

## **Ethnographic Field School Report, June 2004**

**By Eric Dangoy [dangoy@uiuc.edu](mailto:dangoy@uiuc.edu)**

**University of Illinois at Urbana-Champaign**

With Hualcán's majestic snowcapped peak looming in the near distance, I sat in discussion with fellow Anthropology students at "La Casa de Pocha," a six-hectare, ecologically aware ranch where we lived and learned for the duration of the field school. Although the winter solstice occurred just a few days earlier, the weather was pleasant enough for us to sit on the classroom patio where we discussed our personal experiences within Ando-Peruvian culture. In one such event, a group of students were walking down the rocky path from Pocha's to the town of Carhuaz when they came upon the home of a Quechua woman who had severely injured her finger with a machete-type tool. From what those students recollect, the woman there was in agony; the finger was infected and crudely wrapped in an unclean, blood-soaked bandage. Through some conversation, these students discovered that the woman went to seek help in town, but the only health measures she could afford to take was the purchase of just two painkillers. Concerned, the students offered to take her to the town pharmacy where they would pay for the necessary disinfectants. At the pharmacy, a physician distributed a peroxide but still needed to be prompted first to properly clean the woman's injury.

What health care options are available to the people that live in the communities of El Callejón de Huaylas? What sociocultural factors, if any, affect the availability of health care? What measures are being taken by the government and the communities themselves to grant access to public health care? How do the Quechua people handle their own health? Through the Ethnographic Field Methods Program, I, along with sixteen other university students from all over North America and the United Kingdom, had been given the opportunity to investigate first-hand a variety of Andean health issues such as these by The Center for Social Well Being-Perú. Within three weeks, we made visits to numerous informants in different towns within the department of Ancash who were involved in health and healing practices such as obstetrics, midwifery, shamanism, nutrition, use of herbal and animal remedies, and public health education. With regards to my own personal experiences with the field school, I have dedicated my studies to investigating what healers, health care options, and herbal remedies are available to the Quechua who live between the Cordilleras Negra y Blanca mountain ranges of the Northern Peruvian Andes. Through this essay I wish to present a little of what I have discovered, but please keep in mind that I have formulated the following data from only three weeks of research and any opinions expressed are solely mine.

## Degrees of Healers and Healing

I have encountered many ways that Andean well being is treated. Ann Miles and Thomas Leatherman say, medical systems in the Andes are pluralistic and they incorporate a variety of indigenous specialists including *curanderos*, bone setters, herbalists, and midwives (among others) who practice among a population that also avails itself of biomedical practice ranging from self-care with the use of pharmaceuticals to tertiary care hospitals (Leatherman et al. 9). For the most part, I found a correlation between this statement and my actual interactions with those involved in healing. I have met many people who possess some sort of medical knowledge that ranges from traditional ethnomedicine to Western biomedical. From what I have experienced within those three weeks, I feel that I may divide my encounters into perhaps six horizontal categories of healing knowledge and practice available to the people of Ancash.

### 1. Basic traditional knowledge

In one category I include the Waraq brothers. Humberto and Martín Waraq are two Quechua men from Carhuaz who made several visits to Pocha's ranch. Although young, they possessed a deep interest in preserving and educating about the Quechua language and culture, which they feel is in danger of disappearing under the influence of Castellano Spanish and Western culture. They are proficient with the *kena*, an ancient Andean instrument, and they even host a weekly Quechua radio program. They also acted as excellent informants on basic knowledge of indigenous plants whose names and uses were commonly known by the local communities. On an eight-kilometer hike on the morning of June 12<sup>th</sup>, they located numerous plants and herbs and were able to give examples of local usage, medicinal or otherwise, some of which I will discuss later. They explained that within each village there are possibly three or four people that possess greater knowledge of local herbs and one who specializes in the practice of traditional healing. The Waraq brothers represent those I met who possess the most basic knowledge of Andean health.

### 2. Part time traditional practitioner

On June 17<sup>th</sup>, we traveled to the upper mountain town of Shilla where we were introduced to Don Aurelio Cadillo Flores. He sat with our student group around a covered folding picnic table in the darkness of his bodega one bright afternoon. With the perimeter stacked with cartons of Inka Cola and with poster calendars of half-naked models advertising Red Star Yeast hanging from the walls, I doubt that any of us students would have suspected that he was the local natural herbalist. In this setting Don Aurelio enthusiastically answered questions regarding his life and experiences as a shopkeeper and traditional health practitioner.

