Introduction

‘Curanderismo’ is a term related to the Spanish verb curar (‘to heal’) and to the nouns for ‘healer’: ‘curandera’ and ‘curandero.’ As such, curanderismo refers to the folk and religious healing traditions of Latin America, including Latino/a populations in North America. These traditions developed in the context of Iberian colonization and evangelization of the Americas and therefore combine inputs from pre-modern Iberian Catholicism, indigenous healthways, and African traditional medicines. Patients and healers typically self-identify as Catholics and consider curanderismo as part of a holistic Catholic approach to health and illness. However, given the combinatory nature of curanderismo, it has not always enjoyed the full support of the Catholic Church. In other cases, practitioners embrace the indigenous or African origins of the tradition and eschew curanderismo’s Catholic roots as unwanted colonial remnants.

Given the historical and contemporary complexity surrounding curanderismo, it can be challenging to try to define this healing tradition. This chapter in no way attempts to pre-scribe what constitutes curanderismo but rather discusses some of its most common features as well as the ways in which curanderismo operates in various contexts. In the most general terms, curanderos/as treat patients with herbal medicines, Catholic prayers of intercession, and—congruent with other late modern non-biomedical healing practices—the manipulation of energy (Stein, this volume). For many, home remedies and folk wisdom constitute the majority of the tradition, and professional healers are only called upon in serious cases. To address their patients’ needs, some curanderos/as specialize in particular types of treatment such as midwifery, herbalism, bone setting, and massage. It is also not uncommon for curanderismo to make use of altered consciousness, including the use of psychotropic substances or neo-shamanic trance states. However, the boundaries of curanderismo are not always clearly defined. For instance, curanderos/as sometimes use other varieties of complementary and alternative medicine, or healers who do not call themselves curanderos/as may employ treatments or therapies that are typically considered part of curanderismo.

This chapter examines the historical development of curanderismo in Latin America with an emphasis on the Spanish Catholic colonial and evangelistic project. In addition to describing the various types of healing practice within curanderismo, the chapter also explains the ways in which sickness and wellness are typically understood. The chapter analyses the connections
and disjunctures that exist between curanderismo, Catholicism, and scientific biomedicine. Finally, some of the issues facing curanderismo in the twenty-first century are discussed. These include the role that curanderismo plays in indigenous identity reclamation efforts and the dialogical relationship between curanderismo and what can be called New Age spirituality.

**Historical context and development: hybrids of therapeutic and religious healthways**

As a combinatory tradition, curanderismo developed from various constituent parts, which, were themselves hybrids of even earlier traditions. Then, as now, diverse healing practices entwined for two main reasons. First, the sick and suffering generally seek out the most efficacious treatments to remedy their conditions. In the context of Spanish colonialism in Latin America, this meant that ill Europeans were open to indigenous cures, and the opposite was likewise true. Indigenous people suffering the cataclysm brought on by European diseases also looked to European medicines and curing practices to alleviate their suffering (Reff 2005).

Second, the healing traditions of Europe, the Americas, and Africa were able to come together in curanderismo because of overlapping intrinsic logics. For instance, the notion of balance as a mark of health and imbalance as a cause of sickness was a shared feature of both Iberian and Mesoamerican healthways; this represented what I have called elsewhere a ‘channel of convergence’ (Hendrickson 2014a: 2–3). When healing knowledge or ritual practices converged, these were natural points for combination. Of course, these exchanges were not achieved in a context of equality but rather one of violence, enslavement, and genocidal levels of indigenous death. Moreover, as discussed later, Catholic leaders framed this violence and death as part of the Christian God’s inscrutable yet gracious plan for indigenous evangelization.

Documenting indigenous healing modalities at the time of conquest is complicated by the fact that European observers are almost our only sources. Another difficulty in describing indigenous medicine is the tremendous diversity of peoples in the Americas. Despite this diversity, the great Aztec and Mayan empires in Mesoamerica and the Incan empire in the Andean region were the main targets of Spanish colonial aggression and therefore provide the most robust historical record. Occasionally, post-conquest indigenous chroniclers produced works that allow us some access to indigenous perspectives. For example, a Quechua nobleman named Felipe Guáman Poma de Ayala (c.1536—c.1616) wrote a famous illustrated history of Peru in the years after Spanish conquest. In it, he describes in mostly negative terms the sorcerers of the Inca and their curses and soothsaying. However, he also notes how they led the people in festivals, fasts, and processions that were meant ‘to avoid sickness and pestilence’ (Guamán Poma de Ayala 2009: 221).

