a) Emerging trends of medicine among the Kuṇṇbi:

The social life of the Bārāḍkars has undergone considerable changes in recent years. Modernization has touched them though rather late, compared to the Render (Toddy Tapers) in Betul, and the Chardde in Velim. This are felt in their system of health care. Changes in culture have led changes in perceptions of illness. The interaction between the traditional ideas and the ideas thrown up by the new culture have given rise to a distinct synthesis in the field of medical practices. To illustrate this let me take the case of an illness described by two women, one aged sixty, and the other aged twenty four. The difference in age will indicate how the perception of illness has changed. First, the explanation of the sixty year old woman.

Explanation 1: Our neighbour's son was a very healthy young man. Some man from Ca-xet expired in Bombay. He had to bring home the dead body. After the burial he developed a low blood pressure (rogot na) and fell unconscious. His head and neck became stiff. We could not believe it was happening to him. He looked as if he was dead. We tried to revive him with jets of water and onion odour, but nothing seemed to work. We had to take him to the Vhol; Ospitol (big hospital). Like vhol; ghor, it does not refer to size, but to importance, compared to other small health centres).

At the same time our budvont and family elders went to the
ghaddi to find out what had happened. The ghaddi told us that he was possessed by the spirit of the dead man whom the young man accompanied from Bombay. He wanted this man’s life. Being with him throughout the journey, the spirit of the dead man got a chance to possess the body of this healthy young man.

From the hospital we got the news that he was very ill and had to be to Bombay for treatment. The doctors found that his tokleci sir (vein going to the head) was blocked (gulilo zalo). God forgive him. The spirit wanted to take his head first. Once he had possession of the head, he could have the life of the patient in no time. God gave him the courage to endure all this in silence. The doctors removed the block. Now he is alright. His purwoz (ancestors) actually saved him from dying. They were the ones who stopped the spirit from taking possession of the head. Otherwise, how could the vein of a young man be blocked. They blocked it to stop the spirit from entering. The doctors only helped in removing the block. The purwoz gave us the signal warning, just in time. We all offered prayers and tributes to Bārādkarnn, and the Holy Cross for gratitudes.

Explanation 2: The young man fell sick after coming from Bombay. He fainted (gunv yeyll). He became stiff. He was rushed to the hospital in Margao. Some people said it was because he came home with a dead body. They even went to the ghaddi to confirm it. But in the hospital they found that his vein in the head had been blocked. Doctor said the blood could not go to the head. He was taken to Bombay where they operated, on him and removed the
block. It was very strange how he got such an illness. May be he was really affected by the spirit. The doctors were telling his wife that such sickness happens when the vein gets blocked. Flesh grows inside the head (mas vaddta). This is something new that is happening to people. Doctors call it tumor. They have to operate and remove it.

The two above explanations show the way in which the same illness is perceived by two women representative of two generations. When there is a very serious illness, as in this case, the sickperson is taken to the doctor. However, the family members still visit the ghaddi to find out if the person has been affected by spirits.

In the explanation given by the older woman note how she focuses on the sickperson and the role of the ancestors in protecting him. The doctors explanation of the illness is of secondary importance. What is most important is that the sickperson was saved by the power of the ancestors. The doctors explanation is interpreted by her, according to her own understanding of illness. The block in the vein was caused by the ancestors in order to stop the spirit from taking possession of his head.

It was the spirit who made him sick. The block was a warning just in time. The old woman also focuses on god, who gave the sickman the courage that he needed to endure his illness. She narrates elaborately how they had to offer tributes to the deities after he was healed. Blood was offered through the ghaddi, in order to cure the spirit away from him. The doctors
explanation is kept brief, and details are avoided, because they do not fit into her view of the illness. The doctor only intervenes in order to remove the block.

In the explanation of the younger woman, she focused on the doctor and his explanations, keeping the role of the ancestors in the background. The ghaddi and the probable possession by the dead man is kept brief. Her emphasis on the doctors explanation shows her inclination to accept what he says over her own traditionally acquired understanding of the illness. Her statement "may be he was really affected by the spirit" indicates her conflict between the traditional explanation and the new explanation of the illness.

