

Use of traditional medicine in the population attending a children's hospital in the City of Buenos Aires

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ABSTRACT

Introduction. Several studies have reported on the widespread use of traditional medicine (TM) in different countries. Pediatricians receive scarce training in this field.

Objective. To describe the characteristics of TM used by patients attending a children's hospital in the City of Buenos Aires.

Population and methods. Qualitative design based on grounded theory. Interview with caregivers of children aged 0-11 years.

Results. Thirty people from different communities were interviewed, mostly homemakers. Almost all referred having used TM. The most common source of recommendation was the family. In general, TM use precedes the visit to a physician in the health system. TM is used to manage conditions defined by conventional medicine, but also to treat folk illnesses such as Simeon's disease, evil eye, and indigestion. Therapeutic practices include plant-based preparations, infusions, broths, as well as other rituals performed by folk healers. All users had a positive opinion about TM. Most interviewees considered that physicians should know and ask about TM. All participants referred that its use had not been addressed in prior visits.

Conclusions. TM spreads as knowledge and/or practice across the studied population and is part of everyday life. TM methods vary greatly, as well as the conditions for which it is used; the main reasons for use included gastrointestinal and respiratory conditions. It is not addressed in pediatric visits, but users wish it was.

Key words: folk medicine, traditional medicine, spiritual therapies, pediatrics.

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INTRODUCTION

The health care system described by Kleinman includes 3 overlapping sectors:

- Professional sector: the organized traditions, considered the prevailing paradigm.
- Popular sector: self-management, family care, and social and community support networks.
- Folk sector: folk and traditional, non-professional healers, whose knowledge lies outside the prevailing or hegemonic paradigm.¹

Traditional medicine (TM) refers to the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.² Here, it excludes any conventional medicine (CM) practice.

TM is different from alternative or complementary medicine, which are not part of that country's own traditional or conventional medicine and are not fully integrated into the dominant health care system.² In Argentina, examples include homeopathy and ayurvedic medicine.³

Several studies have reported on the widespread use of TM in different countries.⁴⁻⁹

In our country, no study has been published in the field of medical science to clarify the situation of TM in such multicultural population.

OBJECTIVES

To describe the characteristics

of TM practices used by patients attending a children's hospital in the City of Buenos Aires (CABA) and its relation to pediatric visits.

POPULATION AND METHODS

This was a descriptive, qualitative study. Its methodological design and data analysis were based on grounded theory, and theoretical categories were identified from data using a constant comparative method.¹⁰ The sample was selected by convenience, recruiting participants from the waiting room on the dates the interviews were conducted. The sample size was established based on theoretical saturation.^{11,12}

The study was carried out at the outpatient clinic for longitudinal follow-up of Hospital de Niños Dr. Ricardo Gutiérrez, a tertiary care hospital located in the CABA, where children aged 0-11 years old are seen, who live mostly in the CABA and Greater Buenos Aires and come from different communities. The study population was comprised by their caregivers, who were 18 years or older and agreed to participate.

Three investigators, who were undertaking their residency program at the hospital, were timely trained and introduced themselves as such, but did not wear any representative clothes; they conducted a semi-structured interview^{13,14} (*Annex*) between March and May 2019. They were not involved in the care of the patients included in the study. The interview took place outside the physician's office.

Data analysis included ordering, coding, defining conclusions, and verifying findings.^{10-13,15} Data were ordered by transcribing and coding interviews. Codes serve as labels to mark the text and then recover or index it. Coding was carried out by 3 people to ensure reliability.

The definition of conclusions and the verification of findings were done by triangulation (investigator and person) and with the help of external auditors.^{10,16,17} Triangulation allows to reinforce results by demonstrating how, when different measures are assessed, results show a correlation. There are different types of triangulation: source triangulation (people, time, place), method triangulation (observation, documentation, interviews), investigator triangulation, and theory triangulation. External auditors are experts who are presented with the results and analysis process, which should allow them to answer the questions related to theoretical sampling sufficiency and how categories emerged. The audit of this study was done by Mercedes Saizar, M.D. The study protocol was approved

by the Ethics Committee of Hospital de Niños Dr. Ricardo Gutiérrez (CEI No. 19.08). The written informed consent was obtained prior to study inclusion.

RESULTS

Thirty-two individuals were invited to participate. Two did not accept the invitation, so 30 participants were included. Their sociodemographic characteristics are described in *Table 1*.

