CHAPTER V

SOCIO-ECONOMIC BACKGROUND AND THE PERCEPTION
OF MEDICAL PROFESSION OF THE PRACTITIONERS

Proliferation of technical and non-technical knowledge in the field of health has resulted in the emergence of different medical systems as stated already in the Chapter II of this thesis. The task of all these medical systems is the healing of diseases or alleviation of pain and medical practitioners are the agents who perform this task in the realm of different systems of medicine. This chapter deals with thirty one private practitioners, practising different systems of medicine in this town, with a view to studying their socio-economic background, life style and their perception of the status of medical profession. The inquiry into these becomes necessary, for there exist patterns of response specific to these practitioners belonging to different medical systems.

The socio-economic attributes investigated are personal attributes like age, sex, marital status, occupation of spouse, religion, caste, place of origin, linguistic background, parental occupation, income level and nature of the clinic.
Determination of the nature of the clinic throws light on the practitioner's life style.

This Chapter has two main parts. Part I contains a description of the socio-economic background and life style of the practitioners of the five different systems of medicine practised in the town. It ends with a brief summary and comparative analysis of the socio-economic background of the practitioners. Part II provides the practitioners' perception of the status of medical practice.

Part I: Socio-Economic Background and Life Style of the Practitioners

(1) Socio-Economic Background and Life Style of Ayurvedic Practitioners

There are in all five private practitioners of the Ayurvedic system in the town. Of these five, only one has a formal education in medicine. This practitioner has a degree of BSAM (Bachelor of Surgery and Ayurvedic Medicine) from an Ayurvedic institution in Ahmedabad. The other four practitioners have gained their knowledge of the Ayurvedic system either from their fathers who were also vaids or from other vaids and have later obtained a certificate of the 'Ayurvedic Vidya Peeth Examination' to practice the medicine.
**Age and Sex:** For the purpose of analysis all practitioners belonging to the various systems of medicine were divided into five age groups: (i) up to the age of 35 years, (ii) 36 years to 45 years, (iii) 46 years to 55 years, (iv) 56 years to 65 years and (v) 66 years and above. Of the five Ayurvedic practitioners there is one in the first age group, none in the second, one in the third, three in the fourth and none in the fifth. A point of interest here is that the only practitioner with a formal education in Ayurvedic medicine falls in the first age group. Formal education in this system of medicine is of recent origin, a point which has been already mentioned while discussing the historical development and changes in the pattern of Ayurvedic medicine.

All the practitioners of Ayurveda are male, a typically traditional characteristic of this system of medicine.

**Marital Status and Occupation of Spouse:** All the five practitioners are married and all of them have married within their castes. The data also indicates that the spouses of all these Ayurvedic practitioners are housewives.

**Religion and Caste:** A significant feature observed about the religious and caste background of these practitioners is that traditionally, as mentioned earlier while discussing various medical systems in Chapter II, the practice of this system has
been the monopoly of Hindu Brahmins. All the practitioners of this system covered in the present study confirm this fact. They are all Hindus and Brahmins.

**Place of Origin and Linguistic Background:** It was observed that out of the five practitioners, four belong to this town. The only practitioner, who did not originally belong to this town, has migrated from Haryana. Though he came to this town about thirty years ago, he may also be categorised as belonging to this town as he has bought property here and has evidently no intention of going back to his place of birth.

As to the linguistic background, four of the five mentioned Gujarati as their mother tongue. The exception was the one who migrated to this town. His mother tongue is Hindi. However, even this practitioner can read, write and speak Gujarati, the local language, very fluently. All the practitioners know Sanskrit, which again is considered to be a prerequisite for practising Ayurvedic medicine. All of them can converse in Hindi, though only two of them know English.

