CHAPTER I

INTRODUCTION

Health is the principal asset of human being. Ever since the emergence of man on the earth, diseases and illness have become perennial problems for him. ‘Disease and death are universal experiences of each and every society. Disease is a disvalued process which has obstructed the proper functioning of a person and may lead to death. In every culture a substantial and integral set of beliefs, knowledge, techniques and practices are related to the major life experiences of health and diseases. Medical history of a man can only be understood through an in-depth study of the different socio-cultural system of human beings’ (Medhi, 1995:61).

The World Health Organization (WHO) has defined health as ‘a state of complete physical, mental and social well being and not merely the absence of disease or infirmity’ (cited in Medhi, 1995:63). The basic concept of health, disease and sanitation in this sense needs an empirical investigation in various societies for acquiring specific details. The present study discusses the various aspects of disease and treatment among the Tagins of Arunachal Pradesh. An attempt is being made in this dissertation to understand the socio-cultural and environmental setting of tribal
health in the perspective of disease and treatment. This study broadly explores the system of ethnomedicine of the Tagins dealing with protective, preventive and curative practices relevant to health.

'The concept of health and diseases are basically biological. But traits like beliefs, religion, philosophy, education, socio-economic condition, etc. also determine people's attitude towards health and illness. When we consider the environmental factors of the diseases, these cultural traits become more evident. Every society has a theory of disease and provides an efficacious for the treatment. The medical system prevalent in a society is a combination of traditions, beliefs, techniques, ecological adaptation, etc. This system is an integral part of the culture of the society. It provides the means to the members of the society for maintaining health and preventing and curing diseases' (Medhi, 1995:61).

It has been observed by the social scientists that there is a close relationship between health problems on the one hand, and socio-cultural and economic conditions on the other. Social and economic factors are now accepted as highly important in the multiple cause of disease as well as for paving the way for the acceptance of modern medicine and health practices by a community. Hasan (1967:209) explains, 'The importance of social and cultural factors in health and disease and socio-cultural implications of modern medicines and public health programmes can be understood only when both men and social scientists collaborate with one another'.

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

The anthropological study of cultural influence on health and disease includes not only subject of immediate therapeutic relevance, but phenomena that have been of special interest because of their effects on human ecology and the course of human evolution, and it is not only medical personnel that is the subject of medical anthropology, but society at large, as it relates to health and medical problems (Lieban, 1973). Ethnomedicine has long been recognized as an important field of anthropological research. It has been demonstrated by several authors (May, 1960, Whiting, 1964) that in the process of adaptation and maladaptation of human groups to their environment, cultural factors play one of the important roles. Thus, anthropological study of disease and illness from ecological and epidemiological points
of view to understand the distribution of diseases and their relationships with socio-cultural and environmental factors have helped in the emergence of several ideas and formulations of present day medical anthropology. Anthropologists are in a position to explain to the health personnel and administrators how the traditional beliefs and practices conflicted with western medical assumptions, how socio-cultural factors influenced health, disease and sanitation, how the cultural factors take care of health and cure illness, and how health and diseases simply affect the total cultural-patterns which change in the company of broader and comprehensive socio-cultural change.

One of the important areas of the anthropological study of medical problems has been to understand the socio-cultural ideas about disease, illness and health practices. Many societies believe that illness is a punishment for wrongdoing. In such societies, health is viewed as dependent on virtue. Studies undertaken by Paul (1963), Polgar (1968), and Crombie (1969) have sufficiently indicated the socio-cultural perceptions of disease and illness in different societies. Another field of medical anthropological study has been to understand the relationship between the traditional medical system and the modern medical system. This has resulted in a medical pluralism, existing in many societies (Burghart 1984, Pigg 1995, Bhasin 1997). In many studies, attempts have also been made to find out the impact of socio-cultural changes on health related issues. In this context, mention may be made of the studies undertaken by Saunders (1958), Fogelson (1961) and Kiev (1966).

