Traditional knowledge and therapeutic practices in urban contexts: herbalism, spirituality and knowledge transmission in the Guadalajara metropolitan area

Suhey Ayala Ramírez[1]
Víctor Manuel Castillo Girón[2]

SAPIENTIAE: Ciências Sociais, Humanas e Engenharias
Universidade Óscar Ribas, Luanda, Angola
ISSN Versão Impressa 2183-5063 ISSN Versão Digital 2184-061X
Vol. 12 (1). Julho - Dezembro 2026
http://publicacoes.uor.ed.ao/index.php/sapientiae/

sapientiae

Resumen

This study explores the ways in which therapeutic knowledge associated with herbal medicine and various spiritual practices is transmitted and used in the metropolitan area of Guadalajara, Mexico, with a particular focus on the Corona Market. Despite its strong presence among the local population, this context has received limited attention in academic literature. The objective is to identify how individuals engaged in these activities learn, adapt, and put their knowledge into practice, especially within an urban environment where multiple healthcare alternatives coexist and where therapeutic decisions often combine personal experiences, beliefs, and inherited practices. Methodologically, the study employed semi-structured interviews organized through a flexible adaptation of the SECI Model, which made it possible not only to identify forms of learning and transmission but also to examine the processes of validation and continuity that sustain these practices. The findings indicate that a significant portion of therapeutic knowledge originates within family life or the immediate social environment and is consolidated through direct observation and everyday practice. However, a growing distancing among younger generations is observed, placing the continuity of this knowledge at risk. Additionally, some practitioners selectively incorporate elements of modern medicine, while the majority maintain inherited practices closely linked to symbolic and spiritual dimensions. The results suggest that documenting and strengthening these transmission processes is a necessary step to ensure the continuity of traditional knowledge, particularly in urban contexts subject to rapid change.

Keywords:
Traditional knowledge, traditional medicine, herbalism, intergenerational transmission of knowledge, therapeutic practices in urban contexts.

1. Universidad de Guadalajara, Jalisco, México
suhey.ayala@academicos.udg.mx / https://orcid.org/0000-0003-1079-9605
2. Universidad de Guadalajara, Jalisco, México
victor.cgiron@academicos.udg.mx / https://orcid.org/0000-0002-8307-2952

Como citar: Ayala Ramírez, S., Castillo Girón, V. M. (2026). Traditional knowledge and therapeutic practices in urban contexts: herbalism, spirituality and knowledge transmission in the Guadalajara metropolitan area. *Sapientiae*, 12(1), e120102
https://doi.org/10.37293/sapientiae121.02

Recebido: 22.01.2026
Aceito: 20.05.2026
Publicado: 15.07.2026

Saberes tradicionais e práticas terapêuticas em contextos urbanos: fitoterapia, espiritualidade e transmissão de saberes na região metropolitana de Guadalajara

Resumo

Este estudo explora a forma como o conhecimento terapêutico associado à fitoterapia e a diversas práticas espirituais é transmitido e utilizado na região metropolitana de Guadalajara, México, com ênfase no Mercado Corona, cuja presença entre a população contrasta com a escassa atenção que tem recebido na literatura acadêmica. O objetivo é identificar como as pessoas que se dedicam à fitoterapia e às práticas espirituais aprendem, adaptam e colocam em prática seus conhecimentos, especialmente em um contexto urbano onde coexistem múltiplas alternativas de cuidado e onde as decisões terapêuticas costumam combinar experiências pessoais, crenças e práticas herdadas. Metodologicamente, foram realizadas entrevistas semiestruturadas, organizadas a partir de uma adaptação flexível do Modelo de Gestão do Conhecimento: Socialização, Externalização, Combinação e Internalização (SECI), o que permitiu não apenas reconhecer as formas de aprendizagem e transmissão, mas também os processos de validação e continuidade que sustentam essas práticas. Os resultados indicam que uma parcela significativa do conhecimento terapêutico tem origem no ambiente familiar ou no contexto social mais próximo e se consolida por meio da observação direta e da prática cotidiana. Entretanto, observa-se um distanciamento crescente das gerações mais jovens, o que coloca em risco a continuidade desse patrimônio cultural. Além disso, identificou-se que alguns praticantes incorporam, de forma seletiva, determinados elementos da medicina moderna, enquanto a maioria mantém práticas herdadas que conservam uma estreita relação com dimensões simbólicas e espirituais. Os resultados sugerem que documentar e fortalecer esses processos de transmissão constitui um passo fundamental para garantir a continuidade do conhecimento tradicional, particularmente em contextos urbanos sujeitos a rápidas transformações

Palavras-chave: Conhecimento tradicional, medicina tradicional, fitoterapia, transmissão intergeracional do conhecimento, práticas terapêuticas em contextos urbanos

Traditional knowledge and therapeutic practices in urban contexts: herbalism, spirituality and knowledge transmission

Resumen

Este estudio explora la manera en que se transmite y utiliza el conocimiento terapéutico asociado a la herbolaria y diversas prácticas espirituales en la zona metropolitana de Guadalajara, México, con énfasis en el mercado Corona, cuya presencia entre la población contrasta con la escasa atención que ha recibido en la literatura académica. El objetivo es identificar cómo las personas que se dedican a la herbolaria y actividades espirituales aprenden, adaptan y ponen en práctica sus conocimientos, especialmente en un entorno urbano donde conviven múltiples alternativas de atención y donde las decisiones terapéuticas suelen combinar experiencias personales, creencias y prácticas heredadas. Metodológicamente se realizaron entrevistas semiestructuradas, organizadas a partir de una adaptación flexible del Modelo de gestión de conocimiento: Socialización, Exteriorización, Combinación, Interiorización (SECI), lo que permitió no solo reconocer las formas de aprendizaje y transmisión, sino también los procesos de validación y continuidad que sostienen estas prácticas. Los hallazgos indican que una parte importante del saber terapéutico se origina en la vida familiar o del entorno inmediato y se consolida mediante la observación directa y la práctica cotidiana, aunque se observa un distanciamiento creciente por parte de las generaciones más jóvenes, lo que pone en riesgo su continuidad. Asimismo, se identificó que algunas personas practicantes integran ciertos elementos de la medicina moderna de manera selectiva, mientras que la mayoría mantiene prácticas heredadas que guardan un vínculo estrecho con dimensiones simbólicas y espirituales. Los resultados sugieren que documentar y fortalecer estos procesos de transmisión constituye un paso necesario para asegurar la continuidad del conocimiento tradicional, particularmente en contextos urbanos sujetos a cambios acelerados.

Palabras clave: conocimiento tradicional, medicina tradicional, herbolaria, transmisión intergeneracional del conocimiento, prácticas terapéuticas en contextos urbanos

Introduction

The term traditional medicine encompasses a broad spectrum of knowledge, wisdom, and practices possessed by individuals which, over time, have contributed to the physical, emotional, and spiritual well-being of society. This knowledge, primarily transmitted through oral tradition and deeply rooted in familial and community experiences, persists as a vital framework for understanding and addressing human illness from unique cultural perspectives (Toscano, 2006; García, 2007; Suárez & Rodríguez, 2018; Martínez et al., 2022).

Particularly in Mexico, this traditional medical knowledge associated with the use of medicinal plants has evolved into an invaluable biocultural heritage (Méndez et al., 2014; Magaña et al., 2010). This is evidenced by the country's extensive floristic richness, demonstrated through the diverse array of species utilized by populations for therapeutic purposes, which in turn reflects the intricate relationship between biodiversity and indigenous traditional knowledge. For instance, the establishment of medicinal gardens in the Yucatan Peninsula exemplifies how traditional medical practices can align with environmental conservation efforts while simultaneously strengthening the continuity of knowledge transmission within the communities themselves (Méndez et al., 2014).

Traditional medicine maintains a holistic conception of health; that is, it is not restricted solely to the treatment of physical ailments, but is rather conceived as a convergence of diverse emotional, symbolic, and spiritual dimensions. This worldview remains resilient and relevant, even in the face of the persistent advancement of western biomedicine (Toscano, 2006; García, 2007; Sarauz, 2021).

