

Medicine Natural Evolution of Popular Culture in Colombian, Latin America

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Abstract: Since the human being exists, it has expressed the need for well-being and feel good about your body. In this sense, nature has provided answers about offering through its plants healing forms that have been transformed according to the needs of human beings and the experiences acquired during their evolution they have given knowledge empirical how each plant should be used. Given the highlight, it is intended through this research to analyze the evolution of natural medicine within the Colombian popular culture for they were taken as the basis between the researchers. The methodology used research focuses on a type of documentary research with a bibliographic design for which the data were collected from the analysis of categories. Results indicated that the empirical development has allowed Colombian solve their health and wellness needs in relation to resources that has given them the environment in which they are seated. The gaps economically in addition to the difficulties in the direct taking of medicines by Colombians (especially, those who are more socially disadvantaged strata) have given rise to the use of natural medicines.

Key words: Natural medicine, communities, welfare, addition, environment, environment

INTRODUCTION

Any attempt to submit to study the concepts and definitions of traditional medicine should consider as a preliminary step, some basic propositions that identify common factors shared by all existing medical categories. Thus, they are in the broad anthropological perspective of universal behavioral and medical notions in the context of culture. These propositions observe that (Rodríguez and Hechavarría, 2015; Dominguez *et al.*, 2006):

- The disease is a universal human culture, since, it occurs at any time space, society
- All human groups, develop methods in order to cope with the disease and all human groups have beliefs, cognitions and specific cultural perceptions to define or recognize the disease

These basic propositions are universal valid for all existing medicines. Therefore, distinctions between traditional and scientific medicine focus rather on specific socio-cultural differences that affect concepts, beliefs and practice of health and disease. Development and coexistence of these two drugs has peculiarities.

To Sharer, two important points must be taken into account in its analysis, the cultural characteristics of the

area where survive, mainly those with a strong cultural tradition in the use of alternative medicine as is the province of Jujuy and the presence of a solid structure of ethnomedicine which is due to the belief in a number of pathologies (some of it of popular origin) which can only be treated by the “specialists”. These are called in the popular area of healers. They refer us to a paramedic art linked to the traditional world which defines its own forms of illusion, belief, efficacy or scam which according to Sarlo, “use their own lexicon, exposed on its stage and are organized according to the guidelines of medical practice”.

The practice of natural medicine has accompanied the Latin American peoples from memorable times. In the case of Colombia before becoming the country is known geopolitically constituted as currently presented, it was formed by a number of indigenous communities that made use of own resources of the riches of the ecosystem. Upon arriving Europeans and later the black African groups, a syncretism that enriched the development of natural medicine in Colombia was encouraged (Mack *et al.*, 2003).

Furthermore, a series of beliefs that were woven in natural medicine were also added which gave greater credibility by those practiced in Colombia. In this way, has been consolidated over the years natural medicine in Colombia and in the present times of economic scarcity,

the credibility of natural medicine has become more booming not only for its affordability but because of the ease to occur within the same space of the home.

MATERIALS AND METHODS

The methodology represents the way, that is to write a study in addition to through the same guidelines and steps that will take the investigation are set. In this regard, research and documentary character typifies, since, a series of documents that allowed the development of the study as a bibliographical design in which data were collected through categorizing concepts were analyzed using as tools the signing and underline, enabling the development of results and conclusions that gave culmination of work (Espinoza *et al.*, 2003).

RESULTS AND DISCUSSION

At present, there have been various research on natural medicine and its evolution in Colombia. In this regard, it is important to add that the way the plant operates in human physiology is what has determined its use, the experiences condition the use of the plant for a specific condition. Chemicals which has a plant within its structure is what directly impacts the body, achieving in many cases the expected physiological benefits in addition to this the psychological conditioning that is created in the individual to visualize being healed even more, so, if he believes in the effectiveness of the plant adds (Dominguez *et al.*, 2006; Pearson *et al.*, 2001).

Hegemonic medical model and the ideological subject:

The Hegemonic medical model is based on a liberal conception of health. It is based on the principle of individual liberties such as freedom of choice, stating that health is an individual responsibility. We find an idealistic view of freedom, ideals of the French Revolution, also, sectoring private health as opposed to the public which would cover indigent who do not have own means.

