

Sheila Cosminsky is Assistant Professor of Anthropology, Rutgers University, Camden. Field work was conducted in Santa Lucia Utatlan, Guatemala in December 1967-December 1968, and August 1974. Research was supported by a fellowship from the Institute of Nutrition of Central America and Panama, the National Institutes of Mental Health (Grant 1 F1-MH-34, 568-01A1), and the latter trip by the Rutgers Research Council. The author is indebted to INCAP and to the people of Santa Lucia for their hospitality and cooperation. This paper is adapted from a more extended and comprehensive study reported in Cosminsky (1975), an earlier version of which was presented at the American Anthropological Meetings, San Diego, 1970. INCAP publication number I-875.

Alimento and Fresco: Nutritional Concepts and Their Implications for Health Care

by SHEILA COSMINSKY
Rutgers University

The incorporation of new information from Western medicine and nutrition is an important aspect of the acculturation process resulting from the interaction of different medical systems. This paper examines two concepts, *fresco* (glossed as fresh or cool) and *alimento* (glossed as a highly nutritive substance), which I suggest are being used to accommodate and reinterpret health and nutritional beliefs and practices in a Guatemalan community. An understanding of these concepts and their role in the change process has important applied implications for personnel involved in health programs in Guatemala and other Spanish American areas.

The data were collected as part of a study of medical beliefs and practices in the Quiché-Maya highland community of Santa Lucía Utatlán. Several changes which provide new avenues of communication have been made within the last 15 years. These include the extension of the Pan American highway, which runs

through the rural settlement or *aldea* of Novillero, an agricultural cooperative and a clinic run by a Catholic Mission from the United States, and the spread of the radio. Over 50 percent of the households have transistor radios, which broadcast advertisements and information about new medicine and foods.

FRESCO. In Santa Lucía, as in many other areas of Latin America, the hot-cold classification of plants, foods, medicines, and illnesses is one of the basic cognitive principles of the native medical system (Adams and Rubel 1967; Foster 1953; Madsen 1955; Currier 1966). Hotness and coldness are considered innate characteristics possessed by the substance in question. This quality is determined primarily by its physiological effect or sensation upon the body or on an illness. Other determining factors are environmental exposure to sun (hot) and water (cold), color and sex (Logan 1973) and cooking or type of preparation (Moloney 1975). Moloney suggests that some variation among informants within and between communities may result from referring to items at different stages of their preparation. (For specific examples of the above factors see Cosminsky 1975).

A third category, *fresco*, glossed as fresh or cool, exists in Santa Lucía. There is no equivalent Quiché word used, whereas there is for hot and cold (*miq'in* and *joron*). People said *fresco* meant "neither hot nor cold," "regular," "medium," "half hot and half cold." Items classed as *fresco* included carrots, white sugar, lemon (*limón*), tea, chicken, *hierba mora* (*Solanum nigrum*), bread, noodles, and rice. Such items were usually considered as better or good (Quiché: *uts*), and were often equated with more nourishing foods or *alimentos* (cf. p.6).

According to the humoral theory of illness, a healthy

body is one which is in a balanced state of hotness and coldness. To feel fresh or be fresh means the person is well. An excess of either class or exposure to opposite extremes disturbs the bodily balance and results in illness. For example, *pulmón*, a cold illness, may be caused by washing clothes in the river (cold) after cooking near the fire (hot). Treatment is based on the application of opposites to restore the proper equilibrium. Hot substances are therefore administered for cold illnesses and cool substances for hot ones; substances of the same class are avoided. It is generally 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 or cool (*fresco*) substances, rather than cold ones, are thus regarded as the best treatment for hot illnesses. For example, carrot juice or a tea of *hierba mora* is regarded as good for inflammation (a hot illness). A fresh substance can actually be taken whether the body is in a hot or cold state and is considered beneficial.

