



Traditional Health Care and Food and Medicinal Plant Use among Historic Albanian Migrants and Italians in Lucania, Southern Italy

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Introduction

In this chapter, we explore the scientific questions related to the issue of traditional health care and food practices in a community founded by a historical ethnic group of Albanians who migrated to southern Italy during the fifteenth century and among an autochthonous south Italian community. In doing this, we employ the use of food and medicinal plants as a lens for better understanding the ethnomedical practices, including the perception and use of *medicinal foods*, which we recorded in that area during four years of fieldwork. The specific aim of our reflections is a cross-cultural comparison of traditional medical practices, botanical remedies, and foods in two communities: Ginestra/Zhurë, inhabited by Arbëreshë Albanians, and Castelmezzano, inhabited by autochthonous south Italians.

The questions we will address here are:

- Do two communities who share a similar flora and environment, but which are of different cultural or ethnic origin, utilize the same environmental resources in their food and medical practices?
- Does the culture with a longer history of occupation in that environment maintain a greater base of knowledge regarding the use of the flora for its dietetic and medicinal applications?

Here, we present our findings of the present day use of wild and semi-cultivated plants in the traditional medical and food practices of these two communities for comparison. In addition, we also reflect on the sociocultural issues of acculturation, and the impact that such phenomena have on local food and medical traditions.

Ethnographic Background

In this study, the traditional use of medicinal and food plants in two communities in the Basilicata region (also named Lucania) of southern Italy were compared (figure 10.1).

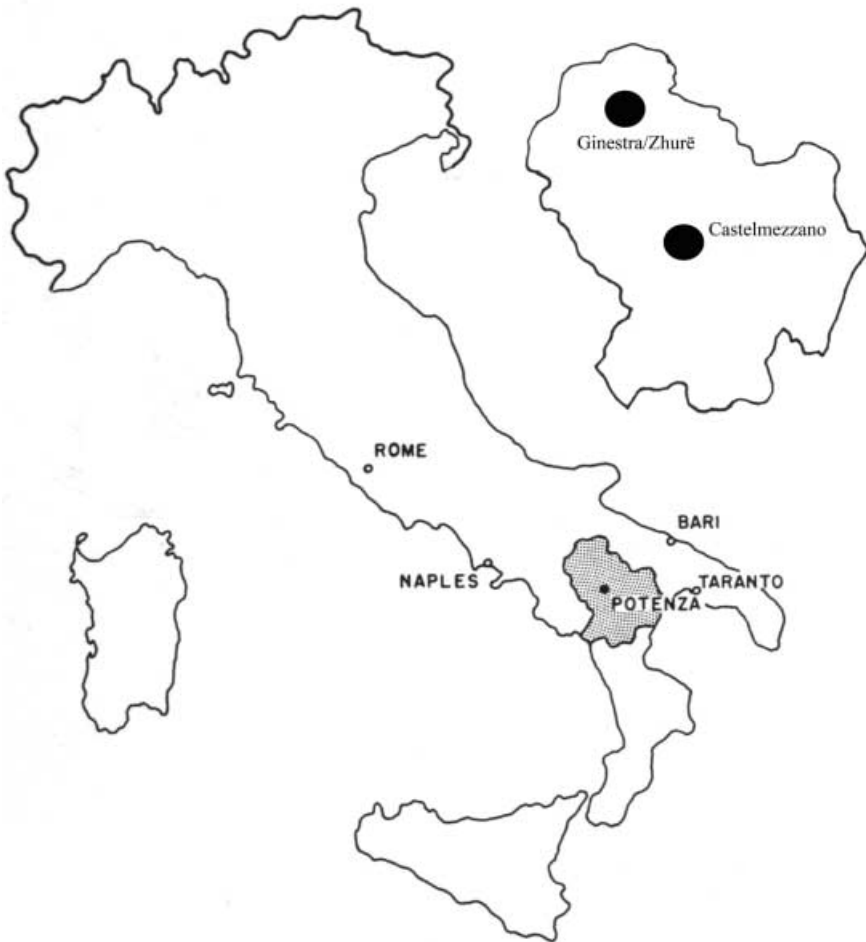


Figure 10.1. Location of the selected communities

The Italian National Statistical Institute (ISTAT 2000) reports that Basilicata is the Italian province with the lowest percentage of urban population (17 percent, calculated in 1997–1999), the highest life expectancy (75.7 years, calculated in 1991–1995), and the lowest utilization of allopathic medical services (23.9 percent among men and 32.5 percent among women, calculated in 1997).

The two communities selected for this study share similar socioeconomic and demographic characteristics (table 10.1), but different ethnic origins: Ginestra/Zhurë, a historic Arbëreshë Albanian community located in the Vulture region in northern Lucania; and Castelmezzano, an autochthonous Italian community located in the Dolomiti Lucane area of central Basilicata. The two communities are separated by a distance of 60 kilometers, and there is no regular exchange between the two populations at present. Moreover, it is unlikely that they have ever been in contact in the past.

2.1 GINESTRA/ZHURË: THE ARBËRESHË IN LUCANIA

Ginestra/Zhurë (Zhurë in Arbëresh) has approximately 700 inhabitants and is located in the northern part of Basilicata in a territory characterized by the dormant volcano, Monte Vulture. The majority of members of this community are descendants of Arbëreshë Albanians, who arrived in the Monte Vulture region from Albania during the second half of the fifteenth century (Dessart 1982). This historic mass immigration of Albanians to southern Italy from the fifteenth to eighteenth centuries was instigated by the Ottoman Turk invasion of their country. Years before the exodus of this populace, the Albanian general Skanderberg had come to the aid of King Alfonso I of Naples in his battle with the King of Sicily. Consequently, Albanian soldiers had set up military outposts scattered throughout southern Italy. It was upon Skanderberg's death in A.D. 1468 that the last resistance to the Turkish invasion fell apart. Using Skanderberg's military connections in southern Italy, his son led the first Albanian refugees to the region. Today, approximately 80,000 descendants of these original migrant populations live in various Arbëreshë communities across southern Italy (Grimes 2000). A small percentage of these descendants remain bilingual in Italian and Arbëreshë. For example, in the community of Ginestra/Zhurë, it can be estimated that only 10–15 percent of the population is fluent in Arbëreshë Albanian (Pieroni et al. 2002b).

