

# A History of Southern and Appalachian Folk Medicine

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## Our folk medicine roots: Spain and Africa

North American colonial history, and the American herbal tradition, started long before the British arrived here. By the time the English landed at Plymouth Rock, Spanish colonials and their African slaves had already been living in the southern section of North America for close to 100 years. The origin of Southern Folk Medicine begins with these European explorers.

The Spanish expeditions included healers and physicians who practiced humoral medicine based on the works of Galen and Avicenna. These healers were well-versed in combat as well as in the care of wounds combat produced. As they traveled, Spanish botanists and naturalists drew and described the exotic plant and animal life of the “New World” while historians chronicled the exploits and adventures of the expedition in journals.

At this time in Europe, intense, almost obsessive, Christian religious beliefs were entwined with humoral medicine to form a medical system that dominated the Old World. In the “New World”, these doctrines joined with Native American herbal practices to form the unmistakable foundations of Southern Folk Medicine.

Hispaniola, Panama and Cuba had already been conquered by Spain, when, in 1526, Lucas Vasquez de Ayllon led 600 Spanish colonists and their African slaves to settle on the shores of a South Carolina bay, not far from where, 80 years later, the English would establish Jamestown. Disease and hunger sapped the vitality and strength of these Spanish colonists and ultimately, as they died, their African slaves revolted and fled into the surrounding land where they took up residence with local Native Americans.

This pattern was to recur several times in the

southern sections of North America over the course of colonization. Europeans would bring over enslaved Africans, some of whom escaped servitude and settled with neighboring Native Americans. To the Africans, the Native American tribal way of life possessed many similarities to their former lives in Africa. And the two groups shared two other important commonalities: they were neither European nor Christian.

After his ships were blown off course in the Gulf of Mexico in 1528, Pánfilo de Narváez landed in Florida instead of his intended destination, Mexico. The army of conquistadors divided into two groups: One continued by sea to Mexico City, the other attempted an overland journey. Subsequently the Narváez Entrada, the overland group, made its way through Florida and into Georgia, Alabama, Mississippi and Louisiana, exploring and mapping the land while searching for an area the Native Americans had described to them – Apalachen – where, it was alleged, gold and grain could be found in abundance.

But Narváez was the victim of Native American deception. The tales of gold in Apalachen were fairy tales intended to divert the Spanish and convince them to leave the local tribes alone. During this hopeless quest, illness and injury killed many of the group, including Narváez himself; others of the company fled into the surrounding land hoping to survive with the local natives. At the end of an eight-year ordeal, the last four members of the expedition were rescued from the wilderness and taken to Mexico City by a Spanish slaving expedition.

One consequence of this ill-fated exploration was the beginning of a synergistic conjunction of native healing practices with European rituals. The three surviving Spaniards, Castillo, Carranca, and Cabeza de Vaca, along with Estevan, an African slave, stayed alive



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by assuming the roles of healers and physicians to Native American tribes in the area. Tales of their use of healing prayer grew and spread, drawing people from miles away to seek their healing hands.

Cabeza de Vaca, who kept a journal of their travels, recorded the first documented cases of faith healing in the “New World”, a healing practice that is still embraced throughout the South and indeed, in much of North America. His journal also documents the foods and plants eaten and used during their years of wandering, and events that led to their widespread reputations among Native Americans as physicians and surgeons.

The first permanent European settlement of the “New World”, in what was later to become St. Augustine, Florida, was founded in 1565 by Admiral Don Pedro Menendez de Aviles, his men, and their African slaves, on the St. John’s River near present-day Jacksonville. The fort of St. Augustine was built 42 years before the English settled Jamestown and 55 years before the Pilgrims landed at Plymouth Rock.

By the early 1500s, therefore, the first interactions in the “New World” between the Spanish, their African slaves, and Native Americans resulted in exchanges of healing knowledge, laying the foundation for a “New World” medicine built upon the Old.

### **The roots deepen: Britain and Ireland**

Many other Western European countries, including Holland, had already joined the Spanish and French in establishing settlements in the “New World” by the time Britain joined the efforts. Britain’s attempts at mobilizing expeditions were hampered by internal religious strife, social turmoil, and the country’s extreme poverty. Furthermore, the results of early British colonization proved financially disastrous, including the total loss of a colony at Roanoke in 1585. When Britain finally launched significant colonization efforts, they were initiated as release valves to reduce the dense population pressures of the landless masses. Adding fuel to the colonization fire, Britain viewed the “New World” as another venue for competing with Spain, with whom it was at war.

British colonies, unlike those of the Spanish and French, were financed by joint-stock capitalist companies which sold stock in the colonies to investors

(forerunners to modern corporations). The large numbers of impoverished British underclass offered a ready supply of labor to serve as indentured servants in the colonies. British expeditions were headed by minor sons of well-to-do families, wealthy merchants and Puritans. After their search for gold proved futile, the British found and cultivated an herb that proved almost as valuable – tobacco.

