

## Healing Beyond Medical Treatment: Some Empirical Insights from an Urban Slum of North 24 Parganas District of West Bengal

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**Abstract:** Keeping in view the anthropological notion of ‘medical pluralism’, the given study strives to unravel the existence of non-medical form of healing behaviours among the selected participants. The study specifically focuses its attention on indigenous faith healing behaviours among the slum dwellers of selected urban locale. The present cross sectional study has been conducted among adult Bengal population residing in an urban slum of North 24 Parganas district of West Bengal. 197 study participants were selected for the purpose of fulfilling the objective by convenience and snow-ball sampling method. Furthermore, the present study also highlights the varied perception pertaining to such behaviours along with unveiling the various symptoms warranting the need for such healing behaviour which is strictly beyond the medical purview. The work will also reveal the influence of different socio-demographic factors on the practice and prevalence of such healing behaviour. The present work is chiefly a quantitative one. Information was collected from study participants using questionnaires along with conducting structured and semi-structured interviews whenever required. The findings were later analysed and expressed quantitatively using descriptive statistics. The given study has thus well substantiated the existence of such indigenous faith healing behaviours among the total 197 selected participants despite of sufficient presence and good access of participants towards institutionalised medical form of treatment. This reaffirms a perception towards supernatural cause for ailments, most importantly, evoking the idea of evil eyes, whose manifestation is not always physical but sometimes social or familial at the same instance. Participants are mostly found to take recourse to such healing behaviours when the medical form of treatment fails to work or sometimes, also used in conjugation with medicines especially for preventive purposes.

**Keywords:** evil eyes, indigenous faith healing, medical form of treatment, medical pluralism.

### INTRODUCTION

Understanding health, illness, medicines, healing behaviours and conceptualising them as cultural construct remains a major concern of Medical Anthropology. As a specialised sub-branch of anthropological discourse, it employs anthropological and social science theories to deal with the factors that cause, maintain or contribute to diseases or illness, and the strategies and practices that different communities have developed in order to respond to diseases and illness [1, 2]. The study of ethno medicines, explanation of illness and diseases, the evaluation of health, illness and cure from both an *emic* and *etic* perspectives, *naturalistic* and *personalistic* explanation; evil eye, magic and sorcery, bio - cultural and political study of health ecology; types of medical systems; development of systems of medical knowledge and health care and patient-practitioner relationships, political economic studies of health ideologies and integrating alternative medical systems in culturally diverse environments [2]

together constitutes the very foundation of medical anthropological discourse.

With the emergence of concept of ‘medical pluralism’ as a central theme under the purview of medical anthropology, researches oriented in this direction started challenging the hegemonic claims of western biomedicine. Medical anthropological studies have revealed that, although modern medicine is widespread across cultures, its spread has not caused the disappearance of so-called traditional medical systems and local practices [3]. Medical pluralism can be defined as the synchronic existence in a society of more than one medicine systems grounded in different principles or based on different worldviews [2]. In most parts of India, multiple therapy systems and a diversity of health behaviour patterns co-exists. Health care in India is characterised by medical pluralism, including self-care, consultations with traditional healers and/or primary health care services (PHCs) [2]. This tradition of medical pluralism in the Indian context, has existed

for a long time, particularly from colonial rule, which introduced the allopathic tradition of medicine [2-11]. Kakar [12] has stated in his book, *Shamans, Mystics and Doctors*, mentioned that India is a country of healers. There are *Shamans, gurus, ojhas, tantrics*, priests, and faith healers, who specialise in dealing with a variety of social and personal problems [12]. A wide range of healers and healing centres, which includes, temples, *majars*, shrines, local deities and so on, are found in every nook and corner of the country [13]. A gross estimate [14] suggests that more than 90% of the Indian population use such services at some point of time or the other. Thriving on folk wisdom and trusted by the masses, these traditional healing practices are still an enigma for the health scientists [13].

