

**Revival of Maya medicine and impact for its social and
political recognition (in Guatemala)**

**A case study commissioned by the Health Systems Knowledge
Network**

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March 2007

Background to the Health Systems Knowledge Network

The Health Systems Knowledge Network was appointed by the WHO Commission on the Social Determinants of Health from September 2005 to March 2007. It was made up of 14 policy-makers, academics and members of civil society from all around the world, each with his or her own area of expertise. The network engaged with other components of the Commission (see http://www.who.int/social_determinants/map/en) and also commissioned a number of systematic reviews and case studies (see www.wits.ac.za/chp/).

The Centre for Health Policy led the consortium appointed as the organisational hub of the network. The other consortium partners were EQUINET, a Southern and Eastern African network devoted to promoting health equity (www.equinet africa.org), and the Health Policy Unit of the London School of Hygiene in the United Kingdom (www.lshtm.ac.uk/hpu). The Commission itself is a global strategic mechanism to improve equity in health and health care through action on the social of determinants of health at global, regional and country level.

Acknowledgments

This paper was reviewed by at least one reviewer from within the Health Systems Knowledge Network and one external reviewer. Thanks are due to these reviewers for their advice on additional sources of information, different analytical perspectives and assistance in clarifying key messages.

This work was carried out with the aid of a grant from the International Development Research Centre, Ottawa, Canada, and undertaken as work for the Health Systems Knowledge Network established as part of the WHO Commission on the Social Determinants of Health. The views presented in this paper are those of the authors and do not necessarily represent the decisions, policy or views of IRDC, WHO, Commissioners, the Health Systems Knowledge Network or the reviewers.

Terms of reference: To undertake advocacy, promotion and provision of health service policies and activities aimed at equality, in order to tackle health inequalities.

Summary

This case study brings together the experience of the Guatemalan Association of Community Health Services (ASECSA) in efforts to restore and advance indigenous Maya medicine and combines this with advocacy work and its effect on public health policies designed to promote a health system with intercultural relevance.

Guatemala is a multicultural and multilingual entity. The Mayan people consists of 22 ethnic groups accounting for more than half the population. Mayan native medicine, part of this ancient culture, is supported by the three pillars of the Mayan people's understanding of the universe: a holistic approach, balance, and spirituality.

The official health care system in Guatemala is rooted in Western medicine, biology- and welfare-based, and has a low healing potential. It also tends to exclude other alternative systems such as the medicine of the Mayan people.

For the purposes of the case study, the experience built up between 2002 and the present has been put in order and in the process strategic medium- and long-term components have been incorporated for follow-up. The experience is based on the need to arrive at an objective visualization of the components making up and underpinning the Mayan medical system. To that end, two interactive studies were conducted with six ethnic groups representative of the Mayan people. The results revealed an organized system of Mayan healers or physicians, whose general or specialized functions respond to a differentiated epidemiological profile. The knowledge base has its foundations in the Mayan people's world view. It has a social application in the promotion, prevention and care dimensions, and its acceptance by the community is evident because it heals and operates effectively.

Based on the foregoing, the following phase, which includes a determined effort to disseminate results at various levels, also makes provision for promotion and consciousness-raising in local authorities, departmental, regional and national levels.

Advocacy and political impact strategies are being embarked on with the Ministry of Health for recognition, assessment and for adopting an inclusive health system with intercultural relevance.

Among the main outcomes success has been achieved in internally influencing the 63 bodies affiliated to ASECSA, making it possible to incorporate in their plans and programmes the theme of Mayan medicine. In association with ASECSA, the indigenous and peasant movement and other organized sectors include in their demands and claims the social and political recognition of indigenous Mayan medicine. Interest has also been generated in PAHO, UNDP and other international agencies for fostering other studies.

Other important results have included creation of the national traditional and alternative medicine programme in the Ministry of Health, and the undertaking of a manpower education and training programme for health centres and posts. The subject of Mayan medicine has also been successfully incorporated in the curricula of nursing training schools, undergraduate and master's programmes in public health at the San Carlos de Guatemala University.