By 1620, tobacco was the only crop the Virginia Company of London bothered to export from the “New World” to the Old. According to Thomas Hariot, in *A Brief and True Report of the New Found Land of Virginia* (1588) this amazing herb offered wondrous health benefits: “...Its leaves are dried, made into powder, and then smoked by being sucked through clay pipes into the stomach and head. The fumes purge superfluous phlegm and gross humors from the body by opening all the pores and passages. Thus its use not only preserves the body, but if there are any obstructions it breaks them up. By this means the natives are kept in excellent health, without many of the grievous diseases which often afflict us in England.” By 1630, over 1 million pounds of tobacco were being exported from Virginia annually.

As the tobacco industry expanded, thousands of Irish indentured servants and convicts were transported to work in the tobacco fields, a social development that added more elements to the development of American traditional medicine. Celts from Ireland arrived in the South – far earlier than is often recognized – primarily to escape the poverty and despair of their homeland. The Tudors had crushed Irish rebellion in four waves over a fifty-year period, slaughtering and exiling thousands, with Irish lands being forfeited to English planters. A large segment of the Irish population, a clan-based society, migrated with their chieftains into exile, either for the European continent or to the “New World”. That meant that healers left, too. Each healer was attached to an Irish Laird’s house, owing fealty to Laird and clan. When the Laird found a new home, so did the healer. The exodus of many of the healers and seers from Ireland left the remaining Irish people with little medical care and reduced traditional Irish medicine to a glimmer of its former prominence.

As Grady McWhiney points out in *Cracker Culture* (1988), by 1627, more than 5,000 Irish had settled in Virginia, crossing the Atlantic with their chieftains,

traveling as indentured servants or deported as felons or rebels. Between 1720 and 1760, around 30,000 Irish convicts arrived in Maryland and Virginia. By 1790, it is estimated that the Irish comprised 25% of the population of South Carolina and 27% of Georgia, many traveling down from Pennsylvania. As Irish servants worked off their freedom, they moved further south into the Carolinas, Tennessee, Alabama, and Georgia. This migration of the Scotch-Irish continued through the 1840s.

The early Celts who came to the South intermarried regularly with Native Americans and with African indentured servants and slaves. At this time in American history, one indentured servant (regardless of color) had the same rights and was viewed the same, as another. The Irish, like most of Europe, had already integrated Christianity and the humoral system into their own local healing systems before their arrival in the “New World”. The Bible, folk magic, and herbs worked side-by-side to help keep the Irish healthy. The contributions of Irish and Scotch-Irish folk practices to healing practices in the southern United States can be seen in the beliefs that moon signs, astrological influences, superstitions, and spiritual actions could sway health and illness.

### Native American roots

As they searched for ways to deal with the unknown and frightening diseases of the “New World”, the colonists quickly adopted native herb use and healing stories. Within the context of the land and sky, native tribes believed in a natural order, and asked to be accepted into that order. They did not wish to change the order, nor change the earth. The myths taught that survival depended on operating within a carefully balanced natural system. Native health philosophy centered around the importance of relationships: relationship to Spirit, to tribe, to family, and to self. Lack of relationship or conflict within relationships could cause illness.

Native knowledge of medicinal and food plant use was of such great value and importance to early settlers that survival in the “New World” would have been impossible without access to it. Discussion of these plants is beyond the scope of this article, but southern and American folk healers, Thomsonians, and Physio-Medical and Eclectic physicians have documented their use from the earliest days until the present time.

### Seasoning: the great equalizer

Natural constraints played an important role in the formation of indigenous American folk medicine. For the settlers moving into the southern Appalachians and Lower South, the environment, natural places, and geography of the land were particularly influential in shaping the lives and the activities of daily life. In these regions, the heat, the humidity, and the dense woodlands were sources of an ever-present threat of parasites and malaria.

In many ways, the land was a great equalizer. It melded the varying cultures, from both the New and Old Worlds, and formed a new culture built upon place and time, heavily influenced by the harsh environment. The severity of life in this setting offered natural dangers that dwarfed those of Europe. The climate, terrain, plants, and animals were unfamiliar and exotic, and reliance upon Native American knowledge for survival is well-documented and acknowledged.

Many traditional herbal remedies evolved as seasoning remedies. Seasoning is the physical process of adaptation or acclimation to the elements of a new climate. These elements include the water, land, strength of the sun, and other factors of the natural surroundings. Seasoning was a necessary process which helped insure the long-term survival of the settlers. Living in this frontier was dangerous: One out of every three settlers moving from the northeast to the South died.

According to Valencius in *The Health of the Country* (2002), “Those who did not belong in a given terrain could expect to suffer for their temerity. Newcomers struggled through a process they regarded as both crucial and perilous, the changes through which their bodies would be ‘acclimated’ to new climate and topography.” Seasoning diseases were widely recognized and courses of illness were considered the price people had to pay to come to terms with their new locations. Many times, the diseases that struck were unfamiliar, causing fever, chills, and diarrhea, and other symptoms with which they had no previous experience.

