CHAPTER I

INTRODUCTION

Health and diseases are fundamentally connected with reproduction, quality, preservation and loss of life. If disease is considered level of health where the living entity functions under conditions of constantly diminishing performance then the conclusion is death. Health, disease and death are terms that describe a philosophical continuum from maximum genetic function to no genetic function at all. Disease and death are experienced in all human societies. Indeed evidence suggests that in every culture there is built around the major life experiences of health and illness, a substantial and integral body of beliefs, knowledge and practices (Scotch; 1963: 30).

The WHO defined traditional medicine in 1976, at a meeting at Brazzaville, as ‘the sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observations handed down from generation to
generation, verbally or in writing’ (cited in Medhi et al., 2004). An attempt is being made in this endeavour to understand the various aspects of tribal health in the perspective of health protective, preventive and curative purposes. This study broadly explores the traditional and modern health care practices among the Garos.

Every human community was conscious of the burden of disease and developed its own ‘medical system’ which may be defined as ‘the pattern of social institutions and cultural traditions that evolves from a deliberate behaviour to enhance health’ (from the internet). The concept of health and diseases are basically biological. But traits like beliefs, religion, philosophy, education, socio-economic conditions etc also determine peoples attitude towards health and illness. When we consider the environmental factors of the diseases, these cultural traits become more evident. Every society has a theory of disease and provides an efficacious for treatment. The medical system prevalent in a society is a combination of traditions, beliefs, techniques, ecological adaptations etc. This system is an integral part of the culture of the society. It provides the means to the members of the society for maintaining health and preventing and curing disease’ (Medhi, 1995: 61).

The concept of health among the tribals and their medical systems always involve social, cultural and environmental issues. People in every society, whether simple or complex, adapt to their environment by way of combining various biological and socio-cultural resources. The fact that diseases are related to biological and socio-
cultural factors has resulted in the convergence of medical and anthropological interests. The development of medical anthropology has started in the 1940s. The beginning of major anthropological involvement in medical problems has been extensively reviewed by Caudill (1953). Descriptions of etiological beliefs and medical practices in simpler societies had been important components of a number of ethnographic studies. There are some important pioneering studies pertaining to health, disease, medicine and treatment (e.g. Rivers, 1924; Clements, 1932; Field, 1937; Evans-Pritchard, 1937; Spencer, 1941; Ackerknecht, 1942 a & b, 1943, 1945 – 47).

An understanding of the socio-cultural ideas about disease, illness and health practices has been an important area of medical anthropological studies. Studies undertaken by many scholars reveal the fact that in many societies health is viewed as dependent on virtue and illness is therefore considered as a punishment for wrong doing (Crombie, 1969; Hallowell, 1963; Paul, 1953; and Polgar, 1968). Scholars like Burghart (1984), Pigg (1995) and Bhasin (1997) pointed out the existence of medical pluralism among many societies where they had conducted studies to understand the relationship between the traditional medical system and the modern medical system. Many studies also reveal the impact of socio-cultural changes on health related issues (e.g. Saunders 1958; Fogelson, 1961; Kiev, 1966).

‘Illness’ serves far better to connote the wider range of phenomena in which we are interested and which may be defined as
embracing any impairment of health serious enough to arouse concern, whether it is due to communicable disease, psychosomatic disturbance, organic failure, aggressive assault, or alleged accident or supernatural interference (Channa ed. 1998: 247). In view of the above mentioned fact recent medical anthropological studies conducted by Fabrega 1971, Good 1977, Manning et al. 1977, Blumhagen 1980 and Kleinman 1980 were concerned with the concept of ‘illness behaviour’. Cockerham (1978: 3) observes that knowledge about norms, values, beliefs, social structure and life styles has provided insight not only into the social organization of human resources designed to cope with health hazards but also the nature and causes of illness.

1. The Problem under Study

This study encompasses the various dimensions of health care practices among the Garos, a tribal community of the states of Assam and Meghalaya in North East India. The present study has been confined to two homogeneous Garo villages namely, Bakrapur village of Goalpara district in Assam and Nisangram, a village distributed over the Goalpara district in Assam and the East Garo hills district in Meghalaya. In this thesis the traditional as well as the modern health care practices of the Garos has been dealt with penetrating insight in an attempt to understand the multidimensional aspects of tribal health from varied perspectives.

Tribal concepts of health, disease, treatment, life, and death, is as varied as their culture. Accordingly, the tribal society is guided by
traditionally laid down customs, and every member of the society is expected to conform to it. The fate of individual and the community at large depends on their relationship with unseen forces which intervene human affairs. If men offends them, the mystical powers punish by sickness, death, or other natural calamities. There are many natural remedies decoctions of forest herbs of healing lotions known to the tribals. That means the tribal people have pharmacopoeia of their own for their manifold diseases like malaria, scabies, smallpox, yaws, veneral diseases, bowel complaints, ophthalmia, etc. (Gupta, 1986 : 161-166).

Diseases are the basic problems to all people in various levels of culture. It is to be noted that this indigenous pattern of medicine is characterized by the age old experience on human body in relation to the surroundings, both natural and supernatural, traditional knowledge on observation of varied phenomena of human life situation together with the close association of factors like customs, habits, charms and incantations as well as continuous process of trial and error that is influenced by experience stepping down through generations. The indigenous patterns of recipes are the result of the close set process of orientation of cultural traditions with the religious sentiments, psychological perspectives, economy, moral ideas, social values as well as therapeutic process. This indigenous pattern of therapy is specifically characterized by the impact of age – old traditions and value orientations which ultimately has based its foundation on the life – philosophy of the people concerned. The socio-ritualistic perspective and the supernatural
beliefs patterns round which this particular therapeutic process has become expressive is understood by the term ‘folk medicine’ or ‘ethnomedicine’. Traditional medicine or pristine system of health care of the Garos refers to the long standing indigenous system of health care found in developing countries and among indigenous populations. These archaic medical systems view humanity as being intimately linked with the wider dimensions of nature.

