Chapter 7

The Use of Home Remedies for Health Care and Well-Being by Spanish-Speaking Latino Immigrants in London

A Reflection on Acculturation

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Introduction

Today Britain is one of the most multicultural of societies, encompassing traditional Commonwealth immigrant groups from Indian, Caribbean, African, and Irish descent, as well as increasing numbers of people originating from South America and Central Europe (Kyambi 2005). Despite the government's aim of rendering the National Health Service (NHS) more culturally appropriate for the ethnically diverse population, little attention has been paid to study traditional health care practices of immigrant communities in the United Kingdom (UK) (Green et al. 2006). When people migrate to urbanized centers, they often bring along their medical traditions. Balick et al. (2000) describe how immigrant communities in New York City continue to import, buy, and utilize traditional remedies. Urban ethnobotany studies these plants used as medicine by ethnic communities in an urban environment, and also focuses on the changes that traditional medicine undergoes when it is transplanted from one culture to another. The present study aspires to contribute to this new discipline, by exploring the plants that are used for health care by Latino immigrants in London, and the influence of migration on these medical practices. Doing so, the study also aims to provide a better insight into particular health care patterns of one of Britain's

least documented communities, the Latino population. The results that are presented are based on nine months of fieldwork among the Spanish-speaking Latin American community in London (September 2005–May 2006).

This chapter starts with a general outline of the community in London and will then focus on the subject of the illness narratives of Latinos and their choice of plants for health care. Medical anthropological theories on the concepts of "illness and disease" will clarify the issue of the incorporation of both English terms into one word in Spanish (*enfermedad*), and its particular difference with the commonly used concept of discomfort (*malestar*). Theories on medicalization will allow exploring this linguistic discrepancy more profoundly. In addition, Kleinman's (1980) model on health care systems, and the updated version of Stevenson et al. (2003) will be put forward as a framework for Latinos' choice of health care. This theoretical explanation will provide the fundaments for discussing the different types of natural home remedies used by Latinos in London. It will be shown that, in general, people use plants for self-treatment of minor ailments and for maintaining well-being in a home context. Yet, the medicinal plants reported by the participants represent only a part of what they used formerly. Furthermore, there appears to be a substantial difference between passive and active knowledge, i.e., between past uses and maintained practices. Hence, it will also be explored what the main reasons for this difference are, and if these can be ascribed to acculturation processes. It will be hypothesized that the use of herbal remedies by Latinos is mainly influenced, and even dominated, by practical, material factors, such as import regulations, and is not always a matter of "free choice."

Methods

The methodology draws on a range of qualitative anthropological interview techniques and participant observation methods. The results presented here, are based on thirty-five semi-structured interviews with immigrants mostly from Andean countries (i.e., Ecuador, Colombia, Bolivia, Peru, and Chile). All but one interviews were conducted in Spanish by the first author (M.C.). Participants differed in age (between 18 and 65), social background, and length of stay in the United Kingdom (between 9 months and 26 years). Open-ended interviews and casual conversations were conducted at Latin American shops, restaurants, in community centers, and with two London-based, Latin American practitioners of Complementary and Alternative Medicine (a homeopath and a holistic doctor) who offered further data to sketch a solid ethnographic background. Information on importation laws was gained through interviews with representatives of the Food Standards Agency and the Department for Environment, Food, and Rural Affairs (DEFRA), both part of Her Majesty's Customs and Excise. In addition, several months of participant observation and two group-interviews with the associates

of the Latin American Elderly Project (LAEP) were conducted. Finally, several visits were made to a Latino herbal shop in the Elephant and Castle shopping center in south London. Apart from casual conversations and an open-ended interview with the Ecuadorian shopkeeper, an inventory was made of all herbs sold there and samples of all available remedies were bought. A reference collection of bagged plant samples, consisting of pharmacognostic specimens, is deposited at the herbal drug collection in the Herbarium of Pharmacognosy of the University of Bradford. The species mentioned in this paper are identified using Heywood (1979), Maas and Westra (1993), Ody (1993), Mansfeld's Encyclopaedia of Agricultural and Horticultural Crops (2001) and the International Plant Names Index (IPNI) (2006).

Ethnographic Background

Ever since the tumultuous 1970s, people from all over Latin America have come to the United Kingdom either for political or economic reasons. Generally speaking, the first Latin American immigrants were refugees fleeing the military dictatorships in their respective countries, many of them coming from Chile and Argentina. This first wave is sometimes perceived as a brain drain of the educated middle class (Berg 2004). Nowadays, the gloomy image of the continent has changed and so has the "profile" of the Latin American migrants. During the early 1980s, British immigration rules were relaxed in order to fill in labor shortages in the service industry. At the same time, several Latin American countries were facing deep economic crises. This further encouraged immigration to the United Kingdom, especially from Colombia (Berg 2004). Unlike the first political refugees, these economic immigrants often come from a more deprived socioeconomic background. However, the line between political and economic immigrants is not always easy to draw since, in several countries, years of ongoing political conflicts aggravated already poor economic situations.

Who belongs to the Latino community? Broadly speaking, Latin America includes all Spanish speaking South and Central American countries, as well as Mexico (geographically part of North America) and Brazil (where Portuguese is the official language). The Latino community in London embraces people from all these countries. According to the 2001 National Census, 0.62 percent of London's population was born in a South American country. In terms of composition by nationality, Colombians represent the largest group in London. Bermúdez Torres (2003) estimates that approximately 50,000 Colombians reside in London, where they constitute about half of the Latino community.