The case of this illness, represents the general trend in medicine among the Bărăđkars. In present day Bărădi there are two private allopathic doctors, available at the place called Muxer. The people identify these doctors as men from another caste. They were Chardda. They were not the same as themselves. They were outsiders. The clinic was however available to them if they chose. The only healers they knew otherwise were the medicine woman, dištikarn, ghađdi, budvont. These persons besides having the healing gift, are members of their community. They belonged to their vangoḍ or family (except the ghađdi who belonged to the same caste only). Each held the same beliefs, share the same cultural sentiments and world view. There was a complete communion between the people and their healers.

The Bărăđkars go to the respective healers for cures. When
there was a case of dist it was the dištikarn only who could cure the illness. Spirit possession could not be cured unless it was treated by the ghądí. How could a doctor cure evileye or illness due to possession? He did not possess the respective haat gun (healing gift). It came through the family or vangod. One had to be a member of the community to acknowledge the fact of the healing gift.

All healers among the Kunbi were so by virtue of their growth in the community. They could develop their skill and unfold their space. A doctor did not grow into a common social space. He only has knowledge of medicines and illness. There is no way which he can get the healing gift like the Kunbi.

The Kunbi had maintained a highly cohesive social structure through inter-vangod marriages, and the network of economic exchanges. Modernization, has expanded their field of contact. Through Christianity came elements of westernization, almost intruding into their social space. The synthesis of socio-religious elements has created a distinct type of Catholicism among the Kunbi. The same type of synthesis is seen in the field of medicine too. The Kunbi have made a synthesis of the new medicine, or bailë vokod (literally means, medicine from outside) or allopathy, to incorporate it into their indigenous system of medicine. The basic structure of causes and classification has remained, with the inclusion of the doctor as one more person who can give medicines and cure.

The idea of the human body has not undergone any structural
change. When a person's biological body has been known to be possessed by a spirit, he still has to be taken to the ghaddi. The medication for the biological body can be herbal (from the medicine woman) or allopathic (from the doctor). It does not matter what kind of medicine is taken for the biological body. The number of medicine women having dwindled over the last decade, leads the Baradkars to buy allopathic medicine. Nevertheless the younger people often go for allopathic medicines directly. What is however important is identifying the cause of illness. Even before they have taken the sick person to the doctor the diagnostic methods are already used to determine the cause of the illness. Once the cause has been identified, the respective healer has to be consulted.

Bārāḍkars emphasise the importance of ðamege vokod (our own medicine) over the baiā vokod (medicine from outside). There are several reasons for this. The herbal medicines given by the medicine woman do not cost money. They are fresh according to the Bārāḍkars. Allopathic medicines are stored in the pharmacy for several weeks or months. Whereas the medicine woman collects fresh medicines whenever she can. She collects them through the proper procedure. She keeps to the right days of collection, saying prayers and incantations while doing so. Allopathic medicine is not collected in the same manner. The Baradkars do not know how they are prepared. Allopathic medicines are bought when herbals are not available at hand. Later despite using allopathic medicines herbal remedies are used when they are later available.
The circulation of money itself has increased among the Bāḍākārs. Items were traditionally linked to social relationships. An item like cocum was not just a condiment. It brought together two families who would exchange it for firewood (or the respective reciprocal item). It bound the individuals into a network of mutual reciprocal responsibilities. As Mauss has pointed out, exchange in traditional society had a deep sacred significance. This significance becomes considerably weakened when monetary exchanges begin to take over. Many items which were otherwise exchanged are now brought in the open market.

The same is true of medicines. Taking medicines from the medicine woman, was a social relationship, linking the people with a common belief system about health. Money enters, and the belief system undergoes a change. The medicine women still do not sell any medicines. People have adjusted to the changes keeping the basic structure of their social organization. Changes are incorporated into the overall health care program that already exists.

The indigenous health practices of the Kunbi involved a number of symbols used by an analogy from events, or understanding from everyday life (see pg.). Such symbolism was effective in a specific cultural context. Symbols have been known to be powerful and effective in bringing about certain types of behaviour and bodily functions. The changing cultural context certainly has changed the significance of symbols used by the
The people themselves state that their own medicine was effective, before allopathic medicines were available to them. Once allopathy (bailē vokokod) entered into their community, the effectiveness of many medicines went down. The medicine women attribute this to people changing faith. It is said that people today do not have the same faith in herbal medicine. Neither so they have full faith in allopathy. Faith if we recall (see pg.) is one of the essential for a cure. When a person begins to lose faith, the symbolisms used may have little or no effect on his behaviour. This could be one of the reasons why the medicine women feel that some medicines are no no longer effective.