**Parental Occupation:** Fathers of all the five Ayurvedic practitioners were vaide, one of them also worked as a priest in a temple. All of them owned some landed property. Thus, the data indicates that the fathers of all the Ayurvedic practitioners had the same profession as theirs.
Income: The practitioners were categorised into five income categories. These are: (i) up to Rs.500/- p.m., (ii) Rs.501/- to 1000/- p.m. (iii) Rs.1001/- to Rs.1500/- p.m. (iv) Rs.1501 to 2000/- p.m. and (v) Rs.2001/- and above. The analysis of the income level of the Ayurvedic practitioners showed that one out of the five belongs to the income group of up to Rs.500/- p.m. and the remaining four fall in the second category of Rs.501/- to 1000 p.m. These four practitioners also derive additional income from their agricultural land and landed property.

It has been said earlier that the clinics of the practitioners were observed to determine their income group. The observation indicates that four out of the five Ayurvedic practitioners falling in the second lowest income groups have a one-room clinic in the main market area. One of these practitioners practises in the traditional fashion, i.e. he has a mattress spread on the floor with a small desk in front and he as well as his patients sit on the mattress. The other three have a table and two to three chairs in their clinics. All of them have cupboards in their clinics to display their medicines. None of them have a compounder or a helper. All normally dispense medicines which they prescribe. These four practitioners get to see eight to ten patients on an average per day. The only one practitioner who falls in the lowest income level has a small one room clinic where he sits
on a mattress and has kept his medicine in a cupboard. He sees on an average four to five patients per day. Like the other four he also dispenses the medicines that he prescribes. None of these practitioners possess a car or a scooter; however, all of them possess a bicycle as a means of transport.

Thus an analysis of the socio-economic background of the Ayurvedic practitioners reveals that most features of their socio-economic background match easily with the style mentioned in traditional Ayurvedic practice, as stated in Chapter II of this thesis. All these practitioners are Hindus from the higher caste and it is more or less a hereditary profession for them. All without exception are conversant with Sanskrit and usually prepare and dispense medicines which they prescribe.

(ii) Socio-Economic Background of the Practitioners of **Unani System of Medicine**

There is only one practitioner of Unani medicine in this town. He has no formal education in the Unani system. He acquired his knowledge and training from another renowned Hakim of the locality called Pir Phazal Ghosh of the erstwhile Jharna State, who used to visit this town occasionally.

This practitioner falls in the age group of 56 years to 65 years and is male. He is married within his caste and religion. His wife is just a housewife. He professes the Islamic faith. This is a typically traditional feature of
this system of medicine which is normally practised only by Muslims. In the present case the practitioner is a Muslim Rajput by caste. He belongs here and knows Gujarati, Urdu and Hindi. Knowledge of Urdu is of course a traditional prerequisite for practising Unani medicine.

The father of this practitioner was a horsecart driver. Interestingly, even this practitioner was a horsecart driver and had to sell his cart to repay a debt. Later, he became a hakim under the guidance of another hakim whom he came to know more and more for, this hakim would always travel in his horsecart when visiting the town. The hakim belongs to the income group of up to Re.500/- per month. He has no clinic as such, he practises medicine in the verandah of a hut which is his home too. He uses kitchen utensils for preparing his medicines. He sits on a cot and his patients also sit on the same cot or he pulls a chair from inside. He sees two or three patients on an average per day and dispenses the medicines which he prescribes. Being a native of this town, it can easily be inferred that he has an urban background.

To conclude, the socio-economic background of the practitioner follows the traditional path; the practitioner has informal training, belongs to Islamic faith and has a knowledge of Urdu. He is of this town and so can be said to have an urban background.
(iii) Socio-Economic Background of the Practitioners of Homeopathic System of Medicine

There is only one practitioner of Homeopathic system of medicine in this town and he has a degree in Homeopathic medicine from the Faculty College of Homeopathy, Calcutta. He belongs to the age group of 56 years to 65 years, and is a male. This practitioner is married and his wife belongs to the same caste group as his. She is only a housewife. He is a Hindu by religion and a Rajput by caste. The practitioner belongs to this town and his mother tongue is Gujarati, but he also speaks fluent Hindi and English.