Harwood reports the use of *fresco* as a separate category among the Puerto Ricans in New York (1971). Most other investigators, however, have collapsed the *fresco* category and considered it the same as cold (Adams 1952; Madsen 1955). Logan (1973) places *fresco* in the cold category, but also reports the use of a *templado* or neutral category in Chimaltenango, which appears to be the equivalent of *fresco* in Santa Lucía. Although *fresco* may be more closely related to cold than hot since it is used against hot illnesses, to equate the two categories would be a distortion of the Luciano medical system. It is also probably more accurate to view them as on a continuum of hotness and coldness rather than as a dichotomy.

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 that various people had used, every informant knew at least 20 together with an assigned classification.

Intracommunity variation in the classification of items has been analyzed in an earlier paper, which also included lists of the classification of foods and medicines and thus will not be repeated here (Cosminsky 1975). Names of foods, herbs, and medicines were presented to a sample of 27 informants, consisting of 15 Indian females, six Indian males, and six Ladino females,¹ who were asked to classify them and give their reasons why. The answers to these questions were then correlated with age, sex, ethnic group, and degree of acculturation. The greatest variation existed between the items in the cold and fresh categories, which included several recently introduced foods, such as temperate zone vegetables and fruits, noodles, rice, and white sugar. Male Indians tended to consider more items as *fresco* than female

Indians. Four of the six Indian males considered over 35% of the total list of foods as *fresco*, whereas only four of the 14 women did. There was no correlation with age among the Ladinos. Among the Indians, however, younger people tended to regard more items as *fresco* than older people. The more acculturated individuals tended to use the category *fresco* more frequently.

The more extensive use of the concept seems to be relatively recent and part of the acculturation process. I suggest that more items will be regarded as *fresco* with an increase in acculturation. The criteria by which things are designated as *fresco* are also being redefined to include not only new medicines and foods, but also other items, such as eggs. Eggs are classed as cold by some of the older and the more traditional Indians, and thus considered dangerous to eat when an individual has a cold illness. Some of the younger and/or more acculturated people, however, considered eggs to be more nutritious or *alimento*, beneficial, and *fresco*.²

The expansion of this type of category and its usage by more acculturated persons seems to be a more widespread process. Logan (1973:394) briefly mentions that *templado* or neutral (which seems to be used the same way as *fresco* in Santa Lucía) is a newly emerging category employed by some acculturated Maya and well-to-do Ladino peasants in Chimaltenango. His list includes more dietary staples in the *templado* class than does *fresco* in Santa Lucía. 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. Although this is an interesting hypothesis, I did not find any evidence of less anxiety in such matters among these individuals in Santa Lucía. In fact, some of these acculturated persons may exhibit more anxiety due to their "ladinoization" or in-between status, and which may be manifested in psychosomatic ailments diagnosed in the clinic as gastritis and ulcers. Furthermore, some of these Indians who used items classed as *fresco*, explained their usage in terms of their illnesses. For example, one man said that he uses white sugar in his coffee (hot) instead of *panela* (local brown unrefined sugar) because he has inflammation in his stomach (a hot illness). *Panela* is hot and would increase the hotness of the coffee, making his stomach worse, whereas sugar is *fresco* and lessens the coffee's hotness by neutralizing it.

ALIMENTOS. Alimentos refer to substances that are thought to be especially nutritious and which maintain health or are strength- and health-giving. Sometimes they are equated with foods that have more vitamins. The Spanish word *comida* or the Quiché word *wa* is used to

mean food, not the term *alimento*. Staple foods, such as tortillas are not considered *alimento* whereas bread is. Other *alimentos* include tea, banana, chicken soup, noodles, milk, eggs, rice, sugar, patent tonics, and Incaparina. Many of these are store-bought or prestige items and are thought to be more nutritious. Some of these items, such as tea, are considered by the people to have higher nutritive value than accorded by Western nutritionists, and are said to be "*muy alimento*."