Nevertheless, the continuity of traditional medical knowledge is currently threatened by various factors. Among these is the accelerated loss of biodiversity resulting from deforestation, urbanization, and the overexploitation of natural resources. This phenomenon not only restricts access to and the availability of species used for curative purposes (Guimarães & Moura, 2015; Martínez & Solis, 2020; Sarauz, 2021; Toscano, 2006), but also disrupts the daily practices essential for the transmission of traditional knowledge.

Furthermore, sociocultural shifts associated with globalization are transforming family and community dynamics, posing an additional threat to this knowledge base. For example, migration to urban areas, incorporation into the formal labor market, and the expansion of institutionalized education have substantially reduced the time available for intergenerational learning and knowledge transfer (Hirose, 2018; Portocarrero et al., 2015). This is compounded by a growing disinterest among younger generations regarding the use and conservation of healing materials, as they are increasingly influenced by contemporary lifestyles and the pervasive presence of modern medicine (Valladares & Olivé, 2015; Maluleka & Ngoepe, 2018). Finally, the issue is exacerbated by biopiracy and the unilateral appropriation of traditional knowledge by pharmaceutical companies, which seldom recognize or financially compensate the communities that have historically preserved these insights (Guimarães & Moura, 2015; Rodríguez & Duarte, 2020)

In response to these conditions, several authors emphasize the urgency of promoting educational and conservation policies that recognize the value of biocultural heritage, as well as fostering more equitable relations between traditional medicine and biomedicine (Castañeda & Alberti, 2005; Ayub et al., 2018; Maluleka & Ngoepe, 2018).

Within this context, it is critical to understand how traditional knowledge is acquired, transmitted, and updated through daily practice, particularly in urban settings where traditional medicine does not disappear, but rather transforms and acquires new nuances. Accordingly, this article aims to analyze the transmission processes of traditional therapeutic knowledge within the Guadalajara Metropolitan Area in the state of Jalisco, Mexico. Specifically, it examines how such knowledge gains meaning and utility among individuals dedicated to herbalism and spiritual therapeutic practices. Although the Corona Market in Guadalajara serves as a key benchmark due to its high concentration of activities linked to these practices, this study also incorporates experiences gathered from other spaces within the metropolitan area. This approach provides a broader perspective on the circulation, updating, reinterpretation, and continuity of traditional wisdom.

This urban-focused framework—characterized by mobility, cultural diversity, and the convergence of diverse therapeutic practices—constitutes a relatively underexplored perspective in the specialized literature (Argueta & Pérez, 2019; González & Argueta, 2018). Its incorporation into the analysis enables the identification of contemporary forms of learning, legitimization, and therapeutic practice that are seldom documented in a field of study that predominantly focuses on rural communities.

The Guadalajara Metropolitan Area, located in the state of Jalisco, Mexico, is characterized by a robust herbalist tradition and the pervasive presence of popular spiritual practices. Within this environment, the Corona Market is recognized as an iconic space, particularly on its upper floor, which concentrates stalls dedicated to herbalism, the sale of spiritual supplies, and various therapeutic services. In this venue, remedies, advice, and traditional medical knowledge are

shared with and requested by clients originating both from the metropolitan area itself and from other regions in western Mexico. This dynamic leads to a continuous flow of diverse users, experiences, and trajectories that reinforces the daily relevance and ongoing renewal of therapeutic knowledge.

Conceptual Framework

Knowledge constitutes a tool for individuals to comprehend the world, although its forms, meanings, and modes of validation have varied widely across cultures and different historical eras (Valladares & Olivé, 2015). From a classical perspective, knowledge is defined as a "justified true belief" and is conceived as a stable, codifiable entity that can be transmitted through formal propositions. However, this objectivist perspective proves insufficient to account for forms of knowledge that operate within tacit, symbolic, and experiential dimensions—as is the case with traditional knowledge, whose value emerges through concrete practices and cannot always be reduced to propositional language.

Conversely, if knowledge is examined from a more practical standpoint, then knowing implies a dynamic process expressed in the very act of engaging with the environment. This approach emphasizes the inherent indeterminacy of experience, the presence of tacit dimensions, and the situated manifestation of knowledge within specific practices. Consequently, tacit knowledge—derived from personal experience, accumulated sensitivity, and embodied memory—is difficult to translate into words and stands in contrast to codified knowledge, which tends to be impersonal and systematic. This distinction becomes particularly relevant when contrasting scientific-technological knowledge with traditional knowledge, the social and symbolic embedding of which demands distinct interpretive frameworks (Valladares & Olivé, 2015).

Traditional Knowledge

Traditional knowledge encompasses a comprehensive body of insights, practices, and beliefs that have been safeguarded, recreated, and transmitted intergenerationally within families and communities. This knowledge baseline includes natural resource management techniques, symbolic systems, rituals, and spiritual frameworks closely tied to specific territories (Toledo & Barrera, 2008). In Latin America, these systems are frequently conceptualized as biocultural memories, as they condense the complex relationships between nature, social bonds, and cosmovision (Toledo & Barrera, 2008).

The most significant distinction between modern scientific knowledge and traditional knowledge lies in their modes of validation. While scientific knowledge relies fundamentally on standardized procedures, traditional knowledge systems are legitimized through collective experience, the reiteration of practices, and community recognition. In this process, activities such as observation and symbolism converge with rites, myths, and social ties, establishing unique, culture specific codes of legitimacy (Alejandro & Mazabel, 2014; Martínez et al., 2022). Correspondingly, educational and formative processes are structured around affective and spiritual bonds, where emotions such as compassion, respect, fear, or gratitude directly influence the appropriation and validation of knowledge (Mayo et al., 2024). Consequently, understanding the generation and transmission of this knowledge requires recognizing the intertwining of symbolic, spiritual, emotional, and collective dimensions that do not conform to the technical-normative criteria characteristic of modern science (Argueta & Pérez, 2019; González & Argueta, 2018).

Thus, within the worldview of various indigenous and peasant cultures, the transmission of knowledge is framed by symbolic initiatory processes, revelatory dreams, illnesses that function as transformative learning moments, familial gifts, or even spiritual lineages that bestow legitimacy upon those who practice these traditions (Campos, 1990; Fagetti, 2010). These dynamics find clear parallels in medical traditions from other global contexts, such as Ayurveda (Pole, 2006), as well as in Mesoamerican expressions that conceive the human body as an integral part of a sacred space-time continuum (Hirose & Liu, 2007).

Consequently, traditional knowledge maintains a close articulation with the territory, adapting to its unique biocultural and environmental characteristics. This territorial embedding configures a cultural matrix from which knowledge is produced, circulated, and transmitted (Orellana et al., 2021).

In this manner, traditional knowledge must be understood as a form of cultural continuity rather than a collection of practices subjected to an administrative logic. Therefore, its preservation relies on processes of oral transmission, imitation, social memory, and symbolic safeguarding (Olivé et al., 2018). Within this framework, "conservation" does not refer to the storage of static information, but rather to maintaining the cultural relevance, mobility, and capacity of this knowledge to respond to changing contexts. Given that its transmission depends on indigenous languages, narratives, and localized rituals, it requires documentation strategies that are both sensitive and respectful (Alejandro & Mazabel, 2014).

Under this scope, the emotional and spiritual dimensions acquire a precise analytical meaning when observing the experiences recounted by the interviewees. According to their narratives, "the emotional aspect" does not merely denote an affective state, but rather a relational diagnosis, wherein ailments are linked to familial, social, or symbolic imbalances. Similarly, "the spiritual aspect" is not perceived as an abstract category, but as a set of presences, forces, or energies that constitute part of everyday life and guide both the interpretation of illness and therapeutic decisions. This articulation between the emotional and the spiritual imbues the use of plants, limpias (spiritual cleansings), rituals, and the intervention of specialists with meaning, constituting a central axis for understanding how knowledge is transmitted in urban environments.

