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“E L O J O”

POPULAR MEDICAL BELIEFS AND PRACTICES IN GUATEMALA

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INTRODUCTION

The presentation of this essay is based on the need to get to know Guatemalan people in the essential aspects of their culture and the high interest that certain belief systems may have in the professional practice of medicine and health care at present and in the future.

This investigation has been done taking into account two purposes: the first of them is the descriptive elements and existing relationships in the belief system of a large sector of the country's population with the accepted and popularly known disease of “OJO” and various diagnosis techniques and healing of the same. The second purpose is to discern a logical material presented, since the belief system regarding disease and treatments is completely divergent from the occidental scientific medical point of view.

We make no attempt to study the disease from the occidental scientific medical point of view, since our purpose is to analyze the recorded data in order to understand the logical assumptions used in the perception, analysis, explanation, and

treatment of the group of ailments that may fall within the scope of "OJO". As a pediatrician, in a suitable number of cases, especially those observed personally, a more or less accurate diagnosis has been made. This research is not important in the current study, but it can be representative by pointing out that many of the studied cases were children suffering from different degrees of malnutrition, acute gastroenteritis usually of infectious origin, and skin injuries were of several types of dermatitis.

The current study suffers from several limitations that should be pointed out from the beginning:

1.- Not all aspects of this disease have been researched, and probably not all the types of healing used by the people have been recorded.

2.- It has been difficult to obtain information about many aspects of disease that are related to spiritual or supernatural causes, as well as aspects of magic therapy.

3.- It was not always possible to obtain complete information through direct interview, although with many of the informants' time and confidence gained allowed break the psychological barrier between the informant and the researcher.

4.- The fact that the researcher needed a pediatrician, most of the time, gave the chance to a lot of the informant's opportunities were reluctant or fearful of being ridiculed or they will be pointed out of being wrong or being treated as ignorant people, obviously, this is an important limiting factor.

We understand that it is not possible or right trying to generalize in a study of this nature because concepts which are considered as representative can vary widely in their expression or interpretation from one community to another, we only intend to present for the consideration of the practical doctor a belief system that we know is widely distributed in our country, encompassing individuals of indigenous and Ladin culture.

Despite the limitations mentioned above, we consider that the information collected at this time is useful and sufficient to present the following analysis.

LEARNING MATERIAL AND METHODS

The following investigation is merely a selected material of a research started in 1962 and still in process; it aims to study the beliefs and popular medical practices in many Guatemalan communities. From the material obtained so far, all disease-related information was selected and popularly referred to as “OJO”.

The information was obtained through interviews (direct and indirect conversation) and by observation of cases. This information was obtained from very heterogeneous population groups, both indigenous and Ladino, and in very diverse socio-economic conditions. The interviews and observations occurred in very varied situations of rural, suburban, and urban areas.

In Table No. 1, the origin or geographical location of informants is shown. They have been grouped in the same way according to the departments into which it is divided from the political and administrative point of view of the Republic of Guatemala, and we note that we do not yet have information from the twenty-two departments, but only from ten and six of them.

The total number of cases collected so far is 239, and in Table No. 2 we have classified the information in columns, recording their geographic location, number of cases in each region, and the socio-cultural group to which they belong: indigenous, Ladino indigenous, and Ladino people.

The similarity in the number of informants from each socio-cultural group (indigenous and Ladino people) was simply a result of chance.

TABLE No. 2

DATA OBTAINED

Total number of cases: 238	“Ladina” culture	120
	“Indigenous” culture	118

DEPARTMENT	No. of cases	Indigenous	L. Indigenous	Ladino
Guatemala	62	20	9	33
Antigua	15	8	7	0
Chimaltenango	3	3	0	0
Sololá	28	8	10	10
Totonicapán	5	5	0	0
Quiché	4	0	1	3
Quetzaltenango	25	0	20	5
Huehuetenango	28	12	10	10
Alta Verapaz	3	0	2	1
Escuintla	10	0	2	8
Retalhuleu	4	0	1	3
Suchitepéquez	5	0	0	8
Chiquimula	10	0	0	10
Zacapa	18	0	0	18
Izabal	8	0	0	5
Petén	10	0	0	10
TOTAL:	238	56	62	120

RESULTS AND COMMENTS

The following definition for definition was given by Dr. R. N. Adams:

“Invisible force that emanates from certain particularly strong people.”

