Folk Medicine and Rural Women: Beliefs and Practices About Female Diseases in a Bangladesh Village

A Thesis presented by

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PREFACE

Bangladesh is situated at the eastern part of the South Asian Sub-continent. The country is very small in area, but large in population. Nearly ninety million people live in a land mass of 143,998 square kilometres.

Bangladesh is a poor country. National income is very low relative to the size of the population. Poverty and illiteracy are wide-spread. The population suffer from acute malnutrition and ill health.

Modern health facilities were introduced during the British rule. But in spite of the efforts of the successive governments to disseminate modern Allopathic medical facilities, vast majority of the people living mainly in the villages still adhere to indigenous healing practices that have been prevalent for hundreds of years. The central theme of the instant thesis is that the reasons for the persistence of the folk medicine in Bangladesh can best be analysed by Anthropological research.

The thesis was undertaken under the post-graduate study programme of the Dacca University. The work has been accomplished under the encouraging and illuminating supervision of Professor A.K. Nazmul Karim who had provided close guidance at every stage. Merit, if any, in the thesis, goes to his credit; faults are, however, entirely mine.

Anthropology Department and Institute of Tropical Medicine of the University of London, the Institute of Development Studies of the University of Sussex, University of Leiden at the Netherlands, Authropology Departments of the Calcutta and Delhi Universities, and the Institute of Social

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My greatest gratitude is, however, to the women, men and the healers of the village Dhankura without whose active and sincere cooperation the thesis would never have been completed.

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CONTENTS

	Page
Introduction	(i)
CHAPTER - I	
Medicine and Medical System	1
CHAPTER - II	
The Village and its People	33
CHAPTER - III	
Dhankura and its Women	66
CHAPTER - IV	
Diseases Among the Village Women	84
CHAPTER - V	
Beliefs About Disease Causation	115
CHAPTER - VI	
Treatment of the Diseases	164
CONCLUSION	253

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INTRODUCTION

Like all other developing countries, Bangladesh suffers from poor health conditions. The situation is worse in the case of the female population. The maternal mortality rate is high. Female diseases that have been controlled or eliminated in the developed countries, take a heavy toll. Many women become incapacitated at an early age due to the female diseases.

In this grim health scene a number of medical systems operate. Government recognises the Allopathic, Homeopathic, Ayurvedic and Unani systems and actively promotes the Allopathic system which is considered modern and Western. Besides these four recognised medical systems, an indigenous method of healing also prevails. This is variously termed as indigenous, traditional, rural and folk medicine. All available informations testify that the overwhelming majority of the people, particularly those living in the villages, consume folk medicine, as we shall call it. The women as a group are by far the largest consumers of folk medicine. In a recent study (Islam - 1980), the writer reported that 79 per cent of the women in two villages resorted to the folk healing devices as the major health measure.

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State and Medicine

Government in Bangladesh is committed to improve state of health in the country. Its medical system of choice is the modern Western medicine and the keynote of the public health policy is rapid dessimination of allopathic medical services all over the country and down to the villages where the overwhelming majority of the population live. In all the big cities medical colleges and attached hospitals have been established. Government maintains hospitals in every district and sub-divisional headquarters. There is a rural health centre at every police station. Dispensaries are also operated by the local government bodies. Female family planning workers have been appointed by the government for every union. They make visits to the villages and provide knowledge about primary health and mother and child care in addition to contraceptive advice. A villager - man or woman - desiring to receive allopathic services is not likely to be deterred by the total absence of the service. What is important is that he or she is expected to receive the service free of charge. Free treatment is the crucial factor in the present health scene because of the fact that health and medical care has a very low priority in the family budget in Bangladesh.

Survival of folk medicine in the context of Government policy

Inspite of the avowed government policy of improving the health status of the society through promotion of the

Weistern medical system, the folk medicine continues to prevail and attract patients, especially the female patients. The Government does not recognise the folk system of medicine nor provide any financial assistance and patronage.

Government health schemes have in the past totally ignored the folk system. Health programmes drawn up by the planners all of whom are educated in the Western medical system, do not conceal their desire to see the folk system totally eradicated as an "irrational" and "unscientific" system. But the folk medical system continues to survive to the dislike of the planners. Sarder and Chen (1981) found in a research on a study area of 263,000 population that practitioner density was 4.7 per 1,000 population and folk practitioners take 2.9 of the total density . As a group folk healers constitute 60.5 per cent of all available practitioner among the study population.

Statement of the problem

Persistence of the folk medicine, in the context of the acute medical needs of the people and the government policy of fulfilling these needs by extending the Western medicine, thus poses a big problem for the health planners. Why does the folk medicine survive against so many odds? Why is the female population the largest consumer group of folk healing practices? The problem might be related to the slow penetration of the

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Western system down to the village or the aversion of women for the new system. Alternately, the problem might have arisen from the inherent strength of the folk system to persist.

Speaking of India, Mekim Marriot (1955:268) observed that "The successful establishment of effective (Western) medicine here appears to depend largely on the degree to which scientific medical practice can divest itself of certain Western cultural accretions and clothe itself in the social homespun of the Indian village". If this is so, the problem raised by the survival of folk medicine will involve cultural issues and will have to be studied in its different perspectives.

Importance of the study

An understanding of the problem is vital for the formulation of an effective health programme. Different policy recommendations may emerge depending on how the problem is perceived. Successful implementation of the policy alternatives will also depend on proper appraisal of the nature and the essential elements of the folk system.

Folk medicine has received added significance in the recent WHO finding that "several countries now consider the concept of integration of traditional modern medicine a reality that could be achieved in the foreseeable future"

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(WHO:1978). In view of the physical and cost constraints on rapid expansion of Western medical system, exploration of the possibility of such an integration in Bangladesh raises prospects for a more viable and efficacious health improvement policy. Bhatia, Chakrabarty and Faruque (1979) found in a research in a thana in Bangladesh, "Considering the limited financial, technical and health manpower resources available in most developing countries, it seems that the most logical way to achieve a break through in the delivery of health care for mother and children would be to deliver it through women who have traditionally been responsible for taking care of parturient women and the children." The study of the nature of folk medicine, therefore, acquires crucial importance in the existing situation.

Delimitation of the study

A study encompassing all aspects of the folk medicine will be an uphill task and can not be undertaken by individual researcher. It should, of necessity, be limited to that aspect which will give a comprehensive insight and broad understanding of all the perspectives of the problem. Folk medicine in relation to the women living in rural Bangladesh may be an obvious choice. Firstly, rural women constitute the largest consumer group of folk medicine. Franken Berg and Leesen (1976) reported that in Lusaka women were more likely to be found at the folk healers than were the children

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and the grown up males. Delimitation of the study to the women will therefore give a fairly large coverage.

Secondly, menstruation, pregnancy, confinement, childbirth and lactation which are associated with the women were under strict scrutiny and sanction by all societies and have been the subject matter of rituals and ritualistic behaviour. Folk medicine has accordingly devised elaborate arrangement to deal with these conditions in the life of the women. In a research in Nigeria, Macleans observed that for a number of afflictions from which women suffer, traditional medicine persist as the recourse of choice for all women (Maclean: 1971). The survival of folk medicine in Bangladesh might therefore lie in the domain of the female diseases.

The nature of folk medicine will, therefore, be studied in the context of diseases from which the women in the village suffer i.e. the diseases peculiar to women and the diseases connected with the female organs. It is expected that this delimitation will bring the problems into sharper focus while the basic finding will have general applicability.

The study will be concerned with folk healing as it obtains at the present time and in the current stage of its evolutionary process.

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Methodology:

The study is based on Anthropological method of observation and direct participation. The rationale behind choosing the method was mainly the absence of adequate data. It is now being increasingly realised that for the study of indigenous customs and traditions in Bangladesh Anthropological method of direct participation and observation would be most useful. In such situation, only intensive field work can reveal true nature of the problem. As Prof. Karim emphasised "in the absence of any significant scientific information about Bengali Muslim society, anthropological studies of small magnitude will help us a great deal in getting a correct glimpse into our societal mechanism. Moreover, they involve much less cost than the gathering of data on a mass scale. At the moment this is the only dependable means by which we can know how the minds of the people of different social levels are working in East Pakistan. Sociology, therefore, must be social anthropology in the context of our country, at least for some years to come." (Karim: 1960:6).

Beginning of folk system can not be dated. It possibly began with the articulation of the culture of the soil. But the culture had never been static. It has been and still is in a state of continuous change and adjustments. Folk medicine has therefore undergone changes and continually being modified. The folk healing that is being studied is the

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system as it exists in practice today in a village of Bangladesh located in the district of Tangail. This one is thus a micro-study of a village based on the method of participant-observation.

In this context we can mention Leiban who voiced that, "Under the impact of modern technology and the industrial societies dependent on it, profound cultural changes are taking place throughout the world. In the developing areas, modern health and medical practices have been among the most important changes introduced. Yet despite the increasing utilization of modern medicine in these areas, traditional medical systems still persist and exert a significant influence on the state of health and on medical decisions and outcomes in developing societies. Fact of the matter is that modern medicine has been established in these societies not so much by displacing indigenous medicine as by increasing the medical options available to their popualtion." (Leiban: 1977: 27).

This indicates that the present study can best be handled anthropologically. The survival of the folk healing is therefore being examined by analysing its nature and essential ingredients in the broader context of culture in which the study population live and in the perspective of cultural changes that are continuously taking place.

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We, therefore, have followed the method of observation and direct participation. The researcher lived in a village for nine months beginning from April 1981. The data were collected through direct participation with the adult female population of the village. The female population as a whole was the focus of the study. Participation with them provided information about belief system, whereas for indepth analysis patients and healers were specifically observed, scrutinised and interviewed.

The participation observation, was preceeded by a survey about population, house-holds, socio-economic life of the village and health situation of the village women. A structured questionnaire was used for conducting this household census.

First two months were devoted to getting acquainted with the people; because success of field work depends on the acceptance of the researcher by the people under study. Acceptance is, however, established through creation of mutual trust. The people must be made to feel that the researcher is a trust-worthy, interested and sympathetic outsider. From the very beginning the researcher was,therefore, careful so that no suspicion should develop about the intention of the researcher. I put all effort to clear up my intention which was very important. Because I observed that village women knew that

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a city woman would not come to village from the rosy city for nothing.

Nine months long field work added to my knowledge about village sisters significantly.

I discovered that to earn trust and acceptance from indigenous people is very hard because of the fact that barriers between the rural women and the researcher continue. The barriers emanate from the differences - some of which are real and some assumed. Rural women have strong feeling that city women are different from them, they eat, dress, talk and live differently; they do many things that a village woman cannot and should never do. A few women with whom I had become intimate asked me if it was true that city women do not observe taboos on menstruation, pregnancy and child-birth, neither breast feed nor nurse their baby; nor do they do any domestic chore. Village women are also under the impression that urban wife does not serve her husband, does not observe purdah, and familiarises with male-folk outside the kin group. The village women made no secret of their disapproval of such activities. In my work and behaviour I therefore tried to be as closer as possible.

I realised that all social interaction was reciprocal. When I was watching and observing, I myself was being observed. The women were curious about me. My every action, movement,

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and words were being closely watched. It became evident to me that the shroud of distance would not be lifted unless I gave them information about myself. Our relationship would remain artificial unless I gave myself to them.

The task of gathering data about socio-economic status of the family did not prove easy. It was very difficult to make women talk about their land-holding. Middle and big landowners were especially too reluctant. Similar situation was revealed in other studies (Ahmed and Islam: 1981; Chowdhury: 1975). Such attitude is the result of the suspicion that the interviewer may be a government agent seeking to impose a new tax or to change land settlement. Women's ignorance of the actual land-holding of the family may also be a reason. On the otherhand women were found easier to handle in the absence of their male guardian. Very often they did not speak freely and spontaneously in the presence of male guardian.

The greatest difficulty that I faced was how to meet the expectation of the people. Since I was mistaken to be a dactarni (female physician), very soon I was receiving patients. Inspite of my repeated explanation, many of them continued to call me dactarni till the last date of my stay in the village. To deal with such problem I used to carry a few common medicine and distributed on need.

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Many expected tangible benefits from me. For instance some of them requested for finding job for their son, some asked for financial help. All the deserted wives made complaint about the misbehaviour of their husbands and wanted me to find out the solution. It was a problem to satisfy all these demands.

On the whole, the village women have been friendly, hospitable and helpful.

CHAPTER I

Medicine and Medical Systems

All societies face problem of disease and have to find out devices to deal with the problem. In learning to cope with disease, societies have developed "a vast complex of knowledge, beliefs, techniques, roles, norms, values, ideologies, attitudes, customs, rituals, and symbols, that interlock to form a mutually reinforcing and supporting system" (Saunders 1954:7). This "vast complex" constitutes a medical system. But societies differ radically in their knowledge, beliefs, techniques - so to so - they differ in every item of the "vast complex." There is, therefore, not one universal medical system. There are many medical systems corresponding to diverse cultural and social patterns.

1.1 Diversity of medical system: biomedicine vs. ethnomedicine:

Sociological and anthropoligical literature alludes to a number of medical systems. Arthur M. Kleinman (1974/75: 28) refers to ancient, primitive, historical, Western, traditional non-Western, folk, popular and modern systems of medicine. Indigenous, rural, traditional are also some of the terms used to denote medical systems.

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In the Sociological and anthropological study of medicine, it is customary to make broad distinctions between the scientific and the non-scientific systems under which all the medical systems are subsumed. Modern Western medicine, popularly known as the Allopathic medicine is identified as the scientific system. It is claimed that only the Western medicine is based on biological and physiological phenomanon. Germ theory is associated only with the Modern medicine. All other systems are generally classified as non-scientific. It is claimed that the biological and physiological phenamena do not figure or figure perceptibly in these systems. Germ theory is relatively unknown in the non-scientific system.

In dealing with medical systems, anthropology accordingly is divided into biomedicine and ethnomedicine. The former refers to the Western scientific medicine with its germ theory, biological bias, major surgical interventions and administration of injections which developed in the developed nations of the West. Enthnomedicine on the other hand is concerned with those beliefs and practices relating to diseases which are the products of the indigenous cultural developments and are not explicitly derived from the conceptual frame work of modern medicine. Here we discuss systems of medicine which developed in the traditional societies.

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1.2 Difference in concept of disease in modern (scientific) and traditional (non-scientifical) medical systems:

Rivers found the essence of the distinction between the two types of medicine in their difference in the concept of disease. He further viewed that "one element of the concept of disease, and perhaps the most important, is that it includes within its scope the factor of causation" (Rivers: 1927:7). In other words etiology is the most significant element in distinguishing the modern medicine from the other types of medical systems.

Diagnosis of a disease usually involves three dimensions namely, evidence, process and cause.

Evidence:- Every disease will show some signs and symptoms that may be taken as the evidence of an illness. Medical systems may differ in what particular signs or symptoms they select for attention and in how much weight they assign to a particular kind of evidence against another. Such selection and relative weightage will depend on the pattern of the culture. But every system will, doubtless, identify evidence of a disease.

Process:- The study of the disease process is what is called Pathology in the modern medicine. Modern medicine seeks to identify the pathological processes relating to every illness. Such identification of the disease process

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is dependent on technology, investigative capacities and cognitive orientation that characterise the modern scientific medicine. All other systems of medicine tend to bypass this significant dimension of the diagnosis of disease.

Cause:- In contrast to the western medicine, non-scientific medicine puts greater emphasis on the underlying cause of the illness rather than on the underlying pathological process. Cause is of secondary importance to the disease process in the scientific medicine. "When an Western Physician establishes the cause for an illness, this becomes part of his diagnosis, supplementary to the statement about process e.g. lobar pnewmania (process) is due to a bacterial cause. Due to absence of understanding of disease process, diagnosis in non-scientific medicine resolves into conclusions about causation inferred from evidence (i.e. from signs and symptoms). Dimension of process is altogether ignored." (Leiben 1977).

The Non-scientific medicine bothers little about bacteria or disordered physiology. It is concerned with the identification of the ultimate cause which is believed to lie in socio-political competition, inter-familial disputes, inter-personal jealousy, greed, lust, witches, socerers and demons. Causes may turn out to be as invisible as the virus, but are never viewed as impersonal. Instead, illness is

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caused by agents who bring their powers to bear against their victims. Such agents may be human, superhuman, non-human but they are always conceived as wilful beings who act not indifferently, but in response to conciously perceived personal motives.

The traditional systems thus deduce from the symptoms - evidence - a probable cause and this constitutes the diagnosis. These systems enquire who is the responsible agent and tries to discover why the agent acted so. Pathological process plays no role. The ultimate significance of an illness is part of the victim's socio-cultural identity and experience.

1.3 Disease causation:

In traditional medicine disease causation plays the primary role in the diagnosis of disease. The Western medicine and the traditional medical systems also differ fundamentally in their emphasis on the nature of causes associated with the diseases.

Rivers (1927) identified three groups of causes which are associated with all diseases and illness. "If we examine the beliefs of mankind in general concerning causation of disease, we find that the causes may be grouped in three chief classes: (1) human agency, in which it is believed that disease is directly due to action on the part of some human being; (2) the action of some spiritual or supernatural being or, more exactly, the action of some agent who

is not human, but is yet more or less definitely personified; and (3) what we ordinarily call natural causes" (page-7). According to Rivers, professional art of medicine relies on the natural causes and savage and barbarous people believe in the other two categories of causes.

Examining the disease concepts of the peoples the world-over Clements (1932) came to similar finding and identified three broad categories of causes recognised by different medical systems: "first, natural causes, which include the modern medical theory and all injuries obviously inflicted by material agencies; second, human agency i.e. disease is considered directly due to the malefic action of some human being, embracing sorcery in all its phases; and third, supernatural agency i.e. sickness is regarded as due to action of supernatural factors." (P 186). According to Clements, the first is by far the most prominent among the civilised people of Europe and America and the second and the third are found among the primitive people and linger in the traditional medical systems.

Indigenous medicine ascribes most diseases either to the human agency or the supernatural agency. Clements classifies these two sensate causes into five types, namely, sorcery, breach of taboo, disease-object intrusion, spirit intrusion and soul loss. Some authorities have mentioned evil eye as

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a cause of disease arising through the human agency. Clements does not assign it a separate category, but merges it with sorcery.

1.4 Sorcery, evil eye and ethnomedicine:

Sorcery includes the manipulations of persons skilled in magic and the operations of human beings endowed with control over the supernatural world. Illness caused by sorcery is not simply a physical state; it is symbolic of the moral issues that implicate the patient and others in a web of social rivalries and jealousies.

Frazer's classic Golden Bough classifies magic into the imitative and the contagious. When a magician causes a person to fall ill by constructing a small image of his victim and tranfixing it with darts or burning it or otherwise maltreating the image, he is indulgine in the imitative magic. When a magician makes a person sick by obtaining some parts of the victim's body or some articles used by the victim and treating them magically he is indulging in contagious magic. In both the cases the rites are accompanied with suitable incantations.

Diseases can also be caused by the witchcraft. Some individuals are said to be in direct communication with the supernatural world. If they use this "bad power" to make people

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sick, they become witches (John Middleton 1967). Witches are known to devour people. It is not the material body that is eaten, but the soul of the flesh. This is why any wasting disease, mysterious complaints, or unexplained malady such as polio is put down to the witch-craft. The witch may pass by the house of the victim and night by night "eat" a bit of his soul until the body has no strength and the victim dies. The distinctive feature of witch craft is that, unlike magic, "there is no palpable apparatus connected with it, no rites, ceremonies, incantations or invocations that the witch has to perform. It is simply projected at will from the mind of the witch." (Geoffrey Parrinder - 1961:166).

Ronald A. Reminick (1974) noticed that a person possessed with an evil eye is believed to be capable of inflicting illness when such a person envies some one. The victim will fall prey to the disease as the consequence of such envy. Reminick found that the relatively rich class was apprehensive of the possession of evil eye by the relatively poor. The rich believed that the evil eye of the poor would bring illness when the victim was in a state of worry or tension so that the rich would try to maintain their composure and not appear to be too handsome, accomplished or prosperous. The evil eye among the people, studied by Reminick, thus symbolises the social and economic conflicts that are latent within the haves and the have-nots.

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Traditional societies dread sorcery and evil eye more than anything else because they are continuously under the pressure of property and inheritence disputes, jealousy, envy, greed and lust that threaten their stability. Both sorcery and evil eye therefore reflect the cultural beliefs and values and the medical system based on such beliefs and values is a part and parcel of the total cultural configuration of the people who adhere to the system.

1.5 Breach of taboo

While sorcery falls in the category of the human agency, breach of taboo involves the supernatural agency. In many ancient communities it is believed that the god is the true master of all that man has created, and of man himself; he strikes with disease those whom he chooses to strike. "As a general rule, disease is considered as a punishment which the gods inflict on man to chastise him for a crime, an impiousness, a negligence towards them, or for breach of taboo." (C. Coury: 1967:113). Illness may be due to breach of religious prohibitions or social prohibitions having divine sanction. It can result from the vengeance or the hatred of a god. "This divine hostility may be individual or collective; Jahveh would readily inflict cruel plagues on his people or his enemies" (C. Coury: 1967:113).

Due to the preponderence of magic and religion, several writers have characterised the traditional medicine

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as "magico-religious." Rivers conceptualised medicine magic and religion as the three large groups of social processes by means of which man has come to regulate his behaviour towards the world around him. "In modern society these three groups of processes are marked off from one another, while in many peoples they are so closely inter-related that the disentanglement of each from the rest is difficult or impossible" (Rivers:1924:1). The traditional non-scientific medicine thus interpenetrates magic and religion.

1.6 Disease - object intrusion:

Disease may be caused by the presence in the body of some malefic foreign substance such as a bit of bone, hair, pebble, splinter of wood, or small animals like lizards, worms, and insects. Witches might "shoot" such disease objects into people. It is sometimes believed that a spiritual essence inheres in the disease object and this essence is what causes the disease. Alternatively there may not be any express idea regarding the inherent nature of the disease object; only the existence of the object may be reported as cause of disease. The main point is that the intruding object is clearly identified as a tangible substance, no matter it contains a spiritual essence or not.

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1.7 Spirit intrusion:

When a spirit enters the body without the aid of a tangible vehicle, the person may fall ill. That disease is caused by the presence in the body of the supernatural beings, e.g., evil spirits, ghosts or demons, is widely believed in almost all traditional societies.

The intruding supernatural being may work in either of two ways. It may surreptitiously enter the body and silently cause illness. Only the healer can diagnose its presence. Alternatively it may make its presence known by speaking through the victim. Entry of a vocal spirit in the body is called spirit possession by Clements. The standard case of spirit possession cited by Clements is insanity when the voice of the possessed person is really that of the intruder. The distinction is however too subtle and no material difference will be made by using the terms spirit intrusion and spirit possession interchangably.

Stanley and Freed (Magic Withcraft and Curing ed John Middleton,1967) enumerated menstrual pain, death of children, barrenness, miscarriage and similar other diseases which are attributed to spirit possession.

1.8 Soul loss:

Disease may be due to loss of the soul. There is a belief among many peoples that every individual has a double. When he is asleep, this double performs the actions that take

place in the dream. In order to participate in the events of the dream, the double leaves the body in sleep. The body remains inert where it is, but the double moves about. During his nocturnal movement in dreams, the double may meet some accident and fail to return to the body. Ghosts or sorcerers may also contrive to separate the double from the body. If such a separation takes place, the ill-fated individual falls ill and dies unless the double is returned to the body.

1.9 Natural causes and ethnomedicine:

Strickly speaking, only sorcery and breach of taboo in Clements classification can be categorised as the causes. The remaining three - disease object intrusion, spirit intrusion and soul loss - are not causes but mechanism, each is a result or effect attributed to the human or the supernatural action.

In analysing disease causation in the traditional medicine, Clements ignored the natural causes. Rivers observed very early that the belief in causation of disease independantly of any action on the part of the human beings or of higher powers is probably universal and exists in many societies. Rivers further isolated these diseases as those which we are accoustomed to group together as "minor ailments." These "minor ailments" are largely treated without aid of any

specialised practitioner and by the domestic remedies. It is especially when the disease appears to threaten life that people begin to think of the human or the spiritual agency.

Ackernect (1971) observed that the primitive people used natural explanation to explain illness that are non-problematic, highly visible and very common. "In a great number of primitive tribes not all diseases are interpreted in a supernatural manner, some are regarded as due to natural causes. This holds true especially for very common diseases, such as colds, tooth ache, malaria, etc., those resulting from old age." (Ackernect 1971:21)

At the same time Ackernect was aware of the inconsistency with which such ideas are used. "The same disease might be naturally or supernaturally caused, and a natural disease may be treated supernaturally or vice versa." (I bid) In other wards, disease causation in ethnomedicine is characterised by a dualism. The indigenous people know by their experience that a headache will pass. They do not, therefore, bother about the supernatural causes but accept it naturally. But if the disease persists and does not yield to the usual treatment, suspicion grows and it is usual for the person and his relatives to think about the supernatural causes - sorcery or divine wrath. A disease may, therefore, pass through phases of natural and supernatural causation depending on the duration and severity of the ailments. In ailments in which the indigenous people are fairly sure and optimistic about

the prognosis, they do not refer to the supernatural agency but simply name them and treat them. Thus when a man cuts his foot either they do nothing or wash it and bind it with leaves. But if the wound does not heal but begins to fester, they commence to trouble about sorcery and divine intervention. If we consider the groups of causes as a whole, they are seen to form a scale: the magic and religious content increases, the worse the illnesses are i.e. the stronger the influences of the spirits over the process of illness is proved to be.

However, "Isolated rational elements, the existence of which nobody denies, do not and are not able to change or even to influence considerably the fundamental character of this magico-religious system" (Ackernect: 1971-23). Illness which is transitory and easily heal do not create any medical social or behaviourial problem. They do not incapaciate the individual sufficiently to affect his behaviour, his ability or his socio-cultural relationship. But when the ailment becomes critical, it so influences "his behaviour as to unfit him for normal accomplishment of his physical and social functions." When a man is so ill that he cannot work, he cannot look after his land and animals, his assets shrink, he cannot maintain his behaviour and relationship with his family and the society, the "disease" then becomes a problem for the individual and the society, and medical system is devised to treat the "illness."

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1.10 Distinction between disease and illness:

In scientific medicine disease is viewed in terms of the germs and the viruses as a pathological condition that can be varified from the laboratory or other forms of clinical examination. But with the traditional system, illness is quite a different thing: it is the social recognition that a person is unable to fulfill his normal roles adequately and that something must be done about the situation. It is the impairment of the role and function and not the presence of the disease pathogens that causes the patients to seek aid. In other words, disease as a pathological concept is different from illness as a cultural concept. Man's disease become socially significant only when they are identified as illness, a malfunctioning that is seen to threaten the individual and his society by incapaciating from effective performance of social roles. As long as the germs and the viruses are not strong enough to produce the inability to perform the role fulfilment, no cognizance of the disease is taken. Cognition of illness is, therefore, the most important element in seeking medical aid.

1.11 Cognition of illness:

The experience of illness includes both behavioural changes and feelings of being sick, each of which is intimately related to the social context i.e. how the patient, his family

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and the social net-work react to the disease. Thus it is possible that an individual having an attack of a disease may still be unaware of its existence in him and act accordingly. On the other hand, people may feel and act sick though there is no evidence of any objectively verifiable disease. Illness may not be related to the biological phenamena at all. Misfortune such as a house catching fire or drought failure may be cognised as illness requiring corrective action. How illness will be cognised depends on the cultural patterns of perception. Not all societies agree about the conditions to be counted as illness. Illness will be differently cognised by different cultural configuration. Different societies will perceive and define illness in different fashions and symptoms that are accepted as evidence of illness in one culture may be ignored in the next. Cognitions within the same society may also change over time.

In the nineteenth century, people in the Upper Mississippi Valley hardly paid any attention to malaria which is today recognised by the WHO as a dangerous killing disease. "This is a classic example of how an objectively dangerous and burdensome bodily condition can subjectively, by social convention, even lose the character of disease" (Ackernect: 1945:4). The maniof Liberia do not consider yaws as illness. Examples can be repeated which will illustrate how culture defines what is and what is not illness.

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Once a culture has cognised the symptoms and the sickness as an illness, it becomes imperative to adopt the corrective strategies. Because illness, we have seen, reflects the failure to fulfill the expectations of a role and the disturbance of the existing social relations. Medical therapy therefore has a distinctly social role.

1.12 Therapeutics and Pharmacopea:

Every society will hit upon its own therapeutics and its own healers to administer treatment of illness. In general, we come across three categories of the traditional healers, namely, the herbalist, the diviner and the witch doctor. Together they are called the medicineman and are popularly referred to as the shaman. The herbalist, as the name indicates, administers herbal preparations as a remedy for sickness. The diviner's main duty consists of the diagnosis of the causes of an illness. The witch doctor is called upon to identify sorcery and to exorcise or to placate the supernatural. The three types however flow into one another and are often combined in the same individual. The same shaman may administer herbal medicine, prescribe amulets and talisman, recite incantations and indulge in the magical rites. Incantations may be bestowed on the herbal preparation before being administered to the patients. All the different healing measures may be applied simultaneously on the same patient at a time.

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All traditional healers know a number of herbal preparations and all the traditional medical systems possess an extensive pharmacopea of herbs. "Western medicine owes many of the drugs which are important in modern treatments to the discovery by primitive peoples of the medicinal efficacy of various herbs or roots. Among modern drugs which have come to the West from the medicine of other cultures are quinine, opium, ephedrine, cascara, sagrada chaulmoogra and digitatis" (Ackernect: 1946:122). The real value of these indigenous herbs were discovered not by the scientific research, but by the rudimentary methods of the simple folk.

Although the indigenous herbalist uses these herbs, he does not think of them as drugs in a scientific way at all. He thinks of them as each having its own hidden power and acting more by the contact than by assimilation. Herbs are often used in complex compounds; and in preparing the compound ritual and magic occupy the dominant place. The choice of the ingredients, the selection of the dose, the conditions under which the herbs are collected all play a role in infusing the healing power in the medicament. Above all, the recipe is subjected to magical treatment and its administration is accompanied by the uttering of a formula. In many indigenous people, the same expression is used to mean herbal preparation, charms, amulets, articles of divination and the evil concoctions of the wizard. The difference between the herbal

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medicine and the magical rites is not therefore of any significant dimension in the traditional medicine. "The widespread division between medicine men and herbalists in primitive tribes has given rise to the premature conclusion that only the former are guided by supernatural ideas, while the latter are retionalists. This thesis seems to be unsupported by the facts." (Ackernect 1971:22) Traditional theraputics is not however without its logic and the medicineman is not a completely irrational and whimsical being.

1.13 Rationality of indigenous therapy:

Rivers noted that "the practices of these peoples in relation to disease are not a medley of disconnected and meaningless customs, but are inspired by definite ideas concerning the causation of disease. Their modes of treatment follow directly from their ideas concerning etiology and pathology..... However, wrong may be the beliefs concerning the causation of disease, their practices are the logical consequence of these beliefs." (Rivers 1927:51). If a man is laid down by sorcery counter magic is evidently the only therapy. When illness is brought about by the wrath of god, the latter must be propitiated by the ritualistic ceremonies and the social restitutions. If soul loss is what caused the illness, the obvious remedy is to find and restore it. If the sickness is due to object intrusion, extraction of the malefic substance is obviously the

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therapy of choice. When illness is the result of the presence of evil spirits in the body nothing short of its expulsion can correct the malaise.

A medicine man must be adept in providing these remedies. He must know how to command the occult forces and have the powers or means to influence them. He must be able to prove his ability to communicate with the supernatural in such a way as to diagnose and prescribe cures for the illness caused by the supernatural intervention. He should have access to or control over the spirits superior or more powerful than the illness - causing spirit. Otherwise he will fail to dislodge the intruding malefic substance or to drive out or expel the evil spirit possessing the patient. If he discovers that the cause of illness is god or ancestors/spirit, he must be able to appease or placate him by the proper rites and ceremonies. When a witch has cast spell or a sorcerer has employed black magic, the medicineman must exhibit his power of overtaking the witch or overwhelming the sorcerer.

The mannerism and the acrobatics of the medicineman appear superficially as psychopathy. But these are essential qualifications of a medicineman. Because he has to grapple with the situations which are out of the ordinary and are not explicable by the natural sequence of events. His role is derived from a system of medical beliefs and values which

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characterise a particular cultural pattern. He is as much a product of his culture as the medical system itself.

1.14 Medicine and culture:

Culture, by definition, represents a "man-made" socially relevant, experientially derived set of rules for living. A group's medical knowledge and beliefs are a part of this culture and constitute its accumulated understanding of disease, an understanding born of trial-and-error efforts to cope with disease.

One's knowledge of one's body is in many ways a product of the society one lives in. The cultural construction of illness may differ extensively from the clinical definition. Tremendous veriations in the knowledge and the beliefs have been uncovered in research in the traditional medical settings (Ellen L. Idler: 1979). Phenamena considered to be symptoms of a disease by some groups may be regarded as the signs of health or without any medical significance by others. The Northern Amazonian Indians regard skin blotch caused by dyschromic spirochetosis as normal. Bilharzianis and certain other parasitic infections are not considered to be illness among the Egyptians because they believe that illness must be associated with pain. The Thonga of Africa consider the intestinal worms as necessary for the digestion. Jews and Italians differed considerably in their attitudes towards pain

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experience (Ellen L. Idler: 1979). In a study of the hospital cases of surgery, considerable differences in the beliefs and attitudes towards the illness were found among the different traditional groups in spite of their being treated at the same hospital.

Becoming sick is essentially a social process. Implied in it is not only a physical unwellness, but also the recognition that all is not well and the consequent readjustant of the patterns of behaviour and the expectations. The readjustment involves not only the individual but also the family and the group. Whole family might be guilty of the breach of taboo and the wrath of god might have manifested in a individual member representing the whole. The sorcery practised on an individual may reflect the inter-familial rivalry and distrust so that the whole family is at stake. The problem may therefore be located in the family and the entire family may be labelled as sick. The target of treatment will then be seen as involving considerably more than the patient's body. Healing process will then be culturally constructed.

Beliefs about disease causation, the experience of symptoms, the specific patterns of illness behaviour, the decisions concerning treatment alternatives, the actual therapeutic practices and the evaluations of therapeutic outcomes are all culturally determined. "Medicine is nowhere independent

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and following only its own motivations. Its character and dynamism depend on the place it takes in every cultural pattern ; they depend on the pattern itself" (Ackernect: 1942:398). In other words, culture mediates between the "external" and the "internal" parameters of medical systems and thereby is a major determinant of their content, effects and the changes they undergo. The cultural parameters provide the rationale to the medical practices and ensure the success and the effectiveness of the healing devices of the medicineman.

1.15 Efficacy of primitive medicine:

Healing is not so much a result of the healer's efforts as a condition of experiencing illness and therapy within the cultural context of the medical system. Neither the medicineman nor his curing device, taken alone, effects healing. It is the cultural system as a whole that heals by naming and ordering the experience of illness, providing meaning for that experience and treating the personal family and social problems that comprise the illness.

The medicineman does not work with the strength of his own personality only. His rites and ceremonies are part of the common faith of the society which often participates in the healing process by singing, dancing, praying, abstaining. The whole weight of the religion, myths, history and community spirit enters into the treatment. The strength of the

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medicineman and his own belief in himself is the consequence of the belief of the society. The role of the medicineman is to mobilise the forces of the society to bring its weights to bear on the illness. His success depends on his ability to perform the role efficiently. "One reason why indigenous folk healers do not disappear when modernisation creates modern professional medical systems is that they often are skilled at treating illness" (Arthur Kleinman, 1978:88)

The healing function involves control of the sickness, i.e. handling of the disease and provision of meaning for the individual's experience of sickness i.e. treatment of the illness. The Western bio-medicine provides the professionals knowledge for controlling sickness but "systematically blinds them to the second of these core clinical functions, which they learn neither to recognise nor treat" (Arthur Kleiman: 1979:8). Consequently treatment of illness remains the domain of the medicineman who tend to concentrate on treating of illness and not the disease.

