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## Home Remedy Use Among African American and White Older Adults

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### Abstract

Home remedy use is an often overlooked component of health self-management, with a rich tradition, particularly among African Americans and others who have experienced limited access to medical care or discrimination by the health care system. Home remedies can potentially interfere with biomedical treatments. This study documented the use of home remedies among older rural adults, and compared use by ethnicity (African American and white) and gender. A purposeful sample of 62 community-dwelling adults ages 65+ from rural North Carolina was selected. Each completed an in-depth interview, which probed current use of home remedies, including food and non-food remedies, and the symptoms or conditions for use. Systematic, computer-assisted analysis was used to identify usage patterns. Five food and five non-food remedies were used by a large proportion of older adults. African American elders reported greater use than white elders; women reported more use for a greater number of symptoms than men. Non-food remedies included long-available, over-the-counter remedies (e.g., Epsom salts) for which “off-label” uses were reported. Use focused on alleviating common digestive, respiratory, skin, and musculoskeletal symptoms. Some were used for chronic conditions in lieu of prescription medications. Home remedy use continues to be a common feature of the health self-management of older adults, particularly among African Americans, though at lower levels than previously reported. While some use is likely helpful or benign, other use has the potential to interfere with medical management of disease. Health care providers should be aware of the use of remedies by their patients.

### Keywords

complementary medicine; qualitative research; rural

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## INTRODUCTION

Older adults draw on a variety of regimens to address common health complaints. While professional medical care is the most visible source of health care, it is rarely accessed first. Instead, older adults take other steps to relieve symptoms before calling upon professional medical care. They may engage in self-care behavior such as resting, providing self-treatment—including home remedies, using non-prescribed medications, or some combination.<sup>1</sup> Existing theory, including Haug's model of self care<sup>2</sup> and Leventhal's common-sense model of self-regulation (CSM), predicts that older adults will use a variety of forms of self-care to alleviate commonly experienced symptoms.<sup>3,4</sup> An often overlooked form of self-care is the use of home remedies.

Home remedies are substances used to treat common symptoms and ailments. They can be divided into food products and readily available non-food household products.<sup>5</sup> When employed as home remedies, many of these food and non-food products are typically used for purposes other than that for which they are sold. Non-food home remedies are products and agents used for health that have been available to consumers for decades. Some were originally marketed for health purposes, but their uses have been extended by consumers beyond their labeled use. Others were never intended for health purposes, but are used for health purposes now. Sources of knowledge for the use of home remedies can be traditional (learned about as children and young adults from parents and grandparents) or contemporary (learned about from books, periodicals, television or the internet).

Regional studies of rural older adults indicate that over half use some type of home remedy.<sup>5,6</sup> Some of the health care literature has captured aspects of home remedy use;<sup>1,2,7-12</sup> however, the literature is quite sparse. Research on the use of folk remedies among white Appalachian elders and rootwork among African American elders, although scant, has encompassed home remedies.<sup>13-16</sup> Earlier studies, such as Loudell Snow's ethnography of African American folk medical systems, found extensive use of remedies by African Americans.<sup>17</sup>

Home remedies are rarely included in contemporary surveys of complementary and alternative medicine (CAM).<sup>18,19</sup> Even when included, analyses often fail to report on the use of home remedies as a separate category.<sup>20,21</sup> Those studies that do report on home remedy use do not distinguish among the specific home remedies used, obscuring the range of symptoms that individuals treat with particular remedies. Multiple studies have simply asked participants whether they have used home remedies without significant prompts.<sup>21-23</sup> Such an approach is likely to miss much of home remedy use.<sup>24</sup> Additionally, studies that recruit from limited types of sites<sup>22</sup> or that exclude individuals who do not report home remedy use while growing up<sup>25</sup> provide biased results. These study limitations hamper gaining a comprehensive understanding of the range of home remedies that people use to treat their health problems and symptoms and, in particular, the distribution of use by such characteristics as ethnicity and gender.

