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From *Lozoga* (Nigromante) to Boyle Heights:

Mesoamerican Healing in the Diaspora

A thesis submitted in partial satisfaction
of the requirements for the degree Master of Arts
in American Indian Studies

by

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ABSTRACT OF THE THESIS

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by

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Professor Erin Katherine Debenport, Chair

This thesis examines how Mesoamerican healing knowledge and practices persist among Indigenous people living away from their homelands. The Mesoamerican diaspora in Los Angeles is Indigenous, with many Zapotec, Mixtec, Mixe, and Maya people now calling the region their home. This qualitative study is informed by archival research, open-ended interviews, and participant observation. I interviewed three Indigenous knowledge keepers in Los Angeles to discuss how living far from their traditional homelands affects Indigenous knowledge production and transmission. Four themes are identified in the thesis: transforming fear into motivation and hope, Indigenous identity and knowledge, Indigenous knowledge and transmission, and Indigenous approaches to health and healing. The research findings demonstrate that Indigenous knowledge keepers are maintaining Indigenous knowledge by honoring what I call “*abuelita* knowledge” and creating sites for knowledge transmission through online platforms, community workshops, and family mentorship.

The thesis of Stephanie Vargas Maldonado is approved.

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DEDICATION AND ACKNOWLEDGEMENT

This thesis is dedicated to my hard-working parents, Carmen Maldonado-Mendoza and Estevan Vargas-Campuzano. Thank you for raising me with love and compassion. I dedicate the thesis to the inspirational woman in my life: my sisters, Yesenia and Karina, and cousins, Johana and Ruby. Yesenia, your intuition is impressive, thank you for uplifting our family. Karina, your humor is my joy, and I am inspired by your strength. Johana, your empathy is radiant, and I admire your considerate nature. Ruby, your perseverance is motivating, and I value your caring heart. Thank you, sisters, and cousins, for the endless laughs. The thesis is created in honor of my Zapotec ancestors whose spiritual guidance has protected my family. This thesis is a part of the work I will do to center your collective ancestral love, knowledge, and resilience.

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CHAPTER 1: INTRODUCTION

1.1 General Area Under Study: Overview

From 2010 to 2020, the percentage of people from Mesoamerica (Southern Mexico and parts of Central America) living in Los Angeles increased by approximately 6.05% for Mexican American people of Indigenous descent and 9.7% for Central Americans of Indigenous descent (U.S. Census Bureau, 2022; Jones et al., 2021; Los Angeles Almanac, n.d.). As this data indicates, a significant portion of Mesoamericans who have migrated to Southern California are Indigenous, with many Zapotec, Mixtec, Mixe, and Maya people now calling the region their home.

The people who are part of the Mesoamerican diaspora carry an abundant amount of generational cultural knowledge. Many of them continue to speak their Native languages or continue to preserve Indigenous foodways. Many also continue to practice Indigenous approaches to health and healing. Mesoamerican Indigenous migrant families may recall a *remedio* (remedy) using herbal teas, *pomadas* (ointments), or consulting a *curandero/a* (healer) within their communities in the United States. These moments trace a collective memory of Indigenous healing knowledge that transcends generations and migrations. Mesoamerican healing ways in the diaspora engage discourses of traditional Indigenous medicine and Indigenous healers since Spanish arrival. Prior to Spanish conquest, the role of an Indigenous medical specialist required an extensive study of healing practices and ceremonies (Viesca Treviño, 1984; Huber & Sandstrom, 2001; Gómez-Dantés & Frenk, 2020). However, Spaniards attempted to simplify and eradicate the versatility of Indigenous doctors' medical specialties with Western notions of medicine (Viesca Treviño, 1984; Polanco, 2018; Reyes Ruiz, 2019).

Even a supposedly straightforward tool like a Spanish dictionary shows that some Indigenous healing practices cannot be translated. As historian Edward Anthony Polanco (2018)—a Native scholar of Nahua Kuskatan descent from Western El Salvador—points out in his study on the historiography of Nahua female healers the ways that Western medicine is gendered as a male practice and profession. Polanco explores early modern Castilian dictionaries’ language terms for “doctor” and reveals how Western notions of gender “set a tone for the interpretation” of Nahua healing knowledge (2018, p. 442). Western notions of gender centered the Western medical practice as a male-dominant field. As a result, a singular view of a doctor correlates to instilling a singular pathway to administering medicine and healthcare. Thus, Indigenous medical specialists, male and female, begin to be associated with “alternative” medicine. The aftermath of defining a “doctor” in Western notions leads to institutionalizing medicine into a licensed medical profession.

According to sociocultural anthropologist Carlos Viesca Treviño (2001), after Conquest, an Indigenous doctor is regarded as a *curandero*. The term *curandero* begins a rhetoric where Indigenous doctors are marginalized and discussed in a separate category from Western medical professionals. Tracing Indigenous knowledge keepers as traditional doctors, health practitioners, and *curandero/as* opens a discussion about what Mesoamerican healing knowledge is treating. *Remedios* (remedies) often treats the untreatable. Remedios tends to alleviate that which a Western doctor could not detect or treat, such as culture-bound syndromes. From *susto* (fright) to an *empacho* (stomach blockage), culture-bound syndromes rely on *curandero/as* that can treat a wound among the emotional, spiritual, mental, and physical state. To administer a cure, a *curandero* may utilize some or all “elements of healing”: earth, air, water, and fire.

Mesoamerican healing in the diaspora means tracing collective memory from the root source of knowledge: Indigenous healers and knowledge keepers.

1.2 Problem Statement and Research Question

This thesis explores these topics, alongside other facets of and misconceptions about Indigenous healing in Mesoamerican contexts, with a special focus on the Indigenous migrant experience in Southern California. The historical misrepresentations of Indigenous healers and traditional medicine portrays Mesoamerican healing knowledge as an illegitimate form of health assistance (Armua & Gómez, 2021; Polanco, 2018). In both historical and contemporary contexts, Mesoamerican ancestral medicine tends to be depicted as inferior to Western medicine and doctors (Viesca Treviño, 2001). For example, in the early seventeenth century, the highest inquisition court of New Spain was in Mexico City, and sub-courts in Santiago de Guatemala where inquisition officials investigated, “crimes that often had roots in physical, mental, and spiritual illnesses and crises” (Few, 2021, p. 28). Historian Martha Few (2021) follows the Spanish Inquisition's impact on Guatemala’s implementation of formal medicine in the hands of Spanish male doctors and priests. Few indicates Guatemala established its first hospital in 1553, the Royal Hospital of Santiago, to treat only those of Spanish descent. This viewpoint stems from nation states instilling a belief in a licensed medical profession that permits a singular authorized form of medical treatment that excludes Indigenous communities.

Since the Colonial period, the presence of hospitals in urban areas delineated who had access to public health and the type of permitted medicine. Few demonstrates Indigenous healers were often, “open to suspicion, prosecution, and arrest, even as they provided much needed medical services in colonial Guatemala” (2021, p. 39). Curanderas like Maria Garcia, an Indigenous healer from Ciudad Vieja, Guatemala, explained in her Inquisition testimony that

sick people came to her house seeking cures with Indigenous medicine. Maria Garcia's eighteenth-century case in Guatemala is an example that Mesoamerican medical knowledge that once played "unacknowledged roles" in colonial societies has persisted within Indigenous community knowledge (Few, 2021, p. 27). According to *partera* (midwife), *yerbera* (herbalist), and *promotora tradicional* (traditional community health worker) Patricia Gonzales (2012), the Inquisition repressed Indigenous worldviews, specifically "Indigenous medicinal knowledge and communication with the natural world became supernatural and demonic" (p. 79). The Inquisition period enacted a social control that labeled Indigenous doctors' practices as working with the devil, with many trials criminalizing Indigenous woman for their midwifery and medicinal practices (Gonzales, 2012). Traditional medicine, also known as folk medicine, is knowledge that persists from the resistance of Indigenous healers and community knowledge. Similarly, in Mexico and the United States, traditional medicine continues to be practiced with community members' testimonies that reiterate the effectiveness of natural remedies, ceremonies, and healing materials as a source of wellness (Falcón Guerra, 2006).

Focusing on the perseverance of Mesoamerican healing practices in the diaspora can increase the visibility of Indigenous healers and the type of traditional medicine that is carried across spaces, territories, and generations. Indigenous healers, as a source of Indigenous healing knowledge, engage in consultations with patients from their homes, living rooms, and bedrooms. These may be classified as informal medical spaces, yet they are also rather intimate settings where treatment is provided that is designed to address the emotional, spiritual, mental, and physical states of the patient.

It is within this context that this thesis seeks to explore how Indigenous knowledge keepers, among them healers, continue these practices in contemporary settings. I ask:

1. How is Mesoamerican healing practiced in Los Angeles, California?
2. How does Mesoamerican healing knowledge persist and adapt in post-migration contexts?
3. For Indigenous healers, how does living far from their traditional homelands affect cultural transmission?

Since members of the Mesoamerican diaspora also reside in places outside Southern California, this study is positioned to question how migration to the United States affects Mesoamerican Indigenous families' connection to cultural practices and transmission more broadly. In pre-colonial times, Indigenous medical specialists occupied highly regarded roles as people with insight about conducting healing ceremonies (Viesca Treviño, 2001). This thesis aims to explore the enduring presence of ancestral medicine among Indigenous migrant healers and Indigenous knowledge keepers in a contemporary space, Los Angeles.

1.3 Positionality and Project Background

My presence in higher education, as a first-generation college student and member of the Mesoamerican diaspora, is a result of my parents' individual migrations to the United States. My mother, Carmen Maldonado Mendoza, was born in *Lozoga*, known as Nigromante, Veracruz, which is a *pueblo* (town) founded in 1872 by Zapotec migrants from the neighboring state of Oaxaca (Espinoza-Barajas, 2013). Linguist Daisy Bernal Lorenzo (2012) explains that “*lozoga*” is the Zapotec language word for Nigromante, a place that was settled by Indigenous migrants whose origins can be traced to the villages of Villa Alta; Yalálag; San Cristóbal Lachirioag; Betaza; San Andrés Ya'; Choápam; Jalahui; Zoogocho; and surrounding areas in La Sierra Norte region in Oaxaca. Carmen's original language is *Dilla Xhon* also known as Zapoteco Xhon of La Sierra Norte region in Oaxaca. At home, Carmen was taught to only speak in Zapoteco.

However, Carmen's life changed as she escaped an arranged marriage and envisioned a future with opportunities in Los Angeles, California. Similarly, my father, Estevan Vargas Campuzano, from El Zopilote, Estado de Mexico, migrated during his adolescence. He was inspired by my grandfather's, Audocio Vargas, participation in the Bracero Program and yearned for economic mobility. My parents' story orients my positionality as being raised in a Mexican-Zapotec household in Boyle Heights, East Los Angeles. As such, I position myself as a member of the Mesoamerican diaspora, specifically, as part of the Spanish-speaking children of Indigenous migrants and Mexican migrants living in Los Angeles.

Living in Los Angeles made me question my identity and at times I have felt lost in my childhood memories of my grandparents living in Mexico. Although I was born in Los Angeles, until I was seven years old, I lived in Nigromante, Veracruz. At six-years-old, I remember feeling frustrated when I couldn't speak to my grandmother, Juana Mendoza, in Zapoteco, the only language she will use. However, I suppressed this memory and fell into the mentality of a second language learner of English in the U.S. This was challenged by hearing Zapoteco at home, in phone calls made to Mexico with prepaid cards, and among my uncles' conversations in Zapoteco during the family *carne asadas* (cookout). I transformed my sense of disorientation into awareness of where I stood within my family's history. I recognize that I am a generation away from either neglecting or continuing the practice of maintaining my Zapotec language and culture. As Indigenous scholar Margaret Kovach — of Nêhiyaw and Saulteaux ancestry from Treaty Four, Saskatchewan— explains hesitation in embracing Indigenous culture is tied to feelings of belonging which occur as “some of them are ours collectively born of a colonial history that shadow our being...I say that our culture, family, kin, kith, and community wait for us” (2021, p.14).

As a graduate student in the American Indian Studies (AIS) program at the University of California at Los Angeles (UCLA), I used this opportunity to learn about Native communities and nations across the U.S. and globally. My research interest in Mesoamerica traditional medicine, ethnobotany, and plant knowledge comes from the belief that it is possible to explore Zapotec healing practices in both academic and non-academic contexts. As I learned about Mesoamerican traditional medicine from Indigenous healers, this project made me wonder what my ancestors like my great grandfather, Toribio Mendoza, who was a *yerbero* (herbalist) would have shared with me. In order to learn about the collective knowledge of Indigenous traditional medicine, the AIS program has prepared me to use methodological approaches and collaborative approaches to research to promote Indigenous cultural sustainability.

1.4 Mesoamerican Communities in Los Angeles

The Mesoamerican diaspora in Los Angeles encompasses a wide variety of Indigenous peoples and knowledges; however, there is significant overlap in experiences and histories that bind this group together. In 2021, Leila Miller, a correspondent for the *Los Angeles Times*, highlighted the concentration of L.A.'s Indigenous communities in neighborhoods such as Pico-Union, Koreatown, and Westlake as home for Zapotec and K'iche' Mayan families. Surrounding areas such as Long Beach are noted to be populated with Chinantec households. Brenda Nicolas, a Zapotec professor researching the communal experiences of Zapotecs in Los Angeles and Oaxaca, includes Central L.A. as a neighborhood with a high concentration of Mesoamerican Indigenous families, adding that this "reflects migratory networks that have stayed together to maintain culture" (Nicolas, in Miller, 2021).

Members of the Mesoamerican diaspora have a unique experience with Indigenous identity given that it is framed in different ways in the United States and in Mexico. I noticed

Indigenous identity is often discussed as it pertains to Native nations within the United States, where the U.S. government interacts with Native communities through their status as a federally recognized or non-federally recognized nations. Lakota Professor Hilary N. Weaver explains, “the federal government has asserted a shaping force in Indigenous identity by defining both Native nations and individuals” (2001, p. 246). Some of the ways to that Native people trace Indigenous identity are through documented ancestry, tribal enrollment in a Native nation, and self-identification.

For Indigenous migrants from Mexico and Central America, their Indigenous identities as part of members of the Mesoamerican diaspora means that they are interacting as guest in the homelands of the original inhabitants of what is now known as the United States. In contrast with the U.S. example, Indigenous migrants and Indigenous people in Mexico claim Indigenous identity based on a sense of belonging to a certain *pueblo* (town), region, or community. In Mexico, *mestizaje* (racial mixing between European and Indigenous peoples) was an approach the Mexican government encouraged to integrate Indigenous people into national identities as a Mexicanas/os. Historian Anne Doremus considered that becoming a mestizo meant “an Indian could become a mestizo by simply adopting Western ways of life” (2001, p. 381). Doremus explains that being classified as a mestizo meant an individual appeared less Indigenous. Mestizaje often complicates Indigenous identity by disassociating Indigenous people from Indigenous languages, culture, and traditional medicine. Amidst two countries, I approach Indigenous identity as my compass that is guided by ancestral knowledge and reinforced through family and community connections to Nigromante and the diaspora, Boyle Heights.

The continuation of Indigenous cultural practices can occur in public and private settings. For instance, since the late 1980s the event *Los Angeles Guelaguetza* continues the celebration of

Guelaguetza, a Central Valley Zapotec public celebration of reciprocity. Areas like Normandie Park becomes filled with *danzas* (dances) and brass band music (Nicolas, 2020; Mapping Indigenous L.A.). On the other hand, Indigenous cultural practice is also evident in private and informal settings, such as in the home and in everyday conversations among community members. Some of these Indigenous cultural practices occur in the home when sharing Indigenous ancestral medicine to treat illnesses of the body, mind, and spirit such as *sustos*. In Latin America, *susto* is explained as:

[A] phenomenon that one feels but cannot see, a load of negative energy, weak or altered blood, an emotional impression, that causes one's spirit to more, paralysis, lose control, or "aire," the separation or loss of one's soul (Martinez, n.d.).

The awareness of *susto* symptoms in Latin American communities can lead caregivers to try to find a cure, treatment, or cleansing in their households if a family member is a healer or knowledgeable in Indigenous healing practices. Other times, Indigenous healers are sought out or recommended by members of the Mesoamerican diaspora.

“¿Conoces a alguien que cura?” (Do you know someone that cures?) is a question often grounded in Indigenous community building centered on Indigenous knowledge. That is the same question my mother, Carmen, asked my uncles and aunts as she searched for a *sobador/a* to treat my stiff neck. That Sunday morning, nine-year-old Stephanie Vargas woke up with pain in her neck, feeling stuck as her head stiffly faced the right shoulder. Although I was worried, my mother was calm and told me, “*Tu cuello está torcido, necesitas que te curen*” (Your neck is crooked, you need to get healed). In less than an hour, my uncle shared the home address of a potential *sobador* that could help me. That afternoon, my mom and I walked to the home of the *sobador*, noticing the address was three blocks away. Despite our unexpected arrival, Don Jose, a *sobador*, allowed my mother and I into his home. Don Jose took us to a bedroom and began

assessing my neck, asking me about my sleeping position, the type of pillow I used, and to rate my pain level from one to ten. Don Jose explained the cure was quick and instructed me on breathing slowly, exhaling, and inhaling while his arm wrapped around my neck. Within a minute Don Jose maneuvered my neck into place as I heard a loud crack which was followed by my mother's laughter. I remembered crying because I was startled by the sound of my neck positioning back into place. On our walk home, my mother explained that a *torcedura* (sprain) is common. As a child she would also experience neck stiffness, and all I needed was a good *sobada* (massage). Aside from changing to a thin pillow, this memory left a seed in my head that reminded me that I could rely on family recommendations and seek aid in my community. I could replicate my mother's question, "¿Conoces a alguien que cura?" A question that can lead in the direction of finding a cure or solution.

