

CHAPTER VI

TRADITIONAL AND MODERN SYSTEMS OF MEDICINE

Earlier in the introductory part it has been stated that there is a common belief that the tribals and other backward communities refuse to part off with their traditional medical beliefs and practices and accept modern health practices. This is reflected in the studies of Mital (1979), Bang (1973), Guha (1986), Joshi (1988) and Gupta (1986) all of which have talked of traditionalism in tribal and folk health culture. But there is on the other hand, studies like those by Marriot (1955), Gould (1965), Hasan (1967), Leslie (1968) and Khare (1981) all of which show acceptance of modern medical practices. O' Lewis (1958) has talked of the co-existence of traditional and modern medical systems side by side and their simultaneous acceptances. This has been viewed by the author as a pragmatic attitude of the people who are prepared to accept anything that may work. The acceptance of modern medicine can be gauged from the fact that Marriot (1955: p. 259) has pointed out that the fascination of the people with certain tools used by men of modern medicine has forced the indigenous medicine men to take up certain methods and tools of modern medicine.

Though studies have shown acceptance of modern medicine, claim can never be made of a total acceptance. It is alleged that there are certain factors like the urge of the tribals and other

backward communities to preserve their traditional culture, the inaccessibility to and availability of modern medical facilities, the structural handicap of the Primary Health Centres in the countryside, the clash of ideals of traditional and modern medicine, the failure on the part of modern medicine to take into consideration the social milieu and the lack of seriousness on the part of the propagators of modern medicine which are responsible for the failure of modern medicine and the persistence of traditional medicine to a considerable extent.

In the light of the above, in this chapter, it is proposed to deal with the persistence of traditionalism in health culture and the acceptance of modern concepts and practices. This will be dealt from an interactionist perspective. In doing so aspects like concepts of etiology and diseases, choice of medical systems and the reasons effecting the choice, interaction between traditional and modern medical practitioners, child care and family planning have been covered.

Concepts of Etiology and Diseases Among the People.

Beliefs, ideas, values and practices are directly or indirectly related to the phenomenon of health and diseases. The concept of being healthy varies from society to society. In general, those persons are regarded as healthy who can afford to eat strengthening food, have good muscular bodies and can work hard. Also does vary is the concept of illness. What is considered to be

illness in one society may not be viewed the same in another. Illness as such, is taken primarily to mean feeling of unwell. Thus, a number of maladies are not recognized as illnesses. Marked differences are also observed in disease entities recognized from culture to culture. Phenomena considered to be symptoms of diseases by one group may not be done so by others, on the contrary they may be regarded as signs of health. The Thongas of Africa for example, consider intestinal worms as necessary for digestion (Ackerknecht, 1946 : cited in Honigmann, 1973 : p. 1044). The same is true with the Yap islanders. The Mayan islanders of Guatemala consider worm infestation as unpleasant but a fairly normal affair and requires treatment only when the worms emerge through the esophagus and cause vomiting or choking (Adams, 1953 : Cited in Honigmann, 1973 : p. 1044).

The study of the incidence and the prevalence of illness in society belongs within the scope of etiology. Etiology of disease is central to any discussion on the relation between medical phenomena and their cultural environment. In most indigenous medical systems the primary consideration in the diagnosis of disease is its cause (Glick, 1967; Adams, 1953 : Cited in Honigmann, 1973 : p. 1048). Causality in these systems is usually sought in the relationship between the victim of illness and his surroundings and this relationship is culturally interpreted. Traditional etiologies may attribute illness to mechanical and emotional as well as magical and religious causes.

In general magic and religion play important roles in indigenous explanations of the occurrence of disease (Hughes, 1968 : Cited in Honigmann, 1973 : p. 1048). Physical causes too find place in traditional etiologies.

Primitive people attributed disease and sickness to the malign of human, spiritual and supernatural agencies rather than biological agencies. This gradually led to the origin of various gods and goddesses.

Among the tribes of India, the belief in the influence of supernatural agency is particularly strong in case of the main economic pursuits and in the context of health and diseases. Different deities and spirits are believed to be connected with different diseases. Among the Hos there is Dessauli, who protects the villagers from evil spirits. Elwin (1955) noted that in the Saora Pantheon, there are gods and goddesses associated with various diseases. There are gods associated with children's diseases, cough and cold, blindness, madness, disease of pregnant women and animals. Most of the diseases are believed can be cured or warded away by propitiation of the gods and goddesses either directly or through shamans.

Besides gods and goddesses, spirit intrusion, sorcery, evil eye and breach of taboo are also regarded as causes for

diseases. Das (1986 : p. 212) noted that the Parjas of Orissa regard, wrath of gods and goddesses, spirit intrusion, sorcery, evil eye and breach of taboo as the main causes for diseases or afflictions.

