

Herbal Remedies and Faith Practices for Diabetes Self-Care: The Story of a Latina

Karen A. Amirehsani, PhD, FNP-BC

The University of North Carolina at Greensboro, School of Nursing

Background: Prior research indicates that Latinos living in the United States use traditional modalities such as herbal remedies and faith practices as part of diabetes self-care. However, limited knowledge is available depicting how these culturally-based practices are utilized to treat diabetes. The purpose of this study was to explore the diabetes self-care practices of Latinos living in an area of the Southeast.

Description/Methods: This presentation is the story of one Latina immigrant who was part of a cross-sectional, descriptive study consisting of 75 Latino adults with type 2 diabetes. Data was collected through face-to-face bilingual interviews in a community-based local of the participant's choice. In addition to demographic questions and obtaining information regarding traditional practices, biophysical indicators of blood pressure, height, weight, and hemoglobin A1C were obtained.

Results: "Maria," a 47-year old Mexican immigrant, was diagnosed with type 2 diabetes at age 32 years. Hemoglobin A1C level was 7.0%. Maria described using nine herbal/plant remedies either daily or several times per week for diabetes and made herbal dose-adjustments based on self-monitoring blood glucose levels. Most frequently used herbal/plant remedies included fenugreek, prickly pear cactus, bitter melon, chia seeds, and flax seeds. The major adverse reaction was glucometer verified hypoglycemia with the use of chia seeds. Herbal preparations included *licuados*, consuming raw or cooked, capsules, and powder. Maria also reported using personal prayer as a faith-based modality to lower her blood sugar levels by reducing her stress. Maria voiced firm beliefs that herbal/plant remedies are safer than prescriptive medications and a greater confidence in these traditional self-care treatments for diabetes. Despite being uninsured, she reported visiting her primary care provider every three months for diabetes follow-up. She has tried talking with her primary care provider about her self-care treatments; however, she stated that her doctor does not want to listen, talk about, or give advice about natural therapies. Thus, she has stopped disclosing her self-care modalities to her doctor and instead seeks health advice for herbal remedies from alternative sources.

Implications: Herbal/plant remedies and faith-based interventions are meaningful diabetes self-care modalities being used by Latinos. Healthcare primary care providers do need to become knowledgeable about the self-care treatments clients are using and foster a provider-client relationship that promotes disclosure to optimize the patient's health and safety.