

CHAPTER III

Participants of Indigenous Health Care I:

Men healers in the Context

Women Healers in the Context

Villages of the Selected Men healers Understudy

Table-09: Purulia district

Blocks	Name of villages with the number of Men healers	Total
Balarampur	Darda(2); Samardih(1); Atebala(2); Korwa(2); Amruhasa(2); Khairidih(1); Namsole(1); Kandul(1); Ghatbera(2); Kadamdih (1); Kanaidhara(1); Balarampur(1);	17
Barabazar	Palma Lachhinpur (1); Bhabanipur(1); Berada(2); Tanrpania(2); Khekruidih(2); Bishkudra (1); Mereha(1);	10
Baghmundi	Sonahara(1); Ranga(1); Puniasasan (2); Tilakdih(1);	5
Kashipur	Gagnabad(1); Kashipur(2); Daptaripur(1); Rautara(1);	5
Hura	Chholagora(1); Keshabpur(1);	2
Arsha	Jamghutu(1);	1
Total		40

Table-10: Jhargram district

Block	Villages	Total
Nayagram	Bhaliaghati (07); Rukhnimara(5); Tapoban (3); Jamirapal(1); Jadukata(1); Nayagram(2); Khanamuri (2); Kaluasnr(1); Jarka(1); Tufuria(1); Kalma pukhuria(1); Nutan sai(1); Kanrasole(1); Barbat(1); Khemasole(1); Pratappur(1); Chaku sai(1); Bara Tarki(1); Rayan tar(1); Ramchandrapur(1); Barasole(1); Namsole (2); Kadamdiha(1); Nuasai(1); Rangamatia(1);	40

Table-11: Rationale for tabulation and analysis of men healers

	Title	Variables	Significance
1	Educational status of the healers according to age group	Age group, educational categories like illiterate, primary(I-IV), secondary (V-X), and Higher (XI and more)	By examining educational status, it is expected to get capacity of men healers in reading, writing and sources of inputs. Communication with the patients with different educational level is also assumed.
2	Occupational status of the men healers according to age group	Age group, occupational categories like cultivation, petty business, wage labour, others	Occupations of men healers is helpful to understanding scope of involvement, economic condition of men healers, express their capacity to enrich his practice by using costly items in treatment.
3	Sources of skill learning among the men healers	Age group and sources like regional <i>guru</i> , parents / family, relatives, dreams and others	Skill learning process is prime process for dissemination of knowledge. Sources of knowledge are also important to possibilities of making future men healers and this situation creates acceptability of this system to general inhabitants also.
4	Age group wise experience among men healers	Age group after 40 years and experience of at least 10 years	Age group is a significant factor of member of society for acquiring experience. Initiation period of healing is also depicted in this table. Trend of practice among the villagers is also explored through the table.
5	Experiences with the intensities of diseases among men healers	Experience range from up to 5 years, 6 to 10 years and more than 10 years with intensities of diseases like acute, moderate, chronic, mixed and others	Capacities of men healers are explored in this table. Intensities of diseases mainly treated by indigenous treatment system are also considered. Relationships with experience and capacity of complicated diseases have also been considered.

Table-11: Rationale for tabulation and analysis of men healers

Cont.	Title	Variables	Significance
6	Mode of diagnosis along with experiences of men healers	Experience range from up to 5 years, 6 to 10 years and more than 10 years with diagnosis categories like conversations, examine morphology only, urine test, disease specific folk methods and others	Mode of diagnosis is another prime process in healing. It expresses primitive phase of diagnosis and attached to causation of diseases as well as healing path.
7	Religious activities in association with treatment system among men healers	Frequency of involvement by categories like regular worshipping, in only lunar days, auspicious day, in public temples with elements of practice like medicine, vow and spell, vows and medicine and others	Levels of religious activities associated with treatment of men healers are considered. Aspects of faith healing is also found through religious activities of men healers.
8	Preparation of medicine and consulting knowledge of men healers	Preparation of medicine through categories like self prepared, partially prepared, purchased from market, only from market with the knowledge of written documents, from memory	Persons involved in preparation by components of medicine and required knowledge are considered for understanding provided medicine and associated skill.
9	Self satisfaction of men healers about their treatment	Experience range from up to 5 years, 6 to 10 years and more than 10 years with levels of satisfaction like high, medium, satisfactory, mixed and not satisfactory.	Satisfactory levels evaluate the expected outcome, scope for development, and problems in delivering services.
10	Causation of diseases according to men healers	Experience range from up to 5 years, 6 to 10 years and more than 10 years interval, with educational categories like illiterate, primary (I-IV), secondary (V-X), higher (XI and more)	Concepts about causation of diseases among men healers regulate diagnosis of diseases as well as choosing the rout of treatment with appropriate medicine. .
11	Prescribed food habit to the patients during medication	Experience range from up to 5 years, 6 to 10 years and more than 10 years are considered with strictly prescribed (general and disease specific), not mendatory, not at all.	Food habit reflects the healing processes as planned by the men healers to cure an ailment. Role of different type of food in causation, effect in degree at healing processes, control over the choice of patients on food habit during treatment are also revealed through this tabulation.

Table-12: Rationale for tabulation and analysis of women healers

	Title	Variables	Significance
1	Educational status of the woman healers according to age group	Age group, Educational categories like illiterate, primary (I-IV), secondary (V-X), higher (XI and more)	By examining educational status, it is expected to get capacity of woman healers about sources of inputs. Interactions with patients are also expected through their information.
2	Occupational status of the woman healers according to age group	Age group, occupational categories like only treatment and home making, petty business, wage labour, and others	Occupations of woman healers is helpful to understanding scope of involvement, economic condition of woman healers, and their capacity to make treatment freely in the face of constraints of society.
3	Efficiency and mobility of woman healers	Categories on treated diseases like mild, moderate, acute and chronic are considered with rate of success (as reported) like below 50.00% and equal and more than 50.00% (along with sub-categories like treated at home and outside.	Efficiency and mobility expresses the capacity of catering services as well as their skill and affectiveness in treatment.
4	Practices and social setting of woman healers	Frequency of practices in time like regular, on special day in a week only, weekly market only and on special day in month only are considered with subject of supporting from family and society	To cater the treatment support from family and their village society is very much important for free practice. Constraints come as par her practice day, which also indicate the efficiency also.
5	Religious activities in association with treatment system among woman healers	Experience categories with years like up to 3 year, 4 to 10 years and equal and more than 11 years are considered with worshipping of number of deities and frequency of treatment	Levels of religious activities are associated with treatment of woman healers are considered, an aspect of faith healing is also found. Dependency on supernatural power is also assumed from these data.
6	Problems of woman healers	Age group of woman healers with their marital status are tabulated with different type of problem categories like social problem only, financial problems only, problems of assistance only, shortage of knowledge only, and combination of two among these.	Capacity of woman healers is confined to their various problems. Analysis of these problems will be helpful to understand trend and efficacy of their services, scope of development of their activities and skill.
7	Sources of skill learning, innovativeness and having successors among the woman healers	Experience in year are tabulated with source of learning (parents, relatives and others); innovativeness (change or not change), and having successors (children, relatives and others).	Skill learning process is prime process for dissemination of knowledge, sources of knowledge is also important to possibilities of making future of woman healers. Future of woman healers may be predicted from preparing their successors.

Among the sample healers of Nayagram, *Santal* community has the most numerical strength in comparison to others. They occupy more than 42% of the total healers of this region. They come from the age group of up to 70 years. *Munda* possess the next numerical strength after *santal*. These two communities occupy the more than 62% of the total men healers. Indigenous treatment system is still practiced among the tribals at Nayagram region. Total men healers in this region come from seven communities.

