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EMERGENCE OF MEDICAL ANTHROPOLOGY IN INDIA

What is Medical Anthropology?

As a branch of holistic discipline anthropology, medical anthropology is the most attractive of the anthropology's sub-disciplines having been looked up differently by different scholars. A very simple explanation of medical anthropology could be that it is a discipline dealing with the phenomenon of ill health with a cross-cultural focus. Such an exposition would naturally imply that the focus of medical anthropology is cultural and that its aim is to make universal generalizations about the behaviour and practices concerning illhealth, including concepts and beliefs about illness, causative theories, diagnostic methods, preventive and promotive measures, therapeutic choices and medical pluralism, health seeking behaviour including adherence and issues concerning efficacy. While this has been the primary focus of medical anthropology, the scope of medical anthropology has been expanding quite rapidly and consequently it has been incorporating myriad new dimensions into its rubric for the last five decades. Thus, it is imperative to expand the definitions of medical anthropology.

The bio-social perspective of medical was emphasized upon by Foster and Anderson (1978) and this perspective indeed provided medical anthropology with a unique angle to probe into the issues of adaptation and evolution of human populations. The emergence of mutations and other biological markers in the light of social organizations and cultural practices has indeed provided to us new ways of illness management and preventing diseases. In the era of lifestyle transformation and transition which is leading to increase in the burden of non-communicable diseases, the bio-social perspective means a potent tool for ameliorating the excess burden. The answers to this lifestyle change leading to new patterns of morbidity is not to be found in any medicinal substance but rather in understanding the intricacies of how and why societies decide to change and whether once the change has been brought about by external and internal forces, is there a way to change the habits and behaviours. The social and cultural meaning of illness will thus illuminate the biological aspect under this focus.

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The ecological perspective of medical anthropology has been emphasizing upon the man-environment relationship and its impact on morbidity and mortality. Of special relevance to medical anthropologists is how the culture is able to modify environment and elements of eco-system and conversely how culture adapts and adjusts to the eco-system alterations. In recent times, due to anthropogenic interventions, new challenges have appeared on the scene and the ill-effects of global warming, green house gas emissions and climate change are quite evidently impacting global health. Thus the scope of eco-cultural domain within medical anthropology has exponentially enhanced necessitating medical anthropologist to come out with new tools and techniques to address this situation.

Inherent in the cross-cultural perspective of medical anthropology is the idea of relativism. Thus every medical system, the biomedicine being one of them, needed to be seen within the framework of its theoretical underpinnings, historical and politico-economic processes. The biomedicalization and consequent expansion of the influence of the field of medicines, the dynamics of the multinational entities in the era of globalization, the technologization of medical care are emerging core areas of medical anthropological research. Similarly, the question of efficacy needs also to be broadened beyond microscopic validation to incorporate social and cultural competence in the healing. In the era of explosive booming of alternative therapies, a pertinent question would be to examine why these alternatives have so suddenly become not only important but also popular, not the least with the poor and marginalized but quite strangely with the rich and elites as well.

The core concerns of medical anthropology in the present times have drastically changed in the light of relevance and applicability of anthropological methods and knowledge, due to emergence of fresh challenges and goals within and without the sub-discipline. The need for new definition has thus arisen to take care of the current medical anthropological focus as well as its gaze. There is therefore a need to redefine medical anthropology and the most apt definition of medical anthropology valid to address contemporary challenges is therefore proposed as “Medical anthropology investigates the issues related to health, illness and disease from socio-cultural, bio-cultural, eco-cultural and politico-economic perspectives. It further strives to achieve an empowering, equitable and patient-oriented health care which is accessible, affordable besides conforming to patients’ expectations”.