The Oraons hold a belief that the sorcerers carry with them a rag bundle containing Nasans (destructive and harmful agencies), which they mix with food with appropriate spells and kill the victims. The Kharias believe in spirit basis of illness and so do the Korwas. They believe that fever in children and women is caused by Churail a female spirit. The belief in evil eye has a strong footing among the Mundas and in the case of prolonged illness in a family the help of a witch finder is sought.

Moreover, natural and physical causes too find place in tribal and folk etiologies. Excessive heat in the body, impure blood, diet and climatic conditions are some natural causes and bodily infirmities are physical causes recognized.

Dr. F.E. Clements (1932 : pp. 185-252) has classified the tribal concepts of diseases into three categories, supernatural, human and natural. Under the first category is included soul loss, spirit intrusion, spirit of sickness and breach of taboo. In the second category is included evil eye, evil touch, evil mouth and sorcery and in the third and last category is included

object intrusion and modern medical theory.

The Santhals according to Bodding (1925), have a theory of disease which has resemblance with modern etiology of disease, i.e., disease caused by bacteria. They believe that disease would be caused by a Tijo which may be large or small. These are located in different parts of the body and enter the body through food, etc. Tijo germs are also believed to be collected by witches to spread diseases. The theory may also be viewed as natural and supernatural and sometimes diffused with human agency.

Modern scientific theory has been able to penetrate the minds of the tribal and rural folk. Attribution of disease to germs have been reported. Brilliant et al (1982 : p. 145) stated that besides the traditional concepts of causation of small pox like spiritual, imbalance of bodily humours and impurity of blood, viral intrusion has found its believers. Karna (1976 : pp. 55- 56) reports that the villagers of Rampatti, in the Madhubani district of Bihar attribute germs besides the supernatural, physical and natural causes for diseases like tuberculosis, malaria and small pox. He adds that the concept of germs have come due to the long experience of the village people with the disease and contact with modern allopathic medicine.

A question that arises in mind is, whether traditional etiologies still enjoy popularity in the face of widespread spatial

diffusion of modern medicine. India adopted a National Health Policy in 1983. The emphasis was on the preventive, promotive and rehabilitative health services. There has been an increase in the budget allocation from rupees 65.2 crores during the first five year plan to rupees 3,393 crores during the seventh five year plan and at the same time increase in the health facilities in terms of personnel, training and hospitals. The number of Primary Health Centres increased from 725 in 1955 to 16,735 in 1988. Hospitals increased from 2717 in 1970 to 8,000 or more in 1988. There has been increase in the number of personnel too (Sundaram and Nundy, 1992 : p. 6).

Keeping these in mind, this section is an analysis of the prevailing concepts of etiology and the diseases those occur among the labourers in the tea plantations under study.

Roy (1991 : pp.371-372) observes that among the Oraons of Birpara tea plantation in the Jalpaiguri district of West Bengal, the concept of illness is what we may term as internal, i.e., those accompanied by pain, fever, vomiting, debility, breathing troubles, bowel problems and so on. External ailments like skin diseases and long standing states of disorder are not included. He further observed that no distinction is made between illness and sickness, but diseases are considered as causes for sicknesses. The latter is recognized in terms of ability to work.

The same is true with the tribal workers of the three tea

plantations. Here too afflictions accompanied by pain, fever, vomiting, bowel problems and debility or the symptoms themselves are taken to be as illnesses. In other words, those afflictions or symptoms causing hindrance to work or forcing people to abstain from work are considered as illnesses. Illness and sickness are not distinguished.

Health to the tribal workers seems to mean nothing but absence of physical infirmities and ability to work. Thus, a person is considered to be healthy only when he has no physical infirmity and can work unhindered.

Many diseases which even in their primary stages should be considered as indicators of ill health are found to be ignored for the simple reason that they do not act as obstacles in their work processes. Thus, helminthic infestations, skin diseases, small sores on the leg or arm are not taken seriously. However, it is only when these diseases cause serious problems leading to obstacles and giving rise to other health hazards that they are treated as sicknesses.

Ill health has been found to be attributed to more than one causes. The various causes attributed may be categorized under five heads, supernatural, human, natural, physical and scientific. Under supernatural causes may be included wrath of gods and goddesses, ghost intrusion, spirit intrusion and breach of taboo.

Sorcery, witchcraft and evil eye may be categorized under human causes, climatic conditions under natural causes and loss of blood, excess heat in the body, impure blood, weakness, wrong food under physical causes and cold, impure water, intake of liquor and mosquito bite under scientific causes. Scientific concepts of disease causation have not infiltrated that much in the society. This appears interesting in the presence of modern medical facilities and the availing of them by the workers.

