

has led to initiatives attempting to integrate traditional medicine into Western medicine. This integration, however, can be fraught with difficulty.

It is in the spaces, relations, and discourses where local medical systems intersect with and are integrated into Western medicine that the effects of global power relations on local practices can be seen (Del Casino 2004). Thus, health-care choices and the discourses surrounding them are produced within the realm of global power relations. When people seek health care, not only are they seeking

livelihoods, scarce resources, and restrictions of access within which health seeking takes place. Appadurai's formulation of scapes privileges the social imaginary and is not as closely concerned with the objective reality of physical landscapes and social institutions in place.

In contrast, healthscape is both an objective reality and a subjective life space (Williams 1996) as understood by individuals embedded in overlapping cultural systems. It is the mutually constitutive ecological landscape of health-care resources and the social experience of that landscape as it is viewed and experienced by different actors working and living within it. Although the objective landscape of health resources is the same for all inhabitants, each individual

Knowledge of medicinal plant use is not homogeneous across regions or communities. Indigenous medical systems, like other medical systems, are processes embodied through social relations and practice. Because they are often passed down orally, they vary among places and among families within a specific place. Social networks are the main conduits for information concerning health and can offer people a matrix of knowledge and advice (Izugbara et al. 2005). Friends and families often share medicinal plant lore freely (Wayland 2003), and the choice of which plant to use or where to seek health care often comes from recommendations from "lay referral networks" (Pedersen and Baruffati 1985, 1145). This obser-

Indeed, sometimes the knowledge has been lost, as global influences, especially the monetization of rural economies, have disrupted the production and reproduction of indigenous knowledge. For example, Browner (1989) observed in Latin America that among indigenous people living closer to larger urban centers where biomedicine had taken precedence, there was a loss of knowledge and confidence in indigenous medicines. The loss of indigenous medical knowledge and practices accompanies the introduction of Western medicine and associated cultural values, and it is part of a larger process of transculturation.

RESEARCH METHODS

This research employs a health geographies framework in a case study of a rural Peruvian village. A variety of ethnographic methods were employed during 2004: participant observation; semistructured and open-ended interviews; and analysis of a variety of print and photographic sources (including statistical data, pamphlets, photographs, and other documents from the Ministry of Health of Peru; various pamphlets and posters in the local clinic meant for villagers; min-

analyzed in an inductive manner. The interviews were color coded according to a hierarchical set of themes, and those data were organized in Microsoft Excel. The interviews were reread following coding, the themes were revised, and the data resorted according to the revised set of themes. Simon Fraser University's Office of Research Ethics granted ethics approval.

For reasons of confidentiality, pseudonyms were assigned for towns and villages involved in this ethnographic study, except when referring to Lima or Cusco. *Añawi*, Quechua for a type of thorny plant with yellow flowers, is the name given to the primary research site. *Añawi* lies approximately fifty kilometers from Cusco in the municipality of Paukcha, in the Sacred Valley of the Inca region of Peru. *Añawi* is composed of three informal zones determined by elevation: lower (3,300 meters), middle (3,400 meters), and upper (3,500 meters). A paved road runs from Paukcha to an archaeological site and tourist attraction, from which a dirt road, in poor condition, leads to and then winds through *Añawi*, stopping in middle *Añawi*. A walking trail starts from lower *Añawi*, cutting through the switchbacks of the dirt road. Some of the villagers' adobe houses run along the length of the trail. Each family's dwelling consists of two or three small adobe houses, with

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used as climatic indicators of the upcoming season. Plant knowledge is a source of pride for many, and the way people handle plants and care for them suggest a sense of affection and responsibility toward them that transcends merely utilitarian concerns.

Plants occupy a significant place in Andean beliefs, folklore, and cultural identity. Several informants described plants as the children of Pachamama (Earth-Mother), and therefore siblings to humans. Others described the use of medicinal plants as an inheritance from and link to their ancestors. Every year during planting season, a ritual is observed whereby the Pachamama is paid an offering so she will watch over fields and livestock. According to Andean folklore, if she is not paid, crops may fail and the miserly campesinos and their livestock may fall ill and die. Plants are generally held in high esteem, and some believe they must be respected and their permission asked when using them as medicine. One informant who is particularly fond of plants and has a beautiful garden of medicinal and other plants described his plants as his children, and later as the children of God (Interview 3). Some assert that prayer must be used in conjunction with medicinal plants for them to heal. Although such customs abound in Andean folklore, several Añawayans stated that they no longer believed in the old ways. Few considered it necessary to ask the plant's permission before using them for healing purposes. A common response to questions concerning customs, traditions, and folklore was, "We almost don't believe in it." The same people, however, admitted to having paid Pachamama her ritual offering that year.

Many Añawi informants stated that thy seaia st tt-1.9 (t) -28.7 (l) 0.8 (a) -182.4 (i) 10.2 (o)

money, they “get to know chemical pills,” use them exclusively, and are no longer able to heal with medicinal plants (Interview 5). Other informants suggested that loss of knowledge comes with earning money (because those that earn can afford pharmaceuticals), or the cultural transformation of leaving rural life for modern amenities that an urban lifestyle can sometimes provide.

With monetization of the rural economy and a desire for modernity comes disdain for tradition. Most villagers no longer wear traditional clothing, and many young people have left for the cities. Various informants reported that children rarely want to take part in traditional customs and have a sense of shame for their culture and ethnicity:

them. By denigrating pharmaceuticals, campesinos also speak about their relationship with modernity. For example, some villagers asserted that out-of-date pills from Western countries were purposely sold in clinics either to cause harm

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