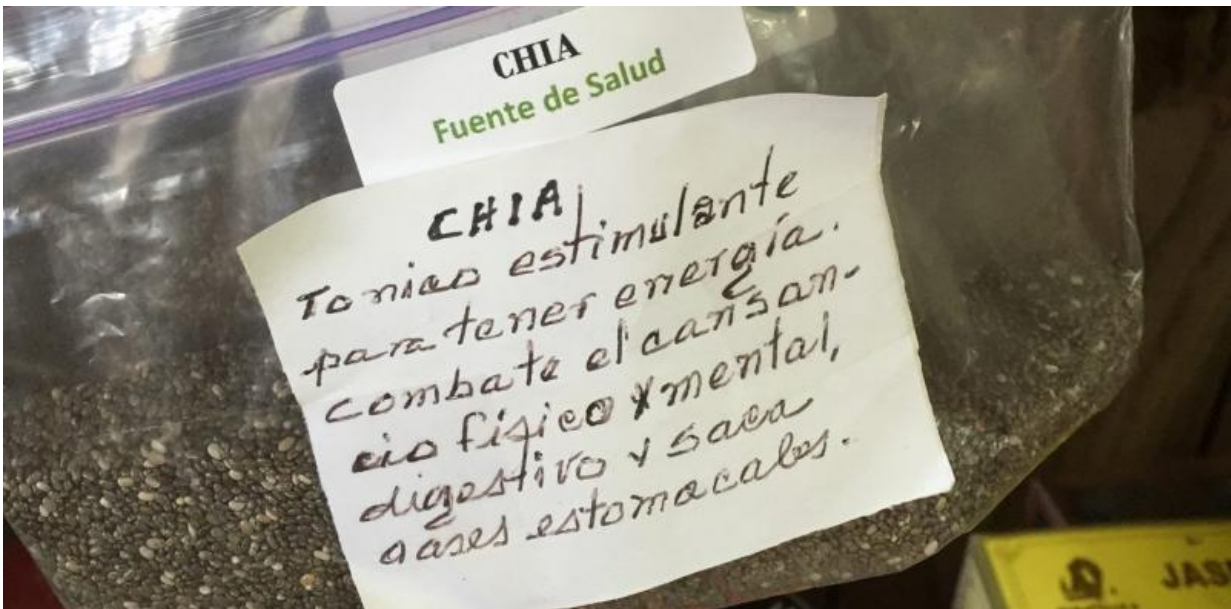


How traditional medicine can play a key role in Latino health care

March 6 2017, by Courtney Parker



Meticulously marked natural remedies at Latino American botánica, Fuente de Salud. Credit: Courtney Parker, CC BY

In the U.S., many [undocumented individuals](#) and other vulnerable groups in the Latino immigrant population, such as indigenous language speakers, are already marginalized from mainstream health services. Increased scrutiny and a growing atmosphere of tension and discrimination could deter even documented Latino immigrants from seeking proper care.

Traditional or indigenous medicine, commonly referred to as TM, can bridge some of these barriers to [health care](#) because their methods stem from the unique values, cultural systems and specific health needs of these populations.

The World Health Organization says that TM, "of proven quality, safety, and efficacy, contributes to the goal of ensuring that all people have access to care." In its latest report on [traditional medicine](#), WHO acknowledges TM as a "mainstay of health and [health care delivery](#)." The report represents a [novel strategy](#) for integrating more traditional and community-based health care options into mainstream medicine.

The strategy centers on two overarching goals. The first is enabling member states to channel the potential of TM into "people-centered" universal health systems and coverage. The second involves promoting safe and evidence-based use of TM to guarantee safety and quality.

I am a doctoral candidate in health promotion and behavior, and my research is focused on TM services in Latino immigrant communities of the southeastern U.S. One question I seek to answer is how TM practitioners can work with mainstream [health care providers](#) in a cooperative spirit to better serve the health needs of Latino immigrant communities.

TM can reach marginalized communities

TM and [allopathic](#) (a technical term for biomedicine or "Western") medicine are often presented as opposing schools of thought. Yet [researchers have noted](#) Latino individuals tend to move "freely between [TM] and biomedicine based on what they can access, what they can relate to, and what they believe works."

In general terms, TM approaches tend to be more preventative and

lifestyle-oriented than allopathic approaches. Patients may be advised to change personal behaviors and habits rather than just start taking a pill. Because TM providers offer health services based on indigenous, community traditions, they can also serve as initial access points for those facing cultural barriers to mainstream care.

Ideally, they could even function as bridges to allopathic care for marginalized Latino immigrant communities.

But this is contingent on the two sectors developing a higher standard of communication and collaboration. If achieved, TM practitioners might even opt for specialized training to help screen patients for more serious health problems and issue appropriate referrals.

