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## *Nurse-Curanderas*

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### *Las Que Curan at the Heart of Hispanic Culture*

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*Bilingual nurse-curanderas are an emerging group of health care providers who blend the profession of nursing with Hispanic folk healing, thus providing culturally competent care to one of the largest growing minority groups in the United States. Nurse-curanderas integrate curanderismo (Hispanic folk healing) with allopathic health care, evaluate safety and efficacy, and implement appropriate interventions. This balance reduces cultural conflict and improves outcomes by increasing patient compliance with the treatment regimen. A Spanish-English glossary of terms used is included.*

**Keywords:** *curanderismo; curandera; Hispanic folk healing; cultural competence*

**From the beginning of time**, indigenous healers have helped ensure the survival of the human race. As enamored as contemporary health care professionals are with the biomedical model, humans have survived for at least 80,000 years without this model (Stein & Rowe, 1989). One essential link to human survival has been the traditional healer. The advent of the biomedical model has not eliminated such healers. Indeed, some traditional healers and biomedical practitioners are willingly working together. More specifically, nurse-curanderas are an emerging group whose influence is growing in the

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practice of professional nursing. This article discusses the importance and significance of the unique blend of traditional Hispanic folk healers and bicultural professional nurses.

#### Las Que Curan

Who are "Las Que Curan"?  
Emerging from the womb of our Mestiza Madre  
Barely remembering the ways of our antepasados  
With vergueza, we do not speak our native tongues.

Did we come into this healing art by chance?  
Perhaps suerte placed us on the "camino curandera"?  
Some entered through the backdoor of a university school house  
Validating our right to exist, to speak, to be different!  
Las Que Curan stand in the circle of ritual and ceremony  
We watch unseen open wounds bleed and dry teardrops fall  
We pray the universal prayers of love, light, hope, and peace  
Guided by the souls who bore us.

Las Que Curan will not be lost again  
We are here to teach the next generations—no olvides!  
When we join the abuelas and abuelos in antepasado heaven  
Our legacy will live on, old souls reborn to serve again

—Luna (2001)

Do bicultural nurse-curanderas have a distinctive role in nursing? Elena Avila (1999) describes her role as a nurse and a curandera and how her role evolved over 25 years of practice. With innovative expertise in applying curanderismo in today's health care setting, Avila demonstrates that clients benefit from a synthesis of professional health care and personalized folk medicine.

The limited body of literature focusing on traditional Hispanic folk medicine comes mostly from an etic—or outside observer's—perspective. Information coming from within the Hispanic culture—the emic perspective—is even more limited, especially in academia and biomedicine, where information is compartmentalized. Discussing the debate about the value of etic versus emic perspectives, Fetterman (1989) suggests that "the insider's perception of reality is instrumental to understanding and accurately describing situations and behaviors" (p. 30). As a bicultural nurse and a curandera, this author is synthesizing the essence of Hispanic culture and the culture of professional nursing (see Table 1).

**TABLE 1**  
**Translation and Definition of Terms**

Hispanic, Mexican American <i>abuelas, abuelos</i> <i>antepasados</i> <i>bruja</i> <i>camino curandera</i> <i>curandera</i>	For the purpose of this paper, these terms are used interchangeably Grandmothers, grandfathers Ancestors A folk practitioner who uses "black magic" to cast evil spells The road of the healer Hispanic folk healer who practices in one or more of the following specialties: <i>huesero</i> (bone setter), <i>yerbera</i> (herbalist), <i>partera</i> (midwife), <i>sobadora</i> (masseur), <i>señora</i> (card reader), or <i>espiritista</i> (works in spiritual realm through ritual and prayer, or as a medium)
<i>curanderismo</i>	The art and science of Hispanic folk healing; a quintessential model of holistic healing that addresses the spiritual, physical, social, psychological, and soulful needs of traditional individuals; a diagnostic and treatment regimen specific to Hispanic folk illnesses and conditions that has evolved to include non-Hispanic folk illnesses (Arizaga, 1999)
<i>Hispanic</i>	General term used to describe individuals with ethnic origin from countries where Spanish is the primary language; includes people from Mexico, Puerto Rico, Cuba, the Dominican Republic, some Central and South American countries, and Spain (Mendoza, 1994)
<i>indigenous</i> <i>Latina, Latino</i>	Native Individuals of various ethnic origins from a Spanish-speaking country in the Americas; describes the vast majority of people in the United States who originated from a Spanish-speaking country (Mendoza, 1994)
<i>limpia</i>	Spiritual cleansing performed to treat various illnesses; techniques vary depending on the practice of the curandera
<i>No olvides</i> <i>plática</i>	Do not forget Informal conversation between curandera and client to discern the needs and concerns of the client; serves as an assessment tool in formulating a plan of care
<i>mestizo</i>	Individuals of Spanish-Indian mixed-blood and cultures; the majority population in Mexico, now known as Mexicans (De Mente, 1998)
<i>Mexican Americans</i>	Individuals of Mexican descent, many of whose families have lived in the United States for extended periods but whose citizenship is not explicitly defined (Mendoza, 1994).
<i>suerte</i> <i>susto</i> <i>vergüenza</i>	Luck Soul or spirit loss resulting from a traumatic event Shame

