CHAPTER VI

SOME ASPECTS OF HEALTH CARE: PRISTINE AND MODERN

Disease and cure system are universal phenomena. Every society—irrespective of its technological level, over the centuries devised methods of meeting the challenge of disease. The realm of cure, so as to speak, concerns itself with ‘the physical and mental welfare of individuals in their respective family and social contexts’ (Sol Tax, 1976). The rationale that underlies all systems of medical treatment being prescribed by existing communities relies on two fundamental, collaterally symmetrical principles (Mehta et al., 1990: 177).

We understand modern medicine as a curing system based on scientific techniques and rational concepts of cause and effect. Modern medicine has painstakingly established the cause of an ever growing number of diseases. The primitive mind, on the other hand, has solved its quest for the cause effect relationship by attributing causality of forces which we call magic but which for the primitive mind are in a way more real and credible than our medical answers. Experience of any nature is
man's best teacher, hence time and space provide a laboratory in which
man experiments with reality in order to perpetuate his kind in the
dynamic struggle for existence (Medhi et al., 2004 : 73). Medical pluralism may be defined as the synchronic existence in a society of
more than one medicine systems grounded in different principles based
on different world views. In most parts of India, multiple therapy systems
and a diversity of health behaviour patterns co-exists (Bhasin, 1997, 1
(1) : 43). The Garos of Bakrapur and Nisangram too are living in a
pluralistic medical situation in which allopathic and indigenous system of
medicine is existing side by side. Their medical sphere is highly
pluralistic with emphasis on prevention, curative and promotive
measures. Local medical traditions have continued to co-exist with
biomedicine among them.

1. The Garo Ethnomedicine

Garo ethnomedicine is a type of medicine, which is more ancient,
more widely practiced, and equally efficacious at least in the eyes of its
adherents. Garo ethnomedicine has its own concept about the causation
of disease, wrath of gods, evil spirits, magic, etc. It has its own
diagnostic tools and techniques, which lean heavily on divination.
Treatment is based upon removal of the causative factor through the
propitiation of gods, exorcism, counter-magic, use of charms, and
amulets, and of course administration of some herbal preparations – a
perfectly rational approach in so far as it is intended to remove the basic
cause. The material ingredients in the Garo ethnomedicine posses much
of bio-chemical potentialities. The medicinal and magical properties and virtues of herbal, vegetal, and elemental ingredients in the Garo ethnomedicine, as discovered and inherited since time immemorial, actually aid us ever to live close to the basic things of life and nature. It includes the art of providing solace to a patient’s troubled mind as well as to his sick body. In Garo ethnomedicine there are drugs which are psychosomatic, psychedelic, and some of which were used by the unscrupulous to the detriment of the society. The anciently inherited prescriptions in the Garo ethnomedicine consist of concrete ancient science. The veteran ostals and ostal gunwals used to compound and utilize the magical and medicinal virtues, and properties of various herbal, vegetal, plantation, mineral, and elemental ingredients, either to cure diseases or to bring about death upon enemies. The real reputed medicine man among the Garos is one who can cure diseases as well as one who can bring about diseases. In some phases of Garo ethnomedicine, proportionate use of medicinal ingredients for curing diseases in human bodies is supplemented by recitation of appropriate incantations, known as chugarias, which are used upon medicinal ingredients selected for use. Garo ethnomedicine handed down by word of mouth from one generation to another, though some preserve it in the form of writings at present. There are three distinct recipes in Garo ethnomedicine, viz, (i) the healing recipes, (ii) the killing recipes, and (iii) the most profound healing and killing. The veteran ostal gunwals or shamans affirm that there are invisible agents, which are responsible for transmitting as well as curing diseases. They believe that health and
diseases, forming an agglomeration with various levels of degrees, in between, depend upon the state of equilibrium between internal and external environment. They, therefore, are of the opinion that there are psycho-physical methods for curing diseases as well as for bringing about diseases. The Garo ethnomedicine draws its sustenance entirely from indigenous sources. Roots of herbs, barks, and fruits and leaves of trees and plants, spices, mushrooms, and other material elements constitute chief sources of basic ingredients in Garo ethnomedicine.

The Garo ethnomedicine consists of real mantricures, which serve to show that it is not merely a system of herbal, vegetal, and mineral ingredients of medicine, but a philosophy of human wellbeing. There are such things as biological weapons in the possession of a full-fledged ethnomedicine man. Due to his expertise and experience he is able to kill a man if he desires so, without leaving any evidence of murder. There can never be sterility of fresh thinking in the Garo ethnomedicine, as a sub-branch of Jadoreng, for one on the basis of one's own psycho-physical experiences. The day may dawn when in Jadoreng men will realize the link between Garo ethnomedicine and divinity.

The Garo ethnomedicine silently awaits to be rediscovered, systematized, synthesized, and profitably utilized by the civilized society. With the advent of Christianity, the younger literate generation of the Garo community tends to ignore the value and expertise of this unique anciently inherited indigenous system of medicine. This is not desirable because the traditional medical system cannot be regarded as
unsophisticated or irrational as it is a part of the social life. We must, therefore, conclude that the traditional medicine of the Garos, however slight, unsystematized, or contaminated by scientifically untenable assumptions it may be in particular cases, invariably contain at least some elements of validated empirical knowledge. As Miss E. S. Burne says 'Absurd and irrational though its methods be, they yet exhibit the material workings of the untutored mind, and thus are not without importance in the study of psychology' (cited in Mitra, 1926 : 266). There is still a wide field for research in the fundamental principles of the anciently inherited Garo ethnomedicine. The utilization and standardization of many of the anciently inherited remedies in the system of modern medicine will herald in a new era for Garo ethnomedicine.

2. The Garo Ethnomedical Experts

In most of the communities, a number of specialists are there from whom services are taken at the time of illness, injury, and disease. In all the tribal communities, these specialists occupy a special high position in the society, and one is required to undertake training to acquire the art of treatment, or for performing the magical rites. Traditional curers come in various kinds, and occupy different situses and sectors within the repertoire of health resources, and different levels in hierarchies of social prestige. Press (1971 : 741- 56) has studied several traditional medical practitioners. He lists no less than 11 'stylistic elements', which may be combined in innumerable ways to form a personal profile of such
practitioners. Some of them are the curer's reputation (including specialist skills); impression management; origin of vocation; the source of knowledge; the source of cure (medicinal, supernatural); the personnel involved in the cure; the diagnostic techniques employed; the socio-cultural identity of the cure; the degree of specialization of the curer; the mode of payments, etc. The practise of the folk medicine man is intimately linked to the social relationships and processes of life in the community. Unlike the western doctor, it is highly context-dependent, and constrained by both personal and social factors. The folk medicine man like a medical practitioner tries to cure his patient by correcting the cause of his illness.

The role of the healer was and is, to explain misfortune and illness, to protect his group from external harm, to heal, to divine, and to comfort. Diagnosing the cause of an illness (the object or substance which caused it), the healer is able to ascertain the ‘efficient’ cause (such as the sorcerer) and the ‘ultimate’ cause (such as interpersonal hostility or the breach of a sacred law) and to take action accordingly. Knowing why an illness or death has occurred may not diminish its impact on the community but it does provide understanding, which enables those affected to adjust to it. This knowledge also provides an indication of what, if any, retributive action is called for, and the potential to preventive action in the future.

Tribal people believe in folk medicine because it fits in with their culture and way of thinking. They have their own healers and specialists
who serve them well and to whom they have complete faith and confidence. The Garos living in traditional setting gradually acquire the knowledge of their traditional medicine through the process of their enculturation. Every individual attaining certain age automatically acquire knowledge regarding different medicinal herbs commonly known among the Garos.

(a) **Folk Medicine Men of Bakrapur and Nisangram**

The Garos of Bakrapur and Nisangram are accustomed to the use of some common traditional medicines for curative purposes. Although medicinal knowledge is shared cultural experience, often many individuals gain specialized status owing to their command over such medicinal knowledge. Many medicine men also have developed their own methods of preparation of medicines for curing specific ailments. The folk medicine men and the traditional midwives that this scholar has encountered amongst the Garos of Bakrapur and Nisangram have learnt about the treatment of various ailments either from their forefathers or from persons who are known to be well established, and recognized folk medicine men. Although different folk medicine men use commonly known medicinal herbs, they differ from one another in preparing medicines to cure an ailment as they work out their own formulae of combination and proportion at which the different medicinal ingredients should be mixed with.
Many Garo folk medicine men and mid-wives have gained reputation in their society as specialists. These specialists accept whatever remuneration they get for their services but they never demand anything. Although they are not fully professional, they do earn nominal amounts from such part-time practices. Traditionally folk medicine men do not have any distinct social position among the Garos. The well-experienced folk medicine men of Bakrapur and Nisangram tries to cure his patients in line with his culture's concept of disease. Having learned the cause of the complaint, the medicine man may prescribe massage or the internal or external use of various herbal remedies. The native practitioners of the study villages are also adept at settling fractured bones with considerable skill. The sick are also treated with greatest consideration.

A significant component of the healer's treatment is undoubtedly psychotherapeutic. When interpersonal disturbance, stress, fear, grief or anxiety have precipitated or exacerbated an illness, his ministrations reassure the patient, explain his plight and generate the confidence necessary for recovery. In addition to the psychotherapeutic aspects of his work, the healer performs some of the functions associated in western society with the physician (curing illness), the priest (comforting and instilling faith), and the coroner (determining the cause of death). From the patient's point of view, a traditional medical practitioner was expected to possess some knowledge, if not complete, of the nature of disease he had to deal with. Besides the patients also expected that the
traditional medical practitioner should correctly diagnose the disease that ails the patient, using his expertise, and thereby suggest a remedy for relief.

