

CHANGING FOOD AND MEDICAL BELIEFS AND PRACTICES IN A GUATEMALAN COMMUNITY†‡

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This study examines the relationship between food and illness as part of the interaction between indigenous and Western medicine in a highland Quiché-speaking community in Guatemala. It is suggested that certain concepts such as *alimento* (nutritious food) and *fresco* (fresh or cool) are being used to incorporate modern nutritional and medicinal information into specific health contexts. These concepts involve different ideas of causation and treatment that are neither wholly traditional nor modern, yet have elements of both. The mechanism of syncretism is used to understand the dynamics involved in such changes that occur as a result of this interaction.

Several studies have supported the hypothesis that interaction between indigenous or "traditional" and Western or "modern" medical systems, despite differences between the two systems, can be of a primarily positive nature rather than one of conflict (Shiloh, 1968; Nash, 1967; Gould, 1957; Erasmus, 1952). One aspect of such positive interaction is the accommodation or integration of new information from Western medicine into the indigenous system. This paper examines the relationship between food and illness as part of this interaction in a highland Guatemalan Mayan community, Santa Lucia Utatlan.

It is suggested that certain concepts such as *alimento* (glossed as a highly nutritive substance) and *fresco* (glossed as fresh or cool) are being used to accommodate and reinterpret ideas and practices of both Western and traditional medicine and nutrition. The usage of these concepts also show a change in the traditional ideas about the relationship between health and food.

The mechanism of syncretism is employed to analyze the meanings and usages of the terms *alimento* and *fresco* and the changes that are occurring in people's conceptions of nutrition and medicine. Barnett (1953) defines syncretism

as a "compromise between the alien's form and the native's. . . It is a conjunction of differences, producing something new . . . Syncretisms are deliberate amalgamations or hybridizations." The concept has been utilized primarily in the study of religious change. Herskovits (1964) has used syncretism to refer to the process of identification of Christian saints with African deities in the West Indies and the New World. Madsen (1967) has used the dynamics of syncretism to explain how and why Aztec and Mayan Indian religions have responded differently to the influences of Christianity. The concept, however, has not been employed (to my knowledge) in the analysis of changes in the fields of either nutrition or medicine. In this paper, the two concepts of *alimento* and *fresco*, which illustrate this syncretism from the interaction of different medical systems in a Guatemalan community will be analyzed.

Alimento

According to Cassell's Spanish dictionary (1968), the word *alimento* means food. However, in Santa Lucia, the people translate the Quiché word for food, *wa* by the Spanish word *comida*, not *alimento*. There is no equivalent Quiché word used for *alimento*. Both the Ladinos and the Indians use the term *alimento*. This word is now part of the community's lexicon.

A semantic analysis of the contexts in which this word was employed indicates it is used primarily in a health context. *Alimentos* refers to substances, usually foods, that are thought to be

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especially beneficial or of high nutritive value that they maintain health or are "health-giving." Sometimes they are equated with foods that "have more vitamins" (*tiene mas vitaminas*). There seems to be no clear distinction between the two concepts of alimento and vitamina, but rather people tend to regard them as the same or similar things, namely an innate or inherent nutritive, strength-giving quality of a substance. Alimentos that are not foods include patent tonics from the pharmacy, such as Dr. Ross's Tonic and Tonico Vigaron.

Alimentos include such items as chicken, tea, bread, banana, spaghetti, noodles, milk, eggs, and Incaparnia (a high-protein food supplement). The staple and easily available foods, such as tortillas, are not considered alimento; they are called *wa* in Quiché, and *comida* in Spanish. Bread, however, is alimento. Prestige and store-bought foods, such as bread, noodles, and white sugar are almost always thought to be alimento and thus more nutritious. Some of these items, such as tea, are assigned higher nutritive value than that judged by Western nutritionists.

Hot, Cold, Fresco

One of the cognitive principles of the native medical system is the hot-cold classification. In Santa Lucia, as in most of Spanish America (Adams and Rubel, 1967; Foster, 1953; Madsen, 1955), foods, plants, medicines, and illnesses are classified according to the qualities of hot and cold. Hotness and coldness are usually not determined by observable characteristics nor by the physical temperature of the substance (although physical temperature sometimes plays a role), but are considered innate qualities possessed by the substance in question. This quality is determined primarily by its effect or sensation upon the temperature of the body or on a disease. For example:

Chili is hot because it produces a burning sensation in the body.