Knowledge of the term "traditional medicine"

All interviewed participants were able to mention some sort of TM, what the method involved, and when to use depending on the symptom.

Some related the term to its past origin.

"... the home remedies used by our grandparents many, many years ago at home". (Female, 40 years old, Venezuelan).

"... the medicine used a long time ago and still now...". (Female, 35 years old, Argentine, Paraguayan descent).

Other participants described it as community-validated knowledge.

"A home remedy for a family member or a close person who has a disease, what you can do within your reach before going to the hospital". (Female, 26 years old, Argentine, Bolivian community).

"There's always someone you know [...] a family member who knows someone who can do it and so. They say: 'That person knows how to cure diseases', you should take them...". (Female, 29 years old, Argentine).

Other participants defined it based on its value as a natural resource.

"Not processed by men or labs or anything like that...". (Female, 40 years old, Venezuelan).

Traditional medicine use

Most interviewed population admitted using it. Many participants do it often (every time their child develops any sign or symptom) or sometimes (only in specific situations, at the caregiver's discretion).

Source of recommendation

Most participants stated that they knew TM because a family member (mostly their mother and grandmother) or a community member (neighbors, acquaintances) had recommended it.

People who recommended TM had learned how to use it in their place of origin: provinces of

Argentina other than the capital or their country of origin (Bolivia, Paraguay, and Peru).

"I think my dad, who is from Jujuy, met the folk healer. My parents and grandparents are from the North of Argentina. All of them know how to cure indigestion, the evil eye...". (Female, 26 years old, Argentine).

"... it's a tradition, my mom is from Chaco". (Female, 46 years old, Argentine).

Composition, method, and conditions for which traditional medicine is used

These are described in Table 2, in order of frequency.

Result assessment

All participants made a positive assessment, understood as disease cure or improvement in symptoms.

"... He probably has a bad cough and it's like it soothes him. It's not a cure, but a soothing solution". (Female, 26 years old, Argentine).

"... If she had a bellyache or vomiting, I'd take her to a folk healer to cure her indigestion [...]. I had to take her for 3 days and she would improve, I noticed her improvement...". (Female, 35 years old, Argentine, daughter of a Paraguayan woman).

"... She cures him, it's for 9 days, she does it through her words". (Female, 46 years old, Argentine).

They also mentioned that TM is a harmless resource used to calm anxiety. "... I think any mother's despair makes her think: 'Well, I'll give it a try, it's not like she's going to give him an injection or anything'". (Female, 43 years old, Bolivian).

Moment for traditional medicine use

It is always or mostly used before consulting a pediatrician.

TABLE 1. Characteristics of caregivers using traditional medicine

			Total	Percentage (%)
Sex	Female		29	97
	Male		1	3
Age (years)	Median (IQR)		35 (28.5-45.25)	
Occupation	Homemaker		11	36.7
	Other: Trade		3	10
	Profession		3	10
	Does not answer		13	43.3
Level of education	Primary education	Incomplete	2	6
		Complete	8	27
	Secondary education	Incomplete	7	23
		Complete	3	10
	Tertiary education	Incomplete	1	3
		Complete	1	3
	University education	Incomplete	2	6
		Complete	3	10
Nationality	Argentine		20	67
	Paraguayan		4	13
	Bolivian		3	10
	Venezuelan		2	6
	Peruvian		1	3
Community	Gipsy		2	10
	Paraguayan		2	10
	Bolivian		1	5
Children under their care		Median	3 (2-3.25)	

IQR: interquartile range.

TABLE 2. *Composition, method, and situations in which traditional medicine is used*

