# CHAPTER IX

## Observation and Conclusion

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This research has been conducted by intensive fieldwork, using both of the quantitative and qualitative analysis. Supporting data and their interpretation have been presented in concerned chapters. Here the main findings are discussed.

Indigenous treatment system is not confined among a particular community of any geographic area. People mainly live in the villages of my study area utilise this treatment system at a variable degree. From minor to major health problems, for children to old persons, male and female all sorts of people use this system as par their knowledge and provision. Those people who are taking education and communication are using modern and other type treatment systems. But they are not free from their cultural ideology as their concepts abot health care derives from indigenous treatment system especially in psycho-somatic problems. People hardly dare to avoid the related health care rituals even during medication of other treatment system. Health seeking behaviour of this area is intermingled with and prevailed as indigenous treatment system at varied degree. Sphere of domestic care is still dominated by the trivialities and medicinal value of vegetables and easily available medicinal plants and herbs.

In present scenario community centric traditional health care system is hard to find. The elements and processes of this age old system are diluted by interactions of different types of health care system and their associated influences. Habitation cluster of different communities share an almost common world view due to prolonged co-existence. Constant changing course affected by external dominant forces bring a lower degree of homogeneity among the diverse components of population. Interactions among different castes and tribal peoples to get a more effective treatment system are crucial to understand the real situation of health care. Tribal in the midst of non-tribal people share many contrast ideology in concerning religious and cultural processes. But these contrasts are governed by necessity of life care services coming from communal effort of villagers.

**Components** Indigenous treatment system emerged in very period for survival of the people against health problems. This system was localised and made through the experiences of generations and unlimited trial and error method. It may sound a conjectural history but

localised treatment system has no such historical document. Like other body of indigenous knowledge it has been transforming from time to time. The system has been transforming in course of contact with localised habitation by communication both by migration, sharing experiences of different communities, and *'guru-sishya parampara'* between different types of communities. The knowledge and practise are composed particularly of local health problems and their remedies come from the local flora, fauna and other ingredients. This age old knowledge tradition acts through the concurrent socio-cultural milieu. Perception is built through the cultural understanding of people and earned knowledge from their day to day activities and experiences. The people especially included under the little tradition i. e. illiterate, poor, less rational carry and nurture this tradition. Therefore this exists as a folk tradition. The knowledge and practices were preserved by the intellectual part of the society and bring these practices as regular socio-cultural norms. Each and every aspect of life remains functioning within the single microcosm. Involved persons of these traditions have honour; financial independence and rest of the people express a cooperative mentality to sustain this system as effective and made effort for its more development. Villages located in forest and vicinity of forest especially is the main place to inculcate this treatment system. Socio-cultural life of patients, healers and other related stake holders share a common cognition and heritage. Regular life style, intake of food, drinking are also composed part of this system. Laborious work, leisure also reflect the concept of health and determine the boundaries between good health and ill health. Natural atmosphere with soil, air, and water are keenly related with the human body and its physiological condition. Seasonal rotations in environment bring some specific factors in effect of health of people. Climate and weather have regulating effect on flora and fauna which are essential as ingredients of medicine.

## Basic Facts and Processes

**Socio-cultural milieu** Two villages are multi-ethnic**,** settlement are composed of more than multi-ethnic 5 hamlets. People have more cooperation and sharing within their own community than other communities of the villages. They have common worshipping arranged by the dominant group of people with even representatives from different ethnic groups. People share common ideology about the village unity in the face of problems

coming from outside the village, political affairs, and in few general fair and festivals. Majority of the people are cultivators, daily labourers, and forest collectors. Educational level of both of two villages is not up to the mark with more than 40% illiterate. The village of Purulia has better education than village of Nayagram. Religion plays more crucial role at Darda than Bhaliaghati. Distances and regulations of caste system are more prevalent among the villagers of Darda. Communities live in small sphere; interpersonal relations are with natural strength, they know each other very well. The elderly people make decision and govern the society with customary laws. People may discuss their health problems with co-villagers. Domestic interactions are also controlled with effect of religion, cultural factors. People have their unique aetiology; epidemiology and healing art in their indigenous knowledge pool. The patients and their family members perceive facts that influence all health care phenomenons.