My visit with Don Jose is a scenario that some Indigenous families living in Los Angeles can relate to. Don Jose is one of many curanderos in Central Los Angeles who are regarded for their healing specialties as; *sobadoras/es*, *parteras/os*, *yerberas/os*, *hueseras/os*, *espiritualistas/os*, *perfumeras/os*, *santeras/os*, *consejeras/os*, and *mentalistas*. Seeking a curandero/a with a specific or a wide range of healing specialties is often achieved by asking among family, friends, and community. This action stems from Indigenous migrants having prior Indigenous knowledge of certain ailments and treatments. Based on years of ethnographic study with curanderos in towns in the Rio Grande Valley and along the U.S border, ethnographer and author Eliseo Torres illustrates curanderismo as folk healing and traditional medicine in his book *Healing with Herbs and Rituals: A Mexican Tradition*. Here, Torres recalls his childhood memories with curanderismo practices that relieved his ailments such as *mal de ojo* (evil eye), *cólico* (stomachache), and *susto*. Eliseo Torres (2006) describes a curandero as a healer with a

holistic approach working in the material and spiritual level to “treat many ailments not even recognized by the formal medical establishment” (p.12). These ailments reflect a patient's psychological state and are associated with the effect emotions can have on health (Torres, 2006).

Correspondingly, Enriqueta Contreras-Contreras, Zapotec partera and curandera of the Sierra Norte region in Oaxaca, asserts that the origin of sickness is linked to our emotions and consciousness (Falcón Guerra, 2006). In her book *Medicina Tradicional: Doña Queta y el Legado de los Habitantes de las Nubes* transcribed by Aida Guerra Falcón, Contreras-Contreras associates *miedo* (fear) as a precursor to sickness that translates as, “*la enfermedad del alma se manifiesta en el cuerpo*” (the sickness of the spirit is manifested in the body) (2006, p. 15). In addition, Contreras-Contreras signals toward *conciencia* (consciousness) as a pathway to understanding the source of illness and wellness (Falcón Guerra, 2006). The following excerpt details Contreras-Contreras’ Zapotec traditional knowledge on *conciencia*:

Las enfermedades no nacen, no retoñan como las plantas, las enfermedades las hacemos nosotros mismos los seres humanos según cómo sea nuestra forma de vida, nuestro contacto con los demás y con nosotros mismos y con la naturaleza y con todo....es la madre naturaleza la única fuente de energía que nos puede dar o devolver la salud (Falcón Guerra, 2006, p. 14).

Sicknesses are not born, they do not sprout like plants, sicknesses are caused by ourselves as human beings depending on our way of life, our contact with others and with ourselves and with nature and with everything.... Mother Nature is the only source of energy that can give us or restore health (Falcón Guerra, 2006, p. 14).

Here, Contreras-Contreras explains that Indigenous peoples’ perception of sickness is directly tied to their *conciencia*. Specifically, *conciencia* arises from *seres humanos* (human beings) relationship with the self, building connections with others, and with *la madre naturaleza* (Mother Earth). In an interview with *Indomitas Podcast*, Contreras-Contreras shared that self-respect and reflection is essential to her *conciencia* as a human being, as a woman, and a mother.

A fundamental part of our conciencia is tied to respecting la madre naturaleza for it is, “*nuestra energía, nuestra salud, nuestros sagrados alimentos, nuestra medicina*” (our energy, our health, our sacred food, our medicine) (Falcón Guerra, 2006, p. 14). La madre naturaleza as a source of health and medicine signifies Zapotec traditional medicine and knowledge is embedded in our conciencia. Interdisciplinary scholar Sandra Pacheco centers Contreras-Contreras’s concept of conciencia in her work and plenary titled, “Reshaping our Bodies of Knowledge: Transcending the Limits of Chicana/x Studies.” Pacheco (2021) explains that learning from Contreras-Contreras’s has enabled her to understand “Indigenous-informed practices that are deeply and respectfully connected to Mother Earth, and understand how mind, body, spirit, and heart are inextricably interconnected” (p. 21). The Zapotec concept of conciencia reveals a connection and disconnection with la madre naturaleza impacts how Indigenous people nourish and care for themselves (Falcón Guerra, 2006). Curandera Contreras’s description of conciencia implies that when members of the Mesoamerican diaspora seek curanderos through their community networks, they are enacting their conciencia of Indigenous traditional medicine.

1.5 Methodologies

Past studies have shown (Gadgil et al., 1993; Bruchac, 2014; Cruz-Pérez et al., 2021) Indigenous knowledge lives within peoples’ memories and can be expressed in stories, songs, myths, Indigenous languages, cultural values and beliefs, plant species, and animal breeds. Some scholars that have focused their attention on Mesoamerican traditional medicine concurred that Indigenous healers are a site of inquiry (Viesca Treviño, 2001; McNeil, 2006; Armus & Gómez, 2021). Indigenous healers as a site of inquiry signifies learning from Indigenous healers’ experience and knowledge to inform about Mesoamerican traditional medicine. Indigenous healer Patricia Gonzales states that Indigenous knowledge that is “hidden within the home likely

influenced and informed the work that people were greatly Indigenized despite the catastrophic prelude of the colonial period” (2021, p. 7). Therefore, further research engaging in conversations with Indigenous healers’ and knowledge keepers will inform on the ways the home, their homeland, and their home in Los Angeles, influences the continual practice of ancestral medicine.

The goal of the thesis is to learn about Mesoamerican Indigenous practices in Los Angeles. A qualitative approach is employed through open-ended interviews and observations. The study centers Indigenous knowledge keepers with a special focus on individuals who are healers and/or have a notion of medicinal practices and knowledge. Interviewee eligibility was determined on a case-by-case basis and relied on recommendations within my own community. I asked for recommendations among my extended family, visited Indigenous shops in Los Angeles, and shared my research focus with my American Indian Studies cohort. I relied on memory, reflecting on previous curandero/as, talking with my mother about healers she’s visited, and calling relatives in Nigromante, Veracruz, and Los Angeles. The open-ended interviews with Indigenous knowledge keepers will allow the thesis to learn from their stories, pathways towards learning and sharing Indigenous healing knowledge. Upon Indigenous healers’ approval, I received permission to observe healers practice, make herbal remedies, and be present in spaces that are deemed appropriate for this study.

I interviewed three Indigenous knowledge keepers who are members of the Mesoamerican diaspora. The open-ended interviews were audio-recorded accompanied by a verbal consent and used guided interview questions. The interview guide included questions about Indigenous knowledge keepers’ backgrounds, how they learned about Indigenous healing knowledge, the materials and language(s) used in their healing practice, and the ways they share

their practices with family and community. The duration of each interview was approximately forty minutes and took place in the participants' home, neighborhood park, or local coffee shop. Each interviewee was given the option of using a pseudonym. All three participants decided to use their original names and identities to help position their work for the thesis. After interviewing, I transcribed the conversations and provided a copy to each participant. As I stated in the Institutional Review Board (IRB) and based on the wishes of the participants, I am not sharing the transcriptions and do not reproduce language, prayers, or phrases that are used in their healing practice. Instead, I quote transcriptions based on the participants surname and date of interview for reference.

The open-ended interviews and transcription were made in English and Spanish. One interview was conducted in Spanish and the other two interviews were predominately in English. For the Spanish interview, I provide the interviewee a Spanish transcription and created an English translation of the Spanish transcript. The Spanish transcript has an English translation version to help me in the data analysis as I include interview excerpts with its appropriate translations. I translated the document based on my own interpretations of the equivalent English translation that would best describe what is being said in Spanish. The remaining two open-ended interviews were predominately in English with fusion of Spanish words and phrases. The two interviewees are fluent in English and Spanish; therefore, fusing both languages in their conversation occasionally occurred.

In addition to these methodologies, I also rely on several relevant literatures, which I discuss in the next section. The thesis uses archival research to learn about the historical representation of Indigenous healers and traditional medicine. The study centers the contributions of Indigenous healers by reviewing literature that emphasizes Indigenous healers'

knowledge. Finding relevant literature on Mesoamerican traditional medicine, specifically on Zapotec healing practices, caused me to search beyond my social and academic networks for book recommendations. For example, Brenda Nicolas, (Zoochina Zapotec) recommended the book, *Medicina Tradicional* transcribed by Aida Guerra Falcón. After extensive research, I could not find the book until I contacted Belinda Diana Gonzales (@Maasomedicina), a TwoSpirit Yoeme and Panamanian healer working with flower medicine, through Instagram. They sent me their last extra copy of *Medicina Tradicional*, a book they saved, given their close relationship with Doña Enriqueta Contreras. Moreover, the thread of consulting family and community for recommendations is key in my methodological approach.

1.6 Theoretical Frameworks

Mesoamerican ancestral medicine is use among Indigenous families that educate and cure within their community networks. This study provides a glimpse into the ways that members of the Mesoamerican diaspora use, seek, and share Indigenous healing ways of wellness. This paper will focus on two central sets of theories in Indigenous and American Indian Studies: work on “embodied knowledge” and authors who explore Critical Latinx Indigeneity. This will allow me to follow the continuity of Mesoamerican healing practices through archival research and open-ended interviews with Indigenous knowledge keepers.

Embodied knowledge is a concept present in various fields emphasizing a form of “knowing that does not yet have words,” until it is informed through experience and narrative (Craig et al., 2018, p. 329). Education scholars Craig, You, Zou, Verma, Stokes, Evans and Curtis (2018) examine embodied knowledge existing “across people, time, places, and research projects” (p. 329). The authors view embodied knowledge as a site of experiential learning, and an essential part of sharing experiences. Furthermore, they argue that using such approach

“contributes to the teaching and learning process, the development of pedagogical relationships, and the formation of self-knowledge and identity” (2018, p. 329). Literature on embodied knowledge emphasizes that this form on knowing stems from “knowledge dwelling in the body and enacted through the body” (Craig et al., 2018, p. 329).

Similarly, Chicana/Latina feminists S. Morales, Flores, Gaxiola Serrano, and Delgado Bernal (2023) view the body as a pedagogical device, “a source of theorizing and knowledge” (p. 4). The authors consider the body, and how its embodied knowledge guides the research process to consider social locations and relationships. For this thesis, the embodied knowledge possessed by Mesoamerican Indigenous knowledge keepers will contribute to understandings of the many approaches to healing rooted in Mesoamerican Indigenous traditions that exist in Los Angeles. The use of open-ended interviews will illuminate the literature on Mesoamerican healing practices by engaging deeply with Indigenous knowledge keepers’ narratives, “the main vehicle through which embodied knowledge becomes revealed” as Craig et al assert (2018, p. 330).

In conjunction with this work, physician Rita Charon uses the idea of embodied knowledge in her work, “Narrative Medicine as Witness for the Self-Telling Body.” Physician Charon (2009) advocates for narrative medicine, “as an answer to patients’ laments that their doctor do not listen to them or seem indifferent to their suffering” (p. 119). The distinction of narrative medicine as part of embodied knowledge aligns with similar sentiments that Mesoamerican Indigenous peoples encounter when explaining to their biomedical doctor about a culture-bound syndrome such as empacho or susto (Espinoza Barajas, 2013). A biomedical doctor relies on their expertise and training in examination and diagnosis to find a Western treatment; however, Charon reiterates that narrative in medicine requires listening to patients because “illness unfolds in stories” (2009, p. 120). In order to help analyze the Mesoamerican

diaspora experience, scholars working within a Critical Latinx Indigeneity (CLI) theoretical framework emphasize that “Indigenous communities and families exist within multiple colonial contexts and transcend physical and cultural borders and ideologies” (S. Casanova et al., 2021, p. 194). The community networks and embodied knowledge Indigenous migrant healers and knowledge keepers maintain in Los Angeles can serve as examples of how knowledge production and dissemination occur for Indigenous communities amidst dominant Western ideologies.

Scholars like S. Casanova, Mesinas, and Martinez-Ortega (2021) apply CLI for its capacity to comprehend “structures and institutions that contribute to the marginalization and erasure of the experiences of Indigenous communities throughout Latin America and the United States” (p. 194). CLI highlights the shared Mesoamerican diaspora experience in relation to undocumented status and the fear of deportation. This precarity influence access to healthcare, which in turn leads to the reliance on Indigenous healing traditions and seeking out trusted healers (Crocker & Gonzales, 2021). Critical Latinx Indigeneity as an analytic frame enables a review of the historical representation of Mesoamerican healers to “examine the internal racial dynamics that are informed as much by Mexico and Guatemala, for example, as they are by the United States” (Blackwell et al., 2017, p. 128). Along with archival research, Critical Latinx Indigeneity will extend this paper’s discussion to the ways that the Mesoamerican diaspora in Los Angeles engages with their Indigenous healing knowledge while also being visitors in the homelands and within the nations of other Indigenous peoples.

Interdisciplinary scholars Blackwell, Boj Lopez, and Urrieta Jr. use CLI as a lens of analysis to comprehend the experiences of Indigenous migrants creating homes in the homelands and nations of Indigenous peoples. Blackwell et al. state that Indigenous migrants develop an

awareness about their “responsibilities and the possibility of new relationships of tension and solidarity” (2017, p. 127). Indigenous knowledge keepers in Los Angeles can encounter, utilize, and adopt medicinal plants and materials that come from the Tongva, Gabrieleno, and Chumash peoples of the Los Angeles basin. Therefore, Blackwell et al.’s CLI framework reminds the Mesoamerican diaspora of the need to be mindful and respectful of the original inhabitants of the region as well as their knowledge of their environment.

Recent scholarship on Mesoamerican healing knowledge is extended by anthropologists Rebecca M. Crocker and Patricia Gonzales. Their study “Santos Remedios: How Mexican Immigrants Use Authoritative Healing Knowledge to Survive Migration,” affirms that Mexican healing systems have “retained legitimacy over centuries of shared practice” through Indigenous knowledge structures and family lineages (Crocker & Gonzales, 2021, p. 512). Crocker and Gonzales (2021) consider medicinal teachings as embodied knowledge given their “sustained relationship with the land and natural healing materials” (p. 512). Mexican healing systems as a type of sustained knowledge reaffirms the importance of maintaining relationships with land, ancestors, and community. Crocker and Gonzales emphasize that in Mexico “an estimated 90% of the population chooses to utilize botanical remedies either solely or in conjunction with other forms of medicine” (2022, p. 512). The conjunction of traditional medicine with other forms of medicine is known as “medical pluralist practice” (Espinoza Barajas, 2013). For instance, Crocker and Gonzales explain that “common medicines like Vicks VapoRub, rubbing alcohol, and pain relievers stand next to roots, native herbs, and bone broths as long-time allies of Mexican mothers” (2022, p. 513). The unification of common medicines and Mesoamerican traditional medicine exemplifies the process of creating accessible healing aids, especially for Indigenous migrants both during migration and after they have settled more permanently.

Less explored in literature is the diverse roles Indigenous knowledge keepers maintain in the Mesoamerican diaspora of Los Angeles. The *visibility* of Indigenous healers among the diaspora can direct future studies about Mesoamerican medicine to discuss the *versatility* of Indigenous healers and knowledge keepers. This study aims to learn about the evolving presence of Mesoamerican ancestral medicine as it is maintained in and influenced by transnational spaces which are the homelands and nations of other Indigenous peoples. Conducting studies that center ancestral medicine and consider the embodied knowledge of Indigenous knowledge keepers in the Mesoamerican diaspora is an important way to learn about survival mechanisms and resistance in the diaspora.

1.7 Basic Findings and Structure of Thesis

This research shows that Indigenous knowledge keepers are maintaining Indigenous knowledge as they utilize their abuelita knowledge to transform fear into motivation and hope to inform their healing practices. Interviewees I talked to spoke of the complexity of identity, particularly how identifying as an Indigenous healer can differentiate Indigenous people from those who are utilizing Indigenous healing techniques. The research findings demonstrate that knowledge transmission can occur through online platforms that serve as organizing sites for community workshops in South Central, El Monte, and Whittier, all areas in Southern California with large Mesoamerican populations. By contrast, for Indigenous healer Griselda Santiago, knowledge transmission occurs in the home as she provides family mentorship and attends patients in her living room. Finally, participants' Indigenous approaches to health and healing show the Mesoamerican diaspora continues to embrace medical pluralism and creatively navigate multiple Indigenous knowledge traditions as guests in the homelands of other Indigenous peoples.

The next chapter the discusses a historical background of Mesoamerican healing and Indigenous healers. Th literature review delineates the specialties of Indigenous healers, culture-bound syndromes, and elements of Indigenous-informed practices. Then, in the data analysis chapter, I introduce the project and organize my conversations with Indigenous knowledge keepers into four themes: Transforming Fear into Motivation and Hope; Indigenous Identities and Indigenous Knowledges; Knowledge Production and Transmission; and Indigenous Approaches to Health and Healing. In the thesis conclusion, I discuss the research findings in relation to the research questions. Finally, I consider the study contributions and areas for potential future research.

CHAPTER 2: LITERATURE REVIEW

2.1 Historical Background on Mesoamerican Healing and Indigenous Healers

In Mesoamerica, traditional medicine is developed over generations of healing knowledge passed down through family and community connections. The ability to heal can derive from natural elements, rituals, healers, and deities or energies. Traditional medicine prevails among Indigenous medical specialists and professionals. Mesoamerican traditional medicine is an abundant source of knowledge that stems from diverse Indigenous communities across Mexico, Guatemala, Honduras, Belize, El Salvador, Nicaragua, and Costa Rica. This section first explores early colonial dictionaries about traditional medicine in Mexico that both depicted the ways that Indigenous medicinal knowledge was understood, practiced, and altered through comparisons with Western approaches. Rather than simply serving as tools for translation, looking at colonial-era dictionaries can provide a window into how various practices, world views, ideologies, and forms of knowledge production were interpreted and (mis)understood by European scribes, historians, and lexicographers.

Traditional doctors encompass a variety of Indigenous medicinal knowledge that Spaniards attempt to overshadow by instilling a singular view of a doctor and prioritizing Western medicine (Reyes Ruiz, 2019). Early Spanish dictionaries is an instrument linguist William F. Hanks (2010) considers part of European sense-making process of Indigenous people, their practices, and language. “Grammatical sketch” is a common linguist practice in which focusing on grammar and words result in language being presented into textual artefacts of scholarship such as dictionaries (Blommaert, 2008). Colonial-era dictionaries templates upheld a uniform written format that often “rested on an assumption of language-as-structure” (Blommaert, 2008, p. 305). This practice implies ‘language’ through grammar, words, and

dictionaries can provide a ‘pure’ linguistic description. The literature review will focus on colonial-era dictionary descriptions of a “*médico*” (doctor) to discuss their inclusion and exclusion of Indigenous traditional medicine.

