

Traditional healing system

[Health & Medicine](#), [Disease](#)



Stanley Kipper Ethnomedicine has become a topic of intensive study in recent years due, in part, to the work of the WorldHealthOrganization and other groups attempting to facilitate cooperation between indigenous practitioners and those trained in Western allopathic biomedicine.

This chapter describes two ethnomedical systems (the North American Navajo tradition and the South American Peruvian Pachakuti curanderismo) in terms of two different models, one designed by Siegler and Osmond (1974), and one designed by a task force of the National Institute of Mental Health (NIMH). Each of these indigenous systems are found to be comprehensive, covering each facet of the models, and pointing the way for possible collaboration between allopathic biomedicine and various indigenous systems of healing, a project that has accelerated due to public demand (Iljas, 2006, p. 90). The term “ethnomedicine” refers to the comparative study of indigenous (or traditional) medical systems. Typical ethnomedical topics include causes of sickness, medical practitioners and their roles, and specific treatments utilized. The explosion of ethnomedical literature has been stimulated by an increased awareness of the consequences of the forced displacement and/or acculturation of indigenous peoples, the recognition of indigenous health concepts as a means of maintaining ethnic identities, and the search for new medical treatments and technologies.

In addition, Kleinman (1995) findsethnographicstudies an “appropriate means of representing pluralism... and of drawing upon those aspects of health and suffering to resist the positivism, the reductionism, and the naturalism that biomedicine and, regrettably, the wider society privilege”(p.

195). In his exhaustive study of cross-cultural practices, Torrey (1986) concluded that effective treatment inevitably contains one or more of four fundamental principles: 1. A shared world view that makes the diagnosis or naming process possible; 2.

Certain personal qualities of the practitioner that appear to facilitate the patient's recovery; 3. Positive patient expectations that assist recovery; 4. A sense of mastery that empowers the patient. If a traditional medical system yields treatment outcomes that its society deems effective, it is worthy of consideration by allopathic biomedical investigators, especially those who are aware of the fact that less than 20 percent of the world's population are serviced by allopathic biomedicine (Mahler, 1977; Freeman, 2004; O'Connor, 1995).

However, what is considered to be "effective" varies from society to society (Krippner, 2002). Allopathic biomedicine places its emphasis upon "curing" (removing the symptoms of an ailment and restoring a patient to health), while traditional medicine focuses upon "healing" (attaining wholeness of body, mind, emotions, and/or spirit). Some patients might be incapable of being "cured" because their sickness is terminal. Yet those same patients could be "healed" mentally, emotionally, and/or spiritually as a result of the practitioner's encouragement to review their life, to find meaning in it, and to become reconciled to death.

Those who have been "cured," on the other hand, may be taught procedures that will prevent a relapse or recurrence of their symptoms. An emphasis upon prevention is a standard aspect of traditional medicine, and is becoming an important part of biomedicine as well (Freeman, 2004; <https://assignbuster.com/traditional-healing-system/>

Krippner & Welch, 1992). A differentiation can also be made between “disease” and “illness.” From either the biomedical or the ethnomedical point of view, one can conceptualize “disease” as a mechanical difficulty of the body resulting from injury or infection, or from an organism’s imbalance with its environment. “Illness,” however, is a broader term implying dysfunctional behavior, mood disorders, or inappropriate thoughts and feelings. These behaviors, moods, thoughts, and feelings can accompany an injury, infection, or imbalance—or can exist without them. Thus, one may refer to a “diseased brain” rather than an “ill brain,” but use the phrase of “mental illness” rather than of “mental disease.” Cassell (1979) goes so far as to claim that allopathic biomedicine treats disease but not illness; “physicians are trained to practice a technological medicine in which disease is their sole concern and in which technology is their only weapon” (p. 8).

Healing models The Siegler-Osmond Model Comparisons between biomedicine and ethnomedicine can be made utilizing hypothetical structures such as the 12-faceted model proposed by Siegler and Osmond (1974). In the social and behavioral sciences, a “model” is an explicit or implicit explanatory structure that underlies a set of organized group behaviors. Their use in science attempts to improve understanding of the process they represent. Models have been constructed to describe human conflict, competition, and cooperation.

Models have been proposed to explain mental illness, personality dynamics, and family interactions. I have modified the Siegler-Osmond model, making it applicable to both “physical” and “mental” disorders, although traditional practitioners usually do not differentiate between the two. The utility of the

Siegler-Osmond model can be demonstrated by comparing a shamanic medical model, an eclectic folk healing model, and the allopathic biomedical model on 12 dimensions:

1. Diagnosis
2. Etiology
3. Patient's behaviour
4. Treatment
5. Prognosis
6. Death and suicide
7. Function of the institution
8. Personnel
9. Rights and duties of the patient
10. Rights and duties of the family
11. Rights and duties of the society
12. Goal of the model.

The Navaho Indian healing model The Navaho healing system serves as an example of the application of the Siegler and Osmond model. The term “ Navaho” (or “ Navajo”) is used by anthropologists to refer to the largest Native American tribe in the United States; the Navaho reservation in the south west part of the country comprises 16 million acres.

