Knowledge Brief

Nicaragua: Integration of Western and Indigenous Traditional Medicine

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KEY MESSAGES:

• Nicaragua has an extensive national and international legal framework that promotes inter-cultural health, which has allowed social participation, practice, protection, and preservation of indigenous traditional medicine, with important achievements in the last five years.

• The strategy of the Government of Reconciliation and National Unity (GRUN) to harmonize Western medicine with natural and ancestral medicine includes the revitalization of ancestral knowledge and integration of both approaches into the health system by means of the Community and Family Health Model (MOSAFC), in addition to achieving the integration of natural medicine with complementary therapies to the health system.

• The country's health models, which reflect its cultural and ethnic diversity, such as the MOSAFC, the Inter-Cultural Health Care Model of the North Atlantic (MASIRAAN), the Inter-Cultural Health Care Model of the South Atlantic (MASIRAAS), and the Community Living Model of the Central and Northern Pacific Region of Nicaragua, call for the integration of indigenous traditional medicine and Western medicine to improve the quality of culturally relevant health services in the context of public policies and the restitution of collective rights.

• In December 2014, the Government of Nicaragua inaugurated the National Institute of Natural Medicine and Complementary Therapies in an effort to promote the integration and harmonization of natural medicine and complementary therapies.

Introduction

Nicaragua is a multiethnic and culturally diverse country according to the 2005 census, which included the variable of indigenous or ethnic identity. As a result, about 443,847 inhabitants identified themselves as members of an indigenous or ethnic community.

For centuries, the indigenous peoples and Afro-descendants have sought ways to maintain and recover their health from their own world view and spirituality, based on healing rituals, use of medicinal plants, animals, and minerals which, considering their comprehensive and holistic approach, fall within traditional ancestral medicine.

In Nicaragua, the GRUN, through the Ministry of Health as sectoral governing body, is implementing more inclusive and participatory health models such as the MOSAFC, MASIRAAN, and MASIRAAS. Each of these models calls for addressing traditional ancestral medicine within the context of integration of both Western and indigenous traditional medicine, which is considered the primary health care alternative for the population, whether at individual, family, or community levels.

Characteristics of the Indigenous Peoples and Afro-descendants

In the Autonomous Regions of the Nicaraguan Caribbean Coast, there are 313 communities in 23 indigenous and Afro-descendant territories who have maintained more pronounced identity features. These peoples descend from gatherers, hunters, and fishermen.

The indigenous peoples of the Northern and Central Pacific, with Matagalpa, Nahoa, Chorotega, and Sutiaba ancestries,
are located in 33 municipalities of 8 departments. The indigenous identity of these peoples is linked to the lineage or caste of their ancestry of origin, their legal and ancestral rights over indigenous territories. It is also strongly linked to their sacred sites, mother earth, their world view and spirituality, the persistence of their ancestral heritage, their practices of traditional ancestral medicine and community living that preserves their descent.

Among the indigenous peoples and Afro-descendants, traditional knowledge represents the set of collective practices and knowledge relating to the human body, biodiversity, health, disease, and resource management oriented to community well-being, which have been transmitted from generation to generation.

Knowing the causes to which people attribute their diseases or disharmonies allows not only to incorporate a broader view of epidemiology but also to recognize their world view, cultural practices and processes of healing or recovery of balance. The native peoples explain this variously.

In the Caribbean coast villages of Miskitu, it is explained through the events of everyday life and their social interaction rules operating under the influence of culture and nature, which make life possible but also are sources of disease and death. The nature sphere includes plants, animals, water sources, spirits, and other elements non-domesticated by humans.

Among Afro-descendants, it is explained by disharmony and factors related to fear, neglect, natural causes, or overwork.

In the Central Northern Pacific region, disharmony or disease is related to the imbalance between human beings, mother earth, spirituality, and the living environment. The conception of health and disease is related to the equilibrium between cold and hot, wet and dry, which in turn are related to the environment (mother earth, animals, plants, mountains, rivers, lakes, water sources) and humans.

