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The Hybrid Medical System of 16th Century Colonial Latin America: Medieval Practices and Indigenous Knowledge

In early 16th century Latin America, encounters between European settlers and Indigenous populations created fertile ground for the exchange of medical knowledge. European apothecaries, missionaries, and physicians arrived with medieval medical practices rooted in humoral theory and classical scholarship, while Indigenous healers possessed a wealth of empirical knowledge developed through centuries of experimentation with herbs, surgery, and environmental observation. The convergence of these two systems—one based on scholastic traditions and the other on locally adapted expertise—gave rise to a distinctive hybrid medical system that reflected both cooperation and resistance.

This paper explores the formation of that hybrid medical system, focusing on how European and Indigenous medical practices were transferred, adapted, and transformed within the colonial context. Far from being a one-sided imposition of European methods, this process was characterized by mutual adaptation and selective incorporation. Indigenous healers continued to rely on familiar remedies and rituals while integrating certain European practices. Similarly, colonial physicians increasingly recognized the efficacy of Indigenous botanical knowledge, particularly in the face of diseases that their own remedies could not effectively address.

The transfer of knowledge occurred through various channels—collaborative work between Indigenous healers and European physicians, the codification of Indigenous practices in colonial texts, and the establishment of institutions where both traditions were studied and documented. However, this integration of information was often accompanied by the selective appropriation of Indigenous knowledge, as colonial authorities dismissed or reinterpreted native healing practices that did not align with European scientific principles.

This paper examines not only the practical outcomes of this exchange, but also the tensions inherent in this process. It highlights how colonial medicine was shaped by both collaboration and control, where Indigenous expertise was recognized yet also regulated within European-dominated institutions. Ultimately, the hybrid medical system that emerged in colonial Latin America laid the foundation for a more empirical approach to medicine, one that combined elements of both Indigenous and European traditions.

By tracing these exchanges and adaptations, this paper offers insight into how colonial Latin American society became a space of medical innovation. The hybrid system's legacy endures in the region's medical practices today, reflecting the complex historical interactions that continue to shape the knowledge and healing traditions of Latin America.

Medical Theories and Practices

The European Humoral Theory of Medicine

When European explorers arrived in Latin America during the 16th century, they introduced a medieval European medical system deeply rooted in the teachings of Hippocrates and Galen, along with religious practices and folk remedies. European medicine emphasized the humoral theory, which aimed to maintain health by balancing the body's four fluids—blood,

phlegm, yellow bile, and black bile. According to this theory, each fluid possessed a quality that reflects some combination of heat, moisture, coldness, or dryness. Each of the four humors also corresponded to the four elements; earth, air, fire, and water and the four seasons; autumn, spring, winter, and summer.[1] Blood, for instance, was considered hot and wet, akin to air and spring; phlegm, cold and wet, associated with water and winter; yellow bile, hot and dry, reflective of fire and summer; and black bile, cold and dry, tied to earth and autumn.[2]

The imbalance of humors was thought to be the direct cause of all diseases and health was determined by humoral equilibrium.[3] The excess or deficiency in one or more of the humors resulted in illness. Treatments such as bloodletting, purging, and herbal poultices were common, and healing practices were intertwined with Christian beliefs, astrology, and prayers, often administered by barbers, monks, and local healers.[4] The physician's job was to diagnose which humor was out of balance and treat accordingly. For example, for a person with a fever – a hot, dry illness – yellow bile was out of balance. So, the physician may try to increase the amount of phlegm (the opposite humor) by prescribing a cold bath treatment.[5]

The theory's flexibility allowed it to adapt to various cultural contexts, blending with local beliefs, religious practices, and natural remedies, particularly during its expansion into regions like Latin America. Despite its lack of empirical foundation by modern standards, humoral medicine's focus on personalized care and the interaction between the body and its surroundings highlights an enduring legacy of seeking balance and harmony in health practices.

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[1] Nancy Siraisi, *Medieval & Early Renaissance Medicine: An Introduction to Knowledge and Practice*, 104.
[2] Ibid., 105.
[3] Faith Lagay, *The Legacy of Humoral Medicine*.
[4] Nancy Siraisi, *Medieval & Early Renaissance Medicine: An Introduction to Knowledge and Practice*, 123.
[5] N.S. Gill, *Hippocratic Method and the Four Humors*.