The challenges of living in southern North America, the wilderness itself, unified the varied cultures of the settlers into a common one focused on the necessities of survival. Settlers quickly learned to retain what was useful and discard what was not. These necessities simplified life. Settlers who could not adjust and eliminate the irrelevant reduced their chances for enduring. Those who

stubbornly held to superfluous cultural practices perished. Basic patterns of rituals, beliefs, customs, and rhythms had to bend to the harsh conditions.

### Plantation medicine

The mass importation of thousands of Africans to the “New World” played a central role in the history of this country, and in the history of Southern Folk Medicine. As bound slaves in an alien, strange “New World”, Africans were limited in their movements, initially spoke little or no English, and were culturally isolated. They were also highly susceptible to the stress of seasoning diseases.

By 1620, runaway African slaves had already been living with native tribes for 100 years in the lower South when, in New York, British settlers bought twenty blacks from Dutch traders to take to Virginia and work alongside white indentured servants. As Peter Wood writes in *Strange New Land* (2003), “these black newcomers arrived on shore twelve years after the founding of Jamestown and one year before the *Mayflower*...” Initially, the British landowners treated the Africans as indentured servants, allowing them to earn their freedom and become landowners themselves. But by 1640, racial relations were changing rapidly in Virginia, South Carolina, and other tobacco colonies. The British had come to be wary of the solidarity of Red and Black, and deemed the interaction of Native Americans and African slaves as detrimental to the survival of the colonies. Legislation was enacted to create legal consequences for anyone aiding runaway African slaves fleeing to join local native tribes. Even though Native Americans themselves had always kept slaves, their slaves were generally prisoners of war who were considered only temporary until they were adopted into the tribe, married into the tribe, or set free.

An unintended result of isolating slaves culturally, socially, and physically was the formation of a health care system that developed with little outside influence. In the antebellum south, this led to an early conceptual conflict concerning differing beliefs about health that were embraced by owners and the slaves. For slaves, the idea of health and happiness was severely limited by their servitude and life experiences, including being restricted by their owners on the use of herbs and other

healing techniques. At the same time, when plantation owners allowed slaves to choose their own remedies, this fostered a sense of independence among African Americans and permitted at least the appearance of possessing some control over their own lives.

Some slave owners recognized the economic benefit to keeping slaves healthy while others were more *laissez faire* and left slaves to deal with health problems on their own, giving great latitude to local herb use and spiritual practices. Still other landowners, disapproving of what they considered primitive, devilish, and barbaric medicinal practices, let slaves die rather than permit them to treat illness with their own methods.

West Africans brought a variety of unique healing beliefs, religious attitudes, and spiritual practices to the “New World”. While the strict maintenance of their original religious and healing practices was impossible, these were modified to a new environment with different plants and terrain. Many of their songs and movements, such as the worship of ancestors and the belief in the power of spirits and the power of the land, survived in their interpretation of Christianity.

Sharp disagreements about medical knowledge, science, herb use, religion, and conjuring often flared on plantations as the varying perspectives held by slaves and owners concerning both the causes and treatments of the sick caused conflict in treatment. African-American slaves believed that physical illness could be set in motion by curses, conjuring or spiritual degradation, and often viewed the medical help offered by white doctors as worthless. White doctors considered the idea that illness was linked to spirits or to relationships to be superstitious nonsense.

West Africans generally believed that people potentially had an unlimited lifespan. Death interrupted that lifespan because of the interference of either another human or spirits. In this view, humans, as creations of God, are endowed with extended longevity that, if allowed to proceed unimpeded, would never end.

There was also the belief that maintaining good relationships is paramount to good health; this includes relationships with other people as well as to spirits. Unhealthy relationships led to emotional upset and strong emotions could cause illness. Anger and fright could lead to illness by seeping into the body and working against the blood which then caused blood to rise or fall and troubled

the heart. Envy and jealousy set the stage for illness when a person, casting the evil eye or employing “rootwork,” intentionally caused harm to another.

While herbalist, conjurer, diviner, poisoner and spirit medium might have been separate vocations in Africa, they were all embodied in one person on the plantation. The conjurer or root doctor was recognized as having the power to both heal and kill. The dualistic nature of the healer endowed those who assumed these roles as both powerful and untrustworthy. At the same time, this duality permeated and guided the use of herbs for both physical ailments and spiritual ones. The duality exacted a price: the curing of one person was often the reason for the physical decline of another. For instance, mending the broken heart of a particular woman by bringing her man back home might break the heart of his other paramour.

By 1810, religious and healing practices were being passed from generation to generation among a relatively stable black population. Evangelical ministers of both the Baptist and Methodist faiths worked to convert

blacks in the time of the Great Awakening with a message of inclusion and equality which made God accessible to both poor whites and blacks where previously religion had been seen as the province of wealthy landowners. Slaves mixed African beliefs with Christianity, especially making use of stories from the Old Testament, to form a new type of Christianity where both Moses and Jesus had the power to lead the downtrodden to a new and better home. This hybrid religion in many ways resembled the Irish integration of Christianity into their Druidic beliefs.

