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# The Awakening of Collaboration between Quichua Healers and Psychiatrists in the Andes

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*To the memory of Mr Alberto Cacuango; a great Quichua community leader and health advocate who died from tuberculosis in 1998, at age 39.*

## Abstract

The indigenous people of the Andes do not receive conventional psychiatric care. They rely almost completely on traditional healers to cope with their suffering and mental illness. In this chapter, we describe a project intended to combine Quichua traditional medicine and Western medicine in the Andean region of South America. In 1984, an innovative Quichua health project started in the highlands of Imbabura, a northern province of Ecuador. Jambihuasi (Health Care House) proposed to bring *yachactaitas* (Quichua traditional healers) and Western trained medical doctors to work together and offer integrative health care services for the indigenous population of the mountain villages of the region. Runajambi (Institute for the Study of Quichua Culture and Health) was founded in 1990 as a health research institution devoted to the improvement of the physical and mental health of the Quichua people. We present these initiatives as one model of an approach to reversing the current neglect of mental health care services among Amerindian communities in the countries of South America.

## 7.1 INTRODUCTION

The Quichua people (Incas) are considered one of the world's great and ancient civilizations. Their architectural, cultural, agricultural and linguistic legacies among others, are still evident today. However, the Quichuas rarely reach the public international arena with news other than their extreme poverty, illiteracy, high mortality and morbidity rates, and other negative descriptors.

The indigenous peoples are viewed as needing full assistance to solve their socio-economic and health problems, which are massive (PAHO and WHO, 1994; World Bank, 2006). This population is neglected by national and regional governments' health authorities and very few programs focus on improving the health status of the Quichua people. Twenty-five years ago, a new kind of health initiative was developed by the Quichua people themselves, in the northern Ecuadorian province of Imbabura.

Jambihuasi (Health Care House) and Runajambi – Institute for the Study of Quichua Culture and Health are the result of a lengthy process of maturation that emerged in the heart of the Andes from the vision of a young Quichua physician. This chapter describes both an innovative health care program called Jambihuasi and the course of action that led to its creation as a community-based, culturally adapted health care service, and the creation of the first Quichua health research institute of Ecuador, Runajambi. This project is presented as an excellent example of Quichua people's drive and ability to formulate original health care solutions, and to contribute valuable experiences to the fields of community health, rural and community psychiatry and mental health of indigenous peoples.

## 7.2 PERVASIVE SOCIAL EXCLUSION

The Quichuas once made up a large proportion of the *Tahuantinsuyu* (the Inca confederation), which at its peak included present-day Bolivia, Ecuador and Peru, and parts of Argentina, Chile and Colombia. At the end of the fifteenth century, the Spaniards invaded and subdued the *Tahuantinsuyu*. When Atahualpa, the last Incan emperor, was assassinated, the Quichuas lost their political power, which passed into the hands of the Spanish invaders. The Spaniards established the feudal system of their European native land with a tax and debt inheritance regime. Soon the Quichuas were enslaved and forced to work for the Spanish Crown in agriculture, mining, weaving, etc. This was the beginning of centuries of exploitation, marginalization and oppression. Later, at the beginning of the nineteenth century, as a result of wars of independence, many countries emerged. They formed what is now Latin America. For the Quichua people, the Independence of Andean countries did not mean liberation, but rather a change of oppressors. Within Ecuador, for example the latinos (locally called *mestizos* – mixed Spaniard and Quichua who identify themselves as white Westerners and repudiate their Amerindian roots) replaced the Spaniards as subjugators. The present day post-colonial social conditions and the political integration of the Quichuas in the Ecuadorian structure has been characterized as 'exploitative integration' (Weinstock, 1973), in which there is a caste-like social stratification and racism is institutionalized (Casagrande, 1981). There are no reliable statistics about the number of Quichuas in the total population of Ecuador. For example, the national census of 2001 did not include questions about ethnicity, making it difficult to have reliable data on the indigenous population in Ecuador. Curiously enough, the official number used by the government in the 1980s was around 40%, whereas now it varies between 10 and 20%. Indigenous peoples' organizations estimate that they comprise around 40% of the total population.

