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A Piece of Nigromante in Boyle Heights

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Abstract

My project conveys the role that individuals' faith in their cultural healing practices plays on their knowledge of the illness and on the actual healing process. More specifically, on how indigenous immigrant communities from Mexico are prone to utilize medical pluralism practices and experience culture-bound syndromes. When individuals migrate they take with them their understanding of disease, their ways to express it, and their ways of finding treatment according to their cultural medical practices. Based on this, I developed a project to explore the medical healing practices of twenty-three year old Claudia Velmontes during her pregnancy. Ms. Velmontes migrated to Boyle Heights ten years ago from a predominantly Zapotec indigenous community in Mexico. She is a good example for studying medical pluralism practices by immigrants in the United States, since Ms. Velmontes requested medical treatment from the biomedical sector in Boyle Heights and from the folk medical sector from her native town in Mexico. Aside from her monthly visits to her physician trained in western medicine, Ms. Velmontes' practices to ensure a healthy pregnancy included using the services of a midwife, cleansing her mind and body by rubbing eggs throughout her body, and numerous other practices based on cultural beliefs. Ms. Velmontes claims that her upbringing in Veracruz made a profound impact on her world views and her faith in the folk medical sector. The purpose of my project is to research in depth the powerful influence that folk medicine has on the health and world views of individuals that believe in it.

Part of a medical anthropologists' focus is to explore the medical pluralist practices employed by individuals in order to find health. Medical pluralism is the incorporation of more than one medical system to obtain health. This means that individuals that resource to medical pluralism adopt at the same time health care practices, diagnosis, treatments, medications, and knowledge to prevent and treat diseases from at least two different medical systems (McElroy and Townsend 2009:334). In this paper I will describe and analyze Ms. Velmontes pluralist approach to obtain health throughout her pregnancy, since she resourced to two different medical systems, which are the biomedical system and the folk medical system. According to scholars McElroy and Townsend it is common for individuals that practice medical pluralism to integrate health care practices from very different medical sectors like the biomedical sector and the folk medical sector (McElroy and Townsend 2009:334). The biomedical sector is characterized by its western scientific practices; the University of Würzburg Graduate Schools describes biomedicine as the application of science such as biology, chemistry and physics to the diagnosis, care and treatment of patients. On the other hand, the folk medical sector is culturally oriented; the World Health Organization defines folk medicine or traditional medicine as the total domestic knowledge, experiences and practices to obtain and maintain physical and mental health and prevent disease,

whose foundations are the explicable or not beliefs, theories and experiences of the natives. According to scholar Cecil Helman, immigrant communities are prone to utilize medical pluralist practices. Immigrants are likely to utilize the biomedical science of western first world countries while continuously making use of folk medicine in their understanding of disease, their ways to express it, and their ways of finding treatment (Helman 2006:3).

Purpose

I examined the pregnancy of twenty-three year old Claudia Velmontes as an example in the study of medical pluralist practices by immigrants in the United States, since she incorporated different medical sectors to maintain health during pregnancy. Ms. Velmontes employed medical treatment from both the biomedical sector in Boyle Heights and the folk medical sector from her native town Nigromante in Veracruz, Mexico. Ms. Velmontes' pregnancy is a prime example of the medical pluralist practices used by individuals in order to stay healthy. She states that health can only be obtained by the incorporation of both medical sectors, and she would not have been able to maintain health if she ignored either. Most importantly this shows that the power of the mind plays a very important role in the healing process. Ms. Velmontes stated that she could not give a reason or scientific explanation for her use of the folk medical sector, but she knew that her faith in this medical sector made her feel better, and that without faith the medicine would not be effective. Medical pluralism reassures individuals of a successful outcome. Faith is a critical factor when individuals seek different medical systems; the effectiveness of folk practices hinges on the faith of the individual.