Mexican indigenous medical knowledge had an important influence on New Spain and the entire northern region of the Spanish Empire. For instance, the Mexica people of central Mexico conceived of the human body as an integrated system of organs animated by several forces; Christian evangelizers, and eventually many indigenous converts, came to express these forces using the Christian concept of ‘soul’ (López Austin 1988: 204–207). The multi-part soul oversaw different parts of human health and functioning, and an important cause of illness was the fracturing and misplacement of part of one’s soul. Another aspect of Mexica healthcare had to do with a perceived hot/cold dichotomy in the body. Balancing symbolic heat and cold in the body through proper diet and medicines helped achieve and maintain health (Ortiz de Montellano 1990: 213–221). Both of these Mesoamerican features of healthways—diagnosis and treatment of soul loss and the hot/cold balance—continue to influence conceptions of health in Mexico and among many Mexican-Americans today.
The European medicine that the Spanish brought to the Americas was not more advanced or successful than the health knowledge of the indigenous people. This parity, or even European inferiority, facilitated exchanges as the Spanish were eager, in the case of medicine, to learn efficacious treatments as well as new medicinal flora. The principal medical paradigm in the Iberian Peninsula and other parts of Europe in the sixteenth century was an ancient Greek and Arab humoural system that equated balanced humours with wellness (García-Ballester 1977). Supplementing humoural medicine was an elaborate reliance on Christian saints for specific illnesses. For instance, San Blas has long been associated with maladies of the throat. On his feast day, the third of February, priests make an X-shaped cross with candles, and supplicants rest their throats in the crux of the candles while the priest blesses them and asks that they be guarded against all sickness, especially of the throat, in the coming year. In this approach to health, illness is occasioned not so much by a humoural imbalance as by the human state of sin. God’s mercy and grace, won through saintly intercession, restores the sinner to spiritual and physical health.

During the colonial era, members of religious orders, besides organizing missions and overseeing evangelization efforts, also compiled medical handbooks. These reference works combined indigenous and Spanish remedies for illnesses, gave instruction concerning care for the sick, and frequently linked specific maladies to corresponding saints and prayers. An example from New Spain was the *Florilegio Medicinal* (‘Medicinal Anthology’), written in 1711 by the Jesuit Juan de Esteyneffer. A typical entry in the *Florilegio Medicinal* is that for earaches. After describing the symptoms of various kinds of issues with the ears, Esteyneffer offers various remedies including frying cochineal insects in oil and adding this oil to the ear canals as well as the sap of the ash tree. These applications, he suggests, should be made in concert with prayers of intercession made to St. Aquilina, the patron of earaches (de Esteyneffer 1712: 228–229). This work helped codify the hybrid of therapeutic and religious healing that characterizes curanderismo and influenced generations of curanderos/as (de Esteyneffer 1712: 31–32; Kay 1977).

Another important input to curanderismo came to Latin America with enslaved Africans. African influences are particularly notable in areas that received large enslaved populations, such as Brazil and the Caribbean; however, there were sizeable African-origin communities in many other Latin American regions. As in the case of indigenous healing traditions, it can be difficult to generalize a single African approach to treating illness, but some features stand out. For example, healing is achieved in several African-diaspora religions such as Vodou, Candomblé, and Lucumí through possession-based communication with spirits or deities. Veneration of the spirits occurs in sacrifice, dance-based communal worship and in the construction and maintenance of elaborate altars (Engler and Brito 2017; Fernández Olmos and Paravisini-Gebert 2011; Pérez 2016). The removal of curses is also a common aspect of the restoration of health in many African-origin practices. Curanderos/as may participate in Afro-Brazilian and Afro-Caribbean traditions to treat patients, and it is typical for curanderos/as’ services to be offered in conjunction with the sale of religious paraphernalia and *materia medica* in shops that specialize in these Afro-Caribbean religious products (Long 2001).

