9.9 Peru

The respondents stated that monetary and in-kind forms of payments are made to cover the traditional healers' fees. There are no companies or private businesses that contract traditional healing services.

2.10 EVENTS

The exchange of information seems to be an important means in the reproduction and expansion of traditional medicine. This is the reason why this section shows the main events that were referred to by informants to be the most representative, as well as the activities that are performed in some of them and the institutions involved in their promotion in the different countries.

2.10.1 Bolivia

The events related to traditional medicine occur in conferences and meetings that are organized by the Bolivian Traditional Medicine Society (SOBOMETRA). Of these events, only the biennial conferences of SOBOMETRA are the most representative.

2.10.2 Chile

The respondents stated that the traditional medicine events that are held in Chile are conferences, meetings, colloquiums and symposiums and are occasional events. However, the conference on medicinal plants is the most important in the country. The respondents did not mention which individuals or organizations organize such events.

2.10.3 Costa Rica

The respondents stated that the events consist of meetings between people interested in the topic and *shamans*. The most representative is the Latin American Conference of Traditional Medicine, which is held in San Jose, Costa Rica.

2.10.4 Ecuador

The five most representative events are:

- First Plurinational Meeting (YACHACS) held November 28-30 and December 1, 1996, in Peguche, Jambi Huasi- OMAERE.
- Meeting of Yachac organized by the Ecuarrunari held in 1997.

- Meeting of Yachac-Mamos. "Environment and Indigenous Cosmovision. Ecuador-Colombia" October 28 and 29 in Peguche, October 30 and November 5 in Quito, and October 31-November 4, in Puyo.

Other events on traditional medicine that were held in the country by NGOs were those organized by the Andean University, Simon Bolivar, which has institutionalized a Traditional and Alternative Medicines Workshop that brings together people whose research, academic, or service interests are along those lines. The workshop is held monthly.

2.10.5 Guatemala

According to the information from the respondents, the events on traditional medicine held in Guatemala are those meetings, such as the Mesoamerican, with representatives from the Pan American Health Organization, Ministry of Public Health, healers, etc. These conferences, among others, endorse the practices and workshops for the NGOs. The most representative gatherings are meetings to follow up on the health initiative for the indigenous people of Mesoamerica with the collaboration of national counterparts, PAHO, and traditional healers from each country.

It was also mentioned that the other traditional medicine events that take place in Guatemala are conferences, national seminars on medicinal plants and national expositions on medicinal plants and products made from those plants. The most representative events are the national conference, courses, workshops and the production of didactic manuals.

2.10.6 Mexico

The traditional medicine events that are taking place in the country are meetings and activities such as The Medicinal Plant Fair and the conferences and/or meetings of traditional healers that are organized by the National Indian Institute (INI). The respondent stated that although the most representative events in the country were not known exactly, there are events that do exist but are not well publicized. For example, there are events that are organized by the INI (e.g., in the state of Puebla in 1996) or those which are organized by the associations of traditional healers, themselves.

2.10.7 Nicaragua

The respondent mentioned that the most relevant events held in the country are "500 Years of Indigenous, Black and Popular Medicine," workshops with *Shamans* organized by Cecalli and CNMPT, and the Traditional Medicine Conference in CNMPT held in Esteli. They also perform healings from illnesses, elimination of spirits, liquid preparations for washing, and *borbojos*.

2.10.8 Dominican Republic

According to the respondents, the events that are held in the country are conferences, meetings, colloquiums and symposiums. Of these events, the most representative are: Know How to Cure (NGOs), India course workshop (university), and the Latin American Seminar on the Theory and Practice in the Application of Traditional Medicine in Formal Health Systems (international).

2.10.9 Peru

The events are held in the form of conferences, meetings, and symposiums. Of these events, the most representative are courses, workshops, lectures, meetings and conferences that are organized by some universities and the National Traditional Medicine Institute.

2.11 MEDICATIONS AND MEDICINAL PLANTS

This section shows the wide variety of resources available for the practice of traditional medicine, particularly focusing on plants. The tables display information about the local name that plants receive in every setting, the scientific name when available, its therapeutic uses and the part of the plant that is used for these purposes. It also points out the way medicinal plants are cultured. Finally, the section is concerned with presenting information about the way plants are used not only by traditional practitioners but also by other type of practitioners, including biomedical.

2.11.1 Bolivia

The medicinal plants used the most according to the Bolivian Society of Traditional Medicine SOBOMETRA are:

Name	Local name	Use	Part used
1 Hediondilla	André aylla	Fever	Leaves, flowers
2 Ruda	Castilla ruda	Stomachache	Leaves
3 Retama	Retama	Heart pains	Flowers
4 N/A	Chinchikkuma	Cough	Flowers
5 Qewiña	Qewiña	Diarrhea	Bark/peel
6 Carido santo	Chanyarumi	Insomnia	Flowers
7 Berros	Ogoruru	Hepatic	Leaves, stem
8 Amor seco	Chogechapi	Diuretic	Leaves, stem
9 Polígono	Wakcha barbero	Hemorrhoids	Leaves, stem, flowers
10 Calindula	Uchuqaspa	Anti-inflammatory	Flowers, leaves
11 Llantén	Lanti lanti	Wounds	Leaves
12 Menta	menta	Digestive	Leaves
13 Manzanilla	Manzanilla	Stomachache	Flowers, leaves
14 Cedrón	Sacha udeón	Menstrual pains	Leaves, flowers
15 Hinojo	Hinojo	Increase breast milk	Flowers, leaves
16 Matico	Matico	Wounds, cuts	Leaves
17 - N/A	Mankupaki	Hepatic	Flowers, leaves
18 Aloe	Sabila	Laxative	Leaves
19 Uña de gato (cat nails)	Kari kari	Tumors	Bark/peel
20 Eucalipto (Eucalyptus)	Eucalipto	Provoke sweating	Leaves
21 Molle	Molle	Insect repellent	Leaves, seeds
22 Geranio (Geranium)	Soltaky	Tumors	Stem, leaves, flowers
23 Romero (Rosemary)	Romero	Various	Leaves
24 Tártago	Tártago	Purger	Seeds
25 Paico	Paico	To kill parasites	Seeds, root

Other resources used for the practices of traditional medicine are minerals, clay; animal substances, skins, blood, urine and feces; and psychoactive plants. *Achuma*, *Wilka*, *Floripondio*, *Chamico*.

In Bolivia, there is no support for the protection, control and cultivation of medicinal plants. The traditional healers occasionally or almost never combine their practices with those of allopathic medicine. With respect to the frequency or the extent to which traditional medicine is mixed with therapies from other cultures, such as acupuncture or Bach flowers, the combination is practically non-existent.

2.11.2 Chile

Other resources that are used in traditional medicine practices include bonesetting, prayers or invocations, Hispanic medicine and pharmaceutical drugs. The respondent was not aware of other resources.

In Chile, there is support for the protection, control and cultivation of medicinal plants which is provided by The Chile X Foundation, The Sewing Collective, and Caritas Chile.

According to one respondent, traditional healers occasionally combine their practices with those of allopathic medicine. However, they never mix traditional medicine with therapies from other cultures, such as acupuncture or Bach flowers. Another respondent, however, commented that they frequently combine traditional medicine practices with allopathic medicine and occasionally with therapies from other cultures.

2.11.3 Costa Rica

The medicinal plants that are most used in the country or region are the following:

Name	Local Name	Use	Part used
1 Cilantro de coyote*	Spirit Wood	Heart anemia	Roots
2 Tilo*	N/A	Nerves	All
3 Hoja aire*	N/A	Nerves	Leaves
4 Orégano*	N/A	Bronchitis	Leaves
5 Swamp root*	N/A	Kidneys	N/A
6 Sorobi*	N/A	Diabetes	All
7 Gavilana*	N/A	Diabetes	N/A
8 Saragundi*	N/A	Diabetes	N/A
9 Aceituno*	N/A	Amoebas	N/A
10 Jengibre (Ginger)*	N/A	Cold	N/A
11 Ajenjo ⁺	N/A	Liver	N/A
12 Artemisa ⁺	N/a	Nerves	N/A
13 Diente de león (Lion's tooth) ⁺	N/A	Diabetes	N/A
14 Manzanilla (Camomile) ⁺	N/A	Stomachache Menstrual pain	Flowers
15 Borraja ⁺	N/A	Lower fever	N/A
16 Sauco ⁺	N/A	Cough, cold	N/A
17 Zacate limón ⁺	N/A	Cold	N/A
18 Hierba buena ⁺	N/A	Stomachache	N/A
19 Romero ⁺	N/A	Digestion problems, vaginal wash	N/A
20 Malva ⁺	N/A	Freshen stomach	N/A
21 Pichi chio ⁺	N/A	Sinusitis	Fruit (drops of juice)
22 Juanilama ⁺	N/A	Gastritis-colitis	N/A
23 Alamovol [^]	N/A	Snake bite Various uses	N/A
24 Terrokicha [^]	N/A	Nervous system	N/A
25 Kuaske [^]	N/A	Internal organs	N/A
26 Juacrikicha [^]	N/A	Flu	N/A

27 Kolo kalmoli^	N/A	Boils	
28 Pasua Koyoc^	N/A	Itch, mange	
29 Dumawo^	N/A	Parasites, stomachache	
30 Kua^	N/A	Rheumatism	

* Plants used by blacks

+Plants used by whites

^Plants used by Indians

Other resources that are used in traditional medicine practices include animals (rubbing liniments of skin), snakes, and snake tablets.

There is support for the protection, control and cultivation of medicinal plants. This is provided by private institutions, the Ministry of Health, and by some NGOs. The respondent commented that it is unknown whether or not the traditional healers combine their practices with allopathic medicine. Frequently, traditional medicine is combined with therapies from other cultures, however.

Other medicinal plants used in Costa Rica are:

Name	Use	Parts used
1 Manzanilla	Stomachache and menstrual pain	Flowers
2 Tilo	Nerves	Leaves
3 Seven herbs	Kidneys	Leaves
4 Pchichio	Sinus	Fruit (drops of juice)
5 Mint	Cramps stomachache	Leaves
6 Cuculmica	Anemia	Stick
7 Hombre grande	Liver	Stick
8 Mozote	Refreshen stomach	Stick
9 Biriaza	Refreshen stomach	N/A
10 Chan	Refreshen stomach	N/A
11 Garlic	Parasites	N/A
12 Cilantro coyote	Anemia	Leaves/roots
13 Potato	Gastritis	Juice
14 Pipa (locally known as Coco) (Coconut)	Kidneys	Liquid/milk

2.11.4 Ecuador

The plants most widely used are the following:

Name	Use	Parts used
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1 Manzanilla	Dyspepsia	All, spec. leaves and flowers
2 Toronjil	Anti-inflammatory	Leaves
3 Cedrón	Anti-stress, anti-inflammatory	Leaves
4 Hierba Luisa	Anti-inflammatory	All
5 Hierba mentaro	Anti-inflammatory	All
6 Anís del campo	Faloving, dyspepsia	All
7 Arrayán	Flu and colds	Leaves (vapor)
8 Eucalipto aromático	Flu and colds	Leaves (vapor)
9 Menta (mint)	Flu and cold	All
10 Orégano	Anti-inflammatory	Leaves
11 Paicotaro	Obstetric (childbirthing)	All
12 Eucalipto de campo (wild eucalyptus)	Anti-inflammatory	Leaves, roots
13 Cilantro	Dyspepsia	All
14 Matico	Disinfectant	Mainly leaves
15 Caballo chupa	Diuretic	The plant
16 Sauco	Dermatologic, itch or mange	Juice
17 Marco	Disinfectant	All
18 Ortiga	Rheumatism, diuretic	Leaves
19 Alfalfa	Hematologic (anemia)	All
20 Llanten	Anti-inflammatory	Leaves
21 Juyanguillo	—	—
22 Taraxaco o diente de león	—	—
23 Tigrasillu	—	—
24 Ayahuasca	—	—
25 San Pedro	—	—

Other resources or techniques used in traditional healing practices in Ecuador include the use of incense, topical creams, special tablets, saunas with medicinal plants, massages, suction, digitopuncture, and airvents.

The support for the protection, control, and cultivation of medicinal plants in Ecuador is provided by two private institutions: Jambi Huasi and OMAERE.

Traditional healers occasionally combine their practices with those of allopathic medicine. For example, on occasion, patent medications are used in combination with plants (Finalin, Terramicine), but this is generally done so according to the specific treatment.

With respect to the mixing of traditional medicine with therapies from other cultures, a respondent commented, "The previously mentioned techniques, such as moxibustion, vents or digitopuncture, could be tied to Oriental techniques. But, they are techniques based on local knowledge and understanding, not something learned from other cultures."