The Arbëreshë Albanian language belongs to the Tosk Albanian subgroup of Albanians, which represents the only surviving language from the ancient Paleo-Balkan group (Illyrian, Messapic, and Thracian) of the Indo-European family (Grimes 2000). In the Redbook of Endangered Languages (UNESCO), Arbëreshë Albanian has been classified as an “endangered language” (Salminen 1999), and in December 1999, together with eleven other non-Italian speaking groups, the Arbëreshë obtained official recognition as an “historical ethnic minority” from the Italian Parliament. This should ensure a future for the integration of their language in local schools and should also give the Arbëreshë the legal right

Table 10.1. Summary of the Ethnographic, Socioeconomic, and Medical Frameworks of Ginestra/Zhurë and Castelmezzano

	Ginestra/Zhurë	Castelmezzano
<i>Eco-geographic characteristics</i>		
Altitude	564 m	750 m
Climate	mild winter	cold winter
Natural landscape	countryside	mountains
<i>Ethno-demographic data</i>		
Population (1998)	730	840
Change of population (1991–1998)	–6.3%	–9.5%
% population over 65 (1998)	25.6%	26.5%
Ethnic group	Albanians (Arbëreshë)	South Italians
Historical immigration flows from Albania	1470–1478	none
Current Albanian speakers (bilingual)	10–15%	none
Emigration flows during the period 1950–1980 (to northern Italy and/or Central Europe)	+++	+++
Immigration flows of foreign newcomers in the last 10 years	+ (from Albania and Poland)	+ (from Ukraine)
<i>Economic features</i>		
Commercially important crops	olive trees vine durum wheat	durum wheat
Animal breeding (sheep, goats, <i>Podolica</i> cows)	+ (sh and go)	++ (sh, go, and co)
Labor in nearby factories+++	+	
Labor in nearby services+	++	
Household incomes dependent on public pension payments to the oldest members of the households	+	++
<i>Socio-pharmaceutical and medical frameworks</i>		
Presence of stationary General Practitioner	yes	yes
Presence of a General Practitioner night service	yes	yes
Presence of a community pharmacy	yes (part-time)	yes (full-time)
Closest hospital	4 km far	32 km far
Specific traditional healers using medicinal plants	none	none
Character of traditional phytotherapy (and zootherapy)	household PHC	household PHC

to use their idiom in official acts of administration. In addition, this government recognition should also be helpful in measures for sustaining cultural initiatives concerning the defense of their heritage.

The Arbëreshë living in the territory of Monte Vulture are quite isolated from most other Arbëreshë communities, which are concentrated in Calabria and Sicily, as well as in a few other ethnic isles in southern Basilicata, Apulia, Campania, Molise, and Abruzzo. The Arbëreshë of Vulture are concentrated in Ginestra/Zhurë and the nearby communities of Barile/Barilli (ca. 3,400 inhabitants) and Maschito/Masqiti (ca. 1,900 inhabitants). The local economy was sustained originally by small-scale pastoralism and agriculture. At present, however, the cultivation of olive trees (*Olea europaea*), a local variety of grape (*Vitis vinifera* var. *aglianico*), and durum wheat (*Triticum durum*), as well as a car factory in the nearby center of Melfi (open for the last ten years), represent the primary economic assets for the community.

In Ginestra/Zhurë, a distinct cultural gap exists between generations, and today only the oldest subset of the community is able to actively speak Arbëreshë Albanian. The majority of the mid-aged population (35–55 years) can recall some words and basic customs of their Arbëreshë history but do not incorporate these facets of traditional life into their daily activities. The impact of “modernization,” or transition into the mainstream Italian culture, is most apparent in the youngest subset of the population. This group, for the most part, has abandoned the traditional agro-pastoralist way of life as a primary source of income and is sustained instead by factory and service labor (Pieroni and Quave 2005).

2.2 CASTELMEZZANO: AUTOCHTHONOUS ITALIANS OF THE LUCANIA DOLOMITES

Although there are several Italian villages in the Vulture area, their close proximity to Arbëreshë communities has fostered a flux of people and traditional knowledge with the Arbëreshë. In addition, while many of these communities, such as Melfi and Rionero, are acculturated today to southern Italian models, they share a history of Albanian occupation. In an effort to control for such confounding variables as informational flux between study sites and historical ethnic hybridization, an isolated community in the Dolomiti Lucane was selected for intercultural comparison in this study.

Castelmezzano has approximately 840 autochthonous Italian inhabitants and is located in central Lucania at a distance of ca. 60 kilometers from Ginestra/Zhurë in a mountainous terrain bordering the Basento River Valley. The history of Castelmezzano has been characterized by Norman (eleventh century), Swabian (thirteenth century), and Spanish Bourbon (fifteenth century) domination. The economy is primarily based on small-scale agriculture, including the management of sheep, goats, and the Podolica breed of cattle for making cheese. However, like Ginestra/Zhurë, the younger subset of the population relies on service and industrial labor, while the older generations are involved in an agro-pastoralist economy.

A scheme of the geographic, ethnic, demographic, socioeconomic, and socio-medical characteristics of Castelmezzano and Ginestra/Zhurë is reported in table 10.1.

Field Methods

Fieldwork was conducted in Ginestra/Zhurë during the periods of April–June 2000 and March–July 2001, and during three other weeks in August and November 2000; in Castelmezzano, fieldwork was conducted during the periods of March–June 2002, October 2002, March–June 2003, and two weeks of September 2003. Information regarding the use of traditional medicines and the preparation of traditional foods was gathered using a variety of standard ethnographic techniques, including participant observation, focus groups, and semi-structured interviews with approximately 240 persons selected using snowball techniques.

Traditional knowledge regarding plant use was assessed using standard ethnobiological and cognitive anthropological analyses for a better understanding of folk-taxonomical hierarchies and systems, and for studying the most frequently cited plants by free-listing, triad tests, pile-sorts, and through construction of a consensus index (Berlin et al. 1966; Berlin 1992; D’Andrade 1995; Alexiades and Sheldon 1996; Cotton 1996). Based on the responses to these interviews, a consensus level of 66 percent of informants reporting a plant’s use(s) was employed in the construction of our summary tables. These consensus-based tables provide a basic means for comparison of the botanical practices of the two study communities.

Field methods employed followed strictly the ethical guidelines set forth by the American Anthropological Association, Italian Association for Ethnological Studies (AISEA), and the International Society of Ethnobiology. Prior Informed Consent (PIC) was requested and obtained verbally before each interview, and specific permission for the use of any recording devices (audio or visual) for documentation of ethnobotanical practices was obtained before use.

