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# Complementary and Alternative Medicine Use Among Mexican Oaxacan Communities: An Experience from an Indigenous Oaxacan Nurse

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## Abstract

Indigenous communities have been a major source of knowledge on Complementary and Alternative Medicine. The Indigenous groups from Oaxaca, Mexico have a rich history of traditional medicine and holistic practices. The existing academic literature on the health restoring practices of Oaxacans is very limited. This article presents a personal story from a Registered Nurse from Oaxaca on Complementary and Alternative practices utilized by this community and her suggestions on how to effectively integrate allopathic and traditional healing models of care.

**Keywords:** Oaxacans; Mexicans; Indigenous Communities; Curanderos; Immigrants

**Abbreviations:** USA: United States of America; US: United States; CAM: Complementary and Alternative Medicine

## Introduction

The National Center for Complementary and Integrative Health in the United States of America (USA) mentions Folk medicine as an important healing system used by indigenous populations [1]. A growing immigrant community in the United States are Oaxacans. They are from the State of Oaxaca in Mexico and are primarily farming communities [2]. They mainly speak indigenous languages such as Zapotec and Mixtec, being Zapotec the most used language in the State of Oaxaca [3].

An estimated 150,000 Indigenous Oaxacans have migrated to the US, primarily to California, to work in agricultural-related activities [1,4]. They face problems such as lack of access to health care, marginalization, poverty, and stress-related mental health problems [1].

There is very limited information on the health promotion and disease prevention methods used by this growing immigrant community and as such, there is a need to become knowledgeable of the health care practices in their native region, so health care practitioners can offer culturally-sensitive services to this important population group. This article presents an experience of a nurse from Oaxaca, Mexico who migrated to the US and whose native language is Zapotec. Her first-hand knowledge of the folk medicine practices used by Oaxacans and her opinion on how to integrate both systems of care (Allopathic and Traditional/Homeopathic) presented in this article, represents a major contribution to the health care practitioners' understanding of the Oaxacans' cultural traditions, values, and healing practices. We, the authors of this manuscript, hope that the narrative presented



below from a nurse on her health-related experiences growing up in Oaxaca, immigrating to the US, and becoming a Registered Nurse, contribute to our learning, understanding and appreciation of indigenous traditional healing practices.

Lived experience from a Oaxacan nurse: "Growing up in a small town in Oaxaca, Mexico where healthcare and healthcare providers were not available, there was no other option but to go to a "curandera or curandero" (healer) whenever my siblings and I got sick, something that has been done for generations. Curanderos in our understanding are persons who are respected for their gift of being able to heal those who have become sick due to the losing of one's soul by being frightened, picking up bad energy or diseases from the wind, or as a result of curses or hexes being caused by someone else. Items we would take along for our visit included mezcal (a locally made alcoholic drink), herbs such as Ruda and Alvacar, huevo, copal de estrella, and "yah blap"- a native plant. The curandera or curandero would also have her/his own herbs that she/he would use during the healing rituals. A "huesero" is another type of healer who is seen for broken bones or sprains, and a "sobador" is seen for muscle injuries or soreness.

When I was about six years old, I remember going to a huesero to put my hip and chest bones back in place, which would often become dislocated as a result of a fall I had when I was a baby. It was a painful process that I would not look forward to. My first vivid memory of visiting a curandera was around the age of seven after my father died. My siblings and I were not eating well and lost some weight, along with a fever that would come and go randomly. The curandera explained that our symptoms were most likely due to the deep sadness that was caused by our father's death. She began the healing process, calling on spirits to help us heal and using smoke from the copal to clean the room and the air. She then took mezcal into her mouth and began spraying it on us from head to toe. After each spray she would call our souls back into our bodies from wherever they were. She also mixed the herbs we brought with the mezcal and copal, spread this mixture across large leaves, and wrapped us from head to toe with the leaves, leaving only a small opening for our noses to breath and eyes to see. We were to stay wrapped up like this all night until the following day and were not allowed to bathe until late afternoon. I remember the smell of the leaves dying as they dried on my skin that night. If by the next day the leaves were dried and dark brown, this meant that they had served their purpose and healed us, but if they were still green it meant that either we were still in need of more healing or that our symptoms were not being caused by our souls leaving due to sadness, and another visit was needed to find the cause of our symptoms.