2.11.5 Guatemala

The medicinal plants most widely used include:

Name	Local Name	Use	Parts used
1. Cebolla (onion)	Xenaket	Stomachache Healing wounds	Bulb, leaf
2. Ajo (Garlic)	Ansho or Axux	Respiratory infections, Expectorant, Antiseptic	Bulb
3. Limon (Lemon)	Limonix	Flu, cough, Headache	Juice
4. Aguacate (Avocado)	Hoj'	Gingivitis, Alopecia	Leaf, Seed
5. Ruda	Rora	Cramps, Skin rash, Evil eye	Leaves, flower, stem
6. Papa (potato)	Papis	Gastritis, Burns	Tubercule, bulb
7. Pericon	Eya'	Stomachache, Diarrhea, Bases	Leaves, stems, flower
8. Ahamisa	Ahamix or kansag'ul	Muscle aches and Stomachache	Leaf, stem
9. Epazote	Sik'jij	Disinfectant, Stomachache, Fungus, Healing wounds	Leaves
10. Sabila (Aloe)	Sajkil'	Burns, Gastritis, Laxative	Leaves
11. Hierba buena (Spearmint)	Alavino	Earache, Stomachache	Leaves, stem
12. Izote	Parquij'	Coughing, Earache	Stem, leaves
13. Repollo	Vu k'ux ichaj	Laxative, Urination	Leaves
14. Achote	K'uxu'	Inflammation, Halitosis	Leaf, seed
15. Frijol (bean)	kinek'	Stomach gases	Leaf, seed
16. Eucalipto (Eucalyptus)	N/A	Nasal congestion Flu	Leaves, shoot
17. Platano (banana)	Nin Sak'ul	Difficulties in urinating, Hydration	Fruit
18. Canela (Cinnamon)	N/A	Dry cough Secretions	Stem, bark
19. Cola de caballo (Horse tail)	N/A	Diuretic, Anti-inflammatory	Stem, leaves

20. Verbena	Chachal b'e	Cough, Flu, Headaches, Skin irritations	Leaf, flower
21. Manzanilla (Chamomile)	N/A	Stomachache, Diarrhea, Cough	Leaves, flower, stem
22. Albahaca (Sweet Basil)	N/A	Earache, Ulcers	Leaf, stem, flower
23. Valeriana	N/A	Nerves, Cramps	Stem
24. Jengibre (Ginger)	N/A	Cough, Flu, Respiratory infections	Root
25. Tamarindo (Tamarind)	N/A	Diabetes, Parotiditis	Fruit, peel
26. Salvia Santa	Salb 'iya'	Stomachache, Diarrhea	N/A
27. Ineldo	N/A	Nerves, Tranquilizer	N/A
28. Romero (Rosemary)	Romero	Teeth hardener, Cough, Flu, Ceremonial uses	N/A
29. Hoja de Naranja (Orange Leaf)	N/A	Heart pain	N/A
30. Malva	N/A	Inflammation	N/A
31. Ajenjo	N/A	Amoebas	Leaves
32. Te Ruso (Russian Tea)	N/A	Menstrual cramps	N/A
33. Te Maria Luisa	N/A	Tranquilizer	N/A
34. Chipilin	N/A	Insomnia	N/A
35. Alfalfa	N/A	Anemia	N/A
36. Estafiate	Xaqixaq	Parasites	N/A
37. Mejorana	Crusim q'ayes	Childbirthing, Baths	N/A
38. Sauco	Tz'olaj-che'	Cough, Sore throat, Fever	N/A
39. Milan rama	Sutil u ke kaj	Gastric inflammation	N/A
40. Hierba buena	Orweno'	Spasms, Digestion	N/A
41. Hierba mora	Imu't	Reconstitute, Anti-inflammatory	N/A
42. Amargon	U ware koj	Tonic, Mineralizer	N/A
43. Eucalipto (Eucalyptus)	N/A	Expectorant	Leaves
44. Borraja	N/A	Fever, Cough, and For ceremonies	N/A
45. Chilca	Chojob'	Respiratory illness	N/A
46. Oregano	N/A	Throat	N/A
47. Apacin	Sik'aj par	Heal wounds, Astringent	N/A

48. Hedionda	Chu q'ayes	Antibiotic, Anti-inflammatory, Heal wounds	N/A
49. Flor de Muerto (Flower of death)	kix wa	Parasites	N/A
50. Cipres	K'isis	Expectorant, Cough, Head cold	N/A
51. Agastache	N/A	Digestion	Flower, leaf
52. Abedul or palo ariso	N/A	Depurative, Arthritis	peel, bark
53. Muerdago	N/A	High blood pressure	Leaf
54. Mirto (Myrrh)	N/A	Menstrual pain	Leaf, flower
55. Encino	N/A	Diarrhea	Bark
56. Fenogreco	N/A	Hemorrhoids	N/A
57. Hinojo	N/A	Breast milk flow	Leaf
58. Jacaranda	N/A	Parasites	Leaf, flower
59. Linaza (Linseed)	N/A	Constipation	Seed
60. Llantén	N/A	Diarrhea, Vomiting	All
61. Ortiga	N/A	Uric acid	Leaf
62. Sauco	N/A	Laxative, Intestinal cleansing	peel/bark, root

Other resources that are used in traditional medicine practices in Guatemala are:

- As a complement to the treatments celebrated in Mayan ceremonies
- Prayers
- Vapor baths (Temazcal)
- In the case of trauma, what is known as *sobaduras en luxaciones*
- Application of vents or airholes to get rid of abscesses
- Massages for nervous tension and postpartum treatment
- Surgical massages
- Stitching wounds
- Medicinal baths for postpartum women

Support for the protection, control and cultivation of medicinal plants is provided by public institutions, FODIGUA, ICTA, as well as the private institutions CDRO, MD, Farmaya ASECSA and CEMAT.

The respondents commented that occasionally, as well as on a regular basis, traditional healers combine their practice with allopathic medicine. On occasion, traditional medicine is mixed with therapies from other cultures.

2.11.6 Mexico

The medicinal plants that are most widely used in some regions are:

Name	Local Name in Mayan	Use	Part of plant used
1. Vervain	pemk'ulub	Stomachache	the whole herb
2. Guava leaves	ni'potov	diarrhea	the tips
3. <i>Epazote</i>	ko'koon	worms	the whole plant
4. <i>Orejas de burro</i>	chikin burro	stomachache	stems and leaves
5. Horsetail	----	kidneys	----
6. <i>Sosa</i>	k'ux peul	dysentery	----
7. Arnica	----	dermatitis	Leaves
8. <i>Damiana</i>	----	re-invigorating	----
9. <i>Meste</i>	----	diarrhea	----
10. Chamomile	Manzanita	diarrhea / nerves	----
11. Mint	Tumuchin	stomachache	----
12. <i>Chilca</i>	----	quickening childbirth	----
13. Mallow	----	tooth ache	----
14. Rue	Lula	fright	----
15. Rosemary	----	stomachache	stems and leaves
16. Ch'ilibet vomol	----	diarrhea	tips
17. Fennel	----	swelling, colics	seeds, stems and leaves
18. Tobacco	Moy	swelling	----
19. <i>Campana nichim</i>	----	impacts	Leaves
20. <i>Rosa blanca</i>	Sake nichim	evil eye	Flowers
21. Wormwood (Artemisia)	----	liver disorders	stems and leaves
22. <i>Dedos de niña</i>	----	eye problems	Berries
23. Camphor	----	breathing problems	Leaves
24. Bougainville	----	heavy cough	Flowers
25. Garlic	Axux	worms	Bulb

Other resources or techniques traditional medicine heals within some regions of Mexico are gems, animals, candles, incense, praying, beverages, alcohol and flowers.

In addition, there are plants that are only placed on the altar and cannot be touched nor used for any other purpose. The institutions researching these healing techniques are:

Name	Public	Private
ECOSUR (BERLINS) Colegio de la Frontera Sur	X	
INI – National Indigenist Institute	X	
OMIECH - Organization of Indigenous Doctors from Chiapas		X
IMSS - SOLIDARIDAD Mexican Institute of Social Security	X	

On the other hand, traditional healers sometimes combine their practices with practices belonging to allopathic medicine. These practices are sometimes mixed with household or popular healing. Traditional healers and midwives who have taken training courses or have worked with doctors may also include allopathic practices in their healing work.

Traditional medicine may also occasionally be combined with therapies from other cultures, such as Bach flowers, crystal therapy and acupuncture, among others.

2.11.7 Nicaragua

The medicinal plants that are most widely used by traditional healers in Nicaragua are:

Name	Local name	Use	Parts used
1. Chamomile	Matricaria Chamomile	Nervousness, Antispasmodic	The whole plant
2. Rue	Ruta Grareolens	Skin problems, To frighten spirits away	Stems and leaves
3. Eucalyptus	Eucaliptus	Breathing problems	Leaves
4. Aloe vera	Aloe vera	Scarification	Inner pulp of leaves
5. Guava	Psidijin guayaba	Anti-diarrhea	Leaves
6. Mango	Manguifera indica	Anti-inflammatory	Leaves
7. Coconut	----	Skin problems, To replace electrolytes, Parasites	Milk, oil and seeds
8. Banana	----	Anti-inflammatory	Leaves
9. Oregano	----	Breathing problems	Leaves
10. Pen	----	----	Leaves
11. Cana fistola	----	----	----
12. Naranja agria (Bitter orange)	----	Nerves	Leaves, Flowers
13. Calala	Passiflora	Insomnia	Leaves
14. Altamiz	----	Nerves	Leaves
15. Limon (Lemon)	----	Respiratory problems	Leaves, juice
16. Zorrillo	----	Respiratory problems	Leaves
17. Guapinol	----	Kidney problems	Peel
18. Guelito del fraile	----	Spasms	Leaf compresses

19. Papaya	----	Digestive, Skin, Parasites	Peel, leaves, seeds
20. Aniseed	----	Spasms	Seeds
21. Cinnamon	----	Spasm	Peel
22. Granate	----	Parasites	Roots
23. Cancer herb	---	Malignant tumors	Leaves
24. Carao	----	Blood reposites	Husk
25. Salria	Sauco	Respiratory problems	Leaves, Flower
26. Juanislama	----	Cough, Spasm	Leaves
27. Sage	----	Cough, Spasm	Leaves
28. Oregano	----	Cough, Asthma	Leaves
29. Garlic	----	Parasites, Cough	Bulb
30. Onion	----	Cough, Asthma	Bulb
31. Basil	----	Indigestion	Leaves
32. Hombre grande	----	Diarrhea, Bites	Skin
33. Jinocuabo	Coco	Anemia	Skin
34. Bejuco de quina	----	Malaria	Cane
35. Kerosin	----	Fungus	Skin
36. Racilla	----	Amoebas	All
37. Sorosi	----	Diabetes	Cane
38. Pico de pajaró	----	Eye wash	Leaves

Note: The names that are found in Spanish are the local names and were not translated.

Other resources traditional medicine heals with are rubbing (a type of massage known as *sobado*), spraying (for cases of evil eye), and animal oils

The protection, control and growth of medicinal plants are promoted in Nicaragua. The Universidad de León (a public university) is in charge of this control. NGOs (private institutions such as FCNMPT, CECALLI and CEDEMETRA) support this work and are also in charge of protection tasks.

It is common for traditional healers to combine their practice with allopathic medicine.

Traditional medicine may likewise also occasionally be combined with therapies from other cultures, such as Bach flowers, crystal therapy and acupuncture, among others.

2.11.8 Dominican Republic

The medicinal plants that are most widely used in the Dominican Republic are:

Name	Use	Parts used
1. Llantén	Hemorrhage	Leaves
2. Sabila	Burns	Crystal

3. Garlic	Worms	Bulb
4. Onions	Cough, Bronchitis	Bulb
5. Guanabana	Mazaria	Leaves
6. Bija	Vaginal infections, Burns	Seeds
7. Feregosa	Stomachache	Seeds
8. Canafisiola	Worms	Seeds
9. Juana la Blanca	Vaginal Infections	Stem, branches
10. Epazote	Worms	Branches
11. Lemon	Diarrhea/flu	Leaves, root
12. Oregano poleo	Worms	Leaves
13. Limoncillo	Flu, Sore throat	Leaves, root
14. Tua- Tua	Indigestion/worms	Leaves
15. Oregano	Flu	Leaves
16. Menta	Stomachache	Leaves
17. Hierba Buena	Stomachache	Leaves
18. Cunde amor	Diabetes	Leaves
19. Berro	Tuberculosis	Leaves, stem
20. Basil	Stomachaches, Cramps	Leaves
21. Anamu	Sore throat	Roots
22. Canelilla	Flu	Leaves
23. Miguereta	Sore throat	Oil from seeds
24. Ruda	Menstrual problems	Leaves
25. Gengibrel	Cold	Root

Note: The names that are found in Spanish are the local names and were not translated.

Other resources traditional medicine heals with are animals, such as cats or lizards; alcoholic beverages, wine, rum; amulets; prayers, such as psalms.

The protection, control and growth of medicinal plants are not promoted in the Dominican Republic.

It is common for traditional healers to combine their practice with allopathic medicine. However, they never combine traditional medicine with therapies from other cultures, such as Bach flowers or acupuncture.

2.11.9 Peru

The medicinal plants that are most widely used in Peru are:

Name	Use	Parts used
1. Coca	Analgesic	Leaves
2. Una de gato	Anti-inflammatory	Peel
3. Ruda		Stem
4. Sabila	Healing wounds or cuts	Leaves

5. Paico	Anti-parasitic	Stems
6. Hierba santa	Anti-inflammatory	Stem
7. Molle	Anti-rheumatism	Stem
8. Eucalipto	Cough	Leaves
9. Algarrobo	Nutrient	Fruit
10 .Chamico	Decongestant	Leaves
11. Cerdo Santo	Heal wounds	Leaves
12. Arrayan	Parasites	Leaves
13. Chilca	Painkiller	Leaves
14. Mastuerzo	Painkiller	Leaves
15. Retama	Laxative	Leaves
16. Romero	Painkiller	Branches
17. Sauce	Painkiller	Peel
18. Altamisa	Spasms	Leaves
19. Ortiga	Rheumatism	Leaves
20. Quina	Nausea or vomiting	Peel
21. Achicoria	Worms	Stem
22. Llantén	Anti-inflammatory	Leaves
23. Matico	Infections	Leaves
24. Muna	Anti-inflammatory	All
25. Sangre de grado	Healing wounds or cuts	Sap

Note: The names that are found in Spanish are the local names and were not translated.

Other resources traditional medicine uses for healing are animal fat (snake) and animal blood.

The protection, control and growth of medicinal plants are promoted in Peru through the National Institute of Traditional Medicine (Instituto Nacional de Medicina Tradicional).

Traditional healers occasionally combine their practice with allopathic medicine. However, they never combine traditional medicine with therapies from other cultures, such as Bach flowers or acupuncture.

