CHAPTER VII

SUMMARY AND CONCLUSION

In the preceding chapters an attempt has been made to delineate the ethnomedicinal practice of the Garos of North-east India. It has been found that ethnomedicine of the Garos is a type of medicine which is more ancient, more widely practised, and equally efficacious at least in the eyes of its adherents. It has been handed down by word of mouth from one generation to the next, though some preserve it in the form of writings at present. In the light of the aforesaid traits, an endeavour has been made to observe the various aspects of traditional and modern health care practices of Garos in two village settings.

In view of their being overwhelmingly rural, data for the present study has been collected from two Garo homogeneous villages namely Bakrapur, situated in the Goalpara District of Assam and Nisangram distributed over the Goalpara District of Assam and the East Garo Hills District of Meghalaya. This study provides an insight into the concept of health, disease, health seeking behaviour and their linkages to the
overall social milieu. In an attempt to understand the multidimensional aspects of tribal health from varied perspectives, the traditional as well as modern health care practices have been dealt with penetrating insight.

The problem of the present study has been introduced in Chapter I where emphasis has been laid on the relevance of the study. Besides reviewing the relevant literature this chapter also throws light on the objectives of the present study and the methodology employed for conducting this study.

Chapter II provides a general outline on the life and culture of the Garos and throws light on their history and migration, and certain demographic and socio-cultural features of the Garos of North-east India in general. Attempts have been made in Chapter III to delve into the depths of the social and cultural life of the Garos of Bakrapur and Nisangram in their natural habitat i.e., in the village and district setting. The Garos share in common many elements of rural Assamese Hindu culture that have percolated into the Garo social life. However, certain elements inherited from their ancestors who were hill dwellers still occupy an important position in the social life of the Garos of the study areas which continue to be followed with certain or no modifications. All the families of the study areas are at present followers of Christianity but their conversion to Christianity does not prevent them from practicing some of the traditional religious rites and uphold the religious beliefs. Their rich culture is manifested through their traditional attire and
ornaments which still hold importance to them. The study villages cover a large area, both residential and agricultural.

The Garos of the two villages under study do not exhibit any significant visible cultural difference in terms of religious life, social structure, village organization, and so on because of the fact that they belong to the same tribal group and also live in close proximity. Certain basic differences regarding the perception of health and treatment of disease and ailments are however, the result of the influence of factors like environment, habitat, economy, food habit combined with their cultural contact with the neighbouring Assamese Hindu Caste population and other aspects resulting in acculturation. The various impinging factors in the health care practices of the Garos have resulted in the emergence of Medical Pluralism among them. It is in this perspective that we have tried to understand the various practices related to ethnomedicine of the Garos and also find out answers to some of the questions raised in Chapter I.

The study of ethnomedicine primarily aims at exploring the various aspects of folk taxonomy of disease, magico-religious and other therapies, indigenous preventive measures, socio-cultural dimensions of indigenous medical features, the role of folk medicine man and the relationship between medical phenomenon and socio-cultural setting. An understanding of the socio-cultural ideas about disease, illness and health practices therefore has been an important area of medical anthropological studies.
The systematic and integrated study of the system of medicine pledge to unfold the total understanding of the socio-psycho-cultural interactions in the sphere of public health and hygiene, this particular situation based on folk medicine is of specific importance. In view of this, the study reveals the general concepts of the Garos regarding household cleanliness, community and personal hygiene – the vital factors for determination of good health. The Garos of the study areas are well aware of the importance of maintaining of personal and community hygiene. The concerned village headman of each hamlet of the two villages under study, through constant monitoring and supervision ensures that the surrounding of each household as well as the lanes and bylanes of the village are kept clean. Any household seen to be flouting the hygienic environment by actions like dumping garbage in front of the homestead are liable to pay fine of Rupees Twenty five. Regarding community hygiene it is prudent to note that ever since the malaria outbreak in 1997 which claimed many lives of the two villages under study, the villagers became aware of the fact that waterlogged places form as breeding ground for mosquitoes, the carriers of the disease. Such realization has further encouraged them to maintain a clean and healthy atmosphere through community level work directed towards maintenance of lanes and bylanes.

