

FOLK CONCEPTS OF ETIOLOGY AND ILLNESS IN A NORTH INDIAN VILLAGE¹

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This paper reports a study of folk concepts of etiology and illness in the village Chinaura (pseudonym) in the district of Lucknow, Uttar Pradesh, India. The study delineates people's ideas of disease causation and the relationship of these ideas to the type of medical care given to the sick in the village. It is proposed to divide the material of this paper into several parts, mainly for convenience of presentation. Part A deals with the concept of "social institution" and the function of medicine as a social institution in the folk society of Chinaura.² Part B deals with the background of the village under study. The major findings of the present study are included in Part C which deals with the folk concepts of etiology of illness and the medical and health practices of the villagefolk. This is followed by a discussion on the decision-making process connected with medical and health practices of the villagefolk and the role of folk practitioners in "folk medicine." And finally, conclusions of the study are summarized.

A. Medicine as a Social Institution

The concept of "social institution" has been an almost indispensable tool in modern social research. The definition of the term social institution serves as the basis for other formulations. Walter H. Hamilton has defined social institution as "a way of thought or action of some prevalence and permanence, which is embedded in the habits of a group or the customs of a people. . . . Our culture is a synthesis--or at least an aggregation--of institutions, each of which has its own domain and its distinctive office. The function of each is to set a pattern of behavior and to fix a zone of tolerance for an activity or a complement of activities (19 :84). Nadel defines the term social institution as "a standardized mode of social behavior, or, since social behavior means co-activity, a standardized mode of co-activity" (1953:108).

Is medicine a social institution? The answer is "yes." As early as 1924, Rivers wrote: "Medicine . . . is a term for a set of social practices by which man seeks to direct and control a specific group of natural phenomena--viz., those especially affecting man himself, which so influence his behavior as to unfit him for the normal accomplishment of his physical and social functions--phenomena which lower his vitality and tend towards death (1924:4). Ackerknecht, a medical historian and anthropologist, has also advocated that medicine should be studied as a social institution and pleaded that a comparative study of primitive and modern medicine would be of great value not only for medical history and medicine as a whole but also for enlarging the body of knowledge of general anthropology (1942:503-521).

Medical practitioners and public health workers in recent years have been reporting that people often do not utilize the medical and preventive facilities at hand. In the two case studies from India that appeared in Health, Culture and Community (1955), G. Morris Carstairs and McKim Marriot pointed out that the western system of medicine did not fit fully in the cultural climate of India. Harold Gould (1957) studied the implications of

technological change for "folk" and "scientific" medicine. He has shown that folk medical practices were employed by the villagefolk whenever their complaints were classifiable as "chronic non-incapacitating dysfunctions," while the help of western medicine was sought in complaints that were classifiable as "critical incapacitating dysfunctions."

The present paper reports part of a study on "Social and Cultural Factors Affecting Health in a Rural Community" (Hasan 1961). It was found that the presence of an allopathic dispensary in the village for the past fifteen years did not lead to total acceptance of this system of medicine.³ The reason was that people had developed their own ways of coping with the problems of health and disease; their medical and health practices were directly related to their concepts of etiology and illness. It was also concluded that this institution was closely interconnected with such other social institutions as magic, religion, and science. The techniques of study were participant observation supplemented by structured interviews of a stratified non-random sample of eighty individuals representing one family each.

B. The Village Background

The field work for the present study was conducted from February, 1959 to January, 1960. In February, 1959, the village had a population of 1,190 constituting 215 families and representing two religious groups--Hindus and Muslims. The former were 68 percent of the total population and were divided into 18 castes. The crude death rate in the village was 20.1 per 1,000. For every 100 males in the village there were 81.8 females. The total number of literates was 128, out of which only 17, that is 13.3 percent, were females. No villager was a college graduate; only one graduated from Intermediate or twelfth grade; three had attended High School; and ten had gone up to Junior High School.

The village Chinaura was situated in the southwestern part of the district of Lucknow and fell within the limits of a Development Block. The village, as well as the region of which it was a part, was predominantly agricultural. At the Development Block headquarters there was a twenty-bed hospital along with an outpatient clinic. This hospital was situated at a distance of about one-and-a-half miles from Chinaura. A rural allopathic dispensary run by the State had been "serving" the people of Chinaura and neighboring villages for the past fifteen years.