From this perspective, knowledge transfer is understood as a complex process integrating not only familial instruction or direct observation, but also rituality, accumulated experience, symbolic commitments to those who transmitted the knowledge, and the diverse forms of spiritual legitimization that accompany its acquisition. Although the SECI Model is explained in greater detail below, it is adopted here as a flexible interpretive framework that allows for the identification of certain patterns without forcing these processes into a rigid, technical sequence. The narratives gathered in this study demonstrate that knowledge shifts among emotional, symbolic, practical, and spiritual dimensions, thereby nuanceing and complementing the aforementioned model, while offering key insights to understand the transmission patterns subsequently analyzed in the results. Thus, the use of the term "management," which within the SECI Model is typically associated with knowledge organization processes, does not refer in this study to a technical administration of knowledge. Instead, it denotes the recognition of the ways in which knowledge holders safeguard, protect, and update this heritage within transforming social contexts.

Traditional Medicine

Traditional medicine is understood as a comprehensive body of knowledge and practices that, grounded in theories, beliefs, and experiences accumulated by diverse cultures, are employed to maintain health as well as to treat physical or emotional ailments. This therapeutic system is transmitted from generation to generation, acquiring specific forms according to the cultural and social context of each community (Idoyaga, 2015). Those who practice it are recognized as individuals capable of diagnosing and treating various illnesses, frequently dedicating themselves almost exclusively to this vocation (Arteaga, 2012).

Within this broad horizon, several practices can be identified. Shamanism, for instance, involves a specialist who acts as an intermediary between the spiritual and physical worlds, utilizing rituals, trances, or altered states of perception to restore spiritual equilibrium (Idoyaga, 2015). Curanderismo (traditional healing), on the other hand, gathers a heterogeneous suite of techniques ranging from the use of medicinal plants to divination or protective rituals, thereby articulating herbal, symbolic-ritual, and diagnostic dimensions aimed at recovering physical-emotional balance (Arteaga, 2012). Meanwhile, widely diffused domestic or household medicine is based on knowledge transmitted within families, where medicinal plants and home-prepared remedies are used to address common ailments (Arteaga, 2012).

In this same vein, herbalism constitutes one of the most significant practices within traditional medicine. It is based on the utilization of medicinal plants to prevent and alleviate illness, yet its scope transcends the strictly pharmacobotanical definition of the term "medicinal plant." Within this framework, the notion of a "remedy" acquires a broader meaning, as it refers to a collective knowledge regarding the curative properties of certain flora, even when these are not equivalent to modern pharmaceuticals (Sarauz, 2021). In curanderil practice, plants occupy a central position: practitioners prepare infusions, ointments, or herbal combinations to treat frequent ailments—ranging from gynecological issues to gastric discomfort, infant diarrhea, or coughs—relying on the accumulated wisdom of the community (Gubler, 1996; Sánchez & Torres, 2020).

This use of plants is generally accompanied by ritual bonds and a profound respect for nature, which form an essential part of the therapeutic process. In many instances, practitioners ask permission from the plants prior to harvesting them, follow specific temporal rules, or make small offerings, which expresses a spiritual and affective relationship of reciprocity with the environment (Castañeda & Alberti, 2005). Although numerous species lack modern pharmacological validation, their efficacy is recognized through shared experience and their inscription within community narratives of healing (Sarauz, 2021).

Furthermore, spiritual practices—such as limpias (ritual cleansings), sahumerios (smudging), the use of amulets, or symbolic readings—complete this therapeutic horizon. Although occasionally categorized separately, in daily life both dimensions, herbalism and rituality, interweave continuously, generating an integral understanding of the body, illness, and healing (Arteaga, 2012). This articulation is particularly relevant for the present study, as it allows us to observe how the material and symbolic forms of the practice mutually sustain one another, guiding and updating traditional medicine, especially within urban contexts.

Likewise, in various Mesoamerican cultures, dreams operate as a pathway to knowledge—a space where diagnoses are revealed, decisions are guided, and healing gifts are legitimized. Episodes of illness, revelatory experiences, or familial lineages form part of the processes through which an individual is recognized as a bearer of specialized knowledge (Gallardo, 2024).

In cities like Guadalajara, these dimensions do not disappear; on the contrary, they reconfigure and acquire localized expressions. The soul-based reading of the body, spiritual recommendations, or prayers offered prior to harvesting plants remain part of the therapeutic exercise, even when harvesting no longer occurs in mountains or rural zones, but rather in gardens, urban orchards, or peri-urban areas. This persistence confirms that the links between territory, spirituality, and healing practices do not dissolve with urbanization, but instead find new modes of expression, as documented by recent studies on the continuity of the spiritual-territorial dimension in urban settings.

Moreover, modernization processes have also modified the practice of traditional medicine, particularly through increasing access to allopathic medical services and the dominant presence of biomedicine (Gubler, 1996). However, this scenario has not led to its erasure. Conversely, contemporary interest in ethnobotanical studies, herbalism, and ancestral knowledge has fostered new forms of documentation, dialogue, and intercultural exchange aimed at strengthening the continuity of these practices without uprooting them from their sociocultural contexts (Gubler, 1996; Sánchez & Torres, 2020).

From this perspective, the study of traditional medicine and herbalism not only allows for the preservation of ancestral memories and knowledge, but also recognizes their historical efficacy, values cultural diversity, and promotes holistic approaches to healthcare. Furthermore, it offers a framework for understanding the impacts of globalization and modernity on these traditional knowledge systems.

Knowledge Transfer in Traditional Medicine

Knowledge transfer in traditional medicine refers to the processes through which both tacit and explicit knowledge are passed from one generation to the next, ensuring the continuity and renewal of practices that possess deep cultural roots. Rather than occurring within formal or structured environments, this transfer takes place within daily familial and community interactions, ritualities, affective bonds, and close, lived bodily experiences. It unfolds through direct observation, intuition, oral tradition, and various forms of spiritual revelation, incorporating dream-based or revelatory experiences understood as moments that legitimize and guide the therapeutic path (Argueta & Pérez, 2019; González & Argueta, 2018; Gallardo, 2024).

The SECI Model (comprising four phases: Socialization, Externalization, Combination, and Internalization), proposed by Nonaka and Takeuchi (1995), has frequently been utilized to explain how tacit knowledge is transformed into explicit knowledge, and vice versa, within organizational contexts. Although it did not originate within the field of traditional medicine, it can be employed here as a flexible, analytical, and non-normative framework, provided that the symbolic, spiritual, and contextual complexity characterizing these knowledge systems is recognized. Various studies have demonstrated that this model enables the identification of how knowledge is generated, recreated, and legitimized through practices grounded in bodily experience (Ayub et al., 2018; Mayo et al., 2024).

In the socialization phase, tacit knowledge is transmitted through close cohabitation and shared experience. During this process, the apprentice not only observes limpias (spiritual cleansings), herbal preparations, or diagnoses, but embodies knowledge through repetition, imitation, and direct contact (Ayub et al., 2018). This socialization occasionally includes messages received in dreams, signs, intuitions, or intense emotions—elements that articulate bodily and spiritual learning within the formative process (Gallardo, 2024).

For its part, the externalization phase consists of converting practically acquired experiences and knowledge into shareable explanations through stories, metaphors, or narratives regarding healing processes (Nonaka & Takeuchi, 1995). In traditional therapeutic practices, this process is observed when knowledge holders explain the origin of an ailment, describe the use of specific plants, or transmit experiences that guide the practice of others. Rather than formally systematizing knowledge, these modes of communication seek to preserve lived experience, orient therapeutic action, and facilitate learning through shared experience.

The combination phase occurs when disparate fragments of explicit knowledge are integrated to generate new possibilities for action. In urban contexts, where diverse trajectories and backgrounds converge, practitioners adjust recipes based on plant availability, contrast diagnostic interpretations with other specialists, and articulate spiritual elements with herbal wisdom, giving rise to renewed forms of understanding and practice (Jayasekera, 2022; Maluleka & Ngoepe, 2018). This process does not imply technical innovation in the modern sense, but rather a constant recreation that responds to the plurality of experiences present within the city.