Cultural factors are reflected on the food habits, and its differential distribution to the people. Therefore the study of dietary habits of a group of people is important before undertaking any study on their
disease pattern, its treatment and remedial measures. The dietary habits of the Garos of the study areas reveal that they are basically rice eaters and mostly take boiled preparations and rarely fry their food in oil. Except for ginger and chilli the intake of spices in their diet is almost insignificant. Very often they consume food cooked with alkali (water extracted from plant ash). This practice most possibly neutralize any acid formation in stomach, and thereby automatically checks any ulcer formation. The traditional dietary habits could perhaps be the reason behind the comparatively lower prevalence of degenerative diseases like ulcer or gastritis among the Garos. However, in recent times the consumption of spicy and deep fried delicacies available at the nearby business centres has led to an increase in gastric related problems mostly among the younger generation.

The vegetables and the different types of animal meat consumed by the Garos supply all the essential minerals, carbohydrates and protein in abundance. Tubers of a number of species which are rich in carbohydrate are abundant in the area. The villagers are very much aware of the fact that protein, mineral, fat, carbohydrate, etc. which are necessary for the growth of the human body can be acquired from the locally available common edibles. It is believed that in some diseases, particular types of food are prescribed to regain the resistance power and restore the balance. However, certain other types of food are to be avoided in certain diseases. Non-vegetarian diets are avoided in ailments like chicken-pox, measles, jaundice, etc. As a means to avoid worm

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infestation during the summer season the Garos consume bitter dishes prepared from the leaves of neem, bitter gourd and dry leaves of jute.

One of the primary objectives of the study has been to understand the Garo perception of diseases and the beliefs related to the cause of diseases and the factors influencing the nature and type of therapy to be adopted subsequently. The preceding chapters deal with the indigenous perception of health and disease, illness nomenclature, causative agents viz. symptomatic, pathogenic, etiological and culture specific attributes along with various diagnostic categories and methods underlying the diseases so that one category becomes semantically contrasting from another.

Among the Garos of the study areas, there exists various perceptions on disease, sickness and illness, and the methods of diagnosis coupled with treatment and healing options – all of which are interrelated and interdependent. Quite in harmony with the doctrines of Ayurveda which literally means ‘science of life’, a Garo medicine man sees life as a holistic union of the body – the senses, the mind and the soul. Disease is explained as being due to the imbalances in the various attributes. The Garos believe that an illness involves a change in the state of being (e.g. feelings, thoughts, self-definition) which is seen and labelled as discontinuous with routine everyday affairs and believed to be caused by socio-culturally defined agents or circumstances. They are of the opinion that the concept of ‘wellbeing’ stands for a state of being healthy, happy and prosperous. For them the ability or capacity to do
manual work, carrying out of normal day's routine, and having a clear
eye-sight and memory is the sign of being healthy. If on the other hand,
a person is unable to carry out the normal routine and if subsequently
the amount of food intake falls to almost a possible nil, then the person
may be considered to be ill or sick, or to be unhealthy. The Garos tend
to explain illness largely in terms of deviances from socio-moral norms
that lead to an ebbing of the life force. According to them a patient's
moral nature or purity is also taken into consideration during an illness
episode. The Garo perception of sickness and health is influenced by
their cultural definitions. They believe in the value of good health and
the detrimental effects of diseases. A sick person thereby has the right to
be excused from social responsibilities and other normal social roles.