C. Concepts of Etiology of Illness

Every known society has developed, according to premises implicit in its own culture, a system of values regarding health and disease and also systematic methods for coping with illness. A review of medical history indicates that three types of medical systems are practised today. On the one hand there is "primitive medicine," i.e., medicine of the so-called primitive tribes, based on a supernatural theory of disease causation and seeking therapy in magico-religious medicine. On the other hand there is "scientific medicine" of technologically advanced people in which natural rather than supernatural causes of disease are recognized. In between the two there is the medicine of folk cultures, where supernatural causes are recognized for some maladies while physical causes are recognized for others; and the two may not be exclusive of each other. However, for convenience of presentation

here, folk medicine is described under two headings--magico-religious and empirical. The former term is used whenever certain diseases were believed by the villagefolk to be caused by supernatural forces, and hence treatment was sought in supernaturalism. The latter term is used when physical phenomena were generally held to be responsible for causing the disease by the villagers, and hence certain materia medica of mineral, plant, or animal origin were employed as remedies by folk experts. It may be said at the outset that this does not mean that the villagefolk did not seek medical aid from practitioners of western medicine. They did seek medical aid in the village dispensary whenever either more elaborate forms of folk treatment were not available or the cause of the sickness was not understood by them.

Loss of health in the village was attributed to a number of causes, and hence treatment was of several types. Both the supernatural and physical causes of disease may be subdivided according to the type of causative agent recognized. For example, supernatural forces in disease included ailments caused by (a) breach of taboo; (b) wrath of gods and goddesses; (c) spirit-intrusion; (d) sorcery; (e) effect of the evil-eye; and (f) ghost-intrusion. There were, on the other hand, many diseases to which natural or physical causes were attributed. The effect of heat or cold, wrong combinations of foods, contact with certain living organisms, and "blood-getting impure" were some of the popularly recognized causes of certain diseases.

1. Supernatural Causes and Magico-religious Medicine: This is described under the six categories listed above.

(a) Breach of taboos. Certain diseases were commonly held to be caused by breaking certain taboos. Illicit sexual relations with a woman of "lower" caste was considered to be responsible for garmi (venereal diseases). This is corroborated by the fact that the incidence of venereal diseases is high among "lower" castes as compared to "upper" castes. Similarly, if a person were suffering from leprosy he was believed to have committed some such deadly sin as molesting a poor, weak and helpless person. Milking in a vessel containing water (to adulterate the milk) was also considered to be responsible for leprosy. While it is not the aim of the present paper to discuss the origin of such beliefs, it seems, however, important to point out that they certainly performed an important function--that of helping to maintain social order.

(b) Wrath of gods and goddesses. Some diseases were regarded to be due to the wrath of some god or goddess. For example, mata, bari mata, or Sitla Devi was the goddess of smallpox. The goddess for chickenpox was Choti mata (small goddess). It was a common belief that no treatment was useful in smallpox or in chickenpox; on the contrary, administration of drugs must be injurious, villagers said. Small twigs of neem (Azadirachata indica) tree were gently moved up and down on the body of the patient so as to ease the itching sensation. (Here we find a supernatural disease accompanied by a natural therapeutic practice as neem is a strong germicide.) The gardener brought flowers which were offered to the goddess, Sitla, during prayers to cool down her anger. It is interesting that even Muslims observed these practices, although they considered them to be Hindu practices.

Once three members of the public health staff visited the village while the author was carrying out his field work. It was noted that hardly five families from the entire village cooperated in the vaccination campaign. Here the investigator had the opportunity to verify his data because it was possible for him to distinguish between interview responses and actual practice as observed "on the ground." An overwhelming majority of the respondents in the interviews had supplied the information that at frequent intervals they had members of their family vaccinated and cattle inoculated. But the most important aspect of the case was that members of the public health staff, when failing--even after going from door to door--to convince people in favor of vaccination, wrote down names of persons, especially of children, on the vaccination record register, put impression marks on cattle without inoculating them, and went back after "performing their duties."

(c) Spirit-intrusion. An immaterial non-divine being of fairly independent existence associated with a particular natural feature is known as a spirit. Spirits can not be perceived directly by senses and they may be of different kinds. A disease may be regarded as due to a spirit or having one. One of the commonly recognized evil spirits in Chinaura was Jamoga, who is held to be responsible for attacking newly born infants and killing them. It was believed that this spirit could enter the house through the main gate or even through small holes in the walls of the room. It could also enter the house in the guise of a human being. Hence nobody--except very close relatives--were allowed to enter the room of confinement after childbirth. Muslims of the village also believed in the spirit Jamoga.

