CHAPTER 1
INTRODUCTION TO ILLNESS AND HEALING

a) Approaches to Illness and Health:

Man has always been concerned about his survival and therefore about health. It is inherent knowledge that health is not within the conscious control of mankind. People are exposed to their immediate environment, to the cosmos and to other members of the community. All three are believed to affect the health of an individual.

Since man has no actual mastery over the forces of nature and the cosmos as such, he has to order social life into an intricate programme of practices. The embodiment of which is called a system of medicine. Through it he brings about a symbolic mastery over health.

Every system of medicine has a set of health beliefs, and a set of health practices.[1] It is a social product. Cross cultural illness have been defined in different ways. The definition of an illness depends on the way it is experienced by the sickperson. The experience is drawn from the health beliefs, and cures derived from health practices accordingly.[2]

Before approaching the cure, it is essential to understand the approaches to illness. As societies evolved from traditional to modern ones the concepts of illness changed considerably. In many traditional societies illness was conceived as the handiwork
of evil spirits, breach of tabu, or curses from deities. The wrath of the Goddess Sitala was known in Bengal by the illness called smallpox. In Goa she was known as Asuk Saibin. Durga caused vomiting and Parvati caused headaches[3].

Within traditional society too approaches differed. In the Indian system of medicine called Ayurveda, we find a theory of the five forms of matter making up animate and inanimate things. Living creatures constantly absorb the five elements through nutrition. Good health is a dynamic state of equilibrium of the three bodily humors - wind, bile, and phlegm, which are formed from the five elements. The imbalance of humors causes disease in man. Restoration of health lies in the proper consumption of environmental matter[4].

Ayurveda brings the body into a relationship with the cosmos through the humoral theory. Good health is conceived through a cosmic physiology, as an art of managing vital fluids and, as Zimmerman puts it, Ayurvedic medicine in this respect is actually analogous to agriculture.[5] There are however other approaches to illness found in the Ayurvedic treatises, some of which border on caste prejudices like an invocation in the Atharvaveda, against the demon Takman, the demon of fever. This invocation is obviously suited to an upper caste patient only. "May refusal meet Takman, O Takman go to the Mujavant, or further. Attack the Sudra woman, the teeming one; shake her"...[6]
Ayurveda is seen by some scholars as a synthesis of early magico-religious, and later empirico-rational traditions, wherein Brahmanic sources recount the origin of Indian medicine through a lineage of divine transmitters, and Buddhist sources focus on the empirico-rational elements.[7]

Ayurveda is based on the understanding that health is normal, illness is undesirable and, by following a set of procedures, one can achieve good health. In contrast folkmedicine tends to view illness as part of life itself. Illness cannot be avoided, but it could be cured. Though the approaches of the two systems of medicine begin from a different world view, folkmedicine and Ayurveda share in common the idea that a person is not just an individual, but a member of a social group, in constant interaction with nature and the community. In a traditional society illness was the concern of the entire family and neighbourhood. When a member fell sick the neighbourhood acted as a health care unit by itself. Health was inseparably linked to the institutions of the community.

More often than not, a number of symbolisms were used to treat illness. Curative rituals, and public healing ceremonies were part of medicine, just as the treatment given by Parcelsus. He gave patients their own excreta on a needle point mixed in a pill made of bread, to cure plague. Justifying it he said - "imagination takes precedence over all".[8]
Samuel Hahnemann, on the other hand, believed that disease could be cured by similarities. He believed there were fixed principles which govern the practice of medicine. The philosophy of Homeopathy could be summed by the statement 'Similia, Similibus, Curentur' (Like cures like). A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (whilst differing in kind) bears a strong resemblance to it in its mode of manifesting itself.[9]

The curative power of medicine depended on the capacity to produce symptoms similar to the disease but superior to it in strength.[9] Homeopathy accepts that human health is affected by partly psychical, partly physical forces. But we are made ill only when our organism becomes susceptible to them.[10]

Approaches to illness changed gradually with changing societies. The changes could be traced as reflections of changing images of man, society and the universe at large. At this stage one cannot talk of changing societies without talking of changes that took place in the West.