## 7.3 HEALTH DISPARITIES AND HEALTH CARE INEQUITIES

Throughout the Americas, health indicators (where they exist) consistently show widespread poverty and health status poorer for the Amerindian population than those of the

non-Amerindian populations (PAHO and WHO, 1994). The World Bank estimates that the infant mortality rate in the indigenous communities of Ecuador is double that of the general population; 105 per 1000 live births among indigenous people, compared with 51 per 1000 for non-indigenous people (World Bank, 2006). The Quichuas also have a much higher incidence of infectious diseases, such as gastroenteritis, tuberculosis, diphtheria, respiratory problems, infectious hepatitis and meningitis, as well as diabetes, goiter, malnutrition, etc. than of the general population. The problems of alcohol use and abuse, alcohol-related violence and injuries, suicide, anxiety, depressive, and somatoform disorders, child abuse and neglect, etc. are perhaps dramatically higher among indigenous peoples (Incayawar, 2007).

In the rural areas of Ecuador, where the majority of the Quichua population lives, health care services are scarce and inefficient. Even where public community health centers exist, they often remain closed and deserted during official operating hours. In most towns and cities, there are public hospitals, but they are avoided by the Quichuas because they fear being abused and mistreated by hospital administrative and clinical staff alike.

### 7.3.1 Mental Health Services

A report by the Pan-American Health Organization published in 1986 shows that mental health services in Latin America are underdeveloped and that this situation particularly affects the indigenous communities, which are suffering from severe poverty, marginalization and exclusion. In addition, little support has been provided to traditional community health services (PAHO, 1998). Ecuador is no exception. There are approximately 600 psychiatrists for a national population of 13 million. The vast majority of them are located in the major cities of Quito, Guayaquil and Cuenca, and services are offered only in Spanish. Very few psychiatrists or psychologists work in the provincial public hospitals or private clinics, and they are nonexistent in the rural areas. In most midsize towns, there are no psychiatrists at all. This is the case for Otavalo, a town of 45 000 people. There are no psychiatrists, psychologists or mental health social workers serving Quichua and other indigenous communities in Ecuador, a country where it is estimated that 5.2 million indigenous people live.

## 7.4 THE QUICHUA RESPONSE: JAMBIHUASI

The Quichua communities have used their own traditional medicine system for centuries. *Yachactaitas* (Quichua healers) continue to provide care and guidance today, as they have for centuries. With the intention of overcoming the pervasive barrier to access to Western-oriented health care services, the Jambihuasi project (a mental/physical health care facility) was created in the early 1980s.

In 1982, two Quichuas, a man and a woman, graduated for the first time from an Ecuadorian medical school. One of them, Dr Mario Incayawar (aka Dr Mario G. Maldonado)<sup>1</sup> began to formulate a new way of providing adequate health care and to facilitate access to available biomedical services for the Quichua communities in the region. He began treating patients in rural communities in his native province of Imbabura. By doing so, he became increasingly aware of the central role *yachactaitas*

played in the traditional Quichua health care system and the maintenance of health/mental health status of the Quichua population.

In 1983, Dr Incayawar started planning a Quichua culturally-adapted medical center that would bring together, under the same roof, Quichua healers and Western-trained physicians. He spent several months preparing a proposal titled: preventive *medicine for the Quichuas of Otavalo* which he presented to the Ministry of Health in Quito. Despite the interest it generated in some officials, no action was taken by health authorities. The project was heading for failure, victim of the bureaucratic apathy and the fear of creating 'one state within another' as one high ranking Ecuadorian health official declared. Nonetheless, Dr Incayawar kept on searching for new avenues to make the *Preventive medicine for the Quichuas of Otavalo* project come to life. He sent it to the Canadian non-governmental organization of social solidarity called *Développement et paix* which agreed to finance it. Accordingly, in 1984, Jambihuasi (Health Care House) was inaugurated.<sup>2</sup>

### 7.4.1 The Jambihuasi Mission

The goal of Jambihuasi was to combine Quichua and Western medicine, and to offer integrated and community-based health care services and health education to Quichua people. A second goal was to collect data about Quichua traditional medicine knowledge; namely medicinal plants used in the province of Imbabura. The Jambihuasi headquarters were located in the town of Otavalo, with extensions in two small Quichua communities of the region, Huacsara and Huairapungu.