In indigenous culture illness is often viewed as divine punishment for wrong doing or outcome of interpersonal and inter-familial rivalry and dissension. The individual's experience of sickness is then couched in his relationship with those believed to be responsible for the attacks against him and the whole family and the social network become involved in the process. In such a situation restoration of health

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no longer depends on control of the physical symptoms; and the medical therapy of necessity consists of social repair. Efficacy of the medicine man then depends largely on the extent to which he can detect threats to the social unity and re-establish those harmonious social relationships which are essential to the life of the society.

1.16 Medicine and social unity:

One of the threats to the social unity is sorcery which arises from the hostility and conflict in social relations. More often than not, the sorcerer, when identified, turns out to be a non-conformist whose behaviour deviates too far from the social ideal. The public exposure of the antisocial person and the exorcising of the evil spirit brings a general feeling of relief and well-being to the victim, to his attacker and to the whole society. And when people are enjoying peace of mind they stand a much improved chance of regaining soundness of the body.

The harmony and solidarity of the group are also affected when the cause of the illness is found in the punitive actions of gods and ancestors. Gods and ancestor spirits react to the anti-social conduct by visiting illness upon the offenders. The diagnosis of illness, then, is largely a diagnosis of a social offence that threatens the harmony and the cohesion of the society and cure of the illness consists in righting of

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the social wrong. When viewed in this light the threat of suffering becomes a powerful incentive for the moral behaviour and the healing of the illness becomes a sign that divine satisfaction has been re-established and moral health of the society has been restored.

Thus every culture develops a system of medicine which bears an indissoluble and reciprocal relationship to the re-presentation of the world as it is experienced and compre-hended by members of the society. Medical systems differ as cultures differ. They are similar as cultures resemble one another as the universal problem-solving, adaptive organ-isations. The medical behaviour of the individuals and the groups is incomprehensible apart from the general cultural history.

Medical systems cannot therefore be understood solely in terms of themselves; only when they are viewed as parts of the culture and the social structure of the groups holding them can they be fully appreciated. Since Bangladesh has a distinct culture of its own, it has its specific medical system which, in turn, must be comprehended in the context of its unique cultural pattern.

1.17 Medical system of Bangladesh:

Origin of medicine in Bangladesh is to be traced to the ancient India. The evidence of the Atharvaveda and the

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Arthasastra indicate that the supernatural elements predominated the medical scene and the wrath of gods, the mischiefs of evil spirits and the sorcery of human beings formed the basis of medicine. During the Atharvavedic period two main types of healing arts were prevelant. The first type depended on the incantations of magical verses and performance of rites and rituals to bring about the cure. The second type, while using the magical formulae, also used herbals and other medicaments. But the Atharvaveda states, "there are hundreds of medical practitioners and thousands of herbals, but that which could be achieved by a collective efforts of them all, could be done singly by a charmed amulet." This establishes the supermacy of the supernatural medicine during the Atharvavedic period. In later times, however, the distinction between the herbalist and the medicineman became marked. The Herbal doctor in time became the Ayurvedic practitioner in the cities and towns while the practitioner of the ethnomedicine continued to dominate among the village populations - each fitting well into the cultural and social life of his own setting.

The Ayurvedic system of medicine could not displace the ethnomedical system. When the Muslims came to India they observed the indigenous beliefs about evil spirits and sorcery causing illness. The Muslims in their turn introduced the Unani system of medicine in India. The Unani medicine is

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classical Greek medicine as modified by Arab scholars. It was widely practised by the Muslim hakims before introduction of the modern scientific medicine. But despite the existence of the Ayurvedic system and the introduction of the Unani system, both Firdausul Hikmat and Ayeen Akbery composed by Ali and Abul Fazal testified to the widespread prevelance of the medical beleifs and practices anchored in supernatural causation. These beliefs and practices were closely connected with the moral and social system that represented the cultural configuration. Firdausul Hikmat noted "(the spirits) gain power over people when they are not clear or when they commit some sort of sin" (Jaggi: page xxvii Folk Medicine by Jaggi). As for therapy, Hikmat went on." There are some spirits who want something as compensation and hence this is placed with some sort of scent in the abodes of prayer. Another kind of spirit is put to flight by mixing the fat of mongoose, cat, snake, hyena, bull cow, mixed with their biles and baked with it and then it is applied through the nose and massaged on the whole body." Ayeen Akbery recorded some of the beliefs of the people about causation and treatment. Headache was a punishment of having in a former state spoken irreverently to father or mother. The cure was to make images of certain gods with two tolas of gold and give them to the poor. "Paín in the eyes was a punishment for having coveted another man's wife." "Indigestion was a

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punishment for having robbed a house." The epilepsy is a punishment for having administered poison to any one," at the command of his master;cure: bestowing in charity two images of gods made of gold.

These medical beliefs and practices which existed side by side with the Ayurvedic and the Unani systems, were not, however, completely devoid of herbal preparations. The indigenous practitioners used herbs alone or in association with the magical rites. The indigenous medicine man knew the medical qualities of the number of herbs and applied them with success. But more often than not the herbs were so magically treated that any intrinsic value of the herbs tended to be overlooked.

The British introduced the Western scientific medicine in their Indian empire. Though the empire is abolished, the independent governments in all the three countries of Bangladesh, Pakistan and India promote and patronise the Western system. But the indigenous medical beliefs and practices have not been destroyed. They exist as a system representing the mixture of supernatural element with the use of herbals and other medicaments. Jaggi (1973) has designated this system as folk medicine.

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1.18 Folk medicine in Bangladesh:

There is a tendency in Bangladesh to confuse the folk medicine with the Unani and the Ayurvedic medicine. But authorities seem to be unanimous in treating folk medicine separately from the Ayurvedic and the Unani systems. Arthur Kleinman (1978:86-87) classifies three arenas of medical experience and reaction; namely, popular, professional and folk arenas. The popular arena comprises principally the family context of sickness. Between 70 to 90 per cent of sickness is managed solely by home remedies without the aid of any outside healer. "The professional arena consists of professional scientific ("Western" or "cosmopolitan") medicine and professionalised indigenous healing traditions (e.g. Chinese, Ayurvedic, Unani and Chiropractic)." Folk arena lies in between and consists of the non-professional healing specialists. Leslie (1967) similarly brackets together "highly trained practitioners of the indigenous medical systems of South Asia," i.e. the Ayurvedic and the Unani and "cosmopolitan scientific medicine" and separately categorises the specialists in the folk medicine.

Ackerneckt (1946) finds in folk medicine a "strange mixture of true primitive traits with degenerate high cultural elements." While the primitive medicine is non-scientific medicine Ackerneckt views folk medicine as either non-scientific or quasi-scientific in nature. The two systems are further distinguished by Ackernect by the degree of the

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specialisation which is high in the primitive and low in the folk system.

Folk medicine in Bangladesh is therefore distinguished both from the Ayurvedic and the Unani systems on the one hand and the primitive medicine on the other hand. For purpose of the instant study the folk medicine is conceptualised on the basis of two characteristics.

In the first place, the folk system is unwritten. It is a part of the oral tradition of the society transmitted verbally from the parents to the children from the older to the younger generation. This transmission takes place by informal methods and unstructured processes.

Secondly, folk system displays belief in the super-natural causation. Shamanistic practices are however combined with oral administration of herbal preparations. The therapy is administered by specialists who have no formal training in the medical arts. The folk system is distinguished from the Ayurvedic and the Unani systems which have written codes and elaborate institutional arrangement for producing specialists. As Foster and Anderson (1978)point out, in the Ayurvedic and the Unani system, "sensate agents play no role. In these systems, health conforms to an equilibrium model. When the basic body elements - the humours "are in balance appropriate to the age and conditions of the individual, health results. When the balance is upset from with out or from within by natural forces such as heat or cold or sometimes strong emotions illness follows" (p 56)

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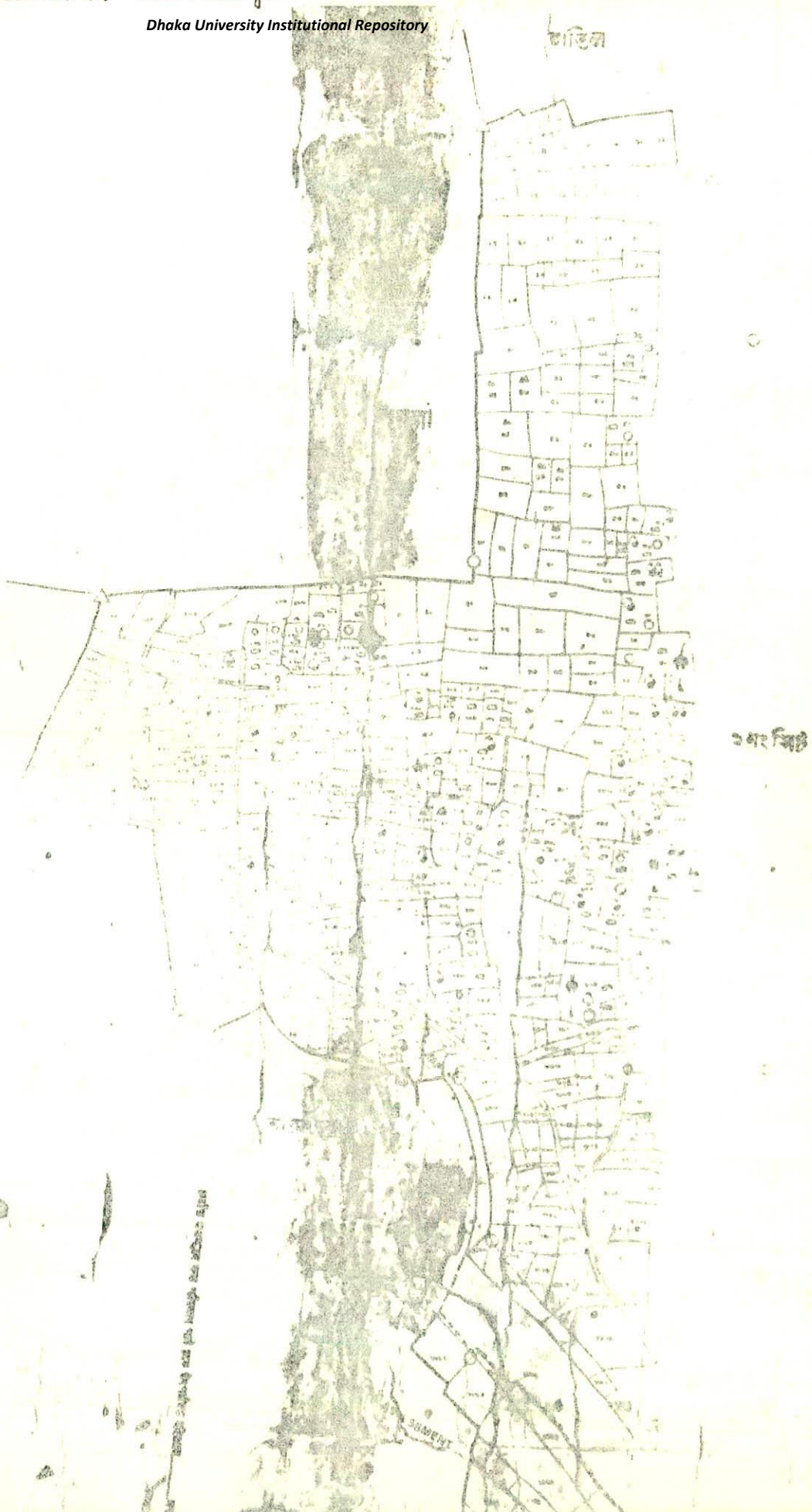
The study in the following pages is concerned with folk medicine as defined above.

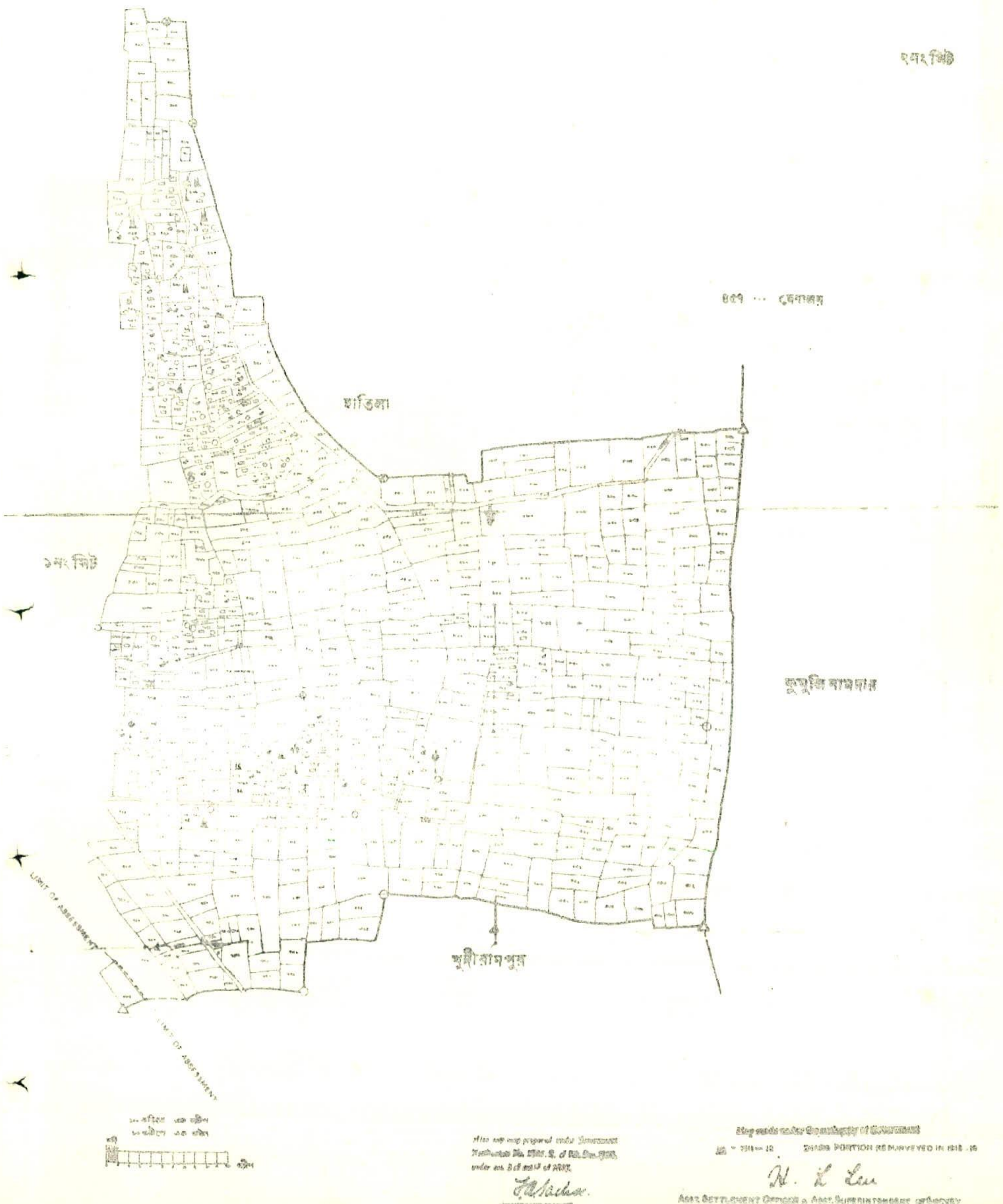
1.19 Scheme of the study:

The instant study is based on field work in a village of Bangladesh. Chapter II gives a review of the village and its people, where as Chapter III deals more specifically with the womenfolk of the village.

Conceptions about disease and the common female diseases are discussed in Chapter IV. The prevailing beliefs about causation of diseases held by the villagers and the village women are discribed in Chapter V. Folk healers and folk remedies are presented in Chapter VI.

Sketch OF The village





CHAPTER II

The Village and its People

The research unfolds in the village Dhankura. Bangladesh is a land of villages. Local variations not withstanding, the basic pattern of the society and the way of life of the people resemble closely in all the sixty-eight thousand villages that hold nearly 92 per cent of the population of the country.

2.1 Physical features of the village Dhankura:

Dhankura is situated in the Karatia Police Station of the district of Tangail. It is a fairly big village with an area of 469 acres. Karatia, the Police Station for Dhankura, is only 3 miles away on the southeast. The district headquarters of Tangail is about four miles to the northeast of Dhankura. The Dacca-Mymensingh highways pass by the village. A regular bus service connecting Dacca with Tangail and Mymensingh plies on the highways and touches near the village. Cycle Rickshaws also ply between Tangail and Dhankura, and Karatia and Dhankura along the highways. Rickshaw, being a costly means of transport, is used by only a handful of the rich villagers. The middle income groups use the bus service. But the majority of the people walk to Tangail and Karatia.

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Vehicular traffic do not enter the village. The interior of the village is accessible only on foot. There are narrow muddy walk paths inside the village which are the only communication links. These paths go under the water in the summer when communication within the village becomes difficult.

Dhankura is pre-eminently a plain with some high lands, canals, ditches, marshes and land depressions. Cultivable lands are scattered throughout the village. In between the arable lands the dwelling areas appear as clusters with their dwelling huts, trees and bushes. There are a few meadows in which trees grow wild.

A small canal passes through the village. It dries up in the winter creating scarcity of water. In rainy season it overflows inundating the village. The walk paths go under water and movement in the village becomes difficult.

The river Lohajang flows by the west-side of the village. No regular transport plies through the river as the river bed is shallow. In winter the river dries up and people cross it on foot.

Dhankura is divided into six paras namely, Poobpara, Pashchimpara, Madhyapara, Uttarpara, Karigarpara, and Bashak-para. Para is a dwelling area. Paras representing dwelling

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areas are separated from one another by the arable lands, canals and walk paths. Usually members of a few kin-groups or fictional groups live in one para. Dwellings inhabited by the different groups living in a para are often marked out by boundary walls made of bamboo sticks or by trees and bushes serving as the boundery. Dwelling houses enclosed within one boundary are together called bari. A para is composed of a member of baris.

Within the bari, the dwelling houses are further sub-divided into households. The basis of the sub-division of the bari into household is joint messing i.e. common kitchen. All dwellers in a bari do not usually belong to one kitchen. The smaller groups, usually the nearest kins, live together in one kitchen. Those who have a common kitchen constitute one household. There may be a number of households in the bari. The following table gives the distribution of households among the paras:

Table - 1

Distribution of households according to para

Para	Number of Households
Poobpara	28
Uttarpara	68
Madhyapara	39
Pashchimpara	71
Karigarpara	38
Bashakpara	57

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One household may have one or more than one dwelling structures. Households which are poor or small have one dwelling structure. The rich and affluent households or households with large membership may have a number of dwelling structures. In the later households, the dwellings are built around a courtyard. All the dwellings open to this courtyard called uthan. As regards households with single structures, the uthan is the common property of all the households facing the courtyard.

Most of the dwelling structures have mud or bamboo walls. The roof is made of straw. The nature of the construction of the dwelling houses is the evidence of the general poverty of the village. Only a handful of the rich villagers have houses made of C.I. sheets.

The poor households usually have one dwelling structure which is used as the bed room-cum-kitchen. In the early winter and the dry summer days, the poor households cook their food at a corner of the uthan under the open sky in earthen oven called chula. The fuel used for cooking in the earthen oven is jute-sticks, wood and dry leaves.

The rich households maintain a separate cookshed where food is cooked as well as served. At one corner of the cookshed a dheki is placed. Dheki is a manual device for husking the paddy.

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The poor not only use their solitary dwelling space as the bed room and kitchen, it is their store room as well. Paddy and other crops and essentials are stored in a portion of the dwelling structure. The rich, however, have separate store room called gola-ghar. In some rich households, there is a small outer room facing against the uthan. Here the guests are received and entertained. The poor families cannot afford such luxury. Visitors who are relations are taken into the only dwelling. Male visitors who are not relations are received outside the house under the open sky. A mat may sometimes be placed on the earth for the guests to sit on. If the purpose of the visit is short, the meeting between the guest and the host takes place in standing position.

The minimum amenities of life are practically absent. There is no school in the village. There is no medical clinic, no club, no play ground, no community centre. No qualified medical practitioner practises in the village and there is no dispensary or chemists shop. Two ramshackle grocery shops by the side of the Dacca-Tangail Highways keep meagre stock of the essential articles like spices and safety matches. No market sits in the village either daily or weekly. The people buy their essentials from the weekly market (hat) at Karatia.

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The supply of drinking water is poor. There are ten tube-wells most of which remain out of order. Though these are installed at Government cost and should be used by the public, in practice, most of the tubewells are sunk in the courtyard of the rich farmers. Some households have indigenous wells whose supply is very inadequate. Many households drink water from the pond. For washing, cooking and taking bath, villagers use the ponds of which there are eleven in the village.

2.2 Population of the village:

At the time of the study, the population of Dhankura was 1,759 excluding those who live away from the village and visit their families from time to time. The age group distribution of the population is shown in Table-II:

Table - II

Population according to age

Age Group	Male	Female	Total
0 - 10	338	297	635
11 - 20	226	223	449
21 - 30	112	138	260
31 - 40	99	70	169
41 - 50	51	64	115
51 - 60	35	39	74
61 and above	33	24	57
Total :	904	855	1,759

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The population of Dhankura is relatively young. More than half of the population are below 20, and roughly one-ninth are above 40 years. On the average the population of Bangladesh is young in age.

In Dhankura, the average size of the household is 6. Total number of household is 301 i.e. there are 301 kitchens in the village. The ratio of male/female is 946 females for 100 males.

The population of Dhankura are spread over six paras. The distribution of households and population according to para is shown in Table-III:

Table - III

Distribution of Households and Population According to Para

Para	No. of Households	No. of Population
Poobpara	28	161
Pashchimpara	71	419
Uttarpara	68	402
Madhyapara	39	219
Karigarpara	38	226
Bashakpara	57	332
Total:	301	1759

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In total, 377 persons (27.43 per cent) are literate Of the literates, 242 are males and 135 are females. The female population trails behind the male in literacy. The comparative low literacy of the women is a general feature in Bangladesh.

628 persons are currently married: 302 males and 326 females. Three factors seem to be responsible for the higher proportion of the married females. Firstly, a number of the migrant husbands keep their families in the village. Secondly, some husbands have more than one wives. Lastly, women are married at a comparatively tender age.

2.3 Occupation of the People:

Table-IV shows the occupation of the male population in Dhankura.

Table - IV

Occupational Distribution of the Male Working Force

Occupation	Number of Persons,
Traditional Occupations:	
a) Agriculture	194
b) Village craft	68
c) Village trade	31
d) Religious profession	3
e) Full-time folk-healing	3
Sub-total:	299

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Table - IV (continued):

Occupation	Number of Persons
Non-traditional jobs:	
a) Job in the office	23
b) Job in transport sector	35
c) Rickshaw pulling	10
d) Masonry	11
e) Other urban occupations	6
Sub-total:	85
Grand-Total:	384

Total working population in the village is 384. Of them 299 work in the traditional occupations such as agriculture, village trade and craft. In all 194 persons are directly connected with the work in the field. 68 persons carry on the traditional occupation like weaving, carpentry, smithy and similar small craft work. A total of 31 persons engage in trade, some do grocery business, others deal in rice, pulses and spices on small scale. There are three full-time folk healers in the village. They live on the income from their healing profession. The craftsmen engaged in their occupation hereditarily. They are the remnants of the ancient self-sufficient village system in which all the necessities of life were produced and supplied within the village. With the exposure of the village to the market economy, the small village traders have appeared. They usually buy the excess stock of the villagers and sell in the nearby hat.

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Situated near Tangail town and the Dacca Tangail Highways, the village has been exposed to the modern occupation. Nearly 22 per cent of the working population work outside the village as transport worker, office messenger or security guard and similar other professions. 23 persons work in different offices at Tangail. They go to the working place every morning and return to the village in the evening. The largest number of 35 are engaged in the transport sector due mainly to two reasons; namely, the geographical location of the village and the kinship network. The village is geographically situated in an area where motor vehicles are the main means of communication. There is no railway in Tangail. Buses plying on the highways are the only connection between Dacca-Tangail and Mymensingh. Situated near the highways, the people of the village are familiar with this means of transport and seek employment in the transport sector. One out-migrant from the village has set up transport business in Tangail town. He recruits workers from his extended kin circle as driver, helpers and mechanics. Thus the village population has an outlet to the transport sector'jobs.

On the whole the people of Dhankura are poor. They eat inadequate food, wear minimum of cloths, and receive little medical aid in sickness. They live in shabby huts and have little recreational facilities. Poverty is visible from the people's living pattern.

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2.4 Religion of Dhankura:

Dhankura is predominantly a Muslim village with a very small minority of Hindus. The Hindu households number only 17. Distribution of the population and the households by religion is shown in Table-V.

Table - 5

Religion in Dhankura

Religion	Households		Population	
	No.	Percentage	No.	Percentage
Muslim	284	94	1664	95
Hindu	17	6	95	5

The 17 Hindu households are concentrated in two Paras - Bashak and Karigarpara. There is no Hindu household in the other four paras. The majority of the Hindus belong to the low caste and are hereditarily engaged in craftwork. A few do small business. Even among the Hindus, these castes are down-trodden and exercise little influence in the Hindu social system and the rituals. In Dhankura, the Hindus do not have contact with the Muslims in the social level and there is little interaction between the overwhelming Muslim majority and the small low caste Hindu minority. In view of its insignificant size, the Hindu community has been ignored in the instant study. The research has been limited exclusively to the Muslim society of Dhankura.

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2.5 Social division in Dhankura:

The people of Dhankura are segmented by the lineage. Each segment is distinguished by a lineal designation and every member of the segment carries the designation with his name as a distinguishing mark. In the name Abdur Rahman Khan, for example, Khan is a lineal designation and signifies that Abdur Rahman is born in a Khan lineage. The distribution of the population by the lineal designation is given in Table-VI.

Table - VI

Distribution of Population According to Lineage

Lineal Designation	Number of Households	Number of Population
Sheikh	148	885
Khan	89	533
Mirza	7	45
Karikar	38	192
Dhuli	2	9

The social solidarity and cohesion is greater among members of each lineal group than between the groups. Between some lineal groups there is marked social separation and prohibition regarding marriage and contact. Some groups are further torn by the inter-group rivalry. The main significance of the grouping is that it is related to the political, social and economic power and position.

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The Sheikhs form the largest group in the village. They have enjoyed the hereditary leadership and status among the villagers. They claim aristocratic ancestry and form an endogamous group. Their economic power is based on the land ownership. Being big land owing class, Sheikhs have dominated the village socio-political and economic scene.

The Khans are the nearest rivals of the Sheikhs. During last decades this group has acquired considerable land ownership and economic power. With the acquisition of the new economic power Khans also claim aristocracy of ancestry by tracing noble birth. They often challenge the traditional aristocracy of Sheikhs. Khans have been trying to have supremacy in the village politics and the community leadership. But so far there has not been any open clash between the Sheikhs and the Khans because the Sheikhs remain to be the largest group. Moreover, the Sheikhs still receive highest respect and status from the people of the village. But each of the groups has hatred in their mind for the other. The Khans and the Sheikhs did never establish any marriage bond among them. Such endogamous practice is however local and is manifestation of the rivalry, hatred and clash for power within the community. The Sheikhs of Dhankura has marriage bond with the Khans outside the village. But within the village they remain very rigid not to accept any such eventuality.

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The Mirza is a small group and does not form a landed aristocracy. Their existence is not strongly felt. They have intermarriage with the Khans. The Mirzas do not have any rivalry with the other two groups namely the Sheikhs and the Khan. But they are closer to the Khans than to the Sheikhs.

Dhuli and Karikar are considered low status Muslims. Each of the groups forms single endogamous group. They never intermarry with the other segments of the village. Both are hereditary occupational groups and derive their social role from the economic role that they perform hereditarily. The Dhuli beats the drum. The Karikar weaves cloths at home at manually operated looms. These two groups resemble the caste structure of the Hindu society. There is no social interaction between these occupational groups and the other groups.

In Dhankura, the Muslims are thus devided into the high and the low status groups by birth. But each of the hereditary status group is also divided into hierarchical segments. This hierarchy is determined by the inequality in income and possession of land. Three broad status groups are identified as bhadra-loke (gentry), girhastas (middle class farmer), and kamla (wage labour). Bhadraloke own lands, but do not themselves work on the field. They either employ full time labour or lease out their lands to the share croppers. The girhastas refer to those who work on the fields. They are either owner-cultivators or share-croppers. The kamlas are the hired

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labour. They are landless and work as agricultural labour for wage.

The first three lineal groups have the three sub-groups. Existence of the sub-groups does not however affect the social cohesion and the interactions within the group, the lineage playing over-riding binding force. Inspite of the inequality in economic status, inter-marriage between a bhadraloke and a girhasta of same (say) Sheikh lineage does take place. But there is no inter-marriage between the bhadralokes of the Khan lineage and the Sheikh lineage. A Sheikh or a Khan always perfers his lineal group in the selection of the marriage partners. Birth and heredity therefore play a greater role in the social relationship than the economic status.

The small Hindu community of Dhankura is divided into a number of low castes. There is no high caste Hindu in the village. Each of the castes is an endogamous group. They are mainly landless and stick to the hereditary occupation assigned to their respective castes.

2.6 Distribution of lineal groups among the para:

The groups live in cluster and there is concentration of some groups in one para and of others in another para. Table-VII shows the distribution of households according to the groups in the paras.

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Pashchimpara has the highest concentration of households as well as highest concentration of the Sheikhs. Number of the landless households is also the largest in this para. The para is comparatively poor.

Uttarpara is inhabited mainly by the Khans. Three big land owners of the para live in spacious and well-built bari. This para is the hub of the village politics. The member of the union parishad representing the village is a resident of this para. The last gram pradhan was also from Uttarpara till his death during the period of the study. One of the nominated female members of the Union Parishad also belongs here. The growing politicisation of the village is a pointer to the fact that the Khan group has entered into the village politics and is making a bid to accommodate themselves along with or to altogether oust the Sheikhs who had so long dominated the village single handed. This rising group earned their access to the land ownership during the last decade and as the new but the growing land owning group have been trying to play a new role in the socio-political life of the village leading to tension between the Sheikhs and the Khans.

Karikarpara accommodates the Karikars exclusively. Karikars are weavers and weave mainly lungi which is the popular manswear in Bangladesh. In Karikarpara, there is no household of the Sheikhs, the Khans and the Mirzas who

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Table - VII

Distribution of Households According to the Groups in the Paras

Para	Number of Households of Each Group					
	Total No.	Sheikh	Khan	Mirza	Karikar	Dhuli
Pashchimpara	71	65	-	4	-	2
Maddhyapara	39	23	13	3	-	-
Uttarpara	62	18	44	-	-	-
Bashakpara	46	40	6	-	-	-
Karikarpara	38	-	-	-	38	-
Poobpara	28	2	26	-	-	-
Total	284	148	89	7	38	2

Poobpara is predominatly Khan. The majority of the households are girhastas and are mainly subsistance farmers. The former vice-chairman of the Union Parishad lives in this para. The people of this para are conservative and tradition bound so much so that they do not send their children to the school.

Maddhyapara is inhabited by both the Sheikhs and the Khans. This para is marked by the residence of the big land owners and has the highest concentration of the rich households. However, it also contains a wide variety of occupations. These are girhastas, kamlas, rickshawpuller, drivers and mechanics.

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look down upon this hereditary occupational group as lowly. The three groups will abhor establishment of any social relationship with the Karikar. A marriage between a Karikar and a Sheikh or a Khan or a Mirza is inconceivable. Karikars do not own any land except three households who have small holdings.

Bashakpara was originally inhabited by the Hindus who have mostly evacuated to India and the Sheikhs have taken their place. The few Hindu households belong to the Tanti, the Shill, and the Sutradhar. The Tanti are weavers of sari and are popularly known as bashak, the Shills are the barbers and the Shutradhars are the carpenters. New immigrants of Bashakpara are mostly landless or near landless. There is no regular interaction between the people of Bashakpara and those of Poob, Maddhya and Paschimpara.

Dhankura was once a self sufficient village with all the necessary functional groups. People had everything within the village - barber, carpenter, fisherman, etc. But with the outmigration of the caste groups, penetration of outsiders, and contact with the town, many of the traditional functional groups became dysfunctional within the village and thus self-sufficient character of the community has been destroyed.

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2.7 Land holding in the village:

Like all other villages in Bangladesh land is the main source of livelihood in Dhankura and land holding together with birth is the main source of wealth, power and position. Distribution of land is shown in the Table-VIII.

Table - VIII

Distribution of Land Among Different Lineal Groups

Lineage Group	Landless	Size of Holding		
		Big	Medium	Small
Sheikh	57	14	30	47
Khan	38	5	31	15
Mirza	2	-	-	5
Karikar	35	-	-	3
Dhuli	1	-	-	1
Hindu Castes	17	-	-	-

Land is not evenly distributed among the members of the lineal groups. In the large two groups, number of landless households is quite high. Moreover, the small land owners are under heavy economic pressure and run the risk of becoming landless because the size of their farms is too small to give them two square meals a day. A crop failure or an illness or marriage in the family forces them to sell out and

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become landless. They are also heavily indebted to the Mahajans (money-lenders). Many will never be able to repay the debts. Only a handful of households have sufficient landholding. They form the bhadraloke class and play the role of the guardian of the community and the preserver of law, order and sanctity of the social system. They dominate the village institutions and provide the link with the government which is increasingly getting involved in village life. They settle minor disputes, sit in judgement on the breach of the customs and the social norms; execute the social sanctions and establish the social control. The villagers hardly ever challenge their supremacy. One of the reasons is that the ordinary villagers are often in debt with them or are share-croppers of the bhadraloke class or work as the wage labour on their lands. Moreover, the government agency like the police and the rural development departments always favour this class.

2.8 Households in Dhankura:

While the para is a social unit, the household is the economic and the domestic unit. The households in which the people live are mainly of two types - the single households and the joint-households with the single type preponderating. Only 16 per cent of the households are joint in structure. The pressure of increasing poverty with the resultant landlessness has generated a trend towards nuclearisation of the

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family structure in Dhankura. The joint households that still exist are concentrated within the rich farmer households.

Although the joint household is being eroded, the remnants of the structure do exist in the emerging nuclear family. In the new single households brothers, sisters, and elderly parents live with the head of the family.

The nuclearisation had led to the separation of the grown up married sons from the kitchen of the parents but has not secured the release of the sons from the guardianship of the parents. Father continues to have an overriding authority over his children, though separated in kitchen. The nuclearisation has led to the economic independence but not to the social independence. Dhankura has a strong patriachal structure. In this patriachal network respect for the parents and the elders is a norm that is strongly adhered to. This sort of values dictates a grown-up son to clicit the advice and obey the parents in the matters that concern himself, his wife and children. On the contrary, the parents also expect that a grown-up son will look after his younger brothers and sisters. The responsibility of the children towards the parents continue after death for the son has to perform rites for the imancipation of the souls of the parents. The bond of the responsibility and the concern for the younger brothers and sisters never end even though everyone may marry,

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have children and acquire their own problems. The social structure, thus, does not encourage individualism in the social relationships, rather, ensures a social cohesion that enables people to withstand the calamities jointly and courageously. Moreover, the separated son still lives in the same compound i.e. in the same bari. The son has a separate dwelling structure by the side of the parents and facing the same courtyard and is thus a component of the broader circle, bari, in which the father being the elder has the guardianship. Except cooking and eating separately, the individual household lives in the continuous interaction with each other within the bari. Socialisation of the individuals begins within this larger kin circle, the life pattern is moulded within it.

2.9 Samaj in Dhankura:

The households are integrated with the bari and the bari in turn is integrated with the Samaj which is the broad social configuration. Origin of the Samaj is as old as the origin of the village. Its membership includes the close and the distant kin groups. Kin relationship among some of the households has, due to the rapid growth of population, extended beyond recognition. There is practically no kinship terminology that may link some of the households. But traditionally they have been so closely associated with the Samaj that membership of the Samaj continues to be cultivated.