He had grown up with health issues and traditional medicine through the practice of his midwife mother. But he first became interested in helping the sick by volunteering at the local health center during a cholera epidemic that claimed many lives in the region. After this experience, Don Aurelio

developed a keen interest in learning about herbs and pharmaceuticals and decided to attempt medical courses in Caraz. After completion of these courses, Don Aurelio began to sell herbal medicines in his bodega. He trusted the healing properties of exotic herbs as well as indigenous and made efforts to locate products from the nearby jungles in the local markets. He also stated that at one point he included the sale of prescription drugs but the local health center prohibited that practice after some time. According to him, they claimed that the prohibition stemmed from his lack of certification but he suspected that the reason was because the health post was losing business.

Don Aurelio prefers the use of natural remedies over the use of pharmaceuticals. He explains that although Western medicines alleviate health problems quicker and are preferable for serious illness, they cause other diseases when applied. Therefore, he treats mainly minor, bothersome illnesses such as coughing, diarrhoea, and vomiting in his practice. He also can perform healing rituals for *susto*, a fear disease that often occurs within Latin American culture (I will also briefly explain this phenomenon in a later section).

Because of their poorer economic status, mainly *campesinos*, or rural Quechua folk seek the traditional assistance of Don Aurelio. He accepts voluntary payment with crops or what money his patients can afford to give; according to himself, he cannot refuse anyone. Even people come from other communities through his social ties and reputation. But at the same time, Don Aurelio feels that his responsibility includes referring those with serious illness or injury to the hospitals of Huaraz or Caraz. For those that cannot afford hospital care, all he can do is calm them down and make them as comfortable as possible.

At the end of our discussion, Don Aurelio led us on another informative hike where he presented a number of different wild herbs found on the mountainside. Don Aurelio represents those who have primary occupations (i.e. shopkeepers, farmers, laborers) but know enough about local and foreign herbs to be able to put his knowledge to good use within the local community.

### 3. Full time traditional practitioner

On June 14<sup>th</sup>, we had the pleasure of meeting Francisco Chauca Enrique, also known as Don Pancho. In our first encounter, we met in the classroom of La Casa de Pocha where he spoke of his life as a medical practitioner. His experiences were so substantial that we scheduled another meeting with him the following week at his office in Huaraz. After these two meetings I believe he can be considered the closest thing to a *curandero*, in the traditional sense, and a successful one at that. Because doctors are often perceived by the poor as being remote and unsympathetic, or, alternately, of seeking to exploit the sick and poor for profit (Miles 115), Pancho's trusted business thrives.

Practicing medicine as a full time career, he was involved with herbs since a boy. He feels that he was one of the few people born with a gift or inclination towards healing. Just like Don Aurelio, a midwife mother raised Don Pancho. He always felt bad about people suffering and since the age of fifteen he began associating with others interested in medicine. And attending his first birth at the age of seventeen, to this day he practices midwifery, indeed a rare occupation for males. At the same time he is a local official on herbs and natural remedies. His credentials include work as a health promoter (an occupation I will explain in the following category), a degree in traditional medicine from the University of Ancash, and various medical certifications.

Although he utilizes mainly traditional healing, his success in various medical practices such as traditional midwifery, diagnosing of broken bones only through touch, and vast knowledge of herbal remedies has earned him a place in Huaraz' medical community. He is trusted and known at the hospital in Huaraz as one who uses both pharmaceutical and natural medicines. He is working on earning yet another certification and at receiving a hospital office.

Currently, Don Pancho operates his independent practice in a small hillside suburb of Huaraz, where patrons from both the city and countryside seek his assistance. He too cannot refuse a patient. According to him there are those who take his services for granted and do not pay; yet he does not seek them out. In this neighborhood, he is respected by the locals immensely. As I recall, in searching for his residence/office, all the neighbors knew exactly who he was and where we could find his home. Why, one passerby even offered to lead us to his front door. And Don Pancho says himself that no one bothers him; when drunken kids pass his home they consciously maintain a respectful volume.