This long standing tradition of medical pluralistic practices in Indian perspective, though regarded to be pre-scientific and practiced greatly by primitive and tribal people [15], can be demonstrable within the paradigm of medical anthropological discourse. Such pluralistic healing behaviour, most notably, those beyond the institutionalised medical system, can basically be correlated with supernatural perception pertaining to cause of illness, diseases, ailments and discomforts. Wrath of a god/goddess, the work of evil eyes, black magic, sorcery, witchcraft, or the breach of the taboo: are some of the non-medical attributions being made the people that compel them to embrace healing behaviour beyond medical systems. The widespread popularity of religious and non-medical faith healers bears witness to the fact that people have deep-seated faith in cures brought through faith healing [2]. However, the larger scientific community and modern medicine have remained critical and sceptical of the efficiency of these traditional practices [13]. The work of Kakar [12] and Kleinman [16, 17], on the other hand, has shown that most of these traditional practices are deeply entrenched in folk wisdom [13]. The present study will unravel the wide array of indigenous faith healing systems among the urban slum dwellers of North 24 Parganas of West Bengal, the varied perception towards such healing behaviour, causes and symptoms warranting the need for such healing technique in the light of anthropological notions of 'medical pluralism'. Several other previous reviews on literature, has explained the multiple factors behind the co-existence of several systems of medicines and practitioners, including economic affordability, the availability of modern health care, cultural propensities and religious faith. Moreover, asymmetric power relations and dynamics exist both within and between multiple practices and systems, which differ from one society to another [3] are some the factors responsible for pluralistic healing behaviours.

#### **Objective of the study**

- To understand the existence of various forms of indigenous faith healing technique in the studied locale

- To highlight the relation between different socio-demographic variables and practice of indigenous faith healing among the study participants of the concerned area of study
- To unravel the varied perceptions guiding the choice of such indigenous healing behaviours among study participants
- To understand the different symptoms which warrants the need for indigenous healing behaviours.

#### **METHODOLOGY**

The study has been conducted in an urban slum area administratively falling under North 24 parganas of West Bengal. This slum area comprising of clusters of deteriorated squatters lying at the outskirts of the main township at the periphery of Kolkata metropolis. These slum dwellers who are mostly migrants from rural parts of West Bengal and Jharkhand are found to maintain a close nexus with the non-slum settlers living in the vicinity and contribute a lot towards the workforce of the adjacent main township. Since this slum area is located closely to a pose urban non slum area of the district, this area, therefore, has abundant sources of institutionalised sources of medical treatments. Thus this area has been purposefully selected so as to understand the choice of participants pertaining to indigenous faith healing despite of abundant availability of medical form of treatments.

The present cross-sectional study is conducted among the adult Bengali speaking people of the region. Altogether 197 study participants were selected by snow ball and convenience sampling methods. Participants below the age group of 18 years are excluded for the study. For the purpose of understanding any association between different socio-demographic factors and practice of indigenous healing, various socio-demographic variables has been chosen. This includes, age, sex, level of education, income status and religion to suit the purpose of the present study. The study participants for the sake of convenience of the study were divided into three age groups: 18 to 35 years; 36 to 55 years; above 55 years. On the basis of income distribution of study participants, three income groups were selected on the basis of their monthly income, these are: less than Rs 10,000/- , between Rs 11,000/- to Rs 50,000/-; above 50,000/-. Pertaining to level of education, participants were divided in four levels of education on the basis of their years of formal institutionalised education. This includes, Primary level of education (4 years of formal education), Secondary level of education (10 years of formal education), higher secondary level of education (12 years of formal education), graduates and above (at least 15 years of formal education or above). Participants from both Hindu and Muslim population were selected.