**Domestic sphere** Domestic lives of the villagers are acquainted with indigenous treatment system. All the family members share some more homogenous ideology and knowledge. They believe in their traditional life activities and practice same type of economic pursuits. Division of labour exists in the different phases of the same economic activities. People are tied with strong affiliation of family life usages. Health care phenomenon is interpreted by the concepts usually discussed by the indigenous healers, religious personalities and the group of aged persons. Education has less scope to renovate the ideology and decision making process about health care. They take initiatives with medicinal plants available at their kitchen gardens and surrounding field that provide primary care to the patients as par their knowledge. As par influences of supernatural forces the information about the patients are kept in secret to protect them from more malevolent spirits and forces. Each and every sort of daily life regulated by their family members, informed neighbours and other consulted persons. Taking food, bathing, sleeping, and other regular assignments to the patients are also controlled by the family members. Patients are treated as colony of external effects.

The family members decide disease aetiology from their perception and go to elderly knowledgeable persons, local healers, witch doctors, and shaman. Then decisions are influenced by the facilitators of the indigenous treatment system. The decision making mode about clinical phenomenon are arrested by these types of traditional personalities.

Experienced family members collect information about more efficient healers, medicines and life styles but most of the rest oppose to apply other than their own traditional system adhered to their regular life. Rationality and initiatives from other treatment system are limited.

Women are prime care givers in domestic sphere. Male counterparts of family are busy in their economic pursuits and other activities out of home. Women are busy in taking care of the children and elderly. They notice first any symptom and do first aid before making farther decision by the eligibles. Women have the knowledge about folk mode of treatment by using the materials available in household along with medicinal herbs available in their own or surroundings kitchen gardens. They provide food and drink to all family members and make the *pathya* (food associated with medication) for patients. Preparations of *pathya* exclusively are maintained according to indigenous health care system. In domestic sphere indigenous treatment system is not confined to human ailment only but also it is utilised for treatment of domestic animals. Many medicinal plants are used for the same ailment in both of the cases of human and animal. Common medications are used especially in indigestion, symptoms of cold, bone fractures, stop bleeding and wounds. Conceptualization of disease and illness among domestic animals are also practiced by same ideology and perceptions.

**Caste and communities** Caste system in the village of Purulia is more active than the village of Nayagram. Villages with few or more communities are oriented their interrelation with caste system. Caste system is not mere packages of socio-economic activities and practices but also builds the ideology of people; making the mode of behaviour to other. Health care system of the people is not free from these socio cultural complexes. Occupation is prime component of caste system regulating many disease occurrences, making perceptions, and rout of treatment. Occupational diseases are related to caste associated health problems. Complexities about social status, identity, ascribed to ritual practices make integrated health care system. People think evil effects of malevolent supernatural power are more associated to lower caste people than higher caste. Purity in social cultural life usages has a certain relation with these types of evil effects. Myths are helpful to understand psychology of different patients in relation to their diseases. Worshipping deities, conventional religious concepts and practices come as components of construction of perceptions. Deities of little

tradition are more harmful and appeased by lower caste people. Occultism is more associated with lower caste and tribal people. In the sphere of domestic care during suffering many ritualistic activities are prescribed by the elderly people. Food habit, bathing, sleeping, loitering in air are also determined by the particular cultural usages. Diseases of patients are categorised differently from caste to caste. This is the main references for communication of the patients with non-patient's family members and neighbours. Many diseases of this area like leprosy, chicken pox, tetanus are conceptualised as curse, rage and disfavour of the deities. These patients are also reckoned as religious victims and treated in isolated space.

**Hierarchy** Hierarchy is also another variable in conceptualizing health care system. Financial capacity enables people to have high potential health care knowledge, amnesties, and overall facilities of health care system. Perceptions about the disease depend upon the existing knowledge, life style, and living domestic atmosphere. Healers are also aware about the financial condition of patients at the time of making prescription. Relationships of people among the family and habitation regulate many psycho-somatic problems. Expected level of hygiene is also realised by healers from hierarchical position of the patients. Some diseases like cancer, diabetes are taken as diseases of rich persons. Knowledge and capacity of expenditures regulate the maintenance of hygiene. Availability and uses of electronic media and its effects on people are strongly important on higher class people. Educational qualification is also related to hierarchy. People with good educational qualification are able to rationalize the disease aetiology and avail the efficient treatment system. Few people in this study area are educated and utilise the indigenous treatment system in their own consideration up to a certain level.