**Wellness, sickness, and healing in curanderismo**

There are explicit and implicit understandings of sickness and wellness in any healing tradition, and this is true of curanderismo as well. In other words, if one is cured from an illness, one must first recognize the illness was a deviation from health. Then, to get better, one must have some standard of wellness by which to measure the restored state of health. In biomedical
contexts, illness and health are generally diagnosed with quantifiable and scientific evidence. This epistemic framework does not apply for healers and patients within curanderismo. Curanderas/os and their patients discern illness and wellness in a variety of ways that often include religious explanations, the manipulation of metaphysical energies, dream states, and the recognition of maladies foreign to biomedical diagnostics. For instance, a healer may discern through prayer that a patient’s symptoms are caused by an enemy’s curse.

Because of this epistemic location outside of biomedicine, some researchers have reductively classified curanderismo as an elaborate type of placebo, a psychosomatic palliative, or even a superstition. In the early- and mid-twentieth century, anthropologists and medical researchers in the US-Mexico border region, working with Mexican and Mexican-American informants, devised lists of ‘Mexican diseases,’ which were ostensibly experienced only by Mexicans and, therefore, had no basis in science but only in Mexican culture. The researchers conceded that curanderos/as could effectively treat these diseases since curanderismo and the diseases themselves were all encased inside the same cultural system. For example, in 1968, psychiatrist Ari Kiev made a study of curanderismo. Kiev uses the diagnosis of ‘paranoia’ to explain several Mexican-American conditions, particularly the notion of bewitchment. For Kiev, the symptoms of bewitchment are nothing more than the psychosomatic condition of paranoia and fear (Kiev 1968: 41–42).

In many cases, a pathological fear of witches can itself bring on illness. Any Mexican-American who suffers from certain illnesses will believe himself bewitched, but not all Mexican-Americans are so afraid of witches that the fear drives them to sickness. As we shall see in more markedly paranoid individuals, intense fear of others is expressed as fear of witches. Paranoid traits and cultural beliefs in witches obviously reinforce each other.

(Kiev 1968: 41–42)

Kiev continues in this vein and finds many analogies between curanderismo and modern psychiatry. He eventually concludes that curanderismo is good for Mexican-Americans, but only because, unbeknownst to its practitioners, it performs as a sort of crypto-psychotherapy (Kiev 1968: 192).

While curanderismo may lead to measurable biomedical and psychological outcomes, curanderos/as do not attribute curanderismo’s efficacy to coincidence with scientific medicine. Rather, insider conceptions of sickness and the process of healing tend to fall into two areas. The first area is that of imbalance and the restoration of equilibrium. The second is the intrusion of negative agents or energies into the life of the sick person and the need to expel those negative forces. In short, restoring balance and the removal of negative or harmful intrusions are what curanderos/as do to heal their patients. One curandera explains, ‘Illness occurs when one does not live in harmony with all aspects of self and nature. . . . The curandera understands this concept of illness and has a knowledge of how to guide the patient back to balance’ (Avila and Parker 1999: 19). For practitioners, imbalance as a cause of sickness can take different forms. Hearkening back to the humoural medicine of pre-modern Spain, many complaints are attributed to imbalances of diet or environment. For example, an illness called *bilis*, which is characterized by headaches, tension, and irritability, is thought to be caused when prolonged anger or fright lead to an excess of bile in the body. Herbal remedies and behaviour modification would be prescribed to expel the bile and restore health and balance (Trotter and Chavira 1997: 62). Other imbalances may be brought on by traumatic experiences that cause a portion of one’s soul to break away and leave the body; depending on the severity of the trauma, this is
called *susto, espanto, or desasombro*. Treatments include prayers, a *limpia* (‘cleansing’) of the body of negative energy, and an entreaty to the soul to return to the body (Torres and Sawyer 2004: 40).

