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TRADITIONAL MEDICINE IN THE DANUBE DELTA REGION

Summary. The article presents the results of researching on the folk medicine in South Bessarabia since the time of its colonization by the comers from the Russian, Ukrainian, Bulgarian and Romanian lands. There is studied the ethnic, geographical, ecological, historical influence on the development of the traditional medicine in this region and also the correlation between the rational and symbolic elements of it.

Key words: folk medicine, rite, medical practices, ecological environment, ethnic group.

Introduction

In many transitional countries, research into traditional folk medicine has intensified recently. Folk medicine is interwoven into the local communities' everyday life and immediately reacts to changing economic, social, ethical, and ecological conditions. Rapid transition to a market economy triggered many social problems, in many cases crisis phenomena, and widespread insecurity and poverty spurred a revival of traditional medicine practices. Many people turned to folk medicine; methods used by former generations and are remembered by only a few people in the community. For these people, folk medicine has a new practical purpose, however, it is worth studying for other reasons, as it sheds a fascinating light on worldviews, ethnic stereotypes, and the rituals of every day life.

Folk medicine is a significant domain of folk knowledge, and as such is part of a spiritual culture that shows traces of ancient syncretistic beliefs, magic practices, and important information about past stages of societal development. Folk medicine can also be studied as a source of enrichment for modern medicine and one can easily note the possibilities it offers in terms of deepening the understanding of the relationship between illness, patient, and doctor. The increased public interest in folk medicine can be attributed to a revival of the more spiritual features of folk culture in an age of insecurity as well as to the practical needs mentioned before. Unfortunately, charlatans operate in this market, as in others. Then, in other cases, some uses can be considered more of a fashion than a genuine practice; present-day magicians and

witch doctors invoke a romantic age of occultism and mysticism.

For anthropology, the study of folk medicine becomes all the more interesting where many ethnicities coexist, and where interethnic contact is intense. Southern Ukraine is such an area and Southern Bessarabia, comprising the Ukrainian Danube Delta, is an extreme case. This chapter develops a perspective on folk medicine highlighting this area, in the light of its history of interethnic interaction and a complex use and signification of natural resources.

Sources and Methods

Many sources were used for the research presented here. We can divide the sources into three groups, according to the period of observation and publication. I used ethnographic sources from the late 19th and early 20th centuries, secondly a set of ethnographies from the 1920s and 1930 s, and lastly I present material obtained during my own research expeditions, occurring from 1990 to 2009.

The authors of the first collection of materials were ethnographers, specialists in folklore, and other members of the intelligentsia (such as teachers, doctors, and priests). Some of their investigations were sponsored by various governmental and scientific organizations.

One of these remarkable researchers was V. Jastrebov[12; 13], whose works investigated the spiritual cultural of Ukrainians within the Kherson region at the end of the 19th century. This work contains fascinating information on the peculiarities of the worldview of these people. In particular, the author describes popular beliefs on health, on the origin of diseases, medical precautions, and omens. Some of these beliefs are currently more associated with other Ukrainian regions. Some beliefs can still be traced today, but in simplified form; such as the belief that whirlwinds cause diseases.

Jastrebov's work include a treatise entitled 'The Folk Medicine,' where he presents a systematic overview of diseases and their treatment, in alphabetical order. He seems mainly interested in ritual practice; still, this is described in minute detail. In his description, the author, rather remarkably, does not separate word and action in the ritual.

Some rituals are no longer in practice, while some are still widespread. Jastrebov covers both common rituals and more esoteric ones that could only be performed by insiders (i.e. professional sorcerers).

Data on traditional medicine (Nestorovsky, 1905; Bessaraba, 1916; Sikyrinsky, 1924)[3; 18; 19] is scattered and fragmented. Here, we can find some information on traditional medical practice, views on some diseases and their treatment, as well as preventive measures. Studies on the folklore of Southern Ukraine have been conducted (Komarov, 1980) but do not include much material on medical practice and associated rituals.

Other research contains interesting empirical data on the folk medicine of the Bulgarians in the area (Zaderatsky, 1845; Levitsky, 1845; Kochubinsky, 1889; Derdzavin 1898, 1914) [25; 17; 15; 7; 8]. This data mainly concerns prevention of diseases (see the parts on calendar rites, clothing), ethnically specific ideas about household hygiene, and observations on a few other issues and diseases.

