

***The use of traditional health care among the Mapuche in Chile:
Behavior and Perception.***

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Introduction

In Chile two main forms of health care are being used by both Chileans and indigenous people, the traditional and western health care system. The traditional health system can be described as a local health system where concepts like holism and integration play an important role, which have always been present in indigenous societies (PAHO, 1997). Traditional medicine constitutes a body of knowledge that explains the etiology and procedures of diagnosis, prognosis, treatment and prevention of disease. This knowledge is transmitted verbally, from generation to generation, within the indigenous lineage, as is common in traditional cultures. Patients and healers are said to be inextricably tied to this health care system. Traditional health care is mostly based on people's beliefs and patterns of behavior and diseases are ascribed to personal or magical, natural, or supernatural causes.

Mapuche said that equilibrium and harmony of the spiritual and natural world are the most important concepts in traditional health care. Western health care lacks this equilibrium, since it concentrates mostly on bodily problems.

This article was written out of interest how and if traditional healthcare is being used among the Mapuches. The article focuses on behavior and perception of Mapuches towards traditional health care. Since traditional and western forms of health care usually are being practiced separately, it is especially interesting to mention that a Makewe hospital in the IX region is the only one caring about intercultural health care, this means: paying attention to the Mapuche's concept of health care.

Mapuches are aware of course of the advantages of western medicine, but they still plead for a combination of the two forms of health care. In Makewe hospital for example, the remedies given to the Mapuche patients purely consist of medicinal herbs, which are being grown in Makewe's own garden.

I would like to make clear the behavior and perception of Mapuches towards traditional health care but also to the interculturality of traditional and western health care systems. In this case, the term of interculturality must be understood as the western form of health care which uses indigenous knowledge of the patient when making a diagnosis. This explanation is purely based on how I saw it was practiced in Makewe rural hospital and shall also be explained further on in this article.

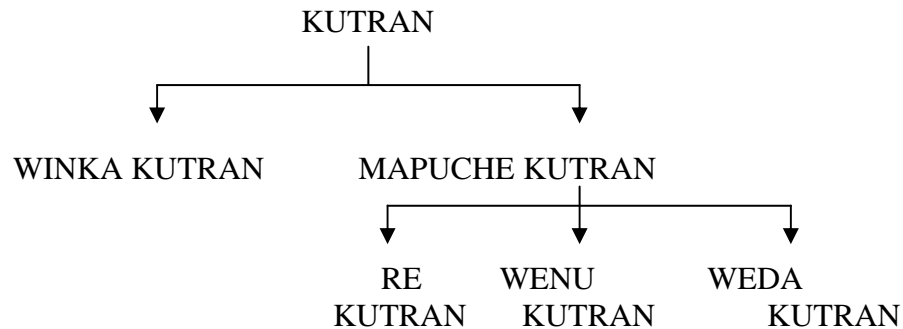
All information given by the respondents were obtained from household surveys which were held in both rural and urban parts of Chile to measure the perception towards traditional health care. The use of traditional health care was measured in Makewe rural hospital.

Mapuches rely on the western form of health care, because of the value of the doctor's knowledge. But they also think it is very important that the traditional form of health care cannot and must not be forgotten. The use of medicinal plants is highly valued by Mapuches.

The Mapuche Medical System

According to the Mapuche a human life must be in harmony. A disturbance in this harmony or balance causes disease. Diseases are divided in two sectors: Mapuche and *Winka* diseases. Citarella et al. give a detailed explanation of all possible kinds of diseases or *kutran*¹ a Mapuche recognizes.

Figure 1: Classification of *kutran*



Source: Citarella et al., 2000

The Mapuche *kutran* are typical to the Mapuche world or cosmovision. *Kutran* are principally provoked by phenomena or powers recognizable within the Mapuche culture. That is why these diseases have to be treated with remedies which are characteristic of the Mapuche culture.