If imbalance itself can be the cause of negative energy in the body, as in the case of *susto*, practitioners believe that negative intrusions into the body can also occur due to sinful behaviour, curses, or bewitchment. Patients who undergo long periods of bad luck or whose family members suffer from addictions or social dislocations may conclude that they have been cursed and seek out the help of a curandera/o (Trotter and Chavira 1997: 65). Many curanderos/as understand themselves as a conduit for the power of God to restore wholeness and to dispel evil. A Mexican curandero explains that when one gets ready to treat a patient, one must ‘turn oneself over to the spirits, to the angels, to say that you are asking for help, that help be granted to you by Saint Michael Archangel and Saint Peter, that you are going cast out unclean spirits from the person’ (Ocampo Ledesma and Reyes Canchola 2009: 128, author’s translation).

The types of treatments that curanderos/as employ are consistent with their understanding of illness. For maladies caused by imbalances, healers prescribe herbal remedies meant to counteract the imbalance and to replenish needed inputs to the body. Likewise, if the patient is suffering from some kind of social or familial issue, the curandera/o may take steps to address the communal concern by working with the entire family or social unit to attempt to restore health. For instance, a curandera may ask that all willing participants in the family or social group carry out a novena to a particular saint (a nine-day prayer cycle) and take part in shared conversation around the offending issue. When the sickness is caused by negative energy, a curse, or some other sort of external intrusion or infection, the healer works to expel the offending presence. Again, this can be achieved through the use of herbal remedies, prayer, ritual performance, and counselling. Patients and healers alike mention that curanderismo remains attractive and relevant to them because it treats the whole person in his or her social setting (Avila and Parker 1999: 41–43).

**Types of practice**

Scholars have suggested ways to classify the various modalities of curanderismo. If we take care not to insist that all curanderos/as fit neatly into these classificatory systems, they can help us understand the scope and variety within curanderismo and to identify the most common practices. Existing typologies tend to classify curanderos/as either by their type of practice or by their social position. The most common typology emerges from insider specializations. Herbalists, those who specialize in herbal remedies, are referred to as *yerberos/as or hiederos/as*. This type of curandero/a is perhaps the most common, and almost all treatments involve use of herbal remedies. Three other varieties of curandero/a reflect particular specializations: *hueseros/as* are bone setters, *sobadores/as* perform tissue massage to treat pain, and *parteras* are midwives who deliver babies and provide pre-natal and post-partum care to mothers (Avila and Parker 1999: 71–86; Trotter and Chavira 1997: 9).

Based on extensive fieldwork and interviews among curanderos/as in south Texas, anthropologists Robert Trotter and Juan Antonio Chavira developed a typology of practice that focuses on three levels of treatment. The first of these is the *nivel material*, or ‘material level.’ Curanderos/as who work on this most common level employ healing materials such as herbs, crucifixes, prayer cards, water, candles, and incense (Trotter and Chavira 1997: 73–74). The next level Trotter and Chavira identify is the *nivel espiritual*, or ‘spiritual level.’ The practices that fall into this category of healing rely on interaction with spirit beings either through channelled communication or in shamanic trance states. Curanderos/as who are also mediums or
shamans receive messages from spirits while in possession or trance states that are relevant to diagnosing and treating their patients (León 2004: 175; Trotter and Chavira 1997: 103). The final and rarest form of curanderismo is the nivel mental, or ‘mental level.’ Requiring unique gifts and extensive training, this type of healing involves healers who ‘see’ negative energies and sicknesses in the body and remove them through concentrated mental effort (Trotter and Chavira 1997: 156–157). It would be inaccurate to say that curanderos/as fit neatly into these levels; the typical scenario is that curanderos/as, depending on their aptitudes and preferences, will gravitate toward the kind of practice that best suits their own proclivities as well as the patient’s needs.

While the aforementioned typologies focus on the kinds of modalities that well-established curanderos/as regularly use in their practices, another typology, described by anthropologist Octavio Romano, accounts for the varieties of practice based not on method of treatment but on the healer’s level of professionalization and prominence. Noting that women perform almost all household-level healing, Romano locates the daughters, mothers, and grandmothers at the base of curanderismo. When an illness cannot be treated in the confines of the family, one must go outside the home to neighbourhood or regional healers. Both family healers and professional curanderos/as pray to folk and officially canonized saints who can powerfully intercede on behalf of their patients (Romano V. 1965: 1154). Romano’s classification system has the benefit of highlighting the nature of curanderismo as primarily a household medicine that occasionally requires knowledge that is more specialized.