The results so far obtained can act as so many stimuli for continuing the fight against inequalities in adverse circumstances, such as the fight against an all-dominant exclusive health system which excludes an ancient Mayan medical system that is accepted and operates in parallel. As a vision of the future, this represents a challenge from within, in a multicultural country, calling for justice and social equity.

1. The Guatemalan context.

The peace accords signed in the country in 1996, stipulate that Guatemala is a multi-ethnic, multicultural and multilingual country, which is reflected in the existence of four peoples: Maya, Garifuna, Xinca, and Ladino/mestizo people. The largest of these communities is the Maya people, made up of 22 ethnic groups and accounting for 60% of the total population of some 12 million (1). Despite being in a majority, and possessing great cultural richness, the indigenous peoples have a history of invasion, colonization and extermination, to this day reflected in the marginalization, poverty and

destitution in which they live. This social and political exclusion is clearly shown in the different socio-economic indicators that are unfavourable for the indigenous peoples. So far as health is concerned, more than half the population have no access to official health services, the most seriously affected being the native population which is mainly to be found living in rural areas of the country (2). The Guatemalan health system, based on the Ministry of Health, social insurance and private care, is characterized by the Westernized hegemonic biomedical approach to health that takes no account of the knowledge and practices of other models such as the Maya medicine model. One of the problems of the official health services system is that the language spoken is Spanish and the Maya population mostly speak only the language of the ethnic group they belong to, particularly the women and children. The epidemiological and cultural profile of the Maya populations is not covered by this system. Moreover, in the native population groups, 80% of all births are assisted by indigenous midwives (3), women who form part of the indigenous Maya medical care model.

In contrast, the indigenous peoples in Guatemala -- as in other peoples of the world -- possess a health system which has persisted through history, evolving and adapting itself to changing times, but maintaining ancestral beliefs expressed in the oral tradition, ideograms, symbols and abstract ideas that are solid and profound. Within this native medical system there appear the traditional healers or Maya physicians (native midwives, healers, *chayeros*, who give treatment by bleeding, and spiritual guides) who are the people in actual possession of Mayan ancestral medical lore and whose legitimacy is rooted in the trust placed in them by indigenous families.

Despite this, the conceptual richness and resources of Mayan medicine and the unquantified and unrecognized contribution it makes to society in health care, is considered very much an inferior system, marginal in importance and rejected by officialdom. The official sector is still unwilling to understand the logic of the structure and the modus operandi of the Maya medical system, with the risk of the latter disappearing unless something is done to enhance it and win it recognition.

Under the peace accords, the socio-economic and agrarian situation Agreement promises impetus for a reform of the health sector aimed at the effective exercise by the population of its fundamental right to health, free of any discrimination and with

effective action by the State, provided with the necessary resources. The agreement states, among other things: "Considering the importance of indigenous Maya medicine, a study will be promoted and its concepts, methods and practices will be revived".

Moreover, Convention No. 169 of the International Labour Organisation (ILO) on Indigenous and Tribal Peoples (ratified by Guatemala in 1996) provides that "governments shall ensure that adequate health services are made available to the [indigenous] peoples concerned, or shall provide them with resources to allow them to design and deliver such services under their own responsibility and control, and take into account their traditional [i.e. Mayan] preventive care, healing practices and medicines".

In contrast to the foregoing, in 1997 the government of the moment embarked on a reform of the health sector, with funding from the Inter-American Development Bank (IDB). This sectoral reform is not in the spirit of the peace accords, since it is neo-liberal in spirit, giving primacy to the market and considering health to be a private not a public good, which reduces the social investment of the State. This type of policy patently not only fails to improve the country's health situation but also helps limit the access to health care access on the part of the poorest parts of the population, a majority of which is indigenous. Moreover, there is no cultural relevance in service provision in the model.

