


Recognition of Traditional Health Knowledge. Andes, Antioquia 2019: Qualitative Approach

Research Article

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Reconocimiento de Saberes Tradicionales en Salud. Andes, Antioquia 2019: Aproximación Cualitativa


Reconhecimento dos Conhecimentos Tradicionais em Saúde. Andes, Antioquia 2019: Abordagem qualitativa

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Abstract

Introduction: revaluing and re-signifying the identity of traditional health knowledge is challenging in a culture mediated by industrialization, surviving with a historical past, cultural and symbolic heritage, from a mixed identity that is conjugated in a territorial syncretism, which persists through physical and cultural traces of magical-religious traditions. **Objective:** to recognize the ethnographic particularities of the agents who carry popular knowledge in health that allows them to strengthen their practices in the Andes-Antioquia municipality. To re-signify these practices to recover their identity and symbolic ritual environments, in the configuration of their identity as an organic body in social spaces. **Methodology:** qualitative, descriptive type research, with ethnographic perspective (micro-ethnographic), systematized through in-depth interviews, accompanied by photographic records and participant observations. **Results:** 48 social agents between 30 and 70 years old, most of them settled in rural areas, were identified. Among them: sobanderos with secret, sobanderos with pain or componedores, hierbateros and rezanderos. Their diverse identity is recognized from a magical religious emergence and the characteristics of their inherited knowledge are exposed, in an enveloping rituality that recreates and vitalizes them in social spaces. **Discussion:** the results are analyzed within the framework of social, multidimensional and complex spaces, through its three elements: social structures, social relations and spatial forms. **Conclusions:** spatial forms transfer symbolism to the physical social space with characteristics that strengthen the exercise of their knowledge and identity. The gap between western knowledge and traditional knowledge is closing more and more due to the strength of its realities in the daily life of a globalized society.

Key Words: Medicine; Traditional; Ethnobotany; Spiritual Therapies; Ethnography.

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Reconocimiento de Saberes Tradicionales en Salud. Andes, Antioquia 2019: Aproximación Cualitativa

Resumen

Introducción: revalorizar y resignificar la identidad de los saberes tradicionales en salud es retador, en una cultura mediada por la industrialización, perviviendo con un pasado histórico, patrimonial cultural y simbólico, desde una identidad mixturada que se conjuga en un sincretismo territorial, que persiste a través de huellas físicas y culturales de tradiciones mágico religiosas. **Objetivo:** reconocer las particularidades etnográficas de los agentes portadores de saberes populares en salud que les permite afianzar sus prácticas en el municipio de Andes- Antioquia. Y resignificar estas prácticas para recuperar sus entornos identitarios y rituales simbólicos, en la configuración de su identidad como cuerpo orgánico en los espacios sociales. **Metodología:** investigación cualitativa, de tipo descriptivo, con perspectiva etnográfica (microetnográfica), sistematizada a través de entrevistas a profundidad acompañadas de registros fotográficos y observaciones participantes. **Resultados:** se reconocen 48 agentes sociales entre 30 y 70 años, la mayoría asentados en la ruralidad. Entre ellos: sobanderos con secreto, sobanderos con dolor o componedores, hierbateros y rezanderos. Se reconoce su identidad diversa desde una emergencia mágica religiosa y se exponen las características de sus saberes heredados, en una ritualidad envolvente que los recrea y vitaliza en los espacios sociales. **Discusión:** se analizan los resultados en el marco del espacio social, multidimensional y complejo, a través de sus tres elementos: estructuras sociales, relaciones sociales y formas espaciales. **Conclusiones:** las formas espaciales trasladan el simbolismo al espacio social físico con características que afianzan el ejercicio de su saber y su identidad. La brecha entre los conocimientos occidentales y los saberes tradicionales se cierra cada vez más por la fuerza de sus realidades en la vida cotidiana, de una sociedad globalizada.

Palabras clave: Medicina tradicional; Etnobotánica; Terapias Espirituales; Etnografía.

Reconhecimento dos Conhecimentos Tradicionais em Saúde. Andes, Antioquia 2019: Abordagem qualitativa

Resumo

Introdução: revalorizar e resignificar a identidade dos conhecimentos tradicionais em saúde é um desafio em uma cultura mediada pela industrialização, sobrevivendo com um passado histórico, cultural e simbólico, a partir de uma identidade mista de sincretismo territorial, que persiste através de traços físicos e culturais de tradições mágico-religiosas. **Objetivo:** reconhecer as particularidades etnográficas dos agentes portadores de conhecimentos populares em saúde que lhes permitam fortalecer suas práticas no município de Andes, Antioquia. E resignificar estas práticas a fim de recuperar seus espaços de identidade e rituais simbólicos, na configuração de sua identidade como um corpo orgânico em espaços sociais. **Metodologia:** pesquisa qualitativa, descritiva, com uma perspectiva etnográfica (microetnográfica), sistematizada através de entrevistas em profundidade acompanhadas de registros fotográficos e observações dos participantes. **Resultados:** Foram identificados 48 agentes sociais entre 30 e 70 anos de idade, a maioria deles instalados em áreas rurais. Entre eles: sobanderos com secreto, sobanderos com dor ou componedores, herboristas e curandeiros. Sua identidade diversificada é reconhecida a partir de uma emergência mágica religiosa e as características de seus conhecimentos herdados são expostas, em um ritual envolvente que os recreia e os vitaliza nos espaços sociais. **Discussão:** os resultados são analisados no âmbito do espaço social, multidimensional e complexo, através de seus três elementos: estruturas sociais, relações sociais e formas espaciais. **Conclusões:** As formas espaciais traduzem o simbolismo em espaço social físico com características que fortalecem o exercício de seu conhecimento e identidade. A distância entre o conhecimento ocidental e o conhecimento tradicional está se fechando cada vez mais devido à força de suas realidades na vida cotidiana em uma sociedade globalizada.