Leventhal and Haug emphasize the effect of the sociocultural context on individuals' interpretation of specific bodily conditions or symptoms. Their particular social context may

affect their interpretation of the severity or significance of a symptom; previous experiences shape their exposure to and assessment of various forms of treatment.<sup>2,3</sup> Limited access to allopathic medical care during periods of one's life span, experiences of discrimination and knowledge of racist treatment by the health care system, and cultural knowledge about specific home remedies are affected by one's ethnic background.<sup>13-15</sup> Several studies have found African Americans,<sup>6,23</sup> Native Americans,<sup>6</sup> and Hispanics<sup>20</sup> are more likely to report home remedies than whites. Gendered norms regarding caregiving responsibilities,<sup>26</sup> particularly the provision of care to family members who are ill, may affect the transmission of knowledge regarding home remedies within families. Specific use of home remedies may be affected by gendered norms as well.

Research on variation of home remedy use by gender is mixed. Analysis of data from the National Study of African Americans (NSBA) indicated that women were more likely than men to report having used home remedies;<sup>25</sup> Brown and Segal, however, found that after controlling for socioeconomic variables, gender did not significantly affect home remedy use.<sup>23</sup>

This paper expands our knowledge of practices of self-management in several ways. It explores an aspect of self-care, use of specific home remedies, that has largely been overlooked by previous research, and examines the range of symptoms that elders address by a particular food or nonfood home remedy. By including both men and women of different ethnic groups from the same geographic region, we are able to analyze how both ethnicity and gender may affect home remedy use, expanding the complexity of our understanding of the effects that ethnicity and gender may simultaneously exert on choices regarding self care.

The goal of this paper is to extend the study of health self-management to include home remedies. Using data from a qualitative study of health self-management in a bi-ethnic sample of older rural adults, we will (1) document the level of use of home remedies among older rural adults, (2) document the purposes for which home remedies are used, and (3) compare this use by gender and ethnicity.

## METHODS

### Sample

Participants were recruited from three rural south-central North Carolina counties where the lead investigators have conducted research on health disparities since 1996. The sample was designed to recruit 60 participants with equal numbers of African American and white women and men (15 in each cell). A purposive sample design was used to recruit representative participants who reflect the range of knowledge, beliefs and practices in that community.<sup>27</sup> In addition to recruiting participants from numerous sites in the counties and ensuring an approximately equal distribution by sex and ethnic group, attention was paid to the educational attainment and migration history in recruitment to maximize variation in sampling. A site-based procedure was used to implement the sample design.<sup>28</sup> Sites are places, organizations, or services used by members of the population of interest. We

recruited participants from 26 sites across the study counties that served the different ethnic groups and social groups, ending recruitment once saturation was reached.

### Data Collection

Data were collected from February through October, 2007, by five interviewers. Interviewers met participants at a location of the participants' choice, usually the participants' homes, and obtained signed informed consent as approved by the Wake Forest University Health Sciences Institutional Review Board. Participants received a small incentive (\$10) at the end of interview. In-depth audio recorded interviews ranged from one to three hours. An interview guide, grounded in Leventhal's Self-Regulatory Model<sup>3,4</sup> and Kleinman's Explanatory Models of Illness<sup>29</sup> was developed and pilot-tested. The guide focused on knowledge and use of complementary therapies, including history and purposes for use, beliefs regarding effectiveness, and relationship to utilization of conventional medical care. The interview guide took both an illness- and symptom-centered approach, asking participants how they typically managed common illnesses and symptoms, and a treatment-centered approach, in which participants were asked what they knew about common treatments. This latter section included a variety of food and non-food home remedies. Informants were asked to distinguish historical use from current use.

The lists of home remedies queried were derived from over a decade of fieldwork by the authors and others in the rural South.<sup>1,14,24</sup> The lists were restricted to items frequently mentioned in prior data collection, commonly available in the population, and that had significant time depth. The food home remedy list included honey, lemon, vinegar, baking soda, and salt. The non-food over-the-counter list included alcohol, Epsom salts, oils, Vaseline, and Vicks VapoRub.

