



CHAPTER - 3

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CONCEPT OF DISEASE AND METHOD OF TREATMENT

HEALTH AND HYGIENE

The surroundings and general sanitation of any locality has an important bearing on health of a community. Poor environment and sanitation also reflect the cultural habits and practices of any community. Poorer the hygienic condition greater the health hazard involved. Therefore, a close look at the general environment and sanitation of a community is very important in understanding and explaining the health care practices. It has been pointed out by many sociologists, social anthropologists and anthropologists dealing with health related studies that environment and sanitation of rural people is very poor. Tribal people also form a part of rural community but their environment and the problem of sanitation is found to be still poorer and of low order than other communities, the reasons of which are many and complex in nature. From this back drop the environment and sanitation problem among the Oraon tribes of Bamongola, in the district of Malda has been discussed.

Data on general sanitation and environment has been obtained first hand through interview schedule and direct observation during field survey. Data pertaining to this aspect includes housing condition such as number of rooms, windows, ventilation, sanitary latrine facility and personal hygiene - food habits, habit of consuming alcoholic drinks, liquor, and other intoxicating items that have been collected through interview schedule and information on general hygiene such as drainage, surroundings around water sources of drinking, bathing, washing etc .has been collected through observation.

General living condition of the Oraons with regard to environmental sanitation and hygienic condition were found to be poor and deplorable during field survey. Socio-economic condition of the Oraons under study is also very poor. Poverty, illiteracy and ignorance forced them to remain unaware about the fatality of such poor environmental and sanitary condition. General apathy and cultural practices of the Oraons were also not less important causes of unhygienic condition.

HOUSING CONDITION

The Oraons like other tribal communities or other rural folk inhabit in natural environment where general environment is free from pollution. But cultural habits and practices of the Oraons are the causes of poor housing condition. The housing conditions of most of the Oraons were found to be in the state of poor housing hygienic condition. All the Oraons in Bamongola Block live in mud – built houses with low thatched or tin roof. Most of the houses consisted of only one window. A small number of houses were found to with two small windows. Ventilation was not found in any of the houses. The houses remain dark even during the day time. During rainy season the floor of the house remain damp and in wet condition. They also have the habit of sleeping on the floor. In most of the houses kitchens were found to be located separate from the living rooms but very close to it. Dry cow dung cake, firewood, dry twigs and leaves are used as fuel for cooking which most often fills the house with smoke. Cattle sheds are also located at separate place but within one corner of the house or near the house. Goats and fowls are kept inside the house. All these habits and practices make the housing surroundings very unhygienic leading to various health hazards. The following data reveal the poor condition of living among the Oraons under study.

Table: 21. Distribution of households by composition of rooms, windows, provision of sanitary latrine, sources of drinking water and location of kitchen

A. Composition of rooms	No. of households	Houses with one rooms	Houses with 2 /3 Rooms	More than 3 rooms	Total
	494	299	195	--	494
Percent		60.53	39.47		100
B. By provision For windows	No of households	Room with one window	Room with 2/3 windows	No window	Total
	494	212	74	208	494
Percent		42.91	14.98	42.11	100
C. By provision of Sanitary latrine	No. of Households	Pucca latrine/ Kachcha	No Latrine Facility	Community latrine	Total
	494	5	489	--	494
Percent		1.01	98.99		100
D. By provision for Drinking water	No. of Households	Community well	Hand pump	Others	Total
	494	400	94	--	494
Percent		80.97	19.03		100
E. Location of kitchen	No. of households	Within living room	Separate –close to Living room	Other	Total
	494	47	447	--	494
Percent		9.51	90.49		100

Table 21 shows the composition of rooms, windows, provision for sanitary latrines, provision or sources of drinking water and location kitchen in the house. Table clearly indicates that 299 (60.53%) of people live in houses with one room while a 195 (39.47%) of the houses have two or more small windows. Again table shows the distribution of houses with facilities for windows. It was found that out of the total of 494 houses, 212 (42.91%) of them consisted of only one window while 74 (14.98%) of the houses comprised of more than two or three windows. The most noticeable feature with regard to keeping windows is that 208 (42.11%) houses had no window at all, and neither did they feel necessity of keeping windows.

Under the prevailing condition and composition of the houses revealed that housing sanitation among the Oraons was found to be of very low order. Except a small number of houses, the rest had kitchens on a separate place but close to living room. The table indicates that 47 (9.51%) of the houses had their kitchen within the living room while most of them houses e.g. 447 (90.49%) had kitchens at a separate place but close to living room. All the families used dry cow dung cake, fire wood, dry twigs and leaves etc. as fuel for cooking. The volumes of smoke emitted fills the house with smoke daily which may have adverse effect on their health but they are little aware of it and also least concerned about it.

Defecation Habits and Pollution

Another aspect of poor sanitary condition among the Oraons relate to the habit and practices defecation in the open field. The entire Oraon population under study had the practice of going out into the field for attending the call of nature. This was also found to be one of the major causes of polluting the surroundings. But they were not aware of such pollution which results in several diseases like hookworms and other skin disease because human waste, specially, during rainy season pollutes the water sources of bathing and washing. But they were found to be least concerned about making sanitary latrine. This may make one think that poor economic condition does not permit them to make sanitary latrines. It is not the only reason. But it is more so with their habits and ignorance because it was found that even those who could

easily afford to make sanitary latrine but neither of them did so nor did they bother about it. So it reflects their level of cultural development.

Table 21, shows that a huge number e.g. 489 (98.99%) of houses, out of the total of 494, did not have sanitary latrine facilities. Only a very insignificant number e.g. 5 (1.01%) had *kachcha* latrine. It was found during field survey that poor economic condition was not directly related for having or not having sanitary latrine facilities but it was related more so with their cultural habit for generations. In fact they considered using sanitary latrines as a dirty place to use it every day which is used by many people. It was more so with the idea of community latrines. So they preferred defecation in the open field and were least concerned about pollution of the surroundings and unhygienic condition in the village.

Hygiene and Drinking Water

The Oraons of the study area had access to only two sources of drinking water – namely community wells and community hand pumps or shallow tube well which were very badly maintained. Table 21, shows that 400 (80.97%) of the household used community wells for drinking water where as only 94 (19.03%) families had access to drinking water from shallow tube wells provided by the Government.

It was observed during field survey that the condition of these sources of drinking water and surroundings were found to be in the state of very unhygienic condition. Sources of drinking water were also used for bathing, washing clothes, washing household utensils etc. Due to poor maintenances, lack of proper outlets, water gets stagnant around the water sources e.g. the tube wells. After washing utensils, food wastes are also thrown close to water sources. The filthy and dirty habits of the people lead to very unhygienic condition in and around the sources of drinking water. The tube wells were found to be surrounded by stagnant dirty water and full of mud. Some of them also reported leakages in pipes of hand pumps. Community ring wells also were found to be no better condition than hand pump. In fact community water sources were the only sources of drinking water for most of the villagers but the wells were poorly maintained. All the well were found open, resulting in contamination of water, due to

dust, dirt, leaves etc that got collected into the wells. Leakages in the rings of the well also caused major serious problems, specially, during monsoon, because stagnant dirty water and ground water leak into the well in contaminating water meant for drinking. During the summer months too wells dry up and lead to severe contamination of water.

The Oraons under study seem to have no conception of germ and contamination of water. They do not take any precaution before drinking water even during rainy season as well as during summer when water level goes down and the water gets contaminated. Due this the Oraons reported to suffer from several disease and ailments like diarrhea, dysentery, gastroenteritis, cholera etc. every year during rainy and summer seasons. In this context the investigator would like to share his first hand experience that he had during the field.

The village, named Patul, inhabited mostly by the Oraons except a couple of Muslim families, was found to suffer from severe problem of dysentery and vomiting. The situation created panic among the villagers. Dozens of dysentery patients were admitted in the rural hospital .There were no beds left so patients were given treatment in the temporary makeshift. The enquiry revealed that the dysentery was caused by drinking of polluted and highly contaminated water from the community ring well that was the only available source of drinking water to them. Further enquiry brought to light some stunning fact that the water in the well was severely polluted. It was never cleaned since it was dug up, neither was bleaching powder given for years. The opening of the well was not covered as a result, dirt and dust and leaves had accumulated into it. It was also used for all purposes, like washing clothes and utensils, bathing etc. resulting in accumulation of dirty water around the well, leaking into the well through cracks in the joints of the rings. So the investigator, together with some villagers brought the matter to the notice of the Block Development Authority, who promptly responded and immediately directed the Block Medical Officer and the authority of the Panchayet concerned to take necessary step and the concerned authority did take immediate action to prevent further deterioration of the grave situation facing the village. This is not the isolated event. Every year a some of villagers of other villages too, including the tribals face this kind of problems, though it may not be that serious. This reveals that the Oraons have least conception of germ

and contamination. No precaution, such as boiling the water is taken even during rainy season. Thus the Oraons under study had very poor and low level of awareness regarding health and hygiene. At the same time, it is also true that there is lack of safe drinking water in the village

Sources of Bathing Water

The villagers usually take bath where ever water is available, be in ground water accumulated in ditches, pits, ponds or streams. These water sources are also used for all other purposes like washing clothes and household utensils as well as cattle. Rain water flowing into ponds, ditches and pits carry pollutants, like cow dung, excreta and other animal waste etc. which highly pollute the water. Bathing in such polluted water resulted in skin diseases.