The causes of disease are divided into three categories:

- *Re Kutran*: Diseases caused by nature.
- *Weda Kutran*: Diseases caused by (supernatural) magical influences.
- *Wenu Kutran*: Supernatural diseases caused by spirits.

Since Mapuche diseases are provoked by phenomena and forces clearly explainable and identified within the Mapuche culture, they therefore must be treated in accordance with the Mapuche medical system. *Winka* diseases belong to the western world, and should be treated in a western way. According to the cause of the disease, Mapuche choose whether a treatment must be done by a *machi* or a doctor. Citarella et al. state that the majority of the Mapuche people consider diseases as Mapuche *kutran*, but if there are biological symptoms (such as viruses or bacterial infections), people decide to go to a doctor, since these kind of diseases are classified as being a *winka* disease (Citarella, 2000).

A *machi* is said to be chosen by *Chaw Ngenechen*. An announcement to the future *machis* is made by means of *pewmas* (dreams) or *perimontún* (visions), usually when they are still young. In a *pewma* or *perimontún* the spirit of a deceased *machi* reincarnates in the chosen person. The new *machis* inherit the spirit of an ancient *machi* from the maternal line of the family, often this is the maternal grandmother who is already deceased (Montecino, 1996). The process of becoming a *machi* is usually very long. The most important thing after having experienced a *perimontún* or

¹ Being physically, socially and psychically in disharmony.

pewma is recognition of the invocation. This invocation will be recognized as a person gets ill, because the *am* (soul) has come into contact with evil spirits. This person can only be cured by the powers of the *machi*. Persons who don't recognize their invocation will be punished for not following the call of *Chaw Ngenechen*. They stay ill for the rest of their lives or die.

Once the novice accepts the invocation, she or he must see to find an older and experienced *machi* who is able to train them before they will reach the status of *machi*. This training can be a process of years and is very costly (Bacigalupo, 1996; Faron, 1968). The novice must learn special songs, learn to play the *kultrun* (a special drum), induce trances, pray, diagnose illnesses, make predictions and learn about the use of medicinal herbs. The last ritual before the novice becomes a *machi*, is the erection of the *rewe*. The *rewe* is planted in front of the house of the *machi*, together with canelo, laurel, maqui and copihue – plants which are considered sacred (Montecino 1996).

A *machi* uses various ways to make her diagnosis. The most common way of diagnosis is by *pewtuwün willenmeo*, or looking at the urine of a person. The *machi* takes the jar of urine, twirls it and looks through the spinning substance into the light coming in from the outside. Based on this observation she can diagnose pain which can be physical, psychological or supernatural. She can also tell about personal problems or personality and even predict the future. Normally this method is used for diseases that need a simple treat. The remedy for these kind of diseases are made of herbs.

Another form to determine the diagnosis is called *pewtuwün tukunmeo*: the *machi* looks at the clothes of the sick person, brought to her by relatives. She must perform a ritual whereby she lays down the piece of cloth on a table. She will start playing the *kultrun* and touch and smell the clothes of the sick person. Finally she gets into a trance with the goal of making predictions about the disease the patient suffers (Montecino, 1996). Throughout this ritual she is helped by a *dungumachife* or traducer, who translates the information given by the spirits, which the *machi* expresses in an incomprehensible language during her trance (Citarella et al., 2000).

After having determined the diagnosis, the *machi* will decide whether or not she will cure the disease, because *machis* only cure patients of whom they are sure their remedy will help. Otherwise they refer the patient to someone who is able to cure him and this person might also be a doctor who carries out his profession on occidental basis (Bacigalupo, 1996).

A *machi* is a respected person within the Mapuche society, even though many people do not visit the *machi* anymore for medical purposes. According to literature read, the main reason for not consulting the *machi* can be found in the influence of Christianity. A lot of Mapuches are converted to Catholicism and a smaller group to Protestantism. Mapuche practice Catholicism in their own way. *Chaw Ngenechen* is said to be equal with the Catholic God, but Mapuche people believe in the forces of nature and don't go to church (Bacigalupo, 1997). Many Mapuches do practice their own religion while being Catholic at the same time.

