Mexican-American Folk Medicine: Implications for the Family Physician

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Literature on Mexican-American folk medicine and on Mexican-American utilization of conventional medical services suggests that folk medicine and utilization of conventional medical services are related. This study reports on interviews with 40 Mexican-American families randomly selected from the community. The results indicate that choice of conventional medical care and/or folk medicine is dependent upon the symptom, that families often use both folk and conventional medicine, that they are more likely to seek medical help for anxiety than for depression, and that knowledge of folk medicine is best acquired by asking about specific folk diseases. These findings have application in family practice.

Social scientists have graphically described an extensive folk medical system within the Mexican-American culture.[1-7] Although they have differed in research methods, there is uniformity in their descriptions of beliefs and cures among Mexican-American groups. Martinez and Martin, for example, described the physical symptoms and recommended cures from the perspective of the patients.[5] Chavira, on the other hand, traced the historical evolution of folk medicine and described its present-day character from the viewpoint of one type of folk practitioner *(curandero)*.[1] Keiv discussed folk medicine from the standpoint of psychiatry and psychology.[7] Kay[8] and Clark[2] have provided ethnographics of health and health care in Mexican-American communities. Currier[9] and Rubel[6] each have focused on one aspect of health beliefs among Mexican-Americans, the hot-cold syndrome and *susto*, respectively, and have provided detailed descriptions. Each of these perspectives is useful in developing a better understanding of folk medicine and identifying its implications for practitioners of family medicine.

Background

Although it is beyond the scope of this paper to provide a detailed literature review of the Mexican-American culture and social system as regards health, a brief review is necessary. Mexican-American folk medicine originated in the humoral medicine of Western Europe, which was brought to the New World by the conquistadores. Humoral medicine was combined with the herbal medicine

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0094-3509/80/100567-08$02.00
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of the Aztecs and has been handed down by successive generations throughout Latin America.

Descriptions of folk medicine among Mexican-Americans have identified three aspects which appear to be central. One is the role of the social network, particularly kin, in diagnosing and treating illness. Another is the relationship between religion and illness, which includes the use of religious ritual in many healing processes. Yet another is the remarkable consistency of beliefs among Mexican-American communities about symptoms, etiology, and regimens of healing. This consistency, however, does not imply uniformity of belief among individuals who are Mexican-American.

The cultural power of folk medicine is described by Kay as follows:

> It seems to me that the underlying principle is the belief that change is dangerous. This principle is found in most explanations of pathology. It derives from a concept of disease that is found transculturally, the concept of "balance." One of the primary paradigms which scientific medicine uses to explain pathology concerns change and bodily adjustments to achieve homeostasis. Pathology is demonstrated when intracellular fluid shifts to extracellular paths, and when the chemistry of the blood is outside the narrow range of balance between acid and alkaline, due to metabolic or respiratory alteration. The same explanations have been used by systematists throughout millenia. Thus Grecian humors, Chinese yang and yin principles, American color-directions, and 20th century fluids and electrolytes must remain in balance, or there will be illness.[8]

This underlying principle may provide practitioners of scientific medicine a conceptual framework for discussing their views of diseases and illnesses with Mexican-American patients. It also appears to be a guiding factor in the work of Mexican-American folk healers.

Today, the *curandero* (one type of folk medical practitioner) treats a variety of ailments with a combination of psychosocial interventions, mild herbs, and religion. Some of the ailments upon which curanderos focus their attention are thought to be equivalent to those that psychiatrists treat. This commonality has led some authors[9] to suggest that the curandero and providers of psychiatric services be more closely integrated.

The literature on folk medicine is complemented by the studies on the utilization of conventional medical services by Mexican-Americans. The under-utilization of mental health services by Mexican-Americans has been well documented,[10-14] but the explanations for these findings vary. Jaco[11] attributes under-utilization to lower rates of mental illness, and Karno and Edgerton[12] attribute it to psychological, physical, and social barriers, including language. Keiv[7] and Hoppe[15] attribute under-utilization to the widespread use of curanderos. These explanations are based more on conjecture than on data and are not mutually exclusive. This paper focuses on explaining the phenomenon by describing the relation between the use of conventional medicine and the belief in and use of folk medicine.