Table-13: Community, age groups and educational status of men healers

Age group (in Years)	Educational status				Total
	Ill.		Edu.		
	NYGM	BLMP	NYGM	BLMP	
Up To 50	2 Santal-(2)	2 Napit-(2)	7 Santal -(4) Baiga-(1) Munda-(2)	10 Napit-(2);Santal -(4) Baishnab-(1),Sunri- (1) Dhopa-(1), Ansari (1)	21
51-70	11 Santal-(6) Jele-(2), Kurmi-(1) Mahishya-(1), Lodha-(1)	4 Santal-(3) Kurmi-(1)	9 Santal-(5) Jele-(1), Kurmi-(1), Tili-(1), Baiga-(1)	13 Santal-(4), Chasa-(1) Jola-(1),Kurmi-(2) Tili-(1),Kuri- (1) Gandha Banik-(1), Brahmin-(2)	37
71+	6 Munda-(3) Kurmi-(2) Lodha-(1)	4 Santal-(3) Bhumij-(1)	5 Tili-(2) Munda-(3)	7 Santal-(2),Bhumij-(2) Ansari-(1),Baral (Mogra)-(1),Kurmi-(1)	22
Total	19	10	21	30	80

ABBVR: Educated-Edu.; Illiterate-Ill; Nayagram-NYGM; Balarampur-BLMP; Age groups are in year

A similarity is found in the number of *Santal* men healers in the region of Balarampur also. After the Santal, *Kurmi* communities get the next numerical strength among the men healers of Balarampur region. But they have only four persons in this category. The men healers of *Bhumij* community also express their strength of practices here. The men healers of this region come from twelve communities, which express that community diversity in practicing indigenous health care is more acceptable in these areas. One man healer from *Gandhabanik* community do the dual role as medicine vendors as well as men healer. Thirty of total men healers of this area are educated, which also shows the popularity of indigenous health care in this area.

Table-14: Community, age groups and educational status of women healers

Age group (in Years)	Educational status				Total
	Ill.		Edu.		
	NYGM	BLMP	NYGM	BLMP	
Up To 50	4 Lodha-(2),Kurmi-(2)	8 Kurmi-(4),Jele-(1) Bhumij-(1),Santal-(2)	-	2 Kurmi-(1) Santal-(1)	14
51-70	6 Bagdi-(1),Keunt-(1) Karmakar-(1),Lodha-(2) Kurmi-(1)	7 Jele-(1),Kumar-(1) Dom-(1); Gope-(1) Kurmi-(1); Sahis-(2)	3 Karmakar-(1) Lodha-(1) Kurmi-(1)	2 Kurmi-(2)	18
71+	6 Bagdi-(2),Keunt-(1) Karmakar-(1),Tili-(1) Kurmi-(1)	1 Kurmi-(1)	1 Bhumij-(1)	-	8
Total	16	16	4	4	40

ABBVR: Educated-Edu.; Illiterate-III; Nayagram-NYGM; Balarampur-BLMP; Age groups are in year

Among the women healers nine women come from *Kurmi* community. They are well supported by their family and affiliated to religious power. *Santal* community have a representation with only three persons in the category of women healers. Twenty women healers come from eight communities indicate the healthy social cultural environment for women as practitioners of indigenous health care. Sixteen of total women healers of this region are illiterate.

The similarity is found in the educational status of women healers of the two region, both of the region women healers are illiterate by their sixteen persons. The *Lodha* live in Dorkhuli village of Nayagram blocks. They are well equipped in indigenous treatment in relation to subsistence collections from forest of this region. *Lodhas* of this region were famous by their age old tradition of indigenous treatment system. Four of total women healers come from this region and all of them live in the Dorkhuli village. They treat a vast range of ailment to local patients of different communities. The *Kurmi* community also shares the same numerical strength with the *Lodha* but they practice a lesser range of treatment than the *Lodha*. Beside these communities, eight have two or one woman healer in other community under this study sample.

Age group and Experience of Men Healers

Men healers of indigenous treatment system do not go through any formal schooling for catering their services. In this relation they do not have any particular age of initiation of starting treatment. They may be interested for starting their practice at any point of their life after getting confidence and acquiring practical knowledge. Increasing age introduces much more experiences in the life of the initiated men healers and affects all round development of the world view related to curing of diseases and patients.

In general men healers start their practices at age of 20 to 30 years excepting a few cases and continue to the old age of 70 years. That's why in this table the age groups are categorized with an interval of ten years. During their practices they have enriched knowledge, and experiences of treatment. For this reason, first ten years of experience of men healers has been divided into two intervals of five years. Rest of years of experiences are divided into an interval of ten years.

Table-15: Age group and experience of indigenous men healers

Age group	Field	up to 10	11-20	21-30	31-40	41+	Total
Up to 40	NYGM	2	-	-	-	-	2
	BLMP	1	2	-	-	-	3
41-60	NYGM	2	8	8	1	1	20
	BLMP	3	6	3	2	1	15
61-70	NYGM	-	-	3	3	1	7
	BLMP	-	2	2	2	5	11
71+	NYGM	1	-	3	3	4	11
	BLMP	1	-	1	1	8	11
Total		10	18	20	12	20	80

ABBVR: Nayagram-NYGM; Balarampur-BLMP; Age group in Years

Educational status of the men healers according to age group

In the study area of Nayagram block, lesser number of men healers comes from the present generation with less than thirty years of age. Few men healers started their practice of indigenous treatment system in their teen age. Now they belong to age group of 41 to 50 years. Two men healers started their practice at the age of more than 35 years. One man healer started his practice at the age of more than sixty years. From this data, we can understand the interest and urge to be a men healer. The men healers who are less than

sixty years of age started their practice at age of more than thirty years excepting one man healer who started his practice at the age of more than sixty years.

Men healers learn their skill through the association of a renowned men healer. Generally he starts his treatment independently by the order of his *guru* (mentor). Conflict with the *guru* or settling at different places etc. is the usual cause of separation from the *guru*. For this reason a men healer may start practice independently even after twenty years. Interests in indigenous treatment system of the men healers depend upon contact with the clinical practices of renowned men healers. Death of a renowned men healer, sometimes induce his followers having some knowledge and experiences to commence the treatment.

Learning of indigenous health care system among the men healers of Purulia is much better than of Nayagram. Here men healers are more than six in number and belong to age groups more than 41 year. Men healers belong to the age group '60+' year constitute more than twenty men healers. Almost half of the men healers have more than 30 years of experience.

One man healer having the age of more than forty years started his treatment at his age of 44 years. Two men healers started their healing practices at age 19 and 20 years. Two men healers started their treatment at the age of 15 years; now they are at more than sixty years old. One man healer started his treatment at the age of 71 years. Eighteen men healers started their treatment at age of below thirty years. Seven men healers started their treatment at their age of 'more than forty years'. Age of commencing the treatment is gradually increasing. At present in study area Purulia district, scarcity of the of health care infrastructure, increasing health problems, prevalence of regular worshipping induce the people to adopt indigenous health care system.

Educational status of the men healers according to age group

Education among the men healers plays an important role to get input from print and other media about treatment and related matters. Educated men healers have more potentialities than their non-educated counterpart. Creating efficacy in their treatment they converse with the patients that brings confidence of patients upon the indigenous health care system. The educated men healer is also aware of the other existing treatment system and they are

capable of using the non-indigenous treatment in indigenous treatment system to be successful.

Nayagram is situated in a forest fringe area and not well communicated with the nearby town or semi-town. In this village ICDS centres, SSK and Primary school are present. People face hardship to collect their livelihood and have less interest in education. Men healers who can sign are included in illiterate category because reading, writing, and understanding of different materials are useful to enhance the skill of indigenous men healers. In higher category not a single person is available with an educational qualification of more than School Final (M.P.). Interviewee men healers are generally belonging to age group greater than 40 years are practising for more than 34 years. Prior to 34-35 years educational institutions were not available in remote villages. For this reason men healers are considered by their educational status along with the age group. Educational categories are Illiterate, Primary (from class I-IV), Secondary (from class V-X), and Higher (from class XI and More).

Table-16: Age group and education of indigenous men healers

Age group	Field	Educational status (Standard)				Total
		Ill.	I -IV	V-X	XI+	
Up to 40	NYGM	1	-	1	-	2
	BLMP	-	1	1	1	3
41-60	NYGM	8	7	5	-	20
	BLMP	2	6	5	2	15
61-70	NYGM	4	2	1	-	7
	BLMP	4	1	6	-	11
71+	NYGM	6	2	3	-	11
	BLMP	4	3	4	-	11
Total		29	22	26	3	80

ABBVR: Nayagram-NYGM; Balarampur-BLMP; Illiterate-Ill.;Age group in years

Occupational status of the men healers according to age group

Among the total men healers of Nayagram, nineteen are illiterate and are found in all age groups. This reflects problems of getting education in this region. Thirty one men healers come from the age group of above fifty years and are illiterate with strength of greater than half. Three men healers from age group '51-60' years who can sign are included in illiterate

category. Educated men healers under the educational category V to X come at equal strength with men healers from the age group of more than 50 years. All the age groups have representations in the higher educational category. It expresses the capacity of indigenous men healers and acceptability of indigenous treatment system. Men healers between age group of 51-60 years have maximum number that reflects the trend to enter into this system at the age of thirty years. In Nayagram homeopathic and allopath treatment systems have newly arrived. The region faced a critical political environment of Naxalite movement in this period. At present educated people of this area rarely take indigenous treatment system as their profession and men healers with education higher than school are not found.