In Bakrapur, there is only one diviner (ojah) by the name of Nelson R Sangma. He is also considered to be the most experienced of all folk medicine men present at Bakrapur. It must also be mentioned here that his wife who expired about thirteen years back was a very well known midwife and folk medicine woman. From a very tender age Nelson learnt about the various aspects of ethnomedicine from his father and grandfather, both very accomplished traditional medical practitioners. His grandfather knew many mantric processes of divination. He was an expert in the fields of Garo folk medicine, and could also cure illness from a distance with the help of norsing spells. When he became very old, he lost his ability to hear, but could understand the ailments of his patients with the help of his supernatural powers. His father also knew about many mantric processes and taught him. Nelson began practicing as an ojah only after his voluntary retirement at the age of 55 from government service.

Nelson knows many forms of divinations, like the norsing spells, the tikna nia, the Dobokniya, Betchalia, and Simania, used by him to diagnose disease and illness. He is the most sought after person where most of diseases are believed to be supernaturally caused. He is the oldest village medicine-man who works as a specialist in diagnosing and curing of diseases. He is well versed in many mantric process of
divination, and if he concentrates whole heartedly he also feels the presence of his father and forefathers from whom he learnt his trade. Sometimes in his dreams, his forefather prescribe medicine for the treatment of various diseases about which he is ignorant. He gives amulets to cure sickness in babies caused by malevolent spirits. He also prescribes medicines for sickness which does not have any supernatural antecedent such as problems of the stomach, cough and cold, etc. In case of ailments such as epilepsy, madness, he provides amulets. The people of Bakrapur rely on him but they also visit the dispensary. Many persons afflicted with epilepsy and tuberculosis comes to him for treatment from the neighbouring villages of Krishnaii, Miapara, Nisangram, etc. When he cures them, they present him with either money or home woven clothes as a mark of gratitude. In cases of emergency he also goes to visit his patients. He usually goes by bicycle to far off places, carrying with him a bag containing indigenous medicines for various types of diseases and illness. Due to conversion to Christianity, his daughter is not interested to learn about the mantric process but she is learning about the use of various medicinal plants and herbs from her father.

Besides him there is also another folk medicine man by the name of Stingson Marak, who is 52 years old. He is a part time practitioner, he earns his living as a teacher in the Bakrapur Government Lower Primary School. He learnt the various aspects of folk medicine from his father Sri Dhaniram Sangma. His father had learnt about folk medicine from one of
the Garo Ojhas (he could not recollect the name) of Kamrup, district, Assam. Stingson Marak has also been practicing folk medicine since forty years, and is famous as a bone setter. In his opinion, observations that reveal excruciating pain, swelling and immobility of the affected area confirms it as a case of bone fracture. Thereafter he resets bones by means of adroit manipulation, massaging the area with the ethnomedicinal remedy known to him and applying a tight bandage. In order to heal the fractured bone or dislocation he sometimes uses as splint made of bamboo to immobilize the injured area. Experience has taught him that only his interest, understanding, and co-operation can enhance the potency of the healing effect of the practitioner- patient relationship. Utmost care is taken to reassure his patients and provide relief to the anxiety and tension that accompanied the ailment. Motivated by him, the patients follow the requisite precautions and visits him as per schedule for further medication and to ensure a full fledged recovery.

Stingson acknowledges the fact that sometimes attack by the supernatural powers can cause disease, death, and destruction. This malicious effect can be curbed only if the patient wears amulets prepared from various biological and non biological materials. Once it is confirmed that a person is attacked by evil spirits he gives amulets made of ingredients available in his stock but does not chant incantations as being a Christian it is against the religious belief. In earlier times many patients came to be cured. But now the number has been gradually dwindling due to the availability of modern medical facilities, and non
availability of rare medicinal herbs and plants. For curing ailments, money or cloth is offered to him.

Sri Subano Areng, aged 50 years is another folk medicine man of Bakrapur. He is the son of Late Sri Thuchok Monria and Smt. Eloni Areng of Mangsang area. Under his father's able guidance Subano learnt about the various rare herbs and roots from a very early age. In the year 1964-65, he along with his parents settled in Nisangram. He continued learning from his father. After his marriage, following the matrilineal system of the Garos, he came to live as a resident son-in-law at Bakrapur. It took some time for him to be recognized as a medicine man at Bakrapur. Till date he has cured a lot of people of not only Bakrapur but also of the neighbouring villages. The patients as a mark of respect offer money to him which may vary depending upon the economic condition of the patient concerned. He only cures diseases with medicinal herbs and roots and gives talisman. However he does not know any traditional form of divination.

In Nisangram village, there are three diviners. They are Sri Heringson Sangma, Sri Dison A. Sangma, and Sri Joseph G. Momin. They are the most sought after persons at Nisangram where most of the diseases are supernaturally caused. Of them Heringson Sangma is the oldest village medicine man who has been and is still involved in curing various diseases at the ripe age of 75. Herewith mention must be made of Sri Rojensing S. Sangma of Nisangram who was a well established and renowned diviner. He died about seventeen years back and the
book where he wrote about the treatment for various diseases is still used by Sri Misorsing Marak, another folk medicine man of Nisangram.

Sri Heringson Sangma (75) is a resident of Boksail hamlet of Nisangram. At first he was reluctant to disclose that he was a diviner. After much persuasion and only after the intervention of the village headman Sri Laphing Sangma he agreed to answer this investigator's queries. Thereafter he co-operated and was helpful enough to introduce this investigator to another folk medicine man, Sri Dison A Sangma. Heringson Sangma's family comprises of his wife, son-in-law, a daughter, and his grand daughter. He is well-versed in many mantric process of divination. Dream interpretation is considered as one of the criteria to diagnose ailments and to determine causes of different ailments among the Garos of Nisangram. Sri Heringson Sangma is considered to be an expert dream interpreter. He has acquired the medical knowledge from different reputed ojhas. He still held meeting whenever it is possible with these well known medicine-men. It was observed that Sri Dinonath G. Momin of Gajinapara of Mendipathar area, who is well known folk medicine man, had visited and held consultation with him regarding treatment of various kinds of diseases. Sri Heringson Sangma prescribes medicines for different ailments like dysentery, epilepsy, jaundice, fever, malaria, typhoid, and also cancer. In most cases, a combination of different herbs in different quantities is used for preparing the medicine. He also gives amulets to cure sickness in babies caused by malevolent spirits.
Sri Dison A. Sangma is another folk medicine man and diviner of Boksail. He is 70 years old, and a part-time practitioner. He also earns his living by cultivating his plot of land. He learnt about the various aspects of folk medicine from his father. He is a resident son-in-law of Boksail, his place of birth being Baghmara. He has been practising folk medicine since forty years. He also gives amulets made of ingredients available in his stock but does not chant incantations as being a Christian it is against the religious belief. For curing ailments, money or cloth is offered to him. People from the neighbouring Garo villages also come to him for treatment.

Sri Joseph G. Momin (30) is another folk medicine man, and diviner who lives as a resident son-in-law in Upper Nisangram. He learnt about the medicinal and magical powers of various herbs and animal remains from many persons specialized in various aspects of folk medicine. The persons from whom Joseph learnt are namely: Sri Rengsan Sangma of Wiliamnagar, Meghalaya, Sri Nilapha of Nongal, Sri Genen Sangma of Kokal, Sri Francis Momin of Darrangiri, Sri Bot Sangma of Damas, Sri Kreter Marak of Damas, Sri Elbison of Miaboli, Sri Demen Momin of Dokanchang, Sri Darwin Sangma of Adingiri, Sri Tensan Sangma of Bangsapara, Sri Sanbil Sangma of Mansang, and Sri Sinalson Sangma of Rongjang.

Joseph learnt about the various mantric process of divination from them. Under their able guidance he learnt about the various rare herbs
and roots. He collects these medicinal herbs when required. He keeps detailed records of his medicines; the various types of bones of different animals and other animal remains besides a few rare herbs are always kept in his stock so that he can use them in preparing medicine or amulets whenever necessary. He also planted some medicinal plants in his backyard. He basically relies on herbal therapies. Of course, on many occasions magical spells and rituals accompany his prescription. Joseph knows about many forms of divination, like the *norsing spell* which he learnt within seven months. Of these, if a few of them are practically applied, it may bring harm or death upon the concerned individual. So before leaving his teacher, he like the other learners had taken an oath before his teacher that he will never make use of these *mantric* process of divination for disrupting the normal life or to bring evil upon him in the near future. The following three cases will reveal how the knowledge of *mantric* process of divination led to a chain of events in his life.

□ Sri Joseph G. Momin came to live as a resident son-in-law from Damas as the Garos follow matrilineal system. Gradually he became well known as a folk medicine man and diviner. Many persons wanted to learn the various forms of divination from him. But he refused as he feared that they might be misused. An elderly person of Nisangram (whose name he did not disclose) was taught a certain form of divination after much persuasion. But he used it's powers to cause death upon his enemy. On hearing this, Joseph was very annoyed and took away the powers that he had been given.

In the year 2001, the owner of cinema hall at Byrnihat had come to visit him along with two of his friends. The
concerned person requested Joseph to use his magical powers and kill another person with whom he was in bad terms. For performing this task he was offered a sum of two lakhs and a Maruti car. But Joseph refused to do so as it was against his conscience to bring harm upon another individual. Likewise he had been offered material goods by many for the fulfillment of their evil motives, but he could never be lured to use his powers for such purposes.