Substantial effort has been given to research into the patterns of health behavior among Mexican-Americans. Despite these efforts, Weaver has concluded that the following central question has not been answered: are the health attitudes and behavior reported in rural New Mexico and in south Texas determined culturally, or are they the result of inaccessibility of scientific medicine compounded by misunderstandings and a perceived lack of respect at the hands of Anglo providers?[16]

To begin to answer this question, the authors studied utilization of both conventional and folk medicine among Mexican-American families who lived close enough to a source of conventional care that use of it would be relatively convenient. This study is an extension of the research of Creson[10] and Martinez and Martin.[5] Both of these studies identified folk practices and beliefs among Mexican-Americans who were seeking conventional medical care, and both were able to demonstrate that some Mexican-Americans who live relatively close to a medical center will use both conventional and folk healing processes. Unfortunately, the studies do not describe the circumstances under which a patient might use one or the other. This study was conducted in an effort to clarify these issues.

Methods

The first step in the procedure was to select a group of Mexican-American families who lived in close geographic proximity to The University of Texas Medical Branch at Galveston (UTMB),

Table 1. Demographic Characteristics of a Sample of Mexican-American Families

	Number	Percent
Years Lived in Galveston		
Less than 10 years	9	22.5
More than 10 years	31	77.5
		100.0
Location of Respondent's Education		
No formal education	3	7.5
Mexico	10	25.0
United States	27	67.5
		100.0
Employment of Principal Breadwinner		
Employed	26	65.0
Not employed	14	35.0
		100.0
Language Preference for Interview		
Spanish	24	60.0
English	16	40.0
		100.0
Number of Persons in Household		
1 or 2	10	25.0
3 or 4	15	37.5
5 or more	15	37.5
		100.0
Single-Parent Household		
Yes	19	47.5
No	18	45.0
Unknown	3	7.5
		100.0

which offers a complete range of inpatient and outpatient medical services at sliding-scale fees. Forty Spanish surnamed families living within an area adjacent to the medical center were selected randomly from the 1976 Directory of Street Addresses. All 40 families eventually participated in complete interviews. The area to be surveyed was chosen both because of its proximity to the medical center and because it contained a housing project with a large proportion of Spanish surnamed families. Interviews were conducted in Spanish or English, whichever the respondent preferred.

The interviewers were bilingual fourth year medical students who were trained in the use of a structured interview. They collected information on actual health care utilization during last illness, hypothetical health care utilization for various symptoms, remedies used in folk illnesses, and demographic data.

Results

Demographic Data

The families included in the sample are all low-income Mexican-American families. Many of these families, 77.5 percent, have lived in Galveston for more than ten years, and 68 percent received all of their formal education in the United States (Table 1). These two measures indicate that the sample is geographically stable. An indicator of social participation is employment status. In a large percentage of families, the breadwinner is not employed (35 percent), although in most cases, this is because of retirement.

In spite of the indications of assimilation into a community 400 miles from the border with only 28 percent Mexican-American population, 60 percent chose to be interviewed in Spanish. Also sur-

Table 2. Reported Sources of Treatment for a Family Member by Symptom

Symptom	Nothing "Not A Problem" (%)	Home Remedy (%)	Treatment: Medical Care (%)	Other: Family or Curandero (%)
Earaches	0	35.0	65.0	0
Toothaches	0	20.0	80.0	0
Shortness of breath	10.0	27.5	62.5	0
Pain in chest	0	27.5	72.5	0
Lump in breast	2.5	0	97.5	0
Blood in stools	2.5	7.5	87.5	2.5
Burning on urination	5.0	12.5	80.0	2.5
Excessive urination	15.0	7.5	77.5	0
Seizures	7.5	7.5	85.0	0
Eye problems	7.5	2.5	90.0	0
Fainting spells	7.5	40.0	52.5	0
Persistent cough	5.0	40.0	55.0	0
Loss of appetite	22.5	45.0	32.5	0
Craving food and water	37.5	25.0	35.0	2.5
Aching joints	12.5	50.0	37.5	0
Skin rash	10.0	50.0	40.0	0
Fever	0	50.0	50.0	0
Fatigue	12.5	65.0	20.0	2.5
Headaches	5.0	80.0	15.0	0
Swollen ankles	12.5	65.0	22.5	0
Nausea and vomiting	10.0	55.0	32.5	2.5
Stomach pain	5.0	62.5	32.5	0
Diarrhea	5.0	75.0	17.5	2.5

prising in the demographic data is the finding that almost one half are single parent households.

