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REVIEW

Traditional Medicine in Latin America: a holistic approach to health

Medicina tradicional en América Latina: un enfoque holístico de la salud

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ABSTRACT

Traditional medicine has been an integral part of human healthcare for centuries, offering a holistic approach to health that goes beyond merely treating physical symptoms. In Latin America, this approach has deep historical roots and has played a significant role in the region's cultural identity. such as social rejection of biomedicine, limited access to biomedical services, and the high cost of medical care. However, there has been a decline in the prevalence of traditional medicine in recent decades, with a decrease in traditional healers and an increasing reliance on biomedical care. This trend varies across different regions, but overall, there is a diminishing number of traditional healers, raising concerns about the potential disappearance of traditional medicine. Despite these challenges, traditional medicine remains a valuable part of healthcare in Latin America. Its cultural significance, holistic approach, and the trust it garners from certain communities make it relevant even in today's rapidly advancing medical landscape. Looking to the future, the field of medicine is poised for significant developments, including advancements in diagnosis, surgery, and treatment methods. While antibiotics have been essential in the fight against infectious diseases, bacterial resistance is a growing concern. Future medical breakthroughs are expected to involve vaccines, gene therapy, monoclonal antibodies, and stem cell transplants. In conclusion, traditional medicine in Latin America reflects a holistic approach to healthcare deeply intertwined with cultural and historical contexts. As modern medicine continues to evolve, there is potential for integrating traditional and scientific knowledge to create a more comprehensive approach to health and well-being, respecting the rich heritage of traditional practices.

Keywords: Traditional Medicine; Latin America; Holistic Health; Cultural Identity; Healthcare Evolution; Medical Breakthroughs.

RESUMEN

La medicina tradicional ha sido parte integrante de la atención sanitaria humana durante siglos, ofreciendo un enfoque holístico de la salud que va más allá del mero tratamiento de los síntomas físicos. En América Latina, este enfoque tiene profundas raíces históricas y ha desempeñado un papel importante en la identidad cultural de la región. como el rechazo social a la biomedicina, el acceso limitado a los servicios biomédicos y el elevado coste de la atención médica. Sin embargo, en las últimas décadas se ha producido un declive en la prevalencia de la medicina tradicional, con una disminución de los curanderos tradicionales y una creciente dependencia de la atención biomédica. Esta tendencia varía según las regiones, pero en general el número de curanderos es cada vez menor, lo que hace temer la posible desaparición de la medicina tradicional. A pesar de estos retos, la medicina tradicional sigue siendo una parte valiosa de la asistencia sanitaria en América Latina. Su importancia cultural, su enfoque holístico y la confianza que suscita en ciertas comunidades la hacen relevante incluso en el panorama médico actual, que avanza con rapidez. De cara al futuro, el campo de la medicina está preparado para importantes desarrollos, como avances en el diagnóstico, la cirugía y los métodos de tratamiento. Aunque los antibióticos han sido esenciales en la lucha contra las enfermedades infecciosas, la resistencia bacteriana es una preocupación creciente. Se espera que los futuros avances médicos incluyan vacunas, terapia génica, anticuerpos monoclonales y trasplantes de células madre. En conclusión, la medicina tradicional de América Latina refleja un enfoque holístico de la asistencia sanitaria profundamente entrelazado con los contextos culturales e históricos. A medida que la medicina moderna sigue evolucionando, existe la posibilidad de integrar los conocimientos tradicionales y científicos para crear un enfoque más integral de la salud y el bienestar, respetando el rico patrimonio de las prácticas tradicionales.

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INTRODUCTION

Traditional medicine, from its beginnings, has proposed a holistic approach to the problem of human health, seeing it as a whole, not just a sick person, thus not only being interested in the physical symptoms of the disease but also looking at the subject's lifestyle, way of thinking, emotions, etc.[1,2]

For centuries, the world's cultures used herbal and natural products as part of natural and traditional medicine; it was not until today that medical science professionals increased their interest in this field.[2,3]

This project will reflect on how traditional medicine was used in Latin American countries over time.

