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Exploring the Intersection Between Folk and Conventional Medicine in Albany, Kentucky

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EXPLORING THE INTERSECTION BETWEEN FOLK AND CONVENTIONAL
MEDICINE IN ALBANY, KENTUCKY

A Capstone Experience/Thesis Project

Presented in Partial Fulfillment of the Requirements for

the Degree Bachelor of Arts with

Honors College Graduate Distinction at Western Kentucky University

By

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2015

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ABSTRACT

Approximately 60% of patients surveyed (in Albany, KY) practice folk medicine, which suggests that a significant segment of the population may practice folk medicine. Patients typically use folk medical treatments concurrently with conventional medical treatments; while the interaction of these treatments is generally innocuous or positive, folk medical treatments can sometimes be harmful, lead to negative interactions with other drugs prescribed by a conventional medical professional. Since folk medicine and conventional medicine frequently interact, it is important for medical professionals to be aware of and address folk medical practices in a conventional medical environment. In order to better address folk medical practices in a conventional medical environment, doctors should establish a good rapport with patients, undergo education and sensitivity training regarding folk medicine, and include questions about a patient's use of folk medicine into the initial doctor/patient discussion. If these steps are taken, patients will feel as though their cultures/beliefs are respected, and doctors will be able to both prevent negative consequences regarding the use of folk medicine, and allow patients to benefit from effective folk medical practices.

Keywords: Folk Medicine, Conventional Medicine, Vernacular Medicine, Folk Studies, Anthropology, Health

Dedicated to mom
thank you for everything

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CHAPTER 1

INTRODUCTION

This thesis project seeks to examine the intersection of folk and conventional medicine in my hometown, Albany, Kentucky. This thesis has 3 goals: 1) to determine the prevalence of folk medicine in Albany, KY, 2) to determine doctors' perspectives of folk medicine, and 3) to determine the best method of balancing the relationship between folk and conventional medicine.

I became interested in this topic through my exposure to the medical community in Albany. My mother, Dr. Tammy Brown, is a general physician in Albany. She would occasionally tell me about interesting treatments or cures that her patients use to treat themselves. When I learned more about the importance of folk belief and respecting folk beliefs in my Folk Studies and Anthropology classes, I started to think of these stories differently. I began to consider how medical professionals address folk belief in a medical context, and whether or not they are able to treat practitioners of folk medicine while still respecting their beliefs. Respect is an important aspect of medical professional/patient relationships, and a patient will be more receptive to medical treatments and comfortable with his/her physician if the patient feels like the medical professional respects his/her beliefs. Because mutual respect is such a vital part of medical professional/patient relationships, I decided to explore how to increase and

strengthen this respect in relation to a patient's adherence to folk belief.

For the purposes of this project, "folk" medicine will be used to refer to any medical belief/practice that has not been prescribed or promoted by the conventional medical community. Knowledge of these folk practices is generally transmitted via word-of-mouth, through friends, family, or social media sites like Facebook. Folk medical practices can include: the use of household items to treat common illnesses or conditions (i.e. lice, the common cold), the use of certain foods/plants to cure illnesses or for preventative care, or other forms of complementary/alternative medicine (i.e. acupuncture, homeopathy, chiropractic services, mind-body interventions, etc.). "Conventional" medicine will refer to any medical practice commonly used by those within the conventional/mainstream medical community. "Conventional" medical treatments are prescribed by medical professionals, and were either learned in medical school or were proposed by medical journals. According to Anthony Cavender in *Folk Medicine in Southern Appalachia*, "'folk medicine' refers to vernacular knowledge about the cause, prevention, and treatment of illness used by a particular social group" (32). According to Erika Brady's entry, "Folk Medicine," from *Science & Medicine: The New Encyclopedia of Southern Culture*, the difference between folk and conventional medicine are determined by the authority recommending the particular treatment:

Whereas formal medical practices derives its authority institutionally in the form of official regulation and credentialing, folk medicine relies on an authority that is typically relational in origin: the familiar practices and beliefs of a group both in the present and extending back through time. This relational authority is especially persuasive when it takes the form of testimony from trusted individuals in the family or community, who not only administer traditional treatments but also bear witness to their efficacy based on their own experience (76).

According to Brady in the “Introduction” to *Healing Logics: Culture and Medicine in Modern Health Belief Systems*, the key to determining the difference between folk and conventional medicine is differentiating between institutional and relational authority. While institutional authority is strictly attributed to members of the medical community, relational authority is more difficult to define. Relational authority refers to “the credibility of those individuals and resources whose accountability lies not with a remote institutional affiliation, but exists within the community” (Brady 7). Brady further explained that relational authority may include the current folk medical practices of a group (“everyone does it”), or may refer to practices that were popular in the past (“we have always done it”) (7). The method of distributing information is also important in terms of distinguishing between folk and conventional medicine. In “Understanding Folk Medicine,” Bonnie B. O’Connor and David J. Hufford discuss the difference between folk and conventional medicine in terms of distribution of information:

Folk medicine, by contrast, generally relies more heavily on oral than printed transmission; is passed on more by observation and apprenticeship than by collective instruction in institutional settings; does not follow specific curricular formulations; does not seek or generate formal licensure or legal sanctions; does not give rise to professional publications or practitioner associations, or establish ties with external payers; and functions without internal or external requirements of standardization (16-17).

While the distribution of conventional medicine is characterized by formal, standardized methods of sharing knowledge (medical journals, institutional setting), folk medicine is characterized by being less formal and non-standardized.

Throughout my research, I noticed that folk medicine is also frequently referred to as “vernacular medicine,” or “homeopathic medicine,” while conventional medicine is referred to as “biomedicine” or “allopathic medicine.” According to the National Center

for Complementary and Alternative Medicine, homeopathy is the idea that “‘like cures like’—the notion that a disease can be cured by a substance that produces similar symptoms in healthy people; and ‘law of minimum dose’—the notion that the *lower* the dose of the medication, the *greater* its effectiveness” (“Homeopathy – An Introduction”). While homeopathy includes all alternative means of treating illness and disease, allopathy is more strictly defined. In “Health and Healing: Spiritual, Pharmaceutical, and Mechanical Medicine,” Richard A. Hutch defines allopathic medicine:

The word, “allopathic,” comes from classical Greek. *Allos* means “other,” or that which denotes one of a group constituting a structural unit, or a “part” of some greater “whole.” Modern medicine is premised on the efficacy of the scientific investigation of illness. It aims at the alleviation and elimination of the symptoms of known and classifiable medical conditions, possible conditions that are assumed to pertain to all people in all times and in all places. A symptom represents a part of the greater whole of the overall well-being of the individual; an *allos* or “other” and getting rid of it becomes the focus of modern medical practice. While allopathy addresses symptoms and intervenes to reverse illness, it simultaneously side-steps the greater whole of health as also a spiritual consideration and the specific nature of the individual human being who is sick (956).

As referenced in Hutch’s definition, homeopathic medicine believes in treating the “whole person,” while allopathic medicine focuses on finding a cure for the cause of the particular disease. Homeopaths generally believe that spiritual or mental issues are the causes for physical illness, and as a result homeopaths try to consider the “whole person” and find a cure for the person’s particular disease. Allopathic medicine places more value on scientifically provable methods of curing illness. In *Healing Logics: Culture and Medicine in Modern Health Belief Systems*, Brady states, “the predominance of allopathic medicine in this country is relatively recent” (5). Brady states that allopathic medicine has been awarded an unimpeachable place in American culture; she said, “the

predominance of allopathic medicine has been so pronounced as to suggest an almost Olympian extracultural inevitability: it has achieved a superorganic mystique, as though it exists outside the social, cultural, and historic contingencies that shape other aspects of custom and practice – a kind of secular religion” (4-5). Although some homeopathic treatments may be as effective as allopathic treatments, allopathic treatments are automatically granted a greater amount of respect and trust.

It is important to note that folk medicine is not only used by poor, rural Southerners. In *Folk Medicine in Southern Appalachia*, Cavender states, “folk medical beliefs and practices are not confined to Southern Appalachia’s poor, uneducated class” (183). Folk medicine is used cross-culturally, and across all socioeconomic levels. According to Brady in the “Introduction” of *Healing Logics: Culture and Medicine in Modern Health Belief Systems*, “few people, medical professionals included, self-treat illness exclusively within strict biomedical protocols” (4). In other words, almost all of us have used, are currently using, or will use folk medicine throughout our lifetimes.

Some doctors might be hesitant to agree that many of their patients practice folk medicine, but according to a recent Pew Research Center poll titled “The Social Life of Health Information,” many patients seek medical information from friends or family members. Since folk medicine is essentially a medical belief system distributed via person-to-person interaction, most people who practice folk medicine are introduced to practices/beliefs by friends or family members - people who they trust and respect. When the Pew Research Center asked, “now thinking about all the sources you turn to when you need information or assistance in dealing with health or medical issues, please tell me if you use any of the following sources...” 86% of all adults ask a health professional,

such as a doctor; 68% of all adults ask a friend or family member; and 57% of all adults use the internet (Fox, “The Social Life of Health Information”). Since only a small percentage of the general public has received a conventional medical education (degree in biology/chemistry, medical school, etc.), we can reasonably infer that most of this medical advice is not based upon an in-depth knowledge and understanding of conventional medicine. The information passed between these individuals is, therefore, a form of folk knowledge, and any practice recommended in these interactions could be considered a form of folk medicine.

Although complementary and alternative medicine is occasionally addressed throughout this project, it was (for the most part) intentionally excluded from the project. Complementary and alternative medicine is a subset of medical practices that are not considered part of conventional medicine. Complementary and alternative medicine includes acupuncture, naturopathy, homeopathy, hypnosis, reiki, meditation, electromagnetic therapy, herbal medicine, qigong, body movement therapies, yoga, tai chi, chiropractic medicine, etc. While complementary and alternative medical treatments are separate from conventional medicine, they are not treatments/practices that are prevalent in Albany. Some residents of the county may use chiropractic services or may seek to improve their physical and spiritual health by practicing yoga or other meditative techniques (a yoga class is offered at the local gym), but the vast majority of the population do not practice any form of complementary or alternative medicine. Residents of Albany may utilize more types of complementary and alternative if they could, but many of these medical services, such as acupuncture, are simply not available in the area.

For the purpose of clarity and narrowing the scope of the project, I decided to exclude a section of the thesis related to complementary and alternative medicine.

It is important to distinguish between folk and complementary/alternative medicine (CAM). In *Healing Traditions: Alternative Medicine and the Health Professions*, Bonnie O'Connor differentiates between folk medicine and contemporary, alternative, or New Age health practices, which can frequently be confused with each other. O'Connor explains that the most important difference between folk and CAM is folk medicine's history of tradition. While some complementary/alternative medicine practices have deep historical roots (like acupuncture), many do not. The persistence of many folk treatments through time implies that they are competent and at least marginally effective. Because many CAM treatments are newer, they have not proven that they can withstand the test of time (23).

