Medical Pluralism: A Case Study of Pathariya Jat Village, Sagar.

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Abstract
Medical pluralism is often used to diagnose and cure. Various medical systems are combined to real settings at the level of community several healing practices are combined shamanistic treatments, herbal methods, household therapies, etc. In a society having nonwestern treatments, but of great tradition, like Ayurveda and unani, their combination exists with folk medicine. Impact of western medicine does not mean, just because it is leading edge of modernisation having a wider spread and intensity, that all non western medical system are relegated to back seat. What actually occurs is that different system and ways to treatment are combined, and this is all done to achieve effective treatments as the only goal of patient is to get cure. The present study examines the illness beliefs among the Pathariya villagers and the ailments locally considered to be caused by natural or supernatural agents. This study shows that Pathariya villagers combine different medical system to get cure or combination of shifting from one healing system to another is used to compensate for the failure of treatment and not as a real alternative.

Key words: Medical pluralism, alternative, supernatural agent.

1. Introduction:
Medical anthropology is one of the youngest and even the most dynamic of the various sub discipline of anthropology it concerns itself with a variety of health related issues, including the etiology of disease, the preventive measures that human as members of socio cultural system have constructed or device to prevent the onset of disease, and the curative measures that they have created in their efforts to eradicate disease or at least to mitigate its consequences. (Baer, Singer and Susser, 2002: vii). Kleinman (1980) and sobel (1995) are among the researchers who have noted that patient complex health seeking behaviour is an issue that is often ignored by formal health workers. They say that in order to understand how to approach the prevention of illness and disease it is essential to gain a better understanding of patient motivation and the action they take to improve their health. Gifford (2003:833) writes “patients decision about how and where to seek care for new symptoms are an important and under recognized determinant of the quality and efficiency of health care”.

2. Research Methodology:
The purpose of this section is to present and discuss the reasons for choosing the methods and field area and limitations that i faced while collecting data.

2.1 Objectives of the study:
1. To study their knowledge, beliefs, ideas and of illness.
2. To study different types of health care system available in the village and the choice of pattern treatment.

2.2 Study area:
The state of Madhya Pradesh lies in the central region of India. The state is subdivided in to 51 districts, which are grouped in to 10 divisions. The district of sagar is one among them. Sagar district is sub divided in to 11 tehsils, viz, Bina, Khurai, Malthone, Banda, Shahgarh, Rahatgarh, Sagar, Rehl, garahkota, deori, and kesali, Pathriya jat is a small village in Sagar tehsil of Sagar district.
The total population of Pathriya jat village is 4555 (census of india, 2011). Out of which 2375 are male and 2180 female. The people of the area generally depend on agriculture. Both sexes are involved in this profession. Majority of people work as agriculture, a part from agriculture, bidi making is another occupation which contributes to their living. An especially woman of the area is involved in the area of bidi making.

2.3 Methods and technique:
“Facts do not lie around in plain view waiting as one explores. They are often embedded in a thick crust of cultural norms and are inter-twined with diverse and dynamic social relations. Unravelling them is a slow process” (Young, 1998:101). It is important to unravel the facts with the wit of the researcher and making use of different techniques. Techniques of data collection hold a very important place in the course of field work. If the techniques are not chosen properly to collect the kind of data one needs, one could end up with nothing. Thus one should be careful while selecting the techniques.
In my study, I had employed qualitative methods for data collection such as observation, interview technique, key informant interviews, and pile sorting and free listing. Observation helped to collect information on day to day activities of villagers, communication between each others, and behaviour towards outsiders. Through Participant observations I collected data on preparation of home remedies, divination performed by Shaman, hygiene sanitation behaviour and condition, etc. Non participant observation was used to collect data of many aspects of village life which had directly or indirectly influence on health and disease. The other key informant technique is also a significant step to expedite the learning process in the field. Case studies are most important part of the present work. They were useful in illuminating the perception of illness, departure from one health care system to another, etc. Pile sorting used to know health beliefs by asking the respondents to list as many on a particular topic, for instance, types of fever, types of skin ailments, etc.