Exploiting his secret Norsing mantras. Joseph was able to counteract the attacks made at him by other well known diviners. He also has the power to transfer his soul to the body of a dead animal. He revealed that he had remained in the body of an elephant for three nights, in the body of tiger for three nights, and in a snake for three nights during the year 1993. Once he even became a skalgitting (vampire) and ate up a cow. He came to know about this fact only after he woke up in the morning. While transforming himself to such forms his body is at rest. Laymen think that he is asleep but it is not so. He through his magical powers performs such actions as entering the bodies of dead animal so that he does not forget the process. However he does not become a skalgitting as it is harmful for others. □

Sri Misorsing Marak (70) is another folk medicine man of Nisangram. His family comprises of his wife, son-in-law, a married daughter, and his grandson. Under the able guidance of an ojha (whose name he failed to recollect) of Mandalgri village, he learnt about the various aspects of folk medicine in two years time. After learning he paid a sum of Rs. 50 and a hand woven cloth to his teacher as a mark of gratitude. Besides learning from him, he also used the various forms of treatment prescribed by late Rajensing S. Sangma in his hand written book. Sri Misorsing Marak has been practicing since the last forty years.
Till date he has cured a lot of people of not only Nisangram but also of the neighbouring villages. The patients are cured of their diseases by using medicinal herbs and roots. Any traditional form of divination though known to him earlier is not made use of today. This is because he being a Christian, is against the idea of practicing such divinities.

Sri Mukharji D. Marak (35) has also been practicing folk medicine since the last nine years. His family comprises of his wife Smt. Limai R Marak, his daughter Namchima and son Dalson. Earlier he lived in Lower Nisangram and after marriage he settled at Babupara, which is also a part of the village Nisangram. He is the son of Late Rosang D. Marak, and Smt. Sorni D. Marak. Under the able guidance of his father, Mukharji learnt about the various roots and rare herbs from a very tender age. Even now he feels the presence of his father and forefathers from whom he learnt the skill. Sometimes in his dreams, his forefathers prescribe medicines for the treatment of various diseases about which he is ignorant. He gets the medicinal plants, which are not available in his courtyard from Bongapara, about 8 km. from Nisangram. Till date he has cured a lot of people of Nisangram and the neighbouring Garo villages like Bakrapur, Bongapara etc. The patients as a mark of respect offer money or cloth to him.

Sri Promoth R. Marak (68) is another folk medicine man of Babupara (Nisangram). He lives with his wife, daughter, son-in-law and two grand-daughters. He is a part time practitioner. He earns his living through various agricultural pursuits. He learnt about the various aspects
of folk medicine from Sri Bacheng Momin. He has cured people suffering from tuberculosis, jaundice, fever and cold etc.

Sri Pelar R. Marak who is 37 years old, is another folk medicine man residing in Babupara, a division of Nisangram. He is famous as a bone-setter. He also gives amulets prepared from ingredients available in his stock. Nowadays the number of patients has been dwindling due to non-availability of rare medicinal herbs and availability of modern medical facilities. Many persons afflicted with epilepsy and jaundice comes to him for treatment from the neighbouring villages of Bakrapara, Krishnaii, etc. For the ability to cure patients, he receives money or hand woven clothes as a mark of gratitude.

Besides these folk medicine men discussed above there is another by the name of Smt. Supeni Momin (75), who was a well known folk medicine woman and mid-wife of Nisangram. At present she is too old to practice. She had learnt about the various aspects of folk medicine at a very early age from her mother late Manchok Momin. She has stopped practicing since the last 6 years. None of her children are interested in learning about various folk-medical practices from her so the family tradition as medical practitioner is likely to perish with her.

Folk medicine men are persons who have become specialist whose knowledge about indigenous curative practices are a little higher than the others. Besides them there are a few person in the villages who have a good knowledge about folk medicine. Mention must be made
here of Smt. Irena K Sangma, a resident of Nisangram and a teacher by profession, who knows about the herbal medicines of cuts, jaundice, skin ailments, typhoid, etc.

Among the Garos of Bakrapur and Nisangram first-aid treatment for minor ailments are rendered at home. Amongst the most influential of factors which patient and family consider before deciding to consult a folk medicine-man are the severity and nature of the illness, the faith and confidence they have in him, the relationship of the folk medicine men to patient and the way in which he uses his powers. The majority of the traditional medical practitioners of Bakrapur and Nisangram had varying clientele. They attended to patients suffering from various ailments and diseases who came from either the same village or from the neighbouring villages.

Acknowledging the fact that the introduction of modern medical facilities has presented multiple treatment options for the villagers the Garo ethnomedical experts opine that the importance of the traditional system of medicine can never be denied. This is due to the fact that ethnomedicine as a part of the Garo cultural heritage is transmitted from generation to generation, and is constantly recreated by communities and groups in response to their environment, their interactions with nature, and their historical conditions of existence. It provides people with a sense of identity and continuity, and its safeguarding promotes, sustains and develops cultural diversity and human creativity.
3. Traditional Birth Attendants

Every society has patterned set of beliefs and practices related to pregnancy and delivery of child. Some societies have a specialist who is concerned with these matters. This specialist is commonly called a midwife. The use of term 'midwife' ranges from referring to anyone who assists at birth, whether a specialist or not, to that employed by the World Health Organization (WHO) which stresses professional training and education. WHO considers indigenous midwives together with any birth attendant as a ‘traditional birth attendant’ who ‘mostly have no training at all in midwifery, but are usually well used in folklore relating to maternal and infant care and cure likely to be among the most highly respected members of their community’ (WHO, 1966). The practice of midwifery undoubtedly existed long before the advent of writing. Earliest writing on midwifery dates back to 2500 B. C. The midwife is known by different names in different cultures like *partera* among the Ica, Peru, *ba mu vuon* in Vietnam, and *dai* in China. The indigenous midwife is known in literature by a variety of terms such as ‘empirical midwife’ (cited in Kelly, 1965) and ‘lay midwife’ (cited in Osgood et al. 1966 : 759 –770).

Birth is the foremost crisis period in the life of an individual. The attitude attached with pregnancy and childhood differs from one society to another. While in some societies pregnancy is seen as a normal event and not a cause for anxiety, in others, it is regarded as a ‘sickness’, or a period of danger, both physically and supernaturally in the life of the
mother as well as in the family. Hence, among them an elaborate system of rituals and ceremonies mark the onset of pregnancy and the consequent birth of a child. In almost every society child birth is considered as the prerogative of the womenfolk. The expectant mother is assisted during childbirth by women who may be her relative or the village midwife. A few cases of ‘male midwives’ have also been reported from Mexico, Philippines, and Appalachia. A study by Ford (1945) found elderly women assisting in birth in fifty-eight cultures, and not assisting in only two cultures. This traditional midwife operates within a particular geographical area, sometimes covering a few villages or a few hamlets. Most midwives prefer to work among the people of their own community and locality. In tribal societies the role of the midwife in childbirth is indispensable, but the status accorded to her may vary from society to society. In some mestizo areas of Mexico, the midwife enjoys a moderately high status, but in indigenous area, she sometimes has little personal prestige and is selected for her alleged esoteric powers rather than for her skills (Kelly, 1965). The reverse in generally true in Guatemala. Ladinos express fear and distrust of midwives pointing out that many women die during childbirth in the village and desire to go to the city hospital (cited in Solin de Gonzalez 1963 : 411-423). In Peru, native midwives are classed with ‘native curers’, ‘witches’ or ‘sorcerer (Wellin, 1968). On the other hand, in many American Indian communities, the midwife has comparatively high prestige and is respected for her skills, although supernatural sanctions may add to her status (Kelly, 1965). The tribal or indigenous midwives are a rich source
of traditional knowledge. They are a dependable source of information about pregnancies and births occurring in the village and also problems of pregnant women and nursing mothers. They perform a multiplicity of roles and, therefore, for the villagers they are lay gynaecologists, herbalists, nutritionists and psychiatrists. The midwife often administers medicines, usually herbal teas, and gives advice on proper diet and exercises.

In countries like Mexico, India, and Greece, the midwives perform abortion. These may be for unwanted pregnancies or as a method of birth control. In most societies one or more elderly woman usually assist the midwife during childhood. In some societies as in Mexico, the husband is expected to assist and support the wife during childbirth. The presence of relatives as birth assistants gives emotional support to the parturient mother (Kelly, 1965). In India, for centuries, the dais have attended at the births of nearly all babies and even today, a majority of mothers in tribal and interior villages have deliveries of their babies in their homes and the delivery is performed by traditional dais or some elderly woman who has the required experience. Doctors and trained midwives are still few and it is the usual custom to call dais for deliveries. In India dais attend more than three-fourths of all deliveries. In Uttar Pradesh around 87 per cent deliveries occurred in home situations, and almost 51 per cent were assisted by untrained dais and family members (cited in the times of India, 9 April, 2000). WHO reports that two-thirds of the babies in the world are delivered without a trained attendant.
(WHO, 1966). With the introduction of the modern medical system the role of the traditional midwife has undergone sea changes. At present the rich indigenous knowledge and practices related to midwifery is getting lost and hence it becomes essential to document them.

In rural areas of Assam and Meghalaya, and other Northeastern states, it is usually the village midwife who assist women in childbirth. The tribal and other communities have their own specialists who conduct childbirth cases with their own distinctive traditional techniques and applications. Studies on these traditional midwives and their skills and expertise is less and far between.

For the common people in India, each local health tradition is a strategy of making sense out of illness, disease, and life in the context of a given social heritage. For women specially the act of giving meaning to episodes of illness and disease is part of her essential strategy for survival.