The word “ Navaho” is derived from the Spanish term for “ people with big fields,” but in their own language, they call themselves the Dineh people. They are members of the southern Athapaskan linguistic group and occupy plateau areas of north eastern Arizona, overlapping into New Mexico and Utah. Geertz (1973) points out that the entire lifestyle of a culture is built

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upon its mythic view of " reality. " The Navaho ethic values " calm deliberativeness, untiring persistence, and dignified caution" and the Navahos view nature as " tremendously powerful, mechanically regular, and highly dangerous" (p. 30). While the dominant U. S. culture attempts to " tame nature," the Navaho worldview seeks to live in respectful harmony with it. Theories of sickness and methods of healing make up a large part of this great counterpoint focused on harmony: The stricken patient is given a vocabulary in terms of which to grasp the nature of his or her distress and relate it to the wider world (Geertz, 1973), providing an explanation, and converting energy into a form that can heal.

Sandner (1979) has identified the most important values in Navaho mythology as the acquisition of supernatural power (notably for the maintenance of health), the preservation of harmony in family relationships, and the achievement of adult status. However, this status operates in tandem with cooperation with and respect for other family, clan, and community members. The diagnosis is made by the Navaho diagnostician in consultation with the patient and the patient's family, all of whom work together in determining the cause of sickness.

The role of the medicine man in diagnosis is usually limited, as he later carries out instructions given by the diviner (Sandner, 1979). Navahos have constructed three major diagnostic categories of mental illness. " Moth craziness" is characterized by fits of uncontrolled behavior (e. g. , jumping into the fire like a moth), rage, violence, and convulsions; it is attributed to incestual activities. " Crazy violence" has some of the same external manifestations as " moth craziness" but is due to alcoholism. " Ghost

sickness," ascribed to sorcery, manifests in nightmares, loss of appetite, dizziness, confusion, panic, and extreme anxiety.

When someone knowingly or accidentally breaches taboos or offends dangerous powers, the natural order of the universe is ruptured and "contamination" or "infection" occurs that must be redressed. Etiology is seen as the intrusion of a harmful agent that destroys the natural harmony between individuals and their surroundings, especially in circumstances of exposure to lightning, whirlwinds, or such animals as bear, deer, coyotes, porcupines, snakes, and eagles that are inappropriately trapped, killed, or eaten.

Sometimes these harmful agents appear in frightening, ominous dreams. Contact with spirits of the dead is especially hazardous, as is sorcery. The diviner, the medicine man, the patient, and the patient's family work together in determining the cause of sickness (Sander, 1979). The patient's behavior determines what type of "Chant Way" will be utilized in his or her treatment. A person who is unable to resolve grief, who harbors fears of accidents, and who speaks of chest pains usually will be told to have an "Evil Way" ceremony.

The patient's dreams are important as a diagnostic aid; the most ominous dreams are those of being burned, falling off a cliff, and drowning; dreams of dead relatives are especially portentous. During treatment, the Navaho hataalii (or "singing" shaman) utilizes a number of therapeutic procedures, most notably one or more of the 10 basic "Chant Ways" and their accompanying sand paintings. These are complex rituals that center on cultural myths in which heroes or heroines once journeyed to spiritual realms

to acquire special knowledge. The symptoms for which a given chant is prescribed are based on connections with the specific chant myth.

For example, the “ Hail Way” is prescribed for muscular tiredness and soreness because the hero, Rain Boy, suffered from these symptoms when he was attacked by his enemies; the “ Big Star Way” protects the patient against the powerful influences of the stars and the dangers of the night. The “ Night Way” is said to be useful for blindness, deafness, and mental illness because the “ Night Way” hero confronted each of these dangers. The “ Beauty Way” is used for rheumatism, sore throats, digestive and urinary problems, and skin diseases—difficulties faced by the chant hero.

Ritual chanting takes a multi-modal approach that contributes to its effectiveness. The repetitive nature and mythic content is easily deciphered and often repeated at appropriate times by those patients well-versed in tribal mythology. According to Sandner (1979): “ The visual images of the sand paintings and the body painting, the audible recitation of prayers and songs, the touch of the prayer sticks and the hands of the medicine man, the taste of the ceremonial musk and herbal medicines, and the smell of the chant incense—all combine to convey the power of the chant to the patient” (p. 15). The hataalii, among the Navahos a male practitioner, usually displays a highly developed dramatic sense in carrying out the chant but generally avoids the clever sleight of hand effects used by many other cultural healing practitioners to demonstrate their abilities to the community. The chant is considered by Sandner to facilitate suggestibility. It shifts attention through repetitive singing and the use of culture-specific mythic themes.

These activities prepare participants for a lengthy healing ceremony that may involve mythic images and narratives enacted in purification rites or executed in “ sand paintings” composed of sand, seeds, charcoal, and flowers. Some paintings, such as those used in a “ Blessing Way,” are crafted from such ingredients as corn meal, flower petals, and charcoal. From a psychological perspective, the patients “ translate” these “ symbols” and “ metaphors” as they sit on the painting, but from their own perspective, they are interacting with some of the basic forces and energies of nature.