We also used a dated collection of historical, ethnographic, and statistical descriptions of Ukrainian and Russian settlements within the region. These stem from a program approved by the Ministry of Internal Affairs in 1885, which is later continued by the *zemstvoes* (the rural local governments). The descriptions always follow the same plan: a general description of the sub-region, with villages and ethnic groups; a more detailed description per village; family relations and other social relations; beliefs and holidays. For our present purposes, the latter is of the most interest to us.

A specifically useful source is the descriptions made by local priests (notably Bakhtalovsky, 1882; Bogoslavsky, 1873; Burjanov, 1877; Grosul, 1877; Kazanaklij, 1877) [2; 4; 6; 11; 14]. Mostly dating from the 1870s and 1880s, these are part of a concerted effort to uproot superstitions. The apparently motto was that the enemy should be studied in order to be eradicated fully and efficiently. Sorcery but also folk medicine was included. The data clearly reveal the position of the Orthodox Church on folk medicine. The documents refer to Ukrainian, Russian, Bulgarian, and Moldavian (or Romanian) villages in the area.

The second group of materials studied, dating from the 1920s and 1930s, is considerably richer than the first group. As a result of a new methodology and coordinated research efforts initiated by the Ethnographic Commission of the Ukrainian Academy of Sciences, the data is more comprehensive and more systematic. Participants used standardized questionnaires and well-designed studies to investigate traditional culture, aiming

to unveil its organic unity and spiritual qualities. The commission was also interested in folk medicine.

The interviewers working for the commission were also active in the southern regions. Unfortunately, they did not publish their planned volume on folk medicine (a collection of articles under the working title 'The Body of Folk Medicine').

However, even in this period, the bulk of available material did not come from research professionals, but again from local doctors, teachers, and priests. These materials are not so systematic and their quality is uneven, but they contain invaluable insights. For example, in the document entitled 'Beliefs Written Down in the Odessa Region by Unknown Authors,' the authors describe all the beliefs in their village connected with fire. Some of those beliefs are quite interesting for the student of folk medicine (descriptions of illnesses caused by the inappropriate or illegal use of fire, use in treatments). These descriptions, provided throughout scattered documents, often correct the image produced by older academic research.

For example, the document entitled 'A Folk Calendar, Customs, Beliefs, Superstitions, Divinations, Omens' gives information about omens and spells related to health (e.g. spells against bleeding, toothache, and *perepug*, a mental disease in which the subject is petrified by something). During the same period, the activities of individual ethnographers also increased. Interesting data on folk medicine can be found in Tsvetko's works (1932) [24]. He investigated the medical practices of Bessarabian Bulgarians and their conceptions on the origin of diseases and treatment as well as on sorcerers and their characteristics. He compared the beliefs of Bessarabian Bulgarians and the Bulgarians further south (in present-day Bulgaria) as well as the beliefs of the local Bulgarians and other ethnic groups in the area. Tsvetko investigated each aspect of folk medicine in depth, including their associations with magic.

Finally, we arrive at our third group of data, that I collected myself in ethnographic expeditions conducted for the Odessa National University History Department between the years 1995-2009. These expeditions brought our research team to Russian, Ukrainian, Bulgarian, and Moldavian villages in the Odessa region. Data was collected by means of observation and interviews. Interviews were recorded and transcribed. The information we obtained during these ventures provides a picture of the period starting in the 1930s. Our intention was to identify different periods in folk medicine, as marked by unique characteristics, and the changing role of folk medicine in the community.

This ends our overview of the sources used in this current chapter. In summary, I can say that, for the most part, my colleagues and myself used primary sources as well as direct observation and interviews and that our sources roughly span the period from 1850 to the present day. This diversity of material allows me to now reconstruct the content, character, origin, and diversity of folk medicine in the region, as well as its complex modes of transformation.