Ethnomedicine, which is one of the indispensable areas of medical anthropology, has long been recognized as an important field of anthropological research. The complex interface between individual and social experiences of illness, and the physiological expression of diseases are central concern for medical anthropologists. Medical anthropology studies human health problems and healing systems in their broad social cultural contexts, and engages in both basic research aimed at improvement of therapeutic care, prevention, and disease control, in community public health programmes.

Anthropologists in their study of different cultures of the world have also examined the health problems under broad headings of ethnomedicine. Traditional medicines which has been practiced in India for centuries, and is still being used have been known to human beings from prehistoric to modern times. According to Park and Park (1977), the ‘art of healing’ began thousands of years ago with the primitive man trying to provide relief with his limited knowledge, to the kindred in sickness and suffering. In the absence of explanation, diseases and
calamities were attributed to the wrath of gods, the invasion of the body by evil spirits, or malevolent influences of stars and planets (cited in Sinha, 1994: 151-163). It is thus obvious that the art of healing in the prehistoric era was combined with superstition aided by administration of herbal remedies available in the vicinity. Thereby it can be inferred that medicine and diseases have had an undeniable effect on the history and culture of mankind. People in every society, whether simple or complex, adapt to their environment by way of combining various biological and socio-cultural resources. The fact that diseases are related to biological and socio-cultural factors and illness is the socially defined state of health has resulted in the emergence of medical and anthropological interests (Lieban, 1973: 1031). Cultural patterns and religious beliefs, economy, and morality, social values, and medical beliefs, are all found together to form the 'health culture' of a community. Every human community was conscious of the burden of disease and developed its own 'medical system' which may be defined as 'the pattern of social institutions and cultural traditions that evolves from a deliberate behaviour to enhance health'. The study of traditional medical systems has been an important field of anthropological research since its inception. Every known society has developed a pharmacopoeia and a therapy – be it magico-religious, secular, empirical, or scientific (Hasan, 1996: 486). The study of indigenous medical features generally referred to as 'folk medicine', or some other terms like, 'ethnoiatry', 'ethnomedicine', 'popular medicine', and so on, 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 relationship between medical phenomena and socio-cultural setting.

2. Significance of the Study

The indigenous people hold a significant place in the planetary cultural landscape and are representative of cultural diversity. They personify a global vision of the world and of humankind that continues to be intimately linked to nature and the earth to which we all belong. Medical anthropology is the holistic study of health, illness, and related misfortunes, as these are culturally perceived, labelled, classified, experienced, and communicated on one hand and social constructed roles, statuses, and institutional networks which are believed to help in the health enhancing process, on the other hand with a view to identify cross-cultural similarities and variations in the patterning of such behaviour (Joshi, 1990 : 8). Folk medicine or ethnomedicine is governed by a tradition – that has been developed through time in the perspective of age – long experiences of the people. Ethnomedicinal system has its very root in the cultural settings and thus the whole workings of and the behaviour patterns relating to the healing practices are interwoven in the cultural matrix of the people. 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. The medico-socio-ritualistic analysis of the integrated perspective of folk medicine would explore a scientific horizon which helps a lot in the evaluation of the integration pattern of the folk medicine system with folk life. Ethnomedicine is a kind of indigenous medicine conditioned by age old customs and traditions, and processed through time long experience of the people. The principle of folk medicine is based on the solution of the problems in the perspective of the interactions of man, nature, and environment. Ethnomedicine has a long and honorable history and it is characterized by the multidimensional interactional patterns of thoughts and ideas developed through close set observations of the surroundings. Folk medicine is primarily 'applied magic', that is to say it consists of charms and spells for expulsion of a special enemy, namely disease and ailment (Mitra, 1926 : 266-299). It can be studied as medicine in a primarily spoken, not written tradition. This study takes two directions – one towards what non western cultures know about disease and healing, the other towards popular medicine wherever it is found (Singh, 2002 : 51). The most important fact about folk medicine is the way in which it is integrated into a whole or pattern and it is in such pattern that folk medicine differs from tribe to tribe, and from community to community. Traditional medicine or traditional health care system refers to the long standing indigenous system of health care found in developing countries and among indigenous populations. These traditional medical systems view humanity as being intimately linked with the wider dimensions of nature.
The health problems need special attention in the context of the tribals of India. The tribals, who in demographic terms constitute 8 percent of the total population of India occupy a distinctive position in the national society due to various historical, socio-political and ethno-demographic factors. The beliefs and practices concerning diseases, their treatment and perception of health vary from people to people depending on the nature of cure. In small scale societies often the promotion of health and attempts to cure illness belong to the domain of beliefs and rituals. Among the tribals the belief in the interference of supernatural agency is particularly strong in case of economic pursuits and in the context of the health. This is primarily because of the fact that most of them are socio-economically backward and live in isolated or remote areas where modern facilities are not available. Besides this fact Chaudhuri (1986) also pointed out that tribal health problems need special attention because of the uneven growth of population of tribal communities. The declining trend of population growth among them may be due to the low fertility or high mortality or both, which are influenced to a great extent by the socio-cultural factors including the health practices of the people concerned.

Chaudhuri (1986 : 10-11) has pointed out various issues which are of interest to the sociologists and anthropologists related to tribal health. Chaudhuri (1986 and 1990) has also stated the significance of the study of various socio-cultural and environmental dimensions related to tribal health. Therefore the need for undertaking specific studies
dealing with tribal health, disease, medicine and treatment can hardly be overemphasized. It is pertinent to note that apart from the academic importance, such studies would be immensely helpful to administrators and planners in the formulations of programmes and policies related to tribal development.