### Data Analysis

Data analysis used a systematic, computer-assisted approach. Interviews were transcribed verbatim and edited for accuracy. Data analysis began with the collection and ongoing reflection on interview content and revision of the interview guide through listening to interview recordings and reading the interview transcripts, and biweekly team meetings to discuss transcript details.

Case summaries were first developed for each participant; based on these, a coding dictionary was developed. This included codes for the most common home remedies mentioned: food remedies (honey, lemon, vinegar, baking soda, salt) and non-food remedies (alcohol, Epsom salts, oils, Vaseline, Vicks VapoRub) that emerged as frequently used in the case studies. This analysis is restricted to current use, defined as instances where an informant reported using a remedy recently or stated that if symptoms occurred, they would use the remedy.

Each transcript was then reviewed and coded by one member of the project team. A second team member reviewed the coded transcript and suggested coding revisions. Illustrative quotations are presented with participant ID, interview line number, and participant ethnicity and gender.

## RESULTS

### Participant Characteristics

Participants included 62 older adults aged 65 and older: 17 African American women, 14 African American men, 15 white women, and 16 white men. Participants ranged in age from 65 to 92 years. About half (32) of the participants had lived in south-central North Carolina all of their lives. Twenty-three were return-migrants; originally from south-central North Carolina, they had moved to other areas, including large cities in North Carolina, cities in other regions such as New York City and Philadelphia, or other countries, before returning to their natal communities. Seven of the participants had migrated to south-central North Carolina as adults.

### Types of Home Remedies Used

All informants reported that they used at least one of the home remedies addressed in the treatment-centered portion of the interview. Four of the home remedies were used by more than half the informants (Table 1). The remaining remedies were used by at least 40% of the informants. In general, African American informants reported using more remedies than whites (Table 1). African American women, in particular, reported heavy home remedy use. Most reported using Epsom salts, Vaseline, and vinegar. African American men used some of the same remedies at high frequencies. Among whites, women reported more use than men; only one remedy, Vaseline, reached 80% use among women.

### Home Remedies and the Reasons for Use

#### Food Remedies

**VINEGAR:** Vinegar had two different types of use (Table 2). The first was ingestion to cure a problem from the inside. The second was a topical use, in which the acidic, burning properties of vinegar were used to neutralize similar sensations.

Over half of African Americans indicated that they used vinegar for high blood pressure, often just a teaspoonful mixed with some water and swallowed. As one respondent stated: “I take a swallow of vinegar...if I eat something that is a little salty, you know salt has a tendency to run your blood pressure up...I take a teaspoon or two of white vinegar, because...they always told me vinegar would reduce the blood pressure” (15:259, African American man). Both African Americans and whites reported using vinegar for skin irritation, and whites, for sunburn.

Vinegar was often mixed with other ingredients, including sugar, lemon, honey, and alum, before being ingested. Vinegar used topically was only mixed with another substance when used for gargling. Some respondents argued for particular types (white, apple cider, organic) of vinegar for specific ailments. However, there was no clear pattern of preference.

**BAKING SODA:** Baking soda was ingested or applied topically, depending on the ailment. The most frequent use of baking soda identified by the participants was to reduce discomfort from a stomach ache or heartburn. Men and women either mixed the baking soda in water before drinking (sometimes adding other ingredients such as Black Draught, aspirin, or

vinegar) or placed the baking soda in their mouth, then swallowed water. A white woman reported a common use of baking soda.

And if I have indigestion... I'll go to the kitchen and take about a fourth of a teaspoon [of baking soda], just the tip of the teaspoon, and like a fourth of a glass of water and it usually relieves the indigestion and heartburn (45:259).