A standardised questionnaire was prepared in Bengali language and before filling the questionnaire, the main purpose of the study was explained to them with assurance that all their personal information will be kept secret. Questionnaires were given to those who were willing to take part in the study. Questionnaires were used to collect information pertaining different socio-demographic factors chosen for the study. Along with that, data were also collected on varied perceptions among study participants and reasons pertaining to such healing behaviours. Together with this, in depth face to

face unstructured and semi structured interviews were also undertaken whenever required in Bengali language. All interviews were recorded by taking of permission of the informant. For the purpose of analysing the findings, manual scientific calculators have been used. Descriptive statistics has been used to express the data in terms of absolute numbers and percentages. The present work is chiefly a quantitative one.

**RESULTS**

**Table-1: Distribution of study participants on the basis of prevalence of indigenous faith healing behaviours**

<b>Characteristics</b>	<b>Total (%)</b>	<b>Not practising indigenous faith healing</b>	<b>Practising indigenous faith healing</b>
<u>AGE</u>			
18-35 years	52(26.39)	35(67.30)	17(32.69)
36 -55 years	41(20.81)	21(51.21)	20(48.78)
56 years and above	104(52.79)	35(33.65)	69(66.34)
Total (%)	197(100.00)	91(46.19)	106(53.80)
<u>EDUCATION LEVEL</u>			
Non-literates	72(36.54)	21(29.17)	51(70.84)
Primary level of education	55(27.91)	30(54.54)	25(45.54)
Secondary level of education	31(15.73)	11(35.48)	20(64.51)
Higher Secondary level of education	24(12.18)	15(62.50)	9(37.50)
Graduate & above	15(7.61)	11(73.34)	4(2.67)
Total (%)	197(100.00)	91(46.19)	106(53.80)
<u>INCOME LEVEL</u>			
Less than 10,000/-	108(54.82)	30(32.96)	78(73.58)
10,000/- to 50,000/-	70(35.53)	22(31.42)	48(68.57)
Above 50,000/-	19(9.64)	15(78.94)	4(21.05)
Total (%)	197(100.00)	91(46.19)	106(53.80)
<u>SEX</u>			
Males	112(56.85)	78(69.64)	34(30.35)
Females	85(43.14)	41(48.23)	44(51.76)
Total (%)	197(100.00)	91(46.19)	106(53.80)
<u>Religion</u>			
Hindus	71(36.04)	41(57.74)	30(42.25)
Muslims	126(63.95)	57(45.23)	69(54.76)
Total (%)	197(100.00)	91(46.19)	106(53.80)

From Table-1, it is well evident that majority of study participants belong to age group above 55 years which is 104(52.79%). Practice of indigenous faith healing is more among the participants of age group above 55 accounting to be 69(66.34%). On the contrary, most of the study participants belonging to age group between 18 years to 35 years are not found to practice indigenous faith healing which is 35(67.34%). Majority of the study participants selected are non-literates which accounts for 72(36.54%). Participants belonging to other level of education are found to be selected in decreasing order of their percentages. Practice of faith healing is also found to be higher among these non-literates study participants giving the percentage of 51(70.80%). In the context of income status, majority of the study participants belongs to lower income group (less than Rs 10,000/- in a month)

which is 108(54.82%) and people belonging this income status are found to be most involved in practice of indigenous faith healing accounting to be 78(73.58%). Practice of such healing techniques is, however, lesser among those with relatively more income status. Out of 197 total selected study participants, there are 112(56.85%) males and 85(43.14%) females. Practice of indigenous faith healing is more among the females which is 44(51.76%) compared to 34 (30.35%) in males. About 78(69.64%) of males are found not to practice indigenous faith healing which is higher compared to females. The table also shows that there are 71(36.04%) males and 126(63.95%) females selected out of 197 total selected participants. Muslims are found to be involved more in the practice of indigenous faith healing which is found out to be 69(54.76%) while

Hindus are relatively less involved in such practice accounting to be 41(57.74%).