Six steps comprise the typical “ Chant Way” ritual: preparation (in which the patient is “ purified”), presentation of the patient to the healing spirits, evocation of these spirits to the place of the ceremony, identification of the patients with a positive mythic theme, transformation of the patients into a condition where ordinary and mythic time and space merge, and release from the mythic world and return to the everyday world where past transgressions are confessed, where new learnings are assimilated, and where life changes are brought to fruition.

The hataalii’s performance empowers the patient by creating an alternative domain of consciousness—a “ mythic reality”—through the use of chants, dances, and songs (often accompanied by drums and rattles), masked dancers, purifications (e. g. , sweat baths, emetics, fumigants, lotions, herbal medicines, ritual bathing, sexual abstinence), and sand paintings. Within the context of this “ mythic reality,” especially as made visible in the designs constructed in sand by the hataalii, the patient is taken into “ sacred time” and is able to bring a total attentiveness to the healing ritual.

The patient follows a specific regimen for the next four days to protect members of the community from his or her newly acquired powers. The role of the community is important in another way; the chants are attended by large numbers of people, many of whom might be asked to participate. This type of participation appears to increase the patients' sense of personal power, magnify their imagination as they attend to the chants, providing social reinforcement and increased motivation. The mentation of the practitioner, the patient, and the community may all be affected by the ceremony.

The hataalii is dusted with the decorated sand, and his patients claim to feel the power emanating from the painting. This procedure resembles the enhancement of imagination common to several hypnotic procedures, and is probably further augmented by the repetitive chanting. In addition to the "Chant Way," there are other rituals used by the hataalii, one of which is a prayer session. For example, sacred corn pollen may be sacrificed during a time of prayer in an attempt to please the spirits needed to heal the patient: This ritual must be performed perfectly and behind locked doors, often at the patient's home.

The setting for treatment usually is the Hogan, a specially constructed octagon with log walls, sealed with mud adobe. The door opens to the East, and a hole in the center of the domed ceiling lets the smoke out. Men sit on the North, women and children on the South; the sand painting occupies most of the floor, and the patient sits in the center with family and friends nearby. The door to the darkened Hogan is fastened to prevent the prayer

from escaping. Sharpened flints are used to expel the evil from both the patient and the Hogan.

These procedures reduce the patient's symptoms at the same time as they stabilize the social and emotional condition of the community. For example, the hataalii instructs the family to make elaborate preparations for their forthcoming "house call." Upon arriving, the patients are told that the prognosis is excellent, thus fostering positive expectations (Torrey, 1986). The most important people in the patient's life often join in the prayers, reaffirming the belief that the patient will recover.

Prognosis, to a large degree, depends upon the attitude of the patient. A Navaho practitioner told Sandner (1979): "If the patient really has confidence in me, then he gets cured.... If a person gets bitten by a snake, for example, certain prayers and songs can be used, but if the patient doesn't have enough confidence, then the cure won't work" (pp. 17 - 18). Premature death and suicide are attributed to sorcery, the return of the dead, or to the presence of outsiders.

Kluckhohn (Kluckhohn & Leighton, 1962) noted that funeral rituals are designed to prevent or discourage dead persons from returning to threaten their relatives. The fear of spirit possession is connected with the fear of ghosts, spirits, and the dead. High suicide rates are associated with Navaho communities marked by loss of tribal identity. When a sick person's family has determined that a practitioner is necessary, a hataalii is called in, frequently accompanied by an herbalist and/or a diagnostician (both of whom are of lower status).

There are some 200 plants in the Navaho pharmacopoeia and the herbalists gather these plants and make medicines, some of which are used directly, and some of which are used ceremonially by the hataalii. The diagnosticians, or “diviners,” are usually women who “listen” to the spirits and typically provide a statement of the problem. This procedure may be accompanied by such diagnostic procedures as hand trembling, star gazing, candle gazing, and crystal gazing—all of which involve the inward focusing of the practitioner's attention, with the purpose of facilitating insight as to the nature of the problem.

Every hataalii must go through a long and arduous period of training and apprenticeship; they must earn the approval of their teachers and their community by demonstrating that they can perform successfully (Sandner, 1979). The “singing shaman's” memory must be impeccable; the effort required to learn one major chant has been compared to that of obtaining a university degree (Sandner, 1979). A patient with a break or fracture is usually sent to an allopathic practitioner, although Sandner observed a Navaho specialist set broken bones “in a true scientific manner” (p. 8). In the Navaho system, the patients' first priority is that of treatment, and they assume the role of cooperating with the practitioner by taking an active part in their diagnosis and treatment. The major priority of the patient's family is to seek diagnosis and treatment for its indisposed family members, seeking qualified personnel. It is the family's role to determine payment, an important responsibility because some Chant Ways last for several days and the fee may exceed several months' salary.

The major priority of the patient's community is to support the sick patient. This is done by attending the Chant Way and facilitating his or her treatment. The community plays the role of preserving traditions and training new practitioners. This latter task is difficult, given the high cost of apprenticeships, especially for the hataalii. The goal of this healing model is integration within the framework of cosmic harmony, and the rejection of the effects of sorcery which are seen as alien to this harmony (Sandner, 1979).

