Relevance and Utility of Traditional Medical Systems (TMS) in the Context of a Himalayan Tribe

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This paper unravels the intimate relationships between culture, tradition and health practices in a tribal society in the Central Himalayas. The Jaunsari tribe which resides in this region is well known for its polyandrous practices. The traditional medical system of this region represents a worldview which attempts to be at harmony with natural and supernatural forces and to strike a critical balance. Their magico–religious system of medicine deals with all kinds of human suffering—physical, moral and social. Though these healers of the community play caste and gender specific roles, one of their main responsibilities is to bring the suffering individual close to the superhuman forces. It is argued that these traditional healers can be major resource persons in providing health services to the local communities.

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The recently emerging concern for the personnel and paraphernalia of the traditional medical systems (TMS) is borne out of some pragmatic realisation. For a very long time, science and tradition followed different paths. Science remained a very powerful philosophical orientation as it aimed at finding rational and objective answers to human problems including health care. The a priori presumption was that once the real (or scientific) answers to a problem were available, the traditions would automatically fade away. However, this did not happen, as health care dispensation remained as much an art as it was a science (Inglis, 1975). More than medicine per se, the personality, style, equipment and manners of a practitioner determined whether the dispensation of medicine would be successful or not. Apart from this factor, the

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traditional beliefs and practices were not aportionmentary. Rather, these were deeply entrenched in the notions of morality, religion, politics, and economy (Worsley, 1982). Therefore, traditions did not die out and medical pluralism became the order of the day.

In mid-1970s, the WHO first realised the enormous potentials (materials as well as personnel) of traditional medicines and launched initiatives to tap its potentials. Two arenas at least were found to be of special relevance in the context of traditional medicines: plant medicines and traditional birth attendants. Much before the WHO realised this, however, India and China have been utilising traditional medicines in the delivery of health care with the active support and encouragement by the state. But, their utilisation remained at the level of classical traditions alone. The vast potentials of culture-specific traditional medicines are still to be incorporated into the health care system.

The traditional medical systems are ever present but under-reported channels of health care. In remote, unserviceable and less-changed situations, these systems provide major health care, although, even where better alternatives (biomedicine) are available, people continue to make use of these systems. Folk medicines, tribal medicines, indigenous medicines, alternative and complementary medicines, popular medicines are some of the names by which these systems have been identified in anthropological literature.

In their nature, these systems combine supernaturalism in theory and practice and consequently remain less useful for any kind of sharing of resources with biomedicine. As a result, the notions about disease of traditional systems of medicine come into conflict with the biomedical explanation. For example, the onset of infection may be considered as the wrath of a goddess or epilepsy may be defined in terms of possession by a spirit. As a result, the traditional systems of medicine have remained an unseen and unexplored sector expected to fade away as and when the fruits of scientific knowledge would reach the hinterlands.

There are obvious reasons for resistance against acceptance of TMS as health care alternatives apart from monopolistic vested interests promoting biomedical formulations and technology for profit. These systems have either ardent supporters or vehement critics. There is no systematic knowledge about these systems. A scientist ignores these systems by labelling them superstitions and

consequently very little is known about their actual potentials. In reality, the TMS include some useful as well as some harmful elements but by turning a blind eye to these practices, the harmful practices are allowed to continue on the one hand and the useful practices are replaced or damaged on the other. The basic difference between biomedicine and TMS is in the mode of acquiring knowledge. It can be said that the TMS acquire knowledge through experience while biomedicine acquires it through experiments. Another difference between the two is in terms of change. The TMS change slowly compared to biomedicine while it would be wrong to label the TMS as a closed and static system of knowledge. The measurement of efficacy in the TMS is problematic since the people and the patient may at times be convinced of the benefit irrespective of any tangible improvement in the disease (Kapur, 1979; Kleinman, 1979; Mselle, 1998; Young, 1976).

In this paper an attempt is made to describe the plethora of activities which fall under the TMS. These include culturally accepted healers who undertake the responsibility of extending help to people in distress within the theoretical framework of what constitutes distress, how it affects the people, how it relates to the people, and how people can maintain harmonious relations with the supposed agencies causing distress. It is necessary to extend the point of reference beyond bodily dysfunction or disease in order to understand and appreciate the potentials of the TMS. The TMS is explained in the context of the Khos polyandrous tribe.

The Setting

The potentials of the TMS are discussed in the context of a central Himalayan tribe. This tribe, officially known as the Jaunsari, lives in the central Himalayan region at the border of UP and HP. It is well known for its polyandrous practices. In fact, this tribe has been practising a system of multiple marriages, such as polyandry, polygyny, and a combination of the two called polygynandry, besides monogamy, which is the norm. This multiple marriage system helps in the management of large domestic units, which have to perform a wide variety of economic tasks. The custom of a common

spouse binds the domestic unit together in order to facilitate and realise the functioning of the domestic unit. However, this system of marriage is under tremendous pressure for change due to modernisation, migration and culture–contact.

Traditional Medical System

The health care system of the Khos is primarily magico–religious. This is not to say that it lacks empirical content but this assessment is indicative of the relative importance which the Khos attach to a magico–religious worldview in their health care beliefs and practices. The Khos dichotomise the world of miseries (which surpasses the arena of somatic deviations in an individual) into the natural and supernatural. The concerns expressed at the time of illness and practices followed after can be clearly seen as an attempt to attain a harmony—the critical balance of man (or his/her immediate group) with the myriad forces which are responsible in affecting this relationship.