**Religious and supernatural life** Beliefs and practices of supernatural world have had a long history to regulate the local socio-cultural life as well as health care life of the people. These beliefs make etiological concepts and thinking, epidemiological concepts and processes of healing inseparable. Indigenous treatment system is less active and effective without this type of ideology. Fear in supernatural life dictates patients to lead a controled life and the patients are bound to follow prescriptions and suggestion of the healers for the sake of cure. Not only the patients but also family members in case of contaminated diseases affiliated to curse of deities bring some religious rituals to all the villagers and provide

indigenous treatment system to act in its suitable socio-cultural milieus. During suffering patients got some common ideology with other family members and neighbours are helpful to bring them in less vulnerable mind. In my study area several healers are endowed with supernatural power by worshipping their appeased deities and benevolent powers. These are important components of healers' effort. These beliefs help the patients and healers to maintain their regular relationships also.

Patients and healers of the indigenous treatment system are known to each other, and maintain a social status not only at the time of treatment but also their daily life. The healers are considered to be the honourable persons in their society. In many cases they are respected as religious and traditional political person personality of that locality. They are also invited to all social cultural ceremonies. But at present they do not have this degree of respect and influence to their society because of the incoming alternative treatments. Incapability of the healers is treated as the failure of the luck of the patients or curse of the deities. The people have less knowledge about the great healers of other region. These also make influence upon the practices and ushering in indigenous treatment system. Among the later generation people are less interested in taking the profession as healer.

**Magic and occultism** People under this study area have strong beliefs in supernatural entities along with supernatural practices in the arena of social cultural life as well as health care. They go for *jharphuk* in case of slight headache, vomiting, indigestion, crying of children, and hysteria. Appeasing of spirits is very common phenomenon among the villagers in occasional and regular activities. Indigenous healers use the chanting of spell during their treatment. This brings a special attention and effect upon the patients. *Ban mara, haoa chalano, singari dewa are* major malevolent effects (black magic) used by *ojha* and *gunin* in health care. *Tantra-mantra, yanjna* worshipping are remedial measures in these cases. Health care is also mitigated by occultism and sorcery. People are habituated to continue their relationship between the persons having the magical and supernatural power.

Prevailing perceptions about the health care system are also having an orientation from conventional facts and processes. Patients as par their perception make some reactions after considering the causes of health problems. Besides healing period, people often

practice some minor actions to protect themselves from the malevolent actions of evil eyes. Some vulnerable people wear *tabiz, maduli,* and other kind of materials to avoid the attack of evil eyes. During health problem the elderly and family members observe the behaviour of the anticipated patient and decide about possibilities of intrusion of supernatural power.

Supernatural agencies are related to *pouranic kahini* of Hindu mythology. In case of tribal patients they consider some effects of evil eye in interpretation of health problems. The *mantra* (spell) is composed by identification of agents, uttering their characteristic features and their skills for activities. Then a more malevolent or benevolent supernatural power is invited to capture the power of the first agency. To drive out the affecting agency beating, harassing is also applied. The entire process is conducted in a systematic way. In many cases herbal remedies, elements are used in different mode that effect as indigenous medicine. A large number of healers practice occultism along with their treatment.

**Regular life style** Day to day life of the people is a crucial factor in determining their health care phenomenon. In the beliefs of the people, hard labour, irregularity in food taking, insomnia, mental problems, loitering in the uncommon places are supposed causes of ill health. Hardships in occupation, prolonged labour are also important in their aetiology. Rising in early morning is always considered to be an ideal among the villagers. They take rice *(basiam)* before going to their work; take rest after working a few hours. Timely bathing, sleeping, walking is the expected life style among the villagers.

Leisure time is considered very important among the villagers. After delivering hard labour they feel fatigue and need to restore the normal capacity. Leisure time is also important to maintain their social relationship with their family as well as village. Wearing dirty dress causes for skin diseases. Use of water is another important for dealing with trouble free health. The people in general use pond water, which is not clean and causes skin diseases, and gastroenterological problems. Drinking water of these areas is rarely free from impurities. They use drinking water from tube well and dug well. The surroundings of these water sources are dirty; they wash cloth, throw litters here and cause contamination.

Many households do not have airy atmosphere, size of windows are small for passing the sufficient air. Respiratory problems observed among the common people for lack of

sufficient air. Different type of germs caused skin diseases, respiratory problems and allergy are prevails among the villagers. Some people live with a close setting of domestic animal that also causes health problems.