A disease has been attributed to various causes. Thus fever has been attributed to spirit intrusion, ghost intrusion, evil eye, bad climatic conditions and witchcraft; Typhoid to evil eye; vomiting to evil eye and intake of wrong food; Diarrhoea to excess heat in the body, ghost intrusion, evil eye, witchcraft and intake of bad food; Weakness to loss of blood, sorcery, witchcraft and malnutrition; Chicken pox to spirit intrusion and wrath of god. Dysentery to witchcraft, ghost intrusion and impure water; Asthma to wrath of god and witchcraft; Liver problems to intake of liquor, breach of taboo (sin committed) and witchcraft; Paralysis to wrath of god or goddesses, spirit intrusion, witchcraft and sorcery; Rheumatism to weakness, sorcery, ghost intrusion and witchcraft; Malaria to mosquito bite; Mental imbalance (psychic disorder) to witchcraft, breach of taboo; Measles to spirit intrusion and wrath of goddesses; Chest pain to cold and cough; Tuberculosis to excessive hard work, malnutrition

and sorcery; Leprosy to breach of taboo and supernatural wrath.

The infiltration of modern scientific concepts of disease causation like mosquito bite, cold, impure water and malnutrition must be due to the high incidence of the diseases they have been shown against and the contact with modern medical practices in the connection and the contact with the outside world.

Supernatural causes: It has already been indicated that certain types of illnesses and diseases are attributed to supernatural causes. Diseases with a high intensity or causing a great degree of disability are invariably classified as to be caused supernaturally. Again, a disease, if failed to be cured by modern medicine, earlier diagnosed to be physically or naturally caused is attributed to supernatural agencies. Prolonged sufferings are also attributed to supernatural agencies. However, there are certain diseases like measles, leprosy and pox which are attributed solely to supernatural agencies.

Human agencies as causes: Witchcraft, sorcery and evil eye are believed to be effective in disease causation. A person, usually a female who has supernatural powers to do evil is called a witch. Many diseases are believed to be caused by witchcraft or sorcery, e.g., fever, psychic disorders, rheumatism, paralysis, weakness, asthma, diarrhoea, dysentery, typhoid, vomiting and liver cirrhosis. While for some of these diseases witchcraft and

sorcery alone are held responsible for others they are one of the possible causes.

Natural causes: Climatic conditions are often held responsible for diseases. Fever, cold and cough are regarded as to be caused by humidity, low temperature and heat. Besides these accidents are also recognized as causes.

Physical causes: Physical causes like loss of blood, weakness, impure blood, excessive heat in the body and wrong food are held responsible for many of the diseases those occur. The respondents have been found to regard loss of blood as a factor in weakness and weakness at the same time to rheumatism. Impure blood is held responsible for skin diseases like scabies and sores. Excessive heat in the body has been related to diarrhoea, dysentery and bodyaches. Taking of wrong food are considered to be causes for cholera, diarrhoea, dysentery and vomiting. Excessive hard work has been attributed to chest pain and tuberculosis.

Scientific causes: Scientific causes and their attribution to diseases have, as has been said before, penetrated the society though they enjoy a low profile. Causes like mosquito bite, intake of impure water, malnutrition, cold, liquor intake and blood pressure have found place in the etiology of diseases of the tribal workers. Malaria has been attributed to mosquito bite, intake of

impure water to cholera, diarrhoea and dysentery; excessive liquor consumption has been related to liver problems and cold has been cited as a cause of fever. Except for mosquito bite none of the causes have been accepted as to be the sole reason for the disease they have been associated with. Though mosquito bite has been regarded as a cause, the respondents failed to give an explanation as to how mosquito bite causes the disease. This reveals that the concept of germ has not found place in the minds of the tribal workers. The same is true with impure water consumption and cholera, dysentery and diarrhoea occurrence. The workers believe that it is the dirt in water which is responsible of the disease. In respect to paralysis and blood pressure, the explanation offered is akin to the scientific explanation. The respondents mentioned that increased blood pressure leads to collapse of brain and thus leads to paralysis. It should be mentioned however, that the number of respondents who have cited scientific explanations to diseases are very few in number.

The diseases those occur among the tribal workers are numerous, ranging from fever to chronic amoebiasis and liver cirrhosis. The most prevailing diseases are bacillary dysentery, diarrhoea, amoebiasis, helminthic infestations, and bronchial asthma. Besides these, skin infections, general weakness and rheumatism are found among considerable numbers of the population. Roy (1991 : p. 373), reported that among the Oraons of Birpara tea plantation, helminthic infestations was at the rate of 99.07

per cent. The prevalence of such diseases has been attributed by the medical staff of the health units of the plantations to the lack of knowledge among the workers, the working conditions, the low level of personal hygiene and sanitation and the ignorance of the workers.

