

Inclusion of Traditional Maya Healing in Health Care

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Introduction

Traditional Healing (TH) and Complementary and Alternative Medicine (CAM) are related fundamentally through their philosophy and practice. TH remains widespread in developing countries while CAM is growing rapidly in developed countries. This market force drives globally policy-makers, researchers, practitioners and the public to elucidate answers on questions of safety and efficacy; availability; preservation; and viable, sustainable implementation strategies toward this type of healthcare.

Growing Recognition of Complementary and Alternative Medicine

There is currently an exponentially growing demand for Complementary and Alternative Medicine (CAM) internationally. CAM, as defined by the U.S. NIH National Center for Complementary and Alternative Medicine (NCCAM), is a group of diverse healthcare systems, practices, and products (including herbal healing modalities and traditional medicine systems) that are not presently considered part of conventional modern medicine. This major trend in health and wellness behavior illustrates the point that people are actively seeking natural traditional healing answers.

The number of visits to CAM providers now exceeds the number of visits to conventional primary care physicians throughout North America. With 70% of Canadians and 48% of Americans utilizing CAM at least once (World Health Organization 2002). The use of CAM is diverse, widespread, and growing as evidenced by the results of the U.S. National Health

Interview Survey, conducted in 2002 with 31,004 Americans aged 18 years or older, and meant to reflect the U.S. civilian non-institutionalized population. These persons, who were asked questions about both their health and illness behavior, reported significant uses of CAM. Thirty-six per cent stated that they used CAM, and this percentage burgeoned to 62% when the variables of megavitamin therapy and prayer were considered (Barnes et al. 2004). These numbers have grown to approximately 38 percent of American adults aged 18 years and over and approximately 12 percent of children using some form of CAM in 2007 (Barnes et al. 2008).

Expenditures on CAM throughout North America are noteworthy. For example, the World Health Organization estimates that Canadians spend comparably to Americans annually on CAM (World Health Organization 2002), and, a previous U.S. based survey, reported that the expenditures for CAM range between \$36 billion and \$47 billion in 1997 (Eisenberg et al. 1998). Of this amount, between \$12 and \$20 billion was paid out-of-pocket for the services of professional CAM health care providers. This represented more than the public paid out-of-pocket for all hospitalizations in 1997, and about half of what was paid for all out-of-pocket physician services (Eisenberg et al. 1998). Eisenberg et al. (1998), found that utilization of these therapies increased from 34% to 42% during that time, with total visits to alternative practitioners increasing from \$427 million to \$629 million—a 47% increase, thereby exceeding total visits to all U.S. primary care physicians. CAM is now a multi-billion dollar industry with Lifestyles of Health and Sustainability (LOHAS) market force sales of herbal supplements alone reaching \$4.3 billion dollars in 2004 (Wright 2005).

There are several other important reasons that have led to the expanded use of CAM practices in global societies today. In an increasingly multicultural society, various ethnic groups highly value and trust alternative medical practices that they perceive as distinctive to their

cultural identity. Also, our age of information has allowed for a careful analysis of healing modalities that are available—the internet has been a tremendous resource for inquisitive minds.

Protecting Our World: Lifestyles of Health and Sustainability (LOHAS)

The modern-day phenomena of the LOHAS market speaks powerfully to the utility of traditional knowledge in healthcare. The LOHAS is a \$230 billion dollar market force which describes a global marketplace for products and services that interest consumers who value holistic health, the environment and conservation, global social justice, personal growth (i.e., spiritual development), and sustainable living (LOHAS Journal Online 2005).

According to marketing data gathered by The Natural Marketing Institute, one in three U.S. adults are LOHAS consumers that purchase goods and services based on lifestyles of health and sustainability (French and Rogers 2004). They have also shown that, within these LOHAS market divisions are products and services that improve health, protect eco-systems, develop human potential in a sustainable manner, reduce the use of natural resources, allow mankind and the natural world to live more harmoniously, and are created or conducted in a socially responsible manner (French 2004).

Both the reawakening of a public yearning for traditional healing (i.e., traditional healing withstanding the test of time) and independently evolving cross-cultural application of similar ideals in health and wellness speak to the true value of traditional healing methods. A return to the basics is warranted. Cultural traditions and their respective health and wellness ideals—the triad of mind, body, and spirit inextricably imbedded within an environmental backdrop—play a vital role in our health and wellness, our societal advancement, and our stability.