This research focuses on the Spanish-speaking Latino community. One might wonder whether this choice is artificial or disproportional. From an emic point of view, the answer is: no.[1] The Latino community does not embody the "classical" elements of an ethnic minority and is not recognized as such by the British

government. Yet, ethnicity is not a fixed given, nor does it have anything to do with "colonial" concepts of either racial or even national boundaries, or as Baumann (1999: 21) puts it: ethnicity is "not given by nature, but an identification created through social action[,] . . . not the character or quality of an ethnic group, but an aspect of a relationship, constituted through social contact." In this way, Latin American migrants do not tend to act as "classic immigrants" (Block 2005); i.e., instead of emphasizing their national background, they take on a transnational or pan-Latino identity in their new environment.[2] The different Latin American organizations, community centers, and newspapers in London reinforce this pan-Latino identity. Subsequently, a division based on country of origin might seem slightly artificial or "etically" imposed. Language, on the other hand, while being a unifier, also creates borders. Brazilians are often considered a separate group somehow. While officially the Latino organizations welcome people from all Latin American countries, in reality almost all come from Spanish-speaking countries. Furthermore, Brazilians also have their own specialized shops, bars, and restaurants and tend to socialize more with people from other Portuguese-speaking countries.

Latinos' self-representation as a single group might be interpreted as a form of acculturation, not in the sense of assimilation toward the host society, but rather as identification with a shared pan-Latino distinctiveness. Or in Baumann's (1997: 219) words: "internal divisions" are replaced "by a shared external distinctiveness." According to Perna (1996), this centrifugal effect is visible in the community's use of *salsa,* a shared Catholic faith and the Spanish language.

No exact statistics exist on the real number of (Spanish-speaking) Latin American immigrants in the United Kingdom. This can partly be attributed to a conceptual gap in the (2001 and previous) National Census. As mentioned previously, the Latino community is not recognized as an official ethnic minority in the United Kingdom. None of the Latin American countries ever belonged to the British Commonwealth, a political reality that is echoed in the absence of a separate "Latino" option in former Census documents. So, some Latinos probably got lost in the broad "(white) others" category, while some refugees and illegal residents are not counted in these statistics. Furthermore, the London-based Latin American organizations do not agree on exact numbers either. Estimations of numbers for the Spanish-speaking Latino community in London vary from upward of 80,000 to as many as 300,000 (Block 2005). The absence of a clear number reflects both the mobility and so-called invisibility of the community. The Latino community is partly a community in flux. Some, usually younger people, do not intend to stay permanently and move on after their visa expires, when they have done a few jobs, or when they finish their studies. Others have been living and working in the United Kingdom for many years (Román-Velázquez 1999). Some migrants however, remain illegally, i.e., they enter with a tourist visa and, after the visa's term has passed, fall through the holes of the

bureaucratic net. Moreover, these people do not have the opportunity to rely on the National Health Service. Subscribing with a biomedical health care provider can jeopardize one's invisibility considerably and applying for treatment through the National Health Service sometimes even leads to arrest, since an individual's details can be given to the Home Office (Román-Velázquez 1999).

The invisibility of the community is further reflected in the fact that there are no specific Latino boroughs in London. Unlike Southall (for the Bangladeshi communities), Hackney (for the Turkish and Kurdish communities), or Brixton (for the Caribbean communities), there is no Latino area as such. Rather, the Latino community in London is dispersed throughout the whole city and thus less visible than some other ethnic minorities (Román-Velázques 1999). Recently, some Latino shops and restaurants opened in Brixton where many new immigrants—mainly from Ecuador and Colombia—reside. Yet, the exceptions that prove the rule are the shopping centers of Elephant and Castle (south) and Seven Sisters (north) (Block 2005). Both enclose several Latino shops, ranging from hairdressers to food stalls and grocery stores (Román-Velázquez 1999).

Results and Discussion

The Use of Plants for Health Care Equals Home Remedies for Self-Treatment: Latinos' Explanatory Model of Health

Before exploring which plants are actually used for health care by Latinos in London, it remains to be elucidated what specific form health care takes in this context. Although the primary focus of the project was on the use of *plants* for *health care,* research made clear that neither of these terms apply literally. In what follows, this methodological riddle will be explained, using various theories based on the concepts of illness and disease and the sectors of health care.

One of the key questions in the semi-structured interviews originally aimed at finding out what plants people use in London *to treat a disease* (translated into Spanish: *para tratar una enfermedad*). During the pilot testing, interviewees surprisingly answered they could not think of any disease they had been treating with herbal remedies. Instead many came up with several remedies for what they described as *malestar.* This term can best be translated in English as "discomfort." And in and of itself, this linguistic twist offered an important insight into Latinos' explanatory model of health and illness.

The Spanish word *enfermedad* can be translated both as "illness" or "disease." In medical anthropology, a clear difference is stipulated between both terms (Kleinman 1988; Helman 1990). "Illness" is generally described as a subjective "expression of unhealth" from the patient's own experience, sometimes when no disease can be found, whereas disease is "the pathological process, the deviation from a biological norm," as seen from a medical perspective (Boyd 2000: 10). Accord-

ing to Pelto and Pelto (1990: 275), culture is the main determinant responsible for this distinction. Illness then refers to "the culturally defined feelings and perceptions of physical and/or mental ailment in the mind of people in specific communities." "Disease" on the other hand "is the formally taught definition of physical and mental pathology from the point of view of the medical profession" (Pelto and Pelto 1990: 275). Since there is only one word that stands for both "illness" and "disease," a linguistic difference between both concepts does not exist in Spanish (Zapata and Shippee-Rice 1999; Collins Spanish Dictionary 2004). Instead, there is the difference between *malestar* and *enfermedad,* which was pointed out by participants during this study. This difference is summarized in table 7.1.