According to Kluckhohn (1962), the Navahos are “generations ahead” of U. S. physicians in treating the whole person. The goal of Navaho healing is to restore the patient's harmony with his or her family, clan and universe. The U. S. office of alternative medicine model In April 1995, the Office of Alternative Medicine (OAM) of the United States National Institutes of Health (NIH) held a conference on research methodology (O'Connor, Calabrese, Cardena, Eisenberg, Fincher, Hufford, Jonas, Kaptchuck, Martin, Scott, & Zhang, 1997).

The charge of this conference was to evaluate research needs in the field of complementary and alternative medicine (CAM), and several working groups were created to produce consensus statements on a variety of essential topics. The panel on definition and description accepted a dual charge: to establish a definition of the field of complementary and alternative medicine for purposes of identification and research; to identify factors critical to a thorough and unbiased description of CAM systems, one that would be applicable to both quantitative and qualitative research.

The panel defined CAM as follows: Complementary and alternative medicine (CAM) is a broad domain of healing resources that encompasses all health

systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period. CAM includes all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well being. Boundaries within CAM and between the CAM domain and the domain of the dominant system are not always sharp or fixed. O'Connor et al. , 1997) The second charge of the panel was to establish a list of parameters for obtaining thorough descriptions of CAM systems. The list was constructed on 14 categories first conceptualized by Hufford (1995, p. 54ff): 1. Lexicon. What are the specialized terms in the system? 2. Taxonomy. What classes of health and sickness does the system recognize and address? 3. Epistemology. How was the body of knowledge derived? 4. Theories. What are the key mechanisms understood to be? 5. Goalsfor Interventions. What are the primary goals of the system? 6.

Outcome Measures. What constitutes a successful intervention? 7. Social Organization. Who uses and who practices the system? 8. Specific Activities. What do the practitioners do? What do they use? 9. Responsibilities. What are the responsibilities of the practitioners, patients, families, and community members? 10. Scope. How extensive are the system's applications? 11. Analysis of Benefits and Barriers. What are the risks and costs of the system? 12. Views of Suffering and Death. How does the system view suffering and death? 13. Comparison and Interaction with Dominant System.

What does this system provide that the dominant system does not provide? How does this system interact with the dominant system? The 14th category

regards research methods and it not appropriate for this essay, one which focuses on descriptions. Peruvian Curanderismo The OAM categories can be illustrated with an Andean ethnomedical system, namely Pachakuti (i. e. , “ world reversal” or “ transformation”) Mesa Curanderismo, a tradition deeply rooted in the Huachuma and Paqokuna traditions and blended with aspects of Paqokuna Curanderismo. They have been adapted to become accessible to the industrialized world by Oscar

Miro-Quesada of the Pachakuti Mesa tradition. I have discussed this system with two of its leading English-speaking practitioners, Oscar Miro-Quesada (2002) and his student Matthew Magee (2002). In addition, I have observed Magee perform two ritualistic Mesa ceremonies. Because of its complexity and sophistication, this system can be described in terms of the OAM categories (O'Connor et al. , 1997): 1. Lexicon. Specialized terms come from Spanish, Aymara (an Andean language), and two forms of assimilated Quechua language, the “ rural” form (i. e. , Runasimi) and the “ high” form (i. . , Khapaqsimi)—the latter spoken by royalty or people in positions of power. In describing the ethnomedical and social communitary function of Peruvian Curanderismo, however, it is important to note that several terms have changed over time. For example, the contemporary terms used to describe the shaman and the sorcerer are maestro and brujo, respectively. However, if one traces the lineage of the Pachakuti Mesa tradition, one would find the terms curandero and malero (post-Conquest), hampiq and layqa (Inca pre-Conquest), and kamasqa and sonqoyog (pre-Inca) as well.

There are also variations between charismatic and non-charismatic healers and, most recently, between Pachakuti Mesa practitioners and neo-shamanic

practitioners. 2. Taxonomy. The Pachakuti Mesa tradition recognizes and addresses a wide variety of physical, mental, emotional, and spiritual classes of health and sickness (Magee, 2002). Within this system, there are several types of ailments, and Spanish words are used to describe them: *enfermedad de dano* (a sickness caused by human intention), *enfermedad de Dios* (a God-given sickness), *contagio* (contagious sickness), and *encantos* (sickness caused by enchantment).

Examples of the most common, *enfermedad de dano*, include harmful intention directed toward the ears (*por oreja*), through the mouth (*por boca*), through the air (*por aire*), or by loss of one's " etheric body" or soul (*sombra*). The latter is typically brought about by *susto* or *epto* (i. e. , magical shock or fright). More extreme is *shucaque*, or fright by trauma. In addition, there are sicknesses caused by envy and the " evil eye" (*por mal de ojo*) and by an " evil wind" (*mal aire*). The ritual encounter between the patient and the practitioner can be viewed as a dialogue about *dano* in which the shaman (i. . , *curandero* or *curandera*) uses a persuasive rhetoric (in speech and in song) in conjunction with ritualized activities to transform the patient's self-understanding, hence his or her well-being. Most physical ailments fall into the category, *enfermedad de Dios*. In many traditions, practitioners do not deal with these conditions, but Pachakuti Mesa shamans are an exception. The visual symptoms of a God-given sickness are similar to the *vista en virtud* (" sight in virtue and power") that practitioners manifest after ingesting the San Pedro cactus, a mind-altering substance.