Palavras chave: Medicina Tradicional; Etnobotânica; Terapias Espirituais; Etnografia.

Introduction

Traditional Colombian medicine is the healing system that evolved from the European conquest, and is divided into two branches according to the origin of the diseases and the ritual healing practices that apply: the curanderismo system and the magical-religious system. Both branches invoke spirits and powers to obtain supernatural help, and generally both attribute to pain and suffering a punitive origin coming from a supreme being or supernatural force. The Magical-religious system bases the disease and cures it by a supernatural force, through an intermediary agent. The Curanderismo system results from the assimilation of ancient healing practices and Western medicine¹.

Revaluing and reinforcing the identity of this practical knowledge in the field of traditional health is important and challenging, in a culture in which processes of colonization, commercialization, and industrialization have mediated, surviving with a historical, cultural and symbolic heritage past. This knowledge preserved from a mixed identity with indigenous peoples, and a religious tradition with mythical characteristics, are combined in a territorial syncretism, through physical and cultural traces of medical traditions. Hence, its recovery is important from a qualitative approach, captured from their voices. This study recognizes the potential of the survival of this knowledge in health, in an era, that of the globalized world, from which the reality of its practices positions some social agents from a religious and health reality, which challenges its recognition and social agency.

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The colonization of Antioquia created a style of culture among the coffee-growing families, which is evidenced when touring the Municipality of Andes, which is located in the San Juan Valley in the southwestern region of the department of Antioquia, Colombia, on the trunk road of coffee, which is made up of the municipalities of Amagá, Ciudad Bolívar, Hispania and Jardín, generating a strong commercial impact in the region and the country. Andes, with its 6 townships divided into 64 villages and 21 neighborhoods in the municipal capital, also has a deeply rooted culture and religious tradition, which it shares with its neighboring municipalities such as Jericó and Jardín, forming a Catholic tourist area. This territory hosts, in a concentrated way, the indigenous tradition of Embera Katio culture².

The foundation of the townships in general occurred from the erection of a central church, around which the houses and public places were settled. *"This typology of purely religious origin has been marked throughout the history of the township and is represented in the evident Catholic devotion that has been professed by the majority of the inhabitants, as well as in the vision towards the parish priests as social leaders"*³. Proof of this syncretism are the representative festivals and events for religious and cultural purposes, such as the Fiestas Katias in honor of the indigenous communities in the municipality.

Through the tours, activities and interviews carried out in the municipality in the framework of the academic practices from 2013 to 2019 of the University of Antioquia^{3,4,5,6,7} it was possible to recognize the presence of carriers of traditional knowledge of popular roots among its inhabitants, which are maintained through various care and health care practices, and which are also welcomed by the habitants of the municipality.

For the current structure of sociology, these bearers of knowledge are social agents, since they make use of it and are producers of it, and since they have a special concern for its transmission and permanence in culture. These practices and knowledge in turn are conditioned by the space where they are developed. As Pierre Bourdieu⁸ expresses, agents are “the product of history, that is, of the history of the entire social field and of the experience accumulated in the course of a trajectory [...] social agents actively determine, through categories of socially and historically constituted perception and appreciation, the situations that determine them”.

Lopes da Silva⁹ recognizes that “*popular knowledge arises from various life experiences and ways of knowing the world that are produced, and are inherited or have their origin in the popular media, in social movements and/or in religious, ethnic movements, associative with intentions of citizenship, cultural resistance or symbolic negotiations*”. It is knowledge that contributes to the development of all the potentialities and dimensions of the human being (biopsychosocial, generational, gender, ethnic, relationship with the sacred, etc.). And that, although they are produced from the individual experience of each person, “*added together in collectivities they shape different identities.*” Likewise, for Vila¹ traditional medicine, in addition to its practical and theoretical elements (coming from popular knowledge), must comply with having historical, cultural and social roots, in the fabric of the history of a people, forming a more profound form of knowledge.

is knowledge that contributes to the development of all the potentialities and dimensions of the human being (biopsychosocial, generational, gender, ethnic, relationship with the sacred, etc.). And that, although they are produced from the individual experience of each person, "added together in collectivities they shape different identities."

Hence, the present study asks about the ethnographic particularities of these agents and the characteristics that allow them to strengthen their traditional medical practices in the municipality. Likewise, the question: how is it possible to resignify and to recognize them?, to recover their identity environments and symbolic rituals, in the configuration of their identity as an organic body in social spaces.

Materials and Methods

This qualitative research, of descriptive type, inscribed in the ethnographic perspective, of micro ethnographic type. It refers to “...*the description (graph) of the lifestyle of a group of people, accustomed to living together (ethnos)*”; In this perspective, social agents play a leading role, making use of description as a fundamental element. To understand and characterize these social phenomena¹⁰. Social agents then become “*privileged informants because only they can give an account of what they think, say and do with respect to the events that involve them*”¹¹. Those who acted as investigators and co-investigators accompanied this entire reflexive process, focusing their searches, through a process of understanding and interpretation, which had the particularity of preserving in their stories, the feelings of the protagonists, from their present reality and their expectation to the future, in consensus with the interpretive processes of researchers.