Don Pancho knows of at least one hundred and eighty-five plants and their uses and says there are at least two hundred and fifty more that need to be investigated. He also uses animals, worms, and insects in his natural remedies and *susto*-related rituals. In his repertoire, he even includes aspects of Chinese healing such as acupuncture and heating stones. At the same time, he administers injections and IVs, draws blood, and can perform emergency medical service. In addition, he has attended many autopsies as well and therefore possesses knowledge of human biology. Don Pancho's vast range of health and healing knowledge reinforces Koss-Chiono's chapter which illustrates the flexibility and creativity of healers today who make use of the products, symbols, and ideologies of multiple healing traditions, including biomedicine to augment and revalue their practices (Leatherman et al. 10). His well-esteemed reputation and effectiveness with both traditional and Western medicine has earned the trust and patronage of many people within the area. As a result, Don Pancho was almost tricked into entering a partnership with medical doctors who did not truly believe in his healing knowledge and power. They thought, he

stated, that because he had a large following they could gain more business by taking over patient care when he would fail.

Similar to Don Aurelio's views, Don Pancho feels negatively about many Western pharmaceuticals and practices. Although he feels that there are great advances in pharmaceuticals involving natural remedies, the natural remedies become "tainted" when they are reduced to pill form. He feels that the herbs lose some of their active properties when packaged and commercialized. Other issues that Don Pancho disapproves of are the C-section and lying horizontally during birth. Rather he uses herbal remedies to avoid cutting and squatting during birth. Don Pancho represents the *curandero*, whose primary occupation is a full time traditional health practitioner.

#### 4. The Ministry of Health and local health promoters

We start to move away from traditional healing with the Ministry of Health and local health promoters. On our third day in Carhuaz, Alejandra Reynoso, the Ministry's regional director, placed a visit to La Casa de Pocha. In the classroom setting, she presented the interests of the Ministry to us. The Ministry is a local government association geared towards monitoring trends in health, raising local community health awareness, and establishing health centers within communities. They stress the importance of such Western medical issues as public health, vaccinations, and hospital births over in-home births. The main way the Ministry can achieve all of this is due in large part through the efforts of local health promoters.

Health promoters are volunteers from within the area who are concerned with the quality of health and well being within their own communities. They are elected by the community and usually participate for three years. Their duties include educating the community on local health issues and prevention, coordinating activities with their communities and institutions, promoting a community sense, being aware of the community health, and referring cases of emergency. A promoter must be compromising, have a service vocation, and live within the community. Because of their efforts, according to Alejandra, a cholera epidemic brought from the coast by seasonal workers was eliminated over the past year.

Within a service location, both a male and female health promoter are normally assigned although the female usually is not able to read or write. But within the Quechua culture, females are viewed as primary health caregivers and although educationally disadvantaged, they are necessary for the efficient promotion of health. Although elected promoters receive some formal training, those with healing knowledge are often sought out to become health promoters because, often times, *campesinos* are more comfortable with the solutions offered through traditional medicines over Western. Santiago, a health promoter whom we met less than a week later on June 15<sup>th</sup> during a visit to the local health post in the mountain district of Copagrande, is one with such healing

knowledge. No older than thirty, he has worked as a health promoter for eight years. With his father as a male midwife, he has incorporated traditional medicine with the Western-based knowledge of the Ministry of Health in his work. Other big jobs he handles is the organization of youth groups as well as transferring the sick and injured to proper medical facilities.

In the same meeting we have another health promoter, Flor. She spoke of the government's lack of funding and Copagrande's enthusiasm in promoting its own health. She also spoke of her responsibilities such as house-to-house checks of pregnant women, the organization of a pneumonia prevention campaign for children, and the health maintenance/monitoring of sectors (approx. one promoter per fifty-four families).

She also presented some of the advances made for health within the community of Copagrande. An important advancement was the community's installation of a telephone within the health center. In a community lacking such luxuries such as universal access to electricity, plumbing, and long distance communication, the installation of a telephone was a big step. The health center is now able to communicate with the Ministry, hospitals, and other health centers about health reference and emergencies quicker and easier than before.

Other great advancements include the application of family care manuals. These manuals act as reference on how to manage various health issues such as complications during birth, personal hygiene, and general well being. These manuals combine Spanish, instructions on handling commonly encountered situations, and illustrations featuring Quechua dress and culture. Indeed, the manual is an excellent anthropological device.

Another interesting development is the use of radio in the Ministry's health campaign. With few ways to communicate with the outside world, most families own radios for daily news and entertainment. Supervised by health promoters, a committee of health-conscious locals wrote Spanish jingles on such issues as childcare and using contraceptives that were aired in the early morning when most were rising for work. This is an excellent example of the anthropological practice of reaching a community "on their terms."