Ice is hot because it produces a burning sensation when applied to the skin.

Certain medicines, like aspirin, are hot because they make a person sweat.

Cabbage is cold because it produces gas or air (*aire*) in the stomach.

If a person has the disease *aire* (a cold disease), cabbage makes it worse because it is a cold food.

Another parameter used to determine the quality of a substance in environmental exposure. For example:

The sun is hot; therefore things exposed to the sun become hot or less cold.

Water is cold; fish are cold as they live in water.

Green or fresh corn is cold since it contains the rain water (as contrasted to dried corn).

The ground is cold; potatoes are cold because they grow underground.

The quality of substances is therefore determined by the physiological effect upon the body, exposure to natural elements, and its medical use. Logan (1973) has discussed other criteria that may affect quality determination, such as color and sex. The body, in turn, is affected by two hot-cold dimensions; the quality of an item and the physical temperature of the environment. Overexposure to one class or to opposite extremes disturbs the body equilibrium and may cause disease. For example, cooking near the fire (hot) shortly followed by washing clothes in the river (cold) may result in a cold illness such as *pulmon*.

The healthy body is in an equilibrium state of hot and cold qualities. Illness results from an excess of hot or cold within the body or within a particular area of the body. Curing and treatment is based on the application of opposites to restore the original hot-cold balance. This is accomplished by administering substances belonging to the qualitative class opposite that of the illness, and withdrawing or avoiding items of the same class. For example, a person with *aire* (a cold illness) is given hot foods and medicines and avoids cold ones.

A third category, *fresco*, which I gloss as "fresh" exists in Santa Lucia. The people use the Spanish word fresco. As in the case of the term alimento, there is no equivalent Quiché word. On the other hand, the Quiché words for the qualities of hot and cold (*miq'in* and *joron*) are used. When asked what fresco means, people would say, "*ni joron ni miq'in*" (neither cold nor hot), "*regular*" (regular), "*media*" (medium), or "*mitad frio y caliente*" halfway between cold and hot). When asked whether certain items were hot or cold, the answer was "neither, it's fresco". Such items included carrots, white refined sugar, lemon (*limon*), tea, chicken, *hierva mora* (*Solanum nigrum*) and bread. Fresh things were frequently considered as being better or *uts* (good), and were sometimes equated with more nour-

ishing foods or alimentos. In contrast, cold substances were often considered bad or worse. A fresh item is also considered beneficial because it can be taken whether the body is in a hot or cold state, or whether a person has a hot or cold disease. In general, it is believed that it is less dangerous to eat relatively hot foods when one is cold, than to ingest cold foods when one is hot. Fresh substances, rather than cold ones, are therefore regarded as best for treatment of hot diseases. For example, carrot juice (*fresco*) is good for inflammation (hot). To feel or be fresh means the person feels well; it refers to a balanced bodily condition.

Adams (1952) says that a third class of *fresco* existed in Maglelena, Guatemala, where he worked, but he considers it as equivalent to cold. Although *fresco* may be more closely related to cold than hot, since it is used against hot illnesses, to equate the two categories in the case of Santa Lucia, would be a distortion of the Luciano medical system and the changes taking place in that system.

METHODOLOGY

The Community

Santa Lucia Utatlán is located in the southwest highlands of Guatemala, at an altitude of approximately 2570 m. The population of 6000 is 93 percent Indian and 7 percent Ladino.[†] About 50 percent of the Indian males are bilingual in Quiché and Spanish, whereas only about 15 percent of the Indian females are. The majority of the Indians live in dispersed rural settlements, called *aldeas*, whereas most of the Ladinos live in the town center or *pueblo*. The study was carried out in two of these *aldeas*, Chuchexic and Novillero, which have a population of about 1600.