In the explanatory model offered by Latinos, the concept of "discomfort," or *malestar,* has a strong connotation of being less severe than *enfermedad.* This implies that somebody suffering from *malestar* usually does not consult a general practitioner. *Enfermedad,* on the other hand, is mostly perceived as something that does require professional medical help (table 7.1.). In general, there seems to be a consensus on what is considered "just" a discomfort. Stomachaches, headaches, colds, chills, and flu symptoms, for example, are all seen as forms of *malestar,* as illustrated by the following quote:

> "A disease. . . . I cannot think of a name of a disease, but I can think of discomforts. I drink for example an infusion of celery when my stomach hurts[;] . . . for menstrual pain, a decoction of cinnamon[;] . . . for sore throat, ginger, orange, honey, and a spoonful of butter is a relief." (Colombian woman, 24 years old).[3]

This can be interpreted as a demedicalization of certain disorders. Some conditions that would be described by a practitioner as "diseases," such as flu, are demedicalized by Latinos in that they are not considered "medical" problems. This is rather the opposite of what Myllykangas and Tuomainen (2006) describe as "a tendency to detect medical problems everywhere, turning ordinary ailments into medical problems, seeing mild symptoms as serious, and treating personal problems as medical ones." Modern allopathic medicine has often been criticized for turning nonmedical phenomena into medical problems (Illich 1976; Helman 1990; Illich 2003; Myllykangas and Tuomainen 2006). The umbrella of biomedicine now encompasses all normal phases of the female life–cycle such as menstruation, childbirth, and menopause, as well as, for example, unhappiness (Helman 1990). This expansion of the medical sphere is not part of the explanatory model of health and unhealth for Latinos.

When people say, for example, that *toronjil* (*Melissa officinalis* L.) is "good for the heart" (*bueno para el corazón*), the word "heart" has a symbolic meaning. "Good for the heart" stands for "uplifting" (or a more revealing English synonym: "heartening"). Lemon balm, as *toronjil* is called in English, is indeed described as

a sedative and antidepressant (Ody 1993). Participants did not consider this a proper disease (illness/disorder), but rather a form of distress or discomfort. Similarly, all kinds of female problems are not considered medical disorders either.

> "Types of discomfort, for example [are], what a woman does when she has her periods, … cinnamon, *la canela,* cinnamon tea is good when you have too much discomfort, discomfort during menstruation, when it hurts. But diseases, I do not know, no." (Colombian woman in her fifties, living in the United Kingdom for 26 years).[4]

Quite a few plants are used to alleviate pain related to menstruation (infusions of *Apium graveolens* L., *Cinnamomum verum* J. Presl., *Ocimum basilicum* L.) or as emmenagogues (infusions of *Petroselinum crispum* Nyman., *Origanum vulgare* L., *Ruta* spp.). They are all described as remedies to alleviate female discomforts.

Equally, certain folk illnesses are not considered medical problems either. As one woman remarked, with *mal de ojo* (the evil eye) "you do not go to a "normal" doctor. He would tell you, you came to the wrong shop."[5]

Table 7.1. Summary of the Main Differences between *Enfermedad* and *Malestar*

Enfermedad	***Malestar***
Can be translated as both "disease" and as "illness"	Discomfort
Tratar (to treat)	*Aliviar* (to alleviate)
Connotation of being severe, needs professional help	Connotation of being less severe, "minor" disorders
Medicalized, treated within the professional sector	Self-treatment, treated within the home context (popular sector)
As opposed to *salud* (which is also a very medicalized term)	As opposed to *bienestar*

Moreover, remedies to treat a form of *malestar* did not only include medicinal herbs, but also a range of health foods and food medicines. The term *plantas* which is often interpreted as a synonym for *hierbas,* herbs, was thus in a way insufficient to cover the whole range of natural remedies. Moreover, these remedies were not only used to alleviate discomforts, but also for cosmetic home treatments, for magico-religious purposes, and in some cases also to prevent illnesses. These uses are included because they are all applied in a home context. They can be summarized as treatments for attaining *bienestar,* or well-being, as opposed to *malestar.*

These results can be explained further by employing Kleinman's (1980) model on the three sectors of health care systems, which has been recently updated and applied to the British context by Stevenson et al. (2003). According to this model, treatment for a disorder can be sought in one of the three sectors that form every

health care system. To begin with, there is the professional sector, dominated by biomedicine. The second is the folk, or nonprofessional, specialist sector, which ranges from osteopathy to faith healing. Nowadays, the distinction between both sectors has become vaguer. Since Kleinman first published his model, many Complementary and Alternative Medicine practices have received official recognition (Stevenson et al. 2003). The final sector is the popular sector, "the lay, non-professional, and non-specialist arena" (Stevenson 2003: 513). This lay sector includes health maintenance activities such as diet and home remedies (Stevenson 2003). It is the domain where "ill health is first recognized and defined, and where health care activities are initiated" (Helman 1990: 55).

The plants used by Latinos in London that are described in this article, are all utilized within the popular sphere: the household, or the more extensive social network including family, relatives, and friends. Sometimes, knowledgeable people in the community are also consulted, such as the owner of the Latino herbal shop. All interviewees (n=35) agreed that within Latino families, women (mothers and grandmothers) are the key "sources" when it comes to home remedies.