Traditional Healing Trends Worldwide

Many of the various and independently evolving cultural healing modalities are still being employed effectively internationally. In fact, approximately 80% of the world's population relies on traditional healing modalities and herbals for primary healthcare and wellness (World Health Organization 2002; Farnsworth et al. 1985). Some 25% of all prescription drugs are derived from plant sources and of them most were discovered because of their prior use by traditional healers (World Health Organization 2002). In fact, the world market for herbal medicines based on traditional healing knowledge was estimated to be \$60 billion in 2000 (United Nations 2000). In most developing countries, traditional herbal medicine is certainly the norm. Traditional healers deliver front running and successful care internationally (World Health Organization 2002). For example, Malaria poses a global problem; there are over 275 million cases annually with over 1 million fatalities—most of them young children. Malaria is responsible for roughly 1 in 5 of all childhood deaths (World Health Organization 1998).

Surveys conducted by the WHO Roll Back Malaria Program in 1998 showed that in Ghana, Mali, Nigeria and Zambia, more than 60% of children with high fever are effectively treated at home with herbal medicines since they are easily accessible and cost effective. It should also be noted that much western malaria medication stems from plant-based compounds of origin based on indigenous knowledge (Vongo 1999).

Another example of a paramount public health concern is HIV. It has been viperously infiltrating areas of the developing world and it is decimating peoples of Africa. WHO has shown that over 33 million people are living with HIV/AIDS worldwide, and that most Africans

living with HIV/AIDS use herbs to obtain symptomatic relief and to treat opportunistic infections; so much so, in fact, that UNAIDS is advocating for collaboration with traditional healers in AIDS prevention and care in sub-Saharan Africa (Burford 2000).

Methods

Our study and informed consent protocol was approved by the Institutional Review Board (IRB) of Cleveland State University, Cleveland, Ohio, USA, and the IRB and Ethics Committee of University of Ottawa, Ottawa, Canada. This study was undertaken with informed consent of the Q'eqchi' Maya who collaborate with us as a participatory research team. Their identities are not revealed due to ethical guidelines in ethnomedical and ethnobotanical research. This study was supported by the Government of Belize, Ministry of Health in consultation with Toledo district medical director, and with permits issued through Forest Department for the ethnobotanical component. The informed consent and support of the healers, bushmasters, and their communities was secured directly for this project and the depth and clarity of their informed consent is supplanted longitudinally over years of collaboration and through series of community workshops initiated by collaborating entity Belize Indigenous Training Institute (BITI). BITI is a Belizean incorporated NGO founded in 1998 by local indigenous groups with the assistance of Inuit Circumpolar Conference (Inuit Canada, Greenland, Alaska and Siberia). BITI is governed by a Board of Directors with representatives from regional indigenous peoples cultural councils including Q'eqchi' Council of Belize, Toledo Maya Cultural Council, National Garifuna Council, and Xunantunich Organization. BITI provides practical training and capacity building to local peoples in developing income generation and employment for communities in the areas of traditional knowledge and cultural heritage. The Q'eqchi' Healers Association

(QHA), an organized group of traditional Q'eqchi' Maya healers, is one community association affiliated with BITI. It is this group with whom we collaborate specifically for this study.

Workshop

In initiating our study, we held a workshop with the QHA, local leaders, and researchers. At this workshop, we discussed how best to include traditional healing into front line modern health care protocols and community health and wellness. Initially, it was our intention to host a workshop with Ministry of Health officials and QHA, but the researchers learned early on that it would be more productive to host a community workshop and then conduct a series of meetings with officials thereafter which would then convey the sentiment of the QHA and communities to the highest reaches of the government in Belize.

Meetings

Subsequent to our workshop with the QHA we met with various stakeholders in Belizean healthcare infrastructures from the village level community nursing assistants (CNA) to the Medical Director of Belize.

Interviews

A uniform practice of open ended queries to include discussion and concepts on integration of traditional healing in national healthcare and general areas of mind, body, spirit,

and environment in health, healing, and community wellness was used in both formal and informal interview process with each healer. This information was then discussed with Belizean healthcare leadership structure.

The specific topics discussed with the healers ranged based on their health and wellness practices, community needs, social and environmental justice issues and spontaneous queries and conversation were lively and fruitful. The interview information was recorded by three of the researchers so that triangulation via comparison of notes could be done later to include data missed by one recorder but picked up by another. One of the researchers is Q'eqchi' Maya and serves the very important dual role of researcher and cultural broker. A component of our analysis included identifying themes running through conversations. We interviewed the healers in field and forest as well as in their clinics and local village settings. We also observed the healers with village officials, patients and apprentices.