2.12 REGISTRY OF MEDICATIONS AND MEDICINAL PLANTS

As a complement to the previous section, this section revisits the existence of registries of medicinal plants as a potential means to control its commercialization. It also provides information regarding the places where they are sold, the existing controls for their culture and selling, the presence of these plants in the list of drugs of official medical institutions, and the existence of patents and exportation of these plants.

2.12.1 Bolivia

According to the information provided by the Bolivian Society of Traditional Medicine (SOBOMETRA), Bolivia does not have a registry of traditional medicine plants and medications.

The medications or remedies traditional medicine uses in Bolivia are generally sold in markets and specialized stands within fairs or exhibits of natural products.

There is no control over the sales and collection of the plants and natural products used by traditional medicine.

The basic list of medicines provided by the official health institutions does not include any of the remedies of traditional medicine.

There is no information regarding the exportation of remedies or natural medicine to other countries. None of the medications or remedies of traditional medicine are patented.

2.12.2 Chile

Chile has a registry of traditional medicine plants and medications. The Public Health Institute (ISP) is in charge of this. The medications or remedies used by traditional medicine are generally sold in markets, drugstores, and shopping centers, in the streets and specialized stores. There is no control over the sales and collection of the plants and natural products used by traditional medicine.

The basic list of medicines provided by the official health institutions does not include any of the remedies of traditional medicine. Remedies or natural medicines are exported to other countries. Exportation is controlled by laboratories and individuals. The Central Bank even keeps a registry, but it does not specify the type of herbs or products that are exported. None of the medications or remedies of traditional medicine are patented. Another respondent, however, stated that any substance with healing properties can be controlled as a pharmaceutical product.

2.12.3 Costa Rica

Costa Rica has a registry of traditional medicine plants and medications which is organized by the Health Ministry and the Research and Teaching Center of Tropical Agronomy (Centro Agronómico Tropical de Investigación y Enseñanza - CATIE). The registry is organized according to the healing use of the plants and medications.

The medications or remedies used by traditional medicine are generally sold in drugstores, shopping centers and specialized stores, fairs and on the streets.

The Health Ministry is in charge of controlling the sales and collection of the plants and natural products used by traditional medicine.

Remedies or natural medicines are exported to other countries.

Some medications and remedies of traditional medicine are patented, such as Tisane (*tizano*). In order to patent a remedy or medication, it is necessary to first obtain a trademark and then a health registry.

2.12.4 Ecuador

Ecuador has a registry of traditional medicine plants and medications organized by an organization called Ecociencia, Editorial Abya Yala and individuals such as Misael Acosta Solís, author of *Vademecum de plantas medicinales* and others. This registry is organized by regions and by the healing uses attributed to medicinal plants.

The medications or remedies used by traditional medicine are generally sold in markets and specialized stores. They are also sold as prescriptions prepared by the healers themselves. Many healing products are sold by street vendors.

There is no control over the sales and collection of the plants and natural products used by traditional medicine.

It is common for the same people who give treatments with medicinal plants to also recollect and sell them. There are, however, enterprises that manufacture natural medicine. Some of them import products from other countries such as Colombia.

The basic list of medicines provided by the official health institutions does not include any of the remedies or medications of traditional medicine. No remedies or natural medicine of traditional healing are exported to other countries.

Some medications and remedies of traditional medicine are patented. It is the transnational pharmaceutical enterprises that are in charge of dealing with these products (for example, sangre de drago, ayahuasca, cat's claw, quinua, among others).

The respondents from Ecuador are unaware of the procedure that must be followed in order to obtain a patent for household medications or remedies.

2.12.5 Guatemala

Guatemala has a registry of traditional medicine plants and medications called Medicationos fitoterapéuticos. It is organized by private naturist centers and even traditional healers participate in its development. It is organized according to their healing uses. The Public Health and Social Assistance Ministry also has a registry of traditional plants and medications organized according to the healing uses attributed to them. Another respondent pointed out that there is a registry of traditional medicine plants and medications organized by CONAPLAMED. It is organized according to botanical classification, region and healing uses.

The medications or remedies used by traditional medicine are generally sold in markets and specialized stores, naturist centers and drugstores (Farmaya). There is a

certain degree of control over the sales and collection of the plants and natural products used by traditional medicine. This control is organized by LUCAM (Laboratorio Unificado de Medicina y Alimentos / Unified Laboratory of Food and Drugs) a laboratory that is also in charge of producing, processing and marketing these products. Naturist groups and individuals that know about medicinal plants, as well as various community health actors, keep a control over the sales and collection of the plants and natural products used by traditional medicine.

Some medications and remedies of traditional medicine are patented, such as nervobien, dormobien, hepabien, brontamol and natural medicine produced by Farmaya and Vida laboratories. The procedure to obtain a patent for traditional medications or remedies in Guatemala is as follows: the medication or remedy must be accompanied by scientific proof of its effectiveness and must then be legalized and accepted by the Health Ministry. It is necessary to go to the patent registration office and cover the legal requirements, present an application for a patent accompanied by a monograph of the product at the General Health Office (Dirección General de Salud) for it to be analyzed by the Unified Laboratory of Food and Drugs (Laboratorio Unificado de Medicina y Alimentos). Pharmaceutical chemists are in charge of analyzing the product.

In the case of the naturist centers, there is no specific procedure for medications. It is, in fact, just like ordinary patent procedures for marketing any other kind of product. The Health Ministry, however, is in charge of quality control over medicinal plants. It is thus necessary to comply with all the prerequisites requested by the Public Health Ministry and to pass the corresponding microbiological analysis.

The remedies or medications exported to other countries are produced by Farmaya. A remedy used to encourage the production of maternal milk is also known to be exported. These products are exported to other Central American countries.

2.12.6 Mexico

According to the respondent, Mexico does not have a registry of traditional medicine plants and medications. The National Indigenist Institute (INI), the Mexican Institute of Social Security (IMSS) and the National Institute of Anthropology and History (INAH) have done various studies and projects that recollect different plants and medications belonging to traditional medicine. Some states of the Mexican Republic even have botanical gardens with regional medicinal plants.

Traditional medications or remedies are sold in specialized stores. In San Cristobal, Chiapas, OMIECH has a store that sells medicinal herbs and various remedies.

In Tepoztlán, Morelos, there are various stores selling this kind of products. In Morelia, Michoacán and in Chihuahua, there is a large number of these stores.

There is no control over the sales and collection of the plants and natural products used by traditional medicine. The respondent is unaware of whether the basic list of medicines provided by the official health institutions includes any of the remedies or medications of traditional medicine.

As far as the exportation of remedies or medications of traditional medicine are concerned, the researcher stated that North American universities and research centers have expressed an interest in collaborating with ECOSUR and receiving medications from them. They are particularly interested in collaborating with the Berlín doctors who are devoted to researching medicinal plants.

None of the medications and remedies of traditional medicine are patented.

2.12.7 Nicaragua

Nicaragua has a registry of traditional medicine plants and medications organized by institutions located in Estelí. Traditional medications or remedies are generally sold in markets, drugstores, shopping centers and specialized stores. There is no control over the sales and collection of the plants and natural products used by traditional medicine.

The basic list of medicines provided by the official health institutions does not include any of the remedies or medications of traditional medicine.

The exportation of remedies or medications of traditional medicine to other countries occurs on a small scale. Hipecacuana, for example, is exported to Costa Rica.

2.12.8 Dominican Republic

A registry of traditional medicine plants and medications is currently being prepared in the Dominican Republic. The Institute of Dominican Medicine (Instituto de Medicina Dominicana) is in charge of this registry which is being organized by botanical classification. Traditional medications or remedies are generally sold in markets and drugstores (together with amulets and images of saints). There is no control over the sales and collection of the plants and natural products used by traditional medicine.

The basic list of medicines provided by the official health institutions does not include any of the remedies or medications of traditional medicine.

There is no exportation of remedies or medications of traditional medicine. The respondent stated that aloe vera and oregano are exported but not for medicinal purposes.

None of the medications and remedies of traditional medicine are patented.

2.12.9 Peru

Peru does not have a registry of traditional medicine plants and medications.

Traditional medications or remedies are generally sold in markets and specialized stores. There is no control over the sales and collection of the plants and natural products used by traditional medicine. The basic list of medicines provided by the official

health institutions does not include any of the remedies or medications of traditional medicine.

Remedies or medications of traditional medicine are currently being exported. The respondent stated that both cat's claw and coke leaves were exported.

None of the medications and remedies of traditional medicine are patented.

2.13 INTERACTION BETWEEN TRADITIONAL AND OFFICIAL MEDICINE

Since the possibilities of interaction of both medical traditions are different within the region, the present section shows the most remarkable ones. Emphasis is made in the character of the links between both types of medicine in the different countries; it also shows the existence of institutions that try to encourage encounters, the existence of specific mechanisms or programs to promote them, the current status of the interaction and the areas (urban or rural) where traditional medicine is more prevalent.

2.13.1 *Bolivia*

Traditional medicine in Bolivia usually relates to the population's healthcare needs through private institutions, such as NGOs and the Church. There is no institutional interaction. The respondent stated that official medicine is "practically ignorant" of traditional medicine since it has no idea of the actual power traditional medicine has. Traditional medicine is occasionally used for healthcare purposes in urban areas in Bolivia. Opposed to what occurs in urban areas, people inhabiting rural areas widely resort to traditional medicine.

There is no program linking traditional medicine with official medicine.

2.13.2 *Chile*

In Chile, traditional medicine usually relates to the population's healthcare needs through public institutions. Private primary healthcare doctors sometimes resort to it in their offices, but this does not tend to be that common. Because of people's beliefs in rural areas, traditional medicine is more widely practiced, but nevertheless tends to be camouflaged.

The respondent stated that official medicine is "intolerant" toward traditional medicine.

Traditional medicine is occasionally used for healthcare purposes in urban areas.

In rural areas, traditional medicine is widely used for healthcare purposes.

The respondent did not know whether there was a program linking traditional medicine with official medicine.

Another respondent stated that there was a type of program linking traditional medicine with official medicine. This program is based on and implemented by the Health Ministry through a specific technical unit.

2.13.3 Costa Rica

Traditional medicine in Costa Rica relates to the population's healthcare needs through institutional interaction. The respondent stated that the relationship between traditional and official medicine is of tolerance. Traditional medicine is occasionally used for healthcare purposes in both urban and rural areas. There are no programs linking traditional medicine with official medicine.

2.13.4 Ecuador

Traditional medicine in Ecuador relates to the population's healthcare needs through private institutions and NGOs. The relationship between traditional and official medicine is of tolerance. Although traditional medicine is not actually acknowledged, its practice is tolerated. Traditional medicine is occasionally used for healthcare purposes in urban areas in Ecuador. In the last few years, however, people are increasingly developing an interest in traditional medicine.

Opposed to what happens in urban areas, people inhabiting rural areas in Ecuador widely resort to traditional medicine for healthcare purposes. In Ecuador, there are no programs linking traditional medicine with official medicine. But with the increasing awakening of interest in traditional medicine, particularly Quichua medicine, the State is becoming more and more interested and is focusing to a larger degree on learning more about it. Small efforts have been made to coordinate and organize with institutions or organizations linked or working with traditional medicine in Ecuador. However, there is not a specific program so far.

2.13.5 Guatemala

Traditional medicine in Guatemala relates to the population's healthcare needs through public and private institutions. The respondent stated that the relationship between traditional and official medicine is of tolerance and that there may even be a certain degree of collaboration between both forms of medicine. There are cases, however, in which traditional medicine is not accepted by biomedical medicine. Traditional medicine is occasionally used for healthcare purposes in urban areas in Guatemala. The inhabitants of rural areas in Guatemala widely resort to traditional medicine for healthcare purposes.

There is a program linking traditional medicine with official medicine. It is called the Integral Healthcare System (Sistema Integral de Atención a la Salud).

2.13.6 Mexico

In Mexico, traditional medicine sometimes relates to the population's healthcare needs through public and private institutions. The Mexican Institute of Social Security (IMSS) and the Health Secretariat, through the work they organize with traditional healers and empirical midwives in rural communities, are an example of how traditional medicine can link with official medicine. In several states, there are private organizations that have a relationship with traditional medicine. They are specifically organizations that carry out projects involving traditional healers.

The relationship between traditional and official medicine is of tolerance. Traditional medicine is frequently used for healthcare purposes in urban areas in Mexico because its cost is low, there is no need to stick to fixed timetables, there are no cultural barriers and both healers and the people speak the same language. Besides, the healers can heal diseases allopathic doctors ignore or do not accept. The inhabitants of rural areas in Mexico also frequently resort to traditional medicine for healthcare purposes sometimes because there are no other alternatives, but also for the same reasons as inhabitants of urban areas.

There is a program linking traditional and official medicine. It is was created by the Mexican Institute of Social Security together with COPLAMAR and is implemented by a program for the interrelation between allopathic and traditional medicine run by the same institutions.

2.13.7 Nicaragua

In Nicaragua, traditional medicine relates to the population's healthcare needs through private institutions, consultation and contact with the population. It sometimes takes place through institutional interaction. The respondents from Nicaragua stated that the relationship between traditional and official medicine is of tolerance.

2.13.8 Dominican Republic

In the Dominican Republic, traditional medicine relates to the population's healthcare needs through private institutions, such as NGOs and the Church, and there is no institutional interaction. The respondent stated that the relationship between traditional and official medicine is "practically intolerant." Traditional medicine is widely used for healthcare purposes in urban areas. The inhabitants of rural areas widely resort to traditional medicine for healthcare purposes as well. There is a program linking traditional medicine with official medicine.

2.13.9 Peru

In Peru, traditional medicine relates to the population's healthcare needs through public institutions. The respondent stated that the relationship between traditional and official medicine is of mutual articulation. Whereas traditional medicine is occasionally

used for healthcare purposes in urban areas, the inhabitants of rural areas widely resort to traditional medicine for healthcare purposes. There is a program linking traditional medicine with official medicine. This program articulates both forms of medicine through the National Institute of Traditional Medicine.