History of Medical Anthropology in India

In spite of the relatively late emergence of the sub-discipline, there have been numerous studies on the subject matter of medical anthropology by Indian and foreign scholars alike. Looking at the publications by Indian scholars, one of the early papers was written by S.C. Mitra (1923), a social

anthropologist from University of Calcutta in the year 1923. Initially read at the tenth session of the Indian Science Congress at Lucknow, this paper appeared in the journal *Man in India* which was the most vibrant journal of that time. Titled 'On the Cult of the Godlings of Disease in Eastern Bengal", it directly addressed the core subject matter of medical anthropology. The paper talked about Ekachaura, Bara Kumara, Lalasa Bisveswara and Khala Kumari divinities as godlings of disease.

The ethnographic account presented by Mitra provided enough details of the beliefs and practices, including transcriptions of the incantations used in the rituals. By all accounts, this paper can be called as the early paper addressing the issues in medical anthropology. However, the primary focus of the author was not on contextualizing the deities and patients but analyzing the larger ethnological enquiry of the time. The author was all through concerned with the antiquity of the beliefs in godlings. The concluding observation of the author (what he preferred to call his theory) was, "…(these godlings are) personifications of the disease-spirit or of the spirit of death which were most likely adored and prayed-to by the non Aryan aborigines of Eastern Bengal and which have been, or are in course of being, absorbed into orthodox Hinduism" (Mitra, 1923:55). In the same time period, a very detailed account was published on the Santals (Bodding, 1925) highlighting the indigenous concepts and beliefs about diseases.

There were two interesting contributions appearing in the sixth and seventh volume of *Man in India* under the section Miscellaneous Contributions. The first one to appear was written by S. C. Mitra (1926) concerning divination while the second one was by S. N. Roy (1927) discussing the beliefs and practices pertaining to small-pox and cholera. The short description on divination by cup bewitchment was based on a news item appearing on Tuesday, the 6th January, 1925 edition of the newspaper, *The Dainik Basumati.* What is interesting to note in this report is the fact that Mitra was trying to provide an alternative explanation to the phenomenon of cup bewitchment by siding with the diviner who was accused of criminal trespass and criminal conduct and consequently fined by the magistrate. Against the explicit and unambiguous order of the magistrate, Mitra was trying to present an alternative explanation for this so called 'Mumbo-Jumbo ritual" (Mitra, 1929 p. 55). In doing so he referred to the travelogue of one Britisher named Edward G. Brown (1893) who reported from his visit to Persia where one Haji Mohsin was able to similarly bewitch a watch and a comb and also promised to bewitch a brass cup as well. This explanation was definitely bit short of a functionalistic explanation but it certainly had the grains of cultural relativism, though in nascent form. In Mitra's words, "..it would appear that instead of its being wholly a Mumbo-Jumbo ritual, there may be a substratum of truth in the afore-described method of divination by means of a bewitched cup" (p. 55).

The paper on small-pox and cholera (Roy, 1927) likewise termed the indigenous beliefs and practices pertaining to small-pox and cholera as popular superstitions. The author has tried to present the picture of how the people look at the cases of small-pox and cholera through the 'superstitious' goddesses such as Thakurani, Mangala, Yogunis whose wrath was the sole cause of these diseases. The author clearly sided with the intellectual educated elites of the time in highlighting the native beliefs and practices as arising out of ignorance needed to be changed in the light of scientific knowledge and medicines. At the same time, he was able to provide ethnographic details of the prevailing situation on small-pox and cholera through the description of the Kalshi oracle and explanation of the practices. In stating that "heat is death, and cold is life" (p. 201), the author tried to explain the reason for using humorally 'cold' substances in the management of small-pox by establishing the link between belief and practices.

Early 1930s saw two important papers written by the later founders of Lucknow and Delhi Departments of Anthropology. The first paper to appear was by D. N. Majumdar (1933) who was teaching Primitive Economics in the Department of Economics at the Lucknow University and the second one was written by P. C. Biswas, a scholar at the Kaiser Wilhelm Institute for Anthropology, Human Heredity and Eugenics, who later founded Delhi University's Anthropology Department.