In the same way as with Mayan laws, ecology or agricultural systems, Mayan medicine operates in parallel with the Western health system, changing and adapting but always maintaining its links with spirituality (the sacred, the Mayan cosmogony and the Mayan calendar) and its ancestral legacy.

2. Some health indicators

General poverty affects 76% of the native population and 41.4% of the non-indigenous population (4). Its epidemiological profile in morbidity and mortality terms gives it the image of a country of the poor. Acute respiratory disease, diarrhoea, malnutrition, all of them symptomatic of "diseases of poverty", are the primary causes of death in rural areas (5).

The health situation is so critical that Guatemala also has the worst figures in Latin America for chronic malnutrition among children up to the age of five. The problem affects some 46% of this population group, with the indigenous community being the worst affected. It has been established that two-thirds of children from indigenous families suffer from growth retardation, which is double the rate of retardation observed in children from the non-indigenous population, particularly in urban areas.

Infantile mortality records report 59 per thousand mortality rates before the age of five, and 44 per thousand in the first year. Maternal mortality rates are among the highest in Latin America : 150 women die in childbirth per 100,000 births. (6)

The figures are worse for the rural indigenous population and in the case of women. Female malnutrition in women of childbearing age amounts to 35% and among pregnant women reaches 39%, particularly in those between 15 and 19 years of age.(7)

Public policies designed to tackle the health problem have been ineffective in changing this situation, and there are no integrated health care strategies, still less strategies rooted in the country's ethnic and cultural diversity. This means that the indigenous peoples are the most excluded from official health services.

3. Basic information on the case study and main outcomes

3.1 Starting point: interactive research into the Maya indigenous medicine model in Guatemala. 2002-2004

The research procedure is based on an interactive methodology of a qualitative type, with an anthropological approach. At the base of the interactive approach lay the following components:

- a) As a social research method involving the full participation of the community: Research committees were formed with the participation of community leaders, health promoters and indigenous midwives.

- b) As an educational process: The research team was coordinated by a female social anthropologist who conducted theoretical education and training in the use of methodological tools for two research assistants and local research committees. Responsibilities and skills were shared out among the different actors to ensure their acceptance by those involved..
- c) As a means of action for development: this research was intended to revive the basic elements that make up Mayan medicine, the basis of this knowledge, practitioners, opinions of users, the context it evolves in, and challenges to its social and political recognition.

3.2 Population :

The following ethnic groups and communities were selected :

- Kakchiquel: San Martín Jilotepeque, Chimaltenango
- Sipacapans: Sipacapa, San Marcos
- Quanjobal: San Juan Ixcoy, Huehuetenango
- Queqchi : San Pedro Carcha.

3.3 Selection criteria:

- Ethnic groups and communities with coverage by the members' programmes under ASECSA.
- Ethnic groups and communities ready to take part in the study.

3.4 Subjects of study:

The committees decide the subjects to feature in the study: families, Mayan community healers, health promoters, health post or centre staff: nurses and doctors.

3.5 Interview phase

Some 78 qualitative interviews were held to investigate subjects laid down through the variables. Permission for them was obtained from the community elders and each informant, explaining the aims of the study to each in his/her own language.

3.6 Analysis and interpretation of data: This is done by the research team, the local committees and ASECSA's executive board.

3.7 Public presentation: with mass participation in this activity, the presentation is made to senior staff of the Health Ministry, social security, and international agencies like PAHO, UNICEF and UNDP.

4. Chief results of the research : (8)

4.1 Fundamentals of Maya medicine

A health system or model is structured in accordance with the principles, philosophy and standards that a society subscribes to. In this sense, the Western medical system is structured and functions according to a cultural logic that differs from the Maya medicine model, which is based on a culture, view of the cosmos and spirituality of its own. These elements not only underpin its governing concept, but are also transversal axes of its practice. In Mayan medicine, health and sickness are understood in terms of balance and imbalance between the body, the soul, Mother Nature and the universe as a whole. Health is balance, while sickness is imbalance. This implies a holistic approach to the disease-health process, on the understanding that it represents an energy equilibrium, a balance that concerns human beings and their link with nature and with all the other elements of the cosmos.

