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SOME NOTES ON CUBAN TRADITIONAL MEDICINE

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ABSTRACT: *The traditional medical system of cuba is an amalgam so the medical knowledge of the Africans, Hispanics and the Amerindians of cuba. An attempt is made is this article to provide a short introduction to this fascinating body of knowledge, which awaits further investigations by scholars of ethnic medicine.*

INTRODUCTION

The role of traditional medicine in the solution of health problems is invaluable on a global level. This is all the more striking when we consider the fact that approximately 80% of the people living in less developed countries rely exclusively on traditional medicine for their health care needs.1

Traditional Chinese and Ayurvedic medical systems, for example, have evolved during thousands of years and have left for posterity a well-documented literary legacy which permits us to recognise immediately a theoretical base whose conceptual framework even if it were more or less archaic is found to be logical in other countries the ethnomedical heritage has not reached a high status. However we can still find many useful points in them.

The sources which support the popular pharmacopoeia are raw material origin. However, the most important therapeutic resource is those of vegetable origin. They are qualitatively and quantitatively superior to the other two. Therefore, herbal ingredients deserve further study.

The Cuban Archipelago and Its Flora

The Cuban archipelago consists of the Island of Cuba, the Isle of Youth (formerly Isle of Pines) and a big member of islets (over 3000) which cover an area of 110,922 square kilometers. Cuba, the main island is 1250 Kilometers long. The climate is subtropical with a mean annual temperature of 25^{o}C (77^{o}F). There are two seasons, one rainy (*May-October), with an average relative humidity of 82%, and the other dry (November – April), with an average relative humidity of 77%.

The flora has approximately 8000 species including nearly 6000 higher plants. Fifty per cent of these plants is endemic to the Cuban archipelago, which is the endemism rate of west Indies and one of the highest in the world[2,3]. The number of plants recorded in our traditional medicine is 621 with the exception of many introduced plants enjoying popular utilization.

The people of Cuba

The early settlers of Cuba are believed to have arrived before 3190 B.C Around 1492 A.D., when the Spaniards arrived they found some communities in different

developmental states. They were exterminated brutally in more or less one century. Notwithstanding, the indigenous people bequeathed to us a rich cultural heritage which remains to be studied in depth. The imprints of the pre-columbian culture can be found in the names of places, plants and animals, some scholars identify tobacco (*Nicotiana tabacum L*) as the plant or plants used in the cohobarits, which is an indigenous ceremony in which the behique or priest inhales some powders for provoking hallucinatory effects.

The number of plants of pre-columbian Cuba which are still used, is not fully established. However, from Christopher Columbus's log book[4], the unfortunate work of R. Pane[5] and the exquisite and polarized descriptions of G Fernandez de oviedo[6] and B.de las Casas[7], we can unravel more or less a representative and trustworthy picture of indigenous material medica. Some species which are used still are guira (*Crescentia cujete* L., Family Bignoniaceae), *guayaba* (*Psidium guajaba* L) and the bija (*Bixa orellana* L).

The Spanish *conquestadores* established themselves in cuba bringing with them a rich repertory imbibed from the medieval Europe with its roots in Egyptian, Assyrio-Babylonian, Greek and roman cultures, Another important element brought to cuba was the Arabian medicine which had flourished in Spain during the long 800 years of Mussulman domination.

Both plant names and the peculiar ways to prepare medicinal formulations became naturalized. Many of these Spanish plants got acclimatized quickly to the new climatic conditions, Examples are romero (*Rosemarinus officinalis* L.) different species of menta (*Mentha ssp*) *ruda (Ruta graveolans* L.) etc.

The introduction of the African as slave broadened remarkably the therapeutic arena. Though they did not introduce new plants they needed to remedy their ailments aggravated by sub-human living conditions. This contributed to their search for curative remedies analogous to those of their native countries. The new plants were called in their varied languages and were incorporated into their liturgy contributing significantly to the mystical and curative properties of the plant[8].

The necessary Spanish African-Indigenous fusion in the spiritual and material life gradually gave rise to the new Cuban nationality. Memorable legends and myths were interwoven harmoniously with rich idiosyncratic hues. Plants like the marvelous ceiba (*Ceiba pentandra* L. Gaertn) are surrounded by legends of Indo-Hispanic-African origin.

Successive waves of Chinese immigrants and others, principally from the adjacent regions of America completed the "Crucible of races" which constitutes the modern Cuban.