Personal Hygiene

Personal hygiene and sanitation is directly related with the culture of a community. It also reflects the cultural development of community. Personal hygiene among the Oraons was also found to be of very low order. Data collected by the investigator revealed that they were not much aware of personal hygiene. Personal hygiene is understood to be the sum total of different habits and practices like defecation habit, bathing practices and habits, washing and cleaning clothes, cleaning of mouth, teeth etc. each of which will be dealt separately to gain better knowledge. So personal hygiene is a product of the cultural habit.

Bathing Habits

Regarding bathing habits, it was found that some people were in the habit of taking bath daily. But in general, the Oraons under study were not very particular about taking bath daily. Habits of bathing were also found to vary in different seasons. In summer most of them took bath daily but in the winter months it was done on weekly basis. During rainy season too they took bath once or twice a week. Only those who worked in their own fields usually took bath daily and those working as wage labourers twice or thrice a week. Children were left for themselves to take care of their own bath. So due to negligence on the part the parents in giving proper bath to

children, many were found to be suffering from skin diseases, like scabies on their body and wounds on their heads.

Regarding use of detergent, necessary for cleanliness, it was found that most of them were using soaps for bathing but not daily. After bathing they do not change their clothes daily. Even the inner wears were not changed regularly according to the report provided by the respondents; neither did they feel necessity for change. Same clothes are used for several days. Washing clothes is also a weekly affair. Normally, women members wash clothes on week ends. Earlier they used to boil the clothes with burnt ash

before washing them. But nowadays they use soaps and other detergent for washing clothes. As said earlier, that they have no habit of changing clothes regularly after bath, they were more prone to skin disease.

Teeth Cleaning

Teeth cleaning and washing mouths form another important aspect of personal hygiene. The Oraons under study used two items for cleaning teeth – one tooth paste and brush and the other twigs of neem (*Azadirachitra indica*) and *karanj* (*Pongamia globra*), locally called *datoon* in Sadri language and *kairka* in Oraon / Kuruk language. But the use of twig for cleaning teeth is found to be more common among the Oraons. They also use burnt ash or a piece of charcoal with twig for cleaning teeth, infact, they preferred to use of twigs or 'datoon' of neem and karanj tree to toothpaste saying they have medicinal value because twigs both trees are very bitter. Children at the age of about eight or nine years or more were found not in a habit of cleaning their teeth regularly. Those who go out for work, wash their mouth quite late in the morning, usually, before their meal.

It was observed that the Oraons were not much aware of proper cleaning or brushing of teeth which result in foul breath of mouth and tooth decay.

Intoxication

Consumption of alcoholic drink like liquor, taking various narcotics is very common problem of any tribal community in India. The Oraons are no exception to this. Life of the Oraons under study, without consumption of various types of

alcoholic drinks or liquor can hardly be imagined. The Oraons seem to have little awareness about the impact of alcohol, liquor and other narcotics on health. Consumption of home made alcoholic drink called, *haria* (rice-beer) or locally prepared *todi* (alcoholic drink prepared from the juice of palm tree) and *daru* or *chullu* (country liquor brewed from either *mahua* flower or jhagri or fermented rice) is very rampant among the Oraons. Three types of alcohol or liquor namely *haria*, *daru* or *chullu* and *todi* are consumed by all, men, women young boys. However young girls normally abstain from taking any of these alcoholic drinks. Even the pregnant women do not abstain from taking home made or country liquor which may be very risky for the health of the mother and the child.

Alcoholic drink or liquor is prepared by the following method: i. *Harai* (rice-beer), is prepared by fermenting of rice in earthen pots for about three to four days and then brewed. ii. *Todi* (juice of palm tree) prepared by fermentation of the juice obtained from palm trees. iii. *Daru* or *chullu* (country liquor) is prepared by distillation of fermented *mahua* flower (*Basia Latfolia*), jhagri and fermented rice. All these items are fermented and distilled to obtain liquor. For early fermentation they use chemical like urea which may involved high risk of serious health hazard and even risks of lives. But the tribals under study seem to have little aware of it.

In all social occasions like festivals, marriages, religious occasions, social gatherings as well as to entertain guests all these alcoholic drinks and liquor are commonly used. In fact it has become part of their culture and ritual during all social occasions and events. Alcohols are also consumed rampantly on weekly *hat* (bazaar /market) and smaller *hats* which take place twice or thrice in a week nearby. Table 22 below clearly indicates that out of the total 494 respondents, 454 (91.90%) consume alcohols while only 40 (8.10%) reported that they did not.

Habits of smoking and chewing tobacco

Apart from consumption of alcohol or liquor as discussed above, habits of taking other intoxicating items is also very common. Smoking of *bidi* is very rampant among men folk. Elderly women also had the habit of smoking *bidi* but in lesser frequency than men. However, cigarette smoking is not very common which is mainly

due to economic factor. A good section of the respondents reported that they smoke two to three packets of *bidi* daily.

Table 22: Distribution of Population by habits of smoking, Consumption of alcohol and chewing tobacco

Respondents' Response				
Habits of respondents	No. of households	Smoke	Do not smoke	Total
A. Smoking	494	361	133	494
Percent		73.08	26.92	100%
B. Consuming alcohol/liquor	494	Consume	Do not consume	Total
		454	40	494
Percent		91.90%	8.10%	100%
C. Chewing tobacco	494	Daily(Frequently)	Do not chew	Total
		295	199	494
Percent		59.72	40.28	100

Table 22 : shows that out of the total of 494 respondents, 361 (73.08%) had smoking habit of *bidi* while 133 (26.92%) did not. Some of the men folk also reported that they had the habit of smoking *ganja*. Discussion with the respondents revealed that they were not all aware of the consequences of smoking or even if they were they did not bother about it. Again we find from the table 21 that majority of the respondent e.g. 295 (59.72%) were in the habit of chewing tobacco while 199 (40.28%) of them did not. Discussion revealed that majority of them were not aware of the possible impact of chewing tobacco and some were aware of it, but cared little about it.

Observations made through discussion with the respondents about consumption alcohol or liquor etc. that most of them were not aware of the health problems that could result from excessive drinking habits of alcohol. Only small section of them reported that chewing tobacco leads to the problem of teeth decay and infection of gum while excessive smoking could lead to breathing problems. But majority of the respondents had no idea about possible disease or health hazard that

could result due to excessive consumption of various kinds of home made alcohol and country made liquor.

NUTRITION AND DIETARY HABITS

Malnutrition is one of the main causes for various diseases and ailments and in general, poor state of health in rural India. In particular, malnutrition is the major concerns for the poor status of health of tribal communities. It is due their poor economic condition. But at the same time nutrition and dietary habits have direct relation on the health of tribal communities

The Oraons of Bamongola, under study are economically very backward. A large section of them forms landless class, agricultural labourers, small and marginal farmers. The family income is very low. Poor economic condition does not permit to have access to nutritious food for most of them. They also can not afford to provide any additional nutritious food for children. Mothers are also not given any additional nutritious food during pre-natal and post-natal period. They take normal food- rice, dal and some vegetable like other family members. A large section of the Oraons of Bamongola, under study is poor hence their diet is of very poor quality and deficient in nutrition. The diet of the Oraons consists of rice, dal and some vegetables. But vegetables are not consumed regularly. But they also take rice with some addition of salt, onion and a few chilies. Vegetables are collected from near by fields, plants or trees and sometime bought from local *hat* (markets). Those who own some land produce vegetables in their own land or garden.

The Oraons are non-vegetarians. As such they do not observe any taboo with regard to food items, like beef, pork, mutton, fish, eggs, rats, and fowls of all kinds. But in most cases their food is poor and deficient in nutrition. The economic condition of majority of the Oraons is so poor that it hardly allows access to nutritive food needed for minimum standard of living in terms of diet. But with regard to consuming fruits, some strict taboo is observed, e.g. they do not eat any fruit until the ceremony of *Ashadi* or *Mai puja* is performed in the month of *Ashada* (mid June-mid July).