Historian Edward Anthony Polanco (2018) explains colonial-era dictionaries¹ like *Vocabulario en lengua castellana y mexicana* by Franciscan priest Alonso de Molina utilized previous European dictionary templates to describe Nahua medicinal practices and specialists in Mexico. *Vocabulario en lengua castellana y mexicana* (1571) is a bilingual dictionary in Castilian Spanish and Nahuatl, an Uto-Aztecan language of central Mexico. The dictionary template has the Spanish word with the equivalent Nahuatl word translation. Molina lists Spanish terms for distinct doctor specializations: “*medico o fifico*” (doctor), “*medico de ojos*” (eye doctor), and “*medico de orejas*” (ear doctor) (1571, p. 83). Molina provides three Western medical specialist terms which he considers applicable to Nahua medical specialist. Rather than *Vocabulario en lengua castellana y mexicana* providing a ‘pure’ linguistic description of Nahua terms, early Spanish dictionaries are a result of the type of information that is capable of being translated and accepted in Castilian Spanish language and Western society.

Although Alonso de Molina did not provide word descriptions, he included two additional distinctions of a *medico*. Molina includes “*medico experimentado*” (experienced doctor) and “*medico que fabe poco*” which is translated in Nahuatl as *amo cenca mimatiniticiltl* (1571, p. 83). I question if the letter “f” in “*fabe*” is a result of Castilian Spanish. As a person whose first language is Spanish, I read the “f” as an “s” and instinctively understood “*medico que sabe poco*” (doctor who knows little). Alonso de Molina’s *medico* dictionary entries is interrupted by providing an oppositional spectrum of an experienced and unknowledgeable

¹ The literature review references Spanish language sources such as colonial-era dictionaries and books in which Spanish grammar only capitalizes the first letter of book, dictionary, and study titles.

doctor. Molina made sense of Indigenous medicine through Western gender distinctions by defining a doctor by only using male articles and noun endings². Molina's bilingual dictionary is a material intended for Nahua people to utilize while at the same time redefining the type of Nahua doctors recognized by Franciscans in Castilian Spanish. Indigenous woman roles in traditional medicine are marginalized and misconceptions arises as scholarship divides Indigenous healers' practices with Western concept of medicine.

Early Spanish dictionaries partakes in defining traditional medicine through their descriptions of a medico. Historian Polanco (2018) indicates early Spanish dictionaries describe Indigenous healers within Western gender frameworks. Polanco examines Spanish lexicographer Sebastián de Covarrubias's (1611) *Tesoro de la lengua castellana o española* description of a "doctor". Sebastián de Covarrubias described a *médico* as synonymous to a male doctor, emphasizing the male noun to classify medical practitioners as a field for men (Polanco, 2018). Covarrubias did not define a women's role in medicine; rather, associated "a woman who helped give birth, and cured the mother and child" also known as a *comadre* and *partera* (Polanco, 2018, p. 445). Spanish arrival to Mesoamerica begins an intentional practice to disregard Indigenous languages by following Castilian definitions and Spanish gendered language that result in the marginalization of Indigenous women in medicine (Polanco, 2018). Some colonial codices begin as an exploration of Indigenous medicine. Others are referenced in Mesoamerican ethnobotany literature as examples of how Western medicine legitimize and institutionalize who can provide health care.

² The Spanish noun class system divides all count and mass nouns into two classes, masculine and feminine. This is marked grammatically in several places in the language, most noticeably in corresponding in/definite articles, subject pronouns, in/direct object pronouns and regular noun ending alternations "o" (masc.) or "a" (fem.).

Until 1787, Jesuit lexicographer Esteban de Terreros y Pando's *Diccionario castellano* included the female noun, *medica* (female physician) on a Spanish dictionary. For Terreros y Pando a "*médica*" is defined as "the wife of the doctor, related to the Latin *medica uxor* [doctor's wife] and the Italian term *medichessa* [midwife]" (Polanco 2018, p. 445). The Italian term for *médica* includes woman healers as a doctor; however, categorizes them into midwifery. The emergence of *médica* in early Spanish dictionaries impacts future professionals, lexicographers, and historian interpretation of Indigenous woman in traditional medicine. For instance, the first study on Nahua healing specialist "El médico mexicana" by sociocultural anthropologist Carlos Viesca Treviño (1984) continued to reiterate the role of a woman in medicine as a midwife given that childbirth was a woman's practice. A female doctor in early Spanish dictionaries is discredited and viewed as an illegitimate form of medical knowledge (Polanco, 2018). On the other hand, a *médico*, is used to describe medical practitioners.

Historian Edward Anthony Polanco (2018) explains early colonial-era literature on Central Mexican *tiçiyotl* (Nahua healing knowledge) has portrayed *tiçitl* (the healing specialist) as a male-dominated system. For example, in 1886, the first study on Nahua healing practices was made by historian Francisco de Asís Flores y Troncoso's *Historia de la medicina en México* (Polanco 2018, p. 442). Flores y Troncoso described *tiçiyotl* by categories in which women were seen under the *temixihuitianime* (midwife). Polanco indicates using female pronouns only when referring to *temixihuitianime* concealed Nahua women's role in healing practices as solely experts in midwifery. Flores y Troncoso's study references Article 50 of the 1842 Ordenamiento (regulations) created by the Mexican government, which specified that males were not allowed to only select a *partera* practice as their medical profession. By 1870, the acceptable medical professions were *médico cirujano* (surgeon), *farmacéutico* (pharmacist) and a *partera* (midwife)

(Flores y Troncoso, 1886). Among these the *médico* was considered the most elevated profession.

Historian Flores y Troncoso (1886) had a particular view about women in medicine. Their study indicates that woman have the possibility of being a *partera* and regular doctor but never a surgeon. According to Flores y Troncoso, for women becoming a surgeon was a fathomless abyss that would prohibit her from continuing her medical practice. Therefore, a midwife became an acceptable discipline for woman in medicine. Historian Gabriela Soto Laveaga (2021) explains, in 1852, the registry of medical practitioners mentioned licensed midwives for the first time. Laveaga states a licensed midwife, *partera titulada*, is an attempt to regulate midwifery among Indigenous populations (2021, p. 192). By establishing a licensed medical profession, the Mexican state created a discourse of traditional versus modern medicine.

Spanish dictionaries instilled a Western view of a doctor by describing health practitioners' practice as a licensed medical profession, illustrating how dictionaries also play a part in shaping ideas about expertise. In the nineteenth-century, Mexico's Consejo Superior de Salubridad (Higher Council of Health) required a professional degree from anyone who practiced medicine (Viesca Treviño, 2001). The Consejo aimed to regulate practitioners by enforcing a medical education to legalize their practice. As a result, Mexico established an official licensed medicine and medical education. Monitoring the medical practice positioned the Mexican state as “the arbiter of who can legitimately practice medicine and, most importantly, what type of healing is officially sanctioned” (Laveaga, 2021, p. 192). According to historians Diego Armus and Pablo Gómez (2021), health practitioners such as *curanderos* became part of a history of healing from the margins of licensed medicine. Their work, *The Gray Zones of Medicine*

explains that in the nineteenth-century Spaniards and the Mexican state discussed traditional medicine as inferior and alternative to Western medicine.

Historian Polanco (2018) explains how academic scholarship and research has portrayed Indigenous healers and Indigenous medicinal knowledge as deficient versions of Western medicine. For instance, medical doctor Fernando Martínez Cortés described Nahua healing practices as a nonscientific, magical, and religious system (Polanco, 2018). In his work, *Las ideas en la medicina náhuatl* (1965) Martínez Cortés reiterated a male *titiçih* (healing ritual specialists) used religion and personified substances to cure while a female *titiçih* served as a partera (Polanco, 2018). Polanco indicates accounts like Martínez Cortés are impactful for their continual discussion of Western medicine holding similar gender divisions of labor to traditional medicine. Moreover, the presence of Indigenous doctors, especially female Indigenous doctors, are marginalized since Spanish colonial rule.

Through these colonial accounts an Indigenous women's role as a traditional doctor is disassociated from various medical practices. However, in Indigenous communities an Indigenous women's role as a healer is recognized for her extensive expertise. For example, in the Zapotec Xidza language from La Sierra Norte region in Oaxaca, Mexico a curandera is known as *uneyá*. For Zapotec communities, a *uneyá* does not define an Indigenous woman to midwifery and as a woman's' field. Literature on Mesoamerican traditional healers created a gendered distinction of doctors which is not coherent with Native worldviews. Specially, colonial-era dictionaries that define a doctor in Western frameworks to disassociate an Indigenous traditional healer as a doctor and medical specialist.

Prior to Conquest, traditional doctors were recognized by their Indigenous communities with culturally relevant terms. Sociocultural anthropologist Viesca Treviño (2001) explains the

roles of an Indigenous medical specialist were labeled *titçil* (in Nahuatl); *italix* (in Huastec); *h'ilol* (in Tzotzil Maya); and *h-men* (in Yucatec Maya). From different regions and pre-Hispanic groups, a healer, or traditional doctor, is considered a curer skilled in therapeutic treatments including herbal medicine and knowledgeable in various specialties. Viesca Treviño (2001) explains pre-Hispanic doctors, both male and female, prepared from childhood to be healers with the guidance of their family and apprenticeship in the *calmécac*. The *calmécac* was a higher learning institution for Mexica nobles to comprehend the *tōnalpōhualli* (the divinatory calendar), learn religious ceremonies, and medicine preparation (Viesca Treviño, 2001). Indigenous doctors come from an extensive line of studying healing practices that prevailed after the colonial period (Gómez-Dantés & Frenk, 2020). Viesca Treviño shared that Spaniards were treated by Indigenous doctors as was the case for Hernán Cortés and his soldiers after the battle of Otumba in 1520. The presence of Indigenous doctors transcends Spanish arrival and their colonial-era description of Indigenous healers.

After Conquest, an Indigenous doctor is regarded as a *curandero* (Viesca Treviño 2001). Curandero is a Spanish word deriving from the verb, *curar*, to heal. The practice of a curandero is known as curanderismo. Viesca Treviño (2001) states a curandero implies that the individual is a healer and not a medical doctor in the Western sense. Rather, “a person who cures, or who tries to cure, in accord with the ancient pre-Hispanic Indigenous pattern, adding knowledge that has accrued for nearly five centuries since the Spanish conquest” (Viesca Treviño, 2001, p. 47). Viesca Treviño's explanation of a curandero is simplified to someone “who tries to cure” rather than an Indigenous medical specialist. In the same way, traditional medicine is reiterated as “an ancient pre-Hispanic Indigenous pattern.” Viesca Treviño’s word choice is significant because it

partakes in an oversimplification of Mesoamerican medicine while at the same time creating confusion about Indigenous doctors' credibility.

Curandera Erika Buenaflor's research and practice demonstrates curanderismo is rooted in Mesoamerican shamanic tradition. In her work, *Cleansing Rites of Curanderismo: Limpias Espirituales of Ancient Mesoamerican Shamans* (2018) she describes curanderismo as a "Latin American shamanic healing practice whose foundation lay in ancient Mesoamerican shamanic traditions" (p. 3). For instance, Buenaflor connects hot-cold applications to a pre-contact Mesoamerican concept of *tonalli*, "a soul piece or sacred essence energy" and a form of "regenerative energy" (p. 13). *Tonalli* is significant given that the loss of *tonalli* meant a result of hot and cold opposition. Thus, Erika Buenaflor discusses a curandero/a as someone who heals at a holistic level by integrating mind, body, spirit, and soul. The historical development of Indigenous doctors as curanderos is a marker of Spanish arrival in Mesoamerica and an indicator of an evolving health practitioner.

Ethnographer Friar Bernardino de Sahagún and his many Indigenous collaborators documented in the *Florentine Codex* and *Primeros Memoriales* how hot and cold designations played a role in Mesoamerican concepts of healing. (Buenaflor, 2018). Hot and cold designations do not necessarily refer to temperature, but rather to the energetic characteristics of plant and illnesses. For example, illnesses classified as "hot" are treated with remedies classified as "cold," and illnesses classified as "cold" are treated with remedies classified as "hot." According to Curandera Contreras-Contreras *empacho* (stomach blockage) is a cold illness that requires a "hot" remedy. Rather than an enforced rule, hot and cold designations provide a treatment guide for Indigenous healers. Some anthropologists such as George Foster (1987) attributes the origins of humoral medicine, the hot and cold designations, to the Spanish theory of humors of Greek

Hippocrates in the fifth-century BCE. However, among Indigenous healers hot and cold designations are considered part of traditional medicine that allows them to identify the type of remedy to recommend.

2.2 Traditional Mesoamerican Healing Specialists

In this section, I complicate these colonial-era, European definitions by outlining the different types of contemporary healers, who are classified by Mesoamerican people themselves, and whose titles are based on their respective specialties. Traditional healers, also known as *curanderos*, have maintained a high regard among Indigenous communities and the Mesoamerican diaspora (Falcón Guerra, 2009). Primarily, an Indigenous healer can have more than one healing specialty using tools like: the hands, intuition, the spoken word, and the power of the mind (Buenaflor, 2018). Healers can specialize in one area and are known as: *sobadoras/es*, *parteras/os*, *yerberas/os*, *hueseras/os*, *espiritualistas/os*, *perfumeras/os*, *santeras/os*, *consejeras/os*, and *mentalistas*. While a healer's specialty can have a central focus, their healing materials and tools can intertwine with other healing practices. *Curandera/os* are a reliable source of community knowledge and mediators between nature and an individual's wellbeing.

Healers can specialize in more than one Indigenous healing specialty. That is the case for *Promotora traditional* (traditional community health worker) Patrisia Gonzales who is a *partera* and a *yerbera* (*herbalist*). Patrisia Gonzales is a descendent of three generations of *curanderos*, *parteras*, *yerberos* from Kickapoo, Comanche, and Macehual peoples, a group of the Aztec or Nahua society. Gonzales (2012) states, "I became an herbalist when plants saved my life, and I learned to "catch" babies to respond to my elders' call to take care of all life on this planet" (p. 2). Gonzales shares she is asked to provide *limpias* (cleansings) to the community and help in

childbirth. The combination of Indigenous healing specialties is understood as an Indigenous system of healing. Gonzales addresses her system of healing as “Red Medicine” which incorporates birthing practices, dreaming, and purification rites (2012). Red Medicine is Gonzales’ paradigm for understanding Indigenous knowledge of the Middle Place, *Mesoamerica(n)*. Indigenous healers are a reliable source of community knowledge and mediators between mother earth and an individual’s wellbeing. The following section describes *sobadoras/es*, *parteras/os*, *yerberas/os*, *hueseras/os*, *espiritualistas/os* to learn about their healing practice.

2.2.1 Sobadoras/os

Sobadoras/as use massages, acupressure points, and aromatic oils. Their healing treatments cure beyond the physical body’s aches and pains. Curandera Buenaflor describes sobaderismo treatments “are intended to release many kinds of wounds—emotional, spiritual, mental, and physical— that may be stuck in the cellular body, spirit, and soul” (2018, p. 6). Through a massage using essential oils, crystals, and hot stone a sobador/a can move energy that is stuck and release pain. Curandera Buenaflor shares expelling energy as rejuvenating. Buenaflor has seen patients cry or laugh as the stuck energy is released from their bodies. In addition, working with a sobador/a’s healing technique facilitates a *limpia* (cleanse) or soul retrieval, an out of body experience caused by trauma, emotional and mental distress (Buenaflor, 2018). Sobaderismo treatments align with a multi-dimensional healing from the material level to assisting a holistic soul retrieval.

The primary treatment used by a sobador/a is a *sobada* (massage) for muscle pain. Academic scholars of Wake Forest University School of Medicine Sandberg, Quandt, Graham, Stub, Mora, and Arcury (2018) state sobadoras/es are sought for musculoskeletal pain in the

back, arms, shoulders, wrist, hands, ankles, and abdominal pain over occupational injuries and repetitive work. In their work, “Medical Pluralism in the Use of *Sobadores* among Mexican Immigrants to North Carolina,” study participants share their experience with sobadoras/es. Some participants explain after a *sobada* (massage), “an individual is not to get wet because the combination of heat and either cold or water can cause muscle damage and pain” (2018, p. 4). Other participants indicate air could enter the muscles and cause pain.; therefore, a sobador/a can recommend *ventosas* (cupping therapy) on painful areas. The *ventosas* are small candles lit and covered with a glass to heat and create suction. Participant experiences with sobadoras/es demonstrates Mexican migrants in the United States are informed by traditional medicine and decide when to use treatments by a sobador/a versus a “doctor.”

2.2.2 Parteras/os

Also known as a “midwife,” parteras/os provide care for pregnant women, their babies, and families. A partera/o provides prenatal and postnatal support to ensure the mother and baby’s physical, emotional, mental, and spiritual well-being. In addition, a partera/o is knowledgeable in protection of unwanted energies, foods, drinks, and herbs. Massages, intuition, and herbal medicine are practices a partera/o is familiar with to ensure the health of the mother and baby (Buenaflor, 2018). Parteras can also utilize a *temāzcalli*, a sweat lodge in Nahuatl, which is a birth delivery space that incorporates other elements like songs and music to welcome a birth.

In Mesoamerican cultures, a partera is responsible for the health of the mother and baby; therefore, recruiting a partera occurred over a ceremonial feast involving parents and grandparents (Buenaflor, 2018). Indigenous healer Patrisia Gonzales (2012) explains ceremonies remind Indigenous peoples of male and female responsibilities. Gonzales indicates pre-Columbian codices such as the *Florentine Codex* records, “a ritual calling-together of the family

and community upon news of pregnancy” (2012, p. 45). The Indigenous healer states Mesoamerican cultures consider birthing a scared element that returns to original creation and links the past, present, and future. According to Gonzales, among Mayan people a newborn is called a “visitor” that “is still in the Creator’s realm even while newly arrived on earth” (2012, p. 47). Therefore, the partera/o role is valued as an embodied ritual function engaging with the womb as a ceremonial place and “our first orientation on earth” (Gonzales, 2012, p. 47).

2.2.3 Yerberas/os

A yerbera/o is a healer that works with plant medicine. Also known as an herbalist, their knowledge concerns the healing properties of flowers, fruit, vegetables, weeds, tree bark, vines, leaves, fungi, cacti, and succulents (Buenaflor, 2018). Yerberas/os specialize in Indigenous plant knowledge, a highly investigated area of study for Mesoamerican traditional medicine.