Traditional Medical Practice

The function, conservation, and transformation of folk medicine in a given community, at a given time, depended on a series of factors including government policy regarding the autonomy of a certain ethnic group at a given moment, the position of the church, the zeal of modern medicine, and the toleration of diversity in general. (One might add economic conditions, ethnic assimilation processes, and migration patterns, too.)

1850 to 1920

In 1894, the Russian Empire, then in control of present-day southwestern Ukraine, enacted a reform of local government (*zemstvo*). Simultaneously, regional governments (*uprava*) were established. The new regional governments were charged with trade, communications, education, and also (a real novelty) public health. At the local level, *zemstvoes* provided the rural population with medical care. The quality of services varied, but the local governments' best medics within progressive communities did their best to raise the standards of medical care in the countryside. The building of hospitals began in the 1860s. The results of the reform can be appreciated positively. Vaccination contained epidemics (Svinjin, 1867) [23], a most notable instance of success being eradication of smallpox. Many locals were suspicious of the vaccinations, however, efforts appear successful enough, since written sources starting from the late 19th century never mention the disease.

However, resources were scarce and the sparse number of doctors that were assigned to the region simply could not see to all the local medical needs. In the Kherson region during the late 19th century, there was one doctor for 10,000 people (Boltarovich, 1990) [5]. The situation in Bessarabia was described thus: "In other towns, except for the Izmailsky and Skuljansky quarters, there is a lack of regular doctors; that is why people have to consult charlatans, sorceresses" (Svinjin, 1867) [23].

Statistics also inform us of the poor hygienic conditions in the villages. Typhus and cholera epidemics still plagued the area towards the end of the 19th century. So, the 'modern' medical treatment that could be observed in the area was not

the best, and this aggravated the distrust of many local people towards modern medicine, which was perceived as a strange practice. They still chose the traditional treatment and sought help from sorcerers (a *baba* in the case of an old woman; a male sorcerer was a *ded*).

Again, we have to mention the importance of clergymen and their attitudes. Folk rituals, including folk medicine, were regarded as remnants of pagan times and many priests actively opposed their practice. For decades, the church fought folk ritual and folk medicine. On the other hand, interestingly, members of the church also contributed significantly to the study of folklore. One example is the 'Kishinev Eparchy Bulletin,' a religious magazine publishing information on ethnic cultures and folk medicine. The following quote from the 'Kishinev Eparchy Bulletin' in 1878 expresses the church's attitude: "Real success for the Christian sermon is hardly possible if the preacher does not understand clearly the people he should persuade by word; without that understanding, he can only declare that some belief or rite is not Christian, but doesn't know what these beliefs and rites are in fact, why they are so firmly entrenched in people's minds, and it is hard to understand why people show real and deep devotion to the Church but meanwhile keep ancient non-Christian beliefs and habits" [21].

From the clerical point of view at the time, diseases were provoked by sinful behavior and, therefore, can be attributed to God's will. Sermons in the second half of the 19th century show that priests tried to popularize the idea of illness as punishment. This suggests that this idea was not widespread before that or at least had not been very persuasive in many local communities. Priests also tried to convince villagers that only God could send disease, not other people, ill-wishers, or sorcerers. Prayer was promoted as the treatment, rather than engagement in the game of spell verses counter-spell.

In folk beliefs of that time, some explanations of diseases and their origins called for the intervention of specialists (traditional doctors, witches, sorcerers). Illness could be regarded as a punishment for sins, but also as caused by evil spirits. In both cases, priests could be requested, since priests were considered powerful and because they had a connection with God, which could be useful in dealing with evil spirits as well. Communication with God could, thus, override the game of evil eyes and sorcery ('Kishinev Diocesan Bulletin', 1886). However, accounts given by priests provide the impression that sick people first sought help from traditional experts and turned to the priest and the church only after that for prayer,

especially public prayer, to which they attributed real curing power. Modern medicine came up only as a third option, if at all.

Thus, we can say that towards the end of the 19th century, both modern medicine and a reinvigorated Orthodox church transformed the practice of folk medicine in the region.

Transformation in the Years 1920 - 1940

After the Russian Revolution, the territory of present-day southwestern Ukraine was divided between two political entities: the kingdom of Romania, which included the territory of Bessarabia (including the Danube Delta), and the newly established Soviet Union. The dramatic changes that occurred in the region during that period triggered many changes in content, practice, and distribution of folk ritual – including folk medicine.