West Africans also believed that family and ancestors were spiritually connected to place, such as a building or a plot of land. After the Civil War, this concept was instrumental in tying many freed slaves to the land where they had been enslaved. According to Mechal Sobel, “they believed that the land itself held power—spirit force.” The spirits of the land influenced and controlled the lives that were led upon it. Therefore, the layout of buildings, fields, and towns possessed spiritual importance. Natural elements, such



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*Rhus aromatica*

as blood, urine, and herbs, were used for their inherent healing power or in amulets for magical protection. To a great extent, many of these healing and magical beliefs became infused with those of the Irish and other poor southern whites.

On many plantations and in small southern towns, the exchange of herbal information occurred across social lines. In some cases, the wives of plantation owners cared for sick or injured slaves, delivered all the babies, and prepared bodies for burial. On others, slave healers treated the illness of the plantation owners as well as slaves, while delivering the mistress' babies, caring for the family in the big house, and getting the bodies of the deceased ready for burial. Regardless of color, all of these tasks were considered woman's work.

### Revitalization of herbal medicine

The Civil War witnessed the revitalized use of traditional herbal medicine in the South; herbs were the only medicine available to the civilian and military populations. A blockade of the South by land and sea cut off the import of conventional medicines and foods. This forced a southern return to the "first principles" of healing, a vital step in the preservation of Southern and Appalachian Folk Medicine. In a paper written delivered to the American Pharmaceutical Association meeting in Baltimore, Maryland in 1898, Walter L. Fleming, Ph.D. noted that, "... the druggists of the South had either to manufacture what they could from native barks and leaves and herbs and roots, or purchase at the Southern ports such supplies as the blockade runners brought in



*Sassafras albidum*

that were not intended for the government.”

Fleming, also the author of the book, *Civil War and Reconstruction in Alabama*, goes on to add, “... while the (Confederate forces)...frequently captured the wagon trains of the enemy, thus obtaining some supplies of medicines and surgical appliances, these were barely sufficient to supply the most distressing needs in the army; so, it may be seen that home manufacture and blockade running were the only source of supply during nearly four years for between six and seven millions of people.” In nearly all of the major towns of the South, druggists manufactured medicines from their stocks of roots, herbs and barks, or from home supplies of tinctures and like preparations of medicinal plants.

At the same time, medicinal supplies like bottles and corks were in short supply; corn cobs meant for tincture bottle stoppers were soon selling for the same price as cork. By necessity, southern druggists used white lightning or moonshine to tincture herbs like mandrake (*Atropa mandragora*), Virginia snake-root (*Aristolochia serpentaria*), yellow root (*Xanthorhiza simplicissima*), Sampson’s snake-root (*Orbexilum pedunculatum*), peach leaves (*Prunus persica*), black pepper (*Piper nigrum*), bloodroot (*Sanguinaria canadensis*), poke (*Phytolacca americana*), American sarsaparilla root (*Smilax ornata*), sassafras (*Sassafras officinale*), tag alder (*Alnus serrulata*), prickly ash (*Xanthoxylum fraxineum*), black haw (*Viburnum prunifolium*), partridge berry (*Mitchella repens*), raspberry leaves (*Rubus idaeus*), blackberry leaves (*Rubus fruticosus*), agrimony (*Agrimonia eupatoria*), sumac (*Rhus glabra*, *typhina*, *copallina*), slippery elm (*Ulmus fulva*), cayenne (*Capsicum frutescens*), goldenseal (*Hydrastis canadensis*), white pine (*Pinus strobus*), wild cherry (*Prunus virginiana*), and lobelia (*Lobelia inflata*).

Disease and infection were a constant danger on every battlefield. According to Michael A. Flannery in *Civil War Pharmacy*, “For Union forces alone, the numbers (of the sick) were high: 711 per 1,000 for diarrhea/dysentery; 584 per 1,000 for various camp fevers (the vast majority diagnosed as malarial, at 522 per 1,000); 261 per 1,000 suffered from respiratory ailments; and 252 per 1,000 reported digestive complaints.” As Flannery further writes, “Disease was a serious and ever-present problem for the medical corps of both sides.”

One old Confederate surgeon interviewed by Dr. Fleming reported, “...employing a decoction of red-oak

bark added to the water, which acted as a disinfectant, and by its stimulating and astringent properties promoted the healing process; a weak solution of bicarbonate of soda, which I found beneficial in the suppurative stages; slippery elm and wahoo root bark (*Euonymus atropurpureus*, *americanus*) as emollients; poppy heads (*Papaver somniferum*), nightshade (*Atropa belladonna*) and stramonium (*Datura stramonium*) for pain; boneset (*Eupatorium perfoliatum*) tea for fever until free vomiting was produced; pleurisy root (*Asclepias tuberosa*) as a substitute for quinine.”