In view of the aforesaid fact and in the context of the present study of the health care practices of the Garos of Assam and Meghalaya, it is imperative to understand the various aspects of tribal health which can provide an insight into the concept of health, disease, health seeking behaviour and their linkages to the overall social milieu. This fact necessitates the search for answers to certain pertinent questions related to the present study like what is the Garo perception of disease and ailments? What are the magico-religious beliefs and practices related to causation and diagnosis of diseases and ailments? What rationale do they emphasize for acceptance or non-acceptance of modern medical practice? In view of the presence of medical pluralism, what is the role and status of the traditional medical practitioners? How far their socio-cultural and socio-environmental factors influence their system of disease and treatment? What are the changes brought about in their outlook towards health and health seeking behaviour due to their conversion to Christianity? What are the various impinging factors in the health care practices of the Garos?
3. Review of Literature

Although medical anthropology, as an independent subfield of anthropology is of recent origin, yet the roots of medical anthropology are as old as anthropology itself. The development of varied ideas and theoretical orientations among various scholars have led to emergence of different schools of thought in medical anthropology. Referring to the diverse approaches used by the scholars in medical anthropological research, Joshi (1990: 5-6) has mentioned about the culture-trait (Clements, 1932; Murdock, 1978), the functional (Mead, 1953; Paul 1955; Ackermeh, 1958; Foster, 1979), the symbolic (Turner 1964) and the semantic (Good, 1977; Fabrega, 1977; Klienman and Sung, 1979), which has enabled an indepth study in the subject matter.

In the past decade the general developments in anthropology and the human sciences coupled with the specific cross cultural studies of illness, healing, medicine and health care institutions has resulted in the presence of its own form of critical self analysis in the field of medical anthropology. For centuries medical scholars have laid emphasis on the social dimensions of health and illness in their research. In recognition of the presence of certain social and cultural variables as etiological factors in disease, Rudolph Virchow (1848) of Germany declared Medicine as a social science in his journal Die Medizinische Reform (cited in Scotch, 1963: 31).
Conventional histories of medical anthropology outlines a heritage that includes mainly the writings of W.H.R. Rivers, Forest Clements and historian Erwin Ackerknecht. Through the 1940s, medical beliefs and practices of non-Western peoples were often interpreted as early stages of medical knowledge. Since then, medical anthropology, as a field of research, writing and professional activity has grown remarkably. The links between colonialism and the early anthropological writings on medical beliefs and practices is clearly visible in the publication of Rivers (1924) *Medicine, Magic and Religion*. Clements (1932) provided a classification of five theories of disease causation in the monograph *Primitive Concepts of Disease*. Thereafter, Ackerknecht (1942) through his series of scientific papers on 'primitive medicine' provided a valuable insight on the cross cultural analysis of the practice of medicine in different cultures.

The input made by the anthropologists and other social scientists in medicine and medically related areas have gained marked significance since the review on the works of applied anthropology in medicine presented in Caudill's paper in *Anthropology Today* in 1953. Polgar (1962) has made noteworthy contribution to the field of medical anthropology through his comprehensive and orderly review on the subject in 'Current Anthropology'. While presenting an excellent review, Scotch (1963) has emphasised on the interrelationship between disease and culture. Taking his review as the endpoint, Fabrega (1971) has discussed the medical anthropological studies undertaken by scholars

Till date scholars undertaking studies in medical anthropology has viewed this field in varied perspectives. For example Alland (1966, 1970) emphasizes potential contribution to basic research on human evolution. Trostle and Sommerfeld (1996) has seen it as one of the fastest growing subfields of anthropology and its association with epidemiology makes it a predominant mode of inquiry in public health. In a wider perspective studies pertaining to epidemiology, ethnomedicine, socio-cultural dimensions of mental illness, sickness and medicines, palaeopathology, etc., are regarded as vital aspects of research in current medical anthropological studies. At this juncture, it is pertinent to note that only some of such studies relevant to the present problem of study has been taken into consideration in the following paragraphs.

Various studies in medical anthropology and epidemiology reveal the importance of the relationship between the two in contemporary health research because both fields address biological, social and cultural causes and ramifications of disease (as for example, Fabrega, 1971; Trostle et al., 1996). Consequently the anthropological studies of disease and illness from ecological and epidemiological points of view has triggered the emergence of several ideas and formulations of present day medical anthropology. In this regard Read (1966) reviewed the influence of socio-cultural and environmental factors on the types of health
problem that prevail among the preliterate groups and the ways they adopt to solve these problems.

May (1960: 789-94) in the study and occurrence of hookworm infestation in a village in China before World War II concluded that it formed a part of a complex ecosystem involving relationship between human and non-human organisms and their environments. Farooq et al. (1966) has demonstrated that the comparatively higher frequency of the occurrence of bilharzia, a tropical disease caused by parasite in the blood and bladder among the Muslims in Egypt. The rate of occurrence is comparatively lower among the Christian community in Egypt. He opines that the Islamic practice of wuzu (ablution before saying the prayers) might be the cause behind the high occurrence of the disease. In this regard mention must be made of Lieban’s (1973) review of works in ecology and epidemiology. Scholars namely Delton et al., 1978; Kloos et al., 1978; Polderman, 1979; Fenwick et al., 1982, Kloos et al., 1983 and Kloos, 1985 have supported the views put forwarded by Farooq.

