

Health Care and Complementary Medicine among Peruvian Immigrants Settled in Buenos Aires, Argentina

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ABSTRACT

The authors focus on strategies of therapeutic complementariness carried out by Peruvian immigrants settled in Buenos Aires, articulating the incidence of the following factors: cultural identity, socioeconomic status, religious identity, and styles of thinking. Firstly, they describe the available medicines, classifying them in: a) biomedicine and official psychotherapies, b) traditional medicine (*curanderismo* or folk healing), c) religious therapy or medicine (Church offerings that Weber called “institutionalized”), d) alternative medicine (these are non-traditional in Ibero-America and were spread in the last decades, in many cases linked to new age phenomena), and e) lay-treatments. Secondly, they outline the main styles of thinking evident in the social actors’ therapeutic strategies, stressing two main groups according to people’s religious identity: Pentecostal and non-Pentecostal. Two main styles of thinking are identified among non-Pentecostals: individuals who utilize only “natural medicine” and physiotherapy among many alternative offerings, and

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individuals who also partake in alternative medicine rooted in Oriental cultures, such as yoga, Buddhist therapy, and art-therapy. Finally, they describe and analyze a concrete pathway of healing, taking into the account the motifs and significance of the health searches, stressing the social actor's point of view.

Keywords: therapeutic complementariness- health- Peruvian Immigrants-Buenos Aires- Argentina.

Introduction

Studies of therapeutic complementariness have been performed in diverse social contexts, from the upper classes in industrialized societies to the low sectors of the Third World, showing that health care is solved through a combination of treatments usually selected by the patient and his/her group of relatives (Albuquerque 1979; Douglas 1998; Good, 1987; Idoyaga Molina 2000, 2002; Idoyaga Molina & Sacristán Romero 2010; Kleinman 1980; Leslie 1980; Saizar 2006; Unschuld 1980; WHO, 2002), and debunking the notion that recourse to traditional or alternative medicines is a result of the backwardness and ignorance of users or the absence of biomedical offerings, thus, creating new explanations. The success of traditional medicines is explained by indigenous notions of illness which are different from the biomedical model due to their inclusion of supernatural forces, witchcraft phenomena, the actions of mythical beings, as well entities such as the soul, social body, etc., which need accessible and accepted therapies,. Ethnic and religious identity are important aspects when selecting therapies (Idoyaga Molina 2005; Kunitz 1981). Moreover, alternative and traditional medicines have long been a solution when treating sudden and inexplicable diseases. To account for the interest in alternative therapies among educated urban populations in developed countries, the authors emphasize the increased access to information on health issues, the proven efficacy of alternative medicines (including relaxation techniques and healing rituals), the holistic nature of traditional and alternative medicines, and the differences between the biomedical paradigm and psychosocial health care the intrusive nature of many biomedical diagnostic and therapeutic techniques, the questioning of some approaches and assumptions of allopathic medicine, and changes in values which resulted in less tolerance for biomedical paternalism (Albuquerque 1979; Douglas, 1986, WHO, 2002).

The wide range of possibilities for explaining the efficacy of alternative medicines include: the classic symbolic efficacy; the placebo effect with revision, suggestion, and catharsis (Scheff 1979); the therapeutic nature of the social networks that are set in motion by the disease; the transactional argument that emphasizes the individual as a whole (body and self) within the healing process ; and the concept of persuasion . Another approach verifies the effectiveness through clinical trials (Douglas 1998; Csordas & Kleinman 1996; Good 1987; Idoyaga Molina 1999 a, 2002a; Kalinsky & Arrúe 1996; Laderman 1991; WHO 2002).

Studies on strategies of therapeutic complementariness implemented by immigrants in Argentina are scarce (*Idoyaga Molina et al. 2003*). Therefore, we aim to contribute to the subject, focusing on therapeutic complementariness strategies carried out by Peruvian migrants settled in Buenos Aires, articulating the impact of cultural and socioeconomic factors, styles of thinking, and religious identity on the selection processes. The immigrants studied are lower-income Creole people, who share a cultural world-view that reveals the influence of Spanish colonization.