**Medicinal herbs** Medicinal herbs are main ingredients of medication in indigenous treatment system. People use medicinal plants from their surrounding fallow land, kitchen garden, road side and forest. Occasionally healers go to the forest or hills for collection of special type of medicinal herbs. They have working knowledge on identification, habitat, seasonal morphological changes, and parts of plants. Parts of plants with medicinal values are collected by them. Indigenous healers and their associates, regular patients usually take indigenous medicine have working knowledge. They discuss this knowledge among themselves only. Gradually commoners are losing their capacity to memorize and use this knowledge. Some herbs have market value and people sell them after collecting from forest to small businessman. Medicinal herbs are available in weekly markets, indigenous healers, and tribal people who supply them in search of their livelihood. Many conscious people plant essential medicinal herbs in their kitchen garden. At present context, in few villages of Nayagram some people sell the herbs at large scale after collecting from forest. Few middle men from pharmaceutical companies come to these villages with the photograph of medicinal herbs in their need. Using these photographs villagers also collect these herbs.

A notable number of medicinal plants are endangered due to invasion of human habitation, soil erosion, environmental hazards, and degradation of forest. Indigenous healers face difficulties to collect these herbs and are bound to apply alternative herbs. This type of compromise in preparation of medicine reduces the effectivity of treatment system. Harsh effects of medicinal plants bring some misconception among the commoners. People restrain from earning the knowledge about medicinal plants.

Some time healers keep much information in secret for protecting their knowledge from other healers and general people. This type of information is generally transmitted by the *guru-shishya parampara*, ancestors and heirs and some time associated persons with medicine preparation. Interpretation of knowledge of this system in the light of rationalities is difficult by the low educated healers. Then explanations are drawn from the supernatural world. The adherences of supernatural world keep the practical knowledge of healing at a

distance from commoners and demand special orientation to understanding. These attachments act as negative effect in preservation of indigenous knowledge. The collections of medicinal plants or parts of the medicinal plants are other examples of these protections. They maintain lunar calendar for collection of medicinal ingredients. They chant spell, wear different type of dress, and obey a series of ritual processes during collection. In most of the time healers collect medicinal plants beyond the eyesight of the commoners. They spread some frightful stories, concepts about the propagation, planting and uses of medicinal plants. Trivial medicinal plants, available everywhere are made differently by ascribing with magical chanting. This action brings some more reliance on trivial plant. Majority of facts and processes are present at a composite form and not merely as medicinal materials but with more values and power.

Many healers pluck leaves, flowers, root, and tubers of medicinal plants during collection of their medicinal ingredients. These actions are for to protect these sources from other healers. They collect their components of medicine from garden of other people by stating false reason. Some time they steal these items from other's kitchen gardens. Healers make perplexities and illusions about the medicinal plants or animals to others person to protect these knowledge. They spread cow dung on medicinal plants to protect these from domestic animals.

***Talan*****:** *Talan* is essential component of indigenous medicine. Before accessing to ayurvedic tradition indigenous healers use the grocery items like turmeric, sugar, salt, soil, stone dust, touch of iron, copper etc. as complimentary with other medicinal parts. But the advent of ayurvedic medicine provide source of *talan*. Healers collect medicinal herbs, barks, roots, tuber from medicinal vendors; they also provide some complimentary materials as *talan*. Healers also prescribe to take medicine with honey, sugar, *durba* (a kind of grass), milk, and *ghee* (clarified butter) to avoid the bitter and odd test of medicinal herbs. In spite of the *talan,* healers also suggest taking medicine with hot, mild, and cold ingredients.

Recently healers use the components used in ayurvedic tradition of medicine preparation. They buy some materials from the registered medical shop of ayurvedic medicine also. Some healers use the process of medicine preparation according to available ayurvedic books along with of their preparation mode of indigenous treatment system.

**Perceptions:** Perceptions of diseases are also formed through discussion with elderly and family members. Many children and adolescent share their medicinal knowledge with their peer groups, and playmates what they learn from their elders. Leisure time of the elderly people are utilised to preach and instruct their children to be a good inhabitants and become sustainable to nature for their future life. The old age persons of these villages arrange the story telling session among their children to harmonise their mind. Parents carry their children in their working places and discuss about the nature and daily life courses which are best suited in their habitat. Economic pursuits and its annual calendar play vital role of the children's learning. Children are interested much more about their surrounding nature along with the flora and fauna. Climatic phenomenon, seasonal changes and associated health care problems are disseminated among their age sets through the spectacles of own experiences. Explanation of fear and sorrow of children also come from their knowledge about supernatural knowledge earned from their elderly. These components come in making perception about health care problems of children. Children have sufficient time and scope to disseminate their experience from suffering to their age set. After childhood and adolescent they are busy in livelihood practices and get lower scope for discussion with their fellow people. The time and scope for discussion make them in semi compartmentalised phase. These are the chances for transmission of knowledge through generation to generation. Differentiations of occupations also come with increasing population pressure upon the arable land, forest and limited domestic animals. Now modern electronic media makes people more isolated and lost the chances to preserve their valuable treasure troves about indigenous treatment system. In their different age groups people play role as decision maker with this type of earned knowledge. Though advent of modernity bring many hurdle to memorise the experiences and knowledge.