Within the last ten years, the community has been exposed to several new sources of change. One factor has been the extension of the Pan-American highway from Guatemala to Mexico,

which runs through the *aldea* of Chuchexic. This facilitation of travel, especially to various markets and for seasonal migration to coastal cotton, coffee, and sugar plantations, has increased outside contacts and exposure to new information. It has also brought more outsiders to the community. In 1964, a United States Catholic mission started an agricultural cooperative centered in Novillero. On the request of the members of the cooperative, the mission expanded to include a medical clinic. In 1965, a group of nuns arrived from the United States to run the clinic, which they have been doing since 1966. They regularly give advice to clinic patients based on Western medical ideas and practices, urging them to eat "good" foods, such as milk, eggs, meat, and Incaparina. They have also offered health and nutrition classes and trained a group of local Indians in the basic principles of Western medicine, including the essentials of anatomy, physiology, and nutrition, administering of first aid, giving injections, extracting teeth and examining stool specimens under the microscope. These Indians are now assisting in the clinic, making home visits, and giving weekly nutrition classes in the different *aldeas* and nearby towns.

Another source of information is the radio. Over 50 percent of the households have transistor radios, which broadcast advertisements and information about new medicines and foods.

This community was chosen primarily because of the existence of alternative medical resources, which included the recently established clinic, pharmacists, and a number of native treatment specialists, and of the opportunity to study the processes of medical change in a community undergoing rapid sociocultural change.

Procedures

The data presented in this paper were collected during the course of a larger study on medical beliefs and practices in the above community. A variety of methods were employed, including the standard ethnographic methods of participant observation and informant interviewing, both formal and informal. Case studies and medical histories were collected during these interviews. A local assistant also independently held several interviews recording case histories, which enabled the author to see what questions he thought were important in the domain of illness. For example, he would ask if the informant had

[†] The term *Ladino* refers primarily to people of Spanish or Western culture in contrast to people of Indian culture. In Guatemala, this includes people who are descendants of Spanish settlers, *mestizos* or mixed European-Indian ancestry, and those who may be genetically Indian but who do not identify themselves as Indian culturally.

taken any herbs, medicines (patent medicines) or alimentos for his illness the last category was always mentioned separately.

A sample of 27 informants, consisting of 15 Indian females, 6 Indian males, and 6 Ladino females, were also given lists of foods, herbs, and medicines, which they were asked to classify according to the proper hot-cold category and to give the reason why. Unfortunately, no Ladino males were included. The few that live in the community were working in other parts of the country and temporarily absent, and thus unavailable for interviews. The answers to these questions included discussions of what one can and cannot eat, when, and why. These answers were then correlated with sex, age, ethnic group and degree of acculturation. (The degree of acculturation was based on several criteria such as the ability to speak Spanish, number of outside contacts, activity in the agricultural cooperative, occupation, house type, and material possessions.

A survey containing questions about demographic variables and beliefs and practices concerning illness and health, was administered to 150 household heads or their spouses. (50 percent of the total households were sampled). These questions included items on illness in general as well as specific episodes of illness. To two of these questions, Why do people get sick? and Why do some people get more sicknesses than others?, several people answered "lack of alimentos". The sample is not a random one, having been influenced by several factors which include: absence due to working in the fields; absence due to seasonal migration to the coastal plantations; and suspicion or unwillingness to answer questions (this last factor applies to only a few families). Some questions were patterned after a survey carried out by the Institute of Nutrition of Central America and Panama (INCAP). They included several questions using the term alimento for "food." For example, "What is the best alimento? (*Cual es el mejor alimento?*) and "In what order do you begin to give alimentos to the nursing child? (*En que orden comienza Usted a dar los alimentos al niño además del pecho?*). During a pretest of a survey on a small sample, it was realized biased answers were being given. Thus people said that the first foods the mother gave the child were bread, soup or eggs, instead of coffee or tortilla or *atole*, and had to revise the questions accordingly. Among doctors and nutritionists in Guatemala there is a lack of

awareness of this distinction between alimento and comida. This has certain practical implications and investigators may be getting biased answers to their questions.