DEVELOPMENT

The so-called traditional medicine is the one that has enabled native peoples, since the late fifteenth century, to face, treat, heal and prevent the ailments they suffer and recognize as such; it has enabled them to have and develop explanations regarding the causality of such ailments; as well as it has become one of the most critical mechanisms of the socio-cultural identity of native groups. Moreover, beyond the efficacy of such medicine to reduce or abate mortality, this assumes that, until at least the 1940s and 1950s, it was the main and sometimes the only form of care used by the native peoples. According to Velimirovic and Velimirovic, at least 50% of the Mexican population in the 1970s was treated with traditional medicine, not only for its curative and preventive role but also for its cultural significance, as well as for their social rejection or distrust of biomedicine, for the lack of biomedical health services, or the cost of medical care and medicines.[4]

Now, although anthropological interest in traditional medicine continues to be maintained, since at least the 1970s, there has been a decrease in the role of traditional diseases in indigenous daily life, as well as a decrease and even disappearance of the different types of traditional healers, together with increasing use of biomedical care.[5] The processes of disappearance have not occurred homogeneously, since while in indigenous regions of Chiapas and Nayarit, a high percentage of traditional healers has been maintained, in states such as Yucatan, the decrease is very noticeable. Thus, for example, a census conducted by Indemaya in 2016 to establish the presence of traditional healers in the state of Yucatan found a sharp decline in three decades from about 400 men (shamans) to about 20, which raises its possible disappearance due, above all, to the advanced age of the healers, and the lack of actions for the preservation of traditional medicine. Beyond the differences, the overall trend is towards a decrease in the number and role of traditional healers, which, for some, predicts the disappearance of traditional medicine.[6] In contrast, others propose its re-signification and use in alternative and complementary medicines. However, many of those currently studying traditional medicine believe that it will be maintained, not only in terms of survival.[7,8]

Trends in Medicine in the Future

We have already seen that medicine has achieved innumerable successes over the centuries in protecting health or curing disease. In the last 40 years, the advances in diagnosis have been very significant with the availability of new endoscopic and arteriographic techniques to see lesions in various parts of the body, in addition to the appearance of non-invasive radiology such as ultrasound, tomography and magnetic resonance imaging. In surgery, progress in all fields has been spectacular, especially in cardiac surgery, as well as in transplants, laparoscopic surgery and the appearance of robotic (remote) surgery in the coming years.[9]

One of the great triumphs of medicine occurred when, by serendipity or a happy accident, Sir Alexander Fleming 1929 discovered the fungus that produced penicillin and destroyed numerous bacteria, thanks to which millions of lives were saved for 30 years. For some, its indiscriminate use in humans and animals led to the emergence of bacterial resistance. For others, only the postulates of the theory of evolution have been fulfilled, which states that the appearance of gene mutations from the most remote antiquity to the present is a natural fact and is part of the process of adaptation for the survival of all living beings in nature. Bacterial resistance to antibiotics is of two types: natural, groups of bacteria that are born resistant to certain antibiotics, and acquired.[10]

What is worrying is that the mutations that give resistance to bacteria and viruses are happening faster than the organism's capacity and defensive immune mechanisms to deal with them or that science must discover antidotes. In fact, in the last 30 years, no new antibiotics have been produced, only variants of them. Only a few months ago, two new antibiotics against staphylococcus and enterococcus called linezolid and daptomycin were tested in the United States. The resistance of staphylococcus streptococcus and tubercle bacillus is the best example of this.[11]

In the future, antibiotics will not occupy such a preferential place in the fight against infectious diseases caused by viruses and bacteria.

If you remember, the same bacteria, viruses, parasites and fungi have been causing for hundreds of years the same infections all over the world, such as otitis media, encephalitis and meningitis, tonsillitis, pneumonia, bronchitis, gastroenteritis, malaria, cholera, dengue fever, vaginitis and many others. Now, with the disadvantage that they are becoming resistant to antibiotics.[12]

