

Curanderismo: Folk Healing Practice and

Child Abuse and Neglect Allegations

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Abstract

Reporting child abuse and neglect is among the myriad issues professional school counselors inevitably encounter. Second-hand allegations further complicate the decision-making process. This article was motivated by an incident in a public elementary school where a family's folk healing practice (curanderismo) was mistakenly identified as child abuse. The article provides an historical overview of curanderismo and commonly treated symptoms that can be perceived as abuse or neglect. Necessary factors and procedures for school counselors to make informed decisions about second-hand allegations are identified and determined.

Curanderismo: Folk Healing Practice and Child Abuse and Neglect Allegations

Professional school counselors (PSCs) are legally and ethically required to report suspected abuse and neglect, and are at times conflicted regarding whether or not to report (Bryant & Milsom, 2005; Mitchell & Rogers, 2003). Conflicts arise when they encounter laws and school policies that contradict the American School Counselor Association's (ASCA) code of ethics (Bryant & Milsom; Lambie, 2005). For reasons such as this, PSCs must foster collaborative relationships with school officials, students, families, and child protective services (CPS) workers so that the decision-making process for reporting child abuse and neglect allegations is uniform (Lambie). The primary intention of this paper is to inform readers about *curanderismo* (folk healing), and how students who are involved in such services can be mistaken as abused or neglected. Mistaking folk healing practices for abuse and neglect occurs because behavioral, emotional and physical symptoms mimic one another. A second intention is to encourage PSCs to collaboratively gain operational clarity into laws and ethics so that school officials are prepared to act when second-hand allegations are presented.

“Because gaps remain in the knowledge we have about each other and the tolerance we have for those different from ourselves, barriers exist which create the environment for inaccurate conclusions and inappropriate decisions” (Court Appointed Special Advocates, CASA, 2007, p. 2). Averting such barriers calls for uniformity in abuse and neglect reporting procedures (Lambie, 2005). Thus, Curanderismo, identifiable symptoms, and assessment considerations for working with students of

Mexican American and Mexican descent who use curanderos (folk healers) are identified to fill gaps in reporting abuse and neglect.

Curanderismo Perceived as Child Abuse

The motivating factor for this paper was driven by an incident which occurred at a public elementary school where the author was a school-based counselor. Word about a child abuse report circulated throughout school and it was later discovered that the report was directly related to a teacher overhearing a student conversation on the playground. The teacher heard one student explaining to another the treatment he received from a local curandera (female folk healer). He explained lying on his back in his bed while a pair of scissors, suspended from the ceiling, was spread apart and positioned across his neck to extract the negative energies residing within. Unfamiliar with curanderismo practices, the teacher became frightened by the disclosure and reported the conversation to one of the PSCs who in turn immediately reported the second-hand allegations to CPS. This situation exemplifies the difficulty inherent when the decision to report suspected abuse or neglect is influenced by folk healing practices.

Review of the literature indicated an incident involving curanderismo being mistaken for abuse and neglect had been documented (McIntyre & Silva, 1992). Misinterpreting folk healing is especially relevant for school officials because there has been a 33% increase in usage of alternative health treatments from 1990 to 1997 (Eisenberg, et al., 1998). This increase is cause for PSCs to discuss, modify or develop school procedures specific to second-hand abuse and neglect allegations. Moreover, knowledge of characteristics associated with student self-disclosures and marked

changes in their appearances will facilitate the decision-making and assessment processes.

Historical Origins

Curanderismo, stemming from the Spanish word *curar* (to cure) is a folk healing practice common to Chicano/Mexican American and Mexican families as a valid traditional practice for curing physical, mental, spiritual and psychosomatic ailments (Applewhite, 1995). Curanderismo predates Western medicine (Torres & Sawyer, 2005) and is a holistic practice for good health introduced to Mexico by the Spanish Conquistadores as a means to restore mind, body, and spiritual balance. The philosophy and practices are a compilation of elements rooted in Greek humoral medicine, medieval and European witchcraft, early Arabic medicine, Judeo-Christian religious beliefs, Native American herbal practices, modern Western beliefs about psychic phenomenon, and modern medicine (Bledsoe, 2003; Garza, 1998; Torres, 2006). *Hierberos* (Herbalists), *Sobadoros* (Masseurs), *Parteras* (Midwives), *Consejeros* (Counselors), and *Hueseros* (Chiropractors or Bonesetters) are among the variety of curanderos commonly recognized (Johnston, 2007a).