Scenario of educational status among the selected men healers in Purulia is quite different from that of Nayagram. In this region ten men healers belong to illiterate category. Eleven men healers belong to educated with primary education, and nineteen from more than Primary education. Two men healers who can sign come from age groups of 41-50, 61-70, and more than 81 years. In class V-X category, one man healer has a qualification of Madhyamik Pariksha (from West Bengal Board of Secondary Education). In this area educational status of men healers are better than that of Nayagram. Trend of indigenous treatment system is more popular in this region because three men healers with an education of more than Xth standard come from age group of below 50 years. One man healer has passed the higher secondary examination. One man healer is a graduate in Commerce stream, and one is qualified with a post graduate degree in Geography has hereditary connection with indigenous treatment system. The highest strength of men healers coming from the age group 61-70 years reflect that the heyday of indigenous treatment system still continuing in this region.

Occupational Status of the Men healers according to Age Group

Occupational life of the men healers is confined only to practicing of indigenous treatment and is not sufficient to meet family need. Understanding economic life of the men healers is important to understand the scope of indigenous healing system. The price of *talan* (ingredients are collected from other region and some non-plant items) is gradually increasing, which is also telling upon the fee for treatment. Occupations of men healers in

two different regions are categorised as cultivation, petty business, wage labourer and others. Age group is taken as important variable along with the occupational categories. Two study areas are backed by agricultural economy and cultivation is also a seasonal activity here. Many of the men healers have not even a small plot of land and employed as wage labourer. The people cultivate especially paddy in medium fertile soil. Irrigation facilities are rarely available in this region. Petty businessmen make their business with a low amount of capital but have a regular involvement with spare time. Income from this job is not sufficient to bear their household expenditures.

Table-17: Age group and occupation of indigenous men healers

Age group	Field	C	B	T	O	Total
Up to 40	NYGM	2	-	-	-	2
	BLMP	-	1	2	-	3
41-60	NYGM	16	2	-	1	20(1*)
	BLMP	9	-	4	1	15(1*)
61-70	NYGM	2	1	2	2	7
	BLMP	4	1	4	1	11(1*)
71+	NYGM	2	-	4	5	11
	BLMP	5	1	2	3	11
Total		40	6	18	13	80

(1*belongs to wage labour category)

ABBVR: Nayagram-NYGM; Balarampur-BLMP; Cultivation-C; Business-B; Treatment only-T; Others-O; Age group in years

The tabulated form of data on economic activities of men healers of Nayagram expresses a general trend like the other inhabitant of this locality. Among the men healers, forty are engaged in agricultural activities. Majority of them have a small plots of agricultural land, a few men healers cultivate other's land as share cropper. Half of the men healers from the age group of '41 to 60' years are engaged with cultivation that indicates their capacity physical hardship during agricultural activities. Only two men healers above 80 years old cultivate their own land with the help of family members and relatives. Men healers earn a certain amount of money from their practice and try to avoid job of wage worker. Amongst the men healers of age group of 51-70 years pursue petty business. The other categories of occupation are composed of cattle herder (2 persons), collectors of forest resources (2 persons), carpenter (2 persons), priest (1 person), men healers (6 persons), and one person

has retired from service. One man healer from the age group of 61-70 years go for collection of forest resources along with cultivation.

Tabulated data from study area under Purulia region on occupational activities bring a little bit of different trend from Nayagram. In these men healers engage in agricultural activities below twenty men healers. Fifty percent of total cultivators come from the age group 41-60 years. An equal number of men healers are engaged in business in two field areas. Among them one maintains a saloon. Two persons are engaged in wage labour. Among them one is engaged in brick furnace. The other category of occupational pattern is composed with fitter (1), hair dresser (1), forest collection (1); two persons are retired from service, in which one was in teaching. Twelve men healers are not any other economic pursuits than indigenous treatment. It indicates the strong existence of indigenous health care system in Purulia. Financial gains are far better in Purulia than the men healers of Nayagram. Among these professional men healers six come from the age group between 51-70 years, also an indication of golden days of Indigenous treatment system. Men healers come from the age range between Up to 50 years also able to keep their profession as indigenous men healer.

Sources of Skill Learning among the Men healers

Skill learning process is prime process for dissemination of knowledge, Sources of knowledge are also important to possibilities of making future men healers and this situation creates acceptability of this system to general inhabitants also. After impregnated with ideas to be a men healer from general mass and social setting, people search for the technical knowledge and some effective training. Men healers rarely start their practices after getting some knowledge and information, but they go through a prolonged learning to being a skill full men healer. General people help them to bring some curiosities then this interest leads them to search a *guru* for effective training. Regional *gurus* are available in these two regions but not have any information. *Gurus* have some specific religious affiliation and established worshipping practices, they have an in depth expertise in arena of treatment. They come from a family of *guru* as hereditary or as entrepreneur. Some time interested people come in contact with the *gurus* occasionally with the term of occupation, relatives and at common *adda* (gossiping). In some cases people come in contact of *gurus* in a distant places come in to their economic pursuits or in other scopes. In past time there

were many *akhra* (association) for catering the skills of indigenous treatment system and its associated religious, supernatural skills. These *akhras* commence at the eve of Rohin , the last date of bengali month *Jaistha* (equivalent to may-June) and this skill learning was continued to Bandhna of another bengali month of *Kartick* (October and November). Besides of this busy schedule learners keep contact with their *gurus* in some particular auspicious days of worshipping and observance. They were associated with their *gurus* during treatment. Regional *gurus* guide them about the identifications, habitats, year around changing morphology of medicinal plants. They inform about the efficacies of different parts of these plants along with their doses. Diagnosis of diseases, especially through the folk methods, symptoms of health problems are also preached by these *gurus*. Men healers start their practices at early days under the supervision of their *gurus*. But now day this tradition is lying on decay. Very few numbers of *gurus* are available in these two regions also. Many men healers become complete men healers as family members of renowned guru and his disciple. All around the life span these learner men healers get the guidance, and knowledge and information about indigenous health care.

Family is a main platform for dissemination of knowledge of indigenous treatment system. People generally learn entire health care matter from their family then they fetch their knowledge from outsiders. Family is the association of people of different age groups, and sex. People of a single family have diverse experience about the health care phenomenon. Men healers in their early age mitigate their majority of curiosity from family. Situation of health problems of a family member help the other entire member to earn their experiences about this problems and continue this tradition for future generations. But in this tabulated form of data '*guru* within the family' is considered as a family.

Broader network of social organization based on family through their affinal and consanguineous relation is also source of skill learning among the men healers. Not only the interested people but also the *gurus* search their ideal disciple to teach the skill of indigenous health care system. In this regard, the interested people and Guru utilise the social network to enrich themselves and in sake of quest of survival of skills. By these relations they come in contact and keep regular interaction in sake of indigenous health care system.

Some aggregations of knowledge and information gradually come in efficiency and provide the confidence to act as men healers. Few men healers claim dream as their source of skill learning. These trends are generally observed among the men healers in practice the healing of a few remedies. In these cases, men healers generally practice worshipping devotedly of a particular supernatural entity that he thinks as his mentors and donor of the skill.

These are the main sources for learning the skills of Indigenous health care system. But beside of these a very few men healers learn the skill from consultation of regionally composed or purchased from book.

Age groups are considered as another variable for this tabulation which is significant to trace trend of skill learning from different sources.