For each plant or plant product quoted by an informant, a botanical specimen was collected, its identification was confirmed by the same informant, and taxonomic identification followed the standard botanical work “Flora d’Italia” (Pignatti 2002). Voucher specimens of all non-domesticated plants are deposited at the Herbarium of the Laboratory of Pharmacognosy at the School of Life Sciences of the University of Bradford (Herbarium Code: BRAD).

Results and Discussion

Traditional Medicine in Present Day Lucania

It has become evident from our field studies that traditional medicine (TM) in the two chosen areas is in a state of rapid decline. Most of the plant remedies recorded

are not used at present. In Ginestra/Zhurë, only 40 percent of the quoted uses were also directly observed during field research, while an even lower proportion of 31 percent was observed in Castelmezzano. Complementary medicine in both centers demonstrates a household character and is intended mainly as a mode of primary health care (PHC), which is perceived to have a preventive action or ability to heal minor illnesses.

No specific traditional healers, reputed to deal solely with the use of natural remedies (plants), can be found anymore in the two communities. Yet these healers still exist in the collective memory of the population. For example, in Castelmezzano, there is still a clear remembrance of a female healer (“Zia Teresa ‘a Lia,” alias Teresa Vertino), who died one year before our field study began, and who reportedly healed many illnesses with the use of herbs or mixtures of them. In addition, many people still remember the most famous “healer” of southern Italy (well described by the Italian anthropologist De Martino in 1959: the “Mago Ferramosca” (alias Giuseppe Calvello from Pietrapertosa) who died in 1968 in Castelmezzano, and from whom Zia Teresa learned the practice of herbal healing.

These two cases, however, are isolated examples: both in Ginestra/Zhurë and in Castelmezzano traditional phytotherapy was and is managed normally by women within the household. However, the role of these women as medical caregivers is threatened nowadays since new generations have lost most of the traditional knowledge concerning plant and folk medicines (Pieroni 2003).

On the other hand, small commercial pharmacies in Ginestra/Zhurë and Castelmezzano provide a wide variety of pharmaceuticals from today’s mainstream European market, most of which are bought by locals only via prescriptions from a physician. Self-medication with over-the-counter pharmaceuticals is still very limited. These local pharmacies also provide a few new modern phytotherapeutics and herbal remedies in the form of “nutraceuticals,” or herbal supplements. These commercial phytotherapeutic products, however, represent only a very small portion of Complementary and Alternative Medicines (CAMs) used in the community when compared with the traditional phytotherapeutic means (decoctions) administered in households. These commercialized products tend to become important primarily for new couples, young women, and other locals who are not connected with familiar networks, in which their older relatives would normally provide traditional herbal drugs.

In Castelmezzano, other valued commercial plant-derived nutraceuticals and beverages are sold in the local pub to young people in the form of beverages containing ginkgo, ginseng, and green tea extracts, normally traded by northern Italian companies. Consciousness of the commonality in plant derivatives between commercial products and traditional remedies among these young consumers is very low. These products are consumed instead in large part due to popular culture, which is strongly reinforced by extensive television advertising directed at

this age group, and in some small part, due to the belief that such beverages are “good for you.”

This scenario is one example of the complex cultural transition phase, which both communities are faced with at present. This transition is quickly leading to a loss of the last remnants of these old agro-pastoral societies, and acculturation to mainstream metropolitan Italian customary trajectories.

Folk Ritual Medical Practices

Although it is evident from our field studies that traditional medicine is in a state of rapid decline in these communities, the population is still dependent on some of its forms (Pieroni and Quave 2005).

The Arbëreshë community of Ginestra/Zhurë displays a greater reliance on ritual-based folk healing, which involves the use of a healer who functions as a medium between the mythic, or perceived universe, and the patient's state of disease. The approach to treating illness within this medical framework involves the use of distinct oral formulas and light massage in a ceremonial format. We have documented twenty-one folk illnesses in Ginestra/Zhurë that are treated through such ritual means. Although the incorporation of medicinal plants into these therapeutic sessions is often important, the invocation of holy entities plays a central role. In part, healers gain authority by drawing on religious symbols and ideologies. The details of this facet of Arbëreshë traditional medicine have been documented in previous publications (Quave and Pieroni 2002; Quave and Pieroni 2005). The practice of ritual healing in the Italian community of Castelmezzano was much less evident: only one folk illness, *malocchio* (evil eye), was recognized and treated through ritual means (table 10.2).

The frequent occurrence of evil eye and other psychosomatic illnesses in Ginestra/Zhurë could also be an indicator of high social stress in the community. An assessment of such illnesses, which are strongly correlated with sociopsychological components of causality, could explain how the complex cultural dynamics to social stress—motivated by acculturation processes in this case—are expressed in community wide psychopathologies. The community of Ginestra/Zhurë has a long history of exposure to extraordinary social stressors. Its first inhabitants were Albanian refugees/shepherds, who escaped the political turmoil of their homeland (due to the invasion of the expanding Ottoman empire) in the second half of the fifteenth century and moved to a sort of “no-man's-land,” without any familiarity with the tradition of dominant classes/landowners, as was typical of the South Italian socioeconomic framework of the time. It is not by chance then, that in Ginestra/Zhurë still today, the discourse of climbing social status is tremendously central and difficult to explain if one considers the real income of most of the households. Less decisive in this context of social status, however, is

Table 10.2. Illnesses Managed by Magic Rituals in Ginestra/Zhurë and Castelmezzano