Immigrating to the United States was a true cultural shock in every way. We went from visiting curanderas when we were sick to seeing doctors and nurses, who not only did not speak our native language but also would often not understand our symptoms because sometimes it was hard to describe them. My first language is Zapoteco, one of many pre-Spanish indigenous dialects that are spoken in Oaxaca, Mexico. This language barrier was one of the reasons why my family did not seek medical help unless their illness became severe, in which case they were forced to go to the

emergency room. At a young age I noticed a lack of understanding about basic preventative healthcare, a growing presence of chronic illnesses such as hypertension and diabetes, and a lack of available healthcare professionals who could communicate effectively with our community. As I got older, I also became aware of broader disparities affecting my region regarding the level of healthcare and information received by minorities and people living in low-income areas. This fueled my desire to pursue a nursing degree.

As a nurse, I can use my Zapoteco and Spanish speaking skills at work. It makes a big difference to patients and their families when they feel that I can relate to them because I look like them, speak the same language, and come from the same background. The level of trust is almost immediate, and they are comfortable asking questions and sharing their thoughts and fears with me. The question is how can we support other health professionals to effectively serve and communicate with people from these indigenous communities?

I believe a good starting place is to acknowledge them and their culture. We often categorize everyone who appears Hispanic as Hispanic/Mexican and assume that they have the same beliefs and background as the rest of the Spanish speaking culture, not realizing that there is a lot of cultural diversity even within different populations from the same country. Whenever I am asked ethnic background questions, I take the time to identify myself as a native Zapotecan Indian from Mexico, and I am sure many from the indigenous community would check the same box if the opportunity was given to them.

I also think trust can be built by better communicating with the patient about their personal experiences with their health. What do they think is causing their illness, and what have they done so far to try to remedy the situation? Ask specifically if they have sought help from healers such as curanderos or sobadors and find out whether this has helped them or not. Having an interpreter that can come to the bedside, as opposed to speaking with one through a screen can also make a difference, though oftentimes this is not possible due to the realities of an overburdened health care system. There is still much work to do to bridge this gap between a patient and a healthcare provider. The shortage of nurses and doctors means visits usually last about five to ten minutes in order for them to be able to see all their patients for the day, and this is not adequate time for them to be able to understand the customs and culture of this community. Using the available time to ask more questions, to listen, and attempt to better understand the culture and alternative medicine background of patients from indigenous communities could be a good first step in bridging this gap." [Personal experience and opinions from Herlinda Daugherty RN, BSN.]

## Discussion

It is important for allopathic health care providers to become familiar with traditional practices of immigrant indigenous communities. This is the first step towards a deep appreciation and respect for such practices. As previously described by the Oaxacan nurse, who is one of the authors of this manuscript, there is a need for health workers to be open to learn from indigenous systems of care and to become familiar with cultural beliefs that can affect

health-related decision making. Her lived experience growing up in an indigenous community and watching how health care changes in various cultural environments, is a lesson for health care providers. Immigrating to the US in her early teenage years and becoming a provider in Western Medicine is a remarkable story from which we can examine the inner conflict that arises from traditional values versus newly acquired scientific knowledge. Writing her personal story is a healing experience from culture conflict.

An organization in the United States that provides services to Oaxacan Immigrant Communities is the Binational Center for the Development of Oaxacan Indigenous Communities-CBDIO. This Center offers multiple programs in the areas of health, community development, immigration, and cultural awareness such as interpreting services on indigenous Oaxacan languages, "Building Healthy Communities" and "Guelaguetza California", among others. Their "Access to Health Care and Prevention Program" will be available soon [5]. Looking at these programs could provide health care workers with examples on how to integrate traditional and allopathic health care.

It is vital to see indigenous communities as equal partners in

health care. The authors of this opinion article invite you to continue a dialogue on how to serve the needs of Oaxacan Indigenous communities with cultural sensitivity, cultural respect, and cultural humility.

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None.

### Conflict of Interest

The authors have no conflict of interest.

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