Items of Diet

Normal daily diet of the Oraons consists of rice and pulse (dal). They consume vegetables as and when available and not regularly. Meat, fish, eggs etc. are not taken on a regular basis. They also collect and eat roots, tuber, leaves, fruits and flowers of trees and plants available in the locality. But collection of food items is disappearing fast due to non availability of trees and plants in the area. Eating of fruits also mainly consisted of seasonal fruits only, either locally available or bought from local hat (market).

Table: 23. Distribution of the Respondents by Frequency of consumption of diet : meat, fish, and milk.

No. of Respondents	Food items	Daily	Weekly	1/2 times a month	Not Consume	When produced at home	Total
494	Meat	--	9	471	14	--	494
Percent		--	1.82	95.34	2.83	--	100
494	Fish	--	73	411	10	--	494
Percent		--	14.78	83.20	2.02	--	100
494	Milk(children)	--	--	--	450	44	494
Percent		--	--	--	91.09	8.91	100

The table 23 : shows the frequency of consuming some food items by the population studied. It is apparent from the table that none of the families found to consume meat, fish eggs etc. on regular basis. Only 9 (1.82%) people could afford to eat meat once in a week while the largest section, e.g. 472 (95.34%) households eat meat once or twice only and 14 (2.83%) can not afford to consume it. Even fish is not consumed regularly. It is the same per cent of people e.g. 73 (14.78%) take fish at least once a week on the day of weekly hat or market. On the other hand, 411 (83.20%) people somehow manage to eat fish once or twice a month while 10 (2.02%) people can not afford to buy fish even once a month. Milk is also not given to children in 450 (91.09%) households while a small section, e.g. 44 (8.91%) household provided some milk for children only when it was available or produced at home and the major portion of the milk was sold. The fowls like, pigeon, hens, ducks, birds etc. are raised mainly to sell in the local market. The food items such as meat, fish, milk etc. are not consumed by the people in the village mainly due to economic constraints and partly by their food habits. It was observed that a small section of the

people who could afford to eat meat / fish etc. at least once a week was economically better off. Daily habits of taking food for most people are twice or thrice a day and their staple food items consisted of rice, pulse and some vegetables. Usually, they take *kanji* (rice cooked on the previous night) in the morning, with salt onion and hot chillies. Meals during noon and night are taken with *dal* (pulse) and some vegetable. But the poorer families take meals only twice a day - late in the morning and evening. During agricultural season all the people working in the field take their lunch in the field itself.

Observation made from the food items they take is that their diet is imbalance, deficient in protein, vitamins calcium etc. necessary for hard and prolonged physical labour.

CONCEPT OF DISEASE / ILLNESS

A very little difference is found between two sets of villages regarding their perception about disease causation by evil spirits. The Oraons, who lived close to Rural Hospital, relatively had easy access to modern medicine and services from Rural hospital sources, due their proximity, yet they held a strong notion about evil spirits causing illness or disease. Therefore, method of treatment to be followed was found to be dependent on the diagnosis or explanation about the causes of disease by a traditional healer or medicine man. It was the traditional village medicine man whose advice was sought first by the villagers who had strong faith on him. It was very clear that the tribals who lived close to Rural Hospital did not want to compromise with their belief. Disease is not only purely a bio-physical phenomenon. It can not be isolated from socio – cultural milieu. The perception of disease and its cure assumes different dimensions in different societies – cultural pattern and typical ways of living give substances to the manner in which disease is perceived, expressed and reacted (Nagla 1997).

Etiology of diseases of any community depends on the motives, perception of the pathogenetic agents or force responsible for the causes. But the perception of diseases depend not only on pathogenetic agents or forces, rather it involves complex cultural and social phenomena – cultural situation, beliefs and practices of a given community. Therefore, it is imperative to understand the perception of disease etiology. Chaudhuri (1986) also emphasizes that every culture, irrespective of simplicity and complexity

has its own beliefs and practices regarding health and disease and it does not work in meaningless fashion always. Every system of culture tries to give treatment of disease in its own way. So the treatment of diseases and illness varies from one community to another.

Interpretation of and the causes of disease starts at the family level, with initial diagnosis to search for meanings, perception, suggestion suspicion regarding possible origin and cause of disease by family, relatives, village elders and the community as a whole (Tribhuvan,1998). So the perception of belief held by a community also to a large extent influence and act as determining factor regarding causes of diseases. It is for this reason the pattern of health care practices and health institutions differ from society to society and from time to time. The differences depend to a large extent upon cultural views and norms regarding disease.

Tribal perception of causes of diseases like other non-tribal communities is also rooted in their socio- culture and religious dimensions of tribal life. Tribal people are usually very much conscious about their religion. Beliefs in supernatural forces or being occupy an integral part of their society and culture. Most of the tribal people have been living in backward regions or in remote rural areas, in hills, close to forest areas in natural environment since ages away from modern civilization. Naturally, inhabiting in isolation too has direct relation to their health care practices. So they hold their own conception of disease and methods of treatment which involves supernatural and ritual healing together with herbal medicine prepared from roots, barks, leaves, fruits etc. available in nature.

Concept of Disease/Illness

The Oraons are the animistic tribal group. They believe in numerous gods, deities and spirits that surround them. Practically, every aspect of the Oraon life is related to their belief system. The causes of diseases and illness are one important aspect of tribal life which is related to their belief system, religion and supernatural world. The Oraons believe in numerous spirits, gods, goddesses and deities both beneficent and maleficent of different classes and categories.

The highest divinity recognized by the Oraons is *Dharmesh* or the Supreme Being or God who is the creator of the universe. The spirit of the dead ancestor, called *pachbalar* is also, and important deity. Similarly, there are many other deities and

spirits believed by the Oraons such as *Pat Raja*, *Chala Pachcho*, *Chanddi*, *Khunt Bhut* (tutelary spirit of founders of the village), *Barndo* and *Chigrinad* (household spirits worshiped at least once in year) and so on (Roy,1999). These spirits and deities are worshiped at an appropriate time and sacrifices are offered as traditionally practised. If the spirits are not worshiped at an appointed time, it is believed to bring the most terrible epidemics and even death to the villagers.

The present paper seeks to investigate and examine the concept and causes of disease and illness and their treatment among the Oraon tribes inhabiting in scattered hamlets or villages of Bamangola Block, in Malda district in West Bengal. Analysis of the concept of disease and illness is based on an intensive study. The field survey was conducted in all the seventeen Oraon villages / hamlets covering 494 Oraon households inhabiting in the Block.

As said earlier that the Oraons are the animistic tribal group, they have their own deities and spirits. But at present they also worship Hindu goddess e.g. *Kali*, *Laksmi*, *Durga* and so on which may be due to a very long association with local Bengali culture.

Data collected through field survey reveals that the Oraons related causes of diseases and illness with their belief system, religion and supernatural world. The Oraons of Bamangola like those of Chota Nagpur still believe in numerous deities and spirits, both benevolent and malevolent. Besides evil spirits, deities and spirits are believed to cause various diseases and illness if not worshiped properly in the appointed time. Thus it was found that the Oraons under study very strongly believe in natural, supernatural and human agency that cause disease and human suffering.

NATURAL CAUSES OF DISEASES

It is not easy to make a distinct classification of the causes and perception of illness held by the Oraons because same disease is sometimes believed to be caused by supernatural forces and at times the natural agents. Therefore, it is the symptoms

and the nature of disease or illness that are taken into consideration for attributing the causative agents

The Oraons do not always attribute each and every disease to some mysterious forces. Many of the causes of illness are attributed to natural forces as well which include environmental factors such as excessive exposure to heat, cold or rain during work in the fields. They also believe that many diseases; like gastric, diarrhea, dysentery are attributed to intake of adulterated food stuff or too spicy food, over eating and drinking of contaminated water which was frequently found during summer and rainy season. Excessive stress, strain, fatigue etc. due to a very long and heavy physical work in inclement weather are also responsible for many ailments, which are considered natural causes by both sets of Oraon villages under study, the detail discussion of which is given below.

Table: 24. Respondents' belief in causes of disease / Perception of disease held in two sets of villages.