By cultural factors we mean the migrants' etiological theories of disease, therapeutic practices, conceptions on the body and the entities that comprise human beings—soul, name, spirit—and so on. Socioeconomic aspects limit the migrants' medical options. Membership in Pentecostal churches is associated with the exclusive preference for ritual therapies offered in those contexts.

The methodology used falls within Phenomenological approaches, which privilege qualitative techniques, focusing on meanings, and on the contents of the consciousness and experiences of the social actors (Merleau Ponty 1969). The ethnographic material was gathered through open interviews and observation with key informants and natural groups—usually 2 or 3 family members—as well as observation and participant observation in the community. These results are part of a major project, developed from 1999 to 2011, funded by the Ministry of Science, Technology and Productive Innovation, and the National Council of Scientific and Technical Research from Argentina, to which we want to express our gratitude.

Healthcare in an ethnomedical configuration

We define an ethnomedical configuration as health care through the overlap among the following medicines: a) biomedical (including psychotherapy), b) traditional medicines, in Argentina and Ibero-America, these are the “*curanderismo*” or folk healing brought by European immigrants and shamans in indigenous societies, c) alternative medicines, which are non-traditional in the country, do not share the biomedical paradigm, and were spread in recent decades usually associated with New Age phenomena, d) religious therapies, which is to say the ritual healing practices performed in institutionalized churches (Catholic, Evangelic, Muslim, and Jewish churches), and e) lay-treatments or popular medicine in terms of Kleinman (7: 50), which correspond to the different types of medicines and involve levels of individual, family, or community participation, according to the different backgrounds and experiences of disease.

Since the early twentieth century, the entire population, including foreigners, has had access to biomedicine and psychotherapy in Buenos Aires through the free services in public hospitals and less complex units called health centers. However, most of the population is affiliated with prepaid public and private health services; the quality and quantity of services provided depends on their fees. Biomedicine is the only legally recognized practice.

Among traditional medicines, *curanderismo* is by far the most widespread in both rural and urban areas. These practices synthesize: a) medical knowledge, mostly elite humoral medicine (1), filtered down in Ibero-America, such as the classification of diseases, remedies, and foods in hot and cold principles (Foster 1994: 147-164), b) popular traditions brought by immigrants from Europe and Middle East, and c) ritual therapies, many of them from Catholic roots or re-elaborated in terms of the belief system of the Church (Idoyaga Molina y Sacristan Romero, 2008). In Northwest Argentina and other Ibero-American countries, traditional medicine may incorporate some indigenous element. As noted by Foster (1994:147-164) elite humoral medicine filtered down through teaching in Medical Colleges, the work of religious orders attending health in hospitals, and training programs in pharmacies.

Some indigenous communities have settled in the Buenos Aires Metropolitan Area, but indigenous medicine is not sought out by non-native people because it is unknown, and so its practice is limited almost exclusively to these indigenous communities.

Religious therapies include practices performed by Catholics, Pentecostals, Jews and Muslims. Pentecostal and Catholic offerings are open to any individual, while Jewish and Muslim treatments are limited to the faithful. Among Catholics and Pentecostals, ritual therapy basically includes the “healing touch” and prayer. The “healing touch” is only performed by those who have the charisma of healing, one of the gifts bestowed by the Holy Spirit. In the Catholic context, charisma is socially recognized as involving not only healer priests but also laypeople, whether or not they are recognized by the Church (*Idoyaga Molina 1999a: 23*).