Latin American Indigenous Medicine

The Indigenous civilizations of the Americas—such as the Aztecs, Maya, and Incas—had long developed their own medical traditions based on theology and extensive experimentation with local plants, minerals, and surgical procedures. Each civilization incorporated their rich theological traditions into healing practices, blending rituals, herbal knowledge, and practical treatments to address the physical and metaphysical aspects of illness. Indigenous healers possessed deep knowledge of the natural environment, which allowed them to treat various ailments effectively.

The Aztecs were deeply connected with nature and theology. They believed in three areas of illness and injury: supernatural (spiritual), superstition (magical), and natural causes.[6] Supernatural illness was seen as a godly punishment from being out of balance with nature. They fought against this through ritual sacrifice of humans.[7] Illness stemming from superstition was treated by witch doctors. Illness arising from natural causes like battle injuries and childbirth, however, were treated by physicians who were scholars in medicinal herbalism, and educated practitioners of surgery, phlebotomy, dentistry, and midwifery.[8]

Like the European humoral theory, Mayan concepts of illness were rooted in the idea of imbalance. Health was seen as the natural outcome of living in harmony with the laws of nature, while illness arose from transgressing these fundamental principles.[9] Medicine was only practiced by shamans, individuals who received an extensive education. They acted as intermediaries between the physical and spiritual worlds.[10] Like the humoral theory, the idea of hot and cold were also key concepts in Mayan medicine. Cold disorders would be treated with

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[6] Four Directions Wellness, *Aztec Medicine: Ancient Healing Traditions of the Mexican Plateau*.
[7] Francisco Guerra, *Aztec Medicine*.
[8] Ibid.
[9] Baus, *Mayan Medicine: Religion, Ritual & Science*.
[10] Ibid.

hot, spicy foods while hot disorders such as fever would be treated with cold plants or foods.[11] Most treatments relied heavily on herbal remedies, reflecting a deep knowledge of the natural world.

Similar to the medical beliefs of the Aztecs and Mayans, the Incans attributed certain illnesses to supernatural causes. Disease was often seen as a consequence of moral transgressions, and treatments frequently involved religious rites and ceremonies designed to ward off evil spirits and atone for wrongdoing. The Incan medical system featured a variety of specialists, each with distinct roles. For example, the Watuk was responsible for diagnosing illnesses, the Hanpeq used herbs and minerals in religious ceremonies to treat patients, and the Sancoyoc, skilled surgeons, handled tasks such as setting broken bones, treating abscesses, and performing dental work.[12] They used many medicinal herbs to treat different illnesses such as cacao leaves to treat pain and Cinchona to lower fevers.

The arrival of European explorers in Latin America marked a profound collision of medical systems and cultural beliefs. The European humoral theory, rooted in classical Greek thought and adapted through medieval Christian traditions, encountered the deeply spiritual and highly practical healing practices of the Indigenous civilizations. While both systems emphasized balance—whether through the regulation of bodily humors or harmony with nature—their methods and underlying philosophies diverged significantly. European medicine often prioritized abstract theories and religious dogma, whereas the indigenous civilizations of the Americas relied on their intimate understanding of the local environment, spiritual rituals, and empirically tested herbal remedies. As these two systems interacted during colonization, their differences led

[11] Ibid.
[12] Ticket Machu Picchu, *The Medicine of the Incas*.

to conflict, adaptation, and ultimately, the emergence of hybrid medical practices that reshaped health and healing in the Americas.

The Transfer and Adaptation of Medical Knowledge

The *Colegio de Santa Cruz de Tlatelolco*

As European powers established their presence in the New World, they sought to impose their own systems of education, religion, and governance, while also encountering and engaging with the rich intellectual traditions of Indigenous peoples. This intersection often led to a blending of knowledge systems, where European scientific, religious, and cultural practices merged with Indigenous perspectives, resulting in a unique and complex exchange of ideas.

Indigenous knowledge, particularly in areas such as medicine, agriculture, and astronomy, was recorded, studied, and adapted by European scholars, while European practices were reshaped by Indigenous influence. This process of hybridization not only facilitated the transmission of knowledge between the Old and New Worlds but also created a framework for understanding the Americas that was both colonial and Indigenous in nature. The *Colegio de Santa Cruz de Tlatelolco* exemplifies this dynamic exchange, serving as a key institution in the preservation and transformation of Indigenous knowledge in the context of Spanish colonialism.