As a result these symptoms rarely show up in the *campo medio*, the " middle field" of the practitioner's healing altar, when he or she is performing a

diagnostic rastero (i. e. , divination or “ tracking”). 3. Epistemology. When tracing the origins of the Pachakuti Mesa tradition back through its oral lineage within Peruvian shamanism, one must go back to the Sechin culture, as well as the later Chavin, Tiahuanacu, Paracas, Nasca, Moche, Lambayeque, Chimu, Wari, Inca (or Inka), Aymara, Runa (or Quechua), and Mestizo traditions.

Although archeological discoveries in the 1980s suggest that Peru’s central highlands were inhabited from 8, 000 BCE and the origins of Peru’s shamanic technology can be traced back at least to 2, 000 BCE, many practitioners believe that Mesa-related healing practices were utilized far earlier. 4. Theories. When working with a Mesa, a practitioner's healing altar, the key mechanisms are believed to be his or her ability to control and direct unseen forces and entities.

This is accomplished through proper utilization of the “ field of the magician” (campo ganadero) as well as the “ field of the mystic” (campo justiciero). Mastery of these two skills allows the practitioner to surrender his or her personal will or agenda, becoming an open, transparent vessel for Spirit to flow through, unhindered. The mastery of these “ fields” is symbolized on either side of the Mesa, while the practitioner, as Master Healer or maestro, resides in the middle (campo medio). The healer also works with a supernatural hierarchy through a process of co-creation with Spirit.

This hierarchy is believed to be a unified, interdependent system that provides practitioners with limitless sources of guidance and power. These sources include the Apukuna (Sacred Mountains), Huaringas (Sacred Highland Lagoons), Pachamama (Mother Earth), Mama Killa (Grandmother

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Moon), Inti Tayta (Father Sun), Auquis (Nature Spirits), Tirakuna (the "Watchers"), Mallquis (Tree Spirits), Machukuna (Ancestors), Machula Aulanchis (Benevolent "Old Ones"), tutelary animal allies, the elements of nature (e. g. , unu, wayra, nina, allpa), and various Roman Catholic saints (e. . , San Cipriano of Antioch, Brother Martin de Porres). Working with these sources requires a delicate balance, not only through the practitioner's negotiation of control and surrender, but through living a lifestyle that reflects this balance (ayni or "sacred reciprocity"). Training involves a culturally sanctioned "calling" into the tradition. When a maestro passes on his or her knowledge or bequeaths one's practice to an initiate, there is an initiatory phenomenon (karpays) and a "magical contract" (pacto magico). .

Goals for Interventions. Healing is a spiritual phenomenon. Sickness is considered to have its origin in, and gain its meaning from, the Spirit world. The purpose of life itself is to be initiated into the visionary regions of Spirit and to maintain oneself in concert with all creation (Achterberg, 1985). Hence, the goal for intervention in Pachakuti Mesa Curanderismo is a successful florecimiento ("flowering of fortune" healing ritual) that is used to strengthen a person's physical and spiritual systems.

Strengthening a patient's runa kurku k'anchay ("luminous body"), as opposed to suppressing the symptom, empowers the patient to remove the sickness-causing intrusion with his or her own innate healing capacities. Once the patient's personal power has been augmented, there is often a need to go further. This is especially true if the problem is extreme, as in "soul loss," "possession," "enchancements," and potent acts of dano (e. g. , curses, certain types of contagion).

In these cases, there is often a need to intervene on behalf of a patient with specific techniques for removal in the form of extraction (chupa), or counteracting the attack through ritual battle (volteando, volteada, or botando in which the curse is thrown back to its sender). Successful interventions of this kind usually completely disperse the patient's negative condition and symptoms, and generate sickness in the person who initiated the curse. Depending on the original severity of the curse, death of the sorcerer has been known to occur. 6. Outcome Measures.

A successful intervention is gauged primarily by the quality of the florecimiento, which brings about the energetic restoration or supplementation of a person's potentials. This "flowering" of dormant potentialities brings forth qualities in the person necessary to maintain a sustainable livelihood. 7. Social Organization. Depending on the level of shamanic mastery attained, practitioners will be assigned various civic units of geographical space in which to work, ranging from the ayllu (extended family or community), to the llaqta (village or town), and finally the suyu (region).

A curandero (or curandera) performs shamanic functions in this system. They include working with sicknesses brought about by sorcery, imbalance, envy, etc. , providing insight into conditions of the harvest, resolving interpersonal conflicts, influencing the weather, finding lost items (as well as lost persons or souls), and attending to a variety of spiritual, mental, emotional, and physical conditions. These healing sessions are primarily conducted on Tuesdays and Fridays.