According to the obtained information so far, we believe it is possible to extend the previous definition as follows: an invisible force that emanates from certain people or stars, who can be harmful to children or some animals. Based on the previous enlargement, information collected several times in the sense that many of the children have become sick with “*Ojo*” as a result of sun and moonlight exposure under some conditions, this type of problem has been denominated respectively as “*ojo* of sun” and “*ojo* of moon” and has been already registered by Dr. R. N. Adams, although was not included in his definition.

We also have plenty of information about the belief that “strong” people have a harmful effect not only on young children but also on some small animals such as birds, although it is not uncommon to admit the same danger for larger animals such as poultry and small pigs.

It has been found that the disease popularly denominated as “*Ojo*” (and others not discussed here) has a very well-defined background of knowledge as regards the causes, symptomatology, and proper way to treat it.

For the analysis of causes, it is important to use the simple formula given by Dr. R. N. Adams when referring to the causal premises of disease in the study of the indigenous community Magdalena Milpas Altas located in the central highlands of Guatemala.

BODY CONDITION+ EXTERNAL FACTORS= DISEASE

The first one can be called internal causes, while the second one can be called external causes.

The internal condition or internal cause in this concept of "*Ojo*" that we analyze can be defined as follows: It is accepted that the child from the moment of birth until he reaches a variable age which oscillates between two and three years old, has a natural weakness in the face of certain influences, however, this natural condition is not able to cause the disease itself. According to the equation expressed above, various external conditions will be added to produce the disease; these external conditions are several and can be placed in two main categories: people and astral influences.

Understanding the above explains why it is accepted that only children of certain ages are likely to suffer from the disease and explains why the lower the age, the more likely it is to get sick (they admit susceptibility of newborn children until the age of 45 days). The natural condition of weakness will disappear, and as the child grows up and as we said before, it is admitted that after two years old, this condition has disappeared.

The type of people who have this "invisible force" can be grouped into three categories:

- 1- People in whom this quality lies in blood or "humor".
- 2- People in whom the force lies in the eyes.
- 3- People in particular conditions, generally transient.

The people of the first category are popularly given different names, among the most used are the following:

- a) "People with strong blood".
- b) "People with heavy blood".
- c) "People with strong humor".
- d) "People with very strong humor".

The people in whom that force lies in the eyes are those:

- a) Those with any eye defects, such as corneal lesions or scars (cloudy cornea) and are particularly important in people with crossed eyes.

- b) Those with pigmented nevi or hemangiomas in the venous.
- c) Those in whom a special force is admitted in the eyes, which can affect not only the children but also animals, being able to produce death in these latter just by looking at them.

The third category is a very important group in which those people with particular conditions are included, generally transient conditions, and some of them are physiological. We can include in this category the following:

- a) People with acute alcoholism ("*bolos*").
- b) People in a post-alcoholic state ("*engomados*").
- c) Pregnant women.
- d) Menstruating women.
- e) People who have been exposed to the sun for a long time.
- f) People who have been physically stressed at work and are "sweaty". This factor is often associated with the previous one.

In the research has been found a particular type of pure external causes to which we have named: administrative relation/ unlavished affection; in this very particular situation, we believe it is closely linked to the practice of always seeking, inducing, and even forcing physical contact when young children are seen by a stranger.

The observations made in the research allow us to define this factor as follows: when a person say something of type admirative referring to the child's well-being, health, beauty, etc., these should be followed by an act of expressing affection or physical contact, if not, the child can be sick with "*ojo*". The above concept is complemented by the need for the responsible person to have caused the disease in a child through this mechanism, and actively participate in treatment.

The second category in which we have divided the causes is the astral and

planetary:

- a) Children exposed to sunlight in certain circumstances may be affected.
- b) Children exposed to moonlight, especially in the full moon.
- c) Children exposed to solar and lunar eclipses.

When studying children's symptomatology who have "*ojo*" we found the following as the most important symptoms:

- a) Weakness and low activity.
- b) Irritability.
- c) Hypotonicity.
- d) Anorexia.
- e) Sickness
- f) Diarrhea with variable characteristics.

The above list shows very clearly that any child's disease can easily fall under the name "*ojo*".

The severity of the case depends on three factors: the condition or receptivity of the child (the lower the age), the condition of the producing agent, and the lack of appropriate care or treatment. These cases are characterized by an aggravation of the above symptoms and particularly by the appearance of wet or dry skin lesions, which is popularly called "squeeze a pimple," admitting that severe cases can easily lead to death.