There are several factors which are in some way responsible for the peoples cure towards allopathic medicine. The role of the media contact with urban areas, and a subtle upper caste scorn for such practices. The Charddes look down upon many of the practices of the Kunbi as superstitious and unscientific. Though rudiments of the same are to be found among them too. The role of the Church has been equally influential. Kunbi culture is said to have a number of elements of Konkonpon (Hindu religion). Health practices of the Kunbi are termed as "Pagan". For the Kunbi themselves allopathic medicines thus become a status symbol too. Constantly scorned at by the Church and the upper castes, the Kunbi see inclusion of allopathy as a means of enhancing their status.

Thus the present system of medicines cannot be clearly
termed as a plural system. The Kunbi are still a fairly homogenous group, sharing a common belief system. Despite the pressures from outside, and the stigma attached to medical practices, their social organization has remained with its essential characteristics. Allopathy is used in complement with herbal medicine. It is indicative of the fact that as long as the community remains homogenous, there will be a single system of medicine. It will form the basic structure on which a synthesis can take place. In Bārāḍi allopathy and herbal medicine are not two parallel systems of medicine. Health practices are distinctly "Kunbi practices," because mechanisms of Kunbi culture have given rise to such a system. It is under the conditions of Kunbi social space that the present system of medicine has emerged.

b) Future of Indigenous Systems of Medicine:

Indigenous systems of medicine have attracted the attention of both anthropologists and health care officials for the last couple of decades. This enthusiasm has been sparked off by certain factors. In the first place, there is a mounting pressure for health care services in all developing countries. The respective Governments faced with economic crisis, are tempted to look for low-cost, solutions. In the second place, it has been established that most countries are finding the Western model too expensive to expand existing services. In the third place, the public is increasingly becoming aware that modern medicine can bring about serious damage to the health of the individual. Questions are now being thrown up about the effectiveness and iatrogenicity of modern medicine.
Added to these factors is the fact that most people in developing countries have been using indigenous medicine. As much as 80% of these populations have no access to modern health care services.[6] This means that vast majority of the population in developing countries have been able to sustain themselves through their own system of medicine. It was not until the 1970's that this fact came to be accepted. Rather than scoring at the indigenous systems of medicine, international bodies like the WHO have now recognized the utility of indigenous medicine. In 1977 the Thirtieth World Health Assembly of the WHO, passed a resolution for promotion and research in traditional systems of medicine.[7] Later in 1978, the International Conference on Primary Health Care held in Alma-Ata (WHO and UNICEF) endorsed the utilization of indigenous practitioners in government health care systems.[8]

These declarations imply that for the future health of mankind, modern medicine itself will not suffice. Alternative medical systems will have to be probed for their utilization.[9]

Subsequently there have been several studies attempting to explore the possibilities of bringing indigenous systems of medicine into modern health care.

One of the strategies for linkage suggested that instituting a government licensing program, to license indigenous practitioners after a period of training. Founding of schools to produce herbalists. Upgrade their skills as per norms of biomedicine. Employ them in Ministry of Health. Recruit a local licensed
traditional practitioners as part of the team in every rural health outpost. Organize workshops for government health personnel on cross-cultural training. Finance research into pharmacopoeia of traditional medicine include elements of traditional medicine with a view towards personalizing the practice of modern medicine. These eight suggestions have been put forward as a package by Neumann and Lauro.[10] There are also suggestions to include traditional practitioners at all levels of health planning.[11]

Collaboration between traditional and modern medical systems could also be a two way process between doctors and traditional healers, by giving both kinds of practitioners alternative training.[12] The content of training is to be carefully chosen, giving equal emphasis to herbal expertise and the situation in which it is used along with symbolic rituals.[13]