Although the Spanish word "*alimento*" is used, it is incorporated linguistically into Quiché. The same linguistic frame is used for *alimentos* and for medicine. For example, "my body wants hot medicine" (*nubakil karaj miq'in 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*.³

Alimentos are classified according to the hot-cold principle. Most *alimentos* are classified as fresco. Not all items that are fresco, however, are *alimento*—e.g., lemon. I suggest that the concept of *alimento* is being accommodated through the category fresco to the traditional framework. At the same time, the concept of fresco provides a mechanism by which more foods, especially recently introduced ones and new nutritional information can be incorporated. In the few cases when an *alimento* is not fresco, the person adds "but" indicating that it is unusual—e.g., "avocado is *alimento*, but it is cold."

Another principle of native disease theory is a weak-strong continuum. The concept of *alimento* is also being incorporated along this dimension. A weak body is more susceptible to illness; a strong body offers protection and resistance. The condition of one's blood is one factor determining one's strength. Ordinarily blood is hot but some people have hotter blood than others. Blood may also be thinner or thicker, weaker or stronger. Certain foods are believed to affect the blood and thus one's strength. For example, *guineo morado* (purple banana) is harmful because it absorbs the blood, whereas *guineo seda* (yellow banana) is good for the blood because it is *alimento* and fresco. Menstruation, pregnancy, and the puerperium are weakening conditions. Carelessness, overwork, overexposure to heat or cold are other factors decreasing the body's resistance.

The term *alimento* is used primarily in a health context. *Alimentos* help prevent illness by giving a person strength and thus increasing one's resistance. The lack of *alimentos*, conversely, increases one's susceptibility. Twenty-one percent of 150 interviewed in a larger survey, gave the response "lack of *alimentos*" in answer to the question "why do people get sick." The idea of "lack of *alimentos*" is being incorporated as a

causative factor that can increase the individual's weakness.

Alimentos are also used for treatment. A substance like tea or chicken soup is defined as an *alimento* primarily by the criteria that it is particularly beneficial for a sick person. *Alimentos* give strength and force to the blood and body, helping the patient to recover. Several informants, especially those with chronic ailments, said that they were tired of medicines and what they thought they needed were *alimentos*.

Information concerning *alimentos* is communicated through various channels. These include doctors, nurses, pharmacists, the radio, and the Ladinos. One Indian informant said: "The Ladinos told me, only eat *alimentos*, only eggs, chicken and liver . . . I ate chicken soup with onions. It gave me relief. . . . I want to give my family *alimentos*, but there is nowhere to get them. We are *naturales* (Indians). We are poor." Traditional means are also serving as communication channels. *El Mundo*, the spirit of the earth, who is summoned during a ceremony by a native religious and curing specialist (*aj-centro*), told a patient with a bad cough that the cough is difficult to cure because her lungs are damaged, and she should give them *alimentos*. The *alimentos* would also help her brain which is weak and causing headaches.

This usage of *alimentos* seems to be relatively recent, although historical data are lacking. Several informants said "there were no *alimentos* before; we did not have any *alimentos*." Both *alimentos* and fresco were employed more in Santa Lucía than in the neighboring more traditional towns of Santa Catarina Ixtahuacan and Nahuala (Mary Marshall, personal communication). An example of the recent incorporation of a substance into this category is Incaparina. This low-cost high protein supplement has only recently been sold locally. (It was officially put on the Guatemalan market in 1961). Yet 98% of 150 people interviewed knew what it was, at least 85% had used it, and 35% used it in their family at least once a week. One of the most frequent comments made about Incaparina was that it was an *alimento*.

CONCLUSION. This study proposes that the concept of *alimento* and the more extensive use of the category of fresco are being used to incorporate new foods and medicines. The examination of this ongoing change process reveals the flexibility and adaptability of the folk system. The dimensions of hot-cold and weak-strong provide bases for accommodating such concepts as *alimentos* and the information it conveys to the traditional framework of illness prevention, etiology and treatment.