Condition or disease	Symptom	Method
Indigestion	Abdominal pain and/or vomiting. Diarrhea, loss of appetite, and irritability.	Stretch the skin on the back: "The child lies on their back, and you stretch the skin of the back using talc, pulling down and stretching it... You do it 3 times". (8M) Healing through words: "The folk healer took something long, an elastic band or a scarf, and placed it on the stomach of the patient and on her head or somewhere in her body I don't remember; then she made a few signals and prayed, said something. We had to visit her for 3 days in a row, no matter what". (4F) "They used a tape measure to cure indigestion. And prayed while placing the tape measure on both of them. It was like a tie between them. While the healer did her job, it was as if the condition passed to her. The folk healer started burping, as if she felt sick, as if she did it to feel better". (4A) "They make small crosses on their head. Or they place a plate with water and oil in front of the child and say some words". (3M) "To cure indigestion, they beat egg white until it turns into meringue and place it on the stomach covered with a piece of cloth, and drink the oil left below". (6M) Chamomile tea.
Evil eye	Irritated infant without a cause, crying, difficulty calming them, no sleep. In older children, headache or yawning. The consequence of a tired person looking at the baby. "If the baby spends too much time with a lot of people or on the streets, they get stressed". (4A) "Too painful, like a migraine. People walking around, especially those who wear glasses, look at them and they start crying and have a headache". (10F)	Water and oil emulsion: "The evil eye is cured with water and oil on a plate, the folk healer prays and then draws a cross on the baby's forehead with it. This is done once a day, during 3 days, always at the same time". (9A) Prayer: "... It's not necessary to be present with them, they can do it remotely". (5A) Folk healer: "The tradition is to have a female child, a girl, draw a cross on the baby 3 times. You take a pillow, place the baby on the floor, and the girl, a young girl, does the cross 3 times". (1F) "The folk healer uses a red tape to measure the baby". (7F) "When the child is older, we take them to the folk healer and they say some prayers and place grain alcohol on the child's neck". (1F)
Simeon's disease	The child is upset, bends back or vomits, has abdominal pain. Poor weight gain. "Simeon's disease causes spots on the lower back, over the buttocks (like a bruise), they are born with them. If you don't take the baby to the folk healer, the spots go up the back to the forehead and the baby dies. Symptoms include heavy vomiting. Once it is cured, they pass it in the stools and you see a green, long worm, and then they go back to normal. There are 2, a male and a female worm, and they keep eating until they are passed; they're small, like parasites". (10F)	Folk healers: "To cure Simeon's disease you had to go for 7 days and they stretched the skin on her back. They placed her on her stomach and stretched the skin on her back, and the healer also said a prayer, but for a longer period, 7 days. If I didn't take her back, the treatment would be incomplete". (5F) "They place a tape on the baby's stomach and back, say a few words to themselves, and that's it. It's over. It lasts 7 days". (3M) India ink: "You have to take them to see someone who knows how to cure it, and they put the ink here" (pointing to the length of the spine). (4A)
Fright	Persistent crying. Difficulty falling asleep. "He gets scared or has bad dreams, and wakes up suddenly. Noises too, on the streets or inside, maybe after that, the child remains upset". (4A)	Folk healer: "They placed him on his back, with his feet up, and they had to see if both feet were straight because if one foot is shorter or longer, it means the child is scared, that's the fright". (5F)

TABLE 2. (Cont.)

Respiratory symptoms	Cough Respiratory tract secretions Nasal congestion Bronchospasm Flu Odynophagia Laryngitis	<p>-Mentisan: eucalyptus-based ointment used for chest or back rubs.</p> <p>-Steam inhalation using different products, including onion, eucalyptus, herbs, camphor or just water.</p> <p>-Honey, eucalyptus, epazote, ginger and honey, lemon and honey or chamomile tea.</p> <p>-Home-made infusion: "You burn sugar and loquat leaf and orange peel. Once it is burnt, you add water and it turns into a syrup, a tea, and you drink it hot". (8M).</p> <p>-Aloe vera: "You wash the leaf, remove all the sap fluid, and blend it with honey. Then add some lemon before drinking it". (2A)</p> <p>-Aloe vera: "You wash it well, remove all the green parts, and blend the sap with orange juice, honey, and rhubarb dye; that turns into syrup". (1F)</p> <p>-Hot water wipes: placed on the chest.</p> <p>-Lemon and honey: "I put lemon on a teaspoon and then I add a little bit of honey and then, when it is lukewarm, I give it to the child". (3A)</p> <p>-Prickly pear (cactus flower): "I mix it with black sugar and leave it exposed to the evening dew (...) [and you drink it] once a day". (7A)</p> <p>-Sugar and orange: "First you make caramel and then add water and orange peel; it's a syrup you drink in the morning, on an empty stomach, and at night (only twice because it's too sweet)".</p> <p>-Eucalyptus infusion: "you drink it and can also make a bath with it".</p> <p>-Vicks VapoRub. "After rubbing it, you place a hot cloth on their back and chest, or a sheet of newspaper". (6M)</p> <p>-Boiled lemon juice with honey.</p> <p>-Lemon tea or honey tea.</p> <p>-Gargle with lukewarm water and vinegar.</p> <p>-Eucalyptus tea.</p>
Gastrointestinal symptoms	Abdominal pain, nausea and vomiting, diarrhea, dyspepsia.	<p>-Rituals: "They pull their leg on one side because it's shorter, something like that. And cures them for 7 days. You have to take them on Tuesdays and Fridays to have their foot pulled. The child lies on their stomach and the healer massages both sides to make both legs the same length, that's it". (3A)</p> <p>-Chamomile, marcela, tangerine, wormwood, boldo, anise, epazote, cholagogue, marigold tea.</p> <p>-Grated apple (darkened).</p> <p>-Boiled rice.</p> <p>-Honey syrup.</p> <p>-Egg: "You beat an egg, just the egg white until it feels like foam, and put it on a cotton pad with alcohol and this goes on the stomach". (8M)</p> <p>-A poultice of grated potato and vinegar (specifically for vomiting): "You grate a potato and let it rest in vinegar and then put it on the stomach with a cotton pad". (8M)</p> <p>-Water plantain: "It's like water hyacinth, but smaller, and it only grows in brooks [...] You crush it and let it sit in cold water and drink it as natural water". (10A)</p> <p>-Egg white and snail (or frog) eggs: "Using newspaper sheets, you spread one out, cut a 10x10 square, and put it on the pit of the stomach, on the outer part, not covering the middle part. You place it and let it dry. If you have hepatitis, the paper dries immediately. It sticks to the skin. But you don't need to let it dry off completely, it's 5-10 minutes. If you have it, it's for sure. It sticks to the skin; you have to try and do it again until it doesn't stick anymore. You remove it with cold or lukewarm water, put it again and again until it doesn't stick anymore.</p>