(a) Traditional Birth Attendants of Bakrapur and Nisangram

The traditional birth attendant or midwife, locally referred to as Kamal, caters to the needs of the pregnant women inhabiting the villages of Bakrapur and Nisangram. They serve within their own area and community whenever required. There are only female midwives among the Garos. Symptoms of pregnancy are indicated two or three months after the cessation of menstruation through vomiting and loss of appetite of the woman. Some of the midwives can predict the exact date of birth
if they are provided with the accurate date when the concerned woman stopped menstruating. Expert midwives and a few elders can predict the sex of the unborn child on the basis of certain observations. Conceiving a child leads to a lot of beliefs among the Garos. When the expectant mother feels the fetus to be on the right side, the general interpretation is that the child will be a boy, for the male child is invariably afraid of being burdened by the pitcher (basing dedapna kena) which the mother carries on her left side. On the other hand when the fetus is felt on the left side it will be a girl because she is afraid of being burdened by the spade and axe (godal aro rua ripedapna kena) which are usually carried over the right shoulder. Another important interpretation about the determination of sex of the unborn child is dreams. The unborn baby is a girl if the expectant mother dreams of searching for crab, fish (natok) fries arum (ta'a) or digs for tapioca (ta'bulchu). On the other hand, if she sees herself sharpening an ate or godal or carrying firewood (amkol). Then a male child will be given birth to.

Certain observances and precautions during conception and pregnancy is believed to be a prerequisite to ensure the wellbeing of the expectant mother and subsequently the child she gives birth to. The degree to which such observances and precautions are followed however varies among the Garos of Bakrapur and Nisangram. For instance, intercourse between a pregnant woman and her husband continues till late pregnancy even though it should have stopped from the three month of pregnancy. The Garos of the study area believe that
a pregnant woman should continue working hard throughout her pregnancy. They however avoid too much stressful work to prevent miscarriages. There exists a number of beliefs connected with pregnancy among the Garos of Bakrapur and Nisangram, which are cited in the following lines. When a child is conceived in light, it turns out to be a dark; parturient mother should avoid food too rich in protein and carbohydrate, otherwise child will be obese; expectant mother should also avoid cold water and cold food otherwise the child will have cold blood; all food cravings (even the unusual ones) of the mother must be satisfied, failing which the newborn will have overflowing saliva; to avoid bearing twins, consumption of twin fruits are to be avoided; to prevent ill-health of the child, the mother should abstain herself from chewing too much betel-nut; parents should not hoard things like clothes, toys, etc. for the unborn child because doing so shortens the lifespan of the child; to avoid a case of difficult delivery the parturient mother should not sit or stand in the doorway; the expectant mother should avoid burning firewood from roots because it will lead to breech delivery; she should also avoid shouting in alarm otherwise the newborn will be frightened in every pretext; to prevent giving birth to a child with deformed extremities eggs are avoided in her diet; the expectant mother should avoid wrapping things at the end of her skirt (dakmanda), otherwise it is believed the child will have difficulty in breathing; she should also avoid breaking charred wood, or else the child will have black spots all over the body; she also refrains from eating steamed rice cake in the last two months of her pregnancy for fear that the newborn
will have white spots; the expectant mother should not shave hair from armpits, otherwise it is believed that the first born will die.

Besides the above mentioned beliefs and practices connected to child birth, the expectant father also has to follow certain taboos. These include the following:

(i) Not to fix lac on knife, spade, axe, etc. otherwise the child will have black spots;
(ii) Avoid killing animals during confinement for fear the child may die;
(iii) Avoid killing snakes or else the child will have protruding tongue;
(iv) Avoid carrying knife under arms because doing so will result in deformed upper extremities of the child; and
(v) Avoid winding towel around neck during confinement otherwise the placenta will be wound round the neck and the fetus will have difficulty in breathing.

As an impact of modernization, the womenfolk of Bakrapur and Nisangram villages not only remove jar covers during difficult home deliveries but the sofa cover, the almirah door, the fridge door, and the bonnet of the cars are being left open albeit for a short period.

From the time of confirmation of a pregnancy, the midwife advises her client to abide by certain rules for the safe delivery of the child. Many pregnant women experiences stomachache during
pregnancy but the midwives do not regard all these as labour pain. Expert midwives opine that the time of delivery has arrived only after it is found that the parturient mother has experienced pain in the lower abdomen. Most pregnant Garo women are also aware of this fact.

As pregnancy proceeds, the mother-to-be becomes progressively weaker as the fetus's nutritional demand increases; it also depletes her blood supply as the fetus draws on it for physical growth. Utmost care is taken by the family members of the pregnant woman in order to avoid miscarriage. They are also aware of the fact that a rapid delivery requires both that the woman have sufficient strength to bear her child and that her entire body, especially her womb be warm. As part of the general loosening process the woman's entire skeleton and other body parts such as the scalp, veins, and nerves also soften and open for the fetus to be born. Almost all midwives of Bakrapur and Nisangram recommend warm baths during the last month of pregnancy as it enables the skeleton to stay soft and ready for an easy birth.

When the labour pain starts, the family members of the parturient mother goes to fetch the village midwife. Usually the room where the pregnant women sleep also doubles up as the labour room. As the time of delivery approaches, the midwife arranges certain things like clean pieces of cotton clothes, taped water, thread, coconut oil or mustard oil and a new steel blade or a bamboo strip, which would be needed during delivery. Sometimes garlic paste is also kept aside. If the delivery is difficult the pregnant woman is given to drink warm water and garlic.
The midwife determines whether the fetus is positioned for a normal delivery by feeling the woman's belly. If necessary, she massages the belly with the paste of onion and *diye srong*, a medicinal plant, to correct the baby's position and placement in the womb. The midwife may give a total body massage to stimulate blood flow, thereby warming the parturient mother and readying her body for the incoming birth. To fortify the client for the coming ordeal, herbal medicine, tea or locally made liquor are offered to the woman.

The Garos of Bakrapur and Nisangram believe that the rapid expansion of the fetus requires mutual cooperation between the mother and child. The women's body must be open and warm and she must push with vigour, and the infant must free itself from the womb. The placenta is usually expelled without manual assistance. In case of delayed expulsion of placenta, techniques like massage or abdominal pressure is applied. The midwives sometimes smear garlic paste in their hands and use it to bring out the placenta, in most cases they use their bare hands. In some cases, the midwife puts her hand inside the pregnant woman's mouth in an effort to make the woman retch, thus allowing the placenta to come out due to pressure on her abdomen.

The traditional Garo midwives of Bakrapur and Nisangram revealed the remedies known for various reproduction related events; to speed and ease a birth, for post partum recovery, menorrhagia (excessively heavy menstrual bleeding), dysmenorrhea, amenorrhea, infertility, threatened abortion (miscarriage), and induced abortion.
Ethnobotanical data pertaining to such medicinal plants have been described in chapter V. It must however be mentioned here that the therapeutic properties of plants used for uterine expulsion help the uterus release its contents while ethnomedicinal plants used for uterine retention prevents the uterus from doing so. The midwives believe that each group of plants accomplishes its intended effects through several distinct therapeutic principles.

Child-birth among the Garos of Bakrapur and Nisangram takes place in a secluded room with a midwife and other uterine female kins aiding the delivery. After the delivery, the midwife ties the umbilical cord with a cotton thread about three inches from the child’s navel and then cuts it off with a bamboo strip or a new steel blade. This is then carefully buried in the compound of the residence. It is believed that if the displaced placenta is thrown across a river, the woman will never conceive again. Throwing away the displaced placenta very hard will make the child very timid and frightened at every pretext. The cord-stump after it shrivels and falls off is cleaned, sun dried and preserved. In infant ailments like stomach ache or incessant crying, the water in which the cord stump is dipped is given to the child to drink as a remedy. With regards to child-birth the Garos of Bakrapur and Nisangram also believe that lactation before birth reduces the baby’s lifespan. A baby born unawares is not a good sign according to them because they believe that he will eventually get lost in the seas goera, the Thunder God will strike him. On the other hand a baby who cries lustily at birth will grow up to
be a clever person. It is also their firm belief that fortune smiles on the child when a boy takes after the mother and the girl the father. When the baby is long overdue, the ornaments worn by pregnant women are taken off, and covers of rice storing jars are also removed in the hope that it will speed up the delivery process. After the birth, the new born is sometimes slapped on the buttocks or held upside down to make the baby cry. The child is cleaned with small pieces of cotton cloth dipped in lukewarm water. The midwife massages the abdomen and the uterus area of the pregnant woman to ease after pains and also massages the breasts to stimulate the flow of milk. The midwife gives advice to the new mother on her diet. Some advice new mothers to refrain from eating certain hot and spicy food. During the postnatal period a woman is given the curry of bottle gourd to increase the amount and flow of her breast milk. The midwife also advises the mother to abstain from giving the newborn any kind of food or fruit except mother's milk for at least five months, and the family members of the new mother to take special care of both the mother and the newborn. The midwife comes to assist her client whenever required. otherwise the duties of a midwife at this stage comes to an end.