The *Colegio de Santa Cruz de Tlatelolco*, founded in 1536 by the Franciscans in Mexico City, was the first institution of higher learning in the Americas for Indigenous students, particularly from the Nahua community. Located in the area that was once part of the Aztec capital of Tenochtitlán, the *Colegio* aimed to train Indigenous elite students in European knowledge, such as Latin and Christianity.[13] This institution became a site of cultural exchange where European and Indigenous traditions intersected, allowing students to learn about both

[13] TCU, *After the Fall of the Aztec Empire*.

worlds. While the institution was part of Spain's missionary efforts to convert Indigenous peoples to Christianity, it also allowed for the continuation of Indigenous knowledge and traditions. Indigenous students served as intermediaries between the European and Indigenous worlds, fostering an exchange of ideas, languages, and practices.

This syncretic education contributed to the survival of certain aspects of Aztec knowledge, making the *Colegio* a space where both colonial and Indigenous intellectual traditions could coexist. Notably, many of the students went on to play key roles in preserving the Nahuatl language and Aztec heritage, such as Bernardino de Sahagún, who contributed to monumental works like the *Historia general de las cosas de la Nueva España* (the Florentine Codex), which documented the Aztec culture, history, and spirituality.[14]

Documentation of Indigenous knowledge

European physicians recognized the value of indigenous medical practices and sought to document and integrate this knowledge as they encountered the rich and diverse healing traditions of the Americas. This cross-cultural exchange, initiated during the early stages of Spanish colonization, led to significant contributions in the fields of botany, pharmacology, and medicine. As European explorers and colonizers encountered indigenous peoples in the New World, they became increasingly aware of the sophisticated medicinal knowledge that had been developed over centuries. Some Spanish physicians and scholars made it their mission to record and synthesize this knowledge, not only to learn about new medicinal plants and remedies but also to adapt indigenous healing practices into European medical traditions. The works of several notable figures, including Father Bernardino de Sahagún, Francisco Hernández de Toledo, Nicolás Monardes, Gregorio López, and Martín de la Cruz, played a crucial role in documenting

[14] Ibid.

and preserving these indigenous medical traditions, contributing to the broader understanding of global medicine and laying the groundwork for the continued exchange of medical knowledge between the Old and New Worlds.

Father Bernardino de Sahagún, a Franciscan friar and missionary, arrived in Nueva España in 1529. There, he learned Nahuatl and devoted over 50 years to studying Aztec beliefs, culture, and history.[15] While his primary mission was religious, Sahagún also took time to document the Indigenous worldview and cultural practices. Collaborating with Nahua elders, he compiled the *Historia general de las cosas de la Nueva España*, also known as the *Florentine Codex*. This twelve-volume work, written in both Spanish and Nahuatl, offers a comprehensive account of Aztec culture, religious cosmology, rituals, social structure, economics, and natural history.[16] However, this knowledge was tightly controlled and subjected to ecclesiastical censorship, remaining largely hidden from public view for over four centuries before it became accessible.[17]

Nicolás Monardes was a Spanish physician and botanist. Monardes' work was pivotal in introducing native Spanish plants to Europe, particularly through his influential 1565 book, *Historia Medicinal de las Cosas que se Traen de las Indias Occidentales*. In this detailed account, Monardes documented a wide array of medicinal plants from the Americas, many of which were previously unknown to European medicine. His descriptions, which included plants like tobacco, cinchona, and guaiacum, helped integrate Indigenous knowledge of plant-based remedies into European medical practices. Monardes not only acknowledged the expertise of Indigenous healers but also contributed to the cultural exchange and trade that characterized the Columbian Exchange.

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[15] Miguel León-Portilla, *Bernardino de Sahagún: First Anthropologist*.
[16] Cheryl Roberts and Sunday Moulton, *The Florentine Codex | History, Language & Illustrations*.
[17] Juan Saldaña et al., *Science in Latin America: A History*, 32.

Monardes was based in Seville; a major Spanish trading port receiving goods from the New World. His extensive studies of *materia medica* brought over from the New World, especially his research on native balsam, were instrumental in integrating Indigenous medicinal knowledge into European practices.[18] The Spaniards, for instance, had long relied on Egyptian balsam for wound healing, but its scarcity had left a gap in their medical repertoire.[19] The discovery and importation of the New World balsam not only filled this void but also highlighted the practical and commercial significance of Indigenous resources in colonial medicine. His work influenced European pharmacology, offering new treatments for diseases like syphilis, fever, and digestive issues.[20] By bridging European and Indigenous medical traditions, Monardes played a key role in expanding European knowledge of the Americas' botanical resources, significantly impacting both scientific understanding and medical practices in the 16th century.[21]