The given study has been conducted at the backdrop of urban cosmopolitan locale of North 24 parganas of West Bengal where there is presence of abundant sources of formal and non-formal institutionalised form of medical treatment. This includes, government allopathic hospitals, private nursing homes, government homeopathic hospital and private allopathic clinic in the vicinity. Despite of these sources of medical treatment, for the purpose of understanding the existence of treatment beyond this medical purview, focus has been specifically given on traditional spiritual healers. People are found to visit *mandirs* (temples) and *masjids* (mosques) in the vicinity in order to consult *purohits* (priests) and *maulabi shaheb*, whenever needed. Apart from that, they are also found to visit mandirs, and masjids of their ancestral village. These purohits and maulabis serve as traditional healers and provide them with non-medical

healing techniques. Sometimes the elderly members of the family or neighbourhood too play a pivotal role in this direction. The different indigenous faith healing and spiritual healing techniques being employed by the participants will be discussed subsequently in this article. Table number 02 shows the distribution of study participants on the basis of their preferences of different forms of healing behaviours. It is well evident from the table that majority of the study participants are found to consult the government hospitals which is 93(47.20%) out of total 197 selected study participants. This is followed by those preferring homeopathic hospital in the vicinity accounting to 67(34.01%). Among the 106 study participants who believe in indigenous faith healing, majority of study participants are found to visit maulabis of nearby mosques accounting to be 40(37.73%) which is followed by participants visiting nearby temples, temples of ancestral villages, and mosque of ancestral village at decreasing order of their percentages.

**Table-2: Distribution of study participants on the basis of their preferences towards medical and non medical forms of treatment**

Sources of medical form of treatment(N=197)			Sources of non-medical form of treatment(N=106)		
	Number	Percentages (%)		Number	Percentages (%)
Government allopathic hospitals	93	47.20%	Priests of nearby temples	31	29.24%
Private nursing homes	12	6.09%	Maulabis of nearby masjids	40	37.73%
Government homeopathic hospitals	67	34.01%	Priests of the temples in their ancestral village	12	11.32%
Private clinics	25	12.69%	Maulabis of the masjids of the ancestral village	23	21.69%

The study has well represented the fact that these indigenous faith healing behaviours are practised by both Hindus and Muslims participants of the concerned area of study, both by males as well as females. On the basis of table number 03, which illustrates the various indigenous faith healing techniques among the participants, it is well explainable that, most of the healing techniques are intended towards warding off 'evil eyes'. This reaffirms the fact that such indigenous healing behaviours are used by the participants only when they accord supernatural causes to illness, diseases, troubles and discomforts. It has been seen that the practice of *paanipoora* (use of blessed water), *telpoora* (use of blessed oil), *chinipoora/lobonpoora* (use of blessed sugar/salt) as

well as the practice of *jharphunk* is exclusively used by Muslim participants. On the other hand, it is found that practices like using mustard seeds and dried chillies, or suspending green chillies and lemons are used solely by the Hindus to ward off 'evil eyes'. Wearing of charms and amulets, smearing black kohl on forehead and tying black strings on feet are some of the practices being used by Hindus as well as Muslims participants. Unlike the other practices mentioned here which is performed simply by members of the family, the practice of *jharphunk*, *paanipoora*, *telpoora*, *lobonpoora/chinipoora* as well as giving charms and amulets is practiced mostly by religious preceptors or magico-religious and spiritual healers (like maulabis of the mosque).