RESULTS AND DISCUSSION

Most substances that are considered as alimento are also classified as fresco. (Table I). However,

TABLE I

Hot, cold and fresco foods classified by Chuchexic informants, Santa Lucia Utatlan, Guatemala.
(expressed as percentages, N = 27)

<i>Food</i>	<i>Hot</i>	<i>Cold</i>	<i>Fresco</i>	<i>Unknown</i>
Coffee	96	0	4	0
Tea	36	0	56	8
Sugar (brown), Sp.: <i>panela</i>	100	0	0	0
Sugar (white)	0	29	71	0
Salt	96	0	4	0
Cinnamon	79	0	21	0
Garlic	100	0	0	0
Cloves	100	0	0	0
Chili (dried)	100	0	0	0
Chili (fresh)	33	0	67	0
Lard	13	13	60	13
Chocolate	41	44	4	11
Eggs	0	41	44	15
Beef	77	4	15	4
Pork	0	90	10	0
Lamb	85	15	0	0
Chicken	7	41	52	0
Milk	0	41	59	0
Cheese	0	44	52	4
Fish	0	65	22	13
Tortillas	0	44	56	0
Atole de maíz	0	48	52	0
Hierba mora (<i>Solanum nigrum</i>)	0	15	85	0
Colinabo-kohlarbi (<i>Brassica oleracea</i>)	8	56	36	0
Berro (<i>Nasturtium officinale</i>)	0	32	68	0
Chipilin (<i>Crotolaria longrostrata</i>)	65	22	13	0
Hierba buena-mint	74	0	22	4
Onion	56	13	26	4
Tomato	0	44	48	8
Acelga (<i>Beta vulgaris</i>)	0	41	41	18
Mustard	84	12	4	0
Guicoy (<i>Cucurbita maxima</i>)	0	60	36	4
Guisquil (<i>Sechium edule</i>)	0	60	40	0
Lettuce	0	40	60	0
Cabbage	0	65	35	0
Carrots	8	32	52	8

Table I (Continued)

Food	Hot	Cold	Fresco	Unknown
Stringbeans	0	60	40	0
Peas	0	44	56	0
Frijole negro	11	78	11	0
Chilecayote (<i>Cucurbita</i> <i>ficifolia</i>)	0	70	26	4
Culantro-coriander	28	12	60	0
Habas (<i>Vicia faba</i> or broad bean)	11	41	44	4
Rice	0	65	35	0
Flour-wheat	0	32	56	12
Fideo-noodles	8	19	65	8
Potatoes	0	84	16	0
Guineo seda (yellow)	0	33	63	4
Guineo morado (purple)	70	15	15	0
Avocado	0	92	8	0
Peach	8	67	21	4
Orange	96	0	0	4
Limon (lemon)	0	26	74	0
Lima (Sweet lime)	0	88	12	0
Apple	4	32	56	8
Manzanilla (<i>Crataegus pubescens</i> or hawthorn)	76	8	8	8
Matasano (<i>Casimiroa edulis</i> or White Sapote)	0	88	12	0
Cherry	88	8	0	4
Hum	8	28	52	12
Pinapple	52	12	32	4
Pear	0	32	56	12
Plaintain	26	11	48	15
Bread	26	22	48	4
Incaparina	44	8	33	15
Mushrooms	0	82	18	0
Beer	38	12	56	8
Honey	88	0	12	0
Apasote (<i>Chenopodium</i> <i>ambrosioides</i> or Goosefoot)	100	0	0	0

not all items that are fresco are alimento, for example, lemon (*limon*) (see Table I). It is proposed that the concept of alimento is being acomodated by being syncrctized to the category fresco within the traditional framework; at the same time the concept of fresco seems to be changing so that more foods, especially recently introduced ones, and new health and nutritional information can be included in this category. In the few cases when an alimento is not classified as fresco, the person usually adds "but" indicating that it is an exception or an unusual case.

Thus "avocado is cold, but it is alimento" or "avocado is alimento, but it is cold."

New patent medicines that are bought in the pharmacy or received in the clinic are classified and used according to the same hot-cold principle. Of a list of 30 medicines (Table II) that

TABLE II

Hot, cold and fresco common patent medicines classified by Chuchexic informants, Guatemala (Percentages).