It also means realizing that health is far more than just physical health, and that it transcends the western understanding of the process. From this angle, collective health is another dimension of health, and in this perspective the relationship with other human beings is also of importance. It is not sufficient to be in individual good health, it is also necessary to be in harmony with others in order to achieve full well-being.

Here, mechanisms for achieving equilibrium (curing) are connected to a number of elements, such as use of medicinal plants, making offerings, holding ceremonies, consulting indigenous healers such as midwives, healers, spiritual guides, Maya priests and priestesses, *sobadores* (massage therapists), bone setters and others.

4.2 Organization of therapeutics.

As with any health model, the Mayan health model has its own way of organizing its work. At the heart of this organization is the human component, made up of Mayan healers or physicians with different specialities, who are in large measure responsible for the health of the Mayan population, they are : indigenous midwives, healers, blowers, bone-setters, *chayeros*, spiritual guides, chieftains, priests and priestesses, wise men and women.

For the Mayan healers, initiation into their work is determined by their "gift" or mission, sometimes called "destiny". The gift or mission is revealed in different ways, in dreams, signs, suffering or illnesses. In addition, the mission corresponds to part of the Mayan calendars.

Each healer has his or her own specific fields of knowledge and functions in accordance with this given speciality. They also have special diagnostic and treatment techniques for health problems. But perhaps most importantly there is a recognition of the work and clear trust between the healer and the Mayan population. And the knowledge and practices of the healers correspond not only to the epidemiological profile of the culture, but also to the same world view or way of understanding life.

4.3 Knowledge and skills.

After discovering their gift or mission the healers acquire additional skills and understanding through their parents, elders or others in the community, by being and working with them or interactive observation. This knowledge, understanding and new skills are handed down through the generations, are rooted in the Mayan view of the world, and form part of a living culture.

This cosmic view, understood as being a view of the world and life, contains within it a specific way of living and of teaching life choices. This is precisely the function and justification of the Mayan view of the universe: a lifestyle supported by thinking that gives it cohesion.

Health is understood as being life itself. It has to do with the effort to keep or restore balance in human beings in its different aspects : physical, emotional, social and spiritual, in the ambit of the individual, the family or the community, all this in interaction with the cosmos.

4.4 Social practices

Social practices stemming from Mayan medicine are three-dimensional

- a) Promotion and prevention through counselling, ceremonies and rituals, agricultural practices, myths, etcetera. Mayan ceremonial is a basic tool in prevention and treatment The Ajq'ij'ab or Spiritual Guides are recognized as being important healers in Mayan culture.
- b) Health care carried out by healers with their own treatment tools.
- c) Acceptance of the practice by families.

4.5 The diagnostic tool: The diagnostic methods used by healers are based on observation to verify signs, questioning to elucidate symptoms, and palpation to corroborate signs and symptoms. However, the signs do not refer solely to the symptoms of the patient at the individual level, but also extend to the surrounding family and environment in line with the Mayan view of the universe and Mayan culture. In this sense the dreams and signals that can be understood also form part of the diagnosis.

4.6 Treatment : This varies according to the specialty of the Mayan healer, but there are elements in common with the same view of the universe and culture. One such element is the spiritual practices engaged in throughout treatment.

The patient is cared for, depending on the healer and the gravity of the case, either at the patient's home, in that of the healer, or first in one home and then in the other. Indigenous midwives also hold care sessions at their own homes for expectant mothers during the first few months of pregnancy; in the last months and at term, the treatment is as a rule at the patient's home.

Translated from Spanish

The range of tools used for health care includes medicinal plants, minerals, vegetable oils, animal fats, so-called "popular" chemical remedies, rites, prayers, secrets, use of sweat houses (*temascal*), massages, breathing exercises and manual reduction of fractures or dislocations.