The study population was made up of people recognized and socially characterized in the municipality of Andes as carriers of practices and knowledge in the field of health, in urban and rural areas. Through field work, 60 agents were recognized, of whom 48 were in direct contact. Their ages ranged from between 30 and 70 years of age, most of them settled in rural areas. It is noteworthy that some of them are recognized by local health institutions and have strengthened their knowledge through training processes provided by them. They were approached

in their daily natural spaces (home or workplace) where they displayed the activities of their knowledge. This is to promote a meeting of greater confidence and obtain a description that is as close to reality as possible.

The agents were selected based on a progressive process (snowball strategy), subject to the dynamics of their recognition in the reports of other agents, allowing the addition of new informants. The initial sample could be recognized from the characterization matrix proposed by Vila¹ and adjusted in the study, according to the conditions and dynamics of the field work and the reality of the agents. In correspondence with the tradition of a qualitative nature, the constitution of the sample occurred from the fulfillment of the following inclusion criteria:

1. To be recognized as bearers and reproducers of knowledge by the community.
2. That at the time of contact with the researchers they carry out and substantiate their practices.
3. That a tradition of the transmission of their knowledge be recognized in them.

The information was collected through a toolbox, which included in-depth interviews, which were guided by triggering questions about their constitution as agents carrying knowledge in the form of life stories, accompanied by photographic records in its social spaces; In addition to constant participant observation throughout the field work by the researchers, who recorded their findings in notebooks, as stories.

The field work began in 2018 and ended in 2019 based on the recollection of the information that was presented in the collected data, based on the constants identified in each of the emerging categories that were found. In this saturation activity, the triangulation of information played an important role, a practical procedure that used the following sequence:

1. The information obtained was selected under criteria of relevance, taking the relevant information from its recurrence and assertiveness.
2. The information collected was triangulated from an inferential process that consisted of establishing ascending conclusions, grouping the relevant responses by trends, which were classified in terms of coincidences or divergences, in each of the instruments applied. In this process, various levels of synthesis emerged from the stories inferred in relation to the questions that guided the research.
3. Finally, the results obtained were crossed by grouping them by categories, confronting them with socially existing theories (theoretical reduction).^{*1}

The study was endorsed by the Bioethics Committee of the Faculty of Dentistry of the University of Antioquia, as stated in the Institutional Act of the Research Center in Act No. 01-2017. Ethical aspects were considered according to Resolution 8430 of 1993 of the Ministry of Health and Social Protection of Colombia, considering it a "minimal risk" investigation. In addition, an informed consent was obtained from each of the participants, taking into account the confidentiality of the identity of the agents who voluntarily participated in the study.

¹* This process was accompanied by the qualitative analysis program ATLAS.ti Version 9, to order and systematize the information obtained from the transcription of the life stories, by codes and categories that facilitated the subsequent analysis.

Results

Diverse Identity, a Magical-Religious Emergence in Traditional Knowledge in Health

The carriers of popular knowledge in health were grouped, as already mentioned, according to the classification matrix proposed by Vila, according to the characteristics of their practices in the expressions of the branches of traditional medicine: massage therapists with secrecy, massage therapists with pain or fixers, herbalists and Moirologists, which are associated with magical-religious knowledge. For Castilla¹², in an era of globalization, the search for spiritual meaning as a response to the search for health could be related to the crisis of credibility of the medical or religious institution, two institutions whose crisis is the product of a neoliberal society, of market competition and religious syncretism, left a gap in the ecclesiastical and health fields where traditional medicines and a whole series of protection rituals would have meaning and a place, as an alternative for the search for a specific therapeutic or belief, which in Ultimately, they are the result of two paths, the symbolic and the technical, and two concepts –religion and medicine– that are not mutually exclusive, and are complementary in the search for comprehensive health.

In the urban area of the municipality of Andes, a significant presence of Moirologists and massage therapists with secrecy is recognized, and in the rural area the herbalists and massage therapists/healers^{2*}. In this cultural system around their beliefs and knowledge, responses of an empirical and supernatural are given, from a metaphysical order, therefore a healing action is sought, from a religious model, which is covered with a healing power entrenched in already starting from a symbolic instrument, which is catalyzed towards a ritualization that supports belief; what it represents for Ordóñez¹³ *“a set of procedures where the similar causes the similar, the part represents the whole and an ephemeral contact or contiguity magically connects objects and thoughts”*.

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The entire system of traditional medicine carries with it a ritual to invoke the participation of supernatural subjects in the reordering of a fact, health and the disappearance of the disease or its nearby manifestations; Therefore, the evocation of the ritual act begins, which continues with an invocation of said supernatural being, which is accompanied by objects, sign expressions, such as the crosses in the case of the secret massage therapists, physical expressions, such as the way in which arranges the ash of a tobacco, or the circles of residue in the cups of a Moirologist, likewise the mechanical action in the massage therapists, or the way in which a plant is preserved or arranged, in a herbalist. It is a magic that links acts with motives, with means, in a mental procedure that is given a force and efficacy, in magical operations, in the representations, thoughts and desires where they are displaced and condensed, in a psychological foundation for those cultural beliefs and practices¹³.