Helminthic infestations do not arouse any serious concern among the workers unless they take an alarming proportion and act as impediments in the work process.

Asthma, dysentery, diarrhoea and rheumatism all of which hinder their work process are treated by the workers with the help of an ojha or modern doctor.

The Choice of Medical Systems

This aspect has been approached from a comparative view point taking into account the two types of plantations. Moreover, case studies of persons who are suffering or have suffered from diseases in the recent past have also been included to enrich the data.

Investigations reveal that in the plantations with better facilities of health, the workers mostly resort to modern medical facilities except for cases wherein they believe involvement of supernatural or human agencies, ascertained with an ojha (traditional medicine man). In such cases the treatment resorted to is

~~is~~ exclusively traditional involving magico-religious rites. Cases like fever accompanied by very high temperature, perspiration and abnormalities in speech and behaviour are undoubtedly branded as to be caused by supernatural or human agencies. Modern medical practitioners are usually not consulted in such cases even if the patient does not show signs of improvement after repeated trials by a traditional medicine man. There is a deep rooted belief in the people that modern medicine is ineffective in cases where supernatural or human agencies are involved. A respondent said that diseases caused by either supernatural wrath, witchcraft or sorcery, can cure only by propitiation of the god or goddess responsible and applying anti-witchcraft or anti-sorcery methods respectively.

Diseases like dysentery, diarrhoea, cholera, amoebiasis, headache, bodyache, malaria, anemia and scabies have been found to be usually treated by the workers with the help of modern medical systems either in the form of treatment at the health unit of the plantations, government aided Primary Health Centres and hospitals or private practitioners. But all these are done after the ojha who is consulted at first ascertains that supernatural or human agencies are not at work. It should not be however thought that traditional medical systems are not considered in treating the diseases mentioned. The consideration is always the last and depends on the factors of accessibility, availability of modern medicine and the effectivity of the same. In other words, when the workers have tried all the available and accessible sources of modern medical

facilities but failed they resort to traditional medicine. Accessibility depends on the distance, nature of transport available, the nature of reception available at the health units and the cost of treatment. Distance has been found to be a great deterrent when the sources of modern medical treatment are far and there is no cheap transport available. The treatment metted out to the people has also been found to be an important factor. However, the most detrimental factor has been found to be the poverty of the workers. All these problems have been reported by the people. A respondent in desperation said "What to do? When we are not cured at our plantation clinic we are left with no option other than going for traditional medical treatment. Hospitals are overcrowded and the procedures are hazardous. We are treated shabily there. Moreover, they are far off and there is no proper transport. Even if we can manage a transport it is expensive and if a patient is admitted daily communicating to attend to the patient is a problem. Again taking leave to attend to the patient is not possible as it will give rise to economic problems. Consulting a private practitioner involves high cost in the forms of consultation fee and high price of medicines". Respondants have been found to withdraw themselves from visiting a modern private practitioner and discontinue treatment due to want of money. The case of Tulsi Parja of Taipoo tea plantation may be cited in this connection. Tulsi Parja's daughter Phulo Parja, aged 18 years has been suffering from a badly infected ankle of the left leg since the past one year or more. The infection is the result of negligence to a minor

injury received while playing with a sickle. For a month the wound remained untreated and as a result puss was formed in the wound. After a month the child complained of pain in the part. She was taken to the plantations health unit from where the case was referred to the North Bengal Medical College and Hospitals. The doctors there performed a surgery and after four days of stay and treatment in there she was discharged. The doctors advised alternate day dressing of the part with antiseptic lotion and prescribed ampicilin capsules to be taken for two weeks. Tulsi bought a week's dose with all the money he borrowed. Later on she could not buy the second weeks dose. The treatment was discontinued. The wound did not heal properly and the infection relapsed and Tulsi was rendered helpless. She was suggested by the well wishers to consult a private practitioner which she could not do due to want of money. As a last resort she tried herbal medication with the help of an ojha which proved a failure. The condition of Phulo is now precarious. She cannot walk due to pain. The wound emitting puss and smell. What any modern doctor would suggest is amputation of the ankle..

The sequence thus found to be usually followed by the people in treating diseases is, first, consult an ojha for ascertainment as to whether supernatural or human agencies at work. Second, if supernatural or human agencies are not at work, visit the plantation health unit. Third, if not cured at the health unit of the

garden visit alternative sources of modern medicine if they are accessible and fourth, if alternative sources are not accessible consult an ojha due to helplessness.

A factor, though not a very influential one in the process of availing of modern medical treatment, has been found to be the fear psychosis among some workers as regards the surgical part of modern medicine. A respondent, named Dumroo Oraon of Taipoo tea plantation discontinued his treatment of gal bladder stone due to fear of surgery and consulted an ojha.