A number of preventive measures against the "possession" of the evil-spirit was employed by the villagefolk. At the time of childbirth, the mother was shifted to the innermost room available. The spirit was believed to shun fire, iron knife blades, a pair of shoes, and the skull of a monkey; hence all these were kept in the confinement room near the mother and child. It is evident, therefore, that as sophisticated urban people have preventive medicine, so too the villagefolk have preventive magic, and the aims and objects of both are the same (Hasan et al. 1961).

It was revealed by the respondents that Jamoga attacked the jaw of an infant, and four or five days after the attack, it was difficult for the infant even to cry. The infant became weaker and weaker until about a week or ten days after its birth, it would die. Thus Jamoga appears to us to be an attack of tetanus, caused by a microbe called the tetanus bacillus. The causative agent usually enters the body of the infant through the wound caused in the process of cutting the cord by an old knife, sickle or a piece of glass by the village midwife, domin. She would not understand anything about asepsis and her methods are often crude. Treatment against the evil-spirit was sought in obtaining the services of an exorcist who recites certain mantras (verbal formulae) to drive away the spirit.

(d) Sorcery. This was another kind of witchcraft especially linked with causing and curing disease. A person, usually female, who had supernatural powers to do evil, was called Churail (witch). It was believed that the witch could look into the future, escape harm, and transform herself. It was contended that the eyes of a sorceress were so powerful that as soon as she looked at a child, the child started to waste away and in a short time died. Why was she interested in killing children? Strange explanations

were offered in answer to this question. It was believed that a witch went to the graveyard at midnight, dug up the body of a child and brought it back to life. Then she killed the child again and ate its liver. The investigator was told that a few years ago people suspected a woman living in the village to be a sorceress as many cases of sorcery were occurring then. The alleged sorceress was beaten several times and then was given an ultimatum not to come out of her house. She remained inside the house and died after some time. A villager said, "There were no cases of sorcery from then on in the village."

The treatment against sorcery lay not in seeking medical aid from the physician sitting in the dispensary, but in obtaining the services of an exorcist, who usually is a Bhagat.⁴ This fellow is considered to be in possession of specialized knowledge of how to drive away the evil-spirit or to nullify the effects of sorcery by means of conjurations.

(e) Evil-eye. The mysterious effect of the evil-eye on health was a popular notion in the village. It was believed that as soon as a person, including a close relation, uttered the sentence looking at a child, "How beautiful the child is," the child's health might mysteriously be adversely affected, evident in his suffering from diarrhoea. Diarrhoea would make the child very weak, so weak in fact that death might ensue. Children were considered to be most susceptible to the effect of the evil-eye, but it was by no means confined to them. Modern medicine was considered to be not only incapable of curing a case of the evil-eye; but on the contrary it might be injurious. Hence conjurations known as har phook (blowing and whiffing) were considered to be the only therapy against the effect of the evil-eye.

(f) Ghost-intrusion. The concept of the transmigration of souls is fundamental to Hindu thought. It is coupled with karma, the inexorable idea which makes each birth depend upon previous deeds. The villagefolk, however, believed that there were occasions when a soul might not be transformed into another body--when it might become a ghost and hover around a particular area. This usually occurred in cases in which the individual did not die a natural death. A ghost was believed to be in the possession of a particular area, and it intruded into the body of whomsoever passed through that area alone. A ghost also possessed certain supernatural powers, e.g., it might transform itself and accomplish almost anything. It was also believed that a ghost might come to a person in the form of a fellow human being, perhaps a close relative, ask the person to accompany him for a certain task, and then attack him in a lonely place.

Traveling alone during the night or even during the day in a lonely place was considered highly dangerous. As soon as one discussed the problem of ghosts, people would cite numerous cases of ghosts having attacked certain individuals of the village. A Bhagat from the same village was considered to be an expert in driving away ghosts by reciting certain mantras.

2. Physical Causes and Empirical Medicine. There were elements other than superstition in people's ideas of disease causation; the supernatural did not cover the whole range of ideas. Experience and contact with city people have also taught them to attribute "physical" or natural causes to a number of maladies. Since folk concepts of physical origin of disease in

many cases did not correspond with the etiology of disease, as understood by medical scientists, the term "empirical" has been used to differentiate it from the concept of "scientific." Saunders (1954:148) has used the term "empirical" to include all the known external factors that operate directly on the organism to produce illness. Some of the popularly recognized empirical causes of disease are discussed below.