Literature Review

Previously to discussing Ms. Velmontes' medical pluralist practices, it is necessary to review all the factors that affected the course of her pregnancy as well as those factors that influenced the outcome of her pregnancy. Including, her decision to resource to medical pluralism and undergo full term pregnancy. Therefore it is vital to have a literature review to analyze the epidemiology of pregnancy, analyze the decision making process that led Ms. Velmontes to recognize she was pregnant and seek health care from two different medical sectors.

It is important to note that, in most of today's societies, pregnant women receive medical treatment to ensure the health of the mother and the offspring, due to the numerous risk factors and the delicate conditions that arise with pregnancy. The epidemiology of Ms. Velmontes' pregnancy can be described as the fertilization of one of her eggs by a sperm, resulting in the development of a fetus in her uterus for approximately nine months. In her article "A Ship Upon a Stormy Sea: The Medicalization of Pregnancy", Kristin K. Barker, an anthropologist that studies pregnancy and its medical treatment, emphasizes the relevance of the medicalization of pregnancy. Pregnancy is considered and treated as a medical condition, and therefore is subject to medical diagnosis, study and treatment. The medicalization of pregnancy yields new hypotheses and evidence about these conditions, affecting and influencing social attitudes, economic consideration, and the development of new treatments and medications for it (Barker 1998: 1068).

Ms. Velmontes' culture, sexual education, and religious beliefs are aspects that, according to Marysol Asencio's book *Latina/o Sexualities*, allowed Ms. Velmontes to recognize she was

pregnant, influenced her decision making process of keeping the baby, and her search for health care. Like many of the immigrant Latina/os in the United States studied by Asencio, Ms. Velmontes came from Nigromante Veracruz, Mexico about ten years ago to start her new life in Boyle Heights, California. Once established in Boyle Heights, Ms. Velmontes put herself at risk for getting pregnant by engaging in sexual activities without protection since her teenage years. Thus further supporting Asencio's argument that immigrant teen and young adults Latina/os are at a higher risk of getting pregnant than other ethnicities (Asencio 2010:62).

Asencio partially attributes responsibility for Latina/os early pregnancy to the fact that many do not receive explicit sexual education from either of their parents, and also to the inefficient sexual education courses offered in public schools in the United States (Asencio 2010:62). Ms. Velmontes was aware of the risks of unprotected sex via sexual education from courses she took in high school. She explains that due to the information received in these sexual education classes she recognized she was pregnant by the absence of her period. Ms. Velmontes' Catholic views also played an important role in her decisions and treatment throughout her pregnancy, just like with those of Asencio's' subjects. Roman Catholic beliefs followed by millions of Latina/os explicitly prohibit the use of contraceptives. Just as Asencio states in her book, cultural norms dictated by Roman Catholic beliefs heavily influence Latinas, like Ms. Velmontes, to not use contraceptives and once pregnant encourage them to keep the baby and seek medical care for their pregnancy (Asencio 2010:173).

During the interview Ms. Velmontes claimed that her upbringing in Nigromante heavily influenced her belief in medicinal folk practices. Ms. Velmontes argued that just as she followed her doctor's advice to maintain health during her pregnancy, she also followed the cultural folk medicinal teachings from her native town. In the book *Patterns of Culture*, American anthropologist Ruth Benedict argues that culture is one of the main factors that influence and affect individuals' behavior, beliefs and personality. According to Benedict, the role of an anthropologist is to study the complete range of customs that construct human culture, and the way these customs influence human behavior and shape their beliefs (Benedict 1934:4).

Benedict imagines individuals' behaviors in society as largely constructed from a very young age by their customs: "...from the moment of his birth the custom into which he is born shapes his experiences and behavior" (Benedict 1934:3). Based on Benedict's arguments we understand that Ms. Velmontes' upbringing in Nigromante made a profound impact on her world view and her practice of folk medicine. Therefore her usage of folk medical practices affected and influenced the course of Ms. Velmontes' pregnancy and the outcome of events. Some of Ms. Velmontes' practices using folk medicine to ensure health during her pregnancy included wearing a red belt and bracelets for protection, using teas and herbs to cure discomforts, acquiring the services of a *partera* (midwife), cleansing her body and mind by rubbing eggs throughout her body (what is known as a *limpia*), and constantly praying for her well-being.