The paper written by Majumdar (1933) addressed mainstream concern of medical anthropology for the first time. Titled "Disease, Death and Divination in Certain Primitive Societies in India", it reflected comparative ethnographic details from various tribal communities such as Veddhas, Polias, Munda-Dravidian tribes, Hos, Korwa, Majhwars, Cheros, Panikas, Kharwars, Oraons, Bengalese, Rawaltas and Tharus. Majumdar was a very keen observer of the ethnographic details and therefore one could see him explaining the variations in the beliefs and practices with respect to death customs, witchcraft and treatment methods across the length and breadth of the country.

D. N. Majumdar's descriptions amply reflect his mastery over myriad customs of the 'savages', most of which were known to him through personal experience but for other he relied on writing of doyens such as S. C. Roy. While most of the article discusses the variations in the beliefs and practices pertaining to death and disease, one also comes across him mentioning disease causation theory among the 'primitive societies'. His theory classifies disease causation into two categories, namely internal and external (p. 123) when the former subscribing to now widely known supernatural or personalistic (see Foster, 1976 p. 775) while the latter to natural or naturalistic cause.

Biswas's paper (1934) succeeded Forrest Clements' (1932) lengthy article and summarized the cross-cultural beliefs and practices prevailing among the Indian tribal communities. Appearing after a book length article of

Boddins (1925), Biswas comments on the need to write the article acknowledging clearly the influence of Clements and Rivers by mentioning, "..when the monograph of Dr. F. E. Clements came into my hand and the excellent writings of Dr. Rivers was reconsulted a need of new orientation was felt". (p. 1). The felt need was gaps in the treatment of Indian data in both the writings. Although, Biswas did not challenge the theoretical orientations of Rivers and Clements, yet by citing innumerable examples from Indian ethnographies, he was able to project India with its 'primitive medicinal' diversity. He was thus truly able to establish India as a world in miniature and corrected Rivers who thought that Asia (including India) lacked in disease object intrusion causative theory. Biswas did project India's "Infancy of Medicine" diversity by making area maps showing distribution of 'traits of primitive medicines'.

Examining the classificatory theory of W. H. R. Rivers and Forrest Clements wherein the causative concepts have been divided into natural, supernatural and human agencies, Biswas was able to point out juxtapositioning these causative concepts in the Santal belief in the *'Tejos'*. Biswas states, "The Santal has a theory of disease which in his scientific viewpoint is as natural a cause as infection caused by bacteria. But we can look upon it as an agency which is natural and yet supernatural and sometimes also diffused with human agency" (p. 4). The paper citing forty six references had eight rare works addressing the issue of 'primitive medicines'. These included Presidential Address in the Centenary Meeting of the British Medical Association by Dawson of Penn (1932); D. McKenzie's (1927) famous book titled "The Infancy of Medicine"; Max Bartels's (1803) book "Die Medizin der Naturvolker" and Moodie's (1923) book titled "Paleopathology".

Both the papers appearing in the early 1930s were exceptionally rich in giving a cross-cultural flavor to the Indian 'primitive medicinal' heritage. It is very difficult to compare both the paper, both were well ahead of their time. However, on quality of language and expressions, the paper by D. N. Majumdar was superior but if we compare the scientific and scholarly merit, the paper by P. C. Biswas was a far mature one examining the existing knowledge and providing a critical perspective on the contemporary knowledge by giving due credit to Indian ethnographic elements.

Between mid-1930s till India's independence, there was relative lull as far as the work relevant to medical anthropology is concerned. The Indian journals were intensively publishing in the field of racial elements during this period. In the beginning of the 1950s, a very interesting paper appeared in *Man in India* which discussed the medicinal beliefs and practices among the Gonds, Kolams and Chenchus of Hyderabad (Hussain, 1950). It was followed by another paper describing the pan-Indian ethnographic perspective on small-pox (Neog, 1951). Basically applied in nature, it depicted the nuances of complex beliefs and practices pertaining to small-pox. Interestingly, this

paper appeared at a time when India was reporting maximum number of smallpox cases in the world (Lahariya, 2014 p. 497)). At the same time, it preceded the article written by William Caudill (1953) as well as B. D. Paul (1955).