According to Videla the so-called liberal states will be responsible for what until then was the patrimony of Christian charity. Other health practices is thus in the hands of the free play of supply and demand, “as the famous private insurance in Argentina and other countries (United States is the paradigm)”. This model is precisely that Menendez gave the name of Hegemonic medical model which focuses on the positivist model, aimed at curing the disease, called medicine organ to medicine with its latest advances in high-tech materials or technology (Nascimento, 2011). Both forms of health, public and private, agree on its no capacity to act on social determinants that interplay on the patient, since, it is limited to the healing. This cientificidad is concealing instances of violence and arbitrary power. The expansion

of the hegemonic medical practices on communities comes from long standing. Historically this model begins to take shape between 1890 and 1940 from a paradigm based on advances in bacteriology whose main features are: individualism, focus on the disease, mercantilism and pragmatic efficacy. This model reduces the social to a branch of medicine: the “social hygiene” first and “public health” later.

In a broader sense, we can say that the hegemonic model prioritizes the biological dimension on the consideration of economic-political and ideological-cultural processes but does not eliminate the social on the contrary, subordinates and restructured according to their theoretical priorities-operative, it is reducing it to a factor. Its object of study is considered the disease as a biological phenomenon of individually identifiable and measurable character. The medicine is structured in this way according to the requirements of “positive science” in the field of natural sciences (Gocke *et al.*, 2002).

It is only in the late 1970’s, when incorporated into the hegemonic model some proposals from the social sciences from contributions made by Parsons in the 50 consideration of the disease as a deviation arises, among other contributions to social norms the role of the patient, the problem of productivity and social consideration of a self-regulating system. The model allowed the problem to focus on the individuality of the phenomenon, the subject and the agent, guaranteed the exclusion of any non-biological causation or in the best case, we reserved a non-scientific dim space (Cerde, 2015).

From the late 70’s until the present model enters crisis. There are many reasons, among which may be mentioned: the crisis of the model of capital accumulation and Fordist social regulation focused on the welfare state, the adjustment plans, neoliberal policies and reducing the role of the state. Throughout the development of the hegemonic medical model dominates a dichotomous and oppositional vision even today including medical systems: the scientific, modern or officer is opposed to traditional, popular or indigenous in a sort of official medicine, first and illegitimate practices, the latter. This dimension allows us to affirm that the expansion of the hegemonic medical practices on communities led to the transformation, displacement or even in some cases, the elimination not only of these ethnic practices but also, the significance identification and cultural integration that these practices have (Farnsworth *et al.*, 1985).

Unified medical practice: To tell Videla in some texts, it is stated that the attempt to incorporate concepts of traditional medicine to scientific medicine “is an alternative for backward countries”. It is unfortunate to

realize that this look is part of the colonized thinking of dependent countries: identifying wisdom with the North which is idealized, admire and envy being possessed of high technology in the same way they copy their lifestyles, their clothes and music (Rios *et al.*, 1999).

When someone seriously ill, it comes to take him to the United States or seek the drug in Europe. The hope is deposited in the North. Without this meaning a chauvinist regionalism “is necessary to emphasize that this is unfortunate, since, much of the knowledge that Northern countries are managed, developed, the first line (for some), come from the traditional medicine.

While, it is an undeniable truth that the official health system as currently implemented has reduced the presence of numerous infectious diseases such as polio, diphtheria, measles and smallpox, however, it not yet succeeded in reducing intestinal infections, respiratory, vascular, heart disease, malnutrition or alcoholism (Khafagi and Dewedar, 2000).

It is also true that new diseases appear such as AIDS, drug addiction, ulcers and gastritis, depression and other psychological disorders. For Videla could give many reasons for this but you should agree that this occurs primarily because still it follows without taking into account cultural factors that influence the health of all people. For this reason we believe that, the expansion of the coverage of institutional medicine and its technical improvement does not solve the problem of collective health of society. In this respect, we agree with Conti who points out that this is because on the one hand, medicine as practice has serious limitations, both in its approach as the treatment given to the patient (Robineau, 2015; Jimenez, 1996).

On the other hand, the differences observed between the different social classes regarding perceptions that have in their manner of disease and death occur. This has ultimately little to do with medical services and much to do with the organization of society and the role each plays in her class. At this point we are interested in identifying cultural phenomena, both traditional medicine and the legal which are significant for the actors or protagonists of a culture and how they organize these phenomena.