The Khos term indicating generalised misfortunes is "pain-tiredness" (*pira-khora*). It is referred to in the context of assessing the generalised state of well-being of a group. Any individual suffering from illness is inclusive in it. But, *pira-khora* includes other miseries as well like loss, accidents, mishappenings, conflicts and generalised failures.

Dos–Bimari

Dos and *bimari* refer to the supernatural and natural world respectively. The supernatural world is manifested at the level of *dos* while the natural world at the level of *bimari*. *Dos* embraces all kinds of sufferings and misfortunes including an individual's illness as well as calamities affecting a large group but *bimari* refers to bodily disturbances in the case of an individual only.

Dos as a culturally postulated causative agency generally afflicts a social unit such as a family, lineage, agnates or sometimes even an entire village. However, sometimes individuals may by chance

encounter these forces and consequently fall victim to *dos*. Such an affliction is not spontaneous but conforms to the structural links in the group. Joint family as a whole generally falls victim to a *dos* which becomes a potential threat to all of its constituent members. Accidents, loss, failure and impairment in the family are perceived as reminders of *dos*, which may take other forms of suffering as well. In *bimari*, on the other hand, culturally postulated humoral forces are identified as the causative agents and, therefore, the food, habits and circumstances of an individual (the sick person) alone are responsible for the causation of a *bimari*. Thus, while *bimari* affects a person because of his own fault, *dos* may manifest it at times due to no fault of his. Transferability and transgressionality of *dos* to the structurally linked members of a social group thus make it a very powerful force in social control which, in turn, helps in maintenance of the social order.

The origin of *bimari* is traced to the violation of body humours ("hot", "cold" and "air", alone or in various combinations) resulting in discernible symptoms like pain, swellings, cough, fever, and skin eruptions. *Bimari* "sticks" (*lagi*) and "enters" (*aee*) the body because of weak humours. Consequently, it is treated with the use of herbs, diet therapy, forbidden food observations (*perhej*), and doctor's medicines, all of which aim at balancing the "difference" (*forak*) in the humours in order to "cut" off the *bimari*.

Dos is caused by man's disturbed relations with the external supernatural forces, interpersonal jealousy (*jinghar*) and is projected through means of supernatural channels and accidental encounters with powerful external forces, "wakes up" (*bijue*), "stands" (*khara*), and "falls" (*pori*). *Dos* is propitiated by means of proper "listen-respect" (*sunana–manana*). The therapeutic techniques employed in such healing are ritual offerings, paying fine, keeping promise, social boycott, sacrifice, pilgrimage, tying charms and all other forms of actions aimed at appeasing the infuriated superempirical forces and getting rid of them.

In native conception, some superempirical forces are only to be beseeched whereas others may be coerced. Those that are forced or brutally dealt with are inferior compared to those always propitiated. No human can ever dare to punish the ones that demand a supplicate attitude.

In actual cases, *dos* and *bimari* are often lumped together as possible causes. The widely held belief is to propitiate *dos* first and

then only attempt to treat *bimari*. The belief is that *dos* may aggravate *bimari* but not vice versa.

Causative Agents

For an illness to be present there has to be an underlying cause. However, in instances where the causative agent remains unknown till the very end, the theory of "luck–fate" (*bhagu–tokdeer*) fills in the gap. The luck factor plays a very vital role in the explanatory model of the Khos. It is believed that a person takes birth with a fixed stock of "luck–fate". "Luck–fate" is an inherent, pre-existent and unchangeable "sum" which a person acquires from his past births. There is no way of knowing it in advance. It is only after the effects are felt that explanations can be offered in terms of "luck–fate". The superempirical forces and factors, which are responsible for the people's sufferings and rewards, also become helpless in the "play" of "luck-fate". Faith in the belief that "no matter what we do, the pre-written troubles will have to be enacted" is frequently employed in making judgements at different stages of an illness by the people. The healer's intervention and other curative actions can only be successful if "luck–fate" poses no obstacle in the path of healing. Influenced by this belief, people do not make judgements and foresee outcomes immediately after the healing interventions. They always make room for "luck–fate" as a possible contributory factor for its supremacy over all mundane actions.

At birth and afterwards, a person in Khos society is believed to exist in a particular association with a number of culturally postulated factors and forces. Thus, the harmonious existence of a person with such entities contributes to his normal and healthy state. The time and constellations at birth, family history, kin and affines and the individually and socially enacted actions in his lifespan, are all known to have an effect in such a sensible and dynamic relationship. Foremost among them are the cosmogenetic entities, like the sun, the moon, the planets, the stars and the zodiacs.

The relationship of a person to the astrological heavenly bodies is determined at the time of birth. A family priest, who also assumes a healer's role as a *baman*, prepares the horoscope (*teep*) for every male child. Like "luck–fate", astrological influence is pre-existing

and inherent. It differs from "luck-fate" because it can be known in advance and can also be neutralised to a great extent.

The Khos believe in a number of superhuman and supernatural forces, directly or indirectly leading to illness and misfortunes from time to time. These range from anthropomorphic forms to invisible "air" and are always higher and more powerful than the "human forms" (*nordei*). The superhuman forces are addressed as "maharaj", a generalised term used in the context of a power hierarchy. The word *maharaj* is used when a lower caste person addresses a higher caste, or a villager addresses a government official. The superhuman forces are also arranged in a hierarchy. Thus, there are superhuman forces of a higher order—the *barey devta*, as well as of a lower order—ghosts, demons, witches and myriad other nefarious evil superhuman forces besides the subordinate and assistant gods. However, the term *maharaj* is used to address all of them. Hence, it is not the benevolent quality alone which places these superempirical forces in the realm of dependence but actually the fear that these may cause harm and create havoc if not attended to properly. However, people pay regular respect only to those who are benevolent while others are propitiated only at the time of danger.