The final phase, internalization, occurs when that which has been explicitly explained is re-embodied as tacit knowledge through reiterated practice and close mentorship (Nonaka & Takeuchi, 1995). It implies developing manual skills, diagnostic sensitivity, ritual mastery, and relational interpretations of the body and energy. This is a form of learning grounded in experience—a process that can only be consolidated through direct practice and the guidance of individuals with greater trajectories in therapeutic work.

From this standpoint, the SECI Model functions as an interpretive tool rather than a normative schema, allowing for the recognition of the interaction among embodiment, emotionality, spirituality, and lived experience in the transmission of traditional knowledge. Its utility lies in demonstrating how knowledge circulates, reconfigures, and becomes legitimized, particularly within urban spaces such as public markets, where heterogeneous practices, narratives, spiritual meanings, and formative trajectories converge.

In this sense, the transfer of traditional knowledge not only ensures the continuity of therapeutic practices, but also preserves the cultural and spiritual integrity that sustains them. Its dynamic nature allows these forms of knowledge to adapt to contemporary transformations, incorporating innovations without losing their foundational meanings. Even when facing processes such as modernization, migration, or globalization, the growing interest in traditional medicine has generated opportunities for its cultural revitalization, documentation, and strengthening (Maluleka & Ngoepe, 2018; WHO, 2013).

Within this context, various studies in Africa and Latin America demonstrate that the transmission of traditional knowledge relies on prolonged processes of mentorship, where practice encompasses a formative component built upon close proximity between specialists and apprentices. The core axes that commonly structure this process are direct observation, active participation, and daily socialization (Ayub et al., 2018; Maluleka y Ngoepe, 2018).

Contextual and Methodological Framework

The Guadalajara Metropolitan Area constitutes one of the most significant urban spaces in Mexico, not only due to its population size but also because of the cultural diversity it sustains and the overlap of ancestral practices and modern expressions that coexist within its daily life. Within this area, the Corona Market represents a key site for understanding the dynamics of knowledge generation and transmission related to herbalism and other traditional and spiritual therapeutic practices. According to García and Rodríguez (2020), this space concentrates approximately fifty stalls dedicated to these activities, with a pronounced predominance of herbalism. According to the market administrator (personal communication, July 11, 2024), the majority of these stalls belong to a small number of families, which shapes unique internal dynamics and specific modes of knowledge transmission among practitioners.

Considering the objective of this article, it was decided to orient the analysis toward herbal and therapeutic practices that, from the initial field immersion, exhibited greater density in their narratives and higher clarity in the description of their learning mechanisms. This choice allowed the study to focus on those scenarios where transmission processes were most visible and consistent, without losing sight of the complexity of the urban environment in which they are embedded.

To achieve this purpose, a descriptive and interpretive qualitative research design was deployed, given its utility for exploring and deeply understanding the experiences of participants within their natural settings (Denzin & Lincoln, 2018). This approach facilitated an approximation to the complexity of the practices, beliefs, and processes associated with traditional medicine, integrating both technical-operative components—such as the use of medicinal plants, the preparation of remedies, or certain diagnostic procedures—and the symbolic, emotional, and spiritual dimensions that are indispensable for understanding the internal logic of traditional knowledge. The articulation of these elements offered a more comprehensive overview of the meanings guiding the practice and the ways in which forms of knowledge are transmitted and updated.

For data collection, semi-structured interviews were conducted during July 2024. These interviews were recorded with the informed consent of the participants, ensuring the ethical safeguarding of the information, respect for their rights, and the protection of their privacy. On average, the interviews lasted an hour and a half; however, in several cases, the conversation extended for nearly three hours and required more than two visits, which allowed for a deeper exploration of experiences that participants only shared once sufficient rapport was established. Subsequently, the recordings were transcribed using MAXQDA software, which facilitated a meticulous analysis. The interviews were complemented by direct observations and field notes, which allowed for the recording of bodily expressions, modes of interaction with users, spatial layouts, and the presence of symbolic, spiritual, or ritual elements that accompanied daily practice.

Initially, the intention was to interview a key individual from each of the approximately fifteen families engaged in these practices within the Corona Market. However, the fieldwork revealed a series of limitations that altered this expectation. A significant portion of the contacted individuals declined to be interviewed, citing distrust associated with the negative media reputation that has surrounded these activities in recent years. Furthermore, several practitioners explained that they were restricted from speaking about their practice due to commitments made to those who taught them, under the warning that disclosing certain insights could bring negative consequences upon their families or compromise the integrity of the practice itself. These reservations, far than being merely operational obstacles, highlighted the spiritual, ethical, and symbolic sensitivity that structures the transmission of traditional knowledge, thereby necessitating a more cautious and respectful approach in interacting with potential participants.

These circumstances justify the formation of a smaller sample size, grounded not in criteria of numerical representativeness but in the logic of qualitative saturation, which was more appropriate for capturing the nuances of the formative, emotional, and ritual processes involved in knowledge acquisition and transmission. Within the Corona Market, six interviews were successfully conducted, supplemented by four additional interviews with practitioners located in other areas of the Guadalajara Metropolitan Area who are well-recognized for their trajectories in traditional medicine. These additional interviews were made possible through recommendations from informants or clients who had previously sought their services, implementing a procedure closely aligned with chain-referral or "snowball" sampling. This approach facilitated the incorporation of a wider diversity of trajectories and learning styles (Creswell & Poth, 2018).

The interviews were conducted using an open-ended question guide structured around three analytical axes: personal characterization and therapeutic practices; traditional knowledge transfer; and the application of knowledge alongside reflections on the future of traditional medicine.

Results

Demographic Characteristics and Therapeutic Practices

The interviewees represent a diverse cohort in terms of both age and the breadth of their professional trajectories, as well as the modalities through which they practice traditional medicine. Their ages range from 50 to 94 years. Female participation predominates, accounting for seven out of the ten participants, which aligns with scholarship highlighting the central role of women in the transmission and practice of these traditions within familial and community networks (Bussmann & Sharon, 2006; Cámara et al., 2014). The accumulated experience is extensive; on average, the participants possess nearly forty years of continuous practice, reflecting prolonged formative processes and a legitimacy constructed over time.

Regarding educational attainment, eight individuals completed only primary education, while two graduated from high school. None of them hold professional training in modern western medicine, which reinforces the empirical, oral, and contextualized nature of therapeutic learning (Bussmann & Sharon, 2006). For all participants, hands-on practice—particularly in performing healings and preparing or harvesting plants—constitutes their most valuable source of knowledge. This finding is consistent with research describing traditional expertise as a body of wisdom built upon case studies, continuous observation, and everyday experimentation (Pardo et al., 2015).

In terms of marital status, six individuals are widowed. In several cases, this life event prompted a more active continuity of their practice, particularly among women who assumed greater prominence following the familial and economic reorganizations that ensued. This dynamic demonstrates how therapeutic practice can play a strategic role in daily organization, as well as in ensuring the continuity of traditional knowledge within family and community structures (Turner, 2016). The remaining four individuals are distributed between married and single statuses (see Table 1).

Training in traditional medicine developed primarily within the domestic sphere: eight individuals learned from parents, grandparents, or parents-in-law, who in turn had incorporated knowledge transmitted by previous generations or acquired in their communities of origin. This pattern reflects the critical importance of the family unit and close kinship networks in the transmission of therapeutic knowledge, characterized by continuous learning based on observation, practice, and accumulated experience (Bussmann & Sharon, 2006). The remaining two individuals reported having learned by observing local healers, without any kinship ties.

Several trajectories among these individuals attest to the robust nature of this experiential transmission. One participant recounted that their father initiated his healing practice after being cured by a traditional healer during a time when modern treatments were inaccessible. Another explained that they began by assisting their mother-in-law in preparing remedies, subsequently gaining practical experience and, later, autonomy. These narratives reflect a non-linear learning process, interwoven with vital life experiences, caregiving relationships, and daily participation that shape therapeutic practice. For

instance, one interviewee recounted how she unassistedly managed her own childbirth in a rural setting, relying on plants and techniques learned since childhood alongside experience accumulated over the years. Another participant explained how they began treating severe illnesses, such as cancer, based on continuous observation and ongoing experimentation. Within this study, these accounts are interpreted not as clinical evidence, but rather as testimonies that illustrate the gradual appropriation and consolidation of therapeutic wisdom throughout their lifespans via traditional knowledge and constant practice.