Given the variety of practice and level suggested by these typologies, one may wonder if certain practices are touchstones for all or most curanderos/as. Indeed, the aforementioned limpia is one of the curandero/a’s most important techniques and is used in many cases and at almost all levels. At its most basic, a limpia is a cleansing or sweeping of the body from head to toe with some ritual item, most typically an egg or a bundle of herbs. As the curandera/o sweeps the item down the surface of the body, he or she recites prayers and litanies such as the Our Father or the Apostle’s Creed as well as prayerful petitions for the healing of the patient. No matter what item is used to carry out the limpia, negative energies are removed from the body, either swept away by the herbs or absorbed into the egg. When eggs are used, they are buried whole in the earth to ensure that the absorbed negative energy does not escape back into the immediate area where it could re-infect the patient or others. Alternatively, some healers use the eggs for diagnostic purposes by cracking the egg into a clear glass or jar of water. By reading the disposition of the egg white and condition of the yolk in the water, expert healers claim to be able to discern the initial causes of their patients’ illnesses. In cases of soul loss, the purifying calm of the limpia makes space for the fractured soul to return to the body. In cases of negative intrusion, the limpia expels the unhealthy agents and strengthens the person to resist further infection (Buenaflor 2018; Hendrickson 2014a: 125–127).

The business of becoming and being a curandero/a

In many Latin American and Latino/a households, folk remedies and folk diagnostics are common for minor illnesses, and as Romano’s typology indicates, it is nearly always women who operate as family healers. But how do some people become professionalized curanderos/as who treat patients from outside of their immediate family? The process of identifying and training healers frequently follows a set narrative. First, family members or the person herself recognizes that an individual has a don, or ‘gift,’ for healing. This often presents itself as a predilection to care for the sick, a gentle bedside manner, and a discerning eye for the causes of illness, but a don may also be identified through visions of Mary or revelations from the saints.
(Ocampo Ledesma and Reyes Canchola 2009: 306). Next, the person with the don will train as an apprentice with an established curandero/a. For example, Teresa Urrea, a well-known healer from the US-Mexico border region, learned her craft from an older curandera named Huila (Griffith 2003: 44; Vanderwood 1998: 166–167). Eventually, the apprentice masters the art and begins to see her own patients.

In recent years, a number of online and in-person courses and offerings have challenged the standard narrative of family traditions, don, and apprenticeship. Any paying customer can sign up for these courses; prices vary but can reach into the hundreds of dollars. A common feature of these courses is rhetoric that links curanderismo with ‘ancient indigenous spirituality’ and moves away from curanderismo’s connection with Catholicism. This has the effect of appealing to those who wish to dabble in indigenous American spirituality even as it contributes to the re-framing of curanderismo as a marketable tradition independent of its original contexts (Hendrickson 2014b).²

Curanderos/as in contemporary Latin American and Latino/a contexts can make a living as healers, and they often combine their services with other complementary healing or metaphysical traditions such as Reiki, yoga, acupuncture, and tarot reading. It is not uncommon for a curandera to run a shop that sells herbs and other healing-related items, a botánica, and operate a healing consultation on the side (León 2002).

Curanderismo: medical and religious locations

At one time, curanderismo often represented the only accessible healthcare to many Latin Americans and Latinos/as. Nowadays, curanderismo often operates adjunct to biomedicine. In this sense, seeing a curandera/o would be only one of the strategies for healing available to a patient in addition to biomedical care by doctors and other healthcare professionals. One curandera explains that most of her patients see her as well as their doctor because they are looking for a more ‘holistic approach’ to healing, would like to explore medicines with fewer side effects, or feel alienated by their doctor and want to have more personal time with a healer (Avila and Parker 1999: 42). However, curanderas/os are generally aware of their own limitations and will advise patients when they need to seek out biomedical care.

