

I spent the 2008 summer break at la Universidad Popular Autonoma del Estado de Puebla (UPAEP) in Puebla Mexico. My goals were:

- to set up an exchange program between RWJMS and UPAEP
- to practice medical Spanish
- to network with Mexican medical professionals
- to learn more about the Mexican health care system, health issues, and cultural paradigms

I spent the first two weeks in the medical school in the labs practicing surgical and medical techniques with a class of about ten rising second year students. This was a good opportunity to work on building my medical vocabulary and chatting with students. The portion on practicing history taking was particularly helpful.



(Practicing with nasogastric tube insertion)

I then spent a week in the rural county of Huehuetla. The state health department runs a program supporting rural hospitals with traditional medical services alongside allopathic medicine. I spent time with Totonac midwives and curanderas at the [Modulo de Medicina Tradicional](#) at the hospital and learned a great deal about local practices. Most clinic time was spent doing general healing. Curanderas would listen to a patients main concern, do a breif diagnostic once over, and continue with a massage (sobada), spiritual cleansing (limpia), and perhaps tacking on an herbal remedy at the end. In the cleansing, the curandera prays over the patient and rubs their body with a chicken egg, sometimes covered in herbs. This is meant to remove any bad air or energy. She then cracks the egg in a glass of water and interprets the subsequent patten to aid in her diagnosis.



(A large group of Totonac *parteras* and *curanderas* in Huehuetla)

Usually, these remedies were applied to **illnesses of cultural affiliation**. Say what? These are conditions experienced by a community that are not usually caused by a biological pathology (but may be), but rather, are psychological and physical manifestations of social beliefs. Kinda complicated. **Susto** is a good example. It's a fright illness caused by witnessing a traumatic event. These issues are treated much better by traditional providers. I found a great book by an anthropologist who interviewed 40 or so different providers about common cultural illnesses and their traditional treatments. I'm hoping to translate and summarize this material and get it on the web.



(Consultation room for *curanderas* with an exam table for massage and a Catholic altar)

The greatest part is that providers refer to each other. Curanderas are known to recognize illnesses best treated by allopathic medicine and refer accordingly. Women in labor who want to use a partera/midwife are first evaluated by docs check for potential complications, and parteras will send patients in who haven't come to the hospital. Generally, patients chose which facility to use, and referrals are made in serious cases. Most patients use both facilities.



(With staff at the allopathic hospital)

There's a lot of literature out there in Spanish about the traditional medical program. There are seven such facilities in the state of Puebla, and it's the only state in Mexico with such a program. I wonder what this can teach us in the US about migrant Mexican populations. I suspect there aren't many migrants from these communities, but it's likely that many migrants may understand some health issues in a more traditional paradigm. I would guess that many have accessed traditional services in the past and may try to access them in the US. In the book on cultural illness, one woman in the desert takes phone calls from New York about curing bewitchings (brujeria) for migrants.

After my week in Huehuetla, I spent three weeks at the [ISSSTEP](#) hospital shadowing Dr. Pierre Michel in Nephrology. It was very useful to have a medical professor as a mentor. There was also a third year participating in a clerkship in the hospital there in clinic every day. He quizzed us regularly about anatomy, pathology, pharmacology, etc. I learned a lot about diabetes, a major public health problem in Mexico and among [Mexican Americans](#).



(With Dr. Pierre and Maria-Elena, the nurse assistant at ISSSTEP)

In the end, I was pleased to meet all of my goals. The exchange is a go as of now. I suggested changes such as integrating Spanish classes and home-stays, and adding more of a focus on migrant health. My medical Spanish improved from all the practice. I met great folks and learned a lot from my conversations. The week in Huehuetla and resulting research I did was really productive. I look forward to working on a [DISC](#) project this year in continuing to see how this binational relationship can expand and improve to benefit communities in NJ and in Mexico.

I was moved by observing traditional medical clinic. The approach was much more "high touch, low tech" than allopathic medicine, and much more of a healing art. Practitioners actively listened to patient's concerns more than allopathic docs generally seem to. I noticed that in allopathic medicine, we rarely touch people in a healing way - almost always only for diagnosis. This was one of the primary way curanderas interacted with patients. I was surprised by the importance of spiritual healing in this community and how founded it was in Catholicism. Though I wouldn't start doing spiritual cleansings as part of my practice in the future, I was impressed by how good getting one felt and would support patients who used them.

Practical advice: I got parasites (again - I'm particularly prone because of acid reflux therapy) and ended up in bed for a bit. I recommend profilactic deworming after coming home. ATM's are plentiful, particularly HSBC. Internet is everywhere. Mexican medical students wear all white, so if you really want to fit in bring white pants and shoes. White coat is a must. Spanish proficiency is very helpful, and I would suggest being at least intermediate before participating in the program next summer.

Travel is really accessible - I spent a lot of time on the [Oaxacan coast](#) and in the capitol city on vacation after my internship. [Buses](#) are cheap and relatively safe. Puebla is a great jumping off point for tons of cities, and traveling is super fun.



(hiking outside Oaxaca city in Cuajimoloyas, 3000m altitude)

You need cloroquine to prevent malaria in Oaxaca and Chiapas, but you're fine in Puebla. Hep A, B, and typhoid vaccines are recommended. I didn't know much about Mexican history before I studied abroad there in college, and I would recommend doing some reading. It's a rich and fascinating story. I tried prepping with Nahuatl before going, but there are SO many indigenous languages that it's not really worth it. I encountered Totonac, Miche, Zapotec, Nauha, and Nahuatl speakers in my two months there.