Name	Hot	Cold	Fresco	Unknown
Andrews Salt	4	4	88	4
Sal de Frutas	4	8	80	8
Sal de Uvas	0	8	80	12
Sal Inglesa	80	4	12	4
Sal de Nitro	60	4	32	4
Alka Seltzes	8	20	64	8
Mejoral	100	0	0	0
Aspirina	100	0	0	0
Calmanta	20	4	72	4
Pildora de Eter	92	0	4	4
Bicarbonata	22	8	66	4
Alcamfor	88	0	8	4
Magnesia de Salud	40	0	56	4
Sulfato de Soda	4	44	40	12
Criolina	88	0	4	8
Esencia Maravillosa	70	0	12	18
Pomada de Valencia	22	26	52	0
Vicks	96	0	0	4
Sulfadiazina	80	0	4	16
Iodine	100	0	0	0
Pildoras Rosadas	60	0	20	20
Tonico Vigaron	70	0	0	30
Castor Oil	92	0	4	4
Coliria Santa Lucia	0	0	70	30

various informants had used, everyone knew at least 20, what they were used for and whether they were hot, cold or fresh. Thus *Mejoral* (aspirin) is hot because it makes a person sweat and because it is used for colds and flu. At times people knew what the medicine was used for but had not used it themselves. In such a case, the specific quality was deduced. For example, *colirio* Santa Lucia is used for the eyes; therefore it must be fresco because the eyes need medicine which is fresco.

In an earlier paper, Cosminsky (1969), the variation in the classification of items was analyzed. Individual variation exists because the classification is partly determined by the effects on the body which may vary according to the individuals' condition. What is important is that a quality be assigned.

Very little overlap or disagreement existed between hot and cold categories, except for a few items like chocolate and bread. More variation existed with respect to the hot and fresh categories, including such items as onion, plantain, beer and Incaparina. The most variation occurred between cold and fresh classification including chicken, tortillas, tomato, and most vegetables. For example, 44 percent of respondents thought tomatoes were cold, whereas, 48 percent thought they were fresh; and 8 percent did not know how to classify them. These variations existed also for many recently introduced foods, such as temperate zone vegetables and fruits, noodles and rice, but certain items such as potatoes were classified as cold. This was because they grow underground (which is cold), despite the fact that they are a recent item in the local diet.

There seemed to be less variation with respect to modern medicines. Particularly high agreement existed among those considered as hot.

The variations were then correlated with age, sex, ethnic group and degree of acculturation to see if there were any patterns to the variations. A few minor differences were consistent with ethnicity. Ladinos distinguish between *pollos* (young chickens), which are fresco, and *gallinas* (hens), which are hot, whereas the Indians did not make this distinction, and used the same word, *ak'* for both, which was considered as either fresco or cold. Ladinos considered lamb as cold whereas the Indians considered it as hot. *Guineo morado* (purple banana) was classified as cold or fresh by the Ladinos but as hot by almost all the Indians. At present, there is no explanation for these differences, which may be based on historical and cultural factors. Since there were no male Ladinos in the sample, it is unknown if there was any difference in classification according to sex among the Ladinos. Male Indians, however, tended to consider more items as fresco than female Indians. Four of the six Indian males considered over 35 percent of the total list of foods as fresco, whereas only 4 of the 15 women do. There was no correlation with age among the Ladino group, but among the Indian group, older people tended to regard fewer items as fresco than younger people, who assigned more substances to this category. Furthermore, the category fresco tended to be used more frequently by the more acculturated individuals.

It is suggested that more items will be regard-

ed as fresco with an increase in acculturation. The more extensive use of the concept seems to be a relatively recent phenomenon and part of an acculturation and education process. The criteria by which things are included in the fresco category are themselves being redefined to include not only new medicines and foods, but items such as eggs. Such foods are now considered by some people to be more nutritious and beneficial and fresco but are still classified as cold by some of the older and/or more traditional Indians. The expansion of the category fresco to include traditional items might also reflect the loss of traditional knowledge of the hot-cold classification. These are preliminary conclusions based on a small sample and remain to be tested with a larger sample and comparative material from other communities.