**Lines of action to encourage and promote the integration of traditional ancestral, Western, and natural medicine**

**MODELS FOR REGIONALIZATION OF HEALTH**

To address health regionalization in the Autonomous Regions of the Caribbean Coast, inter-cultural health care models that promote reciprocity and complementarity between the different health systems under the MOSAFC umbrella are implemented. The health care models created and practiced in the Caribbean Coast of Nicaragua are the following:

The **Inter-cultural Health Care Model (MASIRAAN)** is the operational instrument for provision of the health services established in the Regional Health Model. It is the transformation of a health care model with a curative approach into a community-based, comprehensive, family-based, and preventive approach that promotes healthy lifestyles.

The **Health Model of the Autonomous Region of the Southern Caribbean** approved in 2009 by the Autonomous Regional Council includes a set of health services and actions offered by all the related health systems and sectors, which brings together different economic, cultural, political, social, and institutional elements responding to the autonomy framework of that region.

The **Community Living Model in the Central and Northern Pacific of Nicaragua** is in its design phase and would propose a shared responsibility management through the Inter-cultural Health Council. The council leads the reflection, dialogue in the planning processes, and the interaction and search for alternatives to solve the most urgent problems of the community, and bring the health service network closer to people.

**AWARENESS RAISING AMONG HEALTH PROFESSIONALS**

Over the past five years, with support from the World Bank, an awareness-raising process has been conducted, implementing a training plan for health staff, curanderos or healers, traditional medicine practitioners/traditional knowledge specialists (who are indigenous people and Afro-descendants offering services to prevent diseases, cure, or preserve individual, collective, and community health using practices and knowledge under the world view of the traditional health system). The people working in natural medicine and complementary therapies were also included in this process to share experiences, provide feedback on the traditional medicine, and talk about their contribution to the process of integration to achieve an inclusive and inter-cultural health care system, to bring health care services closer to the Nicaraguan population.

The methodology of the training and awareness-raising plan was based on an inter-cultural pedagogy that seeks complementarity between endogenous knowledge around intercultural health. This was agreed between the governing health care authorities at the central level, the indigenous and Afro-descendant authorities of the Caribbean Coast, and the National Council of Indigenous Peoples.

The training plan included 24 workshops where participants shared their vision, proposals, and recommendations to strengthen the MOSAFC implementation, integrating the Western and traditional health care models to provide culturally relevant health care services. Some of the topics discussed were (a) indigenous ceremony; (b) multiculturalism and health in Nicaragua; (c) indigenous world vision and spirituality; (d) strengthening of community networks; and (e) culture-bound diseases (RACN, RACS) and diseases of sociocultural origin in the Central and Northern Pacific Region of Nicaragua, among others.
In December 2014, the Institute of Natural Medicine and Complementary Therapies was inaugurated. Through it the health system promotes a comprehensive service where natural medicine is used as a complement to conventional Western medicine. The institute provides training to all health staff to develop techniques and knowledge on herbal medicine and complementary therapies. To date, 1,773 people have undertaken different courses and diploma programs (Figure 1). Some 220 men and women from different medicine areas have also attended a basic course (Figure 2).

**Figure 1. Trained health staff**

![Diagram showing the distribution of participants in different courses](image)

Source: Institute of Natural Medicine and Complementary Therapies.

**Figure 2. Profession or occupation of the participants in the basic courses**

![Diagram showing the distribution of participants by profession](image)

Source: Institute of Natural Medicine and Complementary Therapies.

**DIAGNOSIS OF THE CURRENT SITUATION OF ANCESTRAL AND TRADITIONAL MEDICINE IN THE COUNTRY**

This diagnosis describes the traditional knowledge and ancestral practices based on the traditional medicine practiced by the indigenous and Afro-descendant peoples of Nicaragua and transmitted from generation to generation. Their world vision and spirituality are essential elements in the comprehensive and holistic approach to the health and wellness relation. This diagnosis was based on literature review and included evidence from studies that have documented the processes of transmission of knowledge from healers and traditional knowledge specialists (as doctors are called in the Central Northern Pacific region), their relation with mother earth, the gift of knowledge, the gift of healing, the gift of serving, the gift to of learning, as the principles generating traditional health practices.