A variety of herbs that had been mainly employed as remedies on the plantations and in the mountains of southern Appalachia, soon saw use by military physicians, such as red-oak bark (*Quercus rubra*) and alum for rash, and sassafras tea, given in the spring and fall as a blood medicine. Adults’ colds were doctored with tea made from horsemint (*Monarda punctata*) and the roots of broom sedge (*Andropogon virginicus*). For eruptions and impure blood, spice-wood (*Lindera benzoin*) was given. Wine was made from the berries of the elder bush (*Sambucus*). For diarrhea, doctors employed roots of blackberry and blackberry cordial; and so, also, was a tea made from the leaves of the rose geranium (*Pelargonium roseum*).”

Red peppers or capsicum, were indispensable both on the Civil War battlefield and in the home cupboard. Mixed with gum resin from either the wild cherry or white pine, red pepper was used to treat debilitating intestinal infection. Dogwood (*Cornus florida*), poplar (*Liriodendron tulipifera*) and wild cherry barks were chopped fine, soaked in whiskey and taken as a digestive aid at mealtimes.

After the Civil War, thousands of African-Americans and poor whites were left landless and homeless; they roamed the roads of a devastated land. Left to take care of their own medicinal needs, these people were forced to refine their knowledge of herbal remedies and the medicinal plants of the local fauna. In this process, healing and herbal information didn’t honor racial, economic, or political boundaries. As Sharla M. Fett points out in *Working Cures*, healthcare information had easily spread among all kinds of folk medicine practitioners, regardless of race or social class, since the beginning of the country. Even in the Antebellum South, people had sought “effective medicines and skilled

practitioners across lines of social division. Therapies circulated with surprising fluidity....”

Prior to the Civil War, the extreme poverty of Southerners forced a reliance upon herbal and other alternative healing remedies. At that time, the South was a land of rich landowners and poor whites and slaves who worked the land; there was not a middle class. After the Civil War, the South was plunged into Reconstruction which brought deep poverty that continued for over a hundred years. By 1929, when the United States entered the grip of the Depression, much of the South barely noticed the economic downturn; they had never emerged from the economic ravages of Reconstruction. As people searched for effective and inexpensive health remedies, the Depression ushered in a new generation of herbal healers and teachers in the South, including Tommie Bass and Catfish Gray.

### Southern Folk Medicine

In Southern and Appalachian Folk Medicine, disease can originate from a combination of cold, damp, heat, dirt and pathological invaders as well as spiritual transgressions or magic. Disease can also be self-induced or “brought on” by wrongful actions and attitudes. Healing protocols include herbs and foods, as well as ways, “to undo what has been done” with prayer, an apology or other action. Southern Folk Medicine is mind/body/spirit centered, dualistic in nature and functions within a holistic framework.

Folk medicine recognizes blood as the most important part of the body. It is the river of life, carrying nutrients around the body, and in our blood resides our genetic inheritance, for good or ill. Just as importantly, the blood can also carry cold, damp, heat, dirt, pathological invaders, and spiritual energy or magic. To be healthy, you must have clean or good blood. Good blood results from a combination of inheritance, environment/ and personal actions. Blood can be affected by environmental factors, age, diet, gender, and nerves. It may also be influenced by such natural phenomena as the weather, seasons, and the moon and stars.

Blood flows in tune with nature, ebbing and flowing with the seasons. There is a direct correlation between the flow of blood in the body and the flow of sap in trees. In the fall, blood begins to sweeten and get thicker (increase in viscosity) as the weather grows cooler.

It sinks downward and pulls inward. Hands and feet endure reduced circulation as the weather chills and blood moves increasingly to the internal organs to keep them warm and nourished. In the spring, blood thins (becomes sour) and begins to rise, moving upward and outward in order to keep the internal organs cooler. The moon also has an effect on blood much as it does the tides, causing shifts and changes in the flow with each phase of the moon.

In the spring, impurities the body has been harboring over the winter can rise. Pathogens dormant within the body during the winter can also rise, causing illness. Conversely, summer or fall illnesses can be contained over the winter when the blood is thick. But, again, these can “come up” or manifest in the spring when the blood begins to move again. Spring cleansing of the body forms an important aspect of Southern Folk Medicine, helping thin the blood and ready it for the travails of summer. Blood purifying spring tonics include sassafras tea, red clover (*Trifolium pratense*), azefitty (*Ferula assafoetida*), prickly ash, dock (*Rumex crispus*) and various herbal laxatives. The combination of sulfur and molasses was a favorite tonic of my grandparents.

Blood possesses variable characteristics and these changes produce a marked effect on health. Blood can be hot or cold, expressed either in temperature or qualities characteristic of these states. It can also rise and fall, be high or low. Blood can be thick or thin depending not only on the season but many other factors. It can speed up or slow down. Within the body, blood can be simultaneously thick in some areas and thin in others. This causes accumulation in parts of the body where the blood thickens and congests. In addition, blood can be clean or dirty, good or bad. The flavors of blood are sour (acid), bitter, sweet, or salty.