2.14 BIBLIOGRAPHY

This section presents information about the number of publications and topics relating to traditional medicine in various countries in Latin America and the Caribbean, as well as the themes that are more commonly studied and those in need of further research.

The works regarding traditional medicine are of great importance since they account for a wide spectrum of topics related to this theme. It should be noted that this sample is based on the data provided by the various people participating in this study and does not represent all of the existing information nor the complete bibliography available in this region.

2.14.1 Bolivia

The participants from Bolivia noted that among the literature on traditional medicine, there are texts and publications about medicinal plants, traditional healing practices (treatments, rituals, healing, among other topics) and publications regarding traditional healers. They quoted the following publications as examples of the existing bibliography:

- *Los Kallawayas*, by Luis Giranlt.
- *Plantas medicinales de Bolivia*, by Enrique Oblitas Poblete.
- *Rituales y otros Kallawayas*, by Irma Rossing.
- *Qampi Makiri Kumanchiqpi kasam*, by Juan Sagazeta.
- *El Verde de la Salud*, by Jaime Salle.
- A journal published by SOBOMETRA (the Bolivia Traditional Medicine Society).

The participants mentioned that a Bolivian television channel known as *TV Bolivisión* has a program called "*En la naturaleza está la salud*" ("*Health is in Nature*") which is part of a section devoted to the provinces. This program focuses on topics related to traditional medicine.

Ethnophysiology, Ethnopathology, Ethnotherapies, Rituals, and Traditional Midwifery are among the most frequent themes within the existing literature related to this field. Andean Religiousness is among the less frequent themes.

The participants considered that the following themes should be promoted or studied further: ethnopathology, ethnotherapies, ritualism (including religiousness).

2.14.2 Chile

The participants from Chile noted that the production of literature on traditional medicine was quite broad, which is why they were not aware of about all the texts and materials regarding this theme. Publications regarding medicinal plants and traditional healing practices (treatments, rituals, healing among other topics) are among the materials regarding traditional medicine in Chile. They also have publications regarding traditional healers. An example of this are the works and articles regarding pharmacological activity that appear in the *Journal of Ethnopharmacology and Phytotherapy Research*.

Although the participants mentioned that there is a large number of books, journals, bulletins, articles, handouts, reports and other publications regarding traditional medicine, they did not include titles or references.

The popular and domestic use of medicinal plants is one of the most frequent themes within the existing literature relating to traditional medicine in Chile.

The participants considered that the themes that should be promoted or studied further are related to the quantification of healing practices, healers and the results obtained by traditional medicine.

2.14.3 Costa Rica

The information provided by the participants from Costa Rica reveal that the bibliography existing in this country is not very broad. They mentioned, however, that they do have publications regarding medicinal plants in Costa Rica. There are also publications regarding traditional healing practices (treatments, rituals, healing and so on). They do not have exact references regarding the works and publications about traditional healers, however.

The participants stated that a considerable amount of the literature on traditional medicine in Latin America is known in Costa Rica. They mentioned the following journals among the most important publications circulating in Costa Rica: *OPS-1 Fitoterapia*, *Newsletter of Medicinal Plants* and *Medicinal Plant*. They mentioned UICEN's publications (Unión Internacional de Conservación de la Naturaleza/ International Union for the Preservation of Nature) and the *Journal of Herbal Spices, Medicine and Plants* among the most representative bulletins/journals known in the region.

The participants from Costa Rica noted that works on Ethnopharmacology, and names, uses and general knowledge regarding medicinal plants are among the most frequent themes in texts and research.

The themes that appear less frequently in the texts regarding traditional medicine in Costa Rica refer to how to grow the medicinal plants used by traditional medicine in the region. The participants noted that other themes that are occasionally mentioned and that are considered important to research and studies regarding traditional medicine

relate to how to identify the different types of medicinal plants and the risks of consuming them in large quantities or prescribing inadequate dosages.

The participants considered that it is necessary to conduct studies regarding the validation of knowledge of traditional medicine. Both the role traditional medicine plays in the prevention of diseases and the benefits for the treatment of specific ailments are considered of great importance.

2.14.4 Ecuador

Taxonomic and descriptive studies regarding the medicinal use of plants, as well as phytochemical studies to identify the active principles of the plants used by traditional medicine, are among the themes that appear more often in the texts regarding traditional medicine in Ecuador.

The participants from Ecuador pointed out that in the existing literature, the Yachacs (spiritual healers) and other representatives of indigenous medicine in general, their rituals, and the diagnostic elements and methods they use are presented from a Western theoretical perspective. They noted that these works tend to be descriptive rather than interpretative.

The rituals performed as part of traditional medicine and the meanings they have are among the themes that occur with less frequency in the bibliography in Ecuador. The participants also commented that it was important to investigate the meaning and reason why each of the ceremonial and ritual instruments and objects are used.

On the other hand, the participants pointed out that the study of traditional medicine in Ecuador does not deal with aspects such as the interpretation of traditional medicine in reference to culture itself, the understanding, explanation and conceptualization of theoretical systems from a culturalist perspective. They consider it important to pay attention to these aspects and include them in future research.

Consequently, the participants considered that it is necessary to promote studies that focus on these themes (the meaning of the rituals of traditional medicine, the meaning of the instruments, plants and objects used in such rituals), particularly within the cultural context of the Quichuas.

The participants commented that as the aforementioned studies are performed, it would be interesting to conduct epidemiological and statistical studies among the population which is receiving or has received Quichua medicine treatments in order to document whether they improved or were healed or, on the contrary, whether they did not get good results. The participants pointed out that these studies would have to focus on indigenous and rural populations "in order to reveal the fallacies of the national health indicators." Other topics that should be promoted or studied relate to diagnosis, treatment, cosmovision and local experiences.

The promotion of studies conducted by specialists (technical and otherwise) is necessary in order to guarantee that the medicine that is used has a scientific basis. It is also important to systematize the alternative medicine experiences. A coordinated

methodology should be applied in order to save efforts and resources, as well as to improve the efficacy of the resources of traditional medicine. It is important to document programs which exchange health experiences using traditional medicine as well as technological designs and systematized research programs with concrete effects, such as vertical childbirth practices, its procedures and adequate resources. It is also important to determine how the Yachacs (spiritual healers) diagnose, the type of diagnosis they make, and the results they obtain.

The Simon Bolivar Andean University publishes the papers and proceedings of the various events it organizes, as well as other publications, as part of its academic activities. These materials do not have a pre-established timetable.

The participants commented that a catalog regarding the existing health-related knowledge and experience is being worked on in order to determine its present situation and the situation of traditional medicine in Ecuador. Another task that is being worked on is to value the role the context and the social and individual characterization play in the patients' illness processes. It is indigenous healers who do this in order to determine the treatment their patients need to follow. Lastly, it was emphasized that traditional healing focuses on two indigenous concepts: *Samayuc*, the Spirit that is connected to the nature of the patient, and *Pacarichic*, the breath, strength, energy or, in essence, life.

Among the broad spectrum of publications about traditional medicine, there are works regarding medicinal plants, healing practices and traditional healers. The participants gave examples of the bibliography in Ecuador with the following references:

SÁNCHEZ-PARGA, José, Los Yachactaitas de Iluman, in: *Revista Cultura*, Banco Central del Ecuador, Quito, 1994.

Revista Andina de Salud, Universidad Andina Simón Bolívar - Cátedra Hipólito Unaue, Quito, (a biannual magazine about traditional medicine).

Some outstanding articles regarding traditional medicine:

- Alfaro, Eloy, Los mitos del embarazo y virginidad en Gualapuro.
- Bastien, Joseph, Etnofisiología andina. Evidencia Lingüística, metafórica, etiológica y etnofarmacológica para conceptos andinos sobre el cuerpo, in: *Revista Arinzana*, No. 1, Cuzco, 1986.
- Chela, Tránsito, Visión intercultural de la medicina tradicional (a document).
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- Palacios, Cumandá, Cinco plantas alimenticias para mejorar la salud (a document).

- Pinzón, C. and SUÁREZ, R., Los cuerpos y los poderes de las historias. Apuntes para una historia de las redes de chamanes y curanderos en Colombia, in: Una América en construcción, Colciencia, Bogotá, 1994.
- La faz oculta de la medicina andina.

The newspapers in Ecuador play a secondary role in the production of texts about traditional medicine as they only occasionally publish articles on medicinal plants, massage and related topics.

2.14.5 Guatemala

There is a considerable variety of publications about medicinal plants in Guatemala. The participants reported that there are books of great interest regarding ethnomedicine, such as *Historia Natural del Reino de Guatemala*. Other interesting works refer to the healing practices of traditional medicine (treatments, rituals, healing among other topics). However, they pointed out that, in general, there are few works and publications about traditional healing.

The collection of books regarding medicinal plants, *Plantas de Uso Medicinal en Centro América*, and the work PAHO / WHO do in Guatemala are among the better known works in this field.

The participants mentioned the books by Carlos Kozel, Eliseo Baten Estrada, Armando Cáceres and Anadbella Aragón among the most outstanding work. The following books were considered of interest:

- Manual de remedios caseros, by John H. Renner.
- Plantas de uso medicinal en Guatemala, by Armando Caseros.
- Plantas de uso en Centro América, by Jacobo Ankelman.
- Naturismo y práctica, by David Broten.
- Research conducted by Elva Villatoro.
- Guía de la medicina natural, naturismo práctico.
- Medicina natural y manual de instrucción.
- Siglo XXI and the newspapers' occasional supplements.
- Implementación de un enfoque étnico de salud, by Leticia Velázquez.

The themes traditional medicine in Guatemala explores most widely relate to the most frequent illnesses among children and women, studies on the classification and healing use of medicinal plants, the manufacture of pomades, ointments and shampoos

as well as the use, drying, processing, dosage and prescription of plants for various uses.

The themes that are not so widely explored are: illnesses related to aging, the role traditional healers play depending on their specialization, the manufacture of medicinal products in the form of pearls, cruets and tablets, as well as the Mayan cosmovision.

The participants pointed out that more research should be done into what traditional medicine needs to do in order to reach optimum health levels. They were also of the opinion that studies on the importance of the work performed by traditional healers in their communities should be promoted. Other topics of interest that should be studied include:

- Classification and percentage of traditional healers according to their specialization.
- Mechanisms to accredit traditional healers.
- Ways of coordinating with the official health care systems.
- Practice and use of natural medicine.
- Massage.
- Chiropractic.
- The origins of traditional medicine.
- The difference between natural and traditional medicine.
- The difference between Mayan spirituality or cosmovision and magic or witchcraft.
- Practice and technical manufacture of essential products, such as extracts, pearls, cruets, tablets and gels.

2.14.6 Mexico

There is a vast bibliography on traditional medicine in Mexico. There are many publications about medicinal plants, such as books, periodicals and bulletins. There are publications about healing practices (treatments, rituals, healings and so on) and traditional healers. Academic institutions as well as public and private organizations are in charge of publishing and producing books related to this theme.

The following themes appear most frequently in the bibliography on traditional medicine: medicinal plants, healing rituals, culture-related diseases, frequent diseases, and epidemiological works.

The following themes appear less frequently in the bibliography on traditional medicine in Mexico: traditional treatment typology, mental health disorders, traditional medicine regulation, market for the services traditional medicine offers, and traditional medicine in various indigenous areas.

It is considered necessary to study or promote the future research of Mental Health as a topic.

2.14.7 Nicaragua

The most frequently approached themes appearing in the bibliography on traditional medicine in Nicaragua refer to the plants used by household medicine and commonly used toxic plants.

The themes that are not so widely explored in the bibliography on traditional medicine are health-related customs and beliefs, medical anthropology - nosology, pre-clinical studies of medicinal plants, other healing resources (animal oils, water), ethnobotanics, pharmacognosia, phytochemical assessment methods, phytotherapy and alternative therapies.

The participants commented that all the books on traditional medicine published in Latin America are known in Nicaragua.

The participants considered that the following aspects should be studied within the field of the production of this bibliography in Nicaragua: origins and history of natural medicine (ethnobotanics), phytotherapy, value of other alternative therapies, psychosomatic diseases, psychological aspects of disease.

It is considered necessary to study or promote research investigating "common names and their healing application," apart from delving deeper into the study of medicinal plants in Nicaragua.

2.14.8 Dominican Republic

The participants from the Dominican Republic pointed out that among the literature on traditional medicine, there are publications about medicinal plants. There are also publications about traditional healing practices (treatments, rituals, healing and related topics) and traditional healers.

The Institute of Dominican Medicine (Instituto de Medicina Dominicana/IBA) has unpublished materials about this subject.

The most frequently approached themes appearing in the bibliography on traditional medicine in the Dominican Republic refer to medicinal plants. The themes that are not so widely explored refer to social and anthropological aspects.

The participants from the Dominican Republic considered that it was necessary to study and promote the following themes: medical anthropology, the traditional

Dominican health system, the role traditional healers play, systematization of the medicinal plants used in the Dominican Republic.

2.14.9 Peru

The participants from Peru pointed out that among the literature on traditional medicine, there are publications and texts about medicinal plants, traditional healing practices (treatments, rituals, healing, among other topics). They did not state whether any work on traditional healers in Peru had been published.

They considered the following titles among the most interesting books on traditional medicine:

- Apuntes de medicina tradicional.
- Plantas Medicinales del Surandino del Perú.
- Plantas Medicinales Nativas del Perú.
- Libro Verde. Guía de recursos terapéuticos vegetales.

The Peruvian Institute of Social Security (Instituto Peruano de Seguridad Social) publishes a journal that includes traditional medicine as a theme among others. This institute coordinates with the National Institute of Traditional Medicine (Instituto Nacional de Medicina Tradicional). The latter institute publishes an informational bulletin through which it announces activities, events and general information about this topic.