Thesis

Despite the continuous advancements in medical technology, folk medicine continues to be used throughout the United States, transcending socioeconomic status and geographical location. Approximately 60% of patients surveyed (in Albany, KY) practice folk medicine, which suggests that a significant segment of the population may practice folk medicine. Patients typically use folk medical treatments concurrently with conventional medical treatments; while the interaction of these treatments is generally innocuous or positive, folk medical treatments can sometimes be harmful, or herbs and supplements prescribed by folk medical practitioners may lead to negative interactions with other drugs prescribed by a conventional medical professional. Since folk medicine and conventional medicine frequently interact, it is important for medical professionals to

be aware of and address folk medical practices in a conventional medical environment. In order to better address folk medical practices in a conventional medical environment, doctors should first establish a good rapport with patients, building a high level of trust and respect between doctors and patients. Doctors should also undergo education and sensitivity training regarding folk medicine, and include questions about a patient's use of folk medicine into the initial doctor/patient discussion. If doctors incorporate discussions of folk medical treatments into office visits instead of ignoring them, patients will feel as though their cultures/beliefs are respected, and doctors will be able to both prevent negative consequences regarding the use of folk medicine, and allow patients to benefit from effective folk medical practices (even if the efficacy of the treatments exists due to the activation of the placebo effect).

CHAPTER 2

RESEARCH METHODS

The research methods that I used for this project were primarily qualitative. Most of the information that I gathered about the use of folk medicine in Albany was gathered through interviewing doctors, nurses, and other members of the medical community. I also gathered information through informal conversations and with various members of the medical community, and members of the general community as well. Much of the basic information that I learned about medical professional/patient interaction as well as the general structure of the medical community in Albany was gathered through observation conducted at Clinton County Hospital, Clinton Family Medical Center, and Clinton County Care and Rehabilitation Center. I incorporated quantitative data in the form of a survey administered to patients of Clinton Family Medical Center that measured the type of folk medical treatments patients in Albany typically use, the patients' use of the internet to research conditions, medications, and treatments, as well as how often patients discuss folk medical treatments with their doctors. I also referenced a variety of scholarly research on this subject, using research from both folklorists/anthropologists and medical professionals.

I interviewed a total of 13 people for this project. I attempted to primarily interview doctors and nurses because they are the individuals who work most closely with patients. During the interviews, I asked about the individual's profession, the reason

that he/she chose to enter the medical field, the individual's experience with folk medicine and knowledge of folk medical practices in the area, and how the individual addresses folk medicine in a conventional medical environment. The interviews were semi-structured, and I allowed the interviews to evolve naturally, depending on the extent of the individual's experience with and knowledge of folk medicine.

During the Spring 2014 semester, I took Anthropology 399: Field Methods in Ethnography. The culminating activity for the class was a research project about a particular group or subculture. I chose to do my project about the medical community in Albany. In order to learn more about the medical community, I conducted eleven interviews with medical personnel in the county. I interviewed one physician, two RNs (registered nurses), two LPNs (licensed practical nurses) one EMT (emergency medical technician) and one CNA (certified nursing assistant). One registered nurse is currently employed at Albany Elementary School as a school nurse, and the other is working in a management position at Clinton County Hospital. The two LPNs are employed at Clinton Family Medical Center. Throughout the interviews conducted for ANTH 399, I asked interviewees about their basic educational background, reasons for going into the medical field and specific profession, and the favorite and most challenging aspects of their chosen profession. During the interviews, I also asked interviewees whether or not they had encountered folk medicine in their patients, and how they address (or how they would address) folk medicine in a conventional medical context. While most of these interviews provided essential contextual information, some of the interviews were incorporated into the thesis.

The ANTH 399 project gave me valuable insight into the medical profession and

the medical community in Albany. Most medical professionals whom I interviewed are passionate about helping patients and working with people. The medical community in Albany is small, and the members of the community frequently interact with each other. I also learned that many medical professionals do not have much experience interacting with practitioners of folk medicine. They were not able to detail many examples of folk medical practices that are prominent amongst patients. Many of them were also unsure of how they would address folk medical practices in a conventional medical context.

Throughout my fieldwork, I also spent a significant amount of time observing the interaction between medical professionals and patients. The majority of this observation was conducted at Clinton Family Medical Center. I completed additional observation at Clinton County Care and Rehabilitation Center and Clinton County Hospital. During a typical observation, I would shadow Dr. Brown or the nurses at Clinton Family Medical Center while they were meeting with patients. I would also spend time observing patients in the waiting room or observing the activity in the CFMC office. The observation helped me better understand the interaction between medical professionals and patients, and what to expect during a typical visit to the doctor's office. The observation that I completed also helped me to understand the general medical community in Albany. Observation is also essential in order to properly contextualize topics discussed during interviews. I also conducted secondary research by studying research in peer-reviewed journals, consulting books about folk medicine, and researching various websites related to folk medicine and folk belief.

In order to gather more quantitative information about the type of folk medical practices that are common in the community, as well as how often members of the

community use the internet or talk to their doctors about different folk treatments, I created a short three-question survey:

1. Do you use any cures, home remedies, poultices, or any other medical treatments that you learned about from family/friends, but were not recommended by your doctor? If yes, describe these treatments.
2. How often do you use the internet to learn more about medical issues that you have, or to look for possible treatments?
3. Have you ever asked your doctor about any of these treatments? If yes, what did he/she say?

The survey was offered to patients as voluntary, and anonymous, and was distributed to patients at Dr. Tammy Brown's office. (The survey is included in its entirety in Appendix A.) Copies of the survey were available in each individual patient room, and nurses gave patients the option of completing the surveys while they waited to be seen by their physician. A total of 103 individuals completed the survey over a period of one month. The questions were open-ended, and the responses were of varying length and development. In order to organize and analyze the responses to the survey, I compiled a list of the various types of folk medical practices that are commonly used in the area, as well as how often patients use the internet or talk about folk medical practices/treatments with their doctor. I utilized the list during my interviews with Drs. Brown, Cummings, and Catron, and asked them to provide insight on the type of folk medical practices that are commonly used in the community.

One possible flaw of the survey is that it was only administered to individuals who regularly visited the doctor's office. Because of this, the survey automatically favors individuals who trust and regularly utilize conventional medical care. It is possible that individuals who are most likely to use folk medical practices to treat minor illnesses and

conditions would only visit the doctor's office in the event of a serious medical condition or medical emergency. It is also possible that an entire segment of Albany's population never visit the doctor, and is entirely reliant on folk remedies/cures to treat any illness they might have. Additionally, because the survey was fully self-selected, the information gathered in the survey cannot be used to generalize the habits/opinions of Albany residents in general, or even those who do visit medical professionals.

It is also important to note that this project was made possible due to my proximity to Dr. Brown and other members of the medical community in Albany. Many of the doctors and nurses interviewed for this project felt more willing or obligated to help me because they work closely with my mother, Dr. Tammy Brown. This proximity affected my research because it gave me unique access to the doctors and nurses that I interviewed. The individuals that I interviewed may have felt as though they could be more open with me because they were already familiar with me, but some of them may have also embellished information because they felt obligated to give me something useful.

CHAPTER 3

PREVALENCE OF FOLK MEDICINE IN ALBANY, KY

Common Types of Folk Medicine

Based on my own observation, interviews conducted with medical professionals, and information gathered through an anonymous survey, I have learned that the use of folk medicine is common in Albany. Folk medicine is generally used for illnesses or conditions that are not serious or life-threatening. The majority of folk treatments/cures that I encountered were for things like the common cold, sore throats, minor wounds or abrasions, and other conditions like lice. Patients seem to treat basic illnesses or conditions with folk medicine, and seek conventional medical treatment for more serious conditions. Many of the treatments reported in the survey were confirmed to be effective or useful during interviews with medical professionals. Most homemade cough syrups, for example, are certainly effective in treating the common cold or sore throat.

Based on the result of the survey, the most popular types of folk medical treatments practiced among those surveyed are practices used to treat common illnesses or conditions such as the common cold, headaches and earaches, and stomach issues. To treat a sore throat or the common cold, for example, many patients create their own forms of homemade cough syrup, which usually contains a mixture of ingredients, including honey, lemon, cinnamon, tea, vinegar, moonshine, whiskey, and peppermint. Some

patients also make poultices for congestion using onions or other ingredients such as camphor, kerosene, grease, pine rosin, and mustard.

Some of the most common folk medical treatments listed on the survey were: aloe, toothpaste, butter for burns; catnip tea for colic; homemade cough syrups for colds; placing a raw potato on boils, cuts, or wounds; treating a diaper rash with a dirt-dauber's nest; blowing smoke in the ear for earache; putting tobacco spit on bites or stings; drinking cranberry juice to cure kidney infection; using vinegar and a brown paper bag to draw out swelling on sprained ankles; and using aloe vera to treat sunburns. A full list of folk medical treatments mentioned on the survey are included in Appendix B.

According to Anthony Cavender in *Folk Medicine in Southern Appalachia*, many of the treatments used by patients are logical and rational, despite their level of effectiveness. For example, blowing smoke in the ear, a common cure for earache (and one of the most commonly listed folk medical treatments on my survey) is based on logical reasoning. Cavender states that people believe blowing smoke into the ear will cure earache "because it was generally believed that earache was caused by cold air blowing into the ears" and that "most remedies were based on contravening the cold by injecting something warm into the ear" (118).

Most folk treatments/remedies listed on the survey were created using common household items, vegetables or other common foods/ingredients, ingredients found in nature, or easily attainable herbs and substances. Household items such as toothpaste, aspirin, tobacco, Epsom salt, kerosene, castor oil, and alcohol were listed frequently on the survey. Foods and ingredients such as onions, cayenne pepper, cinnamon, honey, and vinegar were popular elements of folk treatments/remedies. Many people also listed

ingredients found in nature, such as willow bark and burdock root. Most of the other materials listed on the survey, such as goldenseal, are inexpensive and easily attainable. The materials used in the most common folk remedies/cures are all easily attainable and either free or relatively inexpensive. These ingredients are most likely chosen because of their affordability; the necessity of affordable ingredients is obvious due to the city's high poverty level. The residents of Albany utilize cheap/available ingredients to treat themselves because the community is both poor and, due to its location in rural Kentucky, isolated.

Throughout my research, I did not encounter any research or anecdotal evidence that shows that it is common for individuals to use folk medical treatments for serious or life-threatening medical conditions rather than seeking conventional medical care. It is important to note, however, that I primarily conducted interviews with medical professionals. If some people rely entirely on folk medicine, or try to self-medicate without seeking the help of conventional medicine, it is unlikely that medical professionals would be aware of their actions. In a personal interview with Linda Steele (RN), she brought up a similar point; when I asked whether or not she encounters many instances of folk medicine in a conventional medical context, she said, "I personally don't think that they're going to seek out the medical profession if they're going to do that [use folk medicine instead of conventional medicine]." Because some individuals who practice folk medicine may not seek out conventional medical treatments, my findings may omit this segment of the population in Albany.

Reasons for Choosing Folk Medicine

There are many reasons why patients may choose to treat themselves using folk medicine. In “Invisible Hospitals: Botánicas in Ethnic Health Care,” Michael Owen Jones and Patrick A. Polk list some of the many reasons why people may choose to seek alternative methods of healthcare:

Many reasons have been given for using home remedies or consulting traditional healers . . . they range from necessity (no physician available) to economics (high cost of professional medicine and lack of health insurance), psychological factors (fear of doctors and hospitals; emotional support given through personal attention by the folk healer), culture (folk-defined illnesses, belief in witchcraft, integration of health and religion or custom as the path of least resistance), dissatisfactions with biomedicine (treatment failures, no known cure, not appropriate to nature or cause of illness, communication problems, modesty and embarrassment, lengthy wait in clinic, distance and transportation difficulties), education and attitudes of parents, gender (women are more likely to learn herbal remedies), confidence in the effectiveness of traditional medicine . . . (Jones and Polk 73).