Village close to Rural Hospital Village far from Rural Hospital,
Causes/Perception Held Causes/Perception Held

Names of diseases/ Illness Reported	No. of Respondents	Village close to Rural Hospital				Village far from Rural Hospital				
		Natural	Super-Natural	Don't Know	Total	No. of Respondents	Natural	Super-Natural	Don't Know	Total
1. Fever, cold, cough, head ach, body pain, joint pain, ear pain, nose bleeding, eye problems, gastric, diarrRural hospitalea, swelling of body, scabies.	228	163	16	49	228	266	184	20	62	100
Percent		71.49	7.02	21.49	100		69.17	7.52	23.31	100
2. Leprosy, paralysis, pox, tuberculosis, tetanus, cholera, chronic chest pain, joint pain, epilepsy, mental disorder.	228	37	147	44	228	266	45	165	56	266
Percent		16.23	64.47	19.30	100		16.92	62.03	21.05	100

The table 24 : shows the perception of causes held by two groups of Oraon illages- firstly those living close to Rural Hospital and secondly those living away

from it. Comparative analysis the responses of the respondents show that 163 (71.49% and 184 (69.17 %) of the people who inhabit close to and away from Rural Hospital respectively ascribe diseases like fever, cold, head ach, body pain, gastric, diarrhea, dysentery etc. to natural causes which include an adverse effect of inclement weather, intake of adulterated food, drinking of contaminated water and excessive fatigue due to hard physical labour in extreme cold or hot weather. Small per cent of people that is 16 (7.02%) and 20 (7.52%) villagers living near and far from the Rural Hospital attributed to supernatural causes while 49 (21.45%) and 662 (23.31%) who inhabit close to and away from the Rural Hospital respectively had no idea at all about causes of diseases.

In the other category of diseases namely, leprosy, paralysis, chicken pox, cholera, epilepsy, mental disorder etc, a large section of respondents attributed to supernatural causes. It was very clear from the table that 147 (64.67%) and 165 (62.03%) people residing in the vicinity of Rural Hospital and away from it respectively ascribed to unseen forces as their causes while a small per cent e.g. 44 (19.30%) and 45 (16.92%) respondents respectively attributed to natural causes.

The data above clearly indicates that there is no significant variation or differences with regard to their perception of natural and supernatural diseases causation between these two sets of villages which can be clearly associated with their socio- economic and cultural homogeneity.

SUPERNATURAL CAUSES OF DISEASES

Tribal concept of health, disease and treatment is as varied as their culture. Accordingly, tribal society is guided by traditionally laid down customs and every member of the society is expected to conform to it. They believe that the fate of an individual and the community at large depends on their relationship with unseen forces or spirit world which intervene human affairs. If men offend them, the mystical power afflicts them by sickness, disease, death and other natural calamities (Chaudhuri 1986:161).

Tribals all over the world as well as in India have always attributed causes of various diseases and human suffering to supernatural forces or agents, like wrath of deities, gods, spirit intrusion and human power like evil eyes, witchcraft and sorcery. The belief in supernatural causes of disease is an integral part of tribal society which has been in existence since primitive times. Every tribal society tries to relate and explain various causes of illness and disease through unseen supernatural forces which can not be done away with easily, for it is an integral part of their culture and religious life.

The Oraons have a long tradition of belief in numerous unseen forces or agents through which they try to comprehend or perceive disease etiology. The Oraons under study also trace the causative agents of disease and other afflictions to be the harassment of deities, spirits, wrath of gods and witches.

The Oraons of Bamangola Block are much conscious about their belief in supernatural being. It is ingrained in their culture and society. Many of the diseases and illness are conceived as caused by supernatural forces – gods, goddesses, deities, and spirits as well as evil human power of a witch.

The concept of causation of illness and disease among the Oraons of Bamangola Block can be classified into the following categories:-

Classification of Perception of Causes of illness and Disease held by the Oraons

Natural	Supernatural	Human Agency/witchcraft
Intake of adulterated food contaminated water	Wrath of gods/deities	Witchcraft
Inclement weather /climate	Evil spirit	Sorcery
Excess exposure to heat, Cold, fever, exhaustion	Wrath of ancestral deities	Evil eyes and evil mouth

It must be kept in mind that the researcher has made an attempt to classify these causes of illness but feels that such categorization is not an exhaustive or an

exclusive one. The villagers were found to believe and attributed causes of illness to more than one causative agent – natural, super natural or human agency.

It is very apparent from the preceding table 24 that the each of these above causes of diseases as believed by the Oraons has been discussed separately. But large section, e.g. 147 (64.47%) out of the 228 respondents and 165 (62.03%) out of the total of 266 respondents who inhabit in two sets of villages- one in the vicinity to Rural Hospital and the other far away from it respectively have strong faith in supernatural causes of disease, particularly, wrath of gods and deities for some diseases like leprosy (kodi /kustho rog), paralysis (sitali / basoli), tuberculosis, tetanus, cholera (Mahamari) pox (chechak / ham), epilepsy (mrigi), chronic chest pain, joint pain, mental problems etc. Therefore, an important observation made was that inhabiting in close proximity to Rural Hospital had very insignificant impact on the Oraon community regarding causes and perception of diseases stated above. This is directly related to their culture which does not change easily even with introduction of modern medicine and facilities. Thus cultural beliefs and practices are considered vital determinants of health care practices among the Oroan community

CONCEPT OF EVIL SPIRIT

Another category of supernatural forces responsible for the cause of human suffering, disease and illness believed by the Oraons is a host of spirits of various categories – benevolent or malevolent Roy (1999), also has also illustrated the Oraon world of spirits which consists of different spirits – *pachbalar* (spirit of the dead ancestor), tutelary deities of the village such as *Pat Raja*, *Chala Pachcho or Sarna* but Rural Hospital, *devi mai*, *Darha*, *Desauli*, *Chandi* (spirit of hunting), *Achrael or Joda* (special spirit worshiped by women), *khunt bhut* (tutelary spirit of the dead ancestor), *Barndo* household deity) and other groups of spirits believed to be residing in certain objects and symbols such as babies, beautiful young girls, newly wed couples etc. are believed to be more susceptible to evil eyes. Besides these well fed and healthy cattle and luxuriant crops also are attacked by evil eyes and the cattle stops eating fodder and the crops turn pale and start drying. Thus harm is caused to human beings and damage to cattle and crops.

Thus the Oraons believe in numerous deities and spirits which when not propitiated properly may cast their wrath causing human suffering, disease and suffering. The table below reflects the respondents perception regarding illness / disease caused by evil spirit.

Table: 25. Respondents' Beliefs in Causes of Diseases / Illness by Evil Spirit

RESPONDENTS' RESPONSES							
Groups of Villages	No. of respondents	Believe in evil spirit	Percent	Don't believe in evil spirit	percent	Total	Percent
Villages near Rural Hospital	228	175	76.75	53	23.25	228	100
Villages far from Rural Hospital	266	206	77.44	60	22.56	266	100
Total	494	381	77.13	113	22.87	494	100

The Oraons of Bamangola have strong faith on evil spirits responsible for causing diseases. Table 25 shows responses of the respondents of two sets of villages regarding disease caused by evil spirits. A group of villagers inhabit close to Rural Hospital while the other group lives far away from Rural Hospital. It is apparent from the table that 175(76.75%) and 206 (77.44%) people living close to and far away from Rural Hospital respectively attributed the causes of disease to evil spirits while only a small percent of people that is 53 (23.25%) and 60 (22.56%) living close to Rural Hospital and away from it respectively did not believe in evil spirits causing diseases.

It is obvious from the table that people from both groups of villages had expressed their strong faith or belief in evil spirits causing various diseases. There is system. Wrath of gods and deities were greatly feared and practically it was impossible to do away with such beliefs. No amount of modern medicine and facilities could change their belief in disease causing evil spirits. Such perception on the nature of disease causation was integral part of their culture.

Evil Eyes (*Najair*) & Disease causation

Of the various maleficent occult influence believed by the Oraons is the evil eyes (*Najair*). It is the common notion that some persons are born with an evil potency to their eyes. It is believed that whenever *najair* falls on other people, their food, drink, cattle, and even crops, harm is sure to befall on them. Children in general and particularly healthy children, babies, beautiful young girls, newly wed couples etc. are believed to be more susceptible to evil eyes. Well fed and healthy cattle and luxuriant crops are also attacked by evil eyes by evil eyes. It is believed that cattle stop eating fodder and the crops turn pale and start drying. Thus harm is caused to human beings and damage to cattle and crops.

It was found during field survey that some people expressed their views that they did not believe in evil eyes yet they fear. The belief in evil eyes has been found to be in existence for centuries among all tribal communities. The Oraons are no exception to this. Though the respondents of Bamangola Block could not explain the reasons for existence of evil eyes, yet this belief was found to be very common among the Oraons and they still hold a strong view that those evil eyes do bring disease and sufferings in various forms to men, cattle, and crops. The table below presents the belief of the respondents regarding evil eyes responsible for causing human sufferings.