Ms. Velmontes was born in Los Angeles, California, but was sent to live in her hometown Nigromante when Ms. Velmontes was only a few months old. Ms. Velmontes was raised by her maternal grandmother Mrs. Chan until she was ten years old, while her parents worked in Los Angeles. Ms. Velmontes states that her grandmother had a strong impact on her beliefs in folk medicine and her world-views. Mrs. Chan is a woman of Zapotec origin and speaks mainly Zapotec and broken Spanish; her indigenous background is rich with culturally founded medical remedies. The folk medicine practiced by Mrs. Chan is based on herbs, oils, massages, homemade remedies, prayers and a touch of superstition.

Mrs. Chan made sure to transmit all her knowledge on folk medicine to Ms. Velmontes, teaching her granddaughter remedies like drinking several spoons of syrup prepared by boiling olive oil, purple onion, garlic, and honey's hive after it is filtered to cure a cough. Ms. Velmontes explained how her grandmother utilized folk medicine to treat not only diseases but also several conditions, such as bad foot odor which can be cured by submerging the feet in very warm water with salt and letting them rest until the water goes cold, or whitening teeth by rubbing burned tortilla on them. Ms. Velmontes confessed that she developed an instinctual and unquestioned trust in folk medicine after having witnessed her cousin's allergic reaction to mosquito bites. Every time a mosquito bit her cousin it caused hives that physicians could not cure, and it was only using folk medicine by rubbing the pulp from a maguey's leaf in the affected areas that the hives could be cured. In conclusion and confirming Benedict's arguments, Ms. Velmontes decision making process to seek for medical care from the folk medical sector is linked to her upbringing and cultural beliefs, which affected the outcome of her pregnancy.

Research Methods

The research method employed for this study is defined as observational research which includes a case study. The case study comprises the oral history of Claudia Velmontes and the observation of some of her folk medicine practices and remedies. The purpose of these observations was to collect data about medical pluralism, since Ms. Velmontes resourced to the biomedical sector and the folk medicine sector throughout her pregnancy to maintain health. The observation and collection of Ms. Velmontes' oral history happened in three sessions of two hours each at a public park. One hundred pages of notes were collected, although only one fifth of the information collected is explained and described in this research due to limited space. Part of the methodology was an extensive literature body that confirmed and enriched Ms. Velmontes emic point of view while also offering the etic point of view. Literature was also used to provide an explanation for Ms. Velmontes' folk diseases from a biomedical point of view.

Discussion

The customs of a society can be helpful in understanding the behavior of individuals, since their customs and social institutions regulate behavior, promote certain personality traits and provide the mold for people to make sense of what is to be considered true and false (Benedict 1934:4). According to Ms. Velmontes the community of Nigromante also had a strong influence on her beliefs in folk medicine, since most of the community practiced folk medicine to a certain extent and shared common beliefs in its efficiency. In Nigromante it is common for family members and neighbors to share remedies or recipes based on folk medicine with each other for curing discomforts, which, according to Ms. Velmontes, promotes and maintains the credence and practices of folk medicine. Ms. Velmontes claims that the historical background of Nigromante fostered the current use of folk medicine. Nigromante was founded by mainly Zapotec immigrants from the neighboring state of Oaxaca in 1872 according to Ms. Velmontes, and just like she brought her beliefs in folk medicine to Los Angeles, these indigenous immigrants took their cultural healing practices to their new home in Nigromante.