Illness	Symptoms	Ritual healing practices recorded in the Albanian (Al) or in the South-Italian community (It)
<i>Acqua dalla bocca</i> ("water in the mouth")	dry, cracked corners of mouth from excessive drooling of saliva	Al
<i>Acqua nel pipi</i> ("water in the penis")	inflammation of the penis	Al
<i>Cigli alla testa</i> (migraine)	sharp pin-like pain runs from the front to back down on the top of head	Al
<i>Fuoco di Sant'Antonio</i> ("Saint Anthony's fire")	dermatitis: pronounced, red, round inflammations with fluid on the skin (eruptions are more pronounced than in <i>Fuoco morto</i>)	Al
<i>Fuoco morto</i> ("dead-fire illness")	dermatitis: pronounced, red, round inflammations with fluid on the skin	Al
<i>La serra</i> (fallen fontanelle)	fallen fontanelle	Al
<i>La zilla</i> (head lice)	Head lice; scabies	Al
<i>Mal d'arco</i> ("rainbow-illness")	jaundice, hepatitis symptoms	Al
<i>Mal di denti</i> (toothache)	toothache	Al
<i>Mal di gola</i> (sore throats)	red inflamed throat	Al
<i>Mal di pancia</i> (abdominal pains)	abdominal pain and gas; constipation	Al
<i>Mal di testa</i> (headache)	posterior pain at the base of skull	Al
<i>Mal vint</i> ("wind-illness")	dermatitis: small, round, red inflammations of the skin	Al
<i>Malocchio</i> (evil eye)	frontal headache with pain behind the eyes	Al and It
<i>Nervi accavallati</i> ("crossed nerves")	nerve/muscular pain	Al
<i>Occhi secchi</i> ("dry eyes")	dry, red, inflamed eyes	Al
<i>Orecchioni</i> (mumps)	enlarged lymph nodes of the neck	Al
<i>Pelo alla menna</i> ("Breast hair illness")	mastitis: red, inflamed breast with fever, unable to give milk	Al
<i>Risibola</i> (erysepalas)	region of isolated dark, hardened, withdrawn skin	Al
<i>Sangue dal naso</i> (nosebleed)	nosebleed	Al
<i>Vermi</i> ("worms")	helminthiasis, weakness	Al

the concept of “liminals” (those who are at the borders of the wide “middle rural class,” both near the lower and within the upper classes), as proposed in an analysis of the same phenomenon by Galt on Pantelleria Isle in Sicily at the end of the 1960s (Galt 1982).

Shifts in medical dominance in Italy, noted most prominently in the changing paradigms of social medicine in the country over the past three decades, may be another factor influencing communities like Ginestra/Zhurë, which are already experiencing more social stressors, to cling more tightly to traditional medicine than other autochthonous Italian populations. Furthermore, as suggested in a study on traditional healers in South America, social factors underlying these traditional medical practices, such as a familiar historical background in traditional medicine, play a crucial role in the transmission and survival of medical traditional medicine in communities (Vandebroek et al. 2004).

The persistence of ritual-based healing amongst the Arbëreshë may be indicative of the effect that complex sociocultural changes—such as those associated with acculturation to mainstream Italian life—can have on an ethnic community. The frequent occurrence of evil eye and other psychosomatic illnesses in this community certainly influences their social and medical frameworks. Thus, in a certain sense, culture mediates the practice of traditional medicine here—in a way, which excludes, to some degree, many of the medicinal products that are common to Italian communities positioned in similar ecological landscapes.

Medicinal and Wild/Non-Cultivated Food Plants Uses

We have compiled a list of plants used for medicine (table 10.3) and of the wild plants used for food (table 10.4) by the Italians and Albanians in the study communities. Knowledge pertaining to the use of medicinal plants is clearly more prominent in the Italian community (see figure 10.2), while the traditional knowledge regarding wild food plants is slightly higher among Albanians.

MEDICINAL PLANTS

While the practice of ritual healing in Ginestra/Zhurë is still commonplace, some illnesses are recognized as being outside of the realm of ritual or spiritual healing. These are often approached through the application of phytotherapeutic means. Yet, the Arbëreshë report a much lower number of medicinal plants unique to their pharmacopoeia—representing only 9 percent of the 101 medicinal plants reported (figure 10.2). The autochthonous Italians, on the other hand, maintain knowledge of 50 medicinal plants (table 10.3) unique to their pharmacopoeia, representing 54 percent of all medicinal plants reported (figure 10.2).

Although the folk pharmacopoeia of Italians in Castelmezzano is considerably much larger than that of the ethnic Albanians in Ginestra/Zhurë, they do share some basic similarities. Seven of the ten most quoted medicinal species, as reported

Table 10.3. Botanicals Used as Medicines in the Studied Communities

Family	Species	Part(s) Used	Medicinal Uses	Albanians	Italians
Adiantaceae	<i>Adiantum capillus-veneris</i> L.	ap	enhance uterine contractions during childbirth	+	
	<i>Ceterach officinarum</i> DC.	ap	to eliminate renal calculus; shoulder pains	+	+
Apiaceae	<i>Conium maculatum</i> L.	wp	anti-warts		+
	<i>Petroselinum crispum</i> (Mill.) Nyman ex A.W. Hill	ap	abortive; to treat insect bites		+
Araceae	<i>Arum italicum</i> Mill.	sa	anti-warts		+
Aspleniaceae	<i>Asplenium trichomanes</i> L.	ap	enhance uterine contractions during childbirth	+	
Asteraceae	<i>Achillea millefolium</i> L.	ap	hemostatic, diuretic		+
	<i>Anthemis altissima</i> L.	ap	digestive		+
	<i>Cichorium intybus</i> L.	wh	depurative		+
	<i>Cynara cardunculus</i> L.	ap	anti-rheumatic		+
	<i>Cynara cardunculus</i> ssp. <i>scolymus</i> (L.) Hayek	le, fl	digestive; liver depurative	+	+
	<i>Erigeron acer</i> Bivona	ro	against toothache, bruises, and arthritis		+
	<i>Lactuca sativa</i> L.	le	against gingival abscess, toothache, and sore throat		+
	<i>Matricaria recutita</i> L.	ft	anti-hypertensive; anti-inflammatory for eyes; against sore throat and bronchitis; intestinal depurative; digestive; sedative	+	+
	<i>Santolina chamaecyparissus</i> L.	ap	anti-tussive		+
	<i>Senecio vulgaris</i> L.	ap	skin anti-inflammatory		+
	<i>Silybum marianum</i> (L.) Gaertn.	ap	laxative		+
	<i>Sonchus asper</i> (L.) Hill & <i>S. oleraceus</i> L.	le	anti-gastritis; anti-afta	+	+
	<i>Tussilago farfara</i> L.	le, ro	diuretic	+	+
Boraginaceae	<i>Borago officinalis</i> L.	ap	postpartum depurative; galactagogue; against sore throat	+	+
Brassicaceae	<i>Armoracia rusticana</i> P. Gaertn., B. Mey. & Scherb.	ro	anti-rheumatic		+
	<i>Brassica oleracea</i> L.	le	against mastitis and shoulder pains		+
	<i>Diplotaxis tenuifolia</i> (L.) DC.	le	against muscular pains (esp. in the shoulders)		+