In Garo perception, health cannot be looked into as a separate
entity. The concept of health and disease are interwoven into every
aspect of the Garo social structure. Each of these aspects have a deep
influence on health status and quality of life of the Garo people. For
individual sufferers, becoming acquainted with a major disease or
chronic illness involves a similar process. We learn of a condition bit by
bit – from a confused encounter with a physician, chance discussions
with others who have similar illness and covert responses of those who
do not, popular literature and claims of 'alternative' healing, as well as
the unique and primary claims of our own embodied experience. We
indeed learn to view illness from the perspectives of others, holding them
in narrative tension. These opinions are not given all at once, but
emerge over time - time which is fraught with anxiety and despair as well as moments of anticipation and hope (Good, 1990: 170). The same can be said about the Garos of the study areas. Garo perception of health, therefore refers to the manner in which they monitor their bodies, define and interpret their symptoms and thereby take remedial action. Traditionally diseases are labelled by distinctive linguistic terms. Many of the diseases recognized traditionally by the Garos have no exact modern equivalent names. The Garo classification of diseases are based on different types of criteria like symptoms (both external and internal), relation to animals or influence of spirits and other supernatural beings. It is pertinent to note here the existence of many western disease names which have entered in the traditional system of nomenclature of the Garos. This is mainly due to the incorporation and adoption of western medical ideas into the traditional system. Since the health seeking behaviour of the individual group depends by and large on the value given to health and the lifestyle of the individual, it is natural to note that not all view health in the same way. It is also necessary to point out that the idea of the Garos regarding the common etiology of diseases vary. Study reveals that a wide divergence of opinion existed between laymen and the ethnomedical experts. In a great number of cases, subtle observations by non-specialists and their diagnosis were helpful to the ethnomedical experts.

Diseases, according to the Garos are believed to be caused by either biological or natural factors, or by psychological or supernatural
factors. The Garos, therefore dichotomize the world of illness into natural and supernatural. According to them, when there is a disturbance in the intricate relationship between a man and the natural and supernatural forces, he becomes susceptible to illness and disease. The process of diagnosis of disease and its cause is the first step towards subsequent therapy. There are certain specific ritual action on certain materials so as to bring about the definite desired results or effects in the identification of disease and illness. The well known diviners of the study area resort to various forms of divination both for diagnosis and treatment of various diseases and ailments more particularly those diseases believed to be caused by various supernatural factors. The identification of the source of ailment tend to reduce anxiety and the suggestion of proper care gives further relief as well as reassurance and hope.

Traditional methods of diagnosis of diseases have been viewed analytically with reference to social and cultural change. The Garos have been practicing various indigenous methods for identification of diseases. Besides analyzing symptoms and dreams, interrogating, checking of pulse, etc., divination or the magical practice directed towards obtaining useful information from a supernatural authority is one of the most important criteria for diagnosis of diseases.

Acceptance and rejection of the factors related to the causation of diseases and its subsequent diagnosis depend largely on the psychological setting of the people which is conditioned by the interactions of multidimensional factors from varied perspectives.
Findings reveal that the perception of health and diagnosis of disease among the Garos are still conceived on the lines of the traditional way of thinking. Nevertheless, many western concepts related to health and disease have found its way in the traditional system of nomenclature and other health related aspects. As mentioned earlier the change of food habit as a result of the impact of modern forces has already led to an increase in the rate of degenerative stomach problems like gastric and ulcer. However, many diseases like leprosy, tuberculosis, and the like are decreasing most probably due to the influence of modern medicine. As an aftermath of the rapid pace of acculturation, a few Garos also tend to refer to wealth being as a synonym to wellbeing. In their view acquisition of wealth is directly proportionate to the feeling of satisfaction which increase in magnitude as one moves from physical through mental to social wellbeing. It is therefore, pertinent to note here that certain changes in health concepts are quite visible because of the fact that both Bakrapur and Nisangram are not isolated villages and there is constant contact with the neighbouring Assamese Hindu caste population. Regarding the synonymity of the perceptions related to the health of the Garos of both the villages it must be stated that both are neighbouring villages and hence the similarity in ideas, notions and belief system in the traditional medical setting.

Geographical environment plays a vital role in conditioning the culture of a given area, and it goes a long way in shaping the needs, customs and behaviours and thoughts of the people. People belonging
to various cultures have their distinctive ways of perceiving the beliefs and customs endorsed by the people. This is further reflected in their uses of various natural resources in day-to-day life in treatment of disease and illness. Tribal communities living in isolation are very extensive in using various herbs and natural products as medicine.