Dr. Tammy Brown suggested that some individuals might seek help or advice from close family members prior to seeking medical treatment from a medical professional. She added that, because Albany is a rural town and many families in the community are deeply rooted, Albany residents might be more likely to seek medical advice from family members:

I think because extended families are more prevalent in rural areas, that . . . we’re seeing more of that here because of that. A lot of times, you know, grandparents live next door, and a lot of people who make it through high school end up staying in their hometown, and even on their parents’ farms, so a lot of these families live very close in proximity to each other. And I think that causes them to . . . be more likely to go to grandma or a parent for advice.

In a community that values the knowledge and experience of elders, and in which the members of the community frequently live within a short drive of their older relatives, the community is more likely to utilize folk remedies and cures that were recommended

by well-respected members of their family. Dr. Brown called this “the culture in our town,” and added, “people are just handing down their . . . old wives’ tales from one generation to another and a lot of families rely more on those things than from the education that they’re getting in the school system or on the internet, or any other forms of education that they might receive.” In “Prayer: Folk Home Remedy vs. Spiritual Practice,” Linda Easom explains many reasons why rural elders may choose to practice folk medicine before seeking professional medical care:

The rural setting may be considered an environment with rich, informal, supportive resources, which can enable rural elders to believe they can manage health and illness on their own. Folk home remedies are a part of this environment, having been handed down through the family or friends from generation to generation. Individuals residing in rural areas tend to rely on these informal sources for health information such as folk home remedies. As such, professional healthcare providers may not be the first choice as a source of health- care information (148).

According to both Easom and Brown, folk remedies may be utilized by rural individuals because they live in small communities in which folk remedies have been handed down for many years.

Two factors that may lead to an increased use of folk medicine in Albany are high rates of poverty and disease; poverty and disease are closely linked. According to Michael A. Flannery in the “Effects of Poverty” section of *Science & Medicine: The New Encyclopedia of Southern Culture*, “Inordinately high rates of disease in the South are still a result of poverty levels that remain well above the 14.2 percent national average” (132). Residents of Albany (county seat of Clinton County) may be more likely to utilize folk medical cures due to the high level of poverty in the community. According to data provided by the US Census Bureau, 28% of the residents of Clinton County were living below the poverty line, which is significantly higher than the 18.6% average of the entire

state of Kentucky and the aforementioned 14.2% national average (“Clinton County, Kentucky”). Although many of the poorest members of the community are covered by Medicaid, high levels of poverty still lead to problems within the medical community in Albany. Many residents of Albany cannot afford to pay the co-pay required at each doctor’s visit, or they cannot afford certain medications or other medical treatments. This may lead them to seek alternative methods of treatment.

In addition to and because of the high level of poverty, members of the community may be more likely to utilize folk medicine because the residents of the county are plagued by higher levels of disease. The rural South is widely regarded as the unhealthiest area of the United States. According to Carole E. Hill and Kathryn Radishofski in the “Rural Health” section of *Science & Medicine: The New Encyclopedia of Southern Culture*, “scholars have identified indigence, poor diet, inadequate housing, impure water supplies, lack of public transportation, and limited medical resources as key factors in explaining the overall health status of southern rural areas” (100). Hill and Radishofski added that rural residents “remain worse off than any other population . . . rural inhabitants are more inclined to smoke and less likely to exercise and consume nutritional diets than their urban counterparts . . . obesity has also emerged as a salient health scourge in the region, as the South claimed 8 out of the 12 most overweight U.S. states in 2010” (101-102). Hill and Radishofski describe the effects of poverty, high rates of disease, and the region’s limited access to health services:

The rural southern poor . . . have been known to utilize folk medicine and share information about how to alleviate health problems . . . because of limited access to health services, a unique rural culture emerged in the region, aimed at not only explaining illness but also offering ways to heal the sick. These folkways complement the scientific medical system and do not preclude the use of medical services (102-103).

Since residents of Albany are disproportionately plagued by serious health issues (due to the aforementioned factors), they may be more likely to try to treat their less serious health issues (such as colds, minor wounds, burns, etc.) at home. This would lead to reduced medical costs as well as less time spent in a doctor's office. It may also be due to the fact that, in light of more pressing medical conditions, minor health issues are considered to be unimportant or unworthy of medical attention. The rural poor rely on folk remedies and treatments because it is easily attainable, affordable, and is part of the region's intricate healthcare system – a system that combines history and tradition with conventional medical knowledge.

Although poverty may be one reason that residents of Albany choose to utilize folk medicine, it is certainly not the only reason, and the use of folk medicine occurs across all levels of socioeconomic status. In *Folk Medicine in Southern Appalachia*, Anthony Cavender tries to discourage the idea that folk medicine is only used by the rural, uneducated Southern poor:

Unfortunately, indigent and undereducated people have been the focus of most contemporary investigations. This bias reflects a long-standing assumption, prominent in early cultural preservationist research, that only marginal populations rely on folk medicine, but it also illustrates a downward rather than upward social class orientation, long prevalent in social science research . . . future research must employ a more upward orientation and embrace the region's far more populous middle and upper classes, people who are relatively well educated. . . (183-184).

People integrate folk medical practices into their individual healthcare belief systems regardless of socioeconomic background, level of education, and geographical location. Although some people may utilize folk medicine due to economic concerns, implying that folk medicine is only used by the poor and uneducated perpetuates the

stigmatization of folk medicine and its designation as a type of health care belief that is inferior to conventional medicine.

Another suggested reason that Albany residents choose to use folk medical treatments is because they are wary of using medication or antibiotics. Dr. Brown stated that many people are becoming more cautious about taking medicine for minor illnesses because they are concerned that antibiotics are over-prescribed. Dr. Shirley Catron said, “I think we’ve done enough education to where maybe people are realizing that maybe we don’t need a medicine to fix everything. Maybe we need to look toward more natural things and, instead of putting synthetic substances in our bodies and our children’s bodies.” Out of fear of harming their bodies or developing a resistance to antibiotics, some patients may opt for a home remedy or cure that does not require prescription drugs.

Many residents of Albany are also hesitant to try certain medications due to fear that they have not been properly researched, and might potentially harm them. This is most likely due to the highly publicized nature of class action lawsuits and news stories about harmful medications. LeMegan Nader, EMT at Clinton County Emergency Medical Services, cited the prevalence of class action lawsuits as a reason for a patient’s refusal to take medication; she said, “every other commercial on TV is a lawsuit for a certain medication that caused death or cancer or pulmonary embolism . . . so I’m hesitant to take medication if it hasn’t been on the market for at least ten years . . . because I think a lot of times these pharmaceutical companies invest as little money into a medicine as possible, and it doesn’t get the research that it needs.”

Folk or Conventional Medicine?

The most difficult question regarding folk medicine is not *if* patients are using folk medicine, but *when* patients are using folk medicine. Are patients using folk medicine concurrently with conventional medicine, or is folk medicine replacing conventional medical treatments? While it is difficult to determine how often patients choose to practice folk medicine over conventional medicine, much of the research points to the idea that folk medicine is most frequently used concurrently with conventional medical treatments. According to Bonnie B. O'Connor in *Healing Traditions: Alternative Medicine and the Health Professions*, "much of the use of vernacular healing systems accompanies, rather than replaces, the use of conventional, Western medicine" (98). In "Invisible Hospitals: Botánicas in Ethnic Health Care," Michael Owen Jones and Patrick A. Polk, after reviewing literature concerning folk medical practices among Latinos and African Americans, also confirm the idea that folk medicine and conventional medicine are used simultaneously: "The authors note the extensive use of folk medicine concurrently with biomedical care – contrary to long-standing assumptions that folk medicine is limited to rural settings or has nearly died out, and that the utilization of folk medicine and biomedicine is mutually exclusive" (41). In the "Introduction" to *Healing Logics: Culture and Medicine in Modern Health Belief Systems*, Brady says, "nonconventional models for healing and wellness quietly and stubbornly coexist with the official allopathic approach, even in a hospital setting" (4).

In "Understanding Folk Medicine," Bonnie B. O'Connor and David J. Hufford discuss the situations in which individuals choose to use folk medical treatments instead of conventional medical treatments:

Most people – even those for whom a single health care system is dominant – use a wide variety of home treatment and prevention strategies

far more often than they seek the services of any kind of practitioner (as cited in Levin et al. 1976; Dean 1981). If they do consult a doctor or other healer, these self-care practices often continue in some way to be used together with newly prescribed regimens (30).

O'Connor and Hufford provide specific examples of when a patient would use folk medicine or when they would use conventional medicine:

The same person is likely to activate different health resources, or to come to them in a different order, for each particular health problem. Many people will try a folk remedy or have a folk healer treat them for warts much more readily than they will seek out a physician for the same purpose. The same individual may see a chiropractor for neck pain or chronic headaches but never for severe gastrointestinal symptoms, which are instead presented to a doctor. The services of the folk healer may be (re-)added if other treatments seem not to be working (31).

According to O'Connor and Hufford, patients will seek help from folk medical treatments/practitioners if their symptoms are less severe, but will seek conventional medical help if the symptoms are severe. Patients seem to believe that minor problems, such as warts and neck pain, can be safely treated using folk medicine, but more severe problems, such as gastrointestinal symptoms, should be treated exclusively by a conventional medical professional. The information provided by O'Connor and Hufford aligned with the information gathered on my survey; most of the folk medical treatments listed on the survey were for minor issues such as burns, cuts, and colds, while there were no folk medical treatments listed for more serious medical conditions.

Use of the Internet

The use of the internet to research possible information about medical issues, medications, and possible cures and treatments is becoming increasingly popular amongst American adults as access to technology becomes more widespread. According to a 2013 Pew Research survey, "Health and Technology in the U.S," 59% of U.S. adults have used

the internet in order to research health information in the past year. 35% of U.S. adults have used the internet “specifically to try to figure out what medical condition they or someone else might have.” The increasing affordability of smartphones leads to an even broader use of the internet. 50% of smartphone users have used their phones to look up health information, and 19% have downloaded some type of health app (Fox, “Health and Technology in the U.S.”). The results of the survey I conducted in Albany mirrored the Pew Research study. In addition to finding out about folk treatments from friends or family, approximately 60% of patients surveyed frequently access the internet in order to research information about medicines or illnesses, as well as to research possible treatments for their ailments.

By being able to access the information and learn more about medical issues on their own, patients may feel more in control of their physical wellbeing and have a greater sense of responsibility. Access to the internet and social media sites like Facebook also facilitates broader discussion of folk medical practices and treatments, and Facebook and other sites are popular venues for people to share cures or remedies that have worked for them.