The father of the practitioner had agricultural land and he did farming. The practitioner of Homeopathy belongs to the income group of up to Rs.500/- p.m. The notes made on his clinic can be summed up as follows: This practitioner has a fairly big two-room clinic situated on the main station road but for the actual purpose of the clinic he uses only the front room where he has a table, two chairs, a bench and a cupboard containing his medicines. Besides the medical practice he has no other source of income. He has a bicycle to commute to and from the clinic. The fact that the practitioner belongs originally to this town points to his urban background.
Thus, it may be concluded that the practitioner of Homeopathic medicine of the town belongs to the high caste group, is Hindu by religion, belongs to the town and falls in the lowest income category devised for the income analysis of the practitioners.

(iv) The Socio-Economic Background of the Practitioners of the Allopathic System of Medicine

There are in all fourteen private practitioners of Allopathic medicine in the town. Of the fourteen, eight fall in the category of 'formally qualified practitioners of Allopathic medicine', that is, they have formal education received through a medical institution for teaching Allopathic medicine. The remaining six have been termed in this thesis as 'informally qualified practitioners of Allopathic medicine' because they do not have a formal education and a degree in this system of medicine, i.e. they have not attended any institution imparting education in this system of medicine.

The inquiry in detail into the educational qualifications of the practitioners of Allopathic medicine indicate that of the eight of them having a formal education in Allopathy, two are L.C.P.S. (Licentiate of the College of Physicians and Surgeons) and six are M.B.B.S. (Bachelor of Medicine and Bachelor of Surgery). Of the latter six, one has a diploma and postgraduate degree in gynaecology and the other has a
diploma in ophthalmology. All the eight practitioners had their school education through Gujarati as the medium of instruction. Six of them had their medical education in Bombay and the remaining two had studied medicine in Gujarat. Another point of interest is that none of these practitioners had a public school education.

Out of six practitioners with no formal education in the medicine, five have their education up to high school and one has just studied up to fifth standard. All these practitioners have obtained the 'Registered Medical Practitioners' certificates in Ayurvedic and Unani systems or in Homeopathy. However, they have been placed in the Allopathic system of medicine as they practise only that system. It should be noted that these practitioners have worked in private dispensaries and hospitals of the Allopathic system before setting up their own practice and have thus acquainted themselves with Allopathy.

Age and Sex: Of the fourteen practitioners of Allopathic medicine, six fall in the age group 56 years to 65 years. This includes two having L.C.P.S. degree, two having M.B.B.S. degree and two having R.M.P. certificate. The remaining eight practitioners are distributed in the following manner. Up to 35 years of age there are only two practitioners, both of them with M.B.B.S. degree. In the age group of 36 years to 45
years there are three practitioners which includes two M.B.B.S. and one R.M.P. In the age group of 46 years to 55 years there are two practitioners, both with R.M.P. certificate. In the age group of 66 years and above there is only one practitioner and he holds R.M.P. certificate.

Of the fourteen practitioners two are women both with M.B.B.S. degree and one with specialization in gynaecology. The remaining twelve are men.

Marital Status and Occupation of Spouse: All the practitioners of this medicine are married. Out of these one is a widower and four form two medico couples. Both these couples practise medicine and their marriages are intercaste. In one case a woman practitioner who is of Vaishya caste has married a Brahman practitioner of Allopathic medicine having R.M.P. certificate. In the second case the intercaste marriage is between a woman practitioner of Allopathic medicine of Brahman caste and a male practitioner of Allopathic medicine of Vaishya caste. Both of them hold M.B.B.S. degree. The rest of the ten practitioners have married non-medicos within their caste group and their spouses are housewives.

Religion and Caste: All the practitioners of Allopathic medicine in the town are Hindu by religion. The data collected on the caste of these practitioners indicates that they belong
to different caste groups like Brahman, Kshatriya and Vaishya. Seven are Brahman by caste, six bania and one patel. Interestingly, no practitioner of this medicine comes from the lower castes, all belong to the higher castes in the varna hierarchy.