In the case of three individuals, they pursued studies in areas such as homeopathy or energetic medicine, which allowed them to complement their training with formal education. Through this integration, they did not substitute traditional knowledge, but rather expanded their professional trajectories and educational backgrounds.

The testimonies of the interviewees underscore the role of experimentation as the central axis of learning within traditional medicine. In this regard, seven participants highlighted the importance of "testing" remedies and plant combinations to refine treatments, while the remaining three emphasized the value of meticulous patient observation. Consequently, this demonstrates how therapeutic knowledge is generated through continuous processes of trial, error, and contextualized adjustment, wherein theory plays a secondary role relative to direct experience.

Regarding the practices employed, the interviewees utilize medicinal plants to treat common ailments—such as headaches, empachos (gastrointestinal blockages), or digestive issues—and, in some cases, more severe conditions like diabetes or cancer. Some practitioners claimed knowledge of up to 300 plant species, evidencing the breadth and complexity of their herbal repertoires (Bussmann & Sharon, 2006). Among the most frequently mentioned techniques are sobadas (therapeutic massages), spiritual limpias (cleansings), the preparation of ointments, and the brewing of medicinal concoctions. Furthermore, six individuals noted that they have begun addressing ailments linked to contemporary urban lifestyles, such as anxiety or stress, through specific herbal combinations. Three interviewees incorporate complementary techniques such as energetic medicine or therapeutic massages, thereby demonstrating a practice in evolution that is capable of responding to emerging needs (Pardo et al., 2015).

Traditional Knowledge Transfer

Grounded in the principles of the SECI Model, the interviews demonstrate that the processes of socialization, externalization, combination, and internalization are present within these therapeutic practices. However, they unfold in a flexible, non-linear manner and remain deeply intertwined with the familial and community environments of the practitioners.

Socialization—understood as learning through observation and direct participation—constitutes the predominant pathway for training. Eight individuals acquired their knowledge during childhood by assisting mothers, grandmothers, or mothers-in-law with healing tasks, which confirms the centrality of the household as a space where knowledge is shared and legitimized (Bussmann & Sharon, 2006). This everyday learning, based on repetition, practical application, and the progressive assumption of responsibilities, stands in stark contrast to the structured training characteristic of modern medicine. The remaining two individuals were trained by accompanying a local healer within their environment, proving that local networks also operate as active spaces for transmission, even outside of direct kinship ties (see Table 1).

Regarding the externalization of knowledge, the interviews consistently indicate that this is a limited and largely unsystematic process. Seven participants do not document their knowledge, preferring instead to teach it during daily practice, as they consider that learning must occur through shared experience. This method of sharing knowledge relies primarily on oral tradition, coupled with a cautious attitude toward written materials, a finding that aligns with reports by Turner (2016) and Pardo et al. (2015). Only three individuals have attempted to record or share certain remedies with third parties; however, even in these instances, transmission remains dependent on direct mentorship rather than a formal instructional process (see Table 1).

In the combination stage, the emergence of novel practices is less frequent. Eight participants stated that they prefer to remain faithful to inherited methods, evaluating efficacy based on accumulated experience, which is consistent with Etkin (2001). Only two individuals have integrated external elements, such as acupuncture or homeopathy, or explored new uses for familiar plants. This represents a selective and pragmatic adaptation process driven by the specific needs of their patients rather than an intention to fuse distinct medical systems. As suggested by Hossain et al. (2020), these combinations emerge in contexts where healthcare demands shift and user expectations diversify (see Table 1).

Concerning the internalization of knowledge, all cases demonstrate that new insights are embodied through continuous practice. Throughout their professional trajectories, practitioners adjust their treatments, test alternatives, and evaluate results, making necessary adjustments along the way. This trial-and-error dynamic strengthens their therapeutic repertoire and allows their practices to evolve alongside the changing needs of the clients who seek their counsel (Cámara et al., 2014; Turner, 2016) (see Table 1).

Table 1
Processes, Methods, and Manifestations of Therapeutic Knowledge Transfer

PHASE	METHOD	CASE	MANIFESTATIONS	REPRESENTATIVE PHRASES
Socialization	Family transmission	8	Daily observation, participation in treatments, gradual involvement in household chores	*"I learned from a young age by watching my mother heal with herbs"* *"I tell my children, 'Don't ask me how I do it, don't ask me how it's done—just watch how I do it"*
	Interaction with traditional healers	2	Learning through direct support from local specialists outside the family setting	*"I watched a traditional healer and began to assist him"* *"Most of the people at the market learned from me... They never learned as much as I did, but they've learned enough"*
Externalization	Oral tradition (undocumented)	7	Practical instruction based on direct guidance, without a formal curriculum	*"I prefer to teach hands-on; practice is better than just writing it down."* *"I have everything in my head. I don't like to just talk and talk and talk... if you want to learn, you have to come help me and just get out there and experiment."*
	Partial documentation	3	Occasional recording of remedies or requested explanations, without a defined structure	*"I write down some of my remedies for those who ask me."* *"A young woman came with me… and I taught her about some of the plants on the hill for two weeks."*
Combination	Selective integration	2	Selective inclusion of acupuncture or homeopathy; limited expansion of the therapeutic repertoire	*"I incorporated acupuncture to improve results, but I always combine it with the cleansing rituals I learned as a child."* *"I took courses in homeopathy, mostly to expand my knowledge, since homeopathy is based on plants."*
	No integration	8	Continuity of family methods as the primary criterion for efficacy...	*"I don't need anything else; I trust what my parents taught me."* *"I'm usually here at my business. I don't have to go looking for a neighbor or ask them for information or help."*
Internalization	Daily practice	10	Daily observation, participation in treatments, gradual involvement in household chores	*"When I'm testing something, I try it on myself first to make sure it's safe and effective."* *"I create my own combinations... if I can't find one because it doesn't exist, I combine it with another one—but one that's better than the one I can't find."*

Perceptions and beliefs regarding therapeutic practice and the future of traditional medicine

The analysis of the interviews reveals a broad spectrum of perceptions regarding the utility, relevance, and future of traditional medicine within an urban context such as Guadalajara. Although there is general consensus on the significance of this knowledge base, assessments regarding its continuity, adaptability, and therapeutic meaning vary according to personal trajectories, the specific practice of each interviewee, and the relationship they maintain with those seeking their care.

The majority of the participants (seven individuals) identify the perceived efficacy of their treatments as the primary indicator of their work's value, highlighting that patients return to address diverse ailments. This trust is constructed upon localized criteria of effectiveness based on observable improvement, emotional relief, and the durability of the therapeutic bond, rather than clinical measurements. This emphasis on direct experience and patient response reaffirms the relational nature of the healing process, aligning with the findings of Etkin (2001). For this group, inherited tradition offers sufficient and culturally relevant answers; consequently, they express reservations about integrating external practices unless strictly necessary (see Table 2).

In contrast, three individuals have incorporated elements such as homeopathy or acupuncture, arguing that these practices allow them to meet new demands without abandoning the principles they originally learned. These integrations operate as selective adjustments driven by personal interests or the need to expand their therapeutic repertoire, which coincides with what has been documented by Bussmann and Sharon (2006) in urban contexts where diverse medical frameworks converge.

For its part, the spiritual component occupies a central role for recollection among eight of the interviewees. From their perspective, healing is not reduced to treating physical symptoms, but rather entails balancing emotional and spiritual dimensions through limpias (spiritual cleansings), prayers, or protective gestures. In accordance with Turner (2016), this dimension does not operate as a rigid belief system, but rather as a set of situated practices that accompany the treatment,

generating calmness, containment, and a sense of equilibrium. For this group, the distinction between the physical and the spiritual is artificial, as both dimensions are deeply intertwined in both the illness and the recovery process (Zolla, Del Bosque, & Tascón, 2020) (see Table 2).