Drs. Brown, Catron, and Cummings agree that the internet is usually helpful in terms of the doctor/patient relationship, patient empowerment, and the patient’s personal responsibility for his/her healthcare. Dr. Catron said, “I think it’s great, because I think that patients should be able to take some responsibility for their healthcare. I think they should be able to educate themselves on their diseases, educate themselves on their medicines, and things like that.” Dr. Cummings echoed Dr. Catron’s opinion; he said, “I think an informed patient is a better patient. And they get a lot of information from the

internet.” Dr. Brown said that patients frequently come in with good questions that they created after doing research on the internet. Most of the doctors interviewed seemed to think that while a patient usually benefits from access to medical information on the internet, some patients would probably be better served if they were unable to research medical issues because some patients are unable to critically evaluate sources. As a result, these patients attribute their symptoms to incorrect diagnoses or expect their doctors to provide a full list of a condition’s symptoms, or a medicine’s side effects.

Although the majority of scholarly sources and medical professionals that I consulted were of the opinion that patients’ use of the internet is helpful and empowering, some were concerned with a patient’s ability to accurately evaluate internet sources of health information. Health information on the internet is almost entirely unregulated and uncertified. According to Fred Charatan in “‘Buyer Beware’ Remains US Policy Towards Information on the Net,” the United States government expects American consumers to review and validate healthcare information themselves: “In the USA, freedom of speech and the responsibility of users of the internet to find and evaluate information remain the dominant norms of quality control. In other words, ‘caveat emptor’ has been and remains the American policy vis-à-vis health information on the internet” (Charatan 566). Since most people do not have formal medical education, the use of the internet and social networking sites may lead to an even more extensive spread of misinformation. Consumers are expected to be responsible for judging a website’s validity themselves, but the average consumer is frequently ill-equipped to adequately evaluate healthcare information. As a result, information posited by a website that poses as accurate or credentialed could be mistakenly considered correct/factual by a public that is generally

uneducated about health or medical issues. In “Imagined Lay People and Imagined Experts: Women’s Use of Health Information on the Internet,” Diane Goldstein refutes the many studies/scholars that argue that patients are unable to accurately assess healthcare information found online; she explains that these assumptions are based on the idea of the “imagined lay person,” instead of actual patients:

Despite the proliferation of studies warning of potential harm in lay use of internet health information, their basis remains fuzzy and leans heavily on constructions of the imagined lay person. Little exists in the way of actual qualitative studies exploring how and why women use online health information, how they assess what they find, what harm or benefits the users perceive in their search efforts, and the extent to which lay internet research is used to complement or replace other forms of medical consultation (34).

This “imagined lay person” is ignorant, uneducated, lacking analytical skills, and unquestioningly accepts information presented on the internet. Goldstein conducted interviews with various women about their use of the internet, and her research indicates that many of the women have developed their own systems of determining whether or not health information on the internet is accurate. She said, “Qualitative studies that do explore how women use medical information on the internet all indicate to some extent that lay users are conscious of issues of quality, and have developed commonsense ways of filtering material” (34). Some of these methods include assessing websites using common sense, visiting multiple sources and determining accuracy based on consistency and repetition, and attempting to determine whether or not a website is biased (34). The information presented by Goldstein indicates that the lay person - or average patient - is much more intelligent, capable, and responsible than some medical scholars and professionals assume.

According to Francis Slattery (who writes based on her experience as a General

Practitioner) in “Medicine and the Internet: A Healthy Relationship?” healthcare information on the internet is frequently reliable, but patients are prone to incorrectly assuming that their particular symptoms point to the most severe medical issue possible:

Seeking information online is not an unhealthy practice, but it can result in misunderstanding and confusion, not to mention anxiety. A significant portion of medical information on the internet is produced by universities and teaching hospitals and can be assumed to be highly reliable. However, even if the information is high quality, it is often difficult for non-medics to distinguish likely from unlikely causes for their symptoms. Many people suspect the most serious possible disease listed as the likeliest explanation, though luckily for them they are most often mistaken (Slattery 31).

Slattery added, “While cyber medicine has much to contribute to the development of how medicine is practiced, it ought not to replace the personal dimension of the traditional consultation in which the doctor provides not only a listening ear, but also words of comfort, reassurance, and hope” (32).

While most of the doctors I interviewed were of the opinion that the internet is a valuable source of information, and is generally empowering for patients, they also provided examples of when the use of the internet can be harmful. Many patients tend to self-diagnose via the internet, matching their symptoms with a particular condition; Dr. Cummings called this the “Google Diagnosis.” Dr. Brown explained the consequences of patients self-diagnosing via the internet:

Sometimes a patient may diagnose themselves before they get to the doctor, and there’s a lot of symptoms that can be [attributed to] various problems, so if a patient has already decided in their mind that they have a particular illness because of what they read about on the internet, it’s very difficult to persuade that patient that there are other things that can cause those symptoms that are much more common that need to be ruled out first.

Dr. Brown said that when patients automatically assume that their symptoms can

be attributed to the worst possible illness, it causes them to ask for expensive medical testing:

It causes them to ask for very expensive medical tests to be run, and our insurance companies are trying to steer us away from those tests, and they even deny coverage for those tests unless you have gone through the proper channels to prove that it's not a more common problem. And so that leaves the patient very anxious for ever how long it takes, sometimes three to four weeks, to take certain medicines or do a course of physical therapy, or whatever it is that insurances say we must do prior to ordering the other tests to rule out the more uncommon disease state.

Dr. Cummings agreed that a certain type of patient might jump to the worst possible conclusion when they are self-diagnosing via the internet. A patient's misinformed self-diagnosis may lead to increased stress levels in the patient, as well as wasted time and money spent investigating unlikely medical diagnoses.

Dr. Brown also stated that patients might sometimes test their doctor's knowledge of medicine based on information they gathered on the internet, which may harm the doctor/patient relationship. She said, "the internet may have information that the physician doesn't offer in that office visit, and if the patient feels like the physician didn't talk about it because they didn't know about it, then they leave concerned that their doctor is not very knowledgeable in that condition." In this sense, the incorporation of medical research on the internet may actually lead to diminished rapport between the doctor and patient because the patient feels as though the doctor is not knowledgeable or forthcoming with his/her knowledge, and the doctor feels as though he/she is being tricked.

Prayer

In addition to folk medical practices, prayer also plays a significant role in the health of Albany residents. Albany is a deeply religious community, and many people

might incorporate prayer into their individual healthcare systems without even considering it. In *Healing Logics*, Brady discusses the importance of prayer: “Most consistent of all, so deeply taken for granted that it escapes notice as a traditional health belief system, is the profound, almost universal assumption that soul and body are linked in some larger pattern of meaning that should be acknowledged, and can even be altered, by prayer” (Brady 3). Although some patients may not consider prayer to be a type of medical practice, the medical community certainly recognizes its importance. In the “Folk Medicine” entry in *Science & Medicine: The New Encyclopedia of Southern Culture*, Brady says, “The emphasis placed on the possibility of divine intervention in medical setting is evident in private domestic settings and hospitals, as well as in more public settings such as church services, gospel music programs, and healing revivals” (Brady 79).

The religious and medical communities of Albany interact frequently. According to Linda Steele, a registered nurse at Clinton County Hospital, many preachers were invited to the hospital’s annual Christmas dinner. The hospital invited them with hopes of encouraging the pastors to become more involved with patients at the hospital. She said that they were invited to “make them feel welcome to come in and visit with patients because we encourage that.” Steele said pastors are encouraged to come in and visit with patients in order to give them spiritual guidance and instill a sense of hope. It is also common for ailing members of the community to be prayed for during prayer meetings, and some churches will even anoint a person’s head with oil if he/she is seriously ill.

Prayer has been shown to positively impact an individual’s psychological health. According to “Typologies of Religiousness/Spirituality: Implications for Health and

Well-Being,” a study that measured the correlation between religiosity and health, highly religious individuals tend to have better psychological health: “the highly religious group scored highest on all measures of well-being, indicating a positive relationship between R/S (religion/spirituality) and mental health” (Park, Lee, Sun, Klemmack, Roff, and Koenig 836). In “Exploring Prayer Contexts and Health Outcomes: From the Chair to the Pew,” James Baesler and Kevin Ladd further confirm the effectiveness of prayer: “Previous research suggests that prayer can assist in: promoting health wellness, coping with chronic health problems, preventing some illnesses, alleviating some types of mental suffering, and reducing the impact of particular diseases like hypertension” (349). While the efficacy of prayer in curing physical ailments is debatable, the positive psychological effect of prayer can lead to improved physical health. It is common for individuals to experience stress and anxiety when dealing with chronic or severe health issues; stress and anxiety only exacerbate health problems, or create entirely new problems. Because prayer is effective at relieving stress and helping individuals maintain a positive/hopeful outlook, prayer could be an effective management strategy for an individual’s physical illness.

All doctors that were interviewed for this project confirmed that prayer is an essential part of their patients’ individual healthcare systems. They stated that prayer could decrease stress and increase hope, which can lead to an improvement of the patients’ physical health. Many individuals in Albany turn to their religious communities in times of sickness. Dr. Catron confirmed that, since their faith is such a central part of their identity and patients will automatically pray for guidance/help in times of physical illness, most patients would not even consider prayer to be a part of their individualized

healthcare system.

Dr. Cummings explained that prayer has been proven to be effective when included in the treatment of certain illnesses:

There are studies-significant studies-medical studies that show faith-based healing, particularly in certain diseases, is significant. Cancer treatment, for one. People who follow the medical advice, good nutrition, and have a strong faith-based community show higher rates . . . success of treatment with cancer. . . And what does that do? How does that happen? Of course, if you're a faith-based person, the power of God does it. Also, you know, the belief that that happens may release certain proteins in your body that may improve your immune system from a scientific standpoint. So is that improvement in immune system due to your feeling good about yourself? Or is it from the healing power? That's yet to be determined.

Dr. Catron said that prayer is effective at the least because it promotes positive thinking, and positive thinking can have a significant impact on a patient's physical state. She said that a person's religious affiliation or denomination are less important than the fact that they have a strong belief in *something*. She also explained what happens when a patient does not engage in positive thinking, and the negative effects of losing hope:

With Christianity, with Muslims, Hinduism, whatever. If the patient's faith is strong enough, and their belief is strong enough, then that will get them to a certain point . . . it may be just the power of positive thinking and the positive attitude. Because we've all, as physicians . . . seen people who . . . get a bad diagnosis, [and] they get depressed. And they just kind of give up . . . and they don't want to eat, they don't want to drink, and so those things just complicate the sickness that they already have.

Dr. Brown seconded the idea that prayer's promotion of positive thinking and a positive attitude are beneficial to a patient's health. She said, "[prayer] at least causes patients to have a more positive outlook on their illness or disease state, and that there are studies that show that people who have that outlook do better than people who are negative." The positive thinking mentioned by Dr. Catron and Dr. Brown can lead to decreased levels of stress and tension, which can have beneficial health effects. Maintaining a positive

attitude can be highly beneficial in dealing with or combating chronic illnesses and diseases. Dr. Brown explained that chronic illnesses could lead to higher levels of stress and anxiety because patients worry about their health, the financial aspects of illness, and the possibility of being a burden to friends and family members. This heightened level of stress and anxiety can cause a variety of health issues; Dr. Brown explains, “high stress levels cause more of a release of epinephrine and norepinephrine, and those hormones are hormones that can cause the heart to have to work harder. . . that’s why it’s harder on the patient is because they’re having to have . . . higher blood pressures, higher heart rates, and so forth.” In addition to high blood pressure and higher heart rates, Dr. Brown also added that stress might lead to other viral illnesses such as shingles or fever blisters.