Available health care infrastructures provide much information about the health problems, expected destination, nature of sufferings, possibilities of cure. Some knowledgable persons provide health care information to the people and modify peoples' perceptions. The multi-ethnic population of Bhaliaghati and Darda villages suffer from a large number of diseases. This phenomenon facilitates the people to access more heterogenous knowledge. Large population get their health care knowledge by an effective media of knowledge dissemination. The presence of homeopathic, allopathic treatment systems also plays

important roles in making of perception of these localities. Lack of medicine shop also limits the knowledge about medicine of different treatment system. In Bhaliaghati, village under Nayagram block one non-government organization, named Pallimangal provide training, orientation, and awareness to the villagers about the indigenous treatment system that make strong contribution to perceiving the health care phenomenon. Opinions of educated persons get importance to other in perceiving the health care information. Growing rationalities bring many efforts to the rationalization of perceptions. Campaigning by the government, and other organisations in electronic media bring in modification of the peoples' perceptions.

**Decision making process** During the treatment, people are capable of making decision for accepting, continuing and maintaining the treatment accessories according to their financial capacity. Financial capacity of the family is more important to access the treatment facilities. Rate of income, feasibilities of earning by the patients, value of patients in their family are important factors for investment in treatment. In these study area the financial strength is more utilised in treatment of earning persons, the children. And aged with less feasibility for work is paid least attention for making expenditures in treatment process. Males are treated with more effective treatment process than females. Patients with marginal economic feasibilities are generally treated with indigenous treatment system.

## People and Performances

**Healers:** Healers are the main service provider in indigenous treatment system. In general they adopt this profession by heredity. Family is primary leaning platform for them. They go to primary and high school education up to their capacity. Healers are well versed in Bengali *teethi* (lunar) calendar, *rashi chakra*, and about the deities that affect to health problems as well as boons of the deities for mitigating their health problems. From the very childhood they are acquainted with knowledge of medicinal herbs especially in identification, usable parts, and other essential information. Gradually with the increasing age he becomes more versed in this section of knowledge. Generally they start their practice with their forerunners among family members and relatives and then approximately at the age of 30 years they become independent practitioners. Healers having hereditary affiliation treat several kind health problems.

**Women healers** Women healers are few in number; they are not interested in practice publicly. They learn their skill from their family members, especially in family of orientation. Sometimes they assist their healer husbands in preparing medicine and earn the practical skill for treatment of few ailments. Then they wait for suitable social support for practice. Women healers are vulnerable against the practice of witch and other supernatural activities. Women healers basically cater treatment in the health problems of women. Sometimes the wives of healers begin their practice after the death of their husbands. They also face many restrictions in day and time regarding their practicing hour.

**Medicinal vendors** The profession of medicine vendor is generally hereditary. The *bania* caste (especially *gandha banik*) takes up this job. They are main provider of medicinal herbs to the healers and patients in weekly market. Few medicine vendors sell their product from their home. They collect the medicinal herbs by self or with the help of tribal people from forest and adjacent areas. Besides selling of the herbs they sell the *talans* to healers. They purchase *talan* from the *dashmkarma bhandar* and ayurvedic medicine shop of the town. Some sell the spices both for use of medicine preparation and kitchen use. Few entrepreneurs come in this profession and give stress in trading of spices than medicinal ingredients.

**Patients** Patients and their family choose the treatment system on the basis of their existing knowledge experiences and other factors like financial condition during treatment; communication and basic know how about the places, institutions and personalities. Previous experiences shared by the knowledgable persons also come to the effect. Each and every family choose healers on the basis of their previous experiences, socio-cultural relations, and patron-clients relations in other socio-economic transactions. Individual members of the family sometimes choose their healers by exercising personal choice. But in time of further suffering dominant members of the family take decision for treatment.