### HISTORICAL INFLUENCES

The old tradition of curanderismo is both holistic and eclectic, blending New World indigenous beliefs (15th and 16th century) and Old World European medicine and theories (Avila, 1999; Davidow, 1999; Gutiérrez, 1970; Krassner, 1986; Torres, 1984; Trotter & Chavira, 1997). The roots of curanderismo reach as far back as the Kabbalah, the ancient wisdom of Jewish mysticism, according to various texts published in Spain (R. Spector, personal communication, April 14, 2003). Curanderismo can be defined not only as an art but also as a science related to current discoveries in quantum physics, holographic models, and psychoneuroimmunology.

Curanderismo is healing, not magic. Watson (1999) states that "the thinking from quantum physics and holographic models of science evokes new metaphors and a new aesthetic language to reflect some of the metaphysical and human dimensions of transpersonal caring, consciousness and energy" (p. 109). The concepts of universal connectedness, caring-healing consciousness and interdependence are clearly present in curanderismo.

Spanish influences were brought to the New World at the time of the conquest of Mexico in 1519. This influence included a combination of early Greek and Roman practices based on Hippocratic and Galenic medicine, merged with the highly successful Arabic medicine introduced into Spain by the Moors. According to Trotter and Chavira (1997), two important contributions from the Hispano-Arabic medical system included the concept of health as a balanced condition, where a lack of harmony with the social, spiritual, or physical environment produces illness, with the restoration of this balance being the work of the healer, and the Spanish use of Biblical teachings supporting the use of medicinal remedies derived from plants and animals, which in turn led to a zealous search for new herbal medicines in the Old and New World.

The Aztec Empire and earlier civilizations of the Olmec, Toltec, Zapotec, and Maya contributed significantly to the practice of curanderismo as Spanish medicine came into contact with Aztec medicine (Krassner, 1986). According to Gutiérrez (1970), the Aztecs had a far greater knowledge of botany and its application to healing than did the Europeans. The Aztec botanic classification system predated that of Linnaeus by more than two centuries (Gutiérrez, 1970). The first botanical garden in the Aztec empire was started in Padua, half a century before its European counterpart (Gutiérrez, 1970).

Records suggest that Aztec medicine was highly spiritual and that spiritual forces were involved in the treatment of ailments.

Contributions of the New World's indigenous medicinal knowledge, beliefs, and practices varied from region to region, depending on which tribe came in contact with the Spaniards. However, it is clear that indigenous knowledge of the curative value of local plants and animals greatly expanded the imported European pharmacology (Trotter & Chavira, 1997; Viesca, 1986).

The influence of African medicine was also part of the emerging eclectic medicine in Mexico, as well as other parts of the continent (Morales, 1998). Avila (1999) states, "Millions of African slaves came to North America and Mexico between 1500 and 1870, bringing spiritual beliefs and medical practices that were incorporated into curanderismo" (p. 22). Africans held some beliefs in common with indigenous populations of the New World, such as the belief that spirit and soul are not disconnected from the physical body (Avila, 1999).