Many of the recent medical anthropological studies conducted by
Fabrega 1971, Good 1977, Manning 1977, Blumhagen 1980, and Kleinman 1980 et al. were concerned with the concept of 'illness behaviour'. This concept broadly implies the perceptions of illness of the patient and the members of his family, their response and relations and attitude towards the types of treatment and treatment interventions, etc. This concept also deals with the perception of the people regarding the different stages of illness. Throughout history, people have generally tended to view health problems from the perspective of their particular societies and cultures. As a result, they have usually responded to the threat of disease in predictable ways. Knowledge about norms, values, beliefs, social structures and life styles has provided insight not only into the social organization of human resources designed to cope with health hazards, but also the nature and causes of illness (Cockerham, 1978:3). In view of this, it is imperative that we understand the various social institutions like marriages, which have a bearing on the transmission of diseases; food habit which is related to health; religious performances connected with the treatment of disease; various deities, spirits and gods connected with disease and health; medicine man; magico-religious practitioners and their role in community life, etc.

People belonging to different geographical environments have their distinctive ways to perceiving the surrounding environment. Such perceptions are reflected in the beliefs, customs and practices of the people. This is further reflected in their ways of various natural recourses in day-to-day life, in treatment of disease and illness. Tribal people are mostly dependant on forest and natural recourses in
maintaining their life and various medicinal plants available in the forest for treatment of disease and illness. In traditional societies, the people believed that evil spirits, black magic, breach of taboo, sorcery, etc. might cause illness of the person. Explanation of illness and its preventive and curative measures reflect the knowledge, cultural value and tradition of the society. Ethnomedicine treats illness as a cultural category. For an in-depth understanding of the problems and bio-cultural or ecological processes that affect health, holistic and systematic studies are necessary.

Scope of the study

The present study has been undertaken among the Tagins of Upper Subansiri District in Arunachal Pradesh. Arunachal Pradesh, one of the seven states of North-East India, is the abode of a good number of tribes, among whom the Tagins also occupy an important place. There are fourteen districts in Arunachal Pradesh and the Tagins are principally distributed over the Upper Subansiri District of the state. At present, a major concentration of the Tagins have been found in an around Daporijo area, the head quarters of the Upper Subansiri District. As per 1991 census, Tagins population consists of 36,217 souls. The Upper Subansiri District is a mountainous tract, extending from a height of 7,000 ft. to 18,000 ft. above sea level, which covers approximately 7,032 sq. km. of area. The district lies approximately between latitudes 27°45' N and 28°42' N and longitude 93°13'E and 94°36'E, which is bounded by Tibet on the north, West Siang District in the east, West Siang and Lower Subansiri
District in the south and Lower Subansiri District in the west.

The health problems need special attention in the context of the tribal of India. This is primarily because of the fact that most of them are socio-economically backward and live in isolated or remote areas where modern health facilities are not available. Besides, among the people, the belief in the interference of supernatural agency is particularly strong in case of the main economic pursuits and in the context of the health. The different economic activities are associated with rituals. similarly, different deities and spirits are believed to be connected with the different type of diseases. The supernatural powers have been identified with a group of powerful forces and deities who control and influence the happening in the community. All of them have their defined portfolios and areas of influence, effect and control, as well as nature of action.

Chaudhuri (1986: 10-11) has pointed out the following issues which are of interest to the sociologists and anthropologists related to tribal health:

(a) Health and culture - including the traditional belief in supernatural concerning diseases;

(b) health, food-habit and environment - covering the sanitation, water supply, settlement pattern, the total physical environment affecting health; food habits-food during socio-religious occasions;

(c) medicine, health and community-the traditional and modern health practitioners, their position in the society; concept and treatment of disease nature and use of
medicine - traditional and modern;
(d) fertility and mortality among the tribal - variations and reasons; the population problems of small tribes; use of traditional and modern practices of birth control;
(e) interaction of traditional and modern system of medicine at various levels; reasons for non-adoption of modern practices;
(f) traditional tribal medicine - its use and application with certain development and modification; study of indigenous method of treatment.