Nigromantes' Folk Medicine and Folk Healers (El brujo, la partera y el sobador)

Ms. Velmontes claims that the very meaning of the name Nigromante alludes to superstition and magic which at times is part of folk medicine. The name Nigromante derives from the Zapotec language and according to Ms. Velmontes it means "town of witches or sorcerers". According to the Biblioteca Digital de la Medicina Tradicional Mexicana (BDMTM) or traditional Mexican medicine digital library by the Universidad Nacional Autónoma de México (UNAM) or National Autonomous University of Mexico, *brujos* (sorcerers) are a pejorative that some folk healers are branded with since they deal with magic and at times dark forces. *Brujos* are respected and feared by the community; they have the ability to harm or heal others. People solicit their help to cure diseases caused by sorcery, since it is believed that someone that can provoke disease also knows how to find a cure for it (BDMTM 2009). A distinctive characteristic of *brujos* from other folk healers is that their expertise is innate or acquired by heritage, and they are trained by other *brujos* to refine their skills (BDMTM 2009).

Ms. Velmontes explains how the community in Nigromante looks for help from *brujos* to heal individuals that are believed to be haunted or victims of witchcraft. The services of *brujos* in Nigromante, as described by Ms. Velmontes, range from curing physical diseases (healing flesh wounds, headaches, stomach aches) and mental discomforts (anxiety, insomnia and nightmares) all of which are believed to be caused by sorcery. Another aspect that distinguishes *brujos* from other folk healers is that *brujos'* skills are not limited to finding cures for diseases and discomforts; *brujos* are also believed to be experts in preventing people from succumbing to alcoholism, protecting people from other's hate or envy, promoting success in business and economic growth, and promoting rain and a great harvest. Lastly, according to Ms. Velmontes, *brujos* in Nigromante have the power to manipulate and control strong emotions such as love, it is believed that *brujos* can dissolve or force love to happen.

Ms. Velmontes learned a great deal about folk medicine and folk healers from her upbringing in Nigromante, practices and knowledge which she brought to her new home in Boyle Heights. Although Ms. Velmontes resided for thirteen years in Boyle Heights before getting pregnant, and lived to a certain extent not surrounded by folk medical practices from Nigromante, her faith made her seek out medical attention from the folk medical sector throughout her pregnancy. She also relied on western practices in order to verify the health of her baby through an ultrasound. Ms. Velmontes attended monthly checkups at a local hospital, in which a Doctor trained in western medicine would advise her and prescribe vitamins for her pregnancy; yet, she also regularly sought medical attention from a *partera* trained in Mexican folk medicine residing in Boyle Heights.

Fran Leeper Buss argues in her book *La Partera*, that a midwife plays an important role in women's pregnancy, since *parteras* are considered specialists in traditional medicine for the care of pregnancy, childbirth and assistance of the mother and the newborn during the postpartum period (Buss 1980: 127). In general *parteras* are older women that have experienced many pregnancies themselves, and have learned from experience the healing practices to assist pregnancy and childbirth using folk medicine (Buss 1980: 128). Buss narrates the story of *parteras* like Jesusita Aragon, a woman that helped deliver over twelve thousand infants, many women in the town trusted her more than a physician and went to visit her to ask for advice on how to maintain health during pregnancy (Buss 1980: 76). *Parteras'* expertise is not limited to gestation and child care, but extends to the attention of infertility, gynecological discomforts, and

other diseases like *empacho*, *susto* (fright), *mal de ojo* (evil eye) and *caída de mollera* (fall of the crown of the head) (Buss 1980: 124).

Ms. Velmontes stated that the periodic and domiciliary visits to her *partera* in Boyle Heights were of great assistance throughout her pregnancy. Her *partera* advised her to follow a specific diet during and after pregnancy, to massage her hips in order to close her uterus after birth, and other general dos and don'ts. Among all these services Ms. Velmontes affirmed that she mainly visited her *partera* for prenatal massages in order to relocate the fetus to be in a correct position days before giving birth. Ms. Velmontes states that she was conscious of the many risks that could arise from the *partera* moving her child to fit the right position for childbirth, such as the umbilical cord potentially wrapping around the neck and eventually causing the suffocation of the fetus. On the other hand she had extreme anxiety and fright of undergoing a Caesarean section if the child was not placed in the right position by the *partera*. In the end though, Ms. Velmontes was very pleased to have delivered a healthy child through natural childbirth partially due to her *partera's* advice, care, prenatal massages and maneuvers.