Two of the most significant changes, which had serious implications for the medical systems of the entire world, were industrialization in the West and the rise of Colonization. All critiques of modern medicine are actually addressed to the problems of industrialization and the aftermath of colonialism. Asian Medical systems, today in particular cannot be fully
understood outside the stream of history. The rise of modern western medicine is seen by historians of medicine as an unfolding of scientific discoveries, whereas medical anthropologists see modern medicine as a cultural artifact, or a mark of modern industrial culture.

Western medicine itself was undergoing changes with scientific discoveries. From Greek medicine to Paracelsus, down to the 16th century western medicine narrowed its domain of causes. The focus was moving towards the human body. Morgagni in the 18th century made the organs and organisms as the units susceptible to disease.

Its history has followed a similar path, where a human being was seen as a continuity with the cosmos, as in Ayurveda, to the fact that psychical and natural causes made man ill, as in Homeopathy, to the idea that disease is nothing but a foreign object in human body, as in Western medicine.

The success of the germ theory with Pasteur and Koch, placed western medicine on a pedestal of supremacy. Not only the European scientists, but the Europeans as a people prided themselves about their scientific understanding of diseases. Western medicine placed itself against the assumed irrationality of other indigenous non-western systems of medicine.

Political changes brought about as a result of
industrialization changed the relations between man and man. Despite the Enlightenment and the dominant philosophy of human freedom, industrialization generated an "unfreedom". [16] Persons became objects and not subjects of the social whole. After the French Revolution and with the rise of the bourgeoisie, the plan was to engineer health for the entire society. "Hospital medicine" originating in Paris killed the 'sick man' and substituted the 'patient' instead. [17]

For medical scientists disease became a biological fact, independent of the thinking of human beings. Diseases were seen as objects which existed independently and prior to the discovery of the physicians which only the doctor could describe in objective terms. [18] Modern medicine or allopathy has become a technical subject, where the decision to declare a person sick or not depends on technical procedures. Symptoms are treated as the disease which has to be countered with the use of a large number of expensive drugs. [19] Sickness became a part of industrialization. In keeping with the tenets of capitalism a great collusion began between doctors, pharmaceuticals and governments, to make medicine a profit-oriented industry. This new trend in modern medicine could be sensed as far back as 1847, when a small group of allopats formed a professional organization. The Journal of the American Medical Association stated in 1901: "Growth of the profession must be stemmed if individual members are to find the practice of medicine a
lucrative profession".[20]

Monetary consideration and the scientific detachment, have led towards a violent approach to the human body and illness. Large number of casualties admitted to hospitals are seen as nothing but valuable opportunity for surgical practice, and patients in hospitals become an 'abundance of clinical material'.[21] Violence in alarming proportions has given rise to a new category of disease called iatrogenic disease, and Illich himself says modern medicine has become a major threat to health.[22] Medical violence is the product of technological advancement, financial greed, and an induced paranoia in usefully ignorant public.[22]

Institutions with state sanctioned power have laid claim over the human body, detached from its self, to be controlled and manipulated for the benefit of the powers that be. The new nexus between medicine and science in modern society has created a new weapon of falsification, where all other systems of knowledge, particularly those of pre-industrial times are 'scientifically' deemed 'unscientific'. Other medical systems like Ayurveda and folk medicine, became things of the past, based on superstitions and magic. Modern medicine could establish its position not so much by improving the status of health but by proving other systems of medicine as unscientific. Thus approaches to illness have changed drastically. Colonialism and Industrialization being points of departure from the non-Western
b) Social Construction of Illness and Healing:

Changing approaches towards illness and medicine indicate that there are ways of looking at illness. Ways of looking depend on culture, because culture, besides being a set of rules and values, is also viewed as a system of knowledge. Culture, therefore, gives a theory of knowledge and its own rules for sharing knowledge. [23]