(a) The Effect of Weather. Common colds and fever were recognized to be due to humidity, low temperature, or getting drenched in rain for a considerable time. Hot waves during May and June were considered to be responsible for an attack of loo (heat stroke). Excessive humidity on the body was considered to be responsible for ringworm, although the role of fungus was not known. In the case of heat stroke, unripe mangoes were put under the hot ash of wood for a few minutes, washed, and the pulp extracted in cold water. Common salt was added to this decoction and given to the patient. This helped not only in cooling the body but also in compensating salt deficiency of the body caused by dehydration. In cases of ringworm a poultice prepared from garlic was rubbed on the infected spot. If there was no improvement in the patient's condition, the matter was referred to the physician either in the village dispensary or in the city. If the physician was unsuccessful after a few days' trial, it sometimes happened that the patient was referred to some folk expert in the village.

(b) The Effect of Wrong Food. The villagefolk have developed the concepts of "heat" and "cold" as qualities of foods--some foods are hot and others cold--which may be causes or cures of diseases. Diarrhea, dysentery, typhoid, cholera, etc. were recognized to be caused by eating "wrong" foods or wrong combinations of food. For example, meat and milk together were considered to be a wrong combination that might upset the stomach. Diarrhea in adults was recognized to be due to "excessive heat in the body." The remedy was, therefore, sought in cooling the system. Meat, fish, eggs, mangoes, jaggery, etc., were examples of some "hot" foods, and curd, lemon, cow milk, etc., were some of the "cold" foods. In diseases attributed to the effects of eating wrong foods, home treatment was tried first, and if that failed, the matter was referred to the physician in the village dispensary. A case of cholera, however, might be immediately referred to the physician. Two decades ago, cholera was also considered to be due to the wrath of the goddess Kali, but today this notion is no longer current.

(c) Contact with Certain Living Organisms. It was interesting to find that another explanation for the cause of cholera was association with flies, not because flies transferred germs, but because flies defecated on human food. The germ theory of disease was still unknown to the villagefolk. Rabies was recognized to be caused by dog bite. Snake bite was considered to be fatal in several cases. Interestingly, snake bite was treated by certain experts by reciting appropriate mantras. On the other hand, some experts might give the snake bite victim certain herbs or shrubs as treatment.

(d) "Blood Getting Impure." Skin diseases were recognized to be caused by "blood getting impure," and hence treatment lay in purifying the blood. Flowers of neem were saturated in a small quantity of water overnight and the water filtered and drunk in the morning. If the disease was prolonged, the matter was referred to the village dispensary or some other physician, hakim, or vaidya.

(e) Accidents and Natural Calamities. In the case of a dislocated bone due to some accident, people usually did not go outside their village to seek medical aid nor did they consult the physician. Mahadeva Kumhar was a bone-setter who applied oil massage in cases of bone dislocation. However, in cases of bone fracture, there was no local treatment and the matter was referred to a hospital in the city.

(f) Unknown Causes. There were many diseases which were recognized to be caused by natural forces, yet the villagefolk confessed their ignorance about them and did not treat them locally. Tuberculosis was considered to be a "natural" disease in which there was some damage to the lung. However, the role of a bacillus was not recognized. Treatment was sought either in the village dispensary or in the city hospitals.

A comparison of the present study with that conducted by Saunders (1954) in the American Southwest reveals that many of the causes listed above, or similar causes, are common to both communities. However, there is one important difference in the realm of disease causality between these two comparable folk cultures. While microorganisms were recognized by Spanish Americans, they were not within the realm of thinking of the people of Chinaura.

It was interesting to find that the natural and supernatural were sometimes interchangeable in the folk ideas of Chinaura. A disease such as diarrhea which was explained in supernatural terms in cases with children might be regarded as natural in cases with adults.

It was found that there were certain conditions or disabilities caused by natural forces for which therapy was sought in supernaturalism. For example, in cases of dog bite, people went to the river Kukrail on the Lucknow-Faizabad road, at a distance of about fifteen miles from the village. The victim was required to take two baths--one on Sunday and the other on Tuesday. He had to carry with him some parched grain flour (satua) and jaggery (gur). This was given to the dogs living on the bank of the river. A small amount of clay was then pasted on the wound, and the patient was required to cross the river seven times on each of the two days. (This was possible because normally the river was very shallow and rarely deep enough to drown a man.) Finally, the victim was supposed to take a full bath in the river. An exorcist removed the poison of the dog bite by moving an iron rod seven times round the wound and reciting certain mantras.

Several persons in the village, because of age, experience, or special interest, had more extensive knowledge of materia medica of animal, plant, or mineral origin, although some formulae were known very commonly. A decoction made of Tulsi (Ocimum sanctum) in water mixed with black pepper and ginger was a common medicine used for common colds and fever.

D. The Decision-Making Process

There were several factors that influenced the villagefolk in their decision-making process, as diverse medical and health practices and beliefs were prevalent in the village. The villagers often depended upon the advice of their neighbors, relatives, fellow caste men, and village elders; and sometimes advice from several individuals might be entertained simultaneously.