4.7 Outcomes

The Mayan indigenous medical practice works for the uses that families make of the services provided by Mayan healers. Here the population meets its health preservation needs within its own economic, cultural, social and environmental framework. Inasmuch as Mayan healers form part of the same culture and share the same view of the world, they have an approach where there is true dialogue and there is no vertical approach to care in the health and sickness dichotomy.

Clearly, the Mayan people have trust in their own medical system and the techniques used in the Mayan culture to deal with health problems are well placed. According to the ASECSA studies, the responses of the families with regard to use of Mayan medicine can be summed up in two phrases : **it cures and it works.**

4.8 Sustainability of Mayan medicine

The basic task of Mayan medicine, as of any other medical system, is to propose and carry out activities that offer specific solutions to the population's health maintenance and recovery needs. This medical practice stems from the culture itself and is thereby given legitimacy or social recognition. That is, it is part of the culture and not foreign to it.

Given that any health model comes at a cost, in terms of the investment of time, human resources, materials, etcetera, this is also true of the Maya medical model. However, it is not beyond the capacity of the population.

The Maya healers are paid for their services as a function of the economic situation of their patients. Payment for services may be made in two ways: in cash or in kind. Very

often, the healer does not fix the amount but asks what it will be according to the desires and capacities of the patient, who can pay in cash, maize, beans, poultry, etc.

5. Dissemination of results, advocacy and political impact on indigenous Maya medicine, 2004-2006

Socialization, advocacy, promotion and policy facilitation activities have been carried out at various levels :

5.1 To strengthen the system and promote its impact at local level

- a) With the general public: promotional advertising, information dissemination campaigns
- b) With Mayan healers or physicians from different ethnic groups: exchange of experience, support for their local or regional organization
- c) With health promoters : improvement of awareness, dissemination of information, search for mechanisms for a local referral and counter-referral system
- d) With community health programmes associated with ASECSA: support programmes. Back-up for impact actions with the Ministry of Health at various levels.

5.2 Looking for social and political re-evaluation

- a) With formal and informal authorities at community level: workshops with leaders and authorities. Search for opportunities in development councils: community, municipal, departmental, regional and national levels.
- b) With civil society agencies: The national health body: coalition of NGOs, church, peasant movement and other sectors proposes "foundations and outlines for a first level of health care", keeping the intercultural relevance of the model as a foundation.(9)

5.3 Impact on education and training schools

- a) University of San Carlos of Guatemala: An advisory committee for health and intercultural matters has been set up in the Faculty of Medical Sciences. The Maya medicine model is a core module for training new physicians at undergraduate level and for a Master's degree in public health.
- b) National School of Nursing : The Maya medicine model is a core module in training new nursing professionals.

5.4 Direct impact at the Ministry of Health

- a) At the sectoral health reform level: Studies are successfully carried out to include certain components of Maya medicine such as medical plants in the strategy to extend coverage as part of the integrated health care system.
- b) With official health programmes: an alliance was forged with other civil society organizations in the strategic conception and promotion of the national programme in popular traditional and alternative medicine. We collaborated in drafting a plan of implementation and indicators for monitoring the latter over the next five years.
- c) For the training of Ministry of Health staff, advice was given to the national programme of popular traditional and alternative medicine in developing modules for awareness of Maya medicine aimed at public health officials and evaluation modules for Maya medicine workers.
- d) With the social security system: We take part in events for its personnel.

5.5 Dissemination and involvement at international level

- a) With international agencies: As part of the twenty-fifth anniversary of the Declaration of Alma-Ata, the Pan-American Health Organization in Guatemala included the subject of Maya medicine in its analyses.
- b) The Maya medicine model or system has been featured at the last three world social forums.
- c) In the People's Health movement: Maya medicine featured prominently on the agenda of the Second People's Health Assembly held in Cuenca, Ecuador, in 2005

5.6 Other concrete results :

Civil society agencies have spent at least three years promoting and accompanying organizational activities among Maya traditional healers both in the west and north of the country. They already exist in both these areas. The organizations promoted have an organizational structure approach that is in line with its culture and a socio-political agenda, which includes demands by the Mayan medical system.