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For the members, the Samaj has practical usefulness because it is the primary institution for social control. It protects and preserves the social and the moral life of the village. Samaj oversees the activities of its members that the marriage bonds are established among equals and within the acceptable circles, the women are kept under the proper purdah; the younger generations behaves properly. Members of the Samaj are invited in all social ceremonies. All members share in the meat of the animal sacrificed by anyone member of the Samaj on the occasion of Eid. The samaj holds trial for the minor offences committed within the community. Such trials are called 'Shalish.' Through Shalish need for going to the courts is dispensed with. Disputes and issues arising out of marriage, divorce, separation, interfamilial rivalry, and moral offences involving members of the community are settled in the Shalish held by the Samaj. No member of the community dares to violate the social norms for fear of the sanction of the Samaj. For instance, a pregnant woman gets the services of females only. The husband of an expectant wife can not call in a male doctor even in an emergency involving the life of the wife. Many women suffering from female diseases are denied modern medical treatment because the physician is a man and Samaj is opposed to treatment of the female disease by a man.

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2.10 Social life in the village:

The village people have a brief childhood. They start working in the households or in the field at a very tender age. Most of them marry before completing their puberty. The girls are married much earlier than the boys. They become parents at a age when the urban boys and girls are still in the schools and college.

Dhankura seems to be monogamous except a few cases of polygammy. People do not normally consider a second marriage during the life time of the first wife. Marriage is arranged by the parents or other guardians of the partners and the wishes of the partners are seldom ascertained. The villagers do not seem to have grievances against the system. Boys, when grown up, expect the parents to arrange their marriage. Girls leave the matter entirely to the guardians. Marriage is a great event for the family, the household, the bari and the Samaj. It is celebrated as a big social occasion at which the Samaj participates in full support.

The religious festivals are celebrated by individual households along with the members of the Samaj. On the occasion of Eid-ul-Azha, the Samaj conducts the Kurbani (Sacrific of the animal) on behalf of the individual sacrificers, and distributes the meat among the members of the Samaj. Individual households who can afford to sacrifice an animal bring the animal to the Samaj. The killing and distribution of meat

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are carried out under the direct supervision of the Samaj.

There is no regular recreational institution in Dhankura. Males assemble in 'adda' whenever and wherever possible. Time permitting, the women hold gossip sessions within the compound. These sessions are the media through which informations are exchanged and dessiminated. Women from the bari and the neighbouring households participate in these gossip sessions. All types of topics are discussed. In these sessions rumours are discussed and generated. The events of interest occuring in different households, quarrels among families, urban news brought by the husbands circulated through these gossips sessions. Since women never verify many of the stories told in these sessions, the rumours circulate and many wrong impressions gain ground.

Hospitality is highly valued in Dhankura. People, especially the women, are expected to be hospitable. A guest - mehman - is cordially received and entertained with whatever the household can offer.

Except for the Eid, marriage or circumcision ceremonies, the village life is without variety. Life goes on with unruffled monotony. Every one pursues his routine activities relentlessly. People are poor and have to work hard to earn a living. They have little time to engage in the sensationalism and excitement.

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2.11 Attitude towards life:

People of Dhankura are tradition-bound in values and actions. A religious and spiritual outlook dominates their life and work. An omnipotent spiritual power is believed to regulate the universe. Man has no power to change this arrangement. Such beliefs result in the lack of ambition as the people accept everything in terms of fate and a higher spiritual power. An absence of enthusiasm to bring about improvement of the existing circumstances colours their activities. People engage only in those activities which need to be done as a matter of routine. One good aspect of the belief in Providence is encouragement for the sincerity and the virtuosity in all activities, because honest hard work in religiously approved direction is believed to bring fortune through the grace of the Almighty Allah. It is believed that the fate of a person improves only when he can please Allah through the sincere efforts and honest work. The fortune that man strives for is not merely the possession of the material means of life, but also a peace of mind, a heavenly bliss and and a reasonable expectation of happy life in the other world. People therefore aspire to follow the prescription of a good and honest life dictated by religious ideals. Accordingly, to be pious, honest and truthful are the greatest virtues of the individual life. Simplicity and sacrifice are considered the essential qualities for everyone.

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Though these ideals remain as goals, in day to day life deviations do take place. Inter-familial disputes on the title to land, and the access to pastures, rivalry for the village leadership, attempts to grap the property of the poor by the powerful rich create considerable friction and enemity in the society. The old mother of a poor household reported that they once had sufficient land. But after the premature death of the husband, the young widow with her three small children were dispossessed of all landed property by the powerful kin relatives of the husband. The usurper is an affluent and respected man in the village and weilds enormous power in the Samaj. The widow brought up the children by working as domestic labour in different houses. The children are now grown up and married. But being poor, they cannot claim title to the dispossessed property. The old mother still cherishes the pious hope that Allah will punish the usurper and avenge the wrong done to her.

One landless poor household has a harrowing story to narrate. Their teen-aged girl was raped by the son of a powerful Sheikh. The girl conceived. The Samaj led by the Sheikh forced the parents to get the unfortunate girl married to a 40 years old beggerman to legalise the pregnancy. No action was taken against the boy.

Karam Ali Sheikh, now a landless kamla, had been a subsistence marginal farmer. He had a pretty daughter whom a

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Sheikh chose as his prospective daughter-in-law. Karam Ali had to sell his land to pay the dowry appropriate to the status of the rich father-in-law. He could marry the girl elsewhere without much dowry and save some of his lands. But the wrath of the powerful Sheikh would have made his life miserable any way. Many households are engaged in long drawn-out bickerings on such scores as land, aristocracy, power and political affiliations. The in-laws are often torn by dissensions involving non-payment of the dowry, non-respect to the son-in-law, torture of the daughter-in-law. There are households which are not on the talking terms for some time. Members of some households avoid visiting each other.

The rich and the powerful in the village preach religious sanctity but rarely practise. The rich are exceedingly greedy. In the matters involving money and wealth they can stoop very low. In general, the sense of morality and honesty is conspicuously absent in the financial matters. Personal gain rules uppermost. These aspects of rural life create discord, rivalry, greed, hatred and distrust among the households, rich and poor. Inspite of such differences and discord people show remarkable solidarity on death, illness, marriage, religious festivities and similar other occasions. Deach is a occasion when every-body, friends and foes, rally round the bereaved.

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2.12 Modernisation in the village:

The Samaj had been the oldest social institution in the village. The British however introduced the Union Board as a rural self-government institution. The Board helped the police in maintaining law and order and undertook public works like the construction and maintenance of roads within the union area. It had some judicial powers. In Pakistan, the Union Board was substituted the Union Council. In Bangladesh the Union Parishad has replaced the Council as the smallest self-government unit. Its functions, however, remain more or less the same.

Dhankura is officially a part of the Karatia Union Parishad which consists of 24 villages. The 24 villages are grouped into three wards. Each ward sends three representatives to the Parishad. One of the three representatives of the ward in which Dhankura is included comes from the village. Although the method of selection is the universal adult franchaise, the seat is virtually reserved for the powerful lineal group in the village. Within the lineal group, the comparatively rich traditionally gets elected. Ordinary villagers never contest. They do not show much enthusiasm about the election. Being an institution within the village and thus closer to villagers, the people feel more akin to the Samaj than to the Parishad which embraces 24 villages. For the villagers, Samaj is therefore much more important than the union parishad. Social and moral life in the village continues

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to be regulated by Samaj.

In view of the currently felt need for the rural development, a new institution called the gram sarker (village government) has also been set up. Each village has one gram sarkar with a gram pradhan (the village head) and a few members from the village. The institution is in a formative state. Being an institution within the village it bids fair to be a parallelinstitution to the Samaj. Some of the functions assigned to the gram sarkar such as shalish are at present being performed by the samaj. What influence the gram sarkar will exert on the village society and what changes towards modernisation it may be able to bring about are yet to be known.

As things are, the rural people adhere to traditional ways of life and follow the age-old customs. It is true that deep tubewell, chemical fertilizer, rice husking mills and similar such material equipments of modernisation have been accepted by the people of Dhankura. But these material innovations do not affect the way of life of the people, their beliefs and attitudes to any significant extent. There are two deep tubewells in the village which are used mainly be the affluent cultivators. All villagers are interested in the deep tubewell projects provided they are provided easy credit. Unfortunately no arrangement exist for providing cheap credit. Chemical fertilizers are widely used by the villagers. In

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fact chemical manures are fast replacing cow-dung. One rice husking mill has also been set up. The mill makes roaring business. If the trend persists and more mills are set up, Dheki will soon die out. Already people have started preferring the machine.

2.13 Significance of Dhankura for the study of folk medicine:

In many respects Dhankura represents most villages in Bangladesh. In their way of life, attitudes and beliefs the Dhankura people are traditional. They are similar in the living and the thinking to people of other villages in the country. Like other villages, Dhankura has its households with growing neuclearisation, its bari and its traditional samaj. There are the union parishad and the gram sarkar. Groups based on the lineal descent carry weight and wealth goes with the descent so that the wealthy with the noble birth determine the village life. People are as illiterate and tradition-bound in Dhankura as in all other villages in Bangladesh.

But there are also differences which are important for the study of the folk medicine. Dhankura is exposed to the modern Western medicine more than many other villages in the country. Tangail town which can be reached by walking and is well connected by rickshaw and bus has a government charitable hospital with facilities of free treatment - radiological and pathological service and hospitalisation. All major and minor ailments are treated free at the outdoor

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and the emergency indoor. Serious cases are admitted to the hospital bed. Hospitalisation including diet is also free. There are medical consultants in the hospital with post-graduate medical degree. More than a dozen general practitioners also practise privately. Private radiological and pathological facilities exist. Doctors attend calls at places beyond Dhankura. There are many chemists at Tangail where medicines can be purchased without prescription. All households in Dhankura may without much difficulty avail of these medical facilities. Persons from Dhankura work in Tangail town in the office and the transport sector. They go to Tangail on all week days. They are in closest contact with the urban medicine. They are at an advantage to take their relations to the modern medicine and can also pursue the treatment. Number of villages with such access to Western medicine is very limited in Bangladesh.

Prevalence of folk medicine in Dhankura can not thus be explained away by mere absence or non-availability or lack of contact with the modern medical help. There must be deeper reasons for the persistence of the folk system in the village which is in the full glare of the modern system. This is a case where both modern and indigenous systems exist side by side and people are slow to switch over to the former.

Dhankura is therefore an appropriate case for study which may reveal the key to the persistence of the folk medical beliefs and practices in rural Bangladesh.

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Moreover being a village with overwhelming majority of Muslim population, Dhankura represents the Muslim culture. The insignificant Hindu minority does not have any participation in the social process. Dhankura, thus, gives the opportunity of studying beliefs and practices of the Muslim culture.

With the above broad overview, we now turn our attention to the women of the village.

CHAPTER - III

Dhankura and Its Women

The customary account of the village and its people does not adequately represent the women folk. An analysis of the traditional class differences of the birth and the economic power does not cover them. All such discussions shroud the real fact that the women exist as a class different from man and no discussion is representative unless the problems and the position of women are separately dealt with. We therefore discuss Dhankura in relation to its women kind separately.

3.1 Women in Dhankura:

There are 855 females as against 904 males in the village. Women belong to different age groups. Age-group distribution of Dhankura females is shown in Table IX:

Table - IX

Age-Group Distribution of Dhankura Females

Age-Group	No. of Women in Each Group
0 - 10	297
11 - 20	223
21 - 30	138
31 - 40	70
41 - 50	64
51 - 60	39
61 and above	24
Total:	855

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Only about 15 percent of the total female population can read and write; others are illiterate. 326 women are currently married, 72 women are widow and 9 have been divorced. There are 8 women who have been abandoned by their husband. Their husbands have left them forcing the women to take shelter in their parents' households. Husbands of the deserted women have either remarried outside the village and living with the second wives; or have left the village and their whereabouts are not known. These women have a wretched life. Since they are not divorced they cannot remarry and must remain single and dependent on kins.

3.2 Women in the social network of the village:

The women of Dhankura are subordinate to the man. In the family, in the households, in the bari and in the samaj, the man is her guardian and determines her fate, her ways and situation. Independent existence apart from the man to whom she is subordinate is not recognised. This subordination is manifested in numerous restrictions, inabilities and indignities. One such manifestation is the purdah. As soon as she reaches her puberty a girl is segregated from the male folk. Her movement is restricted within the bari. Only on specific occasions she may go outside the bari under proper escort or in groups. It is not usual for a young girl to go outside the bari alone. Within the bari she can not mix freely with cousins. Among men she is allowed free access only to father

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and the brothers. Her contact with all other men of marriageable age is closely watched by the elders within the bari and by the Samaj outside the bari. These restrictions continue after marriage and until she reaches the middle age.

A pregnant woman is subjected to many restrictions and taboos. Her food habit is regulated. Her movement is further restricted. She has to observe many restrictive traditions in order to protect the expected child from the evil influence.

Parents must start worrying about the marriage of the daughter from a very early age of the girl. A son may grow into youth and still remain unmarried without any social censure. But a girl can seldom remain unmarried long after attaining the puberty without putting the parents to social disapproval.

Marrying a daughter, is however, expensive for the rich, the well-to-do and the middle income groups. Among the bhadraloke and the well-to-do grihasta the father of the daughter must give good dowry to the parents of the son-in-law. The richer the family, the higher is the dowry. Many subsistence level grihasta sell landed property and become poorer or even landless for giving their daughter in marriage. Marriage of the daughter is the most frequent reason for sale of land in the village. The rich bhadraloke class also face the problem. Girls in these households tend to be married at a little older age due to the problems of the dowry. In one such household

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girls above the age of 18 were found unmarried. These households have to restrict marital relationship within a small circle of the equally wealthy and noble households. This restricts their choice to a limit within which it is difficult to get a match without a high price. The mother of the 18-year old daughter confided to the researcher that she was spending sleepless night in anxiety for the marriage of her daughter and implored the researcher if she could help the family get an educated and well provided bride groom. This is a new dimension of the problem. Land is no longer enough for a good life. Most well-to-do families now want an urban profession and send their children for education at the towns. These educated boys do not like to live in village and look after the agriculture of the household. They consequently want urban jobs. But jobs in the cities are very difficult to get. Unemployment has reached an alarming proportion in the country. Unemployment among the educated youth is very acute.

The poor are happier than the rich in at least in one sphere. Marriage of their daughters poses no problem. Hardly any dowry is required. The normal mohr is fixed very low and is seldom demanded. Their girls are married quite early in their age. But divorce and abandonment are higher among the poor. There is hardly any divorce in the rich households partly due to the fear of the social disapproval and partly due to the high dowry and mohr.

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Whether she comes to the household of the husband with dowry or not, every wife has to perform her role effectively. She must carry out the domestic chores, serve the husband and bear children. Any shortcoming on her part evokes rebuke, censure and sometimes beating. Physical assault on women by husband is not uncommon in Dhankura, though this is prevalent more among the poor than among the rich. The researcher came across several cases of beating and that too for minor offences. Bearing of the children is very important. Polygamy is gradually dying out except in cases the first wife fails to bear children. Women of Dhankura do not attain maturity until they are mother. Plight of a barren woman is very miserable.

All women accept their subordinate position. They have no grievance against the invidious distinction between man and woman. They accept menfolk as masters and go under their guardianship easily. For the women of Dhankura the needs, the interests and the successeptibilities of the men are more important and are uppermost. A wife attains to a husband whenever he feels discomfort. But her own problems she more often than not conceals. Until an ailment has aggravated so much as to incapacitate her from the role performance, an woman does not care for her health and does not bring the ailment to the notice of the husband. Attitude towards illness also differs between man and woman. Man and the children are

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usually given treatment as far as possible and if needed are taken to Tangail for modern scientific treatment. The women usually receive home treatment, and in the case of complication help of a folk healer is called for. Rarely, if ever, a woman is taken to Tangail for Western type treatment. During the period of the research only a few women were taken to Tangail for purpose of medical treatment.

Authorities in the households, the bari and the samaj are the males. Power is weilded by man alone. In the village shalish women is not represented although the subject matter may be vitally co-nected with her. Decisions in the village are made as if there is no womenfolk. Women do not participate in any communal discussion or in the solution of any problem affecting two or more households or the samaj generally.

Women do not however remain aloof from the inter group and the inter familial rivalry and disputes. Husbands carry these disputes home so that the women are asked to toe the line. Women have to behave towards the women of the rival households according to the dictates of the husband, although they may be ignorant of the bone of contention. Many women in the village are debarred from meeting the close relations of their side because husbands have old scores to settle.

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3.3 Women in the economic network of the village

The women of Dhankura perform the economic activities within the household. Some of their activities have economic significance such as purboiling, drying and husking the paddy, winnowing and storing the rice, raising the cattle and the paultry, kitchen gardening. These activities, added to the normal domestic chores of washing, cleaning, cooking, dishwashing, collecting wood, bringing water, keep the women busy throughout the day and the first part of the night. Unfortunately these activities, though economically significant, are not registered in terms of money. As a result, only the men who work outside the home are treated as breadwinners.

Nasima is a mother of four children. Eldest one is 10 years old. Nasima gets up in the small hours of the morning not later than the morning Azan. She first goes to the pond for washing the leftover dishes of the last night and returns with a pitcher full of water. She makes about four trips to the pond before sunrise to draw water for the day. She next releases the paultry, gives them food and cleans the stables. By this time her husband and children are ready for the breakfast which consists of muri and gur or leftover rice of the last night. The younger son aged 2 is to be washed and fed by Nasima. After the breakfast of

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husband and children is over she cleans the courtyard, arranges the bed and sweeps the bed room. It is now time for her breakfast which consists of the residue of the food taken by the husband and the children.

Preparing lunch is a lengthy process which consists of rice, pulses and vegetables usually, and sometimes fish. In between the cooking, she looks after the children. By the time the lunch is ready, husband has come from the field, and the children have been given bath. After the husband and the children have eaten, Nasima collects the utensils, dishes and the linen and goes to the nearby pond. After washing and cleaning of the things, she takes bath in the same pond. By the time she returns, it is afternoon and her time for the lunch. She never eats with her husband. While thus busy with her daily chores she looks after the youngest son. Other children take care of themselves unless they are ill.

The late afternoon is also not free. This is the time for gathering the dry leaves or processing the cowdung for fuel. She has also to do sewing from time to time. The researcher visited Nasima several times and at no occasion was Nasima sitting idle or resting. As the evening approaches, Nasima puts the paultry into the pen after giving them the last feed of the day. Then the cooking for the night begins. The youngest son has to be put to bed by Nasima herself.

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In her daily activities, her eldest daughter, aged 8, tries to help. Her help is especially useful in tendering the youngest son. As for the husband, he never takes any part in the domestic chores. In the village society doing the work assigned to the wife is considered to be beneath the dignity of the husband. Nasima had never sought the help of her husband and considers such an eventuality degrading for the husband and disqualifying for the wife.

Women of Dhankura do not engage in activities which are paid for except a few shown in Table X.

Table - X

Women Engaged in the Money-Earning Occupations

Nature of work	Number of women engaged
Domestic labour	25
Weaving	4
Bari-based trading	7
Jobs in office	1
Chaini (traditional midwife)	9
Total:	36

The 25 women who earn by domestic labour perform in the rich and the well-to-do households domestic chores that all women are expected to perform in their own households. These women are landless and many are widows with no male support. Many farmer houses engage women labour for husking rice in dheki. Three women are needed for operating a dheki.

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Payment is made usually in kind. In addition to this payment, a women labour gets two meals a day for each day of the work. With the introduction of the rice-husking mills in the village, dheki is gradually going out of use endangering this source of employment of the poor rural women.

Bari-based trading is carried on by the poor and the widow women. They prepare indigenous snacks (muri, cakes, etc.), make fishing nets and sew indigenous blankets at the households and sell to the customers coming to them. The transactions usually take place in the house of the trader-women. All the customers are from the same locality and are known to the trader women. Some time the trader-women send their products to the weekly hat through the male relatives. This however is possible for those who have teen-aged son.

Chaini are the folk healers performing midwifery only. They do not have formal training in midwifery and do not charge any fixed fee. The patients pay them depending on the satisfiction they receive and the economic ability they have.

In Dhankura, a woman labour gets much less than a Kamla (male labour). Her wages are at times miserably low and hardly enough to keep her alive. Employment opportunities are extremely meagre for the rural women. They seek employment within the household. Domestic employment is considered much less important then employment of male labour in the field and

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the outdoor work. In village Dhankura there is at present no possibility of widening the employment opportunity of the women or increasing their wages.

3.4 Problems for Dhankura women:

Only a handful of women have money-earning employment. But whether employed or not, no woman is a free agent. Their problems start as soon as they are married and shift to husband's household. In father's household, a girl had the tender guidance of mother who was beside her in weal and woe. She comes as a stranger to the husband's household. For the first few years after the marriage, husband continues to be in the kitchen of the father. Mother-in-law and not the newly-wed wife is the leading lady. Friction consequently develops. Mother-in-law is prone to find defect and short coming and soon no love is lost between the young and the old women. Most of the newly-wed wives belong to the village Dhankura. Most marriages take place between the boys and the girls of the village or the close neighbouring villages. This creates problems. Mother-in-law is always apprehensive that the daughter-in-law is keeping liaison with her parents. She suspects that the girl is more interested in the parents' than in the well-being of the husband's households. Her association with the parents' household is therefore restricted. Though situated in the same village, she is not allowed to visit the

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parents frequently. Her relations also feel unwelcome. The newly-wed is thus continuously under tension and has to suppress her feelings against her will.

The situation worsens if the relations between the two households are not too healthy. Since both the households are in the same village, dispute and discord sometimes develop between the households. Discord between the kins of the two households also flows into the in-law's households. When this happens, the innocent girl has to bear the brunt. In the difficult cases her contact with the parents' households is severed and she is subjected to indignities and mental and physical torture.

Mother-in-law of Kariman had wished to marry her son into her own kin group, but could not carry the proposal. Kariman was not therefore to her liking and from the very first day she took a stern attitude and began finding fault with whatever Kariman says or does. Divorce is now being considered as Kariman failed to pull on with the mother-in-law for her alleged bad nature.

Batashi's parents are well-to-do. Her father-in-law approached her father for a loan for payment of the dowry for the marriage of Batashi's sister-in-law. Batashi's father did not oblige. As a retaliation, Batashi is no longer allowed to go to the parents' house or to see her relations.

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Some women fail to tolerate the situation and flee to the parents' household. They are usually brought back and subjected to stricter control and ignominity. There are wives in the village who had repeated such flights several times. Sometimes such cases result in divorce.

When the young wife becomes a mother and advances in age, the situation improves but does not normalise. Son inherits the familial disputes and seldom reconciles with in-laws. Because compromise with inlaws is branded as infamy and inglorious for the household and the kin group. Rahima is mother of four children and has a separate kitchen. Mother-in-law is dead. Husband looks after the property and is practically head of the household. But still she is not allowed to visit her parents' house - a prohibition imposed when she was married just two years.

All women prefer separate kitchen and envy those who are lucky. With the growth of individualism, many young husbands now side with their wives in the family feuds and get the kitchen separated. Some of the husbands with their independent occupation have separated almost immediately after the marriage. Bickering with the in-laws does not, however, altogether stop. But the wife can face the situation with greater courage and confidence. This gain is however partially cancelled by the loss of support and help available from the

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father-in-laws' household. Women, not being free agent, need male assistance in almost all affairs. The father-in-laws' household offers her support and protection in weal and woe. Women whose husbands work in Tangail town are especially disadvantaged. The assistance of the parents is not very handy. Father-in-laws' household does not usually meddle into the affairs of the son-in-law's household. Such involvement is often looked upon as interference.

Genuine offer of assistance by the girl's parents is sometimes misunderstood. If anything unwanted happens, the blame is laid to the door of the parents household. For instance, when a delivery takes place in the husband's household under the supervision of mother-in-law, any mishap like death of the baby or still birth is accepted without blaming anyone. Had such mishaps occurred in the household of the girl's parents, neglect or improper handling would have been suspected and the relation between the two households would become strained.

Women who manage to get separated from the father-in-law's kitchen often run the risk of being the victim of the double standard of morality. Sexual lapses of a boy are easily forgotten. But such lapses ruin a girl's career. Rahima was visited by her cousin after the family separated from the father's household. Soon rumour spread that she was in illicit relationship. When the matter reached the husband, she was forthwith divorced. In order to avoid such scandal many women

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prefer to be under the protection of the father-in-law's household. Rural girls have to be extra cautious to avoid such rumour and they therefore feel more secure in the purdah restriction.

The issue that is crucial to the life and the happiness of the women is the ability to perform the maternity function. The wife must bear children preferably sons. A barren woman or a woman who gives birth to a still born are socially misfit. They are considered uncommon, either cursed by the providence or are under some evil spell. They are unwanted presence in all household and the social functions. Pregnant women avoid their company.

It would be natural to inquire the role of the husband in these tension and friction. Women easily give vent to their grievance against the in-laws. But they are seldom articulate about their husbands. Real facts are therefore difficult to know. A wife cannot refuse a husband because he is not upto her expectations. Women have no right to divorce. Some women refuse to return to husband's households. Such refusal should have been interpreted as maladjustment with the husband. But the society never thinks in this term. A marriage bond is expected to automatically establish love and affection between the partners; girl's personal likes and dislikes of the husband are not taken notice off. When a girl refuses to return to the husband, the refusal is interpreted

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in termsof the bad nature of the girl or the hostile attitude of the in-laws.

The sexual inadequacy of the man is not usually known because this concerns masculine pride. The girl might in the extreme case confide to her grand mother. But remedy is not easy. In some cases divorce takes place due to the insistence of the girl not to return to the husband, but the blame is placed on the girl. Rahmat Ali married twice and none of the wives gave him a successor. This could be a case of male inadequacy. Unfortunately, villagers still believe that something is wrong with the wives. It has even been suggested that Rahmat Ali should change his dwellings and marry outside the village to deceive the evil spirit that is affecting his wives.

Paran and Amena are married without any issue for the last five years. This is the second marriage for both of them. Paran's first wife did not live with him for long. She went to her parent's house and did not return. Paran tried to bring her back but did not succeed. She, however, did not have any pregnancy by Paran. On the otherhand, Amena had lived with her first husband for two years and had delivered a still born baby before she was divorced by the first husband. Since her marriage with Paran, Amena could not conceive. This seems to be another instance of the male inadequacy. But

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Amena is being subjected to prolonged treatment by the folk healers for her supposed inability to bear a child.

Women whose husbands have employment in Tangail town are economically better of and are consequently subject of envy of other women. Since their husbands stay away for the whole day, malicious stories are spread involving the moral behaviour of both the wife and the husband. Other women watch them and easily pick up quarrel. They vilify the wives by spreading stories about their behaviour and character during the absence of the husbands. Such vilification had led to tension and quarrel in the family. On the part of the husband, stories are current that some husbands have second wives in Tangail towns whom they prefer to their village wives. These stories can not be verified by the poor wives. They, however, suffer from anxieties and mental agony. A few husbands have taken to drinking and acquired other urban vices. They sometime do not come back home at night and become stingy about giving money to the wife. One husband stopped paying the subsistence to the wife who, failing to endure the poverty, returned to the parents household. In another case the husband wanted that the father-in-law pay him money for buying a transistor radio. He has became unusually torturesome. In most cases wives are helpless. Their parents are also equally helpless because poverty desists them from satisfying the son-

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in-law or taking back their daughters.

Poverty is, however, universal in Dhankura. Women are born in poverty and learn to live with it. They are pains-taking and hardy and have brilliant stamina to carry on their domestic role inspite of the adversity. Occasions however arise when their stamina breaks down. Disease is such an occasion. When a woman falls prey to disease, her inability to perform her role creates problems for herself and the household. In the following chapter we shall discuss the problem of disease among the Dhankura women.

CHAPTER - IV

Diseases Among the Village Women

If the topic of health is raised among the Dhankura women they respond by displaying a genuine concern for having a good health. Many of them quote the old adage that health is the root of all happiness - শরীর অধম ধর্মের সাধন। Their concern for health stems primarily from the lurking danger that a woman with ill health is liable to be divorced or forced to accept a co-wife. The way they live does not, however, provide any evidence that the desire for health is supported by steps which medical science and public health authorities will approve of.

4.1 Conception of health among Dhankura women:

Dhankura women are ignorant of the basic principles of hygiene. They have never learnt about the germs and the viruses. They live in surroundings which lack minimum sense of hygiene and sanitation. Garbage are allowed to pile up within the compound giving rise to bad smell, flies and mosquitoes. There is no drainage system. The water from the kitchen stagnates for days until washed away by rain water. Children pass urine and stool here and there.

That water causes many diseases is unknown. The rural people do not distinguish between the pure and the polluted

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water. They drink water from the pond where they wash the dirty clothes and dishes, bathe their domestic animals, and themselves take bath. Most ponds are infested with water hyacinth and numerous insects and worms.

Food is not protected from the flies and the insects. Stale and rotten food are eaten. Children are given food which are not sterilised.

Domestic poultry have free entry into the bed rooms. Refuse of domestic pets abound all around. Small children play among such dirt. There is little awareness that diseases spread by infection and contagion. Quarantine or isolation of patients is not practised. No precaution is taken against possible infection or contagion of diseases.

Women have not heard about vitamins or balanced diet. Dieting as a health device is unknown. No woman has ever taken her weight. They never bother about the relationship between age, hight and weight. Staple food of Dhankura are rice and pulses. Those who can afford sometime take vegetable and fish. Meat is taken rarely. On the marriage, the Eid or other social functions meat is served in the well-to-do houses. The poultry products such as eggs and chicken are normally sold. The children sometimes take eggs and important guests like the son-in-law are served chicken provided these are available from the domestic stock. Few households can buy

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these from markets. Same applies to the milk of cow. Those who have cattle sell the milk keeping a small quantity for the husband and the children. Others go without. For many families only meat diet is on the Eid-ul-Azha or a dinner in the rich kin's house. Food in Dhankura is, therefore, deficient in protein and consists mainly of the carbohydrate. Women eat much less than the husbands, the children and other male members. They take their meals after the children and the male members have eaten; and in most houses, full square meals are not left for the women. They seldom eat egg, chicken, milk or meat. Their daily meals are very much deficient in the calories. Of course, the women do not know about calories nor are they aware that balanced full meals containing enough vitamins, proteins and calories are necessary for health.

Ignorant of the modern knowledge of health, hygiene and sanitation, the women of Dhankura define health in the light of their experience of the daily life. To them health means a good muscular body and a perennial energy for hard work because these two conditions are necessary for performing the role that the Dhankura society has assigned to them. The women in the rural society have mainly three sets of duties and responsibilities. They have to serve the husband and attend to the elders. They have to carry out the domestic chores. They have to bear children and rear them into adolescent. Their mothers and other female elders have told

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them that their happiness depends on their ability to discharge these functions efficiently and satisfactorily. Experience have taught them that a good muscular body and a perennial energy for hard work can only enable them to perform their roles adequately. Health is therefore conceived in terms of role performance and the conception accords with the world view of the Dhankura society.

4.2 Health, disease and role performance:

Dhankura women's conception of health is reflected in their attitude towards disease. Many ailments which may be clinically disease do not prevent Dhankura women from the normal activity. Such ailments are not considered threat to health. A woman with a headache, slow or low fever, general debility or stomach trouble continues to work normally. A pregnant woman carries on her normal schedule until confinement. She does not stop work due to giddiness, vomiting, anaemia, oedema or loss of appetite. Rural women does not complain of these symptoms or give up normal duties for fear of being deprecated as malingerer. The young wives sometime complain of these minor ailments. Mothers-in-law treat such complaints as subterfuge for going to the parents' house or avoiding work; and order the complainants to take an immediate bath and start work. Traditionally the young wives obey the instructions and soon realise that such symptoms are to be ignored.

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If the symptoms pass, well and good. But at times situation worsens and ailments come to such a pass that women cannot, even in the face of the danger of being branded malingerer, carry on the normal duties. A woman who has developed an incapaciating tuberculosis, has excessive menstrual bleeding continuously for an unusually long time which affects her sexual role, or is suffering from post-natal diarrhoea is genuinely unable to discharge her role effectively. When this happens the condition can no longer be ignored. The female elders as well as the husband have to take notice because the disturbance in the role performance causes breach in the normal course of event and the routine way of life. Health of the woman then becomes common concern and the ailment attains medical significance. There is thus a dualism in the health scene in Dhankura. A distinction is made between the ailments which do not affect role performance and so are not considered threats to health; and the ailments which disturb performance of role and so call for corrective action. The former is called pinda kharap and the latter is known as Beram.

4.3 Pinda Kharap and Beram:

In Dhankura pinda kharap is not a disease. It is not customary to complain about pinda kharap or to slow down the normal pursuits of the woman when a woman has a minor ailment. She does not report a headache or a slow fever or the minor

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complications of pregnancy to the elder women of the household. Husband also remains unconcerned. In Dhankura, man takes it for granted that the woman will carry on their duties without break. Failure of the women is a rare case. Such failure is more often than not misunderstood as malingering, subterfuge to go to the parents' house or unwillingness to adjust with the husband's household. All these conditions tell upon the character of the woman. The Dhankura husband does not get closer to his woman as often as a urban husband does. During the day he keeps himself busy in his own world. The woman remains engaged in her world. At night the entire family sleeps in the same room. Adolescents sleep in the same room and often on the same bed with the parents. Husband does not bother about the health of the wife not inquire about her health unless there is some noticeable disturbance in the work schedule of the wife. Young couple normally are expected to be closer enough to identify pinda kharap. But in the Dhankura society, the young husband is not the guardian of the well-being of the wife. The young wife or the husband who reports such illness to the elder woman gets a rebuff. Thus pinda kharap is not considered to be of any significance in Dhankura.

But when pinda kharap deteriorates into a situation in which the woman cannot, even at the pain of being misunderstood or with the best efforts, carry out her role

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satisfactorily or continuously, it turns into beram and acquires medical significance. It is not, however, customary for a woman to declare that she is ill. Either the husband or other female members should first notice that the woman is suffering from beram. Customarily, the husbands, except in rare cases, leave the matter to the elderly women of the household who are expected to identify the beram and bring it to the notice of the husband and the head of the household and suggest the course of action. The only visible sign for such identification of beram by the elders in the household is the inability or sloth in the women to perform her role. When the elders notice that the woman is failing in her domestic work, and when such failure can no longer be attributed to feigning of illness, the woman is declared to have been attacked with a beram. The primary condition of beram is therefore disturbance in the performance of the feminine role.

Women suffering from pinda kharap do not take any treatment immediately. Almost all Dhankura women reported to have undergone pinda kharap sometime or other. It would be worthwhile to note that the Dhankura women had taken the researcher to be a physician. They reported their ailments to the researcher with the confidence that they would not be reported to the elders. Many reported their conditions for getting medical advice from the researcher. The researcher

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therefore came across a wide spectrum of pinda kharap.

Nearly sixty five percent of the pinda kharap cases healed without any treatment. The rest showed signs of complication. When the women found that the symptoms were recurring frequently or the symptoms were worsening, they did one of the two things. The relatively older women took home remedies. The relatively younger reported to their mother or grand-mother. Most of the wives belonged to Dhankura and the neighbouring villages and as such reporting was easier. Mother/Grand-mother of the young wives usually suggested home remedies. Nearly thirty per cent of the women tried home cure.

All most all the families knew some home treatment. The elderly women have learnt the preparations from their elders. The ingredients of the preparations are leaves and roots of trees and plants locally available and growing wild in the village. Some remedies consist of the juice extracted from the leaves and roots and taken orally. Some remedies provide a paste made from leaves or roots and mixed with lime/ catechu or some other materials which are pasted on the affected parts. Leaves or roots are sometime fastened on the affected parts. Little cost is involved in these remedies. Women themselves collect the ingredients and prepare the medicine. Origin of these medicines are not known.. Some general observations are possible. As a remedy for worms, juice of

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the leaves of the pineapple plant is eaten. This juice is known for its very bitter taste. It is supposed that the bitter taste will poison the worms to death or drive them out of the body.

The truth about the home remedies is that they do work. Twenty percent of the pinda kharap cases are known to have cured through the home medicine. The other ten percent cases and the hither to untreated five percent cases of pinda kharap worsened into Beram. The untreated five per cent cases are known to have received home remedies after the beram has been recognised. In the other cases, home treatment was also continued after beram has been recognised. But in all cases of beram, the treatment by professionals was initiated at some stage. The medical system of choice has of course been the folk medicine except in a few cases where an allopath was consulted after the folk medicine have been given a trial. Medical aid of the healer was not called until a beram was recognised except in a few cases in the affluent households. In these cases the healer was engaged at the later stages of a complication of pinda kharap. The few cases of allopathic treatment belonged to the well-to-do families. One of the patients ultimately expired. The over-whelming majority of the Dhankura households are poor. For them recourse to medical system (folk mainly and seldom modern) is not considered until a beram has been recognised.