Within this category we have those practicing health through partial government intervention, efforts of community participation, and with healing knowledge focused on but not limited to Western medicine.

##### 5. Full time Western practitioners

Furthest from the practice of traditional medicine and healers I have come into contact with is Doña Beatriz Flores Soplin. During one of our field trips to Carhuaz, we placed a visit to her office. In one

half of the room is wall and floor cabinets and tables containing medical books and instruments. On the other, an examination table partially covered by a screen. On the wall hangs a newspaper with a vaccination schedule and her tattered University of San Marcos diploma, salvaged from a building decimated in the massive, tragic earthquake of 1970 that hit El Callejón.

With odds against her, her calling to medicine had an anecdotal start. As a child, Doña Beatriz was present at the birth of her cousin. Carrying the diaper bags for her aunt into the clinic, everyone forgot that she was there in the bustle. Peeking through the narrow opening in the folding screen, she witnessed her cousin successfully birthed with forceps. Surprised, the nurse spotted young Doña Beatriz and chased her out when she accidentally made a sound from her hiding place. As a result of this experience Doña Beatriz was so amazed she decided early on that she wanted to study medicine and help others. During her education in a convent, nuns saw the potential in her to become an educator because, says Doña Beatriz, she liked to talk all the time. She got into many arguments and conflicts with nuns but remained adamant in her decision. After all this, she ignored her parents concerns and still attended medical school.

Nowadays, Doña Beatriz specializes in obstetrics and attends births as an independent practicing nurse. She is likewise well respected by those of her community and receives a fair share of female patrons. Many seek her out through referral from social ties while others do so through kinship ties. During our visit, Doña Beatriz was actually visited by a young pregnant woman who was birthed by her. The young woman was more than happy for us to be present during her checkup. We got to witness procedures used such as weighing, blood pressure testing, and measuring of the stomach. Luckily, I also had the opportunity to listen to the baby's heartbeat using a natal stethoscope.

Doña Beatriz, like Don Aurelio and Don Pancho, is quite flexible with payment for service. For a simple routine checkup, she charges three eggs. She tells us that she is paid in money, but she also accepts what patients can afford to give. For example, often *campesinos* repay her service with parts of their harvest.

Doña Beatriz' major tools are all of simple Western influence: they include a metric scale, an electric blood pressure tester, a natal stethoscope, injection needles, forceps, and umbilical clamps. She distributes Western products such as the pill and condoms as well. And because the population is largely Catholic, she can also provide natural family planning pamphlets. On the other hand, she follows some beliefs that are not exactly westernized. Through studying classic Greek and Egyptian knowledge, she is able to predict when births are most likely to occur. She states that the changing of the moon phases (i.e. full to crescent, half to gibbous) may induce labor of mature fetuses. Doña Beatriz told us that this trend was also reported by *campesinos* whose cows were

giving birth near the same time as the women! On the fifth day after the start of a lunar phase, you can be sure to always find her ready with soap and diapers to receive a woman in labor.

Although she uses some non-Western practices, Doña Beatriz lacks faith in traditional healing. In her remedies she uses only Western medicine such as pharmaceutical painkillers and antibiotics, she uses no medicinal herbs at all. She does not think too highly of healers either. When I asked her about *curanderos*, she suddenly became disapproving. From her point of view, most traditional healers have no proper knowledge of human biology and that it is wrong for them to make claims about their profession and abilities as healers. For these reasons, she believes they should not practice healing.

## 6. Street health vendors

Throughout this topic, I have examined the types of healing I found available within the Department of Ancash, Perú. So far, they range from those having the least to the most traditional knowledge and a focus spectrum of medicinal practice from traditional to Western.

My final subject in this part of the research is an oddball to these classification systems. It includes Eliás and a number of street vendors specializing in selling various health goods we encountered during the popular Sunday market. We found Eliás' small table set up near the start of the clothing vendors' street. Upon inspection of his wares, we noted that they were all assorted goods from other regions of the world. I examined such things as nuts, roots, herbs, and tree barks from the rainforest said to cure things such as aches, headaches, coughs, and skin blemishes. From Asia, Eliás sold tea leafs and small circular containers containing topical oils made from pandas. And in brown glass bottles he sold tinctures featuring illustrations of smiling, confident men flexing oversized muscles that boasted that its properties increase muscular strength while trimming the fat. To me, these products were surprisingly out of place but, "(I)ndeed, by the late 1990s, Korea ginseng, American vitamins, Chinese herbs, and packaged Amazonian roots could be found in regional markets throughout the Andes" (Leatherman et al. 9). According to Eliás, the majority of his clientele is mainly *campesinas*.

