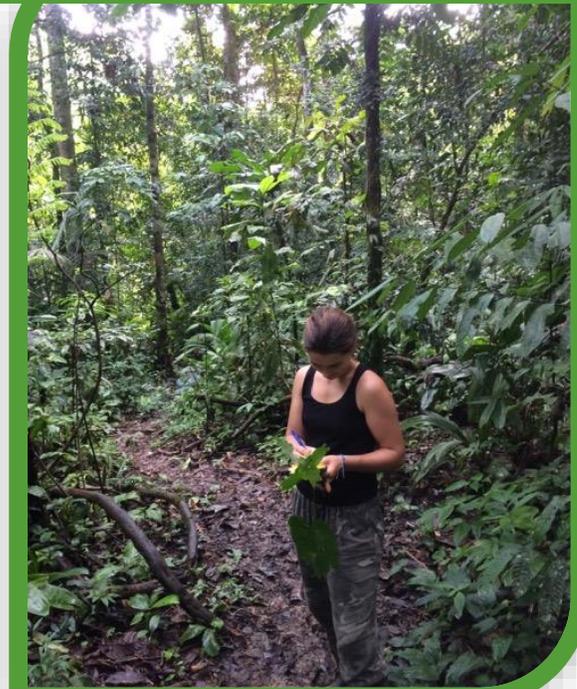


Traditional Medicinal Plant Use in the Peruvian Amazon



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Project Overview

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Department: Environment, Agro-Environmental Sciences, and Environment

Organization: Project Amazonas

Location: Santo Tomas, Peru

Mentor: Professor Oliver Coomes

Fellowship Duration: May 20-July 20, 2016



About the McBurney Fellowship Program

Through McGill's Institute for Health and Social Policy, the McBurney Fellowship Program supports students in international service programs related to health and social policy in Latin America. McBurney Fellows serve abroad in organizations working to meet the basic needs of local populations. One key aspect of this fellowship is its mandate to make a significant contribution to improving the health and social conditions of poor and marginalized populations through the delivery of concrete and measurable interventions. Students and their mentors identify issues, make connections with local organizations, and develop a strategy for the fellowship. The views expressed in this document are the opinions of the fellow, and do not necessarily reflect the opinions of the IHSP.

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Traditional Medicinal Plant Use in the Peruvian Amazon

Fellowship Overview

In the depths of the Peruvian Amazon rainforest, traditional medicinal practices have been cultivated over generations. This wealth of knowledge lies within the hands of the elder members of the communities, which are a mix of Indigenous Yagua groups and Mestizo Peruvians. Unfortunately, due to the penetration of western medicine into these remote communities, much of this wealth of knowledge is being lost. There are some very important gaps being filled by the presence of western medicine, but traditional medicine is also incredibly important to the health, well-being, and cultural identity of these jungle communities, according to our local partner and grassroots NGO, Project Amazonas. With young people losing interest in the traditional practices, it is important to work to conserve this library of knowledge now, before the older members of the community pass on. Much of this knowledge is passed on verbally, and varies between family groups and communities. The intention of our project was to facilitate the sharing of this knowledge between families and communities and to record the knowledge in the form of a book. We worked in six communities along the Oroza River in the lower region of the Amazonas, including Santo Tomas, Nuevo Israel, Comandancia, Santo Tomas, Santa Urzula, and Puerto Fujimori.

Objectives

Our primary objective throughout the project was to create a book which would include information on medicinal plants, their uses, and how they should be prepared to treat illnesses, to be distributed within the communities. In order to collect information for this book we set out to conduct household interviews in six communities along the Oroza River in the Peruvian Amazon.

Our secondary objectives included: getting to know the community members we were working with, gaining a deeper understanding of the types of medicine utilized by people in the area, encouraging the sharing of medicinal plant knowledge, and reorganizing and improving the communal medicinal plant garden.

Background/Context

The communities we worked with are very small, rural villages located in isolated parts of the Amazonas River. There are between 25-40 families in each of the communities, with populations ranging from about 150 to 300 people. Currently, their access to medical resources is very limited. The nearest operating clinic is a 45 minute boat ride upriver -- a trip which utilizes a gallon of gasoline round-trip, costing roughly 22 nuevo soles, or the equivalent of about seven US dollars.

This economic burden is extreme for the people living in these areas where the typical daily wage is very low. In order to treat many illnesses, medicinal plants are an extremely useful resource.

With much of this knowledge being lost, the use of medicinal plants is declining. As the younger generations become more interested in moving into the city to go to university or find work, they are losing interest in their traditional medicinal practices so they are not being passed on. Additionally, as people more frequently turn to western medicine, traditional plant medicine is being utilized less often. In combination, this is leading to a loss of the traditional knowledge.