In the future, cures will be achieved thanks to vaccines against malaria, AIDS and other infectious diseases; some cancers and possibly even Alzheimer's disease will be treated this way. On the other hand, gene therapy is already becoming fashionable, using healthy genes to replace mutated ones by using good viruses that carry them, such as the onyx-015 experimental phase. Alternatively, the use of monoclonal antibodies: "microscopic missiles" of specific proteins to replace those absent due to damage to the genes that produce them. By transplants of stem cells (stem cells) to regenerate or form healthy tissues in different organs: skin in burns, bones in fractures, liver in cirrhosis, white blood cells in leukemias. In the fight against cancer, anti-oncogenic factors, which are drugs that inhibit the cancerous cellular or vascular growth factor, will be improved—chemoprevention therapies to prevent cancer from occurring, such as tamoxifen in breast tumors.[13] Experiments are also underway with anti-metastasis substances, enzymes capable of blocking malignant cells in the blood or dissolving diseased or cancerous tissues. Incredibly, the poison "arsenic," a well-

known poison now used at low intravenous doses in acute myelocytic leukemia, has been used again to obtain remissions and time to obtain a bone marrow transplant. In addition, a new product for chronic myeloid leukemia destroys leukemic cells and spares healthy ones called Gleevec by blocking abnormal cell growth and reproduction proteins produced by damaged genes. Finally, there is a wide range of products, and several treatments can be combined to enhance their effect. In this way, some of the diseases and many cancers will disappear.[14]

"All human groups develop methods to cope with disease. They all possess beliefs, knowledge and forms of cultural perception to define health and disease".

This paper will discuss the processes of integrating academic knowledge with widespread knowledge. The analysis will be based on an empirical example typical of our region, such as the apparent antagonism between "traditional medicine" and "academic medicine" and the possibility of integrating both into a unified practice of medical knowledge.[15]

This discussion, absent in Argentina and non-existent in Jujuy, both in the Social Sciences and in the Health Sector, occurs mainly due to stereotypes, the lack of precision in the problem, and the absence of sociocultural studies that propose a deep discussion regarding its cultural history that our province has suffered during the immediate past.[16]

Our debate will start from an undeniable fact: in the province of Jujuy, a folk culture persists, both in rural and urban areas, where folk medicine can be considered the purest expression of the cultural milieu and where it is a widely spread feature among its inhabitants.[17,18]

Although current development plans regarding socioeconomic policy have changed substantially, their results have remained unchanged. It is in the healthcare field and about expanding its coverage, where it takes work to observe significant variations. Substantially different alternatives have been applied concerning using other non-official medicines to solve health problems. Thus, the population has an alternative search for health coverage: the inhabitants go indistinctly to the "doctor" or the "healer" according to their perception of the signs and symptoms of the disease. In the Andean world, this resulting syncretism between traditional medicine and scientific medicine produced a mixed model of medical services that became a resource specific to rural communities and expressed in urban societies.[19,20]

Some shared propositions

Any attempt to submit to study the concepts and definitions of traditional medicine must consider, as a previous step, some fundamental propositions that identify the common factors shared by all the existing medical categories. Thus, these are situated in the broad anthropological perspective of behavioral universals and medical notions in the context of culture. These propositions note that:

1) illness is a universal of man since it occurs in any time, space, society and culture;
2) all human groups develop methods in order to cope with illness and;
3) all human groups possess specific cultural beliefs, cognitions and perceptions for defining or recognizing disease.

These fundamental propositions constitute universals valid for all existing medicines. Therefore, the distinctions between traditional and scientific medicines focus instead on specific sociocultural differences that affect concepts, beliefs and praxis about health and disease. The development and coexistence of these two medicines present peculiarities. For Shärer (1989), two important points should be taken into account in his analysis: 1) the cultural characteristics of the area where they survive, mainly those with strong cultural roots in the use of alternative medicine, such as the province of Jujuy, and 2) the presence of a solid structure of ethnomedicine, which is due to the belief in several pathologies (some of them of popular origin), which can only be treated by "specialists". These are called, in the popular sphere, "curanderos" (healers). They refer us to a paramedical art linked to the traditional world, which defines its forms of illusion, belief, efficacy or swindle, which, according to Sarlo (1997:147), "resort to their lexicon, are exposed in their scenarios and are organized according to the guidelines of medical practice."