### 7.4.2 The Founding Protagonists

The first step was to find collaborators; people who were trained in health care, communications, etc. The search to create a team began. This task was a difficult one since there are only a handful of trained Quichua health professionals even today. I well remember going to visit potential collaborators all over the province of Imbabura and in the neighboring provinces as well. From the beginning, the project received support from Mr Alberto Cacuango a leader of the Quichua community of Punguhuaicu. We contacted Dr Mercedes Guaján, the first female Quichua doctor in Ecuador who graduated in the same class as Dr Incayawar. She agreed to join the team. *Yachactaitas* José Manuel Montalvo and José Manuel Córdova became the official Quichua traditional healers of Jambihuasi. Two dentists, Dr Nancy Núñez from Quito, and Dr Lena Tégner, a dentist from Sweden, working as a volunteer in Quito, also joined the project. Three young Quichuas helped in the communication and health education department: Germán Muenala, a recent graduate from the school of journalism, and Roberto Conejo, a graphic artist. Mercedes Cachihuango did the secretary tasks. Finally, Hernán Basantes and I were in charge of the herbarium of medicinal plants (Figure 7.1).

### 7.4.3 The First Integrative Community-Based Clinic

The first clinic was established in Huacsara, a few miles north of Otavalo. This was a poor community which totally lacked public health services. At that time, there was no running



**Figure 7.1** Dr Mercedes Guaján, the first Quichua female doctor of Ecuador.

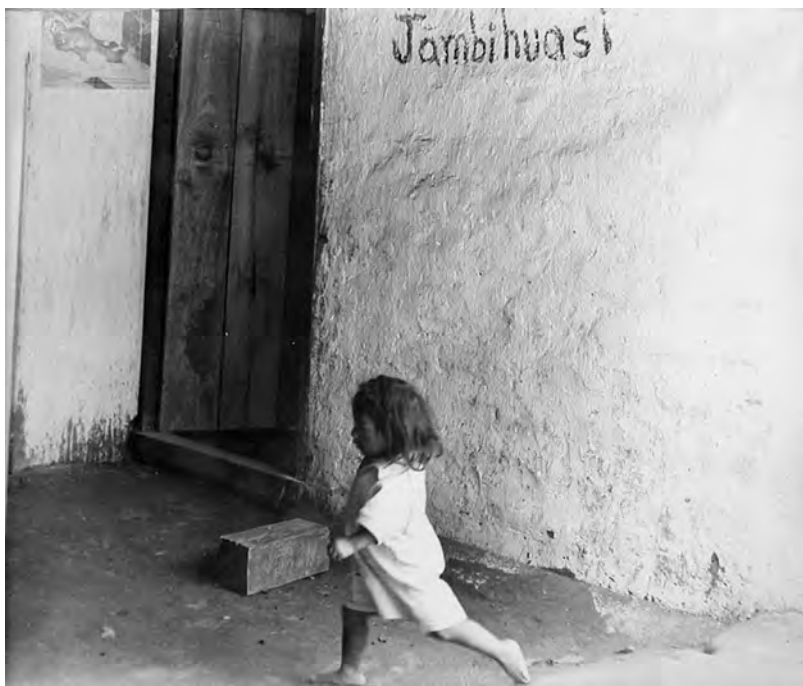
water, electricity or telephone. There, Quichua peasants lived from farming, owned only small plots of land and few animals. The community built and made available a small room where Dr Incayawar was able to treat patients once a week.