2.4 limitation of the study:

it has been said that collecting data in an area new to the researcher without facing complication is next to impossible. I have also faced few problems while collecting data and it has also affected the data quality to some extent.

As it was the 7 days of field work I did not had much chance to interact with the males, therefore their views on illness and health and various medical options are lacking in the present data. Besides the nature of my research work required me to interact more with the women. Because of the time constraint, very few vital meeting with the healers could not be materialized. Another limitation was i had to limit my field study participants. As it was only seven days field work I thought it would be appropriate to concentrate on one caste of the pathariya village but at the same time.

3. Co- Existence of different health and illness beliefs and healing system

3.1 Illness and health beliefs

I focused on health and illness beliefs of pathariya jat village and availability of different medical system and the choice pattern of treatment. The people of pathariya jat village, term health refers to the state of body, devoid of any kind of illness or disease that prevail. The term moto tagdo is used for healthiness. This term not only includes the disease Free State but overall well- being of the person although people consider physique of the person as one of the parameter for the healthiness.

The term illness means any condition that affects the normal functioning of the body and affects the day to day activities, person feels lazy and tired then the person is thought to be ill. Illness even does not affect the individual only physically and physiologically but mentally as well. There is no particular term indicating illness. Generally when people enquire or tell others that they are ill generally specify the name of the illness or symptoms from which they suffer.

3.2 Theories of illness caution

These are a part of wider concepts of origin of misfortune in general. They are also based on the beliefs about how body can malfunction. In general lay theories of illness place the etiology or causation of ill health within the individual, in the natural world, in the social world, in the supernatural world. People in pathariya jat village recognize many causes though there is no particular factor alone, which is held responsible for ill health. These causative factors can be broadly categorised in to supernatural and but at the time of seeking care what cause will be attributed to what category and how different causes are amalgamated together to obtain understanding of the disease depends on factor like causes of illness, severity of illness, financial condition, etc.

3.2.1 Supernatural causes

Supernatural causes find its manifestation in the form of misfortune can be caused by deity, household deity, and ancestral spirits. Villagers believe that if someone does not appease the deity after fulfilment of the wish or in case defilement of the sacred places then deity gets angry and show his/her rage by inflicting misfortune or illness. People think that human beings can also potential instigator of illness or misfortunes through witchcraft, magic and evil-eye. It is generally done out of jealousy and hatred. The word najar means evil eye, the look is few people thought to be evil. It is an inherent quality. It is not only look but thoughts and saying of such person is equally effective in causing evil effect. Najar is both intentional and unintentional. Some people cast evil look out of jealousy and some do it through praise but unintentionally.

3.2.2 Natural causes

Three kinds of bodily humours are recognized namely hot, cold and air. These bodily humours are interpreted through dietary habit, temperature, and season. The villagers believe that certain foods are hot in nature, other foods are cold and other are air producing. Air condition arises when a person eats food that leads to production of gas in the
stomach. Health is conceived as balance between these humeral categories, and ill-health this treated with administration of hot food/medicine or cold food/medicine to restore health. The tracheotomy of bodily humours is also exhibited in the daily dietary habits.

3.2.3 Miscellaneous causes

Spoilt food, dirty water are also said to cause disease, with health education programmes on various means of communication people understand that polluted water, food air too can cause disease. However the concept of *kitanu* (germs) is still alien to them. Though they are know that is something that can cause disease, however they do know what it is. Dog bite, snake bite, bone fracture, bone dislocation, burns are commonly found among villagers all these illness are generally believed to be accidental. But in some cases, supernatural cause for occurrence of injury and illness is not denied. Lifting heavy weights, jerky movements, jumping, running too fast were said to be caused behind dislocation in the stomach.