Place of Origin and Linguistic Background: Of the fourteen practitioners of this medicine, only five have migrated to this town. Of the five migrated, two are women practitioners, two informally qualified practitioners and one formally qualified practitioner. The two women practitioners migrated to this town from the neighbouring districts of Baroda and Balsar. Migration in their case followed their marriage with the practitioners who belong to this town. The three male practitioners also migrated to the town from the neighbouring districts of Baroda and Punch Mahal.

According to the data, Gujarati is the mother tongue of all the practitioners of Allopathic medicine, all of them have a working knowledge of Hindi and English languages. By working knowledge it is meant here that they can read, write and speak Hindi and English. It was observed that because of the basic differences in the form and content of their education, the formally qualified practitioners of the town have a better fluency in Hindi and English than the informally qualified practitioners of Allopathic medicine.
**Parental Occupation:** The parental occupation of most practitioners of this medicine also presents a different picture. Only two of the fifteen practitioners had their fathers in the same profession as theirs. This includes one formally qualified practitioner whose father was a leading private practitioner of Allopathic medicine of this town with a M.B.B.S. degree. The second case is that of an informally qualified practitioner whose father was also a practitioner of Allopathic medicine with a L.C.P.S. degree. The fathers of the remaining practitioners of Allopathic medicine were engaged in business, service or farming.

A further analysis of the occupation and economic status of the parents of these practitioners indicates that the parents of all those practitioners, formally qualified in Allopathy, were literate and had economically a high status, i.e. they were professionals: medical practitioners, judicial magistrates, rich grain merchants owning valuable property, businessmen and farmers with considerable land holding. As compared to this the fathers of the informally qualified practitioners except for one were almost uneducated and were relatively of a lower economic status with farming or business as their profession. The mothers of all the fourteen practitioners with one exception were virtually illiterate. The mother of only one practitioner was high school educated.
**Income:** The practitioners of this medicine belong to the five income groups. The data collected shows that two practitioners fall in the income group of up to Rs. 500/- per month. Both of them are but informally qualified. Three practitioners including two informally qualified practitioners and one formally qualified practitioner having L.C.P.S. degree fall in the income group of Rs. 501/- to Rs. 1000/- p.m. In the third group of Rs. 1001/- to Rs. 1500 p.m. there are practitioners including one formally qualified, having M.B.B.S. degree and two informally qualified. In the fourth category of Rs. 1501/- to Rs. 2000/- p.m. there is only one and he is formally qualified with a M.B.B.S. degree. Falling in the fifth category of Rs. 2001 p.m. and above are five practitioners, all formally qualified, four with M.B.B.S. degree and one with L.C.P.S.

The income status of these practitioners is illustrated further relative to the nature of their clinic and the number of patients examined by them a day. The two practitioners falling in the lowest income group of up to Rs. 500/- p.m. are both, as said earlier, informally qualified, and have poorly kept clinics in areas where the economically weaker sections of the people live. Their clinics are in their homes and have dingy atmosphere. The clinics have old furniture. A thermometer, a stethoscope and a small
injection kit constitute the remaining equipment. Only five
to eight patients visit them a day. None of these practitioners
has transport facility of his own.

The three practitioners in the second income category
have one-room clinics with an examination table, a stethoscope,
a thermometer, an injection kit and minor surgical instruments.
They get to see only seven to ten patients on an average per day.
They have been placed in this income category because they also
receive pension on retirement from their previous jobs. Two
of these practitioners were compounders and one a medical officer.
One of these practitioners has a scooter and the other two
have bicycles.

The third category has three practitioners, of which
two are R.M.Ps and one M.B.B.S. Of the two R.M.Ps, one has
an additional income from his agricultural land and also helps
his wife, a practitioner of Allopathic medicine, in her clinic.
The other R.M.P. has a clinic in the market area. His meagre
equipment includes minor surgical instruments, an injection kit
and a unit for measuring blood pressure. He is also a councillor
in the local municipality. The third practitioner with a
M.B.B.S. degree has an additional income from his pension. All
the three practitioners see fifteen to twenty patients a day on
an average. Two of these practitioners have scooters and one
owns a car.
The fourth income category has one practitioner. He has a two-room clinic which is well-equipped with furniture and medical instruments. The practitioner has an attendant in the clinic and on an average twenty to twenty-five patients visit him a day.