The participants pointed out that there is a wide production of articles referring to traditional medicine in Peru. There are also study reports and research carried out by institutions, researchers and people interested in this subject. These materials are circulated internally or locally since they do not tend to publish.

Another Peruvian publication that refers to this theme is the weekly called "Bien de Salud."

The most frequently approached themes appearing in the bibliography on traditional medicine in Peru refer to medicinal plants and healing techniques. The themes that are not so widely explored refer to the rituals and ceremonies practiced by traditional medicine in Peru.

The participants from Peru considered it necessary to study and promote research into themes exploring and investigating the practice of traditional medicine related to clinical medical cases in order to thus measure the results obtained by traditional medicine. They also proposed that more anthropological, demographic and statistical studies be carried out and an inventory of Peruvian medicinal plants be made in order to have a more updated characterization of traditional healing practice in Peru.

3. DISCUSSIONS

The following discussion is presented according to the order in which the results of the different sections were set forth.

3.1 CONCEPT OF TRADITIONAL MEDICINE

There is a wide variety of concepts regarding traditional medicine in each country and even among researchers within the same countries. Both elements in common and differentiating elements can be found. The most frequent elements in common refer to traditional medicine as a practice derived from the native cultures of each country. In most cases, however, it is generally acknowledged that this indigenous foundation of knowledge and practices with the passing of time has mixed with knowledge and practices from other backgrounds, particularly those brought by the Europeans throughout the Colonial period. In a few cases (such as Mexico), it was pointed out that traditional medicine also has components belonging to allopathic medicine. Only in Costa Rica was traditional medicine considered to be purely native. The concept of traditional medicine the World Health Organization proposes ("a series of centuries old healing practices") was also taken into account.

Another element characterizing traditional medicine in various countries is its oral transmission from generation to generation. This is linked to the fact that traditional medicine must be understood as a cultural manifestation of the peoples that has been kept alive through the generations. In fact, some of the respondents use the term cosmovision to refer to the link between broader cultural concepts and medical practices.

One of the specific elements that stands out in some of the countries is the concept of traditional medicine as an expression that derives from the relation between man and the environment in which harmony and balance must prevail. According to this concept, it is the knowledge and practice of traditional medicine that ensure this balance. This balance must also exist in the individual's body itself.

3.2 DEVELOPMENT OF TRADITIONAL HEALTHCARE SYSTEMS

This section is quite broad and contains different specific themes. The contents of the findings section make it clear that there is a large amount of healers or specialists of traditional medicine. Data from government reports show that Nicaragua, for example, has around 3,500 doctors and the number of traditional healers is 2,500. Other countries with similar population sizes, such as the Dominican Republic, also show similar figures. This would imply that there is a ratio of 2.5 healers per every 10,000 inhabitants. In countries like Bolivia and Ecuador, this ratio is even higher. Women's participation is another of the factors that stands out in all countries except Costa Rica. In all cases, midwifery is the specialty with a highest percentage of women.

All the countries have both private and public organizations promoting the interaction of traditional healers. Private organizations are more common in the region and apart from promoting interaction, they aim to facilitate the organization of traditional healers with various purposes in mind: either to exchange information or to design forms of resistance vis-a-vis the authorities. In any case, the relationship between traditional medicine and national or local government is ambiguous. In countries such as Mexico or Chile, the State has created public departments to regulate and/or promote the development of traditional medicine. In Mexico, this is done through the National Indigenist Institute or through a program of the Mexican Institute of Social Security for people who are not members of this healthcare system that has opened spaces for the practice of traditional medicine. In Chile, the Health Ministry is trying to regulate traditional medicine through its Unit of Traditional Medicine and Other Alternative Medical Practices.

The non-governmental organizations have set forth a wide variety of objectives or goals that go from the legal defense of healers, through articulating with the biomedical health system, to training health promoters. They occasionally have the capacity to negotiate conditions for the practice of traditional medicine with the government. The presence of NGOs is particularly important in countries such as Bolivia and Ecuador.

The existence of a wide variety of public, private and international organizations should be noted including the institutions promoting research in traditional medicine. Their work needs to be acknowledged. These efforts, however, have preferably focused on botanical aspects, the classification of medicinal plants, the biochemical identification of their active principles and other related aspects. A great gap can be observed in anthropological themes (i.e. the symbolic efficiency of the different forms of healing), social themes (i.e. the role of the organizations of healers), the participation of traditional medicine in the healthcare market and the interaction between traditional and official medicine.

3.3 LEGISLATION AND LEGALIZATION

None of these countries have a license or permit authorizing the practice of traditional medicine that would be an equivalent to the licenses authorizing the practice of other professional healthcare groups (with an academic background under the biomedical paradigm). The lack of regulatory statutes is thus enormous. In practice, however, in countries such as Chile and Ecuador, the unauthorized practice of traditional medicine is penalized. In Ecuador, healers have even been known to have been imprisoned. In various countries, there are attempts to establish a legal framework to regulate the practice of traditional medicine. In Bolivia, there is a corresponding legislation, but according to the respondents, these laws are not applied correctly in any of them. In Guatemala, the Health Code considers the respect to the practice of traditional medicine as one of the indigenous rights approved by the 1996-1997 Peace Agreements. The respondents as a whole were of the opinion that a system regulating the practice of traditional medicine is lacking. And when it does exist, its application tends to be deficient.

3.4 CAUSES OF HEALTHCARE DEMAND

It is difficult to make an analysis of this section because the information tends to be extremely general. It is nevertheless possible to define general patterns. According to the information provided by the respondents, the causes of healthcare demand vary in urban and rural areas. These differences, however, are not perceived to coincide with the urban/rural axis. In fact, in some cases the causes of healthcare demand associated to "traditional" diseases appear in both urban and rural environments. According to the respondents, the differences are absolute in Bolivia and Nicaragua, but in Mexico and the Dominican Republic, the lists are practically the same. The respondent from Ecuador considered that people in rural areas go to traditional healers because they tend to be culturally familiar with them and besides they do not trust the State's health centers, among other reasons.

3.5 POPULAR AND HOUSEHOLD MEDICINE

Two elements stand out in this section. The first one is that all the participants differentiated traditional medicine from household medicine. The second is that household medicine relates more to the domestic realm, is based on the empirical knowledge of the grandmothers or mothers and represents the first healing response to a disease. It should be noted that popular or household medicine is mainly practiced by women. Although it was pointed out that popular medicine is not confined to a certain cosmovision, but rather combines practices from different traditions. The respondents also seem to acknowledge a close link between traditional and household medicine. They both use healing plants, baths, rubbing and prayers, for example. Although the information that was provided shows that the use of popular medicine is due to economic and cultural factors, it is not made explicit whether it has increased in recent years due to the economic crises the different countries are going through.

3.6 TRAINING AND DEVELOPMENT OF TRADITIONAL HEALERS

According to the section devoted to the results, guided practice is the most important way to learn traditional medicine. This mechanism guarantees the transmission of knowledge from generation to generation. It was even mentioned that in some countries traditional healers get together to share information. Added to this mechanism, there are other equally important mechanisms of a more esoteric nature, such as dreams and revelations. In some countries, such as Bolivia and Peru, the existence of lineages of traditional healers was mentioned. The schooling of the teaching of traditional medicine, however, has advanced in an important way. In general, it is private organizations that have devoted greater efforts to this task. State institutions in countries like Mexico, Nicaragua and Peru have also participated in designing and promoting teaching programs

The practice of traditional medicine preferably takes place at the homes of the sick or of the healers themselves. The respondents, however, referred to the existence of special healthcare units such as private clinics or hospitals. In countries like Mexico, both public and private institutions have made various attempts to open spaces shared

by allopathic and traditional medicine. Most of the countries have specific regions in which the practice of traditional medicine is more prevalent which would reinforce the idea that the distribution of healers is still heterogeneous within the different national territories in spite of the fact that there are insistent references to their presence in urban areas.

3.7 DISEASE DIAGNOSIS

To a large extent, traditional medicine in the various countries preserves the diagnostic methods that their cultures developed. These range from the external observation of the patient to the performance of rituals (commonly of a sacred nature) by the healer who may sometimes even ingest some kind of psychotropic or hallucinogenic substance. This is undoubtedly one of the elements that continues to differentiate traditional medicine from other forms of healing. This includes the ritualization of the healing act as a symbolically effective element. These practices also show that the cosmivision and the cultural framework of traditional medicine are still in force, as was pointed out by some of the respondents in their definition of traditional medicine. It is interesting to note that in some countries it was mentioned that traditional healers are capable of combining their original diagnostic methods with biomedicine's methods or technology and even with other traditions such as iridology or Eastern techniques.

3.8 HEALING RITUALS

As was mentioned in the section above, the ritualization of the healing act is one of the main elements of the practice of traditional medicine. Although biomedicine also ritualizes its healing acts, traditional medicine has an extremely high level of complexity linking broader cultural elements, such as cosmivision or religion, including the relationship between nature and man, with the act of healing. In order to achieve this, traditional healers use a series of elements to which they allot a specific meaning. Among these, we may find different kinds of rituals which according to the respondents are typical of each culture and that involve a series of both organic (i.e. plants or animal parts) and inorganic elements (i.e. gems, incense, crystals). The use of other elements such as alcohol is a constant in all these countries.

The relationship between these practices and elements of the Catholic religion is also a constant in all these countries. This incorporation is manifested in various ways such as the use of praying and of images of saints or virgins. As one of the respondents from Costa Rica noted, this syncretism sometimes goes against the opinions of the representatives of the Catholic church.

3.9 FORMS OF PAYMENT

The relationship between the traditional healer and his/her patients is still mostly direct, i.e. without any intermediate agents. The healers may be paid for their services in cash or in-kind. Payment in-kind and exchanging goods for services still reflects the relation of social reciprocity existing in many fields. Some healers even relate this form

of payment with their power as healers. Monetary payment, however, also prevails in most of the countries and in some of them, such as Bolivia and Costa Rica, the intervention of intermediate agents appears as an experience of great interest that may potentially modify the essence of the practice of traditional medicine in the future. In Mexico, where for several decades the State has functioned as an intermediate agent, payment has been "standardized" particularly in the case of the empirical midwives collaborating with institutions.

3.10 MEDICATIONS AND MEDICINAL PLANTS

Judging by the detailed knowledge of the uses and parts of the plants used for healing purposes, the information regarding the medicinal plants used by traditional medicine is abundant and precise. According to what the respondents stated, all the countries have both public and private institutions that protect these plant species. There is no reference, however, to their actual capacity to perform this task. There are various bibliographic references that point out that the pharmaceutical industry as well as other capitals interested in the industrialized exploitation of certain plants species (such as cat's claw) have been performing this process, thus making the protection mechanisms more vulnerable.

3.11 REGISTRY OF MEDICATIONS AND MEDICINAL PLANTS

There is no dominant pattern regarding the existence of registries of medicinal plants in the countries participating in this study. When they do exist, they are merely used as a kind of botanical inventory with no intention of regulating the marketing of these plant species. Commercialization is therefore unrestricted and takes place both in informal markets (without paying taxes) and formal markets (where taxes are paid). Some countries have patents, and the procedure to obtain a patent combines phytochemical certification processes with paperwork. The respondent from Ecuador noted that patenting has enabled the industrialized exploitation of certain plants by transnational pharmaceutical enterprises. The exportation of plant species is also a common phenomenon.

3.12 INTERACTION BETWEEN TRADITIONAL AND OFFICIAL MEDICINE

Although the interaction between traditional and official medicine can be understood from different angles, none of them provide a conclusive interpretation. In the first place, there is the role the State plays in which it seems as if it is genuinely concerned about the protection and/or recuperation of the knowledge and practices of traditional medicine. On the other hand, the testimonies of the persecution and imprisonment of traditional healers create the impression that there is neither ideological or judicial freedom, nor a market for the practice of traditional medicine. The lack of ideological freedom is undoubtedly related to the fact that biomedicine is the form of medicine the State has adopted, and it is promoted, protected and financed by the State itself in most of these countries. The lack of judicial freedom is related to the lack of a judicial definition regarding traditional medicine existing in most countries. Besides, when it

does exist, it does not tend to be complied with. It is the market for traditional medicine where the State has allowed more space for action, particularly in recent years.

According to some of the respondents, the use of traditional medicine may well increase in urban areas due to various reasons already commented in other sections of this study. The respondents used the following words to summarize the relation between traditional and official medicine in the different countries: tolerance, intolerance and ignorance. It is important to note that in most of the countries of this region the withdrawal of the state in the area of social policies, particularly in regard to health, has led to the (regulated) market defining the type of services to be provided in the future. In future years, there could be a great demand for traditional medicine, together with other alternative practices. In fact, there is already evidence of this in developed countries. In practice, current ideological intolerance is combined with tolerance by the State in its dealings with traditional medicine. The gap represented by the lack of presence of the State in the healthcare service structure might promote the use of traditional medicine. This does not necessarily represent the development of an atmosphere of de-regulation or liberalization of these practices. Undoubtedly, other agents will become interested in participating and traditional medicine will tend to change its organizational structures, its practices and forms of reproduction in order to be able to adjust to the new situation, as is happening in some countries. It is therefore important to pay attention to this field by using research as a tool of knowledge and analysis.

3.13 RESEARCH RECOMMENDATIONS

As has been observed throughout this report, there are certain areas in which research has been done with interesting and useful results. As follows, we list potential areas of future research and specific research themes. The order in which they appear does not necessarily represent the priority they must be given. The themes that are suggested could be approached on a regional basis or per country, or other ways of comparing regions and countries could be found.