It is mostly the young generation who abandons the Mapuche habits, many of them move to the city in order to get an education or a job. Also in case of illness, they prefer to try other forms of medical help before they go to a *machi*. So, the *machi* does not receive much support from the youth. Influences like modernity and capitalism are reasons for Mapuche people to move towards urban centers. These changes caused a lot of uncertainty among the Mapuches. They came into contact with the Christian-Chilean culture where they were confronted with widespread

discrimination. In urban zones, the Mapuche suffer psychological illness due to fear and tension, which they call supernatural diseases, caused by 'the evil' and 'jealousy'. For these kind of diseases a *machi* is required, according to Bacigalupo this is the reason why *machis* moved to urban zones. For all other kinds of diseases Mapuche people prefer to use western medicine, since this form of medicine is more accurate and cheaper (Bacigalupo, 1993).

Sometimes, *machis* are feared to be a *kalku* (witch). *Kalku*, like *machis* have power. A *kalku* develops a sense of power, much in the manner of a shaman. She also gets the *pewma* or *perimontún*, but inherits a spirit of female ancestors who were *kalku* as well. A witch also has clients, who can ask her help to take revenge on other persons, mostly out of jealousy (Faron, 1968; Bacigalupo, 1993; Montecino, 1996).

In view of the opposites, the *machi*, is connected to positive forces, therefore she has to confront negative forces. Her actions can be interpreted as good as well as bad, depending on the position of the person she helps. Helping a family with problems can result in directing negative forces at the 'enemy' family. Therefore the first family will state that the *machi* is a person chosen by *Chaw Ngenechen*, while the second family will state that the *machi* is a *kalku*, because of using her powers against them (Citarella et al., 2000).

A *machi* has to display herself to the community until people are willing to be cured by her. She has to prove herself to be a good shaman. After performing difficult cures – thereby proving she is on the side of the good and not on the side of the *kalku* – she becomes respected and her fame is spread by her patients (Faron, 1968).

In case of a serious illness, it is often seen that the patient lets himself or herself be treated by an unfamiliar *machi*. The reason for this is to get an objective diagnosis, since the *machi* they normally visit might know the state of being of the sick person and his family and will therefore seek a diagnosis related to their way of life (Citarella et al., 2000). In essence, this is a test to see if a *machi* foreign to the family can make a correct diagnosis.

Occidental health care interacting with traditional health care

The occidental health sector in Chile is mixed, consisting of a public and a private system. The public system, also called National Health Services System, consists of the Ministry of Health (MINSAL: Ministerio de Salud), which is divided into 29 Health Services, the National Health Fund (FONASA: Fondo Nacional de Salud), the public Health Institute, the Central Supply Clearinghouse (CENABAST: Central de Abastecimiento), the ISAPRE authority and the network of primary health care facilities under municipal administration. The private system is made up of the health institutions (ISAPREs: Instituciones de Salud Previsional), employer mutuals, institutions providing nonprofit services and for-profit service providers (PAHO, 1999).

Programs, such as the Quality Improvement Program and the Friendly Hospital Program, were developed by the Ministry of Health and have been designed to improve the care provided to users and the compassion with which they are treated. (PAHO, 1999). Special health programs are carried out in the I, II and III region, other programs are dedicated to Mapuche groups and Rapa Nui. The Ministry of Health cooperates closely with *Makewe* rural hospital: this is a small hospital operating in the IX region of Chile. The treatment the hospital provides is different to that of the normal health service. The consults are not like western ones, where a standard period of time is reserved for each diagnosis. By extensively taking the time

for a patient the doctor is able to determine whether a patient is suffering a Mapuche or an occidental disease. In some cases a patient is referred to a *machi*, since the hospital works closely together with several *machis*.

The regional hospital in Temuco for example uses bilingual information services in order to provide assistance to the Mapuche people. An *Amuldungun* (interpreter) is used to attend to the Mapuche who don't speak Spanish. There is also a Patient Care Service, which is designed to greet and accompany patients and their families from admission through discharge.