2** According to “A sobandero is a practitioner of traditional medicine whose knowledge has been acquired thanks to empirical work and not formal education, who solves musculoskeletal problems, such as sprains, tears and strains, through massages, accompanied or not by prayers, on the affected area. The herbalists and rezanderos are practitioners of traditional medicine who also learn their trade thanks to experience and who use medicinal plants combined with prayers and magical passes to solve health, financial and emotional problems”¹

Faith, a mediating tradition in popular health knowledge

The emergence of these practices in the magical-religious model come, like the doctrines, as a human phenomenon, from two types of explanations: the first as a form of satisfaction of the theoretical need to explain or stop knowledge and the second of a need practice leading to a solution; both bathed in the fear produced in man by the uncertainty that he wants or can be assured by the presence of a superior being, evil, which is feared, and security against good, while knowledge is achieved. Hence, some come from the tradition of oral primary sources, from close ties such as family, or from religious traditions, or out of self-interest. Practical exercise, precepts and concepts prevail in them, which are ensured by intuition and in some of them by the theoretical support of texts kept secretly around altars or clinics.

The word "faith" comes from the Greek *pistis*, denoting a belief determined by predominant confidence (or security) in one God, which arises from faith in them. The Christian religion defines it as the certainty of what is expected, the conviction of what is not "seen", faith is the essence or certainty of something that we expect and have not received. As has already been described, within the framework of the religious roots of the municipality of Andes, the presence of religious objects and images (See Image 1), specifically Catholic, in the homes of all those interviewed is notorious. In particular, objects and symbols of this type could be observed in the homes of the secrecy agents and healers. The healing power is attributed to God, who acts through a mediator possessing a "gift", in this case the agent, and the faith of the person who approaches in order to obtain a prompt cure for his ailment or situation of distress. The prayer mongers healing agents put their faith in their divination capacity and in the objects or ritual elements used, reporting that:

"For example, if a person arrives who does not believe in God, it does not work... if you are going to take any medicine, whatever it is: sir, make this medicine that I am going to take be in your name the healing for me disease" MRH.EC

"He who is going to do it has to have faith and that one also has to do it with faith. I tell them -it's not taking this sentence, reading... it's concentrating on the person and doing it, because if you're going to read like crazy, it's not going to help you" RH.MLR

Herbalist agents also put their faith in the properties and gifts of plants, which is why they work hard in the preparation ritual and in the parts of the plant used:

"...I work a lot with carrots, in carrots I find many ways to help people, they have too many vitamins, elements, for many kinds of illnesses, beginning because carrots give a lot of oxygen..." MH.LA

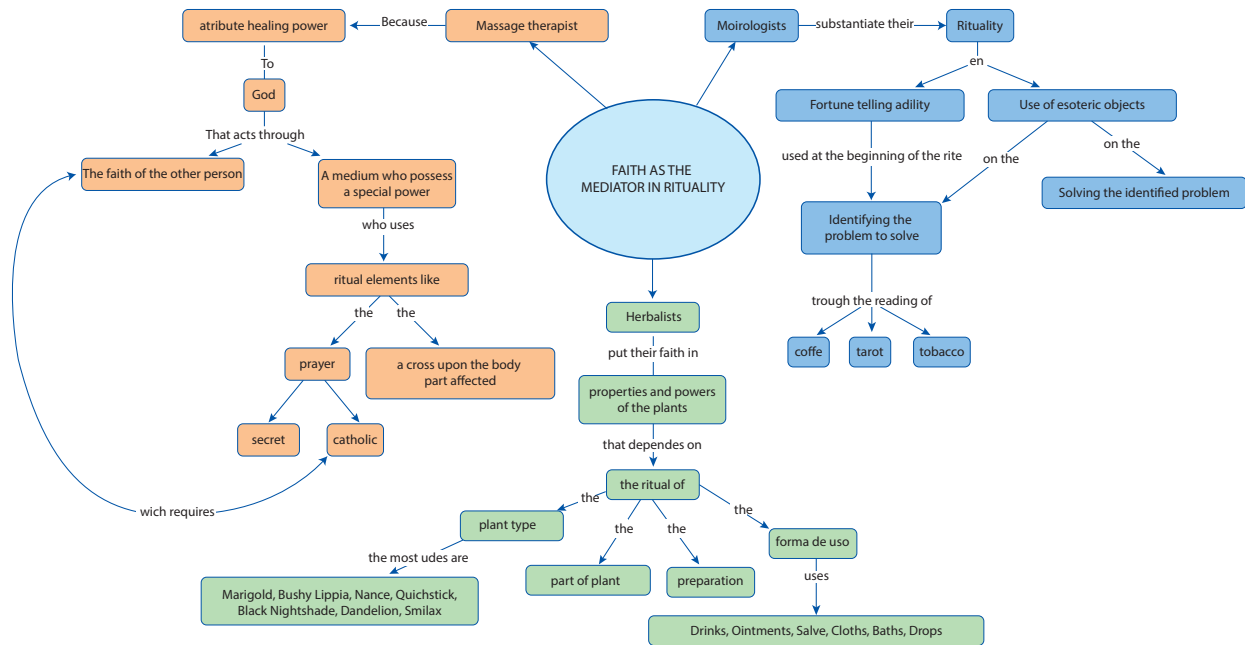


Image 1: Faith. Own authorship.

Inherited knowledge, intuition - apprehension, and gifts.