One learns about the variability in the beliefs concerning small-pox which was believed to be caused due to anger of the goddess in most of the cases. The Pnar or Syntengs in particular were an exception where the cause was otherwise. The author summarized the belief by stating, "In the Jaintia hills in Assam, the disease is reverenced as a goddess and the Syntengs consider it a great honour to be smitten by small-pox; They call the pock-marks, 'the kiss of the goddess' ; and deeper the marks greater is considered to be the honour. Women wash their hair in the water used by a diseased person and also bring their children to his house so that they may contact small-pox and obtain 'the kiss of the goddess.' The house of the sick is considered sacred for the time being; and visitors have to wash their feet with clean water kept in a trough at the front door, before they enter the house." (Neog 1951, Pp. 75-76). Mentioning variability in the beliefs and practices from east, west, north and south, he provided extremely vital data for the implementers of the vaccination programme for small-pox.

A very thoughtful paper was published in *Man in India* describing the training of a medicine man (Sinha 1958). It was a one of its kind paper focusing upon healer and as such deviated from the usual papers of the 1950s. Based on the data collected nearly eight years ago, the paper described at length the apprenticeship of one thirty year old Saheba Bhumij from Singhbhum. The process of becoming a 'medicine man' is vividly described including translation of the mantra or chants. The typical teacher-pupil manner of imparting the skills leads to establishment of life-long ties of bondage between the teacher and the pupil. Surajit Sinha later comments upon the efficacy of the chants in the form of sympathetic magic which is enhanced by repetition of the chant for magnifying its potency.

While most of the papers on medical anthropology were focusing upon east and central India by scholars from Calcutta University in the fifties (Bhowmick, 1955; Bhattacharya, 1955; Bebarta, 1959, Chaudhuri, 1963), the paper by Naik (1956) was one of rare one depicting the ethnographic situation pertaining to indigenous methods of disease removal among the Dublas in west India.

Teaching of Medical Anthropology in Indian Departments

Medical anthropology as a distinct discipline in India started towards the mid-1970s with specialized papers for master's level taken up in Poona University (Mutatkar, 2013) followed by Delhi University, North-eastern Hill University, Panjab University, Hyderabad University and Garhwal University.

The organization of post-plenary session on Medical Anthropology in Pune in December, 1978 under the aegis of the Tenth International Congress of Anthropological and Ethnological Sciences was a bench mark in the history of medical anthropology in India. This event provided necessary impetus for emergence of medical anthropology in the university departments later on. R. K. Mutatkar, who organized the post-plenary session, had immensely contributed to the advent of medical anthropology as well as in promotion of Asian Medicines (Mutatkar 2013). It was during this conference that the doyens of medical anthropology namely, Charles Leslie, Arthur Klienman, Arthur Rubel, A. L. Bhasam, Clark Cunningham, Ronald Frankenberg and many others chaired scientific sessions and gave a boost to emergence of medical anthropology in India. The author along with H. K. Bhat and Mark Nichter participated in this conference as research students. In fact the seeds for the now vibrant International Association for the Study of Asian Medicines (IASTAM) were laid in the Pune session itself when A. L. Bhasam informed of the first IASTAM conference to be held in Australia.

The master's syllabus of Delhi University's Anthropology department was revised in 1982 and the author who was a research student at that time was requested by the chairman of the courses committee I. P. Singh to frame the syllabus for medical anthropology as new specialization. The syllabus thus prepared was accepted without any major modifications by the courses committee. The teaching of medical anthropology in Delhi University was started by J. D. Mehra. Mehra taught the subject for almost seven years and his teaching of medical anthropology had good mixture of religion and supernaturalism. V. K. Srivastava succeeded Mehra in teaching of this subject and took this specialization to new heights. A number of M.Phil. and Ph.D.s were produced during this time. In Chandigarh, B. G. Banerjee started teaching this specialization with special focus on Tibetan and Ayurvedic medicines. Banerjee had earlier worked under Charles Leslie and there was distinct influence of Leslie's work in his teaching. In Pune, Mutatkar while teaching medical anthropology created a new specialization with the titled health sciences which later emerged as a separate specialization in Poona University. He was able to extend his initial work in the field of leprosy to intensive study of AYUSH for the Government of India. H. K. Bhat started with teaching of this specialization in NEHU and also trained few Ph.D. students in the subject of medical anthropology. After coming to Mysore subsequently, Bhat started this specialization there as well. Bhat's initial association with Charles Leslie and Mark Nichter helped him immensely in improving his own teaching and research.