Patient has the general tendency to express his or her own problems and sufferings. Understanding of the patients problems by the healers is very important to get the patient's reliance. Language plays a significant role in making understanding between patients and healers. Previous experiences about patients and healers bring a firsthand impression in healing process. Native terminology is the main media of understanding the health care

phenomenon. Terms expressing the causes of health problems, different phases of disease, symptoms, and changing acuteness play a vital role in decision of medication. Patients feel free with regular family healer or renowned doctor of their locality.

Socio-cultural factors are important in the healing process and understanding both healers and patients in concurrent perspective. Differentiation of community relation, religious ideology, beliefs system and perceiving phenomenon determine the actions in healing process after action of medicine and accessories. Some time community distances between healers and patients bring difficulties in implementations of medications. In indigenous treatment systems prejudice about the disease occurrences happen in treatment by upper caste indigenous healer.

## Transformations

Indigenous treatment system comes to its present forms through a continuous transformation with the influence of concurrent social cultural change. Change in social organisation family, marriage, kinship and their regular function bring some impact on traditional system.

The advent of colonial imperialism, westernization, modernization, and globalization village communities and ecologically separated communities are affected with irreversible drastic changes. Industrialization makes environmental pollution which reduced the soil fertility, natural flow of water, natural mode of bio-diversity cycle. These are harmful for survival and distribution of medicinal herbs. Rapid deforestation, uses of chemical fertilizer, extensive grazing, misuses of herbs, large scale hunting cause extinction of valuable herbs from the human habitation.

Disease pattern is also very crucial to understand about the survival of any health care system.The collected data is analyzed through following table. Differences between 1940-1990 and 1990 onward have no water tight demarcation.

**Table-73:** Transformation in diseases occurances in understudy area

| S | 1940-1990 | | 1990 On wards | |
|---|---|---|---|---|
| | **Male** | **Female** | **Male** | **Female** |
| SU | DRHEA ,Cholera, Leprosy,SP. Measels | SD( scabbies), Leprosy, LUC, PA | G&U, RP | Minor SD, MD |
| R | WI, Headache, C&C,, Typhoid, Malaria | WI, Headache, C&C,, Typhoid, Malaria | VF, DD | DRHEA, LUC, PA |
| W | Tuberculosis,NC | DC, TI, | RP, Asthma, C&C, | TI, PRF, Gout |
| AS | DM | Anemia, Gout, PH | Diabetes, NP, EP, Cancer | GB, Stone, EM, Cancer |

**ABBVR:** Seasons-S; Summer-SU; Rainy-R; Winter-W; All season-AS;Small pox-SP; Pain in Abdomen-PA; Skin diseases-SD; Respiratory problems-RP; Gastric & Ulcer-G&U; Menstrual disorder-MD;Cough & Cold-C&C; Worm Infection -WI;Problems of rheumatic factors-PRF; Throat infections-TI; Disease from mal-nutrition-DM; Eye problems-EP; Lucorrhea-LUC; Viral fever-VF; Digestive disorder-DD; Early Menopose-EM; Nerve problems-NP; Gall Bladder-GB; Nasal Corrizo-NC; Pregnancy hazards-PH; Diarrhoea- DRHEA; Dental carries-DC;

The transformation of entire health care situation may be represented through the following categorization

**1940-1980**

Rich natural resources, people lives in microcosm, ethnic and clan based life, supernatural explanation of aetiology, stronger immune system, and simple form of diseases.

**1980-(1990)-1995**

Decaying ecological balance, extinction of many flora and fauna for anthropogenic and climatic hazards, communication, technology and world view gradually advancing, population influx.

**1995 and onward**

Vivid effect of globalization, environmental degradation, microbes become adaptive and disease come with more complication, decreasing immune system, effect of chemical manuring and pesticide in human food.

Rapid deforesatation, industrialization (especially cement, paper and iron), introducing foreign public health care infrastructure and changing bio – cultural behavioral activities are responsible for this transformation.

Religious and supernatural world of rural people are gradually lost its relevance in advance life style. People spend their life in arena of modern appliances, electronic media. They live with easy life and have become modernized as well as refuse to accept the supernatural activities without practical experience. Many conscious patients resort to modern treatment system even when they accept the existence of supernatural power. Impetus for changes makes preliminary effect on respective persons and their associated behaviours. Change in demand of common people in their health seeking behaviour becomes major sector in nurturing and fostering this treatment system.