Many alternative medicines are rooted in Eastern cultures. Some of them are traditional practices—yoga, acupuncture—and others are more recent, like shiatsu and reiki. Other alternative medicines are rooted in the West, like homeopathy and natural medicine. In Argentina, homeopathy has been practiced for more than 100 years by doctors originally trained in allopathic biomedicine. Natural medicine brings back many principles from humoral medicine and has also recovered therapies practiced by the Romans, such as hydrotherapy. Many laboratory products are sold under the paradigm of natural medicine, in spite of the importance of natural consumption of remedies. Alternative medicines are usually expensive and aimed at wealthy and middle class individuals. However, more recently, free or affordable options have become available for individuals with fewer resources in local clubs, community centers and parishes. Finally, in several public hospitals in Buenos Aires, various alternative treatments, including yoga, reiki, qi gong, Tibetan bowls, and tai-chi-chuan, are offered under the guise of workshops to preserve the quality of life (Saizar & Korman 25).

Traditional lay-treatments share the paradigm of *curanderismo* (folk healing), which includes the consumption of vegetable remedies and, less frequently, animal and mineral remedies, cataplasms, cups, patches, plasters, baths and therapeutic rituals and the use of spells, popularly known as “heal by secret” or

“heal by word” (26, 20). The most popular Catholic lay-treatment is participation in prayer groups, but it is also common to pray Novenas, participate in healing Masses, and to make promises to Saints and Virgins, asking for the healing of the sick. Among evangelicals, shared prayer and participation in healing cults are important. The alternative lay-treatments involve consumption of natural remedies, hydrotherapy, yoga, mind control energy transmission and any other discipline practiced individually after being taught by a specialist. Biomedical lay-treatments include the consumption of biomedical laboratory drugs or the use of biomedical techniques by choice or by advice from friends or relatives.

Therapeutic itineraries and combination of medicines

The therapeutic itineraries of migrants reveal certain regularities connected with their cultural, socioeconomic, and religious identity factors. Here, we present profiles of the most recurrent and representative therapeutic itineraries and analyze in depth a single case.

The incidence of treatment related to cultural aspects is evident in the preference for medicines and lay treatments that are consistent with the endo-acculturation process of migrants in terms of the conceptualization of disease and therapy. Thus, recurring options are curanderismo (folk healing) and lay-treatments, both through the traditional and natural medicine offerings, which share the conception of disease as imbalance, the central role of food in both causing imbalance and recovering health, and a certain ideology that emphasizes the value of natural remedies obtained through organic farming. Among socioeconomic factors, free access to biomedicine is essential in increasing consultation compared to its use in Peru. Religious identity is decisive in the case of Pentecostals, as they censor traditional medicine and any religious practice other than the rituals performed in their own Church. In their therapeutic itineraries, their religious therapy replaces curanderismo, as in other regions of the country. We must speak of at least two basic schemes for health care, differentiated by religious identity, which are explained by introducing the concept of styles of thought Douglas, 1988), a valuable tool for understanding diverse selections not related to socioeconomic, ethnic, or cultural factors or to the type of ailment.

When analyzing the outline of the most common therapeutic itineraries among Catholics, and, in general, non-Pentecostals, the first choice is the traditional lay-treatment, which overlaps with the lay-treatment of natural medicine. This includes the consumption of remedies mostly made from plants and other materials, many of them with origins in humoral medicine, such as the use of plasters, cataplasms, cupping, cold and warm compresses, creams and ointments for massage, baths and brine, and so on. In most cases, these techniques are combined with healing spells, a therapeutic-ritual technique of Catholicism that began as an elite practice in the sixteenth century and became a custom limited to the lower classes. Preparing home remedies usually remains within the family, while treatments that involve spells and other ritual practices rely on social ties to find the person who knows the formula or specific ritual to treat the sufferer's ailment. It is usually someone who lives in the same neighborhood, since migrants tend to be concentrated where they can generate the same social bonds they have in Peru. The components of traditional remedies are available in markets where natives and migrants get what they culturally recognize as Peruvian food, therapeutic plants, and ritual objects, like llama fetuses among various other elements.