Response to Specific Symptoms

One way to measure the behavior in seeking help for an ill family member is to suggest hypothetical situations that are symptom-specific. Therefore, respondents were asked what they would do if a family member developed certain symptoms. Responses for each symptom are classified as no treatment, home remedy, medical personnel, or other, which includes curanderos.

Substantial variations in health care behavior were discovered among the families studied (Table 2). More than half the sample would treat fatigue, headaches, swollen ankles, nausea and vomiting, stomach pain, and diarrhea with home remedies, and more than half would seek medical attention for earaches, toothaches, shortness of breath, pain in the chest, lump in the breast, blood in the stools, burning on urination, excessive urination, seizures, and eye problems. These latter symptoms are associated with either severe pain or represent serious disease (cancer or heart problems) and further, can be confirmed readily by physical examination.

Problems that are likely to be ignored, or handled equally as often by home remedy and by seeking medical care, are loss of appetite, craving food and water, fever, fainting spells, persistent cough, aching joints, and skin rash. The mixed response for these symptoms may reflect the fact that (with the exception of persistent cough and fainting) each has the potential of being a serious ailment or a transitory condition. All of the digestive symptoms, except nausea, are included among those for which home remedies tend to be used. Except for swollen ankles, this group includes symptoms that are frequently described for folk illnesses.

Response to Anxiety and Depression

The symptoms in Table 2 were not specified to explore mental health problems. Considered as a

Table 3. Care Sought for Anxiety and Depression (40 Families)

Source of Care	Anxiety* (%)	Depression** (%)
Family members	20.0	25.0
Religious help	7.5	32.5
Medical personnel	42.5	22.5
Folk healers	5.0	0
Other	5.0	2.5
No one/Don't know	20.0	17.5

*Anxiety: When you or a member of your family feels nervous and anxious, to whom do you go for help?
**Depression: When you or a member of your family feels that life is not worth living, to whom do you go for help?

group, however, symptoms attributable to anxiety (shortness of breath, pain in chest, excessive urination, and fainting spells) tend to be treated medically. The symptoms of depression, on the other hand (loss of appetite, fatigue, and headaches), tend to be treated nonmedically.

When the source of help for anxiety and depression was sought directly, the indirect findings were confirmed (Table 3). More than 40 percent of the respondents would seek medical care if a family member felt nervous or anxious, and only 20 percent would seek medical care if a family member felt depressed. Another major difference found between the responses to anxiety and depression was that more than 30 percent would seek religious help for depression, but only 7 percent would seek religious help for anxiety.

Folk Illnesses

Although the data presented thus far indicate that the families studied do make use of the medical care facilities and that their use of them may be combined with home remedies or religious help, the use of curanderos or folk medicine needs to be considered alone. When the sample was questioned about specific folk illnesses *(empacho, mal ojo, susto,* and *caida de mollera)*, the use of curanderos was brought into sharper focus (Table 4).

Medical care would be sought for symptoms identified as a folk illness with about the same frequency as curandero help is sought for medical illnesses (one or two cases). The folk illnesses are not necessarily treated in the same manner (empacho is more likely to be treated with a home remedy than is susto, mal ojo, or caida de mollera), and not all Mexican-American families believe in specific folk illnesses—between 20 and 30 percent of this sample do not. The distinction between family member and curandero in Table 4 is somewhat arbitrary. Respondents would often identify a family member who would do "curandero-type" cures. In all cases except empacho, the home remedy was a folk remedy and not an over-the-counter drug. Home remedies for empacho include laxatives of a patent ointment (Vicks), either alone or in combination with folk remedies.

The data collected in this survey correspond with data collected ten years ago in Galveston by Creson.[10] He found, among the 25 families who brought their children to the pediatric outpatient clinic, that 80 percent had knowledge of folk syndromes. Using similar criteria, the authors also found, among the 40 families randomly selected and interviewed, that 80 percent had knowledge of folk illnesses.

A comparison of the data in Tables 3 and 4 lead one to think that a large proportion of Mexican-Americans use both conventional and folk medicine. In order to acquire direct data on that question, the type of treatment sought during the last major illness in the family was compared with treatment sought if a family member had a folk illness (Table 5). The results indicated that 68 percent of the families utilize both conventional and folk medicine. Utilization of both folk and conventional medical care is illustrated by a woman who works at the UTMB hospital as a unit clerk. She brings her husband into the medicine clinic for

Table 4. Magnolia Homes Area Survey (40 Families) Reported Sources of Treatment for Folk Illness

	Total Number (%)	Treatment (%)	Home Remedy (%)	Family (%)	Curandero (%)	Medical Care (%)
Empacho	40	20.0	42.5	15.0	17.5	5.0
Mal ojo	38	28.9	26.3	15.8	28.9	0
Susto	37	29.7	32.4	13.5	21.6	2.8
Caida de mollera	38	26.3	26.3	13.2	28.9	5.3

Empacho—An illness caused by a bolus of poorly digested or uncooked food sticking to the wall of the stomach. Associated symptoms include lack of appetite, stomachache, diarrhea, and vomiting. Massaging the stomach and drinking a purgative tea (estafiate) are the treatments of choice.