Anthropologist María Margarita Nívar (2010) reiterates Spaniards demonstrated great interest in discovering Indigenous medicinal plants. In 1572, King of Spain, Philip II assigned the court’s head physician and historian Francisco Hernández to describe New World medicinal plants and their application (Nívar, 2010). Yerberas/os are considered like an encyclopedia of medicinal plants often expressed in an *herboloria* (herbology) which is informed by their practice and relationship with plants.

Curandera Buenaflor (2018) explains that a yerbera/o creates a relationship with the “soul essence” of the plant. The “soul essence” of a plant can be referred to a yerberas/os awareness of sacred plants such as *peyotl* (peyote) or *maguey* (agave) can embody gods or divine entities' presence inside the plant (Viesca Treviño, 2001) Yerberas/os recognize plants as life with the capacity to transmit magical and healing energies that impact the physical and spiritual self. Consequently, Ángela Méndez Hernández, a curandera Zapoteca, considers plants as a form of

life that can return your spirit to your body because “*vida con vida se construye*” (life with life is built) (2009, p. 25). Yerberas/os may work with local plants and establish new relationships with distinct plants of various regions. While a yerbera/o can recognize plants through their common name and classification, the healer can classify plants based on the plant's essence. Curandera Méndez Hernández (2009) distinguishes plant types as *dulces* (gentle/sweet), *amargas* (bitter), and *insípidas* (tasteless or unsavory). She expresses the three plant types can work in unity to awaken the five senses and help an individual to spiritually transcend. Some yerberos use similar plant classification or grouping to determine the type of plant preparations to offer in a remedy.

2.2.4 Hueseras/os

A huesera/o is a curandero known as a bonesetter and *tepoztecpahtiani* (Viesca Treviño, 2001). Hueseras/os can use needle-like tools to heal back pain (Velasco, 2016). Philosopher Melba Marin-Velasquez (2022) shares her grandmother practiced her own traditional herbal healing, performed *sobadas* (massages) and used *huesera* (bone setting) skills. Marin-Velasquez states her grandmother's huesera skills eased her own clavicle and broken arm into place. Hueseras/os are sought for broken bones, sprains, and dislocations. A common discussion about hueseras/os practice is their similarity with sobadoras/os.

Academic scholar Sandberg, Quandt, Graham, Stub, Mora, and Arcury (2017) study participants, Mexican immigrants, viewed huesera/o's practice is similar to a sobador because of their focus in aligning bones and joints. A huesera/o and a sobadora/o can be interchangeable terms in Mesoamerican traditional healing specialties given the use of similar materials. Maguey is a plant hueseras/os and *chupadoras/es* (suckers) healers may utilize in their healing practice. In a YouTube interview, Curandera zapoteca Enriqueta Contreras-Contreras explains among these healers, *chupadores* (*suckers*) are healers that can suck energies and other materials out of

the physical body (Velasco, 2016). Contreras-Contreras shared that maguey is a medicinal plant that can be used from the roots to its mezcal form. The *espinas* (thorn) can be used to open an infection. Also, the *espinas* can be used as needles and placed on the back like acupuncture to relieve back pain and low energy. Placing four *espinas* around the belly button following the four cardinal directions can help someone after throwing up and releasing excess gas. Although there are various Mesoamerican traditional healing specialties the use of medicinal plants is a common resource between different healers.

2.2.5 *Espiritualistas/os*

Espiritualistas/os are healers that connect with descended spirits. Some *espiritualistas/os* can deliver a message through their intuition, using tarot cards, shells, and other materials. The study “Use of Alternative Folk Medicine by Mexican American Women” by Rebecca Lopez (2005) describes *espiritualistas/os* as folk healers that attempt to heal the soul. Scholar Lopez (2005) states *espiritualistas/os* do not have medical expertise, rather can communicate between the spiritual and physical world. *Espiritualistas/os* relies in providing messages to discern a problem and situation. These conversations can provide closure, guidance, and protection.

The Encyclopedia of Traditional Mexican Medicine presented by the National Autonomous University of Mexico (UNAM) digital library explains *espiritualismo* is a religious doctrine that privileges spiritual communication between humans and diving beings. Therefore, some *espiritualistas/os* can be considered “mediums” providing spiritual guidance.

Espiritualistas/os can rely on dreams and their intuition to make sense of spiritual messages.

Literature on Mesoamerican traditional medicine can also discuss *curanderas/os* that focus on spiritual counseling (*consejeras/os*), in working with the power of the mind (*mentalistas*), scents of plants/flowers (*perfumeras/os*) or work with Santería religion (*santeras/os*).

The descriptions of *sobadoras/es*, *parteras/os*, *yerberas/os*, *hueseras/os*, *espiritualistas/os*, indicate Indigenous peoples world views are grounded in a connection with the physical, emotional, spiritual, and mental state. A closer look at each traditional Mesoamerican healing specialists demonstrate each practice hold an Indigenous healing emphasis and borrows from other specialists. Rather than categorizing Indigenous healing specialists based on their practices and materials, *sobadoras/es*, *parteras/os*, *yerberas/os*, *hueseras/os*, *espiritualistas/os* showcase a wide variety of Indigenous knowledge. The versatility of traditional Mesoamerican healing specialists is obscured in colonial-era dictionaries; however, their lived experiences are counternarratives to scholarship that constrain a health practitioner into discipline categories.

2.3 Culture-bound Syndromes

Curanderas/os are the healers that can treat illness the doctor can't cure or see, also known as "culture-bound syndromes". Researchers and psychiatrists Nogueira, Mari, & Razzouk (2015) explain culture-bound syndromes emerge as a classification model that considers an individual cultural and social aspects relevant to the diagnostic process. The authors consider different countries' cultural impact on health and stress can be called "idioms of distress." They describe "idioms of distress" as an expression of a psychological distress particular to an individual's culture. Another interpretation of culture-bound syndromes is from Indigenous healers. Curandera Buenaflor (2018) express Mesoamerican culture-bound syndromes are illnesses or ailments that deal with the spirit. Some common ailments are *mal de ojo* (evil eye), *susto* (fright), *caída de mollera* (fallen fontanelle), *empacho* (stomach blockage), *mal aire* (respiratory infection), *espanto* (serious loss of spirit), *latido* (nervous stomach), and more (Torres 2006). According to the regional area, the names of the ailments can change, yet the

condition is understood as dealing with a wound among the emotional, spiritual, mental, and physical state. In this section, I will discuss Zapotec professor Candy Martinez' research on Zapotec views on susto and sociocultural anthropologist Javier Espinoza Barajas' case study on Ms. Velmontes' pregnancy to comprehend how culture-bound syndromes are present and affect the livelihood.

The Archive of Healing, a digital archive of University of California, Los Angeles, presents Zapotec researcher Candy Martinez' article "Latin America and Zapotec Views on Susto" on the symptoms and causes of susto. Martinez (n.d.) explains susto is a term known across Latin America as:

[A] load of negative energy, weak or altered blood, an emotional impression that causes one's spirit to move, paralysis, loss of control or "aire," the separation or loss of one's soul, or a sentiment that makes a person feel as if they are missing their heart (Martinez, n.d.).

The cause of susto can derive from lingering fright after experiencing an accident, a natural disaster, near-death experience, domestic violence, sexual violence, family tension, malnutrition, fear provoked from an animal, or witnessing violence (Martinez, n.d.). Susto is a health condition that can deteriorate an individual's health if untreated. For instance, at eleven-years-old, I experienced susto after a car accident. Although I walked away from the accident with minor bruising, I could not shake off the sense of disorientation. For days afterward, my face was pale, I developed dark circles under my eyes, and I began to lose appetite. These symptoms were noticeable to my family, particularly my mother and aunt, who became worried about my physical changes and associated my condition with susto. At the time, I remember being in denial and disregarding any feeling of fright. However, my soul felt otherwise, demonstrating my suppressed feelings and lack of soul essence.

Susto can occur on various occasions with symptoms of lack of sleep, inability to focus, inability to socialize, poor blood circulation, nightmares, *flojera* (lethargy), and chills (Martinez, n.d.). Martinez explains among Oaxacan communities susto's symptoms impulse community members to find closure in their griefs, traumas, and fears. Seeking help for culture-bound syndromes does lead individuals into a self-reflective journey. Furthermore, becoming aware of culture-bound syndromes allows individuals to decide how and who can cure them.

Sociocultural anthropologist Javier Espinoza Barajas (2013) conducts a case study about the oral history of Claudia Velmontes, a twenty-three-year-old woman who migrated to Boyle Heights from Nigromante, Veracruz. Nigromante is a predominantly Zapotec Indigenous community in Mexico retaining their Zapotec languages and cultural traditions. The article focuses on Mrs. Velmontes' medical pluralism practices and cultural-bound syndromes experienced during her pregnancy. Espinoza Barajas explains “medical pluralism is the incorporation of more than one medical system to obtain health” (2013, p. 1). The incorporation of more than one health care practice is common and can occur at the same time (Espinoza Barajas 2013; Berger-González et al, 2016). Studies about medical pluralism find migrant communities are prone to medical pluralist practices as they are informed by the Western medical practices and continued use of folk medicine (Helman 2006; Berger-González et al., 2016).

Ms. Velmontes' upbringing in Nigromante, Veracruz impacted her practice of folk medicine as her Zapotec grandmother, Mrs. Chan, passed on her knowledge on herbs, oils, massages, prayers, and homemade remedies. The type of folk medicine that Mrs. Velmontes used during her pregnancy were:

Red belts and bracelets for protection, using teas and herbs to cure discomforts, acquiring the services of a partera (midwife), cleansing her body and mind by rubbing eggs

throughout her body (what is known as a *limpia*), and constantly praying for her well-being (Espinoza-Barajas, 2013, p. 5).

Here, Ms. Velmontes emphasized a protection, cleanse, and invocation through prayer are effective ways to achieve her well-being. During her pregnancy, Mrs. Velmontes experienced culture-bound syndromes such as *susto*, *mal de ojo*, and *nervios*. Espinoza-Barajas reiterates Ms. Velmontes' consideration that "there is no other way for her to experience well-being without following folk medicine (2013, p.10). While Mrs. Velmontes continued clinical checkups and delivered her baby at a hospital, throughout her pregnancy she followed folk medicine remedies that on occasion contradicted Western approaches. For example, the physician warned Ms. Velmontes about avoiding prenatal massages; however, she decided to receive prenatal messages by her *partera* to place her fetus in the right position given it is a common practice in *Nigromante*. Espinoza-Barajas (2013) indicates Ms. Velmontes decision is informed by her cultural knowledge and her faith in *parteras* allowed her to make decisions that align with the type of care she wanted to receive.

The case study of Ms. Velmontes demonstrates the importance in caring for one's spirit and accessing health care goes beyond Western medicine and includes *parteras* as guides and protectors of the mind, soul, body. Espinoza-Barajas explains Ms. Velmontes' use of folk medicine reflects her worldview as profoundly impacted by her upbringing in *Nigromante*. Ms. Velmontes' pregnancy is an example of the influence of cultural memory and embodied knowledge. Ms. Velmontes familiarity with herbal medicine from her grandmother allowed her to utilize traditional medicine to treat her culture-bound syndromes and be informed and guided by the medical sector to prioritize the well-being of her baby.

Zapotec views on *susto* and Ms. Velmontes case study are example of the complexity of culture-bound syndromes. Culture-bound syndromes are ailments that can be treated with

Indigenous healers and biomedical doctors. Medical pluralist practices are also a sign of social and cultural aspects that influence the Mesoamerican diaspora and migrant communities in the United States. Culture-bound syndromes are also the type of ailments that are informed by Indigenous knowledge. The next section discusses Mesoamerican traditional medicine based on Indigenous approaches to healing with elements such as earth, air, water, and fire.

2.4 Elements of Healing

Traditional medicine and curanderos can approach healing with materials and in spaces that embody the four elements: earth, air, water, and fire. Material that embodies any of the four elements can be a glass of water, a broom of plants, floral waters, and a candle. Curanderos can resort to private ritual spaces such as a *temāzcalli*, a sweat lodge in Nahuatl, to represent an earth's womb and be surrounded by its energetic force (Gonzales, 2012). Indigenous healing rituals can occur in public spaces such as a river to represent water and resort to a mountain to be surrounded by clear winds. According to Indigenous healer Patrisia Gonzales (2012) ceremonies is about the movement of energy. The four elements: earth, air, water, and fire are discussed in relation to the type of energy each engage with in Indigenous healing rituals and remedies.

The incorporation of the four elements is intentional and aids Indigenous healing rituals. Primarily, Indigenous healers are the guides in incorporating the four elements in Indigenous healing rituals. Gonzales (2012) explains knowledge about elements such as earth, air, water, and fire are a result of engaging with energy. Gonzales express Indigenous healing rituals such as *limpias* (cleansings) and culture-bound syndromes like *susto* operate through a transference of energy. Gonzales describes “someone can become ill because of another’s envy or anger that attaches to or charges their bodyspirit” (2012, p. 204). This occurrence is based on a “web of inter-connected relationships” in which people and all beings of life, from animals to mountains

spirits, can transfer energy to each other (Gonzales, 2012, p. 204). Thus, Indigenous healing rituals engage with elements of healing such as earth, air, water, and fire to dispel unwanted energies and attract favorable outcomes.

2.4.1 Air

Air is associated with purification and can influence the area in which an Indigenous healing ritual takes place. Zapotec academic scholar and researcher Candy Martinez's article "Latin American and Zapotec Views on Susto" determines susto is a condition that involves interconnectivity, turning to the relations individuals make with non-human elements such as mountains, earth, and water. Martinez conducted interviews about susto rituals with community members from San Dionisio Ocotepéc, a municipality in Oaxaca, Mexico. Interviewees, among them healers, expressed a susto ritual at the highest hill, "captures energies from multiple directions because the wind at such altitudes can reach a lost soul and send its message" (Martinez, n.d.). The wind's ability to call back a lost soul engages with the concept that soul retrieval can occur across any time and place. Soul retrieval concerns a soul displacement and out of body experience caused by trauma, emotional and mental distress (Gonzales, 2012). According to Martinez (n.d.), a susto ritual with wind can facilitate soul retrieval, the ability to call back the soul by addressing the soul wound. Furthermore, air in Indigenous healing rituals is an active energetic element in the healing process of soul retrieval.

Air can also be manifested through the act of *barridas* (sweeping). Erika Buenaflor (2018) explains that the curanderismo practice of sweeping is designed to prepare an individual or a space for renewal because "sweeping purified, rejuvenated, and secured the balance between chaos and order" (p.133). Indigenous healing rituals that engage with renewal consider "the cycles of time within society and the cosmos" to create and welcome change (Gonzales, 2012, p.

165). Buenaflor depicts the sweeping rites of the Mexica, which they associated with deities like Quetzalcoatl, the god of the wind, who was known for sweeping the roads of filth to prepare the path for the upcoming rain. The wind as a regenerative force can also be embodied through a barrida, where the sweeper also uses herbs, flowers, feathers, and eggs. Sweeping a person and space with these materials lifts dense energies away. Buenaflor describes a dense energy is often rooted in a negative experience, feeling stuck and stagnant. Explaining the reasoning behind this cure, González writes, “sweeping allows for the stress, negative thoughts and energies to be swept off and open the way for restoring equilibrium” (2012, p. 34). Sweeping *limpias* is a practice to clear the way for a new beginning, coming of age, and birth. Invoking air in a Mesoamerican Indigenous practice is expressed as preparing spaces to attract and be in balance.

2.4.2 Earth

Earth may be represented in materials such as plants, flowers, tree barks, and revisiting territories/spaces where fright occurred as part of curing *susto*. Earth is acknowledged in preparation for healing, in a prayer, and can be recognized as *la madre naturaleza* (Mother Nature). An example of incorporating earth is noticing traditional healers’ relationship and respect for plants as living beings. This section will expand into *curanderas/os*’ relationship with plants through their plant classifications. Curandera Zapoteca Doña Hermila Diego states plants are sacred because “they are alive, yet in order to heal, plants must die” (Laveaga, 2021, p. 195). Cutting a plant is a sacrifice as their healing properties will be extended and utilized for the well-being of another living-being. Hermila Diego explains plants “gather all of the bad [in one’s body] and then they die” (Laveaga, 2021, p.207). Therefore, Doña Hermila indicates before a healing session asking permission and forgiveness to Mother Earth can be said in a prayer.

Hermila Diego demonstrates gratitude to plants through prayer for their ability to move bad energy away from the body of a person.

Hermila Diego prays in Zapotec and Spanish asking Earth, *the Virgin Mary*, and *el Niño Jesus* for their guidance and thanking the plants for their sacrifice. The Virgin Mary and el Niño Jesus are central figures in the Catholic religion. Curandera Hermila Diego's reverence to the Virgin Mary and el Niño Jesus is an example of the co-existence between Catholic and Indigenous traditional practices and beliefs for Indigenous peoples. Spanish Catholic churches prioritizing their saints and demonizing Indigenous deities (Gonzales, 2012). While Indigenous traditional practices continued in the margins of dominant religions, some Indigenous peoples did adopt certain Catholic beliefs. Gonzales (2012) references Yaqui-Chicana professor and activist Yolanda Broyles-Gonzales's grandmother's view on Catholicism. Broyles-Gonzales's Yaqui grandmother, Polita, argued, "Indigenous peoples colonized the colonizer by Indigenizing Catholicism" (Gonzales, 2012, p. 214). Broyles-Gonzales's grandmother's perspective on religion indicates Indigenous people engage with Catholicism in their own terms. Other Native people considered certain Catholic saints were complementary to their own deities; therefore, through understanding Catholic teachings is that figures such as Virgin Mary and el Niño Jesus are revered.

Traditional healers like curandera Zapoteca Ángela Méndez Hernández share that having a relationship with plants opens a pathway towards recognizing that healing is possible all around us. In the book, *Herbolaria oaxaqueña para la salud*, curandera Méndez Hernández (2009) create a *herbolaria* (herbology) about Oaxacan plant medicine over a series of workshops made by Mixtecs, Zapotec, and Mixtec women from 2005 to 2009 in the region of La Sierra Norte in Oaxaca. The Sierra Norte region of Oaxaca is home to a large Indigenous population

and is also an area where many Mesoamericans who now live in Los Angeles, California have immigrated from.

