Prehispanic Healing Practices in Indigenous Communities of the Zongolica Sierra in Veracruz, Mexico

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Abstract

Background: Traditional medicine in Mexico has a long history and it is part of a pattern of medical care that has been maintained for centuries by traditional doctors or midwives and by people who recognize them as key players in the community. Methods: We worked in the Nahua community of Zongolica Veracruz through several interventions in health, some education and prevention campaigns, productive workshops that have allowed closer ties among researchers and community members, and especially between the group of doctors and midwives. We have done over one hundred semi-directed interviews to report the prehispanic healing practices in indigenous communities of the Zongolica Sierra in Veracruz. Results: Midwives attend regular monthly visits to women who are pregnant, calculating with them the day of childbirth, and the midwives include a follow-up of 40 days after childbirth. Conclusion: This research process showed that traditional medicine is not opposed to institutional medicine, as long as kept a respectful attitude toward both models. Even, both medicine types in practice are complementary each other in a community setting.

Keywords: Midwives, Traditional medicine, Health, Knee, Childbirth.

Introduction

Traditional medicine in Mexico has a long history and it is part of a pattern of medical care that has been maintained for centuries by traditional doctors or midwives and by people who recognize them as key players in the community “[1]. Traditional doctors and midwives cover a function that does not meet the professionals assigned to institutionalized health services, also known as the hegemonic axis of Medicine.

The history of research on indigenous migration to seek shelter responds to the need to preserve their traditions and culture. "The non-Indian political, economic and demographic pressures, forcing indigenous communities to shelter in tropical jungles, deserts or high mountains”[2].

The pregnancy, childbirth and post-partum processes, in the rural and indigenous settings, are attended mainly by community midwives who understand that the doctor-patient relationship or pregnant-midwife goes beyond care during childbirth. A midwife attends a woman during pregnancy and after childbirth. That kind of support is not realized by the doctor or nurse from an institutionalized health care unit. The disease is understood as a complex cultural phenomenon; pathological indicators are transformed and have social significance, to the extent they relate to various aspects of social life. In this way the disease is not an empty term of content, it is a process through which it is given a social meaning to the signs of biological disorder, making symptoms and socially significant facts, which leads us to consider the pathology within specific cultural contexts, that is to say that the disease is not an individual episode, but a real social fact. It represents the disease as a complex phenomenon, from three indicators that amalgamated each other: a) pathological indicators; b) signs of social meaning; c) Polysemic relations through symbols, allowing us to understand different therapeutic contexts [3].
It is in the dimension of polysemic symbols relationships through which leads us to recognize the validity of prehispanic healing practice in the Nahua community from the Zongolica Sierra in Veracruz.

Midwives
The practice of midwifery in prehispanic Mexico was understood as a very prestigious job, Fray Bernardino de Sahagún in his book, *General History of the Things of New Spain*, provides evidence of this practice, which shows the dignity features they were characterized: "honest and decent person veneration" [4].

The importance of midwives was also recognized in New Spain and in an attempt to address the health problems that existed, it was created “an outline of specialists in medicine, which appears in first level the doctor, in second level the surgeon, in the third level the barber, in the fourth level the apothecary, and finally in the fifth level the midwife”[5]. Monitoring and supervision of these professions was undertaken by the Court of Protomedicato, which provides the right to exercise such trades. Although midwives are contemplated within the specialists who should be recorded and evaluated in the protomedicato, this practice was not controlled but exercised with full free, both in Spain and New Spain. This court operated until 1831. The importance of midwives was also recognized in New Spain once the conquest (S-XVI), taking the church commissioned to save the soul of the fetus in danger of death, however birth-care was done as had been done with midwives in communities. Scientific medicine did not remove from the hands of midwives childbirth, because there was no infrastructure that could support this change. Many women in Mexico had no alternative other than to empirical midwives, a condition that still remains in some indigenous communities.

In Mexico, the training program for midwives began in 1937 in the city of Torreon, and this pilot program was extended to all county’s Medical Services of the Ministry of Health and Welfare (now Health Ministry), created in 1934. From 1978 until 1982 a program of training that incorporating the midwives into the rural health program and expanding coverage was implemented [6].

In 1989 the Ministry of Health created "The house of Birth" in remote indigenous communities, a place with better hygienic conditions, instruments and equipment required for midwives to perform his trade in the best possible conditions; the place was run by midwives or community.

Nowadays is exercised freely the midwifery in Mexico, sometimes there are intercultural partners, within the structure of health services who understand that in the country, these women are serving most births in the communities most isolated.

Methods
We worked in the Nahua community of Zongolica Veracruz for more than 15 years; there have been several interventions in health, some education and prevention campaigns, productive workshops that have allowed closer ties among researchers and community members, and especially between the group of doctors and midwives.