In Bakrapur village, there are two traditional Garo midwives by the name of Smt. Melani Momin and Smt. Bisoni N. Marak, who assist Garo womenfolk during their child-birth. As per the accepted norms of behaviour the female relatives and women close to the expectant mother assist the midwife during child-birth. Smt. Melani Momin (80) is also a
reputed folk medicine woman. The various aspects of midwifery has been inherited from her mother Late Onse Momin who was a well known midwife. The therapeutic use of various ethnomedicinal materials for numerous diseases and ailments was obtained from her father Late Salchil Sangma whose knowledge regarding traditional cure was very vast. For the last fifty years or so she has been diligently serving the Garo womenfolk of Bakrapur by assuring them a safe delivery. Many childless women have also conceived after taking the medicine prepared by her. In such occasions their feeling of elation and gratitude makes her proud of her vocation. She is aware of the fact that like her, all her clients also belong to a rural agricultural background so she accepts without any complaints whatever material goods or money they offer her. Of late she has been suffering from loss of hearing and other old age related ailments. Due to such health problems her stamina to work round the clock no longer exists. So she attends to a very few cases of child-birth these days. However Garo villagers still come to her to get cured of their ailments and diseases. She also prepares talisman for protecting people specially babies from evil spirits. As long as her stocks lasts she has been preparing medicines but she thinks that she is too old to think about measures to be taken once stocks are exhausted. Moreover she feels that the availability of modern medical facilities does not necessitate thinking on this line.

Besides her, the Garos of Bakrapur also seeks the help of Smt. Bisoni N. Marak (45) who is a traditional midwife. She has been practicing midwifery since the last twenty two years. Her only source of
learning the various ways of assisting in child birth has been her mother. Knowledge thus derived has been very helpful in all her midwifery related activities; hence the need for substantiating it with formal training has never been felt by her.

Bisoni is thankful to God that she is able to help womenfolk during their crisis period. She is aware that only those with physical strength and expertise can prove their mark as midwives, and hence she tries her level best to meticulously help a woman to deliver a child. In case of difficult delivery, massage and manipulation is used to save the baby and the mother, but sometimes very rarely there are instances of still birth. In such an event everybody accepts it as God's will but never blame her as her genuine efforts are never suspected.

The four midwives viz. Smt. Prynces, Smt. Chaboti, Smt. Egypsira and Smt. Monalis, have been serving the womenfolk of Nisangram since many years. Of them only Smt. Prynces Ch. Momin (70) knows an effective cure for barrenness. Besides being a midwife, she is a folk medicine woman. Medicines for various ailments in babies and adults are available in her stock. She is a widow and stays with her daughter, son-in-law, and a grand-child. She had learnt about the various aspects of folk medicine from her first husband Late Lohin K. Sangma. She used to write for her husband the treatments of various diseases in a book. When Lohin K Sangma was in his death bed, his friend Hazalsing K Sangma stole the book. Till date the book could not be retrieved. Five years after her husband's death she re-married. She has been practicing
as folk medicine woman since the last fifty years. She learnt about the various aspects of midwifery by watching expert midwives at work. However she never practiced midwifery until an incident occurred, which was a turning point in her life. This incident which transformed her to a midwife has been cited in the following case.

About forty two years back, Smt. Prynces Ch. Momin's neighbour Smt. Jhangon Shira was experiencing labour pain. Her husband Sri Phetchong Momin was not at home so she asked her son Walkhi to fetch a midwife. In the meantime a few of the neighbouring womenfolk gathered in her house. On hearing a lot of commotion Prynces went to enquire about the matter. She saw that Thangon was experiencing great pain and at once came to know that it was going to be difficult to deliver the child. She rushed to her house after asking the womenfolk to keep ready some things like clean pieces of cloth, hot water, blade and thread, etc. From her house she brought a paste made of dike srong and two pieces of onion. She applied the paste in her lower abdomen and slowly massaged it. After some time a healthy baby boy was given birth to. This child was later named Rengman and is now a young man of 42 years. Thangon's husband presented her with a sum of Rs. 20, a kilo of rice, and a cock for assisting in child-birth. After this incident, news spread in the village about her expertise. Gradually she became a well known midwife. Till date she has assisted in about a hundred cases related to child-birth.

The above case reveals the fact which was responsible for making Prynces a midwife. It must hereby be stated that so far folk medicine is concerned she had also learnt it's various aspects from Sri Tenan R. Sangma, her first son-in-law, who is a reputed folk medicine man of Bangsiapar.
Smt. Chaboti A. Sangma is another midwife who lives in Babupara hamlet of Nisangram. She is forty seven years old and her family comprises of her husband and her three unmarried children. She had learnt about the various aspects of child-birth from her mother Smt. Sabitha A. Sangma. She has been a midwife since the last seventeen years. She accepts anything that is given to her for assisting in child-birth. Besides being a midwife she is a daily wage earner.

Smt. Egypsira who is 55 years old is also a midwife who lives with her family in Boksail hamlet of Nisangram. Abortion of unwanted pregnancies is also known to her, but she was reluctant to reveal its medicine lest her powers would not remain. She has assisted in many child-births. Lately her services have been dwindling as the people who can afford take the help of a fully trained nurse or a doctor for assisting in child-birth.

Smt. Momalis Sangma, who is 50 years old, stays in upper Nisangram with her husband and married daughter, son-in-law, and grandchildren. She is a midwife as well as a business woman. She learnt from her maternal aunt Late Manse Sangma about the various aspects related to child-birth. It has been 10 years since she was recognized as a midwife. She not only acts as midwife for the people of Nisangram but also goes to the neighbouring villages of Bangsiapar, Bakrapara, Bakrapur, etc., if and when required. She accepts money, rice, a cock if the newborn is a boy, a hen if it is a girl, which is given to her as a mark of gratitude.
Besides assisting in child-birth, these four midwives also know about the cures for ailments related to menstruation and problems after child-birth. Here mention must be made of Smt. Sumilla G. Momin, a 70 years old widow whose medicine for menstruation related problems is very effective. Various medicinal herbs and plants are used for preparing medicines.

All the midwives of the villages have been serving the womenfolk of Garo community since many years. Most midwives are elderly ladies either married or widowed young women who practice midwifery are accepted and regarded as expert midwives only after they prove their expertise. Some are also well known ethnomedicine women of their area.

These midwives operate within their own area and among their own community. Thus they conduct cases of childbirth in their own community. Midwifery is the prerogative of the womenfolk. There are no male member practicing midwifery in the village. Married men usually accompany their wives to the dispensary and also fetch the doctor or midwife, as the case may be in the time of delivery of a baby. In discussion related to pregnancy or childbirth young boys and girls are never allowed to take part.

Garo women generally seek the assistance of the village midwife to deliver a child. When the parturient mother experiences labour pain, the husband of the woman invites the midwife to assist his wife. The midwife along with the female relatives and neighbours of the client then
help in child birth. Midwives, among the Garos are generally elderly woman, who have had children of their own. Only married women can take this vocation, it is unheard of unmarried women becoming midwives. All these women practice midwifery after themselves becoming mothers, although cases of childless women practicing midwifery is not rare. A woman may become a midwife voluntarily by her own means. The most common pattern of training and acquiring skills among them is through learning and assistant status to another midwife, who may be a relative, like the mother of the individual concerned or a skilled midwife of the community. The midwives usually teach their married daughter about the skills of midwifery.

It is generally elderly women past child bearing age, who are regarded as experienced and skilled midwives. A young woman may practice midwifery but before she is recognized as a midwife by the other members of the community she has to pass through certain broad stages of training or apprenticeship. Among the Garos, any woman assisting in childbirth is not recognized as a midwife. She may be regarded only as an assistant or helper of the midwife. In order to be recognized as a midwife a woman has to fully assist in a childbirth case single handedly and must be able to tackle difficult delivery cases with ease. After she succeeds in such cases she is started to be recognized as a midwife in her community.

Garo women become mothers at a very young age. They believe that women who give birth at late age face difficulty during delivery of
the baby. All midwives also opine that pregnant women who are lazy find difficulty during the time of delivery as the fetus gets stuck in their womb due to inactivity. Pregnant women are, therefore, advised to work during pregnancy. This ensures a quick and easy birth. Pregnant Garo women engage in agricultural work like transplanting and harvesting and also carrying water and firewood as long as they feel able to do so, which is usually until the onset of labour. The Garos believe that if a pregnant woman passes through a non-Christian village evil spirits will attack the baby in her womb. There is also a belief that a newborn baby imbibes all the virtues and qualities of the mother.

Most midwives deny cases of stillbirth taking place in their hands, but some have admitted that there have been such cases, although every attempt was made to save the infant. Cases of death of women during childbirth have also been found in the area. Women who suffer from diseases like jaundice, malaria, measles, etc. face a greater risk of their lives during delivery. The midwives tend to refer their clients to professional doctors either voluntarily or under the pressure of the client's family. The midwives in most cases feel that just like all cases attended by a doctor do not necessarily end successfully, in the same way their efforts may also fail. The midwives however regret their inability to save a life in such cases. During such period when a delivery case is beyond the capabilities of the village midwives, they should be taught to recognize and refer the case to doctors.
The Garo midwives are respected by all in the community. Although all the villagers regard the midwives expert in their work, the Garo midwives do not enjoy any special treatment for their skills and abilities. They continue working in the agricultural fields and does other activities like any other Garo woman. Some of the midwives are also ethnomedicine women. Almost all the midwives have knowledge about herbal medicine which they prescribe to patients for the treatment of menstruation, anaemia, and child birth related cases.

4. Medical Pluralism among the Garos

The study of interaction between traditional and modern medicine has been an important field of medical anthropological studies in India. This is mainly due to the fact that in India both traditional and modern systems of medicine are operating side by side. Gould (1965), Hasan (1967), Leslie (1968), and Marriott (1955) have undertaken studies on these issues. Accommodation and incorporation of Western medical ideas into traditional system have been a common phenomenon than an exception. It has been observed by scholars that such situation has given rise to medical pluralism in the case of a number of societies (Bhasin 1997; Burghart 1984; Pigg 1995; Reissland and Burghart 1989; Welsh 1983). Indian context exhibits instances of medical pluralism where different systems of medicine like Western, Ayurvedic and indigenous system of medicine in India), Unani (ancient system of herbal medicine of Greece and Arab), and traditional folk-systems are existing side by side. Logan (1973) has discussed how modern medical concepts have
been incorporated into the folk system of classification and interpretations among the Mexican peasants (Medhi et al. 2004: 74).