The *devta*, according to people, not only demand regular respect from them in the form of offerings, sacrifices, rituals and pilgrimage, but also expect people to exhibit "purity" in their thoughts and actions.

In general, the *devtas* are helpful and protective for which people seek their intervention at the time of need. But, people often forget their vows, promises, wishes and desires and this angers the respective *devta* whose punishment or reminder "wakes up" in the form of *dos*.

The higher order *devta* are the four Mahasu, Silgur, Pandava, Kedar Nath, and goddesses such as Durga, Kangra, and Jwala, whereas subordinate and assistant gods are Kapla, Kailu, Kailath, Peer, etc. The ferocious superhuman category includes Kali, Kalua, Narsingh, Bhairo, and Pokhu.

Among the supernatural forces, *matri* or *pari* occupy a very special place in the ethos. These are the culturally postulated invisible fairy forms, which are believed to have come from the supernal (*indras*). They are addressed as *jogni* in the healing rituals. Principally, there are a total of 64 *jognis* but the three

matri forms are of special concern to the people. These are *succi matri*, *masan matri* and *sukh matri*. The *succi matri* and *masan matri* are the most prevalent cause of *dos* in the case of the people while *sukh matri* affects only those infants who suffer from excessive malnutrition.

Unlike other *dos* forms, a person having *matri dos* need not be directly responsible for it. In general, people innocently fall victim to *matri's* anger when they cross their paths or unknowingly attract their attention. In the case of *matri dos*, these fairies enter the body of the victim creating trouble for him in various ways.

Belief in *dag* is the Khos conceptualisation of witchcraft. It is accepted that some individuals (generally females) are endowed with evil powers, which can bring harm to others. It is further held that witchcraft is not an inherent force but a secretly learned skill. A witch secretly haunts at night and eats others from inside, the victim may appear to be fine but his precious vital organs would be eaten away. Most commonly, during the new moon night she is able to accomplish her task of eating others.

"Poisoning" (*bis*) is a commonly occurring *dos* category. This "poisoning" is not material poisoning but it is believed that some couples—the followers of Kalua god—secretly make offerings of human life for appeasement. The regular offerings of human life to Kalua lead to exponential growth in wealth and fame. As long as the couple continue to make regular offerings, they receive Kalua's favour. In order to offer human life, they have to offer food or drink to their potential victims. If the woman "puts in" her wish in this food or drink, the guest will start to manifest adverse effects.

In reality, any one who shows signs of sudden prosperity and increase in influence is suspected to be a follower of Kalua, though he may never be publicly accused as such. People whisper and criticise him but never confront him. It is common to observe the lady of the house who serves food to her guest take a morsel from the guest's plate and keep it in her husband's or son's plate. In this way, she declares that the food served by her is free of "poison"

Dunkin is the Khos belief in the "evil-eye". *Dunkin* is an inherent quality, that is, the "sight" (*najar)* is believed to influence the normal/healthy state of others. Persons having such powers cannot be identified, as *dunkin* is not an entity of the public sphere. However, people do whisper their observations when they correlate some accidents, mishappenings or disease with the situational comments

of a person suspected of having *dunkin* powers. As one informant explained, "We see people commenting about our orchard, crop and cattle and later we notice damage to them. We become alert from the next time onwards".

Who is more prone to the effects of *dunkin*? Although, anything in possession can be influenced by *dunkin*, yet the most dear ones particularly are to be protected against *dunkin*. As a prophylaxis, people wear special charms prepared by a priest to ward off *dunkin*.

As a supernatural category, "ghost–demons" (*bhut–pret)* are known to inhabit cremation grounds. They "enter" the victim's body when the latter becomes suddenly frightened. The *bhut–pret* appear when someone dies accidentally before completing the pre-written life which he/she should have lived as per "luck-fate".

A person, under the influence of *bhut–pret*, behaves abnormally and abuses others. Such a person is taken to diviners who first confirm whether the possession is by an evil force or a pious divine power. In the case of the former, the evil force is coerced to leave the body.

Sins are institutionalised in the form of *pap* by the Khos. *Pap*, literally meaning sins, take the form of personal or family shrine, which are remembered and propitiated regularly. *Pap* "originate" (*bijua)* to people who have hurt someone thus becoming the cause of death or suicide. This feeling of hurt or neglect takes the form of *pap*. For a long time *pap* may remain dormant. A prominent category of *dos*, *pap* "stick" to people and act as a reminder to them for generations. A *pap* once "born" remains for generations with the family and demands regular oblations for being appeased. But if a family neglects its *pap*, it creates problems for them in the form of *dos*.

Lagich is a causative agent which derives its name from the root *lag* meaning "to stick". Such *dos* particularly troubles newborns and infants who get the *lagich dos* from their mother's natal family. A *dos*, if transgressed through a married daughter to her husband's family, is called *lagich*. The adverse effects of this *dos* are believed to be erased if the woman transferring *dos* severs all social contacts with her natal family.

Bimari is understood by the Khos in the conceptualisation of three humours, a harmonious balance among them designates a normal state and *bimari* refers to an imbalance in the humours. The basic humours identified are "hot" (*garam*), "cold" (*thand*) and

"air" (*bai*). All human beings are born with a particular balance of these forces in their constitution. The equilibrium of these determines the physically healthy state of a person. The state of *bimari* is referred to as a "difference" (*forak*) in the humours. This difference or deviation is always due to an excess of these humours.