Area regarding the production of traditional medicine services

1. To estimate the number of traditional healers per specialty.
2. To incorporate different forms of production of services in both public and private institutions.
3. To estimate the amount of financial (and non-financial) resources mobilized in the production of traditional medicine services.
4. To evaluate experiences in which traditional healers and doctors and other healers share their practices.
5. To identify the reasons that make both urban and rural populations use traditional medicine.

6. To identify the opinion of the population regarding traditional medicine being provided in offices, hospitals and other healthcare units and in combination with other healing practices.
7. To study the theoretical and healing links with other forms of medicine.
8. To identify the interests NGOs, private enterprises, insurance companies and managed care projects have in associating with traditional medicine.
9. To identify the opinion traditional healers have regarding the possibility of associating with public or private organizations.

Area regarding legal, educational and regulatory aspects

1. To study the legislative experiences in different countries in depth (Guatemala, Bolivia).
2. To identify the reasons why legislation is not applied, or whether it is actually applied.
3. To identify the structures (whether they belong to the State or not) aiming at intervening in the regulation of the practice of traditional medicine.
4. To identify the experiences of formal education for the teaching of traditional medicine.
5. To identify the effectiveness of the methods used by the various programs to teach traditional medicine.
6. To identify the possibility of creating a registry of traditional healers as well as assess its functionality.
7. To describe the specific experiences State agencies have had in their role as regulators (as in Chile) or promoters of traditional medicine (as in Mexico).

Area regarding healing effectiveness

1. To identify what traditional healers attribute to their effectiveness as healers.
2. To identify what the users of traditional medicine attribute to its effectiveness.
3. To study the structure of healing rituals in detail.
4. To delve into the symbolic effectiveness of specific rituals.
5. To study how the healing effectiveness of traditional medicine can be modified in accordance with the context (geographic space) of its practice.
6. To compare the healing effectiveness of traditional medicine with other medical practices.

7. To learn about recent changes in the practice of healing rituals.
8. To delve into the knowledge of the use of the healing elements of other medical traditions that specialists in traditional medicine maintain.
9. To delve into the study of the links between traditional medicine and popular or household medicine.

Other areas

1. To continue with the study of plant species with therapeutic value.
2. To delve into the study of other healing resources (such as minerals).
3. To study the marketing mechanisms for medicinal plants and other healing resources.
4. To know the reasons why populations in both urban and rural areas don't demand healthcare from formal biomedical providers.
5. To assess the feasibility of incorporating traditional and popular medicine concepts in the organization and provision of health services in multi-cultural populations.
6. To assess the possibility of incorporating other health-disease conceptual frameworks in the training and development of human resources and the performance of health care models.

ANNEX A: PARTICIPANT LIST

Country	Name and Type of Respondent	Gender	Age	Training	Institution
Bolivia	Carlos Prado Mendoza Therapist/Healer	Male	43	No formal academic training Specialized in traditional medicine	Bolivian Society of Traditional Medicine (SOBOMETRA)
Bolivia	Lic. Luisa Balderrama Researcher and Director of Chemical Research Institute (IIQ)	Female	48	B.S. equivalent in Chemical Sciences with Specialty in Chemistry of Natural Products	National Council of Medicinal Resources and National Aromas (CONARMAN)
Chile	Jose Luis Martinez Researcher	Male	38	B.S. equivalent in Chemistry with Specialty in Pharmacology of Natural Products	Corporation for the multidisciplinary study and sustainable development of national flora or Lawan Corporation
Chile	Dr. Eduardo Medicina Chief of a medical unit	Male	56	Physician and social anthropologist. Specialized in psychiatry, public health and traditional health	Public institution Ministry of Health
Costa Rica	Rujail Ocampo Agronomist Researcher	Male	50	Agronomy with specialty in Ethnobotany	Iberamerican Program of Science and Technology
Costa Rica	Marta Lopez Hernandez researcher	Female	48	B.S. equivalent in Social Work, Specialty in Social Participation Masters in Public Health	CEDOE organization (Center for Documentation of Ethnicities)
Costa Rica	Dr Maria de los Angeles Morales	Female	47	Pharmacy Specialty in Public Health	---
Ecuador	Vilma Sarango Health Official	Female	20	---	---
Ecuador	Dr. Jose Teran General Physician w/ support from Anthropologist Armando Muyulema, Lic. Manuel Lema and Dr. Myriam Conejo	Male	26	Medicine	Jambi Huasi. Health Area of the Indigenous and Peasant Federation of Imbabura INRUJTA-FICI
Guatemala	Noelia Cumes	Female	37	Medicine	----

Country	Name and Type of Respondent	Gender	Age	Training	Institution
	Salazar Physician				
Guatemala	Professor Maria Teresa Alvarado Social Promoter	Female	39	Masters in Primary Education, Specialty in Organization	Group of <i>comadronas</i> (midwives) from Zunil
Guatemala	Clara Maria Colop Yac Technician	Female	34	Health Technician	----
Guatemala	Domingo Mendui Rodriguez	Male	60	Social Promoter Specialty in Group Work	---
Guatemala	No data	---	---	---	Division of Registry and Control of Medicines and Food
Guatemala	Vistor Tomas Bataz Rodriguez Coordinator	Male	38	6 grade Has specialty in the Area of Marketing and Production	Health and Natural Medicine Program
Guatemala	Dr. Anne Bourguey Director of Primary Health Care Programs	Female	45	Medicine Specialty in Preventive Social Medicine and Medical Economy, Chinese Medicine, Fitotherapy, Herbal therapy, Energetic Medicine and Anthropology of Health	Barefoot Doctors
Mexico	Maria Cristina Manca Researcher Ethnologist	Female	40	Ethnology Masters degree with specialty in Traditional Medical Systems of the Mayan Area	--
Nicaragua	Lic. Sonia Urearte Narvaez Educator	Female	45	B.S. Equivalent in Pharmaceutical Chemistry	---
Nicaragua	Guillermo A. Martinez Gaytan Physician	Male	43	Medicine	---
Nicaragua	Dylia Saavedra Professor researcher	Female	58	Pharmaceutical Chemistry Specialty in Chemistry of Natural Products	---
Peru	Fernando Cabieses Physician	Male	78	Medicine Specialty in Medical Anthropology	National Institute of Traditional Medicine
Dominican Republic	Dr. Charles Roesch	Male	44	Pharmacology, Specialty in	---

Country	Name and Type of Respondent	Gender	Age	Training	Institution
				Pharmacognosia	

ANNEX B: MATRIXES: SUMMARY CHARTS

Table 1: Institutions dedicated to the Support and Research of Traditional Medicine

Country	Government	Non government	Volume of Healers	Female Participation
Bolivia	Yes	Yes	5,000	50%
Chile	Yes	Yes	10,000	50%
Costa Rica	No	Yes	19	0%
Ecuador	Yes	Yes	---	40%
Guatemala	No	Yes	3 per municipality	40%
Mexico	Yes	Yes	---	60%
Nicaragua	Yes	Yes	2,500	---
Peru	Yes	Yes	---	40%
Dominican Republic	Yes	Yes	2,000-3,000	80%

Table 2: Indigenous Traditional Healers

Country	Principal Therapeutic Specialties
Bolivia	<i>Coca Quwiri</i> Midwives <i>Aysiri</i> <i>Materos</i> <i>Qulliri</i> <i>Milluris</i> <i>Qaquidores</i> <i>Paqos</i> <i>Layqiri</i> <i>Rezadores</i> (prayers)
Chile	Herbalists Bone-setters Healers Spiritual healers (<i>santificadores</i>) Midwives
Costa Rica	Not specified
Cuba	Healers Bone-setters Messengers of <i>empacho</i>
Ecuador	<i>Yachac</i> or <i>Samayuc</i> (<i>Muscuc</i> , <i>Pucuc</i> , <i>Ricuc</i>) Massage scrub or rub (<i>Fregada</i> or <i>Sobada</i>) Midwife or <i>Mamahua Pacarichic mama</i> Herbal healing
Guatemala	Midwives Bone-setters Herbalists Spiritual guides Fright healers Massage therapists, Chiropractors Child healers

Country	Principal Therapeutic Specialties
	Chupadors (suckers) Sauna baths (<i>Temazcal</i>)
Mexico	Midwives Herbalists Bone-setters Healers (<i>curanderos</i>) Snake healers (<i>culebreros</i>) Shamans Prayers (<i>rezadores</i>) Messengers/kneaders (<i>sobadores</i>)
Nicaragua	Midwives Healers Chamanes Messengers/kneaders (<i>sobadores</i>)
Peru	Healers Herbalists Midwives Bone-setters
Dominican Republic	Voodoo Sorcerers (<i>Ensalmdadores</i>) Herbalists

Table 3: Countries with and without Regulations of Traditional Medicine

Country	Yes	No	% With Permit
Bolivia	X		10%
Chile		X	---
Costa Rica		X	---
Ecuador		X	---
Guatemala		X	10%
Mexico		X	---
Nicaragua		X	---
Peru		X	---
Dominican Republic		X	---

Table 4: Problems Due to the Lack of Licenses

Country	Problems
Bolivia	Not aware of potential problems
Chile	Fines or accusations of illegal practice with judicial consequences. Close down offices.
Costa Rica	No comment
Ecuador	Being pursued and could be jailed
Guatemala	Some do not suffer any difficulty. Some healers could be prosecuted.
Mexico	Lack freedom to practice, respect for the indigenous culture, legal and financial support, and total independence. No relationship of support and mutual respect for the two medicines.
Nicaragua	Lack of control Lack financial assistance Rejection by the medical school and the Ministry of Health
Peru	Legal difficulty to practice Possible control and police pursuit
Dominican Republic	Illegality of their work

Table 5: Training of Traditional Healers

Country	Institutions	Spaces	Modes of transmitting to apprentices	Regions of the most frequent practice
Bolivia	KUSKA which has a medical school named INKARI Kallawaya	Locals that belong individual dispensaries	Practice, Observation when the experts are working and giving workshops	The Highlands, Kallawayas The Valley, Jampiris The Tropics, Ipayes, Chamanes
Chile	None	Dispensaries Special places Traditional places for the practice	Practice Observation	-----
Costa Rica	Only some NGOs	-----	-----	-----
Ecuador	Andean University "Simon Bolivar"	-----	-----	At level on the Ecuadorian-Santo Domingo coast of the Colorados-Sachilas. At level of the Sierra, most known are the Yachac de Iluman-Otavala. At the East- the Cofanes

Country	Institutions	Spaces	Modes of transmitting to apprentices	Regions of the most frequent practice
Guatemala	Barefoot Doctors C.D.R.O.	Clinics Homes of the healers Private offices	Practice Observation Dreams Personal revelations Kinship Readings & workshops	Southeast West Western highlands Central region Mayan region & population
Mexico	National Indian Institute	House of healer Mixed clinics Caves Hills Special places in the town Home of the sick	Practice Observation Workshops Dreams	Chiapas Morelos Oaxaca Veracruz Guerrero Chihuahua Yucatan
Nicaragua	Cecalli Soynica School of Agriculture UNAN Real Nicaraguense of Traditional systems MINSA	Clinics Dispensaries	Seminars Workshops Meetings	Jinotega Diriomo Esteli & Somoto Leon Limay Matagalpa Atlantic coast Central region Northern region
Peru	National Institute of Traditional Medicine	Use special tables for therapeutic sessions	Practice Observation Dreams	Huancabamba (Piura) Salas (Chiclayo) Ica Cusco Tarapoto (Iquitos) Puno
Dominican Republic	-----	Personal houses	Practice Observation	San Juan de la Manguana Samana

Table 6: Diagnosis of Illnesses and Disease

Country	Traditional Forms	Use Of Modern Technology
Bolivia	-Ingest or consume leaves of cacao, milla, cery, achuma, via trichoceros pachanoi	Occasionally
Chile	-Observation of the water (urine) of the patient -Tokpapas -Invoke a spirit or patron saint	Never
Costa Rica	No information	---
Ecuador	Cleansing with <i>Cuy</i> (also known as <i>cobayo</i> or <i>curiel</i>) -Cleansing with candle -Cleansing with egg -Urine (urine sample in transparent recipients) -Physical examination (observations of the eyes and face through touch) -Cleansing with sacred stones -Dreams	Never
Guatemala	-Direct observation Interviews -Spiritual signs -Personal dialogue -Analysis of the general situation of the consultation	Occasionally
Mexico	-Dreams -Listen to pulse -Toss corn -Hallucinogenic mushrooms -Peyote -Reading of an egg	Occasionally
Nicaragua	-Common nosologies -Specific rituals for each illness -Ask about history -Observation of patient -Chinese and Japanese techniques	Usually
Peru	-Message with <i>cuy</i> -Message with eg -Read Coca leaves -Through <i>psycoactivas</i> - <i>Mesadas</i>	Never
Dominican Republic	Read urine State of trance	No comment

Table 7: Healing Rituals

Country	Ritual	Elements	Altars	Symbols	Relationship of Trad. Med. W/Religion
Bolivia	<i>Milluchada</i> <i>Quoarada</i> <i>Pichorada</i> call of the <i>animo</i> (valor, spirit)	<i>Milla</i> (mineral) <i>Quoa</i> (plant) <i>Pichorada</i> (flowers, Ruda, Ratame) Clothing of the "frightened one"	Tables, candles, <i>incana</i> , <i>loza</i> , jingles, stones of <i>rayo</i> , <i>Sara Kuti</i> , <i>Llogue caito</i> , <i>Llogue</i> (wood from a tree), <i>Ama Tulya</i> , <i>Senga Atoq Chupa</i> , <i>Petan</i> , plants, head of a condor, skin of a puma, deer horn	<i>Tata Inti</i> -Father Sun <i>Mama killa</i> - Mother Moon <i>Pacha Mama</i> - Mother Earth <i>Achachilas</i> - High mountains - Aymasa <i>Apus</i> -High mountains - Kechuas <i>Riutas</i> -Human skull	Varies depending on the location
Chile	Sahumerios	Bunches of herbs Incense Religious figures or images Clothing of the sick Alcoholic beverages Candles	The composition of the altar is in accordance with the traditional healing practice	In general, depends on the religious practice of each place. e.g., Catholic indigenous woman	Is generally a sense of divinity and respect for the religion
Costa Rica	Ceremonies of 2 or 3 gods	Figures Animals <i>Luengas</i>	Flowers cloths candles	Virgins or saints. e.g., Virgin of the angels	The Catholic religion is opposed. There is a clash.