The highest income category has five practitioners, four M.B.B.S. and one L.C.P.S. All of them have at least three-room clinics and each has a compounding and a servant in the clinic. Two of them even have a 'screening machine' and one of these two has a laboratory for routine check-up of blood, urine, stool and sputum. A female practitioner of Allopathic medicine of this income level has a six-bed well-equipped nursing home. All these practitioners see on an average twenty-five to forty patients a day and all of them are also 'family doctors' of certain families of the town. They work, in addition, as honorary medical officers in various institutions of this town. These institutions are the Trust Hospital, the State Transport Corporation, Vyaam Shalla and a Remand Home. Out of the five practitioners four own cars and one a scooter.

**Rural-Urban Background:** The data on background indicates that ten practitioners of this medicine belong to this town and therefore can be said to be of an urban background. Four have migrated to the town from rural areas of the neighbouring districts.
Thus, the socio-economic background of the practitioners of the Allopathic medicine of the town indicates that a majority of them belong to the town, that Gujarati, the native language of this area, is the mother tongue of all of them and that all of them are fluent in this language. All but two are engaged in professions different from those of their parents. All of them belong to the twice-born Brahmanvarna of the caste hierarchy. Among these, the practitioners having formal education in medicine belong to educated and higher income groups as compared to those having informal education in this system of medicine.

(v) Socio-Economic Background of the Practitioners of the Folk System of Medicine

There are in all ten practitioners of Folk medicine out of the total of thirty one privately engaged in different medical systems in this town. These practitioners of Folk medicine are called bhova (folk healers) and dhai (midwife) in the native language. The ten practitioners include five bhova, two visiting bhova and three dhai. As this medicine is based on magic, religion, social and cultural practices, its practitioners have learnt the practice from their experience and through guidance from members of their family or some other person practising Folk medicine. All of them with one exception are illiterate.
**Age and Sex:** The distribution of the practitioners of this medicine into five age groups shows that there are two practitioners in the age group of up to 35 years, two in the age group of 36 years to 45 years, four in the age group of 46 years to 55 years, one in the age group of 56 years to 65 years and one in the age group of 66 years and above.

Out of the total of ten such practitioners there are three women practitioners called dhai, the remaining seven are men.

**Marital Status and Occupation of Spouse:** All the practitioners of this category are married, within their caste, religion and tribe. The occupation of the spouse indicates that the wives of all the male practitioners are only housewives. Two dhai are widows and the husband of the third dhai is a manual labourer in the town.

**Caste/Tribe and Religion:** According to the data on the religious background of these practitioners, of the ten, seven are Hindus and three Muslims. The three Muslim practitioners are one dhai and two bhova.

This system of medicine comprises both tribal and non-tribal practitioners. Two out of the ten are tribal and belong to vasava tribal group of this region. The
visiting bhova are those who originally belonged to chitara johar, a tribal community of Rajasthan. But they now regard themselves as belonging to Rajput caste. This change from tribe to caste has been accomplished by them, apparently, through spatial mobility.

The three Muslim practitioners speak of their caste as Muslim Rajput. The remaining four belong to the Sudra category in the varna hierarchy.

**Place of Origin and Linguistic Background:** All the practitioners except three belong to this town. The three who do not belong here include one dhai and two visiting bhova. The dhai migrated to this town after her marriage. The two visiting bhova as their name suggests, do not belong here. They come here only during the months of November and December. This is because around this time of the year they do not have much work on their fields. According to them they were on their sixth visit to the town.

Except for the two visiting bhova all of them belong to Gujarat and mentioned Gujarati as their mother tongue. Even the Muslim practitioners said that Gujarati was their mother tongue. The two visiting bhova considered Hindi their mother tongue. They could speak, however, very fluent Gujarati. None of these practitioners except one
could speak English, but they did use English words in their speech. Except for two all could speak Hindi.

