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**Unconventional Medicine: traditional, complementary and
alternative.**

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Advanced Course: Medical Anthropology, Family and Illness

**"I hereby swear and attest that I am the sole author of this report
and its contents is the result of my work experience and academic
research "**

Ayacucho, Peru, August 2018

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Tecana American University
Doctorate of Philosophy (Ph.D) in Public Health

Report # 2

**Unconventional Medicine: Traditional, Complementary and
Alternative**

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SUMMARY

This report has the general objective "discuss the theoretical conceptions unconventional medicine: traditional, complementary and alternative". Bibliographical foundation was based, among others, the following authors: (Delgado ADDING HE, 1988), (Velasco Hutado, 2010), (World Health Organization, 2002), (Javier Campo, 2005), (Snyder & Lindquist , 2011) and (Pariona Cabrera, 2014). This literature review report concludes that non-conventional medicine is the set of knowledge, skills and based on beliefs and experiences of different cultures (native or foreign), in popular opinion and not on scientific evidence practices.

Keywords: Unconventional Medicine, traditional medicine, complementary medicine, alternative medicine, Integrative Medicine.

INTRODUCTION

As the scientific or conventional medicine an official system in all regions of the planet, it is believed that other forms of unconventional medicine: traditional, complementary and alternative meaningless, a situation that has led to discredit, disrepute and prejudices about those related to non-conventional medicine.

Peru is a mega-diverse and multicultural country in which coexist and are recognized diverse cultures with their own natural resources. Considering these criteria is unavoidable effective integration of unconventional and conventional medicines, such that to establish cultural dialogue, finding points of consensus or joint aims of human welfare.

The overall objective of this report bibliographic review discuss theoretical conceptions unconventional medicine: traditional, complementary and alternative. To this end, it is structured in three chapters. The first chapter, Unconventional Medicine, approaches its theoretical range conceptually defines folk medicine, traditional medicine, complementary, integrative and alternative types of relationship between unconventional and conventional medicine. The second chapter, Peruvian Traditional Medicine, establishes the characteristics of this type of medicine, evolution, forms of learning and classification of traditional healers. The third chapter, Traditional Medicine Andean contextualizes traditional medicine in towns in the mountains, settled in ecological niches above 2,800 meters above sea level, describing the most common cultural syndromes and corresponding to the specific case of the city of Ayacucho. Finally, conclusions and bibliography are reported.

OBJECTIVES

GENERAL

Discuss theoretical conceptions unconventional medicine: traditional, complementary and alternative.

SPECIFIC

1. Explain the scope of unconventional medicine.
2. Analyze traditional Peruvian medicine.
3. Characterize the traditional Andean medicine.

JUSTIFICATION

Unconventional medicine is an important part therapeutic resources to maintain health and prevent disease, to diagnose and treat different cultural syndromes, for many of which conventional medicine offers no solution or, at worst, does not support his existence.

Unconventional medicine is practiced in almost all regions of the planet; for this reason it is essential to ensure quality, safety and efficacy with system integration of conventional medicine.

CHAPTER I

Unconventional Medicine

1.1. GENERAL

Conservation and recovery of health, essential for the survival of man aspects, has demanded try different strategies to address and solve the various problems that arose everyday life, using materials and even intangible resources at their fingertips.

"In all cultures and in all times, the concern of human groups and states, has been solved two fundamental problems: the survival of the group (power) and maintenance (or recovery) of health "(Delgado Sumar H., 1996).

In different answers and solutions to health problems he was sought to maintain a relationship of interdependence between the material world (nature) and intangible (supernatural) characteristic conception in traditional medicines.

Unconventional medicine is defined as the set of knowledge, skills and based on beliefs and experiences of different cultures (native or foreign), in popular opinion and not on scientific evidence practices.