Caprifoliaceae	<i>Sambucus ebulus</i> L.	ap	anti-rheumatic; diaphoretic	+	+
	<i>Sambucus nigra</i> L.	le, fl	against sore throat	+	+
Crassulaceae	<i>Sedum rupestre</i> L.	ap	diuretic		+
	<i>Sedum telephium</i> L.	le	anti-warts		+
	<i>Umbilicus rupestris</i> (Salisb.) Dandy	le	suppurative; against carbuncles and skin inflammation	+	+
Cucurbitaceae	<i>Ecballium elaterium</i> (L.) A. Rich.	fr	against toothache; antiseptic and vulnerary	+	+
Euphorbiaceae	<i>Euphorbia cyparissias</i> L.	le	anti-warts		+
	<i>Euphorbia helioscopia</i> L.	le	male aphrodisiac (penile vasodilator)		+
	<i>Mercurialis annua</i> L.	ap	laxative	+	
Fabaceae	<i>Glycyrrhiza glabra</i> L.	ro	against sore throat and anti-tussive	+	+
	<i>Lupinus albus</i> L.	se	anti-diabetes		+
	<i>Robinia pseudoacacia</i> L.	fr	anti-bronchitis		+
	<i>Spartium junceum</i> L.	sa	anti-warts		+
Gentianaceae	<i>Centaurium erythraea</i> Rafn.	ap	anti-fever		+
Hypericaceae	<i>Hypericum hircinum</i> L.	ap	against bronchitis		+
Hypolepidaceae	<i>Pteridium aquilinum</i> (L.) Kuhn	rh	against non-specific pains	+	
Lamiaceae	<i>Ballota nigra</i> L.	le	diuretic; hemostatic	+	+
	<i>Marrubium incanum</i> Desr. & <i>M. vulgare</i> L.	ap	diuretic; digestive; anti-malarial; against cysts; panacea	+	+
	<i>Mentha spicata</i> L.	le	against stomachache		+
	<i>Ocimum basilicum</i> L.	le	against headache		+
	<i>Origanum heracleoticum</i> L.	ft	anti-tussive; against toothache	+	+
	<i>Rosmarinus officinalis</i> L.	le	against sore throat and stomachaches		+
	<i>Salvia argentea</i> L.	le	hemostatic		+
	<i>Salvia officinalis</i> L.	le	against sore throat and headaches	+	+
	<i>Teucrium chamaedrys</i> L.	ap	anti-malarial		+
Lauraceae	<i>Laurus nobilis</i> L.	le	digestive; anti-stress	+	+
Liliaceae s.l.	<i>Allium cepa</i> L.	bu	heal purulent skin abscesses (caused by thorns), galactagogue, anti-bruises	+	+
	<i>Allium sativum</i> L.	bu	anti-hypertensive, heal insect bites, vermifuge, anti-wart, skin anti-inflammatory	+	+
	<i>Asparagus acutifolius</i> L.	sh	diuretic		+
	<i>Leopoldia comosa</i> (L.) Parl.	bu	anti-fever	+	
	<i>Ruscus aculeatus</i> L.	sh	liver depurative		+

(continued)

Table 10.3. Continued

Family	Species	Part(s) Used	Medicinal Uses	Albanians	Italians
Malvaceae	<i>Malva sylvestris</i> L.	ap, ft	mild laxative; against menstrual pains, sore throat and bronchitis; intestinal depurative	+	+
Moraceae	<i>Ficus carica</i> L.	fr,sa	against sore throat and bronchitis; intestinal depurative; heal insect bites; anti-warts	+	+
	<i>Morus alba</i> L. & <i>M. nigra</i> L.	le, st	against sore throat & bronchitis		+
Oleaceae	<i>Fraxinus excelsior</i> L.	le	against gastritis		+
	<i>Olea europaea</i> L.	ap	hepatoprotective; against stomachache	+	+
Papaveraceae	<i>Papaver rhoeas</i> L.	fl	mild sedative for children	+	
	<i>Papaver somniferum</i> L.	fr, se	tranquilizer; sedative; against toothaches	+	+
Plantaginaceae	<i>Plantago lanceolata</i> L. & <i>P. major</i> L.	le	suppurative		+
Poaceae	<i>Agropyron repens</i> L.	rh	diuretic	+	+
	<i>Arundo donax</i> L.	cm	hemostatic	+	+
	<i>Avena sativa</i> L.	se	reconstituent for small children against sore throat	+	+
	<i>Hordeum vulgare</i> L.	se	to heal sore throat and bronchitis; reconstituent for small children and elderly	+	+
	<i>Triticum aestivum</i> L. & <i>T. durum</i> Desf.	se	anti-tussive; against sore throat	+	+
	<i>Zea mays</i> L.	se, sti	antiseptic; diuretic; reconstituent	+	+
Primulaceae	<i>Cyclamen hederifolium</i> Aiton.	tu	anti-warts		+
Ranunculaceae	<i>Clematis vitalba</i> L.	fr	heal mouth inflammations		+
Rhamnaceae	<i>Ziziphus jujuba</i> Mill.	fr	against sore throat and cough	+	
Rosaceae	<i>Agrimonia eupatoria</i> L.	ap	prevent feet from sweating		+
	<i>Crataegus monogyna</i> Jacq.	fl	tranquilizer; enhances circulation		+
	<i>Malus domestica</i> Borkh.	fr	anti-tussive	+	+
	<i>Potentilla reptans</i> L.	ap	anti-hypertensive; anti-malarial; anti-rheumatic		+
	<i>Prunus domestica</i> L.	fr	laxative		+
	<i>Prunus dulcis</i> (Miller) D.A. Webb.	ep, se	against intestinal pains (in children); against sore throat	+	+