Infants and children are considered to have thin blood. In children, the blood thickens around puberty and generally remains thicker throughout adulthood, thinning again in old age. According to the corollaries that rule blood, a woman is most vulnerable when bleeding. This occurs during menses, miscarriage, abortion, and postpartum. Bleeding makes a woman most open to attack and invasion by cold, damp, dirt or magic. When bleeding, a woman should avoid intercourse, keep warm and avoid dampness.

Blood qualities and flavors change continually



throughout life in keeping with our actions, our environment, attitudes, and spirituality. They don't stay the same. Understanding blood in all its properties is central to the study of Southern Appalachian Folk Medicine. In this perspective, blood is truly thicker than water. It's not who you know, but who you are related to that is important. In Southern Appalachian Medicine, blood is an all-important entity, both spiritually and physically.

### Blood types of Southern and Appalachian Folk Medicine

The following summary of blood types in Southern Folk Medicine does not include an extensive list of herbs or foods used to balance the excess or deficiency. That is too extensive a topic for this paper.

**High blood** refers to either high blood pressure (volume) or the position of the blood in the body (above the heart). It can be found in people who are overweight, alcoholic, diabetic or just generally in those with thick blood. Blood that is high in the head can cause pounding

headaches, blurry vision, watery eyes and ringing in the ears. Other patterns associated with high blood include drowsiness, nausea, dizziness, headache, blacking out, chest pains, shortness of breath and bad interpersonal relationships. High blood may also be thick, sweet or bitter. Herbs and foods to thin the blood are helpful.

**Low blood** can refer to the position of blood in the body (below the heart), to low blood pressure, to anemia or to the quality of the blood (poor blood). Low blood can cause memory loss and poor thinking ability because not enough blood is reaching the head. Summer's heat, low blood sugar and hydration also play a role in low blood. Patterns associated with low blood include fatigue, tiredness, dizziness upon standing, blacking out, cold hands and feet, constipation, paleness, dry skin, low spirits and lack of will or drive. Low blood may also be thin, sour or bitter.

**Thin blood** is watery and slow to coagulate. Though thin blood is not considered to be low, it can lead to low or weak blood. Summer's heat and alcohol thin the blood. Thin blood is pale and light red in color, lacks substance and has little or no texture. Anemia may be associated with thin, weak blood. Stress, severe illness and nerves can also contribute to thin blood. A person with thin blood appears pale, sunk-eyed or has dark-circles around the eyes, is wan, tired and listless and lacks backbone or courage. Many of the patterns associated with thin blood are the same as those associated with low blood. Sweet and bitter building herbs and foods are used with both low blood and thin blood. Thin blood may also be sour or bitter.

**Thick blood** coagulates quickly, is dark-red and has a gummy texture. Thick blood is considered dry and moves slowly around the body. Thick, dry blood is often associated with high blood pressure, or "stuck" blood. A person with thick blood tends to be lethargic, moves slowly and gains weight easily. Urine tends to have the same characteristics, being thick, dry and dark yellow. A person with thick blood may also have sweet, bitter or salty blood and tends to have a lot of bark, but not much bite.

**Sweet blood** is thick, syrupy and creates an environment for parasites. There is a tendency to diabetes and high



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*Trifolium pratense*

blood pressure, being overweight, having a red face and exhibiting shortness of breath. The tongue is generally coated. Body fat tends to be centered around the abdomen, with large belly and small or stringy arms and legs. A self-centered personality sets the stage for over-indulgence or addiction. A person with sweet blood may also have a tendency toward self-importance, have a streak of dishonesty and a tendency to be a pack-rat. Sweet blood people are helpful in times of crises but only because coming to the rescue feeds their self-importance. “Yes” is a word they use indiscriminately, often agreeing to projects or activities which they don’t really want to engage in. Sweet blood may also be thick and high.

**Sour or Acid blood** is somewhat thin and bright red. It is associated with heat in the blood, summer’s heat and inflammation in the body. Persons with sour blood exhibit rashes, red spots and hives. They may be prone to food allergies and should avoid acid foods such as citrus fruits, tomatoes, sugar, red meat, and bread. Sour blood can lead to heart palpitations, chest discomfort and a tendency to varicose veins and broken capillaries. The tongue is often red and may be pointed. Anxiety or panic attacks may be a common theme throughout life for those with acid blood. Children are prone to acid blood due to their nature. Adults who hold great fears are also prone to acid blood. People with acid blood tend to have a tart, smart mouth, a cutting personality, exhibit impatience and are easily irritated. A temper and a tendency to bossiness and jealousy are also likely. “No” is often the first word that passes their lips and they love to start arguments by taking an opposing stance to others’ opinions. Herbs and foods to sweeten the blood are helpful. Most necessary is addressing fears and insecurities. Sour blood may also be thin and low.