Old *Recetarios* with recipes distributed by the religious orders from the sixteenth century are still used for the preparation of remedies. The Jesuits were initially responsible for the preparation and distribution of this reservoir of knowledge, but it is the Capuchin priests who have continued this activity.

In Buenos Aires, if the patient is not cured within the context of alternative medicine, he or she usually resorts to biomedicine, unlike what happens in Peru. Economic restraints commonly prevent access to natural medicine specialists, leading the actors to turn to traditional healers, preferring Peruvian healers and following the advice of relatives and friends. Most commonly, biomedical and traditional healer's attentions are combined. They can also add charismatic-Catholic therapeutic-ritual experiences and opt for some free of charge alternatives, usually offered in public hospitals.

Regarding the preference for the combination of biomedicines and alternative medicines, two styles can be distinguished: a) those limited to the combination of the aforementioned lay-treatments, biomedicine and natural medicine, and b) those that

add to lay-treatments and biomedicine other therapies focused on energy, such as Yoga and reiki.

Among Pentecostals, prototypical itineraries rely on lay-practice of both traditional and natural medicine, usually augmented by Pentecostal ritual therapy offered by specialists endowed with the charisma of healing, or by the religious lay-treatments offered in the Pentecostal Church to which the patient belongs. After that, if the patient does not improve, it is common to consult with a biomedical practitioner. Ritual therapy usually includes healing touch, prayer, and requests to a deity asking for the patient's health, which can lead to empowerment of participants by the Holy Spirit, which may result in an explosive numinous experience (Otto, 1965), which, from the perspective of social actors, is also associated with the granting of the requested healing. Pentecostals are reluctant to attend Catholic or other religious ceremonies, which are described as the work of the Devil, whether they are performed by traditional healers, other religious specialists, or even if they are alternative practices, such as Buddhist meditation. This does not mean they deny their effectiveness, but they understand them as a demonic strategy to seize the human being.

Here we focus on one of our informant's search for healthcare. Romina is a woman over 40, born in Lima, who has lived in the Abasto neighborhood in Buenos Aires since 1998. She migrated with her husband, who got a job and supports them both. Romina currently sells beauty products, more as a hobby than as a source of income. She completed high school in Peru and her husband graduated from college, a fact that should not be associated with the possibility of social mobility or quality education in their country of origin.

Romina says that her ailments started with muscle contractures and bone pains. She was given various biomedical diagnoses and she now usually refers to her condition through the biomedical explanation of fibromyalgia. She was given different diagnoses over time; according to a Peruvian curandero folk healer she suffered from "cold in the bones", an opinion supported by humoral medicine principles of disease classification in hot and cold. In the area of biomedicine, diagnoses varied, ranging from rheumatism to the aforementioned fibromyalgia and emotional problems, which she attributes to a mother that beat her and the

absence of a father figure. These issues led her to undergo psychiatric and psychological treatments, which she undertakes discontinuously but recurrently, and which in turn give her access to laboratory medication and to the incorporation of new concepts related to their conceptions about the disease, such as somatization. She has been suffering from this chronic illness throughout her life, leading her to try different medicines and specialists in Argentina and Peru, a country she regularly visits even after moving to Buenos Aires.

In order to alleviate her malaise, she initially used remedies prepared following the procedures of the traditional lay-treatment, such as infusions of cat's claw, to which she then added self-prescribed natural medicine's remedies, such as shark cartilage or maca pills, which we define as alternative lay-treatments. In fact, the elements in the teas prepared by the patient and in industrialized pills are the same, as can be observed in the consumption of the infusions of cat's claw that the informant prepared herself and took in the past, while nowadays she has access to a medicine made of this plant, which her sister from Peru sends. She considers both cat's claw and shark cartilage to be specific remedies to treat the manifestations of the disease, associated with the pain produced by osteoarthritis and fibromyalgia, while maca is a body energizer, even though it is most commonly used to treat conditions related to the female reproductive system. Its consumption is linked to increased defenses, supposedly by taking in the energy of the plant. She also consumes plantain, horsetail, star anise, chia and flax poultices, and lemon juice, which is often added to various infusions. These elements are recognized as remedies by humoral medicine and, in most cases, their preparation and appropriate doses are described in the aforementioned *Recetarios*.