Culture shapes our thoughts. Thoughts influence practices. Health beliefs and practices become cultural practices. A system of medicine becomes the mark of a particular culture. Several critics of health have also acknowledged the relationship between health and culture. Illich calls health and culture two names of a programme by which a social group lives. Rather than seeing it as a set of customs and traditions, he sees it as a set of plans, recipes and rules for surviving, coping, and as viability in a given human group. [24] Each society constructs a definition of illness, builds a model of medicine and moulds the experience of disease for a person. But for a particular construction to be a real living experience, it is necessary to have a particular social and political organization. [25]

Thus medicine in traditional societies was based on dominant ideas of those times and medicine in a modern society is based on dominant ideas of modernization. Who is healthy and who is ill
varies according to society. It is culture that gives meaning to the experience of disease so what exactly is defined as illness can vary temporally, culturally and geographically.[26]

Freiderique A. Marglin has demonstrated how smallpox is perceived in two different cultures. One in non-modern India and the other in a modern western society.[27] The two ways of knowing smallpox according to her were by a logocentric and non-logocentric mode of thought. While the bodily symptoms were identical, smallpox in a western society was not the same as 'Asuk' or 'Asura' in Indian society. Modern medicine sees smallpox as as disease, whereas smallpox in non-modern India was the goddess Sitala. She was the disease and its cure.

Among the Ainu in Japan, an illness called 'Kemasinke' (blood-vomiting illness) includes not only tuberculosis, but also peptic ulcer and stomach cancer. Yet tuberculosis of the bone are not included in Kemasinke because there is no blood vomiting. Further all cases of blood-vomiting may not be classified as kumasinke because blood vomiting can also be the work of sorcery.[28]

Among the Azande, Evans-Pritchard found magic and witchcraft to govern all aspects of social life, including illness. In all traditional societies spirits and deities were known to make people sick. Personal anxiety was exercised through beliefs in spirits and witchcraft. Given such a condition a member of
society behaves in a culturally defined and predictable way. [29] Cultural beliefs can be extremely influential in causing illness, up to the point of death. A person can bring death upon himself through an absolute conviction that he is bewitched. Such 'voodoo' deaths have been reported from South America, Africa, Australia and New Zealand. [30]

Even the experience of pain which is a universal suffix to illness is moulded by culture. Culture transforms pain as an experience. Illich sees pain as an inevitable part of the subjective reality of a person. Whereas in modern culture pain is an unnecessary evil which has to be banished at all costs. [31]

The seemingly objective conditions of the human body are actually subjective experiences derived from one's own culture. What constitutes illness and what constitutes cure is socially defined. Disease can best be described as a socio-cultural construct. The cause and the cure emerges within the same context.

Folk societies were characterized by folk medicine, modern society is characterized by modern medicine, or allopathy. It has also come to be known as western medicine, scientific medicine or cosmopolitan medicine. This system of medicine has come to be almost a universal system today. The infiltration of allopathy or
modern medicine has become a feature of culture even in non-modern societies today. The phenomenon is seen as a consequence of colonialism. The experience with modern medicine has been different for the colonial and colonized societies. Frederique A. Morglin points out, that for a particular cultural construction to become a reality, a particular social and political organization was necessary. So did allopathy require the presence of a political organization to make it a reality. The political organization came in the form of colonial rule. Every society confronted by colonialism was also confronted by allopathy. The experience of allopathy was not the same in the host country as it was for the colonial countries. For western society it was a change from within. For host countries like India, it was a change from without.

The change was not restricted to the use of drugs for curing illness. It meant a crossing over to an entirely new belief system. Throughout history a system of medicine operated in concurrence with a society’s culture. Culture provided the meaning, name, explanation and rationale for treating an illness.[32] With the colonial encounter the existing culture was deemed absurd and incapable of explaining illness.