Table :26. Distribution of respondents' beliefs in causes of disease / illness by evil eyes and method of treatment

Groups of villages	Response of Respondents				Method of Treatment		
	No.of respondents	Believe in evil eyes	Don't Believe in evil eyes	Total	Only Traditional	Only Modern (Doc/hosp)	Total
Village Near Rural Hospital	228	180	48	228	180	--	180
Percent		78.95	21.05	100	100	--	100
Village Far from Rural Hospital	266	204	62	266	204	--	266
Percent		76.69	23.31	100	100	--	204
Total		384	110	494	384	--	384
Percent	494	77.73	22.27	100	100	--	100

It will be very imperative to discuss further who are responsible for casting evil eyes. It is believed among the Oraons that the power of evil eyes emanates on some persons from birth. Generally, women and specially, elderly women, barren women, old widows and *dains* (witches) are believed to possess power of casting evil eyes. Men folk however are not much feared with regard to evil eyes. A witch is considered to possess power of casting evil spell just by a look or gaze or uttering some remarks upon some persons without their knowledge. It is also believed that casting of evil eyes is not always intentionally done to harm a person. So a person, cattle or crops may also be attacked unintentionally by evil eyes, But evil eyes is not limited to witches, even the *najair* of elderly men or women may affect the person but in that case illness is not considered very serious in nature.

The table 26 : presents the respondents beliefs in the causes of diseases or illness by evil eyes and their methods of treatment. It is apparent from the table that a very large section of the respondents of both groups of village – situated near and far away from the Rural Hospital believe in evil eyes causing various ailments and human sufferings.

Of the total of 494 respondents 228 live in the vicinity of the Rural Hospital while 266 of them are the inhabitants of remote villages, away from Rural Hospital. A very large section of respondents from both categories of villages, e.g. 180 (78.75%) living close to Rural Hospital and 204 (76.69%) who inhabit in villages located away from Rural Hospital believe strongly in evil eyes causing diseases, while only a small section of the people did not believe in it, accounted for 48 (21.05%) and 62 (23.31%) from villages living in the vicinity of the Rural Hospital and far away from it respectively.

The observation from this table is that the impact of Rural Hospital upon the Oraon community residing close to it was not found in respect to evil eyes causing various illnesses. This belief among the Oraons is in prevalence since generations without any significant change to which they could not rationalize or explain. Their simple response recorded was that this belief was coming down from generations in

their community and it did affect them. The enquiry further revealed that modern medicines were futile in cases of diseases or ailments caused by evil eyes.

Further the investigator sought the views of the respondents who believed in disease causation by evil eyes regarding methods of treatment and recorded the information that cent per cent of the respondents of both set of villages believed in traditional method of treatment from local village medicine men called, *ojha* or *baid*. Modern medicine is sought only if advised by the village medicine man or when traditional medicine proved inefficacious.

WITCHCRAFT AND SORCERY

The perception of witchcraft, called *dain, daini* or *bishahi*, is still very strongly held in Oraon society. Witches are feared very much. The spells of witches are believed to bring different types of human sufferings as well as sufferings of domestic cattle and also damage crops. Certain people are more susceptible to spell of a witch, like young children, beautiful young girls, pregnant women, newly wed couples and well dressed girl or a woman. Even a good and healthy crop is also believed to attacked by just a gaze or uttering a few words like “how good it is looking!”

Usually a woman is branded as a witch who is always an elderly lady, and elderly widow and a barren woman but never a young girl. However, it is shrouded in mystery why women alone are labeled as witches. A witch is believed to possess mysterious supernatural power of casting evil eyes and evil spells with disastrous results. Therefore, a witch is considered to be a very dreadful one and feared by all. She is believed to possess an evil power which can cause a great physical harm or illness, suffering, and even death. So the Oraons attribute many of the ailments and diseases to witchcraft. The field survey revealed that belief in witchcraft was very common among the Oraons of Bamangola Block. For the analysis on belief in witchcraft the villages have been divided into two sets – one located at the vicinity of the Rural Hospital and the other away from it and to examine if there is any difference between two sets of villages under the impact modern medicine. The responses of the respondents who believe in witchcraft is presented in the following table.

Table:27. Belief of respondents in witchcraft causing illness / disease

Responses of the Respondents				
Group of Villages	No.of Respondents	Believe in witchcraft	Don't Believe in witchcraft	Total
Village Near Rural Hospital	228	159	69	228
Percent		69.74	30.26	100
Villages Far From Rural Hospital	266	191	75	266
Percent		71.80	28.20	100
Total	494	350	144	494
Percent		70.85	29.15	100

From the table 27 it is apparent that the people of both set of villages have a very strong faith in witchcraft causing different kinds of illness and sufferings. Out of the total respondents of 228 who inhabit in villages close to Rural Hospital, 159 (69.74%) and 191 (71.80%) out of the 266 respondents living in villages far away from Hospital believe strongly in witchcraft causing illness. On the other hand 69 (30.26%) and 75 (28.20%) of people from villages located close to Rural Hospital and away from it respectively did not believe in witchcraft.

The observation made from this table is that the people irrespective of their proximity and distance from Rural Hospital, have a very strong belief in witchcraft. Only a small difference is found regarding belief in witchcraft between these two sets of villages, which is not very significant. The important finding is that availability of modern health facilities have hardly any impact upon the people living in the vicinity of the Rural Hospital with regard to causes of diseases by witchcraft.

Training of Witches:

The Oraons call a witch *dain or daini or bishahi* in their mother tongue. Some witches are believed to be born with “evil eyes” and “evil mouth”, while most of the witches are believed to acquire their art by rigorous course of training in a secret or secluded place from human habitation such as cremation ground or cemetery. Usually the art of witchcraft is believed to learn at the dead of the night and specially, during the new moon (*Amawasya*) in the month of ‘Kartik’ when novices are initiated into

the techniques and other mysteries. Trained witches are also believed to be more active during the month of *Kartik* and cause harm to the people, property and cattle. Reasons for acquiring the art of witchcraft are shrouded in mystery. But it is believed that some women learn this art with the intention of harming people when they don't like or with the intention of taking revenge against some persons.

Bishhi / Bishaha: The Oraons also commonly believe in *bishahi* and *bishaha*. Like a *dain* or *daini* a *bishahi* or *bishaha* is a person who is said to have acquired a familiar spirit to which he or she uses to harm others. They are also believed to have credited with evil eyes. Some *bishahi* are said to learn the magical arts like *dains* or *daini* But a witch is believed to possess superior magical spells. The Oraons believe that witches can change their shape and form and can take the form of a cat usually a black cat.

Modus Operandi of Witches:

The Oraons under study believe that there are various ways and methods by which a witch can inflict harm to an individual, a family or the entire village. The common methods of harming people are the following:

i. Use of *Ban* (arrow - shot):

The common notion held by the Oraons is that witches employ *ban* (magical arrow or an arrow-shot to the person intended to harm. So *ban* is most feared by all. This magical spell or arrow is believed to travel a long distance and silently hit or attack the victim causing severe physical harm to a person and sometimes believed to make the victim permanently incapacitated.

ii. Extraction of Heart:

One of the most dreadful acts of a witch, believed by the Oraons is the magical extraction of the heart. A witch is believed to possess the power of extracting the heart of a victim through magical spell when a person is in deep sleep at night. In such cases the victim is sure to die.

iii. Inflicting Harm in the Guise of a black Cat:

It is also a popular method of causing harm upon the intended victim by 'over shadowing' in the name of a black cat (chardewa). A witch always uses this method to attack or harm the intended person. Therefore, entering of an unknown black cat into the house is considered as very inauspicious and a sign of imminent calamity or suffering in the family.

iv. Sucking out Blood from Human Body:

This belief is also very common amongst the Oraons that a witch possesses a power or magical spell by which she sucks out the blood of the victim in course of time and makes the victim very weak and feeble.

v. Use of *San / Najair*:

Use of *sans* or *nasan* is yet another method of harming the intended person. The *sans / nasan* consists of a small parcel or a torn rag on one earthen ware – small pot or a jar, with all sorts of head horn, bone of animals and human beings etc. is buried secretly at night on the way or near the door of the of the house of the intended person or victim. When contacted by *sans* or *nasan* or the person will suffer physically and mentally.

vi. Attacking Domestic Cattle and Crops:

A witch not only attacks human beings, but also attacks cattle and crops of a person, mainly, due to jealousy. It is believed by the Oraons that just uttering of few words with evil intention may affect harm to cattle and crops.

METHOD OF TREATMENT

Treatment for Illness Caused by a Witch

As it is said earlier that ailments or diseases caused by magical spell of a witch is considered to be a very dreadful one which may result in a death of a person or make one permanently incapacitated. Disease caused by the spell of a witch can be cured by an *ojha* only who is considered to be superior to all other village medicine man or a *baid*. It is believed that only an experienced or a superior *ojha* is capable of driving away the magical spell of a witch. Therefore, ordinary *ojhas* decline to give treatment because the magical spell is considered far more superior and powerful one

which may even attack the *ojha* himself if fails to drive away the magical spell properly. Hence an experienced *ojha* alone could give treatment to the victim. An elaborate counter – magical paraphernalia is used to treat the victim before administering any other herbal medicine. The *ojha* observes certain rites and rituals such as fasting, abstaining from drinking all sorts of alcohol and offers puja (prayer) to his guardian deity / bhut in order to get himself empowered to cast away the magical spell of a witch successfully, if not the most dreaded magical spell, the magical arrow, called *ban* may be directed to hit the *ojha*. The three *ojhas* interviewed for the purpose said that they use counter *agni ban* (magical spell or fire arrow) to ward off the *ban* (magical spell) of a witch in the desired direction so that it may not hit any one else. Sacrifice of a black hen is essential.