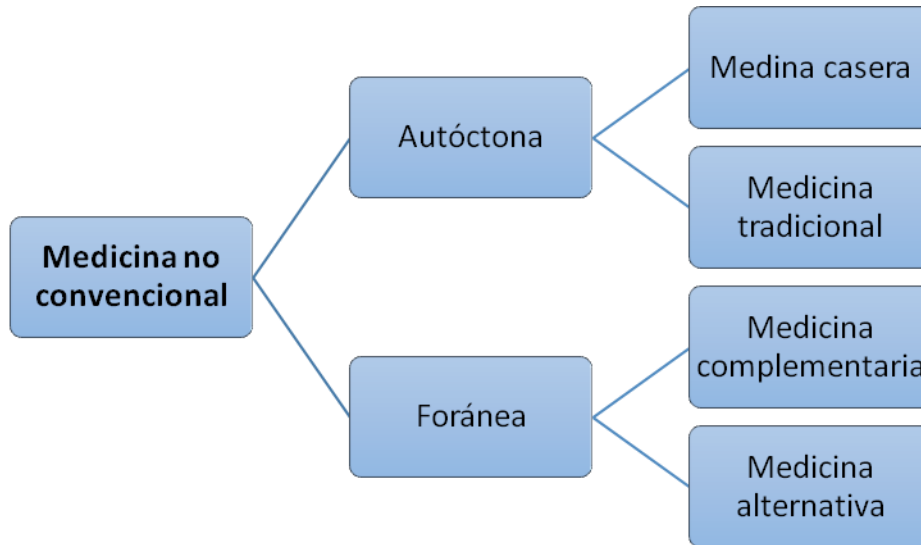


Figure No. 1. Unconventional Medicine according place of origin.

Source: self made)

Conventional medicine is classified into home, traditional, complementary and alternative medicine.

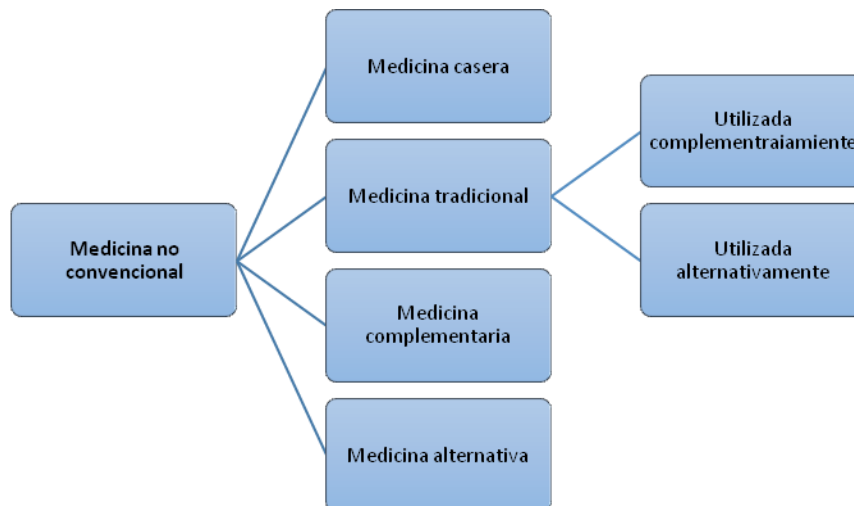


Figure No. 2. Classification of unconventional medicine.

Source: self made)

1.2. FOLK MEDICINE OR CASERA

The family is the first line of "non-formal" to the problems that occur in the health-disease process response.

It represents the first therapeutic response to an event of illness. It relates more to the household level, it establishes its support on empirical knowledge of grandmothers or mothers. The practice mainly women (Pan American Health Organization, 1999, p. 87).

Failure in this first line of response, motivates the search for general help or specialized by traditional healers, depending on the condition and treatment options.

1.3. TRADITIONAL MEDICINE

"Is the sum total of knowledge, skills and based on the theories, beliefs and experiences of different cultures, whether explicable or not, used to maintain health and prevent, diagnose, improve or treat physical and mental illnesses practices "(Organization World Health Organization, 2013, p 15). is part of the tradition of a country. Therefore, it is not synonymous with complementary and alternative medicine; although this kind of medicine can be used in addition or alternatively.