After talking with him, I concluded that his knowledge and motivation for healing is quite different than those previously discussed. From what I gathered, he spoke only of his products and their uses in healing, health maintenance, and physical improvement properties. To me his motivation for healing seemed greatly influenced by the desire to make money. Throughout our brief discussion, he attempted to sell me a number of products I did not want. Don Pancho agrees with this sentiment. "Everyone likes money," he stated, "They may know how to sell but may not know exactly how it works," as translated by a fellow student. According to him, they would try to sell things that do not work such as vials of liquid that bring good luck.



Another street vendor we approached was a *campesina* who was packing her wares for departure despite it being only early afternoon. Her wares included herbs and plants picked wild and from the garden. She was able to explain, while tying bundles, names and healing properties similar to those discussed by Don Aurelio, Don Pancho, and the Waraq brothers. Evidently, she was from the city of Huaraz but travels to Carhuaz to sell in the bustling market.

Finally, we came upon one last street vendor whose herbs were displayed on sheets spread out over the curb and sidewalk. A shy, smiling woman, she could name and price her herbs but at the same time had trouble discerning the healing properties of the majority of the plants. She told us that she did not know too much because she sold those products in the market for a relative.

As one can see, there are various levels of healing knowledge within the market itself. They range from knowledge of commercialized healing goods, to knowledge of local herbs and uses, and to barely any knowledge at all. They all seem to share though the desire to make a profit. Despite the differences and similarities they share, I place them in the same category of street health vendors.

### **Traditional Medicine and Rituals**

Although there were many fascinating herbs I encountered with the Waraqs, Don Aurelio, Don Pancho, and others, there were only a few that I know in some detail. Perhaps the one I knew best was known as molle. The fernlike green leaves of this tree were used for many purposes, and not all were medicinal. Why, the first time I witnessed the plant in use, it was being used in a weaver's shop to dye sheep's wool. When boiled, molle can create natural dyes such as yellow and green. According to Juan Venturu, the dyer, he also uses molle for coughs and arthritis. Boiled once, molle is good for you. But boiled again, it becomes toxic due to fermentation and can cause headaches. The Waraq brothers were also familiar with molle which they called *kullash* (Quechua term). They added that *kullash* also helps to heal cold sores faster. By tearing off its leafy green branch, Martín emulated dabbing *kullash's* oozing green liquid onto one of his lips.

Another indigenous plant with multiple uses is the *qara*. A classmate told me this broadleaf cactus is used to make tequila in Mexico. But in El Callejón, it has very different uses. The locals use the fleshy insides of the cactus leaf to help reduce bruises. But they also use caution because applying too much may cause a burning sensation. Drums can be made with the *qara* by stretching a skin over its hollowed out base and cords made with its stringy internal fibers. In addition, one can obtain a natural needle and thread from the *qara*. Humberto demonstrated by biting down on a rigid pointy tip of a cactus leaf and pulling. The tip broke off trailing a couple long plant fibers. Twining the fibers until they formed a single line, he presented what can be used as a needle with a thread already attached.

One more multi-function plant identified by the Waraqs was called *quryuqshu*. Some locals rub the leaves all over their body as a natural remedy for colds. Its fruit can be made into local detergents for cleaning clothes. But do not get the fruit in your eyes because it is known to be toxic and causes blindness!

Of the wealth of herbal medicines Don Pancho presented there were several very interesting ones. The most interesting he called Seven Wise Men. They are seven different woody roots that when combined create a sedative. One was valerian root, which according to him can be used to make the painkilling drug Valium. He also cautions that an ill-meaning shaman may use the Seven Wise Men to harm someone. Another plant, chumico, naturally is of poisonous quality but its leaves can be smoked to alleviate asthma symptoms.

Healers such as Don Pancho and Don Aurelio do not limit their practices to herbal remedies. They also use animals in their remedies as well as performing healing rituals. Don Pancho showed us students a bottle containing alcohol and an entire dead snake. One rubs the tincture onto their skin to help with bone problems such as arthritis. The head and entrails of a black dog are necessary in curing mental breakdowns. Finally, he uses animals such as flies, worms, skunks, pig testicle, and condor meat in a variety of remedies.