The use of curanderismo over the centuries has been influenced by the Hispanic understanding of disease as having spiritual, social, and personal consequences that go beyond biological significance (Richardson, 1982; Taylor & Skinner, 2000). Curanderismo continues to survive and evolve despite the more recent appearance of allopathic medicine (Avila, 1999; Lopiccolo, 1990; Trotter & Chavira, 1997). Despite many attempts to eliminate the practice of traditional folk medicine, it has clearly not been obliterated by allopathic medicine, especially in Latin America (Pederson & Baruffati, 1989).

Reasons why folk medicine continues to survive, according to Wilkinson (1987), include regional location of users; repeated success with particular plants and herbs; limited economic resources; escalating costs of physicians' services, prescription medicines, and hospitalization; lack of health insurance; distrust of modern medical technology and doctors; intrinsic intrafamily sentiments and traditional help patterns; and lack of immediate access to treatment facilities in rural and isolated communities.

Urdaneta, Livingston, Aguilar, Enciso, and Kaye (2002) acknowledge the above reasons as identified by Wilkinson (1987) and note the following additional factors: no separation of the body from the mind, spirit, or soul; no language barrier, as the curandera is usually a resident of the same barrio; no cryptic medical terminology; involvement of the patient and patient's family in the treatment and healing process, with the family serving as a natural support system;

willingness of the curandera to spend adequate time and provide nonthreatening counsel; availability in border communities for people regardless of citizenship; and reinforcement of cultural identification.

#### CURANDERISMO AS COMPLEMENTARY AND ALTERNATIVE MEDICINE

The practice of curanderismo falls into the category of alternative medical systems: traditional indigenous systems, as identified by the National Center for Complementary and Alternative Medicine (NCCAM, 2002). Curanderismo is linked to Complementary and Alternative Medicine (CAM) therapies by virtue of its holistic orientation, which does not separate the physical, mental, spiritual, and soulful influences of the illness processes. Hufford (1997) comments, "by definition and by history, folk medicine is one of the basic—probably the most basic—aspects of alternative medicine" (p. 731).

The increased use of CAM therapies has been documented in the literature by Eisenberg et al. (1998). Today's consumers are dissatisfied with the delivery of impersonal health care, as mediated through office staff members, non-health care professionals, and insurance administrators. In response, some consumers seek therapies that incorporate and promote a holistic approach. As Bushy (1992) observes,

For years, health professionals have adhered to the belief that western medicine with its mechanistic and reductionistic intervention is the only way to treat illness. Now we realize that this model does not have all the answers; in fact, the model has perpetuated a national health care crisis. (p. 16)

Alternative medical systems have not generated a great deal of quantitative research, partly because they rely on well-developed clinical observation skills and experiences consistent with their explanatory frameworks (Fontaine, 2000). Folk medicine has not been supplanted by biomedicine and is not limited to the poor and less educated (Hufford, 1997; Lopiccolo, 1990). Bushy (1992) observed that any health care system would be overwhelmed with clients if there were no self-care practices such as traditional folk medicine.

Curanderas traditionally do not "bill" clients for their services. Payment is often made by unconventional means such as barter for produce or services; when harsh circumstances indicate, there is no compensation. Instances in which "healers" expect large fees for

services—usually involving the so-called removal of a “curse”—are not considered legitimate by reputable practitioners (Avila, 1999).

### FOLK HEALERS

Hispanics are one of the fastest growing ethnic groups in the United States and are emerging as the largest minority. Hispanics outnumber African Americans and by 2025 will account for 18% of the U.S. population (AmeriStat, 2000). Most Mexican immigrants live in states that border Mexico: Arizona, California, New Mexico, and Texas. Like other immigrants, many Mexican immigrants, especially the elderly, retain cultural patterns, values, and beliefs brought from their country of origin. This retention is enhanced by the proximity to Mexico and the “fluidity” of the border (Gordon, 1994).

The use of Hispanic folk healers in the United States is probably underreported. According to Higginbotham, Trevino, and Ray (1990) the Hispanic Health and Nutritional Examination Survey reported that as few as 4.2% of respondents between the ages of 18 and 74 reported consulting a curandera, herbalist, or other folk practitioner within the 12 months prior to that survey. Mayers (1989) completed a study on elderly Mexican American women in Dallas, Texas, which revealed that the women used folk remedies and consulted curanderas but concealed these facts from their children and doctors, fearing nonacceptance and ridicule for using the folk therapies.