Stevenson et al. (2003) point out that in the United Kingdom, most of the natural home remedies that were formerly used within the popular sphere are now replaced by manufactured medicines. Nowadays, biomedicine dominates all sectors. These authors declare that decades of overprescribing allopathic medicine might have undermined people's confidence in self-treatment, which is not in concurrence with health care seeking habits of Latinos.[6] In general, self-treatment with natural remedies was preferred by all interviewees (n= 35) for a whole range of illnesses and disorders that are considered forms of *malestar.*

The propensity to stick to self-treatment can also be interpreted as a form of critique on biomedicine as a whole. Latinos' views on the British medical system are not always unanimously positive. The most common complaints include disapproval of doctors' tendencies to an "impersonal and short treatment" and to "only prescribe aspirins or paracetamol." Language can be a barrier as well. For others, bad experiences with the National Health Service instigated their distrust. This critique on the biomedical sector is a summary of what came out of the thirty-five interviews conducted so far and does not claim to be applicable to the whole community.

During recent years the UK government has started to emphasize and encourage the use of self-treatment in its health care policy (Stevenson et al. 2003). Hence, paradoxically, by trying to maintain existing customs, Latinos might be more "acculturated" towards this objective than anyone else.

Home Remedies

Home remedies used by Latino immigrants in London can be roughly divided into the following categories: (1) medicinal herbs (used preventively or curatively);

(2) functional food, food medicine, food (plants) used in a multifunctional way; (3) "ritual" plants and remedies; and finally (4) cosmetic home remedies or *tratamientos.* Each type of use will be discussed shortly by means of representative examples.

Medicinal Herbs as Cure and Prevention: "The doctor here tends to cure, and not to prevent."[7]

Medicinal herbs are used either preventively or curatively. Among all mentioned remedies that are used to cure or alleviate a certain ailment, most (13 out of 60) are used to alleviate an upset stomach, to treat the symptoms of flu and common cold (11), or as laxatives (8). None of these ailments typically is considered a disease and thus none is "worth going to a doctor" for consultation. When participants did mention seeking professional help, they often criticized the British practitioners for focusing only on curing a disease and not drawing enough attention to preventive care.

Several preventive usages came up during interviews. Preventive remedies are mostly ingested through food, as juices and smoothies (i.e. a blended nonalcoholic beverage made from natural ingredients), or as herbs mixed with a meal. Smoothies of tropical fruits (e.g., mango, *Mangifera indica* L., Anacardiaceae) and plants such as aloe (*Aloe vera* L., Liliaceae) belong to often-cited preventive measures, used to "regulate the digestive system." They are mostly drunk in the morning. Common examples of species used preventively and ingested as herbs are garlic (*Allium sativum* L., Alliaceae) and ginger (*Zingiber officinale* Rosc., Zingiberaceae). The following quote is about the use of both.

> "Above all, these are remedies that are not used when you are already ill; it's because it is April and it is going to rain a lot, so you change your diet, and you use more ginger or you put more garlic in it, so they would give you more defenses . . . In reality it has to be before. This is something that you adapt to your lifestyle, I suppose. It gives you a better defense system . . . before the virus comes. . . . As I said, I use more things preventively." (Colombian woman, living in the United Kingdom for more than 20 years).[8]

This also shows that the preventive use of food differs from season to season. In Colombia it is related to the rainy season; in Britain this is transformed into a more frequent use during autumn and winter. Preventive uses often overlap to a certain extent with functional foods, which will be discussed next.

Remedies on the Food-Medicine Continuum: "You cannot avoid illnesses, but you can prevent them through a good diet."[9]

Some natural remedies are used, sometimes concurrently, as food and medicine. we draw on Pieroni and Quave's (2006) model—here of course transposed onto cultivated species—to schematize the different degrees of correlation between

food and medicines. They differentiate among functional foods, food medicines, and remedies with multifunctional uses.

Functional foods are species used in food preparations with a nonspecific action assumed to benefit health. They are said to be "good for the blood," to promote a good circulation of the blood, or to purify the blood (e.g., parsley, *Petroselinum crispum* Nyman, Apiaceae). Others are said to "enhance the defense system." So, in this respect, functional foods are sometimes used preventively, as is the case with garlic. Celery (*Apium graveolens* L., Apiaceae) is one of the most commonly used examples. Eaten raw, or prepared in soups and stews, *apio* as it is called in Spanish, is said to be "good for the blood," to provide vitamins and to "clean the liver." Another, typically Colombian, example is *chontaduro* (hearts of palm, *Bactris gasipaes* Kunth, Arecaceae). In London, the fruits are only available in cans, preserved in salted water. They are sold in every Latino shop and highly appreciated. The fruits are said to be "rich in proteins" and are considered a natural energizer and aphrodisiac. Finally, almost every interviewee mentioned that eating carrots (*Daucus carota* L., Apiaceae) is supposed to be "good for the eyes." Pieroni and Quave (2006) found that in the Italian Basilicata region the consumption of functional foods is often seasonal. This is in accordance with what was pointed out earlier about the seasonal use of garlic and ginger in the Latino community.

Food medicines, on the other hand, are "ingested in a food context" as well, but are assigned specific medicinal properties; or they are "consumed in order to obtain a specific medicinal action" (Pieroni and Quave 2006: 110). In the Latino community, food medicines are used curatively more often than preventively. Freshly pressed orange juice (*Citrus sinensis* (L.) Osbeck, Rutaceae) is used to alleviate symptoms of common cold, flu, and a sore throat. It is also drunk as a laxative. A soup of chili peppers (*Capsicum frutescens* L., Solanaceae) is prepared as a relief for various diseases typically contracted in wintertime, mainly to treat flu because it promotes sweating. Sweating is considered a means to cure more quickly, because it purifies the body, "expels" the disease, or makes one literally "sweat it out."