In the case of two individuals, who belong to the younger cohort within the sample, a more clinical interpretation of the practice is observed. Although they perform certain rituals to meet patient expectations, they consider that the primary therapeutic mechanism derives from the properties of the plants. This stance suggests a generational transition, influenced both by greater exposure to formal education and by daily interaction with biomedical frameworks (Pardo et al., 2015) (see Table 2).

Regarding perceptions about the future of traditional medicine, contrasts are also observed. Six participants express deep concern over the disinterest of younger generations in continuing these practices, which, based on their experience, constitutes one of the most critical threats to knowledge continuity. As noted by Cámara et al. (2014), the lack of intergenerational learning increases the vulnerability of traditional knowledge within urban settings. This concern is illustrated by one interviewee's statement: "My children see this as something outdated and prefer to pursue other fields" (see Table 2).

The remaining four individuals maintain a more optimistic outlook, considering that, even if the number of interested youths' declines, there will always be those who seek alternatives when conventional medicine proves insufficient. For this group, the capacity of traditional medicine to offer accessible, symbolically meaningful, and culturally proximate solutions constitutes the foundation of its permanence, even in scenarios characterized by accelerated transformation (Bussmann & Sharon, 2006). This underscores the resilience of traditional medicine and its ability to remain relevant amidst ongoing social and healthcare shifts (see Table 2).

Table 2
Perceptions of Therapeutic Practice, Efficacy, and the Continuity of Traditional Medicine

AREAS OF FOCUS	CASES	KEY QUOTES
Confidence in the perceived effectiveness of treatments	7	*"I have treated people with severe digestive problems who had already seen many modern doctors without success. After using my herbal remedies, they were well again."*
		"There are illnesses that doctors can't cure, but my remedies, which come from generations past, have made a huge difference."
		"Some patients arrive desperate after trying everything. When they see that my treatment works, they trust what I do and come back whenever they have a problem."
Selective incorporation of alternative medicine knowledge	3	*"I've started using homeopathy and acupuncture, and my patients have responded well."*
		"Acupuncture is something I learned more recently, but it fits well with what I already knew. When I use it alongside herbal remedies, my treatments are more comprehensive."
		"Studying a bit of modern medicine has allowed me to better understand how medications work and to better adjust my traditional remedies so they don't interfere."
Centrality of the spiritual component	8	*"Spirituality is an essential part of healing. I can't separate the plants from the rituals because it's the whole package that heals the person."*
		"For me, it's not enough to just give plants. You have to cleanse the patient's soul. Without that purification, the body doesn't heal completely."
		"The spiritual and the physical are connected. My patients feel relief in their bodies after the spiritual rituals."
Clinical interpretation of the practice	2	*"I perform the ritual because some patients expect it, but I know that what's really having an effect are the plants and their power over the body."*
		"Ultimately, the patient gets better because of the herbs' properties, not necessarily because of the prayers or the ritual."
Concern about generational disinterest	6	*"My children would rather study other things. I tell them this is valuable, but they don't want to carry on the tradition."*
		"I'm worried that, when I'm gone, no one else in my family will carry on this work. It seems like it no longer interests them..."
		"I perform the ritual because some patients expect it, but I know that what's really having an effect are the plants and their power over the body."
Optimistic expectations regarding continuity	4	*"Although not all young people are interested, there are always some who want to learn. As long as there are people who need healing, my work will remain relevant."*
		"Despite everything, traditional medicine will always have its place when modern medicine fails."
		"There will always be a group of people who understand the value of what we do. As long as there are healers, the tradition will live on."

Discussion

The findings described in the preceding section align with what various authors have previously documented regarding the resilience, adaptability, and deep familial, spiritual, and biographical embedding of traditional knowledge systems (Turner, 2016; Bussmann & Sharon, 2006). Furthermore, they shed light on those processes that are not necessarily linear or stable—particularly regarding the generation, transmission, and continuity of knowledge—as well as the sociocultural transformations characteristic of urban life. These dynamics suggest that the permanence of traditional medicine is not solely a product of specific techniques; rather, the agency and ability of its practitioners actively influence the maintenance of a knowledge base that is adjusted and resignified as the contexts in which it is practiced shift.

The demographic characterization of the interviewees reveals a profile composed predominantly of women over the age of 50, whose trajectories are closely linked to the domestic sphere and tight-knit interaction networks. This aligns with previous scholarship demonstrating how women play a pivotal role in the continuity of healing practices across Mesoamerica (Bussmann & Sharon, 2006; Cámara et al., 2014; Turner, 2016). Moreover, the results show that vital life experiences—such as widowhood, prolonged caregiving roles, or the necessity of achieving economic autonomy—strengthen their commitment to and permanence in this activity. This intersection between life history, daily practice, and community validation has also been highlighted by Turner (2016), who emphasizes the importance of accumulated experience and social recognition in the continuity of traditional medicine.

Regarding the formalization of knowledge, the findings demonstrate that oral tradition remains the dominant axis of transmission, especially among those who learned during childhood through familial mentorship. Although some individuals have attempted to partially record certain remedies or share explanations outside the domestic environment, there persists a clear preference for teaching through daily practice and situated experimentation. This preference has been previously documented, particularly in ethnobotanical studies (Pardo et al., 2015; Turner, 2016), revealing that the reservation toward writing and systematization is not merely due to a lack of documentation habits. Instead, it stems from symbolic commitments made to those who transmitted the knowledge to them, as well as the conviction that therapeutic efficacy is grounded in accumulated experience rather than formal instructional formats. In this sense, oral tradition does not function as an absence of systematization, but rather as an epistemic framework to preserve meanings, bonds, and responsibilities that could hardly be transferred into written text.

Regarding therapeutic practices, a wide diversity is observed, including the use of medicinal plants, sobadas (therapeutic massages), limpias (spiritual cleansings), rituals, and complementary techniques. The presence of complex conditions, such as cancer, anxiety, or diabetes, does not imply that the interviewees attribute to themselves clinical capabilities equivalent to biomedicine; rather, they describe situations in which their interventions were perceived as useful by those who sought them out. This indicates that "efficacy" is interpreted through specific cultural criteria associated with emotional relief, discomfort reduction, spiritual accompaniment, and the continuity of the healer-patient relationship. As noted by Etkin (2001), this demonstrates that traditional medicine functions as a complementary resource when biomedicine is perceived as insufficient or poorly accessible.

Furthermore, the knowledge transmission process confirms that socialization remains the predominant axis, occurring through direct observation, daily practice, and guided imitation. This process aligns with the Socialization phase—and, to a lesser extent, the Internalization phase—of the SECI Model. However, the data show that this model is only useful as a flexible interpretive framework, given that knowledge transmission occurs in a non-sequential manner and is tailored to the rhythms and relationships that shape the immediate environments of those engaged in these medicinal activities (González & Argueta, 2018; Mayo et al., 2024).

Formal externalization remains limited due to the high value placed on oral tradition, caution regarding open disclosure, and the role of certain practices as forms of symbolic custody within familial and social circles (Turner, 2016). Nonetheless, signs of openness are identifiable: some interviewees have begun teaching outside their families or partially recording certain remedies at the request of apprentices or patients. Although these actions represent a minority, they point toward an incipient search for preservation alternatives, particularly in response to the decline of the generational cohort replacement.

The integration of external elements appears in only three cases; this openness does not imply a replacement of inherited knowledge, but rather a pragmatic expansion oriented toward responding to specific needs, especially in urban contexts where distinct healthcare frameworks converge. As pointed out by Bussmann and Sharon (2006), this coexistence of knowledge bases is indicative of traditional medicine's capacity to adjust to changing scenarios without losing its cultural foundations, while simultaneously revealing the contrasts inherent in the coexistence of diverse practices.