Keegan (1996) conducted a study on the use of alternative therapies among Mexican Americans in the Texas Rio Grande valley. This study revealed that 44% of participants used an alternative therapy (including herbal medicine, spiritual healing, massage, and curanderas) at least once during the previous year. Sixty-six percent of these participants, however, did not report the visits to their primary health providers. Keegan (2000) conducted another study comparing the use of alternative therapies among Mexican Americans and Anglo-Americans in the Texas Rio Grande valley. The results indicated that twice as many Mexican American participants reported using an alternative therapy (158 visits) once or more during the previous year as their Anglo counterparts (72 visits). Fifty-five percent of the Mexican American participants did not report these practices to their primary care provider, whereas 73% of Anglo-Americans did not report use of alternative practices to their primary health providers (Keegan, 2000).

Urdaneta, Aguilar, Livingston, Gonzales-Bogran, and Kaye (2001) found that approximately 50% of client informants knew about and had used the services of folk healers and/or parteras. Another 45.5% of the sample knew about curanderas and parteras but had not used their services. Thus, over 95% of the client informants knew about curanderos and parteras, with half of the informants using the services while also availing themselves of mainstream medical services (Urdaneta et al., 2001).

### NURSING AND HEALING

Holistic practitioners in general have increased in numbers since the 1970s, and many of these practitioners are nurses (Keegan, 1996). Nursing's holistic and unique participation in the healing process goes well beyond the Cartesian model. Kritek (1997) states, "Nurses embrace the idea of healing readily, and think of themselves as persons engaged in healing the whole person, the family, and indeed, even the communities where they serve" (p. 14). The concepts of holism and humanism are embedded in the nursing profession and are consistent with the importance of the biological, psychological, emotional, and spiritual components of illness and health (Fontaine, 2000).

Nurse-curanderas are not only professional nurses, they are also healers. They acquire their knowledge base from nursing science as well as from many generations of ancestors. The ancestral knowledge has been passed down almost exclusively in oral form. Some nurse-curanderas apprentice with experienced curanderas to learn the folk medicine. Familiarity with the Hispanic culture, language, and folk medicine adds a unique dimension to the practice of the nurse-curandera. The curandera's relationships with clients, families, and the community go beyond the time-restricted and impersonal care often provided by allopathic medicine.

### THEORETICAL FOUNDATION

Culturally competent nursing practice requires a theoretical framework. One such framework that encompasses curanderismo is the holistic health model, a set of highly abstract constructs. Holistic health is a term used to define a state in which the individual is

integrated at all levels—body, mind, spirit, and soul. Emphasis is placed on the interdependence and interrelatedness of all systems to each other, to all individuals, and to the universe. Holistic nursing is oriented to the prevention of illness, the maintenance of health, and the healing process (Dossey, Keegan, Guzzetta, & Kolkmeier, 1995).

Assumptions of the holistic model include the interrelatedness of wholes, an emphasis on moral/ethical dimensions of care, the value of nonduality, and universal bonding (Dossey et al., 1995). The holistic model in nursing incorporates perennial philosophy, humanistic philosophy, natural systems theory, the nursing process framework, Standards of Practice of the American Holistic Nurses Association (AHNA), and the North American Nursing Diagnosis Associations's taxonomy (Dossey et al., 1995).

Application of nursing theorists to the holistic model include the works of Rogers, Watson, Newman, Parse, Leininger, Benner, and Dossey (Chinn & Kramer, 1995), as well as the work of nurse anthropologists DeSantis, Lipson, Tripp-Reimer, Brink, and Barbee (Urdaneta et al., 2001). Because holism encompasses humanistic philosophy, other humanistic, nonnursing theories and philosophies also apply to this model. These include Dewey, Clandinin, Heidegger, Rogers, Connelly, Husserl, Kierkegaard, and Whitehead (Lamont, 1990).

#### CULTURAL RELEVANCE

Despite the importance of cultural relevance and competence in the delivery of health care as documented in the literature (Andrews & Boyle, 1999; Giger & Davidhizar, 1995; Leininger, 1995; Spector, 2000; Urdaneta et al., 2001), many nurses continue to ignore or dismiss the evidence. The concept of cultural competence is supported by the AHNA (2000), the American Nurses' Association (ANA, 1996) and the American Association of Colleges of Nursing (AACN, 2000). The AACN has entered into a collaborative agreement with two of the major national Hispanic organizations to increase access to nursing education opportunities (AACN, 2000).