In the context of the Tagins of Arunachal Pradesh, a very few pertinent questions arise in the mind. How do the Tagins respond to the modern health practices? What factors influence the choice making process? What are their present prevalent practices to curing diseases and ailments? What rationale do they emphasize for acceptance or non-acceptance of modern medical practice? How far their socio-cultural and socio-environmental factors influence their system of disease and treatment? What are the nature and degree of the acceptance or non-acceptance of modern health practices. so on and so forth.

Objectives of the Study

The present study has been confined to the investigation of traditional medical system of the Tagins of Arunachal Pradesh. The primary aim of the study is to understand the pristine concept of health and illness of the Tagins as conditioned by the social, psychological and environmental situations. Attempt has been made to collect information on the preventive and curative measures adopted by them to disease
causation. The traditional remedies commonly adopted by the Tagins to cope with the disease and ailments will also get special attention. The Tagin's belief on spirits and deities relevant to disease and death along with the role of the priests, shamans and other experts to cope with the universe of the spirits and deities, will also be studied.

An adequate attention has been paid to understand the nature and relationship between disease, environment and treatment. To understand the aspects of illness behaviour of the people, an attempt has been made to find out the general pattern of the different type of treatment and healing options during the course of illness, and the perceptions regarding the outcome of such treatment and healing interventions among the Tagins. A meticulous attempt has also been made to examine the percolation and utilization of modern medical system and interaction of both the systems, traditional and modern, in the Tagin society.

**Review of Literature**

Most of the works in the field of medical anthropology are still unpublished. Much of the development of medical anthropology has occurred since World War II. Since the work of Caudill (1953), the situation has changed considerably, and there has been a marked increase in the input made by the anthropologists and other social scientists in medicine and medically related areas. A good idea of the scope and volume of research during what might loosely be considered as the first decade of substantial growth in medical anthropology, can be gained from the excellent review
articles by Polgar (1962) and Scotch (1963). The field has been viewed from a wide range of perspectives. For example, Weaver (1968) has seen it as a branch of applied anthropology. Alland (1966, 1970) emphasizes potential contribution to basic research on human evolution. In the broader sense, the major aspects of current medical anthropological research have been epidemiology, ethnomedicine, socio-cultural dimensions of mental illness, sickness and medicines, paleopathology, etc. However, in the present context, we will take into consideration only some of the studies which have relevance to the present problem of our investigation.

Read (1966) reviewed the influence of socio-cultural and environmental factors on the health problems among the pre-literate population and the way of solving these problems. Anthropological studies of disease and illness from ecological and epidemiological point of view, conducted by May in 1960 in a village of China show the relationship that exists between environment, economy and hook-worm. Livingstone (1958) explains that sedentary life, deforestation and horticultural activities are mainly responsible for the breeding grounds of mosquito, which cause, malaria. Several other studies (Cruz-Coke et al., 1964; Henry and Cassel, 1969; Cassel, 1970 et al.) have demonstrated the relationship between disease and socio-cultural factors. Several medical anthropological studies have demonstrated that age, sex, occupation, status, ethnic and community differences are important factor with regard to the incidence and distribution of diseases (Sigerist, 1951; Francis, 1959; Scotch, 1963). A number of scholars (Laughlin, 1963; Croizier, 1968; Leslie, 1968, et al.)
investigated various aspects of curative treatment in the study of ethnomedicine of indigenous medical features. In the study of ethnomedical therapy, attention has also been paid to preventive measures and ethnomedical specialists (Foster, 1953; Jelliffe, 1956; Nurge, 1958; Polgar, 1962; Blum and Blum, 1965; Nash, 1965).