Non-availability of proper medicine at the plantation health units has also been alleged by respondents. This has been cited as a factor which, along with the above discussed factors force the workers to approach an ojha for treatment.

The past experiences of the workers with the two systems of medicine in treating a disease have been found to be instrumental in the choices of medical system in treating the disease. Respondents have said that they adopt modern medical systems in diseases like diarrhoea and dysentery even when they have been attributed to supernatural or human agencies as in the past they or members of their families have been cured. During my field work at Hansqua, I happened to come across a respondent whose son had been afflicted with dysentery. When I met him he was preparing to take his son to the plantation's health unit. Asked as to why he was not consulting

an ojha he replied that in the past he had been cured thrice of the disease by modern medicine and moreover it works quickly. Effecting quick results seem to be a factor as is reflected from the last few words of the respondent.

However, certain diseases like leprosy, mental disorders, paralysis, physical disorders and rheumatism have been found to be treated with usual preference to traditional medical systems. This is due to their strong conviction that these diseases are super-naturally or humanly caused and modern medicine can never be fruitful in these cases. Moreover, the experiences of the patients did not show modern medicine prove useful. However, sporadic cases of modern medical treatment have been found but this is just to give a try to modern medicine after traditional medicine has effected no cure.

Though the workers have been found to have faith in modern medicine and treat diseases attributed to natural, physical and scientific causes with usual preference to the system, there are cases wherein strong faith in traditional systems of medicine and consequently treatment by traditional medicine man first. Salu Parja's wife Fagni Parja, aged 38 years of Taipoo tea plantation had diarrhoea. She waited for two days and consulted an ojha who stays in a village next to the plantation. Abdominal disorder due to intake of wrong food was diagnosed and the treatment was herbal.

She was cured within four days. Fagni did not consult a modern medicine man as she had faith in traditional medicine which is partly due to fear of ojhas.

Another case is that of Jamuna Nag who had menstrual problem. She happened to meet an ojha of the plantation by chance and casually put forward her problem. The ojha offered to treat to which she agreed. But the herbal treatment of the ojha did not succeed and Jamuna had to consult a private practitioner of modern medicine.

The picture in the plantation with minimum facilities of health is more or less the same. The respondents have been found usually to resort to modern medical treatment except for cases wherein supernatural or human agencies are believed to be involved. In such cases traditional medicine men get the first preference and the treatments are magico-religious. The resorting to either traditional or modern medical treatment is preceded by ascertaining the causes of diseases by an ojha. Leprosy, chickenpox, mental and physical abnormalities are believed to be caused by either supernatural wrath or witchcraft and sorcery. Afflictions of other than these, such as bacillary dysentery, diarrhoea, gastro-enteritis, mild fever, anemia, abdominal pains, bodyache and headache are usually treated with the help of modern medicine after being sure that no supernatural or human agencies are involved. A patient suffering from such diseases is first taken to the doctor attached

to the plantation health unit where if not cured the workers try alternative sources of modern medicine like government Primary Health Centres or hospitals or private practitioners if they are accessible and available. It is only in the event of non-accessibility and non-availability of these sources and the failure of treatment at these sources that the people resort to traditional medical treatment.

The workers in the case of a disease not supernaturally or humanly caused first visit their plantation health unit from where, if not cured they go to the Subsidiary Health Centre adjacent to the plantation's eastern sector. They even at times go straight to the Subsidiary Health Centre. The doctors at the Subsidiary Health Centres refer cases those are beyond their limits to cure, to the North Bengal Medical College and Hospital which is a few kilometers away. It has been found that there is a tendency among the workers to avoid the big hospital. The people rather prefer to consult a private practitioner or traditional medicine man. This tendency has often resulted in serious consequences as, consulting a private practitioner is not always possible due to economic constraint and thus ultimately resulting in seeking help from traditional medicine man. The low level of preference given to the big hospital is due to certain apprehensions nursed by the workers, the difficulties faced by the workers there and the shabby treatment they receive there.

As regards afflictions those receive exclusive treatments by the traditional medicine men, it should not be taken for granted that they are not treated with the help of modern medicine. Though the workers believe that modern medicine is not effective in such cases, they consult a modern doctor just to give a try. The case of Birsingh Oraon's son may be cited in this connection. Birsingh Oraon's son Ashok, aged 20 years is a paralytic patient. Birsingh recalled that when his son was 12 years of age he complained of pain and wekaness in his legs. In discussing with his father it struck him that it must either be a case of witchcraft or supernatural wrath. He, after a few days, consulted an ojha who diagnosed witchcraft and appropriate measures followed to neutralize the power of the witch who was detected to live in the neighbouring basti. The ojha after doing the needful suggested to wait and see for two weeks. But even after two weeks no improvement was noticed. The ojha was summoned again who then diagnosed supernatural wrath (the name of the goddess could not be obtained) and propitiatory measures followed. This also did not yield any result and after a month the boy sank. He was unable to walk. But Birsingh was so much convinced to supernatural wrath that he tried with another ojha who after doing propitiation prescribed massage. Even after continuing this treatment for a month there was no improvement. Later, disgusted he took his son to the North Bengal Medical College and Hospital where, the doctors expressed their helplessness.