The status, growth and evaluation of co-existing therapy systems are influenced by cultural ideology, ecology, political patronage and changing social institutions. Allopathy, ayurveda, homeopathy and unani are the various components of medical pluralism in the Indian context (Bhasin, 1997: 1 (1) 43). The Garo health care system in the study areas exhibit the presence of various impinging factors which has resulted in the existence of plurality in their therapeutic and health seeking behaviour.

5. Impact of Modern Medical Facilities

The impact of modern medical facilities on the Garos of Bakrapur and Nisangram is clearly visible in the transitional nature of the community in appropriate perspectives. During the last few decades several government institutions have come up in the Goalpara district of Assam and the East Garo Hills district of Meghalaya. In this regard mention must be made of the establishment of health centres, viz., the Primary Health Centre at Rangjuli, the Mini Primary Health Centre at Damra, the Nisangram Sub Centre, the Babupara Christian hospital, and the private medical practitioner at Damra. Dr. S. L. Rabha and Smt. Nisoni Marak, a trained nurse who also provides medical facilities to the people. The presence of many folk medicine men and midwives among the Garos of Bakrapur and Nisangram indicate the fact that the Garos
are living in a pluralistic medical situation. Before the introduction of modern medical facilities the Garos of Bakrapur and Nisangram were fully dependant on traditional system of medicines for treatment. But now the choice for treatment varies.

With the aim of providing modern medical facilities to the inhabitants of Bakrapur and Nisangram and its neighbouring villages in the Damra area, the Damra Mini Primary Health Centre was established in July, 1944. Today germs and microbes are common place concepts, but there was a time when it was not so, and to believe in them required an act of faith far greater than to believe in the spirit of the earth doing harm to a child. When modern medicine was made available at the Damra Mini Primary Health Centre better known as Damra Dispensary, way back in 1944, patient's were dealt with carefully as individuals of equal worth, accurate diagnostic techniques were made available, medicines were offered free of cost and are still done so. Dr. Manjula Roy is the Government appointed doctor of the Dispensary. She resides in the quarter nearby which has been allotted to her. She has been assisted in her work by Sri Tarun Nath (Pharmacist), Sri Ranjit Roy Chowdhury (Health Educator), Smt. Dhiralata Rabha and Smt. Latika Sangma as midwives who have passed the Auxiliary Nursing and Midwifery course. Both of them assist Dr. Manjula Roy in child births. Besides them there is also Sri Rajeswar Rabha who works as a fourth grade employee. The post of technician has been vacant since the last three years so there is no facility for blood testing and the like. Smt. Moni
Basphor, the "sweeper looks after the maintenance of the dispensary. This dispensary comprises of a consulting room, immunization room, a pharmacy, a dressing room, a store room and a labour room. Medical records from the health centre show the frequency of different diseases treated as cases for outdoor patients. Community wise distribution of diseases among Garos and other tribes and non-tribes can be understood from table.

Table 17: Community wise distribution of diseases (July, 2001 to July, 2002)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of diseases</th>
<th>Tribal Communities</th>
<th>Other (General Caste population)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Garo</td>
<td>Rabha</td>
</tr>
<tr>
<td>1</td>
<td>Malaria</td>
<td>66</td>
<td>78</td>
</tr>
<tr>
<td>2</td>
<td>Acute Respiratory tract infection</td>
<td>399</td>
<td>185</td>
</tr>
<tr>
<td>3</td>
<td>Acute diarrhoea</td>
<td>66</td>
<td>56</td>
</tr>
<tr>
<td>4</td>
<td>Pneumonia</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>Tuberculosis</td>
<td>16</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Scabies</td>
<td>72</td>
<td>34</td>
</tr>
<tr>
<td>7</td>
<td>Viral Hepatitis</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>Acute Gastritis</td>
<td>23</td>
<td>25</td>
</tr>
<tr>
<td>9</td>
<td>Night Blindness</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>10</td>
<td>Anaemia</td>
<td>61</td>
<td>51</td>
</tr>
<tr>
<td>11</td>
<td>Iodine deficiency (goiter)</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>Urinary tract infection</td>
<td>15</td>
<td>7</td>
</tr>
</tbody>
</table>

The table indicates the community wise distribution of diseases among patients who sought treatment at the Damra MPHC during the
period from July, 2001 to July, 2002. Such types of data charts are prepared in tabular form every year at the Damra MPHC to have a better understanding of the health status of the people inhabiting the Damra area. This chart refers to the different types of diseases for which the patients were treated. The Garos of Nisangram have visited the dispensary for various diseases like Malaria, Acute respiratory tract infection, Night blindness, Acute gastritis, Anaemia, Iodine deficiency (goiter), Urinary tract infection etc. The Garos and non-Garos of other neighbouring villages also suffer from such ailments and come for treatment. Dr. Manjula opines that the recent changes have altered many habitual and behavioral practices of the Garos. In some respects such changes appear to have negative consequences on the health of the people. Among some of the inhabitants of Bakrapur and Nisangram, there is a craze to have puri with spicy vegetable curry at the hotels present in Damra area. Besides this which is mostly taken for breakfast they also indulge in various deep fried sweets and snacks during the evening time. This new trend has been a shift from their original food habit which included the intake of less spicy, low oil and boiled food full of nutritive value. This weakness of Garos towards spicy food has resulted in the change of their palate and consequently the frequent occurrence of diseases like gastritis and liver disorders. Attempts are also made through immunization programmes to eradicate diseases in children. Family planning measures are also rendered. Till recently the use of contraceptive devices like Copper T and Mala D have been recorded among six women of Bakrapur and nine women of Nisangram.
Besides the Damra Mini PHC, the Nisangram sub-centre which was established in 1984-85 also caters to the medical needs of the people. Smt. Mamuda R. Marak is in charge of the sub-centre and is assisted in her work by Smt. Laspoti Sangma, the family attendant. Different immunization programmes like the Intensified Pulse Polio Immunization Programmes are undertaken by the sub-centre in all the sub-divisions of Nisangram except for Babupara which lies in the East Garo Hills District. Such programmes are also undertaken in the neighbouring villages of Bakrapur, Daglapara, Kasumari and Nokmakundi. At present home visits are also made to assist in child births. Awareness of various family planning measures is also created among the villagers during home visits. In case of complications they are referred to Damra MPHC or Goalpara Civil Hospital. Reports of the various activities of the sub-centre are prepared and sent to the Family Welfare Office at Goalpara through the Damra MPHC and Rongjuli Primary Health Centre. Medicines which are to be distributed free of cost are supplied to the sub-centre from time to time.

It has been found that in case of Babupara, the Intensified Pulse Polio Immunization Programmes are undertaken under the supervision of the Dainadubi Hospital situated in the state of Meghalaya. At Babupara the Intensified Pulse Polio Immunization Programme was held under the supervision of one supervisor and two attendants. It is pertinent to note here that in the previous year many parents due to their lack of time or ignorance did not take their children for
immunization and in fact they wrongly informed the concerned authorities that their children have been immunized. To avoid reoccurrences of such incidents this time both the workers of Dainadubi hospital and the sub-centre are putting a mark on the fingers of children who have been given the polio drops to ensure immunization of all the children. Smt. Luziana Momin along with two attendants successfully undertook the task of administering polio drops. The village headman also ensured full support in the programme by requesting the villagers to cooperate.

Adoption or conversion to Christianity has greatly influenced the life of the Garo community of Bakrapur and Nisangram. It is a significant factor which resulted in elimination of certain beliefs and customs present in the traditional Garo folk medicine. Earlier the powers of the folk medicine man could be used for bringing about death and destruction. But coming under the fold of Christianity such feelings of hatred are totally discarded. The impact of modern medical facilities on the Garo community of Bakrapur and Nisangram due to Christianity cannot be denied due to the fact that it was the Christian missionaries who had established the Babupara Christian Hospital in the year 1949 within the Nisangram village itself. There are six rooms in the hospital viz., the Male ward, Female ward, Operation theatre, Labour room, Consulting room and a Pharmacy. At Present there is no doctor since Dr. Selendro Massey who left his job on July, 1999. The nurse Smt. Emina Ch. Momin and the watchman Sri Darwin Momin are at present
working at the hospital. The number of patients at Babupara Christian Hospital is dwindling due to the absence of any medical practitioner. However, the services of the nurse are sought even today during childbirth. Medicines for different diseases are also sold. Annual reports of the activities of the Babupara Christian Hospital are sent to the concerned authorities at the Chatribari Christian Hospital in Guwahati. The private medical practitioner at Damra, Dr S. L. Rabha also caters to the health needs of the Garos of Bakrapur and Nisangram villages, and also to the inhabitants of the neighbouring villages. Home visits are made in times of emergency. Normally he attends to patients, six days a week at his chamber at Damra for a nominal fee. Dr. Rabha states that patients including the Garos of the study area who visits him come seeking a cure for many diseases. Among the most common ailments mention must be made of cases of severe gastritis, liver related problems, skin problems, malaria and high fever. The tribals have a great faith in injections as they provide immediate relief to them. This faith in injections increases manifold if it is administered directly where he is feeling hurt or pain. Very often injections (Placebo) are administered by private practitioners. While this is easily done by private practitioners as an accommodation to tribal belief systems, the doctors in Government Hospitals cannot do so (Chaudhuri, 1994 : 190). The same can be said in case of the Garos of Bakrapur and Nisangram.