Activities

We spent the first five weeks of our internship in the field conducting interviews in the communities. We would begin in each community by introducing ourselves to community leaders and discussing the project with them. When conducting interviews within each household, we would greet the family and describe our project, asking if they had time to speak with us. Typically, we spoke with the female head of household (*dueña de casa*), but if the men were in the house and not out working in their farm field (*chakra*) they would present themselves as well. In adherence to the McGill ethics review, we would obtain verbal consent from the interviewee before we began the interview. Throughout the typically 10-25 minute interviews we would cover the following general questions in a semi-structured interview style:

- What medicinal plants do you use? For what illnesses do you use them? How do you prepare the plant to treat this illness?
- How did you learn this knowledge or from who?



- What type of medical care do you prefer or utilize more frequently (i.e. plant medicine, visiting a shaman, or modern healthcare – using pills, injections, visiting the clinic, etc.)? If you visit a shaman, are there particular illnesses/situations that you visit them for?

- Has there been a case in the past in which you have cured yourself or family member of a serious illness with medicinal plants?
- Is there an expert in the community who you would consult for help with medicinal plants?

After completing interviews in six communities along the Oroza River, we organized our data and chose the 58 most popular plants that were mentioned by community members. We then put together a book containing information about the use and preparation, as well as drawings of each plant. After the first five weeks of our internship, we returned to Iquitos (the nearest city) for a weekend to print 160 copies of the book to be distributed within the six communities. Over the next few weeks we returned to each community and, again, walked door-to-door explaining how to use the book to each family.

Once we completed the plant book part of our project, we began collecting samples of the total 140 plants we studied in order to deposit plant samples at the herbarium at the Universidad Nacional de la Amazonía Peruana (UNAP) in Iquitos.

In the last couple of weeks of our internship we organized a day of festivities (*día de las plantas medicinales*) with the community of Santo Tomas, celebrating the medicinal plant garden at the clinic nearby. We organized medicinal plant workshops for the children that were taught by older and more experienced members of the community. After the workshops in the morning, the kids helped us to paint murals on the clinic surrounding the medicinal plant theme. The rest of the afternoon was spent playing soccer, eating food and drinking a traditional fermented corn drink from this area called *chicha*. The day was a successful celebration of the people's communal garden and their wealth of knowledge about medicinal plants.

Challenges and Successes

Part of our research methodology included conducting household interviews in order to delve into local knowledge surrounding medicinal plants and traditional remedies, and also to get to know community members. At first, we had difficulty conducting interviews with ease. We found that there were many circumstances when bringing up formal topics such as voluntary participation and written or oral consent seemed awkward and at times, even difficult. For example, one afternoon we entered a woman's house to find dozens of children gathered around a television. The volume was blaring and it was enough of a challenge to make ourselves audible. Running through technicalities in this situation made us feel extremely out of place, and made our initial attempts to integrate ourselves difficult. In other situations we were laughed at, as some community members seemed to find humour in our formality. After having to do it many times, however, we became more comfortable with the process of going through these formal technicalities.

The process of interviewing and conversing with the locals came more naturally to us as we progressed. When we began, communicating clearly and effectively with locals was sometimes difficult. To address this, we needed to become more attuned to the nuances of local dialect and

of wording and phrasing. For example, in the communities of Santa Urzula and Santa Rosa, we were noticing a trend of non-responsive reactions whenever we would ask about shamans. There was clearly something that we were unaware of and we could sense it. We learned that instead of “shaman” the peoples of Santa Urzula and Santa Rosa use the term “ayahuasquero”. This was different from what we had learned in other communities such as Santo Tomas and Nuevo Israel. After applying the more appropriate terminology, we were able to improve the clarity of our questioning.

When we visited the community of Comandancia, we were hoping to meet and speak to as many people as possible about their local medicinal plant knowledge as well as the history of their people and community and their Yagua culture and tradition. What we soon realized was that this in itself was an ambitious task. It was not uncommon to find community members heavily intoxicated and drinking in large groups. This made it very difficult to be able to conduct interviews. Even when we began our days at six or seven o'clock in the morning in order to avoid this situation, there were still some people we were never able to interview. Furthermore, we found it challenging to track down the community leaders; most days that we were there, the leaders seemed to be gone from the community. Later, when we returned for scheduled meetings with the leaders, we were often told to come back because they were either out of the community or had been drinking. We came to understand that the rhythms of life in the jungle are very different than the pace of life we are used to; and even between communities the way they operate can be quite different to their neighbours.