The solution of the problems in the perspective of the interactions of man, nature and environment as the basic principle of ethnomedicine, has trigged the necessity to explore the extent to which health and treatment are intimately linked with environment particularly with the forest. The detailed description about the interaction with and the interdependence of the Garos of the studied villages on their natural environment, and their ability and skill in ascertaining the medicinal value of different species of plants, animals and other materials available in the surrounding testifies this fact. They have a broad pharmacopoeia consisting of plant and animal species and other inorganic substances. Ingredients sourced from these are greatly valued as raw materials in the preparation of Garo ethnomedicine.

Garo traditional medicine or ethnomedicine involves the use of both material and non-material components. The material components invariably comprise parts or organs of plants and their products. They also consist of animal organs, minerals, and other natural substances. The non-material components, which constitute important items of religious and spiritual medicine include charms, magic, incantations, religious verses, amulets, etc. Indigenous knowledge of the Garos of the
said two villages regarding the curative properties of biological and non-biological materials, is the accumulated knowledge, skills and technology of the local people, derived from their direct interaction with the environment. The traditional knowledge of the Garos of these particular regions is derived from the local people's experience and is handed down from previous generation to present generation. It entails many insights, perceptions and institutions relating to the natural environment and its exploitation for health purposes. The Garos also believe that one can learn a great deal from an observation of plants.

It has already been mentioned that the Garos consider multiple treatment options for curative purposes as they live in a pluralistic medical situation. Treatments in Garo ethnomedicine are carried out by internal and external application of medicaments, physical manipulation of various parts of the body and psychological treatment. The medicinal preparations of the Garos are usually multicomponental, which are dispensed in various dosage forms such as liquids (e.g. infusion, decoction, etc.), semi-solids (e.g. pastes, creams and ointments), solids (e.g. whole or powdered plant parts, pills, and tablets), and gases (e.g. incense and inhalants). It is pertinent to note here that intravenous application of drugs is absent among the Garos. In addition to treatment by administering medicaments, other methods like therapeutic fasting and dieting, hydrotherapy (bath, massage, and compression with cold or hot water), heat therapy including bone-setting, spinal manipulation, massage, psychotherapy, and spiritual or faith healing are commonly
used by the Garos for curative purposes. The Garos of the study areas seek to symbolic healing treatment mostly to curing diseases whose causes were unknown or not directly identified. The most popular causes related to the unknown being God, the evil ones who can be supernatural beings or humans possessing supernatural powers (e.g. midwives, ethnomedical experts, healers). The practicing of bewitching and smearing of paste of plants with magical properties to create jovial feelings are still prevalent though in lesser proportions among the Garos. Regarding the use of non-biological materials by the Garo ethnomedical experts, mention must be made of the use of kerosene and mustard oil. The use of ingredients from both the material and non-material world is due to the fact that the basic principle of Garo ethnomedicine is involved with the fact that it strives to treat the whole person rather than his isolated parts, and thinks of him in relation to his emotional sphere and physical environment.

Though traditional in nature most of the medicine derived from different animals and their bi-products have been reported to provide desired healing in various kinds of ailments. The knowledge of therapeutic properties available in and around their vicinity has been acquired by the Garos, more specially the ethnomedical experts principally through parental heritage, or because they have experience about medicinal value of animals to heal their kin or themselves. They, thus have an elaborate knowledge about the medicinal value of fauna present in their environment, gained due to their long term interactions with nature.
The dosage of medicine prescribed for different diseases as well as those prescribed for the same diseases but by the different ethnomedical experts may vary. However, there seems to be an unanimity in the understanding of the therapeutic properties of various materials used in Garo ethnomedicine. The ethnomedical experts are not very aware of the modern methods of preservation of medicine. This arises mainly due to ignorance and also due to lack of infrastructural facilities. Keeping the powdered medicine in plastic bags, decoction in glass or plastic bottles, rare animal bones in a hand woven bag, commonly found parts of medicinal plants just tied to a bunch and hung in the wall, are the only existent methods of preservation. The thought of non-availability of extinct materials (now used from previously collected stock) for therapeutic use have been put aside for the moment with a hope that a solution will emerge when stocks are exhausted. It is also pertinent to mention here that the recent introduction of many non-traditional ailments like blood pressure, cancer, cholera, diabetes, tuberculosis, etc., to which there are no Garo equivalent words, can be cured with traditional medicine but only after the disease has been confirmed by laboratory tests and examinations by a modern medical practitioner.