Herbolaria oaxaqueña para la salud compiles a list of sixteen healing plants explained in three categories: *dulce* (sweet), *amargas* (bitter), y *insípidas* (tasteless). Curandera Méndez Hernández (2009) explained that sweet herbs can revitalize the upper body dealing with emotions. Sweet herbs can help treat symptoms such as depression, sadness, anxiousness, anger, and ease into relaxation. Bitter herbs can purify the center of the body in areas such as the liver, stomach, pancreas, intestines, and kidneys. Curandera Méndez Hernández states bitter herbs can liberate accumulated negative energies like rage and worries. Finally, tasteless herbs provide equilibrium to our body and spirit, focusing on the lower body and the external areas like arms, feet, hands, thighs, and fingers. The three plant categories is an example of Zapotec people making sense of their local plants in La Sierra Norte region and valuing Indigenous plant medicine in their communities.

Méndez Hernández, Hernández Hernández, López Santiago, and Morales López (2009) explain that herbolaria is the collection of Indigenous plant knowledge in which Indigenous women take the lead because they are carriers of traditional medicine. She shares about herbolaria for the security of ourselves, to share and learn what nature can offer. Méndez Hernández et al. position Indigenous Oaxaqueñas' use of herbology to relieve physical and spiritual pain. Méndez Hernández et al. (2009) states, “*En mi cultura, a la enfermedad se llama susto, susto de emociones*” (In my culture, sickness is called susto, a scare of emotions) (p. 22). They also imply that emotions can cause a body imbalance either by being too cold or too warm because “*Toda emoción se vuelve física*” (All emotions become physical) (2009, p. 22). “*Nosotros decimos: te cures porque regresa el alma a tu cuerpo*” (We say: you get cured

because your spirit returned to your body) (Méndez Hernández et al 2009, p. 22). The authors' explanation of herbolaria Oaxaqueña contributes to understanding how Zapotec people understood their emotions to be directly linked to their sicknesses and illnesses.

In 1996, community collaborators Marcos Marcos and Guízar Álvarez (2003) gathered with a group of Zapotec women in San Mateo Mixtepec, Oaxaca, Mexico to create a herbolaria in Spanish and Zapotec. Marcos Marcos and Guízar Álvarez explain a fundamental part of traditional medicine are medicinal plants, water, sun, and earth. Their book, *Kuana bani=Plantas que curan* is a medicinal plant listing and a comprehensive reference work. This Spanish-Zapotec index is included for community members in San Mateo Mixtepec to utilize the herbolaria and practice the Zapotec language. Marcos Marcos and Guízar Álvarez state that medicinal plants are low cost, highly effective, and have minimal risks. Zapotec community members conserve Indigenous traditional medicine as “*sabiduría heredada por nuestros abuelos*” (generational knowledge inherited by our grandparents) (Marcos Marcos & Guízar Álvarez 2003). Therefore, the making of *Kuana bani=Plantas que curan* is a form of emphasizing medicinal plants in Oaxaca and how Zapotec people are utilizing the plants as a health approach to care for their community.

2.4.3 Water

The element of water signifies cleansing and rebirth. Curandera Buenaflor learned about water limpias from Indigenous healers knowledgeable in Mexica and Yucatec Maya traditional cleansing rites in Yucatan, Mexico. Buenaflor (2018) points out bathing was a daily practice for the Mexica and abstaining from a bath was a sacrifice and an offering. Water is utilized as an element to release seen in acts like bathing in water, being cleansed by water, and shedding tears. She describes that by using water in a *limpia* (cleanse) can purify the body, mind, spirit, and

soul, ultimately, facilitating spiritual rebirth and rejuvenation (2018, p. 111). Water is connected to life transitions such as birth, adolescence, death, the ascension of shaman rulers, and the start of a cycle (Buenaflor, 2018).

Buenaflor goes on to clarify that water can be blessed and charged to cleanse other *limpia* tools such as plants, eggs, and sacred images. She describes “blessed” water as being blessed by a Christian priest while “charged” water comes from a sacred source (2018, p.120). Water in a *limpia* can be presented as a bucket cleansing, a bath prepared with herbs to improve fortune, bring calmness, remove negative energies, resolve money issues, and alleviate depression. Buenaflor details the temperature of the water, which is thought to align with certain moon phases, and how repetitive baths are used to impact the cleansing rite. In addition, there are sacred waters that *curanderas/os* use in healing rites. Among the Mexica, water was highly regarded as it could strengthen the body, mind, spirit, and soul by washing away sins and illness (Buenaflor, 2018). The author reflects that both the Mexica and Yucatec Maya considered sacred waters to come from areas like *cenotes* (natural freshwater pools), springs, craves, and pools of water for their capacity to see into past, present, and future events.

Water also represents movement. Candy Martinez (n.d.) explains that in a *susto* ritual, water can be represented in the act of spitting *mezcal* or alcohol. Curandera Contreras-Contreras shares that Zapotec people consider *mezcal* a sacred drink used as an offering to mother earth when constructing a house, planting maize, and for an abundant harvest (Velasco, 2016). Contreras-Contreras explains any type of *maguey* can be used for its medicinal benefits. Among *curandera/os* there are many specialists who use *maguey* in the *mezcal* form. *Chupadoras/es* (suckers) are healers who use *mezcal* to extract bad energy and can cure *susto* and *el chanque*, a spirit that captures a person's soul from fright or sadness. The extraction occurs by the *chupador*

drinking mezcal while sucking the affected skin in which the first inhale can take out blood and the second inhale can extract an unwanted object or item. Ultimately, traditional healers engage with mezcal to purify, using the fluidity and healing properties of sacred drinks like mezcal to move unwanted energies that can materialize into objects upon its extraction.

2.4.4 Fire

Fire is thought to embody renewal and transformative energies that may be used in *limpias* by utilizing a candle or *puro* (tobacco). Curandera Buenaflor (2018) explains that fire clears away dense energies of a situation and/or affecting a person. She discusses how fire is viewed as a “divinatory tool to assess past, present, and highly probable outcomes” (2018, p. 83). Buenaflor describes how fire *limpias* can be used to activate or renew the soul essence of spaces like homes, buildings, temples, and ritual areas. Curandera Buenaflor explains a fire in a *limpia* has been known among Mesoamerican cultures as New Fire ceremonies and fire-entering ceremonies. The Mexica held this rite after the completion of a calendar round, every fifty-two years, to renew the world and sun. Fire signified the termination of a cycle and the beginning of renewal celebrations.

Fire may be represented by a candle for *velaciones* (all night ceremony) and in a *puro* (tobacco) for cleansings. First, *velaciones* are considered for their power to grant a petition and turn unfavorable situations into ideal ones (Buenaflor, 2018). Curandera Buenaflor explains how flickering candles, “repel unwanted spiritual beings and energies from a situation and attract divine beings and benevolent spirits (2018, p. 83). The candle wick’s movement and the way the candle burns can be interpreted by a healer as symbolic of the clearing or buildup of negative energies. This action of reading fire is a traditional Indigenous practice that groups like the Mexica engaged in during ceremonies and in offerings to deities like Xiuhtecuhtli. Offerings to

this god were depicted as being summoned through drilling fire on top of a mirror, and included the use of pulque, incense, quetzal feathers, tobacco, and minerals (Buenafior, 2018). For the Mexica, listening to the fire spark, observing the smoke, and interpreting the way a fire burned, were used for divinatory purposes (Buenafior, 2018). These are practices curanderos continue to incorporate in limpieas, recognizing fire as a form of communicating with divine beings and the deceased. A candle in a fire rite can honor deceased family members given that fire is considered to be a gateway to the supernatural.

Then, Curandera Buenaflor shares that the Mexica and Yucatec Maya practiced puro cleansings with tobacco presented as an offering to deities, smoked for healing, and cleansing. She states she engages in puro cleansings by reciting a prayer for the person, the spirit of fire and tobacco. The puro is smoked at the top of the person's head and around their body, and the burning of the tobacco carries a coded message. Buenaflor shares that she draws a straight red line down the puro for guidance in observing the direction of the fire burn. She goes on to explain that when the puro burns to the top left of the red line this signifies clearing of unwanted circumstances that the person is aware of. When a puro burns to the bottom left of the line, this indicates there is a clearing of unwanted and unknown circumstances. A puro burning to the top right means upcoming favorable outcomes. Finally, a puro burning to the bottom right implies unexpected favorable outcomes. A puro burning also means unwanted energies can manifest as holes in a puro. According to Buenaflor, such openings "reveal that someone may not have been wishing the person well and that, for some reason, the person has begun to internalize this dense energy" (2018, p. 96). The burning of a puro as it is smoked is another divinatory tool that stems from preserving ancestral practices and tools. Furthermore, fire in a healing rite can transform energy by using tools like puros and candles.

The importance of the four elements: air, earth, wind, and fire, persist among Indigenous healers who draw upon their ancestral knowledge as part of their practices. This section individually discussed air, earth, wind, and fire to clarify the energy behind each element. However, Indigenous healing ritual incorporate all and some elements into one ceremony, ritual, and cleansing. Much of this chapter focus on explaining Mesoamerican traditional healing specialist, culture-bound syndromes, and elements of healing to demonstrate the interconnectedness of Indigenous medicine. The next chapter will review open-ended interviews and participant observations of Indigenous knowledge keepers' who are part of the Mesoamerican diaspora in Los Angeles.

CHAPTER 3: DATA ANALYSIS – CONVERSATIONS WITH INDIGENOUS KNOWLEDGE KEEPERS

In this chapter, I provide an analysis of findings from interviews and observations. The interviews with Indigenous knowledge keepers inform this analysis, resulting in four themes: 1) Transforming fear into motivation and hope; 2) Indigenous identities versus Indigenous knowledge; 3) Knowledge production and transmission, and 4) Indigenous approaches to health and healing. These themes capture the ways that each of the research participants navigate their Indigenous healing practices in Los Angeles. The research participants decided to use their original names and identities for the study. By getting permission to use real names, I can more fully describe the versatile roles of Indigenous knowledge keepers. Learning about their respective positions as an herbal educator, a licensed massage therapist, and curanderismo apprentice show the additional areas of expertise that research participants tap into outside of the home, often as part of advocating for the Native community. Hence, the findings indicate Indigenous knowledge keepers, among them an Indigenous healer, are fundamental drivers of Indigenous cultural sustainability in their home, communities, and beyond.

3.1 Biographies of Interviewees

This chapter analyzes my conversation with Griselda Ramirez Santiago, Carla Macal, and Stephanie Marie Guadron. Each of the interviewees are members of the Mesoamerican diaspora living in Los Angeles for most of their lives. Two of the three interviewees left their homelands as young adults or children. One interviewee is a child of Indigenous migrants, who discusses their parents' migration journey that resulted in them ultimately settling in Los Angeles. The biographies of the interviewees describe a characteristic or story to introduce each participant.

All three participants agreed to share their life stories as part of in-person interviews conducted in Los Angeles, and I reciprocated with gift-giving. I compensated Santiago, Macal, and Guadron interview day with gifts, items made in Oaxaca and Veracruz, for instance, gifting a *morral*, an ancestral bag, made in the Central Valley and Sierra Norte of Oaxaca. I also gifted cacao drinks made by my aunt and uncle in Nigromante, Veracruz. I am grateful to Santiago, Macal, and Guadron for allowing our conversations to inform this thesis about their paths to obtain and share Indigenous healing knowledge. I encountered each participant through my family and community networks, coming together to remember who we tended to seek out when in need of Indigenous traditional medicine. My mother, Carmen, visits multiple curandera/os to alleviate muscle tension. However, my mother remembered Griselda Santiago (Gris) as a *paisana*, “una mujer de Oaxaca” (*Lanu nakanu nigula Oaxaca*, a woman of Oaxaca) which directed me into asking Santiago about her Zapotec ancestry.

3.1.1 Griselda Ramirez Santiago

Griselda Ramirez Santiago is a Zapotec sobadora from La Trinidad, Ixtlán, Oaxaca. Griselda (Gris) Santiago migrated to South Central Los Angeles at nineteen-years-old. The interview with Santiago was in Spanish, being the language, she feels the most comfortable in. She has lived in Los Angeles for twenty-four years, becoming a mother of three children as her oldest is in college and the youngest a toddler. Santiago explains that as a petite sobadora, some patients, as well as her massage therapy instructor, doubt her work capacity because of her height. Rather, Santiago transforms other people's doubts into motivation, showing that her work could provide results. She reiterates that height is not equivalent to strength and the ability to do quality work. Santiago credits her hands and the pressure in her fingers as key qualities that allow her to provide alleviating results.

3.1.2 Carla Macal

Carla Macal is a Tzotzil Maya herbal educator residing in East Los Angeles and El Monte. Macal considers herself part of the Guatemaya diaspora (Maya migrants from Guatemala), but also traces her lineage to Comitán, Chiapas. Macal explains that being raised by her mother and her grandmother, Mamamnda, has shaped the way she centers generational knowledge. She shares that she was born a hundred years later from her great grandmother, Carmelina, stating, “she was born in 1886, and I was born in 1986.” After the interview, Macal showed me a picture of Carmelina, and the resemblance is compelling. I noticed her similar facial features such as their eye shape and face structure. She relayed that her connection to Carmelina influenced her to change her last name to Carmelina’s surname, Macal. Carla Macal feels embraced by feminine energy as a result of changing her name. The interview with Macal was in predominately in English with some Spanish phrases in our conversation. Macal is fluent in both languages and is comfortable shifting from English to Spanish and fusing both languages.

3.1.3 Stephanie Guadron

Stephanie Marie Guadron shared that her paternal family is Yaqui from Rio Sonora, Mexico, while also acknowledging her Scottish ancestors. Guadron grew up in the areas surrounding the neighborhoods of Culver City and West Los Angeles. We meet at her local park, a place filled with memories for Guadron. She explained that she regularly walked through the park as a shortcut home from school, spending afternoons with her sister, and, more recently, coming to play with her two sons. My conversation and interview with Guadron were in English. On occasions, Guadron used Spanish words; however, the conversation was predominately in English.

During our conversation, Guadron shared a short story about a day when she was around seven or eight-years-old. She was riding her bicycle that had a pink basket when she stumbled upon a butterfly with a broken leg. Guadron recalled that the butterfly could not fly. Her first instinct was to talk to the butterfly, to reassure it that she would help by letting the butterfly feel the wind one more time. Guadron explained that she rode home with the butterfly in her basket after seeing its wings open, and she placed it in a plant outside her house. Guadron closed the story by saying, “the next morning it [the butterfly] wasn’t there anymore. It just had to remember how it felt to have the wind.” Stephanie Guadron reflects on this short story as an example of showing empathy and following her instincts, as she helped the butterfly feel the wind. Just as the butterfly needed the wind to remember how to fly, Guadron explained that learning about traditional healing methods has helped her remember abuelita knowledge and other stories in her family.

3.2 Transforming Fear into Motivation and Hope

Santiago explains her Indigenous healing knowledge as a sobadora is a *herencia* (inheritance) from Zapotecos from the Sierra Norte. Her grandmother, Agapita Ruiz Hernández, was a sobadora and partera in their hometown of La Trinidad, Ixtlán, Oaxaca. She shares her grandmother’s perspective on fear—specifically the fear of death—shaped the way she views her practice as an Indigenous healer. Griselda reiterates a conversation she had with her grandmother, Agapita, about fear in relation to being a partera and sobadora:

- 1 *Yo le pregunté, “¿usted tiene miedo a la muerte?”*
I asked, “Are you afraid of death?”

- 2 *Y me dice, “No.*
And she [Agapita] said, “No.”

- 3 *Y le digo, “¿Cómo no le va a tener miedo a la muerte?”*
And I asked, “How can you not be afraid of death?”

- 4 *Me dice “No, porque yo vine a este mundo con una misión,*
She said, “No because I came to this world with a mission,
- 5 *y mi misión es servir a los demás, sobando.*
And my mission is to serve others, messaging.
- 6 *Yo ya cumplí con mi misión y yo me puedo ir tranquila.*
I already fulfilled my mission, and I can go calmly.
- 7 *El día que Dios me llame yo ya estoy preparada.”*
The day God calls me I am prepared.”
- 8 *Entonces eso fue algo que me marcó.*
So that was something that marked me (Santiago, 2023).

The conversation above occurred as Sobadora Griselda concluded the interview by asking me, “¿Sabes cual es lo principal que me llevó de todo esto?” (Do you know the main thing that I take away from all this?). Her response (Line 1-8) indicates that her grandmother, a retired Zapotec partera and sobadora, saw her role as an Indigenous healer as part of her life mission (Line 4). Griselda’s curiosity about and fear of death (Line 1) led her to truly comprehend the mission of an Indigenous healer as to serving others (Line 5). Her grandmother’s perspective on their Zapotec healing practices is an important step in Griselda’s understanding of a sobadora’s purpose (Line 8). Sobadora Santiago remembers this conversation as the main takeaway from observing and listening to her grandmother. This memory demonstrates Santiago’s perspective of an Indigenous healer is tied to a release of fear that is transformed into motivation and hope to fulfill her life calling.

Within this part of our conversation, the word *mission* is repeated on three occasions to emphasize Hernandez’s life purpose (for example, in Line 4). “Mission” is an acceptable translation because the online Merriam-Webster dictionary includes “calling, vocation” as one of the term’s definitions, showing that this a reflection of how she sees herself. Yet, Santiago and

Hernandez use of the word mission is not associated with other relevant definition such as “military, political, and religious tasks.” Instead, mission is used to explain Hernandez’s life purpose in this world, which was fulfilled by serving her family and community in La Trinidad. Her grandmother’s calling as an Indigenous healer is the reason Santiago gives to explain the importance of accepting death without fear. She recalls that her grandmother alluded to death as a day she will feel calm (Line 6) and prepared for the day God calls her (Line 7). Santiago presents her abuelita knowledge helped soothe her fears, transforming this emotion into a sense of purpose. Santiago considers this an essential teaching that has guided her into becoming a sobadora away from her homeland in La Trinidad, Ixtlán. This guided her understanding of self and shaped her idea of the community responsibilities of an Indigenous healer. Sobadora Santiago, Sobadora Griselda associates serving others as helping and aiding her family and community in Los Angeles.