Among other folk healers in Nigromante Ms. Velmontes highlights the role of the *sobador* (folk chiropractor). According to the traditional Mexican medicine digital library, the *sobador* is a specialist in traditional healing via therapeutical massages. However, the *sobador* does not hold a monopoly on this knowledge, other folk healers, like midwives, are also privy to this specific skill. The *sobadores* are known for their skills in treating muscular-skeletal disorders and maneuvering body organs and bones to their correct place. A *sobador's* services are requested to cure cramps, sprains, to give prenatal massages, to accommodate a fetus in the womb, or to cure pain in tendons and veins (BDMTM 2009). Ms. Velmontes stated that she primarily sought help from a *sobador* to treat *empacho* (stomach ache) which according to her is a common disease in infants.

Folk Illnesses and the Healing Properties of a Limpia

Empacho is a multi-symptomatic digestive disorder caused by the ingestion of certain food and non-food substances that are believed to become stuck in the intestines or stomach (McElroy and Townsend 2009:112). Some characteristics of *empacho* are the presence of gases, fetid diarrhea, a swollen stomach, cramps, vomiting, fever, sunken eyes, smelly breath, and discomfort after eating (BDMTM 2009). According to Ms. Velmontes various products cause *empacho*, like unripe fruits, dry food such as crackers and bread, non-nutritious substances like gum and cardboard, spicy food, and decomposed or raw food. It is also believed, in Nigromante, that *empacho* is connected to eating modalities, like eating too quickly, before bedtime, outside the regular schedule, or ingesting food after an argument that caused anger. *Empacho* in Nigromante is normally treated at home with teas from leaves of the *jicamilla* plant, but if the person does not get better they are taken to the *sobador* for treatment. The *sobador* applies therapeutic maneuvers by pulling the skin from the back to cure *empacho*. The purpose of this is to tear off and evacuate the foreign bodies that are stuck to the walls of the stomach and intestines, impeding its proper function.

Three main factors were constantly interconnected during Ms. Velmontes' pregnancy that prompted health or disease: the abiotic environment, the biotic environment, and her cultural beliefs. The influence of these three factors in Ms. Velmontes' pregnancy is observed in her search to find a cure against *susto* (fright). According to Arthur Rubel, Carl O'Neill and Rolando Collado-Ardon *susto* is when the spirit abandons one's body due to a traumatic event (Rubel,

O'Neill and Collado-Ardon 1991:41). Some symptoms of *susto* include insomnia, anger, headache, vomit, mental exhaustion, fatigue, depression, and even death (Rubel, O'Neill and Collado-Ardon 1991:8). Ms. Velmontes has known about *susto* since she was an infant, because many individuals suffer from its afflictions in Nigromante, and they believe that women are more susceptible to *susto* than men. Ms. Velmontes claims that she suffered from *susto* while pregnant when she slipped in the shower and landed on her back inside the bathtub, which caused her headaches and restlessness during her sleep. Ms. Velmontes' cultural beliefs led her to think that her fright could cause harm to her child and this in turn caused abiotic evil spirits to take her spirit away and produce discomforts that could only be cured by transmitting her fright to a biotic material like an egg.

The practice of rubbing an egg throughout the body of a victim of *susto* is the folk medical practice called a *limpia* (a cleansing), which according to Ms. Velmontes' is believed to be the most effective cure for *susto*. Eliseo Torres describes in his book *Healing with Herbs and Rituals* how *limpia* practices are performed in order to cure *susto*. The *limpia* takes place three nights in a row, the victim of *susto* must lie on a bed with arms extended in the form of cross while the folk healer cleans the person by rubbing the entire body with a whole egg and sweeping it with a broom of herbs in order to bring the victim's spirit back and transfer all evil into the egg (Torres 2006:25). The egg is then disposed of outside the home and, according to traditional belief, the bad spirits transferred to the egg are released. Ms. Velmontes affirmed that only after she concludes the ceremony of a *limpia*, with the aid of her mother or the *partera*, she obtained good health again and was cured from *susto*. Ms. Velmontes believes in the effectiveness of *limpias* to achieve good health so strongly that she practices *limpias* two to three times a week, and is constantly running out of packages of eggs.