Another case, that of Telesphor Oraon of Matigara tea plantation will show, that the workers prefer to avoid the big hospitals (in this case it is the North Bengal Medical College and Hospital) and get treated by traditional medicine men. The case will also show that they are prepared to spend money and consult a private practitioner rather than visit a big hospital. Moreover, the case will throw light on the fact that the workers resort to treatments at big hospitals at the last moment. Telesphor Oraon, aged 38 years was suffering from ulcer. He was passing blood in the stool. He at first consulted Chaitu Naik an ojha of the garden. The cause was diagnosed as excessive heat in the body and he prescribed herbs. The treatment did not respond. Telesphor then consulted the doctor of the plantation health unit who referred the case to the Subsidiary Health Centre at Matigara from where the case in turn was referred to the North Bengal Medical College and Hospital on the ground that the case cannot be treated there. Telesphor had in mind the hazards they face at the big hospitals and decided not to go to the North Bengal Medical College and Hospitals. He instead thought of consulting a private practitioner but could not afford due to financial problems and decided against and sought the help of an ojha staying at Chandmani tea plantation. The treatment did give him partial relief but his condition deteriorated after a few days and had to be forcefully shifted to North Bengal Medical College and Hospital by the plantation authorities where he had been for 15 days. He is cured now.

Child Care

Child care assumes great importance as the health of a child is the crux of the community. Social factors of child care relate particularly to the neighbourhood and the family. Methods of child care are indicators of health modernity.

Investigation in the three plantations reveals that there is usual preference to have the delivery of the child at home with the help of a mid-wife. In all the plantations except Hansqua there is no trained midwife and therefore the process of delivery takes place under the care of untrained midwife. In most cases no desired scientific precautions are taken. It has been said by the respondents that the umbilical cord is cut with the help of a knife or the head of an arrow. The instruments are not disinfected or sterilized before use.

The respondents have been found to nurse certain apprehensions in regards to maternity homes or hospitals and they avoid them unless things get complicated at which the midwife suggest shifting to the same.

A new born immediately after birth is cleaned with warm water and the body is smeared with turmeric and mustard oil.

No special care except providing extra amount of rest is taken for a pregnant mother. Though some respondents have pointed out the need for good food besides rest, they do not practise so due to economic constraints. Usually the workers do not feel the need to give good food to a pregnant lady. They are unaware of the fact that health of the mother is vital for a healthy baby. Periodic checking of a mother by a doctor is not taken up by the workers. The people are unaware of the need for doing so.

The common and most prevalent method of post-natal care of a child is to massage a child with warm mustard oil for 20 to 30 days. This is done with the view to make the bones of the child strong. There is lack of awareness among the workers as to the need of keeping a child clean. However, in Hansqua tea estate some families among the Oraon and Munda tribes have been found to give a child daily bath for a month. Moreover, no care is taken to maintain cleanliness of the clothes and vessels in which a child is provided food.

Preventive measures according to modern medical system have been found to have partial acceptance. The number of children vaccinated against diseases is very low in the Matigara plantation, moderate in the Taipoo plantation and quite high in the Hansqua plantation. In the Matigara plantation the rate is very low despite the existence of the government Subsidiary Health Unit adjacent to the eastern Balasan sector of the garden. It is alleged by the

doctor of the Subsidiary Health Unit that the workers are unwilling to accept the vaccination. Very few attend the immunization camps with their children. But, this appears astonishing in view of the fact that the workers bring their children to the Subsidiary Health Unit for treatment of ailments on many occasions.

In the Taipoo plantation, the moderate rate of vaccination of children is the cumulative effect of ignorance, non-serious attitude and non-availability of facilities throughout the year. Workers who are aware of immunization and its importance, alleged that they do not come across such facilities in the plantation or anywhere in the proximity, thus, hampering their children getting immunized.

Traditional preventive measures in the form of amulets and magico-religious rites are taken up by all. These go side by side with modern preventive measures. The traditional preventive measures centre around evil eye, ghost-intrusion and spirit intrusion. There is a belief among the tribal workers that evil eye causes illness among the children. The symptoms of which are vomiting, high fever and diarrhoea.