According to the department of health in Chile loss of indigenous knowledge and destruction of the natural environment are the main reasons why traditional health care must be promoted. The traditional health system is not only necessary to preserve knowledge, but also to meet the needs of the indigenous people, because of the following reasons:

- Cultural reasons: more than 60% of the Mapuche population migrated to urban zones where they are been discriminated against for their cultural background. In urban zones traditional medicine is not discussed, traditional knowledge of health is disrespected and not appreciated, which may lead to an identity crisis for indigenous people who cling strongly to traditional medicine.
- Economic reasons: indigenous communities don't have the means to participate in medical services and health programs. Treatments are prohibitive for families living in rural areas.
- Social reasons: Mapuches are discriminated against for their cultural background when approaching western health care, not only for being poor but also for having a 'wrong' vision on health care. The scientific idea is that health care taught in universities, automatically considers traditional health care systems as being based on quackery and superstitious beliefs.

The Ministry of Health aims to realize an integral approach of health from a holistic point of view in which spiritual, emotional, physical and mental components are associated. How intercultural health can be promoted, which components of both medical systems must be associated in this process and what is the precise meaning of intercultural health care, are important questions.

Co-existence of two health care systems

The co-existence of traditional and western health care is promoted by hospitals. Research is done into current diseases among Chileans and compared to diseases occurring among certain groups of Mapuches. Diseases that frequently occur among Chileans begin to appear more and more among Mapuches, however the Mapuche classify these diseases as being caused by personal factors. And this is exactly why western health care must interact with the traditional point of view concerning health care. A doctor in hospital Barros Luco in Santiago who studied forms of disease occurring among groups of Pehuenche people, said that doctors in Temuco are already trying to work with *machis*. This is difficult, because the doctors must learn to speak the native language, *Mapudungun*. Not only basic words must be learned, but also whole phrases to be able to understand the patient's problems and to find out whether the patient can be cured by a *machi* or by a doctor.

In the IX region, seminars are held to promote the Chilean government's recognition of traditional medicine. At a seminar visited on November 2000 in Temuco, Mapuche leaders, *machis* and other persons who are closely associated with the development of

intercultural health care, demanded that the Ministry of Health offer financial help. The most important problem that came up in this seminar was that the Chilean government must be stopped from using the ancestral grounds for projects such as in Bio-Bio² in order to maintain traditional health care. Furthermore the Ministry of Health was asked to officially recognize the concepts and practices of the traditional health care system and participate in discussions regarding health topics on national level and protection of places where medical herbs grow.

According to Mapuches who live in Santiago medical herbs are a healthier solution than the chemical medication a doctor prescribes, since these will cure a disease without causing any side effects. → **Esta parte no esta traducido**

Perception of health care

The Mapuches were asked what their perception was towards traditional health care. Do they still consider the machi to be the right person to visit in case of illness? And if so, for which illnesses would they go? In general the machi still fulfills an important role in a Mapuche's life, but regarding health care, many of the respondents claim to visit a doctor, mostly because of financial or religious reasons. The Mapuche who actually did visit a *machi* for illness purposes had either positive experience or visited her out of curiosity.

Mapuche make a distinction between *machis* who are interested in money (respondents referred to these machis as being kalku) and the *machis* who are interested in the well being of the community. This is causing a lack of confidence in the *machi's* treatment. Most of them responded that a *machi* still has a lot of respect, because of her powers, but only a few Mapuches claimed to visit her in case of illness. In fact, 73% said not to visit the *machi* in case of illness.

Few do use alternative forms of treatment, like bonesetting, but these forms of treatment are not necessarily done by a machi.