This emic account from Ms. Velmontes upholds that *susto* is the cause of disease and discomfort by evil forces that through a shocking experience take the victim's soul. Rubel, O'Neill and Collado-Ardon offer the etic point of view by conducting several research methods to measure the relationship of *susto* with other biomedical conditions. Resourcing for this include interviews, questionnaires, blood samples, blood pressure measurements, physicals and psychological examinations among different indigenous communities that commonly believe in *susto* from Oaxaca, Mexico (Rubel, O'Neill and Collado-Ardon 1991:71 and 72). Their results yielded that there was no correlation between *susto* and psychiatric impairments, even though victims of *susto* reported having experienced abdominal and lower extremities pain, organic sickness, emotional difficulties, mental health problems, and anxiety in a much higher number than those who did not experience *susto* (Rubel, O'Neill and Collado-Ardon 1991:85 and 86).

Victims of *susto* also reported a much higher number of symptoms of anorexia, which were related to their experience of tiredness, asthenia, loss of weight, and lack of motivation since their body was getting weak from the lack of food (Rubel, O'Neill and Collado-Ardon 1991:82 and 83). Rubel, O'Neill and Collado-Ardon's results from psychological and laboratory examinations of victims of *susto* yield that *susto* cannot be classified as a disease according to biomedical terms. A specific etiology or physiopathology could not be reported as the cause of *susto*, instead results reported *susto* to be a condition that patients develop caused by nonspecific symptoms due to psychoemotional and organic distress (Rubel, O'Neill and Collado-Ardon 1991:110 and 111). The study reported that victims of *susto* increase their risk of death by exacerbating their condition of the organic diseases which are endemic to these rural indigenous communities (Rubel, O'Neill and Collado-Ardon 1991:111).

Throughout her pregnancy Ms. Velmontes was troubled with another folk illness known as *mal de ojo* (evil eye). James Dow describes how *mal de ojo* is the cause of disease by someone's strong sight, and it is common that the person that caused *mal de ojo* wishes harm or feels envy towards the victim (Dow 1986:85). Dow states that shamans in the sierra Otomi fight evil eye, for in this community buying a new car or a new carpet can cause neighbors to become jealous and envious, which in turn produces *mal de ojo* and disease from the person that caused the jealousy (Dow 1986:84). Some symptoms of *mal de ojo* are the presence of diarrhea, vomiting, and restlessness among others (Chevalier and Sanchez Bain 2003:83). Cures of *mal de ojo* include tender care, fresh remedies like water and lemon, and for the folk healer to blow air so the *mal de ojo* goes away (Chevalier and Sanchez Bain 2003:83).

Children are especially vulnerable to *mal de ojo* according to Ms. Velmontes, more so if the infants have nice features. Good looking children are believed to be easily desired by strangers, and this desire causes *mal de ojo* through the stranger's sight. Ms. Velmontes affirms that if such stranger does not satisfy their desire to at least touch the infant, crying, vomiting and pain will discomfort the child. In order to cure *mal de ojo* Ms. Velmontes uses the treatment of a *limpia*, by rubbing an egg throughout the body of the victim of *mal de ojo* it is believed that the evil force will be transferred to the egg. If after massaging the head of the patient the egg sinks in a body of water the victim is on his/her way to recovery, but if the egg floats or hardens then more sessions of a *limpia* have to follow. Besides using the *limpia* to cure *mal de ojo* Ms. Velmontes relies on Catholic prayers such as full rosaries and prayers to a specific Virgin or Saint. Mrs. Chan taught Ms. Velmontes specific Catholic prayers which had to be combined with certain folk medicine practices to achieve health from *mal de ojo*. For example, little branches from *ruda* (rue) or *albaca* (basil) are used to sweep the entire body of the victim of *mal de ojo*, and push the evil forces away. This practice can only be effective, according to Ms. Velmontes, if is accompanied with ten Our Father's, ten Hail Mary's and ten Glory Be's prayed by the folk healer doing the *limpia*. The folk healer also has to be clean from mind and body, have no open wounds and have abstained from sexual intercourse for the past forty-eight hours.