Although prayer is an important element of healthcare in Clinton County, a patient’s psychological health could also be improved through alternative methods such as therapy, meditation, or exercise. Some residents of Albany undoubtedly incorporate these alternative methods into their own individual healthcare systems, but due to the highly religious (and overwhelmingly Christian) nature of Albany, it can be inferred that most patients in the community would rely most heavily on (Christian) prayer.

CHAPTER 4

INTERSECTION OF FOLK AND CONVENTIONAL MEDICINE

Efficacy

In “The Interrelationship of Scientific and Folk Medicine in the United States of America since 1850,” Bruno Gebhard states: “Folk medicine has one advantage: it has no doubt; it believes. Scientific medicine moves from truth to error to truth – it must search and re-search” (97). Gebhard’s statement makes an important distinction between truth and belief; his statement reflects the common idea that conventional (or scientific) medicine is based in truth (because conventional medical treatments have been scientifically proven using research and experiments) and is therefore superior to folk medicine, which is based on belief (treatments that are disseminated without being scientifically proven, but are simply believed to be effective). The problem with this idea is that a medical treatment does not necessarily have to be scientifically proven to be effective in order to be effective in practice. The fact that many folk remedies have been passed down for centuries may lend some insight into the effectiveness of these treatments. If an individual tried a particular folk remedy and it was effective, he/she is much more likely to share the remedy with a friend or relative. Conversely, if an individual tries a folk remedy and it is ineffective, he/she would have no reason to recommend it or try it again in the future. In “A Comparison of Traditional Folk Healing Concepts with Contemporary Healing Concepts,” Donna Wing explains that although

most folk treatments cannot be studied scientifically, many of the basic convictions of folk treatments are consistent with those of conventional medicine:

Many culture-specific healing practices are not amenable to research due, in part, to a basic distrust of outsiders and the selective nature of teaching specific healing practices. This lack of empirical data leaves some to question the legitimacy of folk healing. However, despite the apparent differences between folk healing methods and contemporary healing practices, many basic convictions of folk cultures are consistent with principles ascribed to by modern health professionals (143).

In a letter distributed by the Mayo Clinic, many home remedies were cited as being effective. The letter states that honey can be used in the treatment of minor cuts, chicken soup can help relieve cold and flu symptoms, nasal irrigation can help relieve nasal congestion, duct tape may help get rid of common warts, canker sores can be healed by dabbing milk of magnesia onto the sore, and an oatmeal bath can help soothe dry skin (4-5).

According to the doctors interviewed for this project, most of the folk treatments listed on my survey are either harmful or ineffective, but they stated that a few treatments might be actually effective. Dr. Cummings stated that some leaves/plants (such as aloe vera) could help treat burns. He added, “there are certain plants that do have medicinal treatment . . . certain plants have been even studied for anti-cancer effects, anti-inflammatory effects. So I don’t discount - you don’t ever discount the herbs. But, you know, use it wisely.” Dr. Brown explained that some homemade cough syrups could be effective. She said, “the remedies that include alcohol and peppermint, honey, lemon, are probably slightly effective. They’ll probably make the patient sleepy or drowsy, and sometimes the cough reflex decreases when you’re drowsy.” Another treatment that Dr. Brown considers effective is drinking cranberry juice for a kidney infection, which was

listed frequently on the survey, but is also typically suggested to patients in a medical context. It is important to note that even if a folk treatment may not be medically/scientifically effective, it may be effective because it activates the placebo effect.

The Placebo Effect

Many of the folk treatments practiced in Albany may not be medically or scientifically effective, but may be effective due to the placebo effect. Because of this, it may still be helpful for patients to use folk medical treatments even though they are considered medically innocuous or ineffective. For example, Dr. Cummings, Dr. Brown, and Dr. Catron explained that, even if a home remedy does not medically help the patient, the placebo effect could still lead to a patient's improved physical condition as a result of improved psychological health.

Dr. Shirley Catron stated that she has no way to scientifically evaluate folk medical treatments, and does not know if some of them are actually effective or if sometimes patients just will their bodies to heal themselves. Dr. Catron added, "because . . . a lot of these things don't have a harmful effect, then . . . it's okay to try it and see if the placebo effect takes effect and works for [the patients that want to use folk treatments]." Dr. Tammy Brown agreed with Dr. Catron's analysis, and explained that many folk treatments can be effective due to their psychological and placebo benefits; she said, "I think that there's a psychological benefit to almost all of them. Just [because of] the placebo effect and the trust that they have in . . . their family members who told them about those treatments. I think that there's a degree of expectation that it will work, and so the placebo effect is big there."

The scientific community is still struggling to explain exactly why the placebo effect is effective. According to Michael Specter in “The Power of Nothing: Could the Placebo Effect Change the Way We Think About Medicine?” “for most of human history, placebos were a fundamental tool in any physician’s armamentarium—sometimes the only tool. When there was nothing else to offer, placebos were a salve” (Specter, “The Power of Nothing”). Based on Specter’s analysis, it logically follows that a community like Albany would rely more heavily on placebo-inciting treatments in the absence of more conventional medical options. Since Albany is located in an impoverished area, and many residents have limited access to healthcare and limited medical knowledge, it is possible that they would more frequently utilize folk treatments than their urban counterparts.

If procedure and trust are essential to the activation of the placebo effect, the effectiveness of a folk medical treatment could be contingent on the way in which the treatment is administered. If a placebo drug/treatment was administered by a medical professional and the patient *believed* that the drug/treatment would improve his/her health, the patient’s health might indeed improve. This power of ritual and persuasion were echoed in Dr. Cummings’ discussion of the placebo effect. He said, “I could give you sugar and say, ‘this is a medication, and this is going to help you,’ and it will.” According to Dr. Cummings, a patient could potentially receive a psychological benefit, and (by extension) a physical improvement from a placebo medication or ritual/treatment because the person *expected* that the treatment was going to work. Although folk treatments are not conventionally prescribed placebo treatments, they might be similarly effective when administered by a trusted/respected friend or family member. In “The

Power of Nothing,” Specter quotes Dr. Ted Kaptchuk, Professor of Medicine at Harvard Medical School, whose focus is on the placebo effect. Dr. Kaptchuk uses treatments like acupuncture to initiate the placebo effect. The article states, “Despite the popularity of acupuncture, clinical studies continually fail to demonstrate its effectiveness – a fact that Kaptchuk doesn’t dispute.” When asked why he relies so heavily on treatments (such as acupuncture) that he cannot prove are effective, Dr. Kaptchuk said, “Because I am a damn good healer . . . That is the difficult truth. If you needed help and you came to me, you would get better. Thousands of people have. Because, in the end, it isn’t really about the needles. It’s about the man” (Specter, “The Power of Nothing”).

Harmful Consequences

Although some medical professionals are supportive of or indifferent towards the use of folk medicine, others fear that folk medicine can be harmful. In *Folk Medicine in Southern Appalachia*, Anthony Cavender lists the reasons that medical professionals are concerned about folk medicine:

Some providers fear that Southern Appalachians believe more in the efficacy of folk medicine than in official medicine, and that by the time these misinformed individuals eventually present their illnesses to providers, there may be nothing that can be done to help them. Aside from the dangers of medical self-care, many providers are concerned about the population’s reliance on folk healers who do far more harm than good. Finally, providers are aware of how some folk medical beliefs cause unnecessary fear and anxiety among clients (175).

Based on my own experience, the concerns listed by Cavender are accurate; the doctors/nurses that I interviewed listed similar concerns about folk medical treatment.

Most doctors/nurses that I interviewed stated that folk medical practices are usually ineffective and innocuous, but acknowledged that there are certainly instances in which the use of folk medicine can be harmful. Dr. Shirley Catron recounted an instance

in which a patient's child was struggling with acid reflux after drinking formula; the patient's family convinced her to take her child off of formula and to instead use goat's milk. Dr. Catron stated that while formula is iron-fortified, goat's milk is not; if a child did not get the necessary levels of iron in his/her diet, the child could become anemic, and could potentially require a blood transfusion. Dr. Michael Cummings recounted a situation in which a doctor he used to work with was called in to help with a home delivery, and the family was trying to "smoke" the baby out. The family was using wood smoke to "smoke" the baby out of the womb, which could lead to problems with infantile smoke inhalation and serious burns to both the mother and child.

Some patients use harmful chemicals on their skin in order to kill bacteria, slow infection, or even as a cure for lice. Teresa Tallent, a registered nurse at Albany Elementary School, recounted a situation in which a parent attempted to cure his child's lice by spraying the child with Black Flag insecticide. The insecticide is a harmful means of treatment for lice because it could harm the child's skin, nose, throat, or eyes. Dr. Tammy Brown stated that she frequently encounters the use of diesel, kerosene, and bleach because patients think that it will kill bacteria. She said, "I think that people feel like it kills bacteria. I think that's why they do it. [But] it's more than being bactericidal, it's an irritant to the skin, and so it actually harms the skin. But I think that the thought behind that is it's probably killing the bacteria." Dr. Brown later added that the use of chemicals is usually harmful "because they . . . involve some type of wound care that can't be sterile, and would actually promote infection." While a patient might decide to use bleach because it acts as a drying agent, the patient may forget that bleach is also an irritant to the skin, and it could potentially exacerbate his/her condition. Similarly, if a

patient uses kerosene or diesel in an attempt to kill bacteria, it could lead to further infection because these chemicals are not necessarily sterile.

Many patients also attempt to heal themselves using herbs or supplements, which could negatively interact with medication. The two main problems with patient use of herbs and supplements is that many patients are unaware of negative interactions with other medications, and that most folk treatment recommendations do not provide instructions on when to take these substances, or how much of these substances patients should take. According to Anthony Cavender in *Folk Medicine in Southern Appalachia*, “a regrettable aspect of most folk medicine sources is that they provide scant information on dosage amount and intake regimen” (66). If patients do not know how much or how often to take herbs/supplements, they might accidentally take too much. Dr. Catron explained that patients could become toxic after taking too many Vitamin A supplements. She said, “a lot of patients think in their mind, ‘okay, it’s all natural, it’s not going to hurt me,’ which is not at all the case. And a lot of people don’t understand that they can get toxic on the fat-soluble vitamins, and so they’ll take an extra Vitamin A when they don’t need it, and they can get toxic on that.” She also explained that if patients are using ginkgo biloba (an herb used to treat conditions such as high blood pressure, Alzheimer’s disease, dementia, and tinnitus), it could interfere with Warfarin (used to treat blood clots), and lead to an issue with thin blood. Dr. Brown explained that seemingly innocuous foods like grapefruit could cause harmful interaction with some heart medications. Dr. Cummings recounted a near-fatal situation in which a child’s family replaced his seizure medication with herbs that they received from an Amish herb doctor:

One of the problems that we have in this area is that we have an herb doctor, an Amish herb doctor, down in Celina, Tennessee who . . . I’m

sure he in his field is very good, but sometimes he oversteps his boundaries of treatment. I had a young child who had a complex seizure disorder, and was taking several seizure medications, but the seizure medications caused some side effects and symptoms and the family actually took the child down to Celina. He took [him] off the seizure medication and put him on nine different herbs to control the seizures. Well, within just 48 hours, the child started having seizures. Matter of fact, [he] had a significant amount of seizures, what we call status epilepticus, which is a continuous seizure. We could not get those seizures under control. We had to fly the child from Clinton County Hospital to UK. The child had to actually be put on a ventilator and sedated, and then put back on the medication.

