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Illness and Ethnomedicine: An Anthropological Perspective

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ABSTRACT

Anthropologists studying the socio-cultural factors have pointed out that the beliefs and practices relating to illness are a crucial feature of all human societies. Often these socio-cultural factors are linked to beliefs about the origin of a much broader range of misfortunes such as natural disaster, crop failure, interpersonal conflicts, accidents, theft and loss of which illness is just one form. In some traditional societies, human misfortunes are blamed on supernatural forces, or on divine retribution, or on the wickedness of a witch or sorcerer. Health professionals working in the simple societies must know the belief system and taboos of the concerned societies to render their services. In this paper, an attempt has been made to illustrate the epidemiological aspects of Anthropology, belief, healing practices and prevention in the perspective of culture and society.

Keywords: Disease, Tradition, Supernatural, Healer, Practice, Prevention.

1. INTRODUCTION

Anthropological researches around the world have generated a rich body of knowledge concerning health and disease resulting in the delineation of areas critical for our study and further probe. As a first step, differentiating the terms 'disease' and 'illness' from each other has been made, as 'science' demands precision in the universal standardization of the terms. This differentiation is made possible by the rich body of indigenous knowledge generated by the countless field endeavors carried out by innumerable Anthropologists all around the world, mostly among the isolated, under developed, illiterate, simple communities since the turn of the twentieth century. Economic factors also influence the health. For instance, poverty may result in malnutrition, congested living conditions, inadequate basic amenities, violence, stress and strain, and drug abuse. The contamination of food and water, less calories of food intake lead to diseases and ultimately

reduces the working capacity of the people. Thus the above phenomenon causes an adverse effect, rather an unsolvable hurdle in the development of their lives.

2. STATEMENT OF PURPOSE

The present paper has been developed on the basis of secondary source data related to Anthropological and epidemiological narratives of illness and ethnomedicine. The traditional practices associated with illness are part of the culture and which cannot be separated from culture; and concerned culture should be understood to know how people react to their illness, death or other misfortunes. Moreover, it is essential to study of culture to examine the institute of health and illness in that society, which contains the ways in which people have become recognized as ill, the way they define their illness; and their curative practices by virtue of their self-knowledge or with the help traditional health healers. Subramanyam and Durga Rao (2007) have stated that the herbal therapeutic is a part of ethno-medicinal knowledge used by different human groups in the treatment of sick people. The habitats of simple societies are rich in valuable medicinal herbs. The local people have good knowledge of herbal medicines on the basis of their experience and they are still practicing it. Most of the people in primitive societies are not in favor of modern medicine since they believe in their traditional health care practices even today. The main objective of this work is to emphasize the Anthropological perspectives on illness, disease and traditional health care practices. Belief system and socio-cultural aspects of simple societies have been described in this paper.

3. METHODOLOGY

Literature related to illness, beliefs, traditional healers, ethno-medicine and prevention of diseases collected to narrate the indigenous knowledge of simple societies from some sources of Anthropology, Sociology and Medicine. An attempt is made to present the anthropological epidemiology, cultural aspects of disease and health care systems of simple societies.

Anthropological Epidemiology

Many anthropologists working in the field of medicine are epidemiologists. Epidemiology is a discipline that has evolved relatively specialized methods for investigating health problems. Depending upon the particular health hazard being investigated, epidemiology draws upon the knowledge and techniques of several scientific fields. Besides anthropologists, one will find physicians, public health workers, biologists, entomologists, ornithologists, mammalogists, veterinarians, demographers, sociologists, and perhaps even meteorologists (in studies of air pollution) involved in epidemiological work. In its strict sense, epidemiology is the science of epidemics; however, present day epidemiologists have broadened their field to include not only epidemic diseases, but also all other forms of disease and bodily injury such as cancer, heart diseases, alcoholism, drug addiction, suicide, and automobile accidents (Cockerham, 2004). The public health experts (epidemiologists) study the diseases and their frequency and geographical distribution. Besides epidemiologists study the causal relationships between diseases, and suggest the preventive measures.

Culture and Area Specific Diseases

The distribution of diseases of different regions is determined by its ecological conditions and cultural practices. Some of the diseases are culturally defined by communities from their perspective. These diseases

are commonly referred to as culture specific diseases. People of a particular community perceive that some diseases cause relatively minor health problems while others are severe and fatal e.g. 'rave rash' (painful rash on women's nipples) in England during late 1990's, *kuru* (disease of the brain and nervous system) in the eastern New Guinea Highlands, and mad cow disease in Western Europe. The Anthropologists used genealogical method to trace cases of *kuru* in family lines to identify if it was due to hereditary reasons (Raj Pramukh, 2008:59-81).