Table-18: Age group and sources of skill learning among indigenous men healers

Age group	Field	RG	F	R	D	Total
up to 40	NYGM	-	1	1	-	2
	BLMP	-	3	-	-	3
41-60	NYGM	9	6	1	3	20(1*)
	BLMP	7	5	1	1	15(1*)
61-70	NYGM	3	3	-	1	7
	BLMP	5	5	-	-	11(1*)
71+	NYGM	6	4	1	-	11
	BLMP	5	4	-	2	11
Total		35	31	4	7	80

(1*belongs to other category)

ABBVR: Nayagram-NYGM; Balarampur-BLMP; Cultivation-C; Business-B; Treatment only-T; Others-O; Age group in years

Thirty two of the interviewee men healers took regional guru and family as their main source of skill learning. Regional guru is more effective in preaching of Indigenous health care system than from other family members. From this table we can found that these two sources are utilised from a very past. The men healers learn their skills from dreams are with age of above fifty years and below seventy years. Becoming from the relationship with their relatives is also a common phenomenon. Men healers of 'other category' learn the skill for indigenous treatment enrich from consultation of book. But he treats a very few of number of health problems.

In Purulia a slight variation is observed. The men healers learn from the regional guru and family members are almost equal in number. Frequency of families is greater in involvement with family preacher among men healers of Purulia region than Nayagram, less inertia of change is also observed. In Purulia one person learns the skills from a distance (more than 200 KM). From this data we can observed reducing number of Regional guru influence the interested people. But the hereditary stock is more affective as source of learning skill for beginner men healers. Becoming men healers by teaching of regional *guru* and *guru-Chala* relationship is more prevailed among the men healers of Purulia with a greater frequency than Nayagram.

Educational Status in Respect to Age Group: Women Healers

Women healers of these two study areas cater a certain limit of healing services to the incumbent patients in a small area. Age group of the women healers is a crucial variable to understand the capacity and scope of catering services in relation to other socio-cultural factors. Because increasing of age, women get a varied status in their family of orientation as well as family of procreation. A very few females are allowed to come in practice with indigenous treatment system due to chances to profaneness their image. This will act as burden to their marriage. Learning the skill of treatment in their father house from father, grandfather or any other elderly women of their family are not directly applied to patients even at their newly married phase also. After a certain period, members of their in-law house come to know about their skill and fact has been come to their consideration. Proper circumstances help to usher their knowledge and allow her to begin practice. Education is an important factor to memorise and expressing the skill during practices. Education is also helpful to make the situation in favour of practice of women healers by earning liberty from her family. For this reason here I want to analyse the basic data of women healers through these two variables.

Table-19: Educational status in respect to age group of women healers

Age group	Field	Ill.	CRW	I-IV	V-X	XI &+	Total
up to 40	NYGM	1	-	-	-	-	1
	BLMP	1	-	-	1	-	2
41-60	NYGM	6	-	1	1	1	9
	BLMP	14	1	-	1	-	16
61+	NYGM	3	6	1	-	-	10
	BLMP	1	-	-	1	-	2
Total		26	7	2	4	1	40

ABBVR: Nayagram-NYGM; Balarampur-BLMP; Can Read and Write (Informal)-CRW; XI and more- XI & +; Age group and experiences in years

In Nayagram block, women have less scope to getting education at time of their child and adolescent age. Fourteen of total women healers of this region are remain illiterate. If we go through the age groups, women healer having the age of less than forty years became illiterate indicate that educated women have clear cut tendency to avoid learning of indigenous treatment system. Women healers with age group between 41 to 50 years are not educated in schooling system but one woman healer went through the Literacy program and can sign. Along with putting signature she can read the written matters in Bengali. One healers within the age group 51 to 60 years of this region has an educational qualification with V to X categories is indicated before thirty to forty years indigenous treatment system has the glamour to accepting this skill with honour to the practitioners. Two women healers get their study in primary level and are aged with more than 61 years.

The tabulated data of women healers in the Nayagram region clearly depict the decreasing number of women with gradually lower educational qualification come under the indigenous treatment system to cater services to the patients. Some indigenous women healers feel their educational lacunae and made their effort through informal mode of education and capable to make sign and reading some necessary books. This information also reflect their another route of entrepreneurships.

The women healers of Purulia region are less educated than women healers of Nayagram region. Sixteen, out of twenty women healers are illiterate; they did not effort to become functionally literate through informal mode of education. But unlike from the Nayagram, women healers express a tendency to accept the practices of indigenous mode of treatment

after taking the education. In this region one woman healer of an age of above 61 years has an education at secondary level. One healer also has education qualification at Primary level and belongs to age group 51 to 60 years. Distribution of women healers is also gradually decreasing along with advancement of time. This trend of change is initiated before twenty and more years.

Women healers had also a golden period for catering treatment through indigenous mode before twenty five to thirty years. Religious affiliation especially influence of Goddess Manasa have a powerful impact upon the women healers and provide an easy scope to cater treatment to their patients.

Occupational Status of Women Healers

Women of these field areas play a notable share in their family income. Besides performing their household tasks they earn through agricultural activities with their rest family members in their own agricultural land or as wage labour in neighbours' agricultural land. Occupational activities are major factors in getting scope of their treatment in indigenous treatment system. Occupational lives have interrelation in perceiving their worldview which is intrigued with their diagnosis and treatment system. Financial condition after occupational activities also provide liberty and scope to taking decision as well as getting time to spent in their treatment.

Table-20: Occupational status of women healers

Age group	Field	A& WL	T	HM	PB	O(FC)	Total
up to 40	NYGM	1	-	-	-	-	1
	BLMP	2	-	-	-	-	2
41-60	NYGM	3	-	3	1	2	9
	BLMP	6	8	-	1	1	16
61+	NYGM	2		2		6	10
	BLMP	-	1	-	-	1	2
Total		14	9	5	2	10	40

ABBVR: Nayagram-NYGM; Balarampur-BLMP; Agriculture and wage labor-A&WL; Treatment-T; Home Makers-HM; Petty business-PB; Other (Forest Collection)-O(F); Age group and experiences in years

Women healers of Nayagram region do not abstain from earning life before their age reach at fifty. They earn their livelihood and support their family through the economic operations like agricultural activities, petty business and mainly from forest collection. Single woman

healer belongs to age group 31 to 40 years go to agricultural activities in her own family land. Some she goes to wage labour in agricultural field. Three women healers at the age group of 41 to 50 years earn their livelihood through agricultural activities and forest collection. One woman healer engages herself in petty business. She runs a weekly shop and daily market in nearby market of her own village. She sells dry fish along with few vegetables. Half of total women healers of the age between 51 to 60 years are home makers. Rest take their occupation from agricultural field and forest. Women healers with an age of more than 61 years are unable to do hard work and they contribute their family through less exhaustible work in agricultural operations, forest collection and associated with light house hold work.

Among five home maker women healers three are engaged in rearing their domestic animals, like goat and sheep. One woman healer belong to agriculture and wage labourer category go to daily labour in other than agriculture, and two women healers go in rearing of domestic animals. All the age groups available in other category have representation in forest collection. Two women healers with an age of more than 61 years are engaged in basketry and cooking the meals of ICDS centre of their village.

Increasing age is source of leisure after an age fifty years and capable to cater more services to their patients. As their occupation spent in a walking distance they are available to their patients after waiting a while. Only eight women healers can do some income from their catering services. All of them are with an age of more than forty years. Earnings from indigenous treatment system have some taboos among the aged women healers. In most of cases they suggest medicine and patients collect these from forest and kitchen garden. Collections of raw materials and preparation of medicine are difficult job and are main hindrances for them to earn something from those activities.

In Purulia region, nine persons of total women healers able earn their livelihood from treatment only. They are below 61 years. More experienced healers are able to earn money than the less experienced. This is a good indication for indigenous treatment system. In these cases male counterpart of their family are also engaged in collection of raw materials managing the patients and giving full support through socio-cultural settings. Eight women

healers out of twenty go to agricultural operation in their own and neighbouring land. Only one woman healer engages with petty business by selling indigenous liquor.

Among two women healers engage in other categories, one woman healer spent her retired life. She is not able to do hard works. Another one woman healer with an age between 51 to 60 years engages in worshipping goddess *manasa*.