**Table-3: List of various techniques of indigenous faith healing**

Technique Of Healing	Purpose	Performed/Practiced By	Religion Practising
Tying black threads or red strings on waists , feet or hands	Warding off evil eyes casted by humans who are envy	Usually performed by females of the house	Both Hindus and Muslims
Smearing black kajol or kohl on eyes of the babies or giving marks on forehead	Warding off evil eyes casted by humans who are envy	Usually performed by females of the house	Both Hindus and Muslims
Suspending eight or four green chillies and lemons with a help of cotton string at the entrances or corners of the house, shops or even car	Warding off evil eyes casted by humans who are envy	By both males and females of the house	Exclusively by Hindus
Burning red chillies and mustard seeds	Warding off evil eyes casted by humans who are envy	By both males and females of the house but females are found to practice more	Exclusively by Hindus
Wearing charms and amulets	(I)To ward off evil eyes and to protect invasions of malicious sprits or other supernatural forces, especially during pregnancy (ii) to heal long term diseases, ailments, troubles loss suffering or any discomfort (iii) for general wellbeing of the individuals	Given by religious preceptors, magico-religious healers or spiritual healers	Both Hindus and Muslims
Paanipora (blessed water)/telpora(blessed oil)/lobonpoora	(I)To heal diseases ailments troubles loss suffering or any discomfort(ii) for early and safe delivery of baby (iii) for curing specially those diseases which are claimed to have been caused by supernatural forces or for which they claim medicines not to work	By magico –spiritual healers by reading spells(dua) on water or oil	Exclusively by Muslims
Jharphok	(i) To ward off evil eyes by malicious spirits / envy humans (iii) to drive off or to exhort the evil spirit (Iv) for curing specially those diseases which are claimed to have been caused by supernatural forces or for which they claim medicines not to work	By magico –spiritual healers	Exclusively by Muslims

Table-4 shows the varied perceptions and attitudes of the study participants towards the use of indigenous faith healing techniques. It is well evident from the table that, such practices are mostly been used by the participants in cases pertaining to pregnancy and childbirth which accounts for 72(67.92%). About 71(66.98%) of the study participants are found to use such healing techniques especially for the protection of

their new born children for their safety and security, to ward off evil eyes and to guard against the invasion of malicious spirits. Such indigenous faith healing techniques are also found to be used by the participants in order to cure long term ailments or to combat persistent familial troubles or discomforts , thereby, accounting for 46(43.39%) and 39(36.79%) respectively.

**Table-4: Showing The Different Perceptions And Reasons Associated With Indigenous Faith Healing ( N=106)**

Reasons behind practice of indigenous faith healing	Number	Percentages (%)
For curing long term ailments	46	43.39%
For continuous familial troubles	39	36.79%
For curing problems associated with pregnancy and child birth	72	67.92%
For safety and protection of new born babies	71	66.98%

(The above table is based on multiple responses)



**Table-5: Showing the Various Symptoms Warranting the Need for Indigenous Faith Healing Among the Study Participants (N= 106)**

Various symptoms warranting the need for indigenous faith healing	Number	Percentages (%)
Unexplainable cause of diseases or illness	36	33.96%
Change in behaviour	21	19.81%
Abnormal movement of eye especially by noticing eye lids	14	13.20%
Frequently getting ill	44	41.50%
No action of medicines	31	29.24%
Long term persistence of ailments	51	48.11%
Problems during pregnancy and to facilitate child birth	87	82.07%

(The above table is based on multiple responses)

Coming to the context of various symptoms which warrants the need of such indigenous faith healing as seen in the table number 05, it is well explicit, that problems associated with pregnancy and childbirth are most commonly reported symptoms for which participants can take to such indigenous healing behaviours. This is found to be 87 (82.07%) followed by the cases of long term persistence of ailments and getting ill frequently which is found out to be 51( 48.11%) and 44 (41.50% )respectively. A substantial proportion of study participants are too found to take recourse to such indigenous system of healing owing to the unexplainable cause of diseases which is found to be 36 (33.96%) followed by 31 (29.24%) who reported such healing to be effective when there is no action of medicines working on any particular disease or ailment.