On more than one occasion, this author has encountered an indignant nurse when suggesting that nurses study Hispanic culture and learn some basic Spanish to improve client care and compliance. It is not unreasonable to expect nurses to be culturally sensitive and even culturally competent. Bushy (1992) comments, "Nurses must be

astutely sensitive to the fact that when scientific knowledge is presented so that it appears to be incompatible with a client's traditional belief, the traditional way will probably be accepted" (p. 17).

Pacquiao (1995) states that "consumer preference for ethnically congruent health care services has been documented in the literature" (p. 4). Incorporating traditional practices in the delivery of health care can increase utilization rates of allopathic care, improve client compliance with the treatment regimen, enhance client-provider relationships, and empower the client to take a more active role in his or her care. Reducing conflicts between ethnic and allopathic medicine may conceivably result in cost-effective reductions in length of stay, morbidity, mortality, and number of hospitalizations (Rankin & Kappy, 1993). Delivering culturally competent care also reduces the likelihood of ethnocentrism by the nurse, who will in turn model culturally aware behavior for other health care providers.

Although individualized care is emphasized in nursing education, "lip service" is more often than not paid to this concept in the actual delivery of care to minority clients. Nursing practice and theory are not ethical unless cultural factors are included; this concept is basic to nursing practice and philosophy (Eliason, 1993).

#### ADVANCED PRACTICE ROLE OF THE NURSE-CURANDERA

Clients consulting a bilingual nurse-curandera are not likely to feel degraded or ridiculed for their beliefs or for using curanderismo. In contrast to allopathic medicine, no cultural or language issues impede the healing process or interfere with patient compliance of the treatment regimen. Referrals for allopathic care, as well as insight into the educational needs of the client are common. Because the nurse-curandera has a scientific background, she can evaluate the safety of a folk remedy or treatment and refer clients to other health care providers when appropriate.

Ideally, health care providers would include the nurse-curandera in the client's plan of care. In combination, allopathic medicine and curanderismo potentiate a synergistic effect of healing and curing for the client and family. Many consumers seek the services of both a medical doctor and a curandera (Avila, 1999). More referrals occur from curanderos to medical practitioners than the reverse (Krassner, 1986). Avila's (1999) experiences are similar:

While I refer many of my clients to medical doctors, and/or make myself available to work with them in the context of a team, I rarely hear from a doctor who is interested in working with me for the health of the patient. (p. 308)

There is no currently defined role for the bicultural nurse-curandera within the nursing profession, nor is there a defined role for the advanced practice nurse (APN)-curandera. Fortunately, though, such nurses do exist. Several bicultural APN-curanderas function in this unique role in New Mexico. They include a nurse practitioner who incorporates curanderismo into her practice in a clinic setting, and other nurse-curanderas who work in hospital and hospice settings, where ritual and ceremony provide comfort for terminally ill patients and their families. These nurses creatively blend nursing practice with traditional Hispanic folk healing. They establish a personal relationship with the client that transcends the physical realm of care, creating an intimate and sacred space in which to explore emotional/mental/spiritual/soulful causes of illness, which manifest in physical form and can be linked to cultural identity.

The following scenario demonstrates the application of nursing and curanderismo. In the author's private practice, a 20-year-old woman presented with a complaint of chronic back pain of more than 10 years' duration. She had consulted numerous physicians (internists, general practitioners, and orthopedists) in two states. Her examinations, MRI, CT, and x-rays were all normal. Despite the negative findings, the young woman insisted "something is wrong." Over-the-counter and prescription medications did not relieve the pain that limited her activities and her ability to fully participate in life.

During the course of our work together, the client revealed that she had suffered from traumatic physical abuse at the age of 5 and had witnessed similar violence directed toward her mother. Eventually, she was able to recall that her back pain began shortly after the traumatic events. The memory of this *susto* had been physically stored in the area of her lower back. With these insights, the client was able to begin her process of deep healing.