Between December 1917 and January 1918, Soviet power was established in Izmail, Kilia, Vilkovo, and Artsiz (in other words, the area demarcating the Ukrainian Danube Delta). Local soviets were formed. From January to March, the areas were occupied by Romania. During 1918 and 1919, the Soviet Union tried to conquer all the territories that used to belong to the Russian Empire, but was not successful in the case of Bessarabia. Thus, southwestern Ukraine was divided in two parts, belonging to two states. That difference proved influential.

In the Ukrainian territories belonging to the USSR, reforms were carried out quickly. Soviet power aimed not only at establishing a new economic and political order, but also claimed ideological authority and a monopoly. The new power initiated a campaign against, not only the church, but also against other superstitions, folk beliefs, and mysticism. Yet, in practice, the quality of villages' health services did not improve much, at least not in the beginning, and people were still resorted to folk healers. Matters worsened during the Great Famine of the 1930s, starting with the horrible years of 1932 and 1933.

Local populations, weakened by malnutrition, were struck by many diseases including typhus, pediculosis, and a host of gastrointestinal diseases. The first victims of the famine and its associated diseases were children and the elderly. This obviously had many consequences. One significant detail that arises here is that some of the elderly possessed knowledge of folk traditions, which were not available to the younger generations. Regional dispossession occurred, as many people were forced to leave their villages. Families were separated. Most families in the village of Gaika, for example, settled there during the 1933 famine. Our elderly respondents in Zlatoustove say that, in those times,

nobody even thought of diseases, doctors, or sorcerers. Apparently, and paradoxically, survival was not linked to disease and medicine.

On the other side of the new border, Romanian authorities did not have the reform zeal of their Soviet counterparts and they usually left church and folk rituals alone, allowing ethnic and religious traditions to co-exist as before. Bessarabia remained part of Romania until 1940. In August 1940, a decree was promulgated to include the districts of Akkerman and Izmail into the USSR. In late July 1941, Romania took the area back.

It is notable also that many of older respondents consider World War II an organic continuation of the period they call 'under the Romanians,' or 'the Romanian time.' In southern parts of Bessarabia, we still see the traces of that 'Romanian time,' even in spiritual culture. For example, during our research in Suvorovo and Vasilevka, we encountered incantations in Romanian. Sometimes respondents took care to point out that women of Romanian origin were especially engaged in folk medicine.

In August 1944, the Soviet army came back and annexed Bessarabia again to the USSR. When the military operations were over, the reforms that took place in the USSR in the 1920s and 1930s were replicated in the new territories. Most policies continued the pre-war policies, and the anti-religious attitude of the new empire did not change.

Because of the later annexation of Southern Bessarabia by the USSR, ethnic traditions and folk medicine survived much longer in those southern districts – including the Danube Delta. As we have seen, this can be attributed to different policies, more tolerant policies in Romania, but also to the horrible famine that wiped out so many people and their traditions and knowledge.

Folk Medicine in the Second Half of the 20th Century

In the period from 1950 to 1980, the USSR Ministry of Health held a monopoly on the definition and distribution of medical practice, or at least it aspired to. Every deviation from modern and officially recognized medicine was condemned and persecuted. Other approaches were cornered, but did survive.

The official viewpoint was not accidental. It was in line not only with the high modernist Soviet ideology, but also with trends in most European countries, where folk medicine had been eradicated earlier and modern medicine had acquired a monopoly position much earlier (albeit without the same level of state persecution of the alternatives). Positivism and rationalism were the larger intellectual movements behind these state policies. Modern medicine operated on a different

concept of knowledge and accepted only 'facts' that were observed and verified in laboratories and hospitals, within the frame of clearly delineated disciplines such as physiology, anatomy, and pharmacy. All these disciplines were developing rapidly and this contributed to their association with modernity and progress.

A respondent relates the following about a visit to the doctor at that time: "I went to the doctor with my son who had the disease *rodimchick*. Now I can tell to the doctor that it is *rodimchick*. But, at that time, nobody was Christian, everybody was a communist, and they did not recognize it as a real disease" (Ukrainian, Larzanka village).