The visit of the Western trained Quichua physician helped to improve the health condition of the community, and on some occasions, to save the lives of some patients whose families considered them to be untreatable. For example, the Jambihuasi doctor once cured an eight-year-old boy who was suffering from a streptococcal pyoderma and enormous abscesses of the right forearm and leg. Convinced that there was nothing else that could be done, the boy's extended family had moved him outside the house under a small shelter, and with resignation, was waiting for him to die. They did not want to take him to the hospital in Otavalo because they thought that hospitals were a place where Quichua people were mistreated, where people went to die.<sup>3</sup> When they heard that a Quichua physician was visiting the village, they came to see him. He examined the boy, whose left arm and leg were severely swollen and had an enormous abscess filled with pus. He surgically drained the abscess and administered intramuscular penicillin. Eight days later the boy had recovered. With this kind of spectacular recovery, the service rapidly became very popular and each week, the physician had a larger number of patients waiting for him (Figure 7.2).

#### **7.4.4 Getting Established in Otavalo**

To better understand the impact and celebrity gained with the establishment of Jambihuasi in Otavalo, it is worth considering some historical details regarding the town.

At the beginning of the colonial era, around the seventeenth century, Otavalo was converted into an administrative center of the region, with the presence of officials of the Spanish Crown and of the Catholic Church, and became the symbol of the occupation



**Figure 7.2** A patient at the Jambihuasi clinic of Huacsara.

(Phelan, 1967). Otavalo thereby became a hostile and discriminatory environment for the Quichuas. Until the 1960s, Quichuas were forbidden to enter the parks of the town. This privilege, like many others, was reserved for *mestizos*, the dominant group. Quichuas who dared to defy this rule were sanctioned by municipal police, who would confiscate a piece of their clothing. To reclaim their belongings the Quichuas would have to clean the streets of the town for a week or more.

Until the 1980s, Otavalo was inhabited almost exclusively by *mestizos*. Therefore, it was considered by them to be a 'whites or civilized only' town. Very few Quichua families had settled in town before the 1960s. Those who did were mostly handicraft merchants and artisans who had earned some money working in Quito, the capital city, or in the neighboring country, Colombia. Some of them had then come back to Imbabura and founded small textile enterprises in Otavalo. Gradually, they became a model of success for the Quichuas of the region, and by the end of the 1990s, many began to dedicate themselves to the handicraft business and to sell their products all over the world (Meisch, 2002). This has now become the main economic activity of the Quichuas of the Otavalo region. With their emerging economic success, many Quichuas of surrounding communities have begun to buy houses in town, and over time, more and more Quichua families have become established in Otavalo. Nowadays, the ethnic composition of Otavalo is largely inverted and it is considered a Quichua town.

In 1984, then, at the beginning of Jambihuasi, Otavalo was still a *mestizo* town, hostile to the presence of the Quichuas. In that context, the establishment of a Quichua-run health center stood out in the eyes of the population.

### 7.4.5 Unusual Integrated Quichua/Western Health Care Center

Traditional healers are often perceived merely as a useful resource for expanding public health programs based on Western medicine. That is, there is no interest in a reciprocal exploration of what they know about their communities' health. For example, a 1995 World Health Organization manual on the use of traditional practitioners as primary health providers made 13 key recommendations, none of which suggested learning about the indigenous health systems of these practitioners (Kiesser, McFadden and Belliard, 2006).

From the beginning, Jambihuasi offered combined Quichua and Western health care services. The patient had the choice. The way the service was implemented was as follows: the patient would come to the clinic and ask to see either the *yachactaita* (Quichua traditional healer) or the Western trained doctor. The chosen practitioner would examine the patient, make a diagnosis and propose a treatment plan. If they judged it necessary, they would consult with the other practitioner. When deemed necessary, the physician and the healer would consult each other and examine the case together, in order to reach the most appropriate treatment possible. It is worth noting that this procedure was greatly appreciated by the patients and their family members who came to Jambihuasi.