Here is an example of a particular case from the village. A young woman came to stay with her parents for a short period. Her youngest son of one-and-a-half years of age suddenly fell ill. He was passing blood in his feces. The mother proposed to consult the doctor at the Development Block Hospital. Some women met her while she was on her way to the hospital. They advised her not to consult the physician because, they pleaded, her son was suffering from tona (sorcery), and if she depended upon the medicine of a doctor, the child's condition might get worse. This was enough to disturb the mother, and she came back to the village. The services of an exorcist were obtained. As no medical aid was given to the child, his condition continued to deteriorate until he died. No one blamed the exorcist or the women who persuaded the child's mother against consulting the physician. Saunders, generalizing from his experience with the Spanish-speaking people of the southwestern United States, has written in his book, Cultural Difference and Medical Care (1954):

. . . The expected attitude toward a given element of folk medicine is one of uncritical acceptance. Failure does not invalidate a practice or shake the belief on which it is based. A remedy is tried, and if it works no surprise is evinced, since that is what was expected. If it does not work, the failure is rationalized and something else tried. In most illnesses the patient ultimately either recovers or dies. If he gets well the remedial technique is credited with effecting the cure. If he dies, the reason is not that the remedy was inappropriate, but that the patient was beyond help.

E. The Role of Folk Practitioners

Ackerknecht (1942), Fejos (1959:16), and many other workers have discussed the question as to whether practitioners in magico-religious medicine are honest or are simply cheats. Both authors are of the view that a medicine man in primitive societies is not a charlatan because he does believe in his own practices. The assumption that he is a deceiver prevails among people less acquainted with the subject, Ackerknecht holds. Madox, as quoted by Ackerknecht, has written: "Investigation indicates that the ratio of false to the true among the uncivilized is practically the same as among the civilized." In Chinaura, it is the quack from outside the village, usually from the city, who deceives the poor and ignorant people. A man used to come to the village from the city and sell his so-called medicines to the ignorant villagers. Once he gave three small packages of colored powder to a poor old man and charged five rupees for them. Folk practitioners operating from within the village could not be regarded as cheats for the simple reason that they themselves--or their relatives--were also subject to the same treatments that they commonly used on their clients.

F. Conclusions

Discussing the reasons for the success of "primitive medicine," Ackerknecht points out that "primitive medicine" contains a sufficiently large number of medical practises which are also employed in modern western medicine. Among these are massage, sun bath, cauterization, and surgery. Such practices are used in the "folk medicine" of Chinaura. While these therapeutic devices are used in magical ways in primitive societies, they may be used in magico-religious as well as in "empirical" ways in folk societies. A second reason for the success of "folk medicine" lies in its

assimilation of many drugs used in western medicine. For example, aspirin, potassium permanganate, various kinds of ointments, tincture of iodine, etc., are being increasingly used in Chinaura.

A third reason for the success of "primitive" as well as of "folk medicine" lies in its psychotherapeutic qualities. Treatment of the sick in such communities is a highly social matter. Relatives, neighbors, and friends assemble and their presence helps to cheer the invalid and to assure him that he is not isolated from his society. And finally, an important explanation for the success of "folk" and "primitive" medicine lies in the fact that out of one hundred patients falling ill, seventy-five of them usually can be cured "automatically" (because the body is usually strong enough to ward off ordinary maladies). All the same, the patient "needs" some treatment whether it is blowing, conjuring, wearing charms or amulets, or taking a concoction of some herb. "Folk medicine," therefore, gives psychological satisfaction to people. The success of "folk medicine" lies in that it is a functional and integrated part of the whole culture--a social institution--which enables the members of a folk culture to meet their medical and health needs as they define them.

NOTES

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²The term "folk culture" in this paper has been used to denote a common way of life for some or all of the people of many villages, towns, and cities within a given area, as defined by Foster (1953). The village Chinaura, therefore, represents only a folk society.

³In the villages studied by G. Morris Carstairs and McKim Marriot respectively (In Health, Culture and Community, B. D. Paul (ed.), 1955) and Harold Gould (1957) no allopathic dispensaries existed prior to the studies conducted.

⁴There is a strict code of conduct to be followed by a Bhagat. He can not eat or drink wine, toddy, meat, onion, garlic, etc. He must abstain from sexual intercourse from the time he becomes a Bhagat. He must remain "pure," i.e., he must take a bath after defecation or before offering prayers. He usually wears a girdle of wooden beads around his neck.

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