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In the rural household a beram is not recognised until the woman shows signs of bad health reflected in failure to perform the feminine role adequately and satisfactorily. Before such a stage is reached the average woman is caught in a dilemma. By custom, she does not report an attack of pinda kharap nor takes rest. If the condition lingers, recurrs or aggravates, the woman becomes apprehensive that her ability to render the feminine role may be impaired. An ill-health is dangerous because the woman lands herself into the risk of being abandoned, divorced or made co-wife.

Woman then seeks home remedies to avert the danger. She decides to take home medicine in consultation with her parents or close friends. The family or the household is not involved. The decision to try home remedies is seldom a household decision. It is the personal affair of the woman.

The decision to call professional medical aid is not taken by the patient. Recourse to medical system is a decision of the household taken only on social recognition of beram.

4.4 Social significance of beram:

The word "beram" literally means discomfort. Physical discomfort of the patient is not however sufficient to make an ailment a beram. On the otherhand, there may be beram without physical discomforts to the patient.

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The failure of a woman to get an issue or a male issue is not associated with physical discomfort. But this is a serious beram of a woman. The reason is to be found in the cultural values of the group. A sterile woman threatens the line of the husband whose continuation is crucial in the Dhankura society. Children atone for the parents after they die. They perform the religious rites which help the parents receive salvation after death. The Muslims of Dhankura wish that their sons should place their coffin in the grave. A man who has no son to carry the coffin is miserable. Sterility or failure to produce a son is therefore extreme discomforting to the childless household.

That the failure to produce an issue or a male issue is blamed on the wife is also significant and demonstrates the cultural values of the people. It is the role of the women to bear a child and rear him up. If the family fails to produce an issue, it is the woman who has failed to perform her role. Since the role is associated with the woman, absence of children is diagnosed as a beram of the woman. Dhankura society does not therefore call for any medical treatment of the husband.

Karim Bepari married his third wife during the period of the research. He had divorced his first wife for her inability to perform the role of the mother. The researcher had talked to the second wife who was also unable to bear

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child and was undergoing folk treatment from several folk healers. All treatment having failed, Karim Bepari had married a third wife in search for an issue. The researcher had raised the issue of male sterility several times and suggested treatment of the husband. But the suggestions had fallen on deaf ears. The wives dared not raise such issue with the husband. The researcher had an occasion to moot the issue with the husband who laughed it away.

That discomfort of the social group matters more than the personal discomfort of the patient in beram is further borne out by the following case. Kariman had post-natal diarrhea after her second son was born. In the beginning she neglected her ailment and continued her normal activity. As the situation worsened she started taking folk remedies which failed to work. In last November, the ailment became incapaciating. Incidentally it was the harvesting season and women have to perform a lot of post harvest processing of crops. Kariman's condition did not permit her to engage in these activities adequately. The household was in difficulty. This was a subsistence family which could not afford to employ paid helper. Folk healers were called to treat her beram. Kariman told the researcher that she must be cured immediately otherwise her husband would marry a second wife for performing the post-harvest work. Kariman's beram thus caused great hardship to the household and dislocated its

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behaviour pattern. The stability of the household was further threatened by the possibility of the husband taking a new wife. The household was consequently in turmoil. Kariman's ailment became a matter of concern of the group for the first time.

The physical discomfort of some one else may also be identified as a beram of the woman. Shefali's son developed diarrhea in the third month and is now suffering for about four months. The baby is not growing and has become skeleton. The household is very much worried. But the treatment has been administered to the mother and not to the baby. Baby's grand-mother reported to the researcher that the mother was suffering from serious beram which was telling upon the health of the baby. Evidently Shefali needs treatment because she is failing in her role of ensuring the well-being of the scion of the family.

In all the above cases beram is connected more with the socially felt discomfort than with the pathological discomfort. Such discomfort has arisen from the disturbed role performance.

4.5 Beram among Dhankura women:

Beram in Dhankura is a socially recognised disease. Clinically it may or may not be disease. But medical treatment is undertaken only when a beram is identified. In

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describing the female diseases of the women of the Dhankura, this fact has to be borne in mind. The Beram described below represent the situation as perceived in the village. Many of these beram may not have clinical significance. In some cases clinical significance may be different from what has been described.

Berams described below are related to the female organs and pre-natal and post-natal conditions, pregnancy and child-bearing.

4.6 Beram of Dhankura women - Upranta:

Only women suffer from Upranta. But it has nothing to do with feminine anatomy. No sex organ of the women are known to be perceptibly affected. Several varieties of Upranta are known. Some are recounted below:

(a) Quietness for some days at a stretch.

A woman may be living a normal life. All on a sudden she becomes reticent. She does not speak a word. She does not answer questions nor ask questions herself. She keeps sitting at a particular place or remains laid to bed. It is difficult to get any work done by her during the quiet days. She, however, revives after the spell only to relapse after sometime. The silent episode may last from a few hours to a few days. If the period of silence is very insignificant

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and infrequent, no notice is taken. When the session extends to four or five days and recurrs frequently, the woman's ability to discharge her responsibility is affected. The household feels the pinch and a folk healer is called mostly at the instance of the elderly women of the household. There is, however, no visible physical symptom of discomfort and apparently no clinical sign of disease.

(b) Occasional fainting.

An woman is hale and hearty and does her work normally. But suddenly she faints. Women of the household and the neighbourhood gather round and try to revive her. The patient remains in the senseless condition from a few minutes to a few hours. Even after she comes to her sense she takes time to return to complete normal. Usually after the attack of fainting has passed, the woman sleeps or keeps drowsy for a day or two. If such fainting episode recurs frequently, the household engages a folk healer. Upranta of this variety interferes with the domestic schedule with disruptive consequences. If an attack takes place at a time when midday meals are to be prepared, the household may go without a proper lunch. It sometimes happens that the woman has an attack when a rice or a curry was being cooked on the chula. The rice or curry burns out as everybody attends to the patient and the cooking goes uncared for. Husking of rice,

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parboiling of rice, and other post-harvest operations get stuck up due to the frequent and the unpredictable timing of the fainting spells. Babies also suffer from neglect when such fainting becomes frequent and long-staying. Upranta of this type is therefore recognised as beram.

As regards the apparent symptom of fainting, it is not clear if the patient really faints or is in a trance. Women who gather around the patient do not take any step to ascertain if the woman has in fact lost her senses or is merely in a halucinatory state. Neither the folk healer who is called in such cases make any clinical examination of the patient.

(c) Emaciation without physical complaints.

A muscular body is desired by both man and woman of Dhankura. Sometimes it so happens that a wife, who was so long quite robust and active, gradually becomes reduced. There is no other complaints. But she cannot eat because of lack of appetite. She suddenly loses appetite and gradually ematiates. A stage then comes when she is almost reduced to skeleton. When such a situation comes, the woman falters in her daily activity. She gets easily tired. She feels lazy and loses all energy for work. A beram is therefore detected and she is subjected to folk treatment.

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(d) Abnormality in the infant.

Some infants cry a lot. Small children sometime do not sleep well. Others show restlessness. All these conditions are considered to be symptoms of a beram of the mother. A mother is suffering from Upranta and is subjected to the folk healing if her baby shows symptoms described above or similar other symptoms. The woman does not show any visible physical complaints. Nor the healer examines the baby or the mother for finding any clinical process of disease. The mother is treated for ailments which apparently relate to the baby.

This is, no doubt, a glaring example of disease as a social conception as opposed to a medical phenamenon. The Western physician would have ignored the mother and examined the baby to find out the malaise. In Dhankura the reverse happens. The possibility of treating the child does not occur. The society has assigned to the mother the responsibility of ensuring the well-being of the child. If the baby is unwell the mother is failing in performing her role. There must be something wrong with the mother. In the socio-cultural nexus of Dhankura, a woman is suffering from a beram when clinically the baby should be declared ill.

In fact, all upranta cases of beram are socially conceived.

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4.7 Beram of Dhankura women - Mailla

Women of Dhankura has a high rate of fertility. An average woman produces at least half a dozen children at close proximaty. But all children may not survive. Infant mortality rate is quite high. Most women lose one child or two in a series of six to eight pregnancies. Such events are not taken seriously.

But some women may lose a number of children or lose two or three children in successive pregnancies. If this happens the woman is not performing the role of mother well and is declared suffering from mailla. Death may take place either due to miscarriage or still birth, or in the lying-in room within forty days of birth or after leaving the lying-in room put before weaning.

The village women do not deliver their children in living room or bed room. When the time of delivery comes, the expectant mother is taken to a separate room where no-body usually lives. In the well-to-do houses a room is kept earmarked for the purpose and might have been used for the purpose for several generations. This room is called Shatighar. The poorer families do not have such a permanent earmarked room. They usually use make - shift room for the purpose. The mother lives in Shatighar for a full period of forty days after the birth of the baby. During this period the new-born baby is

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not taken out of the room. After the fortieth day, the mother and the child come to their usual bed room.

Mailla thus refers to loss of several children due to miscarriage or still birth or death in successive pregnancies before the end of the forty days of birth.

The researcher observed some of these unfortunate mailla patients. They do not show any visible sign of disease. They perform their duties normally, have normal sexual relations with the husband and become pregnant in the normal course. They have no serious complaints regarding menstruation (most women of Dhankura experience irregular menses and unusual bleeding from time to time) except one woman who is suffering from irregular menses accompanied by severe pain during the periods. None of the mothers reported any problem about their uterous or the birth canal. Moreover, not all deaths are due to still birth or miscarriage. Some women may lose one child by miscarriage and one by death after delivery. In another case loss may be due to both miscarriage and still birth.

Researcher identified only any case in which all the loss of babies was due to still birth. All other cases are mixed cases of miscarriage, still birth and death after delivery. Not that a woman has lost all her issues. Some issues are surviving. In one case there were two successive

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deaths - one through miscarriage and one in the shatighar. In another case there were three deaths-one still born and two after birth. The deaths did not take place consecutively. This woman has two daughters who are living.

Modern medical researchers report that in Bangladesh the most common causes of the deaths are tytanus and respiratory trouble. The former takes place as severing of umbilical chord is done by a crude method without taking any anti-septic precaution. Respiratory trouble may develop due to difficult birth and lack of proper care after birth. The researcher had tried to talk on these topics with the women, but without success.

Except in the case of the women who had all still births, it is hardly possible to relate the deaths to physical fault or gynocological abnormality of the mother. In some cases, the death was clearly due to post-natal infection independent of the mother. But these facts are not recognised in Dhankura. As a result the unfortunate mother is subjected to folk treatment. The father is not however touched. It is not recognised that father being a partner in the reproductive process may by analogy with the mother be equally responsible for the death of the children. This clearly reveals that beram of mailla is a cultural phenamenon and arises as a consequence of the role of bearing and rearing the offspring assigned to women.

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4.8 Beram of the Dhankura women - Koshar Beram:

This is connected with the sexual organs of the women and refers to the discharge from the vagina associated with pain in the lower abdomen and a burning sensation in the vagina. The discharge is continuous though the flow varies from moderate to heavy. The intensity of the flow is associated with the nature and the load of the work performed by the women. Continuous heavy work increases the flow. Work on the dheki, carrying of weight such as drawing water and heavy washing aggravate the flow. On the otherhand the flow subsides with rest and confinement to bed. Normally, the discharge starts with very light almost imperceptible flow. The patient does not take notice and continues to work as before. No precaution is taken until the women find that flow increases heavily with hard work. By the time the complaints began interfering with the performance of the feminine role the beram has become chronic. Treatment is therefore initiated at the chronic stage. The result is that the women we complain about koshar beram are usually beyond recovery.

The researcher felt that many of the patients could have been cured if treatment were given at the early stage. Since in the Dhankura society, a disease does not come under the purview of the medical system until it interferes with the performance of the family role, all these cases are recognised at the chronic stage. The unfortunate patients are victims of the cultural values which regulate their lives.

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4.9 A beram of the Dhankura women - Shutika:

It is a type of diarrhea which attacks a mother dueing later stages of the pregnancy or after the childbirth. The symptoms are frequent loose motions, abdominal irritation and indigestion. In acute cases, the patients may have to answer nature's call almost every hour. The most striking feature is the rapid loss of body weight. In about a month the patient gives a sickly look. Detection of the beram usually takes place after the woman has become sickly. She gets easily tired and cannot attend to her domestic chore properly. It becomes difficult for her to perform heavy load, such as drawing water, processing the harvest. While normally other women of the household are the first to announce the beram of the wife, shutika is often detected by the husband. Man in Dhankura prefers women with flabby cheeks, protruding rounded breast, heavy buttocks and broad waist line. A sickly woman is not therefore an amiable sex partner. Shutika patients generally confided that their husbands took unusually close interest in their recovery. In cases of other illnesses of the wife, the grandmother and other elderly women normally look after the treatment. But one comparatively young husband proposed to take his wife suffering from shutika to Tangail for the modern treatment.

Inspite of the interest of the husbands, few patients have recovered fully. As in the case of kosher beram, the

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reason is primarily late start of treatment. Shutika is medically disease. An early pathological examination could detect the disease and treatment if initiated in the initial stage might be fruitful. But due to the late social recognition shutika becomes chronic. Abijan had shutika after the birth of the second issue. Not only that her body failed, she had a late third pregnancy which also resulted in miscarriage. She was very much apprehensive that her husband would remarry if she did not recover her former self. Folk treatment did not help her much. Her husband has recently taken a second wife.

4.10 Beram of the women of Dhankura - Badhak:

It is menstrual abnormality. Menstruation starts with acute pain and dark clotted bleeding. The pain continues for about three days gradually subsiding after the first day. Sometimes pain is so excrutiating that the woman is forced to take to bed. Movement of the body becomes difficult. Pain and clotted dark bleeding occur in every period, although the intensity and flow of blood may somewhat vary. The real issue in Badhak is, however, the belief that it delays pregnancy and leads ultimately to sterility.

Badhak is clinically a disease. But for Dhankura its significance as a beram rests on the belief about danger of sterility. Women suffering from Badhak invariably undergo treatment with a view to prevent sterility.

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4.11 Beram of Dhankura women - Nahuni:

This is also menstrual abnormality and refers to irregular but prolonged bleeding. Menstrual cycle does not follow any set pattern but is erratic. Interval between two periods vary widely from periods to periods and may be 40 to 60 days long. But when the period takes place bleeding extends to two to three weeks. Not only the period is prolonged, flow of bleeding is quite heavy and more than normal.

Islam taboos ten days of continuous bleeding. Women cannot perform religious rites and have sexual relations during these ten days. Any bleeding beyond ten days is recognised as disease and the taboo is withdrawn.

However, the society in Dhankura does not adhere to the Islamic Limit to the menstrual taboo. All menstrual blood is considered polluted, no matter the flow extends beyond ten days or not. This polluted blood is thought to be very harmful for the male. Any physical contact with the blood will contaminate the husband and tell upon his health. Husbands are therefore forced to avoid contact during the whole course of the bleeding. If nahuni persists, it puts heavy strain on the conjugal relationship.

Pollution ascribed to the menstrual bleeding extends the taboo to the social behaviour. A bleeding woman cannot participate in the wedding rituals and customs. She does not

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serve food to the elders. She does not cook the main food if there is some one else in the household who can cook. A bleeding woman does not tend the cattle nor sows the seeds or plants the vegetables.

4.12: Beram of Dhankura women - Jarayur dosh:

Jarayu means the uterus. A number of complaints of the jarayu are together called jarayur dosh. The main complaint is feeling of fullness towards the vagina. Many complaints feel as if the uterus has moved down. Walking becomes uncomfortable and heavy work aggravates the discomfort. Some women complained of pain during intercourse. There is however no visible signs of illness. The husband does not observe any sexual abnormality if the wife conceals the pains. Household also fails to identify any beram as the woman does not give up the normal chore.

Women with jarayur dosh does not disclose the illness. They keep secrecy from the husband for fear of the family tension. One patient explained, "Man is man; he has his whim; he may bring another woman if I fail to satisfy him." Patients of jarayur dosh try home remedy. Researcher came across eleven women with these complaints. Only one of them has gone to a folk-healer after she became seriously ill and the condition could not be concealed.

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In Dhankura, jarayur dosh is hardly a beram, although the condition may be clinically recognised as medically treatable disease. The condition is described here to highlight the role of the socio-cultural pattern in identifying disease.

4.13 Beram of Dhankura women - Dudh Darkan:

This refers to the infection in the breast of the lactating mother. Two kinds of Dudh Darkan can be identified. One of them is purely cultural. First kind of Dudh Darkan is the tenderness and the inflamation of the breast. The breast releases more milk than the infant may suck in. The milk is believed to be polluted and consequently harmful to the infant. Folk healing is resorted to for protecting the new-born.

The second kind of Dudh Darkan is the diarrhea of the breastfed baby which is supposed to be the result of defect in the breast milk of the mother. As long as the baby feeds at the mother's breast, all abnormalities in the baby are traced to the mother. If the child has a diarrhea, the mother's milk must have been polluted. The mother is therefore subjected to treatment even though there is no abnormality in the breast, the flow of milk is normal and the woman has no visible sign of disease. Needless to say, the baby is not given any treatment. Beram of the mother is cognised on the basis of the symptoms displayed by her child.

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In Dhankura, the Dudh Dharkan of the first variety is rare. Most women are malnurished and suffer from lack of adequate flow of milk. Researcher came across a solitary case in affluent household. The dudh darkan of the second variety is rampant among the poorer and the landless villagers. They do not observe even minimum precaution against infection of the baby. Most child is born in unhealthy conditions and live in highly susceptible environment. Much of the complaints of the child are likely to be due to infection and exposure. Since treatment is administered to the mother and seldom to the child, infant mortality is rather high.

4.16 Beram of Dhankura women - Banja:

Banja refers to two types of infertility. A woman may be unable to conceive. Five cases of sterility were undergoing folk treatment during the research. Except one, all the women were apparently in good health. They had no menstrual trouble. They did not complain of discomfort in sexual relation. They satisfied the conception of a healthy wife among the Dhankura men. One of the girls was renouned for her beauty before her marriage and had a number of suitors. Except that they did not conceive, they were normal women. The one exception was a case of badhak. This woman developed badhak six years after her marriage. She did not conceive during those initial years of marriage. It is possible that menstrual irregularity

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may not be the cause of her supposed sterility. Incidentally, the folk-healers did not make any clinical examination of the women.

The other type of the ailment is the inability to conceive a male issue. Such condition is identified as 'utkura.' A woman may be very fertile. But all her issues may be female. Such an unfortunate woman is branded ill. There were four such cases in Dhankura. One woman has three daughters. Another woman has two female issues born within five years of marriage. After the first two issues the woman failed to conceive during the last four years. The family however wants a male issue. The third one also has three daughters. The fourth case is very unfortunate. She started receiving treatment since her third daughter was born. But inspite of all treatment she had given birth to three more daughters and is now mother of six daughters. People play the cruel joke on her that one more daughter and the paradise after death will be ensured for the couple.

Banja and utkura are exclusively beram of the woman. It is always a banja or utkura woman and never a banja or utkura man. The word has no masculine gender. Not that Dhankura people are ignorant of the role of man in the reproductive process. But they believe that beej (semen, seed) of the man is always fecund, strong and productive. If the male beej cannot produce an issue, it is because the recipient of the seed is defective and cannot sustain the male

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seed. Childlessness is therefore entirely due to the fault of the female partner in the reproductive process. Some of the banja women of Dhankura may be completely normal and capable of bearing child. The fault may lie in the husband. But they are the victims of the prevailing beliefs and traditions entrenched in the Dhankura culture. The folk medicine that is applied to the beram also emanates from these beliefs. In these circumstances the clinical facts may never be known and a fecund woman may have to live with the disapprobation of sterility throughout her life.

4.17 Complications of delivery:

Women work normally during the whole course of the pregnancy which is considered normal for a wife. Delivery usually takes place without medical aid. Only two complications of pregnancy call for healers' service. One is sharire-pani which literally means accumulation of water in the body. The symptom is swelling of the body. The condition is clinically oedema. But some swelling is considered usual during the pregnancy. In four cases during the research, the condition developed convulsion and regour. One patients died inspite of folk treatment. The others were taken to Tangail hospital. Two patients survived.

Khalash-e-kasta is another complication and signifies difficulty in delivery. Inspite of pain the patient cannot

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give birth to the baby. Healer's assistance is taken in such cases. The success of folk medicine is mixed. One patient is known to have expired. Two were taken to Tangail hospital. Many have, however, got through the ordeal through the expertise of the female folk healers.

Both the above complications are clinically identifiable. Western treatment applied in early stage should be effective. But in Dhankura treatment is never started in time. Only after the disease has progressed enough to endanger the baby that action is taken. Even at this late stage, the treatment of choice is the folk medicine. No pregnant woman is taken to Western medicine unless the family has lost all hope of a successful delivery. That too in very isolated cases.

4.18 Summing up:

Dhankura women want good health in order to maintain their energy required to perform the feminine roles. Satisfactory performance of the roles is the key to their happiness. Diseases which affect their ability to work are therefore subjected to treatment. All symptoms however do not affect role performance and are not therefore evidence of a disease. A disease becomes evident only when the symptoms are such as would prevent a patient from the satisfactory accomplishment of her role. A beram is then recognised on the basis of those incapaciating symptoms for recognition of beram is a

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social affair. Usually the elderly women in the household and sometimes the husband first recognise that there is a beram in the household. Without such recognition, the disease does not acquire medical significance.

Social recognition of the symptoms is therefore the first step in the diagnosis of the disease. Pathology does not play any role in the diagnosis. No pathological examination of the symptoms is made. The physiological condition of the patient is not ascertained. In the Upranta case of senselessness, for example, neither the household nor the folk-healer try to ascertain if the patient has actually been senseless. In the banja case no pathological steps are taken to identify which partner is actually at fault. Dispensation of the treatment, as we shall presently see, is based on identification of cause rather than on ascertainment of the pathological conditions.

CHAPTER - V

Beliefs About Disease Causation

People of Dhankura do not ask how they become ill, rather they ask why they become ill. They do not bother about the pathological changes or the clinical development of a disease. They are interested in its cause. Their description of a disease is often a description of the cause. Some diseases are named after the cause as perceived by the people. "Upranta" literally means something upon a person i.e., some outside forces have influence on the patient. The case of senselessness is usually described as ghost possession.

5.1 The nature of the cause:

Any information that the disease has been due to bacterial infection has little appeal to the people. If they are told that cholera has been caused by drinking water of the pond polluted by the cholera germ, they are not convinced. Because many people have drunk the same water and they are not ill. There must be some ultimate cause why a particular person is attacked by cholera and others not, by taking the same "polluted" water. The Dhankura people want the ultimate causes. The researcher on seeing some cases of Upranta of the senseless-ness variety had tried to impress upon the women that these were purely medical cases of hysteria. But the women felt that even granting these were hysteria or something simi-

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lar term coined by the modern urban people, the question remains why hysteria attacked these women and not others. Why some women have normal delivery while in the other cases the baby is upside down? Why some breastfed baby get diarrhea while others do not? The villagers are not satisfied with the purely pathological or the purely clinical explanation for such conditions. They want to know some ultimate cause. A folk healer, who cannot satisfy the patients, quest for a cause, is doomed to failure.

The cause that Dhankura people seek has its ultimate origin in Allah, the Almighty and all powerful. Allah is believed to have created the universe, all the beings and forces within it. All the events of the human life and the earth, the cataclysms and the disasters, the changes that occur in the universe are ascribed to Him as the ultimate cause. Nothing not excluding the disease can happen unless he so wishes. The women of Dhankura clearly expressed that "Shabi Allahar Ichcha" (whatever happens is the wish of Allah). It is believed that everyone in this world has been allotted a particular period during which he or she has to live in this world. When that period is over, one can in no way escape death and no one can meet death earlier than is scheduled for him by Allah, Janma, mritya, aram, beram Allahar hate (birth, death, pleasure and disease are in the hands of Allah). Such conviction makes the people fatalist. They accept miseries,

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misfortune and disease as their fate designed by Allah and conform to the belief that "bhagger likhan khandan jayna" (what is designed as luck is not possible to change).

Allah does not, however, directly deal with diseases. He does not himself make people ill. He has assigned this task to certain forces and beings created by Him. These forces and beings cause disease.

5.2 Classification of causes:

Allah is thus viewed as permitting disease to occur through the agencies of various proximal causes. These agencies are often supernatural, sometimes natural and may be human. The proximal causes are only the media which are believed to be controlled by Allah, the Supreme Being.

The individual in Dhankura lives in continuous interactions with the supernatural, the natural and the human phenamena:- human, in which he lives in relation to man; natural, in which he lives in a particular environment and surroundings; and supernatural in which he grapples with the invisible. It is, therefore, likely that diseases should be considered to result from the undesired maladjustments with all the three types of relationships - relationships which constitute the cultural and social patterns.

Accordingly, three broad types of agencies are believed to be involved in the causation of diseases namely, the super-

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natural, the natural and the human.

The supernatural category:

(a) Evil spirit ... (i) Jin

(ii) Bhut

(b) Evil wind (Bau-batash)

(c) Violation of taboo.

The natural category:

(a) Ritual or physical impurity - napak or pollution.

(b) Wrong food.

Human category:

Sorcery (Jadoo-tona).

Dhankura people do not succeed in giving a clear-cut demarcation among the various agencies and sub-categories. Considerable confusion is revealed in their description of the nature, power, function and the overall role of the different categories of agencies. A particular disease is not steadfastly related to a particular cause. Same disease may be caused some time by one agency, at other times by another agency. Often more than one agencies are blamed for the same disease. The villagers' explanation of the relationship between a disease and its supposed cause do not follow a logical sequence and is often too involved and round-about to be intelligible or acceptable. The absence of any rational sequence does not, however, prevent the people from believing in a causal relationship between a disease and its cause.

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It is not the actual causal connection, but the belief in such causation which is significant. The belief in the causality is sanctified by tradition. The people of Dhankura do not keep any written records of the tradition. The medical traditions have developed over the ages. No-body knows how they developed. Each generation carried the traditions by memory. Researcher came across an old widow. No body knew her age. Everybody called her grand-mother. Researcher found that even mother and daughter used to address her as "Dadi" (grandmother) in the same sitting. But this woman was a human storehouse of customs and traditions. On almost all problems, issues and events occuring in the village, she could draw upon her past experience. Anybody who approached her with a problem will learn from her almost endless fables and anecdotes. It was true that she was often inconsistent but her basic ideas were clear. In the process of oral transmission, the original traditions underwent transformation through interpolation and interpretation. But the basic beliefs continue to exist. Same applies to the medical scene. With all confusions, ambiguities and irrationality, the three categories of causes amply account for all the diseases recognised in Dhankura.

5.3 Supernatural causes - Jinn and Bhut:

In disease causation, the supernatural agencies play the dominant role in Dhankura. The people of Dhankura are unable to comprehend the extra-mundane world with their

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knowledge and reason. They, therefore, indulge in the emotional analysis of the supernatural and perceive it in the diverse mysterious forms such as jinn, bhut and bau batash.

Jinn and bhut are the most active media for causing beram among women of Dhankura. They are invisible but live around the human society in amorphous condition. They can climb trees and hills, swim in the water and walk on the fields. These invisible spiritual beings can rest anywhere in the sky or on the soil. They have sensation similar to human beings. They feel hungry for food. They get angry at the unexpected and undesirable state of affairs. They sometime blend with the air and loiter around. They however prefer certain places as their resting spot. These are the bamboo grove, the banyan tree, the mangoo grove, the marmalos thee, landing stairs of a river or pond, a deserted bari and the backyard of the bari. Big trees are believed to attract the spiritual beings who often make them their abode. Bhuts and Jinn move above or around human beings and may attack women by entering them.

Women of Dhankura believe that these supernatural beings live among the people (tara amader maddhe achche). But they are more vigilant and active at certain hours of the day and certain days of the week. Tuesdays and Saturdays are most active days, right noon (bhar dupur), twilight dusk (kali sandha) and early morning are the active hours of the spiritual beings. On the otherhand, new moon and full moon make

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them more vigilant and thereby affect their movement. Atmospheric conditions are thus believed to have special relationship with the supernatural beings.

The spiritual beings are considered to have extra human powers. They may be benevolent or malevolent. Bhuts are invariably malevolent. But some Jinns are known to be benevolent.

5.4 Jinn versus bhut:

Jinn and bhut are both spiritual beings. But they are not the same. The following differences are found between the Jinn and the Bhut:

Bhut	Jinn
1. Bhuts are ghosts of deceased human beings who met unnatural death.	1. Jinns have been created by Allah and are made of fire.
2. Bhuts possess extra-human power which is used for malevolent purposes. All bhuts are malevolent.	2. Jinns also have supernatural powers but all Jinns are not malevolent. There are also benevolent Jinns.
3. Bhuts can and do take different awe-inspiring corporeal forms - human or animal.	3. Jinns do not change their forms.
4. Bhuts emit bad smell like rotten scales of fish.	4. Jinns emit pleasant smell.

Although distinction between Bhut and Jinn are generally recognised, women are rather confused in distinguishing

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between bhut and jinn as cause of diseases. As a cause of disease there is hardly any difference between the two spiritual agencies of disease causation. We will, therefore, use the terms of bhut and jinn interchangeably.

Bhuts are always malevolent and believed to assume a number of terrifying corporeal forms including human or animal forms except that of horse. According to the corporeal forms, bhuts are identified by different names, such as Shaksha, Nishkainda, Deo. Nishkainda is headless with eyes on the chest; Shaksha, in the Dhankura imagination, is very tall and big with curly hairs all over the body, dark eyes and big flat fact. The Deo resembles giants. All the three are conceived as human figure with awe-inspiring features. The female bhut is called petni. Petni usually takes a feminine shape wrapped in a white sari. Face of both bhut and petni is invisible. Their human form is also not usually visible. Bhut and Petni may assume these forms and are visible if at all at very odd hours like late night and twilight evening. They give up their form whenever they possess anyone or stare at anyone; and continue to remain with the possessed invisibly.

Bhuts are believed to have their origin in the ghosts of the illegal children and corpses that met unusual death. In Dhankura, illegal pregnancy is very strictly concealed and efforts are made for effective abortion. If abortion is not possible, the newly born bastard is buried wrapped in old

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cloth, at the backyard of the bari. These unfortunate creatures become bhuts.

People who meet unusual death come back as bhut. For instance, anyone who commits suicide, becomes a bhut. It is the inner substance of the person that turns into a bhut. The inner substance is usually called "Ruh" which does not die. A human being lives so long the "ruh" is within him. Rhu is the guiding and living force. When a person dies a natural death and buried the ruh remains in the tomb till the day of resurrection. After the body is buried two agents of Allah visit the ruh and ascertain his belief. If he had believed in Allah, arrangement is made for happy existence of the ruh till resurrection. The unbeliever's ruh is subjected to torture. But ruhs of all being dying natural death remain in its tomb which is its abode till kiamat and cannot become bhut. Ruh of person dying natural death cannot become ghost. Only the ruh of persons meeting an unnatural death returns as malevolent spirit. Bhuts are thus deceased humans who had unusual death. It needs to be pointed out that ancestor spirit is unknown in Dhankura. Dhankura people, unlike African primitives, do not have any idea about ancestors becoming bhut and coming back. Bhuts are deceased human beings who had died an unnatural death. They are not identified with any kin group nor do they possess only the members of any particular kin group. Ancestry and kinship have nothing to do with the activities and behaviours of the bhuts.

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Ratan, a poor woman, returned home by a bamboo grove at a twilight evening with her head uncovered. While passing by the grave Ratan suddenly sensed a strong blast of wind. That night she vomited and felt pain in the stomach. A healer was called to identify the bhut that had possessed Ratan. Using his skill the healer summoned the bhut which remained invisible but spoke through Ratan. Bhut disclosed that it was the bastard child of Dudan and Gede who had thrown it away. Dudan and Gede, a young boy and a young girl, had become very intimate resulting in the illegal pregnancy of Gede. The bastard was killed secretly after it was born. Bhut further informed that it lived near a bamboo grove. Ratan had annoyed it by her uncovered head, loose long hair and her shadow falling on the bhut while the latter was taking an evening walk.

Bhuts are attracted by loose long hair, filthy blood, state of pregnancy, and strong smell. Since all these phenamena are associated with women, bhuts prefer to possess women. In Dhankura only women are found to be targets of the bhuts.

Jinn, on the otherhand, are made of fire and do not assume terrifying forms. Jinn remains invisible. It has no personification. Jinn appears, if ever, as spark of fire. It moves like bhut, has strong sensations like that of human.

Jinns, unlike bhuts, are attracted by the beauty of the women. Beautiful young women are possessed by Jinn.

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Jinns are almost like humans in sex urge. They are known to have chosen beautiful girls as wives. They visit their wives at night and sleep with them.

Jinn may possess anyone preferably women. Jinn possession may bring good luck to the possessors, it may give unusual power to the hosts. The hosts may not fall ill in the ordinary sense buy may become "possessed." Their actions become erratic, they may fall into trances, and their speech at such time is accepted as the utterance of the supernatural being. These persons, being thus in far more direct touch with the supernatural than ordinary mortals, are respected and are often consulted as oracles by the people.

All Jinns are not benevolent. The malevolent Jinn is more a bhut than a Jinn and it behaves like the bhut. The malevolent jinn attacks only woman and not man.

5.5 Disease of the women and the spiritual beings:

As is evident from the above, the women in Dhankura are in a special relationship with the bhuts and the jinns. Dhankura society expects the women to maintain a cordial, non-interferring relationship with the spiritual beings through complete aloofness from the latter. They should not allow their shadow to fall on the bhuts and jinns. They must not give ocassion for stimulating the excitement of the spirit beings by displaying their bare head, long loose hair, filthy blood and state of pregnancy. The spirits must not smell

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their scented bodies. Neglectful behaviour on the part of the women may arouse the displeasure or anger of the spirit. A bhut excited by the smell of the feminine body or by the bare head with loose hair or angred by the filthy blood or state of pregnancy (an angeredhightened by the shadow of such women falling on the spirits) is likely to attack the woman and make her ill. In other words, the women must maintain purdah and the rules of modesty imposed by the society to keep the bhut away.

Most cases of Upranta are caused by bhuts and jinns. A woman has Upranta when a spirit being takes a fancy to her or is angered or displeased. The bhut causes her to suffer by one of the two ways. The bhut may enter her body and set up its abode inside her. Alternatively the bhut may cast an evil eye on the woman. The difference between the two types of attack is determined by the seriousness of the beram. If the symptoms show virulence - the woman has frequent convulsions and continuous senselessness, or she has a very long and acute spell of quietness, or the baby at the breast cries menacingly - possession is diagnosed. Until the bhut could be ejected out of the body, the symptoms would persist. Symptoms are less acute when the spirit casts an evil eye on the patient and desists from immediately entering the body. In this case the bhut pursues the patient and continues to stare at her from a distance. No physical contact with the patient is, however, established by the bhut. As long as the pursuit is kept

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up by the spiri, the women suffers from a beram, though symptoms do not become very acute.

Rahima is 22 and is married eight years. She lives in the father-in-law's household. One morning she did not leave the bed, although it was unusually late. The mother-in-law as well as the husband called her to leave the bed. She neither left the bed nor talked or replied to the queries of the husband and the mother-in-law. She became quite reticent. The case was diagnosed as a case of upranta caused by the bau kurani, a bhut who does not take any form but moves upwards in a circle. No one has ever seen the bau kurani but its existence is recognised as a cause of the quietness variety of upranta. Rahima was caught by the bau kurani while she was going for a bath in the canal. The bhut was angered because she went alone at right noon which was unusual for a woman and her head was bare.