Burns, insect bites, and rashes comprised the second most common set of symptoms treated with baking soda. Baking soda was placed on the irritated or injured skin. "I have [used baking soda] on a bee sting. It seems to draw some of the sting out, you know, or insect bites" (24:339, white woman).

More than half of men and half of women reported using baking soda for one or more purposes. Use was common among both African American and white elders. African American and white participants reported using baking soda for digestive problems, teeth cleaning, and to treat burns. Use of baking soda to treat rashes and irritation to the skin was reported only by white men and women.

**LEMON:** Lemon was reported to be used for colds and throat problems and for digestive problems. Use for colds and throat problems was reported by African American women and men and by white men. African American women and men reported using lemon either boiled in water to make a tea, or just sucking on a piece of lemon. Both helped to soothe cold symptoms, including sore throat. Elders perceive that the latter technique appears to work by lubricating the throat.

White men reported using lemon with honey and peppermint candy to stop a cough and soothe a sore throat. "Put lemon juice and honey together and ...it's every bit as good as any cough syrup or cough medicine you could get" (32:283 white man). Lemon use for digestive problems was reported only by white women. They reported that eating a piece of lemon or drinking tea or water with lemon would relieve nausea, stomach ache, or constipation.

**SALT:** Salt was primarily reported as a topical remedy to treat tissues in the mouth, throat, and sinuses. A few people indicated that they ingest salt to treat muscle cramps.

Many older men and women reported gargling with salt water to treat a sore throat or a mouth sore. "[If I had a sore throat] I might gargle with salt, warm salt water" (25:182 white woman). This remedy was mentioned frequently by African American women and white men and women. The use of salt water was reported less frequently by African American men. A few participants added peroxide to the salt water.

Salt was ingested by a small number of respondents to treat cramps. Salt added to bath water, along with vinegar and sometimes turpentine, was a remedy for insect bites. In addition, one man reported that he placed salt in a belt on his back to reduce back pain and fatigue. He also indicated that topical placement of salt could treat high blood pressure and fever.

**HONEY:** Honey was used to treat cold symptoms, reduce the pain of arthritis, and to lower high blood pressure. Honey and water were often mixed with vinegar and lemon and

sometimes added to tea. Alum and whiskey were added to the mixture by some respondents. As one woman who used an alcohol, honey, and alum mixture stated: “If I got a real bad cold or anything like that, I just take me a spoonful and go on to bed....It just seems like it cuts the...cold out of you” (4:425–431; African American woman). Less common uses included treatment for depression, sleep problems, weight loss, difficulty urinating, and excessive gas. Topical uses included treating skin sores and, combined with mustard, creating a plaster.

### **Non-Food Remedies**

**VASELINE:** Vaseline Petroleum Jelly was one of the most common home remedies reported by participants. Most indicated they used Vaseline as a topical home remedy, almost exclusively to treat skin conditions (Table 3).

For many, particularly African Americans, Vaseline was used as part of daily routine to keep the skin moist. One African American woman stated, “I just keep myself greased up with Vaseline....I get so ashy, you know, and chapped, but I use [Vaseline]” (4:514). Others reported using Vaseline only when their skin became particularly dry or cracked.

**EPSOM SALTS:** Epsom salts were reported to treat constipation and to relieve aches and pains. Participants reported using one or two tablespoons of Epsom salts to create a laxative to drink. They also reported adding Epsom salts to warm water to soak sore or swollen limbs. “Epsom salts you can put it in the bath water and soak it in when your muscles are sore and you’re stiff and that works pretty good” (47:333; African American woman).

Three-quarters of both African American men and women reported using Epsom salts; fewer than half of white women or men reported using Epsom salts. African American elders identified more symptoms that could be treated with Epsom salts than white elders. A limited number of African American men and women indicated that they gargled with Epsom salts to treat fever blisters, sore throats, and toothaches. Less common uses of Epsom salts include treatment for diarrhea, stomach aches, high blood pressure, “moods,” and difficulty with urination.