The three organizations were linked to the only State initiative (Ministry of Public Health and Social Affairs) on Maya medicine, and played an active part in the formulation, drafting and implementation of strategies and actions of the National Programme on Traditional and Alternative Popular Medicine. They carried out the following work:

- Design and development of the module to raise awareness of Maya medicine, aimed at physicians in the public health system
- Design and development of the evaluation module for Maya medicine, for Maya traditional physicians
- Development of the module to improve awareness among personnel of 12 Ministry health districts in the departments of Quiche, Huehuetenango, Izabal Jalapa.

As follow-up, ASECSA itself and other organizations have conducted the following studies and issued the following publications:

- *Herencia de las Abuelas y los Abuelos en la medicina indígena maya* [Our forefathers' legacy in Mayan native medicine] (ASECSA, 2005)
- *El Rol de la Comadrona en su contexto sociocultural* [The role of the indigenous midwife in its sociocultural context] (PIES de Occidente, 1999)
- *El Potencial de la Comadrona en Salud Reproductiva* [The potential of the indigenous midwife in reproductive health] (Pies de Occidente, 2000, unpublished)
- *Conocimientos, Actitudes, Practicas, Preferencias y Obstáculos de las madres en la atención de la salud desde la medicina occidental y la medicina maya* [Skills, Attitudes, Practices, Preferences and Obstacles for mothers in health care with regard to Western and Maya Medicine] (PIES de Occidente,
- *Agenda Sociopolitica, consejo de Medicos Mayas* [Socio-political agenda, Council of Mayan Physicians] (PIES de Occidente, 2004).

Translated from Spanish

- *Lineamientos para un modelo de servicios de salud culturalmente adecuados en el altiplano occidental de Guatemala* [Outline health services model suitable for the Western highland region of Guatemala] (PIES de Occidente, 2004)
- ASINDI Rex We (2005) *Aj Q'omoneŀ Mayab Poqomchi'Chi'Cho'.* *Diagnóstico de la Medicina Maya Poqomchi'.* [Diagnostics in Poqomchi Mayan Medicine] (Asociación de Investigación y Desarrollo Integral Rex We. San Cristóbal Verapaz, Alta Verapaz, Guatemala).

6. Final considerations:

Recognition that it is a multi-lingual and multicultural country is a reality that the population of Guatemala cannot ignore. From a sociological perspective, it can be observed that policies and social practices concealing this reality have not existed. What has existed has been political and social actions designed to blur reality and adapt it, (or re-adapt it) as a function of the dominant ideas and economic system.

Talk of integration, assimilation, interracial relationships, segregation, etc., come and go from the national scene, sometimes as policies, sometimes as expressions of art, and sometimes as the special discourse and ideology of political groups (political parties, revolutionary organizations, cultural and religious associations). At the same time in the social and day-to-day practice of the peoples, culture governs and organizes activities.

The case of Mayan medicine is one such social practice. It is a key element and plays a double role in the reproduction of culture. Firstly, it is a social practice tackling problems of health and sickness, emanating from the world view of the peoples that have this tradition. Secondly, so far as health and sickness are concerned, it is a social practice that organizes and distributes work

This is the key. Organization and distribution implies that there is a rational system that acts as a guide towards an end. This is the point of interest. Mayan medicine is an expression of social organization; it is not spontaneous. It is also a living part of a culture, not the expression of some piece of folklore, the memory of a social practice with its existence only in the past.

This gives a direction to the recognition of Mayan medicine. It must be recognized politically and socially that it is an organized social practice with a life of its own that expresses a different cultural reality in the setting of a multicultural country.

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