Table 2 illustrates how the care of a client with *susto* translates into practice for the advanced practice holistic nurse-curandera. Comparisons are made between the ANA (1996) standards of advanced practice nursing, AHNA (2000) standards of holistic nursing practice, and

TABLE 2  
Comparing Standards of Practice

<i>Nurse-Curandera's Treatment Regimen</i>	<i>American Nursing Association Standards of Advanced Practice Nursing (1996)</i>	<i>American Holistic Nursing Association Standards: Core Values of the Holistic Caring Process (2000)</i>	<i>Practice Domains and Competencies. Benner (1984), Fenton, and Brykczynski (1993)</i>
1. Assessment is conducted during a platica (talk)	The advanced practice nurse (APN) collects comprehensive client health data	Each person is assessed holistically using appropriate traditional and holistic methods while the uniqueness of the person is honored	Diagnostic and patient monitoring function; the consulting role of the nurse; interpreting the role of nursing to others; role modeling assessment, monitoring, coordination, management of patient care over time; developing strategies for dealing with concerns
2. Diagnosis encompasses the biomedical model and the Hispanic folk model	The APN critically analyzes the assessment data in determining diagnoses	Actual and potential patterns, problems, needs, and life processes related to health, wellness, disease, or illness that may or may not facilitate well-being are identified and prioritized	Detecting acute and/or chronic disease while attending to illness
3. Outcomes and planning are based on the needs and willingness voiced by the client	The APN identifies expected outcomes derived from the assessment data and diagnoses and individualized expected outcomes with the client and other health care team members	Each person's actual or potential patterns, problems, and needs have appropriate outcomes specified	The helping role of the nurse; teaching and coaching function, and providing emotional and informational support to patients' families. Health care needs and capacities: teaching self-care, and making health and illness approachable and understandable

(continued)

TABLE 2 (continued)

<i>Nurse-Curandera's Treatment Regimen</i>	<i>American Nursing Association Standards of Advanced Practice Nursing (1996)</i>	<i>American Holistic Nursing Association Standards: Core Values of the Holistic Caring Process (2000)</i>	<i>Practice Domains and Competencies. Benner (1984), Fenton, and Brykczynski (1993)</i>
4. Client and healer formulate a plan for implementation, timing, and methods to be used	The APN develops a comprehensive plan of care that includes interventions and treatment to attain expected outcomes	Therapeutic Care Plan: Each person engages with the holistic nurse to mutually create an appropriate plan of care that focuses on health promotion, recovery or restoration, or peaceful dying so that the person is as independent as possible	Administering and monitoring therapeutic interventions and regimens  Management of patient health status in ambulatory care settings: selecting and recommending diagnostic and therapeutic interventions
5. Implementation of interventions includes additional platicas and one or more limpieas (cleansings)	The APN prescribes, orders, or implements interventions and treatments as planned	Each person's plan of holistic care is prioritized, and holistic nursing interventions are implemented accordingly	Negotiation when patient and provider priorities conflict
6. Evaluating effectiveness of the treatment regimen includes client, healer, and often the patient's family	The APN evaluates client's progress in attaining expected outcomes	Each person's responses to holistic care are regularly and systematically evaluated; the continuing holistic nature of the healing process is recognized and honored	Monitoring and ensuring the quality of health care practices, making the bureaucracy respond to patient and family needs, and giving constructive feedback to ensure safe practices
7. Referrals are made to appropriate health care professionals as needed			Providing consultations to doctors and other staff members on patient management; using physician consultation effectively

the practice domains and competencies, which include the work of Benner (1984), as identified by Fenton and Brykczynski (1993).

## CONCLUSION

Effective and culturally competent care is provided by bicultural nurse-curanderas. This unique group of practitioners serves as a valuable resource not only to their clients but to the nursing profession as well. As nurse-curanderas practice and demonstrate the integration of curanderismo with allopathic medicine, the role will be more clearly defined and understood.

The "melting pot" and its associated myth of assimilation has proven to be elusive; in fact, blending into a melting pot is no longer viewed as desirable by many people of cultural minorities in this country. Clearly, nurses must learn to work with clients from other cultures (Spector, 2000). In the case of Hispanic culture, the benefits of integrating curanderismo into professional nursing practice are apparent. Assimilating the insights of complementary and alternative medicine into advanced nursing practice will provide important and valuable links in the process of rendering truly holistic care in more mainstream biomedical settings.