Traditional Methods of Treatment

It has been discussed in chapter two that the Oraons under investigation are the immigrants from Chota Nagpur, the original homeland. Now they inhabit in a different social milieu and ecological conditions. But in terms of their economic activity and occupation they still follow their traditional occupation the agriculture. Most of the Oraons population of Bamangola block is agricultural labourers, small and marginal farmers. Their economic condition is very deplorable which has a direct relation with the poor health status. The immigrant Oraons have also brought with them their religion and culture. This investigation shows that some religious, social and cultural elements have undergone changes in course of their long habitation in different social environment. They also have adopted some local Bengali Hindu culture. But in the context of health care practices and perception of the causes of diseases and ailments and their methods of treatment have been retained. Their health care practices are very much ingrained in religious beliefs and cultural practices.

In the preceding section it has been discussed in detail that the Oraons of Bamangola Block in Malda district in West Bengal continue to explain various causes of ailments and diseases to supernatural agents or forces. Thus they trace the causes of diseases to harassment of various gods, goddesses, deities, evil spirits and spells of witches. So the causation of disease etiology perceived and believed by the Oraons is-

i.Natural agent ii. Supernatural force iii.Evil spirits iv. Witchcraft and sorcery and
5.Evil eyes.

Therefore, it is natural that to get rid of themselves from all physical miseries and mental problems, they turn to their traditional healers, village priests, diviners, witch doctors and traditional herbal specialists for treatment and cure. The Oraons employ different methods of treatment of diseases depending upon the perception held regarding their causes. The traditional *modus-operandi* of therapeutic has been discussed under two headings – natural and supernatural

Treatment for Naturally Caused Diseases

The type of treatment depends first and foremost on the nature and causes of illness perceived by the people. But the common people were neither in a position to decide for themselves the type of medication required nor possessed any knowledge of herbal medicine. Therefore they totally depend on the village medicine men known by different names such as *kabiraj*, *baid*, *mati*, *ojha* or *gunin*. However, services of not all these traditional medicine men are sought for naturally caused disease because it is believed that each of them has expertise in certain areas, e.g. *ojha*, *mati* and *gunin* mainly resort to supernatural and ritual healing. So generally, *kabiraj* provide medication of herbal ingredient for naturally caused diseases which is serious in nature while for minor ailments herbal medicines are provided by *ojha*. Diseases and illness believed to be caused by natural agents are ordinary fever, cold, cough, gastric, diarrhea Rural hospital, swelling of body, scabies, body pain, head ache, nose bleeding ear and eye pain etc. Usually the *kabiraj* after making diagnosis provides mainly herbal medicine for naturally caused diseases, though to make it more effective enchants some mantras. Amongst different village medicine men the *kabiraj* is considered to be most effective in giving treatment of diseases. He is considered as specialist in herbal medicine. He does not employ supernatural methods of healing though enchants *mantras* to his guardian deity before preparing of herbal medicine. During field survey one *kabiraj* was interviewed who was found to make herbal medicine by using ingredient prescribed in ayurvedic books. He administered only herbal only herbal medicine. He was a very popular *kabiraj* the services of whom were sought after by the villagers. On the other hand local *baid* prescribed herbal

medicine mainly from locally available herbs, roots, barks, plants, grass etc. through the knowledge gained by traditional method of learning and experience.

Even in naturally caused diseases influence of supernatural forces was not ruled out. Hence the village *baid* does enchant *mantras* to cast away the influence of supernatural agents before administering herbal medicine.

Supernatural Method of Treatment:

Causes of many diseases are related and explained by the Oraons to magico-religious beliefs. Beliefs in supernatural causes of illness occupy an important place in the Oraon society. Accordingly, most of the Oraons under study found to employ magico-religious methods of treatment and cure for many of the diseases and illness. Usually, traditional medicine man, such as *ojha*, *gunin*, *baid* and *mati* make diagnosis of illness and resort to supernatural healing. The Oraons of Bamangola Block attributed several diseases, such as leprosy (*kustho rog*), paralysis (*sitali / basoli*), pox (*chechak*) epilepsy (*mrigi rog*), cholera (*Mahamari*), mental problems, chronic chest pain, acute pain, sudden abnormal behaviour, mental disorder etc. are believed to be caused by the wrath of gods, goddesses, evil spirits or magical spell of a witch or supernatural agents or forces.

It was found that in cases of diseases like, leprosy, paralysis and tuberculosis, they were taking medicine from the Rural hospital but discontinued after sometimes because they believe that only modern medicine can not cure such diseases. It is because leprosy and paralysis were caused due to wrath of gods for the sins or misdeed committed by the patient himself or the sins or bad deed committed by their forefathers in the past life. Therefore, they consult village medicine men or the *ojha* who employ magico-religious method of treatment to propitiate gods or deities the followed by prescription of herbal medicine. The *ojha* also offers prayers, puja, makes sacrifices of fowls as required to appease the disease causing gods or deities and thus claim to restore, first of all, the man-spirit relationship. Thus propitiation to deities is a common method of treatment of illness believed and employed by the Oraons.

Various supernatural methods of treatment adopted by the Oraons under investigation may be discussed in the following categories:-

- i. Treatment for wrath of gods and deities

- ii. Treatment for evil spirits
- iii. Treatment for witchcraft and sorcery

Treatment for diseases caused by wrath of gods / deities

The Oraons believe in a number of gods, deities and spirits which are not only the means of attaining spiritual end but also to keep them appease so that their wrath may not befall on them and bring misfortune, disease, epidemics and all sorts of sufferings.

Therefore, the Oraons take a great care in observing certain rites, rituals and make sacrifices periodically and at the appointed time.

Pox is the disease strongly believed to be caused by goddess *sitala*, which is commonly known as *mayer-rog*, the term probably adopted from Bengali language. Therefore, when the pox appear in any person, it is not only the person attacked by pox or the family concerned but is the whole villagers who observe certain rites and rituals so that goddess *sitala* may not get further infuriated causing greater suffering to the people. So when pox appears, certain taboo is observed such as eating of fish, meat, spicy food, use of cooking oil etc. is avoided by the concerned family. Taking modern medicine is totally avoided for the fear that the disease may be further aggravated . It is only the *ojha* who performs puja for three days in order to appease the disease causing deity. Herbal medicines are also not administered.

Paralysis (*sitali / basoli*) and *mahamari* (epidemic) is believed to be caused by infuriated *gaon debota* (village deity). The *barka bhut* an ancestral god is also feared most if not worshiped periodically and at appointed time. It was disclosed that the ancestral god may cast terrible sufferings and even to death to any of the clan member or their cattle.

Treatments for illness believed to be caused by supernatural forces may be cured only by a village medicine man, popularly called an *ojha or kabiraj*, by making proper propitiation and sacrifice. The *ojha or kabiraj* is believed to possess the

mysterious power to restore the man-deity/gods relationship necessary for the well being of the entire community.

Treatment for Illness Caused by evil spirit

The Oraons under investigation believe in numerous evil spirits, commonly known as *bhut*, which are believed to be responsible for causing various diseases and illnesses. Illness such as mental disorder, madness, hallucination, abnormal behaviour, wandering at night alone, and being frightened during sleep are believed to be caused by evil spirit. It is believed that even the common people may guess the causes of illness by reading and observing certain symptoms and behaviour of the patient but it is the *ojha / baid* who makes diagnosis and decides the causes of illness and prescribes the method of treatment to be followed.

With regard to diagnosis, the *ojha* usually employs three methods: (a) divination, (b) feeling the pulse of the patient and (c) enquiry method which includes asking questions or enquiring about the places the patient has visited and approximate time when the illness started. Of these three methods of diagnosis, divination and feeling pulse is the most common. But the divination method is employed only when illness is serious in nature otherwise *ojhas* claim that they are capable of making diagnosis just by feeling pulse and even observing the face and eyes of the patient. After making diagnosis of illness the *ojha* resorts to different paraphernalia to ward off the evil spirits. In case of ordinary illness or ailments only incantation (*jhar phunk*) of mantras is required to be performed. But if patient is suffering from some serious mental disorder, hallucination, talking and behaving very abruptly, the *ojha* makes sacrifice of either a hen or a pigeon to ward off the evil spirit. He also prescribes some amulets to be tied around the neck, arm or waist to keep away and protect from the influence of the evil spirits.