Francisco Hernández de Toledo was a royal physician sent to Nueva España by King Philip II in 1570 to study the natural history of the New World. Hernández was tasked with compiling information about the flora and fauna of the region, as well as Indigenous medical knowledge, in order to identify potential medicinal plants for use in Europe.[22] This fruitful expedition resulted in the documentation of thousands of plant species, many of which were previously unknown to Europeans. His work contributed to the development of botanical and pharmacological knowledge, laying the foundation for the field of botany in the Americas. Hernández also gathered extensive information about Aztec medicine, documenting the healing practices and the use of plants, herbs, and other remedies by Indigenous peoples. His findings were compiled into a detailed manuscript, which, although never fully published during his

[18] Juan Saldaña et al., *Science in Latin America: A History*, 46.
[19] Ibid.
[20] Georgianna Gittinger, *Nicolás Bautista Monardes: Su Vida y Su Obra*
[21] Ibid.
[22] Victor Von Hagen, *Francisco Hernández: Naturalist, 1515-1578*.

lifetime, later became an important reference for both European and Indigenous medical knowledge.[23]

Tesoro de medicinas (The Treasure of Medicines), written by Gregorio López in the 16th century, is a significant work in the history of early colonial medical knowledge in Latin America. López, a Spanish physician and scholar, wrote this comprehensive book in 1561, drawing from his experiences in Nueva España as well as classical and European medical traditions. The work is particularly notable for its blend of European medical knowledge with indigenous healing practices, offering an insight into the early efforts to reconcile the two systems of medicine. López's *Tesoro de medicinas* presents a systematic compilation of medicinal plants and remedies that were used by indigenous peoples of the Americas, integrating these with European pharmacological traditions.

The book offers detailed descriptions of various herbs and plants, many of which had never been studied or documented in Europe before. It is a key text in the history of botany and pharmacology, as it contributed to the introduction of New World plants to European medical practice, many of which would go on to play crucial roles in global medicine. Moreover, the work is an example of how early colonial figures, such as López, contributed to the exchange of knowledge between the Old and New Worlds, while also revealing the persistence and success of indigenous practices even under the pressures of European colonialism. Through works like *Tesoro de medicinas*, colonial medical practitioners began to engage with and adapt indigenous medicinal knowledge, marking an important step in the development of modern pharmacology.

In *Tesoro de Medicinas*, Gregorio López draws comparisons between European and Indigenous treatments for similar ailments, often—whether intentionally or not—highlighting the superior effectiveness, if not the clear practicality, of Indigenous medical practices. For example,

[23] Ibid.

the European treatment for dysentery was to "frighten the patient" or to eat/drink fresh horse manure mixed with wine.[24] When it came to broken bones, manure was once again used, only this time it came from a goat and was mixed once again with wine to be used as a plaster.[25] Indigenous treatments for the same remedies seem much more practical. For dysentery, leaves from *xalxocotl* (guava) trees are boiled in water and given to patients to drink, as it stanches bowel movements.[26] The treatment for broken or fractured bones makes much more sense than goat manure; the bone would first be reset and immediately splinted with a thick poultice made from *zacacili* root.[27]

The *Libellus de Medicinalibus Indorum Herbis* (The Little Book of Medicinal Herbs of the Indians), composed by Martín de la Cruz and Juan Badiano in 1552, was an Aztec herbal manuscript describing the medicinal properties of various plants used by the Aztecs. Martín de la Cruz, an indigenous Nahua physician working within the Spanish colonial system, was one of the first to document the rich tradition of indigenous medicinal knowledge in the Americas. This work represents one of the earliest attempts to formalize indigenous medical knowledge and make it accessible to Europeans. The text, translated to Latin, was intended for a European audience, but it was based on Nahuatl sources and indigenous practices.[28] It was compiled with the help of indigenous knowledge holders and may have been prepared as part of a larger effort to systematize and preserve native plant knowledge in the face of the rapidly expanding Spanish colonial presence.[29] This text, despite its historical and scientific significance, was kept hidden in the Vatican archives for nearly four hundred years.[30]

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[24] Juan Saldaña et al., *Science in Latin America: A History*, 48.
[25] Ibid.
[26] Ibid.
[27] Ibid.
[28] Juan Saldaña et al., *Science in Latin America: A History*, 32.
[29] Ricardo Reyes-Chilpa et al., *On The First Book of Medical Plants Written in the American Continent: The Libellus Medicinalibus Indorum Herbis From Mexico, 1552. A Review*.
[30] Juan Saldaña et al., *Science in Latin America: A History*, 32.