**ALCOHOL:** Rubbing alcohol was used topically to treat insect bites, small cuts, and muscle aches and pain. The elders perceived that the alcohol eased their symptoms in different ways. Several elders noted that application of rubbing alcohol reduced the itch or sting associated with the bug bite, or made their irritated skin feel better generally. One woman stated that the alcohol “seems to stop some of the itching [from bites] and keep it from swelling sometimes. If it whelps up and everything, [alcohol] helps that” (31:153; African American woman). A few participants indicated that alcohol killed germs, and was therefore an appropriate treatment for bug bites.

They also applied alcohol to treat rashes or itchy skin, at times in addition to ointments, and to clean minor cuts or scrapes. A few men and women indicated that they rubbed alcohol on dry or cracked skin. “If I get like a little cracked skin or something like that, I damp some alcohol on it. It burns a little, but that’s the best, I think....It gets the germs” (13:259,268; African American man). Rubbing alcohol was also perceived as an effective remedy for

muscle aches, joint pain, numbness, and swelling. Less common treatments for rubbing alcohol include rubbing it on skin to reduce fevers, rubbing it on affected areas in the mouth, and gargling with it to reduce tooth or gum pain. More African American men and women than white men and women reported using rubbing alcohol to treat their ailments. In addition, African Americans reported a greater range of uses for rubbing alcohol.

**VICKS VAPORUB:** Vicks VapoRub is primarily used to minimize symptoms associated with having a cold, flu, or pneumonia and the discomforts associated with the illnesses. Men and women reported limited topical use of the remedy to treat diverse complaints. They applied Vicks to their chest, face, or the skin near their nose to treat cold and flu symptoms. As one man stated, “When I have a bad chest cold.....I use [Vicks] all the time....I spread it on my throat and down my chest” (44:338, 341 white man). A few placed the ointment in a vaporizer or in hot water, inhaling the steam, to ease congestion. One man reported that he ingested Vicks VapoRub to soothe a sore throat. Infrequently, study participants also reported using Vicks VapoRub topically to treat dry or chapped skin or lips, athlete’s foot, or hemorrhoids.

Vicks VapoRub was used predominantly to treat symptoms associated with respiratory illnesses, such as congestion in the chest or sinuses. Use of Vicks VapoRub to treat cold symptoms was reported by African American and white men and women; its use for that purpose was reported by more African American women than men or white women.

**OILS:** Oils are used both externally and internally for a variety of symptoms. Elderly men and women reported that they applied oils externally to address a wide range of conditions. Mineral oil, olive oil, or a combination of the two may be applied to dry skin. Oil may be rubbed on joints and muscles to relieve pain. Oils used for this purpose include: castor oil, cod liver oil, Arnica oil, peppermint oil, and olive oil (which may be mixed with turpentine). In addition, a limited number of individuals rubbed olive oil or peppermint on their forehead to relieve headaches. The primary internal uses of oils were to treat or prevent constipation and hemorrhoids. A variety of oils were reported being used for this purpose including castor oil, olive oil, mineral oil, and cod liver oil. A few elders indicated that they used cod liver oil and castor oil for colds and coughs.

Less common uses of oils were reported. Placement of a castor oil pack on the abdomen was indicated as a remedy for a stomach ache. One person each reported using castor oil for an upset stomach, fish oil capsules to treat high cholesterol, and olive oil for its antioxidant properties.

Use of oil as a home remedy was greater among African American than white elders. Only African American women reported that they rubbed “healing oil,” olive oil consecrated by a pastor, to treat body pain and soreness. More elderly African American participants than white participants reported that they currently ingest castor oil or cod liver oil as home remedies. One elderly African American woman indicated that she used castor oil for multiple purposes. “Castor oil is good for a whole lot of stuff. It’s good for colds. It’s good for indigestion, when you have an upset stomach” (10:211, African American woman).