A critical point emerging from both the interviews and the specialized literature is the declining interest among younger generations in learning and continuing these practices. Seven interviewees expressed deep concern over the lack of

familial succession, noting that, in the absence of those willing to assume the responsibility of learning, this knowledge faces the risk of being lost (Cámara et al., 2014). This disinterest does not constitute an isolated phenomenon; rather, it is inextricably linked to broader social processes, such as urbanization, the expansion of formal education, the shift toward non-traditional occupations, and changing youth perceptions regarding the legitimacy of traditional knowledge (Hirose, 2018; Valladares & Olivé, 2015). Within this scenario, the continuity of knowledge is contested between biographical trajectories in transition and contemporary expectations that value alternative future horizons, shaping one of the most significant structural challenges for the permanence of these practices.

According to the findings, the spiritual dimension remains a pivotal component of traditional medicine. Rather than constituting a systematic doctrinal body, spirituality is expressed through concrete actions—such as limpias (spiritual cleansings), prayers, protective gestures, or emotional accompaniment—that provide meaning and an existential anchor to the therapeutic process.

The perceived efficacy of their practice relies heavily on the close relationship between healer and patient, the network of bonds activated during each encounter, and the cultural framework through which illness is interpreted (Fagetti, 2010; Campos, 2016; Soriano et al., 2020). From this perspective, the act of healing is not limited to physical intervention upon the body; instead, it entails restoring emotional and symbolic balances, thereby reaffirming the holistic worldview that characterizes these knowledge systems.

In a landscape marked by globalization and progressive modernization, the results demonstrate that traditional medicine within an urban context, such as the Guadalajara metropolitan area, configures itself as a dynamic field. It is exposed to constant transformation processes while simultaneously remaining equipped with mechanisms for adjustment and continuity.

Within this framework, the continuity of traditional medicine depends on the manner in which its knowledge-holders strengthen intergenerational transmission and develop viable ways to safeguard and maintain their wisdom. This is especially true in urban settings where sociocultural transformations alter learning paces and perceptions regarding the legitimacy of knowledge. These processes delineate a field in permanent alignment, where the relevance of these practices is defined amidst adaptation processes, cultural preservation needs, and the possibilities for renewal that emerge from the daily experience of those who practice them.

Conclusions

- This article offers an approximation to the ways in which therapeutic knowledge associated with herbalism and various spiritual practices is generated, transferred, and managed within the Guadalajara metropolitan area—specifically within the Corona Market, one of the region's most emblematic sites for understanding these practices. The findings demonstrate that these systems of knowledge continue to play a significant role both as therapeutic alternatives and as cultural resources that articulate the physical, emotional, and symbolic dimensions of well-being, even within urban contexts shaped by modernization and the coexistence of multiple therapeutic frameworks. When considering these findings in relation to the sociocultural dynamics that characterize the city, it becomes evident that traditional medicine does not operate as a vestige of the past. Instead, it functions as a knowledge system in active dialogue with urban, economic, and community transformations, adapting its codes, practices, and rationales for legitimization without losing its cultural anchor.
- In this regard, the confidence that the interviewees place in their practices is sustained by accumulated experience, the continuous observation of outcomes, and the social validation they receive. Although some practitioners incorporate elements from other medical traditions, such as homeopathy or acupuncture, these additions function as extensions that broaden the available therapeutic repertoire without displacing the traditional principles that guide their understanding of illness. The analysis shows that spirituality remains a central component in the interpretation of ailments and the search for balance. Rather than a mere complement, it constitutes a symbolic framework that structures therapeutic actions and reinforces the perceived efficacy of treatments. This integration among practice, spirituality, and everyday experience helps explain the ongoing relevance of traditional medicine in urban environments where biomedical care is not always accessible or culturally appropriate.
- Another significant finding relates to the structural ambivalences surrounding knowledge transmission to younger generations. According to the interviewees, there is deep concern over the limited interest shown by their descendants and the reduction of the everyday spaces where these practices were traditionally learned. These factors, linked to shifts in urban lifestyles and greater occupational diversification, impact the continuity of learning. While these perceptions do not allow for the generalization of broad trends, they do express a shared

anxiety regarding the permanence of knowledge within their familial circles. Even so, several narratives recognize the coexistence of practices that endure alongside those that undergo transformation, reflecting processes of continuity and renewal that align with research highlighting the adaptive capacity of traditional knowledge in dynamic urban settings.

- Despite its contributions, this study presents limitations associated with its small sample size and its concentration within a specific urban site, which restricts the generalizability of the results. Furthermore, the study did not delve deeply into the initiation processes or the specific stages through which therapeutic learning is consolidated—aspects that emerged within the narratives and require more extensive research to fully understand how they operate across different family and practice environments.
- The results sustain the assertion that traditional medicine and its associated spiritual practices continue to play an important role in the daily well-being of diverse populations. Its continuity will depend largely on the capacity to strengthen transmission processes, explore culturally relevant forms of preservation, and promote social recognition that values both its perceived efficacy and its symbolic, identity-shaping, and relational contributions.
- While this study documents essential practices and meanings, it is recommended that future research delve deeper into the specific techniques, rituals, and situated practices within their sociocultural contexts to broaden the understanding of these dynamics.

References

Alejandro, S. y Mazabel, D. (2014). Lugares sagrados de las comunidades de origen otomí. Territorios en disputa en el alto lerma, México. *Antropología experimental*, 14, 139-149. https://revistaselectronicas.ujaen.es/index.php/rae/article/view/1787

Argueta, A. y Pérez, M. (2019). Los saberes tradicionales y los desafíos para el diálogo de conocimientos. *Desenvolvimento e Meio Ambiente*, (50), 49-72. https://doi.org/10.5380/dma.v50i0.65438

Arteaga, F. (2012). El proceso de iniciación al curanderismo en la Pampa (Argentina). *Chungará (arica)*, 44(4), 707-715. Https://dx.doi.org/10.4067/s0717-73562012000400011

Ayub, Y., Kogeda, O. y Lall, M. (2018). Capturing tacit knowledge: a case of traditional doctors in mozambique. *South african journal of information management*, 20(1), 1-8. Https://dx.doi.org/10.4102/sajim.v20i1.880

Bussmann, R. y Sharon , D. (2006). Traditional medicinal plant use in Northern Peru: tracking two thousand years of healing culture. *Journal of ethnobiology and Ethnomedicine*, 2(47), https://doi.org/10.1186/1746-4269-2-47

Cámara, R., Paniagua, N., Balslev, H. y Macía, M. (2014). Ethnobotanical knowledge is vastly under-documented in northwest amazonia. *Plos one*, 9(1), 1-7. https://doi.org/10.1371/journal.pone.0085794

Campos, R. (1990). Acercamiento antropológico a las prácticas populares relativas a la medicina y la alimentación. *Rev Fac Med UNAM*, 33(1), 25-35. https://ru.dgb.unam.mx/items/93d2755c-6cb1-483a-b3dc-f7a717864c95

Campos, R. (2016). El empacho: revisión de una enfermedad popular infantil chilena (1674-2014). *Revista Chilena de Pediatría*, 87(1), 63-68. http://dx.doi.org/10.1016/j.rchipe.2015.06.024

Castañeda, D. y Alberti, P. (2005). Conocimiento médico-tradicional a través de la ética de un curandero de la huasteca hidalguense. *Cuicuilco*, 12(35), 147-164. https://revistas.inah.gob.mx/index.php/cuicuilco/article/view/4327

Creswell, J. y Poth, C. (2018). *Qualitative inquiry and research design: choosing among five approaches*. Sage publications.

Denzin, N. y Lincoln, Y. (2018). *The sage handbook of qualitative research*. Sage publications.

Etkin, N. (2001). Perspectives in ethnopharmacology: forging a closer link between bioscience and traditional empirical knowledge. *Journal of Ethnopharmacology*, 76 (2001), 177–182 . https://doi.org/10.1016/S0378-8741(01)00232-X

Fagetti, A. (2010). El Cuerpo sutil. Consustancialidad y "Contagio" entre el Cuerpo Humano, sus partes y los objetos que lo rodean. *deSignis*, (16), 115-125. https://www.redalyc.org/articulo.oa?id=606066735013

García, L. y Rodríguez, M. (2020). *Mercados y cultura en guadalajara: un estudio etnográfico*. Universidad de Guadalajara Press.