In this vein makes more sense to talk about a traditional specific and particular than a traditional general practice medicine, to clarify their understanding: traditional Chinese medicine, traditional Mexican medicine, traditional Peruvian medicine, etc. For example,

acupuncture is a traditional medicine in their place of origin (China) but used in Peru would become complementary or alternative.

Each ethnic group has its own traditional medicine: "(...) So when we talk about these bodies of doctrine, we often use the plural (traditional medicines) as are many ethnic groups in the world and there are several, including within a same country ... "(Cabieses, 1993, p. 18).

"Therapies traditional medicine include medication therapies, if they involve use of drugs with herbal, animal parts and / or minerals, and without medication therapies, if performed mainly without the use of medication, as in the case of acupuncture, manual therapies and spiritual therapies "(World Health Organization, 2002, p. 1); applied individually or in combination to maintain well-being, as well as to treat, diagnose and prevent disease "(World Health Organization, 2002, p. 7).

1.3.1. CHARACTERISTICS

The characteristics of traditional medicine are (Grebe Vicuña, 1988):

- (A) Traditional medicine is anonymous and collective heritage of a people.
- (B) it is transmitted from generation to generation, oral transmission.
- (C) Their beliefs and practices are enduring, giving effect to long transmission cycles.

- (D) based on empirical knowledge about the environment, based on observation, trial and error, as in the tradition; These allow the man try to control their environment.
- (E) covers a relatively small number of resources and components, which are very similar in all traditional cultures. These vary in combinations of technology, tools, knowledge and beliefs, ritual practices, ethnoscience and their symbolism.
- (F) Medicine, magic and religion are integrated into a set of beliefs and ritual practices that "protect" man against the "forces of evil".
- (G) The disease concept is based on various assumptions, such as the intrusion of foreign bodies or spirits, the action of evil spirits, loss or lack of an essential component of life, practices witchcraft or sorcery, punishment divine for disobeying rules or taboos, the contrasts between hot and cold (humoral pathology) and various empirical causes.
- (H) Therapeutic resources are varied and heterogeneous and include sahumeros, fumigation, spraying, massage, poultices, cupping, infusions of medicinal herbs, indents, enemas, laxatives baths, diets, etc. Selecting combining empirical and magical-religious resources, we try to improve both physical and psychological symptoms.
- (I) Prophylaxis mainly uses magical resources - religious to prevent disease, such as the propitiation of ancestors spirits, offerings, execution of rites, counter-magick, use of amulets, talismans, tattoos, scarification, body painting, piercing noses, ears or lips, etc.

- (J) consisting of "treat the whole man", as an integral unit in which biological and psychological components coexist Tendency.
- (K) A different definition of the roles of the therapist and the patient, where the emotional quality of human relationship and flexible interaction channeled shared cultural values is emphasized.
- (L) The traditional therapist works without pressure and limited prescribed time, operating simultaneously in psychophysical and socio-cultural levels.
- (M) Generally, the traditional therapist performs its functions among family familiar environments and contexts that favor a human, warm and relaxed atmosphere.

1.3.2. SURVIVAL FACTORS

The factors affecting the survival of traditional medicine are (Delgado add H., 1996, p. 4):

- (A) ability of people to defend their personality in a culture luck "resistance".
- (B) The ability of people to permanently rewrite their own alternative solutions to their problems of conservation and recovery of health.
- (C) The inability of states in terms of efficiency of health services, coupled with poor coverage and permanent disability to increase them.

1.4. COMPLEMENTARY AND ALTERNATIVE MEDICINE

The terms "complementary medicine" or "alternative medicine" refer to a broad set of practices of health care that are not part of tradition or conventional medicine of a given nor are fully integrated into the system prevailing health country (Organization World Health Organization, 2013, p. 15).

Complementary medicine involves treatments that are used along with standard treatments, but they are not considered forms of standard medical care.

An example of complementary therapy is using aromatherapy to help mitigate the lack of patient comfort after surgery (National Center for Complementary and Alternative Medicine, 2008).

Alternative medicine involves treatments that are used instead of standard treatments, but they are not considered forms of standard medical care.