Knowledge, Innovativeness and Successors among Women Healers

Knowledge is prime concern in relation to catering services in indigenous treatment system. Knowledge about symptoms to diagnose the health problems, degree and rout of health problems is helpful in application of medicines and knowledge about remedies from local sources is the main source of treatment. Women healers have lesser scope to learn the treatment system than their male counterpart. Learning of knowledge of indigenous treatment system is basically a secret lesion to the women healers and trainee women healers. In this regard acquiring knowledge among the women healers are more troublesome than their male counterpart. Innovativeness among the women healers is less expected in relation to their poor scope and confidence in catering services. In most of cases women healers do not change their practice by their own experiences. Though, some women healers apply a lesser degree innovativeness during treatment in relation of their increasing experiences.

The continuation of Indigenous treatment system transmission of skills and knowledge to next generations is very important. Though this skill is a secret type of practice and confined especially treatment taker and givers belong to women categories. Migration of women through marriage is played a vital role in transmission and sharing this skill. In this concern getting successors of women healers is considered in trace the future of services of indigenous treatment system.

Table-21: Knowledge, innovativeness and successors among women healers

Exp.	Field	SP			INNV		SCSR			Total Sample
		P&R	D	O	CWA	NC	C	R	O	
up to 3	NYGM	-	-	1	-	1	-	-	1	1
	BLMP	-	1	-	-	1	-	-	1	1
4 to 10	NYGM	3	-	3	1	5	2	1	3	6
	BLMP	2	3		1	4	1	1	3	5
11+	NYGM	9	2	2	5	8	2	-	11	13
	BLMP	7	6	1	3	11	9	-	5	14
Total (Colum)		21	12	7	10	30	14	2	24	40

ABBVR: Nayagram-NYGM; Balarampur-BLMP; Skill preachers-SP; Parents and relatives-P&R; Dream-D; Others-O; Innovativeness-INNV; Successors-SCSR; Change with addition-CWA; No change-NC; Children-C; Relatives-R; experiences in years

In Nayagram, women healers learn this type of skill from their parent in the childhood and at bachelor phase. Eight women healers out of twenty in this region learn their skill from their relatives. Few number of women healers learn their skills from male relatives. Only two women healers having experience of 'more than twenty years' of this region learn this skill from Guru, who was available in their family circle. Fourteen women healers make experiments with the dose and taking the dose of medicine among their patients. six of women healers do not introduce any type of change in their practices. The women healers have more than twenty years experience are able to make the experiments with the doses of medicine. Fourteen women healers think their children especially the girls as their successors after their death but the expected successors have less interest to learn this type of skills.

In Purulia region, as many indigenous men healers continue their practice, the women healers apply the notion of god gifted skill by dream are more effective in course of their survival. Ten women healers of this region depict they acquire their skill from dream by a special deity. These women healers treat their patients through out more than one decade with a success. All experience categories are considered here have representation in learning skill from dream category. Few women healers trace their portion of knowledge

from parents but they claim dream as the prime source of skill learning. Innovations in application of their skill during treatment are less observed among the women healers of Purulia. Only four women healers bring change in their treatment. Sixteen women healers do not introduce any change in their practice. Ten women s expect their children as their successor. Nine out of twenty women healers expect their followers as their successors.

Rate of Success in Different Ailment Categories of Women Healers

Rate of success among the women healers in their treatment reflect the popularity, available services and strength of this system. Basically women healers treat few health problems. In this relation treated health problems by the women healers is hard to categorise in mild, moderate, acute and chronic varieties. But to consider the success rate of the women healers with degree and intensity of health problems is crucial. In this table rate of success is categorised in two categories. Fifty percent of success is considered as broad category of success rate. A good number of women healers cannot cater all type of health problems. They are considered in the category as 'Not cater treatment'. Women healers treat patients from their own village and from other villages. In this respect among the total number of women healers are considered in both columns separately.

Table-22: Rate of success in different ailment categories of women healers

Age group	Field	OV		OTOV		TP
		>50%	=/<50%	>50%	=/<50%	
M	NYGM	12	-	11	1	12
	BLMP	4	16	4	16	20
MOD	NYGM	16	2	15	3	18
	BLMP	6	13	3	16	19
A	NYGM	13	4	9	8	17
	BLMP	6	14	5	15	20
C	NYGM	10	5	10	5	15
	BLMP	5	14	6	13	19

ABBVR: Nayagram-NYGM; Balarampur-BLMP; Mild-M; Moderate-MOD; Acute-A; Chronic-C; From own vllage-OV; From Other than own village-OTOV; Treatment provided-TP; More than 50%->50%; Equal or less than 50%-=/<50%;

In general, women healers treat the acute and moderate type of diseases. Only three women healers do not cater their services in case of moderate. The same fact is true about treatment acute health problems. Eight women healers do not cater their services in case of mild health problems. Five women healers do not cater treatment in case of chronic health

problems. Twelve women healers get success in more than half of their treatment of mild health problems of the patients from their own villages. Success rate is side less in case of patients come from different villages. In treatment of chronic health problems, success rate in catering services is same in own villages and other than own village of women healers. Failure or less success rate is also equal in home village and away villages.

In frequency of treatment larger numbers of patients come to women healers from their own village. Few patients come from different villages. A very few number of women healers are known to patients from other than their own village. Patients from their own villages come with different type of health problems, on other hand patients from the other village come with effective information about the women healers. In this reason success rate has less differentiation. All the women healers not feel free to treat the patients from other than their own village. This is a reason for low success rate in case of treatment in other than own villages.

Women healers of Purulia region treat different type of health problems as they are more interlinked with male healers. Only one woman healer do not treat moderate health problem and one woman healer do not treat the chronic health problems. As the women healer treat a good number of patients success rate comes at poor score. But this rate has a little differentiation between patients come from own village and other than own village of women healers. In case of chronic ailment women healers of Purulia region have greater success among the patients come from different villages than home village of women healers.

Tabulated data of success rate of women healers reflect the absence of uniform result in case of success in treatment process among the patients of home village and away village of women healers. Limited numbers of health problems are treated by the women healers, for this reason complicated and old health problems bring much failure in treatment of women healers.

Problems of Women Healers to Cater Their Services

Women in our rural society face several types of problems due to lack of empowerment, awareness and irresponsibility of their fellow members. They have a limited scope to take

their own decision about their family matter as well as their personal matter. They have to face many hindrances to practice religious, social usages in our day to day life. Socio cultural constrains abstain them to perform the services and activities with a certain level of confidence. Women live in healer's family, family of priest, having strong faith in miracles of supernatural agencies get some scope to learn and practice indigenous treatment system. But in course of catering services they face different type of constrains. These are very much essential to study the problems and prospect of indigenous health care system. Now in this table I want to analyse the major problems of women healers in two study area.

Table-23: Problems of Women healers to cater their services

Age group	Field	MS	SO	FO	AST	O	Total
up to 30	NYGM	M	-	-	1	-	1
		S	-	-	-	-	
	BLMP	M	-	-	1	1	2
		S	-	-	-	-	
31 to 60	NYGM	M	2	3	1	1	9
		S	-	1	1	-	
	BLMP	M	4	4	3	2	16
		S	1	-	1	1	
61+	NYGM	M	-	3	1	-	10
		S	1	2	2	1	
	BLMP	M	-	-	-	-	2
		S	-	-	2	-	
Total			8	13	13	6	40

(Widow/ separated is categorized as singled)

ABBVR: Nayagram-NYGM; Balarampur-BLMP; Marital status-MS; Married-M; Singled-S; Social only-SO; Financial only-FO; Assistance- AST; Other-O;

Among the women healers of the Nayagram region, ten women healers are married and equal number of women healers are widow or separated. Twelve women healers belong to more than sixty years age are widow. Six of married women healers face the financial problems in collection of raw materials. Four women healers face social problems like ascribing stigma by some people of village. One woman healer faces both social and financial problems. Only one woman healer faces problems of assistance during her treatment. Widow or separated women healers face mainly financial and assistance problems in course of their treatment. Knowledge is not a problem in catering services in indigenous treatment process among the widow healers.

In financial problems they cannot earn their knowledge about different type of non plant ingredients in relation of preparation of medicine. Success is depending upon perfect choice of *Talan*, but patients have less scope to bring the *Talan* to women healers. In this concern efficacy of medicine is not come to expected level. Grandsons and granddaughters are involved in formal schooling; drawing, singing different type of career oriented training left the widow healers alone in their work. This creates problems of searching successors as well as assistance. Now the younger generation have less interest in indigenous treatment system. One married woman healer with an age between 51 to 60 years has family restriction to discussion about the knowledge about treatment system face hindrance of lack of knowledge in course of treatment.