Several other scholars have examined the influence that social and cultural factors have on the orientation and behaviour of persons vis-à-vis a particular disease (eg. Cruz-Coke et al., 1964; Scotch, 1963; Read, 1966; Mechanic, 1968; Coe, 1970; Friedson, 1970). Whiting and Child (1952) used cross-cultural material from 75 societies to test the hypothesis that child socialization practices are related to adult conceptions of the cause of the disease.
As pointed out earlier the study of indigenous medical features or ethnomedicine is one of the principal concerns of medical anthropology. Fabrega (1971) observes that an examination of the literature in ethnomedicine reveals that instances of illness or disease are usually handled analytically either by indicating a point or area of stress and dysfunction in the socio-cultural system or the 'super natural' ideas that get expressed in symbolic actions, rituals, practices, etc. that exercise powerful influences on the behaviour of the sick and his family. Emphasis is also given on the socio-cultural patterns that influence the general aspects of illness and medical care and the profound biocultural influence on the cultural group brought about by episodes of illness. According to Good (1994) disease provoke individual and social responses, and these are codified as ethnomedical systems. In this context studies undertaken by Ackermeyt, 1946; Lieban, 1960; Rubel, 1960; Rogler and Hollingshead, 1961; Smith et al., 1961; and Read, 1966 may be referred to. Frake's (1961) classic study of the diagnosis of disease among the Subanun of Mindanao provided a model for eliciting and analyzing a disease taxonomy in terms of diagnostic categories and the symptoms that serve as distinctive features of each. Horacio Fabrega, a medical anthropologist and psychologist elaborated Frake's techniques in the context of a larger investigation of the Zinacanteco ethnomedical system in Chiapas, Mexico. In a series of studies he and his colleagues used ethnosemantic techniques to identify native illness categories and the symptoms presumed to be the distinctive features of each, and to compare the knowledge structure and judgements of lay
persons and healers (Fabrega, 1971; Fabrega and Silver, 1973). They went on to compare Zinacanteco and biomedical categories (of skin disorders) as alternative systems of mapping symptoms onto disease names (Fabrega and Silver, 1973: 135-140). Mention must also be made of Ackerkchnect (1943) who has observed the relationship between medicine and culture and scholars, namely Adams, 1953; Polgar, 1962; Alland, 1964; Glick, 1967; Hughes, 1968, who have valuable contributions to the study of the indigenous perceptions of etiology and diagnosis of disease. Different scholars (eg. Hogbin, 1930; Evans-Pritchard, 1937; Wedgewood, 1937; Stanhope, 1968; Lindenbaum, 1971; Feachem, 1972; Gibbs, 1977 and Bailey, 1991) have dealt with the supernatural aspects of disease etiology in indigenous perceptions in their studies.

Rodney Needham's (1972) book *Belief, Language and Experience* explores in great detail the philosophy of belief in anthropology. Rivers (1924) in his book *Medicine, Magic and Religion* demonstrates how concepts of diseases vary cross-culturally and also focuses on beliefs about causation of disease. Rivers observed that in Murray Island, in Torres Straits, men who possessed objects called zogo, combined with their knowledge of the appropriate rites had the power of inflicting disease. In the study of ethnomedicine many scholars have taken into consideration the social and cultural factors that organize and structure medically relevant behaviours in rural and urban communities, and the ethnomedical therapies adopted and practised for curative
purposes by the ethnomedical experts and his people (Foster 1953; Jellife, 1956; Nurge, 1958; Polgar, 1962; Blum and Blum, 1965; Nash, 1965; Lieban, 1973; Harwood, 1970).

Morris (1970) observed a higher frequency of health problems among the less developed community when he conducted a comparative study of health characteristics and medically relevant behaviours among two rural communities of Dominica. The contrast between modern medicine and folk beliefs in terms of both causation and treatment of diseases and the presence of plurality of treatment options have been depicted in many studies (eg. Frake, 1961; Polgar, 1962; Blum and Blum 1965 and Lieban, 1967).

The medicinal value of plants have been discussed by different groups of anthropologists round the globe in their study of folk medicine (eg. Stoop, 1963; Grover, 1965; Morton, 1968a, 1968b; Arzápálo 1999 and Reddy, 2005). Frick (1957) has extensively discussed about the medicine derived from animal organs in China. Cory (1949) and Hern (1976) have studied about the cultural knowledge, explanation and logic behind the use of different flora and fauna as medicines. Reddy (2005) provides an insight into the forest wealth of Vietnam and the medicinal plant based traditional medicines.

The linkages between health and environment has been clearly demonstrated in the studies undertaken by anthropologists. Laughlin (1963), Cruz-Coke et al. (1964), Neel and Salzano (1967) and Wirsing
(1985) have dealt with the intrinsic relationship among man, culture, and environment in their studies. It is pertinent to note that majority of these studies have been conducted in small groups living in relative isolation. Schofield et al. (1963) has found the higher degree of occurrence of *tinea imbricata*, a skin disease among the lowland section of New Guinea due to certain factors like economic and educational handicaps, bachelorhood in males, personal health and hygiene, living conditions and particularly closeness to infected persons. Neel and Salzano (1967) have demonstrated the various causative factors of disease among the Xavante, Makiritare and Yanomamo Indians, the three South American hunting and gathering groups. The study undertaken by Lindenbaum (1979) shows that relationship between a disease called *kuru* and socio-cultural factors. *Kuru* is the fatal progressive degenerative disease of the central nervous system occurring among the Fore Indians of the Eastern Highlands of Papua New Guinea, and it is apparently transmitted by ritual consumption of the brain of dead persons and through the practice of cannibalism.