## DISCUSSIONS

The study has well substantiated the existence of belief and practice of indigenous faith healing accounting 53.80% out of 197 study participants selected for the study. In the context of present scenario, it is well documented that despite of existence of sufficient sources of institutionalised form of medical treatment, there is considerable existence of treatment beyond the medical purview, thereby, warranting the need to probe the matter further. Interestingly, it is however, important to note that, even though a significant proportion of participants are found to take recourse to non-medical form of treatment, participants have equal access to every source of health care services as well. Unlike the several studies conducted among marginalised tribal population of India [3, 18] where the study has shown a relatively less access towards modern health care services, the present study showed a contrary viewpoint. Mishra *et al.*, [3] in their study among migrant tribal population, showed that only a very small fraction of people has got access to government health facilities. Many marginalised societies experience low access to modern health care, usually due to health system-related factors [18]. Studies with tribal communities revealed that factors like scattered settlements of the population, the scattered location of health facilities and tribal cultures are responsible for low access to health care [3]. Fear of injections and surgery, the cost of treatment and the inability to communicate freely about certain illness are

some of the other reasons being mentioned by Mishra *et al.*, [3], in his study with migrant tribal community, which forbade them from medical treatments. The present study, on the contrary, showed a greater access of slum dwellers to modern health care services which can be attributed to factors like physical proximity with non-slum dwellers, a close nexus with non-slum settlers and abundant sources of formal health care services. All these reaffirm the existence of pluralistic itineraries of healing behaviour, notably the coexistence of non-medical and medical form of treatment in the light of anthropological concept of 'medical pluralism'.

The notion of 'evil eyes' (*najor laga* as is commonly said here) finds a very important place in the present context of study. This undoubtedly depicts a clear demarcation being made by the study participants pertaining to biological reasons for illness and supernatural causes for manifestation of diseases and illness. Every culture has its particular explanation of ill health, Culture provide people with ways of thinking, that are "simultaneously models of and models for reality" [19]. Lohmann [20] argues that a supernaturalistic worldview or cosmology is at the heart of virtually all religions. For him, supernaturalism exists everywhere, even if it is expressed differently in each society[2]The study thus well explicated the association of such non-medical treatment solely for conditions caused due to impact of supernatural forces, most importantly, the 'evil eyes'. Supernatural causes for illness have been greatly explained in Indian perspective. Evil eye has been regarded as root cause of illness in many studies. People use the eye –metaphor to emphasise evil emanating from envious eye-to-eye contact [2]. The 'evil eye' is one of the distinct forms of evil related to the belief that a glance may have powers to inflict injuries, harm and even death upon whom it falls [21]. It is believed that some individuals cast a spell voluntarily out of jealousy of others or desire to possess what others have or sometimes even involuntarily. Women and children or people who are weak are more susceptible to illness caused by evil eyes [2].The science of parapsychology describes the phenomenon as a type of hypnotism, exercising some kind of mind power, which is held by certain individuals [2]. The present study too highlighted that indigenous faith healing is also practiced here, not only

to ward off the influence of evil eyes but also to protect the individuals from invasion of malicious spirits. The belief in spirits as causing illness has been reported in studies from tribal groups of Rajasthan [22-24]; Sikkim [25], Himachal Pradesh [26] and Ladakh [4].

Interestingly, the present study has revealed that, females are found to be more inclined towards indigenous spiritual healing. It is reported that, most of these healing techniques are employed by pregnant women to avoid complications during pregnancy, to protect the baby from 'evil eyes', to avoid invasion of malicious spirits and to facilitate a safe delivery of new born. Such indigenous faith healing techniques are also used increasingly by females even after the delivery of the baby, for the safety and protection of the new born from the action of malicious spirits and most importantly, the 'evil eyes'. Similar results has been shown in several other studies in India and beyond, where focus has been given substantially on traditional faith healing rather than medical treatment for treating neonates and pregnant women. A recent study conducted in Northern India, has found that local illness beliefs, care seeking from multiple providers and use of traditional/home remedies , prevented or delayed qualified medical care seeking in the study area[27]. Similar ideas have been illustrated in other studies performed in rural Ghana [28, 29]. In Bangladesh, researchers also reported care seeking from multiple providers (including quacks, maulavis, and kabirajis) for most of the neonatal complications [30].