The fact that modern or western medicine has completely settled in the society means that fewer and fewer Mapuche people come to visit the local healer. Reasons for this can be found in the fact that a doctor has studied. Although many Mapuches choose to go to a doctor for treatment, Kleinman explains indigenous people are being discriminated against and often do not like the 'cold businesslike' attitude of the doctor. Kleinman states that the problem of this attitude of doctors towards patients with little money from a lower social background is widespread. They ignore explaining of possible diseases their patients may suffer because of their superiority. As a result the patient feels uncomfortable because he doesn't know what disease he suffers and feels discriminated against (Kleinman, 1980). Despite the problems Kleinman discusses, 50% of the Mapuches said they were satisfied with the western health care system in a certain way.

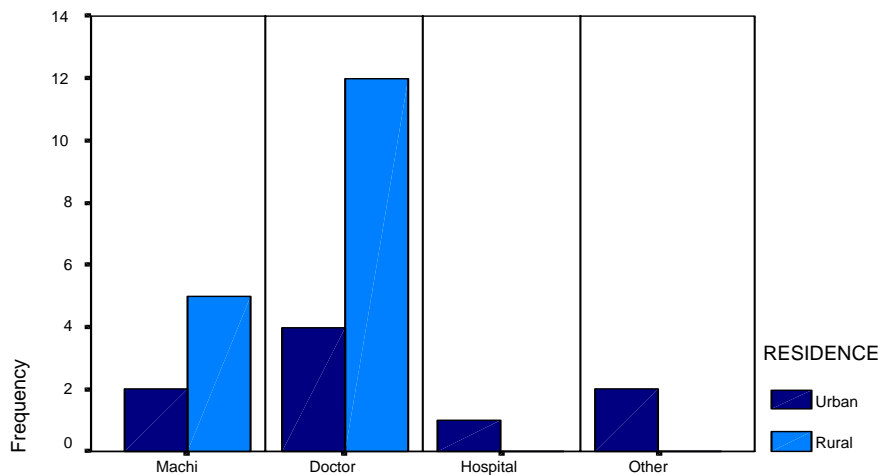
In a certain way, because the western medical system concentrates merely on bodily diseases. In western health care, a balanced treatment – crucial in the Mapuche health care system – between body and spirit is missing.

However mapuche people think it is important that a treatment inhibits the body and spirit, there are three main reason why occidental health care is chosen above the traditional form of health care:

² Mapuches are protesting against the Ralco-project; this is a hydro electric plant, situated in the eighth province (Bio-Bio), since this plant is build on Mapuche ground property (Llanquinao, 1997).

1. Money: western medicine is often chosen above traditional medicine is because of the costs. Consulting a doctor or a *machi* is not that expensive, it is merely the treatment afterwards. Costs made in a hospital are covered by an insurance company. The insurance doesn't refund the costs made when a treatment is done by a *machi*. A traditional healing ceremony, like the *machitún*, may cost up to a 100.000 pesos.
2. Migration: this leads to a different lifestyle and eating pattern. People residing in urban areas mostly suffer cardiovascular diseases.
3. Education: In schools people are taught to visit a doctor in case of illness (Oyarce, 1988).
4. Religion: since a part of the Mapuche converted to Catholicism or Protestantism it became clear that less and less Mapuche thought that they will be caught by a Mapuche disease (*Mapuche Kutran*) that form part of the Mapuche religion, such as diseases caused by supernatural or magical influences (*Weda Kutran*).