During the late 1970s, when ethnomedical systems were mostly defined in ecological and adaptive terms, Kleinman through his studies designated the medical system as a ‘cultural system’ thus resulting in the emergence of a new approach to medical anthropology as a systematic and theoretically grounded field of inquiry within the larger discipline. Kleinman’s contributions towards the study of medicine and psychiatry is highly valued in the field of medical anthropological research (Good,
Kleinman is probably the most influential and prolific writer in medical anthropology today. In his work, semantic illness networks have been made part of a comprehensive framework. On the similar line of work Blumhagen (1980) demonstrates the way in which hypertension is perceived by a population of Americans who suffer from this disease. Scotch (1963) also pointed out the relation of the social factors to the etiology of hypertension among two Zulu communities whereby the urban Zulu communities exhibit higher prevalence of this disease in comparison to the rural Zulu communities. Parker (1962) in his paper on Eskimo psychopathology shows the relation between child-rearing techniques among the Eskimo and the appearance of convulsive hysterical attacks in adult life. Kiev (1964) edited the book *Magic, Faith, and Healing* which reveals the rich and varied panorama of mental illness and healing in non-industrialized cultures by different scholars like Bert Kaplan and Dale Johnson, Jane M. Murphy, John Dawson, Jozef, J. Robin Fox, K. E. Schmidt, L. Bryce Boyer, Michael Gelfand, Michael G. Whisson, Orhan M. Ozturk, Raymond Prince, Stephen Fuchs, Victor Turner, Weston La Barre, and William Madsen. In the introductory and closing chapters Kiev provides a useful summary of the many issues that influence the success of medical treatment practices and focuses on specific problems bearing a folk 'psychiatric' treatment. Tokuhata and Stehman’s (1961) study reveals the emergence of social and particularly psychiatric problems arising due to rapid culture change in Japan. A chapter by Thomas H. Lewis in the book *Medical Anthropology* edited by Channa (1998) reveals the therapeutic techniques of Huichole
Curanderos, a conservative isolated group of people inhabiting the small villages in western Sierra Madre (Mexico). In this study of psychotherapy, Lewis defines several disorders in which anxiety was regarded as the prominent symptom by the Huichole Curanderos (healers). Once the type of anxiety is diagnosed, the necessary cure is provided. Meido is ordinary fear which can be cured by taking a piece of sugar in the mouth, Susto espantoso or fear of ghost and spirits however necessitates the treatment of the spiritualist as it causes much loss to the victim.

Medical anthropology is a newly emerging sub-discipline in India. The earliest definition of medical anthropology was given by two Indian scholars namely Hasan and Prasad. They defined medical anthropology on the grounds of its broad objectives as “that branch of ‘science of man’ which studies biological and cultural (including historical) aspects of man from the point of view of understanding the medical, medico-historical, medico-legal, medico-social and public health problems of human beings” (cited in Joshi et al., 1990 : 7). Joshi (1990) in his overview on studies on medical anthropology in the book edited by him and Mahajan put forward the observation that inspite of the fact that the term medical anthropology was first used in India itself it could not be pursued systematically and hence its utility in Indian context is increasingly doubted. At present Indian work with medical anthropological contents found in the form of ethnographic notes are found to be heavily influenced by ideas and approaches developed outside and therefore a change in orientation of study is highly desirable.
In India, the interest in studies related to public health and medicine is comparatively of recent origin. Few such studies have been undertaken in India. In the Indian context some exploratory studies have been made which deal with tribal health, disease, medicine and treatment, Naik (1972), Ahluwalia (1974), Chaudhuri and Chaudhuri (1986) and Joshi (1990) have discussed some of those studies in their review papers. The book edited by Chaudhuri (1986) is perhaps the first of its kind in India which deals with tribal health. Another volume edited by the same author (1990) deals with wide range of important issues related to health and its cultural and environmental dimensions. It is now well-established that health practices are not independent of culture in any society and that socio-religious beliefs and practices have various health implications in tribal societies.

The perception of health, disease and health seeking behaviour particularly of the tribal population of India and the social, cultural and environmental factors related to tribal health has been exhaustively dealt by Joshi and Mahajan (1990) and Salil Basu (1994) in the respective books edited by them. Gould (1957) observed the occurrence of an interaction in the folk culture between system of primitive and scientific medicine. The various factors like rural and urban upbringing, age, education, occupation, income and religion that tend to influence a person's decision towards accepting modern medicine and planned change has been examined by Madan (1969), Chopra (1984) and Rajpramukh (1993). Opler's (1963) account of illness in rural regions of
eastern Uttar Pradesh, India, also indicates the fact that medical beliefs are the constituents of the general philosophy of culture.

Bhasin and Bhasin (2002) provides an overview of health of Indians, as well as, essential aspect of their environment. Various studies on the etiology, diagnosis and therapy of diseases have been carried out by many scholars (eg. Dennehy, 1927; Majumdar, 1933; Kama, 1976). In their study of tribal belief system in India, Vidyarthi and Rai (1976) have found that many tribes of India believe that various malevolent and benevolent spirits are capable of causing disease, death and destruction. Bharathi (1993) explores the causal beliefs, aspects of spirit possession and the shamanic practices of a maritime community of Coramandeland region. Bulu Imam (1993) presents the life and thinking pattern of a Birhor medicine woman. Maiti (1993) highlights the traditional beliefs regarding disease causation and health seeking behaviour in rural Bengal. Basavanagouda (2004) provides a brief perspective on tribal health through his study of health care practices of the Beda or Valmikis tribes of Shimoga district. In their study of village communities in India various scholars have emphasized the need for understanding the indigenous belief and practices including the concept of disease causation (eg. Marriot, 1955; Lewis, 1958; and Opler, 1963).

Behura (1991) has studied the relationship between cultural practices and the spread of disease causing agents from the ecological and epidemiological points of view. The studies undertaken by Marriot (1955), Gould (1965), Hasan (1967) and Leslie (1968) have
investigated the issues of interaction between traditional and modern medicine. Gould (1965) has observed the occurrence of an interaction in the folk culture between system of primitive and scientific medicine. Khare (1963) focuses mainly on medical beliefs held by residents of Indian villages and stresses the fact that these beliefs quite often link with contrasting medical systems. Kakar (1982), a trained psychoanalyst, found out that non-allopathic healers can also administer psychoanalytically potent therapy despite great differences in their style of treatment. Kakar (1988) has demonstrated the social context of illness and health seeking behaviour through his study of the traditional medical practitioners, their therapy, and primary health care facilities available. Scholars like Srinivas (1952), Dube (1955), Majumdar (1955, 1958) and Carstairs (1957) have also made important contributions in the study of medical pluralism. Paul (1955) through various case studies established the fact that success in public health programme often depend upon modifications of human behaviour. Sharma (2001) discusses the various aspects related to health and hygiene among the Gonds of Madhya Pradesh.