Besides, the Garos of Nisangram also avail the services of Smt. Nisoni Marak, a trained nurse who is a resident of the village itself. She
basically helps in providing first aid and administering injections and saline to patients as per the prescription of the doctor referred by the patients.

The introduction of modern medical system has given rise to medical pluralism among the Garos of Bakrapur and Nisangram. The people of the study areas are therefore exposed to multiple treatment options. In this case factors like disease type, economy, education, etc. exert considerable influence. The strategy a person chooses for treatment of his or her illness or that of a relative depends on personal experience and preferences. The response of the Garos of Bakrapur and Nisangram to health problems reveal a multiple and simultaneous use of home remedies and multiple therapy.

The Garos of the study areas have no qualms about submitting themselves to more than one form of therapy at the same time. Among them self treatment or home treatment is usually the first step in medical care. They use various herbs, bark of trees, flowers, roots, seeds etc. to provide relief. Failure to achieve a cure necessitates the use of the treatment options (traditional and allopathic) as per their preference. While availing the modern medical facilities it has been observed that the medicine purchasing behaviour of the Garos of Bakrapur and Nisangram are influenced by certain factors. When patients visit the chemist shop with the doctor's prescription, they first of all try to ascertain the cost of the medicine. If the medicines are beyond their affordable range, they generally select medicines on the basis of the cost as well as folk
evaluation of the overt qualities of the medicines prescribed. They gather information regarding the purpose of the prescribed medicines from the shop attendant or pharmacist as the case may be.

It is, therefore, prudent to note that selection of a particular type of medication is also based on factors like indigenous notions of ethno physiology, culture conceptualization of power to health concerns related to medicines and also of contingencies set up by medicine taking.

Christianity, being a new religious faith, its outlook has also released certain new forces to changes in the Garo society. The women in general do not hide their gynaecological problems. Some take herbal medicines while others resort to allopathic medicines. Modern methods of abortion though known among the Garos of Bakrapur and Nisangram are very rarely practiced. Contraceptive devices are however used by many. It has been observed that the choice of treatment options are conditioned by many determinants. All Garos do not behave in the same manner when treatment options are concerned. Those who are educated and economically stable mostly prefer modern medicines. It has been however found that when effective results are not achieved immediately then mostly the illiterate section among the Garos soon fell back upon the indigenous practitioners. The belief of the younger literate generation on the anciently inherited indigenous system of medicine has been greatly diminishing. The older generation however oscillate between two prevailing and quite different medical traditions namely ethno-medical and the western bio-medical. There is also a widespread
conviction among the older generation that only the well known folk medicine man is able to counteract the effects of the evil spirits and black magic practices. As the case which follows indicates, this is often when treatment with western medicine has proved ineffective and when all affected are extremely distressed and fearful.

Smt. Dodila Marak who is 30 years old lives in Upper Nisangram with her husband and three children. She was taken to Damra Dispensary, very early one morning after collapsing outside her house. She managed to tell members of her family and the doctor at the Damra Mini PHC Dr. Manjula Roy that she had come outside to investigate a noise and had been attacked by evil spirits. She was referred to Dudhnoi Hospital. Despite assurances from staff members that she was getting better, her general demeanour did not change. Finally her family decided that she should be taken back to Nisangram and treated by an ojha or folk medicine man. Sri Misorsing Marak, the well known folk medicine man was brought to cure her. He on examining the patient conveyed to all present that she had been attacked by evil spirits. He worked late into the evening until about four hours later the patient whispered that she felt somewhat better, could now breathe properly and felt she was not going to die. In the days which followed the ojha treated her at intervals and protected her from the evil spirits. Shortly thereafter she was fully cured.

As this incident indicates, the ojha is able to bring reassurance to the patient and her family and to instill in the patient the faith and confidence which promote healing.

The impact of modern medical facilities on the Garos of Bakrapur and Nisangram is clearly visible in their attitude and faith towards
modern medicine. The Garos not only visit the dispensary for minor illness but also seek treatment from doctors at Dudhnoi Hospital which have facilities for emergency cases. Some villagers take the help and advice of the folk medicine man as well as the medical practitioner simultaneously while some villagers give their first preference to the medical practitioner. In the following pages, few cases have been presented which will give an idea regarding the responses of the patients and their family members in choosing different types of treatment.

- Sri Salnang Shira, who is 30 years old, lives in Upper Nisangram. His family consists of his wife and three children. Once his eight year old son suffered from severe stomach pain for about a week. He did not consider the disease to be due to supernatural causes. Therefore, he had consulted the doctor at Damra Mini PHC. He visited the centre twice for the treatment of his son and spent about Rs. 80.00. Thereafter his son recovered.

- Sri Perkinsten Sangma is a 40 years old resident son-in-law of Babupara, one of the hamlets of Nisangram. His family comprises of his wife and four children. He is a daily wage earner and an illiterate. He was suffering from high fever and stomach pain for about ten days. Initially he purchased medicines from the pharmacy. But since he did not get relief he consulted the doctor at Damra Mini PHC. Simultaneously along with the consideration of doctor's medicine he also took medicines from the folk medicine man. Through all such medications he finally recovered from the illness.

- Sri Bobot Momin is a 30 year old man who lives with his parents and two younger sisters in Lower Nisangram. He is a graduate and at present working in a private company. About two years back his younger sister suffered from an unknown
ailment. During the period of illness she felt very weak and sometimes even fainted. Her parents were advised by many to take her to a folk medicine man. But Bobot was strictly against it as he did not believe a folk medicine man would be able to cure his sister. He took her to Dr Manjula Roy of Damra Mini PHC. She diagnosed it as a case of anaemia and prescribed medicines for his sister. After taking the proper diet and medicines prescribed by the doctor his sister recovered fully. He spent about Rs. 300.00 during the course of his sister’s treatment.

Sri Edmund Marak, the son of Sri Michael Sangma, and Smt. Haroline Marak, lives in Bakrapur with his parents. Edmund is mentally retarded from birth and various tests and medical examinations to cure him proved futile. Many villagers advised Edmund’s father to consult the diviner. But he was strictly against it as he did not believe that a sickness could be cured by a diviner where modern medical practitioners have failed. A non-believer of the miraculous powers of the healer, he has accepted the disability of his son as his fate but he is always ready to try any other modern medical therapy for his son’s wellbeing.

Smt. Pritonish Sangma lives in Bakrapur with her mother, husband, two daughters and a son. Four years back her youngest daughter Elizabeth who was seventeen years old showed signs of insanity. She used to walk in a dazed manner and leave the house without informing anyone at night and also utter unintelligible words. Thereafter she was taken to the Damra Mini PHC to consult Dr. Manjula. Instead of consulting the folk medicine man as per the advice of many villagers who suspected the workings of evil spirits for Elizabeth’s affliction. On Dr. Manjula’s advise, Elizabeth underwent treatment for one year at a neurological centre at Guwahati after which she fully recovered. Till date she has been able to carry on her normal activities.
From these cases it can be said that in a pluralistic medical situation when an ailment continues for a long time people consider a number of options for treatment.

6. Discussion

The introduction of modern medical facilities has led to the emergence of medical pluralism among the Garos of Bakrapur and Nisangram. The impact of modern medical facilities is clearly visible in their attitude towards modern medicine. The overall impression was that the older generation tends to cling more to the indigenous medicine. While acknowledging the contributions of modern medicine in the eradication of many diseases they have also become aware of certain side effects of modern medicine, a consequence which is never experienced after the intake of herbal medicine even though the intended cure is not achieved. They feel that allopathic medicines may offer a quick cure but it causes much harm to the body and results in weakness. Regarding this, the words of one ayurvedic practitioner capture the sentiment of many villagers, ‘Allopathic medicines are like eye glasses. They allow you to see but once you put them on your eyes they do not improve. Your eyes become dim with continual use of glasses and you come to depend on glasses more and more. Eyeglasses are not bad. They are a good crutch, but if one does not need a crutch this may be a bad thing. One leans on the crutch and does not strengthen the leg, one wears the glasses and does not strengthen the eyes, one takes medicine, and does not strengthen the body. To become
dependent on the medicine bottle makes the company strong, but the body remains weak' (Nichter, 1989: 211). The Garo ethnomedical experts of Bakrapur and Nisangram along with majority of the village elders fully support this viewpoint.

Russian folk medicine tradition has also a glorious background and while commenting on the situation of folk healing practices Konrennof has said 'that religious faith healers have largely disappeared underground, but not the dedicated and knowledgeable folk medical practitioners. And even though the Soviet Union has more doctors per capita than any other country folk medicine has not lost its popularity and prestige, particularly among older citizens' he also emphasized that the recent attempts made by some medical institutions towards the scientific evaluation of the tradition bound folk medicine in Siberia and allied region are very much encouraging. Attempts have been and are being made by a good number of well trained scientific medical personnel to visit different remote corners of the country to collect the vast amount of materials relating to the native healing practices which range from the forwarding of herbal medicine upto the adoption of the practices of the queer customs. It has been felt by the workers in this line that these have got specific values in the life of the people though it is now on the verge of extinction (cited in Sarkar, 1993, 73 (4): 331).