The 'botánica' as provider

The "botánica" is a TM-oriented health service venue which has reemerged in Latin American immigrant communities across the United States. Botánicas provide health services and products rooted in Mesoamerican and pre-Columbian indigenous cultures. Their offerings are generally aimed at treating the "whole person." This includes targeting physical, psychological, emotional and spiritual health.

Preliminary interviews I conducted revealed Latino immigrants will often seek a botánica provider's services before attempting to access mainstream care. Proprietors prescribe herbs and natural treatments for a wide range of conditions, often marketing specialties such as individualized herbal blends or healing salves for their regular customers. Many practitioners also offer spiritual counseling services and cleansing rituals, treating a range of mental health concerns and stressors.



A wide array of herbs offered at La Botanica Orquida in northeast Georgia.
Credit: Courtney Parker, CC BY

As noted in an [article](#) highlighting a culture of medical pluralism among Mexican immigrants, "the core health belief for most Mexican Americans is that good health is achieved by balancing the spiritual, natural, physical, emotional, moral and communal factors within one's life."

In his book "[Botánica: Sacred Spaces of Healing and Devotion in Urban America](#)," Dr. Joseph M. Murphy claims botánicas have "played an important role as a mediating institution" in helping immigrants deal with psychological issues which arise while adapting to a new culture. Botánicas, says Murphy, help immigrants "adjust to new environments and challenges." And further, they provide "armor and an array of weapons in the fight to find a safe and sustaining place in the new world."

This mental health component of botánica services is vital. Immigrants face unique political and financial constraints when seeking mental health care. And undocumented immigrants may have little hope of [accessing mainstream mental health treatment](#) at all. The spiritual counseling services botánicas provide can soothe the complex and intersecting stress many immigrants face upon arrival in the U.S.

Researchers [Gomez-Beloz and Chavez](#) have concluded that Latino immigrants access the services of conventional health care providers in an interchangeable manner with botánica providers. Their findings helped establish the botánica as an important health care resource for the U.S. Latino population.

[Viladrich](#), a researcher who studied botánicas and herb-healing practices in New York City, confirmed the botánica as a primary health service of choice for Latino immigrants.

In my own exploratory research, I surveyed Latino immigrants in the southeastern U.S. regarding their views on TM services. Feedback was consistent with research findings that Latino immigrants access botánica services in tandem with mainstream providers. This practice seemed to remain consistent regardless of immigration status or insurance coverage.

Dr. David Hayes-Bautista, professor of medicine and director of the Center for the Study of Latino Health and Culture at the School of Medicine at UCLA, has encouraged the medical community's involvement with botánica networks. He echoes claims that Latin Americans generally prefer a more holistic and natural approach to medicine. Hayes-Bautista described one prototype for collaboration – a [University of New Mexico workshop](#) where students meet with curanderos (healers trained in indigenous Mexican traditions) each summer.

Hayes-Bautista relayed that one important theme presented in the collaborative workshops is how Latino immigrants have "probably already seen four or five curanderos to 'shop around' first" before seeking allopathic care. Students intending to work in [health services](#) are instructed to survey Latino immigrant patients regarding previous visits with TM healers, in order to discern and coordinate their own role in a patient's ongoing care.

More research is needed on how botánicas and curanderos can fully realize their potential in alignment with WHO strategy toward resolving health disparities and gaps in access to care for vulnerable communities. Such potential may include integrating some of their more affordable services into mainstream care options. They may also provide accessible alternatives to cost-prohibitive services for uninsured patients.

Promoting better integration

The World Health Organization is not alone in promoting models integrating TM with allopathic medicine. The CDC recently concluded a [Traditional Foods Project](#) aimed at Type 2 Diabetes prevention, which was conducted in partnership with American Indian and Alaskan Native communities. Initial [CDC analysis of this program](#) published this month concluded that collaboration with traditional indigenous community knowledge keepers can increase the effectiveness and sustainability of health interventions conducted across agencies working on similar issues throughout the country.

As called for in the WHO strategy, ongoing research and development of research partnerships will be vital to addressing current gaps in scientific literature concerning the effectiveness and utility of traditional and indigenous medicine in the modern health care ecosystem.

More evidence-based data can help pave the way for local and national

policies that safeguard the most vulnerable individuals and populations from looming and escalating health disparities. This will include increased scrutiny on TM methods, but also greater access to, and preservation of, natural resources used in treatments.

Millions of people in the United States remain in limbo waiting to see if they lose health care access under the Trump administration. Indeed, these same individuals may have only recently gained access under Obama. In such insecure times, the need to experiment with new (or old, as it may be) health service paradigms is more crucial than ever.

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