In Purulia, fifteen women healers are married. They are distributed through age groups of below 60 years. Women healers of the purulia basically cater their service with help of their family members. Majority of women healers have Manasa temple or alters in their own household and worship regularly. Family members help her in worshipping and treatment also. Social problems to cater treatment service exist with married women healer, generally conflicts between families in the same village make some rumour about malevolent power of women healers and want arrest her practices. Increasing number of patients in time of summer and rainy season come to the married healers and bring the crisis of assistance. Two healers start their practice without proper knowledge and face problems of knowledge. Married women healers feel jealousy to neighbour women healers and do not share any type of knowledge related to treatment create knowledge shortage during treatment. Harsh competitions to treat more number of patients are observed among women healers of Purulia region. In case of widow healers this problems are limited. Some women healers earn their livelihood and family expenditures from this treatment and in this way face the financial problems. Widows do not get sufficient help in catering services from their family and face the problems of assistance.

Women Healers in their Family and Society

Women healers cannot provide treatment without help of their family or society. Lonely woman are not respected in rural society and they are not preferred in public services. Women healers have skills for treatment is source of welfare in the village as well as her

family. But few women healers gain the support from all people. But in reality one group of people support one woman healer to cater services and another group of people want to arrest her activities. Women are easily blamed with impurities of their character, possessing power from supernatural agencies, media of curse of gods and goddess. In this concern support from family and society of women healers is important to understand the difficulties behind the catering services of women healers. In this table supporting from family and society are considered with frequency of catering treatment. Society in generally depict the village people. Frequency of treatments are categorised in two categories like 'Regular' and 'On special day'.

Table-24: Women healers in their family and society

FOS	Field	F		S		Total
		S	NS	S	NS	
R	NYGM	11	-	8	3	11
	BLMP	18	-	17	1	18
OSD	NYGM	7	2	5	4	9
	BLMP	2	-	2	-	2

ABBVR: Nayagram-NYGM; Balarampur-BLMP; frequency of services-FOS; Regular-R; On special day-OSD; Family-F; Society-S; Supporting-S; Not supporting-NS;

In study area under Nayagram block, treatments of women healers are not supported spontaneously. Number of available women healers is also significantly low in comparison to Purulia. Among twenty women healers nineteen are supported by their family. Eleven women healers can cater regular services by the support of their family. Two women healers have conflict in their family about catering services to the patients. In this reason they can cater their treatment on special day in a week. Society is broader frame work in the village. Thirteen women healers get their society support. But seven women healers have to cater their services on the verge of opposition by their society. Frequency of regular services is not significantly high from irregular services. All the women healers cater regular services get the support from their family.

The socio-cultural milieu of Purulia in respect of catering services of women healers is more suitable than their counter part of Nayagram. All the twenty women healers cater their services with their family support. Among them nineteen women healers cater their services at regular basis. Single woman healers do not get support of their village society due to

conflict with a group of people in her village but cater her services at regular basis. In Purulia region many women healers treat patients in indigenous methods and have an understanding about their treatment. In this respect smaller number of conflict comes from this aspect.

Treatments of Men Healers according to Intensities of Diseases

Indigenous treatment system has not any well defined disease typology for treatment of patients. Treatment system does not suggest uniform medication. They have no any formal process to learning the treatment system. But in case of treatment of chronic and complex health problems, healers depend upon their experiences and skill earned from their gurus. Treatment of chronic diseases is critical and requires versed knowledge about the medicine and diagnosis. Popularity and success of healers attract patients to get treatment.

Capacities of healers are explored in this table. Intensities of diseases which are mainly treated by indigenous treatment system are also considered. Relationships with experience and capacity of complex diseases have been considered.

In this tabulation age of experience is a main variable because in healers with lengthier experience can cater the treatment of more complex diseases. Diseases are divided in to five heads as degree of intensities and duration of suffering. Acute health problems are with greater intensity of sufferings, Moderate are suffering at medium level, i.e. certain period with a suffering of medium level. Chronic type of intensities prevails with a prolonged time along with varied degree of sufferings. This type of suffering is come at acuteness at particular lunar days, breach of disease specific food habit and other not suitable life style. Some healers treat health problems of one or more categories. In this concern we can understand the scope of catering services by men healers.

Fevers, headache, diarrhoea, cough and cold are examples of acute diseases, lesser degree of headache, general fever; problems of eye sight, hearing problems etc are considered as moderate health problems. Arthritis, dysentery, chronic constipation, chronic respiratory problems, gonorrhoea, anaemia, leucorrhoea, etc diseases come under chronic categories. Disease occurrence pattern of these field areas prevail a notable prevalence of chronic diseases. Patients think for treatment in case of chronic disease and moderate diseases.

Table-25: Experiences with treated diseases categories by the indigenous men healers in references to suffering period of patents

Exp.	Field	A	C	A&M	AT	Total
up to 10	NYGM	-	3	1	1	5
	BLMP	-	1	-	2	5(2*)
11-20	NYGM	2	5	1	-	8
	BLMP	-	2	1	5	10(2*)
21+	NYGM	2	21	3	1	27
	BLMP	2	13	4	6	25
Total		6	45	10	15	80

(2*belongs to moderate category)

ABBVR: Experience-Exp. Nayagram-NYGM; Balarampur-BLMP; Acute-A; Chronic-C; Acute and moderate-A & M; All types-AT; Age group and experiences in years

In study area under Purulia district especially in Balarampur block patients go for indigenous men healers in the case of moderate health problems because the men healers have popularity and reliability for treatment of such type of health problems. But the experienced men healers avoid these treatments of because their busy schedule in treatment of other type of health problems. Here we can found thirteen men healers cater treatment of all type of diseases. This is indication of affectivities of indigenous men healers in Purulia. Twenty of men healers having experience of 6 to 20 years treat the all type of health problems. This is a good indicator for indigenous health care system. Men healers having below ten years experience do not treat the acute diseases along with the Moderate diseases. Men healers having more than five years experiences treat all the diseases type excepting one.

Activities of men healers of Purulia district, in comparison to men healers of Nayagram blocks are more dispersed and well versed.

Mode of diagnosis by Men healers

Diagnosis in healing procedure is most crucial to cure a health problem. It expresses primitive phase of diagnosis and attached to causation of diseases as well as choosing the rout of treatment. In indigenous health care system diagnosis is not so developed with scientific process. The diagnosis process is established by indigenous men healers through a long period of time and following the trial and error method. The diagnosis system is based on observation and experiment. These two processes are based on proper analysis through

the knowledge and perception associated with indigenous health care system. Conversations of the patients are found in local dialect, perceptions about the diseases associated with local culture. These descriptions are associated with repercussion of food during the suffering period. Nature of aggravation of diseases are also reflected their causation of diseases. Majority of diagnosis process commence by the conversation method. Observation of behaviour and activities of patients in suffering period are noted by the family members of the patients. Family members come as escort of the patients to the men healers describe the facts on the query of men healers. Tendencies of patients are specially observed in food habit along with memorising facts, desires and wills of patients for detect the cause of diseases. Examination of morphology is included with test of body colour, eye colour, colour of tongue. Observation of spit is also a good indicators of disease and it help to understand of symptoms. Weakness is also an indicators attacking of diseases at different degree. Observation of colour of urine and stool is also affective method in diagnosis process in indigenous health care system. In diagnosis of diseases, men healers follow a more or less uniform method but that is differentiated in degree and meticulous application.

Urine test is popular method in diagnosis process. Many men healers use this method to detect the critical nature of health problems. They put one drop of oil on the first urine (collected in the dawn) of the patients. Then they observe the dispersion and movement of oil drop on the urine. Men healers especially detect the *dhatu* (spermatorrhoea), leucorrhoea, gonorrhoea etc.

Disease specific diagnosis process is also observed in indigenous health care system. Examination of taste is used in case of different type of fever, affect of poison and digestive disorder. Variations are observed in the case of supernatural entities in causation of diseases.