The principal treatment for balancing these dialectically opposite humours is to check the excess of one humour by simply introducing another. For example, *bimari* caused by an excess of "cold" is treated with the help of "hot" quality medicines.

Dietary habits play a very significant role in creating humoral imbalance. However, humours can always be disturbed due to adverse meteorological conditions. Pulse (*nabj*), recognised as a carrier of blood, assumes a central place in the diagnosis of *bimari*. Any humoral disturbance has an impact on the pulse. The diagnosis is made by carefully observing the changes in the size and movement of the pulse. Of the many strategic centres in the body, the wrist of the right hand is believed to be an ideal place for diagnosing the *bimari*.

Broadly speaking, despite great differences in the individual style of diagnosis, it is believed that an excess of "hot" produces faster pulsation whereas an excess of "cold" or "air" leads to slower pulsation. In size, the pulse becomes thinner due to an excess of "hot" and thicker due to "cold".

Khos Healers

Healers, socially recognised persons who are consulted in the case of illness, can be categorised into five types, namely: (*a*) *baman*—astrologer, priest and healer; (*b*) *mali*—diviner; (*c*) *jariyara*—pulse specialist and herbalist; (*d*) female specialist—midwife and gynaecologist; and (*e*) doctor—non-traditional ayurvedic and biomedical practitioner.

With the exception of the doctor, all others are traditional healers. Among these, *baman* and *mali* exclusively use the supernatural explanatory model and deal within the realm of *dos*; whereas *jariyara*, female specialist and doctors are identified as having expertise in the field of *bimari*.

An important factor which not only distinguishes the Khos traditional healers from the doctor but also from many other reported

forms elsewhere, is their inexpensive treatment. Barring a few exceptions, the healer's role is not a full-time job. A healer is just like any other ordinary villager engaged in healing as a part-time work. Mostly, the healer's services are gratis and inexpensive. The people can afford their treatment. None of the healers ask for any return for their services and they may accept money for their services under protest. Thus, the healer's role is a "non-profit social service" which adds to the prestige of an individual as a "helpful guy". In return, of course, he earns the respect and appreciation of the people.

Baman

Baman is a commonly used term for a special category of healers who follow the literary tradition in their practice. Alternatively called *ganechhiya* (*ganana* means "to calculate"), their roles include those of a priest, an astrologer, a diagnostician and a healer. These skills are formally transmitted in a traditional way through a practising *baman* to his apprentice. *Bamnai*, the practice of a *baman* is a gender specific role, a prerogative of males. In terms of caste it is confined to Brahmins, the higher caste landowners with the exception of a few persons from Jogra renunciations, who have also acquired this skill.

The distinguishing mark of a *baman* is a scripture written in a script called Kashmiri Vidhya which is also referred to as *sancha* (meaning model). It is believed that the scripture is an abstract and codified knowledge, the interpretation of which can reveal the nature and magnitude of a *dos*. It consists of long sheets of white paper stitched together and wrapped in deerskin. It is carefully kept in a cotton net bag. Divided into seven chapters, it contains many figures and tables which help a *baman* in "calculation and search" (*ganana-khojna*).

A *baman* adopts a random process in his calculations. He uses a solid rectangular dice (*goti*) with one to four dots engraved on the four sides. In order to calculate *dos*, he throws the dice over the *sancha* nine times and looks at the codified verses for meaning. The verses symbolically reveal the nature of *dos* and through discussions the *baman* arrives at a consensus regarding the nature of *dos*.

Mali

Numerically the strongest category of sacred healers, the *mali* is a group of diviners who bridge the gap between the superhuman forces and the lay villagers. They are the via media of supernatural forces and communicate with the people in ecstasy and under the spell of divine powers. The Khos believe that the invisible *devta* are omnipresent. The existence of the *devta* is explained through the conceptualisation of "air" (*hava*). Such an "air" of the *devta* is constantly blowing in the atmosphere. As the *devta* are also believed to be the keepers of conscience and the protectors of *dharma* (the righteous duties and obligations), they watch not only the actions of the people but also their thoughts, motivations and intentions.

These *devta* cannot assume a human form (*nordei*), a form lower in the "purity" status and therefore express themselves through their vehicles (*dori*) called *mali*. Such people, it is believed, are carefully selected for they protect the purity status and sanctity of the *devta*. The divination is accomplished in an altered state of consciousness. It is believed that a *mali* has the skills and ability to get the designated superhuman into his body and transform his consciousness into that of a *devta*. In such a state of trance, the *mali* temporarily becomes the *devta* and helps people in diagnosing the causes and consequences of *dos*. That the *mali* becomes a *devta*, albeit temporarily, is evident from the fact that he is addressed as the designated *devta* irrespective of his caste, gender and status.

A *mali*, as said earlier, is believed to be the one who is specially favoured by his guardian force. This explains why only some people can become a *mali*. The divination occurs when the guardian force enters the body and possesses it. The *mali*, because he possesses the pious superhuman, has to lead the life of a "holy person". Thus, a *mali* has to observe purity rules. The most commonly followed rules are:

1. A *mali* would not plough.
2. Not share water, pipe with others.
3. Not abuse or use abusive language.
4. Not take stale meal.
5. Always take a bath and purify himself before a meal.