We have done over one hundred semi-directed interviews and we have over 500 images of the community, its members and their daily activities. The main results of the interviews presented are from midwives who have great recognition within the community; unfortunately, in recent years many of them have died. And the number of 50 people who formed the group for 5-year periods: *masehual ixtlamachilistli* is now reduced to half. However they are interested in forming a new generation of young midwives to help them meet the needs in the community.

Medicinal plants reported in the interviews are presented in Table 1; which resume over 40 booklets that the community shared with us, in those notes they take control of medicinal plants used during pregnancy and childbirth.

Results

Midwives of Zongolica sierra

Zongolica is a municipality that is located in the middle mountainous area (sierra) of the state of Veracruz Mexico, bordering the states of Oaxaca, Puebla and Tlaxcala in Mexico. North borders are the municipalities of Coetzala and Magdalena, south borders are the municipalities of Mixtla de Altamirano and Tezonapa; east borders are the
municipality of Omealca and west borders are the municipalities of Texhuacan, Atlahuilco and Los Reyes as show in figure 1. However the whole region is known as “Zongolica sierra”. This sierra has one of the most rugged topography of Mexico, with height over 2 000 m. above sea level. In these geographic conditions people live in extreme poverty. Mainly the indigenous population: Nahua.

The village of Zongolica is a place located in the center of the sierra. It is located 38 km from the city of Orizaba, however the winding roads make difficult to access in and out of the village, leading to a trip of 1:30 hours away by car; yet to reach many of the communities takes 1, 2 or 3 hours by dirt roads badly damaged and in some cases only by walking.

In Zongolica 60% of the population has no electricity services, piped water or drainage; this percentage rising to 95 % in highland communities. The most important occupation is agriculture for self-consumption; however - a very sinuous , with acidic and nutrient-poor clay place constitutes the land. A third of the population between 6 to 14 years old is illiterate, and the percentage among the population over 15 years reaches 38%; increasing 60% in mountain areas [7,15].

In this population motherhood has always been attended by midwives, who enjoy great prestige inside and outside the indigenous community. This recognition farm in the follow-up of pregnancy; attention to the woman during childbirth, the human attention that the midwives provide to the family, pregnant woman and the child; including a follow-up of 40 days after childbirth. Thus we see that the service of midwives is not restricted to care at the time of childbirth, is all previous and subsequent work which helps us to understand reasons why the midwives remain in high demand.

Midwives attend regular monthly visits to women who are pregnant, calculating with them the day of childbirth. Monitoring is accompanied by a review in which they have to give a light massage on the belly of the pregnant with special oils, massage is very smooth and is made from the waist to the pubis, which will stimulate the child and make it accommodate itself for the childbirth.

Figure 1: Geographical localization of Zongolica. Upper Square shows a map of Mexico highlighting Veracruz. Middle square shows a map of Veracruz highlighting Zongolica localization in Veracruz. Lower square shows a map of the geographical localization of Zongolica.
Alicia Pérez (AP) is a recognized midwife of Zongolica, since for 7 years she was president of 40 traditional doctors and midwives collectively called "Masehual ixtlamachilistli". AP states:

"Well we say ourselves that massage is for uterus accommodates its child"
"For us it is necessary to give the massage, although doctors tell us to abstain doing so. It also set flexible, non-cracking, the skin since is very difficult for a country woman her skin cracks, and it is what the skin needs. You may not fix anything inside, but the skin above”

The day of childbirth, the woman kneels on occasions helped by her husband, if he cannot help women uses a rope fixed on the roof of the house. The woman will give birth, while the midwife receives the child, cuts the umbilical cord and crosses the child. Later, the midwife gives the child to someone else in order to assist the second birth: help again to the woman to throw the placenta.

They wrap the child with clothing from its dad, usually with a shirt or part of this “in order to the child be respectful, since the child feels paternal protection otherwise, how could a child be respectful since it lack of the dad protection” as AP said.

Then the placenta is buried in the foundation of the house by the dad thus he will continue supporting the family. “And the placenta should be wrapped with clothing from the dad along with palma-bendita plant” AP concluded.

Jerónima (Jer.) another important midwife from Zongolica, states that "Before birth, a chicken soup for mother and family is cooked, usually already you have the chicken chosen, usually already you have the chicken chosen for the occasion”.

The commitment of the midwife ends after 40 days passed the childbirth, when she goes to see the mother to give her a bath of herbs and a Hug, however if there is any problem before the 40 days, the midwife must attend woman and child. At 40 days, the same day of the bath and hug, the midwife performs a "Xochitlalli" (xochitl - Flower / tlalli - earth) that is a fertility ritual, in order to thank through prayers, in front of a cross covered with flowers and providing an offering of drinks: brandy, pulque, coffee and cachtila (fermented cane syrup). Midwifery then become a godmother: “We are godmothers and grandmothers. a relationship is established with the birth (Jer.)”