The way in which the agents acquire the knowledge and start the practice in health is different. According to a study carried out in Peru¹⁴, social agents acquire or initiate their knowledge in traditional medicine through: natural/mythical selection, which implies a manifestation made by superior beings that manifest themselves, for example, through dreams , a lightning strike or other extraordinary phenomenon; from a teacher or mentor who may or may not be a relative; and from experience, observation and own reflection. However, it was found as a common element among the agents interviewed that most of them referred to the inexistence of an apprentice who would make their knowledge and practices endure, due to a lack of interest of the new generation in the survival and permanence of said traditions. The massage therapists with secrecy recognize a certain mysticism in the acquisition of knowledge and beginning of the practices (See image 2), since they receive a prayer from someone, which should only be known and recited by themselves, since it is inherited on the condition of not be disclosed but transmitted to another person every seven years and used for the service of others without demanding financial compensation, as reported by:

“Last year I gave it to a nephew of mine... I gave it to him because he’s a good person, he’s responsible because one gives the prayer to any person out there who doesn’t know who he is or what he wants to do with it.” M.RE

Theoretically, intuition is understood by Builes¹⁵ as *“the ability to synthesize many elements” perceived in subjective experience, in which* what is *“perceived takes on the character of “truth” and is taken for granted, and therefore is not correctable by the action of reason; and allows capturing essential or constant aspects of objects (Lorenz, 1993)”*; This author mentions in another of her works that, historically, intuition has been recognized from two perspectives: one theological, related to the bliss given by God, and another of a philosophical nature, associated with the collection of data through perception or pure ideas that arise from reason. Furthermore, apprehension implies. or understanding of an idea or knowledge completely, a rooting of knowledge in the imaginary.

In a complementary way, to approach the concept of “gift”, the work of Diaz¹⁶ mentions the omnipotence of ideas as a strange phenomenon of power *“that emanates from the presence of the curator, (...) It is a magical power that has two poles: that of the healer who wishes to heal and that of the sick person who wishes to be healed.* In this study it is found that some agents refer to the origin of their knowledge as something that was born with them, which was manifesting intuitively in their lives through situations in which they have acquired experience and mystical or supernatural causes, being the power to heal the other, a gift given by God, as in the case of some massage therapists/healers:

“Look, for someone who is Catholic, that is a gift from God, I don’t know how to explain it to you, how that was born in me, I simply saw the person who fell... it was born in me, intuitively, I knew what I had to do” SJR

Herbal agents support and base their practice on the reading of Gnostic-type books that have botanical content, such as the aforementioned “White Magic”, and books on the classification of plants and their uses for the relief of symptoms and treatment of diseases, which were found in health food stores in the municipality such as the book called “The Traditions of the Grandparents”. Another book mentioned was “Magic traffic”. In addition, prayer books, novenas, etc., with religious content, are frequently consulted.

On the other hand, the origin of the prayers that they practice, the Moirologists can be of a Catholic or esoteric religious type, and some agents use both since they base their knowledge on rites, which integrate prayers and Catholic deities and other sources among which They highlight knowledge about energies, white magic and Gnosticism. These agents generally reported that their capacity for divination and healing comes from a gift or from the accumulation of empirical experiences in this work. For example, an agent recounts: *“A man saw me badly with my children and taught me what he knew how to do, read tobacco and make ties”* RH. MLR

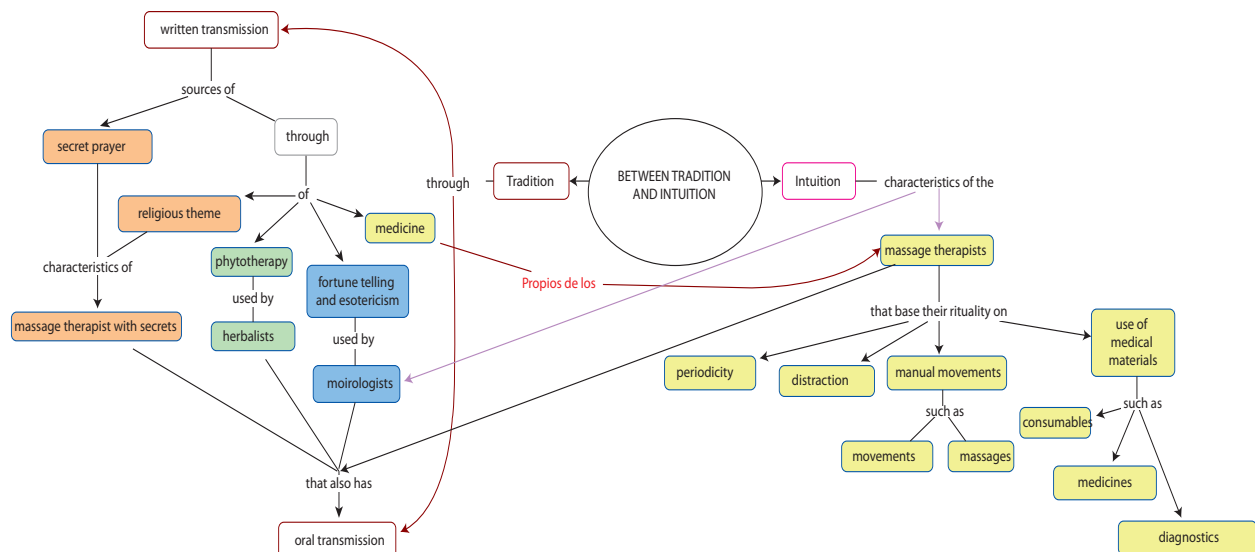


Image 2: Faith. Inheritance and intuition. Own authorship.

Traditional practice and rituality.

Traditional medicine practices are characterized by rituality. The rite becomes in practice a *“symbolic mechanism of social life... that contributes to the permanent or periodic regeneration of that life, throughout the generations, through its repetition”*. Ritual actions are elaborate, since they

generate an articulation of diverse elements such as gestures, songs, prayers, words, which are given in specific places for that purpose *"using sometimes very sophisticated objects and paraphernalia. It is a pre-programmed, stereotyped and codified performance"*¹⁷.