Johnston (2007b), a biochemist, described the practice as a chemical catalyst for health consciousness that is based in spirituality. Curanderos are sought out to restore balance in areas directly affected by: (1) natural and supernatural forces, (2) imbalance between heat and cold, and (3) emotionality (Krajewski-Jaime, 1991; Torres, 2006; Trotter, 2001).

Treatments by either a trained curandero (male folk healer) or curandera (female folk healer) are performed to eliminate ailments that inflict individuals (Eisenberg et al.,

1998). Identifying and eliminating ailments can include using a host of materials and practices such as herbs, prayers, crucifixes, candles, massage, speaking in tongues, eggs, feathers or other life-forces deemed appropriate for cleansing (*limpieza*) the human body and restoring balance (Garza, 1998; Padilla, Gomez, Biggerstaff, & Mehler, 2001). The environments where treatments take place are first cleansed with ceremonial prayer, chants and the burning of incense. Altars [containing symbols] are set up and used to call for assistance from clients' ancestors. The altars are strategically placed in the directions of East, South, West and North, representing opposing energies used in balancing the mind, body and spirit. Once environments are prepared, curanderos talk (*placticas*) to their clients so that suppressed beliefs surface to allow healing (Mines, 2007). The belief is that the unconscious must become conscious.

Placticas (talks) help curanderos conceptualize ailments to determine whether herbs, spiritual healing, or soul retrievals are required (Mines, 2007). Herbal treatments can include hot teas for consuming or for bundling together and sweeping over a client's body. After sweeping the body, an unbroken egg (life-force) is then swept over the body to locate and absorb the negative energies that must be disposed of. Once life-forces absorb the negative energies they are disposed of per method outlined by the curanderos; life-forces are typically sent back to Mother Earth (Johnston, 2007b). If additional treatment is needed, a ritual such as soul retrievals may be performed to reclaim lost aspects of the self which have been suppressed due to fears and traumatic experiences. Each treatment concludes as curanderos guide their clients back into balance to fully experience expressions of their souls.

Child and Adolescent Treatment

Knowledge about signs and symptoms (physical, emotional, and somatic) of illnesses treated by curanderos will expedite the decision-making process when second-hand allegations of abuse and or neglect are presented. Signs and symptoms are worthy of noting because they overlap with symptoms treated by traditional mental and physical health professionals (Harris, 1998; Torres & Sawyer, 2005). With differing interventions available, student safety and health must remain a priority (ASCA, 2004). The following information highlights two commonly treated ailments (Torres, 2006) among children and adolescents (Harris, 1998; Neff, 2006; Torres & Sawyer, 2005). As in Western medicine, treatment methods can vary from one healer to another.

The two ailments commonly encountered in children and adolescents are *mal de ojo* and *susto*. *Mal de Ojo*, known as evil eye can result from a touch, glance, or admiration from any individual. Ailments result not from the stare, but from not being touched by the individuals. Admiring but not touching the children allows energy vibrations to become unbalanced, resulting in symptoms such as headaches, crying, irritability, paranoia, restlessness, and stomach complaints. To experience relief, spiritual healing is essential.

Treatment for *mal de ojo* involves the spiritual and mental levels to lessen symptoms seen in somatic, anxiety, behavioral and hyperactivity mental health disorders. One treatment method for eliminating ailments is to give the inflicted child a hot cup of manzanilla (chamomile) tea to drink before laying on his or her back. A raw egg (in its shell) is then used to massage the body from head to toe. During this process the curandero makes the sign of the cross over each bodily joint while reciting the

Apostle's Creed three times. The curandero then breaks the egg in a glass filled with water to diagnose whether or not *mal de ojo* is present. If the egg white forms an oval shape that looks like an eye and surfaces to the top of the water (the yolk sinks to the bottom), then *mal de ojo* is present. Another indicator is when the egg, not shaped as an eye, contains blood. The glass of water with the egg in it is then placed under the child's bed (some curanderos suggest placing it underneath where the head is positioned for sleep). Treatment ends the following morning when the glass is removed and the contents buried.