Some examples like flax or linseed (*Linum usitatissimum* L., Linaceae) and oats (*Avena sativa* L., Poaceae) are somewhere in between food medicines and functional foods. On the one hand, both are used curatively (as laxatives), but they are also eaten because they "regulate the digestive system" (preventive). Another "borderline example" is beetroot (beets), *remolacha* or *betabel* (*Beta vulgaris* L., Chenopodiaceae). Beetroot is eaten because it "enhances the level of red blood cells," producing a general effect (and therefore a functional food). However, it is also consumed by some to prevent and even to treat anemia, which makes it a food medicine.

Finally, some species are used in a multifunctional way. This means they are simultaneously used as food and medicine, "without any relationship between

both uses" (Pieroni and Quave 2006: 108). A good example here is potato (*Solanum tuberosum* L., Solanaceae). Apart from being part of the everyday diet of most Latinos, potatoes are also used in several medicinal applications. The sap is ingested as a sedative. Slices are applied topically on the skin as an anti-inflammatory or on the forehead to alleviate fever and related headaches. Finally, the water in which potatoes have been cooked is drunk to expel kidney stones.

It should be mentioned that a few non-vegetal foodstuffs could be situated within the food-medicine continuum as well. Some products of animal origin, such as milk (drunk as a laxative), honey (mixed with infusions or juices to alleviate sore throat), chicken stock (a flu remedy), and eggs (gargled against sore throat) are widely used. Water and salt are also claimed to have several medicinal properties. Water is considered a general cleanser and is drunk against headaches, whereas salt is used as an antiseptic to rinse minor wounds. A mixture of lukewarm water and salt is gargled to alleviate a sore throat. Finally, even beer and Coca-cola® are both common home remedies (respectively as a diuretic and against diarrhea).

Ritual Plants: Buena Suerte and Zahumerios

A few plants are used for what might be called magico-religious purposes. The ones that are still in use in London can be subdivided into two categories. On the one hand, there are plants that are used *para buena suerte,* to "bring good luck," "to protect against bad spirits" or "bad energy." They are put next to the front door of the house, usually in a flowerpot (since the majority of the interviewed Latinos live in apartments). Common examples are *sábila* (*Aloe vera*) and *ruda* (*Ruta* spp., Rutaceae). This is not an isolated use; almost all participants mentioned it or had an aloe at home. Some Latino shops or bars also have an aloe plant at their entrance. These uses are not tied to one specific country, but interpretations may change a bit from country to country. The use of aloe to avert bad luck is widespread among Colombians, whereas the use of rue is commonly known by people from all Andean countries.

Outside the popular sphere, rue is often used in spiritual healing rituals, performed by *curanderos* (specialized healers). The plant is said to absorb the negative energy from a person struck by certain cultural diseases, such as the evil eye. While this practice is common in different home countries, nobody reported this use in the United Kingdom. The use of rue might have been introduced to Latin America by the Spaniards and rue is described by San Miguel (2003: 239) as a typical plant "to counter supernatural evil in Western traditions."

Apart from just keeping a plant in the house to protect against misfortune, people also burn certain herbs. This is done initially to clean the house "from bad energy" and "to bring good luck." The most widespread example is eucalyptus (*Eucalyptus* spp., Myrtaceae). Some people who follow this habit explained it with a modern twist. Some say burning eucalyptus cleanses the air of germs and that

doing so prevents diseases. This can be interpreted as a medicalized explanation of a traditional ritual. Others claimed to use eucalyptus "to make the house smell good" or as somebody said: "as a sort of hippie-like incense" without a specific symbolic meaning. It is interesting to see how this ritual is explained using Westernized narratives that turn it into a health conscious or a fashionable practice. In the Ecuadorian *botánica* one can also obtain *zahumerios* (incense). This is a mixture of herbs that have been blessed by a *curandero* or specialized healer. To attract good luck, they should be burned inside the house.

Latinos do not see these practices as promoting health in a medicalized way, but they do belong to the broader field of well-being, since they are indeed used to avoid *malestar.* A final category that fits under the umbrella of general well-being is *tratamientos de belleza.*

Cosmetic Home Remedies: Tratamientos de Belleza

Every woman interviewed, young or old, came up with certain home remedies for cosmetic purposes, also called *tratamientos (de belleza)* (literally: "[beauty] treatments"). They are used because they are cheaper, and said to work better, than products bought from a shop, because they "are more natural." Treatments range from emollients for skin and hair, to natural peelings made from a mixture of sugar and lemon. In total, eleven different *tratamientos* were reported. Aloe, egg (yolk) mixed with honey, olive oil, and even mayonnaise are all used as conditioners or as treatments for dry hair. They are put on the hair, as any other conditioner would be, and washed out afterwards. Another *tratamiento* often heard about is a mixture of lemon (*Citrus* spp.) juice and sugar, applied as a peel to scrub the skin.

Most Frequently Mentioned Remedies

Table 7.2 gives an overview of the ten most frequently mentioned remedies, how they are used and for what purpose, where they are obtained, and the percentage of interviewees (n = 35) that use them in a certain treatment. Herbal remedies are mostly purchased in supermarkets and markets. Often, Latino shops also have an assortment of herbal infusions. Some remedies are brought or imported from home countries. Finally, some people mentioned the Latino herbal shop at the Elephant and Castle shopping center. The significance of this shop cannot be underestimated, not only because it seems to be unique of its kind, but also because its supply is completely based on the demands of customers (90 percent of the clientele are Latinos, the other 10 percent are either Spanish or Portuguese). Furthermore, the shop is also representative of the pan-Latino identity, i.e., of people from different countries who buy herbs at the shop imported from different countries. There is one thing that stands out from table 7.2 and the examples discussed in the previous paragraphs. Most of these remedies are "common" herbs or natural products that can be found in any supermarket. Every typical

brand of English tea has developed an assortment of herbal infusions that commonly include chamomile and mint, which are also sold fresh in some markets and supermarkets. Aloe has become a panacea and is nowadays used virtually in everything, from beauty products and washing powder to "healthy" juices sold in retail shops. Fresh leaves are sold per piece in almost every Caribbean market, and even international chains like Ikea sell whole plants. In short: except for aloe, the home remedies used most often by Latinos in London are not at all indigenous Latin American plants. The question that arises is how this use is related to the debate on acculturation. In the following and final section of this chapter we will analyze this question more in detail.