The therapeutic use of plants has been an important area of research in ethnomedicinal studies. In the Indian context, several scholars have studied the medicinal plants and their utility in different parts of India. Jain (1963a, 1963b, 1963c, 1964a, 1964b, 1964c) and Jain et al. (1963 and 1964) have studied the medicinal plants used by various tribes for curative purposes. Pulu (1990) has studied the
medicinal plants among the tribes of Arunachal Pradesh. Shodhini’s (1997) book *Touch-Me, Touch-Me-Not* makes an attempt to understand traditional healers (only women) of different parts of India, and their healing practices and provides information on nearly 250 plants used in the healing process. Negi et al. (2002) discusses the uses of plants for ethnomedicinal purposes by the Raji tribal community of Uttaranchal.

The primary objective of majority of the studies conducted in the field of medical anthropological studies has been to understand the cultural frontiers of health in tribal and non tribal situations. In this context mention must be made of the studies undertaken by Elwin (1941, 1942a, 1942b, 1943a, 1943b, 1950, 1953a, 1953b, 1953c). Because of his great interest in tribal health and medicine, Elwin started a medical centre in Patangrah and studied the relations of culture to health and medicine. The studies undertaken by Elwin help us to understand the place of culture in tribal health and medicine.

With regards to studies on Tribal Health of Northeast India in general and of Assam and Meghalaya in particular it must be mentioned that specific studies on tribals dealing with their health, disease, traditional medicine and treatment have been undertaken by a few scholars. Elwin (1964) has studied various aspects of tribal health in the course of his study of the tribes of Arunachal Pradesh. Tribal medicine of the Nagas have also been discussed in the ethnographical accounts of different Naga groups (Hutton, 1968 and Mills, 1973). Kakati et al. (2002) discusses the therapeutic use of animal origin that has been
practised by the Chakhesang tribe of Phek district, Nagaland. Nayak et al. discusses the ethnozoological and zoo therapeutic uses of faunal resources among the Monpas of Arunachal Pradesh.

has further examined the ethnomedicinal practices among the Kaibartas (a fisherman caste) and the Mishings of Assam. Medhi and Hasan (2002, 2003a, 2003b, and 2004) has also discussed about the various aspects related to ethnomedicinal practices of the Garos of Northeast India. Kakati (2003) has discussed about the traditional medical practitioners among the Bodos of Assam.

There are several ethnographic accounts on the Garos (eg. Playfair 1909; Burling, 1963; Majumdar, 1966; Choudhury, 1969; Goswami, 1972; Kar, 1982; and Bose, 1985). It is pertinent to mention here that these ethnographic accounts on the Garo tribe have not dealt exhaustively with the ethnomedicinal aspects. However, mention must be made of Playfair (1909) who has discussed the magico religious beliefs and practices related to health and disease and the traditional methods of divination used for diagnosis of diseases and ailments among the Garos. Sangma's (1993) book Jadoreng: The Psycho-Physical Culture of the Garos deals with the role of the adepts or shamans, their knowledge of the mantric processes and the spiritual world and the various plants and animals used for the preparation of medicine used for therapeutic purposes by the Garos.

4. Objectives

The present study has been undertaken among the Garos of Bakrapur, a village situated in the Goalpara District of Assam and Nisangram village situated in the southwestern part of Assam and
distributed over the states of Assam and Meghalaya. The Garos belong to the scheduled tribe community of Assam and Meghalaya. According to the 2001 census out of total population of 2,66,55,528 in Assam total Garo population is 20,716 (0.077 per cent). Assam has total scheduled tribe population of 33,08,570 out of which 0.60 per cent comprises of the Garos. In Meghalaya the total Garo population is 6,89,639 which is 29.74 per cent of the total population (23,18,822). The scheduled tribe population of Assam and Meghalaya comprises 12.41 per cent and 85.90 per cent of the total population in the respective states.

The Goalpara District is situated in the south western part of Assam between 25.53° and 26.30° N latitudes and 90.07° and 91.05° E longitudes. It is one of the few hilly districts of the State of Assam. It is bounded on the east by Kamrup district and on the west by Dhubri district. Towards its north lies the Barpeta district. On the south of Goalpara district lies the state of Meghalaya. The headquarters of the district is situated at Goalpara town. The river Brahmaputra flows from east to west on the Northern boundary of the district and the main tributaries are River Dudhnoi, Krishnai, Jinjiram and Jinary. As per the 2001 census, the total population in the district comprises of 8,22,306 individuals.

The East Garo Hills district of Meghalaya covers an area of 2603 sq. km. The district which was formed in 1976 was cawed out from Garo Hills district. The district headquarters is at Williamnagar previously known as Simsangiri. The East Garo Hills district lies
between 25° to 26° N latitudes and 89° to 91° E longitude. As per 2001 census, the district comprises a population of 2,50,582 individuals.

The present study was conducted with certain objectives in mind. According to Mukherjee (1986) the concept of human health in the present day perspective has emerged as a complex multidimensional phenomenon. Several factors including biological, environmental, cultural, socio-economic, etc. are considered as important determinants of health. An understanding of the indigenous concepts of health and hygiene is necessary because these concepts which involves disease, sickness and illness are basically biological but these are also connected with socio-cultural circumstances. In view of this an attempt has been made to ascertain the traditional pattern of health seeking behaviour of the Garos of the study areas.

In the present study some other important health related aspects have been taken into consideration. One such aspect 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 traditional methods of diagnosis of disease and ailments present among the Garos of the study area have also been taken into consideration.