Modern medicine intervened in a society that was yet to be modernized. Allopathy was thrust as the only solution to a healthy life. Western medicine became an apparatus of the colonial state. Health care passed from the hands of the
community into those of the colonial state. The world over, allopathy came to represent a scientific understanding of disease and medicine. It was taken as a reflection of a superior mode of thought.

The initial fascination with allopathy soon turned into a nightmare. Western medicine could not live up to its proposed ideals. The dream of having a disease-free society soon crumbled. People in western countries began to lose faith in allopathy. Gradually, post-modern society gave rise to a number of celebrated critics of western medicine such as Foucault, Nandy, Kothari, Mehta, Illiñich, Szasz and Laing.

As a reaction to the threat posed by western medicine, scholars are now making efforts to understand non-western systems of medicine. Rejected in favour of what was thought to be a scientific understanding of disease, traditional systems are now staging a dramatic comeback in post-modern era. The western world is experiencing an entirely new trend in healthcare. There is a sudden rise of what can be termed as a medical revivalism, an effort to redefine disease, and health. A reconstruction of illness, through the recovery of traditional systems of medicine.

This phenomenon in the field of medicine and healthcare is unique because, for the first time a new construction of health and illness is sought by spanning the gap between traditional and modern systems of medicine on the one hand and reviving non-
western systems of medicine on the other.

Both trends seek to bring in non-modern systems of healing, into a modern context. The works of Francis Zimmerman, [34] Srinivasamurthi [35] or Sudhir Kakar [36] are aimed at reinterpreting traditional systems of medicine. Once again the intellectual and political thrust has come from the dilemmas faced by western societies. The West is undergoing a revitalization in medicine where they have begun to see beyond mere symptoms. What began as a war between allopathy and other systems of medicine is taking a new turn, wherein indigenous systems are taken on as allies in the battle against disease. [37]

The WHO, which has an international infrastructure for allopathic medicine, has formally endorsed the need to bring in indigenous medicine in the modern health care programmes. It has called for 'radical development and promotion of traditional medicine'. [38] WHO is already involved in gathering information on medicinal plants and their mode of utilization.

The changes taking place in medicine today reflect changes taking place within the larger social structure. A growing tide of nationalism in Third World countries and a growing globalization of environmental issues has led to an approach that gives legitimacy to the interaction between culture, body and environment.
The present movement in the medical world is an attempt to construct another model of illness. It is the inherent interplay of culture and technology where every definition of illness requires a cultural context. There is no objective meaning in illness beyond the subjective construction of the experience of illness.

c) Methodology
Non-western systems of medicine, attracted the interest of scholars with the rise of anthropology in the West. The discipline itself was the product of colonialism. For the early scholars medicine was a field for intellectual curiosity, or a part of the study of non-western societies. The ethnographic accounts were seen as fuel for the politico-economic processes of colonialism. The discipline itself has been called colonialism's social science and the method of field work using participant observation became the characteristic feature of anthropology.[39] Works like those of Boas, Evans-Pratchant, Malinowski became celebrated accounts of non-western societies.

At the time when observations were made on the use of medicinal plants and shamanic healing, medicine was not studied as a system. One of the reasons for this was that medicine in non-western societies was treated as of no consequence to anthropological needs of that time. The growing faith in the superiority of western medicine was responsible for the anthropologists lack of interest in undertaking a holistic study.
of non-western medical systems. The same trend is observed in many of the classical accounts of Portuguese scholars in Goa. The works of Garcia da Orta, and D. G. Dalgado, are excellent examples. These works are extensive collections of information on local flora and their usage. There are also briefs accounts of the local ghadi (shaman) malevolent spirits, and sacred plants. But a holistic approach is missing.

It was only after skepticism about western medicine grew in the West, the approach towards non-western medical systems changed. In the beginning of the twentieth century, a number of works relating to non-western systems of medicine made their appearance and they were steeped in eurocentric bias.

Today we have a considerable number of studies on non-western systems of medicine. There is a growing need to understand non-western systems of medicine in their context. It is also imperative to understand how common people as an organised group construct ideas of health and illness, and how they deal with sickness.