3.3 Indigenous identities versus Indigenous knowledge

Interviewees expressed respect for Indigenous healers. Carla Macal and Stephanie Guadron described being a curandera and Indigenous healer as a huge and big responsibility. Short excerpts from the interviews are included to reiterate interviewees’ perception of an Indigenous healer and curandera in relation to their own Indigenous healing practice. Both interviewees explained their Indigenous knowledge differed from identifying as an Indigenous healer. Macal and Guadron exalt other identities such as being a woman, educator, and learner.

Carla Macal defines herself as an herbalist educator because she considers being an Indigenous healer is a huge responsibility. She focuses on herbalism by teaching, sharing, and selling natural herbal products such as tea blends, deodorants, pomadas, face and body oils, and lip balms. Macal’s interview as an Indigenous knowledge keeper explains her *yerberia*

(herbalism) practice in Los Angeles led her into creating a small business named Ixoq Arte. Macal references Anna Clarissa Rojas' article, "The Medical Industrial Complex: Violence Against People of Color," which impacted her take on Indigenous plant knowledge:

- 1 She [Anna Clarissa Rojas] just goes on talking about how we in this capitalist,
- 2 colonialist society, people, especially People of Color, we are so used to taking pills.
- 3 Then I was kind of trying to challenge this capitalist society and
- 4 How do we slow down? And
- 5 How do we like trust in the process of herbal knowledge?
- 6 Compared to these types of technologies which are pills (Macal, 2023).

Macal explains Anna Clarissa Rojas' work and explanation of People of Color in a capitalist market and colonialist society leads to the normalized use of pills (Line 2). Macal reflects on types of technologies such as pills (Line 6) function with a system, a medical industrial complex. She inquires about the impact People of Color will have when we slow down (Line 4) and begin to trust the process of herbal knowledge (Line 5). These two centric questions (Line 4 and 5) contribute to challenging the capitalist market (Line 3). Macal focuses on her practice in herbalism by building a relationship based on trust and following the pace of People of Color as they reconnect with herbal knowledge while living a colonialist society. Macal understands being an Indigenous healer is a huge responsibility and attributes her Indigenous plant knowledge and Ixoq Arte as two sources to detach from the medical industrial complex. Carla Macal envisions opening a *tiendita* (store) to hold women's circles and healing spaces that continue conversations about taking care of ourselves. Moreover, Macal startup business and visions for a store showcase her as an entrepreneur that wants to engage with the local community by extending her Indigenous knowledge.

Similarly, Stephanie Guadron explains remembering her family mix ancestry helped her learn from different traditional healing modalities. Guadron is certified in Reiki, a Japanese healing tradition, and is in a curanderismo mentorship with Curandera Erika Buenaflor. Stephanie Guadron shares her Indigenous knowledge by providing Heart Healing and Energy Alignment sessions through her website, *Corazon de Lucero*. Guadron provides her services primarily as individual Heart Healing readings. A Heart Healing reading includes a variety of traditional healing modalities depending on the clients' needs such as Reiki healing, Chakra alignments, crystal gridding, aura cleansing, and sound healing. Guadron explains the basis of a Heart healing reading is energy and is set with the intention for energetic alignment that can also be achieved through limpias.

Stephanie Guadron's Indigenous healing energy practice is also guided through her mentorship with Curandera Buenaflor to potentially become a community curandero. During the interview, Guadron expressed hesitance in becoming a community curandera because it is a big responsibility:

- 1 The thought of being like a community curandera is so scary.
 - 2 It's so scary to me because it is a big responsibility.
 - 3 You truly are serving your community, and you have to hold so much space.
 - 4 Often times it could be a sacrifice for yourself and for your family,
 - 5 you're giving yourself to the service of your community, and that comes with a lot
- (Guadron, 2023).

Here, Stephanie Guadron's values the practice of a community curandera. Guadron's curanderismo mentorship with Buenaflor has allowed her to understand the responsibility the role holds (Line 2). Particularly, comprehending that a community curandera holds space to

serve the community (Line 3) can translate to be a sacrifice of the curandera's personal life (Line 4 and Line 5). Although Guadron provides heart healing services and is in a curanderismo mentorship, she extends her services exclusively to family and friends. Rather than advertising her energy services, Guadron reserves her services to her loved ones and considers her learning as a path towards helping her children and herself through traditional Indigenous medicine. Guadron as an Indigenous knowledge keeper provides her practice and perception of a community curandera as an example of respecting boundaries and agency. An Indigenous healer's responsibility and selfless practice can be scary (Line 1 and 2) as it means giving yourself to the service of your community (Line 5). Therefore, Stephanie Guadron shares her interest in traditional medicine and learning pathways are a way of honoring family ancestors.

Guadron explains as an apprentice to Curandera Buenaflor she has learned about the responsibility and practices of a community curandera. Her approach to a curandera has changed as she understands healing as a collective effort between the curandera and the recipient.

Guadron shares learning about our "spiritual hygiene" means cleaning ourselves and coming prepared is a sign of respect to a curandera's work. Stephanie Guadron states when a person conducts self-limpias and baths this means a curandera, "does not have to go through the layers that I could have taken care of myself." Guadron's considers taking care of our spiritual hygiene demonstrate respect towards a curandera and a learning she will apply in her life.

3.4 Knowledge Production and Transmission

Santiago, Macal, and Guadron honor abuelita knowledge as significant memories that help them understand their Indigenous knowledge. Interviewees expressed knowledge production occurs through their observation of their grandmothers taking care of the family through *remedios* (remedies). Then, each of the interviewees created sites for knowledge transmission by

using online platforms, community workshops, and family mentorship. The open-ended interviews allowed for an understanding of how healers within the Mesoamerican diaspora produce and transmit knowledge, especially as it is connected to the idea of abuelita knowledge.

3.4.1 Abuelita Knowledge

“Abuelita knowledge” is what I call Indigenous knowledge that lives in Indigenous knowledge keepers’ memory and interactions with a grandmother figure. It is part of embodied knowledge that Indigenous knowledge keeper carry across time and space. I noticed Santiago, Macal, and Guadron introduced their grandmother in the beginning of our conversations to describe their interest in traditional medicine. Abuelita knowledge is an approach to healing through remembering and reclaiming ancestral knowledge. Abuelita knowledge is significant for it centers ancestral knowledge of the home by recognizing grandmother’s practice of traditional medicine.

Abuelita knowledge is the most important kind of knowledge described by participants. Indigenous knowledge keepers honor their grandmother figures by regularly describing their Indigenous healing knowledge as abuelita knowledge. Some memories are of their abuelita sharing a tea blend to soothe and cleanse the body. Other memories, like Griselda Santiago’s, are grounded in remembering Agapita Hernandez, her grandmother, and her practices as a partera. Her childhood in La Trinidad, Ixtlán was filled with abuelita knowledge from memories of her grandmother caring for her and her family as described below:

- 1 *Cuando yo era niña, a veces mi abuela venía a quedar a mi casa y ella me sobaba los pies o el estómago.*
When I was a young girl sometimes my grandmother would stay in my house, and she will massage my feet or stomach.
- 2 *Cuando se enfermaba toda la familia, ella estaba ahí.*
When everyone in my family was sick, she was there (Santiago, 2023).

Here, Sobadora Santiago's childhood memories recall her grandmother soothed her with a feet or stomach massage (Line 1). Santiago explains when her family members, including herself, were sick it was her grandmother who attend and care for them (Line 2). Her grandmother presence as "*estaba ahí*" means her expertise as an Indigenous healer is valued and reassurance of a pathway towards their well-being. Santiago remembers her grandmother as her family's caretaker. These memories are part of Santiago's abuelita knowledge.

Sobadora Santiago learned from watching her grandmother as the family healer and as a community curandera in La Trinidad. In our interview, she reflected on the active role her grandmother took as a partera, accompanying mothers at their homes throughout their pregnancy. In addition, Santiago shared a story about what was done following a birth:

- 1 *Al otro día bañaba a los bebés. Bueno, en nuestro país*
The next day, bathing the babies. Alright, in our country
- 2 *Bueno, en nuestro país acostumbraba darles un pequeño gotitas de té al bebé*
para cuando nacía,
Alright, in our country it is a custom to give small drops of tea to the baby for
when they were born,
- 3 *para limpiar el estómago y a la mamá también.*
to cleanse the stomach and the mother too.
- 4 *Entonces cuidaba a la mujer, en todo el parto cuando nacían, y el posparto*
también.
Then, taking care of the woman, throughout the delivery, when they were born,
and in postpartum too (Santiago, 2023).

Here, the partera (her grandmother, Agapita Hernández), attended to the newborn and mother at her home, throughout the stages of pregnancy, and beyond (Line 4). Santiago explains that her abuelita gave tea drops to the newborn (Line 2) and the mother to cleanse the stomach (Line 3). The use of herbal medicine, especially in small doses to newborn babies, is an act that Santiago expresses as a custom whose origins come from "nuestro país" (Line 1). Santiago's abuelita

knowledge is tied to her homeland, of La Trinidad, Ixtlán, Oaxaca as the region where her memories and embodied knowledge began to be formed.

In the interview, Santiago remembers her childhood and talks about feeling encouraged by her grandmother to eventually become a partera. Her grandmother's words are vibrant in Santiago's memory, expressed in the reported speech she uses in another part of our conversation: "*Yo te voy a enseñar cómo hacer partera, como traer un hijo al mundo.*" (I will teach you how to become a partera, how to bring a child into the world). Santiago grew up with an example of what it meant to be an Indigenous healer, observing her grandmother's Indigenous healing practice as part of her *herencia* (inheritance). Later in the interview, Santiago states she did not immediately learn to be a partera because she left her pueblo as a young adult. She continues to communicate by phone with her grandmother in La Trinidad for guidance and remedy recipes. Santiago's abuelita knowledge is the basis of her Indigenous knowledge as an Indigenous healer. Sobadora Santiago centers abuelita knowledge to nourish her practice as a sobadora and remembering her ancestral knowledge as her herencia.

In addition, the category of abuelita knowledge shapes how members of the Mesoamerican diaspora situate their Indigenous healing practices. For Carla Macal, her background in medicinal herbs comes from her abuelita knowledge. She recalls that her grandmother refrained from using pills and gave her teas with *yerba buena* (mint) and *canela* (cinnamon) during her moon, or menstrual cycle. These memories and Macal's abuelita knowledge inspired her pomadas, one of the products she sells in Ixoq Arte, her small business of plant-based remedies. macal was inspired by her Mayan ancestry to create her small business logo with the image of Ixchel, the Maya goddess of healing, beauty, and fertility. Macal uses the

K'iche Maya word for women, *ixoq*, in her business name. Macal states that focusing on natural herbal pomadas helps her tap into memories and remedios from her abuelita.

Macal created Ixoq Arte as a place for “self-preservation” through body care products. Some of her pomada inventory includes: Cempasuchil Care Pomada, Calmada Pomada, Breath Easy Pomada, and Bien Cuidada Pomada. She explained to me that Cempasuchil Care Pomada and the Bien Cuidada Pomada can be used for acne, eczema, scars, and irritated skin with cuts. The difference between the Cempasuchil Care and Bien Cuidada is that the pomada ingredients rely on different flowers and herbs. The Calmada Pomada is targeted for anxiety and stress while the Breath Easy Pomada is a natural vapor-rub base used for congestion. Macal has leveraged her abuelita knowledge into building relationships with plants, flowers, and herbs through the creation of her natural body products.

Abuelita knowledge can also be used as a description about the few memories of traditional medicine used at home and with family. These memories can translate into an urge to learn about Indigenous traditional medicine during adulthood. Stephanie Guadron traces her abuelita knowledge to childhood memories of traditional medicine that felt obscured. Guadron recalls her grandmother doing *limpias* with an egg. However, the significance of using an egg was not discussed with Guadron. As she explained to me during our interview, Guadron trusted the healing practices of her abuelita but yearned for deeper explanations. For her, having access to abuelita knowledge was a sign that her Yaqui culture was present in her child and later manifested into her own heart healing practice. She conveyed her sentiments about Indigenous knowledge by reflecting on her Yaqui culture, below:

- 1 Truly heartbreaking that our culture was stripped from us so much,
- 2 because I feel my culture and the practices of my ancestors shouldn't feel like it was sprinkled in my life.

- 3 It should live in my life.
- 4 But looking back now those were the sprinkles. Those were the seeds.
- 5 My grandmother teaching me how to embroider, and things like that.
- 6 Those were all lessons. Those are all connections (Guadron, 2023).

Here, Guadron explains abuelita knowledge by comparing it to “sprinkles” in her life that tap into ancestors, culture, and practices (Line 2). These pieces of abuelita knowledge are presented as remnants, indicators of how Indigenous culture is less commonly practiced, an experience that feels similar to culture being “stripped from us” (Line 1). She goes on to compare abuelita knowledge to “seeds” (Line 4) which can serve as “lessons” for her to make connections (Line 6). Guadron’s abuelita teachings came in different forms (Line 6); but still left a trail for her to remember her ancestors. Stephanie Guadron affirms her ancestors' knowledge should live in her life (Line 3). This statement demonstrates reclaiming ancestral knowledge and traditional medicine is a path Guadron is willing to engage in as it is part of how Indigenous people making sense of the world. Guadron’s abuelita knowledge impulses her to use the “sprinkles” and “seeds” in her childhood memories to nourish traditional medicine in adulthood with her family.

Guadron honors abuelita knowledge by incorporating elements that remind her of her grandmother. Although Guadron is not a practicing Catholic, she includes *La Virgen* in her altar. The mother figure of La Virgen is a Catholic figure which Guadron’s grandmother held reverence. Guadron explains incorporating La Virgen in her alter is a form of remembering and honoring her abuelita knowledge. Guadron is an apprentice of Curandera Erika Buenaflor and participates in her curanderismo mentorship as an opportunity for her to make the connections (Line 6) between her abuelita knowledge and her own heart healing practice. More importantly, Guadron’s learning about Indigenous traditional medicine led her to provide ancestor knowledge

that is present in her children's life. Guadron's sprinkles of ancestors' knowledge was heartbreaking (Line 1), yet she is transforming her abuelita knowledge by building connections that can help her children experience their Yaqui culture from an early age.

3.4.2 Online Platforms: Websites and social media

An online website, social media, and YouTube are areas that the interviewees engage in to share their Indigenous healing knowledge. In this subsection I describe my observations of interviewees sites such as websites and YouTube videos. Stephanie Guadron created a website, *Corazon de Lucero*, to express her journey as she reconnects with her ancestors and centers heart healing work to empower one another. *Corazon de Lucero* includes a journal section where Guadron shares short stories about her journey, introduces her family, and what she has learned with Curandera Buenaflores. Guadron includes a magic service section for Individual Heart Healing sessions and arranging community circles to engage further discussions about healing. A heart healing session focuses on energetic alignment through Reiki healing, chakra alignment, and using crystals. The website *Corazon de Lucero* is an online space for Guadron to share her Indigenous healing knowledge and use storytelling to connect to her readers.

In 2016, Carla Macal created her online store website, *Ixoq Arte*, to share her natural body care products guided by her Indigenous healing knowledge. Macal promotes avoiding chemically engineered and processed products by returning to the healing properties of plant-based remedies. Herbal educator Macal (2020) considers plant-based remedies can “preserve us more than processed, toxic products by healing the root of the wound.” Macal prioritizes creating her own herbal medicine and natural products to embrace Indigenous ways of living, particularly inspired by her Maya ancestry. Carla Macal (2020) uses plant-based remedies to self-preserve and connect with her Mayan ancestors who, “relied on herbs such as eucalyptus, peppermint,

chamomile and tobacco to treat spiritual ailments and connect with the ancestral world.” For Carla Macal creating her own natural body care products and starting Ixoq Arte is a way of returning to ancestral knowledge. She describes finding emotional balance in creating plant-based products because she is engaging in “ancestral ways of taking care of ourselves” (2020). Macal teaches others about traditional medicine through the products she sells. Macal began selling in local markets and transitioning into a website as an online store. Macal is also an entrepreneur who envisions an herbal store in the future that can hold space for community workshops.

Social media platforms are additional tools that helps amplify Indigenous knowledge keepers’ practices and beliefs. For instance, Macal shares herbalism workshop flyers on her Instagram account (@Ixoq_arte). Similarly, Sobadora Santiago disclosed that having a YouTube channel, Sobadora Gris, allows her to share her Indigenous healing knowledge with individuals that do not live in either Los Angeles or California. After our interview, I watched Santiago’s videos, eight of which closely demonstrate her hand movements during a *sobada* (massage) while explaining the causes and significance of each ailment. Two videos explained alternative remedies such as aromatherapy and a tea blend to treat a flu and cough. Finally, one video shares a recipe for making ponche, a Mexican traditional fruit punch. During the interview, Sobadora Santiago mentioned YouTube is a site where she can help others learn about the symptoms and massage treatment on ailments such as *matriz caída* (fallen womb), and arm pain that can feel like *un brazo congelado* (frozen arm) but is also known as carpal tunnel syndrome.

In June 2021, Santiago shared her first video on massaging a baby’s body. When her hands reached the baby’s stomach, Santiago explained that some babies can experience being *enlechado*, a condition seen after the stomach becomes inflamed after drinking only milk and

when white dots are found in the baby's stool. Santiago reveals that a similar condition occurs for adults, yet it is known as an empacho. Santiago reiterates following a clockwise hand motion when messaging helps to follow the body's digestion pattern. When a baby is enlechado, two ounces of anise in a tea will help release excess air and alleviate stomach aches. Santiago's first video is important as she recommends a massage with herbal tea, an example that Santiago as a sobadora is also knowledgeable on plant healing properties. She uses a mixture of her Indigenous knowledge to help individuals feel better by providing video demonstrations on how to incorporate alternative healing into their day-to-day lives.

A couple months later, Santiago shares a remedio to treat a cough and chest congestion. Santiago indicates that this cough tea can be strong and recommends two spoons of tea for babies. The video is focused on the teapot, following Santiago's hands as she incorporates one quarter of a purple onion, bougainvillea flowers, eucalyptus leaves, ginger, and cinnamon pieces. Although Santiago states she does not have *gordolobo* (mullein) she will use a small amount of arnica as it is internally and externally anti-inflammatory. She cautions that arnica can be toxic when consumed in large amounts. Throughout the video, Santiago's raspy voice guides viewers into brewing the tea for five minutes and adding honey. She explains that she is feeling sick as she records the video but will use the remedio to focus on treating her cough.