Almost all countries today are trying to address the problem of integrating modern medicine and other alternate sources of medicine. WHO indicates four approaches: where countries like France and Belgium where only modern medicine is allowed as lawful. Countries like UK and Germany recognize modern medicine but tolerate other forms of medicine too. Countries like India, Sri Lanka allow more than one systems of medicine, provided they are certain standards, as legal. Lastly, countries like China, Nepal, Democratic Korea, allows and officially encourages two systems of medicine, indigenous and modern.[14] Despite serious efforts at integration, medical personnel have met with little success and much complexity. Perhaps the best account of
utilizing traditional practitioners has been in the use of Traditional Birth Attendants (TBA). Traditional midwives have been widely used in a number of countries, to assist modern health care services. [15] TBA's deliver two thirds of the babies in the world, and many countries are now understanding special upgrading and training programs for TBA's. [16]

There are a number of shortcomings in the attempts to integrate indigenous systems of medicine into modern health services. Health administrators all over the world (including those in WHO) are trained in modern medicine. There is an unconscious bias against all non-western systems of medicine. This is obvious from the policy decisions of most proponents of integration of indigenous systems with modern medicine.

I will begin with the WHO documents. The Alma Ata conference [Ref.8] itself was necessitated by the fact that most developing countries were faced with a terrible burden of extending health care services to their increasing population. States began to realize that investment in economic development is intricately linked to the health of the country. Yet Governments are finding it almost impossible to provide modern health services. [17] This is one of the reasons why officials are turning towards low cost sources of medicine. Indigenous systems are primarily seen as cheap sources of medicine. The financial burden has made WHO/UNICEF look towards alternative approaches to meet basic health needs in developing countries. [18]

Soon after the Alma Ata conference international funding
agencies like the World Bank, the (USAID) US. Agency for International Development, and the United Nations agencies adopted a policy to grant loans for the utilization of traditional practitioners in health care services. [19] Indicating here is the fact that the USAID clearly brought out one of the main reasons for looking towards alternative sources of medicine: "Traditional medicines also deserve further study as a readily available and inexpeperience resources for combating certain prevalent health problem." [20]

Further at the Thirty First World Health Assembly the General Chairman also made the financial implications clear when he stated: "To sum up on traditional medicine, I feel that it is the very shortage of modern medicaments in developing countries that provides one of the most cogent argument for looking more closely at the resources offered by the traditional medicine of each country." [20]

The above statements make one thing clear, that indigenous medicine is sought because it provides a cheap alternative. There is talk of the "integrated approach" only for developing countries. By implication, the WHO policies subtly advocate modern sophisticated medical technology for developed countries, and "integrated medicine" for developing countries.

The integration of indigenous medicine and modern medicine, has tended to become a co-optation of traditional practitioners and medicinal plants into modern medicine. Despite the change in attitude towards indigenous medical systems. Since 1977, the
frame work for integration of traditional and modern medicine has remained as that of modern medicine.[22]

The bias towards modern medicine is obvious also from the Alma Ata declarations, where the traditional healers were encouraged for utilization only after suitable training. Integration is to take place strictly through the application of modern scientific knowledge and techniques.[23] As a result of this bias towards modern medicine the study of indigenous medicine has been reduced to the study of traditional herbal plants removed from their socio-cultural context. They are studied like other allopathic drugs.[24] Jingfeng notes that efficacy of certain traditional medicines cannot be verified by modern scientific methods because, the therapy is essentially holistic and factors such as age, climate, and the individual. Therapy may even vary for the same patient, in a different climate, at a different age.[25]

Thus a purely pharmacological study of active plant alkaloids will not yield the correct results. There is also the possibility therefore, that certain forms of therapy which are culture specific, may be deemed superstitious and unscientific.

Finally, the integration of Indigenous medicine, has meant the use on the indigenous practitioners. The Alma Ata Declaration, and the various documents endorsing the use of 'traditional medicine' have actually focused on how traditional healers, and TBA's can be used in the health care programmes after 'training them accordingly.'[26] The case of India is worth considering
separately. India unlike other countries except China has had a longer history of attempts at integration. The ancient Indian system of medicine is known to be at least 3000 years old.[27] There is also the Unani system of medicine which came with the Arabs, dating to about 700 years ago.