## REFERENCES

- American Association of Colleges of Nursing. (2000). *Media relations: AACN, Hispanic organizations join in pact to boost nursing education opportunities*. Retrieved April 26, 2001, from <http://www.aacn.nche.edu/Media/NewsReleases/hspagwb.htm>
- American Holistic Nurses Association. (2000). *Standards of holistic nursing practice*. Flagstaff, AZ: Author.
- American Nurses Association. (1996). *Scope and standards of advanced practice registered nursing*. Washington DC: Author.
- AmeriStat. (2000). *The changing American pie, 1999 and 2025*. Retrieved April 23, 2001, from [http://www.prb.org/Content/NavigationMenu/Ameristat/Topics1/Estimates\\_Projections/The\\_Changing\\_American\\_Pie\\_1999\\_and\\_2025.htm](http://www.prb.org/Content/NavigationMenu/Ameristat/Topics1/Estimates_Projections/The_Changing_American_Pie_1999_and_2025.htm)
- Andrews, M. M., & Boyle, J. S. (1999). *Transcultural concepts in nursing care* (3rd ed.). Philadelphia: J. B. Lippincott.
- Arizaga, G. (1999). Curanderismo as holistic medicine. In G. Cajete (Ed.), *A people's ecology—Explorations in sustainable living: Health, environment, agriculture, native traditions* (pp. 210-223). Santa Fe, NM: Clear Light.

- Avila, E. (1999). *Woman who glows in the dark*. New York: J. P. Tarcher.
- Benner, P. (1984). *From novice to expert*. Menlo Park, CA: Addison-Wesley.
- Bushy, A. (1992). Cultural considerations for primary health care: Where do self-care and folk medicine fit? *Holistic Nursing Practice*, 6(3), 10-18.
- Chinn, P., & Kramer, M. (1995). *Theory and nursing: A systematic approach* (4th ed.). St. Louis, MO: Mosby.
- Davidow, J. (1999). *Infusions of healing: A treasury of Mexican-American herbal remedies*. New York: Fireside.
- De Mente, B. L. (1998). *There's a word for it in Mexico: The complete guide to Mexican thought and culture*. Lincolnwood, IL: Passport Books.
- Dossey, B. M., Keegan, L., Guzzetta, C. E., & Kolkmeier, L. G. (1995). *Holistic nursing: A handbook for practice* (2nd ed.). Gaithersburg, MD: Aspen.
- Eisenberg, D. M., Davis, R. B., Ettner, S. L., Appel, S., Wilkey, S., Van Romany, M., et al. (1998). Trends in alternative medicine in the United States 1990-1997. *JAMA*, 280, 1569-1575.
- Eliason, M. J. (1993). Ethics and transcultural nursing care. *Nursing Outlook*, 41, 225-228.
- Fenton, M. V., & Brykczynski, K. A. (1993). Qualitative distinctions and similarities in the practice of clinical nurse specialists and nurse practitioners. *Journal of Professional Nursing*, 9, 313-324.
- Fetterman, D. (1989). *Ethnography: Step by step*. Newbury Park, CA: Sage.
- Fontaine, K. L. (2000). *Healing practices: Alternative therapies for nursing*. Upper Saddle River, NJ: Prentice Hall.
- Giger, J. N., & Davidhizar, R. E. (1995). *Transcultural nursing: Assessment and intervention* (2nd ed.). St. Louis, MO: Mosby.
- Gordon, S. M. (1994). Hispanic cultural health beliefs and folk remedies. *Journal of Holistic Nursing*, 12, 307-322.
- Gutiérrez, E. D. (1970). *La medicina primitiva en México* [Primitive medicine in Mexico]. Mexico: Artes de Mexico.
- Higginbotham, J. C., Trevino, F. M., & Ray, L. A. (1990). Utilization of curanderos by Mexican Americans: Prevalence and predictors findings from HHANES, 1980-1984. *American Journal of Public Health*, 80, 32-35.
- Hufford, D. J. (1997). Folk medicine and health culture in contemporary society. *Primary Care*, 24, 723-741.
- Keegan, L. (1996). Use of alternative therapies among Mexican Americans in the Texas Rio Grande valley. *Journal of Holistic Nursing*, 14, 277-293.
- Keegan, L. (2000). A comparison of the use of alternative therapies among Mexican Americans and Anglo-Americans in the Texas Rio Grande valley. *Journal of Holistic Nursing*, 18, 281-295.
- Krassner, M. (1986). Effective features of therapy from the healer's perspective: A study of curanderismo. *Smith College Studies in Social Work*, 56, 157-183.
- Kritek, P. B. (Ed.). (1997). *Reflections on healing: A central nursing construct*. New York: NLN.