Hasna, 35, lives in a joint family. Suddenly she became senseless one day. The condition persisted intermittently for two days after which period she was hardly normal for more than three hours at a stretch. Possession by a bhut was diagnosed. One evening Hasna had the audacity of passing by the graveyard alone and her shadow fell on the bhut. By so doing she incurred the displeasure of the malevolent spirit. The Dhankura custom advises the women against passing by the graveyard after dusk.

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Maina, 21, was pregnant. One late afternoon, she sat by the bank of a pond at the backyard of the bari and dried her hair in the afternoon sun. Suddenly she collapsed. Fortunately her sister-in-law saw her in that condition. At her shouts, elders rushed to the pond and rescued her. Since she was pregnant, treatment was advised by the elders for protecting the baby. Healer who was called to treat the case, diagnosed it as the act of a bhut who has possessed the pregnant woman.

Raushan is a young mother. Her first issue was still born. The second one is a girl aged one year but was still at the breast. The baby shows signs of unusual restlessness. She cries a lot without being hungry. All known methods of appeasing a crying baby have been tried. But the girl cries without any palpable reason. The household suspected the malevolence of a bhut. A healer was called to confirm the suspicion. It transpired that once during her first pregnancy she went to her aunt's house and took lunch there. When she started for home it became dusk. She had to pass by a "gap" tree where a deo lived. Shadow of the unfortunate woman tresspassed on the deo who immediately took possession of her. The deo caused the death of the first issue and still resided inside the women's body. From inside the women's body it is staring at the girl and threatening her with its fearful figure. The girl cries at the sight of the horrifying deo and its bad glare.

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Fatema was married at the age of twelve and is now twenty years old. In eight years of married life she had become mother of four children. Her husband is a landless transport worker. For the last one month, Fatema has been suffering from loss of appetite. As a result she has emaciated a lot so much so that she feels no energy for work and is easily tired. There is no bodily complaints - no headache, fever, or pain in any part of the body. Except loss of appetite and consequent emaciation and weakness, there is no other complaints. This was a case of Upranta and the cause was diagnosed as the work of a supernatural being. A few months ago she happened to go to a deserted Hindu bari. This bari once used to be inhabited by a Hindu family. The family migrated to India and the bari remained vacant since then. The local people believe that the deserted compound has become the habitat of the bhuts and jinns and any woman going to that compound is attacked by the inhabitants. No wonder that Fatema went astray and was caught by a bhut. The bhut did not enter her body, but cast its eyes on the wayward Fatema. It lives in the deserted bari but it is continuously following the woman with its glare. Due to the evil sight of the bhut Fatema cannot digest her food. She has therefore lost her appetite and is fast reducing.

Mailla is another beram which is caused by the malevolance of bhuts. The women of Dhankura believe that bhuts are attracted by the filthy blood of menstruation, confinement and delivery. The bhuts therefore gather around the shatighar,

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the lying in room where the expectant woman gives birth to her issue and stays for forty days after birth. They are continuously on the look-out for an opportunity to enter the shatighar. They, therefore, lie in wait for the mother when she goes to toilet at odd hours. There is no attached toilet to the rooms in the village household. Women have to go to the back yard, which is a little far from the living room/bed rooms. The bhuts try to take advantage of the situation. If they succeed in entering the newly delivered mother while she is out of the shatighar, they enter the shatighar along with the mother. Once they enter the room, the new born baby becomes target of her malevolence. The bhut may pollute the breast milk. It may continuously stare at the baby with malice. It may even drink the blood of the new born baby. By these malevolent activities, the bhut causes death to the baby.

Zahura, an young wife, lost two issues immediately after their birth. This was a case of mailla caused by a bhut. During the first delivery, Zahura went to the farthest side of the backyeard pond on one tuesday to answer nature's call. She had not been very careful about her hairs which were loose at the time she was answering the call. The bhut did not miss the opportunity and immediately attacked her. But the bhut did not enter the body of the patient. It began staring at the patient from a distance. By continuously staring at Zahura, it has caused death of her child.

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Fazila lost two issues within five years of marriage. The third is alive and six months old. Death of her first two issues was caused by a bhut which had entered her body. Fazila was negligent about her movement. She ate dried fish and immediately after she had eaten the dried fish, went outside the compound right at noon. The pungent smell of the dried fish emiting from her annoyed the bhut who was at that time quite hungry and was looking for food. The healer had taken steps to save the third issue which was still alive.

All the cases of disease causation by the spirit beings narrated above have one striking resemblance. The bhuts got hold of the women outside the house and at odd hours. This striking feature of disease causation is closely related to the Dhankura norms about feminine virtues.

5.6 Disease, Spiritual beings and culture of Dhankura:

Dhankura culture sets rigid norms for the behaviour of the women. A woman should be modest. She has been created for the husband and must not display her beauty to any body else. She must therefore observe purdah. It is feminine modesty to keep head always covered with the corner of the saree and not to allow any body to see her hairs, not to speak of other parts of the body. It is not permissible to keep head uncovered in the presence of even male elders and grown-up relations.

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Women's sphere of activity is indoors. If she has to go outside the compound to draw water or to take bath or to answer nature's call she should use utmost discretion. She should not normally leave the bari unescorted. Both physically and psychologically, women are weak and can not protect themselves. They should not, therefore, move alone or after dusk or at noon when roads are usually deserted. Society has evolved many sanctions against violation of these norms. Added to these sanctions is the danger of being made ill by the bhuts. Women who violate the norms of modesty and restricted movement run the risk of being attacked by spiritual beings. No man runs such a risk. Threat of disease caused by spirit beings thus acts as a strong deterent against violation of the feminine virtues. That bhuts attack women and never man, is also a reminder that women are weak and unable to protect themselves and therefore should surrender to the will and protection of man.

The beliefs about the interest of the bhuts in filthy blood and pregnancy can also be traced to the beliefs about women. A women menstruating or in confinement is impure. The husband must avoid infection and contamination. This physical impurity of the woman is brought home by the bhut's anoyance of the menstruation and delivery.

Whether the bhuts and the jinns exist in reality is a separate issue. But their behaviour is not unexpected. The way they behave is not different from the way the Dhankura people should behave. A Dhankura man or woman will not

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approve of a woman moving outside the bari with head uncovered and showing her hairs negligently. Nor will he or she tolerate a woman so callous as to travel unescorted at odd hours. The bhut exactly does the same thing. The difference is that being supernatural being, bhut has extra human power of punishment in the form of disease, sufferings and death. Women of Dhankura are afraid of the supernatural beings. But there is no inclination to treat the spirit beings as whimsical or capricious. They visit disease on women not without reason. If the woman is attacked by a bhut, she is also to be blamed. Thus bhuts may or may not exist in reality. But their cultural existence is not in dispute. By posing threat of disease they perform an important function of effecting social control.

5.7 Bau batash as a supernatural agency of disease causation:

Not all diseases are caused by bhuts and jinns. For example, Sharir-e-pani during the pregnancy is caused by bau-batash. The literal translation of the expression in English is bad wind. But the literal meaning does not convey the actual sense. In Bangladesh wind blows from the north in the winter and from the south in the summer. The wind has different intensity at different seasons of the year. The north wind is cold. A strong northerly wind makes the winter colder. In the summer, the southern wind relieves the heat of the burning sun. But the southern wind sometimes develops into a storm and is then called the Kal Baishakhi. Kal baishakhi

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wind accompanied by rain causes havoc to standing crops and the dwelling houses. The different phases and intensities of wind at different seasons have nothing to do with bau batash as a cause of disease.

In explaining bau batash as a cause of a disease the expression used is bad wind has hit the patient - 'Batash Lagache.' The people of the Dhankura does not seem to be clear in their comprehension as to what bau batash is. Some believe that the atmosphere is full of various kinds of substances created by Allah. They float in the air and move about. Some of these substances are endowed with the super-natural power of causing disease. When these malefic substances come in contact with a human being, the latter falls ill. These substances are invisible and cannot be seen by human eyes. There is another view which connects bau batash with spirit beings. Any substance that comes in contact with bhut/jinn acquires disease causing power. While a bhut travels, it pushes out air. An unfortunate woman who is nearby may be immediately hit by the pushed-out air and become ill. Similarly, substances which had come in contact with a bhut may cause illness if they hit the patient while the contact is still fresh. The nature of bau batash may be discerned by distinguishing it from Jinn/bhut. Dhankura people contsruct jinn/bhut in the image of themselves. Jinn/bhut are animate beings. Bau batash, on the other hand, is inanimate object.

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Although it causes disease, it has no sensatory qualities or consciousness. When a bhut attacks a woman, it acts consciously and exercises discretion. When bau batash hits a patient, the process is mechanistic and accidental.

Certain broad features of bau batash may be summarised. It is an inanimate object. It has no sensory qualities and cannot act consciously. It is, however, supernatural agency of disease causation. But how it operates is not very clear. How to fit it into Clements' classification of disease concepts is another problem. It is neither sorcery, nor breach of taboo nor spirit intrusion nor soul loss. We are then left with disease object intrusion. To quote Clements, "the criterion here set up for disease - object intrusion is the actual presence in the body of a tangible, supposedly pathogenic substance, whether it is regarded as the embodiment of a spiritual essence or not" (P. 188). By applying this criterion we may identify bau batash as a tangible object and not an animate being. As regards its presence in the body of the patient, the expression by the healers as well as the local people is that the object hits the patient. No positive statement could be obtained on the question whether bau batash enters and stays inside the patient. The healers insisted that the object hits the patient but always avoided to confirm if it enters the body. On the other hand treatment that healers apply suggests that expulsion of the disease object is aimed at. After the healer has diagnosed that bau batash

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has hit the patient (batash legache), he would declare that the bau batash has to be thrown out to cure the patient (batash take ber kara dite hobe). All these evidence confirm the inference that the object enters and stays in the body until it is thrown out by the devices of the healer.

Bau batash may, therefore, resemble Clements' classification of disease object-intrusion. But unlike Clements', bau batash is not identified as any particular substance like hair, bone or pebble. Its shape and form remain an open question.

As has already been pointed out sharir-e-pani is thought to be caused by bau batash. During her first pregnancy, Rahima showed signs of oedema. This was ignored as a normal feature of pregnancy. But on the eighth month the situation became complicated. Her whole body swelled up and she became mortally sick. The healer diagnosed that bau batash has hit her. This bau batash was a poison which was rendering her blood water. The water in turn was accumulating in the body to make Rahima ill. Healer could not explain how the bau batash got hold of Rahima. He surmised that while going to the pond, to the back yard or to the parent's house, a bhut might have passed by her. He asked the household to be thankful that the bhut did not chance to see her otherwise she might have been possessed leading to dire consequences.

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Koshar beram is sometimes diagnosed as bau batash. Mahila had suffered a lot from this disease. It was a case of late diagnosis. She was treated by two folk healers consecutively. The first one identified physical impurity as the cause. The second healer shifted to the wrong food. But the condition of Mahila deteriorated. The third healer observed her for ten days. On the tenth day he called his guardian jinn to give final verdict, of bau batash. It is worthwhile to mantion that sometimes diseases which baffle treatment are diagnosed as bau batash at a later stage.

5.8 Violation of taboo as a supernatural cause of disease:

Clements includes "all theories which explain sickness as a punishment sent by the God for breach of religious prohibitions or social prohibitions having divine sanction" under the heading breach of taboo. Because of her inferior position as a weaker sex that needs constant surveillance of the man, life of the women of Dhankura is hedged in by innumerable prohibitions as to food and movement. The old and the elderly women of Dhankura strongly believe that the violation of the taboos causes disease and sufferings. They know of so many taboos that almost all diseases may be traced to the breach of the one or the other. Fortunately many taboos are no longer observed by the recent generations of women with no harmful effect. Many taboos are thus dying out under the urban influence. The elderly women, however, complain that the womenfolk has gone astray. They sincerely forecast a calastrophe that is bound to take place to punish the wayward

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younger generations and restore the traditional values.

A number of taboos are however, still observed and their breach are believed by all to cause disease and sufferings. Majority of these taboos are connected with pregnancy and child birth. Pregnancy is a crucial stage in the life of a woman who knows by experience that the rates of infant and maternal mortality are very high. It is not only her personal life but the safety and protection of the child is vital to the happiness of the woman. If her inability to bear child or death of the new born could be associated with the breach of any taboo hell will be let loose on the unfortunate woman. The women of Dhankura, young and old, therefore, do not take risk with the taboos on such crucial matters. Taboos therefore, still play an important part in the life of Dhankura women and their violation is dreaded for the possible consequences on the health of the woman and her off-springs. Threat of disease thus operates as an instrument of social control against violation of taboo. Some of these taboos and the diseases caused by their violation are listed here.

Taboo	Disease caused by the breach of the taboo
a) Menstruating women should not cross a crab-hole.	Badhak
b) Menstruating women should not take 'Kalajira' and 'boal' fish.	Badhak

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Taboo	Disease caused by the breach of the taboo
c) Pregnant women should not walk under the shadow of a hijal tree (the baringtonia acutangula).	Still birth.
d) Pregnant women should not pluck flower.	Still birth.
e) Pregnant women must not move in public.	Difficult child birth.
f) Pregnant women must not swim against the current.	Difficult child birth
g) Pregnant women must not eat during the eclipses	Difficult child birth.
h) Sexual relation should be avoided during menstruation.	Nahuni and badhak.
i) Women must not use too much cosmetics.	Post-natal diarrhea.
j) Women should not eat copra	Infertility
k) Women should not clean hair with hair comb outside the room in the open	Mailla
l) Menstruating women should not take eggs.	Jarayur dosh.
m) Women must remain virgin before marriage.	Badhak.

Taboo mentioned above are partly social and partly religious. Islam prohibits sex during the menstruation. The Hindu religious beliefs restrict eating during the eclipse. The Hindu belief has infiltrated into Muslim society of Dhankura. Some taboos have both social and religious approval. The prohibitions against movement in public and use of

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cosmetics are defended as Islamic injunctions. There are other taboos for which religious approval is not readily discernible. These are purely social taboos arising in the Dhankura culture. Violation of a taboo which has the d vine sanction is called guna. A person who commits guna is destined to rot in the hell after death. But such a deferred punishment may not be a sufficient deterrent for many people. A girl who indulges in pre-marital sex is guilty of guna. A remote punishment may not deter the youthful girl from the guna. Society has, therefore, evolved a system of social control of its own which operates in this world quickly and immediately and is thus more effective. A girl committing guna of pre-marital sex runs the risk of being attacked with badhak which results in loss of fertility. Such a possibility affects the girl immediately and is likely to be stronger deterrent than punishment after death.

Frazer calls taboo the negative magic as opposed to sorcery which he calls positive magic. "In fact the whole doctrine of taboo, or at all events a large part of it, would seem to be only a special application of sympathetic magic, with its two great laws of similarity and contact." (Frazer page 19). If an individual or a society considers the effects of a particular act disagreeable or dangerous he will abstain from doing the act and the society will prohibit its members from doing it. "Positive magic or sorcery says 'do this in order that so and so may happen.' Negative magic or taboo

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says, 'Do not do this, least so and so should happen.' The aim of positive magic or sorcery is to produce a desired event; the aim of negative magic or taboo is to avoid an undesirable one. But both consequences, the desirable and the undesirable are supposed to be brought about in accordance with the law of similarity and contact."

Frazer's law of similarity and contact does apply to many of the cases in our list. In case (a) the crab-hole may be simulated with griping in the vaginal hole. A crab has peculiar shaped legs with which it gripes and seizes at things. If a woman crosses a crab-hole she may get griping pain in her hole through similarity and contact. In case (b), Kalajira is a jet black spice and boal is a fish with strong scaly odour. Bleeding of badhak is black-coloured and emits scaly smell. If a woman eats kalajira and boal fish she is likely to get badhak. In case (d), a pregnant woman should not pluck flower because if she does so, her own issue may be plucked from her womb. In case (f), doctrine of similarity has been applied to difficult child birth. Swiming against the current is difficult and tiring. A woman should not swim against the current because if she does so, her baby may find it difficult to swim out of her womb. In case (j), dried kernel of the coconut has been likened to sterility. If a woman eats a dried kernel, she may dry up her own kernel. In case (l), eggs have a hard shell. If a menstruating woman takes an egg, her vigina and womb may become hard and she

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may get heavy feeling in the womb and feel pain during the intercourse.

These are some of the ways that Dhankura women explain the causation of disease by violation of taboos. As regards taboos which are divinely sanctioned such as (e), (g), (h), (i) & (m) women do not know nor seek any explanation. They belief in the causal relations as ordered by Allah. As regards (c) and (k), no suitable explanation could be obtained even from the very elderly women of the village.

In fact an explanation does not make any difference to the beliefs of the people. Most women do not seek an explanation. Women interviewed are not in most cases aware why violation of a particular taboo causes a particular disease. They believe and observe the taboos because their mothers have followed and they have been advised by the elders. What they know is that violation of the taboos is dangerous and this is what they need to know for the society to enforce these prohibitions.

Frazer deprecates negative magic as "one great disastrous fallacy, a mistaken conception of the association of ideas." But unfolding of the fallacy will not easily erode the beliefs in taboos and their false causal relationship with disease. The conception of taboo and disease causation is woven into the cultural fabric of Dhankura society and will continue to cultivate adherents as long as there are adherents to the cultural system.

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5.9 Natural agencies of disease causation - napak:

The natural causes play a minor role in the medical scene of Dhankura. Two types of natural causes are known: (a) physical impurity,and (b) wrong food.

A women is physically impure - the correct word is napak - during the menstruation and the child birth. The bleeding during the menstruation is called haez. The bleeding during the child birth is known as nefaz. A woman is napak on both the occasions. The pollution extends to ten days during the haez and forty days during the nefaz.

Pollution causes disease in two ways, namely, (a) by diminishing the resistence to disease and (b) by endangering others through contact with the napak woman.

If a pregnant woman comes in close contact with a napak women, she may have miscarriage or still birth. Contact with the napak woman is also cited as a cause of infertility. In general, a napak woman is not so much a cause of disease as a contributing factor to aggravation of an existing disease. It is believed that if a patient comes in contact with a napak woman her disease may worsen.

It is not only the bleeding woman, but also her napak blood may cause disease. Rahima failed to become pregnant ever since her marriage six years age. Healers diagnosed the cause to be eating of menstrual blood by Rahima. A close kin of Rahima's father picked up an enmity with the family. His

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wife managed to mix her own menstrual blood with the food which Rahima ate. She thus became sterile.

A woman in menstruation and childbirth directly causes disease. She is also a happy hunting ground of jinns and bhuts. Special disability of the unclean women has a long history. The fear of the savage people for the woman in menstruation or child birth has been widely reported from the earliest writers to the most recent field workers. But under direct questioning the aborigines could give only vague explanations as to the source of this fear. The Dhankura woman also could not explain what indeed was wrong with such woman. Only plausible explanation may be that the "contaminating" blood of the woman was highlighted by the patriarchal society to justify the degradation and the subordination of the womankind.

5.10 Wrong food as a natural agency of disease causation:

In Dhankura, food is divided into two categories, namely halal and haram. The eating of haram food is strictly prohibited. No Muslim in Dhankura ever eat such food. The main items of haram food are pork, tortoise and birds of prey. Only a few items of food are haram. Most items of food available in Dhankura can be eaten. People of Dhankura eat all halal food available in the village and within their means. But they do not consider all halal food equally conducive to health. Halal food are classified into three categories, namely thanda i.e. cold; garam i.e. hot and rosha i.e. juicy.

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The classification has nothing to do with cooking or boiling. It refers to beliefs about nature and essence of the food. Cold food include soft rice, chapati (hand made bread), light milk, small varieties of fish and most vegetables. The chief hot food are meat, egg, butter, and thickened milk. Large varieties of fish, spinach, sweet pumpkin, stale rice, and food tasting sour are called rosha food. Thanda food is ideal for the body. During the menstruation and the child birth the female organs and the digestive system become tender and sensitive. During this period woman should eat only the thanda food to keep their system in proper order. Hot food destroys the balance of the body by generating unwanted heat. Excess of heat generated by the hot food is damaging to the softer organs of the body. Such food, therefore, aggravates the symptoms of an existing disease. During illness and disease, Dhankura women usually avoid the hot food. They are also advised against taking hot food during the menstruation. It is believed that the hot food stimulates sexual desire which is bad for the woman.

While the hot food aggravate disease, the rosha food directly cause disease. Shutika is a disease which is caused by rosha food taken during lying-in period. For Dhankura woman, the lying-in period is the forty days that she lives in the shatighar. During this period the sexual organs remain tender and delicate. If the mother takes rosha food during this period she is attacked with shutika. Badhak may also be caused by the rosha food.

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Dhankura woman cannot explain why some food are cold and others are hot or rosha. One distinction between the hot and the cold food may appear to be their digestibility. The cold food are easily digestible. Hot food like meat is difficult to digest. But this difference also represents the food habit. Main food of Dhankura are rice and fish. Meat, egg or butter is seldom taken. Due to habit, the digestive system responds more readily to fish and rice than to meat and egg. As regards the food value, meat and egg are more nutricious because they have a much larger protein content. On the other hand rice and fish are deficient in protein.

As regards the rosha food the basis of classification is still less clear, although they are the items of food which are directly related to diseases. Some women reported that the rosha food induces indolence and drowsy feeling. Women taking rosha food feel exhausted and consequently lose interest in work so that their physical activity is retarded.

It should be evident that the people of Dhankura have no such idea that an article of food may become,injurious by being contaminated by germs and bacteria, no matter it is hot, cold or rosha. They believe that there is an inherent essence in a food which gives it permanent character of being harmless or harmful. These beliefs are embedded in tradition and have been acquired and cherished by the society as a cultural heritage.

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5.11 Disease causation through human agency -sorcery or jadoo-tona:

What is now Bangladesh,was once renouned all over the Asian Sub-continent as the land of magic. People outside Bengal were afraid of the power of the magic of Bengal (Bangal ki jadoo). Old Hindu chronicles also testify to wide spread prevalence of magic and sorcery in this region.

Dhankura no longer adheres to Hinduism. It has been Islamised long age. But belief in magic and sorcery persists among the villagers. Islam does not, altogether reject the existence of magic. There are reference to sorcery and sorcerer in the verses of the Koran and the sayings of the Prophet. "Thereafter they threw their rope and their stick. Then Musa said, whatever you have brought is nothing, but magic"- Sura Yunus 81-82, The Koran. Though the existence of sorcery has been admitted, Islam denounces both sorcery and sorcerer. A sorcerer will never enter the paradise. Practice of sorcery is a first degree sin and the true Muslims have been strictly forbidden from indulging in the prohibited art. "Whoever goes to a magician and asks about mysteries and believes what he says, verily is displeased with Muhammad and his religion" Koran, ii, 96. Moreover, the scriptures have repeatedly urged the Muslims to seek shelter to Allah against the mechinatious of the sorcerers. Allah is all powerful and to mightier than the sorcerer and anybody who seeks shelter from the evil art shall definitely be protected. The

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Muslims who believe in Allah need therefore have no fear of sorcery. "As you have put faith in Islam, believe not in magic." (Mishkat Sharif 297).

But Dhankura people continue to be afraid of jadoo-tona in spite of their faith in Allah and Islam. Sorcery brings misfortune. An enemy or a rival may apply it to cause harm to property and reputation. Jadoo-tona may also be applied to cause disease.

There is however, no professional sorcerer in Dhankura. It is not uncommon in Dhankura to apprehend sorcery as the cause of disease and folk healers do often confirm the apprehension. But it has never been established who the sorcerer is. People in general think that sorcery involves difficult and often hazardous formula, too complicated and painstaking to be performed by every body. The ingredients of formula used by sorcerer are known to be very rare things. Collection of these things is also dangerous. For example, some ingredients are to be collected from Hindu burial ground at the midnight of the darkest new moon. The collector must go alone and must not be noticed by any body. Hindu burial grounds are normally situated at a distance from human habitation and is a lonely place situated among very big trees. Few villagers dare pass such place alone even at day time. Moreover, the ingredients have to be treated with 'kufri kalam' which literally means heretic verses. It is believed by the villagers that some verses of the Holy Koran, when read from left to right in reverse order gives magical power. The

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researcher inquired from almost every villager and every healer as to what those verses are and how they are to be read in the reverse direction. But not even a single person could give a positive answer. All of them were, however, unanimous that only the sorcerer knows the secret. The art is believed to be acquired either hereditarily or through some miracle in a dream or in an accidental rendezvous with a saintly man, living or dead. All villagers, however, believe that reading the Koran in that order is a first degree sin and the person thus mutilating the holy book will be thrown into the worst chamber of the hell. It is therefore amply clear that in order to be a sorcerer, the villain must have an undaunted courage and an extremely vicious and malicious nature and a satanic temparament of riding roughshod of all social religious and divine sanctions. No one in Dhankura admitted ever coming across such a vicious creature nor the researcher found anybody who may be thought of as having the temparament of a sorcerer.

In spite of the absence of any sorcerer in Dhankura, the women do blame sorcery as a cause of many diseases. Difficult childbirth, sharir-e-pani, koshar beram, mailla, sterility are often attributed to evil jadoo-tona. The wicked people who are generally held responsible for applying sorcery fall under three categories. First category includes co-wives, step parents and their kin relations. In-laws with whom relationship is viciously strained also fall in this category. In the second category are members of the kin group living in

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the same bari. Members of many kin groups in the village are torn by disputes over land and inheritence, over marriage within the groups and above all over leadership in the bari. All families in a particular kin group are not on the same income level. There are rich and poor families who are envious of each other. Envy changes into outright jealousy and unconcealed malice when a previously poor family gradually improves its economic position and starts to compete with the rich in money, wealth and power. There are a hundred and one causes that create tension within the kin group and find expression into accusation of sorcery. In the third group falls the families locked in inter group rivalry and dissension.

Poverty in the village greatly contributes to the discord, dissension and rivalry within the household, between the households and among the kin groups. Within the limited resources of the village, the rich can become rich and stay rich by exploiting others especially the poor in the village. The rich are therefore continuously in competition with the rich. They vie with each other for exploiting and expropriating each other and the poor for personal aggrandisement and in this tension, sorcery is often hit upon as a cause of disease in the family to discredit the rival.

All people in these categories are people of the village and few of them fit into the description of a sorcerer. Most of them are not likely to know the formula. Even if they knew

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the formula they could not possibly collect the ingredients themselves. The researcher has closely watched some of the people suspected of practising sorcery on others. But none of them are capable of fulfilling the requirements of a sorcerer. The villagers had also agreed that the suspected users of the jadoo-tona must have obtained the assistance of some professional sorcerers. But there were no professional sorcerer in Dhankura or its neighbourhood. Confronted with the question how the suspect obtained the formula while none in the village knew of any sorcerer, the villagers usually looked blank and sometimes gave evasive answer.

Rahima is the first wife of Akkel Ali. She could not give the family an issue. In quest of an heir, Akkel Ali married a second wife. Bashiran, the second wife, conceived twice, but both the pregnancies ended in still birth. Bashiran's kin group engaged a healer to ascertain the cause of the mailla. The healer, a middle aged man with long matted hairs, made two visits to Bashiran's household. In the first visit he inquired about the inmates of all the dwellings in the bari. He was especially interested in Rahima. It trauspired that Akkel Ali was quite intimately disposed towards Rahima and counted on her advice in the family matters in preference to Bashiran. It was also reported that Rahima was trying to get Akkel Ali married again by divorcing the mailla wife. The co-wives were on very bad terms and there were frequent quarrels in which Akkel Ali did not show any bias towards his second wife who was younger.

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On the second day healer came clad in an one-piece unsewed dress. He carried a human skull and a long stick made of cane and painted jet black. He placed the skull on the stick and chanted mantras while handling the stick with such skill that the skull rotated in a circular way. When the rotation of the skull reached a high speed the healer started running from dwellings to dwellings. When he reached the back yard of Rahima's dwelling the skull fell off. The healer stopped at once and asked Bashiran to dig the earth at the place the skull had fallen. At a little depth lay buried a piece of bone that the healer identified as rib bone of a new born baby, a rusted iron nail, a small pouch containing what he called dried menstrual blood and earth collected from Hindu grave yard. The healer diagnosed that some one living near the place had killed the baby of Bashiran by putting nail through its lungs and burying it in the earth of the graveyard. The healer did not mention who was the evil designer of the black magic, but the insinuation was very obvious. The inquisitive spectators who had gathered had no difficulty in identifying Rahima as the perpetrator of the sorcery on her co-wife. In fact the villagers expected such a diagnosis as the natural course of event. What the healer did, fell admirably on the receptive minds.

Nobody inquired as to how Rahima gathered the ingredients and how she came to know about the formula. It was almost impossible for Rahima to collect human bone and earth

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of Hindu graveyard. She must have, if at all, assistance of some sorcerer. The researcher who was present at the time of the drama, searchingly questioned all concerned including the healer. But they could not give a plausive reply. The source of the sorcery remained a mistery.

The diagnosis however served a purpose. It discredited Rahima and forestalled her attempts to do harm to Bashiran by arranging a third marriage. The parents of Bashiran insisted that Akkel Ali divorce Rahima. The husband did not at first agree but was ultimately persuaded by the healer who threatened that the user of the black magic was in possession of a black formula which she might apply on the husband as well. What struck the researcher most was that the parents of Bashiran were not as much interested in a cure as in getting a divorce and expulsion of Rahima, as if, punishment of Rahima will cure Bashiran of mailla. In any case the accusation against Rahima enured to the benefit and advantage of Bashiran. This case bears testimony that disease, diagnosis and treatment are not simple medical phenamena. A diversity of socio-cultural factors are also involved.

The researcher was an eye witness at the diagnosis of another case of sorcery. Rabeya is aged 25, she is tall and heavy. She has passed primary school. She is the wife of the elder brother in a bari in which two brothers live. Before they married the brothers had one kitchen. But after they married the two sisters-in-law began quarrelling with each other and no love was lost between the two women. The brothers

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separated. A thin bamboo-made wall rose between the dwellings and each set up his own kitchen.

Separation did not bring peace. Unfortunately, Rabeya had no children and was therefore a banja woman. Her sister-in-law played cruel tricks on this deficiency of Rabeya and all the time insinuated that Rabeya must have applied black magic on her husband to keep him in submission, because otherwise the husband would have divorced the banja woman and married again. The cruel sister-in-law, whenever within the hearing range of the husband, would let drop the hint that the neighbours were making fun out of him for not marrying again.

Rabeya was taking folk treatment for banja but to no purpose. Well-wisher neighbours ultimately prevailed on her to call in a healer specialising in detection and treatment of sorcery. Rabeya in spite of the fact that she was literate and her husband has urban contact as a bus driver fell in line. A healer was called. As is customary with this class of professionals the healer collected information regarding all inhabitants of the bari, the members of the kin - group and the close neighbours and the attitude of the family towards them. He ascertained details of the enmity, quarrel, land or other disputes, dissension and the tense feeling the family had against others. The researcher feel that the healer had superb ingenuity of eliciting information in a casual and matter of fact manner without raising suspicion or causing

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offence. Once he was in possession of all the relevant facts, the healer declared that sorcery has been applied to make Rabeya banja. But he disclosed that the sorcery was of such a high degree that he could not cope with it. He advised Rabeya to call his ustad i.e. the master whose disciple the healer is.

The master was an old man. His beards and hairs were unusually long and matted. His body was very thin and displayed almost all the bones. He was wearing a piece of loin cloth dyed with red ochre. In his hand was a long curved stick. His red eyes but numb looks reveal that he was heavily addicted to ganja, a local narcotic which is smoked like cigarette. He inspected the Rabeya's part of the bari. When he reached the bamboo partition that separated the two families of the two brothers he started examining the partition with his stick. While thus examining he gave a sudden high jump and dropped himself down on the earth catching his head with both his hands. Simultaneously he gave a deep sigh and exclaimed out if any body in the family was still alive. He gave out that the sorcery used was so strong and powerful that it was capable of killing the husband and the wife not to speak of killing the beej that gives procreation - the purpose for which it was applied. He declared that the couple would never be able to produce children as the beej has been totally distroyed.

The spectators present were not however satisfied with his acrobatics. They wanted evidence and proof of the sorcery.

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The healer quickly got up and started reciting mantras in a laud voice. He recited so fast that not a word was intelligible. As he chanted he reeled his body with equal speed. Then he stopped, took the stick in hand and stuck on the bamboo partition at the place where he had jumped. With the stick he drew a line on the earth just below the partition. He then moved towards the dwelling house of the Rabeya while drawing line on the earth by the stick. He entered the dwelling and continued to draw line on the mud floor. Ultimately, he stopped at the eastern corner of the mud floor, and asked his disciple to dig the floor. Out came a piece of a white cloth in which following articles were wrapped:- a small rusted piece of iron which the healer described as a spade, a few locks of hairs, an amulet containing dry blood which the healer described as menstrual blood. The piece of cloth in which the articles were wrapped was collected from the shroud of a dead woman desecrated by the grave yard jackal. The healer identified the hairs as hairs of Rabeya secretly obtained by the sorcerer. The healer disclosed that the articles came from other side of the bamboo partition by the way drawn by him by his stick. Obviously the sorcery was applied by someone living on the otherside of the fence. The healer, however, did not name anybody. But he left no confusion. Rabeya and her husband could easily identify that no one except the sister-in-law has applied sorcery to make Rabeya banja.

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A number of issues, however, remained unsolved. How did the bundle of articles cause sterility? Neither the homeopathic nor the imitative magic are readily applicable to the bundle and the sterility. How the bundle got deposited under the mud floor needed clarification. It is not a case of just throwing it inside. Someone must have dug the floow, placed the articles and filled up the hole. The sister-in-law could not have done it. She could not also have personally collected the piece of shroud. Rabeya was married nine years ago. To make her banja, the sorcery must have been applied at least within two years of her marriage. The articles could not keep their shape and identity for nearly seven years under the earch. The articles appeared to be freshly placed under the earth.

The researcher raised these questions with the ustad and the disciples, but did not get any answer. They tried to avoid the researcher. As regards Rabeya, her husband or the spectators, these questions did not agitate their minds. They wanted a cause for the sterility, got it and were satisfied. The explanation was also such as admirably suited the expectations of Rabeya. She wanted to believe that her sister-in-law was in her way and she got support for her belief. That was that.

The explanation did not contribute towards her cure. The healer had already declared that the sorcery was irre-

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versible. The advantage that the healer's disclosure offered her is that she could now discredit her rival by calling a spade a spade. Her sister-in-law's accusation that she had enchanted her husband by sorcery was countered by her with the new fact that it was the sister-in-law who was actually practising sorcery.

Rabeya had through her husband tried to call a shalish to try the sister-in-law for practising sorcery and thus to apply sanction against her and to get her divorced by her husband. But the attempt failed. All villagers had their own problems. They could hardly devote much time to the problems of others. Problems that involve a particular household and do not affect the peace, tranquility and stability of the village social life at large tend to be left to the parties to settle up. Such events provide topic of saucy gassip and rumours in the village and bring momentary variety in an otherwise dull life. People throng to the healer as wistful spectators not so much for sympathising or actively assisting the wronged as for deriving fun and frolic. But the event remained a bone of contension between the two families and they were torn asunder without any prospect of brotherly reunion. When the researcher last inquired,the members of the two families were not on talking terms. They do not even see each others' face. Rabeya continues to be banja. Report goes that her husband was looking for a bride, but till the end of the research he has not married a second wife.

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Sorcery that is alleged in Dhankura is personal animosity. Community at large is not affected, only those with whom the sorcerer is in conflict is affected. The community is however interested in knowing the black sheep as a precaution. Most cases of sorcery arise in the polygamous or extended family situations where competition, jealousy and rivalry are ripe. It also reflects a paradox in the pattern of the social structure because it is within the social structure that the situation of envy, rivalry and jealousy are generated between co-wives, between brothers with unequal fortunes, between unrelated neighbours whose socio-politico-economic positions are not the same. In the external cohesiveness of the social units of the family, household and the bari, the sorcery, as seen in Dhankura, lays bare the internal divisions.

Calling a healer to diagnose sorcery takes place not infrequently. Parastula bibi lives with her four children, husband and mother-in-law. In the same compound lives her husband's step sister who is a widow. When this step sister became a widow, her mother was already dead, but her father was living. The affectionate father gave shelter to his daughter and built her a small hut within his bari. Father, however, died last year and the step brother found it difficult to maintain the widow and her minor son. The widow has since then been maintaining herself by working in other households as domestic helper.