Logan (1973:394 fn.3), also suggests that *templado* or neutral is a newly emerging category employed by some acculturated Maya and well-to-do Ladino peasants in Chimaltenango. This category appears to be the equivalent of fresco as used in Santa Lucia. But, in his list more dietary staples and some medicines appear in this category. He further suggests that the emergence of a neutral category may reflect a reduction in anxiety concerning food and disease among acculturated persons who experience a higher standard of living in comparison to less-acculturated individuals. While this is an interesting hypothesis, I did not find any evidence for less anxiety in these areas among such individuals in Santa Lucia.

Further syncretism is demonstrated linguistically. The same Quiché frame is used for *alimento* that is used for medicine. A person says, "the disease wants hot medicine" (*ri yabil karaj miq'in kunabal*) or "wants cold medicine" (*karaj joron kunabal*). Similarly, the "body wants alimentos" (*nubakil karaj alimentos*). Linguistic accommodation also occurs in the formation of such words as *naalimentachik*, which means something is not *alimento*†. (In Quiché, the negative is expressed by adding the forms *na* — *ta* to a word).

† The Quiché context in which this word occurred was: "*le momaip we k'o jun junap, kep junap le moma' entonces ya naalimentachik. Are ri moma' ek'o jolap entonces areri alimento porke rare afreskana.*" English translation: If the chickens are one or two years old, they are not *alimento*. If the chicken is young, then it is *alimento*, because it is fresh (*fresco*) (The word *afreskana* is another example of linguistic accommodation).

Another dimension of the traditional system to which the concept *alimento* is being syncretized is the weak-strong principle. According to the native disease theory, a strong body offers protection against illness whereas a weak body is more susceptible. The state of the body is determined by the condition of the blood, which is also characterized as strong or weak, and hot or cold. Ordinarily, blood itself is hot, but this varies individually, some people having hotter blood than others. A person with strong blood is more immune to illness than one with weak blood. Strength or weakness may be either inherent or acquired. An individual is born with either a strong or a weak body. The natural constitution is influenced by the day and month of one's birth and the phase of the moon. This is part of a person's *suerte*, his luck or fate.

Certain physical qualities, such as age, sex, and health also influence one's resistive powers. Infants and aged persons are considered weaker and more susceptible. Women are weaker than men. Menstruation, pregnancy, and the 20 day postpartum period are weakening conditions. Any sick person is weak and susceptible to further complications.

An acquired weakness is temporary and may be induced in an otherwise strong person. Carelessness, overwork, overexposure to heat or cold are all weakening factors that make the body less resistant. Certain foods are also believed to affect the blood and thus one's strength. *Guineo morado* (purple banana) is hot and is harmful because it absorbs or sucks the blood, whereas *guineo seda* (yellow banana) is good for the blood because it is *alimento* and fresco. *Hierba mora* (*Solanum nigrum*) and *achikoria* (chickory), both fresco, are said to be good for the blood. *Alimentos* are conceived of as giving a person strength. They make the body more resistant and help prevent illness. Conversely, the lack of *alimentos* increases one's weakness and susceptibility and can thereby be a cause of illness. 21 percent of the 150 interviewed in the survey answered "lack of *alimentos*" as one of several answers to the question, "Why do people get sick", and 17 percent gave that response to the question, "Why do some people get more sickness than others?"

Native disease theory usually involves two elements: one which increases the individual's weakness or susceptibility, such as transgression, carelessness, overwork, and an external element

which acts on this weakness, such as evil spirit, witchcraft, or wind (*aire*). The idea of "lack of *alimentos*" is being incorporated into the traditional etiological framework as another factor that can increase the individual's weakness and susceptibility. This is also an empirical factor and one over which the individual has a certain amount of control, in contrast to some of the other supernatural and fatalistic factors.

Alimentos are also often used in the context of disease treatment. They are good for the patient because they give him additional strength. A substance like tea or chicken soup is defined as an *alimento* because it is regarded as particularly beneficial for a sick person. Several informants, especially those with chronic ailments, said they were tired of medicines (Quiché: *kunahal*) and what they thought they needed were *alimentos*. For example, one elderly woman said:

It isn't medicine I want. Better that I take some *alimento*. . . Before I took only medicine, all kinds of medicines. I did not take *alimento*. I think it is better that I don't take any more medicine now, but that I take *alimentos*. The money for medicine is better for *alimentos*. Maybe this sickness will leave because it is only *alimentos* that it needs.