Indigenous faith healing, is also found to be more among the Muslim participants. Many of such healing techniques like *gharphunk*, *paanipoora*, *telpora*, *lobonpora/chinipora* are used exclusively by Muslim participants. Muslims all over the world believe, according to Islamic teaching, in the existence of supernatural forces such as jinns, magic and evil eyes [31]. The beliefs in such spiritual forces coupled with fear are passed on from one generation to another for many reasons, namely: (i) the existence of these forces are documented in the Holy Quran, (ii) the belief in demons, witchcraft, and the evil eyes by followers of other major religions; approximately 90% of world societies believe in demonic possession [32-34]. Like jinn, the idea of evil eye also mentioned in the Holy Quran have disastrous effects on human health and behaviour [31]. However, the idea of evil eyes and existence of malicious spirits is also found to persist among Hindu participants as well. Hindu participants are found to embrace different spiritual and indigenous faith healing techniques to counter the effect of evil eyes or to prevent the invasion of malicious spirits. Coming to the context of various reasons warranting the need for such treatment, it is well explicated, that the consequences of such spiritual or supernatural forces is not only physical but also social , familial, behavioural and psychological at the same time. Frequent illness, long term persistence of illness as well as continuous

familial troubles and discomforts are some of the commonly seen symptoms warranting the need for such healing techniques. Unlike the several other studies conducted especially among marginalised tribal population, for instance, the study conducted among migrant tribal population by Mishra *et al.*, [3] , where participants have less faith on modern medical health care services and therefore prefers to consult traditional healers prior doctors, the given study, however, shows a contradictory viewpoint. Indigenous faith healings are mostly preferred by participants in the presents study, only when the medical care did not work or sometimes even in conjugation with modern medicines. This is especially explicit in case of pregnancy and for care for new born, where such healing behaviours are mainly for preventive and protective purposes, rather than for curative purposes. Finally other socio-demographic factors, like age, level of education and income status is also found to impact the prevalence and practice of such healing as well. Elderly people and people with relatively low educational levels are found to take increasingly more recourse on such treatments. Income status, also found the affect the practice as well. Participants from relatively lower monthly income are found to practice such healing techniques more compared to those belonging to higher income status.

## **CONCLUSION**

The given study is based on the anthropological notion of 'medical pluralism'. Medical pluralism has been defined as co-existence of several medical systems within a geographical area and also with an assumption that there is relatively greater choice for all persons to negotiate their illness with more than one system of knowledge, at any point of time for the purpose of healing [35]. Even though the study has not elaborated the various pluralistic healing techniques used by the study participants of selected locale, and has primarily focussed its attention on those healing behaviours that strictly do not falls under the purview of medical treatment; the study has well substantiated the existence of indigenous faith healing among considerable proportion of study participants, despite of sufficient presence and significant access of people towards those health care services. Lack of modern health care services, poor quality of health services, aversion of people towards medical treatments, lack of trust on doctors, cost of treatment and the inability to communicate freely are some the reasons being accorded by several other previous studies, that paves the pathway towards traditional non-medical form of healing, the given study shows an alternative viewpoint. People are found to embrace such indigenous healing mostly in cases when medical treatments fails to cure or provide any reasons for cause of illness, ,most importantly, where medicines are not found to work and in instances of frequent illness or for long term persistence of ailments. Such situations are believed to arise only when there is action of certain imperceptible supernatural forces, most importantly, the

action of evil eyes or invasion of malicious spirits, thereby compelling people to pay heed towards spiritual or indigenous faith healing techniques. Furthermore, such healing techniques are also often used in conjunction with modern medicines especially for preventive and protective purposes rather than for curative purposes especially, at the time of pregnancy and for the care of new born. Moreover, such healing techniques are also employed in settling familial troubles and discomforts as well as other social and behavioural consequences, thereby reaffirming the multiple consequences of such spiritual supernatural forces and not simply biological or physical.

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