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**KEEPING TRADITIONS ALIVE THROUGH
ETHNO-MEDICAL PRACTITIONERS:
A CASE OF MURIAS OF BASTAR**

All societies have their own medical system because ever since the origin of man, the phenomena of disease and other natural maladies have been omnipresent. The practitioners of the primitive societies were functional before the advent of medical science, and continue to be effective in the present day world when western medicine has not only reached its peak, it is rather percolating to all nooks and corners of the world.

It is to be noted that even in the situations where traditional medicine is present along with modern medicine; the former has been able to survive its competitors, thus creating a condition of medical pluralism. Traditional medicine may be defined 'as health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well being' (World Health Organization 2002: 2). According to NCI Dictionary of Cancer Terms, Western medicine, on the other hand, may be defined as a system in which medical doctors and health care professionals, such as nurses, pharmacists and therapist, treat symptoms and diseases using drugs, radiation, or surgery (sometimes it may be termed as allopathic medicine, biomedicine or mainstream medicine).

So, we may say that these healers under traditional medicine are doctors in their own right, in terms of the function they perform in their societies. Many anthropologists have talked of them as physicians, herbalists, medicine-men or psychiatrists. Even though we continue to see their contribution in terms of medicinal herbs and other areas, we tend to reduce their practice to a mere farce or an act of quackery. Early ethnographies which described these healers used various epithets for them such as charlatans, quacks, magicians etc. It was strongly felt that these practitioners use false medicines embedded in irrationality and indicated lot of suggestibility. Though such extreme positions have changed to a large extent today, few medical anthropologists, physicians and others still hold the same view.

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Contrary to all such prejudiced and ethnocentric views, many attempts have been made to understand these healers in terms of their traditional role. Various studies reveal a great deal of complexity in terms of the individuals enacting the role of healers and variation in the implementation of these roles. Variability is observed also in terms of the personalities of those individuals who become curers and the way in which they interpret their position and associated roles. In fact, However, WHO has taken cognizance of their role in traditional societies, and accepts that people across the world have tried to integrate them for their various health needs (Payyappallimana 2010: 741).

These medicine-men are viewed as the mediators between the ordinary people and the supernatural world. They come to occupy their respective position through their special endowments, achievement or through spiritual selection (Maddox 1923). They are believed to have some secret or semi-secret knowledge. They may occupy other positions also such as that of diviner, rain-maker, prophet, priest, chief/ king etc. (*ibid.*). It has been observed that the curing role of these practitioners is more generalised, where as their formally trained counterparts in the western system are highly specialised.

Few anthropologists have however pointed out towards the degree of specialisation in these local healers as well (Sigerist 1951:171). Apart from the healers of the supernatural realm, there are varieties of specialised persons who are non-religious. Rivers (1927:43,46) has noted great degree of specialisation of the healing role and treatment modalities in Melanesia.

Most of the healers regard their skill and knowledge to be a sacred trust and social obligation. Some studies brought out the fact that healers may use their knowledge to practise sorcery, which creates emotional ambivalence among people - this may be illustrated by the example of Cebuano sorcery studied by Leiban (1967) or study of Curanderismo by Kiev (1968).

Various dimensions of these healers have been studied so far among the Murias of Bastar district, which may be outlined as follows - generalisation and specialisation, path to the healer's role, healer as sorcerer, differentiation of shaman's role and medical role of a curer etc.

Recruitment

The recruitment of the traditional practitioners among may be done in a number of ways-

- Healer may inherit his role from his/her parent;
- He may be selected by others such as parents, relatives, other healers, community elders, practitioners, spirits, gods etc.;
- An individual interested in becoming a healer may seek apprenticeship or he may borrow, buy, or steal the knowledge, rituals

and paraphernalia from somebody, or he may learn the art by observing and studying certain cult;

- Sometimes individuals undergoing profound emotional experience may decide to take up the practice - these experiences include feelings of fear and awe, or visitation of some spiritual power through dream, trance or hallucination, or they may suffer from prolonged illness, or may go thorough recovery from some lethal experience (as among American Indians by Turner 1964);
- Some people may practise it because of some genetic, congenital or acquired physical disability or deformity; and
- Some individuals with exceptional personality traits (such as intelligence, wisdom, high emotional control etc.) may become healers.

Role of Healers

An important development in the study of these healers has been a general tendency to slight the medical role of these healers in favour of their socio-cultural significance. For instance a shaman or an exorcist is often described “as an agent of conflict resolution and healer of social networks more than an ailing individual as such” (Landy 1977:418). When a single person becomes a combination of sorcery, healing, divination and prophecy, it reflects his potent role as a ‘powerful person’ (Berndt 1964).

We should not, however, underestimate the medical role of these healers. One is aware of the presence of many herbalists, bone-setters etc. in cosmopolitan societies, whose services are sought by the modern intelligentsia. Their prevalence in the modern world in the presence of western doctors reflects the amazing viability and adaptability of these traditional practitioners. This has been shown by a number of anthropologists such as Landy (1974), Logan (1963), Gould (1965), New and New (1975) and Leslie (1976).

The context of tribal communities shows that it’s rather the modern health systems that face a threat from the traditional practitioners, and have to really struggle hard to establish their base. The same holds true for the Murias of Bastar district.