"For example, he has a bump here (points to the back of his hand), let's say they are swollen, then I take his hand gently, and tell him where it hurts?... then I put my hand on top, I pray to him while I make the little crosses and that's all" M.RE

The secret bribery agents evidence the rituality of their practice in the use of prayers as a primary element that can be complemented with religious elements, such as the tracing of the symbol of the cross with the finger, the rosary, the prayer to the Holy Trinity, and prayers like the Our Father and the Creed:

"For example, he has a bump here (points to the back of his hand), let's say they are swollen, then I take his hand gently, and tell him where it hurts?... then I put my hand on top, I pray to him while I make the little crosses and that's all" M.RE

The Curanderismo system is based on rituality and the use of utensils or ritual elements. The massage therapists/healers, for example, use various medical supplies. The ritual begins with the indication of the bodily location of the discomfort or pain, on many occasions the agent asks people to take some type of diagnostic aid such as an X-ray or uses those already taken in the health services, the While the agent distracts the person with conversations, he begins to perform movements of extremities and joints, massages or pressure in the indicated places according to his knowledge until he manages to position the bones and muscles properly with a rapid movement. This implies pain and there is usually inflammation, for which they prescribe or apply anti-inflammatory analgesics themselves.

"For example, the rope is here (in the hand), it became loose here, you start rubbing it (in circles) with hot cream, like this, rubbing, rubbing and heating, as soon as it is very hot and one (moves the hand towards above) and already, right there it tracheas and put in on the bone, but one has to know, because if it is a fracture, one touches, and the bone, the splinter, one hits it, that's why one cannot put it wherever, me when I feel something strange I tell him, "get an x-ray" and it comes... when it's a breakdown, you rub once or three, because mom used to say that if you rub the bone twice it doesn't look good, it has to be one or three" S.MEM

The praying agents at the beginning of the ritual take pains to know very well the situation that the person who comes to them is going through, with the aim of defining which prayer or type of ritual element is indicated to solve their problem, which may not be just physical, but emotional or personal. Some agents also report that their clients' needs may be for emotional and spiritual support. Then they perform a prayer or ritual that requires:

"I start reading tobacco and I tell them what comes out, if they have a curse or they not, when there is illness. I read the ash, the ash that I'm smoking...and already a link is with avocado, you have to open it in two halves, put the name, make two hearts, add the essence of that link that they sell in esoteric things, which is to stop the husband or wife, tie a red ribbon and light it with 3 candles, one candle per day. And there is the tie." RH.MLR

It is observed that in the practice of herbal healers the ritual is expressed both in the form of preparation and use of the plant used for the preparation of drinks, ointments, cloths, baths, drops, etc. in the other elements that make up its preparation, in the duration of the treatment and other instructions. The indications range from where you can get the plant, the part of the plant that is used, and how it should be taken or applied:

“There is a stick called Chaparro, it is very good... take a stick about six inches long, if it is thin; if it's thick, it's smaller, but it has to be dry, because green doesn't work, you chop it up small and pour it into two liters of water and let it soak for five or six hours. After five or six hours it releases a black liquid, puts it to the boil... it produces nine drinks, if a person tells you: take some drinks from such a plant, don't stop drinking it... if you stop taking the drink, it no longer works” MRH.EC

An inventory of 53 plants was obtained, with their use and form of administration. Some of the plants most mentioned by herbalists in the Andes are those that have anti-inflammatory and analgesic properties such as Marigold, Bushy lippia, Altamisa, Aloe Vera, Camomile, and Guayaquil. For respiratory problems, plants such as Eucalyptus, Elderberry, Oregano, Peppermint and Ginger are used. Artichoke, Masequía, Celery, Ginger, Purslane, Lemongrass, Boldo and Flor de Jamaica are used for gastrointestinal problems. All of them are administered orally by drinking infusions made by boiling or letting the leaves or flowers of the plant soak in water. Other plants for topical use that are macerated and applied to the skin as anti-inflammatories are marigold, banana leaf and rosemary. Some plants have divination or esoteric uses, for example, the so-called Fitonia, and Ruda, which confer good luck, and are used to bathe people or water spaces with their infusion.

The religious magic of health and disease in traditional knowledge.

Regarding the way in which they define the process of life, health and illness, the religious conception rooted in their daily life and culture becomes evident. On manifest occasions, the agents affirm that life is a gift offered by God. Likewise, health comes from him, as the supreme creator and provider of everything, in this way they understand that disease, the pathological, becomes a challenge or lack of spirituality, the act of estrangement from God, disease being even a test or punishment:

“Illness... I don't know where it comes from, because I consider that they are things of God, he puts them on us as a test so that we reflect, move on, and that, just as he suffered so much, we have to pay with illnesses.” M.RE

The agents recognize that some illnesses must be treated by doctors since they are “physical ailments”, different from “spiritual illnesses”, as one of them relates: *“... there are many people sometimes who come to us, and I tell them “Have you already been to a doctor? Have you had these tests? ... because suddenly what the person has is an illness and it is not something spiritual” R.MM*

In this sense, Vidarrue (2006) is cited by Laza¹⁸, to conceptualize health *“as a harmonious and dynamic balance between the body, the mind and the social and natural environment of the individual. In such a way, if there were a transgression to this natural order, the homeostasis of the system would be unbalanced; this imbalance is called disease; identifying the existence of a very strong relationship between body, spirit and soul, but not as divided realities, rather forming part of the same cellular tissue”*.