We observed that patients and their families chose their practitioners according to the kind of illness they felt they had, using the Quichua categories of illness classification. There is a continuum of Quichua illnesses such as *mancharishca* (victim of malign spirits caused by a sudden fright), *huairashca* (victim of malign spirits caused by approaching bad places), etc., at one end, sprains and bruises in the middle, and chronic and acute diseases such as cancer, diabetes or schizophrenia at the other end. When they thought they had a Quichua illness, they would ask to see the *yachactaita* (Quichua healer). When they had a serious injury or when they felt they had a chronic or acute disease, they would ask to see a physician. Sometimes, they would ask to see both sequentially or at the same time; because they considered the illness to be treatable by both. If they were unsatisfied with the results they would go to see the other practitioner. The health-seeking behavior was the same regarding mental disorders. Patients and their families would seek the help of the healer to relieve Quichua illnesses and ask to see a physician to treat acute mental disorders such as an acute psychotic episode. This is an example of medical pluralism in the Andes. As stated by Kiesser, McFadden and Belliard: 'Medical pluralism is what we practice when given the freedom to do so' (2006: 225) (Table 7.1).

**Table 7.1** Quichua pathways to health care.

Quichua illnesses	Mild conditions	Chronic and Acute Diseases
↓	↓	↓
Quichua Traditional Medicine	Quichua Traditional Medicine or Biomedical System	Biomedical System
<i>If treatment is unsatisfactory</i>		<i>If treatment is unsatisfactory</i>
↓		↓
Biomedical System		Quichua Traditional Medicine

**Quichua illnesses:** *mancharishca* (victim of malign spirits caused by a sudden fright), *huairashca* (victim of malign spirits caused by approaching bad places), *rurashca* (witchcraft), *shungu nanai* (shattered heart), etc.

**Mild conditions:** sprains, bruises, etc.

**Chronic and acute diseases:** cancer, diabetes, physical trauma, schizophrenia, acute psychotic episode, etc.



In addition to clinical work, the Jambihuasi team conducted health education and promotion. That included activities in Quichua communities such as courses and presentation of movies on hygiene and diseases. Moreover, because of the increasing level of trust the population had in the Jambihuasi, it was also able to conduct vaccination campaigns for children in the Quichua communities, where until then, the Ministry of Health had failed, due to local resistance and suspiciousness of the motives of government officials.

Concerned with the necessity of improving the quality of mental and physical health care provided to the indigenous communities of South America, in 1985, the Jambihuasi organized the 'First International Seminar on Indigenous Health and States' Policies' with the sponsorship of the Pan-American Health Organization. Delegates from indigenous organizations in Ecuador, Colombia and Peru gathered in Otavalo to discuss the need to promote collaborative work between Western trained physicians and traditional healers (Figure 7.3).

#### 7.4.6 The Quichua Community Response to Jambihuasi

The services offered by Jambihuasi not only filled a gap, but also brought to the region a new model of health care. For the first time, it provided the Quichua population with culturally-adapted care that was provided in a culturally respectful, empathetic and welcoming environment. Quichua patients and their families greatly appreciated it. Soon people from the surrounding Quichua rural communities, and from the town, came to



**Figure 7.3** Demonstration in favor of Quichua culturally adapted health care services in Otavalo, Ecuador.



receive Quichua/Western integrated health care. To our surprise, some *mestizo* people began to also seek health care at Jambihuasi.

By word of mouth, Jambihuasi gained prestige for its special character. As a result, Quichua communities started asking for the establishment of a Jambihuasi clinic in their villages. The physician, healer and dentist began visiting two more communities once a week. In both communities, like in many others, access to the Ecuadorian medical care system had been difficult until then, because of the lack of adequate infrastructure, as well as the physical and cultural distance between clinic personnel and the target patient population.

The first rural service offered by Jambihuasi was in Huairapungu, an isolated community without any basic services, located in the moorlands, about an hour and a half by car from Otavalo. There was no drinking water, electricity, telephone, school or health care services. At that time, the only road leading to this settlement was almost impassable without a jeep during the rainy season. No public transportation was available and people had to walk to Otavalo or rely on the good will of the rare drivers passing by who would take them to town in their trucks. With the help of Mr Alberto Cacuango, Jambihuasi also started giving services in Punguhuaicu, a village close to Ibarra, the capital of the province. It was another poor Quichua community lacking basic services, whose people worked as servants at *haciendas* (large estates of feudal characteristics, one of them owned by a former president of Ecuador, Galo Plaza).