Some men healers with functional education consult the pathological reports by modern diagnosis system and go through the medication of indigenous treatment system. They consult the blood report, X-Ray report etc.

Among the other method we can found movement of patients in different places, behaviour with different type of persons, nature and intensities thirsting and hunger. They examine scent of different things.

Experiences of men healers are indicators of his skills and knowledge. Experience range from up to 5 years, 6 to 10 years and more than 10 years interval with diagnosis categories. Many men healers utilise more than one category of diagnosis but here the most frequent method is considered in categorisation.

Table-26: Mode of Diagnosis during treatment by the indigenous men healers

Exp.	Field	C	EM	UT	O	Total
up to 10	NYGM	3	-	-	2(1 [#])	5
	BLMP	3	-	2	-	5
11-20	NYGM	1	2	5	-	8
	BLMP	5	2	1	2(1 [*])	10
21+	NYGM	3	4	17	3(1 [#])	27
	BLMP	11	5	4	5	25
Total		26	13	29	12	80

(1*belongs to disease specific method and 1[#] utilize modern system)

ABBVR: Experience-Exp. Nayagram-NYGM; Balarampur-BLMP; Conversation-C; Examine morphology-EM; Urine test-UT; Others-O; Age group and experiences in years

We are found some observation from the diagnosis of health problems of men healers of Nayagram block. Men healers of all experience categories are depending upon the conversation process of diagnosis. In next columns, men healers give importance more than conversation to other diagnosis process. Examination of morphology comes with experience and effort of men healers. Twenty of total men healers depend upon urine test, though some variation of urine tests up to use of testing materials. Two men healers from the less experience and highest experience categories consult the modern pathological report in complimentary of their treatment. They ask for bring the old report which is done before to attend these indigenous men healers. In very few case men healers suggest to patients to do the modern pathological test.

One man healer having experience of 11-20 years uses examination of morphology along with the conversation. Two men healers having the experience more than 20 years take help of urine test along with conversation with their patients. One healer having experience of more than twenty years uses the stool testing method along with urine test. One man

healer having the experience of up to 5 years uses Jackfruit leaf for diagnosis. One man healer of with experience of below 20 years and one from experienced by more than 20 years use observation of pulse during his diagnosis along with other category of diagnosis.

Men healers of Purulia district under this study area, give more importance in conversation with the patients and their family members. Almost half of the men healers depend upon the conversation. Examination of morphology is almost equal to men healers of Nayagram. But in case of urine test, less interest is observed among the men healers of Purulia. The men healers having the experiences with more than 10 years utilise all type of existing diagnosis methods. Disease specific method is also less popular in this area. Greater prevalence of other method indicates that men healers of Purulia region are more dependable on diagnosis of disease through supernatural entities.

Three men healers use the examination of pulse beat along with examining the morphology, one of them examine eye colour. One man healer uses the examining pulse beat along with other type of diagnosis. One man healers having experience of less than 20 years uses Ayurvedic tradition of diagnosis method (i.e. examining the relationship of bayu, pitta, and cough) along with indigenous methods of diagnosis. One man healer uses the method of water and oil in diagnosis of diseases. One man healer uses the Kharimati method like process of astrologer.

Preparation of Medicine and Consulting Knowledge of Men Healers

Medicine preparation in Indigenous health care system is conducted by men healers with help of his disciples, family members and other persons only. In examination of these data, preparation of medicine is divided in categories like: self prepared, partial prepared and purchased from market, only from market with the knowledge of written documents, in memory.

Persons involved in Preparation by components of medicine and required knowledge are considered for understanding provided medicine and associated skill.

Table-27: Preparation of medicine and collection of raw materials by the indigenous men healers

PE	Field	Collection of Raw Materials				Total
		F	KGS	M	F&M	
SP	NYGM	5	1	2	28	36
	BLMP	-	1	2	14	17
PSM	NYGM	-	-	-	1	1
	BLMP		-	-	1	1
EL	NYGM	-	-	-	-	-
	BLMP	-	-	-	8	8
S&R	NYGM	1	1	-	1	3
	BLMP	-	2	-	12	14
Total		6	5	4	65	80

ABBVR: Nayagram-NYGM; Balarampur-BLMP; Persons engaged-PE; Self prepared –SP; Partially self prepared and from market -PSM; By employing labour-EL; Self and Relatives-S&R; From forest-F; Kitchen garden and surroundings-KGS; From market-M; Forest and market- F&M; Age group in years

Among five men healers who prepared their medicine by self take help of their son and wives. Twenty eight men healers made their medicine take help from their wives, son and granddaughter also. Only two men healers take their help from disciples.

Twenty eight of men healers make their medicine by self and collect their raw materials from forest and market. Parts of medicinal plants are collected from forest and other associated non-plant materials are collected from the market only. Market made ayurvedic medicine is rarely provided to patients by the indigenous men healers. Only single man healer gives some market made medicine in this field area. Two men healers planted some medicinal plants in his kitchen garden and utilises these with help of his relative and made by self. Three men healers take help from his relatives for preparation of medicine.

In Purulia men healers take help in preparation and collection of medicine from their family members like mother, wives, daughters, and sons. They take help from their relatives like uncle. Some men healers take help of patients also in absence of others.

Men healers of Purulia region trend of raw materials collection from forest and market is greater in number. More than 87% of men healers collect raw materials in this way.

Preparations of medicine with help of relatives get a more frequency among men healers of Purulia. Twelve men healers take help from their relatives and reflect that their kinship network is stronger in this rubric. Plantation of medicinal plant in kitchen garden is also more prevalent in Purulia. Two men healers provide market made medicine to their patients. We can found two type materials consulted by indigenous men healers. Some are in written format and some are in memorised format. Manual written documents are got from their progenitors. Some are collected by their own initiatives. Purchased books are also available in markets. Men healers collect these types of books from market by self. A few men healers get books from their progenitors as hereditary base. Two types of memorised information are also available here. Collection by practice under one guru or experienced men healers are utilised by few men healers. Some men healers collect these information by their own experiences during treatment.

Supporting Source for Treatment of Men Healers

In the course of treatment, men healers have to consult some supporting matters. As their educational status men healers have a low capacity to consult the research material in the course of their treatment. But some time they make written manuscript as references of their treatment completely based on their own experiences. Few books are available in market for treatment of human health problems like Prachin Kabiraji Chikitsa by kabiraj Baidyanath Sashtri and Kabiraj Ganga Prasad Devsarman and Kabiraj Jyoti Prasanna Devsarman. These books are published from Tara library, Kolkata-1. These types of books are basically having an orientation of Ayurvedic tradition but indigenous men healers apply some selected medicine from these books also. In informal *Akhra* disciples generally do not take any type written note but they memorize all the provided information and knowledge in relation to treatment. This stock of memory has been enhancing through day to day experiences of their own practices,

Table-28: Supporting source for treatments for the indigenous men healers

CCE	Field	Written Documents				In memory		Total
		MN		B		CPUG	CE	
		H	SC	H	SC			
I/5	NYGM	1	3	-	-	17	1	22
	BLMP	-	-	-	-	-	6	6
I/10	NYGM	2	1	-	-	5	3	11
	BLMP	2	1	-	-	1	8	12
IV/10+	NYGM	-	1	1	-	4	-	6
	BLMP	-	2	-	-	3	5	10
IV+/10	NYGM	-	-	-	-	1	-	1
	BLMP	2	4	-	2	-	4	12
Total		7	12	1	2	31	27	80

ABBVR: Combined category education-CCE; Illiterate and below 5 years-I/5; Illiterate and experience up to 10 Years experience-I/10; Read up to IV and experience up to 10 Years-IV/10+; Read up to more than IV and experience more than 10 Years- IV+/10+; Manuscript-MN; Book form-B; Hereditary-H; Self collected-SC; Collection by practice Under Guru-CPUG; Collections from experiences-CE; Nayagram-NYGM; Balarampur-BLMP;

Among the men healers of Nayagram thirty men healers treat their patients by depending upon their memory only. Men healers get these memories from their guru during their training period. One man healer has one book on Ayurvedic medicine and he consults this book during treatment but specially he treat by indigenous health care system only. Eight men healers use some manuscript as consultation matter during their treatment.

In case of men healers out of functional literacy take help of their family member to consult the manuscript.