IDENTITIES AND SOCIAL SPACES THAT RECREATE THE PRACTICES OF TRADITIONAL MEDICINE IN THE TERRITORY³**

For Santos¹⁹, space is defined: *“as a set of representative forms of the relationships of the past, and of the present and a structure represented by the social relationships that occur before our eyes and that are manifested through processes and functions”*, in such a way that space is represented in a

^{3**} This section is nourished by the observations and reports of the researchers' field diaries, a product of participant observation and their photographic records in the field work.

multidimensional way in three key elements, spatial forms, social relations and social structures.

The contained and distributed spatial forms materialize in an inhabited space, loaded with symbolism. In the **Massage therapist with secrets**, a spatial representation that can be related as that of an old house, contained in an equally old decoration of a large room that connects with a small room and the kitchen, the room inside with two pieces of furniture, a bed, chairs and wooden tables on which the television, the sound system and other objects such as lamps and vases are perched, there are some ornamental natural plants. The white walls were decorated with many religious paintings such as images of Jesus, the Holy Trinity, the Virgin Mary and angels; The image of the Sacred Heart of Jesus stands out as it is the largest painting and is located in the center of the opposite wall, just above the television.

To the right of the frame that leads to the kitchen there is a corner decorated in a particular way, which forms a small altar with some artificial flowers, made up of a set of religious objects hanging on the wall such as a manger, a wooden cross, rosary beads, holy cards with prayers, images of the Virgin, angels and the Divine Child, and a picture of Jesus with the phrase "I am the way, the truth and the life". There is also a wooden showcase, full of statues of those same deities and next to it an open bible on a small chair. Many of the religious objects observed in the house, such as statues and images, are gifts that people give her in gratitude for her work as a massage therapist. In that same room, on the wall next to the bed among decorative objects such as family photos, clocks, keys, horseshoes, jugs and porcelain, there is another figure of the Child Jesus, an angel and a painting of Saint John Bosco.

In the room, separated by a white curtain from the living room, there are paintings with photographs on one side. In the laundry room and the kitchen there is a small dining table and a showcase with products and kitchen items. On a wall in the kitchen, there are pots with aloe vera and spring onions. In addition to images, it is common to observe that some of these agents listen to religious radio stations, which generates an atmosphere conducive to religiosity and characteristic of a ritual space, allowing a reading of the degree of spirituality, devotion and religious belief of said agents.



Image 3: Space and identity of massage therapists with a secret. Own authorship.

A Herbalist and massage therapist, she lives with her two sons and daughter in a small house adjacent to a ravine in the urban area of Andes. The room is narrow and serves as a waiting room

for those who seek their attention. In this space there are some ornamental paintings and family photographs, as well as a bunch of penca aloe vera tied and hanging next to the door. Next to the room is the dining room, a place where the agent receives her clients and reads tobacco. On the table there is a black candle with 7 wicks in its packaging with a piece of paper that had the title "Prayer grave works 7 mechas", also a container with medicines and with supplies such as plastic and cloth bags. A packaging of natural products from the marigold plant is noted. Next to the dining room is a red plastic chair that the agent uses to sit while serving people.

Next to the door frame you can see a hanging wooden cross and a decorative shelf with a Cracbelly plant. In this same area of the house, on one of the shelves above the washing machine, there are some products such as lotions and esoteric essences, among which some are used to attract a partner, for abundance, and good luck. On top of the washing machine are the cigars in their box along with the matches and a red plastic ashtray with ashes inside. Next to the washing machine there is an opening in the wall that allows tobacco smoke to escape from the house with a medium-height wall on which there are some pots with ornamental and medicinal plants such as Moringa and Prompt Relief. In this space of the dining room you can see a painting of the Sacred Heart of Jesus and a picture of the Virgin Mary hanging on the wall in front of the dining room.



Image 4: Space and identity of Moirologists and Herbalist. Own authorship.

On the other hand, the house of the Massage therapist/Healer, is the second level of an old house in which he has lived all his life, located in the municipal seat. On the walls of the room you can see a large number of religious objects such as a wooden cross and a small manger placed on a wooden shelf, a painting of the Sacred Heart of Jesus and other ancient elements such as a large radio and a television. knob, cassettes, decorative paintings, books and a trophy.

His room, adjoining the living room, is small and a porcelain of the Divine Child Jesus is perched on his bed, and a painting of the Virgin Mary can be seen on the headboard. In the corridor there are some pots with ornamental plants and there is a painting of the Last Supper hanging on the wall just above a chest of drawers that has decorative objects and a medium white candle. The kitchen is at the end of the corridor, in it you can see a wooden dining table with chairs, where the agent attends to the people who come to him. On the dining room there are two recorders and many of the implements that the same agent buys to use in his practice, such as disposable syringes, bandages, cotton, mineral ice, gauze, Betamethasone in cream and ampoule, Vic Vaporub, Acetaminophen and Ibuprofen tablets. Supplies such as antiseptic alcohol and hot ointment can also be seen above the refrigerator located in this same space. These implements are stored in various drawers located in the wooden bifé at the front of the dining room.



Image 5: Space and identity of massage therapists with pain or a healer. Own authorship.

These spaces are configured in social practice spaces, some agents carry out their practice exclusively or preferably at home in a specific space set aside for this purpose, such as the dining room or living room. Other agents, on the other hand, serve people who seek their help anywhere, but always carry implicitly the symbolic burden of their beliefs.