TABLE 2. (Cont.)

Baby colic	Abdominal pain secondary to gas buildup. Persistent crying that does not soothe with feeding or other usual care measures.	Onceit doesn't stick, it means the fever is down. [...] It's a treatment complement to plantain, in this case, an external treatment of 'hepatitis B'". (10A) -Chamomile, epazote, mint tea. (1M) -Massage with flour or cornstarch. -Drops of orange blossom water: "I would put them on my warm hands and rub them on his belly in a circular motion to help him pass gas, it really soothed him". (1F) -Boiled rice previously toasted on a pan (without oil). (8A) -Anise tea ("because I'm the mother and I don't watch what I eat, [...] so if you eat it, the baby gets indigestion, not you"). -Warm up oil and rue and rub it on the stomach and the feet. (8M)
Fever		-Cold potato slices all over the body. -Wet cloth/cloth with vinegar: "With cold water, in the armpits or between the legs and on the forehead". (9A) -Marcela tea ("it's a little flower"). (7M) -Aloe vera. -A bath with cold or lukewarm water.
Skin conditions	Wounds, acne, marks Burn wounds Diaper rash	-Aloe vera sap. -Topical butter. -Cornstarch.
Miscellaneous symptoms	Bellyache, pre-menstrual cramps Headache Wounds Hiccups Conjunctivitis Stye Body aches, tiredness Pain in general Toothache Allergies Chickenpox Falls	-Malt (you drink it hot). -Moonshine placed on the neck. -Visiting a folk healer. -Moonshine (as antiseptic). -Coffee (to stop bleeding). -Water (plenty volume). -Warm chamomile tea (topical use) applied using a cloth. -Rubbing a ring on the lesion. -Rosemary and rue: "Boil them in a pot and take a bath with it for 35 minutes, with lukewarm water, as in the shower. You do it once". (6F) -Wet a towel with hot water: put it on the stomach and the legs (wherever it hurts) and let it sit. -Rue and cane: "You crash the rue and let it sit in cane. You can use this mix anytime. You spread it on a cloth or something and put it where it hurts". (10A) -Aloe vera blended with honey or drugs (topical use or for drinking). (9M) -Laurel tea. -Marcela tea. (7M) -Aloe vera blended with honey. -Crushed watermelon and cantaloupe seeds mixed with tea. (10M) -Aloe vera (topical use).
Preventive	To improve digestion To raise natural defenses	-Boldo tea after eating. -Chicken legs: "Make a soup with chicken legs and vegetables, let it boil and drink the broth". (2A)

References: the number identifies the interviewed person and the letter, the interviewer.