There is ample documented evidence to show that the colonial rulers in fact encouraged the use of Indigenous medicine. The English East India Company in 1622 is argued to have its employees to use locals' medicines as they were better and less expensive than imported ones.[28] The Europeans up to 1800 even took help from local physicians partly because they felt they would be better acquainted with the illnesses of the place.[29]

Towards the end of the nineteenth century, British policy towards indigenous medicine had changed considerably. There was still a co-operative relationship though, between the British Raj and indigenous medicine. In the Punjab the provincial government employed the indigenous practitioners as health extension workers. The University of Punjab itself offered courses in Ayurveda and Unani.[30]

During the early twentieth century though pressure was mounting against indigenous medicine, many private medical schools taught integrated courses which had indigenous as well as western medical techniques.[31]

After 1947, the government of India tries to follow the policies of the British rulers regarding integration. There was emphasis on absorbing practitioners from Ayurveda and Unani, in the
state health organisation, by giving them further scientific training. Medical training in every field it was said should be based on scientific training.[32]

In the 1970's once again there was a rise of discussions on integrating indigenous medicine. The focus here however was on training indigenous medical practitioners to provide the much needed health services to the entire rural areas.[33]

Since then much of the policy has concentrated on the quick delivery of health services to the growing masses. The government's commitment to promote Indian systems of medicine and homeopathy, stem from the WHO target of "health for all by A.D. 2000." The Health and Family Welfare Ministry's annual report for 1989-90, states that the national health policy assigns an important role to the Indian systems of medicine for primary health care and envisages its eventual integration in the overall health care delivery system.[34] The WHO policies are also driving at the same point to use indigenous medicines as an alternative, cheap source, for quick health delivery programmes. The Government allocated Rs. 129 cores in the Seventh Plan as against a mere Rs. 40 lakh in the First Plan. This amount among other things was meant to be spent on research and development. Unfortunately, once research is complete, many medicinal preparations are marketed for export.

A news item appearing in the observer Jan 15, 1992, announced that 100 medicinal plants with proven medicinal properties had been selected for export to overseas countries. There is an
increasing market for Ayurvedic preparations and herbal cosmetics in the West. India being in need of foreign exchange is trying to tap this demand for that valuable foreign currency.

Thus much of the countries resources used for the development of indigenous medicine may end into a boost for exports. India's policy on integration of indigenous systems with modern health care services has unfortunately run on the same lines as other countries despite the traditions of Ayurvedic and Unani.

Much of the talk of integration then, has been rather rhetoric. Indigenous healers and traditional birth attendants though are being increasingly used in Government health programmes, as we have seen earlier. There are many problems in integrating indigenous medicine with modern medicine. Both are culture specific. But the letter from its inception was linked to the market. Today even indigenous systems are linked to the market, however modern medicine, with all its iatrogenic consequences is still influential. It is backed by the powerful pharmaceutical industry, and the medical bureaucracy. It is the prejudice against indigenous systems of medicine that so far prevent the proper integration of such systems.

Being culture specific, it may never be possible to recover an indigenous system of medicine in its totality. Yet surviving aspects of such systems could be used in conjunction with other non indigenous forms of medical care. For this there will have to be radical politico-economic changes, both in Western as well as
Third World countries. A genuine attempt at integration can be possible only when prevailing the prejudices are overcome.


One of the best products of Science and Technology given to modern civilization is said to be modern medicine. A clear demonstration of the wondrous and superior power of Science. Modern medicine emerged as the unquestioned champion of health. This system of medicine is associated with a certain mode of temporality and a specific medicine, type of society. Thus it is also called Western medicine, cosmopolitan medicine, scientific medicine, biomedicine or modern medicine. The clinical name given to the underlying principle of healing is called 'Allopathy'. The term is defined in Greek as 'allos' meaning other and 'patheia' meaning suffering. It is described as the science of treating a disease, or the curing of a diseased action, by inducing effects opposite to those produced by the disease. The term itself was first used by Hannemann to distinguish it from the system of Homeopathy. [35]

Allopathy was distinguished from all other non-Western systems of medicine. It is essential, that to understand this distinction we have to understand, under what specific circumstances allopathy or modern medicine grew as a political medical power.

In allopathy a condition of health is brought about by treating the condition of ill health with drugs that produce an opposite reaction. An inflammation is treated with anti-
inflammatory drugs, and acidity in the stomach is treated with ant-acid drugs, and excess of harmful microbes in the body with antibiotic drugs. On the face of it, this method of cure approach towards the treatment of illness, parallels the ideology penetrating all social relationships in modern society.