Country	Ritual	Elements	Altars	Symbols	Relationship of Trad. Med. W/Religion
Ecuador	Cleansing rituals where the use whistles, sounds, chants, sayings and calls to the hills or the good spirits. Ritual of the Sacred Bath (in sacred festivals such as the Inti Raymi) Rite of Huaccha Caray	Flower bouquets, blessed water cologne, egg, branches from the mountains corresponding to each case, branches for cleansing, tobacco cigarettes, lances de <i>chonta</i> , sacred stones, necklaces, rosaries, crucifixes, images, candles, drink, oils from sacred animals, and magnets.	Sacred stones, crucifixes, rosaries, images, wildflowers (with meanings), eggs, cologne, alcoholic beverages (especially "pure"), blessed wated, crystals or types of metals in some cases.	Powers from stones of different colors. Blow cigarette smoke. Where white clothing as a symbol of strength. Lances of <i>chonta</i> , plants such as the ortiga (the smell repels evil spirits).	The use of prayer, images, saints, blessed water, rosary.
Guatemala	Rituals and ceremonies or Mayan origin. <i>Temazcal Choj</i>	-6 colored candles alcohol incense fire herbs sugar white <i>copal</i> myrrh flouride water chocolate honey pomade medicinal plants candles coals	<i>Naguales</i> stones, birds and liquor. The image of worship for the family flowers candles some signs of the sacred Mayan calendar incense saints or images of the Catholic religion <i>copal</i> herbs and liquids prepared with medicinal plants	Ajau, Riruk'uk Kaj, Rukux Ulew Xtuya Colors of the candles Tzite The heart of the heavenly God God the Creator.	Respect

Country	Ritual	Elements	Altars	Symbols	Relationship of Trad. Med. W/Religion
Mexico	All practices of traditional medicine are rituals	Incense colored candles ritual alcohol ritual drugs such as mushrooms, peyote and others tobacco colored flowers white flowers catholic figures or images mystic/religious figures or images special herbs cloths animals (live, dried, or in alcohol) such as hens, chickens, cats, pigs, turtles, snails, snakes Stuffed squash to call the spirit varias beverages.	Religious images candles flowers incense herbs coca-cola sacred images from the community boxes with saints colored cloths	The divinities change each place, but in general: caves, hills, water holes, lakes, Patron saints, Virgin Guadalupe, Jesus, Saint Mathew, Elves mystic divinities and the creators of the human race.	Varies according to the place and the acculturation
Nicaragua	Santeria cards dream interpretation visions rituals with incense and branches spit on the child animal sacrifice aromatic rubs diagnosis via sweats, smokes and scrubs with herbs	Images Incense tintures (alcoholic drinks with yerbs) <i>ruda</i> (branches) candles herbs	incense holders basin stones cups or goblets images photos candles little papers		

Country	Ritual	Elements	Altars	Symbols	Relationship of Trad. Med. W/Religion
Peru	<i>Mesadas</i> Flowering Baths in lagoons	Water Stones Dances Alcohol Plants Spades Woods Candles Music Chants Images	Pictures of saints	Hills lagoons animals Christian saints astros (sun, moon) ocean rivers <i>huacas</i>	Syncretism
Dominican Republic	Voodoo Mani pilgrimages (promises) <i>Reguardo</i>	Music Herbs Figures Tobacco Saints Incense Candles alcoholic beverages	Pictures of saints Candles Bottles bolones	Those of voodoo and of the Catholic church	Syncretism

Table 8: Distinct Forms of Remuneration for Services

Country	Remuneration
Bolivia	In kind or service exchange
Chile	Monetary, in kind, or service exchange
Costa Rica	In kind and monetary
Ecuador	In kind and monetary
Guatemala	In kind and monetary
Mexico	Monetary and service exchange
Nicaragua	In kind and monetary
Peru	In kind and monetary
Dominican Republic	In kind and monetary

Table 9: Most Relevant Events

Country	Event
Bolivia	Biannual Conference of the Bolivian Traditional Medicine Society (SOBOMETRA)
Chile	Medicinal Plant Conference of Chile
Costa Rica	Latin American Conference on Traditional Medicine
Ecuador	First Plurinational Meeting YACHACS, held Nov. 28-30. Yachac Meeting organized by Ecuarunari. Yachac meeting- Mamos "Environment and Indigenous Cosmvision" Ecuador-Colombia. Workshops organized by the Andean University Simon Bolivar
Guatemala	Meso American Meetings Conferences, seminars, workshops on medicinal plants. The most representative is the National Conference
Mexico	Medicinal Plant Fair Conferences and meetings organized by the National Indian Institute (INI)
Nicaragua	500 years of Indigenous, Black and Popular Medicine. Workshops with Chamanes Traditional Medicine conference in CNMPT
Peru	Courses, workshops, lectures, meetings and conferences organized by some universities and the Institute of Traditional Medicine
Dominican Republic	Saber Curar (NGO) India Course Workshop (University) Latin American Seminar on the theory and practice in the application of Traditional Medicine in Formal Health Systems (International)

Table 10: Medicinal Plants and Medications

Country	Plants registry	Sales and control	Plants and medications on the essential list	Medicinal plants with patent	Export
Bolivia	None	Markets, specialized stores in fairs and expositions. No control of sales and collection	None	None	None
Chile	Exist	Markets Pharmacies Commercial centers Specialized public stores No control of sales and collection	None	None	Exporting exists
Costa Rica	Exist	Pharmacies Commercial centers Specialized stores Fairs Street sales There is control of sales and collection	----	Tizano	Export exists
Ecuador	Exist	Markets Specialized stores Street vendors No control of sales and collection	None	Blood of drago Ayahuasca Uña de gato Quinoa	None
Guatemala	Exist	Specialized stores Markets Commercial centers Natural pharmacies Certain control of sales and collection	None	Nervobien Dormobien Hepabien Brontamol Productos from the Farmaya and Vida laboratories	Products from Farmaya Remedy used for stimulating lactancy
Mexico	Exist	Specialized stores No control of sales and collection	Don't know	None	There is interest but presently no exporting
Nicaragua	Exist	Markets Pharmacies Commercial centers Specialized stores	None	----	Exporting on a low scale Hipecacuana
Peru	--	---	---	---	---
Dominican Republic	In process	Markets Boutiques No control of sales and collection	None	None	None

Table 11: Combination of Traditional and Official Medicine

Country	Combination traditional medicine/official medicine	Combination of resources
Bolivia	Occasionally or almost never	---
Chile	Occasionally	---
Costa Rica	Unknown	---
Ecuador	Occasionally	Use of patent medicine in combination with plants
Guatemala	Regularly or occasionally	Use of stethoscope and fetoscope midwives
Mexico	Occasionally	---
Nicaragua	Common	---
Peru	Occasionally	---
Dominican Republic	Frequently	---

Table 12: Interaction of Traditional Medicine with Official Medicine

Country	Interaction TM W/ OM	Urban Use	Rural Use
Bolivia	Ignorance	Little	Widely used
Chile	Intolerance	Little	Sidely used
Costa Rica	Tolerance	Little	Little
Ecuador	Tolerance	Little	Widely used
Guatemala	Tolerance and collaboration	Little	Widely used
Mexico	Tolerance	Greatly used	Greatly used
Nicaragua	Tolerance	---	---
Peru	Articulation	Little	Widely used
Dominican Republic	Intolerance	Much	Widely used

Table 13: Principal Themes of Study

Country	Frequent Themes	Themes for further exploration
Bolivia	Ethnophysiology Ethnopathology Ethnotherapy Rituals Traditional midwives	Ethnopathology Ethnotherapy Ritualism (including religion)
Chile	---	---
Costa Rica	Ethnopharmacology Knowledge of plants	Identification and dangers of excess of medicinal plants
Ecuador	Taxonomic and descriptive studies of medicinal plants Photochemical studies Ritual, elements and diagnostic methods used by the Yachac	Each ritual, the meaning of utensils used as plants. Within the Quichua cultural context. Epidemiological studies Statistics of that population which receives treatment with Quichua medicine. Studies with technicians for scientific sustenance of the medications used Exchange programs on health experience Technological design Systematized programs of research with concrete effects Diagnosis done by the Yachac
Guatemala	Ethnopharmacology Those related to the most common illnesses in women and children	Chiropractice Origin of traditional medicine Differences between natural medicine and traditional medicine Difference between Mayan spirituality and the cosmovision of those people with witchcraft or magic
Mexico	Medicinal plants Therapeutic rituals Cultural specific illnesses Epidemiological work	Various, especially in mental health
Nicaragua	Plants most used in household medicine Commonly used toxic plants The utility of drying, processing, dosaging and formulation of the plant	Origin and history of natural medicine (ethnobotanical) Pharmacognosia Fitochemical methods of valoration fitotherapy Alternative therapies Common names Practice of the development of essential products in technical form such as: extract, pearls, bulbs, tablets, and gels.
Peru	Medicinal plants Healing techniques	Clinical doctor Anthropologists Demographers Statisticians Inventory of medicinal plants
Dominican	Medicinal plants	Medical Anthropology

Country	Frequent Themes	Themes for further exploration
Republic		Dominican traditional health system Role of traditional healers Systematization of applied medicinal plants

ANNEX C: INSTRUMENTS

Cuernavaca, Mexico, January, 1998.

Dear Colleague:

The Center for Health Systems Research of the National Institute of Public Health of Mexico and the Pan-American Health Organization are conducting a study to promote a better understanding of traditional health systems in Latin America and the Caribbean.

Due to the existence of a disperse and unorganized collection of information about the topic, it is necessary the project "Traditional Health Systems in Latin America and the Caribbean: Baseline Information" has a central objective to undertake a broad collection of information regarding the components of traditional health care systems in Latin America and the Caribbean, aiming at the identification of future research needs.

The study's objectives are:

To collect information published formally and informally about traditional health systems in the region.

To identify information gaps.

To identify the type of resources, organizations and governmental and non-governmental institutions related to the development and existence of traditional health care systems.

To collect information about researchers, and therapists related to the traditional health care systems.

To identify the support infrastructure, botanical gardens, laboratories, libraries, and other types of resources.

To identify priority issues for the development of future research.

The study will produce a report that will be distributed to all participants to keep them informed about the situation of traditional health care systems in the region. The database produced by the project will be available for all interested researchers.

The results of the study will be an antecedent to the possibility of opening opportunities of institutional exchange, and academic and financial support. Together with the report, all participants will receive an acknowledgement letter of their participation in the project.

A timetable of activities is attached to encourage researchers to hasten the return of information to the coordinator. You will also find attached a questionnaire, which we kindly ask to be filled according to the information that is available to you.

Due to the magnitude of the objectives stated above and the scarce resources available, we appreciate your collaboration in advance.

We wait for your prompt response and send you our best regards.

Sincerely,

Dr. Gustavo Nigenda
Project Coordinator

GENERAL INSTRUCTIONS

Before filling out the questionnaire, it is important to take into consideration the following indications. The definitions offered next are only a reflection of the incipient conceptualization around the topic. They are not stated as definitive definitions, but only as a point of departure to introduce us to the development of a better understanding of the topic.

1. In the present study, traditional medicine is understood as the medical care where a set of knowledge and practices of pre-Hispanic indigenous origin are dominant, and in some regions also influenced by Hispanic and Black-African knowledge and practices. All of them share certain characteristics: a) their main way of transmission is verbal, b) it is learned empirically, c) illness and disease are understood within a broader, ideological frame or cosmovision. We understand traditional in opposition to modern medicine, represented by biomedicine. However, we also understand that traditional medicine is not a static element, but a dynamic one that is constantly interacting with other models.
2. We understand as “popular” or “household” medicine the set of resources available in the population that are used to deal with health care needs. These resources and knowledge do not belong to a specific cosmovision. Indeed, it is knowledge composed by various medical traditions (allopathic, traditional, etc.). It is generally used within the household environment before seeking health care with a therapist.
3. The questionnaire is addressed to researchers, practitioners, healers and interested parties related to the subject. All information requested by the study is about the region, department, state or area from which the informant has documented knowledge.
4. To provide information, it is important to have a minimum certainty about its validity considering the participant’s experience and knowledge. In any case, you can consult colleagues, researchers and therapists. It is even possible to answer the questionnaire jointly.
5. In those questions where several options are available, answer those which are necessary (follow the directions).
6. Please follow the instructions in bold letters where is indicated a question to be skipped.
7. Within part VII, we make reference to the most frequent causes of disease and illness. We consider within this question all types of health care problems that are manifested in the population. These can be biomedical (respiratory infections, injuries) or psychosomatic (depression, fright). When it discusses health care demand, we refer to those reasons that cause one to visit a traditional healer. These reasons are not necessarily the most frequent illnesses.

8. In section XVII of the questionnaire, BIBLIOGRAPHY, all information requested about publications should be referred to those written about your own country.
9. For section XVII, we request that you attach information according to the bibliographic format that we are sending you. Do not forget to indicate the location of documents. If you prefer, you can send it as e-mail attachment to the following address (gnigenda@insp3.insp.mx).
10. Any additional information related to the study, section or specific question can be attached at the end of the questionnaire. We kindly request that you indicate the question to which it is referring.

GLOSSARY

a) In some questions, we use the **PROPOSED** term as defined below.

b) In the case of section **VII**, question number **56**, use the following terms.