However, despite all this, folk medicine did not disappear. Yet, the social role of folk healers did change. Midwives lost a lot of work to the newly established hospitals and their maternity wards. *Feldshersko-akusherskiy punkti* (little clinics) were opened in villages, providing people with basic medical care. Village sorcerers increasingly shared their work with doctors. Antibiotics had a significant effect on village life and enhanced the prestige of modern medicine. Folk healers were left dealing with illnesses that were not easily treatable by modern medicine and were largely relegated to the domain of nervous diseases and mental illness (*uroki, pereliak, nespliachki, beshiha*, etc.). Several respondents claimed that even civil servants and party members came to the sorcerers for treatment.

Since the 1980s, magical practices and folk medicine were no longer taboo and research into these topics was no longer forbidden. This brought to the surface not only the hidden potential and the positive aspects of folk medicine, but also its inherent limitations and its abuses in closed communities.

It is well known that, in times of crisis, people try to look for their roots as a way to ground themselves and to survive the tumult. Thus, in the 1980s and 1990s such a folk medicine revival could be observed. Folk medicine was officially accepted and acknowledged and became mixed and hybridized with recently imported oriental forms of alternative medicine (e.g. Chi Kung).

The folk medicine that came to the surface again in Bessarabia turned out to be heavily influenced by religion (both by the Orthodox Church and the Baptists) and, more surprisingly, the mass media. Still, despite the Church's strong influence on folk medicine, the official stance of the Orthodox Church was much harsher than before; the old coexistence was forgotten. Mass media had an influence in several ways, most notably the frequent appearance of articles on traditional healing and self-treatment. So, what often came to the surface as 'traditional'

practices in the villages was already thoroughly mixed with the interpretations of folk medicine encountered in the media.

There were also more pragmatic reasons for the revival: in the meantime, the public health system had collapsed and people were forced, once again, to resort to other forms of medicine. Midwives became prominent again in many villages and folk healers and sorcerers returned. Thus, the transformation of folk medicine in this period is linked to changes in government policy, to economic decline, to hegemonic scientific discourse in decline, and to changing positions of the Church. Though it certainly had a turbulent history in this area, folk medicine is still present and still changing. Looking back over the last 150 years, that the obvious turning points were the establishment of modern village (*zemstvo*) medicine in the late 19th century and the establishment of hospitals under the Soviets.

Folk Medicine and Ecological Conditions

Ecological Conditions

Southern Bessarabia is a steppe region on the fringe of the marshlands. There is the lower Danube and its Kilia Delta, there are freshwater lakes – Kagul, Jalpug, Katlabuh, Kitay – and salty lakes – Sasyk, Shagany, Alibej, Burnas. The local flora is typical for steppe landscapes, with herbage adapted to moderate humidity or drought. The vegetation is marked by the following common plants and plant groups: asters (*Asteraceae* L.), grasses (*Gramineae* L.), leguminous plants (*Fabaceae* L.), sedges (*Cyperaceae* L.), cruciferae (*Brassicaceae*, or *Cruciferae* L.), carnations (*Caryophyllaceae* L.), buckwheats (*Polygonaceae* L.), and umbellates (*Umbelliferae* L.). The marsh flora (reed) is typical for the riverine and lacustral marshes of the Danube Delta. The salt-marsh flora is uncommon. Many other water plants adorn those marshes.

The fauna is varied. Many birds, mammals, and amphibious creatures populate the landscapes of steppes and marshes. The fish fauna is diverse. We do not intend to give an overview of the ecology of the region, but want to point out some relations between folk medicine and the local landscape. There is, evidently, this aspect of resource use: certain and specific plants and animals are used in folk treatments (and even some places, or types of places, are attributed healing power in folk tradition). We elaborate on this in the following section.