	<i>Prunus spinosa</i> L.	fr	hepatoprotector		+
	<i>Pyrus communis</i> L.	fr	depurative; mild laxative	+	+
	<i>Rosa canina</i> L.	le, fl, fr	against stomachache; antidepressant; diuretic; heal insect bites; against the evil eye	+	+
	<i>Rubus ulmifolius</i> Schott.	le	diuretic; against carbuncles and purulent skin abscesses	+	+
	<i>Sorbus domestica</i> L.	fr	anti-diarrhea		+
Rubiaceae	<i>Galium album</i> Mill. & <i>G. verum</i> L.	le	heal wounds and gingival inflammations		+
Rutaceae	<i>Citrus limon</i> (L.) Burm. f.	fr	anti-diarrhoeal		+
	<i>Citrus sinensis</i> (L.) Osbeck	ep	against sore throat and cough		+
	<i>Ruta graveolens</i> L.	ap	digestive; anti-helminthic; against muscular pains	+	+
Scrophulariaceae	<i>Linaria vulgaris</i> Mill. <i>Scrophularia canina</i> L.	ap	against stomachache anti-rheumatic; against muscular pains		+
	<i>Verbascum thapsus</i> L.	le	anti-tussive	+	
	<i>Veronica beccabunga</i> L.	ap	diuretic		+
Solanaceae	<i>Capsicum annuum</i> L.	fr	anti-hypertensive; anti- rheumatic; anti-fever; against evil eye	+	+
	<i>Lycopersicon esculentum</i> Mill.	fr, pe	diuretic; against sore throat and bronchitis	+	+
	<i>Solanum nigrum</i> L.	fr	against toothache		+
	<i>Solanum tuberosum</i> L.	tu	burn treatment; emollient for eyes		+
Tiliaceae	<i>Tilia cordata</i> Mill.	fl	heal body tremors		+
Ulmaceae	<i>Ulmus minor</i> Mill.	ga	anti-bruises; relieve muscular pain	+	+
Urticaceae	<i>Parietaria judaica</i> L.	ap	diuretic; against intestinal pains; postpartum depurative	+	+
	<i>Urtica dioica</i> L.	le	digestive		+
Vitaceae	<i>Vitis vinifera</i> L.	sh,sa,fr	against insect bites; galactagogue; against sore throat and eye inflammation; partum enhancer; anti-tussive; anti-gastritis; anti-fever; anti-rheumatic; anti-diarrhoeal	+	+

Part(s) used: ap: aerial parts; bu: bulbs; cm: cambium membrane; ep: fruit epicarps; fl: flowers; fr: fruits; ft: flowering tops; ga: galls; le: leaves; ls: leaf stalks; pe: fruit peduncles; pf: pseudo-fruits; re: flower receptacles; rh: rhizomes; ro: root; sa: sap; se: seeds; sh: shoots; st: stems; sti: stigma; tu: tubers; uf: unripe fruits; wh: whorls; wp: whole plant.

Table 10.4. Wild Botanicals Used as Foods in the Studied Communities

Family	Species	Part(s) Used	Culinary Uses	Albanians	Italians
Amaranthaceae	<i>Amaranthus retroflexus</i> L.	le	cooked	+	+
Apiaceae	<i>Apium nodiflorum</i> (L.) Lag.	ap	raw and cooked	+	
	<i>Foeniculum vulgare</i> ssp. <i>piperitum</i> Mill.	ap, fr	raw, cooked, and condiment	+	+
	<i>Tordylium apulum</i> L.	wh	cooked, condiment	+	
Asteraceae	<i>Carlina acaulis</i> L.	re	cooked		+
	<i>Centaurea calcitrapa</i> L.	wh	cooked	+	
	<i>Chondrilla juncea</i> L.	wh,sh	raw and cooked	+	
	<i>Cichorium intybus</i> L.	wh	raw and cooked	+	+
	<i>Crepis vesicaria</i> L.	wh	cooked	+	+
	<i>Cynara cardunculus</i> ssp. <i>cardunculus</i> L.	st, re	cooked		+
	<i>Lactuca serriola</i> L.	ap	raw and cooked		+
	<i>Leontodon</i> spp.	wh	raw and cooked		+
	<i>Picris echioides</i> L.	wh	cooked	+	+
	<i>Reichardia picroides</i> (L.) Roth.	wh	raw and cooked	+	+
	<i>Scolymus hispanicus</i> L.	ls	cooked	+	
	<i>Silybum marianum</i> (L.) Gaertn.	st, ro	cooked		+
	<i>Sonchus asper</i> (L.) Hill. & <i>S. oleraceus</i> L.	wh	raw and cooked	+	+
	<i>Taraxacum officinale</i> F.H. Wigg.	wh	cooked	+	+
	Boraginaceae	<i>Borago officinalis</i> L.	le	cooked	+
Brassicaceae	<i>Capsella bursa-pastoris</i> (L.) Medik.	wh	cooked	+	
	<i>Diplotaxis tenuifolia</i> (L.) DC.	le	raw	+	
	<i>Nasturtium officinale</i> R. Br.	le	raw and cooked	+	
	<i>Sinapis arvensis</i> L.	ap	cooked	+	+
	<i>Sisymbrium officinale</i> (L.) Scop.	wh	cooked	+	
Cannabaceae	<i>Humulus lupulus</i> L.	sh	cooked	+	
Caryophyllaceae	<i>Stellaria media</i> (L.) Vill.	ap	raw and cooked	+	
Chenopodiaceae	<i>Beta vulgaris</i> ssp. <i>maritima</i> L.	bu	cooked	+	+
	<i>Chenopodium album</i> L.	le	cooked	+	+
Dioscoreaceae	<i>Tamus communis</i> L.	sh	cooked	+	
Lamiaceae	<i>Origanum heracleoticum</i> L.	ft	condiment	+	+
Liliaceae s.l.	<i>Allium ampeloprasum</i> L.	bu	cooked and condiment	+	+
	<i>Asparagus acutifolius</i> L.	sh	cooked	+	+

	<i>Bellevalia romana</i> (L.) Reichb.	bu	cooked		+
	<i>Leopoldia comosa</i> (L.) Parl.	bu	cooked	+	+
	<i>Muscari atlanticum</i> Boiss. & Reuter & <i>M. botryoides</i> (L.) Mill.	bu	cooked	+	+
	<i>Ruscus aculeatus</i> L.	sh	cooked		+
Papaveraceae	<i>Papaver rhoeas</i> L.	wh, le	cooked	+	+
Portulacaceae	<i>Portulaca oleracea</i> L.	ap	raw	+	+
Ranunculaceae	<i>Clematis vitalba</i> L.	sh	cooked	+	+
Scrophulariaceae	<i>Veronica beccabunga</i> L.	ap	raw		+
Solanaceae	<i>Lycium europaeum</i> L.	sh	cooked	+	
Urticaceae	<i>Urtica dioica</i> L.	le	cooked	+	
Valerianaceae	<i>Valerianella carinata</i> Loisel.	wh	raw	+	

Part(s) used: ap: aerial parts; bu: bulbs; fl: flowers; fr: fruits; ft: flowering tops; le: leaves; ls: leaf stalks; pf: pseudo-fruits; re: flower receptacles; ro: root/tuber; sh: shoots; uf: unripe fruits; wh: whorls.