**Parental Occupation:** Fathers of all the practitioners were either agricultural labourers or manual workers. Fathers of five bhova were also practising folk medicine. All but one practitioner of this medicine fall in the income group of up to Rs.500/- p.m. The remaining one practitioner falls in the income group of Rs.501/- to Rs.1000/- p.m.

No practitioner of this medicine has a clinic as such, the place of practice being the houses of their clients or their own residence where these bhova have made a small temple or a mazar (tomb). It may be elaborated further that two Muslim bhova and one Hindu tribal bhova have mazar. Three Hindu bhova have no clinics as such and normally, they have their practice in the houses of their clients or patients. The two visiting practitioners, as their name suggests, have no clinics and they carry their medicines in a bag. All these practitioners derive a major part of their income from other sources like manual work, agricultural labour, school teaching, rented property and sale of flowers. They charge no consultation fee and except for the medicines or the expense on the remedies they do not charge any fee as such. They normally dispense the cure
remedies also. Except two none have any transport of their own. The two practitioners have a bicycle each.

This analysis of the socio-economic background of the practitioners of folk medicine leads to the conclusion that they belong to lower income strata, that they are mainly low-caste Hindus and that this system of medicine also has the representation of the tribals. Most men of folk medicine belong to the town and thus may be assumed to have an urban background; however, they are mostly illiterate and also engaged in other occupations. This system of medicine draws its practitioners from both sexes belonging to Hindu and Muslim religions.

General Observations

The analysis of the socio-economic background of the practitioners of different systems of medicine in this town as put forward in the five sections reveals the disparity in their socio-economic background. There is complete absence of female practitioners in Ayurveda, Homoeopathy and Unani systems. There are in all five female practitioners of Allopathic and Folk medicine.

The data on caste, tribe and religious background indicates that the practitioners of Allopathic, Ayurvedic, Homoeopathic and Unani systems of medicine belong to the three higher categories of the varna hierarchy. In contrast,
the practitioners of folk medicine come from the lower castes of the hierarchy. Though the town's population, as mentioned in the previous chapter, is both tribal and non-tribal, only folk medicine has tribal practitioners and not any of the other four systems.

The religious background of the practitioners presents a picture in which Ayurvedic and Unani systems conform to their traditional pattern, i.e. only Hindus could learn Ayurveda and only Muslims could be practitioners of Unani medicine. But folk medicine claims practitioners from both Muslim and Hindu communities. The Homeopathic and Allopathic systems have only Hindu practitioners. The absence of Muslim practitioners in the Allopathic medicine in this town, in spite of the fact that Muslims form the second largest population of the town, may be compared with the finding of Madan,¹ pointing to the absence of Muslim practitioners of Allopathy in Ghaziabad, a town with a sizable Muslim population.

The practitioners of all systems of medicine are married and most of them except two do not have their wives in their own profession. Most practitioners except two have intra-caste and intra-tribe marriages.

Applying certain criteria, the income level and the nature of clinics of practitioners have been analysed for determining their economic background. It throws interesting light on the disparity in the economic background of the practitioners of different medical systems. The practitioners of Allopathy, specially those having a formal education in that medicine, are economically better off than the informally qualified practitioners of Allopathic medicine and others - Homeopathic, Unani, Ayurvedic and Folk. To take a point in illustration, nine out of fourteen practitioners of Allopathy possess a scooter or a car and all others have bicycles. All the practitioners of the other systems of medicine only have bicycles. A visit to the houses of these practitioners was sufficient to understand that practitioners of Allopathic medicine had modern household appliances while Ayurvedic, Homeopathic, Unani and Folk had only basic household articles of use.

Even though there are differences in the socio-economic background of the practitioners belonging to different medical systems, yet there are a few similarities also. All the practitioners know the native language of the area, they are familiar with local customs and there is a predominance of local practitioners. This kind of distribution of the practitioners comes in the way of generating plural cultural
traditions and tends to strengthen the norms and conservative
cultural practices of the region.