Folk Medicine and Resource Use

People from different regions of Bulgaria, Russia, and Ukraine began to settle in the region covered in our study in the early 19th century. They met with complicated and very dynamic ecological conditions. Immigrants, in many cases attracted by Russian

imperial settlement policies, had to adapt themselves to the new economic, cultural and political environment, but also to the new ecological environment. People could often not replicate their old lifestyle in the new territories and many aspects of their traditional cultures changed, ranging from building techniques and distribution of labor to clothing and power supply systems. Also medical practices changed under the new conditions. In most cases, immigrants arrived from less harsh regions, places with a more lush and varied vegetation and with more hunting and foraging possibilities. Some of our elderly sources mention that this was a real issue for the new arrivals and that they, at first, always selected the medical resources they recognized from their old environment. Or they chose things that resembled what they knew, searching for similar grasses, minerals, and animals.

However, the problem of practical adaptation was not the only problem. Also the cultural environment differed, and for most it had become more complex. Thus, this posed the problem of ethnic identity in a more urgent way, as confrontation with different customs and behavior in everyday life, as well as competing resource use, forced a reflection on ethnic identity, on differences and similarities. While in some cases ethnic boundaries were apparently not important, for most ethnic groups those boundaries were important and folk medicine was one of the ways they could distinguish themselves from other groups. Therefore, even more so than in the old country, folk medicine became ritualized – acting as a distinguishable ethnic marker, rather than a repository of pragmatic adaptations to a given environment. Because they shared their environment with a mix of other groups now, convergence itself was a threat (since some folk medicine still depended on producing some real effect, all groups had to rely largely on the same natural resources for the recipes, which made maintaining the difference with other groups difficult. (For instance, the same grasses and animal fats were used.) What allowed for greater differentiation was the combination of natural resources and ritual, since the same resources could still generate a variety of different rituals.

Ritual and resource were closely intertwined within the experience of the people themselves. We will, therefore, describe medical praxis without separating them. In the following section, we outline several features of the folk medicines of the region, while establishing a series of linkages with the natural environment along the way.

According to our research, folk medicine in this region exhibits the following common features:

– Treatment and prevention depended on the understanding and the categorization of the disease. For example, ‘visible’ diseases (cold, fracture, hemorrhage, etc.) were treated by methods and medications considered ‘rational’ or, where possible, ‘modern.’ Magical treatments (relying more on ritual) were also widely used but they were always accompanied by rational ones, where the substance itself was supposed to be a sufficient agent of causality. Diseases of unknown origin or mental diseases were to be treated by means of ritual, magic, and the complex of ritual and substance.

– In case of ‘rational’ treatment, the selection of the right plant, mineral, or animal (substance) had to be guided by the symbolic meaning of creatures and substances. So, the most widely used plant to exorcise or scare evil spirits is garlic (*Allium sativum*) which has a strong smell. Also wormwood (*Artemisia absinthium*), another plant with strong smell, is used to handle evil spirits.

– The present-day ethnographic sources (from the end of the 19th century up to today) don’t provide sufficient information on treatment by natural substances. However, ethnographic field studies recently reveal changes in the correlation between rational and irrational elements of treatment. Folk medicine and modern medicine have different spheres of influence. In the case that people are not resorting to folk medicine based on a lack of other resources, it is usually in the sphere of mental health. The sphere of influence of folk medicine has shrunk, since scientific explanation of an increasing number of diseases has marginalized folk explanations. This said, part of modern treatment can include the use of certain plant and animal substances found locally – here and there, science and folk belief do overlap.

– There is another distinction we should make. Some diseases or physical problems can be dealt with easily, without intervention of either traditional healer or a modern doctor. The knowledge applied then can derive from modern medicine, traditional medicine, or it can be a very localized knowledge, restricted to village, clan, or family. It does not seem like this type of knowledge is very rich, and only a few species of steppe plants were mentioned, as well as substances like honey, dung, pollen, propolis, and animal fats (for ointments). Everything fragrant seems to have a positive force, and bees and their products are a source of healing. In addition, cod liver oil and clay are used.

We will now elaborate on the traditional treatments for some diseases. We do include here a mix of conditions that would require both

professional (traditional) intervention alongside layman's treatments made at home, since the boundary is not always clear, and because we are attempting here, most of all, to establish links with resource use and local ecology.

The examples of folk treatments include:

– *Zolotukha* (measles). Treated by covering the spots with a mixture of charred haricots and sour cream or liquid 'chalk' (slaked lime).