Questions Raised

All in all, we were able to accomplish most of what we set out to do. The compilation of local knowledge, the materialization of the medicinal plant book, and the distribution of the books were a success. Our concrete goals surrounding the product of our research were met. However, as we were trying to gather a deeper understanding of the histories of communities and peoples and attempt to become more conscious of nuances, for many various reasons our understanding was limited. For example, when gathering accounts of a people's history, we often encountered points of contradiction or confusion, and needed to talk to more people in order to triangulate our findings. Even still, we were required to reconsider our notions of understanding and recounting history, and we needed to alter our way of thinking in order to better understand the local context. Another example that illustrates limitations we faced is when we tried to draw some sort of conclusion surrounding people's preferences towards different types of medicine. Being able to understand people's attitudes and preferences depended on how comfortable they felt conversing with us, what questions we asked them and how, what kinds of information people were willing to disclose to us, and our ability to interpret their responses. Some people were more transparent than others and explained that their choices between plant medicine and pharmaceuticals or professional consultation was a matter of financial means, or due to a lack of knowledge, or simply due to preference. However, in general, people's attitudes and behaviours were more difficult for us to fully comprehend.

Perhaps, these are difficulties and challenges that are inherent to our position as outsiders to these communities? Or perhaps we would have been able to overcome these obstacles with greater social integration and cultural awareness?

Questions surrounding colonial power structures embedded within ethnobotanical research still remain. Is this type of research necessary and desirable for the personal and community development of people here? How can we help to define and address local needs and produce maximum benefits for the communities? Is there such thing as a “perfect” development scheme and if so, is it attainable? Throughout the process of our research, we made a conscious effort to emphasize the ideas of public participation, collaboration, the intention of creating something that would be accessible and of value and benefit to all stakeholders and everyone involved. Despite being unable to know the long-term effects or perceive any immediate outcomes, we are hopeful that our efforts have contributed to the preservation and continued use of traditional knowledge surrounding medicinal plants among communities of the Rio Oroza.

Training and Mentoring

While at the Madre Selva Research Station working for Project Amazonas, we received very little training. We began working in the field immediately after being introduced to key community members by a Project Amazonas staff. One of the staff members we worked with, Julio, served as a mentor to us, answering our questions, taking us to communities, and introducing us to community leaders. The only formal training we received at the organization was how to properly collect plant vouchers to deposit in the herbarium.

Despite the lack of training, we were able to complete our work successfully. The skills we learned in the field were important, but inherently difficult to be prepared for ahead of time. With the knowledge and support of Julio, we had all of the resources we needed to complete our project.

What did you learn?

Our fellowship proved to be an educational experience personally and academically. Firstly, after conducting daily interviews with Peruvian locals in Spanish, we greatly improved our grasp of the Spanish language. Over time, we familiarized ourselves with the vernacular and accent of this region. Not only did we increase our medical and botanical vocabulary, but we also improved our conversational Spanish. Furthermore, our skills in conducting interviews and doing research involving human participants improved greatly. In the beginning we found it difficult to communicate and effectively, but not overly formally interview the people. For example, phrasing questions in a way that the interviewee would understand was difficult in addition to the language barrier. However with practice we were able to more clearly communicate our interview questions and we became more efficient and effective at conducting interviews.

In addition, throughout this fellowship, we gained insight on indigenous cultures, lifestyles, health, and environment through day-to-day interactions with the Yagua communities we worked in. We were exposed to a variety of beliefs about spiritual medicine, shamans, *curanderos* and

other spiritual healers, which we had not been exposed to previously. Through their extensive knowledge on traditional botanical medicine, we learned about the uses and preparation of more than 140 different medicinal plants. We are now able to identify the majority of the 58 plants we included in the book. Furthermore, as it was our first time working with botanical samples, we learned the process of collecting plant vouchers, which proved to be difficult given the extremely humid conditions of the Amazonian rainforest.

Unfortunately, time constraints and the nature of our research prevented us from taking a more leisurely approach to our interviews. We would have liked to allow for more time for people to tell stories or personal accounts that could have added an interesting ethnographic layer to our research. Looking back on our research, a less formal approach to our interviews could have allowed for greater flexibility and range in the responses for our data collection. Unfortunately due to our time constraints this was not entirely possible, but had we had the time to do so, it would have added immensely to our research and our relationship with the communities.