During interviews with Drs. Brown, Cummings, and Catron, there was a consistent theme of lack of education and a prevalence of misinformation. Many patients seek out folk or herbal remedies because they seem more “natural” or “pure,” but these treatments can be just as harmful as any other type of medication.

While many of the folk medical treatments that patients frequently use are not explicitly harmful, they may be harmful because they are preventing the patient from seeking further medical treatment. Some folk medical treatments may give patients the illusion that they are proactively treating their medical conditions, when in reality they are exacerbating their condition by postponing treatment. Dr. Brown said that many of the folk treatments patients use are harmful because they are “keeping them from getting the care that they need earlier. Sometimes they actually get sicker, you know, because they’ve been trying those things at home for too long before they come in.” She cited a particular situation involving the use of honey in coffee to treat cholesterol problems; she said, “I think the cure for cholesterol problems with a spoonful of honey in coffee is not harmful, it’s not helpful, it may be of some harm if the patient thinks that they’re helping themselves when they’re allowing their cholesterol to remain the same.” Dr. Cummings agreed that these practices could be harmful if they “delay treatment.” Because many

medical conditions worsen over time if not treated, it is essential that patients receive proper medical care early in order to prevent a worsening of symptoms or further complications from their medical condition; for this reason, it is important that doctors establish a good enough rapport with patients so that the patients will tell them when they are treating a medical condition at home.

CHAPTER 5

IMPROVING DOCTOR/PATIENT INTERACTION

Addressing Folk Medicine in a Conventional Medical Environment:

Recommendations

Although folk medicine has coexisted with conventional medicine since its rise to prominence, medical professionals are only recently beginning to pay adequate attention to folk medicine. In the “Introduction” to *American Folk Medicine: A Symposium*, Wayland Hand explained folk medicine’s emergence as a topic of interest amongst medical professionals:

Sociologists and workers in the field of public health, cognizant of the persistence of folk medicine, have studied it as part of the social process and have laid the ground work, at last, for further studies in acculturation. Hospitals and other public institutions engaged in the delivery of health services have slowly tried to understand the many problems with which they are daily confronted by the reluctance of patients to put full trust in scientific medicine. Even medical schools, the last bastions of medical orthodoxy, are now increasingly taking ethnic, social, and cultural diversity into account as a necessary part of the training every doctor should receive. This is particularly the case if he is to practice medicine in rural areas or in the teeming inner city with its polyglot culture. Medical anthropologists and even faith healers are to be found in growing numbers in the modern medical establishment, if only in adjunct capacities. All of these developments have underscored the need for a broader view of the scope of folk medicine and the wit to deal with it in an enlightened medical policy (2).

In the “Introduction” to *Healing Logics: Culture and Medicine in Modern Health Belief Systems*, Brady states that she observed a similar willingness among medical professionals to learn about and understand folk medical belief:

What was unusual and new in my experience was the responsiveness of the staff to the possibilities of an ethnographic approach to patient and family issues my training offered, and their interest in learning more about making sense of the practices and beliefs observed – not necessarily to suppress them, but, like folklorists and anthropologists, to understand them well enough from the patient’s standpoint to grasp their persuasive power. Their interest reflected a much larger trend in contemporary medicine: the incomplete but growing recognition that the four-hundred-year-old enterprise to institutionalize medicine and place health care on the fully secular, professional, and scientific footing can never – and perhaps should never – entirely succeed (4).

Medical professionals finally recognize the importance of folk medicine, and seek to learn more about it – even if only to harness its “persuasive power.” Since the use of folk medical treatments has quietly coexisted with conventional medical treatments throughout the history of allopathic medicine, regardless of technological advancements, one can safely say that the use of folk medicine will never fade entirely from our cultural consciousness. In fact, based on the results of the survey, the use of folk medicine is still incredibly popular in Albany. Approximately 60% of patients surveyed have practiced some form of folk medicine. This is a significant percentage of a doctor’s clientele, and it is an area that requires more attention. In “Folklore Studies Applied to Health,” David J. Hufford explains the steps physicians should take in order to better address folk medicine in a conventional medical environment:

Physicians need to know what kinds of health practices people use, who uses which ones, how they are believed to operate, what their impact on health and health care may be, and how to speak with patients about them. And because the number of beliefs and practices is far too large for any one person to master, doctors need to learn this material within a framework that will permit them to elicit the relevant information from

their patients and then discuss it reasonably and ethically with them. This involves a range of topics, from non-threatening ways of raising the subject to issues of autonomy in medical ethics (299-300).

According to Hufford, it is more important to be able to elicit information about the patients' use of folk medical practices than to have extensive knowledge of the treatments themselves – there are simply too many to learn them all.

Folk medical practices are frequently harmless or ineffective, but they can sometimes be harmful to patients. Because the use of folk medical treatments may sometimes be harmful to a patient's health or interact negatively with medications prescribed by a doctor, it is important for doctors to begin asking patients about their use of home remedies, cures, or herbal supplements. If these questions were incorporated into a doctor's initial patient interview, the patient would be more forthcoming about their use of folk treatments, and the patient would also become more comfortable opening up to his/her doctor. If the doctor can respectfully discuss a patient's use of folk medicine, the patient will in turn gain more respect for his/her doctor. Although many patients are forthcoming about their use of folk medicine, some patients may be hesitant to discuss their use of folk medicine with their doctors. According to Shelley R. Adler in "Integrating Personal Health Belief Systems: Patient-Practitioner Communication," a majority of patients who use nonconventional medical treatments do not disclose the information to their primary care doctors: "The overwhelming majority of users of CAM also use biomedicine, either concurrently or serially. This is a remarkable situation, in which vast numbers of patients consistently participate in complementary and alternative healing practices outside of their physician's purview – and usually without his or her knowledge" (117). Adler cites a study titled "Unconventional Medicine in the United

States: Prevalence, Costs, and Patterns of Use,” which found that up to 72% of patients who used nonconventional medical treatments did not disclose to their physicians that they had done so (Eisenberg et. al, as cited in Adler 115). In the essay, Adler also lists some reasons that patients would not disclose their use of nonconventional medical treatments:

Informants who chose not to reveal their CAM [complementary and alternative medicine] practices gave one or more of the following reasons for their decision [listed in decreasing order of participant emphasis]: the impression of physician disinterest; the anticipation of a negative response; the conviction that the physician is unwilling or unable to contribute useful information; the perception that the CAM therapies used are irrelevant to the biomedical treatment course; and the patients’ views regarding the appropriate coordination of disparate healing strategies. Although a few participants implicated insufficient time as a barrier to disclosure, it was considered a relatively minor impediment. An abbreviated appointment was seen as contributing to the problem of poor communication, but was not viewed as a primary or determining factor (121).

Although Adler’s research was focused on complementary and alternative medicine, the reasons patients give for not disclosing their use of nonconventional medical practices can also be applied to the use of folk medical treatments. Adler’s list reflects many of the same reasons that the doctors interviewed for this project gave for patient nondisclosure of folk medical treatments.

According to a doctor interviewed for this project, patients might think that the doctors will be offended if the patients attempt to treat themselves. According to Hufford in “Folklore Studies Applied to Health,” there is a natural conflict between doctors and practitioners of folk medicine:

It is no accident, of course, that medical and scholarly views converge in a tendency to dismiss the knowledge claims of ordinary people. Both professional communities are faced with similar situations: each makes a claim to expert knowledge about the world, and alternative claims from

non-experts – whether informants or patients – are a potential threat to professional authority (301).

Dr. Catron said, “the big thing with [asking patients about their use of folk medicine] is our patients feel like they shouldn’t be open about that. They shouldn’t tell us about those things.” The fears and hesitations of these patients are most likely not unwarranted; because the task of medication and healing is generally relegated to medical professionals, doctors might actually feel as though the patient is usurping their authority if the patient tries to treat himself/herself at home.

The doctors that I interviewed do not explicitly ask patients whether or not they are using folk medicine, but some of them do ask whether or not the patient has already tried to do something to help resolve some of their medical symptoms. For example, Dr. Brown stated that instead of specifically asking patients about their use of folk medicine or any herbs and supplements, she instead asks, “what have you done for this illness so far?” This type of open-ended question gives patients the opportunity to discuss their use of folk medicine, herbs, or supplements with their doctors. Sometimes it is necessary for a doctor to ask about a patient’s use of folk medicine, herbs, or supplements; for example, Dr. Cummings stated that he asks about a patient’s use of home remedies if the patient has visibly already tried to heal himself/herself, and Dr. Catron will specifically ask patients if they use any over-the-counter medications so that the patients are more likely to tell her about their use of herbs or supplements.

Before specifically discussing folk medicine, it is important that doctors establish a good rapport with patients. According to Anthony Cavender in *Folk Medicine in Southern Appalachia*, many people do not have a favorable perspective of conventional medicine because they believe that “physicians are driven more by avarice than by a

genuine desire to heal” (172). From the perspective of these individuals, “it logically follows that physicians are inclined to prolong illness, perform unnecessary surgery, and promote drug dependency” (172). Cavender states that this distrust of conventional medical professionals is why many patients may decide to use alternative medicine. It is important for healthcare professionals to overcome these negative perceptions in order to gain trust and respect from patients. If a patient trusts his/her doctor, the patient will be more likely to disclose his/her use of folk medicine. In “Self-Control, Fatalism, and Health in Appalachia,” Wendy Welch explains the importance of establishing trust between doctors and patients; she said, “violation of or failure to establish patient-professional trust causes trouble globally . . . Appalachian mountainous populations prioritize mutual respect and human connection; failure to connect can be interpreted as failure to care” (112). Welsh goes on to explain how doctors can establish trust regionally: living in and caring for the community over a long period of time, word of mouth (treating all patients respectfully because news of mistreatment spreads quickly in a rural area), and active listening (112-113).

When a doctor asks a patient about their use of folk medicine, it is important that the doctor does not sound harsh or accusatory; this may dissuade the patient from talking about the treatments that he/she is using. Instead, it is important to ask about a patient’s use of home remedies, herbs, or supplements in a non-threatening and positive manner. According to Adler in “Integrating Personal Health Belief Systems: Patient-Practitioner Communication,” indiscriminately dismissing a patient’s use of unconventional medical treatments could offend the patient; if a doctor dismisses a patient’s choice of treatment (and, by extension, the patient’s judgment/intelligence) and does not give it adequate

attention, the patient may feel as though the doctor is being disrespectful to him/her (122). Dr. Shirley Catron regularly asks patients whether or not they are taking any herbs, supplements or over-the-counter medications because she recognizes that it can interfere with some other prescribed medications. She explained that she tries to ask non-threatening questions so that her patients will feel more comfortable discussing their use of herbs and supplements:

I will ask my patients, and I have to try to make sure I don't ask it in a threatening way. I can't say, "well you aren't taking any supplements, *are* you?" You know, I have to make sure that I don't give them a negative question . . . because if I say it like that they know the answer I expect is "no." I have to be very careful how I word it. For example, "are you taking any vitamins, supplements, or herbs, in addition to your regular medicines?" So that they can feel comfortable with saying, "yes, this is what I'm taking."