- Lamont, C. (1990). *The philosophy of humanism* (7th ed.). New York: Continuum.
- Leininger, M. (1995). *Transcultural nursing: Concepts, theories, research & practice* (2nd ed.). New York: McGraw-Hill.
- Lopiccolo, P. (1990). *Curanderismo in the El Paso/Las Cruces/Ciudad Juarez area*. Unpublished master's thesis, New Mexico State University, Las Cruces.
- Luna, E. (2001). *Las que curan*. Unpublished manuscript.
- Mayers, M. (1989). Use of folk medicine by elderly Mexican-American women. *Journal of Drug Issues, 19*, 283-295.
- Mendoza, F. S. (1994). The health of Latino children in the United States. *Critical Health Issues for Children and Youth, 4*(3), 44-72.
- Morales, A. L. (1998). *Remedios: Stories of earth and iron from the history of Puertorriqueñas*. Boston: Beacon.
- National Center for Complementary and Alternative Medicine. (2002). *What is Complementary and Alternative Medicine (CAM)?* Retrieved March 28, 2003, from <http://nccam.nih.gov/health/whatiscam/index.htm>
- Pacquiao, D. F. (1995). Multicultural issues in nursing practice and education. *Issues, 16*(2), 1, 4-5, 11.
- Pederson, D., & Baruffati, V. (1989). Healers, deities, saints, and doctors: Elements for analysis of medical systems. *Social Science Medicine, 29*, 487-496.
- Rankin, S. B., & Kappy, M. S. (1993). Developing therapeutic relationships in multicultural settings. *Academic Medicine, 68*, 826-827.
- Richardson, L. (1982). Caring through understanding, part II: Folk medicine in the Hispanic population. *Imprint, 29*(21), 72, 75-77.
- Spector, R. E. (2000). *Cultural diversity in health and illness* (5th ed.). Upper Saddle River, NJ: Prentice Hall.
- Stein, P. L., & Rowe, B. M. (1989). *Physical anthropology*. New York: McGraw-Hill.
- Taylor, A., & Skinner, M. L. (2000). La salud y métodos integrales de curación: Diferentes prácticas tradicionales y alternativas para lograr cambios positivos [Health and integrated practices of healing: Different traditional practices and alternatives to achieve positive changes]. In Boston Women's Health Book Collective (Ed.), *Nuestros cuerpos, nuestras vidas* (pp. 89-106). New York: Seven Stories.
- Torres, E. (1984). *The folk healer: The Mexican-American tradition of curanderismo*. Kingsville, TX: Nieves.
- Trotter, R. T., & Chavira, J. A. (1997). *Curanderismo: Mexican-American folk healing* (2nd ed.). Athens, GA: University of Georgia Press.
- Urdaneta, M. L., Aguilar, M. C., Livingston, J., Gonzales-Bogran, S., & Kaye, C. I. (2001). *Understanding Mexican American cultural beliefs and traditional healing practices: A guide for genetic service providers in South Texas*. San Antonio: University of Texas.
- Urdaneta, M. L., Livingston, J. E., Aguilar, M. C., Enciso, V. B., & Kaye, C. I. (2002). *Understanding Mexican American cultural beliefs and traditional heal-*

- ing practices: A guide for genetic service providers on the U.S.-Mexican border.* San Antonio: University of Texas.
- Viesca, T. C. (1986). *Medicina prehispánica de México: El conocimiento de los nahuas* [Prehispanic medicine of Mexico: The knowledge of the Nahuas]. Mexico City, Mexico: Panorama Editorial.
- Watson, J. (1999). *Postmodern nursing and beyond*. New York: Churchill Livingstone.
- Wilkinson, D. (1987). Traditional medicine in American families: Reliance on the wisdom of elders. *Marriage and Family Review*, 11(3/4), 65-76.

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