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In the meantime Parastula has been suffering from koshar beram and burning sensation throughout the body. Her condition rapidly deteriorated. On the day that she vomited several times and became very restless, a healer was called. As is usual the healer took note of all those who lived in the bari and ascertained the mutual relationships. He then declared that sorcery was suspected and he would emply the method of'bati challan' to confirm the sorcery. Bati is a medium sized curry dish. The healer treats the bati magically by chanting mantras on the bati. Through this magical treatment the bati acquires a mysterious power. The healer places the bati upside down into his hand and rotates it. Gradually the reeling gets faster and faster. When it acquires the speed of a rotating top, the healer releases his hand. The bati moves as long as the momentum sustains and ultimately falls to the earth. The whole act displays an unusual skill and dexterity. The healer acquires this ingenuous skill through long practice and devoted attachment to a ustad. In fact the uncommon skill to rotate the bati and make it move of its own gives the healer his superiority and creditability as a healer.

The healer in this case repeated the act described above. The bati moved upto the bed room and fell near a corner. The place was excavated and a small bundle was discovered. It contained clipped nails, hairs and a piece of cloth from

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a shroud. The bundle was scented with perfume. The healer declared that the sorcery had been applied by a close relation living in the compound. Though the healer did not specify the evil doer of the magic, everybody concluded that it was none other than the widow sister-in-law.

For identifying sorcery different healers employ different tactics but the basic process is the same and the result is also similar. Healers usually desist from naming any particular individual for the heinous crime, but leaves enough hint for the identification. He makes insinuations but never a straight forward accusation. The act of identification is performed by the patient's family and the family usually has some one in the mind. The researcher has the feeling that the healer is called only when the family suspects sorcery and has someone in mind with whom relationship has deteriorated to an unbearable point. The family expects that the healer will confirm their suspecion. In all the cases seen by the researcher, the patient's family had scores to settle with some one and the healer's diagnosis perfectly suited the family's purpose. Healers are men with exceptional intuitive capacity to read human mind and to understand human motive, desire and intention. They are not ordinary persons. Through experience, training and aptitudes they develop acutely perceptive mind and a keen insight into the courses of events. They are almost infallible barometer of human expectations.

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Another striking feature of sorcery in Dhankura is that accusation of sorcery is intra-sex. A woman is accused of practising sorcery against another woman. Such a perception is likely to emanate from the reality of the women's life. In Dhankura, as in all villages in Bangladesh, women live in direct interaction with women and not with men. Men and women live in two separate worlds and the two worlds seldom meet. Women therefore come in contact with women more than men. Their life revolves round the women. Their happiness and miseries, their duties and responsibilities, their friendship and enmity, are thought to be immediately connected with the other women in the bari. Their good and their evil accordingly arise from the women.

5.12 Cultural content of disease causation:

Just as a disease is culturally constructed in Dhankura, so also the cause of a disease in culturally determined. In all categories of disease causing agencies - supernatural, natural and human - the cultural elements preponderate. That internal maladies may be responsible for a disease is not understood by the village women. They are not satisfied with anything less than the intervention of some external factor. Intervention of external agency appeals to them and their inquisitiveness is satisfied when an external explanation is offered. Dhankura women hesitate to believe that difficulty in child birth may be due to congenital reasons such as unusual bone formation. They expect to be told that sorcery is blocking the

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child from coming out of the womb. The village women find it easy to comprehend the activity of an external agency. But an internal pathological condition is not easily grasped. The reason is simply that they have been conditioned to accept the former and have no preparation for understanding the latter.

The beliefs about disease causation which appear queer to a modern mind are the products of a cultural system which has created and nurtured the beliefs as essential elements of the culture. The women who find themselves akin to the beliefs were born and brought up within the system and have learnt to comprehend them and cherish them as inseparable part of their life process.

CHAPTER - VI

Treatment of the Diseases

Diagnosis of the cause of a disease is the prelude to the treatment. The healer who diagnoses the cause has to prescribe the appropriate treatment. In Dhankura, detection of the cause is however much more important than the treatment. The treatment prescribed by the healer is not accepted unless the diagnosis of the cause satisfies the patient and his relatives. The healer must produce a cause which is acceptable to the patients' group. Otherwise his treatment will not be acceptable and the patient will not take the medicine.

6.1 Villagers' attitude towards medicine:

In Dhankura, the local term for medicine is "chesta" which literally means efforts. The Almighty Allah has the ultimate power of curing diseases. Medicine can only help the process of cure which is directed and controlled by Allah. Medicine is not therefore considered as a drug in the scientific sense. Such perception of medicine follows from the religious ideology and the concept of the cosmology held by the Dhankura people. In the main, medicine is used to remove the cause of the illness rather than to cure the organic symptoms.

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What medicine will be used depends on the nature of the illness. If it is a minor ailment, home remedies will be tried. A serious complication will call for the expert handling. The need for treatment and the nature of medicine depends on the illness behaviour which itself is determined as we have seen, partly by the severity of the attack but largely by the cultural values and social attitudes. As long as an ailment is considered minor, home remedies are continued. If the situation worsens and the patient's role performance is effectively curtailed, a healer is called in and professional medicine is applied.

6.2 The healers as a group:

It is difficult to draw a comprehensive picture of the typical healer in the village for the simple reason that there are many types of healers specialising in different means of healing. But in spite of the diversities, the healers represent a group and has a group image in the society. The healers or the practitioners symbolize the hopes of the society as regards the expectations of good health, the protection and security from the evil forces, the prosperity and good fortune. The folk healer is accessible to everybody at any time. There are both men and women in this profession. Their personal temparaments vary, but they are expected to be trustworthy, morally upright, friendly, willing and ready to serve the people, able to discern the people's needs and not to be exorbitant in their charges.

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As regards socio-economic status, healers come from low socio-economic strata. But by virtue of their expertise in the therapeutics they come in contact with people of all social strata and maintain good social contacts within the community. All healers are poor. The researcher did not come across an affluent healer. Male healers do not own land except one. The lone exception narrated the story that his great grand-father was a renouned Kabiraj. Once the son of the Raja of the locality fell ill and all Kabiraj failed to provide cure. Ultimately the great-grand-father was called and cured the son. The Raja as a mark of gratitude gave him three acres of land. The present healer does not however know where the land is situated nor does he possess any documents. He claims that every year on the new moon of the Bangla month of Kartick two bags full of paddy are left in his court-yard. He does not use the paddy for himself but gives it to the House Goddess as sacred offerings.

The healers as a group do not fall in any of the three categories of social classes, namely bhadraloke, grihasta and kamla. None of the healers does farming. One healer does Kitchen gardening on the bari and sells the vegetables to the local market. But his wife helps him a lot. None else has any direct participation in agriculture.

Female healers are all widows except two women whose husbands are landless Kamla.

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Healers therefore subsist mainly on the income of their profession. But their fees are very low, so low that they can never improve their economic condition by dint of their profession. They cannot charge higher fee because the villagers cannot pay. In the old days healers had brisk practice when there were epidemics. But with active public policy, epidemics, especially the two most dreaded scourge, cholera and small pox, have been contained. Practice of the healers have therefore Dwindled. They cannot in the situation raise fees. In spite of their poverty, healers are held in respect by the villagers. They do not meddle in village politics and keep themselves scrupulously out of the inter-group rivalry and disputes. Most healers try to keep their activities strictly limited to the domain of medicine. As we have already mentioned, even when a sorcery is diagnosed the healer avoids naming the guilty directly.

Though respected, healers do not however exercise the authority that goes with wealth and birth. They have no claim to the village leadership. They are no doubt called to the house of the village leaders who keep them in good humour. But as a group the healers exercise little authority in the rural society.

In Dhankura folk practitioners deal with sickness as well as misfortune. These two are identified together and are believed to be caused by the same agencies. The healer,

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has to discover the cause of the ailment, identify the criminal, get the supernatural beings i.e. jinn and bhut ousted. He has to apply the right treatment and also has to supply a means of preventing the event from occuring again. In doing so the practitioners establish a personal relationship. They make queries about nature of the ailments and also seek more elaborate information about the personal life and relationship of the patient. On the whole, healers give much time and personal attention to the patient that enables them to penetrate deep into the psychological state of the patient. It is the responsibility of the healer to find out suitable answer to the queries about the whole process i.e. why the patient became ill. If it is explained to a patient that she has been restless because a bhut stared at her, the relations are not satisfied. They want to know why the bhut stared at her and not at others. The immediate answer that the client would find satisfactory to the question is that she had gone to the bamboo grove or a pond or the backyard of the bari at the odd hours and by that action had attracted the bhut.

In the process of becoming familiar with the whole situation, the healer begins encounter with a patient in the same way as does a modern doctor. He asks the patient about the discomfort. But there the similarity ends. The modern doctor examines the patient physically and tries to determine clinical symptoms. But the healer does nothing of the sort. Rarely if ever he makes a physical examination of the patient.

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He however does something else that the modern doctor does not. The healers as a group, try to ascertain not only the disease behaviour of the patient, but also the behaviour of the society around the patient. He takes stock of the entire social nexus in which the patient has fallen ill and evaluates the response and the reaction of the family, the household and the kingroup and any other circumstances having bearing on the disease. Elaborate information is therefore asked about patient's social relationships and in doing so the healer sifts through all information that may contain indications of rivalry, conflict and hatred with friends, relatives or enemies.

The folk healer thus, does not live in an impersonal relationship with the patient. He establishes a personal equation with the patient's group which inspires confidence. He does not act merely as a doctor. His is a role of friend, counsel and guide.

The medicine that the healers use are made by themselves. The main ingredients are plants, herbs, roots, seeds, bones, leaves, juices, extracts, minerals, charcoal, etc. In treating a patient, the healer may apply massages and throngs. He may bleed the patient, jump around her, and may also use incantations and ventriloquism. The patient on his part may be asked to perform various things and acts like sacrificing a chicken or a goat, observing some taboos, avoiding certain foods, doing some physical feats. The healer, however, may choose one or

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a combination of the means mentioned above - depending on the causation of the disease revealed by him, and also the nature of the ailment. Many of the activities involved in dealing with illness may not have any overt value, but are psychologically vital and play an important role in helping the sufferer bear with and pass through the calamity.

6.3 Healers in the social interaction:

Dhankura people believe that the suffering, the misfortune, and the disease - all are primarily caused mystically. To combat these calamities the cause must be found and need to be either counteracted,uprooted,or punished. The folk system of the therapeutics follows this line and this is where the strength of the folk healing lies. The modern system deals with the physical side of diseases, but there is a psychological dimension supported by the religious ideology which it does not handle, and for that purpose people finds it easier to compromise with the system of treatment that complies with their values. The secular analysis of sickness and the rational way to control and prevent it can not satisfy the patients. They feel secure to believe in the appeasment of the Almighty - because nothing can happen without His will. It is His decision that some one has fallen sick and it is also His wish that she is getting cured. The healer and his healing mechanism are nothing but the media. The media which fit into such concepts get highest acceptance among the people.

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Perception of the Dhankura people about the female physiology emphasises the need for the folk treatment for females. For instance, it is believed that the female reproductive organs are very delicate and sensitive to strong substances. Modern allopathic medicine is very strong and therefore is harmful for delicate feminine organs. It destroys the natural powers and qualities of the organs. On the other hand, folk medicine is soft and is very suitable for delicate organs of the women. Many women cited examples how modern medicine had harmed the women.

Falani was married for last eight years but could not conceive. She had long treatment under allopathic system. Right now Falani is under the treatment of a Fakir. She had given up allopathic treatment because it has burnt her 'nar' which literally means the uterus. The mother-in-law of Falani complained that Falani, at the instigation of her own father, went for allopathic treatment which ultimately burnt her organs (nar jalaia diche), and this is also the reason why folk healing is not working on her. It is widely believed that once allopathic medicine has caused harm to the feminine organs, folk medicine will not act on the woman any more, rendering the disease incurable.

Asiran is very disappointed with the way treatment is given in the hospital. She had once accompanied her daughter-in-law to hospital at Tangail. The daughter-in-law had difficult labour and complications with delivery. She delivered a son at the hospital. As the baby was born after a prolonged

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labour, the doctor pushed an injection as a protection against infection. Unfortunately the baby is restless since birth and has never slept well. It cries a lot. Asiran thinks that the injection given in the hospital has caused all the trouble in the baby.

The Dhankura people live in a face-to-face social relationship. In such primary social relation network, the personal contact of the healer with the patient is highly valued against the formal relationship between the doctor and a patient in the modern hospital institutions.

In the shatighar, it is customary for all elder female relatives and even neighbours to throng around the woman in labour to give her hope and assurance. The female folk healer who attends difficult labour cases has no idea about infection or sterilisation. She encourages those present to keep up the morale of the patient by sympathy, fellow-feeling and display of support and cooperation. The healer also requisitions the service of those present in helping her deliver the baby. The researcher was present at a number of delivery cases. These are public affairs limited, of course, among the elderly women. They surround the patient, continuously pour in suggestions, talk to the patient, ask her about the complaints, give solace and create an impression in the belaboured woman that all will be over in a minute. To buoy up the labouring woman, they tell her that the greater

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the pain, the better the baby. It is believed that birth of a male child is accompanied by acute pain. The more acute the pain the greater the possibility of the birth of a male child. Needless to say, that the atmosphere thus created alleviates the pain and gives the woman courage, willingness and ability to bear with the calamity. The situation is quite different in a hospital. The village women have been told that nobody attends a woman in labour and no relation is allowed to be with the patient to provide relief. As a confirmation of the state of affairs, a very real story is narrated by the Dhankura women.

A pregnant woman was brought to a hospital for delivery because she had complications. She was straightway taken to the labour room where she fainted. The patient was not accompanied by any female attendant. Her husband went home for a while. At that state the patient was declared dead and accordingly was sent to the morgue. The husband, on return, was given the news of the death of his wife. He went to the morgue and found his wife. She was still alive and was screaming for help. Her voice was very feeble. She looked very exhausted because she had delivered a child in the morgue. The baby died uncared for. All Dhankura women have a genuine dread of the hospital.

Lack of personal contact and unfamiliarity with the system make women suspicious about the doctors in the modern hospital. The doctors and the patients in the allopathic

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system come from two different worlds and meet each other as strangers.

On the other hand, in the folk system, the healers and the patients belong to the same community, live in similar environment and share similar values about life. The healers get into close aquintance not only with the patient but also with the whole family and the social nexus. The physician in folk therapeutic process take the hole family into consideration. Similar situation prevails in Africa. Harley (1970) observed among Mano people of Africa that the medicineman often had to treat the whole family if needed.

The healer in Dhankura is not an outsider. His relationship with the patient is not merely professional relationship. They belong to the same society as the patient and both the patient and the healer do often meet on the social plane. No one in Dhankura calls a healer by the name. The elderly male healers are 'dada' or 'nana' (kinship term for grand-father). The middle-aged ones are chacha (kinship term for uncle). As regards female healers, they are usually called 'nani' which is a kinship terminology for grand-mother. Some of them are also called fufu (kinship term for father's sister).

When a healer enters the shatighar, it is not the first time that she is there. She might have delivered several generations in that household. Mothers, sisters and even grand-mothers have obtained service from the same healer. Not

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that the healer had a record of unbroken success, but her performance is usually satisfactory to the household. The researcher was present in the case of a very difficult child birth. The healer, an old lady, bragged that she had been helping delivery in that household for many years and not a single case of death had occured at her hands. She narrated how she changed the upside down body of a baby into the correct order and made a faultless delivery. This was the case of the aunt-in-law of the patient. The baby is now grown up and married. The household in such situation sincerely believes that the patient is in the secure hands.

The villagers personally know the healers. Some of the healers are connected with the household for several generations. Sanora was a young wife. She had upranta. The healer who treated her was a ripe old man. On arriving at the bari, he declared that he first came there at the age of six with his grandfather. The great grandmother of the household was ill and his grandfather had treated her. He could describe the youthful great grandmother-a description not known to the inmates of the households now. He narrated that the grandmother-in-law of Sanora was married at the age of about four. She would never show any respect for the father-in-law. She would fight with her husband. Once she bit out flesh from the hands of her husband. She had a bad habit - she would not keep clothes on. Grandfather of the healer was called to provide treatment to the girl wife. The grandmother was still

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alive and was present when the story was recounted by the healer. The grandmother blushed and all present made fun out of her. The intimacy of the relationship of the healer was amply evident. The researcher who was present cannot express in writing the cordiality, sincerity, intimacy and mutual trustworthiness that the episode revealed. But the episode give an idea of the situation in which folk healing is likely to exist and persist. The folk healer has built up a trust, though his medicine may not, from modern medical point of view, trustworthy.

The strength of the folk healers does not lie on the efficacy of the medicine. Success is always attributed to the healers without any doubt. But failure is mostly explained with reference to the fate and the Almighty's desire. The villagers hold the healers in trust. They therefore trust in the medicine. If the diagnosis of the cause has been accepted as correct, the medicine must act. But if the medicine does not act, the reason is that Allah has designed otherwise. The healer is not at fault. He has tried his best, but ultimately Allah is the arbiter. If after the intervention of even the most renouned of the healers, the patient does not improve, the failure is attributed to Allah's will.

In Dhankura healers base their treatment on mystical theories of disease causation and since mystical theories are usually theories of multiple causation as Evans Pritchard (1937) has pointed out, a wide range of treatment is found

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in Dhankura. Different types of healers have been working with different range of treatment. They are Kabiraj, Fakir, Chaini, Baida, and Moulana. They prescribe a whole range of treatment from simple herbal preparations to the elaborate rituals necessary to placate the angry bhut or jinn, to counteract sorcery or to appease the Almighty.

6.4 Types of folk healers:

As a group the folk healers display common characteristics. But they are identified by specific titles depending on the means they use to diagnose the causative factors and the technique they apply for the remedy. There are the following five major types of them who treat female diseases:

1. Kabiraj: Kabiraj is primarily a herbalist. He uses herbs in different ways. He prepares tablet which are taken orally. He puts herbs inside the amulet which is to be worn by the patient. In addition to herbal preparations, the Kabiraj often applies incantations, blowing and whiffing and some Kabiraj are also exorcists.

It is necessary to dispel a confusion regarding Kabiraj as a class A professional trained in the Ayurvedic medicine is officially an Ayurved. But in popular perlance Ayurved is called by the name of Kabiraj. In Dhankura there is no Ayurved with institutional certification. The class we have called Kabiraj has no formal training in Ayurvedic medicine nor does he claim to have gone to an Ayurvedic institution. He is a folk healer, pure and simple.

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Kabiraj has long hairs reaching upto the shoulder and is bearded. Female kabiraj do not show anything special or unusual. The Kabiraj learns the skill from the ustad which literally means master. This learning takes place informally and within rigid ritual performance. All learning are verbal, there being no written records of medicine. The disciple learns by practice and observation. All the kabiraj claimed that they had undergone very tough rituals for years together. During these years they had been in meditation and practised strict self-abnegation, self-restraint to get the benediction of Allah. Allah, in response, has bestowed on them such power that they can achieve many feats that ordinary people cannot.

A kabiraj never makes any physical examination of the patient. He takes detailed history of the ailment, assesses patient's interpersonal relationships and notes the recent behaviour and movement of the patient and members of his family group. In short he makes an observation of the whole situation surrounding the illness. He often goes into trance and finds out the causative factor in his trance. All folk healers diagnose the causative factor rather than the physical abnormalities.

Kabiraj treats almost all types of female diseases except pregnancy and child-birth complications.

2. Fakir: Fakir makes his diagnosis through the means locally called 'bhar-e-bosha' i.e. he goes into trance

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and reveals the causes of illness while in trance. Most often he hits upon supernatural causes. He also reveals the medicine in the trance. He is more often a diviner and a spirit-medium. The medicine that he applies include amulet and incantations. His amulet is made with herbs, bones and metals. Fakir sometimes gives holy water to drink or holy oil to massage. Water or oil is made holy by ritually whiffing them. On occasions, he blows and whiffs the patient directly.

There are both male and female fakirs. The male - female ratio is about 3:1 i.e. 1 female for 3 males. Most of the fakirs male or female, have matted hairs on the head. Those without matted hairs, grow very long hairs. Fakirs claim that they have acquired their skill in the dream which means that their knowledge and skill had been derived from supernatural source. Some external but supernatural powers are with them. They call upon this power to diagnose the cause and to suggest the remedies. When they invoke the power, they go into trance. The condition of the trance is the indication that the power is now active and ready to answer the queries regarding the disease, and the remedy.

3. Chaini: Chaini is the local name of mid-wife. This group consists of female experts in midwifery. A chaini usually deals with pregnancy-connected ailments, child birth process and post-natal complications of the mother and the child. Many of them however treat other female diseases connected with female reproductive organs.

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The medicines that chaini uses are mostly ritualistic. She imposes taboos and rituals on the patient. On occassions chaini applies blowing and whiffing. She also uses herbs. Herbs are prescribed for oral or external application.

Chaini learns her skill from another chaini. The skill thus transmits within the female group i.e. from women to women.

4. Baida: Baidas are mobile folk practitioner group. They move from house to house to find out patient. In fact they move about within a particular radius of villages. They visit the same house at least once a month and all women of Dhankura know them well. Some household are regular patients of particular baidas. While moving, baidas carry their mobile dispensary on the head. The mobile dispensary include herb, bones, roots, fruits, spices which are stored in a bundle of cloth and carried everywhere. Baidas primarily treat the ailment caused by sorcery. They usually diagnose female ailments as the consequence of sorcery. The sorcery cases are treated with amulet, blowing and whiffing and oral suspension. Majority of them are women.

5. Moulana: Maulana is a Muslim religious specialist and is invariably a man. The medicine that he applies are amulet, sanctified water and blowing and whiffing. His amulet contains verses from the Koran. He blows and whiffs by

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reciting verses from the Koran. In his analysis diseases are primarily caused by Allah and recital of verses arouses the mercy of Allah.

Though we come across different types of healers in Dhankura with diverse types of healing methods, in practice the demarcation between the various categories is often blurred and there is overlap of functions and methods. For instance, Kabiraj primarily treats with herb, but he also applies blowing and whiffing or pani-paura. On the other hand Fakirs are partly diviner and partly magic healer. Baidas though mainly use magical methods and display shamanistic characteristics, on occasions apply herbal medicine. Chaini is often a herbalist and often a magician. Except the Moulana other categories of healers combine different therapeutic methods and thus give rise to an integrated system.

6.5 Gaschchanta as a therapeutic device:

Gaschchanta is the local word for herbal medicine and consists of green leaves, roots, bark, stems, fruits, flowers, seeds and bulbs. These herbs are used in diverse ways. They may be placed undiluted directly on the sore or the painful part of the body. They may be made into a paste to plaster over the open wounds or ulcers or affected place. In some illness the herbs are crushed and boiled and the decoction is sipped in specific doses everyday. Dhankura women widely use such herbal decoctions for the cure of shutika. Herbs are also used as instrument for blowing and whipping the patient.

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Except the Moulana, all other healers use herbs for medicine. However, the kabiraj makes maximum use of it. The following are some of the widely used herbs in Dhankura:

Local Name of the herb	Botanical Name
1. Kharajora	-
2. Mailta	Glycosonis Arforea.
3. Kalo Keshairja	Eclipta Prostrata.
4. Anal Mendi	Losonia Alba.
5. Akon	Calotropis Procera.
6. Khuida Mankuni	Hydrocotyle Asialica.
7. Bilai Achra	Achyranthes Aspera.
8. Bandar Lathi	Casia Fistula.
9. Shinchi	Altermuthera Sessilis.
10. Rakta Chandan	Red Sandal Wood.
11. Rakta Shapla	Red Lotus.
12. Rosh Shindur	Cinnabar.
13. Rup Chanda	-
14. Lajjabati	Mimosa.
15. Ishshar Mul	-
16. Ulat Company	-
17. Arjun Guta	Foxglove Fruit.
18. Akkhaybat	Very old banyan tree found at holy shrines of the Hindus.
19. Rakta Joba	Red China-Rose.

The names of the herbs were obtained from the healers. The list is by no means exhaustive. Every healer has some secrets of his trade and would not disclose the name of the herbs which he thinks to be most effective and which are supposed to be unknown to other healers.. Every healer derives his pharmacopoeia from his ustad or learns it through here-

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ditary profession. There are thus differences in the herbs used by different healers. Moreover, the healers are vowed to the ustad not to disclose the formula to anybody else. Some of the herbs are rare and some are to be collected through difficult sources. Healers usually keep information about these ingredients closely preserved secret. The ustad does not transmit all his knowledge to all his disciples. A very close disciple who remains attached to the ustad for many years and renders the ustad personal satisfaction from service is blessed with the maximum proficiency and artifacts of the profession. The list of herbs given above therefore provides an approximation to the extent to which herbal preparations are applied and the nature of the herbs used.

Most of the herbs in our list are available in the natural bush around Dhankura. The healers personally collect them. Expertise is necessary to distinguish between numerous herbs growing wild and to identify the correct one. Some rare herbs are to be collected from what the villagers call "hills." The Madhupur Forest Range is in the Tangail district. In this forest there are small hillocks of hard clay. The forest and the hillocks abound in shrubs, bushes, plants and trees which are uncommon varieties of vegetation. The healers make two journeys to the hillocks every year for collecting their required ingredients. These herbs are stated to preserve their quality for about six months and this necessitates two

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visits a year. Some healers claim to have in their stock herbs brought from Mecca, the holiest city of Islam. Some of these herbs are stated to have been washed in the water of the Zamzam, a spring in Mecca whose water is considered sacred by the Muslims. These rare herbs which are allegedly collected from the hills and from Mecca are not shown in our list because their botanical names could not be ascertained. Healers preserve the leaves, roots and stems of these herbs in dry condition. Their botanical identity could not be deciphered from the dried herbs. These herbs have therefore been mentioned in local nomenclature without botanical reference.

As we shall see in discussing treatment of specific diseases, the herbal preparations usually include some non-herbs. These non-herb ingredients are very rare things and are almost impossible to collect. At least their collection is too dangerous and hazardous. For example, some preparations include garva shura which is the dried meat of an unborn baby deer that had remained in the womb of the mother deer when the mother died before giving birth. Some healers claim to use arm of Ban Manush (a fictitious creature resembling human beings whose existence is yet to be proved), meat from the nose of a tiger, teeth of crocodile, halter that has been used to commit suicide on a Saturday, etc., etc. Obviously these items cannot be bought at the market. The healer keeps the stock. How far he is genuine in his claim is anybody's guess. At least Dhankura people did never suspect the authenticity

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of the statements of the healers and the genuineness of the ingredients. The healer has to include such rare ingredients in order to impress his client and to elicit his confidence. Dhankura people do not consider disease as a natural course of event. Disease is a deviation from the natural order of things. All illness is unnatural. As Manchip White (1960) emphasised "'death from natural causes' is an idea unknown among many populations" (page 153). Obviously an unnatural problem calls for an out of the ordinary solution. Disease which is unnatural cannot be cured by a decoction prepared from ordinary herbs. In order to inspire confidence of the patient, even a common sense method must be backed up by difficult and complicated procedure. A tooth of the crocodile, a piece of garva shura when mixed with herbs gives the medicine a creditability which simple herbs cannot. Whatever may be their medicinal value, these rare ingredients have strong psychological value which do help the patient feel better. The psychological effect subsists even if the claim of the healer of the use of the ingredients is fake.

Folk use of herbs raises two basic issues. How did the healer come to know that a particular herb is effective against a particular disease? How to distinguish the decoction of a folk healer from the suspension of a modern medical man? All kabiraj reported that either they learnt the herbal preparations from the ustad who had also taught the use of the medicine against different diseases; or they have

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learnt the art in the family whose hereditary profession is folk medicine. Since no written pharmacopoeia is available, it is impossible to get at the genesis of the herbal medicine. The researcher had encounter with two healers who claim to be ustad. One ustad kabiraj lived a few villages away and is very old. People say that the ustad has crossed hundred. He no longer practises. But his disciples come from time to time for consultation on the difficult cases. His great (may be further removed) grandfather started the healing art. His wife had died at the first pregnancy. The great grandfather was very much attached to the wife. The death of the wife hurt him so much that he renounced the world and left the village. After nearly twenty years the bereaved lover came back as an ascetic. He had passed long years in the Himalayas as a sadhu and ultimately came to Kamrup-Kamakhya which is noted in the Hindu tradition as a centre of magic and miracles. Here the great grandfather acquired the transcendental wisdom about disease and healing. He received divine instruction to come back to his village and to become a lover of the mankind dispensing them relief from the diseases. The wisdom of the great grandfather is being passed from generation to generation. The other ustad gave a similar story. Healers, in general, tend to give impression that knowledge about the herb as a remedy for a particular disease is derived as a miracle. The claim to spiritual knowledge about herbs is a natural corollary to the beliefs about

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disease causation. Since diseases are caused mainly by supernatural forces and at the will of the Allah or through the magical practices, a mundane and down-to-earth herb is unlikely to cure the diseases. As the cause is unnatural, remedy should also have an element of unnaturalness. The people of Dhankura have, in all matters, greater faith in the supernatural power than in the human power. A disease caused by the supernatural power or by a human being exercising magic must be countered by another supernatural force. The herb that the healer prescribes must have the backing of the supernatural forces. A herb fortified by the sanction and approval of the supernatural will inspire confidence in the patient and the patient's group.

It is however a fact that some of the herbs have medicinal value and are effective. In all probability the earliest medical mind hit upon the herbs by a process of trial and error. Folk observation and experimentation must have established the applicability of certain herbs in certain diseases. But the observation and experimentation have not been continued by the successive generation. Folk healers make no chemical analysis nor know anything about scientific experiment. They are not blessed with the services of guineapigs or monkeys or apes to try their medecine and improve upon the quality. The herbal preparations have remained stuck-up exactly where they were first discovered.

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Evidently the decoction or the paste of the folk healer is not medicine in the same sense as the suspension or ointment prescribed by the modern allopath. The allopathic drug, such as penicillin, has a potency of its own and destroys germs of a disease by its own power thereby ensuring recovery. But the herbal preparations of the healer have no intrinsic power of healing. Just as diseases are supernaturally or magically caused, they must be remedied by supernatural or magical means. The herbs are ingredients, instruments, media which help in the curing process, but no ultimate cure is possible without supernatural intervention. The herbs to be effective must therefore have supernatural sanction. Supernatural and magical properties must be infused into the herbs which by themselves and acting independently are worthless pieces of worldly substance. The supernatural and magical elements enter into both collection and preparation of the herbs and the administration of the drug to the patient.

Herbs to be used in preparation of drug cannot be plucked on any day of the week. They should be collected only on Saturdays and Tuesdays. The healers consider these two days of the week very auspicious for medical men. The reason is not known to them. The belief in the auspiciousness of days is a Hindu tradition. Hindu calender is replete with detailed information regarding auspicius days and even hours for performing or initiating different types of activities.

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Some roots should be plucked before sunrise, some just before the sunset or twilight. The plucker may have to have an empty stomach. He must pluck the root before taking breakfast or even water. He may have to take a bath before sunrise and collect the herb with the wet cloth on him. Healers report almost endless list of 'does' and 'do nots' for collection of the herbs. Drug is prepared usually on the full-moon night. New moon night is usually avoided. Healers chant a verbal formula while preparing the drug and blow and whiff every preparation. The formulas are believed to have supernatural powers. By recital, blowing and whiffing the power is implanted into the herbal preparation.

The dispensing of the drug is not so simple like "three times daily" or "one tablet every eight hours." The herbal preparation will not be applied alone. A simple administration of the drug will not inspire confidence in the patient. She may have to take a bath before the morning Azan, stand facing the West with the wet cloth and water dripping from the hair and body (which must not be wiped out). The West is sacred in that the daily prayer is said facing West to which direction Mecca is situated. Some healers however prescribe the opposite direction, i.e., the patient must face the sun. In this condition the medicine will have to be taken. It may have to be swallowed in one gulp or, as directed in two or more gulps.

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Most medicine are taken the first time in the morning. One healer that the researcher came across wants that the medicine must be taken in empty stomach before a mouthwash. Between going to sleep at night and taking medicine in the morning the patient must not talk to anybody. A number of taboos are also to be observed during the period of the medication.

Herbs are not only eaten or pasted or ointed. Herbal medicine may be applied without any direct contact with the patient. For example, some herbs are used to blow and whiff the patient. In case of sharir-e-pani, the juicy roots of a plant is hung just above the bed of the patient. It is believed that as the roots dry up, the water in the body will also dry. This is evidently magical use of herbs.

To sum up herbs are not curative in their own right. Unlike allopathic drugs, such as penicillin, they have no intrinsic power or quality to destroy disease. Supernatural or magical elements must be infused into the herbs so that the Almighty , the ultimate healer, approve of the drug and allow it to act as a curative.

6.6 Bhar-e-bosha as a therapeutic device:

Bhar-e-bosha may be described as spirit mediumship. Healers who specialise in this art are called Fakir in Dhan-kura. Fakirs claim that they are in transendental communion

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and contact with the supernatural power. The power comes to them when called upon and answer queries. When attending a patient, the fakir invokes his spirit who diagnoses the cause and suggests the remedy. The fakir is simply a via-media, a mediator between the patient and the spirit.

There are as many variations of the bhar-e-bosha as there are fakirs. But the basic process is similar. The fakir makes a wide circle and takes his seat at the centre of the circle. He usually sits in the pose that Muslims take during the prayer. He then begins chanting a formula which is mostly unintelligible except such words "Allah", "Rasul","Bismillah". The voice becomes thinner gradually. As the fakir becomes inaudible,his whole body starts shivering. When the tremble reaches the highest pitch, the communion is established between the fakir and his celestial companion. At this stage the fakir asks about the disease in a broken and lisping but lyrical voice. The patient's side then narrates the symptoms and complaints. After the narration is over, the fakir communicates with his spirit in inaudiable sounds and reveals the cause as found by his transcendental mate. The next logical step for the patient is to ask for the remedy. Again the fakir talks to the spirit and discloses that the heavenly force demands offerings before suggesting the cure. The patient's party then throws coins and notes into the circle. If the offerings satisfy the

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spirit, out comes a remedy. But sometime the spirit is very demanding. Its demand varies directly with the economic condition of the patient. If the patient is rich, or has ability to pay a larger sum, bargaining starts resulting in a settlement. As soon as the medicine is indicated, the fakir who was so long in a shivering trance, falls to the ground and assumes senselessness. The shivering stops and he gradually recovers from the daze. Communication with his benign companion has ended for the time being.

Each healer has his own way of conducting the whole show. It is revealed from following cases:

Mother of Shahjahan is in her fifties. She is very popular in the area for faikranti. She usually invites patients in her own house. However, she does not mind to attend call by the patients. She receives patients especially on the saturdays and the tuesdays. However, emergency cases are accepted on all days. Shahjahan's mother is a widow and lives in her own home built by her late husband in the compound of her in-laws. The house has two small rooms with straw walls. In one of these two rooms she takes her seat. Researcher attended one of the active sessions. It was a saturday afternoon. She had her bath, said her prayer (jahur namaj), made a circle on the mud floor and threw water on the four corners. Then she sat down and began to move her head and whole body, at the same time reciting "bismillah" and

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and "Allahu" continuously. Suddenly, she made a violent jerk of her body and switched over to singing. She was singing murshidi which is a kind of mystic songs that depicts events - mostly meaningless. In fact she had passed into a trance. At certain point in her trance she stopped singing and invited complaints in the same lyrical voice in which she sang. She interrogated the patients about their feeling, and their social environment. There were six patients waiting serially. The fakir gave 15 to 20 minutes to each patient who are all females. Listening to the history and the symptoms of the diseases, she diagnosed the cause as either act of a bhut or sorcery. She advised each of the patient to visit her again with money with which medicine will be prepared. She asked one patient to visit next saturday. The patient was asked to bring five big betel leaves, some molasses and five taka (Bangladeshi unit of currency).

Hazera is about 60. She had been practicing faikranti for last 15 years. She is a widow and lives with her married son. Hazera was called to find out the causes of Mani's suffering and prescribe treatment. It was late afternoon. On arrival in the compound, Hazera asked for fresh clean water. She did her'aju' (ablution). In the meantime, the mud floor of the room was smeared. A small mat was spread on the smeared floor. Hazera sat on the mat facing the west. She asked for a glass of water, and drew a circle on the

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floor. Drawing of such a circle is an old tradition in this region. Jafar Sharif (1921) found this kind of circle drawn by exorcist in Muslim India. He calls it magical circle.