3.3 Health care system in pathariya jat village

Arthur Kleinman (1980) has classified health care system in to three sectors: popular sector, folk sector, and professional sector. Each sector has its own ways of explaining and treating ill health, defining who the patient is and specifying how healer and patient and healer interact in therapeutic encounter. In popular sector includes all the therapeutic options people exploit without payment and without consulting either folk healers or medical practitioners. The other folk sector therapy, treatment, and healing are terms that define the domain of active response to illness, disease and distress. People have various ways of coping with them. Their faith in the healers helps them in letting go of concerns and turning them over to him or her. Through the disease of person have been cured, however the questions like “why me”? “Why now?” have not been answered. It is at this juncture the traditional healer helps the patient in understanding the misfortune that has befallen on him. The last one is professional sector it can be divided in to government health services and private services. The health facilities available to the villagers consist of biomedical system. There is one Allopathic sub-primary health centre and one Arogya centre. People reported that generally in these centres doctors sit only on specified days and on other day medicine are generally dispensed by the paramedical staff. Villagers generally visit the sub primary health centre for less serious illness or when condition becomes serious at odd hours. Many of the respondents told that the medicine is *Halki* (light) which do not instant cure but in case of emergency these medicine at least provide some relief.

Besides allopathic doctor the Aganwadi worker in village provide medicine for common ailments to the villagers. There are numerous other option available of villagers. For instance there are small clinics available. These are either RMPs (Registered Medical Practitioners). People also reported that these small doctors initially works with any MBBS doctor as compounder and when they get enough experience these people open their own clinics in the village. Therefore, it appears that there are numerous options available to villagers from government owned to private, from allopath to local medicine.

Conclusion

It emerged from the study that believes concerning ill health is deeply rooted in socio cultural system of the community studied i.e. Pathariya Jat village. In the village illness caution theory broadly falls under the natural and supernatural. The natural illness result from the imbalance of bodily humorous or accidents. On the other hand, supernatural illness are caused when people fail to fulfil the promises they have made to the deity, did not follow the taboos related to the deity anything that incurs the wrath of deity result in illness. Human beings are also capable of causing illness through their actions. *Najur* or evil look cast by a jealous person is also includes illness in the beliefs of people studied. The health care beliefs explain illness for not only individual’s bodily symptoms but also for non somatic symptoms. In such explanation of illness, misfortune occupies central significance where somatic symptoms are one kind of misfortune or through human evil intentions or evil agencies. This same explanation can be applied to the events such as accidents, loss and failure. A disharmony in the culturally constructed social, natural and supernatural world of the man leads to various misfortunes experienced by the people.

There are various health care systems present in the village each with its own logic mode of diagnosis, treatment, practitioners etc. they coexist together although differing in choice pattern. In the popular sector, people use home remedies and consult someone in the family. The folk sector consists of particulars like ojha, and dai. The villagers rely on this traditional health care practitioner, as most of them are easy to access and are inexpensive. These practitioners share the same belief with their clients and their diagnosis and therapeutic interventions helps is dissolving anxieties of individual sufferings or the whole family. The correct
diagnosis of these healers ensures the people faith in them.

Besides traditional health care system biomedicine also have been able to make impact on villagers allopathic medicine is popular with the villagers. They prefer it to other health care system as it produces quick results and whenever someone falls sick their first choice is get treatment from allopathic doctor. However it does not mean that the traditional medicine takes back seat. They both are use simultaneously at times for they serve different purpose. Allopathic medicine provides them immediate relief from their symptoms while to make reason of the cause traditional systems helps make sense. People’s beliefs their knowledge, their position in the household, economic condition, seasonality etc. Influence them at different junctions of their illness. People use different kinds of health practitioners from all area of health care systems viz bio medicine and traditional medical system.

Therefore health and illness are not static phenomena rather it involves combination or utilisation of different health services based on numerous interacting factors. Examining it in the context it take place is an important as process itself.

References