**Bitter blood** is often thin, weak and watery with low pressure or stagnation especially in the abdominal area. Parasites are often present and metabolic wastes may not be released from the body in a timely manner creating a toxic internal environment. People with bitter blood may appear bloated, have a pale face and thin, pale fingernails. Nutritional status is low. The tongue may be coated and dark. There is a tendency to heart palpitations, coldness over the body, and stooped shoulders and back. They may be holding a hurtful

grudge or be obsessing about a past event. A person with bitter blood has little drive or creative fire; all their fire is invested in bitterness. They tend to keep to themselves and harbor and nurture whatever past event has negatively directed their life, which can include incidents like divorces or lost jobs. Bitter blood is often found in post-menopausal women, men in retirement, and folks of any age going through life’s hardships. Herbs and foods that sweeten the blood are helpful. Most necessary is addressing their psycho-spiritual issues.

**Salty blood** is thin, weak and dry. Moisture is low and life-giving nutrients aren’t moved around the body. A person with salty blood tends to be dry and thin all over with wrinkled, leathery skin and thin, wispy hair. Salty blood is often found in the elderly, both male and female, women going through menopause, and people who have been chronically ill. The salty person tends to be grouchy and unsociable. Helping the salty person enjoy activities and people is an important step in balancing their blood. Watery foods and herbs, fermented foods, and a little salt are helpful if not taken in excess.

**Hot blood** can be the result of diet, season, environment, sexual desire, acid blood or illness. The person with hot blood may have fever, skin eruptions, or frazzled nerves exhibiting nervous energy or desire sex very frequently. They may also be so hot that movement is only performed reluctantly, causing a peculiar lethargy. A person with hot blood may also have heart palpitations, be underweight, and wiggle. Fluids and watery fruits can help cool down the blood. Avoid hot baths or showers. Hot blood may also be high.

**Cold blood** can be the result of extended or chronic illness, a damp, cool environment, wind, sudden temperature change, not enough sex or too many cool foods. Cold produces mucous which is harbored in the body, especially in the lungs, bronchi, bladder, stomach, gallbladder and digestive tract. Mucous may harden in any of these areas causing further damage. Parasites may also be a problem. A person with cold blood is sluggish, tired, has stiff joints and inflammation of the muscles may also be present. Because the blood is cold, nutritional status is low.

## Conclusion

As southern settlers moved across the South to the hill country of Texas, the plains of the Midwest, and the Cascade Mountains of the Northeast, Southern Folk Medicine made the journey also. After the Civil War, as poor whites and blacks roamed the country looking for work and a new home, the medicine of the people went with them. In the 1950s, 1960s and 1970s, as poor white and black workers from the South migrated into the large cities of the United States looking for factory jobs, Southern Folk Medicine made its way to Detroit, Phoenix, Washington, D.C., Chicago and Los Angeles.

Southern Folk Medicine is a system that developed to define, explain, and remedy illnesses regardless of geographical persuasion. Recognizing that we have a true Western tradition of folk medicine provides cultural roots that help define us as a society.