Acculturation

The plants mentioned in the text and table 7.2 provide an overview of the ten most frequently mentioned plants that are still in use after migration. However, this is only a fraction (5 percent) of all the remedies that people mentioned. Depending on the geographical region of origin (urban or rural), there exists a huge difference between the number of remedies people used previously in their home countries (the total of different remedies used in home countries is 196) and the ones that are still in use after migration to the United Kingdom (the total of different remedies used in London is 66). This difference could be measured because interviewees were asked to distinguish between the two. Often only a small segment of their knowledge is still actively applied. In general, interviewees used at least three times as many natural remedies back in their home country than they use currently in the United Kingdom. Whether or not this can be seen as a sign of acculturation depends on the interpretation of the concept.

First of all, acculturation is often interpreted as assimilation toward the so-called host society that results from a simultaneous process, encompassing deculturation from the original culture and enculturation towards the host culture (Kim 2001). This model works when the host society is culturally rather homogenous (Pieroni et al. 2005). However, in multicultural London it is hard to speak of a fixed, homogenous substrate. One would have to become multicultural, in order to "assimilate to the host society," and this, of course, is a contradiction in itself.

In addition, there is Baumann's (1997) theory, already mentioned, that acculturation is a conformation toward a pan-Latino identity. While this model works on a political and sociological plan, the question remains whether the formation of a cross-diasporic alliance has any influence on the use of plants. The answer is hard to determine and could be somewhere in the middle. There may be both a continuation of former "national" uses and a pan-Latino exchange. Some trivial examples include the following. A Colombian interviewee mentioned a flu remedy he started using in London after he got it from a Bolivian shaman (also living in the United Kingdom, but not practicing anymore). A Guatemalan woman

Table 7.2. Ten Most Frequently Mentioned Remedies among the Latinos Living in London

Scientific name	Spanish name	English name	Part(s) used	Administration	Claimed medicinal use(s)	Provenance	Frequency of quotation
Allium sativum L. (Alliaceae)	Ajo	Garlic	Bulbs, fresh	Functional food	"Good for the heart," "cleanses the blood," "enhances the immune system"	bs	More than 50%
				Chewed or tincture (with *agua ardiente*)	Anthelmintic, depurative		
				Infusion	Relieves symptoms of common cold, flu, and sore throat		
				Suspension of all garlic in diet	Antidiarrheal		
				Rubbed on nails	To make nails grow faster		
				Hung on door	Protection against evil spirits (Colombia)		
Allium cepa L. (Alliaceae)	Cebolla, Cebolla cabezona	Onion	Bulbs, fresh	Food medicine: prepared as *chango caballuna* (soup made of water, salt, and onion)	To alleviate an upset stomach, gastritis	bs	Between 30 and 50%
				Functional food	Energizer, aphrodisiac		
				Boiled, steam inhalant	Treatment against nasal congestion		
				External application	To heal wounds, antiseptic		
Aloe vera L. (Liliaceae)	Sábila, Aloe (Arg.)	Aloe	Leaves, fresh	Mixture (of the gel or "crystal") with (raw) egg, honey, ingested in spoons	Expectorant (emergency home remedy, used to alleviate acute asthmatic problems)	bs	More than 50%
				Mixture with ginger (fresh), ground turmeric (*curcuma* powder), black pepper and honey, ingested in spoons (has to be taken during 45 days)	Detox for the liver		
				Smoothie with mango	Stimulates the bowels, purgative		
				External application	Vulnerary, cicatrizant for minor wounds/cuts/burns, skin emollient (cosmetic use), applied on hair as conditioner or against lice		
			Whole plant	Put at entrance of house	To prevent bad spirits from entering the house, brings "good luck"		

Citrus sinensis (L.) Osbeck (Rutaceae)	Naranja	Orange	Fruits, fresh	Juice, smoothie Food medicine: juice	"Fortifies the defense system," contains vitamin C To alleviate symptoms of common cold/flu/sore throat, laxative	bs	Between 30 and 50%
Citrus limon (L.) Burm.f. *Citrus aurantifolia* Swingle (Rutaceae) Both species are used interchangeably, depending on availability	Limón, Lima limón	Lemon, lime	Fruits, fresh	Juice, hot, with honey or *panela* Juice with salt, gargles Juice (drunk pure) Juice, mixed in teas or infusions Juice, external use: eye drops Juice, topically applied	Relieves symptoms of common cold and flu Against sore throat To heal gastric ulcers, stomach aches (caused by salmonella) Digestive, to alleviate nausea "To whiten the eyes" Antiseptic for small wounds, astringent	bs	More than 50%
Eucalyptus spp. (Myrtaceae)	Eucalipto	Eucalyptus	Leaves, dried	Infusion (with hot milk or with cane sugar (*panela*) and cinnamon) Boiled Burned	To alleviate symptoms of common cold or flu Inhalation of steam to alleviate symptoms of common cold, sore throat, problems with sinus, nasal congestion To (ritually) clean the air, house from evil spirits or germs	bs, bl	Between 30 and 50%
Matricaria recutita L. (Asteraceae)	Manzanilla	Chamo-mile	Flowers, dried or fresh	Infusion or tea (in bags) Infusion Infusion, used as eye-bath Infusion	Digestive, calming effect (reduces nausea) Sedative Antiseptic Mouth antiseptic, to alleviate toothaches	bs, bl	More than 50%
Mentha piperita L. (Lamiaceae)	Hierba buena, menta poleo	(Pepper) mint	Leaves, dried or fresh	Infusion or tea (bags)	Digestive, calming effect, to heal gastritis, to heal sore throats	bs, bl	
Honey of *Apis mellifera*	Miel	Honey		Sweetener in teas or hot milk with whisky Externally applied	To alleviate sore throat, flu symptoms, "honey cures" ("la miel cura") Hair conditioner	bs	Between 30 and 50%
Salt	Sal	Salt		Dissolved in hot water, gargled or externally applied	Antiseptic, to heal sore throat, to clean minor wounds, salt is a remedy (*"sal es medicina"*)	bs	Between 30 and 50%