The cultured and the popular

To speak of the popular, to reflect on the meaning of popular, is, in principle, "to verify a rarity, and even an anomaly". even today, we tend to use the word "popular" as a noun as if there were in it a will or at least a desire to ignore evidence that refers to grammar: the adjective "popular" comes from the word "people" and depends on it directly. Therefore, widespread knowledge would be ascribed to knowledge emanating directly from the people.

This widespread knowledge, the basis of traditional medicine, is considered rare, magical, mythical and even exotic by the academic medical system. On many occasions, we even hear that traditional medicine is only a series of beliefs and customs based on superstition, far removed from the verifiable foundations of scientific medicine.[21] This leads to the conceptual "aberration" of supposing that traditional medicine is only something "of the indigenous world".

According to academic medicine, this knowledge, within the Hegemonic Medical Model, would constitute a sort of "illegitimate practices", being this illegitimacy where the popular would be framed, so it would seem then that to be popular is to be illegitimate, isolated, to be other.[22]

Traditionally, within this framework, there has always been a tendency to associate, even in scholarly circles, the traditional with the ancient and the scientific with the modern. This dichotomy arises because most authors tend to think of traditional medical practices in an ahistorical way; it seems that they assume a kind of immobility, where social groups remain more or less identical to themselves, which, according to Menéndez (1987-1988), seems to imply that theoretically, they think that historical subjects. However, they develop within changing structures and do not change much in their ideological practices.

There is another use of the "traditional" in terms of antagonism, difference and contradiction concerning the "modern" whose theoretical-ideological origins are multiple. In its functionalist version, its proposals are almost indistinguishable from the academic proposals of culturalist medical anthropology.[23,24] However, in other tendencies, "traditional" medical practices are presented as ideological nuclei of questioning, resistance and even confrontation with hegemonic practices. That is to say that widespread knowledge does not retreat but is reimplanted, constructed from other materials and other experiences which, according to Sarlo (1997:137-138), "the marvelous fictionalizes technique, the modern miracle, on the one hand; on the other, it allows analogical reasoning concerning the archaic marvelous, repositioning it and, sometimes, giving it a new respectability."

Other opposing concepts between the cultured and the popular are marked between civilization and primitivism. According to Elias (1987), the concept of civilization refers to very diverse facts that include the degree reached by the technique, the type of prevailing manners, the development of scientific knowledge, religious ideas and customs. The concept summarizes everything the Western society of the last two centuries believes has an advantage over previous or more primitive contemporary societies.[10,25]

CONCLUSIONS

In conclusion, traditional medicine should be considered nowadays since there are natural ways to treat diseases without resorting to the expensive medical treatments of today.

They also value the natural medicines of diverse peoples from different cultures, customs and traditions, considering the person as a whole, not just the disease.[26,27]

Today, these practices are little valued since, with the new technologies, it is easier to reach the desired treatment, although the cost is high, and it is not in a natural way.

REFERENCES

1. Villate Gómez F. Consideraciones de la medicina tradicional en su combinación con la medicina occidental y el enfoque diagnósticO. Revista Cubana de Medicina Militar 2013;42:124-31.

2. Pascual Casamayor D, Pérez Campos YE, Morales Guerrero I, Castellanos Coloma I, González Heredia E. Algunas consideraciones sobre el surgimiento y la evolución de la medicina natural y tradicional. MEDISAN 2014;18:1467-74.

3. Quintana Arias RF. Medicina tradicional en la comunidad de San Basilio de Palenque. Nova 2016;14:67-93.

4. Galvez JAM, R EC, R JLM, S SAF. Conocimiento, aceptación y uso de medicina tradicional peruana y de medicina alternativa/complementaria en usuarios de consulta externa en Lima Metropolitana. Revista Peruana de Medicina Integrativa 2017;2:47-57. https://doi.org/10.26722/rpmi.2017.21.44.

5. White-Olascoaga L, Juan-Pérez JI, Chávez-Mejía C, Gutiérrez-Cedillo JG. Flora medicinal en San Nicolás, municipio de Malinalco, Estado de México. Polibotánica 2013:173-206.

6. Salinas R, García M, Velásquez A. Biotecnología y etnomedicina para el desarrollo humano. Crea Ciencia Revista Científica 2015;9:46-55. https://doi.org/10.5377/creaciencia.v9i2.2874.