Ms. Velmontes recalls going to a family gathering when she was pregnant, and claims that the harsh eyesight of a family member made her feel intense headaches afterwards, and it was not until she went to her *partera* and underwent a *limpia* that she started to feel better. Ms. Velmontes states that in Nigromante individuals believe *mal de ojo* not only affects people, but can also affect someone's harvest or cattle in negative ways. If someone is envious of a certain person's goods the evil forces deriving from the envy will cause damage to the goods.

Another problem that troubled Ms. Velmontes during her pregnancy in Boyle Heights, which derived from her upbringing in Nigromante, was *nervios* (nerves). *Nervios* is defined by Linda Anne Redhun as anxiety, depression or worries that stem from menopause, discomfort, poverty, the inability to express unacceptable behaviors, and family drama (Redhun 2004:322). Redhun also states that *nervios* are, "Related to such categories as hysteria, neurasthenia, and melan-cholia, it reflects the idea that the body possesses a finite amount of "nervous energy" which can be exhausted if too excited, especially in women" (Redhun 2004:322), and therefore causing discomfort and disease. Ms. Velmontes, throughout her pregnancy, felt constantly under the attack of *nervios* and claimed that she could not rid herself of them until practicing a *limpia* which she found vital for the health of her pregnancy.

Risks of Practicing Nigromante's Folk Medicine

There are various risks associated with the use of folk medicine remedies. Some of the folk practices directly contradict the biomedical sector. An example of this is seen in Ms. Velmontes' decision to receive prenatal massages that placed her fetus in the right position by the *partera*. Ms. Velmontes was warned by her physician of the dangers of undergoing prenatal massages, which are widely practiced by pregnant women in Nigromante. Another example of the risks of practicing folk medicine by Mexican Americans is the use of *greta* and *azarcon* compound remedies to cure *empacho*. The diarrhea and vomiting caused by *greta* or *azarcon* is regarded as a sign of the effective breaking up of the malignant lump associated with *empacho* (McElroy and Townsend 2009:112). Contrarily, public health workers believe that the diarrhea and vomiting from the constant doses of this folk medicine treatment are the results of lead poisoning and disease (McElroy and Townsend 2009:111).

Another folk medical action that could have put Ms. Velmontes' pregnancy at risk was her *partera's* advice to swallow two raw eggs once contractions had started. According to what Ms. Velmontes was told, the purpose of doing this was for the slippery substance of the egg yolk to produce a less painful and shorter childbirth since the slippery properties of the egg yolk would cause the child to similarly slip out of Ms. Velmontes. The *partera's* advice to swallow raw eggs is contradictory to biomedical knowledge. Physicians believe consumption of this substance produces adverse effects in pregnant women, according to the writings of professors Collen Kirkham, Susan Harris, and Stefan Grybowky in the American Family Physician journal. The consumption of raw eggs placed Ms. Velmontes at risk for contamination by salmonellosis that can produce intrauterine sepsis (Kirkham, Harris and Grybowky 2005:13). Heide Murkoff, author of the book *What to Expect When You're Expecting*, encourages the consumption of liquids and snacks like popsicles and ice chips after contractions have started, but discourages the idea of the consumption of products like meats or eggs that the *partera* encouraged Ms. Velmontes to swallow (Murkoff 2005). Once again although Ms. Velmontes was conscious of the risks, her faith in the *parteras'* advice made her jeopardize her health according to the biomedical sector.