Colonial Suppression of Indigenous Knowledge

During the colonial period, European colonizers often dismissed, marginalized, or deliberately altered indigenous medical knowledge as they sought to impose their own practices and diminish the value of indigenous traditions. The *Libellus* was perceived as a potential challenge to the colonial agenda, as it documented indigenous wisdom and practices in a way that could encourage respect for their knowledge.[31] Consequently, the manuscript was largely forgotten, relegated to obscurity within archives, and remained inaccessible to both scholars and the public.

The result of this concealment was the loss or distortion of much of Latin American medical knowledge. With the suppression of these texts and traditions, colonial authorities often relied on European medical systems that lacked an understanding of indigenous practices. This led to the alteration of many indigenous healing traditions or their complete replacement by European methods. Additionally, the isolation of such documents from broader academic inquiry meant that the depth of indigenous contributions to global medical knowledge was not fully recognized until much later.

The eventual discovery of the *Libellus* in the 20th century shed light on the rich, complex history of medical knowledge in the Americas. It revealed how colonial powers, while absorbing elements of indigenous knowledge, also sought to control and suppress it, reflecting the complicated and often conflicted nature of cultural exchange during this period. The manuscript's reemergence highlights the importance of preserving and recognizing indigenous wisdom, and how cultural forces over the centuries have shaped, altered, and sometimes obscured the contributions of native peoples to global knowledge.

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[31] Ricardo Reyes-Chilpa et al., *On The First Book of Medical Plants Written in the American Continent: The Libellus Medicinalibus Indorum Herbis From Mexico, 1552. A Review*.

Integration of indigenous Knowledge

Diseases and illness had a devastating impact on both Indigenous and European populations, forcing a rethinking of medical practices on both sides. European colonizers initially relied on their own medical knowledge, but as they encountered unfamiliar diseases and climates, they increasingly turned to Indigenous treatments out of necessity. Colonial authorities, however, often remained skeptical of Indigenous practices, seeing them as inferior or primitive. While "the general opinion among Spanish doctors…was that the New World was a wonder-drug gold mine," natives nonetheless incorrectly used such plants.[32] At the same time, the inability of European doctors to treat certain diseases created opportunities for Indigenous healers to gain legitimacy. Hybrid treatments emerged, where Indigenous remedies were used alongside European medical practices to address new health challenges.

The process of experimenting with plants in colonial Latin America served as a bridge between Indigenous botanical knowledge and European humoral theories of medicine. Colonial practitioners sought to identify Latin American species that resembled familiar European plants, using these parallels as a framework to integrate new botanical discoveries into their medical practices.[33] They classified these plants according to humoral principles, associating their physical qualities with effects on the body. For instance, bitter plants were believed to induce vomiting, while dry and warm plants were considered to have laxative effects.[34] These practitioners relied on sensory methods, such as tasting, smelling, or rubbing the plants, to deduce their humoral properties and align them with established medical frameworks.

This experimentation also extended to modifying the form of plants to observe changes in their effects, as seen in Juan de Cárdenas's analysis of cacao. He noted that pure cacao, classified

[32] Juan Saldaña et al., *Science in Latin America: A History*, 44.
[33] Ibid.
[34] Ibid.

as cold, could constrict the bowels, halt menstruation, and obstruct the liver and spleen. However, when cacao was toasted and ground, it transformed into a warm and damp substance, promoting digestion, addressing menstrual issues, and encouraging urination.[35] These practices not only incorporated Indigenous resources into European medicine but also highlighted the adaptive nature of colonial medicine, blending the humoral system with the rich botanical diversity of the Americas to create a hybrid medical tradition.

As syphilis ravaged populations across the Old World, explorers of Latin America eagerly sought new remedies for the disease, believing that it originated from the New World. This belief gained traction through claims that the continent possessed "innumerable" natural cures for the affliction, which was allegedly spread to conquering armies by Indigenous women.[36] Among these remedies, the bark of the chinaberry tree and the root of sarsaparilla became standout treatments for syphilis in the sixteenth century, sparking an unprecedented commercial frenzy. In just a few years, a network of specialized clinic-like establishments emerged, dedicated solely to preparing these curative potions and treating patients suffering from the disease.[37]

In early colonial Lima, apothecaries played a crucial role in transferring these European medical practices. Apothecaries were trained to prepare remedies that adhered to medieval scholastic principles. Trained in the preparation of remedies based on medieval scholastic principles, these apothecaries adhered to strict regulations governing their *materia medica*, much of which had to be imported from Spain.[38] However, the colonial environment necessitated a shift in practice, as they increasingly integrated locally sourced materials into their preparations.