The curandero (or curandera) also performs specific ceremonial services for the community, such as providing ritual feedings (offrendas, despachos, or haywarikuys) for Pachamama (Mother Earth), the Apukuna (Sacred Mountains), and various supernatural beings (such as the “ Watchers,” Nature Spirits, Tree Spirits, the Ancestors, the Benevolent “ Old Ones”). A despacho or haywarikuy is a ritual offering used to promote a reciprocal exchange of thanks between human communities and the natural world.

In the Paqokuna tradition, the pampa misayoq (ritual specialist) may learn to create and perform several hundred different types of despacho or haywarikuy ceremonial rituals. The performances are quite diverse and comprise 24 basic elements (recados) in the form of plant, animal, mineral, and human made products. All of these elements are reverently arranged on a square sheet of paper and either burned or buried as a way to promote the lifestyle of ayna (sacred reciprocity). There are offerings for births, deaths, marriages, good luck, prosperity, longevity, and harvests, to name a few.

It is also common for practitioners to use despachos to bless certain spaces, such as living quarters, work places, and sacred sites. There are various types of curanderos and curanderas, e. g. , the alto misayoq (herbalists), the pampa misayoq (ritual specialists), and the kuraq akulleq (literally, “ master chewers of coca”). The latter is considered to have attained the highest level of mastery and rank within the shamanic hierarchy. Both males (curanderos) and females (curanderas) are employed as healing practitioners in this tradition.

The services of a brujo (or sorcerer) can be purchased to adversely affect the health of a rival, or to assure success in business, love, and other aspects of

personal gain. The person who has “ hired” a brujo may reveal this fact to an ally, who will subsequently pass the news along a network that eventually leads to the intended target. Similarly, the curandero's or curandera's analysis of the source of a patient's suffering is often a topic of subsequent conversation between social intimates of the patient; this is also true of the countermeasures (e. g. , the volteada or ritual in which sorcery is reversed) often used by the shaman.

Potential patients for both the curandero and brujo include most of the members of the community, but when seeking medical assistance from the curandero, patients also commonly see both a curandero and an allopathic physician, often not openly discussing their visit to the former. This reluctance to reveal utilization of the indigenous healing system applies to any member of the social system, from the wealthy business executive to the poor farmer. Patients of curanderos and brujos include owners of businesses, political office holders, educators, military officers, and even a few medical professionals.

These persons are willing to spend significant amounts of money and subject themselves to physically exhausting ritual treatments because they have shared with curanderos the belief that sorcery can be the cause of sickness. The majority of patients for both the curandero and brujo are women. This may be due to the inferior role of the female as a subordinate within the public transcript of male privileged society (e. g. , the values of machismo which support gender-based hierarchies, and the subsequent psychological and social conflicts that arise as a result).

Through the sorcerer, women can gain access to powers that guarantee spousal fidelity (e. g. , “ love magic”), thus eliminating the competition (e. g. , dano). Even the apprehension that a woman might pursue this alternative can act as an effective sanction. The curandero, on the other hand, provides women with the means to redress wrongs and to hold men accountable for their actions. 8. Specific Activities. a. Diagnosis: Diagnosis can be carried out through a variety of activities, for example, a rastreo (divining and tracking), coca leaf divination, reading the entrails of a guinea pig, or casting shells, etc.

However, the source of diagnosis most commonly utilized in healing situations by Huachuma curanderos is the San Pedro cactus. The entheogenic San Pedro imbues the healer with *vista en virtud* (virtue, vision, and insight), which enables him or her to diagnose not only the illness, ailment, or disease of a patient, but often the source of said illness, ailment, or disease and specific ways to cure it. The curandero's mesa (personal healing altar) also plays a vital role in the divinatory process of diagnosis, e. g. , by speaking to the curandero through the *cuenta* (the history, story, narrative, or “ account”) of a specific piece or pieces.

There are also practitioners who will “ read” the energy of a person's *poq'po* or *wayrari* (so-called “ electromagnetic energy field”) to detect imbalances or deficiencies within that energy field and as a means for diagnosis. Ultimately, the above forms of diagnosis are highly effective and are commonly referred to by anthropologists because of the mystical flavor of shamanic healing arts. However, one must not overlook the curandero's

keen ability to observe with his or her senses (e. g. , simply observing how a person looks, smells, feels, interacts with the world).

Curanderos will also often check a person's tongue, nose, eyes, ears, glands, etc. , as a means for diagnosis. The combination of practical and mystical forms of diagnosis have availed the curandero with a high degree of accuracy regarding diagnosis. b. Treatment: The various modes of treatment employed by the curandero are as diverse as the conditions requiring treatment. However, nearly all treatments involve the use of a mesa (healing altar). A mesa is the sacred healing altar of a curandero, one that works in mediation with spiritual and cosmic forces for ritual healing.