In case of consultation of men healers of Purulia region more men healers utilises some manuscript during their treatment. These men healers collected these manuscripts by them. Few men healers make manuscript by their own experiences. No men healers get any book for treatment from their progenitor. Twenty men healers apply their memory which is earned from their own practices.

Men Healers Prescribing Food Habit to the Patients during Medication

In this table 'experience' is a variable which is always calculated in round figure. First five year of indigenous men healers generally make their practice to earn their skill and

confidence. Next five year they develop further and improvise that skill and confidence. But after 11 years of experience they carry out their treatment in uniform manner.

Men healers of indigenous health care system generally have concept about impact of food habit on onset of disease, change of intensity during suffering and become a factor for cure along with medicine. They advise some regulation for food intake majority of which are basically prohibited.

Table-29: Prescribing food habit to the patients during medication by the indigenous men healers

EXP	Field	SP		RSP	NM	NP	Total
		G	DS				
Up to 10	NYGM	3	2	-	-	-	5
	BLMP	4	1	-	-	-	5
11-20	NYGM	5	2	-	-	1	8
	BLMP	7	2	-	1	-	10
21+	NYGM	15	11	-	1	-	27
	BLMP	15	8	2	-	-	25
Total		49	26	2	2	1	80

ABBVR: Experience-Exp. Nayagram-NYGM; Balarampur-BLMP; Strictly prescribed-SP; General-G; Diseases specific-DS; Religion specific prescription –RSP; Not mandatory-NM; No prescription-NP; Experiences in years

Among the forty men healers informant of Nayagram block, Thirty nine of total men healers advise some form of restrictions to their patients along with medicine and other instruction. Twenty three (57.50%) men healers prescribe food restriction on a general basis, whereas fifteen men healers (37.50%) prescribe food restriction on the basis of disease specific mode. Only a single experienced men healer does not offer any mandatory food prescription. One man healer does not provide any instruction during treatment.

Half of total men healers having more than 11 years experience instruct their patient for food intake and prohibit taking of non-vegetarian food. Among these men healers Thirty five prohibit their patients to taking sour food (*Tak*). A mass of twenty six men healers of this category restrict their patients from taking stale food. Two men healers give restriction on *biuri* Dal.

Among the men healers of Purulia, thirty seven strictly prescribed the food habit to their patients. More than twenty men healers prescribed a general food habit during treatment.

Eleven men healers prescribed food habit with relation to diseases. Only one man healer do not suggest any food habit to his patients. Two men healers recommend their patients about religion specific food habit.

A list of prohibited food for patients is comprised of non vegetarian items (like fish, meat, eggs), sour, stale, fried with oil, *jhal* (hot), spicy, onion, garlic, *puishak*, pumpkin, roasted food, rich food, tamarind, *gur*, *kalmi*, smoke and drink. Foods causing rheumatic symptoms (*vatua khabar*) like pumpkin, mutton, prawn, egg, *biri dal*. They also advise their patient to do less laborious job, take boiled food, and not to bathe in pond.

Satisfactory level of Men Healers in Treatment

Practice in indigenous treatment system is complete profession among a few number men healers. They have needed to earn their livelihood, social status and satisfaction at mental level through this practice. By considering these aspects a special question to the men healers were asked. The collected data is tabulated as below. Satisfactions are categorised in three broad indicators like satisfactory, mixed Satisfactory and not satisfactory. The satisfactory category again is subdivided in two columns like highly and medium level of satisfaction at their degree of satisfaction. Levels of satisfaction are relative matter and respect the particular men healers. These levels of satisfaction are considered with years of experiences of the men healers. Satisfactory levels evaluate the expected outcome, scope for development, problems in delivering services.

Experience range from up to 5 years, 6 to 10 years and more than 10 years interval are considered with levels of satisfaction:. levels of satisfaction are categorised as highly, medium, satisfactory, mixed and not satisfactory.

Table-30: Self satisfaction of the indigenous men healers about their performances

Exp.	Field	S		MxS	NS	Total
		H	M			
up to 10	NYGM	-	2	3	-	5
	BLMP	-	2	2	1	5
11-20	NYGM	1	3	3	1	8
	BLMP	1	3	2	4	10
21+	NYGM	2	9	16	-	27
	BLMP	-	11	9	5	25
Total		4	30	35	1 1	80

ABBVR: Experience-Exp. Nayagram-NYGM; Balarampur-BLMP; Satisfactory-S; Highly-H; Medium-M; Mixed satisfactory-MxS; Not satisfactory-NS; Age group and experiences in years

In Nayagram, men healers are with a satisfaction of mixed level with a frequency of twenty. Three men healers are with satisfied at a higher level having more than 11 years experience. Fourteen men healers are satisfied with a medium level. Only a single men healer is not satisfied with this profession. Ambition of this particular is not fulfil with this profession whether he has an experiences of more than ten years.

Among the men healers of Purulia region ten of total interviewee men healers are not satisfied because a rapid deterioration in field of indigenous health care system has been occurred within last six years. Only one man healer is with satisfaction at higher level. Sixteen of men healers are with a satisfaction of medium level.

Causation of Diseases according to Men Healers

Men healers are prime service providers to the patients of rural landscape. Their idea, perceptions and concepts are reflected through their treatment and through the interaction with the patients. Concepts about causation of diseases among men healers regulate diagnosis of diseases as well as choosing the rout of treatment with appropriate medicine. These ideas of men healers come from their interactions and learning from their social settings, training and experiences. Scientific approaches have less input to indigenous health care system. Empirical outcomes play a crucial role in developing the knowledge sphere and formed their skills.

Experience range from 'up to 5 years', 6 to 10 years and 'more than 10 years' interval, are considered with educational categories like Illiterate, primary(I-IV), secondary(V-X), higher (XI and more) in the way of analysis of this tabulated data. Causation diseases in the context of indigenous health care system in this field area are categorised by five heads. Hard labour category is important; majority of patients have gone through the hard labours especially in time of agricultural activities. Hygiene in food intake is also rare among these field areas. So food intake often is considered as a cause of health problems. Duration and soundness of sleeping, working periods and leisure, application of knowledge in everyday life bring a complex outcome in quest for treatment.

Table-31: Causation of diseases upon indigenous men healers about their performances

Exp.	Field	ES	HLNC	FILS	SN	O	Total
up to 10	NYGM	Ill.	-	1	1	1	5
		Edu	-	2	-	-	
	BLMP	Ill.	-	-	-	1	5
		Edu	-	-	1	3	
11-20	NYGM	Ill.	1	3	-	1	8
		Edu	-	3	-	-	
	BLMP	Ill.	1	1	-	2	10
		Edu	2	-	1	3	
21+	NYGM	Ill.	2	15	-	1	27
		Edu	-	9	-	-	
	BLMP	Ill.	3	1	-	2	25
		Edu	3	-	2	14	
Total			12	35	5	28	80

ABBVR: Experiences-Exp.Educational status-E.S.; Nayagram-NYGM; Balarampur-BLMP; Hard labour and Natural causes-HLNC; Food Intake and Life style-FILS; Super natural-SN;Others-O; Age group and experiences in years

Three men healers with experience of more than ten years, think hard labour by the patients is one of the causes of diseases. Naturally people work hard to collect their subsistence in agricultural field, forest and wage labour and exhaust without any rest or taking proper care of their health. Food intake is main causes of diseases according to twenty four (more than half of selected men healers) men healers. They represent all the experience categories and are considered as major cause of disease. Ten men healers consider life style of the patients is an important cause for occurrence of diseases. Among the other causes we can found supernatural affect, breaching of religious taboos and hereditary. Education of the men healers has less impact in perceiving the causation of diseases.

Among the selected men healers of Purulia region, Four of men healers' belief in supernatural agencies as causes of diseases. Natural causes of diseases are considered hard labour by the patients along with their negligence in taking care against the harsh affect of weather and climate. Five men healers with education of matriculation believe in natural causes of diseases.

Among the men healers of Purulia region, three men healers diagnose the diseases of their patients by following ayurvedic method like examining pittwa, bayu etc. supernatural agencies like *rukshata* and *kudra* are responsible for health problems. One man healer considers addiction is main cause for health problems. Two men healers consider addiction as secondary cause for health problems with irregular food intake and less working.