This disease can be prevented. to analyze prevention, let's not forget that the disease depends on internal and external causes. The first cannot be controlled, however, the internal cause is the child's innate weakness, which, being greater in the first weeks of life, will disappear by the second or third year of life; external causes, on the other hand, can be controlled by various means:

- 1- Child's isolation. It is intended to avoid exposure to casual external conditions. The resistance of mothers to showing a stranger to their children in the first weeks of life is particularly noticeable, a fact that we believe is clearly linked to this concept. Most mothers admit that this preventive measure is not very effective, especially after the child's first few weeks of life, and therefore, other actions should be taken.
- 2- Wearing special clothes, for example:
 - a) Wearing a cap that covers the top of the face and sometimes covers the eyes of a child.
 - b) Wearing a red scarf tied in a special way over the head.
 - c) Use of grindle with some red fabric fragment or cloth bag of the same color in various contents, particularly printed sentences.
 - d) Use of amulets, of which there is a great variety found among the most appreciated: corals, bean of pito or bean of brujo, crosses of wood, algalia, tiger fang, lizard or shark, and even red plastic beads with different shapes.

When studying the amulets used, it has been found that there is a close relationship with the geographical area and the materials offered by it, the use of lizard teeth as amulets we have found very important throughout el Valle Motagua and in regions of the southern coast and the use of tiger fangs in the jungle Petenera. The use of shark teeth is widespread in the Caribbean and southern coastal zone, while in the Guatemalan highlands are more widespread materials such as corals, bean of brujo, crossed of wood, and in Las Verapaces seeds of algalia. It has been striking the fact that in Guatemala City is very frequent use of various figures of red plastic material (beads, hearts, crosses, etc.) crimped into red thread that is sold in all local markets and even by street sellers on the streets.

The relationship between the prevention of "*ojo*" and the use of red is very well known the moment the research carried out does not allow us any interpretation of this act.

Three main criteria are used to establish the diagnosis of this condition:

- 1- The possibility of establishing a correlation between the symptomatology that a child presents and their possible exposure to external causal factors, which necessarily implies a retrospective analysis.
- 2- The use of different tests using the egg.
- 3- The use of different tests using chiles and fire.

The second and third criteria are worth mentioning. The test with the use of egg, basically consists in the following: an egg will be passed over the skin of the whole body of the child, making movements in the form of a cross and saying certain prayers, then the egg is broken and placed in a plate with water, then leaving it under the bed or on headboard for one night; the next day if there's a color change (which does not cease to occur due to the action of water on the albumin of the egg white) is an unequivocal sign that the child has the condition. This test is carried out in a wide variety of ways, but it is worth nothing in the fundamental aspects.

The other type of test using chiles and fire consists basically in the following: a variable number of chiles, usually nine is passed over the skin of the whole child's body making cross-motions while various prayers are received; then the chiles are thrown into fire and if they burst (which happens with few exceptions because of the expansion of the air contained inside the *chile*) It is considered that the child is sick.

It has been noted that eggs used in diagnostic testing for the disease and also in treatment exclude eggs produced on farms, and almost exclusively, the use of eggs produced by farm animals. Although the explanation we have for this fact is not yet definitive, we believe that it is related to the fact that the farm egg, currently called "foreign," is an unfertilized egg, while the yard egg is.