Like other preceding systems of medicine what we term as modern medicine today, has come a long way too. From the Middle Ages we have medical and surgical knowledge being pooled together in Europe, from the Arabs, Greeks and Romans, who already had a rich body of medical knowledge.[36]

Knowledge gathered from different cultures was used improved through a constant process of assimilation. Towards the end of the Middle Ages physicians began searching remedies for every human ailment. Herbal and magical remedies were being used along with religious rituals. In Europe during the early sixteenth century, there came Paracelsus, the famed physician. He insisted on deductions drawn from reason and experience. He also criticized magic and witchcraft in medicine. His therapeutics included the use of chemicals and equal emphasis on nature's healing power to cure illness.[37]

From the 18th century onwards there was a spate of discoveries in the Western world. Jenner's discovery of the smallpox vaccine, Louis Pasteur, Robert Koch, John Hunter, William Beaumont, Joseph Lister, William Harvey, to name a few, all added to the fast growing body of Western medical knowledge. It cannot be said that the new found medical knowledge was really
'new' in the actual sense of the term. Inoculation against smallpox for instance had been known in India, China and in Turkey even before Jenner was born. Surgery was known to the ancient Indian's as evidenced from the work of Susruta. It is important to note here that medical knowledge had been subject to political manovers. The Romans often accused the Greeks of trying to wipe out their empire through the use of their medicines, and the Arabs carefully resumed and translated the medical manuscripts from the library of Alexandria before burning it down.[38] Despite this medicine did not intrude in the lives of the people.

From the mid nineteenth century the approach towards health changed. Two factors can be attributed to this change. (1) The rise of Colonialism in the West and (2) The rise of Capitalism. Through colonialism emerged in the sixteenth century, it was not until the early nineteenth century that these above conditions flourished in the West.

The ground work of these changes could already be seen from Paracelsus onwards. The narrowing of the domain of causes from Galen in the tenth century to Paracelsus in the sixteenth century was obvious. When Paracelsus attacked magical and witchcraft aspects of old medicine he was denying the cosmic and social influences which members of society were thought to be subject to, in other systems of medicine. While his introduction of chemicals and clinical description of illnesses helped later medicine to develop cures, it also paved the way for chemotherapy and the use of synthetic drugs to treat diseases.
Further if we follow the path of inventions and discoveries in European medicine, we see a clear shift from prophylactic concerns to the treatment of individual illnesses. The concerns had moved from outside the body, to its inside. Invention of the microscope, discovery of penicillin, anesthesia, the germ theory, were all being celebrated as marvels of western science.

The intellectual groundwork for a eurocentered world view was laid down during the enlightenment. Superstition was distinguished from reason, with the latter given transcendence over the former. Positivism emerged as the valid form of obtaining knowledge. These two trends of thought became the ideological foundation of the western civilization. Positivist science became the source of authoritative knowledge.

Newton's mechanistic world view complemented with Descartes dualism, extended it to the human body as well. The body came to be viewed as a natural machine in which mechanical failure meant disease.

While western science and technology gave the intellectual background, colonialism provided the political context within which western medicine emerged as a dominant 'scientific' system of medicine. Modern medicine is nothing but a reflection of the ideology underlying modern western civilization.

During the Colonial period medicines served as a justification for European presence in the colonies. It was used
to demonstrate the superior knowledge of the Westerners.[41] In the post colonial era medicine has been serving the interests of the capitalist empire. For nearly a century and a half, western medicine was upheld as the unquestioned champion of health. Capitalism's grip had reduced the critical faculty of the masses. To question the effectiveness of modern medicine seemed absurd.[42]

Nevertheless, gradual voices of dissent came up. The illusion of the myth of modern medicine was probably first questioned by Dubos, calling it a 'medically sponsored' disease. He pointed that medicine could be made effective through social and political action.[43]

Illich targets an over industrialized society as the cause of an unhealthy medical system. High costs of medical care, and massive expenditure on health infrastructure, according to him actually helps big business and pharmaceuticals and not vice versa.[44] Modern society has been shaped by technology, and if it has made society sick, we ought to look at the nature of technology itself as the cause.[45]

Modern medicine concentrate on the body of the individual, and ignores the social context of actiology. It creates the belief that the individuals are responsible for their illness, while hiding the role of Social Institutions within which the patient lives. Medicine is accused of supporting 'unhealthy systems of living.[46]