Hardwood (1970) studied the social phenomena of witchcraft and sorcery as distributed in the community of Saffwa people of East Africa by focussing on instances of illness and death, and he discovered some of the underlying medical beliefs and practices which provide the content of these activities. In the study of ethnomedicine, scholars have also examined the ways in which the medical beliefs and behaviour are related to the cultural contents in which they operate. Ackerkhelcnect (1943) has noted the relationship between medicine and culture. Adams, 1953; Polgar, 1962; Alland, 1964; Glick, 1967; Hughes, 1968 have studied the indigenous perceptions of etiology and diagnosis of disease. Evan-Pritchard, 1937; Bailey, 1991; et al. studied supernatural aspects of disease etiology in indigenous perceptions. Different scholars (Stopp, 1963, Grover, 1965; and Morton, 1968a, 1968b) discussed about the uses of various medicinal plants. Frick (1957) has extensively discussed the medicine derived from animal organs in China. Cory (1949) has studied about the cultural knowledge, explanation and logic of the use of different flora and fauna as medicines. Schofield et al. (1963) found that personal habits (particularly degree of cleanliness, diet and closeness to infected persons), living conditions, the bachelorhood in males, economic and educational handicaps were the main factors for tinea imbricata, a skin disease that
is common in the lowland section of New Guinea.

The interest in studies of public health and medicine in India is comparatively of a recent origin. Few such studies have been undertaken in India. In the Indian context, some exploratory studies have been made which deal with tribal health, disease, medicine and treatment. Naik (1972), Ahluwalia (1974) have discussed some of those studies in their review papers. The book edited by Chaudhuri (1986) is, perhaps, the first of its kind in India, which deals with tribal health. Another volume edited by the same author (1990), deals with wide range of important issues related to health and its cultural and environmental dimensions. Gould (1957) observed the occurrence of an interaction in the folk culture between system of primitive and scientific medicine. Madan (1969) has examined certain influences like rural and urban upbringing, age, education, occupation, income, and religion of a person on his acceptance of modern medicine for himself and for planned change. Moreover, the studies undertaken by Marriot (1955), Gould (1965), Hasan (1967) and Leslie (1968), have investigated the issues of interaction between traditional and modern system of medicine. Srinivas (1952), Dube (1955), Majumdar (1955,1958), Carstairs (1957) and Desai (cited 1959), have also made important contributions in this field. Some case studies compiled by Paul (1955) establish the fact that success in public health programme often depend upon modifications of human behaviour.

Different scholars like Dennehy (1927), Majumdar (1933), Karna (1976) have studied the indigenous perceptions of disease and illness. Vidyarthi and Rai
(1976) in their study of tribal belief systems in India, have found that many tribes of India believe in a number of malevolent and benevolent spirits which are believed to be the cause of diseases, illness and death. Marriot (1955), Lewis (1958) and Opler (1963) in their study of village communities in India, have emphasized the need for understanding the indigenous belief and practices including the concept of disease causation. Behura (1991) has studied from ecological and epidemiological points of view the relationship between cultural practices and the spread of disease causing agents. Several authors have studied medicinal plants and their utility in different parts of India (Jain, 1963a, 1963b, 1963c, 1964a, 1964b, 1964c). Pulu (1990) has studied the medicinal plants among the tribes of Arunachal Pradesh.

In respect of the tribes of North-East India in general, and Arunachal Pradesh in particular, a few scholars specifically studied on tribal dealing with their health, disease, traditional medicine and treatment. Elwin (1964) has studied various aspects of tribal health in course of his study of the tribes of Arunachal Pradesh. Mills (1973) has studied tribal medicines of different Naga groups. The book edited by Das and Kar (1997) supplies information on health care practices among some communities of eastern India, including Arunachal Pradesh. Bhat (1985) studied cultural variables and their applications for health planning in Meghalaya. Das (1981) and Guha (1986) studied folk medicine of Assam and Bodo-Kacharis respectively. Kar (1993) has studied health culture among the Noctes of Arunachal Pradesh. Baruah (1994) has examined the socio-cultural dimensions of health among the migrant Mundas in Assam.