Susto, a second ailment referred to as fright, results in loss of soul as seen in those who have faced traumatic experiences. The symptoms commonly observed are similar to those in post traumatic stress disorder (PTSD) and depression: being on edge, keyed-up, fatigue, panic, restlessness, change in appetite, anhedonia, bodily complaints, weight gain or loss, withdrawal, fear, and lack of interest. If an adolescent is suffering from *susto*, then a three day treatment must begin immediately because more complicated symptoms can develop if left untreated. It is recommended that the three-day treatment take place on Wednesday's, Thursday's and Friday's.

Day one consists of changing the adolescent's linens at bedtime, and with a knife, the curandero blesses the empty bed. The adolescent first lays face-down in the bed, arms at the sides, and the body is swept with cenizo (sage) while the Apostle's Creed is recited. Holy Water is then swept over the bodily joints. Once this procedure is completed the adolescent turns on to his or her back, and the procedure is repeated. In addition to sweeping and blessing the bodily joints with Holy Water, the forehead must also be swept. The curandero then recites the Lords prayer while placing his or her

hands on the client's head and blowing air onto the face. The curandero then whispers to the client (three times) for his or her spirit to return to the body. Day one ends with the client drinking a hot cup of anis (aniseed) tea and forming cenizo into a cross that is then placed underneath the adolescent's pillow for the night. Day two begins with the adolescent removing the cenizo from under the pillow and taking it to bury near an intersection where two roads form a cross. Days two and three involve repeating the process of drinking tea, making a cross out of cenizo and placing it under the pillow, and removing it each morning to be buried.

Assessment Considerations and Procedures

Nontraditional medical and mental health practices that are not part of the dominant cultural norm can easily be misinterpreted either as abuse, neglect, or a combination of the two (McIntyre & Silva, 1992). Albeit, similarities and differences exist within and between cultural groups, it is important to account for how students' cultural practices, language and worldviews could influence abuse and neglect allegations. Professional school counselors are in a position to educate school officials about the differences between curanderismo and abuse and or neglect (Reid, 1984). The ASCA National Model, cultural awareness and professional development workshops can provide useful information when assessing second-hand allegations. If assessing allegations is warranted then the assessment and informed consent must be conveyed to students and their families (Lambie, 2005). Appropriate forms may need to be translated into Spanish and included in school resources such as student agendas, school [counseling] newsletters and open-house notifications.

American School Counselor Association (ASCA) National Model

It is essential to promote the ASCA (2005) National Model to principals, teachers, students, staff, and community stakeholders as one uniform method for addressing questionable allegations. This comprehensive and developmental school counseling model is a curriculum for enhancing student performance, and in the case of abuse and neglect, traditional folk healing activities can be infused into the curriculum. Cultural folk healing activities, for example, can be infused into classroom guidance activities, responsive services, system support, and the advisory council (ASCA, 2005). An example of classroom guidance activities for students can be found in the *El Alma de la Raza* project outlined in *Goals 2000-Partnerships for Educating Colorado Students in grades 9-12* (Liñan, 2000). The Raza project's curanderismo activities can also be modified for use with school officials in in-service workshops (system support).

Responsive services, on the other hand, must include procedures specifically designed for assessing and reporting questionable second-hand allegations. Procedures addressing assessment of questionable allegations should be implemented school-wide to rule out physical, emotional, cognitive and behavioral symptoms (Lambie, 2005). In addition to ruling out symptoms, a series of workshops (system support) that cover abuse, neglect, cultural practices, and federal, state and local laws [and forms] for teachers, staff, and administrators must be conducted (McIntyre & Silva, 1992). School officials should also consider including local curanderos, [extended] family, peers and community stakeholders so that they can contribute to the decision-making process and reporting procedures. These stakeholders should be recruited to serve on a school's advisory council to offer information about curanderismo practices

since they play integral roles in child development. They consult with one another [outside of the school walls] when Western medicine is required (Krajewski-Jaime, 1991).

Cultural Awareness

The urgency for cultural awareness remains, because families who use curanderismo services may continue to be misunderstood and reported to protective authorities. Awareness of student cultures is central because schools become active participants in the lives of families for non-school related concerns (Reid, 1984). Since schools become active participants in non-school related concerns, it is the responsibility of PSCs and other educators to know family values and practices (ASCA, 2004). Familiarity with family values and practices can decrease the likelihood of submitting CPS reports lacking thorough information (Lambie, 2005) and increase the likelihood for determining whether second-hand allegations have cultural implications or are in fact abuse or neglect (Krajewski-Jaime, 1991).