The healer suddenly began to shake her hand and jerk the whole body. She kept her right hand on that circle. Her hand was trembling. She began to thrash the floor by her left hand. Shivering and thrashing gained momentum until she went into trance. At this state Mani explained her problem to her.

Charal fakir is a man. He is 65 and very renouned for his expertise. He receives patients at home on Saturdays and Tuesdays afternoon. He is a Hindu. At his outerhouse there is a temple in which a colourful idol of a Hindu goddess has been cousecrated. The goddess has a number of hands and a crown adorns her head. The crown is beautifully decorated. The local people call the goddess Devi. charal Fakir addresses her as "ma" (i.e. mother). The temple is clean and trim. Outside the temple there is a small courtyard which is smeared with mud everyday. In one corner there is a Tulsi plant. This goddess is the source of the powers of the fakir. Fakir takes a long preparation. He smears the temple, the compound of the temple and the funeral pyre of his parents situated at one side. While smearing, he puts on a small piece of white cloth. After he finishes smearing, he takes bath in a pond by three dips and puts on a clean dhuti (a kind of wearing

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apparel for Hindus). Fakir guesses the time from the sky and enters his temple. He takes wet clay and paints tattoo all over the body. Then the fakir kneels before the goddess - and offers worship. At the end of the worship he becomes very emotional and in choked voice calls the Devi for forgiveness. After thus giving puja to the goddes the fakir invites 'nalish' - complaints of the patients. Nearly a dozen patients assemble. Each patient gives some taka to the fakir and narrates the ailment. Everytime the fakir throws the money towards the Devi and entreats her to find out the cause for the ailment. Complaints over, he starts the acrobatics before the goddess. He dances, bows, kneels, rotates, jumps all the time uttering mantras. He thrashes his head, slaps his chest. Gradually he gets tired and suddenly falls down flat at the feet of the Devi and lies in prostrate position as if senseless. He recovers after sometime. He calls the patients one by one, gives the cause of the ailment and prescribes the remedy. He claims that he has no power. It is the Devi who diagnoses the cause and reveals the remedy. He is very meek about his own role in the process. All power, authority and command rest in the Devi, he repeatedly tells his patients.

Of the several cases treated by the fakir, we present only two. A two year old girl was brought for treatment. She was getting thinner day by day. The girl was also having fever at night. The girl was the youngest child of the mother

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and was still at the breast. The Charal fakir disclosed that the mother's arms were not healthy. She had something on her that was continuously staring at the baby and sucking her blood. As a treatment for the girl, the fakir gave the mother an amulet to be worn on the right arm. Nothing was prescribed for the girl.

A mother of two daughters wanted a son. But she was not conceiving for the last seven years. Fakir asked her about her general health - if she had any abnormality. The woman informed that she had problems with digestion; she could not easily digest hot and spicy food and often felt burning in the stomach. Fakir in his way diagnosed it a case of sorcery. He informed the patient that the enemy has totally burnt her nar (uterus); since the nar was burnt, she did not conceive for last seven years; though apparently the woman looked fresh and healthy, she was diseased internally. In order to regain her fertility, the fakir prescribed an amulet. Fakir also made her promise that she would bring an expensive gift of gold for the Devi - if she got a son.

Bhar-e-bosha is a process of treatment; and not a medicine itself. The process involves unusual power which is not always hereditary. It does not usually transmit - from father to son. A son who can prove himself worthy of the profession by hard devotion and meditation, shall have it. For example, Charal fakir was one of four brothers. Out of the

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four brothers he alone could prove himself worthy for the skill.

In majority of the cases the power of faikranti is obtained in dream. The power appears in dream as unknown figure and voice. It dictates rituals - and prohibitions for the person, the mode of behaviour and living pattern that the fakir should maintain. In fact, fakirs have to observe many restrictions about eating, dressing and living. Charal fakir reported that he did not have sexual contact with his wife for forty days following the acquisition of the faikranti. Since he got the blessings of the Devi, he has never eaten meat or fish. He is prohibited from eating more than once in 24 hours.

Is bhar-e-bosha a fake device? Is the fakir an imposter? A clear answer is difficult. The researcher has mixed intimately with some of the female fakirs. The researcher has lived with them, talked to them, travelled with them and watched them perform bhar-e-bosha one after another. She has passed long months among them and observed the bhar-e-bosha sessions continuously over a long period of time. Researcher has the impression that these fakirs are simple folk, they lead a simple life which is frank and forthright. From their way of life, their manners and behaviour it is difficult to detect that they are deceitful. There may be bad elements among the fakirs, as there is black sheep everywhere. But

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fakirs are generally not swindlers or tricksters. They sincerely believe that a celestial being is with them and communicate with them. Most fakirs live in continuous fear of being foresaken by the comrade. They scrupulously abide by the taboos, restrictions and instructions of the super-natural power lest, the power should be displeased and cause them harm. Some of the conditions of the relationship with the supernatural power are very exacting. Hazera Bibi cannot sleep at night because she has been ordered to leave the bed before the cock crows. If God forbid she fails to get up before time, her companion will crush her out of rage. She, therefore, passes almost sleepless nights. All these testify to the sincerity of the belief of the fakirs about the bhar-e-bosha process. Admittedly, they are not ordinary folks, but suffer from some adnormalities. They are probably hallucinated. But the hallucination is for them the reality.

Another point needs mention here. In the therapeutic of bhar-e-bosha, the two religions - Hinduism and Islam - have met on cordial terms in Dhankura. The majority of the patients of the Charal fakir are Muslims, whereas the fakir is a Hindu. Not only that he is a Hindu, the spirit oracle that diagnoses the cause and dispenses the remedy is a goddess in the shape of idol. Islam rejects pantheism and vehemently attacks idolatry. The Prophet of Islam waged holy was against idol worship. A Muslim who has anything to do with idolatry is a

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kafir and will be eternally condemned to the hell. No Muslim can therefore be a patient of Charal fakir. The Muslim community in Dhankura is puritanic and conservative. The Islamic rituals such as purdah, prayer, marriage and divorce are very strictly enforced. But the women, in spite of their devout faith in Islam, do go to the goddess for medical grounds. Folk medicine has thus cut across the barriers of religion and transcends religious beliefs. Folk medicine, as practised in Dhankura is pure and simple, a product of its culture, a culture in which secular, popular and religious elements have merged together.

On one occasion the researcher along with a number of patients were waiting for the Charal fakir to start and were gossiping to pass time. The researcher dropped the suggestion that for Muslims it is heretical to come to the Charal fakir. A middle-aged man took up the suggestion and narrated a story to refute the researcher. The story went that the Prophet Muhammad (sm) one day complained to his trusted disciple Ali that a man called Krishna (of Mahabharata and Geeta fame) disturbed him in his prayer. While he prayed in the mosque Krishna would pass by the mosque playing on the flute. Ali, the sword of Islam, flew into a rage and vowed to kill the rogue. He lay in wait. As soon as Krishna, playing flute, passed by the mosque Ali caught hold of him. He was about to kill the man, but suddenly saw that the man he had caught was prophet Muhammad (sm) himself. The lesson the story-teller

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drew was that Krishna was Muhammad and Muhammad was Krishna; they are one and the same. Such extreme idea about convergence of religions will not be accepted (rather will be opposed) by the religious leaders of Dhankura. But the idea appeals to the patients and Charal fakir continues to draw Muslim customers.

In bhar-e-bosha therapeutics, the healer requisitions the service of a supernatural being for cure of diseases. But what if the supernatural being itself is the cause of the disease? A different therapeutics is then applied. This is called "Bhut Namano."

6.7 'Bhut Namano' as a therapeutic device:

Every indigenous culture has its exorcist. Bhut namano literally means exorcising. If the cause of the disease is possession by the ghost, the ghost must be exorcised. When a bhut enters a woman or stares at her making her ill, the only remedy is to chastise the bhut. The bhut must be compelled to leave the patient with firm undertaking that it will never do any harm to the woman either by re-possessing her or by staring at her.

Bhut-namano, therefore, means compelling the bhut to leave the patient parmanently with promise to steer clear of the patient in the future.

Disease called Upranta is very frequent in Dhankura and is caused by the bhut. Healers, in order to remain in

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practice, must therefore be well-versed in the art of bhut namano. The kabiraj and the fakir know the therapy.

The first step in the process of bhut namano is to make the bhut talk. The bhut must be forced to disclose its identify, place of abode and the reason for attacking the patient. These preliminaries are necessary to convince the patient's group that ghost possession has taken place. The healer proves his diagnosis of the cause by forcing the bhut to narrate the history of the attack.

Once everybody is convinced that bhut is responsible for the disease, the healer may enter into the second step which consists of expelling the bhut once for all from the patient. The healer begins by asking the bhut to depart and threatens dire consequences if it refuses to obey. If the bhut feels that the healer is more powerful than itself, it meekly surrenders and leaves with promise of good behaviour. But some bhuts are stronger than the healer and flouts the order. In such a case the healer first tries punitive action. The patient is beaten black and blue. The bhut cries and shouts and flees away gasping and panting. The healer may force the patient to eat very bitter herbs. The bhut starts vomitting through the patient and comes out of the woman in sheer exasperation. But some bhuts are still stronger. They need to be cajoled. The healer tries to entice the bhut by temptation of rich presents and delicious food-offering.

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Bhut usually succums and negotiation between the healer and the bhut ensues in public within the hearing of the spectators and audience. Ultimately a compromise is arrived at and the bhut retires with promise from the healer that the agreement regarding offerings shall be honoured.

The bhut is made to speak through different media depending on the healer and the disease. The most frequent medium is the patient herself. In overwhelming majority of the cases the bhut converses with the healer through the mouth of the patient. Of course the voice is different from that of the patient. In some cases, the healer himself acts as the medium. He asks questions in his normal voice and the bhut replies through his mouth but in a different voice. In a few rare cases, the healer takes the service of a third party. The bhut speaks through this woman. In fact there are some women in Dhankura who are known to act as the medium of the bhut.

It will appear that the process of bhut namano involves a sort of tug-of-war between two powers - power of the healer and power of the bhut and the stronger wins.

Power of the bhut is understandable - it is a super-natural power. But how dare the human healer compete with the supernatural power? In other words, the healer must have supernatural powers to deal with the supernatural beings. The healers claim that they have either obtained the supernatural powers through the grace of the jinns or have attained the supreme power through prayer and meditation.

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That a man can establish liasion with a ginn has been authenticated by several religious writers in Islam. Some religious books on Islam describe in details the procedure to be followed for attaining ginns. The process is difficult and hazardous. Every authority, while describing the device of attaining jinns, warns against the mortal dangers involved. (Jafar Sharif, 1972; Md. Shamsul Huda, 1981). It is also possible for a Muslim to attain supernatural (Ruhani) power by appropriate rituals of prayer, zikir (recital of Allah's name), meditation, complete surrender of the self to Allah and resignation to the will of Allah. In the South Asian subcontinent there liued a number of pir, wali and murshed who had supernatural power, and could perform transcendal feats. Healers' claim to supernatural power cannot therefore be easily refuted. The villagers in Dhankura sincerely believe that man may attain supernatural power, may have command over jinns and may perform extra-mundane acts. "Kar madhya ki achhe ke jane" - Nobody knows what man is endowed with what power. This is the response of the women when the researcher asked them if the healer's claim is genuine.

The researcher had talked to a number of exorcist-healers and attended quite a large number of bhut namano cases. One common but striking feature is that the healers treating the ghost-possession are exceedingly garrulous. Their garrulity is simply beating their own drums. They hoist tall stories of how they dealt with very powerful bhuts. They boast of

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their superior power and claim as if no power on earth is their match. They probably try to cover up their trickery by verbosity. They talk authoratively and confidently which produces favourable effect on the patient's group. They try to capitalise on the first impression generated by them.

Exorcist-healers do not want to talk about the secrets of their profession. The researcher however came across a heretic among the exorcist who told the researcher in confidence that the exorcist sessions are all non-sense. He disclosed that most cases of upranta are family problems and emotional tension. Some girls are not satisfied with their husband. Some find the dealings of the in-laws unbearable. In fact, the mother-in-laws some time make things so difficult that the girls become restless and desperate. Some girls are too much attached to the parents' household and fail to adjust in the new household. The exorcising sessions often succeed in chastising these girls.

But what about the bhut talking with the healers? It is simply a trick whose catchword is the gift of the gab. As soon as the healer faces the patient he starts telling stories about bhut cases that he has cured. In telling the stories, he refers to many bhuts by name, mentions their abode and discribes the cause of their attack. He also threatens that he will resort to physical beating or forcible administration of bitter herbs through the mouth of the patient if the bhut does not cooperate. He also authoratively emphasises the dangers the patient was undergoing and repeats the sufferings

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and even death that may follow if the bhut cannot be expelled. The simple innocent girl gets frightened and readily falls into the trap laid by the healer. For fear of the sufferings, beatings and even death, she complies with the dictates of the healer and answers the question in line with the stories she had already heard. The healer also pointed out that he often asks leading question. Instead of asking the name of the bhut, he asks the bhut if his name is so and so. This procedure makes the session relatively secure. The healer admitted that sometimes cases arise when the patient is very obstinate and unyielding. To ensure the position, the healer tries to ascertain the temparament of the patient beforehand and himself becomes the medium of the bhut instead of depending on the patient.

The healer practices the deception because it is his profession to heal. The patients expect this type of diagnosis and healing. He does not feel guilty as the treatment satisfies the patients.

Exorcising the ghost is a very ancient and at the same time universal art of folk healing. Another very ancient and universal therapeutic device is amulet.

6.8 Amulet as a therapeutic device:

Amulet is called tabiz in Dhankura. It consists of two parts-namely, a container; and some contents which are filled into the container. The container is a small thing made

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of metal. The most widely used metal is copper. Gold or silver is sometime used, but the use of gold is very rare. In Dhankura nobody currently uses any gold container.

Contents of a tabiz may be anything from verses of the Koran to the pieces of human bones. The nature of content depends on the category of the healer and the nature of the disease. Kabiraj, fakir, baida and chaini use diverse kinds of materials, the commonest being herbs, roots, spices, bones, pieces of metals, dry leaves, and vegetables. Moulana uses only verses from the Koran. Selected verses are written on a small piece of paper and folded to fit into the container. Moulana also draws on a small piece of paper numerical figures which look like graphs. After the paper is inserted, the container is sealed with wax.

Tabiz is usually worn on the body. The most common places for a tabiz are the arms and the neck. At the arm, it is fastenned by a piece of black thread. The tabiz is hung from the neck like a necklace. Depending on the ailment some healers advise fastening of the tabiz around the waist by black thread. Tabiz may also be tied to the hairs. There are other places besides human body. It may be kept under the bed on which the patient sleeps. The tabiz may be soaked in the water which is then drank by the patient.

Tabiz is widely used in Dhankura, especially by the women and children. Almost all the children are protected from evils

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by tabiz. Ninety percent of the women wear it either as a remedy of disease or as a protection against evils. Tabiz is invariably prescribed in the case of sorcery.

Tabiz is considered to be a sacred object. One must maintain its sanctity. Any one wearing a tabiz must avoid pollution. She is to keep away from the menstruating women and the newly delivered mothers. Pollution is believed to affect the efficacy of the tabiz. Any contact with pollution needs to be purified by rituals. A polluted tabiz then has to be washed in the water called 'Sona-rupa-pani.' A piece of gold and a piece of silver are soaked in water and the tabiz is washed in that water seven times. After the wash the tabiz can be used again. It is believed that by so washing, its pollution is also washed away. In case of her (who is wearing it) own menstruation, tabiz is taken off from the body. After seven days, when she gets back her purity by the purifying bath, she washes the tabiz in milk and wears it again. Even after its use is over, one cannot just throw it away least someone, should trample on it. There is a clear instruction from the healer about what to with the tabiz after the prescribed period of use. Usually, the following instructions are given:

i) it is to be thrown in the pond or river, or

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ii) it is to be buried under earth at a clean place, or

iii) it is to be burnt out.

All these indicates that tabiz must not be dishonoured. Such reverend outlook of the people towards tabiz follows from the belief that it represents symbol of power - a super-natural power to heal diseases. Tabiz thus has fetish character before the eye of the Dhankura People. They consider tabiz to be a sacred inanimate object possessing supernatural power of curing diseases. They are believed to be most effective against diseases caused by sorcery.

6.9 Pani Paura as a therapeutic device:

Pani paura is another widely used folk healing device in Dhankura. It involves very simple and short formula. Fresh unpolluted water is poured into a glass or a small pot. The healer holds the glass or pot very close to his mouth and recites some formula directly into the water. If the healer is a Maulana, he recites verses from the Koran. Other healers recite their own mantras or incantations. This recital transfers supernatural power from the verses or mantras to the water. The water is thus endowed with the healing power. The patient is directed either to eat the water or to use it or pour it at the affected parts of the body. The sanctified water when eaten or poured in the body relieves the patient.

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Though the formula is simple, the process involves a set of rituals in connection with pouring of water and drinking. If the water is brought from hand tube well, it has to be collected by three pushes at the pumps while holding the breath. The healer puffs it early in the morning in empty stomach. However, exceptions are always there.

6.10 Jhar Phook as a therapeutic device:

Jhar phook literally means blowing and whiffing. All categories of healers practise this art. Baidas depend mainly on this device. In Dhankura, blowing and whiffing is applied in almost all diseases including sorcery. But this therapy is believed to be most effective against bau batash. By blowing and whiffing the body of the patient the healer drives the bau batash out of the body.

The simple case of jhar phook is one in which the healer puts his right palm on the head of the patient, utters incantations and finally whiffs at the face of the patient. The incantations are uttered in inaudible voice so that the patient cannot catch the words. After the formula is uttered, the healer may whiff once or consecutively thrice. Sometimes the formula is divided into three parts. After the utterance of every part, the patient is whiffed. With the whiffing the bau batash is blown away.

Whiffing may, however, be applied through some instruments. The healer may use a dried branch or stem of a herb,

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or branch of a herb with leaves still fresh (the branch is freshly plucked), roots of some herbs tied like a broomstick and even a human bone four to six inches long. The last one is used by the baidas.

When an instrument is used, the healer may move the instrument in front of the patient instead of touching his body. As he moves and rotates the instrument he chants his formula after which whiffing is done. If the ailment is located at a particular part of the body, the instrument is rubbed against that part while chanting the formula and whiffing is done on the affected part. If a woman is suffering from jarayur dosh, the instrument is moved around the lower abdomen and the hips. If the healer is called to ease a case of difficult childbirth, she starts from the right side of the abdomen. As she chants her formula she moves the instrument from the abdomen down towards the toes. After right side is thus treated, she begins from the left side of the abdomen and moves to the toes of the left foot. The process continues till the woman delivers the baby. The 'rationale' of the therapeutics is probably that as the instrument is moved down towards the leg, the bau batash that obstructs the baby from being born, also moves down and out through the legs, thus facilitating the baby to come out.

We said that the incantation are inaudibly uttered. But baidas are exception. They sometime shout out the formula

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in lyrical form. Their formula are lyrically composed. Probably to maintain the rhyme and rhythm of the formula, grammar is sacrified. Many of the words are meaningless and there is hardly any sentence that convey a complete sense. The formula is merely a conglomeration of catchy words.

Baidas make extensive use of whiffing. There is another device which is also to their liking. It is called shinga.

6.11 Shinga as a therapeutic device:

Shinga is blood-letting which is a very old medical practice round the world. The baida uses a cow-horn for the purpose. A hole is made at the narrow end of the horn. A small incision is given on the body of the patient. The broad end of the horn is hard-pressed against the incision. The baida then sucks at the narrow end forcing blood to come into the horn. A leaf from the banana plant is kept by the side of the patient. The baida spits the blood on the leaf. After blood is adequately let, a black ointment made from catcheu is rubbed on the wound.

Chainis also practise blood-letting but their procedure is different. It is believed that stagnant blood accumulates inside the womb during pregnancy and must be thoroughly drained out after delivery. If the blood remains inside after the birth, it may prevent conception from taking place.

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The chaini therefore tries to bleed the newly delivered mothers. They do it by applying heat fermentation for 40 days.

We have now described the therapeutic devices in vogue in Dhankura. One common feature of the therapies is the pre-ponderence of ritual element in folk medicine.

6.12 Role of rituals in the folk therapy:

The folk therapeutics, whether it is herbal preparation, bhar-e-bosha, tabiz, pani-paura, blowing and whiffing or exorcism does not operate on its own intrinsic or internal strength. Supernatural power necessary for healing has to be created in them. Without infusion of such power, these devices are worthless. Elaborate process are therefore to be undertaken and carried out in order to effect the infusion of healing power. In other words all the therapeutics become effective only when appropriate rituals are applied on them. Folk medicine in this sense, is ritual medicine. Folk treatment of disease is pre-eminently ritualistic. As Manchip White (1960) has pointed out, "Even in cases where the treatment is based on common sense methods it is backed up by an appropriate incantation." (P. 154).

Pani paura may be a case for elucidation. Water is an essential article of life. But it is ordinary and mundane. In influenza, an allopath may prescribe drinking of enough water as a soothing relief. But a folk healer who will prescribe only water for a disease is sure to go out of

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practice. Nobody in Dhankura can be convinced that water has healing power. But the same water ritualistically treated becomes a readily acceptable medicine in Dhankura. Because it is no longer plain water, it has become supernaturally powered medicine. By reciting some mystical incantation in an empty stomach at the early morning, the healer has endowed the water with mystical power. In order that the mystical power in the water ritualistically created may work effectively, The patient must also abide by some rituals. For example, some healers prescribe that the sanctified water must be taken before sunrise and the patient must avoid egg during the period of treatment.

The patient undergoing treatment is almost invariably asked to observe some rituals. A herbal preparation, to be effective, may be required to be taken after bath while still in wet cloth. A tabiz may have to be worn for the first time standing in a grave yard at twilight hour. A patient undergoing treatment will have to stay at his own home during the period of therapy. If she chance to spend overnight outside her own house, the medicine will fall flat on her. Examples may be multiplied. The ritualistic character of folk medicine will be further unfolded as we discuss below specific treatment for some of the specific diseases.

6.13 Treatment of Shutika:

There is not one medicine for one disease. A large number of remedies are available for the same disease depending

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on the category of the healer and the identification of the cause. For shutika the drug of choice appears to be herbals. The herbs may be inserted into a tabiz, or may be made into a decoction for oral administration. With each medication goes a set of ritual restrictions which must be observed to maintain the potency of the treatment. As regards tabiz the contents vary from healer to healer and case to case.

One therapy prescribes that the pieces of the following herbs should be inserted together in the tabiz, namely, khuida mankuni, kalo keshairja and mailta. This tabiz is worn around the waist probably because the symptoms of shutika relates to this region. The wearer will abstain from taking beef, curd, hilsa fish, kheshari (pulse), sweet pumpkin and khichuri (a combination of rice and pulses cooked together with spices).

Another formula is also quite simple. Roots of rupchanda and lajjabati (mimosa) plants are collected either on the Saturday or the Tuesday. The person while collecting should not breathe. The roots are used inside the tabiz. This treatment imposes prohibition on eating beef, hilsa fish, sweet pumkin, puti fish and curd prepared by professional expert.

A very simple herbal treatment is prescribed by a female healer. Roots and leaves of the mimosa and the palang, which is a species of the spinach, are taken together. The healer

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takes a long thread - which has to be from the border of an used cotton sari. She turns it into seven plies and ties those roots and leaves with the thread. It then looks like a tiny bundle. The bundle is tied up on the hairs at the right side of the head of the patients. This treatment prohibits two kinds of fish; and two types of lintels.

Some healers prescribe a suspension which is prepared with a special kind of banana called 'modni kala' and a substance called garva shura. Garva shura is a very rare type of meat of the deer. If a pregnant deer dies with the baby inside her womb, the baby is taken out of the dead deer and the meat of the unborn baby deer when dried becomes garva shura. These two ingredients are mixed and boiled together. The suspension that comes out is to be consumed.

In Dhankura, shutika is attributed to a number of causes which include wrong food, violation of taboo, and bau batash. Many healers therefore do not depend on a particular type of remedy, but combine a wide range of medicaments to offer a package to the patient. Such a package may include herbal preparation, tabiz, pani paura, blowing and whiffing. One such package involves preparation of an amulet with bone and herbs; suspension for oral consumption, massages of the affected spot and blowing. The healer, a baida, goes step by step. She begins with the preparation of the amulet. The ingredients for the amulet may be divided into two groups.

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The ingredients falling under group A are supplied by the healer; those in group B are to be collected by the patient. However healer can supply the ingredients of the group B at the cost of a high price.

Ingredients used inside the tabiz

Group A

a) Two small pieces of tuntuni plant.
b) One small piece of pirpire plant
c) One small piece of maizranga plant
d) Two small pieces of maroal plant.
e) A small piece of the bone from the arm of ban manush - a fictitions animal resembling human form. The researcher or any other villagers for that matter has not come across such an animal.

Group B

a) One piece of rice that has to be collected during the lunch time.
b) One Rajmohini fruit
c) One Badak fruit
d) One Narisujni garva fruit
e) One Bisital jaran.

A tabiz is filled up with all these ingredients. The patient is instructed to keep it under her bed. She must not wear it.

The next step is the preparation of an ointment to massage on the abdomen. Baida takes a cup of oil from the patient. Only one fourth of the oil is mixed with a bisital jaran - a white tablet that soaks the oil; the other three fourth quantity of oil is poured in a bottle and is taken

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away by the baida. She now massages the oil-soaked tablet on the abdomen of the patient. Immediately after the massage she takes out a bone about 10" long and blows the patient on the massaged spot. She utters the following words:

"Allah amr shutikari, bighurni, shatrur buke jak, dushmaner buke jak." (Allah, let her shutika, bighurni leave her and attack her enemy).

Baida while blowing makes peculiar movement of her body that resembles a shaman. Usually she murmurs the words to herself so that nobody may listen.

Finally she prescribes a oral suspension of banana and narisital garva fal. The patient is to take this suspension once everyday for seven days.

The treatment prohibits the patient from taking cold water and adding extra salt to cooked food. The therapy contains shamanistic and magical element in it. Bisital jaran is a round and white tablet that soaks up oil very fast. It is believed that as it soaks the oil so it will soak away the filth of shutika. Moreover blowing away the pain resembles magical practices.

Some treatment involve difficult rituals. The rituals are primarily observed in the collection of the ingredients. The following items are required to prepare the medicine. All the items are inserted in a tabiz.

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Items:

i) Seven small pieces of thorns from seven trees.

ii) A small piece of bone from the neck of a duck which was killed on Saturday or Tuesday by a fasting man.

iii) Bone of a cow that was sacrificed on the Idul Azha (Muslim festival of sacrifice).

iv) Arjun guta (fox glove).

v) A small piece of broken 'shankha' (shankha is a special kind of bangle made of conch shell. A married Hindu woman must wear this bangle on her hand always so long her husband is alive).

vi) Dried skin of rat.

vii) A small piece from the tooth of a crocodile.

viii) A small piece cut from a halter.

ix) Sands from seven banks of a river. The sand must be collected on the last night of the Bengali month of Ashwin - popularly known as "gashshir rat" in Dhankura. The collector of the sand must observe strict rituals. While collecting he/she has to be naked and must run from one spot to the other. At the time of picking the sand he must hold his breath.

The healer however has in his stock all the ingredients round the year and when required he fills in a tabiz with all the ingredients and seals it with wax. The healer manufactures the medicine either on Saturday or Tuesday morning. He must do it before breakfast. The patient is advised to wear the tabiz around her waist.

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Observation of food taboo forms a part of the treatment. The patient is not allowed to eat hilsa and bwal fish, beef and kheshari daal.

6.14 Treatment of Badhak:

Many young girls and young wives were suffering from badhak in Dhankura. Almost all of them had so far availed of folk treatment. The primary cause of badhak is believed to be the violation of taboo. Premarital sex is also cited as a cause of badhak.

There are a number of remedies for the ailment. The remedies vary from simple to complex types; but do not deviate from traditional set pattern of folk healing.

Some healers prescribe tablet for badhak. The tablet is made with the following substances:

1. Nater guta (caesalpinia crista)
2. Garlic
3. Black cumin seed.
4. Jute seed, and
5. Room dust.

These ingredients are grinded into powder and tablet is made with the powder. For one patient three tablets are required. Healer uses 3 pieces of nater guta, 1 garlic, 2-3 black cumin seed, 5 to 6 jute seed and half-a-teaspoonful of room dust.

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The patient is prescribed the tablet from the second day of her menstrual cycle. She has to take one tablet everyday for three successive days. The efficacy of the medicine is belived to depend partly on the rigid rituals to be followed by the patient. She has to take bath early in the morning before sunrise. After the bath she must not change her cloth and continue to be in wet cloth. While in this state she will put seven drops of coconut water on her head. As she puts coconut water on her head, she should swallow one tablet. After taking the medicine the patient must not look at the soil or water. She should enter her room looking straight at the sun all the time. The remedy imposes food prohibition for the patient only for the days while she is on the medicine. Beef, egg, hilsa and gojar fish are prohibited for her.

Baidas also treat badhak. But the treatment is complicated. The healer takes a cup of cooking oil from the patient. She opens up her dispensary and brings out the following items:

i)	Ishsharmul tree (Aristolochia Indica)	2 small dry pieces.
ii)	Body hair of bear	She plucks 4-5 hairs from one small piece of dry skin.
iii)	Bone of a bird called Dhanaj.	1 small piece.
iv)	Akkhoy bat (a very old banyan tree)	1 small piece.

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v)	Dry meat of deer	1 small piece from the cheek.
vi)	Nose of a tiger	1 small piece.
vii)	Neck of a camel	1 small piece.
viii)	Part of a halter that was used for committing suicide on Saturday	1 small piece.
ix)	Arjun guta	
x)	Breast of otter	1 small piece
xi)	Mohamuni tree	1 small piece

Baida mixes all the items together, soaks them into a cup of oil, takes them out of the cup and makes a tiny packet in a paper. The healer then brings out another tiny packet that contains herbal tablet. The tablet is made from the roots of mimosa, branch of marmelos tree, grass and leaf of jujube plant. A tabiz is filled in with all these ingredients. The patient is instructed to keep the tabiz under her bed.

In addition to the tabiz the healer also applies blowing and whiffing. Baida blows the patient twice. For blowing she uses a stick about 20" long made from the branch of Mohamuni tree. While blowing, the healer speaks the following mantras:

1. Allah Rasul, Allah Rasul, Kamrup, Kamaikha, kuchaira, pahaira Allah Rasul (Allah and Prophet, Kamrup Kamakhya, the knave, the hill people).

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2. Allah Rasul, Malek, Hazrat Nabishaheb, let all ailment, misfortune, enemy go beneath her feet. (Allah Rasul, Malek, Hazrat Nabi Sab, apad jak, balai jak, shatru dushman payer tal).

In between the two blowings the baida insists on getting paid. She does not continue the treatment the second time unless and until she is paid a satisfactory sum.

The third part of the treatment is prescription of an oral suspension. The patient is instructed to prepare the suspension. Narisojoni garva fal and banana are mixed together to take orally once a day for three days.

The patient under treatment is prohibited from drinking cold water, eating fish and taking extra salt.

6.15 Treatment of koshar beram:

Koshar beram is one of the commonest ailments among the women of Dhankura. The simplest treatment prescribes a soothing cold suspension. The treatment though very simple involves rigid rituals. The healer instructs and supervises the process of preparation, while the patient herself has to take active participation. Pancha mukhi joba phool (joba is a spieces of red china rose) is diluted in the milk. Pancha mukhi joba means here very big one. The diluted joba gives an oily mixture. The patient is asked to smear the chula (the mud oven) with wet clay. After smearing, the patient

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is sent for a bath in the pond. Coming from the pond in wet cloth the patient has to boil the mixture herself on the chula which has been smeared by herself. She has to cook it in fuel of straw. She must be in her wet cloth after the bath while cooking the mixture. When the mixture is properly boiled, the patient is asked to take it off from the chula. She is instructed to drink the suspension after an hour.

A drink is prepared on a very simple formula of incantation. It is given by a chaini. She takes a glass of water. The water must be poured into the glass from a tube well in three strokes of the pump. She has to hold her breath while pouring the water. The healer puffs the water in the early morning in empty stomach by saying the following words:

"Allah chan kare, Mohammad chchati dhare, koi fakir, koi dhatu, rakta dhatu, paina dhatu, purja dhatu, chunaita dhatu, jaluina dhatu, puruina dhatu - shab dhatu jhaira karlam khoy. Duhai lage Pir Kutuber. Hakke Lailaha illallah Mohammadur Rasulullah." (Allah extends His mercy, Mohammad (sm) gives shelter, how many fakirs, how much discharge, bloody discharge, watery discharge, pussy discharge, white discharge, burning discharge - all discharge - I blow; I blow these to vanish, for the sake of Pir Kutub. There is no god but Allah and Mohammad is his prophet.)

Patient is advised to drink the pani-paura in the early morning in empty stomach.

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In the therapeutics described above, both healer and the patient have to observe rituals. Healer, thus, share the experience with the patient in the process. Such common sharing brings them closer and the patient feels more confident about the healer.

6.16 Treatment of Nahuni:

In Nahuni the remedy is applied on the basis of the diagnosis of the cause in each specific case. If the crossing of a crab-hole is found to be the cause of nahuni, the remedy is sought in covering of the hole. The healer after diagnosing the cause gives the patient a small piece of old cloth or a piece of clay and directs her to stuff the piece with her menstrual blood and close the crab hole she had crossed. With the closing of the scrab-hole her bleeding will stop. The remedy establishes a magical relationship between the scrab-hole and the passage through which blood flows. As long as the crab hole is open, the passage of the patient who had a contact with it remains open to let the blood flow.

If bau batash is detected as the cause of Nahuni, the therapy is blowing and whiffing. It is believed that if the ailment is due to bau batash (evil-wind), the whiffing will throw out the batash from the victim's body. The healer recites the following formula:

"Ram Lakhkhan - dui bhai; Sita bale kuthay

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jau. Ba batash, bayer batash, chchanger batash, rakta chandan-er batash, uthunia batash, rakta chandan-er batash, uthunia batash, dubuina batash, kukkhar batash, jhaira karlam khai. Hakke lailah Illallahu Muhammader Rasullullah." (Ram Laxman - the two brothers, Sita ask where do you go. All evil wind, wind from left side, wind from scorpion, wind of chicken,wind of red sandalwood, growing wind, departing wind, wind of all evils - I blow them, blow them to vanish; there is no god but Allah and Muhammad is his prophet.)

While reciting the formula, the healer places a stick made of dried branch of a tree, on the abdomen of the patient which is the affected place and moves and rotates the stick from side to side. The idea is that the formula supported by the touch and hit of the stick will force the bau batash out.

Nahuni caused by bau batash, is also treated by another magical formula. It combines blowing by the healer and consumption of oral suspension. Kabiraj brings water from high and low tides (ujan bhatir pani). She also brings a few thorns from a tree and a scissor. Any scissor however does not work. It is a scissor with special character; it has not been sharpened by its possessor since he had bought it from the blacksmith.

The healer now fills up a new earthen vessel with the water she has brought. She throws the thorns into the water.

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Outside the pitcher she draws a vague circle on the soil with the scissor and recites the following formula directly on the water:

"Bismillah! Apad jak, balai jak, kharap jak, bau jak, batash jak, babak jhaira karlam khai. Jehaner bau - hehane jak. (In the name of Allah! Let all misfortune, evils go, let all evil wind go - all wind I blow away. Let wind leave the patient and go where it lives).

Blowing over, she pours the pitcher full of water on the patient completely drenching her. With this device the kabiraj gives a herbal preparation as well. The woman in her wet condition should dip two pieces of ulat company plant in water and allow them to remain in water during the night. Early next morning the plants will be smashed to release a soft juice which the woman will take once a day for seven days. While on the medicine the patient will avoid eating hilsha, gajar, and bual fish, beef, kheshari dal and any food that tastes sour.