1A-Argentine, female, 22 years old, homemaker. 2A-Venezuelan, female, 27 years old, journalist. 3A-Paraguayan, female, 35 years old, nursing student.

4A-Argentine, female, 29 years old, event planner and chef. 5A-Argentine, male, 33 years old, mechanic.

7A-Argentine, female, 57 years old, sitter.

9A-Argentine, female, 21 years old, student. 1F-Venezuelan, female, 40 years old, nurse. 4F-Argentine, female, 35 years old, Paraguayan community.

5F-Argentine, female, Paraguayan descent, 35 years old, nurse. 6F-Bolivian, female, 42 years old, incomplete primary education. 7F-Argentine, female, 46 years old, homemaker. 10F-Argentine, female, 48 years old, complete secondary education.

1M-Argentine, female, 23 years old, incomplete secondary education. 3M-Argentine, female, 32 years old, Gypsy community. 5M-Argentine, female, 36 years old, homemaker. 6M-Peruvian, female, 46 years old, homemaker, complete secondary education.

8M-Argentine, female, 33 years old, homemaker, Gypsy community, complete primary education. 10M-Paraguayan, female, 38 years old, homemaker.

"... I don't even want to go to a clinic...". (Female, 40 years old, Venezuelan).

Or as a complementary tool.

"It's something in addition to the drops prescribed by the pediatrician". (Female, 46 years old, Argentine).

"... I probably take him to the doctor, and if he's got a fever, the doctor gives him ibuprofen, but I also use a potato, for a double solution". (Female, 26 years old, Argentine).

Other participants indicated that they used TM depending on the clinical presentation. If the child has a fever or severe symptoms, they resort to CM first. If the child has indigestion or the evil eye, they resort to TM first.

Only 2 participants said that they always seek CM help first.

"... I prefer this, listening to doctors, than to what others have to say...". (Female, 29 years old, Argentine).

A small group mentioned that they used TM when the doctor could not fix the problem.

TM in pediatric visits

TM was never addressed in pediatric visits, either by the pediatrician or users. The following were the reasons for not mentioning it:

- **Pediatrician's disbelief**

"... Many of them say they don't believe in TM, so I don't mention it". (Female, 46 years old, Argentine).

"I don't even ask because I know they don't agree with it. Whenever I brought her to the hospital, they would say that I had to do only what they indicated, not to give her herbs, teas or anything". (Female, 35 years old, Paraguayan).

- **Fear of discredit**

"Sometimes, if they doctor doesn't ask, you think: 'I'd better don't say anything because they might get mad'". (Female, 57 years old, Argentine).

- **Personal choice**

"No, we don't tell the doctor because it's our choice". (Female, 26 years old, Argentine).

Most participants would like the doctor to ask about TM. A large part of the participants believed it would be important for the doctor to know about this practice. The reasons for this varied:

- **Risk of masking a clinical condition**

"It is important for the doctor to ask if the patient

received any TM intervention because it may change the clinical presentation". (Female, 57 years old, Argentine).

- **Importance of what is natural and accessible**

"They should know the home methods that may cure a condition". (Female, 22 years old, Paraguayan).

- **Supplementation of TM and CM practice**

"It would be nice to have TM and CM work together, so that doctors would have another opinion besides CM". (Male, 33 years old, Argentine).

"In Venezuela, yes, I would visit the doctor and tell them what I had used, but they know about and many old doctors tell you to use TM because they don't like drugs as much, they prefer a natural approach". (Female, 40 years old, Venezuelan). *"Doctors should give some value to this type of natural remedies. Although they're not a cure, they help the body to remain clean"*. (Female, 27 years old, Venezuelan).

DISCUSSION

Many people use TM as self-treatment because they believe that if it is natural, it is harmless, ignoring or underestimating potential side effects. In most countries, there are no safety surveillance systems in place, or the one that is available does not include TM.¹⁸

This study is an invitation to have a new perspective of TM from the medical stance. To our knowledge, this is the first study that addresses the characteristics involved in TM use in children who are part of the hospital population, leaving the focus on toxic effects aside, as usual in the setting of CM. The wide range in the interviewed population's ethnographic characteristics provided highly variable information in terms of TM methods, composition, and use.

When interpreting results, it is worth noting that participants may have tended to deny using TM because they were interviewed by physicians. We believe that this had no impact on results because of the methodology implemented to reduce such bias. The interviewed population is made up of people who attend the outpatient offices of Hospital Gutiérrez, but they are not representative of the entire CABA population.