In this scenario the rural as well as tribal people are affected at a large level, their pristine systems and organizations come to a vulnerable situation. They are arrested by the adversity of by product of these unsustainable developments. They cannot find herbs for preparation of medicines. Due to lack of local herbs they have to depend upon the *banias* (local herbs vendors) for ingredients. These ingredients are not always effective like the original. The young generation lost chances to observe the herbs in situ condition. Therefore they are unable to identify the original herbs and have to prepare medicine with the degraded materials. These types of adversities reduce affectivities, lengthier diseases duration, and also increase the treatment expenditure. For this reason the indigenous healers cannot earn their livelihood from their jobs. Ultimately they leave their job and gradually forget the oral tradition of treatment system. So, in these studied villages we cannot find the community specific medicine man in every village. Declining of indigenous knowledge pool, persons interested in practice indigenous health care become diseases specific. Therefore, the healers are having partial knowledge instead of the whole and therefore, unable of treating the complex health problems. Patients cannot put their reliability to indigenous system and search for new and more effective treatment system. In this juncture the healing art is expanding to inter-community sphere in quest for survival.

Economic pursuits of service providers are important factor. It controls the involvement of time in activities and services to the indigenous treatment system. Financial matters play a crucial role in bringing encouragement for making effort in regular actions in indigenous treatment system. Raw material especially the price of *talans* (materials purchased from *bania*) is hiking, on the other hand, financial value of delivered medicine remains low in respect of poor economic conditions of the patients. Incomplete ingredients in preparation

of medicine cannot give the expected result. Ultimately reliability upon the indigenous treatment system is decreasing.

Degradation of forest and environment bring serious multifaceted problems to indigenous treatment. Anthropogenic effects in degradation of forest and environment come with advent of modernization. Man and their surroundings are related in the realm of their knowledge system. Initiatives for institutionalisation of indigenous treatment system have no possibility in near future. A number of government programs fail to document indigenous knowledge system. Paucity of positive initiatives in codification and documentation of indigenous knowledge system are main problems for institutionalisation.

Lack of appropriate and integrated knowledge brings many misconceptions about its application which is main causes for loss of its relevance and reliability. Identification of medicinal plants is also crucial matter for application of these in domain of domestic health care. Many people of this generation are unable to trace the medicinal plants for domestic uses. Present day schooling system brings a gap between the elderly with children about each and every aspect of daily life as well as uses of medicinal plants.

In the near past people depend only upon their nature to collect the subsistence, they used to go collecting forest resources, population pressure on agricultural land is less. People use to get more time as leisure. They can bear a long healing time for disease. Nowadays people are busy in pursuit of their livelihood and building their sustainable future. The demand of shorter period in healing system is an important problem in acceptance of indigenous treatment system. A couple of generations back people use to take the food from the agricultural land and kitchen garden by cultivating crops without using any chemical manuring or insecticides. But nowadays people are not able to collect their vegetables or corns without applying any chemical manure. Life style of the rural people is changing at drastic level leading to vulnerable phase. Communicable diseases, life threatning diseases, and contaminous diseases are gradually spreading by mobilised people and commence new health problems in villages too. Rural people cannot earn their effective knowledge to fight against these diseases due to lack of ignorance. Indigenous treatment system at a static and decaying phase is completely unable to cure these diseases. The food habits come to a

notable change in perspective of rural people also, which always do not fit to the preferences made by the healers of indigenous treatment system.

Healers apply some ayurvedic readymade medicine from ayurvedic shop. In fact, they suggest to take some ayurvrdic vitamin or other nutritional complimentary. They use many terms those are borrowed from the ayurvedic tradition during conversation with the patients during diagnosis of the health problems. Many educated healers consult the pathological report and speak accordingly to inform patients as he is aware of the modern treatment system also. They keep some ayurvedic books as ready references at the time of treatment. Some healers in special case of snake bite advice patients to get admission into hospital. They also accompany the patients to perform some supernatural activity. Few healers in Santaldih region of Purulia collect license for practice from a government supported organization. Patients take the help of indigenous treatment system along with the modern treatment. Especially they get *pathya* from indigenous health care system. They use the *tabiz, maduli* from this age old treatment system. Ointment, poultice, and massage of the modern treatment system are also preferred. Some time patients go to *ojha, gunin* during the medication of modern treatment system.