6. Leave one time meal if he hears of a death.
7. Only eat a higher category of meat such as ram and goat.

Many of these behavioural and commensality rules are included in intercaste regulations. The adherence of a *mali* to purity rules therefore enhances his social status in society. Moreover, becoming a *mali* would mean receiving special attention in the family and the village. Though it appears to be a painful and tedious role (especially during apprenticeship), yet it becomes a desirable one.

The Khos *mali* greatly differ from many other reported types of shamans and diviners in that they do not charge payment for their services. In certain areas, they even avoid offerings or money. In case where payment is insisted upon, the returns rarely exceed Re 1 per session. Meagre economic returns albeit, a *mali* cannot refuse a client irrespective of the latter's caste, creed and social status. A refusal to perform divination on request is like insulting the guardian spirit. However, like other healers of the community a *mali's* role is also a part-time one.

The *mali's* role is primarily a male dominated one, a male *mali* may represent both male and female superhuman, however, there may be a few exceptions of female *mali* representing female superhuman. The impact of the prevailing caste hierarchy can also be traced in the world of superhuman. Though superhuman are placed at a higher level than the *nordei* human forms, yet they maintain a hierarchy among themselves. There are higher order superhuman (*barey devta*) and lower order superhuman. This hierarchy is also maintained in the selection of a *mali*. Thus, the higher caste Brahmins and Rajputs act as *mali* of higher order superhuman, and lower caste Bajgi, Kolta, and doom represent the lower order superhuman.

The *mali* enjoys a legitimate diviner's status. Different *mali* are identified in terms of their insignia, style, language used and the area of *dos* they are effective in. Within various types of *mali*, there are differences. Though legitimisation for most of them except Peer and Silgur is obtained at Hanol—the principal shrine of the Khos, they differ in terms of the insignia they carry with themselves. The higher order superhuman *mali* in general carry a brass container (*lota*) and a silver coin obtained from Hanol while the lower order superhuman *mali* such as Kali carry a red colour cloth and vermilion as insignia.

Every *mali* uses two languages during the trance. One is the original language of the *devta* while the other is used in addressing the queries of the people. The divine language, which sounds very strange to the people, is spoken only during the state of extreme trance or for conversing with a fellow *mali* who is also in trance. Though the two *mali* would be speaking two different divine languages, they would be comfortable in communication while the language so spoken would be unfathomable to a layman. Several languages like Kashmiri, Calcuttia, Kila Kangra are identified as divine languages though they have a connection with the current languages spoken in Kashmir, Calcutta or Kangra.

Before attaining the status of a *mali*, a newcomer has to undergo apprenticeship. A legitimate *mali* is called *boidori*, *dor* or *bochwan* meaning the one who "speaks" (in the language of the gods). During apprenticeship a person is called a *noitor*. A *noitor* is one whose "tongue has not opened up" (*bhak-khulna*), that is, one who has not mastered the "speech" of the divinity. The tenure of apprenticeship is very tedious and painful. A *noitor* has to attend innumerable séance in order to "habituate" himself for the role of a *mali*. During this period, he manifests behavioural disturbances called *bawal*. *Bawal* is understood as a state under which a person gets into an altered state of consciousness with little or no control over his behaviour and actions. He passes through a phase of intense pain, suffering and confusion. He may cry, weep, shiver or wander aimlessly. A number of bodily symptoms also accompany *bawal* such as weakness, joint pains and lack of appetite. A large number of *mali* reported to have avoided food for many days during the phase of *bawal*. The appearance of *bawal* symptoms may vary from one *mali* to another but it was reported that higher the status of the superhuman, the greater was the pain and rigour during the period of *noitor*.

The divination session of a *mali* is a very stylistic social drama. A very common way of getting into trance is to invoke the guardian divinity to come and reside (*vas*) in the body (*pind*) of the diviner (*dori*). Another form of divination is through the beating of drums and singing. The higher order *mali* are also skilled at inducing a trance in the lower order *mali* by simply throwing rice grains over them. Divination, in general, is not attained spontaneously. It always succeeds a set of actions directed towards self-purification. The place where divination takes place needs to be clean. The *mali*

should have had a bath; prior to divination, a *mali* should purify himself by washing his hands, feet and face. Sometimes, cow's urine is also applied and partaken for purification of the body.

The request made to a *devta* by a client is known as *oraj*. The action is termed as "putting request" (*orgi-lana*). A session of *orgi* is called *chhant* which means choosing. The job of a *mali* is to choose or isolate the exact *dos* which is responsible for a particular set of disturbances. At a particular time, a man may experience various concurrent *dos*—some hidden, others exposed. A *chhant* is thus an attempt to locate the most immediate factor or force causing the trouble. Divination is basically of three kinds. First, there is the dialogue-based divination where a client asks questions one after another and the *mali* explains the causation or the course of events to him. This is the most commonly practised style of divination and is called *chhant-lana*. Second, there is mechanical divination known as *purji-lana*. The literal meaning of *purji-lana* is "keeping the rice". It is performed during divinations, generally in between the course of a *chhant*. It is specifically used when there appears to be some confusion in the mind of the client with regard to the exact causation or the most appropriate procedure to appease the angry superhuman force. Third, the divination sometimes induces a client into a trance when the *mali* throws rice grains over him. This form of divination is called *ottro*, in this the client speaks for the course of *dos* under the trance.