bs: bought in British supermarkets or markets in London bl: bought in Latino shops in London ih: imported or sent from home countries

said she regularly drinks mate (an Argentinean social beverage) with her other Latino, Spanish, and even English friends. Recipes get spread among the whole community through Latino newspapers that dedicate a separate section to herbal remedies. Many Colombians shop at the Latino botánica in Elephant and Castle and buy either Peruvian or Ecuadorian herbs. Yet again, this only reveals something relating to the social networks in which herbal remedies are shared, and nothing about acculturation.

Acculturation is often interpreted as a cultural transformation and adaptation toward the host society, resulting from a mental negotiation process within the migrant community (Kim 2001). Newcomers seem to adopt values, language, beliefs, and traditions of the dominant group, or alternatively, they reject these and stick to their cultural customs, as a deliberately chosen ethnic marker. The use of traditional food is often seen as a symbol in the maintenance of ethnic identity and a cultural trait most resistant to change (Nguyen 2003). However, the model that explains the use of food as an element in the negotiation of cultural or ethnic identity does not pay sufficient attention to the fact that adaptation is often a practical matter, based either on financial considerations or availability of ethnic products. During this survey, participants often uttered complaints about unavailability or cost of traditional products (some herbs are available only in specialized shops and are often expensive). Thus, in the first place, acculturation—seen from the point of view of using less herbal remedies in the host society than in the home country—seems to be an inevitable practical adaptation to a new environment. Because, for practical reasons, it is not possible for people to use all the remedies previously known and used by them in their home country, knowledge gets lost, irrespective of whether they are willing to use these remedies or not. And this loss of knowledge is reflected in the difference between what people know and what they are still using. This loss also results in the fact that, despite a willingness to use herbal remedies, immigrants use only what is available, and those are mostly global species, as shown in table 7.2. Or, as Balick et al. (2000) put it, "studies in an urban setting require a specific awareness and understanding of the limits of a city environment." Acculturation is very much related to an acceptance of those limits, which is often not a negotiation of ethnic identity, but rather a practical adaptation.

Another practical problem that influences the diminished use of traditional remedies is summarized in the following quote from Octavio Paz' famous novel, *El laberinto de la soledad*. It describes how a Mexican immigrant explains to a friend how she cannot really enjoy nature anymore, thereby revealing both her homesickness and the linguistic difficulty that numerous migrants experience. It grasps the fact that many people often do not know a plant's English name. For many species known by Latinos an English translation may not exist, which makes looking for these plants in London even more difficult.

> "How do you want me to like the flowers, if I do not know their real name, their English name, a name based on the colors and petals, a name that is the flower itself . . . because those who say plum and eucalyptus, they do not say it to me, nor does it mean anything to me." Paz (1994: 21).[10]

Furthermore, "time," or the lack of it, is often cited as a main reason why people do not use herbal remedies in general (meaning not limited specifically to Latin American herbs). Some interviewees who only had been living in the United Kingdom for a short period, and who said to have uncertain prospects about whether they are going to stay in the United Kingdom permanently, claimed they tend to use fewer herbal remedies than they did before when they were in their home countries. Most of these immigrants stay in London primarily for economic reasons and accordingly work very long hours. Some of these interviewees claimed that while preferring natural remedies in their home country, in London "they cannot wait" for a certain remedy to work, because they simply cannot stay away from work. Most of these migrants are younger people (less than thirty years old). So age is a major determinant as well. Permanent residents, on the other hand, often make more efforts to buy remedies in specific shops or markets, and even to cultivate their own remedies, as well as to find new alternatives for plants used formerly but that are now no longer available. In addition, these people frequently have a more solid social network on which they can rely for purchasing herbal remedies.

However, the main reason, and the most often cited reason why people hardly use any native Latin American remedies lies in the harsh importation laws:

> "It is prohibited for us, Latinos, because of the drugs and everything, we, as Latinos, as Colombians, we cannot import fruits or plants. It is stupid, for one person, we all pay the bill. . . . I could not bring a plant with me from my country, officially I could, but it is something very risky." (Colombian woman, living nine years in the United Kingdom).[11]

During different group interviews at the Latin American Elderly Project, there was a general consensus that Latinos (especially Colombians) cannot import herbal material: "We can import some, but it is not worth taking the risk." In addition, stories about thorough—sometimes physical—inspections, applied particularly to people entering the United Kingdom directly from a Latin American country (especially from Colombia and Ecuador), further discourage the importation of potentially prohibited remedies. While some of these stories might be seen as exaggerated urban legends, there are enough common narratives to have a basis in reality.