## Suggested Reading and Bibliography

- Allen DE & H Gabrielle 2004, *Medicinal Plants in Folk Tradition: An Ethnobotany of Britain and Ireland*, Timber Press, Portland, OR
- Alvar Nunez Cabeza de Vaca, *La Relación*, 1555 edition published online by the Texas State Library Commission and the Southwest Writers Collection, [http://www.library.txstate.edu/swwc/cdv/the\\_route/index.html](http://www.library.txstate.edu/swwc/cdv/the_route/index.html)
- Amjad H 2006, *Life and Thymes of an Appalachian Herbalist*. Lulu.com
- Beller SP 1992, *Medical Practices in the Civil War*. Betterway Books, Cincinnati
- Bellville Countryman*, Texas, August 28, 1861, p. 2, c. 1
- Boughman AL & LO Oxendine 2003, *Herbal Remedies of the Lumbee Indians*. McFarland & Company, Jefferson, NC
- Cavender A 1992, Folk hematology in the Appalachian south *Journal of Folklore Research*. 29 (1)
- Cavender A & S Crowder 2002, White-livered widders and bad-blooded men: folk illness and sexual disorder in southern Appalachia *Journal of the History of Sexuality*. 11(4)
- Chishti HGM 1991, *The Traditional Healer's Handbook: A Classic Guide to the Medicine of Avicenna*, Healing Arts Press, Rochester, VT
- Clayton LA, Knight VJ, Moore EC 1994, *The De Soto Chronicles: The Expedition of Hernando De Soto to North America 1539-1543*. Univ. of Alabama Press. Published online by the National Park Service <http://www.nps.gov/archive/deso/chronicles/Volume1/toc.htm>
- Confederate States of America, Surgeon Generals Office 1862, *General Directions for Drying Medicinal Substances of the Vegetable Kingdom*.
- Crellin J & J Philpott 1990, *Herbal Medicine Past and Present*. Duke University Press, Durham, NC
- Crellin J & J Philpott 1990, *Trying to Give Ease....Tommie Bass and the Story of Herbal Medicine*. Duke University Press, Durham, NC
- Crow TM 2001, *Native Plants, Native Healing*. Book Publishing Company, Summertown, TN
- Flannery M & A Berman 2001, *America's Botanical-Medical Movements*. Haworth Press, Philadelphia
- Flannery MA 2004, *Civil War Pharmacy*. Haworth Press, Philadelphia
- Foster GM 1994, *Hippocrates' Latin American Legacy: Humoral Medicine in the New World*. Gordon and Breach, Philadelphia
- Kagan J 1998, *Galen's Prophecy*. Westview Press, Boulder
- Krochmal A & C 1979, *A Guide to the Medicinal Plants of the United States*. Quadrangle, Chicago
- Lewis D Jr. & Jordan AT 2002, *Creek Indian Medicine Ways*. University of New Mexico Press, Albuquerque
- Meyer C 1973, *American Folk Medicine*. New American Library, New York
- McWhiney G 1988, *Cracker Culture: Celtic Ways in the Old South*. University of Alabama Press, Tuscaloosa
- Moss K 1999, *Southern Folk Medicine*. University of South Carolina Press, Columbia
- Mooney J 1992, *History, Myths, and Sacred Formulas of the Cherokees*. Historical Images, Asheville, NC (Originally published in 1891 and 1900)
- Payne-Jackson O & J Lee 1993, *Folk Wisdom and Mother Wit: John Lee – An African American Herbal Healer*. Greenwood Press, Westport, CT
- Patton D 1988, *Tommie Bass...Herb Doctor of Shinbone Ridge*. Back to Nature Publications, Birmingham, AL
- Patton D 2004, *Mountain Medicine: The Herbal Remedies of Tommie Bass*. Natural Reader Press, Birmingham, AL
- Pickett AJ 1851, *History of Alabama and Incidentally of Georgia and Mississippi*. Clearfield Co., Baltimore, MD
- Porcher FK 1991, *Resources of Southern Fields and Forests, Medical, Economical, and Agricultural*. (Originally published in 1863 by Evans and Cogwell) Norman Publishing, San Francisco
- Rosa Anglica*, Author Unknown. Medieval manuscript written in Gaelic and Latin. Distributed by CELT online at University College, Cork, Ireland. Text ID Number: T600008.
- Savitt T 1981, *Medicine and Slavery*. University of Illinois Press, Champaign, IL
- Schama S 2007, *Rough Crossings: Britain, the Slaves and the American Revolution*. Harper Perennial, New York
- Snow L 1993, *Walking over Medicine*. Westview Press, Boulder
- Sobel M 1987, *The World They Made Together*. Princeton University Press, Princeton, NJ
- Stekert EJ 1970, Focus for conflict: southern mountain medical beliefs in Detroit *The Journal of American Folklore*. 83(328)
- Swanton JR 2000, *Creek Religion and Medicine*. University of Nebraska Press, Lincoln
- Winston D 2001, Nwotwi: Cherokee Medicine and Ethnobotany. *JAHG* 2(2): 45-49
- Wood M 1997, *The Book of Herbal Wisdom*. North Atlantic

- Books, Berkeley, CA
- Wood P 2003, *Strange New Land: Africans in Colonial America*. Oxford University Press, New York
- Wright L Jr. 1999, *The Only Land They Knew: American Indians in the Old South*. University of Nebraska Press, Lincoln
- Yronwode C 2002, *Hoodoo Herb and Root Magic*. Lucky Mojo Curio Company, Forestville, CA
- <http://www.floridahistory.com>  
Accessed 01/02/07 through 01/11/07.
- [http://www.cr.nps.gov/history/online\\_books/deso/part1.htm](http://www.cr.nps.gov/history/online_books/deso/part1.htm)  
Accessed 01/18-20/07
- <http://pilgrims.net/plymouth/history/>  
Accessed 01/18/07.
- <http://www.oldcity.com/his2.html>  
Accessed 01/20/07.
- <http://swrhc.txstate.edu/cssw/>  
*Windows to the Unknown: Cabeza de Vaca's Journey to the Southwest*: Center for the Study of the Southwest.  
Accessed 1/21/07
- [http://www.nlm.nih.gov/hmd/greek/greek\\_galen.html](http://www.nlm.nih.gov/hmd/greek/greek_galen.html)  
Galen: accessed 01/29/2008

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In the first comprehensive exploration of the history and practice of folk medicine in the Appalachian region, Anthony Cavender melds folklore, medical anthropology, and Appalachian history and draws extensively on oral histories and archival sources from the nineteenth century to the present. He provides a complete tour of ailments and folk treatments organized by body systems, as well as information on medicinal plants, patent medicines, and magico-religious beliefs and practices. He investigates folk healers and their methods, profiling three living practitioners: an herbalist, a faith heal Her studies in Southern and Appalachian folk medicine began at the age of ten in the deep woods of North Alabama with lessons from her Creek/Cherokee grandmother and continued with well-known folk herbalist Tommie Bass. She received a master of health studies from the University of Alabama. Light is a registered herbalist and currently acts as vice president of the American Herbalist Guild as well as a member of the Admissions Committee. Both practical and enlightening, Phyllis Light takes you on a journey with the plants, opens up the hidden treasure of Appalachian Folk Medicine and teaches you much more than you could imagine. A reclaiming of heritage, this book is a journey into the history, culture, theory and practical application of folk medicine.