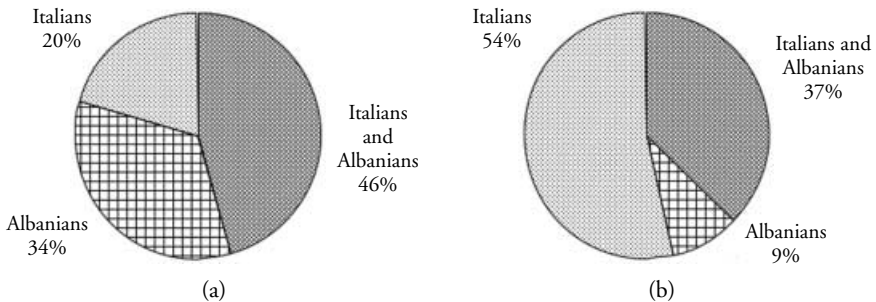


Figure 10.2. Cultural distribution of traditional knowledge regarding wild botanicals as (a) foods and (b) medicines by percent of taxa reported

by >66 percent of the study participants, are the same for both communities (table 10.5). The therapeutic targets for these phytopharmaceuticals, however, are distributed differently among the two populations (Pieroni and Quave 2005).

NON-CULTIVATED FOOD PLANTS

Since food and medicine in traditional practices are strongly embedded and ingestion of specific food plants is remarkably related to a precise perceived health benefit (Johns 1990; Etkin and Ross 1994; Pieroni and Price 2006; Pieroni and Quave 2006), traditions of gathering and preparing wild botanicals in the cuisine also represents an important aspect of domestic health care. Of our two study communities, the practice of gathering and preparing wild botanicals today is most popular in Ginestra/Zhurë. The Arbëreshë make a clear distinction

Table 10.5. Ten Most Quoted Medicinal Plants Used in Ginestra/Zhurë and Castelmezzano, as Reported by >66 Percent of Informants

Family	Species	English Name	Medicinal Uses	Albanians	Italians
Asteraceae	<i>Matricaria recutita</i> (L.) Rauschert	Chamomile	anti-hypertensive; anti-inflammatory for eyes; against sore throat and bronchitis; intestinal depurative; digestive; sedative	+	+
Boraginaceae	<i>Borago officinalis</i> L.	Borage	postpartum depurative; galactagogue; against sore throat	+	+
Euphorbiaceae	<i>Mercurialis annua</i> L.	Mercury	laxative	+	
Hypericaceae	<i>Hypericum hircinum</i> L.	Stinking tutsan	against bronchitis		+
Lamiaceae	<i>Marrubium vulgare</i> L. and <i>M. incanum</i> Desr.	Black horehound	diuretic; digestive; anti-malarial; against cysts; panacea	+	+
Lauraceae	<i>Laurus nobilis</i> L.	Bay leaves	digestive; anti-stress	+	+
Malvaceae	<i>Malva sylvestris</i> L.	Mallow	mild laxative; against menstrual pains, sore throat and bronchitis; intestinal depurative	+	+
Moraceae	<i>Ficus carica</i> L.	Fig	against sore throat and bronchitis; intestinal depurative; heal insect bites; anti-warts	+	+
Poaceae	<i>Agropyron repens</i> L.	Couch grass	diuretic	+	+
Rhamnaceae	<i>Ziziphus jujuba</i> Mill.	Jujube	against sore throat and cough		+

between edible weedy greens, or *liakra*, and non-edible grasses and herbs, or *bara*. The term *liakra* itself has an Albanian origin—*lakër* is “cabbage” in modern Albanian. However, from recent preliminary observations (Pieroni 2006) carried out in northern Albania, we found that a specific term for wild leafy vegetables does not exist in the modern Albanian language.

While today the term *liakra* is restricted to the Arbëreshë lexicon, the collection of wild edibles is not unique to this culture. In the south Italian dialect, these wild greens are referred to as *foglie*, or leaves. In Castelmezzano, as well as the rest of south Italy, wild greens are generally recognized as the “poor man’s” food. As demonstrated in table 10.2, roughly half of the food plants reported is used both by Italians and ethnic Albanians in a similar way. In fact, when comparing traditional Arbëreshë cuisine with that of their Italian neighbors, only minor differences are notable. This commonality of knowledge regarding wild

edibles may have been fostered by the gradual acculturation of Arbëreshë communities to an Italian way of life. Specifically, major changes in the local economy beginning in the 1960s spurred shifts in labor practices outward from the community, leading to regular exchange with Italians. The subsequent installation of Italian speaking government officials and schools in the Albanian communities reinforced this exchange.

In the past, when the south Italian economy was dominated by agro-pastoralism, the collection of wild edibles took place during fieldwork. Often, they were eaten raw as a snack by workers in the field, or brought home, washed at the communal fountain, then cooked in a traditional terracotta pot. In the poorest subset of the community, these wild greens were eaten raw with bread, but without olive oil or salt. Nowadays, only a few wild edibles are consumed in their raw form. Instead, they are commonly prepared by both Italians and ethnic Albanians by light boiling or frying in olive oil with garlic, salt, and sometimes, a few hot chili peppers. They are usually then eaten with pasta or bread.

Formerly, both in Ginestra/Zhurë and in Castelmezzano, women were the ones who taught their daughters how to identify the edible plants that had to be gathered while mothers and daughters worked in the field. This was a kind of experiential learning process, where daughters observed gestures renewed daily during the spring and summer seasons. Today this mechanism of passing on cultural knowledge has broken down. Young women no longer go into the fields but instead work at home or in factories in the surrounding areas, and do not gather wild edibles.

Moreover, nutritional patterns have changed in the study areas, and young couples are now accustomed to eating meat every day. For most of them, *liakra* and *foglie* represent only a kind of sporadic “exotic” variation that is primarily provided by an elderly female (usually the mother or mother-in-law), and which is often already prepared.

It has become clear from our field observations that the loss of Traditional Environmental Knowledge (TEK) and of the Arbëreshë language is not completely affected in Ginestra: a few middle-aged interviewees are able to remember Arbëreshë names of plants but cannot identify them or explain their traditional use. Upon analysis of the same recorded ethnobotanical competence by means of a curvilinear regression model, we found that among the men the percentage of correctly identified plants reaches a maximum for those aged between 50 and 60 years and decreases strangely for those older than 60. This trend might be explained by the fact that most of the male population over age 65 generally consists of people who emigrated for work, usually leaving their wives and children on their own in the village, and usually returned to the community several years later.