– *Sukhoty* (consumption). Treated by anointing the patient (child) with honey and putting them into the warm oven in which the bread was just baked.

– Gynecologic illnesses. Treated with a chamomile concoction (*Matricaria chamomilla* L.).

– Various stomach diseases. Treated with knot-grass (*Polygonum aviculare* L.), tincture of fruits or young nuts (*Juglans regia* L.), seeds of sorrel (*Rumex confertus* Willd L.), etc.

– Toothaches. Treated with warm sand, cornflower (*Centaurea cyanus* L.), wormwood (*Artemisia absinthium* L.), chamomile, thyme (*Thymus serpyllum* L.). These are boiled in water together with salt and garlic.

– Aching feet. Treated with burdock (*Arctium lappa* L.)

– Foot diseases. Treated by applying plantain (*Plantago major* L.) to the feet (a Bulgarian recipe).

– Backaches. Treated by applying hot sand or cow dung wrapped in fabric.

– Flu/cold. Treated with garlic, hot wine with pepper, sheep fat, and chamomile (*Chamomilla recutita* L.). Also steam baths were used (by Russians), or placing the patient in the oven, after cooling it down of course (Ukrainians, Bulgarians). The celandine (*Chelidonium majus* L.) should be boiled all night long and, before sunrise, this concoction should be poured over the patient in an uninhabited place (Ukrainians). The patient should be rubbed with kerosene or lard (Bulgarians).

– Pneumonia. Treated with a mix of the following herbs: coltsfoot (*Tussilago farfara* L.), thyme (*Thymus serpyllum* L.), St John's wort (*Hypericum* L.), yarrow (*Achillea millefolium* L.), and centaury (*Astragalus dasycanthus* L.).

– Headaches. Treated with mint (*Mentha piperita* L.) or other herbs.

– Herpes. Treated by applying euphorbia sap (*Euphorbia pallasii* L.), blood of a small sparrow (Ukrainians), garlic (*Allium sativum* L.), or aloe sap (*Aloe arborescens* L.) (Bulgarians).

– Skin burns. Treated by anointing the patient with cod-liver oil (*Oleum Jecoris Asellitill* L.).

– Various skin diseases. Treated with celandine (*Chelidonium majus* L.) and hay tea.

– General pain. Soothed with thorn apple (*Datura stramonium* L.).

– Other diseases. Treated with sunflower (*Helianthus annuus* L.) blossoms. Alcohol was poured over the petals and heaped in a jar. After a few days, when the petals turned white, the tincture was ready to use. It was considered especially useful for treating asthma and tuberculosis (Bulgarians).

Different Slavic peoples believe that the most powerful, most healing herbs were the ones hallowed and/or blessed on Makovey Day (August 14). People would make a bouquet of different herbs: sunflower (*Helianthus annuus* L.), poppy (*Papaver rhoeas* L.), calendula (*Calendula officinalis* L.), wormwood (*Artemisia absinthium* L.), cornflower (*Centaurea cyanus* L.), ears of wheat (*Triticum* L.), immortelle (*Xeranthemum annuum* L.), and yarrow (*Achillea millefolium* L.). After having it blessed at a church, it was kept at home behind the house icon. In case of disease, one could pick the most useful herb from the bouquet and use it for tea or tincture. So, the effectiveness of the brew was determined not only by the properties of the plant, be it chemical or symbolic, but also and most importantly by the fact that the herbs were blessed at a specific day and at a specific place. These herbs also could be used for banishing evil spirits from the house.

Places were also important. Places could be good, bad, or ambiguous. Certain places were needed for certain rituals, or to collect certain herbs. Churches are positively signified. However, maybe the most significant spots were on the borders between the human world and the natural world. At the smallest scale, this could mean entrances or exits of the home – such as doors, windows, fences, stoves, Russian baths.

Healthy places, or places for health-related rituals are not restricted to these border crossings. For example, on Ivan Kupala (June 7, a pagan holiday) there exists a ritual requiring participants to jump over a fire to burn off the illness; the fire had to be located close to a river, lake, or pond. Water is the cleansing element, and a watery site means a healthy one. On Epiphany (January 19), the ritual was to bath in a cross-shaped ice hole in a lake, to secure sound health for the coming year (an act in reference to Jesus being baptized in the river Jordan that same day).