In recent decades, it has become more and more common for healthcare professionals to undergo at least some cultural competency training involving religious and folk healing traditions, including curanderismo. In this paradigm of medicine, non-biomedical healers and healing traditions can have an important social function in biomedicine and can even help doctors reimagine what it means to heal their patients (Davis-Floyd and St. John 1998; Galanti 2015). Nevertheless, there persists a sense that doctors and curanderos/as are sometimes at odds, and that curanderismo can supersede biomedicine. Many healing testimonies revolve around the trope that when medical science and doctors could find no way out for the patient, the curandero/ra—with God’s assistance—was able to bring healing (Dodson 1934: 19, 103; Gardner and Turner 1992: 105).

Curanderismo has also had a complicated relationship with religious authorities, particularly within the Catholic Church. As mentioned previously, the evolution of curanderismo is intrinsically tied to the combinations that resulted from the colonial encounter between indigenous healthways and Iberian Catholicism. Priests were some of the first European medical professionals in Latin America since caring for the sick was an integral part of evangelistic missions to the indigenous people. However, as curanderismo became more and more a folk medicine that relied on laypeople’s interactions with the healing power of God and the saints as well as indigenous and African sources of power, it is perhaps unsurprising that
some Catholic authorities condemned curanderismo as witchcraft and superstition (Ebright and Hendricks 2006: 111; Sweet 2011: 147–149). On the other hand, priests who fell ill would often not hesitate to seek out the curandera’s care. It is important to note that curanderos/as generally consider themselves faithful Catholics. Their understanding of their faith is congruent with the practice of curanderismo.

One area of frequent tension between curanderos/as and the Catholic Church is folk saint veneration. Of course, many healers rely heavily on the intercession of Mary and other officially canonized Catholic saints for assistance in their cures. San Judas, or St. Jude, the patron of lost causes, is a particularly popular partner in healing. However, throughout Latin America, there are a host of folk saints—deceased human beings or other entities who are not recognized by the Catholic Church as saints—who provide powerful aid to curanderos/as. For the most part, the Catholic Church does not condone the veneration of folk saints. For instance, in Peru, Sarita Colonia was an impoverished young woman who died in the first part of the twentieth century. Soon after her death, devotees began praying to her for miracles, many related to healing, and she remains a resource for folk and religious healing in Peru (Graziano 2006: 141–166). In northern Mexico and south Texas, many people venerate El Niño Fidencio. In life, he was a famous curandero, and his devotees today believe that, many years after his death, he continues to heal thousands through mediums who claim to channel his spirit (Gardner and Turner 1992; Zavaleta and Salinas 2009). A more controversial example is the fast-growing devotion to Santa Muerte (‘Holy Death’) in Mexico and the United States. Despite condemnation by Catholic authorities, thousands of people venerate the sainted personification of death to obtain a variety of favours, including healing (Chesnut 2012).

Evangelical Protestant and Pentecostal churches are spreading rapidly throughout Latin America and have begun to have a potent impact on religious life throughout the region (Martin 1990; Stoll 1990). For the most part, Latin American and Latino/a Protestant clergy reject curanderismo both for being too Catholic and for its possible relationship to unclean spirits. They instead provide healing through the power of the Holy Spirit (Brown 2011, especially Part II). Nonetheless, curanderismo has long formed part of the fabric of Latin American life, and in some areas, is still the only consistently accessible medicine. Curanderos/as report that their clientele is not limited to Catholics but includes people from all religious backgrounds, including evangelicals (León 2002: 109).