An example of an alternative therapy is the use of a special diet to treat cancer instead of surgery, radiation or chemotherapy recommended by a conventional doctor (National Center for Complementary and Alternative Medicine, 2008).

In addition, alternative medicine replaces conventional medicine; while complementary medicine, acts together with this: complements.

1.4.1. CLASSIFICATION

The National Center for Complementary and Alternative Medicine (NCCAM) considers the following classification (Snyder & Lindquist, 2011, p. 5):

- (A) **mind-body Therapies** . Interventions resort to various techniques to increase the capacity of the mind to influence bodily functions and symptoms. Examples: construction of images, meditation, yoga, music therapy, prayer, integration of day, biofeedback, humor, Tai Chi, art therapy.
- (B) **biologically based therapies** . Therapies resort to substances found in nature. Examples: preparations derived from plants (herbs and essential oils), special diets, Orthomolecular Medicine (nutritional and food supplements), other products (such as cartilage).
- (C) **handling and therapies based on the body** . The therapies are based on the manipulation or movement of one or more body parts. Examples: chiropractic, massage, body work (as rolfing).
- (D) **Energy therapies** . Therapies focus on using energy fields, such as magnetic fields and the bio field, considered surround and cover the body. Examples: healing touch, therapeutic touch, reiki, qi gong external magnets.
- (E) **Care Systems** . Complete care systems exist with theoretical and practical bases, which evolved independently and earlier than Western medicine. Therapies listed above belong to these care systems.

1.5. INTEGRATIVE MEDICINE

Integrative Medicine combines standard or conventional medicine (for example, surgery, chemotherapy, radiotherapy and immunotherapy) with traditional therapies or complementary safe and effective.

1.6. NO RELATIONSHIP BETWEEN CONVENTIONAL MEDICINE AND CONVENTIONAL

Bibliographic literature identifies up to four types of relationship between conventional and unconventional medicine (Delgado add H., 1996, p. 3):

- a) Relationship monopoly** . The state provides only the practitioners of conventional medicine (western) legal right to practice medicine.
- b) Relationship tolerant** . The state granting no legal recognition of the practice of traditional medicine "recognizes" its validity and practice, where Western medicine fails or official coverage by system limitations or problems of accessibility by users.
- c) Equal Relation** . Professionals both systems are officially recognized in each other's way, but operate on separate systems.
- d) Integrated System** . Both drugs are combined in educational processes and conduct a medical practice within a single health system.

CHAPTER II

TRADITIONAL MEDICINE PERUVIAN

2.1. GENERAL

Within the same country traditional medicine is not homogeneous, retains substantial differences. For example, if traditional Peruvian medicine could speak six basic areas of development (Delgado Sumar, 1988, p. 27):

- a) Traditional Medicine of the north coast and highlands, with strong presence in the departments of Lambayeque, La Libertad and Piura, and complementarily, in the departments of Ancash and Lima.
- b) Traditional Medicine of the rainforest, which comprises all the departments of Loreto, Madre de Dios and Ucayali, almost all the departments of Amazonas and San Martin and the departments of Apurimac, Ayacucho, Cajamarca, Cusco, Huancavelica , Huanuco, Junin, Pasco and Puno.

Shamanism prevails, "involve the use of psychotropic substances (or hallucinogenic) to reach a state of trance that allows the diagnosis of disease and healing procedures (...)" with incorporation into the coast- mainly of European religious elements (Catholic) and African; Asian ecstatic and healing experiences "(Delgado Sumar, 1988, p. 28).

- c) Traditional Medicine southern coast, comprising some villages in the departments of Ica and Arequipa.

It characterizes a witch Curanderismo with strong African influence (Ica), and ritual forms taken Catholicism (Delgado add, 1988, p. 29).

d) Traditional Medicine Quechua, which has its best expression in the departments of Cusco, Apurimac, Ayacucho, Huancavelica, Junin, Ancash and Cajamarca.

e) Traditional medicine Aymara, settled mainly in the department of Puno.

f) A variety of variants of these last two, scattered throughout the mountains and the coast (and even the jungle), with forms and procedures restated based on the greater or lesser influence of the centers of development - principales-, annotated; within which one group is convenient to distinguish "urban" and other "rural".