Some rituals were found in many communities, while others remained tied to a specific ethnic group. Rubbing children with salt to prevent skin diseases remained a Bulgarian remedy. The Bulgarians also kept treatments, such as the symbolic measuring of patients. Russian Old Believers are

the only ones to 'bury' a disease at night in a cemetery. Ukrainians have a rite in which they 'siphon' a disease off their body, into a container with wax. A type of ritual more commonly held by a range of ethnic groups, is any one where *uroki* were treated by means of burning pieces of coal, matches, and consecrated water, with special incantations during the rite.

Conclusion

The territory of Southern Bessarabia began to be settled in the early 19th century. Immigrants from various regions of Russia, Ukraine, Bulgaria, and Romania brought their own culture and traditions, including their folk medicine. The ethnic specificity of the newcomers' spiritual culture becomes more important as a distinguishing feature in the presence of all the other groups. Whereas folk medicine had grown as a body of knowledge and rituals, in adaptation to the landscape and the ecology of their place of origin, in the new place it became an ethnic marker. This made it more difficult to adapt to the new environment and to the resources available there.

Thus, with folk medicine becoming more a sign of difference, it acquired an even more symbolic character. Traditions then started to further diverge. On one other hand, folk medicine cannot be purely symbolic. It needs to have some positive effect on the health of people treated. This limited its total transition to symbolism and it forced people to look toward each other and toward the local environment for new resources useful in healing practice. People could not afford to completely ignore the ecology of their new place or to ignore each other. This, we could call a mechanism of convergence. The result of divergence and convergence was a collective exploration of the new environment as well as a combination of ethnically-specific and more commonly-held recipes and rituals.

Folk remedies generally consisted of two elements, a rational side and a magical one. Many common illnesses were treated at home, without the intervention of a specialist, but others required a specialist – either for their rational knowledge or for their role in magical rituals. It can be said that some of the knowledge that might be described as rational was rendered more symbolic, more magical, with the move to a new place and within new ecological conditions – They might still work, but for different reasons.

Transference of secret and sacred knowledge was difficult in this area, with people moving in and out, the Great Famine, Soviet-forced modernization, and the ambiguous attitude of the Church. Since many rituals required the intervention of a specialist, one initiated in the sacred rites and with

a deeper knowledge of plant and other substances, and since those specialists were scarce and could only learn from other specialists, it is easy to understand why many of the related practices have disappeared. Sorcerers nowadays are very hard to find and the ones that are available might be recent converts, influenced by both new spiritualism and the mass media. On the other hand, some 'secret' wisdom did not remain entirely secret, as other people were always able to observe some of the rituals, so, some of the observers' knowledge managed to seep into the social memory.

As a result of the political and ethnic transformations of the area, and of the forced and voluntary move to modern medicine, sorcerers' activities became restricted to the domain of mental illness. In a broader sense, folk medicine retreated following confrontation with institutionalized medicine and yet always managed to survive in poorer, more rural areas until, during a period of social chaos and economic depression, it emerged in the mainstream, for practical reasons as well as for spiritual ones.

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Серебрянникова Н.И. Характеристики традиционной медицины в дельте Дуная. — Статья.

Аннотация. В статье прослеживается развитие народной медицины на территории Южной Бессарабии со времён её заселения выходцами из разных регионов России, Украины, Болгарии и Румынии. Изучается влияние этнических, географических, экологических, исторических факторов на развитие народной медицины в данном регионе, выясняется соотношение её рациональных и символических компонентов.

Ключевые слова: народная медицина, ритуал, лечебные практики, экологическая среда, этническая группа.

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Анотація. У статті досліджується розвиток народної медицини на території Південної Бессарабії з часів її заселення вихідцями з різних регіонів Росії, України, Болгарії та Румунії. Вивчається вплив етнічних, географічних, екологічних, історичних факторів на розвиток народної медицини у даному регіоні, з'ясовується співвідношення її раціональних та символічних компонентів.

Ключові слова: народна медицина, ритуал, лікувальні практики, екологічне середовище, етнічна група.