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[35] Ibid., 45.
[36] Ibid., 46.
[37] Ibid., 47.
[38] Linda Newson, *Making Medicines in Early Colonial Lima, Peru: Apothecaries, Science and Society.*

The colonial setting provided an opportunity for European apothecaries to experiment with Indigenous plants and remedies that could complement or replace ingredients they were accustomed to using in Europe. This adaptation was partly a practical response to the scarcity of imported materials and the abundance of native plants with medicinal properties.[39]

As Indigenous plants and practices were systematically cataloged and their uses rigorously tested, practitioners incorporated these discoveries into the expanding body of pharmacological and surgical knowledge, playing a crucial role in the evolution of modern pharmacology and surgery. The methodical study of medicinal plants—documenting their properties, uses, and preparation methods—became foundational to the formation of pharmacology as a scientific discipline. Thus, early colonial texts did not just serve as cultural records but also as practical guides for the development of new medicines and procedures, laying the groundwork for the future of medical science.

The Legacy of the Hybrid Medical System

Revitalizing Traditional Medicine

In modern-day Latin America, there is a growing movement to rediscover and revitalize traditional Indigenous medicine, driven by a renewed appreciation for ancestral knowledge and sustainable practices. This resurgence is rooted in the recognition of the holistic approaches and deep ecological wisdom inherent in Indigenous healing traditions, which emphasize the interconnectedness of mind, body, and environment.[40] The movement reflects a broader cultural shift toward reclaiming Indigenous identity and heritage, challenging centuries of

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[39] Ibid.
[40] Paulo Guido et al., *The State of the Integrative Medicine in Latin America: The Long Road to Include Complementary, Natural, and Traditional Practices in Formal Health Systems*.

marginalization, and recognizing the enduring value of traditional medical practices in addressing contemporary health challenges.

This revitalization effort is supported by regional and international initiatives aimed at preserving and promoting traditional knowledge systems. One such example is the creation of the Virtual Health Library (VHL) on Traditional, Complementary, and Integrative (TCI) Medicine, led by the Latin American and Caribbean Center on Health Sciences Information.[41] This project was developed in response to the demand for accessible scientific and technical resources on TCI medicine across Latin America and the Caribbean. The initiative facilitates the sharing of knowledge, research, and best practices to integrate TCI medicine into healthcare systems. By promoting visibility, access, and the use of traditional medical knowledge, the VHL supports efforts to bridge the gap between ancestral wisdom and contemporary healthcare practices, ensuring that these traditions remain relevant in addressing modern health challenges.

Globally, the recognition of traditional medicine by organizations like the World Health Organization (WHO) has bolstered these movements. The WHO's endorsement of traditional medicine as a complementary approach in healthcare systems underscores its potential to address modern challenges such as chronic diseases and mental health issues.[42] This international acknowledgment has encouraged investment in research and collaboration, ensuring that Indigenous medical practices are not only preserved but also adapted to meet contemporary needs.

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[41] Virtual Health Library, *The VHL on Traditional, Complementary and Integrative Medicine, A Collective Achievement*.
[42] World Health Organization, *WHO Traditional Medicine Strategy: 2014-2023*.

Conclusion:

The hybrid medical system of 16th-century colonial Latin America represents a dynamic fusion of Indigenous healing traditions and European medieval medical practices, shaped by the unprecedented challenges of new diseases, unfamiliar environments, and cultural exchanges. As European colonizers sought to navigate the complexities of the Americas, they turned increasingly to Indigenous knowledge, recognizing its practical value despite initial skepticism. Indigenous remedies, plants, and healing practices were not simply absorbed into European medical systems; they were integrated, adapted, and often transformed to fit within European humoral frameworks.

The documentation of Indigenous medical knowledge was instrumental in preserving and transmitting the rich botanical and medicinal traditions of the Americas to Europe. These efforts, though often shaped by colonial power dynamics and at times suppressed, provided a foundation for the development of modern pharmacology and furthered the cross-cultural exchange of medical knowledge.

The hybrid medical system of colonial Latin America was not just a fusion of disparate medical practices; it was an evolving, adaptive response to the complex realities of the Americas. It marked the beginning of a global exchange of medicinal knowledge that would shape the trajectory of modern medicine, as Indigenous healing traditions laid the groundwork for future pharmacological developments. Despite the colonial context in which this hybridization occurred, the lasting legacy of this medical exchange remains an important chapter in the history of global medicine.