Jariyara

The term *jariyara* is derived from the word *jori*—a Khos term for medicine in general. Thus, all plants containing medicinal properties are grouped under *jori*. Even the medicines prescribed by a doctor are termed as *jori*. A doctor for the Khos is basically a *jariyara* but since his role and style of therapy drastically differ from those of the traditional healers, he is grouped into a separate category. *Jariyara* differ from other traditional healers like *baman* and *mali* as he primarily deals in the domain of *bimari*. His explanatory model focuses on humoral distrubances, which provide him the clues to identify the cause and consequences of the *bimari*. The skills and expertise of a *jariyara* are specifically evaluated in the

manner in which he feels the pulse of a patient. The belief that every *bimari* is due to disturbances in the humours as reflected in the pulse—its size and movement—is very strong in all sections of the Khos society. A knowledgeable *jariyara* is expected to know, by merely feeling the pulse, what kinds of food or weather conditions have caused the *bimari*.

Besides having expertise in feeling the pulse, a *jariyara* also has knowledge about some medicinal herbs, imbibed from others under an oath of secrecy. Mechanical manipulation like massages and bodily exercises are also associated with the task of a *jariyara*. Finally, a *jariyara* is also expected to have sound knowledge of the humoral properties of food. Any remedy for a *bimari*, as a rule, is associated with a particular diet therapy. There are certain foods that are forbidden (*perhej*) and others which are prescribed.

The *jariyara* are secretive about the knowledge of medicine in spite of the fact that they consider it unethical to take any monetary returns for their services. The underlying belief for this secrecy is linked to the sacred powers which a medicinal herb contains. Once made public, the medicinal herbs lose these powers. However, under special circumstances a person may acquire knowledge of herbs by observing a *jariyara* at work. But such cases are very rare indeed. In majority of the cases, a father transfers the knowledge of herbs and other associated skills to his son. However, this occurs only when the father is impaired and cannot serve the people.

Herbal medicines remain as a family heritage for generations together. In itself, the herbs are not effective but become so when they are administered by an experienced *jariyara* under specified conditions. Herbs are not equivalent to a doctor's pills. There are certain ritual procedures which must accompany the administration of a herb. In many cases, mantras are whispered when a herb is applied. For example, some herbs require the offering of sacred smoke (*dhoop*) before application. In other cases, the use of the sacred number seven is considered; for example, a herb may be administered seven times in one sitting.

As mentioned earlier, a *jariyara* is known to have expertise in feeling the pulse. Making a diagnosis by checking the pulse is the main tool of a *jariyara*. Some leading *jariyara* claim that they can diagnose *bimari* even by feeling the pulse of a blood relative of the patient. Surprisingly, there is great variability in the location and activities of the pulse among the *jariyara*. The general belief is

that there is one life pulse that pulsates as long as there is life in a person. Knowledge about the rest is highly variable. Some *jariyara* claim that they can diagnose a *bimari* by feeling the movement and size of only one pulse whereas others argue that they can do it by feeling two pulses indicating "hot" and "cold" qualities respectively. One *jariyara* even claimed that all major *bimari* are reflected in the various distinct pulses.

Well-defined norms determine the practice of a *jariyara*. A *jariyara* is expected to demonstrate that he is knowledgeable about the intricacies of the humours. He is supposed to make an independent diagnosis by feeling the pulse. Therefore, when someone approaches him for a *bimari* his task is to feel the pulse without asking questions. The pulse, it is believed, will reveal everything about a *bimari* to a skilled *jariyara*. However, the right time to check the pulse is when the patient has not had any food or drink. Apart from this, a patient should neither be tired nor have taken any other medicine, especially injections and tablets prescribed by a doctor. These have an impact on the normal rhythms of the pulse. The first task facing a *jariyara* is to ascertain whether the *bimari* is due to "cold" or "hot". Once this diagnosis is complete, he is supplied with detailed information about the course of the *bimari*.

Female Specialist

These skilled healers specialise in abnormal delivery cases. They are also skilled in treating the conditions of "displacement of womb" (*pet tolle*). *Pet* in general refers to the abdomen. As the womb is considered to be a very vital component of the *pet*, the womb abnormality is called the abnormality of the *pet*. It is believed that both men and women have a womb. The sack-like womb of a man is rudimentary while in women it is bigger in size. These healers are especially skilled in doing massage. Although their therapy includes a specific diet and at times is administered along with some herbal medicines, their primary focus is on massage. The massage is done by fingers that skilfully detect internal disturbances.

This healer's role is sex-specific. It is generally confined to the lower caste. The mode of learning is highly personal and informal. Most female specialists have been initiated into this skill by

their mothers but only after they have undergone the experience themselves. Every female knows about the functioning of the reproductive system as all the deliveries are performed at home. The female specialists are perceived as being more knowledgeable about the intricacies of the reproductive system. Their role is a non-profit one. They do not charge for their services, but since they generally belong to the lower dependent caste, they are offered grains for their services.

The practice of a female specialist is very stylish. She has working knowledge of the pulse through which she diagnoses the extent of humoral balance in the body. Treatment by massaging involves stroking, pressing, tapping and kneading the affected area. The massage is done using butter, oil and at times ash depending upon the humoral conditioning of the body. Ceremonial "thanks giving" is performed after the massage, in which the patient and the healer touch each other's folded hands—the act of being grateful.