**Table-74: Major research findings: comparative account from two field areas**

| Field variation | | Generalization |
|---|---|---|
| **Nayagram** | **Balarampur** | |
| **Inter community interaction** | | |
| Degree of Caste hierarchy is less; people are with small group live with cooperative way of lifestyle. | Degree of Caste hierarchy is high, population group is comparatively large, maintain caste demarcation and live in separate hamlets. | Intercommunity compartmentalize effect to build specific notions against diseases and illnesses |
| **Type of hybridization** | | |
| People are more conscious in phenomenon of health care, small communities cannot preserve their ancestral notions of health care, and many modern health professional cater services. | People live in conservative, ancestral notions of health care; go to faith based healers at primary stage. Then they avail modern treatment facilities, rate of hybridization is slow. | Hybridization is happening on base of mobilization in notions of health care, education and communication, and community specific religion bound treatment procedures. |
| **Knowledge on traditional medicinal plants** | | |
| They go to forest very frequently with groups, some household have medicinal plants in their kitchen gardens. | They depend proprietary activities in quest of cure and loss their knowledge more fast than others. | Regular uses of medicinal plant are a strong way to preserve the knowledge in medicinal plants. |
| **Dissemination of health care information** | | |
| Inter community and inter personal relationships are good, they can discuss without any hesitation about health care phenomenon without bias to their community identity. | People hesitate to discuss health care phenomenon in inter community contacts. They think individually about diseases. | Dissemination of health care phenomenon are depend upon inter and intra community, socio-cultural mobilization. |
| **Domain of public health** | | |
| Infrastructures are not good but people want to search the facilities of public health and utilize at their levels. | Infrastructures are not in sufficient but people are not taking the facilities spontaneously. | Public health infrastructures have to extend at more grassroots level and implement by sensitization of people. |

## Conclusion

Indigenous health care presently exist in remote villages in particular less curable diseases and among less capable group and section of people. A notable number of components have been already changed due to globalization, anthropogenic environment degradation, emergence of rationality. People take interest in clinical services and go for multi-faceted treatment process and involvement of capable persons are scarce. Hereditary system of health care (involvement of progenitor of present healers) is failing to provide the potential healers for the sake of choosing more attractive careers. Present healers come in this job as their partial mode of occupation. Healers are poor and capable of catering their services while facing hiked price of ingredients (*talan*). Religious belief and practices in people's socio-cultural life act as prime regulating agent. Decision making process related to accompanying health care services has been changing from aged person of the family to individual choice. Environment and its biodiversity in forest fringe areas are facing constant vulnerability. These facts are unable to provide necessary medicinal plants in their complete seasonal and biological cycle. Climate has been changed due to global warming and degradation of environment leading to changing occurrences and pattern of diseases. Advance communication especially migration of population introduce many new diseases and illness to small and semi isolated habitats. Effective indigenous knowledge pools have been changed and not act as complementary to thinking people in line of indigenous health care system. Indigenous health care system is unable to provide information to rationale people for decaying the integrity.

Indigenous health care system fails to chase these challenges. Institutionalised clinical services (like modern, homeopathic, and Ayurvedic medicine) absorb the elements of indigenous health care system like quality of medicinal plants, disease associated behavioural pattern and related psychological problems. Government and non government organisation make some scattered effort to facilitate indigenous health care system but these opportunities provide some essential information in strengthening institutional medical system. Regular public health services like immunization to children, follow up and intensive care at pregnancy, care to special diseases like thalasaemia, anaemia,, tuberculosis bring many people under its catchment. The union government has taken strong initiatives to eradicate vector borne diseases, epidemics, and to reach mass.

One new trend is observed in the study area that components of indigenous health care system survive as part of modern medical system. A large body of components remain at the phase of vulnerabilities. These components may come under the fold of strong medical system. Inclusion of midwifery after a relevant training into public health care system is proved effective in the service of people. In the study area space in domestic health care is basically composed of indigenous health care system. An important gap of modern health care is filled up by indigenous health care.

Abovementioned discussion leads to draw a corollary that in present perspective, catering health care services to rural patients is difficult by ignoring the components of indigenous health care. Perception, acceptability of patients is still hard to understand. Indigenous health care system has potentialities to provide actual diagnosis and to choose right options of treatment to modern clinical service especially the patients of rural habitations. More research will be helpful to describe and explain the psychological construction of patients during medication. More ethnographic research will help to academia to find out the basis of indigenous health care to reconstruct its origin and locate experience in discourse of oral media of indigenous health care system. Proper longstanding planning and nurturing in regional perspectives may fill up lacunae, which are already lost.