The colonial bias in understanding non-western systems of medicine still persists. It can be seen from the way non-western systems of medicine are approached. Often the study is addressed as 'ethno – medicine', referring to an aggregate of people who are at a temporal distance from the West.
However the conception of illness and health in an industrialized society is not taken as a study in ethnomedicine. The same bias that made anthropology a discipline of colonialism tends to enter the field of medical studies today. Studies are meant to bring out people's model of medicine. What actually results is the interpretation of the people's understanding of illness. It is for this reason that scholars have advised caution about cross-cultural studies of medicine. Any attempts to construct a people's model is immediately met with a number of complexities. The problem becomes even more alarming when studying a non-literate society.

In a non-literate society all communication is effected by a spoken language. Meanings are derived from the way language is used to describe the experience of illness. Much of the meaning is lost when the researcher tries to use his/her own language in order to give a written account of the explanation. The following illustration will put the problem in perspective.

This is account of a woman who explained the death of a neighbour who had fever:

"Teka zor yeylo ani to boro na zalo. Tindis zor aangant urlo, magir chovtea disa zor mateak marlo, ani to melo". These were the exact words used to describe the illness. In analyzing the woman's language a literal translation would prove meaningless. The researcher would be required to interpret or explain the meaning in his own language:
"He had fever and fell ill. For three days the fever persisted and on the fourth day the fever hit his head, and he died". One would have to interpret such statements with the underlying ideas coded in the language used. Language is a major cultural resource that participants draw on to create reality.[46] In non-literate societies the whole of knowledge has to be compacted. Language is condensed, so that a variety of alternate meanings are to be found in the same terms.[47]

The paradox remains. The very tools used for analytical research prove inadequate. One way to resolve the question would be accept the ambiguity of methods. It may not be possible to construct a real model of the peoples' medical programme. Instead, we can hope for levels of interpretation that retain as much meaning as possible.

The other problem that arises is from the anthropologists' view of treating non-western systems of medicine like that of Chinese medicine, or Ayurveda as representative of the entire society respectively. The fact that these medicines were practiced by a small elite, creating a high tradition within the non-western systems of medicine is often over-looked.[48] In addition to these systems of medicine, communities that were aggregated as small groups, shared popular beliefs of medicine, and practised a system of medicine which was specific to their evolutionary and social formation. It did not require specialised
full-time healers, and knowledge of such systems were passed only by word of mouth.[49]

Barth defines such groups as having
1. A population that is biologically self-perpetuating.
2. Sharing fundamental cultural values realized in overt unity in culture forms.
3. Making up a field of communication and interaction.
4. Having a membership which identifies itself, and is identified by others as constituting a category distinguishable from other categories of the same order,[50] as an ethmic group. The medicine of such a group of people is what Emiko refers to as ethno-medicine.

Each ethnic unit is culture bearing unit. Rather than studying systems of medicine as Ayurveda, Chinese, Unani, ethno-medicine could give an understanding of the dynamics of culture and health given the fact that it is a community as an organization that constructs illness and health, understanding the functioning of such ethnic units could throw light on how a system of medicine is actually lived in a community.

Such studies could possibly help establish a new model, to deal with the newly emerging view of illness. Given the present cultural crisis and a revision of the concepts of health and illness in modern societies, no suitable medical model has been worked out.[51] The resurgance of non-western systems of medicine
are brought into health care programmes only as complements to allopathy. The present cultural context is yet to evolve its own system of medicine.

The present study is one such attempt to understand how a community as an ethnic unit constructs its system of medicine. Environment, culture, food habits, and neighbourhood cohesion have been shown to be essential for healing, and also defining illness. In other words, in order to understand illness and healing one must begin with ways in which the group maintains itself as a community.