This information is being communicated through various channels. As mentioned before, these include the nurses and doctors in the clinic, the pharmacists, the radio, and the Ladinos, both from inside and outside the community. One informant said:

The Ladinos told me, only eat *alimentos* only eggs, chicken and liver. They told me. This is what I ate—chicken soup with onions. It gave me relief. I think about the *alimentos*. I want to give my family *alimentos*, but there is no where to get them. We are naturales (Indians). We are poor. We do not have employment. We only have greens, chili, a little salt, and a little coffee.

These channels of communication also include traditional means. During a ceremony with a native religious specialist, who summons *El Mundo*, the spirit of the Earth, a woman who had a bad cough, which none of the medicines she had taken had helped, asked *El Mundo* what to do. This spirit, who arrived during the ceremony in the darkness, answered that "The cough is difficult to cure because her lungs (*pulmones*) are damaged and that it is good to give them *alimentos* to help the lungs." Also the *alimentos* will

help her brain which is weak and causes her headaches

Since historical data are lacking, it is difficult to say how recent is the usage of these concepts. One can gain some insight from people's comments and from comparative data. Several people said that "before, there were no alimentos; we did not have any alimentos" This could mean either that they did not have the knowledge of them or that they were not available to them. Today, many say that even though they want alimentos, they cannot afford them. They have the knowledge and attitude however that these are desirable items. An example of the change and its recency is the case of Incaparina. This low-cost high protein supplement has only recently been sold in local stores (It was officially put on the Guatemalan market in 1961). Yet 98 percent of 150 people interviewed in the survey knew what it was; at least 87 percent used it occasionally and 35 percent used it once a week or more. A frequent comment about Incaparina was that it was an alimento.

Foods that are considered to be alimentos give strength and force to the body and the blood. This dimension of strength is one way in which the concept of alimento and the new health information it conveys is being syncretized with the traditional framework of disease prevention, causation, and treatment.

CONCLUSION

It is suggested that the concept of alimento and the more extensive use of the category fresco by Indian populations are relatively recent phenomena, being used to incorporate new foods and medicines. It is further suggested these concepts are being used increasingly by more acculturated individuals. This is supported by comparative data, from other Guatemalan communities. These concepts are used more in Santa Lucia than in the neighboring more traditional towns of Santa Catarina Ixtahuacan and Nahuala (Mary Marshall, personal communication). Their recency is also supported by their omission from previous studies of Guatemalan communities. Adams and Rubel (1967, p. 353) believe that the hot-cold categories will become increasingly important in sickness and curing interpretations because of its adaptability to the increased cultural items of

expanding societies. This also holds true for the categories of fresco and alimento and their increasing importance.

Gonzales and Scrimshaw (1957) mentioned that it is difficult to introduce the concept of food for prevention of illness, and exceedingly difficult to provide to the satisfaction of a peasant community proof that a food (or foods), will actually help to maintain health. In 1966, Gonzales and Behar (1966) wrote

an affect of the recent barrage of health education has been to make the Ladino aware of the concept of a "good diet." Formerly, and still among the less acculturated Indians, the attitude was that food was something one ate without too much concern so long as one was healthy, but which was withheld when one became ill. Now many women state that children and adults must have certain "health-giving" foods. Such foods include meat, milk, eggs, vegetables, and cereal products.

Today, this attitude is also accepted by many Indians, at least in Santa Lucia. Although there is still an emphasis on withdrawal of certain foods when a person is sick (always in accordance with the hot-cold principle), this is starting to be counterbalanced by the practice of giving a sick person certain foods or tonics, classed as alimento to regain his strength. Many people also accept the idea that certain foods maintain health and prevent illness. Although the acceptance of this idea has increased, it is possible that it existed to some extent earlier but had been overlooked by other investigators. The integration of such concepts as alimento and fresco is one way in which the difficulty that Gonzales mentions of convincing people of this idea, is being overcome. The process of syncretism helps to understand and analyze how this integration has occurred and is currently occurring. A better understanding of these concepts and the underlying principles of the traditional medical system by the present agents of change, such as medical personnel and nutritionists, could be utilized for more effective health and nutrition programs.

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