Natural factors

This refers to causes that affect directly the individuals' physiological state. For example, weather conditions, quality of food or even accidents.

Social factors

These are factors related to the transgressions of the collective standards, which in this case result in the appearance of certain illnesses. The explanation is sustained in the understanding that in the behavior has affected social life. For example, some unmet marital standard, a sexual transgression, or the refusal to fulfill given religious positions.

Psychosomatic causes

These influence directly the health of the individuals and are related to such factors as sadness, depression, fear, anguish etc. They even can be evils of uncertain origin that cause extreme anxiety, and can be manifested with physical symptoms in the individuals.

Divine agents

The will of the gods, and of various super natural beings can also affect people's health. This occurs in response to mistakes made by human beings that cause divine anger. For instance, the noncompliance of offering to a sacred place.

Therapist

He or she is a person who provides care to the population in order to respond to the demand that is generated based on the detection of health problems. The technical capability of the therapist for attention to the problems of health/disease can be acquired through a process of formal training or thorough experience. The therapist can specialize in a single type of disorder or serve a broad spectrum.

Traditional therapist

Person who provides attention to the needs of health of the population. As part of the therapeutic practice, he or she uses elements of natural origin. His or her wisdom is sustained in knowledge learned orally, empirically, inherited by their ancestors, or even

through divine revelation or by means of dreams. They usually do not have written documents and they are governed on by mythic, religious, and ideological support. They can specialize as herbalists, bone settlers, suckers, etc.

Legalization

Concerning the subject of legislation of traditional medical practice, we know that it is not developed homogeneously; on the contrary, we understand that the relation that traditional medicine keeps with the official health system can be very varied. The foregoing suggests to us that the treatment that is granted to traditional medicine be linked to status or specific standards of every country. In section **VI** of the questionnaire, we work from the assumption of the existence of legislation or standardization directed specifically to the practice of traditional medicine. Accordingly, the questions are aimed at investigating this topic.

In addition, if we consider the lack of legislation designed especially for traditional medicine, it corresponds then to investigating the treatment that is given within the official health legislation of each country.

BIBLIOGRAPHIC FILE FORMAT

SUBJECT

AUTHOR, TITLE, AND SUBTITLE (UNDERLINED), EDITION, PUBLISHING HOUSE, PLACE, DATE,
AND NUMBER OF PAGES (Location or locations of the text).

"TRADITIONAL HEALTH SYSTEMS IN LATIN AMERICA AND THE CARIBBEAN: BASE INFORMATION"

Questionnaire

I. Basic Data of the Informant

Country _____

Date /__/__/__/_/

State, locality, province, department, district

Dependency/Institution

Office of the Director

Telephone

1. _____ Name:

2. Age _____

3. Sex M () F ()

4. Schooling

5. _____ Profession (university title)

6. _____ Occupation

7. _____ Specialty

8. Years of practice _____

9. What do you understand traditional medicine is?

10. How did you get interested in studying or researching traditional medicine? **(Number by order of importance)**

Personal Interest () Working Opportunity () Academic Issues () Family Tradition()

Professional Practice ()

Other () specify

11. How many years of experience do you have in the study or research of traditional medicine?

/__/_/

12. Do you belong to some organization related to traditional medicine?

Yes () Specify

No () Go to 14

13. What are the objectives of this organization?

II. PRACTITIONER REGISTRY

14. Is there a registry of traditional therapists in your country?

SI () NO () In preparation ()

15. What volume of traditional therapists are registered? _____

(In case of no registry, provide a tentative number of traditional therapists) _____

16. Give the principal specialties of the therapists?

a) _____ b) _____

c) _____ d) _____

e) _____ f) _____

g) _____ h) _____

i) _____ j) _____

17. Use the previous list (p.16), give the percentage you estimate for female participation in what specialties

a) _____ b) _____

c) _____ d) _____

e) _____ f) _____

g) _____ h) _____

i) _____ j) _____

18. Is there in your country, regional or local associations that group the traditional therapists?

Yes () No () go to 22

19. At what level do these associations operate?

National () State () Regional () Site () District () Municipal () Another one ()
specify

—

20. What are the objectives of these associations?

21. What capacity for negotiation do these associations have with the authorities?

High () Average () Low () None () Other()
specify_____

III. Development of Traditional Health Systems (Traditional Medicine)

22. Are there public or private institutions that promote the advance of traditional medicine?

SI () NO () **go to 25**

23. Give name and address

24. What are its specific objectives?

IV. Research Institutions

25. Are there research institutions in charge of the subject of traditional medicine?

Yes () NO () **Go to 27**

26. What are they?

(Give the five most important)

Name

Address

Name

Address

Name

Address

Name

Address

Name

Address

27. Do some institutions have a program for researching traditional medicine?

Yes () No () **Go to 34** In preparation ()

28. What is the name of the program?

29. What organization or institution is in charge of this program?

30. What are the principal lines of research?

31. What is the impact (economic, political, scientific, of planning etc.) of such studies or programs?

32. What subjects or studies are envisioned for future research?

33. Which are the expectations from medium to long term studies?

V. National and foreign support

34. Is traditional medicine or its related areas subject of an allocated budget for its development or research?

Yes () specify

No () Go to 37

35. - What institutions grant support?

NAME	PUBLIC	PRIVATE
_____	()	()
_____	()	()
_____	()	()
_____	()	()

Other: specify

36. What is the purpose of the designated budget?

Research () Education () Practice () Dissemination ()

37. Do traditional therapists receive economic support?

From the government () foreign agencies () NGOs () academic institutions () do not receive () Other - specify

VI. Legislation and legalization of therapeutic practice

38. Is there official permission for traditional therapists to practice?

Yes () No () **Go to 41** In preparation ()

39. What percentage of traditional therapists have permission?

_____ %

40. Who grants such permission?

41. What problems do traditional therapists face because of the lack of license or permission?

42. Do you know of the existence or a law to regulate the practice of traditional medicine in your country?

Yes () No () **Go to 49** In preparation ()

43. What is the name of that law or initiative?

44. How long ago was this initiative proposed?

(If the law has not been approved go to question 49)

45. Is this law operating?

Yes () No ()

46. When was this law or initiative formally approved?

Month Year

/ ____ / ____ /

47. In reality, is this law regulating the practice of traditional medicine?

Yes () No () Partially ()

48. This law is enforced by:

National/Federal () State () Site () Other () specify

49. Is there a governmental institution that regulates the practice of traditional medicine?

Yes () No () **Go to 52** In preparation ()

50. What is the name of the institution?

51. If in your country there is not legislation, law, initiative, or standard, designed for traditional medicine, how is the subject dealt with within the official health legislation?

VII. Causes of demand for care (illnesses)

52. What are the ten causes of disease or most frequent illnesses in **urban areas** of your country?

53. What are the ten causes of disease or most frequent illnesses in **rural areas** of your country?

54. What are the ten causes of demand for care by which people go to traditional therapists in **urban areas**?

55. What are the ten causes of demand for care by which people go to traditional therapists in **rural areas**?

56. According to the list of most frequent causes of demand in your country, give the type of factors that are attributed to them: Natural Factors=NF, Social Factors=SF, Psychosomatic Causes=PC, Divine Agents=D/A, Other=O

(Indicate those which are necessary)

Name	NF	SF	PC	DA	O
_____	()	()	()	()	()
_____	()	()	()	()	()
_____	()	()	()	()	()

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_____ () () () () ()

_____ () () () () ()

Specify in case of choosing "other"

VIII Popular or Home Medicine

57. What is the definition of popular or home medicine?

58. Under what circumstances are such therapeutic practices implemented?

IX. Training

59. Do you know about institutions in charge of teaching traditional medicine?

Yes () No () **Go to 61**

Public - Private

Name

Address

Name

Address

Name

Address

Other - specify

60. What educational modalities do they have?

Masters Degree () Graduate () Technical Studies () Seminars () Workshops ()
Talks/informal talks () Meetings () Other - specify ()

61. Is traditional medicine taught to traditional therapist's apprentices?

Practice () Observation () Readings () Workshops () Dreams ()

62. What other ways of transmitting the knowledge of traditional medicine do you know?

Videos () Personal Revelations () Relationship () Dreams () Inspiration () Other ()
specify

63. In order to carry out the practice of traditional medicine in your country what exists?:

Hospitals () Clinics () Health Centers () Physician's Offices () Other ()
specify_____

64. What regions of your country are recognized because of the frequent use of traditional medicine?

65. Do you know about the existence of some lineage of traditional therapists within some people, population or family?

Yes () Explain No ()

66. Is there training on the subject of traditional medicine to the personnel of the official health services?

Yes () No ()

67. What is the modality of this training?

Courses () Workshops () Talks () Other - Specify

X. Diagnosis

68. What are the principal traditional diagnostic techniques that the traditional therapists of your country use?

69. How frequently is modern technology used in order to carry out diagnoses (Example use of stethoscope, sphygmomanometers etc.) within the practice of traditional medicine in your country?

Very frequent () Frequently ()

Occasionally () Never () Other () specify

XI. Therapeutic rituals

70. What rituals or therapeutic ceremonies are frequently used in the practice of traditional medicine in your country?

71. What are the elements that are used most frequently in the rituals or ceremonies of traditional medicine? (Example figures, images, alcoholic beverages, incense, candles, branches of herbs, etc.)

72. What are the symbols of nature, divine beings, gods, saints, etc. most representative of the traditional therapeutic practice in your country?

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73. Explain the relationship between traditional medicine and the established religion or with other religions (for example with the Catholic religion)

74. Do traditional therapists use altars within their homes in order to cure?

Yes () No ()

75. What are the elements or objects these altars are composed of?

XII. Remuneration

76. How are the traditional therapists paid?

Monetary payment () In kind () Exchange of service () other () specify

77. Are there private health service businesses that contract traditional therapist services?

Yes () Give an example No ()

XIII. Events

78. Point out the events of traditional medicine that are carried out in your country (from non-governmental organizations) Congresses () Encounters () Colloquia () Symposia ()

Others () specify

79. Of the events of traditional medicine of your country, what are the five most representatives?

XIV. Resources

80. What are the most used medicinal plants in your country or region?

(Give their name in Spanish and in dialect or local language)

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81. Give the therapeutic use of the medicinal plants according to the previous list

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82. What other resources or techniques are used for the therapeutic practice of traditional medicine?

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83. Is there promotion for the protection, control, and cultivation of medicinal plants?

Yes () No ()

84. What institutions carry it out?

Name Public Private

_____	()	()
_____	()	()
_____	()	()
_____	()	()

Other - Specify

—

85. How frequently do the traditional therapists combine their practice with that of allopathic medicine? (Example: use of drugs in combination with plants)

Very frequently () Frequently () Rarely ()

Occasionally () Never () Other () Specify

86. How often is the traditional medicine practice of your country mixed with therapies from other cultures (flowers of Bach, quartz, acupuncture etc.)?

Very frequently () Frequently () Infrequent () Occasionally () Never ()

other - specify ()

XV. Registration of medicines and medicinal plants

87. Is there a registry of medicinal plants and medicines from traditional medicine?

Yes () No () **Go to 89**

In preparation ()

88. What institution organizes it?

89. How is this organized?

Botanic Classification () Regions of the country () Therapeutic uses ()

other () specify

90. Where are these drugs or traditional remedies sold?

Markets () Pharmacies () Commercial Centers () Specialized Stores () Other specify

91. Are there sale and collection control?

Yes () No ()

92. Who carries it out?

93. Are there traditional medicine remedies in the list of essential drugs of the public health institutions of your country?

Yes () No ()

List

94. Is there exportation of remedies or drugs of traditional medicine of your country to other countries?

Yes () List the principal one No () **Go to 94**

Name

95. Is there drugs or remedies of traditional medicine that have a patent?

Yes () Which ones? No ()

96. What process is followed in order to obtain a patent for a drug or traditional remedy?

XVI. Interaction between Traditional Medicine and Official Medicine

97. How is traditional medicine linked with the health care in your country?

By means of institutions:

Public () Private () Without institutional interaction () Other () specify

98. What is the relationship of traditional medicine with Western medicine? (give only one answer)

collaboration () tolerance ()

intolerance () other () specify

99. In urban areas, how often is traditional medicine use for health care?

A great deal () Little () Nothing () Other () specify

100. In rural areas, how often is traditional medicine use for the health care?

A great deal () Little () Not at all () Other () specify

101. Is there some program to link traditional and official medicine?

Yes () No () **Go to 102**

102. What is this program about?

XVII. Production

Bibliographic

(For the questions of this section please send bibliographic file or references of those which you consider most important)

103. Are there publications on medicinal plants? (books, journals, bulletins etc.)

Yes () No ()

104. Are there publications on therapeutic practice (treatments, rituals, cures, etc.) of traditional medicine in your country?

Yes () No ()

105. Are there publications on traditional therapists of your country?

Yes () No ()

106. What books on traditional medicine do you know?

107. What journals on traditional medicine do you know?

108. What bulletins/periodicals on traditional medicine do you know?

109. What articles on traditional medicine do you know?

110. Is there an informative sheet on traditional medicine? (Cite)

111. Do you know of unpublished reports on the subject of traditional medicine? (Cite)

112. What other publications related to traditional medicine of your country do you know?

113. Which are the MOST frequent subjects in the bibliography of traditional medicine that exists in your country?

114. Which are the LEAST frequent subjects in the bibliography of traditional medicine that exists in your country?

115. What subjects do you consider necessary to study or to promote in the field of traditional medicine of your country?

XVIII. Observations

116. What observations and comments do you have of this study?

117. Would you be interested in contacting the Web page “Nucleus of Information and Exchange on Unconventional and Alternative Medicine”?

If your response is positive, provide all your information. Visit our Web page in addition to sending your opinions and observations.

<http://www.insp.mx/medalt/>