**Overall Home Remedy Use**—Both African American and white respondents noted that the level of home remedy use had declined significantly from their youth. Many noted multiple kinds of herbs and other plants picked and prepared as teas, tonics, and poultices for a wide variety of complaints. They also noted use of household substances like kerosene. Many were quick to instruct the interviewers that, when they were younger, one did not run to the doctor as much as is done today. Home remedies were used instead. Many also noted that the home remedies they remembered were difficult to swallow due to their taste or had harsh side effects, so that they would no longer use them or subject their children to them.

## DISCUSSION

Home remedy use is a widespread self-care practice among these study participants. This study contributes to our understanding of the types of ailments and symptoms that are treated with home remedies among African American and white elders. All of the study participants report using one or more home remedy. Several home remedies are used by more than half of the elders: Vaseline, vinegar, Epsom salts, and baking soda. Lemon, salt, honey, alcohol, Vicks Vaporub and oils were used by a substantial minority of the elders.

The preponderance of home remedy use is for skin ailments, gastrointestinal upsets, respiratory tract issues (“colds”), and musculoskeletal pain. Older adults would have experienced and self-treated these symptoms at multiple points throughout their lives.<sup>2</sup> The use of home remedies to treat mental health issues and chronic diseases is limited, suggesting that the elderly men and women generally use home remedies before going to the doctor and maybe in place of going to the doctor, but infrequently after receiving a diagnosis of mental illness or serious chronic disease. The only exception was the widespread use of vinegar for hypertension, particularly by African American respondents.

Multiple conditions causing stinging sensations were often countered by topical applications that produced a similar effect. The burning properties of vinegar, alcohol, and salt were used to treat skin problems such as insect bites and sunburn. The use of home remedies appears to be influenced, at least to some degree, by the interpretations that individuals place on the physical sensation or symptom being treated and their expectations of the physical response that treatment should invoke.

Consistent with the CSM, the elders evaluated different self-care options and made selections that were congruent with their understanding of the identified symptom and its causes.<sup>3,4</sup> Their assessment was based on their understanding of their health conditions, experiences with particular remedies, and information that they had at their disposal, including their knowledge of home remedies to treat multiple health conditions. As one African American woman stated when she was asked how she learned about using a particular home remedy for insect bites, “When you see those things happen to you, you’re going to find something to help you” (18:183). Elders came to use home remedies in different ways.<sup>24</sup> Knowledge about the home remedies was frequently passed on to the respondents when they were children. Several respondents indicated that, although they were required to use certain home remedies as a child (e.g. castor oil), they decided to use different treatments as adults. Elders also integrated home remedies recommended by their

physicians into their self-care strategies, as noted by respondents who used warm salt water to clear their nasal passages. They identified a symptom, and based on their understanding of the symptom and their knowledge base, they often selected a home remedy to address the symptom.

Consistent with the CSM and self-care frameworks, social context, as represented by gender and ethnicity, affects self-care strategies. While there was substantial overlap in self-care strategies, some differences seem to be associated with ethnicity and gender.<sup>6,20,23,25</sup> In general, women were more likely to report use of home remedies than men; a greater number of African American than white elders reported use of home remedies. African American women reported the greatest use of several home remedies; they also reported the greatest number of symptoms treated with several food products and nonfood remedies. Overlap and variation of specific home remedy use for particular conditions among white and African American elders is consistent with research conducted independently by Mathews<sup>15</sup> and Cavender.<sup>13-14</sup> Women's increased use of home remedies may be associated with their caregiving role in the family and associated knowledge.

These findings emphasize that simply noting whether individuals used a particular food or over-the-counter home remedy does not adequately address ethnic and gender differences in use of home remedies. It is important to examine not only what food or common household product was used, but how it was used and by whom, again emphasizing the importance of analyzing self-care in the context in which it is provided. For several home remedies, reasons for use varied by ethnicity or gender.