Romina's consumption of natural and traditional remedies has been permanent, both in Peru and Argentina; to obtain these remedies in Buenos Aires, she goes to specific markets where immigrants can get various products from their land of origin. She clarifies that in these markets one can also obtain the elements necessary for sorcery, meaning the elements used in love magic, and damage or ritual therapies, such as the llama fetus, used in propitiatory and retributory rituals, including those practiced for therapeutic purposes. It should be noted that in addition to these

self-treatments, Romina uses some exercises that she learned in a Bio-dance workshop, offered at the Hospital of the City of Buenos Aires “Rivadavia”, which belongs to the practice of art-therapy, a discipline that we classify as alternative medicine, transformed into a lay-treatment of alternative roots by Romina. It is worth noting that she is aware that lay-treatments of both traditional and natural medicine origins are the first therapeutic option in any episode of illness and that she only turns to other medicines when the problem is not resolved with lay-treatment.

Encouraged by a friend, during one of her trips to Peru she visited a *curandero*, who explained her illness in terms of humoral imbalances caused by weather, highlighting that humidity in Buenos Aires and Lima is associated with the cold, which has penetrated to her bones. According to the diagnosis, the specialist offered a hot therapy, which uses the exudation produced by steam loaded with the properties of certain plants and prescribed a remedy made from the roots of seven plants, which he prepared himself and prescribed on that occasion, advising her that it must be taken three times a day. The strong flavor that the patient associated with acid and bitter tastes is typical of humoral pharmacopoeia, in which hot remedies have a strong and penetrating smell and a sour or bitter taste. The therapy was successful, taking away the persistent pain, but she was unable to continue the treatment since she returned to Buenos Aires.

Next, she visited a traditional specialist for a diagnosis through the use of the cards. In this circumstance, she received the first diagnosis of rheumatism, which the informant considers appropriate¹.

Her health and spiritual search in Peru led her to frequent different groups, which the informant identified as a Gnostic School and a group belonging to the “Aquarium Order”, evidently linked to the concepts of the New Age. Through these groups, she was trained as a yoga instructor, which allowed her to work in that job for a while. Finally, the informant and her husband left the group, mainly because they disagreed with the strict requirement of not eating any meat. They considered it an expression of bigotry against their free will. However, that experience affected their therapeutic choices once she was settled in Buenos Aires, where she selected yoga and Buddhist practices.

Yoga became a continuous option; it allowed her to stop taking all kinds of medication in Peru and reach what she considers a good state of health. When she moved to Buenos Aires, she returned to this therapy only after finding a free workshop for improving the quality of life in the area of psychiatry at the Hospital Rivadavia, an activity that she still practices today.

Regarding the practice of yoga, she incorporated and redefined concepts with Oriental roots, such as karma, which she understands as a kind of burden that is dissipated according to the good deeds done by the individual. The results can be materialized as benefits that make us avoid greater evils. In turn, she relates this idea to the concept of destiny, in the sense that everything is written, and, from this perspective, understands that spiritual growth and good deeds “cushion” karma, just by lightening the burden of bad experiences we inevitably have to undergo, simply because it was written, thus introducing a re-elaboration of the concept of dharma, or that with which we must carry out. According to the Oriental philosophy, each individual has its own dharma, the fulfillment of which allows freedom from the wheel of reincarnation. The actions that generate karma or the dharma compliance involve no bad or good values, but refer to ignorance and wisdom. Ignorance generates karma and dharma compliance results in freedom, although the actions include, for example, death of relatives or other unacceptable behaviors in terms of Western morality (*Saizar & Idoyaga Molina 2008*). Such a view has been re-elaborated by the informant who uses the values of right and wrong, understanding that although karma is negative, it has a positive aspect, because it involves doing good deeds to overcome it.