Healers as a Resource

A survey of 71 villages with an approximate population of 25,000 revealed that there were 397 healers (Tables 1 and 2). These healers were not full-time practitioners but formed the first line in consultation for misfortunes including physical and mental dysfunction. They provided 90 per cent of the services when people fell ill. In many instances, they were the exclusive health care agencies. This

Table 1

Caste Composition of the Khos Healers

S. No.	*Caste*	*High God Mali*	*Subordinate God Mali*	*Baman Priest*	*Female Specialist*	*Herbalist*	*Total*
1	Higher Agr.	99	10	89	6	38	242
2	Artisan	2	11	0	0	4	17
3	Lower Har.	4	88	0	5	14	111
4	Others	4	4	4	4	11	27
	Total	109	113	93	15	67	397

Table 2

Sex-wise Distribution of Healers

S. No.	*Sex*	*Mali*	*Baman*	*Female Specialist*	*Herbalist*	*Total*
1	Male	211	93	0	62	366
2	Female	11	0	15	5	31
	Total	222	93	15	67	397

was not only true in case of ailments of a minor, self-limiting nature, but also when the cause was perceived to be exclusively a *dos*. A sizeable population of healers (nearly 80 per cent) dealt exclusively with *dos* while the rest dealt with *bimari*. The majority of *bimari* healers comprised *jariyara* herbalists (16.9 per cent as against 3.8 per cent female specialists). In other words, there appeared to be a dearth of female specialists as far as the traditional resources were concerned. However, it must be remembered here that the female specialists are over and above the traditional birth attendants whose role is a generalised one and can be performed by most women who have had the experience of delivering a child. Every household is thus self-sufficient as far as the birth of a child is concerned.

The diviners constituted 55.8 per cent of the total traditional healers, including both higher and lower god diviners. *Baman* healers who accounted for 23.4 per cent of the total traditional healers followed the diviners in terms of numerical strength. While *baman* is a caste and a gender specific healer's role, the diviner's role is spread across caste and gender. However, the higher caste performs the higher god diviner's role while the lower caste performs the lower god diviner's role. In other words, the hierarchy of gods is associated with the caste hierarchy of the healers. A good patient-healer ratio of 1:60 makes these healers a very valuable resource for health care. This precious resource needs to be accounted for in undertaking health care planning in this area.

The Khos healers have been practising the art of healing for many years (Table 3). More than 50 per cent of them had been practising for over 10 years. Furthermore, they had acquired the skills of their practice through culturally prescribed means. Barring diviners, who entered the practice automatically, the other healers had learned this skill from a teacher. The aim to earn money through

Table 3

Healers' Profile

S. No.	Characteristics	Baman	Diviner	Female Specialist	Herbalist	Doctor	Total(%)
Years of Practice							
1.	Up to 5 years	1	16	0	0	0	18(20.4)
2.	6–10 years	2	11	0	1	1	15(17.4)
3.	11–20 years	4	15	0	2	2	23(26.8)
4.	21–30 years	3	14	1	3	0	21(24.4)
5.	31 and above	2	4	1	2	0	9(10.5)
Duration of Apprenticeship							
1.	Less than 1 month	0	9	1	5	0	15(17.4)
2.	1–6 months	0	15	0	0	0	15(17.4)
3.	6 months–1 year	2	19	0	0	0	21(24.4)
4.	1–2 years	5	11	0	1	0	17(19.8)
5.	More than 2 years	5	6	1	2	4	18(21.0)
Mode of Learning							
1.	Automatic	0	60	1	0	0	61(70.9)
2.	Family tradition	9	0	1	5	0	15(17.4)
3.	Outside expert	2	0	0	3	2	7(8.2)
4.	Outside relative	1	0	0	0	0	1(1.2)
5.	Institutional training	0	0	0	0	2	2(2.3)
Motive for doing practice							
1.	No choice	1	60	1	0	0	61(70.9)
2.	Family's skill	10	0	0	1	1	12(14.0)
3.	To earn money	1	0	1	0	2	4(4.6)
4.	To serve people	0	0	1	7	1	9(10.5)

practice was not the motive of a majority of them. They had entered the profession either because they had no choice or because they wanted to serve the people.

It can be seen from Table 4 how biomedical doctors are perceived by traditional healers. It is clear from the table that doctors are believed to treat successfully only *bimari* and not *dos*. *Dos* is treated by traditional healers.

The consultation of a *baman*, who primarily deals with *dos* related problems, was followed for 6 months during which all the cases seen by him were recorded. This exercise led to some very interesting findings. People had consulted the *baman* for a variety of misfortunes, but surprisingly a majority of them reported physical symptoms (Table 5). Their complaints ranged from fever, headache, backache, and stomach ache to pregnancy, bad dreams,

Table 4

Perception of Doctor by Traditional Healers

S. No.	*Doctor's Abilities*	*Baman*	*Diviner*	*Female Specialist*	*Herbalist*	*Total(%)*
Can a doctor treat *dos?*						
1.	Yes	1	1	0	0	2(2.4)
2.	No	11	59	2	8	80(97.6)
Can a doctor treat *bimari* successfully?						
1.	Yes	11	57	2	6	76(92.7)
2.	No	1	1	0	0	2(2.4)
3.	Sometimes	0	2	0	2	4(4.9)
Can a doctor treat a patient without feeling pulse?						
1.	Yes	6	8	0	1	15(18.3)
2.	No	0	3	0	0	3(3.6)
3.	A better doctor will feel it.	6	49	2	7	64(78.1)

etc. Furthermore, in nearly 9 out of 10 consultations, the actual patient was not present at the time of consultation. Someone else had substituted the patient but the *baman* had no difficulty in