**Reclamation of indigenous identity in curanderismo**

Curanderismo is a set of combinatory healing modalities that grew out of the colonial project of enslavement, displacement, and the forced religious conversion of millions of people. Therefore, it is perhaps not surprising that expelling negative forces and restoring wholeness lie at the heart of this healing tradition as a kind of symbolic return to a time of pre-Conquest health. Curanderismo, in this sense, has responded not only to the sickness of individual bodies but also to systems of suffering brought on by the ruptures of colonization. Despite this, the narratives and rituals of Catholicism, the religion brought by Iberian colonizers, have been and continue to be central to curanderismo for most practitioners. Catholic prayers guide treatments, saints are invoked for their intercession and power, and it is utterly common for curanderos/as to attribute their successes to God. However, in recent years, challenges have arisen that call into question whether Catholicism is central, or even necessary, to curanderismo. Some practitioners have rearticulated curanderismo to feature its indigenous roots, often in exclusion or rejection of what they consider to be Catholic additions.
Miktlan Ehekateotl Kuauhtlinxan is a shaman and curandero from Mexico who claims to be the bearer of a centuries-old Aztec healing wisdom called the Tetzkatlikpoka tradition (Kwauhtlinxan n.d.). In 2008, Ehekateotl (as he is known) was the star of a docudrama about Aztec traditional medicine. The film mixes interviews with purported experts with a fictional plot concerning the trials of a young apprentice to become an Aztec healer. In the film and elsewhere, Ehekateotl suggests that his ancestors have secretly held the Aztec healing tradition intact since before the Spanish conquest. At some point, his people charged him with breaking the seal and sharing this ancient wisdom with people from around the globe (Cheyene 2009). Since that time, Ehekateotl has operated training workshops in Mexico, the United States, and elsewhere to promote the idea that curanderismo, especially in Mexico, is the continuation of pre-Hispanic culture.

Elena Avila, who trained with Ehekateotl in the 1980s and 1990s, was a curandera who served patients in New Mexico and offered her own training sessions in curanderismo. Ehekateotl taught her that curanderismo is another way of talking about Wewepahtli, which he says is a Nahuatl word meaning ‘the Greatest Medicine.’ By insisting that contemporary Latin American religious and folk healing is a continuation of indigenous knowledge, participants revise history in a way that they find salutary. For some, this attempt to purge curanderismo of its Spanish colonial associations is in itself an act of cultural healing. As Avila explains, ‘There was a need to develop a medicine that could heal the pain and the immense susto, soul loss, that resulted from the cultural destruction, enslavement, and rape that occurred during the Spanish Conquest of the Americas.’ Even though the wounds of colonialism endure, Avila finds that, ‘in curanderismo the secrets of our ancient folklore and healing have been preserved and continue to grow’ (Avila and Parker 1999: 28–29, 31).

Similar reclamations of the indigenous origins of Latin American healing traditions have taken place around the hemisphere. For instance, religions such as Candomblé (Brazil) and Lucumi (Cuba and other parts of the Caribbean) have long included robust healing elements in which divine beings often associated with Catholic saints have given aid to the suffering and ill. In recent years, post-colonial efforts to embrace the African origins of these traditions have attempted to minimize or even erase the Catholic overlays to emphasize the African origins of these religions (Capone 2010; Olupona and Rey 2008). Likewise, there are movements in the Andean nations, especially Peru, to recognize shamanic healing and experience as a kind of national patrimony (Molinié 2016). Scholars have examined these reclamations of indigeneity as an exercise in post-colonial refashioning of identity and as a tactic to authorize curanderismo as an authentic expression of ancient, pre-Hispanic wisdom.

**Situating curanderismo within complementary, alternative, and spiritual healing**

Another current issue in the study of curanderismo is the entry of Latin American and Latino/a religious and folk healing into other types of complementary, alternative, and spiritual healing techniques. In this development of curanderismo, healers have made their practices available to a wide-ranging clientele that typically combines curanderismo with other non-biomedical healing modalities such as Reiki, chakra alignment, acupuncture, aura reading, and spiritual-ist channelling. Tepoztlán is a small town south of Mexico City that has become a famous destination for New Age, metaphysical, and spiritual tourism with a decided emphasis on healing the body, mind, and soul. As such, it has become an attractive destination for dozens of curanderos/as ready to hang out their shingle for an international clientele. Limpias are offered alongside sweat baths and yoga lessons (Reynolds 2007; Woodman 2016). Likewise, travel
to Amazonia to meet with authentic curanderos/as and shamans has become popular. Juice cleanses accompany vision-filled nights of ayahuasca consumption as healers guide paying customers toward their best and healthiest selves (Winkelman 2005). It would be incorrect to presume that curanderos/as are merely marketing their skills to make money from outsiders. Rather, scholars have noted that contemporary Latin American healers are themselves finding new avenues of practice and meaning-making in the globalizing market of alternative healing and spirituality.