Assessing second-hand allegations of abuse and neglect needs to be handled cautiously, legally, ethically and in culturally sensitive ways so that all parties are respected, safe and informed. In an attempt to differentiate between curanderismo and abuse and neglect, the following assessment recommendations are useful. McIntyre and Silva (1992) and Harris (1998) collectively proposed that PSCs: (1) attend professional development workshops about child abuse, neglect, cultural practices, and community resources; (2) engage in self-analysis of their own personal racial motives, tendencies, biases and prejudices, understand and respect students, and promote culturally appropriate services; (3) consult with other professionals, families, and

community stakeholders when uncertain about allegations; (4) respect and understand students' and families' worldviews while assessing levels of acculturation and assimilation, language, forms of empowerment, students' self-concept and relations with family members; and, (5) to continue documenting accounts at school regardless if reports are substantiated by CPS.

These recommendations align with the multicultural counseling competencies (Arredondo, 1999), contributing to professional responsibilities needed for assessing allegations of a fragile nature. McIntyre and Silva (1992) and Harris (1998) advocated for increasing knowledge of self and others, ascribing to a learner-educator orientation, serving as consultant and collaborator, and knowing areas to assess while acting in the best interests of students. McIntyre and Silva emphasized accountability by documenting all accounts, whereas it was only implied by Harris. Lastly, both agreed to the importance of stakeholder relations as a resource for expanding available services and expertise. In this case, stakeholder talents can be used to assist in designing the ASCA model and delivering services to promote student performance.

Professional Development

Professional development workshops on topics such as school policies and procedures, effective strategies, and assessment techniques need to be emphasized. If they are not already established, then PSCs need to collaborate with all stakeholders to develop such procedures, keeping student safety in mind (ASCA, 2004). As policies and procedures are established effective strategies can be introduced to school officials. They can learn how counseling theories benefit the decision-making process of reporting. Person-centered and existential counseling theories aid in gathering

information while simultaneously maintaining relationships with students and families facing abuse and neglect charges (Reid, 1984). Maintaining these home-school relations can be dependant on school officials learning practical, theoretical applications they will be able to execute in practice.

Knowledge and awareness of cultural healing practices, student worldviews, counseling theories, and securing interpreters are simply not enough. Intentional interviewing-counseling skills such as basic listening skills, paraphrasing, reflection of feeling, reflection of meaning, and reframing are essential (McIntyre & Silva, 1992). These skills communicate understanding and respect for beliefs in folk healing practices (Ivey & Ivey, 2007). These skills are also known for strengthening rapport and trust between students, families and PSCs (Harris, 1998; Lambie, 2005). For example, students receiving treatment from curanderos can be introduced to differing perspectives (reframing) to ease transitions when Western medicine is required (Krajewski-Jaime, 1991). Reframing is especially useful for students who have been confronted with danger and for enabling families to discuss and identify positive aspects when allegations have been reported (Ivey & Ivey, 2007).

Discussion

When abuse and neglect allegations are questionable, PSCs may be the assessors and reporters of allegations (Bryant & Milsom, 2003; Lambie, 2005). To avoid legal sanctions and ethical violations of not reporting or for being culturally unaware of students' cultures before reporting, gathering objective evidence is needed (Reid, 1984). It is recommended, for the protection of students (ASCA, 2004), that school officials gain objective evidence by discriminating living conditions, religion, cultural

traditions, language, levels of assimilation and acculturation, among other cultural variables (Reid). Because laws and ethical codes are not forthcoming with directives for reporting questionable second-hand allegations, and because reasonable suspicion is subjective, assessments with the alleged victims and their families can generate accurate reports. In-service workshops outlining how school officials can conduct such assessments are also warranted (Lambie, 2005).

Additional in-service workshops could include reviewing school, state and federal abuse and neglect reporting forms. To ensure curanderismo is not overlooked during abuse and neglect assessments a folk healing category should be added to school and state required CPS forms (Wood, 1997). Most importantly, it is imperative that PSCs not confuse assessing second-hand allegations with investigating; investigating is the job of CPS workers.