No special diet or restrictions on diet are found to be maintained for the children after the suckling period, which is found to vary from 1½ years to 2 years. A child is given all solid food consumed by an adult except fish and meat. A child in a family

is given to eat what is given to eat to the other members of a family. The workers are found to be unaware of the restrictions and diet to be maintained for a child. During the suckling period a child is fed exclusively on mother's milk which, if not available is substituted by cow's milk. No tinned powder milk is given.

Family Planning

It has been found that the workers have the idea of family planning but not in detail. All the workers in all the three plantations have heard of family planning either from the media or neighbours. Their idea is limited to not having many children and sterilization. Though respondents agreed that having more children poses rearing problems not many of them practice birth control either by traditional or modern methods. This is due to the fact that there is a common belief that preventing birth would antagonize god. A child is taken to be a gift of god.

There are other factors which singularly or together act as barriers to adoption of modern medical practices. Some workers have been found to nurse a fear that sterilization leads to weakness and also death at times. A reason which may be a factor in birth is that for each birth there is a payment of rupees 250 made to each family by the plantation authority towards upbringing of the child.

Sterilization has been found to be the most popular method of birth control. Contraceptives, though the people are aware of them, have not been found to be made use of. An interesting feature found related to adoption of sterilization is that those who have undergone sterilization have done so at an older age and all are women. The motive seems more of economic rather than birth control. After sterilization a compensation of rupees 120 is paid by the government.

Awareness as regards maintaining of adequate annual intervals among conception of babies has been found to be not at a high rate. Very few people know of it. The mean interval of conception is 1 year. Those who are aware are ignorant.

The use of traditional methods of prevention of birth are limited only to illegal conception as the people fear being scandalized. Such methods are adopted secretly. The traditional methods used are herbal prescriptions and abortion done by midwives. The latter is usually avoided and made use of only when the former fails. Visit to hospitals for abortion is avoided as the people fear to be scandalized and also as the people nurse apprehension in that respect. Moreover, accessibility to such facilities is a problem. The case of Jumroo Oraon's daughter, of Atal tea plantation (a neighbouring plantation) may be cited in this connection. Jumroo's daughter who was of the age of 18 had an illegal conception which Jumroo came to know after 2 months.

He secretly called a traditional medicine man from Hatighisa who prescribed herbal medicine. But this yielded no result. The fetus grew. Jumroo after a month took his daughter to an untrained midwife in a neighbouring village secretly and wanted the fetus to be removed. The midwife's efforts proved futile as the fetus had grown fairly big. The process was so crude that it led to profuse bleeding and ultimate death of the girl.

The Traditional and Modern Medical Practitioners

Gandhi (1981 : p. 72) pointed out that instead of dichotomizing the two systems of medicine one should emphasize the interaction between the two which is a common feature of Indian life.

In the different sub-sections those preceeded, I have discussed different facets of interaction between the two. This sub-section is devoted to the analysis of the interaction between traditional and modern systems of medicine through the methods adopted by their practitioners and their attitudes of each towards the other.

Traditional medical systems have been found to incorporate elements of modern medicine. Marriot (1955 : p. 259) observed, that the fascination of the villagers with stethoscope and thermometres have. Similar observation have been made by Gould (1965 : p. 207). Newman, Bhatia, Andrews and Murthy have reported

that the most successful of the indigenous medical practitioners have adopted modern medicine in combination with indigenous medicine.

The diagnostic methods of the traditional medicine men have been found to involve divination, observation, pulse reading, feeling by touch and intuition. Very often, all these methods are used together in diagnosis. Divination, however, is believed to be the most effective and is the most popular.

In the process of divination, the medicine men take a sal leaf and applies on it some sindur (vermillion) and mustard oil and placed it in front of him. Then he calls the gods and goddesses for aid. It is believed, that by doing so, the face of the god or goddess appears on the leaf. The disease also appears on the same leaf. This process also reveals cases of witchcraft and sorcery.

The methods for identification of the direction in which the witch stays is putting some straws in linear fashion and uttering of mantras at which the straws move in the direction of the witches house.

Observation, pulse reading, feeling by touch and intuition are mostly used as methods which aid in diagnosis. But these singularly serve as effective diagnostic tools.

Reading of pulse seems to be an adoption from modern medical treatment but this adoption is not with the motive of popularization. Instead it is just to aid diagnosis. Popularization of the system of medicine does not seem a motivating factor as for none of the medicine men it is a primary occupation.

Traditional medicine men do not view modern medicine with hostility. Instead, they view it as another medical system in its own right. That it is not viewed with hostility is evident from the fact traditional medicine men often offer themselves for modern medical treatments and refer cases for modern medical treatments.