"The last three, are basically a set of resources, highly ritualized healing practices and procedures; They comprise a wide range of variants that have in common the consideration of gifts and offerings between the healer and guardians spirits community (Nature and Cosmos deificados). These not only cover almost all of the territory, but also are the most widespread "(Delgado Sumar, 1988, p. 29).

Within these areas there are special development between different departments and obviously within them. "Traditional Medicine of Cuzco is different from Iquitos and different from Chiclayo, because each is based on the flora and fauna of each ecological level and the cultural history of each human group" (Cabienes, 1993, p. 18).

2.2. EVOLUTION

2.2.1. PRE-INCA TRADITIONAL MEDICINE

The traditional pre-Inca medicine was empirical, with a strong magical-religious character. They reached broad knowledge of medicinal plants which were the basis of their remedies. These plants were studied and used by healers and shamans, whose practices are still maintained until today (Valdizán, 2005).

Among different cultures, which excelled in the development of medicine was Paracas: the practice of trepanning craniums continues to astound the world by the use of rustic materials.

"It is known that the ancient Peruvians cured to their wounded from severe head injuries, cuts and practicing removing the damaged part of the skull: Cranial trepanation (Galán Rhodes, Laberiano Fernandez & Maguna Vargas, 2012).

This procedure involved removal of a portion of bone to be replaced by a gold plate or pumpkin crust.

Significantly allow the wounded living for some time, as evidenced by the archaeological evidence of trepanning skulls found mostly in the Peruvian south coast, especially of the Paracas and Nazca "(Krivoy, Krivoy, & Krivoy, 1997) cultures.

2.2.2. TRADITIONAL MEDICINE INCA

Traditional medicine Inca was formative and classist: "The Incas doctors belonged to the class of scholars (amauta), who along with poets (harauik) taught at the aristocratic school Yachahuasi" (Javier Campo, 2005, p. 122). This type of traditional healers were trained to serve the nobility.

Traditional healers "unformed" who had acquired their knowledge and practices oral transmission (from generation to generation) focused the attention of the people.

In this context, traditional medicine Inca integrates own and different cultures that had some kind of relationship (trade, conquest, etc.) traditional medicines. They were based on the use of natural resources of plant, animal and mineral, preserving its magical and religious character.

Cranial trepanning continued to be practiced, the oldest form of medical intervention for healing head injuries, mental alienation and even headache.

"In several trepanning skulls we have been found occlusive prosthesis silver plates and pumpkin crust. Radiographically it has been shown in some cases that the patient survived several years cranial operation "(Javier Campo, 2005, p. 124).

2.3. LEARNING FORMS

In Peru, traditional healers have three main forms of initiation into a given therapeutic knowledge (Delgado Sumar, 2000):

- (A) Natural selection / mythical: involves a statement made by higher beings manifested, for example, through dreams, lightning strikes or other extraordinary phenomenon.
- (B) From a teacher or mentor can be a relative or not.
- (C) From experience, observation and own reflection.

2.4 TRADITIONAL THERAPISTS

"Person who provides care for the health needs of the population, generally employed in their therapeutic practice naturally occurring elements. His knowledge is based on knowledge learned orally, empirically, inherited from their ancestors, including through divine revelation or through dreams. Generally they do not have their own written documents and governed on a mythical, religious and ideological support. They may specialize as herbalists, bone-setters, sucking, etc." (Pan American Health Organization, 1999, p. 116)

In the field of traditional medicine, traditional healers receive the generic name of "curandero (a)". This designation includes healers which function general practitioner: they serve a wide range of conditions and using various resources and diagnostic and curative methods diseases; as well as those covering more restricted and specific therapeutic functions: those who have specialized in particular

demands attention as bonesetter, culebrero, midwife, up shadows, healer air, healer of witchcraft, etc., as well as dominating a method , technical or resource to perform diagnosis or therapy: chupador, cantor, Mender, rezandero, sobador, button, ventosero, herbalist, Peyote, rosero, pelotillera, Polvero, etc. (Autonomous University of Mexico, 2009).