#### 7.4.7 Health Officials' and Local Physicians' Reactions

The health authorities of the province of Imbabura literally woke up one morning to see that the opening of Jambihuasi was a reality. They were intrigued by this health center; the first Quichua health institution in town. They kept an eye on it out of curiosity, but never intervened in its operation. Somehow, Jambihuasi earned their respect. Three reasons probably account for this: (i) because they had not been asked to contribute funds to its establishment; (ii) the director was a Western trained Quichua physician; and (iii) because they had not been consulted at any time during the process that led to its implementation. They felt they had no right to intervene. Also, they knew, vaguely, that there had been some discussions held between the Jambihuasi team and their superiors at the Ministry of Health in Quito. They also may have realized that their system did not extend services to the Quichua people and felt that Jambihuasi would take a burden off their shoulders. *Mestizo* physicians, on the other hand, were amazed by the creation of this new, modern looking clinic. They did not react to the fact that the people who were occupying a central position in the clinic were the traditional healers – the same people whom they generally considered to be charlatans or fringe doctors, the same people whom they viewed as a threat to public health. The *Mestizo* doctors simply remained attentive to its development from afar.

#### 7.4.8 The Political Turbulence

After two years of functioning, Jambihuasi triggered the interest of some leaders of *Inrujtá-Fici*; a Quichua peasants leftist political organization with which Jambihuasi had been

collaborating. A faction of them tried to take control of the health center. Although they were peasants with no training in health matters, they claimed to be capable of managing the center, and even to perform medical procedures. They began campaigning in the surrounding Quichua communities, with the argument that the center was the property of the true poor Quichua peasants, and convinced a number of people that they should take over Jambihuasi by any means necessary. Other communities, like Punguhuaicu and Huairapungu, who had hosted the rural Jambihuasi branches, remained loyal to Jambihuasi's leadership. To avoid imminent and possibly violent confrontation between Quichua communities, Dr Incayawar decided to officially hand over Jambihuasi to *Inrujta-Fici* in a public ceremony presided over by a lawyer.<sup>4</sup>

## 7.5 GOING FURTHER: THE FOUNDATION OF RUNAJAMBI

The experience of Jambihuasi proved to be a valuable but limited project. We realized at this point that confronted by the needs of millions of Quichuas in the country, working on a one-to-one basis with patients was rewarding, but frustratingly limited at the same time. Something had to be done to bring improvements in health status at the population level. The main idea that emerged in those days was to develop a research program on Quichua health that could be beneficial and have a far reaching impact in the long run. The idea of creating a research institute on Quichua culture and health gained solidity. It culminated in the creation, in 1990, of Runajambi (literally: Medicine of the Quichua people) Institute for the Study of Quichua Culture and Health.

### 7.5.1 The Mission of the Runajambi Institute

Runajambi was created to contribute to the development of Quichua society in general, and to the improvement of Quichua health in particular. The main idea is to promote excellence in health research related to the study of the Quichuas' health and medicine, that could be of practical and direct benefit to the patients and the Quichua communities in which they lived. Runajambi is interested in studies that can contribute to a better understanding of Quichua medicine, health status and the relationship between Quichua culture and health. Its goal is to identify priority areas of study that address physical and mental health problems of the Quichuas. Also, it strongly encourages multidisciplinary studies that explore the influence of culture and social forces in health, disease and treatment responses. It has a particular interest in the potential of collaboration between traditional healers and Western trained doctors to deliver culturally-adapted medical and psychiatric services. The scientific inquiry of the efficacy of Quichua medicine treatments and the validity/reliability of Quichua diagnostic methods are other topics of scientific interest and study.

One task of Runajambi is to assist in the design and development of primary prevention programs targeting the physical and mental health needs of the Quichuas and other First Nations of the Andes. It also participates in the development of culturally-sensitive and culturally-adapted health care programs. Runajambi provides the necessary medical and technical assistance to the First Nations communities and organizations in their search for practical solutions to their health problems and promotes the First Nations' control over

their own health service programs. Finally, it disseminates the results of research and experiences gained from working with the First Nations of the Andes and other regions of the world.