It is notable that the descriptions of home remedy use in this population pale in comparison to those noted by Snow and others three and four decades ago.<sup>15-17</sup> While older adults in the current study could remember extensive harvesting and use of wild plants and household substances in their youth, it is clear that self-care is currently more limited than in the past. Access to doctors is virtually universal with Medicare, and these adults rely on biomedicine for a majority of their health management.

Nonetheless, this study adds to our knowledge about the use of home remedies among African American and white elders. Given the geographic restrictions of this sample, we cannot generalize the findings of this study to other regions of the country, other ethnic groups, age groups, or populations living in urban areas. It does, however, substantially add to our knowledge regarding how elders in one region use a range of common home remedies and contributes to our understanding of self-care strategies. People draw upon knowledge of home remedies they have gathered throughout their lives, applying the food products and over-the-counter products in ways that make sense to them, given their particular social context, to treat symptoms that they have experienced at multiple points throughout their lives.

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Table 1

Distribution of reported home remedy use by gender and ethnicity

Remedy	African American Women n=17	African American Men n=14	White Women n=15	White Men n=16	Total n=62
<b>Food remedies</b>					
Vinegar	15	11	9	7	42
Baking Soda	9	9	9	8	35
Lemon	11	8	6	5	30
Salt	11	3	8	8	30
Honey	9	7	4	8	28
<b>Non-food remedies</b>					
Vaseline	15	11	12	7	45
Epsom salts	15	11	6	6	38
Alcohol	11	8	5	4	28
Vicks VapoRub	10	5	6	7	28
Oils	11	6	7	2	26

**Table 2**

Conditions treated by food home remedies by two or more elders in category by ethnicity and gender. Conditions listed in order of frequency.

	<b>African American Women n = 17</b>	<b>African American Men n = 14</b>	<b>White Women n = 15</b>	<b>White Men n = 16</b>
Vinegar	High blood pressure Sore throat Arthritis and bursitis Depression Swelling Headache Skin irritation	High blood pressure Muscle cramps	Sunburn	Indigestion Sunburn High blood pressure Skin irritation
Baking Soda	Upset stomach Heartburn/indigestion	Burns Gas Heartburn/indigestion Upset stomach	Skin irritation Upset stomach Clean teeth	Heartburn/indigestion Upset stomach Skin irritation
Lemon	Cough, cold Sore throat, hoarseness	Sore throat, hoarseness Respiratory symptoms	Upset stomach	Cough, cold Sore throat, hoarseness
Salt	Sore throat, gums, or mouth		Sore throat or mouth	Sore throat or mouth
Honey	Respiratory symptoms	Respiratory symptoms	Respiratory symptoms	Respiratory symptoms

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**Table 3**

Conditions treated by non-food home remedies by two or more elders in category by ethnicity and gender. Conditions listed in order of frequency.

	<b>African American n = 17</b>	<b>African American Men n = 14</b>	<b>White Women n = 15</b>	<b>White Men n = 16</b>
Vaseline	Dry skin or chapped lips Cuts or scrapes Skin irritation	Burn, including sunburn Cuts, scrapes, and sores Dry skin or chapped lips Skin maintenance	Dry skin or chapped lips	Dry skin or chapped lips Sores
Epsom Salts	Muscle or joint pain, swelling, muscle cramps Constipation Fever Sore throat, tooth, mouth ulcer, fever blister	Constipation Muscle or joint pain, swelling Upset stomach	Constipation Muscle or joint pain, swelling	Constipation Muscle or joint pain, swelling
Alcohol	Skin irritation Muscle or joint pain Cuts or scrapes Tingling or throbbing	Skin irritation Cuts or scrapes Muscle pain	Skin irritation	Skin irritation Cuts, scrapes, cracked skin
Vicks	Respiratory symptoms	Respiratory symptoms	Respiratory symptoms	Respiratory symptoms
Oils	Muscle, bone, or joint pain or swelling Dry skin Respiratory symptoms Constipation Upset stomach	Constipation Dry skin	Constipation Dry skin	Constipation

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