In recent years the Aboriginal healer or folk medicine man has become a focus of attention. Elkin (1977) has recently suggested that the
Department of Health might profitably sponsor an inter-tribal conference of medicine men at which they could consider their relevance as healers in present times, the ritual in their making and their place in health services. He strongly maintains that medicine men should be recognized for what they are – specialists in the psychology and social system of their own people, and media of spiritual power to them. The importance and significance of the traditional medical practitioners in the study of ethnomedicine cannot be denied. Among the Garos of the study areas too, there exists certain traditional medical practitioners who try to heal their patients as per the Garo traditional methods of treatment. Attempts has been made to delve into the depths of the role and status of the Garo ethnomedical experts with special emphasis on the efficacy and acceptance of their mode of treatment by the Garos of Bakrapur and Nisangram. The curative or healing procedures adopted by the Garo ethnomedical experts including the Garo traditional midwives in their attempt to provide relief has also been taken into consideration.

Webster's third International Dictionary defines hygiene as ‘the science which deals with the establishment and maintenance of health in the individual and the group; conditions or practices conducive to health’. In the study of the health care practices of a community the effect and impact of hygiene is clearly visible. Hence, an understanding of community hygiene which includes the maintenance of the public roads and other important landmarks within the villages under study has been taken into consideration. Efforts have also been made to
understand the ways in which the Garos of the study areas learn to preserve and improve their health through the maintenance of personal hygiene. Thus, the general concept of the Garos regarding household cleanliness, community and personal hygiene as vital factors for the determination of good health has been taken into consideration in the present study.

It has already been mentioned that medicine and diseases have had an undeniable effect on the history and culture of mankind resulting in the origin of the ‘art of healing’ which involved the use of a combination of superstitious practices and the administration of herbal remedies available in the vicinity. The principle of ethnomedicine is thus based on the solution of the problems in the perspective of the interactions of man, nature and environment. So it has become pertinent to explore the extent to which health and treatment are intimately linked with environment, particularly with the forest. In view of this, attempts has been made in the present study, to examine the inter relationship between health care practices and treatment and environment. The use of various biological and non-biological materials for curative purposes in the study areas reveals the ability of the Garos of the study areas more particularly of the traditional medical practitioner in identifying the medicinal value of plants, animals and other non-biological materials. In this regard efforts has been made to find out the use of various biological and non-biological materials used for curative purposes and the medicinal value of such materials in the traditional treatment
practices of the Garos of the study areas. To understand the ways in which the different plants and plant parts, faunal species, various non-biological materials possessing medicinal value according to the perception of the Garos of the study areas are used in their traditional treatment practices has been one of the vital concerns of the present study.

Of the many aspects taken into consideration in the present study mention must be made of the modern health concepts acquired by the Garos of the study areas resulting from the various impinging factors integral to the health care practices of the Garos. The existence of both traditional and modern health care practices among them has therefore necessitated the study of the interactional pattern of the traditional and modern system of medicine. In view of the presence of plurality of the treatment options, the underlying factors influencing the acceptance of either or both the treatment options simultaneously has been an important area of investigation. The reliability, acceptability and accessibility of the multiple treatment options or facilities more particularly the modern medical facilities have been thoroughly examined in the present study.

The present study is exploratory in nature. As pointed out earlier the main focus of the present study has been to understand the various aspects of traditional and modern health care practices among the Garos of the study areas. Both Bakrapur and Nisangram are homogeneous villages inhabited by the Garos. Bakrapur village is a plain area whereas
both hilly and plain areas form the Nisangram village. As pointed out earlier Babupara, a hamlet of Nisangram village is basically a hilly area where the mode of transport and communication facilities is comparatively underdeveloped than the other hamlets of Nisangram village.

Efforts have therefore been made to study the similarities and differences (if any) between the hill and plain Garos of Nisangram and between the Garos of Bakrapur and Nisangram. However, research findings reveal that the only significant difference found in the ethnomedicinal practices between the hill and the plain Garos of Nisangram is that the hill Garos' first choice of treatment is mostly traditional medicine due to its availability and accessibility. Modern medical help is taken only if traditional medicine fail to provide the much wanted relief.

The Garos of the two villages under study do not exhibit any significant visible cultural differences 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. Presence of certain basic differences regarding the perception of health and treatment of various diseases and ailments are the result of the influence of various factors like environment, habitat, economy, food habit combined with their culture 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 of the study areas have resulted in the emergence of Medical Pluralism among them. Thus, the plan of the present study has been formulated with the aim of analysing and interpreting the data on tribal health. The broad objective of the present study is to find out the various aspects of the traditional medical system of the Garos keeping in mind the emergence and existence of medical plurality in the study areas. Efforts have been made to find out the factors underlying the acceptance level or choice of the Garos regarding selection of treatment options. As assessment of the services rendered by the local medical experts for improvement of the quality of health among the Garo community, identification and analysis of the problems faced by the traditional medical practitioners in their pursuit, their status and position in Garo society, strategies to be adopted for their proper training and motivation of common people towards maintenance of health and hygiene coupled with steps to be adopted for involving Garo youths towards maintaining the herbal garden for preserving the anciently inherited properties of plants – form the main focus of the present study.

In an attempt to integrate the above mentioned facts for the presentation of the complete picture of the ‘health culture’ of the Garos of the study areas, the data has been collected from the two Garo villages and thereby it has been analysed in the present study.

5. Methodology

This study is devoted towards understanding about ethnomedicine among the Garos of Assam and Meghalaya in rural
context. Therefore, in order to visualize the importance of ethnomedicine in Garo social life, relevant ethnographic data have been collected from Garos inhabiting Bakrapur and Nisangram villages. Information was collected through field work conducted in various phases.