Besides, Bhat, R. K Kar pursued medical anthropology in the north-east India in Dibrugarh University. In fact Sarthak Sengupta had research work in the field of medical anthropology even when he was serving the Anthropological Survey of India and after his joining of the Dibrugarh

University, the bio-social aspect of medical anthropology received required boost. At present, master's course in anthropology at Dibrugarh University runs two-courses in medical anthropology with a sub-title as community health and ethnomedicines, emphasizing upon biological and socio-cultural aspect of medical anthropology.

The Central University of Hyderabad had anthropology and sociology in a combined department initially and the subject bifurcated only in 1987. In the combined department, G. S. Arora and V. K. Kochar had specialization in sociology of medicines and V. K. Kochar in particular was responsible for teaching medical sociology. Subsequently, when anthropology got separated, B. V. Sharma started teaching medical anthropology to the master's students.

The Department of Anthropology at Lucknow had the right potentials to start teaching of medical anthropology where D. N. Majumdar had already established his interest in this field and subsequently the specialization of Khwaja Arif Hasan whose doctorate was on medical system of an India village as well as B. R. K. Shukla's doctorate on use of drug and drinks in a village (Shukla, 1987) was a good reason to run this specialization. Added to this was the publication of the Lucknow alumni who were copiously publishing in this specialization (Khare, 1962, 1963; Kochar, 1963, 1964; Hasan, 1967; Madan, 1969; Kakar, 1977). Out migration of the scholars working in the field of health and medicines coupled with dearth of teaching positions in the department can be cited as the reasons why Lucknow could not start an effective programme in this field. The same can be said about Calcutta University department as well which also had a very rich tradition of working in this field but could not initiate any specialization in medical anthropology.

At present, Delhi University has completed more than thirty years of teaching medical anthropology and almost every department in India tries to keep medical anthropology as a special paper in the syllabi. A large number of M.Phil. and doctoral dissertaions have come of various anthropology departments of the country. The professional body of Indian medical anthropologists, SIMA has more than 200 life members who regularly meet to discuss various emerging themes in the area of medical anthropology.

Medical anthropology and India

For a country like India, which is extremely diverse in terms of biology, culture, ecosystem and climate, the relevance of medical anthropological input is of utmost importance in order to provide to its subjects a fair health care. While in other parts of the world, there is resurgence of interest in the indigenous, organic, natural and pristine aspects of life to counter the non-communicable and lifestyle generated morbidities, India occupies a very special place for the presence of continuity of the past with present and score of lifestyle

options in the form of food habits, habitations, ecosystem management and folk medicines. The popularity of Yoga and its acceptance by the United Nations is an ample reflection of the fact that India not only needs to adopt its traditional wisdom but also guide the rest of the humanity in mending their habits and practices in order to tune up with the nature.

Medical anthropology which has been constantly investigating the indigenous ways and means in health care, meticulously recording the lifestyle and practices of the indigenous people for the past ninety years has a lot to offer to the medical science and the health care drive in India. The medical sciences and anthropology have come very close due to realization that medicines and science alone is not a sufficient condition for ameliorating the sufferings of the masses. The appropriate blending of the science and tradition; medicines and ethnomedicines; anthropology and public health and above all indigenous wisdom and clinical practice in promotion of health of India's people would go a long way in providing accessible, affordable, equitable and culturally routed health care.

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