It was observed that in the choice of their profession
most of the practitioners of these systems of medicine had
been influenced by others. This goes to prove that the age
at which the choice of profession is made is such that a
person is not mature enough to take a decision on his own
on so important a matter and hence is often guided by the
elders of the family or by those with whom he interacts.

Part II: Practitioners' Perception of the Status of Medical
Practice

While discussing the socio-economic background, it would
no doubt be of interest to pay attention to the perception of
medical profession and the systems of medicine engaged in by
the practitioners.

All the practitioners of this town irrespective of the
nature of their medical practice believe that medical profession
gives relief to man in pain and hence consider this profession
most indispensable to society. Medical profession, along with
professions like engineering, administration, law and university
teaching, has become established in contemporary Indian society.
Medical profession is considered to be of a status equal to
these other professions, at times it is even held in higher
esteem and accorded more prestige. Medical need is a most important and pressing human need. Wherever there is a small or big human settlement a medical profession has existed in some form or the other.

Practitioners feel this to be a profession which gives them enough scope for having a wide circle of friends. A person in difficulty needs the help of another who can be relied upon as a friend, who has the knowledge and competence to arrive at proper judgment and offer consolation in painful circumstances. Thomas McKeown\(^2\) has said that the 'medical friend' is surely the greatest when patients and relatives are under great stress at times of illness. Besides being a profession that can win one a large number of friends, the practitioners hold that it has also the lure of making them the confidants of the community they serve. Nothing social, moral or biological is hidden from them.

Private practice in this profession is more stable. It enables one to stay in one place. According to one of the respondents, he gave up a course in engineering because he realised that medical profession was the most ideally suited for a stable life. All the other respondents also acknowledged this to be an important consideration, though in their case this was not the reason for taking up medical profession.

Medical practice is perceived to be a profession in which the two interests, social service and earning a living, can be achieved side by side. The practitioners of Ayurvedic medicine were fond of quoting the scriptures to underscore the essential philosophy of Ayurveda as *swarth sathe paramarth*, meaning both the interests of the self and others are taken care of simultaneously. Even some of the Allopathic and other practitioners quoted these words with approval and responded in a similar manner. Service to mankind was no doubt thought to be the aim of this profession, but along with that one could take care of the daily needs of one's living too. Not only this, it also helped in some cases to achieve an economic status faster than people engaged in other professions. To quote a practitioner of Allopathic medicine, "Today, the economic status that I have been able to achieve so easily, my friends in other professions have not achieved." Thus, even though the practitioners of all systems of medicine considered their profession undoubtedly noble and at times described themselves as 'life-givers', they also felt that they were basically human beings and were as much subject to the economic needs of mundane life as others. Practitioners of all systems of medicine maintained the view that medical profession enjoyed a high social status and that its practitioners would never face an unemployment problem. One of
the vaide even commented that as long as society existed two professions - the profession of the palmist and that of the medical practitioner - would remain and they would never die from want of money. They might not be able to live a luxurious life but they would always have two square meals a day, something not always possible in many professions.

Besides the point of humanity, social service and pecuniary gains the profession was perceived to give its practitioners charismatic authority. Weber has defined it as a type of authority "to which the governed submit because of their belief in the extraordinary quality of the specific person." All types of people in the society irrespective of caste or creed or economic status give them a solid status with authority in social relations.

Practitioners agreed that though there were concrete and substantial differences making each system of medicine distinctive, the ultimate end of all medical systems was to provide a mode of treatment that yielded favourable results. However, each one of them would give a word of special praise to the system of medicine practised by him. For example, the practitioners of Allopathic medicine believed that their's was the most advanced and scientific system of medicine, with enormous scope for research and investigations. They asserted

the superiority of their medicine over the other systems by rarely referring their patients or clients to other systems of medicine. According to them, the undeniable superiority of their system was a consequence of the superior, most scientific and thorough education and training imparted to prospective practitioners of Allopathic medicine.