Capra points out that the contemporary image of the body is
taken as that of a machine, prone to failure. The narrow conceptual basis of modern medicine has become a dogma. We therefore need a cultural revolution to improve and even maintain our health. [47]

Others locate the crisis of modern medicine in the idea of development. It has served to lay claims to power over the human body. They argue that modern medicine, having become a positivist science, also because philosophical and cultural assumptions of modern medicine are never questioned. Political control in the name of health and development is extended over the human body, subjecting it to the demands of large-scale engineering and intervention. [48]

In a capitalist society the health care system has been turned into a commodity. It can be sold according to the rule of the free market economy. Modern medicine favours technology intensive approach that is profitable for the industrialist but expensive and unhealthy for the patients. [49]

Also a strong characteristic of modern medicine is the violence that it perpetrates on the people. It is inseparable from medical science. This violent approach has moved from the human to animals and the environment. [50] The medical regime with its professional dominance has become expansionist in its designs. Medical dominance has acquired global proportions, equating it to a kind of medical imperialism. [51] Just as economic power is concentrated in the west, so is medical domination. International organisations like the WHO have a world
wide infrastructure for allopathic medicine. Similarly international funding bodies like the IMF and the WB have a worldwide network of funding. The collusion between these two types of organisation have resulted in a worldwide manipulation and control over health care.

The world development report 1993 proposed by the World Bank discusses the issue of investing in health care. This report does not attack the source of ill-health in TW countries, which is poverty. WB argues for a cost containment policy. Where as this may reduce tax burden on governments, WB argues that such a policy will actually help poor income countries. Poverty is not a thing to be cured by medication. The WB therefore helps maintain the global socio-political equations. It actually safeguards big business interest, at the same time creating a facade of global health concern.

Althusser views such phenomena as Ideological State Apparatus, operating in order to maintain and reproduce the exploitative relations of production in capitalist societies. It keeps individuals in a perpetual imaginary relationship with real conditions of existence. The most recent boost to Capitalist big business has been the bioelectronic industry. The electronics industry itself has found a new boost to profits. High Technology is now being used for most diagnosis. PET Scan, NMR Scan, CT Scan, and computers for patient monitoring is the latest of wonders.

Doctors succumb to the medical bureaucracy and the industry
to promote such technology. Doctors themselves feel that the medical profession has to become 'computer literate'. Computers are shown to be the answer to health management problems, because they would leave more time for the doctor to care for the patient.[55]

Further, computerization is shown by some to be of utmost importance to a country like India, which is overburdened with patients.[56] Such campaigns only serve to further the interests of electronics manufacturing firms. If a computer can store the data from the patient, monitor his prescriptions, analyze his history, record his progress, and assist in therapy, it shows how impersonal the doctor-patient relationship is going to be. In fact, the doctors personal touch with the patient will diminish progressively.

Thus it can be seen how doctors too, succumb to the market forces in promoting business interests. India spends only 2% of its budget on health. Pushing for computerization is not the solution to our health problems. What we need is and increased outlay on health, more hospitals, and better utilization of funds. How do we change the present state of affairs? Critiques against modern medicine are surfacing from all parts of the world. Particularly from the West itself.

It is obvious from the works of Illich, Foucault, Nandy, and others that what is needed is a massive world wide campaign for socio-political reform. Ownership and distribution of resources has to undergo radical changes. There should be a global movement
aimed towards severing Imperialist designs. The strict militant
dogmatic medicalization of society has made modern medicine
repressive towards the patient. The first task of the doctor is
therefore a political one.[57]

The 'hegemony of biomedicine' as Gramsci calls it, can be
undone when we engage in a struggle to challenge the hegemony of
the ruling bloc. For the ideology of mature capitalism is deeply
entrenched in the minds of its potential enemies too. He suggests
that it is culture that has to be infiltrated at all levels, in
order to bring about any revolutionary change.[58]

Others like Kothari, Nandy, Schumacher, argue for
alternate development strategies that are humane, and appropriate
to the poorer nations. The problems brought on by modern medicine
are not really restricted to medicine alone. Industrialization
and Imperialism has given rise to this characteristic form of
medical system. The exploitative medical empire can be dismantled
only through global political action.

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