As a first step of creating the universe of the study, secondary data on ethnomedicine was collected through intensive library work. Relevant information was collected from various sources like books, documents, reports, dissertations, research journals, published and unpublished documents, newspapers etc. from the various institutions and libraries of Guwahati, Shillong and Delhi. Intensive library work was undertaken in the libraries of the Department of Anthropology, Gauhati University (Guwahati), Krishna Kanta Handique Library, Gauhati University (Guwahati); Assam Institute of Research for Tribals and Scheduled Castes (Guwahati); Nabin Chandra Bordoloi Hall, (Guwahati); National Institute of Public Co-operation and Child Development (Guwahati and Delhi); University of Delhi (Delhi); Miranda House (Delhi); Indian Council of Social Science Research, ICSSR (Delhi); North Eastern Hill University (Shillong); Women’s Studies Research Centre, WSRC (Guwahati) and Omeo Kumar Das Institute of Social Change and Development (Guwahati).

A research design for the present study was prepared after the completion of the library work. Thus on the basis of the library work conducted, interview guides, schedules and observational checklists have
been prepared. Three survey schedules were prepared for the purpose. One of them was intended towards collecting the census of the villages. The other two were specifically intended towards obtaining information regarding the ethnomedicinal practices of the Garos from the local medical experts and the common people. These schedules were designed with the aim of collecting the medical history of the members of each household. Emphasis was laid on these schedules on the collection of data relating to the episodes of illness, and healing options selected. Besides information related to certain symptoms recognized as causing a particular disease by the Garos of the study areas were also collected. With a view of testing the schedules a short visit was made to the study areas. Subsequently field work was conducted between the years 2001-2003, covering a period of fifteen to thirty days in each of the visits. Data for the study have been collected by using various research methods like survey, open and structured interviews, observations, indepth case studies etc. To have an idea about the Garo social structure, statistical data has been collected from every households (119) of Bakrapur village and from 105 households of Nisangram village. Besides the various methods mentioned above, informal chats with people were also made in order to gather more information about Garo social life and to have an overall idea of the community. Indepth case studies and life histories were collected from the informants, mainly from local medical experts in order to understand the various aspects of ethnomedicine as well as their role and status in Garo society. Indepth interviews were held in order to gather information on the availability
and use of medical remedies in the surrounding and the impact of modern medical facilities in the Garo community who are living in a pluralistic medical situation. Based on these data, separate tables were prepared showing the local as well as botanical names of flora and faunal species and their uses in the preparation of Garo ethnomedicine. Information regarding the traditional methods of diagnosis and treatment of disease and ailments were also collected from ethnomedical experts along with information on modern medical facilities gathered from Damra Mini Primary Health Centre, Nisangram Sub centre, Babupara Christina Hospital and the Private Medical Practitioner of Damra.

During the entire course of the field work the researcher stayed in Nisangram village from where she conducted field visits to Bakrapur village as well as in Nisangram village. During these periods of field work every effort was made to establish good rapport with the Garos of the study areas. Consequently there existed a feeling of camaraderie during the subsequent stages of field work. After establishing a close contact with the villagers the researcher often attended the family and village level ceremonies and festivals and observed their day to day activities. The researcher had also visited a few homes for informal chats. These opportunities were utilized to observe and collect more information on the topic of study.

After every phase of field work the data collected was systematically arranged and analyzed. This brief analysis enabled me to overcome the loopholes in the subsequent field data collected from the
remaining phases of field work. After the completion of the entire field work, the collected data was analyzed as a whole. The systematically arranged, tabulated and analyzed data has therefore helped in visualizing the findings of the present study leading to the drafting of the dissertation.

6. Presentation of Materials

The materials collected for the present study has been organized into seven chapters in this thesis. The present chapter (Chapter I) has introduced the problem under study and also emphasized on the relevance of such a study. The relevant literature has also been reviewed in this study. The objectives of the study and the various aspects of methodology followed in the present study have also been discussed in this chapter.

The following chapter, i.e., chapter II, provides a general outline on the life and culture of the Garos. This chapter is intended to give us an idea about history and migration of the Garos and certain demographic and socio-cultural features of the Garos of North-East India in general. In chapter III, IV, V, and VI, the core material on the health care practices of the Garos of the study areas have been presented. Chapter III presents the ethnographic profile of the Garos of the study areas. This chapter profiles the villages of Bakrapur and Nisangram as a setting. In addition to the description of the village community some demographic aspects have also been discussed in this chapter. The
settlement pattern and dress and ornaments used by the Garos of the villages have also been described briefly.

The perception of health, diseases and ailments and the traditional methods of diagnosis of disease and ailments have been discussed in chapter IV. This chapter also deals with the different aspects about the diseases known to the Garos of the study areas. Attempts have also been made in this chapter to find out the traditional way of classification of diseases, the factors responsible for causation of diseases as well as the interrelationship among the magico-religious beliefs and practices and diseases. Chapter V deals with the ethno-medicinal use of flora, fauna and other materials. The interaction with and the interdependence of the Garos 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 has also been discussed. This chapter lays emphasis on the use of these available material ingredients in the traditional methods of treatment of disease and ailments.

In chapter VI, the impinging factors integral to the health care practices of the Garos have been focused. The role, status and functions of the traditional medical practitioners among the Garos and the impact of modern medical facilities on their health practices have been discussed in detail to determine the various facets that has led to the emergence of medical pluralism in the study areas. In view of the presence of multiple treatment options, this chapter also entails the
underlying factors which influences the adoption of a particular mode of
treatment over the other. Besides attempts have been made to
enumerate in detail the accessibility, availability and quality of traditional
as well as modern medical facilities availed by the Garos of Bakrapur
and Nisangram.

The concluding chapter (Chapter VII) contains the discussion on
the findings of the preceding chapters. In this chapter the study has been
summarized and conclusions have also been drawn.