Community Implications and Further Work

Contribution to the delivery of health/and or social services for poor or marginalized groups

It was our intention to work with every single member of each community in an effort to collaborate with the public and facilitate the sharing of knowledge. Traditional knowledge of medicinal plants and their uses in the six communities we worked with is certainly a key aspect of daily life on the Rio Oroza. Plant remedies are used to cure common illnesses among all people from infants to the elderly. By collaborating with community members through informal conversations about local plants, medicinal plant recipes, and common illnesses, we hoped to bring to light the richness and value of the knowledge people were sharing with us, and we hoped to foster the continuous practice and sharing of this knowledge. Furthermore, the traditional knowledge of medicinal plants is deeply entwined within social relations and kinship among communities. Recipes and remedies are exchanged among neighbours and passed along to family members; one's knowledge is likely dependent on whom one is connected to. The medicinal plant book is a product of all the information and knowledge surrounding medicinal plants that the people from Santo Tomas, Nuevo Israel, Commandancia, Puerto Fujimori, Santa Urzula, and Santa Rosa have shared. And through the materialization of hand-written material, we hope that we were able to help produce a creative solution to problems of loss of knowledge and culture. Short-term potential impacts include: a heightened appreciation for traditional knowledge, a greater number of families able to cure their children with local flora, and possibly less overall dependence on modern medicine. Long-term potential impacts include: preservation of traditional healing methods and knowledge, maintaining the integrity of cultural practices,

and situating communities in a position of lower vulnerability to external pressures and influences.

How might your fellowship make a difference for the people you worked with?

The communities we worked with certainly have a wealth of knowledge surrounding medicinal plants and traditional healing. Since this knowledge is deeply embedded in the cultures and the



livelihoods of many of these peoples along the Rio Oroza, they are the primary stakeholders and have a vested interest in protecting their ways of life from external pressures. Throughout our project it became known that many people were aware of the fact that without putting in some conscious effort to preserve these aspects of their cultures, they could easily lose valuable forms of knowledge with time. Our medicinal plant project would not have been possible without our collaboration with the NGO Project Amazonas and the members of each community we visited. Together, we were able to forge a grassroots initiative focused on encouraging people to continue the active and lively use of traditional plant medicine and the sharing and teaching of this valuable knowledge. In addition, we started an archive at the Project Amazonas field station. The purpose of the archive is so that Project Amazonas has an organized collection of all its previous projects and work done for future students, researchers, and visitors to use as a resource. We believe that this will be an important resource for future visitors who have an interest in supporting the legacy

of past projects, making improvements to past implementations, or creating new positive impacts.

What would be the next steps to translate your findings into policy action?

While traditional medicine in these communities is well-known and widely practiced by locals, it is evident that its popularity may be fading due to the influence of modern medicine. Certainly, people have benefitted immensely from achieving access to modern health services such as doctors, antibiotics, and immunizations; however, dependence on this single type of medicine has implied a long-term loss of culture and knowledge. Our research could potentially affect policy action by influencing the way that health services are set up in these communities. For example, clinics and hospitals that approach health in a more holistic, and culturally appropriate manner and prescribe treatments of not only modern medicine but also the inclusion of plant remedies and even spiritual curing based on shamanism. This integrated approach could address potential issues of cultural loss and challenges associated with education.

Program Evaluation

With interests in indigenous studies, environment, and food-security, it was extremely valuable for us to gain insight into non-governmental organization work throughout our fellowship with Project Amazonas. We also learned a great amount from being exposed to fieldwork, various research methods, and people living very different realities than our own; this gave us the opportunity to apply our academic knowledge learned at McGill to real world problems and solutions. Throughout our fellowship, we became more comfortable interviewing communities, as we gained a better understanding of people's vocabulary, mannerisms and habits in general. We became more efficient and comfortable with the interview process over time.

Any advice for future fellows?

For future McBurney Fellows, we would highly recommend those working for NGOs to plan their project ahead of time with the help of the directors, onsite workers and other students for insight and advice on the work conditions and environment in which they will work. One has to adapt to different environmental and social conditions onsite, and thus it would take a lot of time to come up with a project and plan it onsite. Deeper background knowledge of the communities and their lifestyles would be helpful for community-based work.

Another aspect of community-based work that we found important is the ability to integrate into the community and step out of your comfort zone to make the most out of the experience. Therefore, we believe that mastering the language of the community is crucial for greater involvement and exchange within the community you are working in.

Was your project part of a larger/ongoing program? If so, what are the next steps?

Our project was not part of a larger and ongoing program. However, we hope that community members will annotate their copies of the book with their own experiences, their successes and failures in curing different diseases with plants. When distributing the books, we told every family that they should give their annotated copies to Project Amazonas workers in the long term, for them to be modified and updated according to the communities' varying uses.