Treatment for Evil Eyes

One of the other etiologies of ailments believed by the Oraons is the spells of eyes which may befall on any person. But the common prevailing perception among the Oraons is that children specially, good looking ones, young boys, well dressed beautiful girls, newly wed couples and pregnant women are believed to be more

susceptible to the attack of evil eyes. Even just a look or a gaze or a remark made by a witch can cause physical or mental harm or disorder. Treatment of ailments caused by evil eyes belongs exclusively to the domain of an *ojha* or a *baid*. The Oraons strongly believe that illness caused by evil eyes can be cured by *ojha* or *baid* through incantation of ‘mantras’ or ‘*jhar phunk*. Specialist (*kabiraj*) in herbal medicine is not called upon to give treatment and normally herbal medicine is not administered. When the respondents were asked about modern method of treatment by the investigator, it was reported that modern medicine was futile in cases of illness caused by evil eyes. Thus as special protective measures like amulets and other herbal ingredients are worn on neck or tied on arms.

In this study, information was collected from the respondents of two sets of villages, one located in the vicinity of Rural hospital and the other away from it, regarding their beliefs in causes of ailment by evil eyes and their treatment which are given in the table below:

Table: 28. Belief of respondents in causes of illness / disease by evil spirit and adoption of method of treatment,

RESPONSES OF THE RESPONDENTS							
Categories of villages	No of respondents	CAUSES OF ILLNESS			METHODS OF TREATMENTS		
		Believe in evil eyes	Don't believe	Total	Traditional	Modern/ Doctor	Total
Village Near Rural Hospital	228	210	18	228	210	—	210
Percent		92.11	7.89	100	100		100
Village Far From Rural Hospital	266	252	14	266	252		252
Percent		94.74	5.26	100	100		100
Total	494	462	32	494	462	—	462
Percent		93.52	6.48	100	100		100

The belief regarding causes of illness due evil eyes has been discussed earlier Hence in table 28 above, only the methods of treatment have been discussed. All of the 210 (92.11%) and 252 (94.74%) respondents from both sets of villages located

near and far away from the hospital respectively, who believed in causes of illness by evil eyes sought or preferred treatment from traditional medicine man. They believe that such causes of illness can be cured only through village medicine man called *ojha* or *baid*.

Treatment for Broken/Fractured bones:

Normal cases or incident of broken or fractured bones are usually not related with any supernatural causes. But the severity and type of pain experienced by the victim is sometimes believed to be the attack of a witch or having the influence of evil agents. The place of an accident is also attached due importance Hence, before seeking herbal treatment from *kabiraj* or traditional bone specialist or seeking modern treatment from doctors in the hospital, some form of supernatural treatment (*jhar phunk*) is considered necessary to free the victim from the influence of a witch or evil agents. But in most cases fractured or broken bone is considered a natural incident.

The common practice for treatment for broken bones or fractures is herbal treatment by village medicine man. There are also specialist in giving massages for minor fractures and dislocation of joints. There is also a bone setter specialist, called *harbhanga kabiraj*. The bone setter specialist is believed to be competent to diagnose the problems of bones by just checking the affected part of the bones. After examination he prepares herbal medicine, mainly for external application. The *harbhanga kabiraj* also places three or four leaves of *harbhanga* plant on the affected area and gives bandages as well. There was no exclusive bone setter specialist or *kabiraj* among the Oraons under study. For ordinary fractures of bones and sprains they sought treatment from the only *kabiraj* available among the Oraons. Therefore, they were dependent on non-tribal bone setters.

Table: 29. Method of Treatment used / preferred by respondents of two sets of villages for broken / fractured bones

Responses of the respondents					
Categories of villages	No of respondents	Traditional medicine	Modern/medicine	Both Traditional & Modern	Total
Village Near Rural Hospital	228	163	48	17	228
Percent		71.49	21.05	7.46	100
Village Far From Rural Hospital	266	212	42	12	266
Percent		79.70	15.79	4.52	100
Total	494	375	90	92	494
Percent		75.60	18.41	5.99	100

Table 29 : shows the methods of treatment normally adopted by two sets of Oraon villages for broken or fractured bones and ordinary dislocations of joints. Both groups of villages – close to Rural Hospital and away from it preferred and were found to be practising traditional method of treatment from the village medicine man (*kabiraj*), for almost all minor cases of broken or fractured of bones. Out of the total of 228 respondents residing close to Rural Hospital, 163 (71.49%) preferred traditional method of treatment while out of the total of 266 respondents inhabiting in villages away from Rural Hospital, 212 (79.70%) of them preferred traditional method of treatment. The respondents living in the vicinity of the Rural Hospital and away from it, who preferred or sought modern treatment from Rural Hospital constituted 48 (21.05%) and 42 (15.70%) respectively. There was small number of respondents who considered that both traditional modern methods of treatments were required. They accounted for 17 (7.46%) and 12 (4.51%) from the villages living close to Rural Hospital and away from it respectively.

Observation made regarding methods of treatment for fractured or broken bones is that a large percent of the Oraons in both sets of villages believed in traditional methods of treatment and cure from *kabiraj* or *harbhanga* specialist. Comparative analysis shows that those living in the interior areas, away from Rural Hospital sought more or were dependent more on traditional treatment than those

Oraons inhabiting close to Rural Hospital, though the difference recorded was not very big. The important point to be made here is that traditional mode of treatment from bone setter specialist as well as kabiraj in both sets of villages continues to be the common methods of treatment among the Oraons.

Treatment for Snake Bite:

Cases of snake bites and treatment of them have brought important revelation in Oraon society. The snake bite was not merely an unfortunate incident but the causes behind it was perceived and related beyond. It was directly related with wrath of a deity, called *Manasa*. They strongly believe that misdeed committed or some acts of the victim were believed to have offended the deity which resulted in snake bites. It was also brought to light that if the deity was offended, the incident of snake bite would occur among human beings as well as domestic animals. But the more interesting thing was that whether snake bite was the result of the wrath of deity or not, most sought and preferred method of treatment followed was *jhar phunk* (incantation of mantras) by an *ojha*. Specialist in herbal medicine, called *kabiraj*, was generally not called upon for treatment of snake bite. It was not only the Oraons but other tribal communities as well as non-tribal communities also strongly believe in *jhar phunk* (incantation of mantras) - a supernatural and traditional method of treatment. So the first preference for treatment of snake bite was sought from the *ojha or gunin*.

The *ojha or gunin* makes diagnosis by feeling pulse or by a method called *ganana*, (a method by which an *ojha* takes some mustard seed or rice on a plate and enchants mantras to determine the spread of poison in the victim's body) and then after he takes a bunch of *neem* leaves and sways it up and down on the spot of snake bite and also enchants mantras as long as he feels necessary. By doing so the *ojha* tries to arrest spread of poison on the body. The people also believe that the *ojha* can suck out the poison as well as can remove it by enchanting mantras. This magical method of treatment goes on for hours. If the *ojha* is unsuccessful, the superior *ojhas* from far away places are also called upon for treatment. Such is the faith the people have on *ojhas* for treatment for snake bite. It is only when all the treatment by *ojhas* fails they take the victim to the hospital. Thus it was found that traditional method of

treatment for cases of snake bites was very popular among the Oraon community. The table below shows their responses regarding treatments for snake bites.

Table:30 Faith /preference of the respondents on the Methods of treatments in two groups of villages for snake bite.

Responses of the respondents					
Categories of village	No. of Repondents	Traditional Medicine man(<i>Ojha</i>)	Modern Treatment (Doc/Hosp.)	Both Traditional & Modern	Total
Village Near Rural Hospital	228	116	13	99	228
Percent		50.88	5.70	43.42	100
Village Far From Rural Hospital	266	174	12	80	266
Percent		65.41	4.51	30.08	100

The table 30 : shows the faith or preference of the respondents for treatment for snake bite. It was found from their responses that traditional method of treatment was very common among the Oraons and it dominated their psyche. The data reveals that majority of the Oraons believed that snake bites can be cured only by *jhar phunk* by *ojhas*. A very large per cent of the respondents, e.g. 116 (50.88%) and 174 (65.41%) people residing close to Rural Hospital and away from it respectively have strong faith in the traditional, *jhar phunk* method of treatment. On the other hand only a very small per cent of the respondents e.g.13 (5.70%) and 12 (4.51%) from village located in the vicinity of Rural Hospital and far from it respectively preferred or had faith and emphasized only in modern treatment from hospital. Hence, the respondents, living close to and away from Rural Hospital, who said that the existence of both traditional and modern methods of treatments were necessary, accounted for 99 (43.42%) and 80 (30.08%) respectively.