Table 1: Treatment chosen according to residence



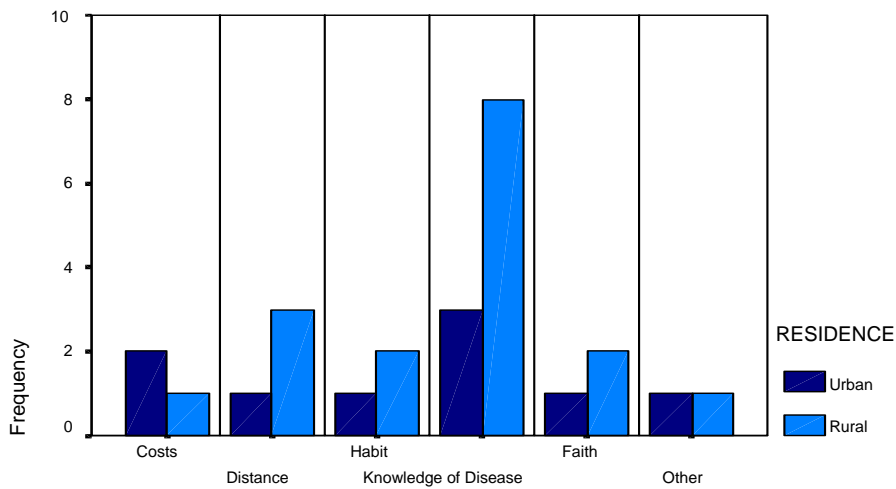
Source: Fieldwork training data

Nevertheless, Mapuche people are satisfied with western medicine but they think it is very important that intercultural health care is required since a *machi* refers a patient to a doctor. However she is able to make a diagnosis, she will refer the patient to a doctor if she knows she is not capable of curing the disease.

A shortcoming which is being discussed in a lot in seminars is that doctors do not refer patients to a *machi*, because the traditional health care system is not accepted as such. The overall idea is that a *machi* can not help a patient, since she did not enjoy an education for becoming an official doctor.

So, the most important reason why Mapuche people go to the doctor is because of his medical knowledge.

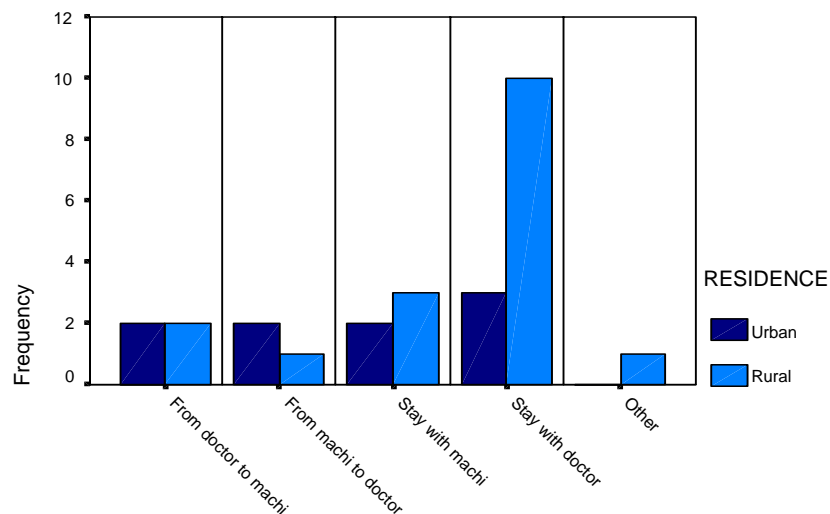
Table 2: Reasons for choosing a certain form of treatment



Source: Fieldwork training data

The reason why Mapuches stated that knowledge is an important factor was because of the differences existing in the knowledge the *machi* and the doctor have of diseases. In most of the respondents' views a *machi* is not able to cure *winka* diseases, like cancer or diseases which do not have a spiritual cause. Furthermore the respondents mentioned the *machi* isn't able to perform operations. In other words, a *machi* is not able to cure physical problems, where a cure is needed within the body. Respondents said a *machi* can diagnose a disease one has, but if she is aware she doesn't have the possibilities to cure the disease, she will refer patients to a doctor. On the other hand, doctors don't know anything about witchcraft, spiritual and Mapuche diseases. They also don't know how to make a diagnosis by looking at urine. Most of the respondents said they would like the doctor to treat them again if the first treatment didn't gave positive results. Mostly the same form of treatment was chosen because the respondents trusted the person from whom they received the first treatment.