7. Maldonado C, Paniagua-Zambrana N, Bussmann RW, Zenteno-Ruiz FS, Fuentes AF. La importancia de las plantas medicinales, su taxonomía y la búsqueda de la cura a la enfermedad que causa el coronavirus (COVID-19). Ecología en Bolivia 2020;55:1-5.

8. Castro Méndez I. Actualidad de la Medicina Tradicional Herbolaria. Revista Cubana de Plantas Medicinales 2006;11:0-0.

9. Rojas Ochoa F, Silva Ayçaguer LC, Sansó Soberats FJ, Alonso Galbán P. El debate sobre la Medicina Natural y Tradicional y sus implicaciones para la salud pública. Revista Cubana de Salud Pública 2013;39:107-23.

10. Moreno RMD. Algo más sobre medicina natural y tradicional. Revista Cubana de Salud Pública 2014;39.

11. Rojas Ochoa F. En defensa de una medicina natural y tradicional avalada por la ciencia. Revista Cubana de Salud Pública 2013;39:623-6.

12. Cruz Hernández J, Hernández García P, Abraham Marcel E, Dueñas Gobel N, Salvato Dueñas A. Importancia del Método Clínico. Revista Cubana de Salud Pública 2012;38:422-37.

13. Pereyra-Elías R, Fuentes Delgado D. Medicina Tradicional versus Medicina Científica ¿En verdad somos tan diferentes en lo esencial? Acta Médica Peruana 2012;29:62-3.

14. González Pérez U. Ubicación de la ética, la bioética y la ética médica en el campo del conocimiento. Revista Cubana de Salud Pública 2002;28:0-0.

15. Granados Andrade SM, Martínez LE, Morales P, Ortiz GR, Sandoval H, Zuluaga G. Aproximación a la medicina tradicional colombiana. Una mirada al margen de la cultura occidental. Revista Ciencias de la Salud 2005;3:98-106.

16. Sarria Castro M. Bioética, investigación y salud pública, desde una perspectiva social. Revista Cubana de Salud Pública 2007;33:0-0.

17. Salaverry García O. La complejidad de lo simple: Plantas medicinales y sociedad moderna. Revista Peruana de Medicina Experimental y Salud Publica 2005;22:245-6.

18. Jiménez JV. La medicina tradicional herbolaria como base de la medicina científica. Rev Cubana Plant Med 2020;25.

19. Molina Pérez JN, Pérez Pérez ME. Utilización de la Medicina Natural y Tradicional, un reto en atención primaria de salud. Revista Cubana de Medicina Natural y Tradiciona 2016.

20. Can Ortiz GO, Aguilar Cordero WDJ, Ruenes Morales MDR. Médicos tradicionales mayas y el uso de plantas medicinales, un conocimiento cultural que continúa vigente en el municipio de Tzucacab, Yucatán, México. 2017.

21. Bunge MA. El planteamiento científico. Revista Cubana de Salud Pública 2017;43:1-29.

22. Rodríguez M, A M. Ética, tecnología y clínica. Revista Cubana de Salud Pública 2006;32:0-0.

23. Zúñiga Monier B, Caballero Orduño A. La medicina tradicional y natural y los ensayos clínicos: un reto de las ciencias médicas en el siglo XXI. MEDISAN 2016;20:578-85.

24. Pazos CP, Plain AP de A, Viera YR. La Medicina Natural y Tradicional como tratamiento alternativo de múltiples enfermedades. Rev Cubana Med Gen Integr 2019;35:1-18.

25. Ayçaguer LCS, Ochoa FR, Soberats FS, Galbán PA. Medicina Convencional y Medicina Natural y Tradicional: razones y sinrazones metodológicas. Revista Cubana de Salud Pública 2013;39:556-70.

26. Medicine WHOP on T. Estrategía de la OMS sobre medicina tradicional 2002-2005. Estrategía de la OMS sobre medicina tradicional 2002-2005, 2002.

27. Rodríguez M, J F. Las recomendaciones de la Organización Mundial de la Salud acerca del uso de los tratamientos tradicionales. Revista Cubana de Plantas Medicinales 2008;13:0-0.

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