The purpose is to discover how people build their world of medical experience from their lexemes or categories of speech. These lexemes “labeled” the reality of the actor, revealing how it is perceived, conceptualized and organized this reality. From this perspective, the WHO raised in 1978 formal proposals for health care for sectors traditionally without access to institutional resources for developing countries and for sectors without services. This proposed extension of coverage based on Primary Health Care (PHC), the use of non-institutional medical resource arises through three main points.

Non-institutional health care available to all individuals in the community through expanding the coverage of primary health care, through full participation and at a cost that the community and country can afford optimal training socially and technically people who practice traditional medicine to the extent the emerging demands of the population the use of proven traditional remedies. However, you should check the reasons that led to the approach of this policy to understand whether these proposals really lead to the involvement of health benefit social groups to which is addressed a plan or due to the needs of concentration power to ensure the public domain, ideological subjection and exploitation of large sections of the population in a sort of “symbolic domination” applied to the popular classes and their cultural universe.

For example academic medicine in some cases, heightens the concern for preserving the traditions and popular cultures but in reality delegitimize the popular medical practice considering it as “no scientific basis” and recommend the competition to institutionalized care. This official discourse is used to justify the domination of large sectors of the population.

From this point of view, traditional medicine is considered mythical and this qualifier its validity is denied and the imposition is justified. Systematic knowledge processes that can be achieved in traditional forms of medicine are largely negated by the lack of logical and rational elements according to the other view. This integration has become, therefore, a factor of discord and rejection and in some cases has led to changes without any control.

Emergence of herbal medicine today Colombia: Natural medicine as noted in previous points has been applied, since, ancient times in fact has been totally valid because many drugs currently used in Colombia are derived from plants, among which are: antipyretics, anti-flu, antispasmodics, ointments, anti-inflammatory, muscle relaxants, among others who have been accepted for possessing less percentage of toxicity in relation to those produced directly by laboratories (Rodriguez and Hechavarria, 2015; Bennett, 2015).

In this connection, the World Health Organization (WHO) reports that 119 drugs derived from plants, modern medicine uses 74% which has increased the credibility of it. Therefore, herbal medicine can offer various tools to cure minor ailments as chronic, whenever you make a detailed selection of plants to use, you can achieve a significant improvement in the health of patients, avoiding potential inherent side effects pharmacology. Furthermore, the fact patient confidence to feel that consume natural products, preparing to cooperate for healing adds (Rosa, 2000). Importantly in natural medicine, they have developed a series of

branches that have cemented under a scientific ground which justifies the use of herbs not only as therapeutic and preventive system but also as drugs that give answers to the physiological sorrows of Colombians in particular. Taking this into account, a summary of the most common activities that take place within the natural medicine is as follows (UN., 1993):

- Homeopathy: it seeks to treat the disease with minute doses of an agent under the premise “the same is cured with the same” (Mack *et al.*, 2003)
- Physical medicine: defined pathological situations, among which include physiotherapy, hydrotherapy, massage, therapeutic exercises, mobilization and immobilization of joints are treated (Espinoza *et al.*, 2003)
- Diet therapy: consumption of whole foods or health aids through food consumption (Pearson *et al.*, 2001)
- Acupuncture: application of very fine needles into specific points of the skin that has nerve endings connected with certain parts or organs of the body (Nascimento, 2011)
- Flower therapy: promote relaxation through gentle or strong odors
- Phytotherapy: use of active principles of plants as healing ways (Gocke *et al.*, 2002)

CONCLUSION

Among the results, it can be noted that the gaps economically in addition to the difficulties in the direct taking of medicines by Colombians (especially, those who are more socially disadvantaged strata) have given rise to the use of natural medicines. In addition, the presence of beliefs that are ancestral in Colombia, together with the positive results that have been obtained in many cases from the practice of various branches of natural medicine have developed the presence and strengthening it.

It is undeniable that man has evolved and with it, the various practices of activities that correspond to the development of their welfare. In this sense, herbal medicine has been consolidated in recent years as an alternative that provides answers to the needs healing Colombian, becoming empowered in the market as products and beauty centers, rehabilitation and natural medicine which offer timely responses to different conditions.

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