What then, are the official rules and restrictions on the importation of herbal material for personal use? A representative of International Trade of Her Majesty's

Revenue and Customs who was contacted several times summarized the answer to this question as follows: "before herbal remedies can be posted or brought to the United Kingdom, the importer or traveler needs to check with all relevant (British) authorities, to make sure the herbal remedy will be allowed into the United Kingdom." This means that people first have to check with the Department for Environment, Food and Rural affairs (DEFRA) and with Her Majesty's Revenue and Customs.

A leaflet on the importation of plants entitled *"If in doubt, leave it out,"* published by Her Majesty's Customs and Excise (May 2004), says: "There are strict penalties for smuggling prohibited and restricted items and this can include limited fines, the possibility of imprisonment or both." It further affirms that most of the plant material imported from non-European Union countries consists of controlled items, meaning that they "require a phytosanitary certificate issued by the plant protection service of the exporting country or a license issued by DEFRA or the forestry commission." A telephone call to DEFRA made clear that they "have no concerns" about the importing of *dried* herbs for personal use, only about fresh plant material, in order to prevent diseases from entering the country. They advised, however, to double-check with the Food Standards Agency as well. Here, a short interview with a representative revealed a different point of view. The import of herbal remedies for home and personal use, according to the Food Standards Agency is a "dodgy area." People from Latin America are "not allowed to bring in medicinal herbs," or actually "some are allowed, some are not." No clear official guidelines exist about this matter, people "just have to bring in their herbs and have to let them be checked by an officer, who then decides whether or not the material will be allowed into the country." Yet, not many migrants want to face the risk of "limited fines" and "imprisonment, or both," for just a couple of innocent teabags. However exaggerated this may sound, it is a very common assumption about the importing of herbal material among the Latino community, and especially among Colombians. Those who do want to make the effort to get permission often get lost in the bureaucratic web. Therefore, people may turn instead to what is available, and that is what we would like to call "globalized species," plants that nowadays are available worldwide.

Conclusion

This paper has looked into the different types of herbal remedies used by Spanish-speaking Latin American immigrants in London. In doing so it has tried to address the issue of immigrants' health care patterns. By focusing on interviewees' views of health and unhealth, it has been shown that Latinos tend to use herbal remedies in a home context, and for minor ailments, described as forms of *malestar*. These home remedies can be divided roughly into the following categories: (1) medicinal herbs (used preventively or curatively); (2) functional food,

food medicine, food (plants) used in a multifunctional way; (3) "ritual" plants/remedies; and finally (4) cosmetic home remedies or *tratamientos.* However, these plant remedies only represent a fraction of the number of remedies that people used before in their home countries. Hence, an answer has been sought to the question of how this difference between former and actual uses might be related to processes of acculturation. It was found that acculturation first and foremost is probably the result of practical adaptation and plant availability.

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Notes

1. "*Emic*" stands for the insider's point of view, or the community's own standpoint, whereas the terms "*etic*" and "*etically*" refer to the researcher's or outsider's viewpoint.
2. This does not mean that people simply put their (former) nationality aside. On the contrary, when one goes further into the subject, people often show a huge sense of pride about their home country, and first and foremost feel that they are, for example, Colombian, Peruvian, or Mexican. Narratives about this Latin identity are not always very clear or logical. I overheard more than once: "Of course I'm Latino, I'm Colombian."
3. "Alguna enfermedad. . . . No viene el nombre de enfermedad, pero si malestar. Por ejemplo, yo tomo agua de apio si tengo dolor de estomago . . . para cólicos mensuales, agua de canela. . . . para el dolor de garganta, es jengibre, naranja, miel, y una cucharadita de mantequilla es un alivio."
4. "Tipos de malestar, por ejemplo, lo haga la mujer con los periodos, . . . el "cinnamon," la canela, el té de canela es bueno cuando tiene demasiado malestar, malestar durante el periodo . . . te aprieta, te duele, no? Eso, sí. Pero enfermedades, no sé, no."
5. Free translation of this quote: "Con mal de ojo se dice: [reproachful]: te equivocaste de lugar; aquí es para gripa, dolores de cabeza, algo así. Pero es mal de ojo lo te cura un curandero." Mexican woman, twenty-nine years old.
6. Self-treatment is defined as any treatment or therapy without a professional (folk or biomedical) practitioner's intervention (Stevenson et al. 2003).
7. ". . . el médico aquí tiende a curar, y no a prevenir." Quote from a Colombian woman, living in the United Kingdom for over twenty-six years.
8. "El ajo y ginger. Sobre todo son remedios que . . . no . . . se usa cuando ya estás enfermo . . . porque dice: ah, viene abril, va a llover mucho, entonces cambian las comidas y a toda la comida le ponen más "ginger," o le ponen más ajo, para que te den más defensas. . . . En realidad tiene que ser antes. Pero es una cosa que adaptas a tu vida . . . supongo. Te da defensas, te da defensas . . . antes de que venga el virus. Como te digo, yo uso cosas más de prevención."
9. "No se puede evitar enfermedades, pero si prevenir, con una buena alimentación." Quote from a fifty-three year old Colombian man, living eight years in the United Kingdom.
10. "¿Comó quieres que me gustan las flores si no conozco su nombre verdadero, su nombre ingles, un nombre que ha fundido ya en los colores y a los pétalos, un nombre que ya es la cosa misma? . . . porque lo que dicen el ciruelo y los eucaliptos no lo dicen para mí, ni a mí me lo dicen."

11. "Es prohibido [para] nosotros, los Latinos, con las drogas y todo, nosotros como Latinos, como Colombianos, no podemos importar frutas ni plantas. Es tonto, por uno, pagamos todos. . . . Yo no podría traer una planta de mi país, oficialmente puedo traer, pero es algo muy riesgoso."

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