The practitioners of Ayurvedic medicine believed that their's was the only system which offered to root out the disease and did not merely seek, as in Allopathy, to suppress the symptoms of the disease and make it subside. One of them responded by saying, "The very fact that this system of medicine is the oldest and most ancient shows that its approach to treatment and method of treatment is valid." They described the efficacy of their medicines with two basic terms: 'hot' and 'cold' and held the view that the medicines used in Ayurvedic system did not produce undesirable reactions.

The practitioner of Homeopathic medicine praised his system of medicine highlighting the first principle of Homeopathy that 'same cures same'. His system, according to him, provided a scientific knowledge of physiology of the human body and the treatment followed and the cure effected were most natural. That Homeopathy was not popular in this part of India, in his view, did not affect the basic qualities
of the system which provided the best combination of nature with science.

A *hakim* admitted that he had no formal knowledge of Unani medicine, but through his experiences felt that his practice could give the best possible relief at a relatively cheaper cost.

The practitioners of folk medicine, *bhove* and *dhai* (midwife) were of the opinion that their medicine was based on worship of gods and goddesses and followed certain norms of culture and tradition. Therefore, even though this medical system might be described as based on superstitions, illogical arguments and unscientific procedure, yet it had cures for illness as they had a divine sanction behind them. A *dhai* argued that the development of the modern system of medicine was of recent origin but the diseases of the female had existed all along. Surgical instruments and hospitals, according to her, did not change the normal pattern of the 'delivery system'. Their system of medicine, specially in the case of 'delivery and post-delivery recovery', was best as it regarded them as natural phenomena, and not as unnatural things that called for the use of all sorts of instruments as in Allopathy.
Awareness of the various systems of medicine is an issue worth mentioning in the context of generalizing the perception of various systems of medicine. Out of the thirty-one practitioners, not even one was such who had no idea or experience of Allopathic medicine. The practitioners of Ayurveda and Homeopathy were able to recognise its meaning by its name, but practitioners of Unani and Folk system did not know what Allopathy meant until they were told that this was the 'doctor's medicine', angrezi dava (English medicine). They were then able to associate it with the most modern system of medicine which had developed considerably in the recent past.

All the respondents including the practitioners of Folk medicine appeared to know the meaning of Ayurvedic medicine. One reason for this could be the presence of the Ayurvedic Pharmacy College at Rajpipla. It was known to all the practitioners that Ayurvedic medicine was based on herbs and herb roots. However, the principles underlying the Ayurvedic bhaemas were not known to the practitioners of Allopathy, Homeopathy and Unani. The practitioners of Folk medicine were totally ignorant of this. In fact, at times, they associated it with their own practice. The knowledge of Homeopathy and Unani systems was negligible. An interesting point noticed during the investigation was that four of the practitioners of Allopathy having Registered Medical Practice
certificates in Ayurvedic and Unani systems and one in Homeopathy admitted that they did not know ABC of Unani or Homeopathy. They did have some knowledge of Ayurveda, though the formally qualified practitioners of Allopathy were completely unaware of Unani; however, they knew about Homeopathy in sufficient detail. In fact, three of them had taken a postal course in Homeopathy and all the eight practitioners of Allopathy having formal education in Allopathy felt that a knowledge of Homeopathy and Ayurveda was helpful in their practice in some way or the other.

All the practitioners were aware of the existence of the folk system of medicine being practised in Rajpipla. This medicine was looked upon by non-folk practitioners as a system which gave personal satisfaction to patients. Though the practitioners of Allopathy doubted its validity, all the others did mention it with some approval. This was evident not only from what they said but from the cases which they had recommended to these practitioners. For example, mental disorders were generally referred to them (a point discussed later). The practitioners of Allopathy felt that dhais were good in normal delivery cases, but they were not efficient enough to handle complicated cases.

Briefly, this chapter contains an analysis of the socio-economic background of the practitioners and their perception of the medical profession.