Culture Specific Mental Disorders

Mental illness is present in all societies. However, defining mental illness is different from society to society. The traits of mental illness in one culture may be different another culture. For instance, people in Western societies who frequently carry on animated conversations with ancestors or other supernatural beings are normally considered mentally ill. The same behavior may be considered normal and enviable in a culture that has its own different traditional world view. Psychological Anthropologists believe that the main criterion for defining mental illness is the degree of social conformity by an individual. People who are psychologically disturbed and disoriented and cannot normally participate in their society are universally defined as being mentally ill.

Curative Practices

Generally people of different societies believe that their medical system is right to cure human health problems and other systems are not. This kind of ethnocentric view leads some trained health professionals in modern medical system to reject the practices of ethnomedicine of simple societies. However, all medical systems have both success and failures in curing sick people. Reddy (2003) suggests that the traditional health practitioners will have to be involved in health planning, and anthropological studies are crucial for improving our understanding to help the tribals to plan their personal health care. Durga Rao et. al., (2006) stated that the cultural practices in the traditional health care system which are unsafe should be discouraged and good practices should be encouraged. The services of traditional health healers can be utilized in the modern health care system as per the requirement in educating and exposing the groups of simple societies.

Beliefs and Traditional Healers of Illness

Social and psychological factors combine to provide support for whatever health beliefs prevail in a society. In the face of illness, some element of faith in therapies can serve important functions for individuals and groups. But the same factors that facilitate useful beliefs can also stand in the way of medical progress and beneficial health practices. In the primitive societies, the spirit-doctor makes diagnosis of the disease, invokes the spirits and prescribes the proper therapy. Both in the complex as well as in the primitive societies, however, one must know the cultural traditions of the societies (Makhan Jha, 2004; Raj Pramukh, 2005).

Ethno-medicine and Socio-cultural Factors

Primitive medicine can be defined as a medicine in a primitive spoken, not written and tradition. The people of simple societies strongly believe in ethnomedicine. In primitive societies different parts of the plants and animals which are available in their surroundings are used to treat different health problems. There are

different socio-cultural factors which influence the mode of therapy. These factors revolve around deities and spirits. Thus, the indigenous people have specific deities or spirits in the treatment of a particular illness; for instance, if a person suffers from chickenpox or measles and stomach trouble etc., a particular spirit will be invoked at the spirit possession or control function by the village 'spirit-doctor' who is specialized practitioners to treat the illness. In this way, ethnomedicine has been very useful in the health care systems of indigenous people in the past as well as at present. According to Esther Jean Langdon and Flávio Braune Wiik (2010), "the experts have a special role to perform concerning the treatment of illness, and patients have certain expectations about how this role will be developed, which illnesses the specialist can cure, as well as a general idea about the therapeutic methods he will employ".

4. CONCLUSION

The use of traditional healers and magico-religious leaders is widely prevalent among the local population and faith in such agencies is found to be inversely related to the use of medical and health care facilities. The unfavorable attitude towards hospitals is more common among the illiterate and isolated communities than others. This can be observed more clearly in the care and treatment of expectant and lactating mothers, infants and in diseases believed to be associated with supernatural powers. An understanding of these and similar behavior is necessary for ascertaining correct responses to health care. Thus, the social scientists claim that in public health work, one must have the full understanding of the cultural traditions, food habits, totem and taboos etc. of the societies under consideration. The knowledge of medical science alone does not serve the purpose of curing physiological abnormalities and improving health and nutrition unless it is coupled with knowledge about people and their social and cultural traditions. It should be clear that 'faith' and 'beliefs' about health are held by sophisticated members of modern societies as well as by primitive societies. Primitive societies rely on both faith and herbal medicine. Physicians and scientists whose work is based on science at times must also act on faith and belief. However, improving the nutritional status, cleanliness, proper sanitation, sewage and waste disposal, and personal hygiene are necessary to prevent the diseases. Thus the National Health Programs should have 'group specific' and 'area specific' interventions to prevent diseases. Further, health education should be given through information, education and communication (IEC) by the health workers to make people aware of the causation of diseases, transmission and their prevention. Finally, the social scientists like Medical Anthropologists, Medical Sociologists, Health Economists and Social Workers should be involved in the policy making to identify the socio-cultural aspects of the societies with reference to disease causation, transmission and prevention of the diseases.

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