Table 3: Treatments chosen in case of negative results



Source: Fieldwork training data

Interculturality of the health care systems

As earlier mentioned, the *Makewe* rural hospital is situated in the original Mapuche territory in the South of Chile, some 25 kilometers south of Temuco. The missionaries of the Anglican Church founded it in 1927 and since 1962 it has received financial aid from the Ministry of Health. In 1999, this hospital passed to hands of the communal organization called “Indigenous Health Association Makewe-Pelale”, as a result of a process of participation and self-administration of the community to secure the functioning of the hospital. The goal of the Association is to participate in improvement of the quality of life of the population in this sector, through the implementation of a model of intercultural health. It aims to fortify local resources, to consider the different conceptions of health-disease and to fortify the complementation with biomedical medicine. This model is framed by a general project of ethno-development, necessary for the recovery of the socio-cultural control of the Mapuche society (Ibacache, 2000). The ill-health behavior of Mapuche people concerning the form of treatment they choose, was measured in this hospital.

Makewe rural hospital is not just a hospital; it can be considered a constantly staffed health-post. It has a medical practice, a dentist, medical assistants, nurses and the hospital cooperates with Mapuche professionals like *machis*, bonesetters and an experts on medical herbs. Furthermore there is a laboratory for medical examinations, a pharmacy and a little garden containing medicinal plants. Another part of the hospital contains two wards: an intensive care ward and a ward especially reserved for patients suffering from tuberculosis.

Up until now, *Makewe* is the only hospital throughout all of Chile, which practices health care on an intercultural basis. This means that the doctor cooperates with *machis*. The *machi* and doctor mutually refer patients to each other when necessary.

Goal of the intercultural health program carried out by *Makewe* is to create a mutual understanding of the two health systems. The main reason why so many Mapuches come to visit the doctor is because of health education western doctors enjoyed, but this doesn't mean that Mapuche people automatically have faith in the western form of health care. It turns out that in some cases the *machi* is visited afterwards, mostly when their problem is a psychological one (Oyarce, 1988). It is easy to switch to a hospital that gives free consults to those who can't afford to pay. If this service wouldn't be profitable anymore and the hospital started charging the consults like any other hospital, people would simply stop visiting the hospital, and search for a more economical solution.

Among other things, one of the difficulties of intercultural health care is the fact that some people hesitate in following the doctor's advice in search for the proper form of health care. During the observation, some people were told to visit the *machi*, because the patient happened to have symptoms, which led the doctor to conclude the patient had a Mapuche disease. Often the patients mentioned they tried all forms of health care, which meant that even a *machi's* treatment didn't help. In some cases people refused to visit a *machi* because of economic or religious reasons. So, even if patients are given the opportunity to enjoy intercultural treatment, often the most efficient and cheap solution is chosen in search for a cure, without caring about the cultural component. It may be fair to say the Makewe region is mostly converted to Protestantism.

Although the *machi* is the guardian of the Mapuche culture (Bengoa, 1987), she has also adapted to the western culture in one way or another. A negative point of interculturalisation of the traditional health system is that this may lead to loss of

credibility of the *machi*, especially by Mapuches who hold to the cosmovision instead of Catholicism and Protestantism, as for example she uses a holy cross as a part of the *machitún*. Once, I was told by an old Mapuche woman who lived in Santiago – maybe she even was a *machi*, since she had a rewe in her garden - that the seven layers of the rewe were symbolizing the holy number seven, as explained in the bible. In some cases adaptation is inevitable, like in the traditional health care system. Traditional health care is changing, due to the loss of various types of medical herbs, which is not only caused by destruction of native grounds (e.g. the Ralco project in Bio-Bio) but also because of patentation of various species of herbs by foreign organisations. The consequences are that knowledge and application of these medial herbs are being forgotten.