With the emergence of allopathy, the medicine of the folk came to be known as ganvṭi vokod or paṭamulācē vokod, or zhāḍapālyācē vokod in Goa. The term ganvṭi suggests its rural connotation. Paṭamulācē and zhāḍapālyācē suggest that the medicines are from the various plant parts. Though often feathers, blood, shells are used the same term is used to include all, plant as well as animals parts.

As a preliminary study, some places known to be popular for zhāḍepālyācē vokod were visited. In all sixteen such places were observed.

In all of them the patients were from such zats as the Sudir, Mhar, Kharvi, Kuṇnbī, Rānder and Pagi. The healers were also from the same zats. None of the healers were full-time
professionals. All were either cultivators, fishermen, wage labourers or shepards. Since the patients were from particular zats it was important to understand how the members constructed an understanding of the ganvi vokod. For this, it was essential to understand how they organized themselves as a cohesive group. Their socio-cultural organization along with all aspects of social life would have to be the point of departure to throw light on their system of medicine.[54]

The zat selected for the purpose was the Kunmbi of Bardi in Velim, Salcette. This community is a non-literate community. The average adult having the ability to read and write would be about 5%. Even with this small percentage all knowledge is passed orally. Language is the sole vehicle used to organize sense perceptions. Meanings are created and shared through the spoken language. Ideas of health and illness are also created through language. A patient expresses her experience of illness through language and the healer effects a cure through the use of same language. All meanings necessarily issued from their spoken language.[55] More than actual curative ceremonies, narrations take a primary place. As Sahu [56] has pointed out, a people's system of medicine should not be restricted to explanations of practices, they should be accompanied by the people's meanings of the respective illness.

As noted earlier, the very tools of inquiry pose the problem whether a real people's model can ever be constructed. A
particular understanding can be relevant only for a particular people. We cannot really live the life of another community. We can only gain our sense of the peoples experience through the words in which they describe their lives to us.[57]A people's model can be a construct only in relation to their life. The present work has been titled as "Ethnomedicine and Healing Practices" considering the definition of ethnic communities, and the medicine as practised by them in the form of a living tradition, as a cohesive group. I have used the term Western medicine for allopathy to show its origin and nature, in contrast with non-western systems of medicine. I have also used the term ethno medicine or folk medicine to contrast it with Ayurveda and Unani medicine in India.

Western, scientific, cosmopolitan medicine is the system of allopathy, since it originated in the west with the rise of cosmopolitan culture and in the age of scientific revolution. Traditional, folk, indigenous, or holistic medicine refers to the non-western system of medicine. It is contrasted with Ayurveda, Unani Chinese as systems of medicine, because it is practised by the common folk, its members not removed in community labour division for specialization. Data for the present study has been collected purely from word of mouth, and through participant observation. However as mentioned earlier the world of medical beliefs have been organized according to the researchers understanding of them. Despite field work over a period of two
years, it was an extremely difficult task to create a model of
the people's conception of medicine. The world of the Bārāḍi
Kunbi offers such a rich and complex variety of anthropological
data, that I daresay I may not have done justice to it all.

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53. 1. Bhutćči Mirovňuk, Dasara at Pernem.
    2. 'Rama montri', snake charmer, Manus vaddo, Pernem.
    3. Dabalkar Zhādēkar, Parxem, Pernem.
4. 'Prasad Ghevop' at Sri Rawalnath temple, Pernem.
5. 'Voktakarn', and Voktakar, Chopdem, Pernem.
6. 'Bađe' at Sal, Bicholim.
7. Fire walking, Shirgão, Bicholim.
8. 'Mell' at Velim, Baradi, Salcette.
9. 'Punnu Ghaḍi', Basroye, Quepem.
11. 'Shigmo' at Cuncolim.
12. 'Sīśiā Randni' at Sristhal, Canacona.
14. 'Brahmaṇi Mahamaya' Dharmshala, at Copardem, Valpoi.
15. Francisco Rodrigues, Sorpākar, (snake charmer), Taleigao.
16. 'Diśṭikarn' at Santo Estevão.