Buddhist practice is channeled especially through the repetition of a mantra² and is linked to the idea that spiritual growth has positive effects on health -in her personal case limiting physical pain- and on all activities in which the practitioner is interested. The group that she attends is the Soka Gakkai, a Buddhist organization with a presence in over 100 countries with its headquarters in Japan, spread in Argentina during the '60s (30). During their ritual practice, participants repeat the phrase Nam-myoho-rence-kyo, which, inscribed on a parchment called Gohonzon provided to the believers. Gohonzons are placed on walls to facilitate concentration during the repetition of the mantra,

whose therapeutic capacity resides in the words' sacredness. The traditional use of spells enables an easy reinterpretation of the meaning of the mantras³. According to the informant, meditation lets her find inner strength or the energy that flows in all people, but that is not always put into action through the necessary exercise and practice.

The influence of ideas related to the New Age impacts the re-elaboration of etiological theories of illness, which originally included sorcery, defined as the damage done by other people by virtue of their power and handling of appropriate rites. This idea was replaced by the notion that a person's bad energy produces damage, premised on the understanding that energy is the flow of the all-pervading thoughts of people. The substantial difference between these ideas is that the first means an intention to harm someone, unlike the action of energy. In the latter case, the same person may originate his or her own ailments due to his or her negative thoughts.

She has also attended other art-therapy workshops at the Rivadavia Hospital, such as bio-dance, theater, improvisation and contemporary dance, and even gymnastics for seniors.

Homeopathy both in Peru and Argentina is practiced by allopathic doctors who, once they graduate, specialize in homeopathy. In both cases the consultations have to be paid for by the patients, unless the patient has expensive private health insurance.

Regarding biomedicine, it must be noted Romina's experience includes consulting various specialists, who often failed to give her an accurate diagnosis. Among these, she accepts rheumatism and fibromyalgia. She was treated by kinesiologists, orthopedists and rheumatologists, even though the latter is the only appropriate specialist to treat the condition that affects her. At the same time she emphasizes that various changes of medication were necessary until they found a drug that moderately alleviated her pain, pointing out that in this quest, some of the remedies prescribed did not work, so she combined biomedical drugs with traditional remedies and natural medicine.

When comparing Argentine and Peruvian biomedical doctors, the informant emphasizes that in her country they do not question the use of traditional and natural medicine, even if the consumption is the result of self-treatment, while in Argentina

any consumption without biomedical prescription is highly censored and criticized

In the psychology field she has visited both psychiatrists and psychologists. From Romina's point of view, the importance of the treatment with the former lies in the medication obtained, while from the psychological therapy she rescues the coincident aspects with her traditional view of illness. Concretely, she mentions the connection between physical pains with emotional experiences, having incorporated the idea that childhood experiences have a crucial role in the future development of individuals.

In short, the informant now treats her fibromyalgia through three biomedical offerings: rheumatology, psychiatry and kinesiology, three offerings from the alternative field: yoga, Buddhist meditation and various art-therapy practices, and two types of lay-treatment: traditional treatment -corresponding to the paradigm of *curanderismo* or traditional medicine-, and alternative lay-treatment, -corresponding to the paradigm of natural medicine. We must add traditional medicine to our list due to her consultation with two Peruvian traditional healers.

Considering the experience of Romina related to itineraries outlined above, it is clear that her religious identity is diffuse, a fact that is associated with the acceptance of many alternative medicines beyond natural medicine, which in this particular case became evident through the selection of yoga, Buddhism and different art-therapies. The turn to biomedicine is expected because this is a recurring choice by individuals committed to different thought styles, while her visit to traditional healers, Buddhist meditation, and yoga practice shows that her religious affiliation is not Pentecostal.