The modern medical practitioners on the other hand though they do not view traditional medical system with hostility are unwilling to brand it as efficacious. When it was pointed out that many of the modern medicines are derived from herbs used in traditional therapy they agreed, but at the same time pointed out that traditional medicine men did not have knowledge of their proper application. The modern medical practitioners have been found to be very severe on the magico-religious practices. Some have viewed it as ploys to kill people. Though, the traditional medical systems have been viewed as inefficacious by the modern doctors they do not object to their existence for two reasons first, as they are not harmful to their profession and second, as they form a part of their tribal custom.

The fact that traditional medical practice is not the primary occupation for none of the traditional medical practitioners may be due to the decline of popularity. The practitioners pointed out that it is not possible to earn livelihood through it. The decline of popularity has been attributed to change of attitude of the people and emergence of modern medicine. A consequence of reduction in popularity and failure to earn livelihood through the practice is that the practitioners do not demand remuneration. However, they do not decline if given in cash or kind.

Case studies of three traditional medicine men one of Hansqua tea plantation, one of Matigara tea plantation and one of Atal tea plantation a neighbouring tea plantation north of Taipoo beyond Kiran Chandra tea plantation may be mentioned in this connection. The case study of the medicine man ^{of Atal} has been taken as the workers of Taipoo has often mentioned of him.

Mangra Oraon of Hansqua tea plantation, aged fifty eight years is working as a traditional medicine man for the past twenty years or more. He learnt the art from one of his friends Bigal Oraon for five years. He started learning it at the age of twenty. Bigal's father was also a traditional medicine man who specialized in magico-religious treatments. Mangra received some training from Bigal's father too. Mangra besides magico-religious treatments also knows herbal treatments which he learnt from Bigal who had learnt it from his grand father. Mangra has no hostile attitude towards modern medicine. He thinks that modern medicine is effective in diseases which are not supernaturally or humanly

caused. It is needed as traditional medicine is not effective always. His faith in modern medicine has developed out of his cure of ulcer five years back besides other small ailments. He does not object to anyone adopting modern medicine at the same time he does not insist on anyone adopting traditional medicine.

Mangra uses mainly divination to diagnose diseases. Observation, pulse reading and intuition are used as aids to diagnosis. However, Mangra at times with the help of observation and experience is able to diagnose diseases. In the process of divination Mangra uses a sal leaf smeared with sindur (vermillion) and mustard oil. He lights some incense sticks also. He places the leaf on the ground in front of him and calls the gods and goddesses for aid. The god or goddess appears on the leaf. Also appears is the disease.

Mangra said he treated as many as two hundred cases but has cured only eighty to ninety of them. He never demands remuneration but does not refuse if anyone offers. According to him he treats more with a welfare motive rather than economic.

Chaitu Naik of Matigara tea plantation, sixty years of age is also a traditional medicine man. Chaitu is practising the art for the past thirty years. He learnt the art from his father. It took him seven years to master the art. Chaitu's methods of treatments are propitiation and herbal. His aids of diagnoses are divination, observation, pulse reading and intuition. He relies

more on divination. The other methods are used to aid the process of diagnosis. However, due to his experience he at times is able to diagnose disease by observing symptoms. The process of divination is the same as have been described earlier.

Chaitu agrees that modern medicine had brought about a decline in the popularity of traditional medicine at the same time he points out that modern medicine is effective in many cases. He further points out that modern medicine has to be there as it works quickly and also because traditional medicine is not always effective. Chaitu himself has on many occasions been treated with success by modern medicine.

For Chaitu working as a traditional medicine man is not his primary occupation. He does it with the motive of social welfare. He admits that by only being a traditional medicine man he will not be able to earn much. He demands no remuneration but does not refuse if given. Remunerations are either in cash or kind.

Taran RajGond aged sixty years of Atal tea plantation is competent in both magico-religious and herbal treatments. He learnt the art from his father. It took him fifteen years to learn the art. He accompanied his father during his visits to patients' places and observe him work. When he attained the age of fifteen he was asked by his father to help him in his work. From the age

of twenty five he started curing patients independently.

Taran uses divination, pulse reading, and observation of symptoms to diagnose diseases, but he relies mostly on divination. The process of divination is the same as showed earlier with the only difference that Taran calls goddess Kali for aid. He said that goddess Kali appears on the leaf and reveals the disease and cause. The other methods are used to facilitate the process of diagnosis. However, at times just by observing symptoms ~~■~~ a disease is diagnosed.

Taran believes that modern medicine has brought down the popularity of traditional medicine but he does not nurse any hostile feeling against modern medicine. He thinks that modern medicine is needed as traditional medicine is not able to cure all diseases. This attitude has developed out of his experience with modern medicine. He has been cured of chronic bronchities six years back.

Taran has cured many patients but cases which proved beyond his capacity were referred for modern medical treatment.

Taran does not demand any remuneration for treating, but does not refuse to take is offered. Traditional medical practice is not his profession he does it just for social welfare.