Sobadora Santiago's YouTube videos are informative because she addressed the causes, symptoms, and treatment for a *matriz caída*. In 2021 her YouTube video, "*Como subir la matriz caída*" (How to Lift a Fallen Womb) she demonstrates how to massage the stomach. She explains that sensing for lumps around the lower stomach indicate the woman has either a fallen womb or inflamed ovaries. Santiago specifies her responsibility as a sobadora is to find the *matriz* (womb) by messaging below the belly button with repeated hand movements towards the

center of the stomach. She continues to massage the waist and lower back, emphasizing that the womb is affected by the surrounding body parts. When a woman falls, carries heavy items, and experiences a natural childbirth the delivery pushes can cause a fallen womb. Santiago states a common question some woman asks her is why a fallen womb causes frequent urination. She explains “*la matriz al caerse empuja a la vejiga y esa es la razón por que da ganas de ir al baño por que la matriz esta empujando la vejiga*” (when the womb falls it pushes the bladder and that is the reason why there is a need to go to the restroom, because the womb is pushing against the bladder) (Sobadora Gris, 2022). Some other symptoms are discomfort during sexual intercourse, experiencing miscarriages, and irregular menstruation.

Sobadora Santiago clarifies that when a woman is unable to conceive, she directs them towards checking for a hormone imbalance and provides teas as a treatment option. Santiago indicates that this tea blend is made especially for women including herbs such as *dong quai*, black cohosh, and *damiana* to reduce inflammation in the womb and ovaries. Santiago concludes the video by reminding women to apply compression to the lower stomach and back by wrapping a cloth to support the delicate womb from falling again. Sobadora Santiago’s YouTube videos are a space for knowledge transmission that she created for individuals that could not visit her in Los Angeles. She states, “*uno busca la sanción de alguna otra manera*” (one seeks healing in some form). For Santiago, creating a YouTube channel allows others to find traditional medicine and healing through her Indigenous knowledge.

3.4.3 Community Workshops

Community gatherings can occur in spaces arranged by Indigenous knowledge keepers in the Mesoamerican diaspora. Local stores, bookstores, and community centers are places in which Indigenous knowledge keepers will share their knowledge with community members. Carla

Macal is an herbal educator that uses community workshops as a space to share Indigenous knowledge in an informative and collective manner. During our interview, she explains community workshops is a form of learning from one another through community discussions. The workshop flyers are more than promotional announcements, as it is often an invitation for community members to gather and reciprocate with a donation for the materials used.

Carla Macal's teachings extend into community workshops in South Central, East Los Angeles, and Whittier, California. Macal's workshops invite the surrounding community into making a deodorant, lotion, lip balm, pomadas, and tea blends. Shortly after our interview, I attended Macal's upcoming workshop called, "Making Your Own Herbal Calming Tea" hosted by a local bookstore in Whittier, California. The workshop was donation-based and Macal asked attendees to bring their own containers. During the event, she provided a demonstration of how to make the calming tea and explained the purpose behind using lavender, roses, chamomile, and cinnamon. Macal provided the tea ingredients and materials for the attendees. I appreciated Macal's plant medicine knowledge and eagerness to help us understand that we were learning a form of calming our spirit. As we waited for the calming tea to brew, Macal encouraged us to name our calming tea and set an intention for the blend. Towards the end of the workshop, we had a taste of the calming tea and left with another calming tea blend.

In our interview, Carla Macal emphasized that plant-based remedies and herbalism workshops are her method of cultural transmission. She (2020) reiterates the importance of sharing ancestral knowledge, saying, "creating communities of care by speaking out against colonial violence and by having intentions of accountability, sisterhood and mental health support." The use of Indigenous traditional medicine in community is empowering and challenges the legacies of colonial violence by centering the embodied knowledge of the

Mesoamerica diaspora. Ultimately, sharing Indigenous knowledge creates communities of care that are engaging in conversations about mental health by focusing on Indigenous traditional medicine.

Macal's workshops and her business, Ixoq Arte are an extensions of Indigenous knowledge keepers being a source of guidance for the Mesoamerican diaspora. Stephanie Guadron and Carla Macal describe their journeys to reconnect with ancestral knowledge has guided their Indigenous healing practice. For Carla Macal, her dissertation research allowed her to travel to Guatemala City. She explains how interviewing her family and community members for her dissertation was an opportunity to learn from their lived experiences. Macal showed her appreciation to the interviewees and community by offering an herbalism workshop while she was visiting Guatemala. She demonstrated how to make a natural deodorant and allowed attendees to create their own. During our interview, Macal shares about the natural deodorant workshop below:

- 1 It was always very intergenerational, the mom and the kids.
- 2 I was brought up very intergenerational *con las tías*.
I was brought up very intergenerational with the aunts.
- 3 I feel comfortable with older people and *las señoras me hablan y me contribuyen*.
I feel comfortable with older people and the older ladies talk to me and contribute with me (Macal, 2023).

Here, Macal describes community herbalism workshop has allowed her to form a space that engages multiple generations (Line 1). She sees children, adults, and elders engage in conversations about the process of making a natural deodorant which can lead to community members sharing about their own abuelita knowledge and herbal remedies. Macal refers to this engagement as moments in which "*las señoras me hablan y me contribuyen*" (Line 3). While she offers the workshop as an herbal educator, Macal is also learning from the attendees. Hence, the

workshops are conversational spaces that engage participants' knowledge and collective learning. Macal feels comfortable with elders and aunts (Line 2) because it reflects her upbringing with her Mom and Grandmother at home in East Los Angeles, California. This natural deodorant workshop that occurred in Guatemala and is an example of how Macal accomplishes with knowledge transmission. The herbalism workshops Carla Macal provides are enriching, donation based, and accessible to the Mesoamerican diaspora in Los Angeles as well.

3.4.4 Family Mentorship

Indigenous healer Griselda Santiago expresses that her ideal way of learning traditional medicine was becoming her Grandmother's apprentice. In our interview, she remembers when she asked her Grandmother to help her become a partera:

- 1 *El problema es que yo era muy niña*
The problem was that I was a very young girl
- 2 *Y me dicen, "Todavía no tienes la edad de hacerlo (ser partera),*
And I was told, "You are not old enough yet to do it (be a midwife),
- 3 *pero cuando ya tengas la edad lo puedes hacer"*
but when you are of age, you can do it
- 4 *Lamentablemente ya no se dio que yo pudiera aprender ser partera porque*
tuve que emigrar porque me vine a los dice nueve años
Unfortunately, it no longer occurred that I could learn to be a midwife because I migrated because I came when I was nineteen years old (Santiago, 2023).

Here, Santiago explains as a young girl she was interested in becoming a partera; however, her only obstacle was that she was a young girl (Line 1). Although Sobadora Santiago did not clarify her age when this conversation occurred, her Grandmother reaffirmed she was not old enough to become a partera at that age (Line 2). Her grandmother did have plans of guiding her in the future to become a partera (Line 3). However, when Santiago left her hometown that altered how she could learn from her grandmother. By nineteen-years-old, Griselda Santiago had migrated to

the United States (Line 4) and her grandmother had left the pueblo as well. In our interview, she explains her ideal way of learning was from observing and accompanying her grandmother in the pueblo. After migrating, the type of mentorship she receives are through phone calls as she listens for her grandmother's herbal recipes. Santiago had yearned to learn from close contact and beyond her memories of abuelita knowledge. Given her experience, she has become her family's mentor in learning about healing massages.

Griselda Santiago shares her Indigenous knowledge with her family through mentorship. Santiago explains mentoring her family members is a form of maintaining a health resource other than Western medicine. Santiago has trained her daughter-in-law, her daughter's boyfriend, and the father of her children. Santiago describes a responsibility to share her Indigenous knowledge with her family and future generations. She states it is her responsibility to preserve her *conocimientos* (knowledge) through family mentorship. In our interview, Santiago explains that her *conocimientos* consist of her abuelita knowledge, her knowledge as a sobadora, and the teachings she received as a massage therapist. The following interview excerpt comes from a part of the conversation where Santiago reflects about her *conocimientos*:

- 1 *No me gustaría que esto muriera,*
I wouldn't like this to die,
- 2 *me gustaría dejar huella*
I would like to leave a fingerprint
- 3 *y la manera de que eso pase es cómo otras personas lo aprendan y que siga esto.*
and the way that occurs is by how other people learn it and follow this (Santiago, 2023).

Here, Santiago is concerned about the preservation of her Indigenous knowledge and traditional medicine in general as she realizes it can be less practiced and eventually die (Line 1). Santiago uses the metaphor "*dejar huella*" (Line 2) to indicate the importance she places on helping other

people learn about traditional medicine (Line 3). Hence, becoming a family mentor is an approach for knowledge transmission beginning with her family members and extending to her patients. Sobadora Santiago's position as an Indigenous healer and family mentor are two mediums to preserve her conocimientos. While Santiago is inclined to teaching and mentoring, she is also ambiguous about the way people should follow this (Line 3). Santiago suggests maybe some family members will not take their mentorship to become an Indigenous healer. However, as she says "*en una emergencia uno nunca sabe cuándo lo van a ocupar.*" (In an emergency you never know when they're going to occupy it). Santiago values Indigenous traditional medicine and considers being knowledgeable on a form of traditional healing such as *sobando* (massaging) is a resourceful skill. Moreover, Santiago encourages her family members to learn about Indigenous traditional medicine for their well-being.

3.5 Indigenous Approaches to Health and Healing

The interviewees' approaches to health and healing include the impact of accessible materials within their home and daily life. This sub-section, healing materials, will explain Sobadora Santiago primarily uses Vaseline for massaging and considers her hands as the most important tools. Whereas Macal has created plant-based pomadas that can replace over-the-counter medicines that are fabricated in companies which benefit from a capitalist market. For Macal, learning to make plant-based remedies by slowing down and respecting the seasons of the plants and flowers is a way of centering Indigenous approaches to health and healing. She engages with plant medicine by honoring the plant's natural harvesting seasons and allowing that process to direct how she consumes each remedy. Then, the subsection, a place away from home, will engage spaces like Los Angeles and participants' home as part of their Indigenous approach to health and healing.

3.5.1 Healing Materials

During my conversations with Santiago, Macal, and Guadron, there were brief explanations about the type of healing materials used in their practice. Sobadora Griselda states her hands and Vaseline, the petroleum-based pomade, are the two tools she needs to do her work. Santiago points out Vaseline as an anti-inflammatory pomada. She explains some pomadas and messaging cream are cold, but she prefers Vaseline because it is warm on the skin. In addition, Vaseline is an accessible brand that Santiago can purchase in her local store and pharmacy. The use of over-the-counter medicine is an incorporation and influence of medical pluralist practices, a fusion of Western medicine and treatments with folk medicine. Historian Espinoza-Barajas' (2013) study "A Piece of Nigromante in Boyle Heights" considers how Indigenous migrants use Western medicine and their Indigenous healing practices to ensure their well-being. Sobadora Griselda's Zapotec knowledge about culture-bound syndromes, pressure points, and body's lymphatic system are accompanied by Vaseline, a tool that is considered an over-the-counter medicine. She is an Indigenous healer willing to incorporate Western medicine and traditional medicine to ensure that her patients can return to a healthier lifestyle.

On the other hand, Carla Macal creates plant-based remedies to replace over-the-counter medicines. Macal recalls growing up with Vicks' Vapor-rub, an ointment that her family often used for congestion and kept as part of the homes' medicine kit. Rather than engaging with commercial products, she has created Breath Easy Pomada, a natural base for congestion that can replace the use of Vicks' Vapor-rub. Macal created a natural version of Vicks' Vapor-rub as a way of self-preservation by focusing on peppermint and eucalyptus to provide a similar effect when applied on the chest and below nostrils to avoid congestion.

Carla Macal explains that learning about plant medicine is her way of centering Indigenous approaches to health and healing. She indicates that using grapeseed oil, essential oils, and incorporating flowers like cempasúchil and roses have taught her about respecting seasons. For example, two Ixoq Art products, Cempasuchil Care Pomada and Rose Water Spray, are concentrated in one flower's healing properties. Therefore, Macal purchases the cempasuchil and roses in places like the Los Angeles Downtown Flower Market. During the interview, Macal walks me through the intention behind using cempasuchil and roses:

- 1 With the cempasúchil I dried them, with the roses, I do buy rose buds.
- 2 But I also respect the seasons.
- 3 For example, right now, I don't sell the rose water because the roses are not in season until March.
For example, right now, I don't sell the rose water because the roses are not in season *hasta Marzo*.
- 4 Respecting seasons, that is another form to go slow.
- 5 I feel that it teaches me a lot, like this whole process.
- 6 They [flowers] teach me how to slow down, to respect. Nature has its ways (Macal, 2023).

My conversation with Macal occurred early February, a month she refers to as a time to refrain from using roses to create and sell rose water spray (Line 3). Rather, she waits for the upcoming rose season in March (Line 3), viewing this act as respecting the harvesting seasons (Line 2) of the herbs and flowers she uses for her Ixoq Arte products. Acknowledging the time of the year is a lesson or “teaching” (Line 5) that helps Macal understand that each step is part of following a similar process to Nature (Line 6). When Macal refers to Nature it can be a form of (re) remembering her Maya ancestors as she is learning about how Indigenous people approached land and plants as living beings. She interprets the flower seasons as a reason to slow down (Line

4). This knowledge impacts the making and selling method of Ixoq Arte, as well. Macal creates her products in small batches and results in communicating to her clients that receiving their product will also respect the rose session beginning in March and the cempasuchil season in October.

The way Macal approaches creating and selling pomadas has allowed her clients to also engage in respecting the seasons of herbs and flowers. Ixoq Arte is challenging the capitalist market by demonstrating the significance of slowing down is equivalent to respecting all living beings. She demonstrates that her way of learning about Indigenous approaches to health and healing is through discovering how she engages with plants and Nature. During the interview, she shared her Indigenous approach to health and healing is supported by her intentionality in learning about her Mayan ancestors through plant medicine and applying the lessons the plants have offered her as a guidance in selling plant-based remedies.

3.5.2 A Place Away from Home

Los Angeles is a place that members of the Mesoamerican diaspora are now calling their home. This means that Indigenous migrants are interacting as guests and visitors to the Gabriellino/Tongva peoples who are the traditional land caretakers of *Tovaangar* (Los Angeles Basin, South Channel Islands). Carla Macal demonstrates an awareness of how her positionality, as a Guatemalan migrant, interacts with living in the homelands and nations of other Indigenous peoples. She introduces herself with a land acknowledgment, recognizing she is on stolen land known as *Houtngna* present-day El Monte, and Tongva, which refers to Los Angeles. Then, Macal expresses how her role as a visitor affects her relationship with California Native plants. The following interview excerpt explains how she understood her relationship with white sage (*Salvia apiana*):

- 1 One of the herbs that I started using was white sage.
- 2 And then I learned, I am not Tongva. I want to respect the herb.
- 3 So, I started growing it (white sage) (Macal, 2023).

Here, Macal discloses white sage was one of the herbs she began using until she learned about the significance of respecting the plant (Line 1). She explains as a non-Tongva person (Line 2) she does not want to engage in purchasing white sage. When Macal explains she will grow white sage (Line 3) to respect the herb (Line 2), I interpret she will reduce her consumption of the Native plant by using white sage based on what she can grow. The California Native Plant Society (n.d.) brings awareness on white sage (*Salvia apiana*) protection, recognizing Indigenous communities in Southern and Baja California as areas where white sage grows naturally. Given the white sage has a limited natural growing space, Macal reduces her use of the Native plant.

Carla Macal clarifies that as a non-Tongva person she decided to consult a Tongva elder in El Monte that could guide her into growing white sage and creating sage bundles. She explains how consulting a Tongva elder means becoming aware that the cultural appropriation of white sage by other Indigenous and non-Indigenous people who are attracted to the Native plant for its cleansing abilities. Rather than buying white sage, she goes on to explain how she has learned about having a relationship with Native plants.

- 1 I try to grow it, have a relationship because that's what Indigenous people teach us, the land.
- 2 We are in relationship with the land.
- 3 We don't see the land as property or as a commodity, we are the land.
- 4 I started growing my herbs as a practice.
- 5 It's a caring practice and reciprocal practice.
- 6 But I do buy, because, you know, we are living in the system (Macal, 2023).

In the interview excerpt above, Macal asserts that having a relationship with Indigenous medicinal plants is a direct relationship with the land (Line 2) and ourselves (Line 3). She states growing herbs as a practice has helped with practicing care and reciprocity (Line 6). Macal explains that growing her own herbs is based on Indigenous knowledge that connects our relationship with the land as recognizing the value of earth, land (Line 3). In addition to growing herbs, she refers to living in “the system” (Line 7) alludes to living under capitalism, which she directly engages with by buying herbs and flowers in season. Her relationship with white sage helps illustrate some of the ways that members of the Mesoamerican diaspora are engaging with their new home while being respectful to Tongva peoples and communities in Los Angeles.

Similarly, Sobadora Griselda Santiago conveys that she has adjusted to Los Angeles by obtaining her license in massage therapy. Santiago explains she studied to be a massage therapist for an additional set of skills that were complementary to her practice as a sobadora. While she has experience working in a spa center, Santiago prefers to attend clients from her living room. She explains a fellow massage therapist guided her into working as a sobadora in Los Angeles and becoming aware about following the laws of this country. Santiago’s living room is divided using long curtains, which provides space for two massage tables. During the interview, she reflects on her experience as a massage therapist and as a sobadora:

- 1 *Soy sobadora y estudié para masajista, tengo mi licencia de masajista*
I am a *sobadora* and I studied to be a massage therapist, I have my license as a massage therapist

- 2 *Pero yo elegí trabajar como sobadora, mas que nada curando.*
But I choose to be a *sobadora*, more than anything to heal.

- 3 *También el masaje te ayuda a curar, pero yo me voy mas a los problemas.*
A massage also helps you heal, but I go more for problems.

- 4 *Por ejemplo, torceduras, empacho, un nervio ciático, cosa que un masaje no lo va encontrar.*
For example, sprains, stomach blockage, a sciatic nerve, something that a massage will not find (Santiago, 2023).