### 7.5.2 The Achievements

Until now, Runajambi has carried out studies related to Quichua psychiatry, mental health, cross-cultural doctor-patient relationship and also examined themes in other areas of Quichua culture such as language acquisition and maintenance. Runajambi is also interested in developing collaborative research with other indigenous nations. In this perspective, it has carried out two studies in California: one on healing practices among Native Americans of the region and another about traditional knowledge of Medicinal Plants of the Tongva People ([www.runajambi.org/tongva](http://www.runajambi.org/tongva)) (Figure 7.4).

With the aim of bringing awareness on Quichua and indigenous health related themes, Runajambi participated in several symposia on health and culture organized by indigenous



**Figure 7.4** Dr Mario Incayawar and Mr José Manuel Córdova, *yachactaita* (Quichua healer) conducting a research on *llaqui* (depression-anxiety) together.

health organizations in the USA as well as in international congresses. It has also organized conferences on subjects such as: Healer-Physician *Collaborations in the Americas: The Indigenous Peoples' Experience* that was held at the Claremont Colleges, California, in April 2004. This meeting brought together Amerindian researchers and interested faculty and students. It provided the most up-to-date exposure to innovative interdisciplinary research and initiatives on healer-physician collaboration in the Americas. It focused on the achievements of the indigenous and Western medical systems collaborative endeavors for the improvement of physical and mental health of the indigenous peoples of the Americas. Moreover, keeping in mind the importance of encouraging collaboration between Western trained psychiatrists and traditional healers, in May 2005 Runajambi was the host and organizer of the international conference of the Transcultural Psychiatric Section of the World Psychiatric Association, held in Quito, Ecuador. Transcultural psychiatrists of all continents met to discuss the theme of the unexpected partnership of psychiatrists and traditional healers in countries around the world. They also had the opportunity to observe treatment performed by *yachactaitas* (Quichua traditional healers). That meeting was the foundation upon which the present book has been built.

## CONCLUSION

Since the founding of Jambihuasi in the 1980s, not much has changed regarding the mental and physical health services offered by the Ministry of Health to Quichua people in Ecuador. More than a quarter of a century after the graduation of the first two Quichua physicians in the country, only three more have been trained in Western medicine. There are now five physicians, and there is only one psychiatrist among them. There have been no governmental measures taken to support young Quichuas to study medicine. The vast majority of Quichua people continue to rely mainly on the care offered by their trusted traditional healers. Since there are no public mental health services available in indigenous communities, the Quichuas continue to consult *yachactaitas* for treatment. In this context, the recognition of the *yachactaitas* and their integration in a culturally-sensitive health care system is important to improve the health status of the Quichua population.

The case of Jambihuasi and Runajambi, presented in this chapter, constitute an innovative indigenous health care model to help overcome the physical and mental health care neglect among Amerindian communities in Latin America. In poor countries where resources are scarce and indigenous people suffer discrimination and neglect, the promotion of collaboration between traditional healers and psychiatrists could be a valuable part of the solution to the health problems that plague this vulnerable population.

## NOTES

1. Quichua cultural practices of acknowledgment and recognition call for citing people's and place's names. This is in part a reaction to centuries of anonymity and marginalization of Quichuas in Ecuadorian society, as well as in the scientific arena. In this chapter, we will follow the Quichua cultural practices and thus names of people and place will be cited.
2. Contrary to what has been reported in previous publications (Droz, 1997; Hinrichsen, 1999; Mignone *et al.*, 2007), Jambihuasi was created in 1984 by Dr Mario Incayawar (aka Dr Mario G. Maldonado)

3. Still, today, many Quichuas share this opinion and are reluctant to go to the hospitals. They say they would rather die at home than go to a hospital.
4. Amazingly, the integration of Maori's healing practice and Western medicine services (see Dr Mason Durie's chapter in this book) was beginning on the other side of the world almost at the same time that we created Jambihuasi in Otavalo. Fortunately for them, they received more support in New Zealand.

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