This diagnosis also explains diseases and conditions of cultural and sociocultural origin among the peoples in the Caribbean Coast and the Central Northern Pacific regions of the country: the cold and hot diseases; the diseases related to energy or spirits; soul diseases, caused by guilt; and the relation of traditional healers, traditional health practitioners, and traditional knowledge specialists with plants to cure such diseases and conditions.

**LIST OF MEDICINAL PLANTS FOR PATIENT CARE AND IDENTIFICATION OF CULTURE-BOUND DISEASES**

As part of the process of integrating Western and natural and traditional medicine, the medicinal plants commonly used by traditional knowledge specialists in the healing and rehabilitation processes were identified through several meetings held with World Bank support. To reaffirm this knowledge, the University of the Autonomous Regions of the Nicaraguan Caribbean Coast (URACCAN), the Institute of Traditional Medicine and Community Development (INTRADEC), and the Association of Promoters and Advocacy for Indigenous Rights of Nicaragua (APRODIN) reviewed their medicinal plant databases and the bibliography about their use; a review of recognized virtual libraries was also included to complement and validate medicinal plants by considering their scientific name and use.

Based on this review, it was possible to build a database containing the list of plants mostly used in the Caribbean Coast and the Central and Northern Pacific Region of the country by traditional practitioners or traditional knowledge specialists to treat related diseases or conditions.

**Creating an environment in favor of intercultural health: the International and National Legal Framework**

**National Legal Framework**

To promote inter-cultural health and taking into account the harmonization between the Western and traditional health systems, the Government of Nicaragua, through the Constitution, recognizes the existence of indigenous peoples and Afro-descendants, their right to maintain and develop their own culture, their forms of organization, and the management of their own local affairs. Also article 59 of the Constitution establishes equal rights to health for all Nicaraguans.

Furthermore, Law 28, Statute of Autonomy of the Atlantic Coast enacted in 1987, recognizes in its substantial part the rights and duties of the inhabitants of these regions, defines the autonomous territories and recognizes the historical ancestral rights of indigenous peoples, Afro-descendants, and ethnic communities. This act in turn is supported by Article 11...
Challenges for the Future (2016–2020)

Despite the achievements in the implementation of the strategy for integration of traditional ancestral, natural, and Western medicine, challenges to continue with its implementation are identified for the 2016–2020 period. Under the World Bank’s project for Strengthening the Public Health Services in Nicaragua, the Government will continue working to achieve the following:

1. Continue the process of formation on complementary therapies and traditional and natural medicine in three levels. The first awareness-raising level is aimed at resident doctors, social service doctors and nurses, first-year medical residents, technicians, and physical therapists; a second introductory level is aimed at physicians, nurses, psychologists, and physiotherapists who work in primary health care; a third diploma level is addressed to health personnel who participated in the second training level.

2. Strengthen inter-culturalization of the community network. According to MOSAFC, the community network is a social fabric voluntarily organized for health promotion and defense of citizens’ rights and is made up of community leaders councils, committees, networks of organizations, promoters, health brigade members, midwives, voluntary supporters, healers, shamans, clubs and any other form of community organization. To achieve inter-culturalization, the effective participation of all the aforementioned community actors will be necessary.

3. Strengthen the National Institute of Natural Medicine and Complementary Therapies and its subsidiaries. This center and its subsidiaries will not only train professionals in various topics related to natural medicine and complementary therapies but also will develop a process of validation around the use of medicinal plants reported by indigenous peoples and Afro-descendants. Processes to obtain consent to continue with the exchanges of experiences among traditional practitioners and doctors, traditional knowledge specialists, and health personnel will be promoted to address culture-bound diseases and conditions of muscles, bones, tendons, and snakebites.

1. VII census of population and IV of housing (INIDIE-Nicaragua, 2005).
2. National Council of Indigenous Peoples of the Central and Northern Pacific Region of Nicaragua. We do exist.