In Ginestra, the emigration that had its major peak at the end of 1960s and the beginning of the 1970s has certainly contributed to TEK loss: this generation of men did not work closely with the natural environment on a regular basis.

Moreover, when these same men returned home, they began to work in factories rather than in agriculture. They also seem to have played a certain role in the positive internalisation of the acculturation process and in the adoption of mainstream Italian/European cultural models. There are those who generally still tend to reject Arbëresh cultural practices—and not by chance. Contrary to this group of men, elderly women try actively to maintain most of the original expression of their unique culture through continued involvement in gathering weedy greens and preparing traditional meals.

Another factor that has certainly played a role in this matter is represented by the emigrated families of the middle-generation (those who left southern Italy during the 1980s to move to northern Italy), who normally come back to visit their parents or relatives in the summer. Among these people, the rejection of traditional culture is very strong, perhaps in part because of the negative images portrayed by the media concerning the recent immigrant flows from Albania. A man from this group tried to convince his interviewer that traditional Albanian culture is something that has been hidden, because “Albanians are, after all, like *gypsies*”—a statement which is in strong contradiction to his own ethnic heritage. Similar power relations between old and new Albanian migrants have been observed in Sicily (Derhemi 2003).

On the other hand, all of the Arbëresh villages visited had had contacts with Albanians from Albania and Kosovo over the past decades, with cultural exchange and mutual visits sustained by local municipalities, and that involved many people at a time when informal cultural exchanges with “communist” Albania were very rare all over the world. Paradoxically, after 1991 and the political upheaval in Albania, these contacts ended and no interest remained in Ginestra/Zhurë to continue this kind of tradition.

Although the spread of Italian cuisine in Arbëreshë communities is evident, neither the knowledge nor application of Arbëreshë culinary tradition is noticeable among Italians. Some dishes that are unique to the Arbëreshë cuisine include *luljëkuq ma fazuljë* (corn poppy leaves [*Papaver rhoeas*] and beans) and *bathë e çikour* (mashed fava beans [*Vicia faba*] and wild chicory [*Cichorium intybus*]). Other characteristic Arbëreshë dishes are prepared only for special holiday feasts. For example, on Christmas Eve, anchovies or dried fish are prepared with the boiled and fried shoots of the semi-cultivated plant *çim de rrapë* (*Brassica rapa* ssp. *rapa*) or of the wild mustard (*sënap*, *Sinapis* spp.). For Easter, a special pie (*verdhët*) made of eggs, lamb, ricotta cheese, and the boiled leaf stalks of Spanish salsify (*Scolymus hispanicus*) are prepared.

“Traveling Plants”

The migration of Albanians to southern Italy in the fifteenth century does not seem to have resulted in the introduction of Albanian “traveling plants” to their

new environment. Instead, the population has undergone a long process of cultural adaptation since then, and what we can observe today in Ginestra/Zhurë reflects the indirect consequences of that long process. Five centuries are probably too long a time span to be able to still trace original traveling plants brought by Albanians to southern Italy. Yet, other newcomers arriving in recent years have brought plants with them and are probably renewing the same long process that ethnic Albanians underwent centuries ago.

Newcomers Today

Both in Ginestra/Zhurë and Castelmezzano a few newcomers from Eastern Europe have arrived over the past few years. Their numbers are still too small to evaluate the nature of possible further cultural changes, but in the domain of the folk medicines they brought with them to both villages, new practices have spread. For example, “new” Albanians have brought *caj malhit* (*Sideritis* spp., Lamiaceae, unknown by the Arbëreshë and not native in southern Italy) from their country to Ginestra/Zhurë, which they use in decoctions for the relief of sore throats and cough. Ukrainian women in Castelmezzano have introduced the use of an alcoholic chili macerate with metamizole (classic example of a syncretism between medicinal plants and pure chemicals) for the external treatment of rheumatism, and the functional use of pickled tomatoes (with dill, bay, and horseradish leaves), consumed to recover from a state of drunkenness.

Changes in the cultural and ethnomedical systems of Lucania continue, and only future studies in the following decades will tell us if any of these new (migrant-based) pharmaceutical uses will become integrated into the folk medical heritage of the autochthonous population.

Conclusions

We have found in this chapter that two communities who share similar sociodemographic, economic, and geographic characters, but different cultural identities, will not necessarily utilize the products of their environment in the same way. The cultural and ethnic makeup of communities is critical to the formation of specific social and medical frameworks. These frameworks, in turn, play a central role in community behavior and tradition in relation to the local flora.

It is difficult to determine in our case study whether the Italian community’s longer history of occupation in the environment enhanced their knowledge base regarding useful applications of plants for foods and medicines. While the autochthonous Italians are familiar with a much larger botanical pharmacopoeia than the Arbëreshë, they also follow a different medical framework.

It is probable that the lower number of medicinal plants known to the Arbëreshë is due to their heavy reliance on a ritualistic or spiritually-based system

of complementary medicine. In this system, plants serve an underlying role as spiritual objects and are not necessarily associated with being the source of the cure. With regard to wild food botanicals, the Arbëreshë more frequently integrate *liakra*, or wild greens, into their daily diet. While their cuisine has certainly grown due to an informational flux with neighboring Italian communities, this exchange of culinary knowledge has probably not been a mutual phenomenon: we have not been able to trace clearly Albanian food plants and food plant uses in the surrounding South Italian culinary traditions.

Nowadays in Ginestra/Zhurë, Arbëreshë Albanians have been acculturated to the mainstream South Italian dominant culture, but their strong preference for consuming *liakra* and the practice of religious-magic healing serves as proof of their “different” origin, and speaks more about the strategy that this community put into place during this century in order to maintain their traditions and defend their cultural identity.

The impact of acculturation on the Arbëreshë has had an erosive effect on the passage of traditional ethnobotanical and ethnomedical knowledge to younger generations. Likewise, for the Italians of Castelmezzano, the enticement of “modern” life has pulled the younger generations away from an agro-pastoralist economy, a consequence of which is the rapid disintegration of daily interactions with the environment.

In conclusion, comparative ethnobiological studies on migratory populations are complex but can offer much insight into the way that culture mediates interaction with the environment. The case illustrated here demonstrates how intricate these processes are, and how “traveling plants” and related practices of use are sometimes much more hidden than we would think at first.

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