Despite the negative effects of the trans-cultural system, positive effects can also be marked. Traditional health care is not solely carried out in the IX region. Some *machis* moved to Santiago permanently, but others come to Santiago once per week or once per two weeks, carrying out their work in local health centers, where both Mapuches and non-Mapuches come for a consult. Urban Mapuches think a *machi* who works in the city is not the same as a *machi* who lives and works in the rural areas of the IX region. Therefore, an urban Mapuche prefers to seek the help of a rural *machi*, because she should have a closer relationship with nature than an urban *machi* does. The Mapuches who reside in rural areas declare that a *machi* has the same value, no matter whether she works in rural or urban areas. She is still the one who is invoked. In their opinion economic factors are the main reason for a *machi* to migrate to Santiago.

The inter-cultural health care system is becoming more and more important in Chile. Mapuches think it is very important that people know about the Mapuche culture, and they are strongly defending their identity. Mapuche have a positive attitude towards intercultural health care, but till now, it is only being practiced in Makewe rural Hospital. Recently, it became clear that Hospital Makewe is being extended with more intercultural-orientated hospitals in Colpanao, Ragnintuleufu and Chapod. Most probably some more health post will be found in Chucauco and Rufue.

Besides these positive remarks, Citarella et al. (2000) points out that general difficulties remain. Firstly, a *winka* or non-Mapuche will never experience the invocation of becoming a *machi*. Secondly, bilinguinity is required to understand the Mapuche patients. But the most important thing is the recognition of the traditional health care system by the government and the setting up of health posts where both traditional and western medical systems are operative.

Conclusions

Since the western health care system was introduced in Chile, Mapuche learned about its applications and found out this form of health care is effective. Nowadays a lot of Mapuche rely more on the western health care system than the traditional health care system, not only because of financial and religious reasons, but also because they value a doctor's knowledge about illness.

Although the *machi* still is considered a powerful person who maintains contacts between the natural and spiritual world, fieldwork showed that the *machi* is hardly visited in case of illness. According to literature studied (Citarella), the main reason for not visiting a *machi* can be found in socio-traditional factors. Fieldwork data on the other hand, showed the *machi* is not visited because of financial and religious reasons. So, the behavior towards the traditional health care system might be negative,

the perception of the Mapuche respondents can be marked as positive. This was mostly the case among the rural Mapuches. Mapuche people who live in the countryside are more critical towards their culture than Mapuche living in urban centers. Urban Mapuches are willing to visit a *machi* in case of disease but merely out of curiosity or just to accompany someone. Here must be mentioned that there is a difficulty in measuring behavior. Mapuches who are not ill will easily tell you they visit a *machi* for health purposes. During the observation in Makewe hospital, Mapuches mostly told me they wouldn't visit the *machi* because they were Protestant. Religion can be an obstacle for mentioning not to visit the *machi*, while instead they do so in secret. Religion has a negative influence on the Mapuche culture, saying that visiting a *machi* in all cases is bad, since she practices black magic. Even though religion does forbid visiting the *machi*, it doesn't mean they wouldn't go to see her for medical purposes, in case the doctor's remedy doesn't work, or if the *machi* is living just around the corner.

As mentioned in the introduction, the traditional health care system is a very important aspect of the Mapuche culture. Fieldwork showed that traditional health care is important, although the empirical part of traditional health care turned out to be more important for the Mapuche people than the esoteric part. Obviously, Mapuches highly value the use of medicinal herbs, since this knowledge is passed on in almost every family. The *machi* is feared for her powers. Somebody having done a ritual treatment by the *machi* doesn't have the knowledge of what the *machi* exactly is doing.

Mapuche show a positive attitude towards interculturality of health care. *Machis* refer people to the doctor and the doctor should refer people to a *machi*. A difficulty, since doctors don't think it's necessary to refer to a *machi*, since the western form of health care is very advanced. Makewe is making efforts towards intercultural health care, by starting to refer patients to *machis*, when necessary and prescribing herbal remedies. And more of these hospitals or health posts are being found. The intercultural system also leads to non-Mapuche visiting the *machi*, since some *machis* migrate once per two weeks to Santiago. But this is only the beginning of the interculturality of traditional and western health care systems, some more research should be desirable on the need for intercultural health care among Mapuches and non-Mapuches.

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