Imitative magic is also applied to cure nahuni. A relationship is conceived between the herb and the disease. The patient will have to collect the root of rakta shanchalon plant on Saturday or Tuesday. While plucking the root she must hold her breath. The root is divided into two pieces. One piece is tied to the patient's hair and the other piece is hung from the front door of the bed room. The patient is

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advised to walk through the door frequently until the root dries up. As the two pieces of root gets withered, the blood also gets dry and stops flowing.

6.17 Treatment of Dud Darkan:

Treatment is related to the cause of dud darkan and is invariably applied on the breasts of the mother. If the cause is bau batash hitting the breasts , remedy obviously is to blow away the wind. The healer first massages the right breast of the mother as she recites the following formula:

"Itutuka panir maddhe bugullada pare, dugga dhan, eki karon! Eki jhara mahushader pora." (The breast is dipped in little water; what is the reason! One puff and the wind is gone.)

After recital the healer whiffs on the breast thrice. She then spits on the breast and massages the spit all over the breast while repeating the formula. She then takes the left breast and repeats the performance. One condition to be followed is that the incantation must be uttered in one breath. A slightly variant method is applied if the healer is not personally present before the patient. Two twigs of brinjal and cotton plants are magically treated by the healer by blowing and whiffing the formula on them. The twigs thus empowered are sent to the mother-patient. The mother patient is directed to massage each breast twice a day with the twigs. So long they are in use, the twigs will be kept at a corner

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of the ceiling of the room in which the mother lives and will be thrown into water after the cure is achieved.

Dud darkan may be caused by the neglectful movement of the mother. If a woman with a child at the breast accidently walks over the spot where a hoe is kept, her breast is infected. The remedy therefore is to correct the misdeed. The healer who diagnoses the cause takes the hoe in her right hand and asks the husband to massage the breasts with his feet. After the husband has so massaged, the healer massages the breast with the hoe chanting a formula during both the massages.

6.18 Treatment of sharir-e-pani:

This ailment is not considered very serious - because the birth of the child terminates the oedema. A chaini is called only if there are complications. Chaini normally advises the pregnant patient with pani to wait for the delivery; and not to eat too much. She perceives the ailment in three stages: (i) harmless stage when the patient looks slightly puffy; (ii) secondary stage when perceptible accumulation of fluid makes the patient look puffy and feel discomfort; (iii) the serious stage when the patient develops symptoms of eclampsia. The chaini offers treatment at the secondary stage. Cases in the serious stage are beyond the powers of the healer. The treatment given by the chaini is pre-eminently magical. She measures the height of the patient and brings a creeper

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of the same length as the patient. The creeper is quite thick and contains a kind of white astringent juice inside. The chaini rolls the creeper into a coil. The rolled up creeper is then rolled and tied in a piece of thread which has the same length as the creeper and the patient. The chaini now hangs it in the kitchen so that it gets dried slowly by the heat from the flame in the kitchen. As the creeper dries up so the water inside the body of the patient also gets dry and the woman recovers from the excess fluid.

In applying the process the healer has to observe strict rituals. She must not cross any pond, lake or even any bridge while carrying the creeper for the patient. If the healer can reach the patient only by crossing a bridge she cannot bring the creeper to the patient. In that case she performs the process in her own house. The creeper and the thread are rolled and tied as usual. But instead of hanging it in the patient's household the chaini hangs it in her own kitchen.

As regards the creeper she must collect it on Saturday or Tuesday and perform the formula on the same day. Both the tasks of tying and hanging has to be performed in one breath and facing the west.

6.19 Treatment of childbirth complications: Prolonged labour and difficult childbirth:

C.V. Foll (1959) found that fear of a difficult labour is the predominating thought that occupies a Burmese woman's

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mind during the course of her pregnancy. A large number of complicated processes have therefore been devised to relieve the expectant mother. Imperato (1977) notes that the medical practices surrounding childbirth are diverse and they govern such things as the place of delivery, the mode of delivery, the role of traditional midwives, the management of prolonged or obstructed labour, and the immediate post-partum care of both the infant and the mother.

In Dhankura treatment of child birth complications is the exclusive domain of the chaini. Chaini is, in fact, the gynochological specialist in the folk medical system of Dhankura. Chainis are very confident of their efficiency and expertise. They never admit any drawbacks or failure in their performance. They narrate innumerable cases of complications and boast of how they managed all those complications successfully. Obviously they conceal all the complications that are created due to their mishandling and lack of knowledge. For example, instance of vaginal lacerations occuring at child birth is never mentioned by them. But there are evidence of such complications in Dhankura.

Chaini has in her stock a number of curatives for the child birth complications and uses them very frequently. As soon as a chaini is called to attend a woman in labour, she orders that every article like pots, containers, suitcases are to be kept open. She spreads loose the hair of the

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patient. All these steps are taken so that birth of the baby is not obstructed.

Chaini also takes other steps. She ties upon the left thigh of the patient a piece of kernel of the mango. If the kernal (stone) of a ripe mango is thrown on soft ground a mango plant sprouts out of the kernel after some days. Chaini plucks the mango plant in which the kernel is still attached. She plucks it in one breath facing the east. The kernel is tied up in a thread taken from an old kantha (indigenous quilt). The whole thing is then tied to the left thigh of the patient. The idea is probably that as mango plant comes out from the kernel so the baby will come out from the womb. This evidently is imitative magic. Chaini does not stop here. She also applies blowing and whiffing and the pani paura. She endows water with necessary power by reciting the following formula:

"Allah chan kore, Mohammad chehati dhare. Koy fakir, koy bedna, rakta bedna, olpa bedna, jaluina bedna, shet bedna, bebak bedna jaira karlam dur. Duhai lage Pir Kutuber; hakke lailaha Mohammadur Rasullah." (Allah extends mercy, Mohammad (sm) provides shelter. How many fakir, how much pain, blood pain, slight pain, burning pain, what pain - all pain I blow away. For Pir Kutub's sake, there is no god but Allah and Muhammad is his prophet.)

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Mariam flower (stated to be a kind of flower brought from Mecca) is dipped thrice in the water. The patient has to take the enchanted water in three sips.

In blowing and whiffing stem of the plant awal mendi is used. The dry stem is about 4 inches long. Chaini asks for til oil in which she dips half of the stem. Then she starts reciting a formula. As she recites the formula she inserts half the oiled stem into the birth canal. After the recital she whiffs thrice the region from near the naval to the lower abdomen and takes out the stem. She then dips the opposite half of the stick in the til oil and repeats the process with the opposite half. This process is supposed to remove all the obstruction and make the passage clear for the baby to travel.

The chaini also uses herbal preparation. Astringent juice of akon plant is poured on a small plate and the juice is rubbed on the vagina.

If the chaini is convinced that the fetus is held up by wrong position, she applies a different process. She asks all the attending females except the mother or the mother-in-law or any such elderly woman to leave the room. On their departure, chaini takes off her cloths and sits naked on her knees. In that squatting position, naked to the skin, she calls upon the baby to come. While imploring the baby, chaini makes peculiar gesticulations and movements of hands and head, but does not touch the patient.

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Placenta removal evokes anxiety among the women in Dhankura. Imperato (1977) observed that placenta retention is especially feared by the Bambara in Africa and there are many remedies for dealing with it. Similarly, the women in Dhankura take special care of the placenta because they have learnt by experience that complications with the placenta may be fatal. All efforts are therefore, made for the safe removal of the placenta. Several medications are used.

Garlic is grinded and smeared with the hair of the woman who just delivered the child. The hair is pushed into her mouth to make her vomit. This is believed to work wonder in the placenta retention.

If this simple treatment does not work, a hoe is brought from the field and chaini takes it immediately to the patient. She places it on the patient's abdomen and makes a forward and backward movement. This is a favourite process with the chainis in Dhankura. Placenta is buried immediately after the discharge at a rather distant place. It is buried so that it may not pollute anyone; it is buried at a distance to avoid recurrance of an early pregnancy.

After the delivery, the mother and the child live in the shatighar for 40 days segregated from the others. During this period, measures are taken for the safety of the child and the mother. Both mother and child wear fetish substance around their neck for 40 days. A piece of garlic, a seed of

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pumpkin, a piece of leather from an old shoe are wrapped up in a piece of cloth. This tiny packet is tied up with a black thread. Two such packets are made and given to the mother and the child to wear. It is believed that garlic sucks out the fluid from the body of the mother, pumpkin seed prevents indigestion and thereby prevents shutika and shoe leather drives away evil wind and bhut. Fire is kept burning in the shatighar for seven nights to drive away bhut and bau batash.

6.20 Treatment of banja:

It is almost universal that in traditional societies the failure of a couple to beget a child is ascribed to a defect in the wife. Supported findings were established by Imperato (1977) and Sigerist (19). An African Zulu usually perceive the situation in the following manner. "The woman receives, takes in, the seed which grows to be a baby - just like the seed of the maize which because of the warmth of the soil which is fertile, germinates and takes root. The child belongs to the man because it is he who has sown. The woman is the soil, as you plant the maize in the soil, it germinates. If the soil is not fertile the maize seed does not take root."

Dhankura people thinks in the same vein. As long as a man is able to perform the sexual act, he cannot be considered sterile. If there is no issue, it is the woman who is infertile. All cases of childlessness in Dhankura were therefore found to be attributed to wives. Efforts to correct infertility

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are therefore directed towards the wife. These efforts vary from herbal preparation to magical formula. Very simple remedy is a suspension made of roots of akon plant and milk. Root is grinded and mixed with the milk of a black cow. This is given for oral consumption. A widely practised formula is pan-paura (enchanted betal leaf). The healer takes a full size betel leaf and recites incantations on it. The sterile woman has to take the pan along with betal nut and catechu.

In many cases, cause of banja is diagnosed as sorcery. In that case herbal treatment is not effective. The usual therapy is tabiz, pani-paura and blowing and whiffing. All the three medications may be applied simultaneously. The healer may give a tabiz to be worn, may chant water to be drunk and may also blow and whiff the patient. Of course, the anti-sorcery tabiz is most effective.

It will not be out of place to note here that in Dhankura there is not a distinct category of healers who specialises in anti sorcery therapy. All categories of healers treat sorcery cases. In Africa where sorcery is very much dreaded, Imperato (1977) has seen that while one particular category of healers called nya-bouin are experts at sorcery-shooting, a number of other practitioners also provide patients with anti-sorcery amulets. Imperato (1977) also reported that African societies have elaborately used amulets as the device to protect against sorcery. Use of amulets thus appears to

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be universally accepted anti sorcery device in the indigenous societies.

Parastula bibi, Akhel Ali and his second wife all were prescribed tabiz. Charal Fakir also gave tabiz as a remedy against sorcery. Sometimes very strange objects are inserted in a tabiz.

Kadbanu did never have any pregnancy. Kabiraj gave her tabiz and tablet. She was instructed to take the tablet while menstruating. The complete dose was seven tablet - one each day. She had to take it early in the morning standing in a pond dipped upto hips. She was given a tabiz that contained a spider taken from the patient's cooking pot. The patient was asked to cook a handfull of rice in a pot in the evening. After her dinner with the rice the pot was kept in the mud floor upside down unwashed. After a few days spider built a web inside the pot. This spider was taken by the kabiraj and used to prepare the tabiz.

There are, however, sundry other anti-sorcery devices. Ketabi was married young at the age of 13. She has been always healthy with a tall and stout body. She lived in joint household with her brother-in-laws. Since her marriage she did not conceive for five years. The treatment of ketabi was undertaken by a baida. As is usual with healers, the baida took a detailed history of the family, the household economy and the kin relationship. Possessed with adequate

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information she diagnosed the cause as sorcery by a close relation from the kin group. The sorcerer had instilled a strong poison into the woman to make the woman infertile and the poison must be extracted out of the patient to restore her fertility. The baida suggested that she would extract this poison with the help of a snake. She took out a snake from her basket and asked it to take away the poison from the woman. Baida, infact, instructed the snake about the job in a lyrical formula, as if she was singing to the snake. The snake moved towards the woman and suddenly licked her forehead and returned to the baida. Baida caressed and fondled the snake by rubbing its head on the ground and the ground became black. Thus the black poison was extracted from the women and thrown into dust. Everybody present saw the black poison vomited by the snake and were convinced.

6.21 Treatment of upranta:

Upranta has to do with bhut. It has different types, different phases and different intensities - depending on the nature of the attack. If a strong bhut gets possession of the patient the disease takes the worst form. But if the bhut does not enter the woman but merely stares at her (drishtanta i.e., evil eye), the disease reveals relatively minor symptoms. Since upranta is caused by bhut, the remedy obviously consists of control and expulsion of the bhut. We may revert to the unfortunate Ratan who was possessed by the bhut of the bastard of Gedi and Dudan.

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The fakir who was called to diagnose the case asked for the following preparation. A woman smeared with wet clay the floor of the room in which Ratan lived. A cane mat was spread at the middle of the room and a few incense were lighted. The fakir had oju (oblution) and sprinkled water around the floor. He then sat on the mat and began chanting incantations in inaudible voice. Some of the words of the formula are as follows: "waj antu alaikum hatuhan hatuhan, jabekan jabekan, almohan almohan, alshahan alshahan, mahalan mahalan, tahalan tahalan, kahalan kahalan, sakian sakian, nakian nakian, kahatke Nabi Solaiman Ibne Daud Alah-e Salam." Most of the words are not meaningful. There was hardly any complete sentence in the formula. Only name that has any meaning is Solaiman. In Islamic parables, Solaiman is regarded as a great controller of jinns and celestial beings. It is believed that he had supernatural power of commanding jinns who were under his tutelage. While chanting the formula, the healer continuously nodded his head and moved his body in rhythmic style. Soon he was in a trance. In the condition of trance he shouted - "Who are you?" Reply came through the voice of Ratan, "I came from the bamboo grove, Dudan is my father and Gedi my mother. They left me away. I live there. But I have been annoyed with Ratan - because of her neglectful behaviour." The bhut was speaking through Ratan who was under its possession. Fakir then commanded it to leave the woman but the ghost refused. At its refusal, the healer became angry and threatened it, pulled the woman by the hair and brought a flaming candle to the face of the woman to burn the ghost. The ghost could not

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bear with the pain and cried out - "I am leaving, leaving; but I will come again. I will not spare her." Fakir then enquired, "Is there anything you want?" The ghost replied, "I am very hungry, I want one dozen of banana, a jug full of milk and twenty batasha (indigenous toffee) every Friday night." The healer negotiated with the bhut and finally settled on making offerings once a month. It was agreed that Ratan's in-laws would furnish the offerings. Bhut warned audience that if offering was not given regularly, serious calamity would be fall on them. So saying the angry ghost left Ratan and since then never came back.

Hasna who becomes senseless very frequently, was also treated by a fakir. With all preparations - smearing the floor, spreading a mat on the floor, burning candle and incense and sprinkling water, the fakir took her seat on the mat and asked for taka 1.25 (one taka and twenty five paisa). Money obtained, she took a tajbi in her hand. (Tajbi is a string of beads used by Muslim devotees. It contains 100 beads. The holder counts by the beads the number of time he has recited a verse, or the name of Allah). With the tajbi in her right hand the fakir started singing what appeared to be murshidi song (a kind of religious song) while all the time counting on the beads. Once she had counted hundred, she inquired about the where about of the bhut. Hasna opened her mouth and answered. It was in fact the bhut that was talking. It said that it

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lived near the grave. One day it was taking a stroll when Hasna had the impertinence to walk alone by the graveyard so that her shadow fell on the bhut. This had angered the bhut. At the behest of the fakir the bhut agreed to leave if it was presented with a pair of shoes. A pair was brought and given to Hasna. Hasna took it and held it near her bosom. She still sat quiet. At this the healer threatened the bhut that he would give it ruthless beating if it did not leave Hasna. Suddenly, right that moment Hasna ran to the backyard of the house and came back again, holding the shoe near her bosom. She repeated running to the backyard and coming back for sometime. After a few rounds she fell down and became quiet. From then on she was alright.

Rahima had an attack with reticent type of upranta and did not leave her bed inspite of the repeated call from the husband and the mother-in-law. Normally Rahima used to get up very early and begin domestic chores. She had to carry water from outside the compound several times in a day. At her silence, therefore everyone felt concerned. The inmates of the compound called a female kabiraj who was,not alone. She came with four other women - who were her disiples. The group of five sat in a circle around the bed on which the patient was lying, and started singing murshidi. Listening to the music, the bhut,that was inside Rahima, got so excited that the patient got up to sit on the bed. The group stopped singing and at once the woman again fell down-supine on the bed and looked very exhausted. The healer group again continued

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singing to awake the woman and thereby the bhut. While the bhut was excited once more, the kabiraj asked it to leave the woman. But the bhut refused to go without sucking her blood, which meant that it would only leave the woman on her death. At this the healer got angry and applied very crude technique. She tortured the bhut by pulling the patient by her hairs and warned that more severe beating was in store if it did not cooperate. The kabiraj insisted on its identity which bhut refused to disclose. It replied, "I forgot my father's name." But the healer was very strong. Finding her more powerful than itself, the bhut finally succumbed and identified itself as bau kurani and disclosed that Rahima had annoyed it by going to the canal for water at right noon in bare head. It agreed to go away on condition that it would come back again if Rahima repeated her neglectful behaviour. It also warned that Rahima should not be visible by the side of the canal at odd hours and frequently. Kabiraj at this cleared the passage so that bhut could depart. Rahima got up and began running towards backyard of the bari. It was surprising to all present that the patient who could not stand up was running. In fact, as the healer disclosed, it was not the patient but the bhut that was running. Suddenly Rahima fell down with a loud scream. Simultaneously, the kabiraj felt a sudden blast that passed away. The kabiraj felt relieved that the bhut had finally left. Rahima was taken to her room. The healer imposed rigid prohibition on her. For three weeks she

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would cook one handful of rice once a day keeping complete silence during the period of cooking. She would avoid all pollution and abstain from going outside the compound for water at odd hours and too often.

Fatema ematiated without visible signs of illness. The female healer that visited her, asked for banana, milk and five quarter pieces of coins - that make one taka twenty five paisa. With all these presents she sat on the mat. She recited a short verse, sprinkled water all around. She then lay on the ground in trance and asked for the identity of the ghost that got on Fatema. The ghost spoke through the healer herself and said it lived in the deserted Hindu bari and caught Fatema when she was there. That there was conversation between the healer and the bhut could be easily understood by the difference in the voice and the tone. When the healer asked question, she was talking in her normal voice. But when the bhut talked it was all nasal and broken sounds. Healer ordered the bhut to give up staring at her, but the bhut did not agree. The healer got up in a peculiar movement and burnt a chilli which produced a very strong stuffy smell. Healer threatened with more severe punishment if it did not leave the company of the patient. The bhut acquised in on one condition-that Fatema would leave that bari. At the advice of the healer, the patient was sent to the parent's house and she quickly recovered.

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A rather different method of exorcising is used by moulanas. Roushan was treated by a moulana who informed that he never used trance and seneance. He put the right hand on the forehead of the patient and recited verses from the Koran and whiffed her. He then took a pot of oil and recited Sura Ekhlas (a verse from the Koran) forty one times and whiffed the oil. The moulana then massaged the oil on the eye-lids of the patient. On performance of these pharaphernalia, he called upon the spirit to come out and talk to him. The spirit responded and began talking through Roushan. After some negotiation, the moulana ultimately succeeded in ex-pelling the spirit.

6.22 Treatment of Mailla:

Mailla is a condition in which an woman is considered to be sick without any physical discomfort. The main symptom is that several children of the woman died before the end of forty days. The ailment is usually diagnosed to be caused by possession of bhut or staring by bhut (drishtanta), or sorcery applied by the enemy. The remedy depends on the cause.

If sorcery had caused mailla the remedy is anti-sorcery tabiz. Healer also imposes a bundle of restrictions on the patient about food, dressing, movement and behaviour which together are called 'kantha bandha.' The patient must avoid all kinds of pollution. She will wear tabiz for a period of

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eighteen months. During this period of eighteen months she must not sit on any other's bed, should not use other's cloths, should not eat in any other house. Even she is not allowed to attend any social invitation that includes meals. The patient must not take bath at such a point of the pond or the river where swimming is possible.

A different remedy is prescribed if mailla is diagnosed as due to staring of bhut. Zahura lost two issues on account of bhut. The kabiraj took steps to protect the patient from the evil eye of the bhut. He isolated Zahura from all other relations except her husband and guarded her against all evils. He took a hoe and drew marks around the room in which Zahura lived. He then took a pot of water and started walking along the hoe marks. While walking he chanted a formula and threw water all around. Thus the room was isolated and sealed. Kabiraj took up his residence in the bed room. While the couple slept on one bed, he slept in a separate bed nearby. This the healer did for one month and during the month nobody except the husband and the healer were allowed to enter the room.

After a month, the kabiraj left the house. A few weeks later Zahura announced her pregnancy. But during fourth month of her pregnancy she had bleeding and pain. Kabiraj was immediately called back. He applied blowing and whiffing. Zahura was covered by more rigid restrictions. She was not

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to go out of the compound, nor drink or eat water or food served by anyone. She observed the restrictions until the baby was delivered. This time Zahura delivered a son. The son survived.

Folk medicine in Dhankura, thus, provides treatment for all major berams from which the women suffer. There are, however, various categories of healers and the types of treatment vary from healer to healer. The same beram may be treated differently by different healers. But in spite of the diversity, there is a basic unity - all healers first identify the cause of the beram and apply the appropriate medicine to remove the cause. The identification of the cause and its removal is one of the basic tenets of folk medical system in Dhankura. The issue that rises is how far the system is capable of successfully treating the diseases. Is the therapy effective? Does it cure the diseases and ensure good health of the community?

6.23 Efficacy of the folk medicine:

Rivers (1924) pointed out that the remedies applied by the healers in traditional medicine follow logically from the causes identified by them. If the cause as detected by the traditional healer is accepted, remedy he prescribes is the only rational choice of treatment. In Dhankura we find support for the Rivers' proposition. When called upon to treat upranta, the healer in Dhankura will invariably diagnose

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the cause as the act of a bhut. He will accordingly recommend expulsion of the bhut as the remedy. If upranta is caused by bhut the remedy suggested is most appropriate. When the healer apprehends sorcery as the cause, the only logical thing for him to do is to offer an anti-sorcery tabiz. When the healer finds that bau batash has hit making a woman ill, he tries to whiff and blow away the bad wind.

In Dhankura diseases are usually attributed to external factors. Internal maladies are seldom taken into consideration. When a healer visits the patient, the patient and his group expect to learn from him that the disease is caused by some external factors. A possession by bhut, an act of sorcerer, or hitting by bau batash appeals to them more than anything else. The patient and his group as well as the healer tend to believe that supernatural forces must be met with supernatural power, sorcery must be countered by anti-sorcery measures and bau batash must be blown away by force of a superior power. In order to deal with these external forces, the healer must be able to invoke more powerful forces to his aid. The fakir claims that he is in communion with celestial forces which are stronger than the bhut, sorcerer or bau batash. The kabiraj instils supernatural power of healing into his herbal preparation by incantation or claims that the herbal preparation is miraculously revealed to him. The treatment by the healer has therefore an appeal to the people and is widely accepted.

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In the context of the beliefs of the people, the behaviour of the healer cannot be summarily dismissed as irrational or unreasonable. The healer does not, however, stop here. He does some thing more. In his herbal preparation he introduces such rare objects like nose of a tiger, meat of an unborn baby deer and parts of fictitious animals called ban manush. Some of the acrobatics of the fakir in bhar-e-bosha and bhut namano are ridiculous. The preparation that the kabiraj or fakir takes is not based on any logic. The healer, further, imposes on the patient restrictions and behaviour patterns which do not seem to have any connection with the real therapy that he dispenses. Why a herbal preparation should be taken in wet cloth while half the body is dipped in water could not be satisfactorily explained by the healers. Why a anti-sorcery tabiz should be worn at a grave yard or at a particular time? Why the tabiz should be kept under bed instead of on the body? If the materials that go inside the tabiz possess supernatural power of counteracting the sorcery, all these rituals connected with the use are redundant. Sometime healer whiffs without the help of any instrument. At other times, he uses a stem or a branch of a herb or even a human bone. Since he chants a formula which is supposed to act as the healing power, use of instrument of any particular variety is meaningless. The incantations themselves are largely meaningless. They hardly convey any idea or sense which may evoke supernatural power. The words

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used are not extraordinary. The construction of the incantations is childish lacking any gravity, weight or depth. There are inconsistencies. At the same breath the chantings refer to Hindu gods and goddess, such as Ram, Laxman and Sita and Islamic beliefs in Allah, the Prophet Muhammad and saints like Sulaiman. Verbal formulas are thus a medley of incoherent, disjointed ambiguous and superficial chatterings. How such chatterings can infuse healing power is a mystery. These and many other rituals connected with collection, preparation and administration of folk medicine could not be satisfactorily explained by the healers. In many cases, these rituals play so dominant part and they are so complicated that the logical connection, if any, between the real therapy and the cause of the disease is difficult, if not impossible, to decipher.

Only explanation for these rituals and pharapharnelia is that they inspire confidence in the patient as to the effectiveness of the treatment. The people in Dhankura seem to believe that more complicated the rituals and the more difficult it is to collect the ingredients that go into the medicament, the greater is the efficacy of the treatment. A healer who is more adept in acrobatics raises greater trust. The healers must, therefore, indulge in many actions and performance in order to satisfy the patients. Like practitioners of all medical systems, allopathic system included, it is the

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aim of the Dhankura healer to give satisfaction to the consumers. Unless he can satisfy the consumers, he is not in practice.

The Dhankura healer is ready to sacrifice logic to satisfy his clients and his clients are generally satisfied. The people of Dhankura, in general, accept the folk medical system as a workable device to deal with the problems of disease. The women of Dhankura reported to the researcher that they do get relief from the folk healer. Since the treatment of the folk healer is based on the patient's perception of the cause and the idea about healing, the patient is willing to believe that he is receiving the correct treatment. Folk medicine therefore exerts a favourable psychological effect on the patient.

There are diseases in which folk therapy is known to be effective. Upranta is such a disease. In most cases of Upranta, the steps taken by the healer produce salutary effect. In a number of instances, upranta is not a pathological disease, but merely emotional or psychological maladjustments. The local healer conversant with the local conditions is probably the best expert to deal with those situations. Similarly, mailla cannot be called a pathological malady. A woman who lost some children before treatment may have live births and survivals after the treatment. This will be an instance of mere coincidence. As regards banja, all

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sterile women may not be congenitally or permanently sterile. Medical science knows of women who bore child a couple of years after marriage. Such exceptional cases do prove the success of folk medicine. The researcher attended a few difficult child birth cases. Insertion of foreign body by the chaini is a crude method, but dilates the birth canal and helps in delivery. Dhankura women are painstaking. They are trained to endure extreme pain and suffering. An urban woman may take a tablet when she has periodic pain. But the Dhankura women depend on the natural healing and withstand the pain. They are therefore well-fitted to bear with prolonged labour. The different devices of the chaini and the attending relations provide the woman enough courage and stamina to undergo the ordeal successfully. Although the credit goes to the chaini, the environment in which the woman lives plays the major role in effecting the delivery after prolonged labour. The researcher had the feeling that few urban woman pass through such ordeal during delivery. They receive medical aid to end the labour much earlier.

What imperato (77) observed about African medicine is aptly applicable to folk medicine of Dhankura, "Traditional practitioners to be successful in meeting the expectations of society must provide both an answer and an antidote to why a patient is ill. They are eminently successful at the former because their training and experience equip them to provide a ready answer. And they rarely fail at the latter because

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most illness are self-limited, with credit for cure being given to the healer" (Page 25).

Folk medicine is not however an unbroken success story in Dhankura. It has its failures. The researcher did not come across a solitary patient of badhak or shutika who has been cured. These are two very cronic ailments which afflict the unfortunate village women. A woman attacked by kosher beram also becomes a cronic patient. Most of the banja women fail to respond to the therapy.

When a patient is convinced that the therapy is not helping her she usually changes the healer. Many women has tried all types of healers - kabiraj, fakir, chaini, baida and the moulana. Some use different types of medicine simultaneously. They wear tabiz, take herbal preparation, drink pani paura and are blown and whiffed. But nothing works.

Such failures do not discredit the system as a whole. No medical system, however, scientific is full-proof. Allopathic system has its failure records. The Dhankura women know of the woman who was declared dead, but delivered in the morgue; the child who was born in a hospital, but is in bad health ever since; and the unfortunate woman whose uterus was burnt by allopathic medicine. During the period of the research a number of delivery cases were transferred to the hospital. Some of the patients died. Dhankura women

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exaggerate the failure and defects of the allopathic system. Success of the folk system is remembered and quoted. Healers themselves are opposed to the allopathic system. Whenever the opportunity comes they deprecate the alien system and instill fear about the unknown medicine in the minds of the women. To the women of Dhankura, there is at present no better alternative to folk medicine.

Folk healers

CONCLUSION

We set out to examine the various aspects of the survival of the folk medicine in Bangladesh. We selected a village and concentrated on the diseases connected with the women and their feminine organs. We discussed the conceptions of the villagers as to what constitute a disease, their reaction to the disease and their attitude towards the techniques of dealing with the disease. We found that the villagers' knowledge, belief and attitude regarding disease, diagnosis and treatment are essential components of the matrix of their culture. The folk medicine is a cultural heritage of the village Dhankura.

In Dhankura, disease is a cultural concept and is recognised when a woman is unable to discharge satisfactorily her culturally assigned role. Once a disease is thus cognised, the patient's group wants to know why the disease has occurred. The cause that appeals to them is either the intervention of a supernatural factor or the machination of a sorcerer. Natural causes find very little favour.

These beliefs of the people about disease causation are also rooted in the cultural system. Attack by a bhut is a punishment for neglectful behaviour. The Dhankura culture has figured a definite image of woman and all women are required to adhere to that image. If any woman recants (say) by

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keeping her head bare, moving at odd hours or acting improperly, she not only incurs the displeasure of the society, she also annoys the bhut who visits disease on her as a chastisement. Bhut is therefore a guardian of the social morality and the disease is an effective means of social control.

Breach of taboo and pollution as causes of disease are also socially significant. Taboo relates mainly to pregnancy, child birth and the feminine organs. Pollution relates to menstruation and child birth. Dhankura culture makes women inferior to men. But this inferiority is contradictory to the crucial function that women perform in the society. For the continuity of the culture, society must be able to procreate and the primary role in the procreation belongs to the women. Since women alone can bear child and men cannot, women as the preserver of the society should get precedence over men and should command honour and authority. But the man-dominated society has designed it otherwise and to protect its indefensible position has coloured pregnancy, birth and the feminine organs with dangerous prohibitions and pollution. By rendering these taboos and pollution into potential cause of disease, the Dhankura culture seeks to vindicate and preserve its attitude regarding the superiority of men and inferiority of the women. The role of women in the reproduction thus places them in a dangerous position - a danger of illness to themselves and to others through breach of taboo and pollution. A woman must be vigilant, take care to contain her vulnerablity

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to illness and forestall the harmful consequences of her situation by observing correct behaviour.

Sorcery as an element in the disease causation performs similar social purpose. Dhankura culture desires social cohesion but cannot ignore the interpersonal conflict of interests giving rise to discord. With human nature as it is, this discord threatens the solidarity of the group and the society must provide for the resolution and control of such discord. Sorcery as a cause of disease is the menifestation of the society's concern for social solidarity. It lays bare the evils of dissension and condemns the disputing parties. Thus it seeks to control and hold in check such disputes from becoming major threat to social unity.

Disease in Dhankura is not therefore merely a pathological condition, it has a social meaning. Treatment of disease therefore calls for not merely correction of the physical malady, but also provision of a meaning of the experience of the disease.

The folk healer is eminently adapted to provide such a treatment. Folk medicine rests upon a foundation of the beliefs and attitudes cherished by the patients within the content of their culture. The healers and their healing devices are the products of the culture and they operate within the parameters of the cultural norms. It is the Dhankura culture

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that has created and moulded the Dhankura folk medicine. The folk healer aims at satisfying the cultural demands made by the patients on them. They understand what the patient want - what they want to know about the disease and what type of remedy they want - and they act accordingly. Both the patients and the healers are mutually geared to the cultural patterns of the disease behaviour, its diagnosis and treatment.

As the concepts of disease causation and the accepted folk methods of dealing with disease lie deep in the cultural convictions of the Dhankura people, the patient feels herself safe in the hands of the folk healer and finds confidence in the medicine the healer dispenses.

What, in the context of the beliefs of the people, is the prospect of the modern scientific medicine in Dhankura? Strength of the modern system depends on its efficiency in curing disease. As a purely medical device, it is immensely superior. But it is ill-adapted to provide social meaning to the experience of illness. Allopathic medicine does not satisfy cultural needs of the people because of its claim to cosmopolitan outlook.

But the medical efficacy of the modern medicine cannot be ignored by any culture. In Dhankura fatal eclampsia cases are sent to the hospital for modern treatment. During the period of research two pregnant women were shifted to Tangail because the chaini could not deliver the baby and the mothers'

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condition brooded no delay. Researcher also came across four cases of women who used Allopathic medicine. Their husbands work in Tangail and brought their wives Allopathic medicine by consulting Allopaths in Tangail without taking the patients to the town. The wives were suffering from badhak or shutika, the two female diseases against which the folk medicine is not effective.

The point to remember is that the Allopathic system is not the drug of choice in any of the cases. The delivery cases continued to be under the treatment of the folk healers until the last moment. In three cases chaini was persuaded to accompany the patients. After the patients returned home, the chaini continued to look after them and provide folk healing. One of the purpose of the folk treatment after the Allopathic treatment was the prevention of any damage or restoration of any harm that Allopathic medicine might have caused to the delicate organs.

The four badhak and shutika patients do not rely exclusively on Allopathic medicine. They had in fact been on folk treatment for a long time. Finding that the treatment was not bearing fruit, the husbands consulted the town doctors. The women were now taking Allopathic medicine in addition to the folk therapy which they were continuing to follow.

Folk medicine is therefore undoubtedly the first preference and in most cases the only preference. In cases where

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folk treatment does not yield satisfactory result, some patients do combine allopathic medicine with the folk device. Such cases are quite rare. Allopathic system is not available at the door-step. One must go to Tangail for the service. At Tangail hospital services leave much to be desired. Medicine are either not available or lack in quality. Quality medicine may be available at the pharmacy, but the cost is high. The poor Dhankura patient must depend on low cost medicine which lack in quality and is less effective.

Even if quality medicine could be supplied at the hospital and the medical facilities could be made available adequately near at home, effectiveness may not improve appreciably. Because, in the culture of Dhankura, diseases do not call for treatment unless the symptoms have approached chronic stage. Folk treatment itself is started quite late. By the time folk treatment has been applied the disease reaches chronic stage at which modern medicine also is not so effective. The four badhak and shutika cases have not responded to the modern treatment. The patients complained to the researcher that the Allopathic medicine is no better.

As things are, Allopathic medicine failed to inspire confidence even as to its efficacy and curative power. Moreover, it fails to satisfy the social cravings of the patient. The patient in Dhankura wants a social meaning for his experience which can be provided by the folk healer only. As a drowning man catches at a straw, a patient not finding recovery

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in folk treatment may take up Allopathic treatment. But such seeking of modern care is not at the exclusion of the folk treatment. Cure for a Dhankura patient has two components, the disappearance of the symptoms and provision of a social meaning of the disease experience that gives cultural reassurance. Folk medicine invariably succeeds in the second objective. Its performance in removing the physical symptoms may not always be a complete success and in such an eventuality the patient may seek the aid of the modern system. But his seeking of modern care for one component of the curing process cannot be at the cost of the second component. He will therefore, continue to adhere to the folk system. Imperato (1977), while analysing the introduction of modern medicine in Africa, found that when a African patient goes to the hospital, the folk healer goes with him and both types of treatment go on simultaneously.

The fact of the matter is that modern medicine is not likely to displace or supplant the folk medicine, but will increase the medical options available to the people. It will stay and cultivate consumers as a purely medical device. But folk medical system will persist and exert significant influence on the state of health and medical decisions in Dhankura due to its successful handling of the cultural aspects of the disease experience and cure.

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