

**Reflective Critique: Appalachian Remedies**

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When deciding on a topic for my senior capstone project, I knew right away I wanted to do something surrounding access to healthcare. I had previously completed an honors contract with my mentor about access to healthcare in the Appalachian region. The geographical challenges and socioeconomic status of the area make the gap in care so egregious. After reviewing my previous contract, I started thinking about our area and Appalachian culture. In a region like this, where hospitals may be up to an hour away, the people have always been resilient. Health care was no exception, but how? I remember my grandmother giving me countless home remedies as a child, and this sparked my interest to look further into the science and history of Appalachian home remedies. What better way to bring healthcare closer to home than using what's already in your cupboard?

I started by talking with my grandmother, who is from rural Appalachia. We discussed the use and popularity of home remedies where she grew up and how she used them with her children. It was evident that this was a large part of life and culture for the people who lived in this region. I first researched the tradition of Appalachian folk medicine and found that it dates to the first Scottish and Irish settlers of this region. Their knowledge, combined with Native American medicine, helped to build the knowledge of plants, herbs, and household items used in medicine today. I learned that the practice of folk medicine is passed down through the matriarchal line and is often referred to as 'granny magic.' There are several barriers to this mode of information exchange. Young people continue to flee the region, leading to a disconnect in the transfer of information from generation to generation. Additionally, when information is passed down, it can become inaccurate and even dangerous.

I decided that I would not only

compile a list of Appalachian remedies, but I would only include those backed by scientific research and evidence, thus reducing risk potential and improving outcomes. These remedies have great potential as a resource for the uninsured, underinsured, and rural populations. Cost of healthcare is becoming an increasingly large issue for Americans, High deductibles and out-of-pocket costs deter low-income patients from seeking care. Appalachia is one of the poorest regions in the country, in our area alone the poverty rate may be up to 50%. Folk medicine can be a potential solution to health disparities by providing culturally relevant and accessible healthcare options to marginalized communities. Folk medicine uses readily available ingredients and can often overcome barriers such as language, cost, and transportation. When provided with the right tools and accurate information, the patient can be empowered to take control of their health regardless of barriers to conventional medicine.

My research began by talking with my grandmother and great-grandmother, and they each gave me great insight into the culture and a list of potential remedies. I then moved on to a few recipe books my grandmother gave me and then to the internet, looking for common remedies used or once used in the region. Once I had a list of 25+ remedies, I began to search for current journal articles and studies proving their efficacy or confirming their chemical properties and safety for use. This proved to be quite the challenge. Many of the remedies I had compiled had been disproven or did not have studies available to support them. I continued my search using the library databases and Google Scholar. At this point in my project, I determined I needed to return to my previous step, as I only had ten remedies that I could support with scientific evidence. I continued to search the library archives in addition to naturopathic blogs, books, and other websites to continue the list of herbs and remedies to further research. After I had a list of 15 remedies with evidentiary support, I began to create my booklet. It was important to me that the book was laid out in an easy-to-read format and easily understandable so that this

resource could be accessible to people of varying educational levels. Each remedy has the same format to avoid confusion and includes how to use it, identify it, and the scientific evidence supporting it.

Improvements could be made to this project if it were to be completed or expanded again in the future. There was limited research available for many of these remedies. Efficacy on human subjects has not been confirmed for some of them; however, animal trials have shown promising results. Despite efficacy being undetermined, remedies have been deemed safe for human use. Further research should be conducted on the efficacy and dosing of natural remedies in human subjects. Additionally, a wider data search should be performed to identify more current research on the subject. The booklet should be evaluated for readability using the Flesch-Kincaid Grade Level scoring system, as healthcare should ideally be delivered on a 6th-grade level. Before distribution, research should be implemented to evaluate the booklet's effect on access to healthcare and to determine if it is an effective solution and resource for patients living in rural Appalachia. Strengths of this project include cultural significance, low-cost ingredients, variety, and accessibility. Being familiar with the culture of the population I'm serving is extremely important to me as a soon-to-be registered nurse, providing culturally competent care is a vital component of the overall improvement of one's health. These practices are familiar to those in this region and consider the socioeconomic factors influencing the area. The booklet includes a wide variety of preparations and treatments including prophylactic treatments and curative care. The remedies range from as little as one to three ingredients. Each of the ingredients included are basic household items or according to the Virginia Forestry Department can be found in the Appalachian area. These factors combined make for a low-cost option for those at or below the poverty level. Furthermore, a free booklet such as this could be available through libraries and community centers thus eliminating the cost and or education barrier to

accurate high-quality information. Overall, I am pleased with the results of this project and look forward to improving upon it in the future as discussed above.