In terms of socio-economic constraints, we observe that the informant only used the health center of their neighborhood and public hospitals, where health care is free. The same can be said of the choice of yoga and art-therapy, offered in free workshops or low cost options in the case of Buddhism. This applies to the traditional medicine specialists she visited in Peru, too, whose fees are always in line with the user profile from the lower classes.

Cultural factors, such as ideas about illness, health, and therapy account for the selection of traditional medicine, traditional and natural lay-treatments, and the range of alternatives medicines, refigured in terms of the informant's culture.

Conclusion

Peruvian migrants, settled in Buenos Aires, attend to their health problems through therapeutic complementariness, including lay-treatments, biomedicine (and psychology), alternative medicines, and religious therapies. To explain the differences among the different kinds of the most recurrent itineraries, we introduced the concept of styles of thought, which allowed us to account for the incidence of religious identity. Pentecostals reject offers of traditional medicine and any ritual therapy other than their own, while those who define themselves as Catholic -more or less orthodox-often visit *curanderos*, alternative and religious specialists. Regarding the acceptance of alternative practices, we can distinguish two profiles according to immigrants' styles of thought. One group uses predominantly natural medicine, diets or homeopathy, while the other adds treatments involving manipulation of energy such as yoga, Buddhist meditation, reiki to the aforementioned therapies. This second style of thought is represented by the therapeutic itinerary of Romina.

The itineraries combine treatments made in Buenos Aires and treatments made in Peru, obtained when they return during holidays or other visits. The financial constraints of the patients are always present in the selection of all the medicines to which they resort. Attention at health centers and public hospitals are the rule for using biomedicine and psychiatry, a recurring modality regarding alternative practices. Offers of traditional medicine are usually cheap and the same applies to the Pentecostal and charismatic religious healing. The different kinds of lay-treatments are free of charge. Religious identity is crucial in the case of Pentecostals because it restricts the possible choices among the available offerings, while the concepts of the traditional medicine paradigm act as a framework that facilitates the reinterpretation of alternative therapies. However, the situation of contact with the national society and global influences, expressed through the experiences of combination, and the extent of the medical supply facilitates re-elaborations of traditional knowledge and practices in light of new experiences, as we noted in relation to our informant, who modified etiologic theories of disease and sorcery in terms of New Age concepts and expanded the way she relates the body to emotions, by introducing the concept of somatization taken from psychology .

NOTES

1. *Humoral medicine describes health as the balance between four humors that people have in balance -blood, phlegm, yellow bile and black bile-, with a slight prevalence of one of them, which generates the complexions of individuals -bloody, phlegmatic, choleric and melancholic-. Illnesses are expressions of an excess or deficiency of any of the humors or of disconnection between them, resulting from poor diet, pollution of air and water, through the earth and the heavenly bodies, and the influence of climate. Therapy consists in restoring balance through diet, expulsive techniques -vomiting, bleeding- or inclusive ones -suppositories, remedies consumption-. Humors, diseases, remedies, and foods have the essential qualities of hot/cold and wet/ dry. Humoral signs of remedies often opposed to those of the disease, thus, to treat a hot and dry illness, a wet and cold therapy must be applied. On symbolism of hot and cold classification, see Idoyaga Molina, 1999b; 1999/2000).*
2. The use of cards is a recurrent technique of divination practices among curanderos' practices, together with the use of water, ashes, lead and alum, and coca leaves in the Andean region (Idoyaga Molina, 2001 a)
3. The mantra is a sacred prayer, belonging to the pan-Hindu tradition, the objective of which, achieved through repetition, is to establish a relationship with deity or the sacred, among its effects on the subject, therapeutic restoration is included (Fields 2001) .
4. *Spells allude to passages in the life of Christ or saints who suffered from the ailment being treated. The Gospels and the biographies of saints operate as mythic cycles that found ritual healing in the present* (Idoyaga Molina 2001; Idoyaga Molina & Sacristán Romero 2008).

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