Traditional Medicine today

Often impregnated with contradictory religious creeds we find plants used as proper medicines, food and no less importantly plants used in religious rituals acknowledged as "placebo". The third group is used in "baths". The last two categories are not considered by scholars in their truthful magnitude and they are relegated to the background unfortunately. Studies carried out by the present author in his province (Camaguey) have shown that the boundaries between these three groups are diffuse.

One plant is often known by many names. For example. *Tua –tua* and *frailecillo* (small monk) are the indigenous and Hispanic names respectively of *Jatropha gossypifolia* L. these names are used synonymously by the people. *Erythroxylon ssp* (Family: Erythroxy laceae) has an oriental (*jiba*) and another occidental (*arabo*) name in our country.

Well documented is the hot-cold dichotomy at least in relation to plants considered in such manner. Dr. V. Fuentes reports some examples obtained in his traditional medicine surveys[9].

Unfortunately, the popular concepts of aetiological factors (endogenous and exogenous) in illness have not been studies properly. In particular I have abundant data on the role of "wind", "hot", "humidity" and "cold" in the genesis of many a afflictions as well as particular recipes which include both plant preparations and the use of auxiliary means of treatment like cupping, another neglected aspect is the consumption of medicine depending upon season phases of the moon and hours of the day. The most excellent work on Cuban ethnobotany is plantas Medicinal, *Aromaticas y Venenosas de cuba* (Medicinal aromatic and poisonous plants of cuba) by the eminent Cuban scientist, DR. Juan Tomas Roig y Mesa (1877-1971)[10], who recorded 986 medicinal plants grouped in 159 therapeutic actiions[11].

1980 marked an increase in the compilation of surveys on plants used in traditional medicine by specialists of the **Estacion Experimental de Plantas Medicinales Dr. J.T Roig** these studies were carried out under the direction of Dr. V. Fuentes. In general the plants are used fresh, mainly as decoction, even though the plant has therapeutically active volatile components. The most common route of administration is oral and in the preparations are included some plants (chiefly three) at times with similar attributed properties[9].

Personally, by means of a survey model which is more general than the earlier ones (see Annexure) we have obtained interesting references to drug quantity, harvesting time, particulars of the medicinal preparation (decoction, infusion, maceration time, quantity of the drug, solvent used etc), duration of the process, container, storage, contra-indications and undesirable side-effects observed, In general the data are not conclusive owing to a limited number of persons surveyed (more or less 800 persons were surveyed in the province which has more than 770,000 inhabitants).

It will be interesting to re-evaluate the preparations or recipes used by groups which practice the afrocuban syncretic cult known as Santeria in which plants are combined with substances of animal and mineral origin. Unfortunately the plants reported have no voucher specimens which permit us to corroborate the identity of the plant[8]. This problem is to be urgently addressed by ethnobotanists and ethnopharmacologists.

CONCLUSION

The rich cultural reservoir of traditional Cuban medicine is supported by diverse cultural sources which have to be evaluated fully. It represents and important resource to attend to the primary health care needs of the people. The popular therapeutic habits and successes have to be retrieved and validated in order to use the pharmaco-epidemiological information and to develop new cost-effective, safe and efficacious formulations.

ANNEXURE
SURVEY MODELS USED IN THE TRADITIOINAL HERBAL MEDICINE STUDY IN CAMAGUEY PROVINCE, CUBA.

Model 1. General data

A- Geographical Localization

Locality …….. Code 1……1
Inhabited place…… Code …….
Zone Rural 1
Urban 2

B- Informer data

1. Sex Male 1
Female 2

2. Age
3. Literacy status

Model 2. Specific data
A- Plant identification

1) Vernacular name……
2) Botanical name……..
3) Family……

B- Attributed propert (ies) y…….
……..

1) Whether cold/hot……..

a. fresh or cold ……. b. hot…….. c. do not know…….

C. Preparation and utilization

1) Plant condition
a. fresh……. b. dry……. C. indistinct……..

2) Part used …….
3) Preparation type……
4) Other components of remedy or preparation

a. animal origin ……..
b. mineral origin……..
c. conventional medicine…….
d. Vegetable origin……...

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5) Route of administration ……

6) Preparation of the remedy……

7) Posology……

8) Contra –indications and adverse effects ……
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9) Additional note (s): ……
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