Dr. Catron recognized the importance of making a patient feel at ease when asking about the patient's use of herbs and supplements. In "Integrating Personal Health Belief Systems: Patient-Practitioner Communication," Adler explained that the results of a study about patient disclosure of CAM use indicated that "when study participants did choose to reveal details about CAM treatment use it was because they perceived their physician to be respectful open-minded, and willing to listen" (123). If the patient feels as though the doctor will criticize or attack their use of herbs or supplements, the patient may not inform the doctor of his/her use of these substances. The doctor, in turn, could prescribe a medication that interacts negatively with the patient's herb or substance, which could lead to serious health issues. The doctors interviewed for this project listed drug-to-drug interaction as a serious problem within their medical practices.

If a doctor finds out that a patient is using a type of folk medicine that may be

harmful or may lead to detrimental interactions between their prescribed medication and their self-prescribed use of herbs and supplements, it is important for the doctor to try to educate the patient about the potentially harmful consequences of their actions.

Doctor/patient rapport can be damaged if the doctor is too harsh, confrontational, or condescending when attempting to educate patients about the potentially detrimental effects of some of their folk treatments. Dr. Cummings explained the importance of addressing the patient's use of folk medicine with respect; he said, "Well you have to respect the person's belief, and you never, ever degrade it unless it's going to be a harmful thing, and then you need to explain to them a scientific reason. But a lot of these patients are brought up, their grandmothers did it, their great-grandmothers did it. And they have a strong belief that it works." According to Dr. Cummings, because many popular folk treatments stem from decades of family tradition, it is important to avoid insulting or denigrating that particular folk practice. Drs. Catron and Brown also stated that they choose to address a patient's use of harmful folk practices by providing them with a safer, scientific alternative. Instead of explaining to patients why their folk remedy is wrong or harmful, they provide the patients with a scientific alternative. Dr. Brown, for example, acknowledges the folk treatment as something that was used in the past, but explains that the medical community has since determined a more effective method of treating the particular condition:

I would just explain to them that that remedy is something that people have used in years past, and with science and medicine being the way that it is, with all the new studies that we have, that we've found better options, and try to convince them that there are better options available now than what we knew of from years ago, and try to explain to them what harm can be caused by it.

This method of addressing folk belief is much more positive and effective than attacking

the patients' folk beliefs.

An important component in terms of improving doctor/patient interaction regarding folk medicine is that doctors should attempt to educate themselves on popular folk treatments in the area. This could include home remedies or cures for common illnesses as well as any herbs or supplements that are popular in the area. Because a patient's use of folk medicine is such a common situation, it should be discussed in a doctor's medical education; unfortunately, none of the doctors that I interviewed received significant education in folk medicine or the use of herbs and supplements. Dr. Cummings said that although he received no education in this area, he can see that it was needed; he said, "as a medical physician, I was not trained very much in folklore medication, folklore therapies, and I really see that that's really needed. Especially if you're going to be in rural areas." Even if medical schools did not provide an in-depth education on popular folk treatments and home remedies, it would be beneficial for the schools to tell their students to expect patient use of folk medicine, and to give them an idea how a patient's use of home remedies or cures may harm the patient or interfere with the patient's medications. The main impediment to being knowledgeable about folk medicine is that it differs widely depending on the cultural group and the group's geographical location. According to Bonnie B. O'Connor and David J. Hufford in "Understanding Folk Medicine," "because standardization is not a feature of folk medicine, it is also quite common to find significant variation from region to region, or from healer to healer, in the interpretation and applications of even those practices most fundamental to a given system" (28). The simplest solution for this problem of vast differentiation is to learn about basic folk treatments that occur most frequently

(treatments for common illnesses using easily accessible household items) and the most popular herbal treatments (especially those that will react negatively with prescription drugs). In “Invisible Hospitals: Botánicas in Ethnic Health Care,” Michael Owen Jones and Patrick A. Polk suggest that doctors should “document more extensively the plants utilized in herbal preparations” (76). Jones and Polk discuss another recommendation based on education and sensitivity training:

A second . . . falls into the area of education and sensitivity training, based on the assumptions that folk medicine is engaged in by most of us anyway (from home remedies to religious interventions) and that it may be as effective as some forms of biomedical care. Knowledge about traditional practices helps professionals in the medical system better understand the orientation toward health and illness that may be held by patients. But knowledge must be accompanied by a degree of empathy and respect, lest health care workers generate fear, distrust, or rejection of their services (76).

The Use of the Internet

Based on the opinion of doctors interviewed for this project, although patient use of the internet is generally a good thing because it allows patients to take more responsibility of their healthcare, it can lead to much misinformation and confusion amongst patients. Because the average patient has not been to medical school and received an updated, in-depth medical education, the average patient may be unable to correctly analyze the websites that he/she uses to access healthcare information on the internet. Because of this, patients are sometimes confused/misled by biased or uninformed sources, which can cause serious problems in the medical context. In order to improve doctor/patient interaction and improve a doctor’s treatment of patients, it is important for doctors to explain to patients how to choose reputable/reliable websites. When asked who was responsible for ensuring that patients access only reliable

healthcare information on the internet, Dr. Brown said, “I think it’s their physician’s place. I think it’s probably the only place they’re going to bring it up is-you know, again, if they feel comfortable talking to their physician about that.” Dr. Shirley Catron also voiced the importance of talking to patients about how to analyze the validity of a healthcare website:

The thing that I encourage my patients to do is if they’re going to research a medicine or if they’re going to research a disease process or anything like that, I encourage them to use good, accredited websites. For example, if they’ve got diabetes, and they want education on that, I encourage them to go to the American Diabetes Association. Don’t go to Joe Schmo’s page on diabetes because you have no idea what their background is, whether anything that they say is going to harm, help, whatever. And so I do encourage them to go to good, reputable sites, and always to research things. And there’s a wealth of information out there. I mean there’s so much good information for diabetics. There’s good information on what they can eat, meal plans, things like that, patients who have heart disease, there’s good resources on the American Heart Association’s page. I mean, there’s lots of good things out there for them to look at if they’re looking in the right places.

Although the proliferation of unreliable information on the internet is a serious problem, the internet can be a useful tool for patients if they access reliable websites. While an informed patient is a better patient, a misinformed patient creates serious problems in a medical environment. Because of this, it behooves doctors to talk to their patients about how to best assess the reliability of medical information on the internet. The average doctor’s appointment is rushed and does not leave much time for doctors to teach patients about how to analyze a website’s reliability, but doctors could briefly explain how they determine a site’s reliability, and tell patients which characteristics may point to a biased or unreliable website. This type of preventative education can help decrease the amount of healthcare situations involving medical misinformation. Patients may be further helped if they were provided with a physical document to take home with them, so that they may

reference the document when needed. The document could contain guidelines for evaluating a website's reliability, or a checklist that helps the patient determine whether or not a site is reliable. One example of a checklist could be a series of questions that the patient answers about a particular website; the following questions were provided from Evgeni Grigorov and Hristina Lebanova's article "Practical Tool to Assess Reliability of Web-Based Medicines Information:"

1. Is there a clear purpose for making and maintaining the site?
2. Is there a clear identification of the target audience?
3. Is it easy to find the requested medicines?
4. Is there a published warning that the site contains health information which may not be used as a substitute for consultations with a medical professional?
5. Does the site contain any advertisements?
6. Is there clear information about contacts with the authors of the site (ex. email)?
7. Are there any visible biases and/or conflicts of interest?
8. Is there any clear indication of the sponsors (advertisers) of the site?
9. Are there any data about the author(s) qualifications and/or the sources of information about medicines?
10. Is there a clear indication of the last update of information?
11. Are there any active links to other sites with independent and/or up-to-date information approved by the regulatory authorities?
12. Is it possible to ascertain that the published information about medicines is reliable?
13. Is there any tendency/intention to manipulate consumer's opinion?

Doctors could potentially create a checklist of similar questions, and could distribute the questions to their patients in initial consultations or whenever a patient mentions that he/she has accessed the internet in search of healthcare information. By allowing the patients to evaluate the websites that they use, the doctor is implying that he/she trusts the patient, which helps establish good rapport between the doctor and the patient. The patient is able to take responsibility for his/her healthcare, and the doctor could ensure better doctor/patient interaction in the future.

CHAPTER 6

CONCLUSION

In conclusion, the research that I have conducted thus far indicates that many residents of Albany, Kentucky frequently use folk medical practices to treat basic illnesses, injuries, or conditions. Although the majority of these treatments are either helpful or ineffective and innocuous, some treatments can be detrimental to a patient's health. Some patients also incorporate the use of herbs and supplements into their individual healthcare systems, which could result in harmful drug-to-drug interactions.

Because approximately 60% of patients surveyed use folk medical treatments, and some of them could potentially harm the patient, it is important for doctors to be aware of these treatments and to address them in a conventional medical environment. Patients are responsible for telling their doctors about their use of folk treatments, but many patients may be unaware that their use of folk treatments is relevant, or they may be too intimidated to discuss the topic with their doctor. Because of this, doctors should be aware of the type of folk medical practices that are common in the community, and they should make an attempt to learn as much as necessary about the subject. Doctors should also incorporate questions about folk medicine and the use of herbs and supplements into their examinations of patients.

When discussing the patient's use of folk medicine, it is important to address the topic with care and respect. If a doctor approaches the issue in a negative or confrontational manner, the patient may lose respect for the doctor, or may be deterred from discussing the use of folk medicine with their doctors in the future. Addressing a patient's use of folk medicine with respect will also help establish a good rapport between doctor and patient, which leads to improved patient care.

The use of the internet is also important; many patients utilize the internet in order to search for possible remedies/cures for their medical conditions, and to research information about their illnesses or medications. Because the internet is a largely unregulated entity, patients may not always find information on websites that are accurate and unbiased. It is important for doctors to teach their patients about how to only visit websites that are accurate and unbiased. If a patient finds inaccurate information about a treatment/medication on the internet, it may lead to the patient trying a treatment that is detrimental to the patient's health, or it may require the doctor to spend a significant amount of time educating the patient and correcting the patient's misinformation on the next visit. By teaching the patient how to use reliable and accurate websites, doctors could potentially save themselves time spent educating patients during office visits, and could ensure that their patients practice safe and responsible medical treatments.

Although the solutions presented in this thesis are placed almost entirely on the shoulders of medical professionals, especially doctors, patients are ultimately responsible for themselves. If a patient is actively searching for information and attempting to heal himself/herself using folk medical treatments, the patient is responsible for the consequences of his/her decisions. While personal responsibility is essential and

important, doctors cannot always rely on the responsibility and logical thinking of their patients. Instead of ignoring the possibility of patients using folk remedies or looking up medical information on the internet, doctors would be better served to embrace the idea that patients are interested and active in their own health, and could attempt to ensure that their patients are as well-educated and informed as possible. By educating patients about how to responsibly analyze folk treatments and medical information found on the internet, doctors can ensure that their patients are healthier and more educated, which leads to a better doctor/patient relationship and healthier patients overall.