There are few ethnographic accounts on the Tagins. In the Gazetteer of India: Arunachal Pradesh, Subansiri District, (ed.,1981) Dutta Choudhury highlighted few ethnographic aspects of the Tagins. A short note on the Tagins are also found in Arunachal Panorama by Chowdhury (1982). So far the monographic study is concerned, mention may be made of the book entitled, The Tagins Sarkar,(1999). It may be mentioned here that these ethnographic accounts on the tribe have not taken into detailed consideration the ethnomedicinal aspects. However, it has discussed the role of magico-religious practitioners in curing diseases and illness among the Tagins.
Methodology

The basic materials on which the present study has been conducted, were collected from the three villages of the Upper Subansiri District, namely, Pogarijo, Sikarijo I and Sikarijo II. Besides these villages, some other villages of Daporijo, Giba, Nacho and Taliha Circles of the Upper Subansiri District were also visited to collect data pertaining to the present study. Field work was carried out for a period of two years one month from January 1999 in a few phases.

Basic quantitative information was collected with the help of a cyclostyled household schedule and a detailed schedule. In addition to these schedules, qualitative data have been collected through usual field techniques, viz.; non-participant and participant observation, unstructured interview, genealogical method and concrete case study method. Whenever necessary, data obtained through one technique and/or from one informant were cross-checked through alternative techniques and/or other informant. The investigator’s own prolonged observations of the life of the Tagins and their activities by visiting the interior of their homes have provided him with valuable opportunities for understanding their life pattern in a reasonable holistic way. All secondary information relevant to the problem of the study were collected during the course of library work. Regarding the doctor patient relation, people’s attitude towards modern medicine and for a general idea of public health, family planning, immunization, as well as, for available modern medical facilities, information were collected from Daporijo District Hospital and from the institutions of other modern
medical resources. During data collection, utmost care was taken to choose the right informant depending on the nature of the data. Every effort has been made to present in this study objective and authentic data.

In the field, the people were found very much co-operative and helpful. The investigator had visited their houses, attended household and community level ceremonies and festivals, and took part in formal and informal meetings. All these have provided the investigator with ample opportunities to observe the study people and to collect necessary information. After completion of the whole field work, the entire mass of data collected in the field has been systematically analyzed.

Presentation of Materials

This dissertation contains eleven chapters. The present chapter (Chapter I) introduces the problem and scope of the study. Some relevant concepts and a brief review of literature also have been outlined in this Chapter. Moreover, various aspects of methodology followed in the present study have also been discussed in this Chapter.

Chapter II under the broad heading ‘The Setting’, discusses the geographical location, ethnic condition and composition of the study area. This chapter has also been devoted to provide a detailed idea about the micro field where the present investigation was carried out. It also contains a brief analysis of the population under investigation. Chapter III provides ethnographic profiles of the Tagins. Food and drink habits of the study people have been discussed in the Chapter IV, and in the Chapter V an attempt has been made to highlight the personal hygiene and sanitary habits.
Chapter VI discusses the perception of disease and illness among the Tagins. In this chapter various aspects about different diseases that are known to the people, their classifications and explanations that the people put forward about such diseases, etc. have been taken into consideration. Magico-religious beliefs and practices associated with treatment of disease and illness has been discussed in the Chapter VII.

Traditional application of flora, fauna and other ingredients for curing diseases and ailments has been discussed in Chapter VIII. This chapter discusses the ways in which the community perceives and interacts with the surrounding environment, how the different plants and animals species are classified. The chapter is mainly devoted to know about their knowledge regarding the uses of plants and animals or their parts including other ingredients as medicine by them. The different treatment and healing options and the sequence in which the people avail such options have been discussed in Chapter IX. An attention has also given to find out the general mode of treatment prevalent among the study community. Chapter X provides an overview of the health resources available to the people and the nature and the extent of the utilization of the same. The entire work has been summarized in the concluding Chapter XI. In this chapter conclusions have also been drawn.