Regarding to the salary, this is not set; the midwife can receive a kilo of sugar, twenty Mexican pesos equivalent to one US dollar, a...
chicken or even nothing. However, community recognition is very clear to these women. This work is free, they do not expect any payment or enrichment, is understood as an exercise of the gifts received.

The work of midwifery is also explained by the lack of resources to enable them to get the basic necessities for subsistence. No alternative employment in these communities make us -researchers- to think that even a little payment is better than nothing. We must also recognize the precarious income received for their services as traditional doctors. It is striking that the payment (money, objects or animals) they receive as compensation by the woman's partner or family, is greater when the child is a male than a female. This significance of the value that is given to the man or the woman in the family as a symbolic conception is expressed in the Nahua culture. For a midwife, prestige and recognition in the community, translates to compensation or solidarity distinctions in case of emergencies, illness or frequent natural disaster in the community, such as floods, landslides or accidents. Thus physical or material assistance reciprocity is part of what the midwife receives for its services.

In the case of women who have no economic necessity, practicing midwifery can be explained because this activity gives them the opportunity to learn new things, to leave their community and to have a more active social life. Many of these women are updated by health ministry and other institutions such as the Ministry of Labor and the National Commission for the Development of Indigenous People [7]. In Mexico there are small economic supports to keep them there to participate in courses, lectures or meetings. When so, they sometimes are provided with money for transportation or a meal, and they share a part of what they get with their family.

Table 1: Medicinal plants used during pregnancy and childbirth

<table>
<thead>
<tr>
<th>Scientific Name</th>
<th>Common Name</th>
<th>Spanish Name</th>
<th>Medicinal Use</th>
<th>Preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caulophyllum thalictroides</td>
<td>Squaw root, Papoose root</td>
<td>Cohosh azu, Raiz de paposo</td>
<td>It accelerates uterine contractions and induces childbirth</td>
<td>Tea</td>
</tr>
<tr>
<td>Petroselinum crispum</td>
<td>Parsley, Garden, Parsley</td>
<td>Perejil</td>
<td>It favors dilatation during the childbirth</td>
<td>Chewing parsley during contractions accelerate uterine contractions during childbirth</td>
</tr>
<tr>
<td>Ocimum basilicum</td>
<td>Basil, Great basil, Saint-Joseph's-wort</td>
<td>Albahaca, Alabega, Alfabega</td>
<td>It has parasitic activity and helps to recovery after childbirth</td>
<td>Tea: 2-3 dried leaf spoons</td>
</tr>
<tr>
<td>Capsella bursapastoris</td>
<td>Shepherd's-purse</td>
<td>Bolsa de pastor, Carapulla</td>
<td>It stimulates uterine contractions</td>
<td>Tea: 1 dried leaf spoon</td>
</tr>
<tr>
<td>Zingiber officinale</td>
<td>Ginger</td>
<td>Jengibre, Jengibre-jamaiquino</td>
<td>It helps against dizziness during pregnancy</td>
<td>Tea: 1 plant-powder spoon</td>
</tr>
<tr>
<td>Rubus idaeus</td>
<td>Raspberry, Red-raspberry, European raspberry</td>
<td>Frambeza, Bayas rojas</td>
<td>It helps against dizziness during pregnancy</td>
<td>Tea: 1 plant- powder spoon</td>
</tr>
<tr>
<td>Brugmansia</td>
<td>Angel's trumpets</td>
<td>Floripondio</td>
<td>It lessens pain during childbirth</td>
<td>Aplication of flower macerate</td>
</tr>
<tr>
<td>Schinus molle</td>
<td>Peruvian pepper, American pepper</td>
<td>Pirul</td>
<td>It has anti inflammatory activity</td>
<td>Sitz bath</td>
</tr>
<tr>
<td>Rosmarinus officinalis</td>
<td>Rosemary</td>
<td>Romero</td>
<td>It has anti inflammatory activity</td>
<td>Sitz bath</td>
</tr>
</tbody>
</table>
Conclusions

Health professionals usually come to indigenous communities with socio-educational materials (previously designed) to validate and standardize it by group techniques. It is true that there are experiences in which materials designed without the opinion of the community have good results [8-11]; However, the ethnocentric attitude of healthcare, imposed structures that do not give the expected result because it does not take into account the cultural particularities of each social group might truncate the expected results.

This research process showed that traditional medicine is not opposed to institutional medicine, as long as kept a respectful attitude toward both models. Even, both medicine types in practice are complementary each other in a community setting; thus, anthropologists and sociologists are who make difference or separations between both models of medicine.

References