It is a microcosmic embodiment of a macrocosmic reality. This shamanic altar contains ritually empowered objects, which are aesthetically arranged on a sacred textile (unkhunas) to reflect the system of medicine employed by its carrier, e. g. , his or her lineage, cosmological background, animal allies, spirit guides, personal apukuna and huarinas (sacred mountains and lagoons). There are four kinds of objects primarily incorporated into a Pachakuti Mesa: khuyas (sacred stones), sepkas (power objects), estrellas (gifts from the spirits of the mountains), and enqas (totem fetishes).

Among these, it is also common to find batas, palos, and espadas (staffs, sticks, and swords used for protection), florecimientos, (extractions, infusions, ritual battle), pututus (conch shells used to “ call in” spiritual assistance and loosen blocks in an person's body), seguros (good luck charms, protection pieces), rumikuna or khuyas (stones used for healing), condor feathers (used for directing energy and cleansing a person's poq'po or energy field), huacos (objects and artifacts from Colonial and pre-
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Columbian times used to anchor specific energies into the medicine ground, often that of the ancestors), agua de Florida or agua de Kananga (colognes and perfumes, which are sprayed through the mouth for cleansing and purification), rattles and whistles (to balance or bring in energy, commonly used when singing tarjos or medicine songs).

It is also common to find candles, crosses, images of Roman Catholic saints, meteorites, ceremonially woven belts (chunpis), crystals, holy water, water from the melting ice of glaciers, San Pedro cactus, tobacco, coca leaves, singha (a combination of coca, tobacco, cane alcohol, and such perfumes as agua de florida, taboo, and siete poderes (which is imbibed through the nose), and incenses such as palo santo or copal. An herbal pharmacopoeia can occasionally be found as well. These objects (as well as the items specific to the individual mesa carrier) are arranged in a spatial configuration on the sacred textiles (unkhunas) and worked with to assist in the attainment of physical, emotional, spiritual, and mental integration and balance for the patient in the healing session.

When a Pachakuti Mesa is used in ritual healing the distinction between the symbol and that which the symbol represents is dissolved. The objects arranged upon the mesa become the mountains, the rivers, the puma, or the empowered representation of the curandero's own healing. Within this state of non-ordinary consciousness the line that delineates subject and object blurs, and the curandero is able to work with the mesa to bring about healing for the patient on an energetic level, which working at the source of the condition rather than through medicating the symptoms. Treatment also

commonly involves incorporating the family members of the patient in the healing ceremony.

This helps ensure that the patient will not only return to his or her community transformed, but he or she will return to a transformed community as well. Curanderos often find themselves acting simultaneously as apologists for, and avengers of, social injustices. 9. Responsibilities. a. Practitioner responsibilities: To attain a competent level of mastery through apprenticeship and experiential training, the aspiring practitioner must complete a series of rites of passage (karpays) governed by his or her teacher, elders and peers in the tradition, and the spiritual hierarchy. An example of the latter would be a demonstration of using coca leaves for diagnostic purposes.

Once an apprentice is deemed qualified by his or her community, he or she may begin seeing patients on a small scale, but must build a solid reputation as a competent healer. This requires that the curandero consistently provide accurate diagnosis and effective treatment for the patients in need of healing. The curandero is also responsible to recommend alternative means for healing if he or she is not capable or does not specialize in the condition presented by the patient. In addition to being a qualified and capable healer, the curandero must also live a lifestyle of ayni, which reflects not the qualities of the tradition, but the living example of balance mirrored by nature and the living cosmos.

This requires one to exist in uninterrupted communion with the spiritual hierarchy, to live as a perpetual student of life, and to continually deepen one's relationship with the phenomenal world, with one's internal world, and

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with the living universe around one. b. Patient responsibility: To be open and willing to participate in the healing being offered, as well as to be willing to implement the advice or prescription suggested by the curandero. The patient is also responsible to provide some form of reciprocal exchange for the healing service provided, either monetarily or through some form of barter or trade. c. Family responsibility: To be present for the healing ceremony if possible, and to provide support with the information gained from the healing session to ensure the patient is able to recover in an environment that supports this new, transformed paradigm.

The family is also responsible for communicating this information to pertinent community members who can further reinforce the transformed living environment for the patient. The family is often responsible to help compensate the curandero, either through monetary means or through trade if the patient is unable to do so. d. Community responsibility: To be a supplemental presence of support for the patient and to reinforce the transformed living environment for the person in transition. 10. Scope. This type of Peruvian shamanism has been practiced over the millennium in remote, northern areas of Peru. This isolation has helped Pachakuti practitioners preserve their independence and their prerogatives.

The apparent success of the Pachakuti system in its place of origin is an additional reason for its longevity. The scope of this healing system is comprehensive, as it is used for physical, mental, emotional, and spiritual problems. However, there are allopathic treatments and technologies that would bolster traditional medicine, and well-meaning curanderos and curanderas often endeavor to make referrals to a clinic or hospital (typically,

at a distance) if that would help their patient. 11. Analysis of benefits and barriers. What are the risks and costs of the system? Due to the recent advances in allopathic medical technology, competition between biomedical organizations and indigenous systems is becoming more common.