Both Don Pancho and Don Aurelio perform healing rituals in order to cure *susto*. *Susto* is a fascinating occurrence that is a culture-bound illness prevalent in El Callejón and most of Latin America. One definition states, "*Susto*...originates when a person's soul...abandons the body due to a strong effect of fear. The body, abandoned by its soul, loses its homeostasis and equilibrium with its surroundings, which causes the disease. The soul can be stolen by a mountain, a canyon, a lonely place, a lake, a river, a storm, the night, a tomb, a goblin or other being, etc...The withdrawal of the soul takes place, generally, in relation to an experience or serious accident which produces fear or fright, a situation which a being or the earth takes advantage of in order to steal the soul. The impression is given that the earth takes advantage of the state of being 'outside oneself'... However, sometimes this withdrawal can take place without the prior reaction of fright" (Stein 59).

When one catches the fear disease, it feels like they are tired all the time even though they sleep a lot. They become very depressed, withdraw socially, and lose their appetite. Over time, the afflicted weaken and can become very sick. There are a number of ways to diagnosis and cure *susto* through certain rituals that require faith by both the healer and patient. Don Aurelio and Don Pancho both perform a guinea pig diagnosis ritual. A live guinea pig is passed all over the patient's body. Afterwards, the healer kills the guinea pig and lets its blood flow into a water-filled bowl. If the

blood does not float to the surface at all, then unfortunately the patient has *susto*. Next, a live guinea pig is passed over the body again. They then take the guinea pig to the site where the fright occurred and release it back into the wild. At this point, the animal should remove the *susto* from the afflicted and carry it away.

One can find similar *susto*-cleansing rituals in Salasaca, Ecuador. When the child falls ill, an article of the child's unwashed clothing is draped over a guinea pig like one would a doll. After it is fastened with ribbons and yarns of various colors, a parent or relative releases the guinea pig, which has now absorbed the *susto*, into Quinchi Urco (nature) (Morales 93).

### Conclusions

Throughout this essay, I have reviewed all aspects of well being that I have encountered within the Department of Ancash, Perú. I have covered six categories of healing knowledge that includes basic traditional, part and full time traditional practitioner, Ministry of Health and health promoters, full time Western practitioner, and street health vendors. All of these categories of healers/healing knowledge offer a wide, diverse range of health care options to the local Quechua people. For instance, one that cannot manage an illness or injury may visit a hospital, *curandero*, or even a shopkeeper or farmer who knows more about herbs for medical treatment. Community-driven efforts create local networks that monitor and report health trends to the health posts so that the Ministry and associates can attempt solutions. But all these opportunities for health care do not account for why the *campesina* in my introduction and many like her cannot access adequate health care in this region of Perú. Was there a knowledge and/or communication barrier? Are there no healers she knows or trusts in the area? Have socioeconomic factors kept health care out of her reach? Or did she just not have time or transportation access to properly take care of her injury? How can we help to avoid and solve problems like this in our areas of focus?

Because I was not with the storytellers to witness the sequence of events, this was an issue that I would have liked to further investigate. I think that as anthropologists, we should be examining cases and asking questions like these so that together with the communities, we can help raise the standard of living by making health care more efficient and accessible to all people "on their terms."

### Works Cited

Leatherman, Thomas, and Ann Miles. "Perspectives on Medical Anthropology in the Andes." Medical Pluralism in the Andes. Eds. Greenway, Christine; Leatherman, Thomas; Koss-Chiono Joan, Routledge, 2003.

Miles, Ann. "Healers as Entrepreneurs: Constructing an Image of Legitimized Potency in Urban Ecuador." Medical Pluralism in the Andes. Eds. Greenway, Christine; Leatherman, Thomas; Koss-Chiono, Joan D. Routledge, 2003.

Morales, Edmundo. The Guinea Pig: Healing, Food, and Ritual in the Andes.  
The University of Arizona Press, 1995.

Stein, William W. "The Folk Illness: Entity or Nonentity? An Essay on Vicos Disease Ideology." Health in the Andes. Eds. Bastien, Joseph W.; Donahue, John M. American Anthropological Association, 1981.

**Contact:     Eric Dangoy [dangoy@uiuc.edu](mailto:dangoy@uiuc.edu)  
                  University of Illinois at Urbana-Champaign**