Table 5

Consultation Pattern of a Baman

S. No.	*Problem*	*Frequency*	*Per cent*
1.	Fever	38	20.1
2.	Headache	23	12.2
3.	Cough	15	07.9
4.	Abdominal ache	25	13.2
5.	Laziness	2	01.1
6.	Toothache	7	03.7
7.	Leg ache	11	05.8
8.	Joint ache	1	00.5
9.	Eye trouble	5	02.6
10.	Vomiting	5	02.6
11.	Backache	29	15.3
12.	Weakness	2	01.1
13.	Ear ache	1	00.5
14.	Diarrhoea	3	01.6
15.	Pregnancy	4	02.1
16.	Bad dreams	4	02.1
17.	Excessive crying	3	01.6
18.	Flu/cold	4	02 1
19.	Others	7	03 7
	Total	189	100.0

diagnosing his *dos*. The payments received by the *baman* were meagre with nearly one-third of the consultations done gratis. In half of the cases when the money was actually paid, it was a paltry sum (below Rs 2).

Relevance of Traditional Systems

Since the initial initiative taken by the WHO, there have been numerous attempts at utilising the hidden potentials of the TMS. The WHO suggested that different states should give due recognition to the potential of the traditional systems. This can be accomplished by making inventories of herbal plant medicines and intensifying activities leading to cooperation between the healers of traditional medicines and modern practitioners, especially with respect to the scientifically proven, safe and effective traditional remedies. The main emphasis of the WHO has been in the direction of critically assessing the rational use of traditional medicines through technical guidelines and international standards.

The task of utilising traditional medicines as per the guidelines of the WHO appears easy but international experience in this direction has been rather difficult. However, an important point which emerged from this exercise pertains to the unfounded fear that there would be strong opposition from the traditional healers if traditional medicines are integrated with modern medicines. Wherever an attempt has been made to utilise traditional medicines not only have the traditional healers actively cooperated, but also health care delivery has become affordable and accessible. In Thailand, the Ministry of Public Health has been engaged in promoting the use of traditional herbal medicines (Benzi & Ceci, 1997) and has found them to be cost-effective and acceptable. The Thai Massage Restoration Project has brought the ancient traditional massage into the mainstream. Recently, the Foundation for Restoring Thai Traditional Medicines launched programmes and curriculum to train personnel in traditional medicine. In Canada, a survey (LaValley & Verhoef, 1995) of general practitioners revealed that four out of five practitioners considered complementary medicines to be useful. It has been recommended that fair, accountable, scientific and rigorous research on complementary therapies would benefit both

physicians and patients. In China, Hesketh and Zhu (1997) reported that traditional medicines accounted for 40 per cent of all health care delivery. They advocated the integration of traditional and Western medicines as a viable possibility for the future. In Manica province of Mozambique, Green, Jurg, and Dgedge (1993) noted that traditional healers and their knowledge could be effectively utilised in developing empirical and culturally appropriate strategies for the prevention of STD including AIDS. Like Mozambique, the African states of Zimbabwe, Swaziland and South Africa have made efforts to utilise traditional medicines (Freeman & Motsei, 1992).

The popularity of traditional medicines in developing countries is not primarily because of the unavailability of more scientific health care. Had it been the case, there would not have been a renewed interest in alternative systems in the developing world. Even at the modern centres of excellence in the field of new medical technologies, such as New York and London, the traditional Chinese, Indian and folk medicines of the hinterlands are not only flourishing but also gaining popularity. In these centres, safety, lack of side effects and perhaps novelty are the reasons for this trend but in traditional settings, the medical systems perform functions beyond bodily discomforts. In this respect, we would have to look beyond the vision of the WHO and examine the TMS in their totality. The vision of the WHO calls for a dynamic evaluation of the TMS so that the beneficial elements of these systems may be shared by all. Examining the tasks performed by the TMS in a particular cultural setting, their relevance in health care delivery within that context becomes valuable even though they may not subscribe to the international norms of scientific scrutiny.

The maxim of "think locally act locally" is quite important at this juncture even if the benefits of the TMS are nontransferable globally. The division between psychological and physical origin of diseases is an artificial one. In reality, body and mind are intertwined in a functional whole of health. Consequently, looking at only the most obvious and tangible domain in the TMS would not do justice to the delivery of comprehensive and affordable health care in traditional settings. Treating local resources as assets rather than as obstacles would be a correct path to follow.

The efficacy of the TMS is a central issue in its promotion and propagation. However, measures of efficacy through conventional biomedical tools would be relevant only if we examine the

pharmacopoeia and mechanical treatment procedures What about the sacred domain of health care in the traditional settings? The tools of biomedicine or even psychiatry would not be applicable, though psychiatry or clinical psychology would be in a position to evaluate the potentials of some aspects of the sacred traditional therapy, the aspects dealing with behavioural disturbances. In reality, the TMS perform very important social functions such as sustaining the social order, enforcing social norms, preventing interpersonal rivalry and enforcing social control. For these extra-clinical functions, which provide the very foundation of the social fabric, the TMS should be changed only for the proven harmful practices.

Traditional healers have been labelled as quacks, charlatan, fraudulent and phony in popular parlance. Our judgement should not be based on hearsay but should be based on our experience with these healers. Traditional healers are not very different from the lay villagers. They are perhaps a shade better experienced. They share the same explanatory model for understanding and explaining the onset and course of distress. They are perceived to be successful because they look at illness as a complex whole rather than treating it as an individual's unique problem. Even if the symptoms of the disease persist, the social and personal meaning, which their consultation reveals, makes the illness a meaningful event. It is in this respect that the TMS will always remain in the forefront even if an alternative is available.

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