Here, Santiago defines her practice as a sobadora (Line 1) because she is concerned about culture-bound syndromes such as *empacho* and *torceduras* (Line 4). She explains studying as a massage therapist (Line 1) and her knowledge as a sobadora has helped her understand the difference a massage means in both practices. Santiago understands the type of aid and relaxation a massage can achieve; however, she uses healing massages to treat “*problemas*” (Line 3). These problems are the type of ailments which a massage therapist will not find (Line 4) and which an Indigenous healer like herself will be able to address.

Griselda Santiago shares the two testimonies about her work as a sobadora. In both stories, the clients were receiving medical care and consulting with her as an additional aid to their treatment. One client stated he visited three hospitals and left without an explanation about his condition. During our interview, Sobadora Griselda recalls the man approached her saying, “yo no se que tengo” (I do not know what I have) (Santiago, 2023). This client had noticed his weight rapidly reduced from 170 pounds to 110 pounds. Santiago explains his weight loss was not intentional, rather a symptom of *empacho* and noticing something was stuck in his stomach. She states the client recovered with a sobada. The second testimonio is about a client with a vaginal infection that progressed into a blood infection. Eventually, her liver became affected and the doctor’s recommended dialysis, a treatment to clean the blood by removing excess toxins. Santiago states one of the problems the client experienced was having *la matriz caída* (fallen womb) and addressing this condition helped the client from having to go through dialysis. Furthermore, Santiago recalls these two stories as the clients having options in understanding their bodies.

In the interview, Indigenous healer Santiago she summarizes the testimonies by clarifying she is not against Western medicine:

- 1 *Entonces son pequeños testimonios de que yo dije, yo no estoy en contra de la medicina*
So, they are small testimonials that I say, “I am not against medicine
- 2 *Al contrario, trabajamos con la medicina a la par.*
On the contrary, we work with medicine up to par.”
- 3 *Pero si hay cosas que primero siempre le digo a las personas, “cúrense naturalmente y si no funciona, vayan al doctor*
But there are things I will always tell people first, “heal naturally and if it does not work, go to the doctor
- 4 *o vayan al doctor le dan la medicina y para que vean que tienen y vienen también naturalmente*
or go to the doctor, they give you medicine, and to see what you have, and you can also approach it naturally” (Santiago, 2023).

Here, Sobadora Santiago views Western medicine and traditional medicine as working together (Line 2) to inform patients. She explains it does not matter the type of medical treatment patients are primarily diagnosed through (Line 3-4). The importance is how each practice is providing patients with options in the health treatments they seek to undergo. Santiago is aware that when the needs of the patient are not met, resorting to a doctor (Line 3) is another form of diagnosis, “*para que vean que tiene*” (Line 4). Ideally, she advocates for people to “heal naturally” through traditional medicine (Line 3).

From Western medicine or through an Indigenous healer, Santiago advocates for the inclusion of Indigenous traditional medicine.

- 1 *Tenemos que regresar a curar,*
We must return to healing,
- 2 *pues como tradicionalmente lo hacían nuestros antepasados con las hierbas,*
well as our ancestors traditionally did with herbs,
- 3 *con las sobadas y cosas así.*

with messages, and things like that.

- 4 *Eso es lo que yo siempre les digo a mis hijos y me gustaría que otras personas también lo aprendieran.*

That is what I always tell my children and I would like for other people to also learn (Santiago, 2023).

Here, Sobadora Santiago's statement calls for a return to using Indigenous traditional medicine. Traditional medicinal practices, like those used by “*nuestros antepasados*” (Line 2) is a health resource that Indigenous migrants in Los Angeles rely on to further assist and ensure their well-being. She encourages her family and individuals to return to healing (Line 1) by learning about herbs healing properties and selecting an Indigenous healing practice (Line 4). Her message is a call to action for the Mesoamerican diaspora to return to Indigenous traditional medicine and simultaneously be informed by the medical sector in Los Angeles. She has lived in Los Angeles for twenty-four years and considers her specialty as a sobadora is a fusion of her Indigenous knowledge and learnings from massage therapy school. Sobadora Santiago considers a return to healing as a learning process that Indigenous healers play a crucial role in. For her, sharing her Indigenous knowledge is part of her responsibility as an Indigenous healer considering her practice allows her children and community to return to ancestors' traditional ways.

CHAPTER 4: CONCLUSION

The archival research, participant observations, and open-ended interviews I presented in the thesis attempt to follow the continuity of Mesoamerican traditional medicine practices across time and place. The thesis focuses on Indigenous knowledge keepers as sites of inquiry and knowledge transmission for the Mesoamerican diaspora. The thesis raised the following research questions: (1) How is Mesoamerican healing practiced in Los Angeles, California? (2) How does Mesoamerican healing knowledge persist and adapt in post-migration contexts? and (3) For Indigenous healers, how does living far from their traditional homelands affect cultural transmission? Based on my research, I outlined four central themes: transforming fear into motivation and hope; Indigenous identities versus Indigenous knowledge; Indigenous knowledge and transmission; and Indigenous approaches to health and healing. The colonial-era interpretations of Indigenous doctors, healers, and healing practices continue to constrain traditional healers and their ability to work in more formal medical spaces. This chapter will discuss the themes as a response to the research questions. I conclude with a review about the study contributions and areas for potential future research.

4.1 Mesoamerican Healing Practices

I asked interviewees about their healing materials and areas in Los Angeles that were deemed important in their Indigenous healing practice. For instance, Carla Macal, an herbal educator, approaches her *yerbera* (herbalist) practice by creating body care plant-based remedies. She indicates that her remedies have led her to respect the plants' growing seasons and have influenced how she sells products in her small business named Ixoq Arte. Macal communicates that creating small batches means respecting the making process of the remedy. She describes her intentions in purchasing roses and bulk herbs by sorting plant materials from local herbal

stores such as Herbs of Mexico in East Los Angeles and the flower district in Downtown Los Angeles. She indicates that moving away from commercial products like Vicks' Vapor-Rub is an intentional practice she engages in to challenge the capitalist market. In doing so, she approaches health and healing through remedies that rely on the plant's healing properties. For Macal, the process of making the remedies, from growing the herbs to allowing the remedy to concentrate, is a caring practice that promotes Indigenous cultural preservation.

Meanwhile, Zapotec healer Griselda Santiago is a *sobadora* and approaches health and healing through healing massages from her home. She has rearranged her living room with high ceiling curtains that divide the room into sections for two massage tables. Santiago incorporates herbal medicine, herbal oils, and uses Vaseline as an accessible material. However, her primary tool is her hands. Santiago's hand movements and the pressure of her fingers are an extension of her Indigenous knowledge of ailments such as *matriz caída* (fallen womb). Sobadora Santiago thinks that Western medicine and traditional medicine can work together to inform a patient about their health and treatment options. Santiago became licensed in massage therapy as she searched for a practice similar to being a sobadora. She explains how becoming a massage therapist was a way of following the norms in this country, which value formal education. While Santiago is a massage therapist, she prefers to be called a sobadora as she focuses on healing ailments with traditional medicine and body work.

Finally, Stephanie Guadron is an Indigenous knowledge keeper who is hesitant about serving as an Indigenous healer because of its great responsibility and commitment to community. Guadron respects Indigenous healers' curing practices and their service to community. Therefore, Guadron has approached Indigenous healing in a curanderismo mentorship with Curandera Erika Buenafior to utilizing traditional medicine at home. Guadron

learned about “spiritual hygiene” through self-limpías and baths at home that can engage Indigenous-informed healing practices prior to visiting a curandera. Guadron’s apprenticeship with Curandera Buenaflor has allowed her to (re) integrate and (re) claim traditional medicine for her sons to live in a home that understands them among the emotional, spiritual, mental, and physical state. Furthermore, Mesoamerican healing practices in Los Angeles serve different purposes for members of the diaspora.

4.2 Family and Community Networks

This thesis discusses “abuelita knowledge” as embodied knowledge that expands upon the stories and voices of Indigenous knowledge keepers to better comprehend their role in knowledge production and transmission of traditional healing practices. Abuelita knowledge is generational knowledge from a grandmother figure which Macal explains as an embrace of feminine energy that is grounded in Indigenous women’s knowledge. The conversations with Indigenous knowledge keepers exemplify the preservation of ancestral medicine as an *herencia* (inheritance) that continues to be passed onto future generations through community and family networks. The interviewees consider learning about and practicing traditional medicine as part of a process of returning themselves, their families, and communities to Indigenous-informed healing practices. Consequently, the three interviewees are with female participants, all of whom center abuelita knowledge as influential in their Indigenous-informed practices in Los Angeles. They all describe how their learning began observing their grandmothers’ *remedio* (remedy) care during childhood and honoring their ancestors’ knowledge. Their emphasis on abuelita knowledge is valuable in understanding how honoring ancestors and relatives serve as another source of traditional healing guidance that transcends time and space.

Nevertheless, the interviewees have lived most of their lives in Los Angeles resulting in creating communities of care that center their Indigenous knowledge systems in an urban city. Interdisciplinary scholars Blackwell, Boj Lopez, and Urrieta Jr. use Critical Latinx Indigeneity (CLI) as an analytical lens frames the Mesoamerican diaspora experience in Los Angeles and identifies how it is tied to forming new relationships with the surrounding environment and with the original inhabitants and caretakers of *Tovaangar*, (Los Angeles Basin and South Channel Islands). These new relationships acknowledge that Indigenous migrants are visitors as they form a home away from their own homeland and engage with their traditional medicine. Macal explains using California Native plants has led her reflect about how to respect the Native plants and find alternative options and practices. For example, rather than purchasing and engaging with the commodification of white sage, Carla Macal works closely with a Tongva elder who guides and teaches her how to grow and cultivate the plant.

For all the participants, healing materials can include over-the-counter medicine and herbal medicine. These medical pluralist practices address larger topics about “structures and institutions that contribute to the marginalization and erasure of the experiences of Indigenous communities” (S. Casanova et al., 2021, p. 194). Critical Latinx Indigeneity considers Indigenous migrants access to healthcare is influenced by Indigenous migrant undocumented status and fear of deportation (Crocker & Gonzales, 2021). This stance translates into further research about Indigenous migrant disparities in health care that can cause a reliance of Indigenous healing ways and Indigenous healers in the diaspora. The Mesoamerican community in the diaspora are dependent on curanderas/os and medical doctors to ensure their well-being. CLI centers intersectional experiences of the Mesoamerican diaspora by considering the

“cultural knowledge embedded in Indigenous familial and community practices” (S. Casanova et al., 2021, p. 194).

Griselda Santiago, Carla Macal, and Stephanie Guadron demonstrate their versatility in learning and sharing their Indigenous healing knowledge. Similar to Patricia Gonzalez, interviewees are *promotoras tradicionales* (Indigenous community educators) given their engagement in creating communities of care through collective learning. The interviewees are creating their own websites, use social media, offer community workshops, and provide family mentorship to preserve traditional medicine. Both Macal and Santiago provide informative demonstrations by facilitating herbalism workshops and recording videos about how to massage a fallen womb and other ailments. Furthermore, their efforts demonstrate interviewees are nourishing their Indigenous familial and community networks by centering traditional medicine in an urban city.

4.3 Indigenous Healers in Los Angeles

Indigenous healers living away from their traditional homelands are an influential part of members in honoring ancestral knowledge. I interviewed one Indigenous healer: Griselda Ramirez Santiago. Sobadora Santiago embraces her service to community as a teaching from her grandmother. Santiago shares growing up with her grandmother in La Trinidad, Ixtlán allowed her to understand the commitment and necessity of Indigenous healers in her pueblo. Santiago’s memories of La Trinidad include a conversation with her grandmother about transforming fear into motivation and hope. Here, she transformed her fear of death into focusing on her life calling as an Indigenous healer. Twenty-four years have passed since Griselda Santiago migrated from Oaxaca, Mexico to Los Angeles, and indicates that part of her responsibility is to serve her

paisanos (friends) and community in Los Angeles. She indicates part of her responsibility as an Indigenous healer is passing her *conocimientos* (knowledge) to her children and extended family.

Sobadora Santiago focuses on sharing her Indigenous knowledge through family mentorship with the purpose of preserving traditional medicine. Santiago states “*siento que tengo la obligación de pasarlo (medicina tradicional) a otras generaciones*” (I feel I have an obligation to pass it (traditional medicine) on to other generations). The obligation to share traditional medicine is an extension of community healers’ long-term impact on the diaspora. Santiago’s lived experience and sobadora practice highlights how influential role Indigenous healers have for those who are part of to the Mesoamerican diaspora. Indigenous healers are supported by Indigenous knowledge keepers such as Macal and Guadron who also share their Indigenous knowledge with family and community networks. The thesis supports learning about the communal efforts Indigenous healers and knowledge keepers do for cultural transmission in the Mesoamerican diaspora. Given these points, additional research should address how Indigenous healers’ experiences shape their approach to Indigenous knowledge and traditional medicine. The following section will explain the contributions of this work in relation to potential future research.

4.4 Study Contributions and Future Research

The research centers the embodied knowledge of the Mesoamerican diaspora in Los Angeles. The thesis provides data on conversations with Indigenous knowledge keepers by creating meaning from their memories of *remedios* (remedies) and experience in Los Angeles. The thesis is contributing to literature on traditional medicine in post-migration contexts, particularly the Mesoamerican diaspora in Los Angeles. My research findings are applicable in areas of study such as Indigenous studies, American Indian Studies, Chicax Studies,

Ethnobotany, and Social-Cultural Anthropology. Additional research and interviews with Indigenous healers are essential to listen to their needs, aspirations, and community efforts. When I provided each interviewee with their interview transcription copy, I learned that Santiago and Guadron would use the transcription to brainstorm and outline for writing their own books. Macal and Santiago also envision writing a book in the future about their lived experiences and Indigenous knowledge on traditional medicine. Their aspirations revealed a need for information and resources about the pathways to publishing a book, as well. Amplifying book publications authored by Indigenous healers is a method to redirect scholarly literature to the embodied knowledge of Indigenous peoples.

Further conversations with Indigenous knowledge keepers can help unpack knowledge of the home, resorting to family members' knowledge of ceremonies, beliefs, and plants harvested in their home gardens or accessible in nearby stores. Further research could benefit from identifying areas throughout Los Angeles where healers and patients tend to engage with traditional medicine and Indigenous knowledge. A potential question is: What spaces are members of the Mesoamerican diaspora resorting to for traditional medicine? Carla Macal helped brainstorm how future research data can be presented. We envisioned an interactive story map locating spaces in Los Angeles such as *botánicas* (herbal stores), community gardens, centers, and organizations promoting Mesoamerican traditional medicine. This type of data presentation will help enhance collaborative research that provides findings as additional resources for community members. I would like to expand the research by interviewing more Indigenous healers to further address the third research question: For Indigenous healers, how does living far from their traditional homelands affect cultural transmission?

In each step of the thesis from brainstorming ideas, reading, conducting interviews, and in the writing process, I felt my ancestors with me. I felt a spiritual embrace. It is a hug I have not physically felt in years, yet constantly feel surrounded by. Often, I think about the lessons and knowledge my grandparents would have shared with me had my family stayed in Mexico. This narrative is one that many or some children of Indigenous migrants feel when living away from their homelands. It is a heartbreaking experience of family separation that is spiritually connected by ancestral knowledge, stories, plants, songs, dance, music, animals, and foodways. The interviewees all inspired me to reflect on my abuelita knowledge. I realized my grandmother did not share remedies with me. Rather, my grandmother's commitment to only engaging in Zapoteco Xhon was the memory I need to remember the power of Indigenous languages and culture.

My abuelita knowledge consist of are memories that have helped me understand my positionality as a researcher, student, and member of the Mesoamerican diaspora. On November 28, 2019, I called my Mom who was visiting my grandparents in *Lozoga* (Nigromante, Veracruz). It was "Thanksgiving Day" in the United States. While my mom translated my Spanish into Zapoteco, I told my grandparents that through American Indian Studies I felt close to them. In class readings about Indigenous language revitalization, I understood my Grandmother's reasoning behind only speaking Zapoteco. I value her resistance even when it strained our relationship, and I thanked her for not allowing Spanish to supplant her native language. *Por todo eso, gracias* (For all that, thank you). Since that Thanksgiving phone call, I continued American Indian Studies into graduate school. I am honored to contribute research to American Indian Studies because it is a space that centers Indigenous knowledge, language, and culture. I learned from scholars and students from diverse Indigenous nations and felt inspired by

their community revitalization and reclamation programs. In a recent phone call with my grandmother, I thanked her, in Zapoteco Xhon, for helping me remember. “*Xkalenu Xnagora*” (thank you, Grandma), I said. As I center research on traditional medicine and learn Zapoteco, I am in the process of (re) claiming my family's Indigenous practices and language from their lived Zapotec experiences.

The Indigenous peoples of the Mesoamerican diaspora in Los Angeles embody at least two generations: the Indigenous migrants and their children. Indigenous migrants like my mother are the generation that connect two worldviews: Indigenous knowledge grounded in their homelands in Mexico and survival skills to navigate their new home in the diaspora. The children of Indigenous migrants like myself are a generation that is awakening with two worldviews and deciding how to move forward with their Indigenous knowledge systems. Indigenous migrants and their children encounter Spanish and English as dominant languages which historically have attempted to eradicate Indigenous languages and culture. Both generations are connected by an appreciation and deep practice of ancestral knowledge systems and the use of Indigenous language, culture, and healing practices. The Mesoamerican healing practices in the diaspora is a form of (re) remembering and (re) claiming ancestral knowledge. Indigenous knowledge keepers' memories of their grandmothers' practicing traditional medicine and their role in the diaspora can influence creating communities of care. I hope that the thesis can contribute to showcasing our evolving presence in the Mesoamerican diaspora.

Most importantly, the Mesoamerican diaspora use traditional medicine as a care practice that stems from *herencia* (inheritance), their abuelita knowledge, and part of their *conciencia* (consciousness). Zapotec healer Contreras-Contreras' concept of *conciencia* explains traditional medicine and Indigenous knowledge is embedded in our histories and selves. Indigenous

approaches to health and healing in Los Angeles are part of remembering ancestral knowledge and following our conciencia. The thesis demonstrates the influential role Griselda Santiago, Carla Macal, and Stephanie Guadron, who partake in Indigenous knowledge production and transmission of traditional medicinal practices. The interviewees show learning and sharing Indigenous knowledge of Mesoamerican traditional medicine is an act to nourish themselves, their families, and community.

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