2.5. CLASSIFICATION OF THERAPISTS

In Peru a classification would be (Delgado add, 1988, pp 92-95.):

(A) Quack . Traditional medicine specialist, usually of Andean origin, who diagnoses and cures diseases through natural and magical-religious procedures. Diagnosed by "tracking" diseases by (1) the interpretation of the bowels of animals (mainly guinea pigs) or "jobeo" egg or Alum, (2) reading coca leaves, (3) the "scanning" pulse, (4) observing the color of urine, palm and / or (5) the card reading, among many other procedures "divinatory". Cures diseases of natural and supernatural origin (cultural syndromes), restoring the balance of the body; in the first case, through phytotherapy and in the second through the body restore the "vital element"

(B) Chamán . It is the specialist of traditional medicine, usually of Andean origin (which operates mainly in part of the coast and mountains north of the country), who diagnoses and cures diseases through strongly imbued with the ritual procedures and Catholic imagery, religious items Afro-Asiatic, and in some

cases of witchcraft, by using the "San Pedro" as a modifier element of psychic activity to achieve the trance and to summon the "positive spirit".

(C) curious . It is the specialist of traditional medicine, usually of Andean origin, they acquire the ability to heal by helping others healers (...) Many of them have started providing relief activity in their own family.

Curious, contrary to the assertion made is not a healer for not having passed the traditional initiation processes and not have - yet-to knowledge and experience.

(D) Yerbero. It is the specialist of traditional medicine, usually of Andean origin, which has the ability to cure diseases by using natural healing resources plant. It is the equivalent of Qolliri in the Aymara culture, Maych'a in the Quechua culture (herbalist healer) and "vegan" curandero in the Amazon area. Do not perform healing magic-religious character.

(E) Santiguador (resador, sucking or sobador) . It is the specialist of traditional medicine, usually of Andean origin, which has the ability to cure certain cultural syndromes such as shock and ojeo.

(F) Witch . It is the traditional medicine specialist and performing spells, predicts future changes luck and cure "injury". Although in the study area is evident existence because of the information received, it is difficult to find who agrees to be called this way.

(G) bonesetter. It is the traditional medicine specialist who performs the healing of sprains and fractures, "accommodates"

the bones and relieved by "dog-eared" or arthritic ailments rheumatic.

(H) Comadrona (midwife). It is the traditional medicine specialist attending births, and in many cases, the treatment of diseases of vaginal type.

In this classification could be added to the healers, people who perform miraculous healings in the name of Jesus for intervention of the Holy Spirit, using faith healing only with prayer and, in some cases, with the anointing of olive oil.

CHAPTER III

TRADITIONAL MEDICINE ANDINA

3.1. GENERAL

Andean people are cultural groups that developed in territories located along the Grand Ridge "Andes" which it occupies the western part of South America. It originates in Venezuela and ends in Argentina and Chile, following a path that currently belongs to the territories of Venezuela, Ecuador, Colombia, Peru, Bolivia and Chile. The entire mountain range is divided into 3 sections: the northern Andes (Venezuela and Colombia), the Central Andes (Peru, Bolivia and Ecuador) and the southern Andes (Chile and Argentina)

A prominent feature of human groups Andes is that developed in ecological niches remarkable hostility, located above 2,800 meters above sea level, arriving in the higher to 4,000 meters or more areas. Its development in this kind of scenario is correlated with its ability to adapt: they had to develop their lives in mountainous terrain with steep slopes or lying plains between mountain ranges, in an environment with generally low temperatures, almost permanent wind, atmosphere rarefied, little vegetation and little animals, which surely kept a very demanding adaptation process (Hutado Velasco, 2010, p. 53).

The development of traditional medicine in these conditions has its own characteristics, the use of accessible natural resources of

geographic space and the attribution of meaning mythical-religious to the different elements of nature, an immaterial and divine world that helps explain the process health-disease form as healing or treatment of diseases.