It is apparent clear from the data that people from both sets of villages still have a very strong belief in *jhar phunk*, a traditional method of treatment for snake bite. They believe that it is absolutely necessary. There was only a small difference in the percentage of respondents regarding faith in the method of treatment between two sets of villages. Comparatively, people residing close to Rural Hospital had more faith in modern treatment while those living in very interior villages away from Rural Hospital believed more on traditional method of treatment from *ojhas*. Further a good number of the people said that both traditional and modern methods of treatments were absolutely necessary. Further enquiry revealed that the *ojhas* in the earlier days used to be more effective. They believe that the *ojhas* of the modern times are less competent to deal with the cases because they have not been able to acquire proper knowledge after the death of older *ojhas*. So the age old beliefs and methods of treatments of snake bites continue to be very dominant even in the modern times among the Oraons under study.

TREATMENT FOR DOG BITE

The '*jhar phunk*', a traditional method pf treatment by village doctor (*ojha*) is also very commonly employed for treatment of dog bites among the Oraon community of Bamangola. A very large section of the Oraons studied employed this method of treatment. The common perception prevails among the Oraons is that treatment given by *ojha* is more efficacious than modern medicine in case of dog bite. The data below show faith of the respondents regarding types of treatments

Table:31. Faith / preference of the respondents in methods of of treatments for villages for dog bite in two groups of villages

Responses of the respondents					
Categories of villages	No. of Respondents	Traditional treatment(<i>ojha/baid</i>)	Modern treatment(doc/hosp)	Both traditional and modern treatment	Total
Village near Rural Hospital	228	149	33	46	228
Percentage		65.35	14.47	20.18	100
Village far from Rural Hospital	266	202	28	36	266
Percentage		75.94	10.53	13.53	100

The table 31 reveals that out of the total of 228 and 266 respondents, 149 (65.35%) and 202 (75.94%), who inhabited in villages close to and far from the Rural Hospital respectively, reported to have a strong faith supernatural method of 'jhar phunk by a village *baid or ojhas*. They reported that treatment by an *ojha* was very necessary for the cure of dog bite. On the other hand a small section of the people e.g.46 (20.18%) and 36 (13.53%) from both sets of villages inhabiting close to and away from Rural Hospital respectively said both traditional and modern medicine was absolutely necessary. Again a very small per cent of the respondents that is 33 (14.47%) living close to Rural Hospital and 28 (10.33%) inhabiting in villages away from Rural Hospital, said that they had no faith in traditional method of treatment. They emphasized more on treatment from hospital.

The analysis of the data shows that the difference in the method of treatment between two sets of villages was not very big. Still the data reveals that the per cent of people inhabiting close to Rural Hospital preferred less on traditional method of treatment than those living far from the Rural Hospital. Further, the people living within the easy reach of hospital sought or preferred modern treatment from hospital more than those living in the interior areas, though the difference was not very big. The enquiry made by the investigator regarding treatment from Rural Hospital for dog bite brought to light that that it was mainly because the Rural Hospital was close by, and it was easy approach In this regard it was also disclosed that unavailability of vaccine against rabies also posed a major problem at the hospital because outside the hospital it was beyond the purchasing capacity of the poor tribals. But the point to be emphasized here is that perception of traditional method of treatment still persists very much. They also expressed the need for both methods of treatment simultaneously.

Treatment for cuts and wounds

With regard to cuts and wounds two types of health behaviour were found. For the wounds and skin related diseases they rely upon herbal medicine. But it was also noted that they neither use any medicine nor take proper care to protect from further infection for ordinary wounds and cuts. They were also found not taking any tetanus vaccine for any type of cuts. During field survey many children were found with

wounds on their heads and legs who had neither taken any medicine nor precaution against dirt and dust from getting further infected. The table below will shows their treatment of wound and cuts.

Table 32. Treatment used /preferred by respondents for cut and wounds

RESPONSES OF THE RESPONDENTS				
Groupsof villages	Traditional Medicinemen	Modern/Doctor/Hospital	Both Traditional/Modern	Total
Village Near Rural Hospital	37	178	13	228
Percent	7.49	36.03	2.63	46.15
Village far from Rural Hospital	48	199	19	266
Percent	9.78	40.28	3.85	53.85
Total	85	377	32	494
Percent	17.21	76.31	6.48	100

It is very clear from the table 32 that trend of availing modern treatment is seen very clearly for cuts and wounds. But it may be noted that only major wounds and cuts are treated in the hospital. Minor wounds are left to be healed by itself or some herbal medicines prepared by traditional medicine men are used. The largest section of the people irrespective of proximity and distance e.g. 178 (36.03%) and 199 (40.28%) respectively seek modern treatment while small section of them e.g. 37(07.49%) and 48 (9.78%) people relied on local medicine men. While those who favoured both traditional and modern method constituted 13 (2.63 %) and 32 (6.48%) living closed to rural hospital and away from it respectively.

Traditional Medicine Men and their Role

Traditional village medicine men are considered very vital in Oraon society even today. It is they who make clear distinction between two categories of causes of diseases or ailments. The first category of the causes is related to supernatural forces

or agents for which treatment can be given by the village medicine man only. They believe that treatment of supernatural causes of ailments falls under the exclusive domain of traditional healers. The second category of causes of diseases or illness identified by them is the natural causes for which herbal medicine is prepared by village medicine man or modern medicine is used.

The village medicine man besides taking care of various diseases, they also officiate some religious rites and rituals. So village medicine men of different categories and statuses are found. The experience and extensive knowledge of herbal medicine and other form of supernatural healing is very important for medicine man. In the study area medicine men are known by different names like, *ojha*, *baid*, *mati gunin* and *kabiraj*. But the *kabiraj* is the most popular term and is considered to be specialist in herbal medicine while others combine both herbal medicine and supernatural method (*jhar-phunk*) of treatment. Not all of these medicine men enjoy same status. Among the *ojhas*, *baid*s and *gunin* some are considered superior depending upon their experience and efficacy in giving treatment and enjoy better social status in the society.

The villagers consider that village medicine men are very necessary even today and can not be done away with them To them supernatural causes of diseases can be cured by village medicine men only and in this case the modern doctors are considered futile. Religious functions of the medicine men the other important aspect.

Among the Oraons the office of the *ojhas*, *baid*s or *kabiraj* is not hereditary. A person interested in acquiring the art of traditional medicine gets initiation and rigorous training from an experienced *guru* (Teacher) of his village or from neighboring village. But ultimately, the *guru* will decide whether the person will be eligible for training as medicine man or not.

Generally, remuneration is not demanded by the traditional medicine man. But they do accept whatever is given to them as gift. They are not full-time practioners. Villager medicine men consider their role as social responsibility to give treatment to not only the villagers but also to other people of his own community and usually they never refuse when called upon to give treatment..

Two case studies have been given to show their perception of the causes of deseases / illness and their method of treatment

Case Studies

Case- 1. Respondent Arati Oraon, aged 35, educational qualification class V, an agricultural labourer by profession, is a resident of the village Patul, reported “ my husband late Bijoy Orion was suffering from the illness, *mrigi* (epilepsy) for the last ten years. When the symptom of this illness was observed / attacked for the first time, we took him to the a *kabiraj* in the neighbouring district of West Dinajpur for treatment. The *kabiraj* gave some medicine, e.g. amulets to tie around the arm and also medicine to inhale. There was no improvement .Then we took him to a kabiraj at Bangladesh for treatment who provided some herbal medicine and also tried to cure by supernatural (*jhar-phuk*) means. He was well for about seven months. Again he was attacked by this illness. We took him to local kabiraj once every month. He was not cured. The patient died.” The investigator asked if the patient was taken to hospital any time. The respondent replied “ we never took the patient to hospital. It can not be cured in the hospital, since the illness is caused by wrath of gods.” The fatality of this behaviour was that the patient died just three weeks ago when this field work was being carried out.

Case.2. Soma Oraon aged 65, is illiterate and resident of the village Patul. His main occupation was agriculture. The respondent, Rabia Oraon, aged 30, the son of Soma Oraon said “ my father has been suffering from the illness *sitali* (paralysis) since four years. When the symptom was first observed or first attacked by the illness, we took him to the rural hospital at Modipukur, the very next day. He was admitted in the hospital and was released after three days. There was no improvement. So we took him to the kabiraj of the village, named Biswanath Orion. He gave treatment by *jhar-phuk* and also provided some medicine from herbal ingredients to apply externally. There was not much improvement. After that we took him to another *kabiraj* at Chotapathari who tried to cure through *jhar-phuk* and performed other rituals for three days in the morning. It was not cured. Then again they called in another kabiraj from the village who also tried to cure by *jhar-phuk* and also gave some herbal medicine. He continuously performed *jhar-phuk* and other rituals for fifteen days. Now the patient is all right.” The enquiry by the field investigator revealed that *sitali* can not be cured by modern doctor/ medicine. On the contrary, they hold a strong perception that injection if administered in to the patient will increase the problem, by further weakening the affected paralysed portion of the body.