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Appendix A

Survey

Hello. Please take a few minutes to complete this survey.

The following survey is optional and anonymous. The information provided on the survey will be used as data for my undergraduate thesis project.

Thank you for your time and participation. Your help is greatly appreciated.

Please answer the following questions, and provide as much detail as possible:

1. Do you use any cures, remedies, poultices, or any other medical treatments that you learned about from family/friends, but were not recommended by your doctor? If yes, describe these treatments.
2. How often do you use the internet to learn more about medical issues that you have, or to look for possible treatments for these issues?
3. Have you ever asked your doctor about any of these treatments? If yes, what did he/she say?

Appendix B

Collection of Folk Medical Treatments from Survey Data

*The number in parenthesis indicates the number of times the particular treatment was listed on the survey.

Acid Reflux

- (White) apple cider vinegar (2)
- Dill pickle juice

Arthritis

- 2 egg whites, spoonful of vinegar, pinch of salt
- Apple cider vinegar
- Black cherry juice (3)
- WD 40 (2)
- honey
- gin and white raisins: soak raisin in gin, eat 9 raisins each night

Burns

- aloe for burns (21)
- burn = toothpaste (6)
- Butter on burn (6)
- apply yellow mustard to grease or hot water burns
- burns – Vaseline
- lamp oil for burns

Children/Babies

- burdock beads for teething babies (burdock is a root)
- catnip tea: for colic (8)
- If you have chickenpox, fly black hens over you and it will dry up chickenpox
- If someone has asthma, cut as sassafra (or sourwood) limb and measure the person with asthma. Then hide the stick from the person. When they outgrow the stick, they outgrow asthma. (2)
- Oatmeal bath for chickenpox
- boil an onion, cool water and give to baby for restlessness
- ½ baby oil, ½ camphor oil applied to sore breasts after childbirth
- St. John's Wart for post-partum depression
- Colic – holly leaves (crushed), add honey
- castor oil for newborn navel

- dry pokeberries are good for croup, make a tea of the berries and sweeten this and give this to a child with croup

Cholesterol

- Add a spoonful of honey in coffee for cholesterol

Constipation

- mineral oil
- castor oil
- pickle juice

Coughing/Sore Throat

- Homemade cough syrup (some combination of: whiskey, moonshine, tea, vinegar, or water with peppermint, honey, lemon, sassafras, cinnamon, and garlic) = (37)
- Vick's Vapor Rub (9)
- Onion poultice (5)
- Coal oil on outside of the neck
- mix table salt and black pepper for hacking cough
- Tar plaster – old rag, soak with tar, camphor, heat and apply to chest
- kerosene and sugar for colds
- Gargling salt water (3)
- Cherry tree bark – boil it and make cough medicine
- “When severely congested I make onion tea as my grandmother did. Boil onion, sweeten to taste, drink while hot (not burn).”
- Cedar (juniper) berries – soak in oil for 1 week, put in vaporizer, for nasal congestions
- nasal irrigation with salt and baking soda solution (2)
- preparation H for strep throat

Cuts/Wounds/Boils/Bleeding

- Coal oil (3)
- Diesel fuel (2)
- lamp oil
- kerosene for cuts (3)
- old fashioned Lysol– never gets sore
- pine rosin
- tar
- mint oil – cleaning minor cuts and scrapes – antibacterial, helps with pain
- wet tobacco
- cinnamon and honey – used since Civil War on cuts and infections, especially bed sores, wounds
- salt water
- soda water (carbonated water)
- fat meat

- raw potato on a boil, cuts, or wounds (6)
- spider web will stop bleeding of bad cut (2)
- When we would step on a nail or thorn, my mother would put a piece of bacon on it to “draw out the poison” (2)
- butter bean used to draw out infections (if you step on a nail, tape butter bean to puncture. It will draw out infection)
- For nail and foot punctures – egg paste/flour and cornstarch (draws infection out)
- If you read the passage Ezekiel 16:6, it will stop bleeding
- nose bleed – wet brown paper bag and put it under upper lip
- inside skin of egg shell to remove pus from splinters, boils
- Yellow root will cure mouth sores, chew up a little yellow root. a small amount (about the size of a pearl) and swallow it
- to stop nose bleeds, wash penny and put under your upper lip, and nose will stop bleeding
- toothpaste for hickey
- Gold Bond powder on rash
- Soak fungus on toe in Listerine
- alum on fever blister (2)
- Ring worm – black walnut
- Warts – cover with duck-tape for 2 weeks (as per Dr. Oz)
- warts – kathy-did
- warts – colloidal silver dries out skin tags

Diaper Rash

- dirt-dauber’s nest (crush it in sock and sprinkle it on rash) (7)
- pure lard for diaper rash

Diarrhea

- dry Jello with a cup of water
- 1 tea. coffee grounds + 1.2 tea. sugar
- 1 heaping tbs. flour, ½ cup water, mix well until well blended, then add 1/8 tsp. pepper to waste (works!)
- take a knife, cut outer bark off a dogwood tree, and take the inner bark (4 or 5 good pieces) and bring to a boil, let cool and drink. 4 pieces bark to 3 cups water
- Plantain (grows in grass) – if you mash it up, it stops bee stings, and if you boil it, it is good for stomach ache, it stops diarrhea, it helps menstrual cramps, and kidney infection, and it tastes good in a salad

Earache

- blow smoke in the ear (9)
- Sweet oil (put in ear) (4)
- Coconut oil (ear drops)
- Cut onion in half, put it in microwave, and warm it up. Put it on ear, tie it on, and leave it overnight to cure earache
- Put your pee in your ear

Gout

- drink black cherry juice (2)

Headache

- alcohol
- Ginger – a teaspoon in hot (warm) water will generally cure a headache (drink)
- peppermint oil, pour onto a q-tip (or cotton ball) and sniff it in your nose

Heartburn

- raw potatoes for heartburn
- baking soda for heart burn (4)

Hiccups

- hold breath (2)
- hold breath and take 10 sips of water (3)
- 1 tea. sugar
- take something for stomach, like eating yogurt
- breathe into paper bag
- light paper match, drop in water, drink water
- peanut butter

Insect Bites/Stings

- tobacco spit (19)
- meat tenderizer (2)
- Plantain (some kind of herb)
- season salt (neutralizes and pulls poison out)
- baking soda (put right on sting)
- udder ointment
- put a slice of potato on sting
- diesel oil (2)
- soak a brown paper bag in kerosene
- boil peach tree leaves
- white vinegar
- deodorant spray (for scorpion stings)
- Tea tree oil (insect bites)
- Get pine wax off an old yellow pine, Kentucky old-time pine – it is white or light pink – put it in a cup and keep it. If you stick a nail in foot, put soft wax on it. Leave it (with cloth) at least 12 hours. It will cure a copperhead bite or wasp sting or stinging scorpion sting or a red infected foot. Apply to wound and leave for 12 hours.
- bleach (tick bites)
- Fingernail polish (chiggers)

Kidney Infection

- Cranberry juice (8)
- Take a white dab of pine wax, the size of a white bead a woman would wear (pearl) – and put in mouth and take a drink of water (1/2 glass). Swallow and it will cure kidney infection in about a day (12 hours).
- Plantain (grows in grass) – if you mash it up, it stops bee stings, and if you boil it, it is good for stomach ache, it stops diarrhea, it helps menstrual cramps, and kidney infection, and it tastes good in a salad

Miscellaneous

- to help stop craving when trying to quit smoking: mix cream of tartar (1 spoon) in a glass of orange juice. Drink it morning and night. It works.
- Regular enemas
- go by the moon signs for weaning
- Medical marijuana
- plain yogurt for yeast infection, mix with hot water
- bleach, Epson salt, vinegar, and alcohol in warm water for feet smelling sweaty
- preparation H = for age lines and crow's feet under eyes
- Zija
- Massage therapy
- Acupuncture
- Meditation
- Organic diet
- Extensive counseling
- Vegetarian for 9 years (18 months as vegan)
- hedge apples – in or around house to keep spiders and other insects away

Natural Products/Vitamins/Supplements

- vinegar = good for blood pressure
- pine top tea = good for measles
- wild ginger for menstrual cramps
- coal oil cures everything
- local honey for allergies
- honey, cinnamon, vinegar, lemon juice – helps blood circulate
- “a drink a day helps everything”
- sassafras tea for good health
- Baking soda and water for bladder/interstitial cystitis to reduce acidity
- “I call it black salve. It is really good for healing sores that are open. My dad use to have a dairy and he used it on cows udders to heal their sores. I consider it a good product.”
- Baking soda (1/4 cup) in bath water helps some skin problems
- Green bean juice to bring down blood sugars (natural insulin)
- 2 teaspoons vinegar in 8 oz apple juice helps to lose weight
- Extensive vitamins (all natural types)
- Extra vitamin C

- partially hydrogenated oils cause breast cancer – flax is the treatment
- blueberries – type II diabetes and health in general
- Vitamin A wipes out D3 – D3 stops 16 cancers
- ginseng for clearing your mind and energy
- baking soda for toothpaste
- garlic cloves – crush and wait ten minutes to take – it is a good pro-biotic, helps with high blood pressure, acne, allergies, etc.
- brush teeth with coconut oil
- nutrition is key – cut out most sources of carbohydrates and eat plenty of meat, greens, fats – helps with everything
- magnesium oil for skin – absorbed into bloodstream has dramatically less side effects. Helps control muscles, heart, etc.
- castor oil and olive oil for skin moisturizer, antibacterial
- 1 tsp. vinegar and water – bring blood sugar down
- parsley = for infection
- rosemary = memory

Pain/Sore Muscles/Aching Joints

- put a bar of soap between mattress and sheet at foot of bed to stop leg cramps
- Epsom salt in whirlpool tub to soak in for back and sore muscles (4)
- bottle of alcohol and put aspirin rub on whatever hurts (2)
- Cayenne pepper paste rubbed on aching joints (2)

Poison Ivy

- Bleach
- Boil a red root and a piece of ginseng with a teaspoon of plain flour, mix together and put it on poison ivy

Poultices

- egg poultice / slice onion for snakebite
- use kerosene, grease, pine rosin, and mustard – put it in flannel shirt/cloth
- salve and warm cloth

Sprain

- Epsom salt on a sprain
- vinegar and a brown paper bag to draw swelling out (7)

Stomachache/Stomach Issues

- baking soda (5)
- Prong weed boil root and drink it
- Ginseng for stomach (3)
- turpentine and sugar (2)
- castor oil
- Tums
- golden seal (herb)

- pepper for digestive system
- gingerroot tea- constipation and digestion
- Plantain (grows in grass) – if you mash it up, it stops bee stings, and if you boil it, it is good for stomach ache, it stops diarrhea, it helps menstrual cramps, and kidney infection, and it tastes good in a salad
- Use apple cider vinegar with juice, raw honey for stomach and digestion

Sunburn

- aloe vera (18)
- Vinegar (3)
- coconut oil
- WD 40
- boil tea bags

Toothache

- Aspirin for tooth ache
- whiskey (2)

Worms

- turpentine and sugar (3)