A better understanding of these concepts could

provide a basis for more effective health programs with respect to both research and implementation. Many medical personnel and nutritionists in Guatemala are unaware of the distinction between *alimento* and *comida*. One such example was manifested in a survey carried out by the Institute of Nutrition of Central America and Panama (INCAP 1968). The survey included several questions which used the term *alimento* for food—e.g. “*Cuál es el mejor alimento?*” (What is the best food?) or “*en qué orden comienza usted a dar los alimentos al niño además del pecho?*” (In what order do you begin to give alimentos to the nursing child?). During a pretest of a survey in which I used such questions, some people said that the first foods the mother gave the child were bread, soup, or eggs, instead of saying tortilla, coffee, or mush. People answered the question with substances they considered to be *alimentos* rather than *comida*, and the questions had then to be revised accordingly. Investigators who are unaware of this difference may be getting biased answers to their questions.

These concepts can be of potential usefulness to agents of change for better communication of nutrition and health information. The use of Incaparina provides such an example. As mentioned above, people consider Incaparina an *alimento*. This characteristic could be stressed by medical personnel to promote increased consumption of this product or any other product. The classification of Incaparina, however, was highly variable. Forty-four percent said it was hot, 33% fresco, 8% cold, and 15% unknown. One could emphasize those ingredients that might fall in the fresco category, such as corn or cottonseed oil, or emphasize the mixture of certain hot and cold ingredients that would make Incaparina fresco, according to the neutralization principle. Combining the classification of certain substances as both *alimento* and fresco should increase the probability of its adoption or of following a particular treatment regimen.

The clinic personnel could learn the classification of patients' illnesses, foods and medicines, and utilize these concepts to adapt their remedies to the people's conceptions and practices, rather than conflict with them. One way of adaptation is through neutralization, by which a cool substance is added to a hot food or medicine and vice versa, to encourage the following of a prescribed treatment (Harwood 1971; Logan 1973). For example, taking aspirin (hot) in fruit juice (cold) for a hot illness, or adding cinnamon (hot) to milk or juice (cold) for a cold illness.

One of the most common relationships between food and health reported for many Guatemalan communities is the withdrawal of certain foods when ill, in accordance with the hot-cold principle. These foods are

often the ones recommended by medical personnel as being high in protein (milk, eggs, meat) or certain vitamins (orange juice). Gonzales and Scrimshaw discussed the difficulty of communicating the concept of food for the prevention of illness and proving that certain foods help maintain health (1957). By 1966, Gonzales and Behar noted that many Ladinos had accepted the need for “health-giving” foods which included meat, milk, eggs, vegetables, and cereal products. They attributed this result to the spread of health education. Today, this need is also accepted by many Indians. The withdrawal of certain foods when a person is sick is still followed. However, this is counterbalanced by the practice of giving a sick person certain foods or tonics classified as *alimentos* to regain his strength. In addition, the idea that certain foods are factors preventing illness and maintaining health is gradually being accepted through the integration of such concepts as *alimento* and fresco. The understanding and utilization of these concepts and their underlying principles by health and nutritional personnel can help explain some of the illness behavior of the population and acceptance and refusal of certain types of treatment, can increase communication, prevent misunderstandings, and promote more effective health care.

NOTES

¹The term *Ladino* refers to people of Spanish or Western culture in contrast to people of Indian culture, including people who are descendants of Spanish or Europeans, *mestizos* or mixed European-Indian ancestry, and those who may be genetically Indian but who do not identify themselves as Indian culturally. No Ladino males were included in the sample, unfortunately, because the few that live in the *aldea* work in other parts of the country and were absent or unavailable.

²The inclusion of traditional items in the fresco category by younger and/or more acculturated individuals may also reflect a loss of traditional knowledge of the hot-cold classification or that the younger people have not yet learned the traditional classification.

³In Quiché, the negative is expressed by adding *na-ta* to a word.

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