García, M. (2007). *Conocimiento tradicional de los pueblos indígenas de méxico y recursos genéticos*. Comisión nacional para el desarrollo de los pueblos indígenas.

Gallardo, P. (2024). Sueño, nahualismo y conocimiento entre los otomíes orientales. Cuicuilco. *Revista de Ciencias Antropológicas*, (90), 115–136. https://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S2448-84882024000200115

González, T. y Argueta, A. (2018). Del bosque a la mesa: conocimientos tradicionales sobre los hongos alimenticios de la comunidad P'urhepecha de Cherán K'eri. *Revue d'etchnoécologie*, (13), 3488. https://journals.openedition.org/ethnoecologie/3488

Gubler, R. (1996). El papel del curandero y la medicina tradicional en Yucatán. *Alteridades*, 6(12), 11-18. https://dialnet.unirioja.es/servlet/articulo?codigo=8232219

Guimarães, L. y Moura, M. (2015). Educação e saúde: um estudo das plantas medicinais. *Revista metáfora educacional*, 18, 25-43. Https://dialnet.unirioja.es/descarga/articulo/7064795.pdf

Hirose, J. (2018). La medicina tradicional maya: ¿un saber en extinción? *Trace*, (74), 114-134. Https://doi.org/10.22134/trace.74.2018.174

Jayasekera, K. G. T., Ahmad, A. y Azam, S. M. F. (2022). Managing knowledge in tourism industry: A Nonaka's SECI model. *International Journal of Multidisciplinary Research and Publications*, 5(7), 73–78. https://share.google/3PvLjFkbROUtwC6ZE

Hossain, M., Mamum, A. y Khan, M. (2020). Traditional ethnobotanical practice in indigenous communities of australia, asia, and south asia, and modern medicinal prospects. *Australian herbal insight*, 3(1), 1-12. https://doi.org/10.25163/ahi.3121062

Idoyaga, A. (2015). Enfermedad, terapia y las expresiones de lo sagrado. Una síntesis sobre medicina y religiosidad en Argentina. *Ciencias Sociales y religión*, 17(22), 15-37. https://doi.org/10.22456/1982-2650.56161

Magaña, M., Gama, L. y Mariaca, R. (2010). El uso de las plantas medicinales en las comunidades maya-chontales de Nacajuca, Tabasco, México. *Polibotánica*, (29), 213-262. Https://www.scielo.org.mx/pdf/polib/n29/n29a11.pdf

Maluleka, J. y Ngoepe, M. (2018). Turning mirrors into windows: knowledge transfer among indigenous healers in Limpopo province of South Africa. *South African journal of information management*, 20(1), 1-7. Https://dx.doi.org/10.4102/sajim.v20i1.918

Mayo, S., Cruz, A. y Argueta, A. (2024). Dialogue of knowledge in traditional herbal medicine in Mé'pháá and Tu'un savi indigenous peoples in the mountain of Guerrero Mexico. *Boletín Latinoamericano y del Caribe de Plantas Medicinales y Aromáticas*, 23(3), 410-436. https://www.aacademica.org/artemio.cruz.leon/83

Martínez, G., Sesia, P. y Campos R. (2022). Protección sui generis y la propiedad intelectual de la medicina tradicional en Oaxaca, México. *Revista mexicana de ciencias políticas y sociales*, 67(245), 231-264. Https://doi.org/10.22201/fcpys.2448492xe.2022.245.76596

Martínez, L. y Solis, C. (2020). La transmisión de conocimientos tradicionales con enfoque de género para su inclusión en la educación ambiental. *Revista de humanidades*, (40),133-158. Https://doi.org/10.5944/rdh.40.2020.23067

Méndez, M., Torres, W., Dorantes, A. y Durán, R. (2014). Jardines medicinales en yucatán: una alternativa para la conservación de la flora medicinal de los mayas. *Revista fitotecnia mexicana*, 37(2), 97-106. Https://www.scielo.org.mx/pdf/rfm/v37n2/v37n2a1.pdf

Nonaka, I., & Takeuchi, H. (1995). *The knowledge-creating company: how Japanese companies create the dynamics of innovation*. Oxford University Press.

Olivé, L, Arguetta, A. y Puchet, M. (2018), Interdisciplina y transdiciplina frente a los conocimientos tradicionales. *Revista CTS*, 38(13), 135-153. https://ojs.revistacts.net/index.php/CTS/article/view/71

Orellana, A., Achig, D., Angulo, A., Barrera, G., Brito, L. y Mosquera, L. (2021). *Sabiduría ancestral andina y uso de plantas medicinales*. Universidad de Cuenca.

Pardo, M., Pieroni, A. y Puri, R. (2015). *Ethnobotany in the new europe: people, health and wild plant resources*. Berghahn books.

Pole, S. (2006). *Ayurvedic Medicine: The Principles of Traditional Practice*. Elsevier Health Sciences.

Portocarrero, J., Palma, H., Pesantes, M., Seminario, G. y Lema, C. (2015). Terapeutas tradicionales andinos en un contexto de cambio: el caso de Churcampa en el Perú. *Revista peruana de medicina experimental y salud pública*, 32(3), 492-498. Http://www.scielo.org.pe/pdf/rins/v32n3/a12v32n3.pdf

Rodríguez, V. y Duarte, C. (2020). Saberes ancestrales y prácticas tradicionales: embarazo, parto y puerperio en mujeres colla de la región de Atacama. *Diálogo andino*, (63), 113-122. Https://dx.doi.org/10.4067/s0719-26812020000300113

Sánchez, J. y Torres, L. (2020). Educación, etnobotánica y rescate de saberes ancestrales en el Ecuador. *Revista espacios*, 41(23). Https://www.revistaespacios.com/a20v41n23/a20v41n23p14.pdf

Sarauz, L. (2021). Conocimiento ancestral de plantas medicinales en la comunidad de sahuangal, parroquia pacto, Pichincha, Ecuador. *Vive: revista de investigación en salud*, 4(10), 72-85. Https://doi.org/10.33996/revistavive.v4i10.77

Soriano, E., Carrasco, M., Barreto, Y., Contreras, R., Hersch, P. y Sedano, A. (2020). La biocultura y la participación social como referentes: una exposición en Tlalcozotitlán, Guerrero. *Gaceta de Museos*, (77), 4-13. https://www.revistas.inah.gob.mx/index.php/gacetamuseos/article/view/18310

Suárez, J. y Rodríguez. (2018). Saberes ancestrales indígenas: una cosmovisión transdisciplinaria para el desarrollo sustentable. *Novum scientiarum*, 3(7), 71-82. Https://core.ac.uk/download/pdf/277658247.pdf

Toledo, V. y Barrera, N. (2008). *La memoria biocultural. La importancia ecológica de las sabidurías tradicionales*. Icaria Editorial.

Toscano, J. (2006). Uso tradicional de plantas medicinales en la vereda San Isidro, municipio de San José de Pare-boyacá: un estudio preliminar usando técnicas cuantitativas. *Acta biológica colombiana*, 11(2), 137-146. Https://www.redalyc.org/articulo.oa?id=319028579012

Turner, N. (2016). *Ancient pathways, ancestral knowledge: ethnobotany and ecological wisdom of indigenous peoples of northwestern north america*. Mcgill-queen's University Press.

Valladares, L. y Olivé, L. (2015). ¿Qué son los conocimientos tradicionales? Apuntes epistemológicos para la interculturalidad. *Cultura y representaciones sociales*, 10(19), 61-101. Https://www.scielo.org.mx/pdf/crs/v10n19/v10n19a3.pdf

World Health Organization (WHO, 2013). *WHO traditional medicine strategy: 2014-2023*. World Health Organization. https://iris.who.int/handle/10665/92455

Zolla, C., Del Bosque, S. y Tascón, A. (2020). *Mal de ojo, empacho y otras enfermedades tradicionales*. Artes de México y del mundo