"For Andean peoples, everything is animated life. Based on this quality, they show respect for a series of invisible entities in certain places that are sacred because they have those entities dwelling "(Velasco Hutado, 2010, p. 74).

"In that environment, the Andean peoples deployed a number of strategies of accommodation / atmosphere and learned to get the necessary for subsistence (...) achieving mastery of the conditions of their environment "(Velasco Hutado, 2010, p. 54).

In Los Andes, knowledge and practices for health care reached a point of development such that by the fourteenth century one of the territories of the Inca empire received the name of Qollasuyu, Quechua term that can be translated as "The Suyu (" territory ") of Medicines" or "country of Medicines". That word made mention of a territory that lived people with a high grade in the art of recognizing diseases and cure them, and had communities in which remarkable skills were taken into the therapeutic use of many plant resources and other sources (Hutado Velasco, 2010, p. 41).

"Ethnohistoric data refer to the ancient Andean people had a particular way of relating to nature. According to their worldview, the universe, the cosmos and everything around you is vital. Energy and spirit are essential components of life and other entities "(Pariona Cabrera, 2014, p. 41).

3.2. OUTCOME OF TRADITIONAL MEDICINE ANDINA

It is the set of cultural products for health. Generally refers to the art and practice developed by indigenous peoples -developed in ecological niches located above 2800 meters above sea level to manage their health (Velasco Hutado, 2010, p. 42).

3.2.1. DISEASE HEALTH PROCESS

"Search health does not mean seek immortality, nor fight for health it is to prevent death, but that means fighting certain types of deaths "(Gavidia & Talavera, 2012, p. 174).

Understanding health and disease as a process means that everyone has health to some degree (either excellent, moderately, with some discomfort or definitely wrong). Neither health nor disease are static or stationary (less absolute), these conditions are continuous processes, a struggle by man to keep his balance health against biological, physical, mental, social and other forces tending to alter that balance (Freitez, 2001).

Disease Health Process



Disease Health Process Figure No. 3.

Source: (Gil, 2016).

Since the conception of the Andean population, health is maintained when both ends of these conditions are in symmetry or in a level of harmony or complementarity. However, it should be noted that, as is being described, health would not be an absolute and, therefore, the disease either. The resultant would define health as a state of equilibrium that has a lot of health but also a portion of disease; and the same in the case of illness (Hutado Velasco, 2010, p. 88).

3.2.2. CAUSES OF IMBALANCE HEALTH-DISEASE

For a body reaches an imbalance in the health-disease process, the Andean recognize a number of causes (Velasco Hutado, 2010, p. 117):

- (to) **Natural causes.** The origin of the disease is in the immediate environment of the individual. For example, trauma they are causing joint inflammation.
- (B) **magical causes.** The origin of the disease is the action of a supernatural entity that sends the suffering as punishment for omissions customs of respect or situations of "anger" against certain behaviors of human, they manifested in people, other beings nature and the environment. These beings are in your location and demonstrations at three levels of the Andean cosmos, such as the Alaj Pacha, the Kay Pacha or Manqa Pacha.

3.3. CULTURAL SYNDROMES

Cultural syndromes "are medical conditions that a culture or a people recognizes and qualifies as a disease. Given a name, an etiology and indicates procedures for prevention, diagnosis, prognosis and treatment that is effective keeping some traditional features "(Valdivia, 1986, p. 51).

Popular cultural syndromes or diseases can be classified according to its manifestations as follows (Pariona Cabrera, 2014, p. 46):

- (A) Syndromes Related to supernormal forces which remove or steal the soul of the patient (eg mancharisqa ['shock'])
- (B) Syndromes related to the soul of the deceased (eg qaiqa).
- (C) Syndromes are produced by the influence of negative energies of the community (for example, runapa qawasqan ['bad eye']).
- (D) Syndromes caused by actions produced by laiqas ('wizards'), (for example, damage, envy or witch).
- (E) Syndromes due to the influence of elements of the environment, such as waira ('air'), urqupa qawasqan ('surprise encounter with sacred space indwelt Apu Wamani'), pacha ('land'), puquio Waspi (' evaporation of the springs').
- (F) Syndromes caused by conflicts and personal hatreds (eg onqoy rage, chucaque or severe headache).
- (G) Syndromes projective as qara chiki ("aura" or "negative energy" of some people coming on, for example, the home visit).