Inspite of the easy accessibility and availability of modern medicine, the Garos seek both traditional and modern medicine. The older generation still has undying faith for their traditional system of medicine. This is mainly due to the trust and conviction about the treatment process. The influence of Christianity is discernible among the
Garos which appears to have compelled them to give up many of their traditional methods of treatment of disease as well as reduction in the use of witchcraft, sorcery and black magic practices to bring death and destruction upon the enemies.

The indigenous medicines used by the Garos are effective due to the fact that many of such medicines constitute part of the traditional Indian medical system and medical properties of such medicines have already been scientifically tested like *Azadirachta indica*, *Ocimum sanctum*, *Phyllanthus emblica*, and many others. The North-eastern region is endowed with immensely rich variety of forest potentials. Many of the forest resources of this part of the country possess aromatic spice, medicinal and other properties. Regional Research Laboratory, CSIR, Jorhat, has undertaken research programme during the last few years to explore the forest potential in proper way from North-east India. Amongst the explored forest potentials, one of the most promising, wonder, unique, indigenous, and new cinnamon (*dalchini*) sources is *Cinnamomum pauciflorum*, the bark of which is used by the local tribal people of Meghalaya. The stem bark in the form of decoction is also used for medicinal purposes by the Khasis in Meghalaya as cardiotonic and antispasmodic. Decoction obtained from the bark is, however used by the Kuki tribe in Manipur for the treatment of stomach disorders (Baruah, 2002 :1). The chemical analysis of plants, animals and other ingredients that are used by the Garo ethnomedical experts, done through intensive research may enable the ability to cope with diseases and ailments of the modern world.
Chapter VI reveals the utilization of modern medical system, and interaction of both the traditional and the modern medical system of treatment. One can hardly ignore the contribution of medical sciences in treating diseases and ailments and in the maintenance of disease-free life in the contemporary situation. There are many determinants which ascertain the choice of treatment. The knowledge and uses of the treatment options among the Garos are elaborate. In this regard, the criteria on the basis of which the Garos give preference and select a particular option for treatment, the time period of treatment after which a full recovery is expected. In case the selected treatment option fails to provide a cure, do the Garos continue their treatment or opt for some other forms of treatment, in view of the existence of medical plurality, is synthesis between the traditional ethnomedicine of the Garos and modern medical system possible and above all, the future position of the traditional medical system of the Garos have been discussed. Among the Garos of the studied villages, the introduction of modern medical system has given rise to medical pluralism in view of the fact that there exists a traditional ethnomedical system amongst them. The Garos are therefore exposed to multiple treatment options and have no qualms about submitting themselves to more than one form of therapy at the same time. They also believe that certain diseases can be cured by traditional ethnomedicine of the Garos and the others by modern medicine or both the systems of medicine. As described earlier self treatment or home treatment is usually the first step in medical care. Failure to achieve a
cure necessitates the use of treatment options (traditional or modern) as per their preference. Like their perception regarding different diseases and ailments their choice and preference of a particular treatment option are also determined by their culture. Therefore 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.

While acknowledging the contributions of modern medicine in the eradication of many diseases the Garos 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. The traditional medical practitioners among the Garos also agree that the 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. Nevertheless, the Garos of the studied villages 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.