Mal ojo (evil eye)—An illness to which all children are susceptible. It results from an admiring or covetous look from a person with a strong eye. Symptoms are vomiting, fever, crying, and restlessness. The evil eye may be prevented if the person with the strong eye touches the child as he admires him. The illness is treated with a barrida. A barrida is a ritualistic sweeping of the body with eggs, lemons, and bay leaves. The sweeping is accompanied with prayer and is believed to have both diagnostic and treatment value.

Susto (fright)— An illness usually associated with a traumatic experience such as witnessing a death. Children are more susceptible than adults. Accompanying symptoms include: anorexia, insomnia, hallucinations, weakness, and various painful sensations. Treatment can include a barrida, herb tea, and prayer.

Caida de mollera (sunken fontanel)—An illness, occurring in infants, which has fallen fontanel as its most prominent symptom. Other symptoms include crying, failure to suckle, sunken eyes, and vomiting. Treatments include holding the child upside down over a pan of water, applying a poultice to the depressed area of the head, and/or inserting a finger in the child's mouth and pushing up on the palate.

Table 5. Reported Health Care Utilization Among 40 Families

Families Using Folk Medicine For Folk Illness	Used Medical Care During Most Recent Illness: Total Number	Yes (%)	No (%)
Yes	(32)	67.5	12.5
No	(8)	15.0	15.0
Total	(40)	(33)	(7)

treatment of diabetes and uses folk medicine when she thinks it is appropriate. Approximately equal percentages of the sample used only conventional (15 percent) or only folk (12.5 percent) medicine. Both families classified as non-utilizers of either system (5 percent of the sample) reported all members to be in good health and therefore in no need of either conventional or folk medical care.

Discussion

This study has identified certain aspects of health beliefs in a group of Mexican-American families living in close proximity to a large university health care facility in Texas. The results of this study may understate the use of folk medical practices because it is not a complete ethnographic study. Anthropologists using detailed interviewing and participant observation have been able to document higher rates of utilization of folk remedies.[8,17] Most of the families in this study used conventional medical treatment for a problem they defined as a serious illness. Their response to specific physical symptoms, however, varied considerably. Symptoms that may be associated with folk illnesses, for example, were treated with home remedies including folk remedies. More dramatic symptoms, such as chest pain or blood in stools, received medical attention, which may re-

flect the impact of widespread health education about the warning signs of heart disease and cancer.

Help for serious symptoms of depression would be sought from religion or from family, whereas for minor symptoms of anxiety, help would be sought from medical personnel. This finding, however, may have been influenced by the wording of the question about depression, which asked specifically what the respondent would do if he or she felt that life is not worth living (possibly bringing to mind thoughts of dying).

Since these families said they sought the help of a folk healer for specific physical symptoms or for psychiatric symptoms a small percentage of the time, it may be that family members or "others" perform the same functions as the folk healer. Many of the respondents told of folk remedies used by a grandmother in the household. The distinction between such a family member and a more formal practitioner of the art of curanderismo is difficult to define.

The responses received to the questions concerning treatment of specific folk illnesses, were most interesting. Five percent or less of the families consulted a medical person for the four specific folk illnesses listed. This finding is especially important for caida de mollera, which may indicate dehydration, potentially fatal in infants. Understanding cultural beliefs about caida de mollera and developing a treatment plan that is consistent both with those beliefs and with sound medical practice may be a life and death matter for an infant.

It is not surprising that these families do not feel comfortable in consulting Anglo physicians about these symptoms. One elderly Mexican-American said that when he tried to describe some of the folk remedies to a doctor at the medical school, the doctor laughed at him. This man described an elaborate cure for mal ojo. He explained he had a "strong eye," capable of giving any child and even adults the evil eye (unintentionally, of course).