The boundaries that delineate these two systems, and the conditions they address, are often blurred. Poor people often turn to indigenous healers because biomedical treatments are too expensive. However, curanderos are not part of a recognized profession and therefore operate in legal and social marginality. Many curanderos experience harassment from local police, who use rarely enforced legal restrictions on non-licensed medical practitioners to extort protection payments. Church and civic officials have also been party to repressive measures against curanderos. Curanderos certainly recognize the tenuous position that they occupy in the Peruvian medical system.

Some prefer to maintain a very low profile to avoid the notice of local officials, for example, by performing their ritual sessions in remote agricultural fields. Other curanderos bank on the support of well-connected patients to keep them out of trouble. 12. Views of suffering and death. This system holds that there is a basic continuity between life and death. When the physical body dies, life and death are not seen as separate, for life cannot exist without death. When the physical body dies it goes into the Earth and feeds it, giving life to the plants and trees. The plants feed the animals, who feed the Earth, ad infinitum, in a self-regulating interdependent relationship seen as the great web of life.

All things are born from Pachamama (Mother Earth) and all things shall return to her. Views of the afterlife vary from practitioner to practitioner but <https://assignbuster.com/traditional-healing-system/>

most believe in life after the physical body dies. All in all, death is seen as a natural process, inseparable from life. Anthropologists have long noted that life's transitions (i. e. , birth, death) are commonly marked by elaborate rituals, the purpose of which is to smooth the disruption to the social order that such status changes can cause. The body of the person undergoing the transition is often the target of symbolic manipulations: special decorations (e. g. , burial costumes) and purification (e. g. , cleansing).

A particularly frequent symbolic message conveyed by these rituals is death and rebirth; the person is dying from the social status previously held and being born into a new identity. Indigenous rituals are reminiscent of hospital patients who put on the standardized garb required by the institution, as well as the strict fasting enforced before surgery, the cleansing processes requested of the patient as well as surgical staff, the process by which the patient's vital signs and consciousness are taken to a death-like state, and the patient's frequently cited post-surgery sense of being reborn. The fact that all these features have medical justifications and explanations does not diminish their potential symbolic impact. Much of the suffering experienced by Peruvians is attributed to acts of *dano*, or sorcery.

This is especially potent in a society like that of Peru where personal relationships are critical to economic survival and where the powers of the sorcerer and the *curandero* are assumed to have empirically verifiable effects. *Dano*, as a threat or as an accepted diagnosis, can have serious social repercussions no matter how outsiders to the tradition might view the forces that the sorcerers claim to control. Peruvian society's rigid social hierarchies make people increasingly dependent upon personal networks in

order to survive. The resulting burden of economic self-interest loaded onto personal relationships has contributed to a social world in which mistrust inevitably accompanies interdependence.

It should not be surprising, therefore, that social relations would be the assumed source of misfortune and suffering for rural Peruvians. This stands in contrast with traditional Andean attributions of sickness to natural forces and supernatural transgressions. 12. Comparison and Interaction with Dominant System. What does this system provide that the dominant system does not provide and how does this system interact with the dominant system? On the one hand, Miro-Quesada (2002) believes that global shamanism is an emerging phenomenon of the 21st century. The Pachakuti teachings are intended to empower all interested persons, allowing them to work with unseen forces in order to promote healing and balance through spiritual mediation.

But on the other hand, the dominant role being played by allopathic biomedicine often rules out people's interest and participation in an indigenous healing system (e. g. , Levi-Strauss, 1955). Conclusion On July 14, 2003, Matthew Magee performed a ritualistic ceremony on the top of Mount Tamalpais in Marin County, California, in the spirit of Kamasqa Curanderismo, one of the components of the Pachakuti Mesa tradition. This ceremony waves together several themes that expressed the participants' reverence for the Earth as teacher and mother. Together, the group created a consecrated Earth offering (despacho) to foster a lifestyle of sacred reciprocity (ayni) and an awareness of life's interdependence, calling upon

participants to live harmoniously with oneself, with others, and with the planet as a whole.

There are ecopsychologists who believe that healing the planet is basically a shamanic journey; if so, traditional medical systems can play a vital role in this endeavor. However, while herbal medicines, indigenous treatments, and shamanism are becoming faddish in the West, indigenous systems in their original contexts are becoming increasingly endangered. It is crucial to support indigenous cultures and learn what shamanism and related systems of healing have to offer the postmodern world before archival research in libraries replaces field research as the best available method for investigating these healing systems. Their longevity indicates that they have served many groups of people quite well over the millennia. The question remains as to what they can offer a world where allopathic biomedicine is not only revered but also powerful, a world in which reality is constricted to measurable physical dimensions and alternative perspectives are dismissed as “folkpsychology” (Kelly, Kelly, Crabtree, Gauld, Grosso, & Gordon, 2007, p. 54). This discussion of Pachakuti and Navaho healing models has demonstrated the adaptability of many traditional healing systems to conditions in the contemporary world. The eclectic nature of the system bodes well not only for its survival but its compatibility with collegial practitioners of allopathic medicine.

Finally, the ecological emphasis of the two systems provide inspiration for ecologists and their colleagues who agree with indigenous practitioners that the Earth is at risk, and that collaborative efforts are needed to redress the natural balance.

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