3.4. Cultural Syndromes in the city of Ayacucho.

Aya tullu	bone infection contact with bones of pre-Inca called gentile dwelling tombs.
Aya waira	Mal produced by the chance encounter with the emanations of a dead who move with air.
Side or side chiri	bronchial disease caused by cold effect.
Chaki Muqa	Dislocated from any part of the foot.
Chaki Paki	Ankle fracture.
Chirapa onqoy	internal or skin condition by contact with the rainbow.
Izu	Infected and purulent wound.
Layqasqa	Haunted.
Maki Muqa	Dislocated from any part of the hand.
Maki paki	Fracture of any bone in his hand.
mancharisqa	Fright or dread separating the soul of the human body.
Muna	Craving detrimental affects the digestive system.
Nati	Stomach turned or moved.
Pacha	Product disease punishment of Mother Earth.
Pacha Reached	pacha severe variant of affecting the heart, lungs and soul.
Pipita uqu	Convulsive cough.

Puquio or puquio Waspi	Skin condition or inner product contact with the vapor of a spring.
Qapisqa	Affected by Mother Earth.
Ruasqa	Witchcraft damage caused intentionally or by a laiqa.
Runapa qawasqan	I stress caused by heavy looks (ojeo evil).
silly	Derangement in the vertebrae or some bone from the rib cage.
Sunqu nanay	Constant pain of the heart.
Sullu wayra	skin rashes from contact with emanations of the body of a product fetus clandestine abortion.
Uma muyu	Dizziness constant.
Uriwa	Belief that an object or next animal to a pregnant woman can influence and set in reactions (cries and moans), gestures and moods of the fetus.
Urqopa qawasqan	Sudden contact with an ancestral divinity.
Wañuy onqoy	Epilepsy.
wanti	Chancre.
Wasi Wayka	Spiritual sleep disorder in a lonely house.
Witqi onqoy	eye condition that produces purulent secretions.
Yawar Tuqay	Bronchopneumonia or severe bronchial tubes and the product of contact with Mother Earth or excessive exposure to cold lung condition.

Source: (Pariona Cabrera, 2014, p.47.)

CONCLUSIONS

In this chapter, the generated conclusions of the analysis of the results of the literature search are presented. In order to organize the body of conclusions they are grouped considering the general and specific objectives, namely:

As for the general purpose of discussing the theoretical concepts of unconventional medicine: traditional, complementary and alternative, this objective was achieved as:

the conceptual field of each of these terms is delimited to standardize their understanding. Traditional medicine refers to knowledge, skills and therapeutic practices that are part of the tradition of a country. The complementary and alternative medicine refers to knowledge, skills and therapeutic practices that are part of the tradition of a different country. On the other hand, complementary medicine involves the treatments used in conjunction with standard treatments and alternative, instead of the standard treatments.

As for the specific objectives:

(a) Explain the scope of unconventional medicine, it was achieved that describes the different levels of response to imbalance health-disease process: folk medicine, traditional medicine, complementary, alternative medicine and Integrative Medicine, each of them with characteristics own.

(b) As for the analysis of traditional Peruvian medicine, it was concluded that within the same country traditional medicine is not homogeneous, retains substantial differences. Ayacucho traditional medicine differs from traditional medicine of other

departments of the sierra, coast and jungle, because each is based on a specific ecological niche with a unique flora and fauna and a unique cultural history.

(c) Concerning the aim of characterizing the traditional Andean medicine was made effective because it is ultimately determined that this type of medicine is solely to cultural groups that developed in territories located along the great mountain range "Cordillera de Los Andes" and settled in ecological niches above the 2.800 meters above sea level, hostile spaces that sparked the creativity of the people to solve their health problems with resources at your fingertips.

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