Besides the various modern medical facilities available to the Garos, they are also accustomed to the use of the services of the Garo
ethnomedical experts and the traditional birth attendants who have gained reputation in their society as specialists. These traditional medical practitioners possess considerable knowledge of the preparation, qualities, uses and effects of herbal medicine. Illness is diagnosed by verbally, visually and physically examining a patient. The ethnomedical experts provide relief and remedy to the patients who visit them based on their individual style of diagnosis and the subsequent use of biological and non-biological materials for therapeutic purposes. Conversion to 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 spells 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 the use of such practices have been reported but 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 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.

The traditional birth attendants or midwives among the Garos caters to the needs of the pregnant women within their own area and community. These all female Garo midwives also revealed the remedies
known for various reproduction related events; to speed or ease a birth, for post partum recovery, menorrhagia, dysmenorrhea, amenorrhea, infertility, threatened abortion (miscarriage) and induced abortion. Besides, the Garo womenfolk during child birth may also avail the services of the professional doctors. Majority of child-births however took place under the guidance of the traditional midwives. The Garos 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.

In the medical system of the Assamese, the ethnomedico plants play a vital role. The Assamese people are accustomed to take help of modern medicine system. Both the systems, the modern and the traditional are co-existing in the society without any conflict. Ayurveda attested that the Assamese people use a particular plant effectively to prevent and cure one or more diseases. However, the Ayurvedic practitioners used those plants to prevent and cure many more diseases than that of the Assamese people (Medhi et al. 2004-05 : 129-130). In a similar manner 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. In view of the plurality of treatment options, perception of medicine compatibility is based on the expectations of the patients who speculate the time period for achievement of complete cure after consuming the medicine.
There is, therefore, a need for preservation of ethnomedicine of the Garos 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. The belief in the indigenous methods of treatment have been found to be dwindling among the younger literate generation of the Garos due to the impact of modernization. The older generation however still have a strong belief in their traditional system of medicine and its importance cannot be denied. To quote Ackerknecht (1945 : 428): 'there are a great variety of ways of handling the sick person ranging from abandonment and contempt to extreme devotion and care. These attitudes which are extremely revealing as to the general philosophy of a society, can be quite competently observed without the acquisition of a diploma from a medical school'.

Medical anthropologists have important contributions to make to health service research and health communication. By grounding investigations of resource supply and demand, service accessibility and acceptability in the life worlds of local populations, anthropologists may help their public health colleagues better understand patterns of health care utilization and expenditure. The role of medical anthropologists in health service research and health communication can be proactive,

An article published in the Assam Tribune, a daily newspaper reports about a seminar on herbal medicine held on 1st September, 2007 at Gargaon College where Dr. Gunaram Khanikar, a renowned herbal medicines' specialist delivered a talk on the usefulness of herbal medicines in preventing as well as cure of different kinds of common and chronic diseases. While regretting the fact that some of the important medicinal and aromatic plants have become rare due to the ignorance of the people, he appealed to the department concerned of the Government of Assam to include and introduce herbal medicines in the school syllabus to make students aware of the identification and preservation of medicinal plants. He further said that the setting up of herbal garden by school and college authorities can definitely be a source of income for them (September 2, 2007: 8).

The future social and ideological orientation of the ethnomedicinal system of the Garos of Bakrapur and Nisangram are as yet not very clear. Whether the tendency of the Garo youths to give better weightage to modern medicine will pose a threat for its existence resulting in the erosion of the status and role of the traditional Medical Practitioners among the Garos or whether the motivation of the Garo youth to instill the necessity of preserving their anciently inherited properties will be successful are all matters that have a bearing on the future of the Garos. Nevertheless, it is worth mentioning that, till date,
even though contact and communication channels have facilitated the importation of material and non-material cultural traits into Garo social life from neighbouring Assamese Hindu Caste population, the Garos have maintained their identity. In view of the aforesaid observations, the need of the hour is to seek significant opportunities and to take necessary steps to open up within the traditional system of medicine a region for vital research to contribute towards its development as a theoretical and conceptual domain as well as a domain of human practice. The necessary steps undertaken to ensure the continuation of the parallel existence of both the traditional and modern health care practices among the Garos of the study areas will definitely help in the eradication of diseases and ailments and strive towards the enhancement of health.