"I more than anything here (in the dining room of his house), it has to be some case, that he cannot move, because I do not like to do it that way, so that here, I have everything, the gels, the alcohol, the cotton, the bandages..." S.JR

Discussion

The social structure, as an element of the social space, refers to the substratum of social life that occurs in the unconscious order that underlies everyday life. This daily life is manifested in different relationships, knowledge, power, and of course, practices¹⁸. Popular health practices allow people a special relationship with the sacred, with the divine, with the magical, as an alternative to the anguish generated by weakness, illness or accident, *"addressing sacred beings through a procedure known for them to participate in solving the problem. This procedure, which at first glance may be incoherent with other knowledge systems and other action procedures, whether religious or biomedical, does not seem to pose a problem for those who practice it"*¹²

In that sense, it seems that there is a complex game, in which the events and circumstances of life are not the product of chance or even of personal wills and human decisions, but are planned by God. But where, people do not have to wait for the divinity to act on its own, *"but it is given the possibility of intervening by becoming a participant in the process. Thus, it is about a subject who tries to convince a series of beings capable of achieving an immediate solution through begging, prayer or sacrifice"*¹³. Therefore, it allows action, faith in action and offers hope to the individual.

Like the social agents of Andes, according to testimonies collected in other studies¹⁴, most therapists learned their work when they were young and few had a teacher or mentor, or had a traditional therapist in their family. Most declared having learned in the face of need, by meeting relatives or close people with an illness or disease, and many therapists report having learned based on practice, receiving advice, in addition to having tested the effectiveness of their therapeutic repertoire on the basis of trial and error, as well as the results obtained in their patients. But like those interviewed in that study, the majority of those interviewed indicated that there are no apprentice candidates. *"They explain that the younger generations are not interested in*

learning, nor do they give it due importance. He also pointed out that, even if they wanted to, they don't have enough time or resources to teach their knowledge to another person".

It could be said that in the midst of rituality, a network of social relations is generated, from the reality symbolized from the healing exchanges. These rites are related respectively to events in community life or the life of the individual; and they are of an occasional type, since the celebration takes place on the occasion of events whose recurrence does not occur in a predictable period; and, they are primarily something acted, it is a practice that implies a sequence of acts loaded with culturally codified symbolism, being more significant what is not said than what is said¹⁷.

In ritual, a privileged element are the amulets, which are *"objects charged with magic after being subjected to ritual procedures and prayers"*. These procedures follow formulas of the magical arts, but also of the religious acts Christianity enters into dialogue with witchcraft. In this imaginary, the objects are representatives of subjects, forces or other symbolic objects, such as prints, prayers, images, porcelain, crosses. These objects that become amulets are a point of contact with the spiritual forces of the supernatural world and have the power to protect their owners, and also generate a sacramental environment. According to Ordoñez, *"this mental operation fetishizes the object, loads it with symbolic representations that correspond to the psychological needs of its owner"*¹³.

As Vila¹ states, these traditional practices and knowledge, although they are intended to be grouped, classified and separated, cannot be described as a system or homogeneous body of rituals and agents, but rather as an articulated and complex space of action, which are nourished by different points of view, and where there are tensions and power games. This is evidenced in the different names that social agents receive according to the characteristics of the popular health practice they carry out, for example: healers, massage therapists, fixers, herbalists, etc. There is a wide diversity of knowledge and

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practices in health that can be seen in the municipality of Andes, each agent builds their work in a complex amalgam of these popular knowledge and practices that are intermingled, since social agents use rites and elements that combine the rituality of one system with another. A syncretism is generated around them, due to the fact that no purity was found in the systems of traditional medicine and its expressions.

For Santos¹⁸, the spatial forms, that is, the visible and tangible, gain presence in the spaces where the practices dwell, the inhabited reality, where all this symbolism is transferred and enriched to a space of physical action, with certain characteristics and disposition of objects that serve for the exercise of that knowledge. Since the composition of these spatial forms is the result of the social relations that occur in it, relations of syncretism, contradiction, convergence and divergence. The space is the result of the way in which the different processes and their agents intervene, and it changes in turn with their social dynamics. The agents give an explanation to the use and disposition of objects that strengthen their identity. This allows popular

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knowledge and practices to be reproduced and materialized in the presence and arrangement of elements that give meaning to them and that, in this way, can remain in the tradition.

Conclusions

The syncretism recreated in popular health knowledge in the municipality of Andes is the historical and social result of social, relational structures and dynamics that social agents strengthen through identity processes of rites and rituals, enabling their consolidation of a system to another, as a product of an oral practical legacy, which is sometimes restrained in written sources, and which find a foothold in the reality of their material spaces of existence.

These spatial ways of existing are manifested from the consensus of the symbology, transferring the symbolism to a physical place of action with certain characteristics and arrangement of objects that serve to exercise that knowledge. The agents give an explanation to the use and arrangement of these objects, which strengthens their presence in space, and from which their identity is strengthened.

Thanks to the cultural and historical roots of the knowledge of traditional medicine, and despite its marginality that Western or scientific medicine grants them, as empirical, local or folkloric, and invalidates their knowledge; these are a real alternative due to the demand that the population makes of their therapeutics and that feeds from their cultural beliefs. Its existence, therefore, is the result of symbolic and technical paths, of concepts of religion and medicine, which, even though they are excluded, are alternatives for the search for health, response to life, well-being, and balance. Therefore, the gap between scientific validity and popular or traditional knowledge is intertwined by the force of its existence in the daily life of people.

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