Results

Workshop

From the workshop with the QHA, local leaders, and researchers, it was determined that we needed to broaden our sphere of influence and that we (researchers and representative of healers) would: 1) meet with the medical director of the Toledo district, the Medical Director of the Punta Gorda Hospital (Toledo district hospital and regional referral center), and the Medical Director of Belize; 2) conduct in-depth interviews of representative healers (chosen by their peers) of the QHA, several of each of their representative patients, and several community policy

makers including associated village Chairman and Alcalde's (basically mayor's). In particular, the healers wanted us to focus our efforts around Jalacte village a satellite community in association with Itzama. This was necessary since much of the healers collecting for transplantation to the gardens occurs in areas in the Maya Mountains adjacent to Jalacte. This is the last area for collections outside of Belizean protected areas which are inaccessible for community use. This area by Jalace is being encroached upon by village agriculture. The healers assert that there needs to be grassroots community involvement in the conservation and growth of this important medicinal plant collecting area as their healthcare platform relies heavily upon it. They feel the area should be set up as a community-based conservation area since much of the species there do not grow well at the Itzama gardens given environmental differences. On meeting with the entire village in the company of the Alcalde and Chairman, community support was granted, however, it was pointed out that there needs to be alternatives developed. For example, permaculture strategies. We had a permaculture expert talk with the village and everyone would like to see a small educational plot set up for the villagers to reference in the development of sustainable agricultural strategies which will not encroach upon the medicinal plant area.

Meetings

We met with and gained the support of: Dr. Jose Polenco, Medical Director, Belize; Dr. Peter Allan, CEO, Ministry of Health; Dr. Bhupathi Raju, Medical Director, Toledo District, Belize, and Medical Director Toledo District Regional Hospital; Anthony Nicasio, Toledo Community Health Liaison, and Lorraine Thompson, the local World Health Organization/Pan

American Health Organization Official. We have the educated support of these officials and their collaboration is ongoing. The healers have been granted space in the district hospital, however, resources are needed to optimize the opportunity.

We also met with Mr. Wilber Sabido, Chief Forest Officer, Forest Department, Belize, who supports the community-based conservation premise and is incorporating our programming in the Belize Biodiversity Action Strategy currently being produced by his Department.

Interviews

The individualized interviews with the healers provided information which was conveyed to relevant stakeholders in the integration of traditional healing in national healthcare, in aforementioned meetings.

We discussed the lives of the healers, their cosmologies and practices and prevailing attitudes toward their profession. We talked about the resources with which they work, their successes and failures in practice, and the obstacles to their treatment modalities they had to deal with. We felt it was also important to get an idea of the range of variation of afflictions as well as the commonalities in treatments. We also spent some time discussing generational transmission of knowledge and conservation/sustainable use strategy given the fact that the healers were especially concerned about the uncertainty of the transmission of healing knowledge to the next generation and the increasing problems with the local resource exploitation and the disappearance of resources.

The body of qualitative data collected from the representative healers was roughly grouped into ten major categories for analysis and to promote a better understanding for

integration in national healthcare: 1) definitions of healing and healing ideologies; 2) the role of the healer; 3) teaching of the healing practices; 4) the range of illness types treated; 5) the types of appropriate treatments; 6) herbal preparation methods and associated rituals; 7) rituals carried out in the treatment process; 8) the frequency of patient visits; 9) the costs involved in treatments; 10) obstacles to the practice of traditional healing.

Specifically, we learned that the ethnobotanical garden infrastructure is in place and traditional medicine practice is well organized and utilized. In particular, traditional healing functions as primary healthcare in these rural villages and these healers are sought after for their care with regard to key issues such as inflammation, diabetes, mental health, and woman's health. We found that the women of the community often suffer from menstruation problems and issues surrounding child birthing whereas men often suffer from ulcers and back pain. Traditional healers located within the community oftentimes deal with these ailments. It was mentioned in an interview that a local healer of one community delivered every baby in the entire village. Women are often managers of healthcare within the family and they work closely with the healers, it is important that the women of the community are able to receive the healthcare they need for themselves and their families. Without the knowledge of medicinal plants, the healers, and the natural resources, most families would go without any healthcare. Key concerns identified by the healers themselves, are the need for respect and thorough integration of traditional healing in Belize healthcare, and a greater regard for the sanctity of the land.

Conclusion and Recommendations

Traditional healers in the Maya communities serve as primary care providers; difficult cases are then referred accordingly. This research develops information on the interface of TH, CAM, and community health and wellness. This approach is in its fledgling stages and Itzama is directly facilitating the process. With these data, we can continue to explore the integration of traditional healing and CAM efforts safely and effectively. The integration of traditional medicine in modern medicine and CAM was approved in principle by local authorities, and is now endorsed by WHO internationally, and for Belize, specifically as we move forward in our programming it is essential that we focus on: generational transmission of knowledge; involvement of the community elders in delineating action; close collaboration between the healers and relevant stakeholders in community and leadership structures in community, healthcare, and government in Belize; and protection of the natural resources through education, community involvement, and carefully planned action.

Traditional medicine continues to play an important role in health care throughout the world. In some areas, it is the only health care available. Even though many types of healing traditions are seen all around the world, they all have commonalities. One of these recurrent themes is that true healing occurs with the health of the mind, body, and spirit in the context of healthful environmental surroundings. By embracing traditional healing, one would also be advocating for conservation of culture, biodiversity, and global wellness.

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