Future Studies

Areas for future research are varied because of the infancy of this topic. Collecting data through qualitative and quantitative methodologies will be a concerted effort. For example, operationalizing the meaning of questionable second-hand allegations and ASCA support for PSC actions when presented with allegations are two areas requiring investigation. Not to mention, Harris'(1998) 10 cultural considerations for differential diagnoses of culture bound syndromes in the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000) can be investigated. The considerations appear useful for assessing second-hand allegations and need to be tested to determine whether or not they facilitate the decision-making process for reporting in good faith.

Future studies can also target students who concurrently are involved in curanderismo and counseling. They can be followed through the duration of both treatments to determine effects on their school performance and overall mental health. In addition, local survey research through school needs assessments can shed light into community prevalence rates for using curanderismo or other alternative therapies. These needs assessments can in turn inform school policies and procedures and identify which stakeholders to recruit for the advisory council.

Conclusion

Practices of curanderismo to some people may not appear safe, much less valid (Applewhite, 1995). For this reason it is critical to gain knowledge about students' cultural healing practices, because the validity of treatments is based in their realities. Professional ethics indicate that it is our responsibility to become knowledgeable of the cultures of our students, their families, and local communities (ASCA, 2004). Cultural awareness through readings, workshops and self-analysis are starting places to become culturally competent assessing second-hand allegations. There are now two documented cases where curanderismo practices were misinterpreted as child abuse. In both cases, the allegations were not substantiated because the treatments involved were not abusive or neglectful. This does not imply that all folk healing practices are exempt from reporting to CPS or other protective authorities.

Curanderismo in the U.S. has made its way into the high school educational curricula (Liñan, 2000), medical (Applewhite, 1995; Padilla et al., 2001), nursing (Luna, 2003), child welfare (Krajewski-Jaime, 1991), and behavior-oriented journals (McIntyre & Silva, 1992). Not addressing cultural variations can result in the erection of barriers to

trusting relationships between families and schools. As mandated reporters and referral agents to mental and physical health providers, school counselors must understand cultural variables that exist among the student population (ASCA, 2005; Hipilito-Delgado & Lee, 2007). If PSCs are knowledgeable about cultural influences and are accessible to students, families, teachers and administrators, then they can empower the formation of concerned and informed learning communities.

References

- American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders Fourth Ed. Text Revision*. Arlington, VA: American Psychiatric Association.
- American School Counselor Association. (2004). *Ethical Standards for school counselors*. Alexandria, VA: Author.
- American School Counselor Association. (2005). *The ASCA national model: A framework for school counseling programs (2nd ed.)*. Alexandria, VA: Author.
- Applewhite, S. L (1995). Curanderismo: Demystifying the health beliefs and practices of elderly Mexican Americans. *Health & Social Work, 20*, 247-253.
- Arredondo, P. (1999). Multicultural counseling competencies as tools to address oppression and racism. *Journal of Counseling and Development, 77*, 102-108.
- Bledsoe, B. E. (2003). Folk medicine and EMS: The Mexican-American experience. Retrieved March 19, 2006, from <http://www.thd.state.tx.us/hcqs/ems/MA03Folkmed.htm>.
- Bryant, J., & Milsom, A. (2005). Child abuse reporting by school counselors. *Professional School Counselor, 9*, 63-71.
- Court Appointed Special Advocates (CASA). (2007). Cultural perspectives in child rearing: The national CASA volunteer training curriculum, Unit 3 cultural awareness. Retrieved October 13, 2007, from <http://www.casenet.org/program-management/diversity/cultural-child.htm>.
- Eisenberg, D. M., David, R. B., Ettner, S. L., Appel, S., Wilkey, S., Van Rompay, M., & Kessler, R. C. (1998). Trends in alternative medicine use in the United States,