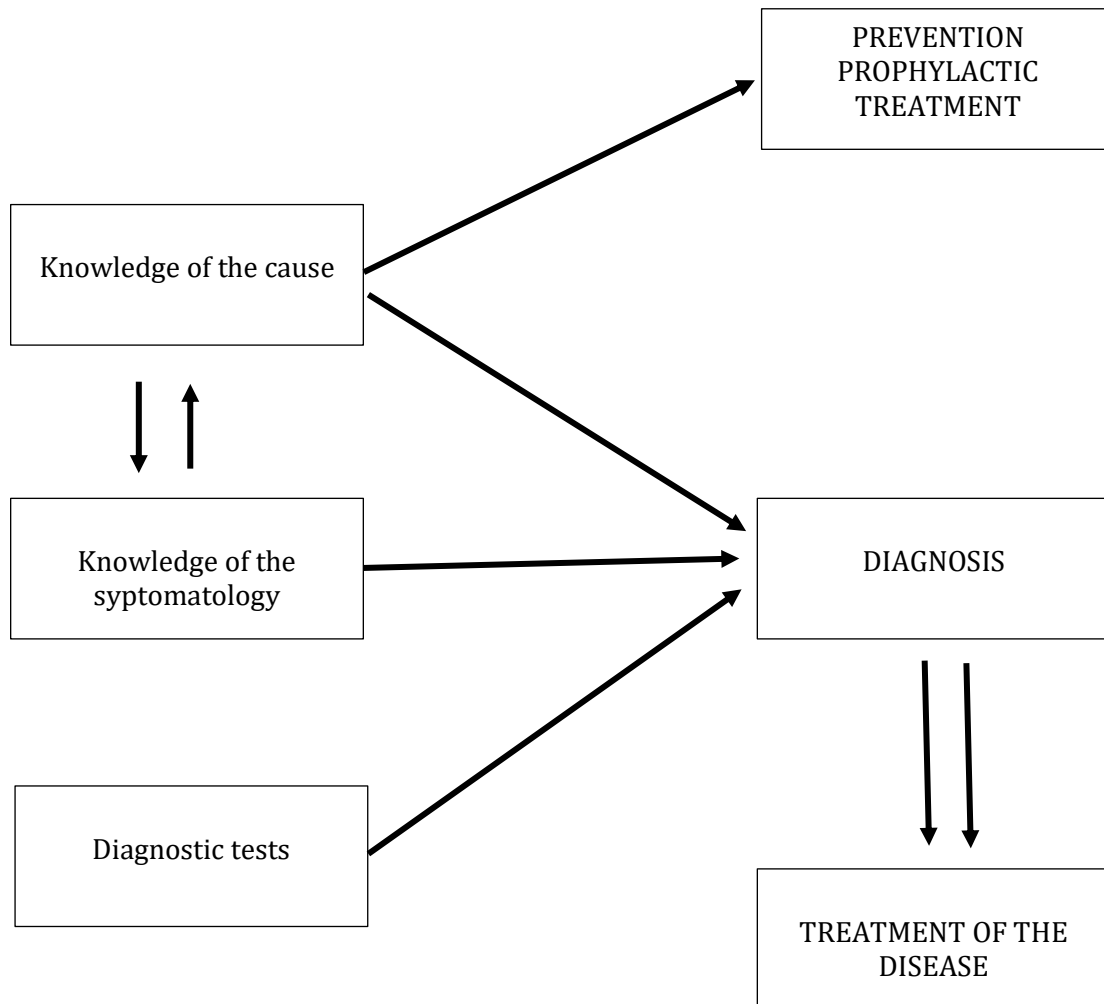
Treatment is the most important part of the whole concept of this disease, usually these are treatments that do not need specialists and in most cases the knowledge of the parents or older relatives is enough, and occasionally the service of people who know better the problem "understood" as they are popularly called, in the exception to specialized treatment for this disease (healers or witches).

We have found many variants in the treatment; however, it is possible to point out the fundamental elements:

- 1- Exercises made by people, rubbing of the bobby with an egg in its natural state, usually combined with branches of *ruda*, tobacco, crosses of *ocote* (resinous splinters of pine wood), alcohol, etc., or rubbing a bunch of chiles and other substances on the body.
- 2- In cases where the “responsible” person for the child’s disease is clearly identified, their collaboration is usually requested to participate in or sometimes be the main person in the healing that will be performed.
- 3- In cases in which a woman (while in her period or pregnant) it is supposed to be a main factor in the development of the disease, she will be asked to participate actively in the treatment. The adult person should make different exercises for the child, there are different options, but the most common are the following: lulling the child, putting the child on her lap and rocking them, lying the child on the floor and walking by their side, and saying some prayers. The woman must not wear underwear till the end of the exercise.
- 4- In the cases where the administrative relation/ unravished affection is causing the disease , the responsible person should participate as the principal actor of the treatment, should lull the child, caress the child with their hands, and rock the child, and perform some other exercises.
- 5- It is not weird at all that the person who has participated in the treatment acquires some special parenting for the child; he or she becomes the “godfather of *ojo*”. The information we have obtained so far about this disease is restricted, and it does not allow us to make a better interpretation of it.

To finally complete this research, which collects the principal aspects of this problem, without mentioning more details and analyzing the different options found in some communities, is exposed in the following table is exposed in which tries to organize the general conception of this disease based on the

research we have done until now:



The belief system, most Guatemalan, about diseases and its healings is completely divergent from the occidental medical point of view, but a thoughtful analysis about them, allow to tell a logical system from the accepted causal and we considerate their knowledge essential for the Guatemalan doctors since it will allow them in different cases to break the psychological barrier between doctor and patient, because to the poor knowledge of the doctor about the essential aspects of culture.