> Many children and grownups would fall to my evil eye without my knowing it. I would go to their homes and go next to the bed where my victim rested. I would then do the following: First, pray the Our Father. Second, in a glass of water I would drop three small crosses made out of broom straws, and then drop one egg in it. The next day, the impression of the evil eye would be seen on the yolk. . . . Please don't tell the doctors at the medical school, they won't believe you. I tried once to explain these things to them, but it was no use. They only believe the things they study.

An important lesson can be learned from this scenario. Physicians may indicate by their attitude, words, and nonverbal behavior what they think about folk medical illnesses and treatments. For example, when a Mexican-American mother brings an infant to her family physician with vomiting and diarrhea, it is important to ask what kinds of things she had done for the baby, or would have done if the physician had not been available. Even mentioning the specific folk illnesses, in this case, caida de mollera, as an illness that many Mexican-American mothers are concerned about, may give the mother the permission she needs to tell you about the home treatment she is either contemplating or has indeed initiated. It may save physician time to include a consultation with the grandmother or the family's curandero, as a part of the treatment regimen. This type of conference may well save a hospitalization for rehydration of the infant, and would promote a more trusting relationship with that family in the future. On the other hand, disapproval or contempt on the part of the physician can cause an incomplete and sometimes misleading history to be given and possibly the ordering of unnecessary and costly tests. More tragic than this is the therapeutic opportunities missed because of such uncompromising and unenlightened behavior.

Family physicians, especially, are suited to provide these Mexican-American families with a supportive and accepting relationship. Family medicine residents in most programs receive special training in interviewing and communication. If these residents are also equipped with knowledge about cultural differences and, specifically, about folk illnesses and commonly used treatments, an appropriate approach to these patients may be synthesized. One way to do this is to remember to ask what the patient thinks is wrong and what they think might help. If this is done in the supportive and accepting manner that the communication courses teach, a sense of trust and mutual sharing of ideas and information can be established. In most cases the resident must demonstrate some knowledge of folk medicine before patients will be willing to discuss it.

These findings demonstrate that within a Mexican-American community, substantial differences exist in health care utilization.

The following three cases illustrate variations in health care utilization.

Case 1. A 65-year-old Mexican-American man has been a resident of this community for more than ten years. When he feels nervous for an extended period of time he goes on a special trip to Brownsville, Texas, where a curandera does a barrida and says some prayers. He stated that he goes to her because he gets good results, especially when he feels anxious ("fire in my spirit"). Since his last cure four years ago, he has had no complaints. He stated that when he tried to describe some of these cures, the doctor at the hospital laughed at him.

Case 2. A 47-year-old Mexican-American woman works at the University hospital. She stated that if one of her children had empacho, she would first go to a physician. If he is not successful in treating it, then she would go to the child's grandmother who can cure it. Grandmother is the one who treats these conditions. The woman is not aware of how the cures work.

Case 3. A 47-year-old Mexican-American man is currently receiving medical treatment for diabetes. He lives with his wife and six children, has a semi-skilled occupation, and has never lived in Mexico. He stated that he saw a physician last spring because he had been feeling nervous and anxious after an incident in which he was almost bitten by a snake. Since that time he has had little sleep, decreased appetite, and a general feeling of nervousness. He first saw a curandera who gave him one "anti-susto" treatment, but because the curandera fell ill, she could not continue the treatments. He reported that he felt better after the first treatment. He also saw a physician for his "nervousness." The physician prescribed pills, which the patient felt were not as effective as the curandera.

These three cases illustrate that a Mexican-American patient may consult a folk healer before consulting a physician, may consult a physician before consulting a folk healer, or may use folk healers and physicians simultaneously. Particularly instructive is the third case in which the respondent utilized physicians to treat his diabetes and a curandera to treat his anxiety. Effective treatment of the patient's anxiety by physicians requires an understanding of the patient's perception of the illness and his ideas about what constitutes effective treatment.

The authors found cases in which curanderos were consulted before, during, or after medical care had been sought. In addition, it was found that not all respondents use or believe in curanderos. Myriad patterns of utilization are found, which undoubtedly rest upon the nature of the situation and the alternatives available to the family. Folk medicine appears to be well integrated into Mexican-American families and communities—even those which appear to be assimilated into Anglo culture. With sensitivity, respect, and understanding, those who are part of the conventional health care system can use these social processes to improve health care for Mexican-American families.

Acknowledgement

This research was funded by grant MH-06034-23 from the Department of Health, Education, and Welfare.

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