- 1990-1997: Results of a national follow-up survey. *JAMA Abstracts* [280:1569-1575].
- Garza, M. J. (1998). Healing spirits. *Hispanic*, 11, 30-34.
- Harris, M. L. (1998). Curanderismo and the DSM-IV: Diagnostic and treatment implications for the Mexican American client. *JSRI Occasional Paper #45*, The Julian Samora Research Institute, Michigan State University, East Lansing, MI.
- Hipilito-Delgado, C. P., & Lee, C. (2007). Empowerment theory for the professional school counselor: A manifesto for what really matters. *Professional School Counselor*, 10, 327-332.
- Ivey, A. E., & Ivey, M. B. (2007). *Intentional interviewing and counseling: Facilitating client development in a multicultural society* (6th ed.). Pacific Grove, CA: Brooks/Cole.
- Johnston, L. (2007a). Curanderismo: Soul medicine for disability (part 1). Retrieved October 31, 2007, from <http://www.healingtherapies.info/Curanderismo1.htm>.
- Johnston, L. (2007b). Curanderismo: Procedures & rituals. Retrieved October 31, 2007, from <http://www.healingtherapies.info/Curanderismo2.htm>.
- Krajewski-Jaime, E. R. (1991). Folk-healing among Mexican-American families as a consideration in the delivery of child welfare and child health services. *Child Welfare*, 70, 157-167.
- Lambie, G. W. (2005). Child abuse and neglect: A practical guide for professional school counselors. *Professional School Counseling*, 8, 249-258.
- Liñan, L. (2000). *Curanderismo: Holistic healing*. Goals 2000-Partnerships for Educating Colorado Students. Denver, CO: El Alma de la Raza project.

- Luna, E. (2003). Nurse-Curanderas: Las que curan at the heart of Hispanic culture. *Journal of Holistic Nursing, 21*, 362-342.
- McIntyre, T., & Silva, P. (1992). Culturally diverse childrearing practices: Abusive or just different? *Beyond Behavior, 4*, 8-12.
- Mines, S. (2007). Curanderismo: The hands of Guadalupe. Retrieved October 31, 2007, from www.TARA-APPROACH.org/articles/curanderismo.pdf.
- Mitchell, C. W., & Rogers, R. E. (2003). Rape, statutory rape, and child abuse: Legal distinctions and counselor duties. *Professional School Counselor, 6*, 332-338.
- Neff, N. (2006). Module Vii: Folk medicine in Hispanics in the southwestern United States. Retrieved March 9, 2006, from <http://www.rice.edu/projects/HispanicHealth/Courses/mod7/mod7.html>.
- Padilla, R., Gomez, V., Biggerstaff, S. L., & Mehler, P. S. (2001). Use of curanderismo in a public health care system. *Arch Intern Med, 161*, 1336-1340.
- Reid, S. (1984). Cultural differences and child abuse intervention with undocumented Spanish-speaking families in Los Angeles. *Child Abuse and Neglect, 8*, 109-112.
- Torres, E. C. (2006). *Green medicine: Traditional Mexican-American herbal remedies*. Albuquerque, NM: Nieves Press.
- Torres, E. C., & Sawyer, T. L. (2005). *Curandero: A life in the Mexican folk healing*. Albuquerque, NM: University of New Mexico Press.
- Trotter, R. T. (2001). Curanderismo: A picture of Mexican-American folk healing. *The Journal of Alternative and Contemporary Medicine, 7*, 129-131.
- Wood, J. M. (1997). Risk predictors for re-abuse or re-neglect in a predominately Hispanic population. *Child Abuse and Neglect, 21*, 379-389.

Appendix

Ailments that inflict children and adolescents.

Aliment	Cause	Symptoms	Treatment
Ataque de Nervios	Excessive worry	Panic and other anxiety disorders	Herbal Treatment Spiritual Healing
Bilis	Suppressed anger and fear	Bitter bile flowing in body	Herbs, epsom salts, castor oil, mild laxatives
Chucaque	Public shame, embarrassment, humiliation	Feeling flush & others related to anxiety	Herbal Treatment Spiritual Healing
Envidia	Anger toward or dislike of another	Anxiety & common illness such as cold, fever, etc.	Herbal Treatment Spiritual Healing
Mal de Aire	Receive "bad" energy	Earache, stiffness, chills, dizziness, & headaches, twitching of facial muscles	Herbal Treatment Spiritual Healing
Mal Puesto	Hex/Curse placed by someone familiar with witchcraft	Somatic complaints, gastrointestinal problems, paranoia, & symptoms of anxiety	Spiritual Healing Soul Retrieval
Munia	Severe anger, sickness	Signs of rage	Spiritual Healing

Aliment	Cause	Symptoms	Treatment
Nervios	Preoccupation with worry	Generalized Anxiety & Adjustment Disorders, Depressive & Dissociative Disorders, and Somatoform & Psychotic Disorders	Herbal Treatment Spiritual Healing