Regarding the qualities of ethno-medical experts, all Garos of Bakrapur and Nisangram unanimously agree that they must be devoted to the cause of healing. In other words what was expected from the healer
was reassurance. So long as the illness was nameless, patients felt desperately afraid, but once it has been defined by using various methods of diagnosis or divination, they could face the outcome calmly. Those who went to the healer took it for granted that the divine healer would know what was wrong. This attitude bespoke their ready trust. It meant that having once decided to believe in a certain healer, they would uncritically accept whatever he told them, also an indication of their faith.

Therefore, we may conclude that the patients attach more importance to personal qualities like ‘readiness to listen’; ‘ability to provide information on the ailments in a lucid style’; and ‘ability to instill confidence in patients’, in fact a skilled ethnomedical expert can motivate patients to struggle against their illness unless it is cured. The Garo ethnomedical experts of Bakrapur and Nisangram possess considerable knowledge of the preparation, qualities, uses and effects of herbs, plants, fruits, animal parts and other non-biological materials. Illness is diagnosed by verbally, visually and physically examining a patient.

They provide relief and remedy to the patients who visit them based upon their individual style of diagnosis and the subsequent use of biological and non-biological materials for therapeutic purposes. Introduction of new faith, i.e., Christianity and exposure to modern facilities has resulted in certain changes and redefining in the role of the traditional diviners and other ethnomedical experts. Only a very few diviners chant the traditional mantras or incantations for curing patients. All ethnomedical experts strongly condemn the use of mantric processes
to bring death and destruction upon the enemies as it is against the teachings of Christianity. No instances of use of such practices have been reported. It is pertinent to note that even today the use of traditional medicines to counteract sorcery and black magic practices, prescribed by the diviners in a few cases contradict their firm belief on the absence of malicious use of the traditional ethnomedical properties. It must hence be opined that such instances though few and far between have not totally disappeared from the rural community of Bakrapur and Nisangram.

Besides the traditional medical practitioners there exists some traditional birth attendants or midwives in the villages of Bakrapur and Nisangram. The midwives operate within their own village and help womenfolk during pregnancy and child birth. All midwives agree to the fact that not every woman can become a midwife. Only women who are blessed by God can start this vocation. Moreover, a midwife should have the following prerequisites—sound health, good eyesight and a quick and alert mind. In addition, she should be cool and resourceful and must have the courage to handle any sort of complication that might arise during delivery cases.

The introduction of modern medical systems have given rise to medical pluralism among the Garos of Bakrapur and Nisangram who are now exposed to multiple treatment options. During child birth the Garo womenfolk of the two villages avail the services of either or both the professional doctors and the traditional midwives. In majority of child birth cases, it has been observed that womenfolk prefer to deliver the
child at their own homes under the guidance of a Garo midwife but for post natal care of the child they visit the Damra Mini Primary Health Centre. They are aware of the necessity of vaccinations to be given to their newborn for being immune to fight diseases and hence they try their best to avail such immunization facilities of modern medicine.

The presence of ethnomedical experts and midwives among the Garos of Bakrapur and Nisangram indicate their faith in the traditional system of medicine despite their exposure to modern medical facilities. Inspite of the presence of multiple treatment options, the dependence of the womenfolk of the two villages on their traditional birth attendant cannot be denied as women under the practice of traditional midwifery can give birth to babies at home, without going to hospitals which is not only expensive but emotionally straining for the patient. The traditional midwives are also aware of the fact that motherhood can take a woman to the heights of ecstasy and the depths of despair; it can offer her protection and reverence. In the light of this understanding every effort is made by the Garo midwife using massage and manipulation whenever necessary, to ensure a safe delivery. The midwives can also administer herbal medicine for child birth related problems, barrenness and other problems related to the menstrual cycle of young girls as well as women. The relation between midwives and professional medical practitioners are extensive in nature. Since the midwives have extensive practical knowledge regarding childbirth, the medical professionals can make use of their knowledge. Their understanding of indigenous medicines can
also be tapped by modern medical practitioners. On the other hand, they can teach midwives the modern aspects of childbirth and help in removing age-old superstition associated with their work. The system of traditional midwifery can be strengthened by encouraging midwives to get modern midwifery training. The traditional Garo midwives can be trained in the following fields of hygiene and asepsis, prenatal and postnatal advice and care, and ways to handle complicated delivery cases. These will help them to improve their skills and work with more confidence. The presence of various beliefs and practices for the pregnant women indicate the fact that the care of the baby starts from conception. It is also pertinent to mention here the presence of limitations set upon the prospective father too, though anything akin to couvade is absent. The determination or prediction of the sex of the unborn child on the basis of the position of the foetus in the mother’s womb hints at the emphasis laid on division of labour based on sex from the prenatal stage itself. The position of foetus is however perceived, not as overtly sexist.

The Garos of both Bakrapur and Nisangram do not pamper their children because doing so will make the child cling to the parent like a shadow. This is referred to as *mocha nanga* in local dialect. To prevent the child to be under the influence of *mocha nanga*, a thread of the dress of the parent is tied around the child’s limbs. As parents they are also advised not to continuously scold or mentally torture their children by addressing them as foolish because in future they might really turn out to be so.
The helpful assistance and services rendered by the traditional medical practitioners and birth attendants are always acknowledged with gratitude among all sections of the Garo community of Bakrapur and Nisangram. They accept whatever is given to them in cash or in kind without much ado. The impact of modern medical facilities on the Garos are clearly visible due to the fact that majority of the youngsters opt for modern methods of treatment. Nowadays even the children of folk medicine men are not interested to learn the various aspects of folk medicine from their fathers. But the older generations tend to cling more to indigenous medicine. Indigenous medicines are preferred by them due to their successful adaptation to the fundamentals of village organization. The curative practices prevalent are known to be effective and occupy an important place in their social milieu. Whether or not the healing powers of the folk medicine man is effective depends on as many variables as our therapeutic. Failure to achieve a cure does not necessarily diminish the prestige of the folk medicine man just as unavoidable failures do not destroy the prestige of our medical practitioner.

Nevertheless, Garos of Bakrapur and Nisangram seeking medical assistance are more concerned with questions of cost, time, empathy as well as the type of therapy. Medicine appropriateness is evaluated both in terms of illness and patient characteristics. The afflicted's relative strength, age, previous experience with medicine, and special disposition (e.g. pregnancy) all influence perceptions of medicine suitability.
The science of yesterday is the superstition of today is an epigrammatic summation of consequences of the dynamic progress of science. Many a certitude of science of a century ago has since been invalidated by another which in its turn may be superseded by yet another as science progresses. Medicine today is itself in a state of flux, old definitions of diseases and health are being called into question, there are many competing concepts of comprehensive medicines and the field of medicine have become so specialized that it is difficult to define the amount of its impact on the Garo community. The late Prime Minister of India Honorable Sri Jawaharlal Nehru had once delivered an illuminating address to the distinguished delegates of the world at the 16th Assembly of the World Medical Association— ‘Then there is the question of modern drugs many of which are very wonderful, some almost miraculous. It often happens that a drug which is called miraculous today falls into disuse and some other takes its place, and therefore miracle after miracle comes some good, some wrong miracle. The whole of this problem of drugs is associated with a kind of industry which is good in its own way but which had often done harm. I do not quite know how one can get over all these difficulties. Only recently we had heard of great harm being done by some drug, which was not perhaps properly tested. They seem to think that health lies in a pill, they will swallow any pill which is sufficiently advertised to bring them relief. The drugs do a lot of good. I have no doubt but they perhaps also do a lot of harm, and some method should be found and adopted to check the overdose of drugs, and somehow separate the bad ones from good’.
Nehru's statement certainly encourages all like minded persons to give serious earnest thought as regards to the need of preserving the traditional systems of medicine (cited on Chaudhuri (ed.) 1986 : 23-24).

There is, therefore, a need for preservation of Garo folk medicine as all the indigenous methods are not baseless. At the same time modern medical facilities are also to be adopted. The introduction of modern medical facilities has the positive effect in eradicating the highly prevalent diseases like Leprosy and Tuberculosis. Under the influence of modernization, the folk medical system has undergone unidentifiable changes. New types of diseases like cancer have made its appearance among the Garos of Bakrapur and Nisangram, in which the traditional system fail to offer any remedy.

In view of the above observation we cannot portray the thinking of the Garos of the two villages within an Ayurvedic cognitive framework as study reveals the widespread eclectic use of indigenous and allopathic (biomedical) medicine by the villagers.

Availability of improved medical facilities will definitely elevate the health care system of the Garos of Bakrapur and Nisangram as they explore their treatment options within the expanding health care arenas. Polgar, while referring to health and illness has pointed out that “A common fallacy among ‘scientific’ health professionals and one that anthropologists have stressed continuously, may be describe by altering a little the Biblical parable of the old wine and the new. The vessels in
this instance are the clients of health action and one cannot exchange them for new ones. Medical Workers who wish to pour the new wine of scientific ideas into these vessels often forget that they are not empty. Popular health culture is the wine that fills them and ignoring this often results in spilling the new wine on the ground. Thus, one may refer to the fallacy of the empty vessels. So the anthropologist can definitely play an indispensable role in the health care system (Scotch, 1963: 50). The Garos of the study areas have their own traditional system of medicine despite the presence of modern medical facilities. In view of the plurality of treatment options, perception of medicine compatibility is based on the expectation of the patients who speculate the time period for achievement of complete cure after consuming the medicine. It is however pertinent to note that any true synthesis between the traditional medicine of the Garos and modern medicine remains unattainable due to the fundamental differences in the methods and paradigms of traditional Garo medicine. Therefore the contemporary existence of both the systems of medicine parallely is extremely essential for the complete enhancement of health status as this pluralistic medical situation of presence of traditional as well as modern medical practitioners provides flexibility and fulfills the different needs of the community.