For example, in the 1980s, anthropologist Donald Joralemon studied a Peruvian healer named Eduardo Calderón. Calderón had partnered with a metaphysically-oriented psychologist in the United States to create ‘spiritual tours’ to Peru to share his knowledge with the ‘white man’ and to transform these visitors into ‘new caretakers and healers of the earth’ (Joralemon 1990: 109). While Joralemon first found this commercialization of Peruvian indigenous traditions to be a distasteful sham, he eventually realized that Calderón was able to ‘code shift’ between his Peruvian and foreign clients in a way that was effective for both constituencies. He concluded that these new expressions of Peruvian healing were possibly even salutary instances of an evolving tradition in a globalizing world. In another example, anthropologist Cristina Rocha has profiled the international spread of Brazilian Spiritism and Umbanda in the person of João de Deus, a miracle-working healer in central Brazil. She has found that he and his associates have adopted the practices and rhetoric of a global New Age community (Rocha 2017: 166). According to Rocha, this is not a betrayal of Brazilian healing traditions but rather their amplification in a global field of overlapping indigenous healing modalities.

Indigenous re-identification and reclamation efforts and the engagement of curanderismo with globalized spirituality and health-seeking, while important new horizons for many contemporary curanderos/as, have not gone without scholarly critique. A criticism that applies to both of these new developments is that they rely on a facile universalization. One way to describe the current situation in curanderismo is to point out that ostensibly indigenous traditions are decontextualized and marketed as part of a universal global ethos and practice of holistic healing. A common example of this kind of universalization is the contention that all non-biomedical healing traditions are ultimately expressions of one universal holistic medicine. Critics of such moves have noted that indigenous knowledge is fundamentally contextual and community-enacted; therefore, it does violence to these traditions to buy and sell them outside of their contexts (Jocks 2000). A related critique is that universalism relies on essentialism. In other words, a tradition can only be decontextualized and made available to all consumers if it is understood as an essential distillation of the tradition (De La Torre 2008). Here, curanderismo is a packaged and fungible product rather than a relational process. These critiques will likely continue to animate scholarly discourse about curanderismo even as curanderos/as and their patients will likely continue to re-narrate their identity and history in concert with many new global partners in holistic healing.

**Conclusion**

Curanderismo brings things together. Combinations of herbal medicines, intercessory petitions and divine power, the manipulation of energy, and the formation of relational bonds between the healer and the patient create contexts in which the suffering are comforted and restored to wholeness. Lost pieces of souls, buried traumas, healing spirits, thwarted curses, and the desire for health come together by the careful practice of the curandero/a. Pre-modern Iberian Catholicism, indigenous healthways and wisdom, and African pantheons and practices
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converge to try to heal the ills of everyday life and the wounds of colonial history. New combinations with metaphysical and alternative healing traditions from around the globe promise to help curanderismo to continue to evolve and meet the needs of the sick and needy. Indeed, many curanderos/as have redoubled their efforts to interpret their tradition as both an element of cultural maintenance as well as a site of global collaboration. In this sense, what began as a Latin American tradition may eventually take its place with acupuncture and yoga as a healing modality available in new forms to all.

Notes

1 Medical sociologists often differentiate the terms ‘illness’ and ‘sickness,’ referring respectively to the objective diagnosis and the subjective experience. In this chapter, however, the terms are used interchangeably.

2 A simple web search will turn up several courses, videos, and training opportunities. For example, www.curanderismo.org/presentations; www.instituteofshamanismandcuranderismo.com/curanderismo-study-program/ and www.curanderahealing.com/escuela-de-curanderismo.html (sites accessed on 30 November 2018).

3 After the publication of Rocha’s book on João de Deus, João was accused of dozens of acts of sexual abuse of his patients and entered into police custody late in 2018. At the time of writing the present article, he was awaiting trial.

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