In our population, the most common symptoms referred in relation to TM use were gastrointestinal and then respiratory symptoms. It has been observed that TM encompasses conditions that exist only in the setting of TM,

not necessarily analogue to entities described in CM, and that are closely related to fold healing (e.g., evil eye, indigestion). Major similarities have been observed in the practices reported in studies conducted in other populations.^{4,7}

Although the objective of this study was not to measure the safety of TM practice, we did not find any rigorous clinical investigation in the analyzed bibliography that would state that most substances used in TM are ineffective or unsafe.^{19,20} Some authors concluded that most home remedies used for common diseases are harmless and that many serve as supplements to medical management.¹⁰

According to some reports, TM administration may result in a harmful delay in health care,²¹ in addition to the known toxic effects of certain herbal infusions (severe dehydration, vomiting, diarrhea, acid-base imbalance, altered muscle tone, seizures), especially in children younger than 2 years.²²

Another situation to be taken into consideration is the possibility of a delay in consultation in the case of potentially severe conditions. As in other studies,²¹ it has been observed here that most participants resorted first to TM.

Family members are the leading mentors of TM.^{8,23} Particularly in our population, women were mentioned more often as the ones disseminating TM. This is consistent with the fact that family health care roles are vastly assigned to women. No participant said that they had become aware of TM through the media, social networks or health centers. This depicts the role of TM in the community, as part of everyday life and within reach.⁸

In relation to TM and pediatric consultations, similar to what has been reported in the bibliography,^{8,9,18} there is a lack of dialog. Interviewed participants showed their willingness to share TM practices. However, they perceived a prejudice from physicians, in the setting of a hegemonic medical model.

We believe that TM should be considered during pediatric consultations given its relevance in the health of our population, both due to their frequency of use and its potential benefits^{6,19,20} and adverse effects. Some studies agree that the little training on this field received by physicians results in biases, both in the physician-patient relationship and its assessment.^{8,9} This is contrary to what has been observed in medical training programs in place in Argentina,²⁴ specifically

in pediatrics,²⁵ which include TM from an exclusively toxicological perspective. However, in our country and in other official bodies, TM is taken into consideration. Community health center no. 24, in CABA, includes an intercultural office managed together by a medical doctor and a shaman.

TM should be analyzed in relation to the cultural system to which the group using it belongs, with a range of representations and practices that emerge not only from TM, but also from a set of knowledge that redefines its meaning, significance, and use.²⁶ Interviewed participants did not give much relevance to the effectiveness of TM; they used it without reconsidering this matter. This led us to reflect on people's need to have their own, easily accessible tools to accompany the health and disease process. This rivals the biologicistic perspective, which gives priority to the effectiveness of one practice over other considerations, such as the satisfaction of offering relief or maintaining health. In addition, it is necessary to discuss people's autonomy to manage their own and their family's health.²⁷ This does not mean that interviewed participants consider one medicine to be better than the other; they just value the contributions made by each.

CONCLUSION

TM spreads as knowledge and/or practice across the studied population and is part of everyday life. The methods vary greatly, as well as the conditions for which TM is used; the main reasons for use are gastrointestinal and respiratory conditions. It is not addressed in pediatric visits, but users wish it was. ■

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ANNEX

SEMI-STRUCTURED INTERVIEW

Do you know the term “traditional medicine”? If “no,” provide the explanation included in the informed consent.

What traditional medicine or remedies do you know?

Have you used any traditional medicine or remedies?

What was their composition and/or the method involved?

Who recommended it? (Family members, friends, shaman, folk healer).

For what diseases or conditions do you use them?

How often do you use them?

Do you use them before seeing a doctor, when the doctor is not able to solve the problem or regardless of the visit with the doctor? /Other.

During office visits, has the pediatrician ever asked if you use traditional medicine? How did you feel about it? If you use traditional medicine, have you told the doctor? Would you like to discuss this during office visits?

Were results as expected from the method used?

QUESTIONS ABOUT SOCIODEMOGRAPHIC CHARACTERISTICS

Name, sex, occupation.

Number, age, and sex of children under your care.

What is the highest level of education you have completed?

How old are you?

What is your nationality?

Are you a member of a community? Community is defined as a group of people who share a territory and certain circumstances (interests, standards, habits, culture, etc.).¹⁴