Although some folk medicine practices of *parteras* are considered dangerous and thought to produce adverse effects according to the standards of health of the biomedical sector. There are several reasons for seeking medical attention from *parteras* in Boyle Heights according to Ms. Velmontes. Some include the economic savings and accessibility of visiting a *partera* rather than a physician, the trust in the efficiency of the *partera's* experience and expertise in folk medicine on gestation and childbirth, and the warm treatment from one mother to another who understands where she is coming from and what she is going through rather than receiving the cold treatment of a clinic.

Western Medicine

The *partera* was an important and influential person in the treatment of Ms. Velmontes' pregnancy, but she was not the only one. Ms. Velmontes also made monthly visits to her Physician trained in western medicine. She would follow the advice and recommendations made by her Physician, such as what activities to avoid, what diet to follow, what vitamins and medications to take, what ultrasounds and blood tests to undergo, and appointments to follow. Although part of a *partera's* duties sometimes include assisting in childbirth, Ms. Velmontes

decided to undergo childbirth in a public hospital in Boyle Heights, for she believed a hospital would provide a more sanitary, safe and efficient childbirth care. Overall Ms. Velmontes expressed contentment with having followed the combined treatment of a *partera* and western biomedicine, and claimed that her pregnancy and childbirth would have not been successful if she had not followed medical pluralist practices.

Linda Anne Rebhun categorizes *susto*, *mal de ojo* and *nervios* as a culture-bound syndrome, since the symptoms may or may not belong to biomedical diagnostic categories (Redhun 2004:319). Redhun describes culture-bound syndrome using the definition given by the American Psychiatric Association which states that:

Recurrent, locality-specific patterns of aberrant behavior and troubling experience that may or may not be linked to a particular DSM-IV diagnostic category. Many of these patterns are indigenously considered to be “illnesses,” or at least afflictions, and most have local names[C]ulture-bound syndromes are generally limited to specific societies or culture areas, and are localized, folk, diagnostic categories that frame coherent meanings for certain repetitive, patterned, and troubling sets of experiences and observations (American Psychiatric Association, 2000).

These diseases that caused harm to Ms. Velmontes are categorized by Redhun as culture-bound syndromes since they are generally limited to a cultural area and their treatment and diagnosis are usually done by the folk medicine sector and are not identifiable diseases according to the biomedical sector (Redhun 2004:319). Redhun states that there is great debate among scholars about the epidemiology of culture-bound syndromes and the treatment, diagnosis and care of them, since some scholars argue that culture-bound syndromes are not pathological diseases but merely the effects of physiological disturbances (Redhun 2004:325). In addition Redhun states that the misunderstanding of indigenous culture-bound syndromes is produced in the attempt to study them from hegemonic groups (Redhun 2004:325).

Conclusion

In conclusion, when Ms. Velmontes was asked why certain diseases like *susto*, *mal de ojo* and *nervios* affect and produce discomfort in her and other individuals in Nigromante while other ethnicities or races do not present symptoms or knowledge of them, she responded that it was the difference in faith and belief in the folk medicine that caused such discrepancy. Ms. Velmontes experiences great frustration knowing that these diseases greatly impact her health while people of other ethnic backgrounds enjoy a lifestyle unfettered by such afflictions. Still, she claims there is no other way for her to experience well-being without following folk medicine from Nigromante. Ms. Velmontes' mother was of great influence for her continuous practice and belief in folk medicine upon her arrival in Boyle Heights, since her mother continued using the diagnosis, treatment and categorization of disease according to Nigromante's folk medical sector. Although Ms. Velmontes expresses her frustrations with her beliefs in *mal de ojo*, *susto*, and *nervios*, she affirms that she will continue the chain of knowledge transmission in the folk medical sector to her child, since she finds it useful and ultimately believes in its efficiency to achieve health.

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