Curer- Patient Network among the Murias

Many anthropological studies have also focused their attention on relationship between the healers and their clients. This interaction between curer and patient following the therapeutic model forms the crux of medicine (Wilson 1963:273). Foster and Anderson (1978) also stick to this position. Since the curer-patient interaction is the common link in all medical systems, these systems must be analysed in terms of the relationship between the two, the behavioural norms between them and recognised expectations characterising

both roles. The roles of curer and patient are seen to be complementary and interdependent - the curer's role cannot be fulfilled without the patient and the patient cannot do without him. This interdependence between the two may be characterised by following four dimensions -

- Most curers have life-long roles, thus have permanent status as curer, whereas status of the patient is temporary and will last only till his malady is not treated;
- Number of curers is restricted in any society while patients are universally present in all societies in unpredictable number;
- Since the curer is the in-charge of taking decisions and actions, he is above the patient;
- Role of curer is often involuntary (though it may also be voluntary in some cases) while the role of patient is always voluntary.

The two also show mutual expectations from each other. The curer expects that his patient submits to his skill and complies with his instructions. The curer also expects payment from the patient, though it may be a covert desire. The patient on the other hand expects the curer to diagnose his illness and correct his health status by removing the cause of the ailment. This makes treatment a process of social interaction (King 1962:207). The relationship between the patient and the curer lies deeply in the socio-cultural matrix.

The Murias under study also a well defined network revolving around the patients and practitioners. Apart from the practitioner and the patient suffering from some ailment, there are immediate family members and others who constitute the treatment management group. This TMG plays a very important role in the various stages of treatment.

Important Traits of Healers

Healers of all categories display some common traits in cross-cultural perspective -

- All healers are reputed to cure some illnesses, with their extraordinary ability to cure, and their control over the supernatural;
- They trace the origin of their skill or knowledge to apprenticeship, correspondence, self teaching, observation, dreams, hallucinatory experience, divine calls etc.;
- The curing power of the practitioner emanates from the practitioner himself, the supernatural force used by him, medicines prescribed by him, and patient's faith or will in the competency of the curer;
- The treatment provided by the practitioner may involve just the patient, or may include his family members or community representatives;

- The healer may employ various diagnostic techniques such as questioning, confession by the patient, divination, physical examination, observation etc.;
- The curing technique used by the healer shows tremendous variation including use of herbs, ritual manipulation, patient's confession of transgressing some rule, external manipulation, massaging etc.;
- The healers often show a high degree of specialisation, which may be analysed in terms of the cause or etiological course recognised by the curer, symptoms recognised by them and treatment sought;
- Many healers use multiple techniques such as divination, incantation, trance, administration of herbs, massaging etc. while others tend to be highly specialised and do not practise multiple techniques;
- Usually no cash payment is involved;
- They may have to undergo short or long term training to gain the desired skill of the healer.

Practitioners in Muria Society of Bastar

In the village under study, the Murias categorise illness in terms of its supernatural or natural cause. It was found that for either type of illness, traditional healers are preferred by the villagers. The more educated and cultured lot (their number being very less in the village) may seek the services of the nearby health centre, or rarely the ayurvedic clinic of the village nearby, but they too turn to their local healers for diseases caused by the supernatural agent. Even when they seek advice and treatment under government health facilities, they are only experimenting to see if the treatment is effective at all. This experimentation is not required for the traditional healing practices, because its efficacy is self evident. In any case the male health worker of the sub centre trusted his health services upon them¹, the Murias did not totally give up their *dev-dhami* (supernatural belief system).

The healers in the village may be categorised into the class of the *pujari*, *sirha* and *gunia*. The first category of *pujari* includes village *pujari*, *pujaris* for the clan deities and the *mati-pujari* or *gaita*. *Pujaris* are differentiated from the *sirhas* from the fact that unlike the later, they cannot go into trance. They are different from the *gunia* in not using the herbal medicines. The main village *pujari* is summoned when some '*devi* makes her appearance'³ - we call it chicken pox in western terminology. In case of *devi* only village *pujari*'s religious rituals can cure the patient. It is taken for granted here that MPW's medicine will not be effective in case of *devi* as the cause of the disease, as per the local perception, is surely supernatural. Other *pujaris* or *gaita* cannot treat the patient either as they are not the *pujari* of Mata who causes the illness.

The clan *pujaris* are associated with worshipping the clan deities. Each clan deity has a specific *pujari* who is responsible for performing all the rituals associated with these deities. They may also be summoned in case some deity (whom they worship) is diagnosed as a causative agent in case of some illness episode. These *pujaris* are, however, below the village *pujari* in hierarchy. The *Mati-pujari* or *gaita* also has a very important position in Muria society. He is the only person who can perform rituals of Mati Dev. The position of village *pujari* and *gaita* is hereditary, while the *pujaris* of clan deities may be selected with general consensus among the clan members.

The village *pujaris*, except for the main village *pujari*, may not be directly related with treatment of illness, but their role none-the-less, is important in performing the periodical rituals to keep away the malignant forces causing illness and other maladies. If they do not keep the village and clan deities happy and satisfied, anger and displeasure of these supernatural forces can cause havoc in the mundane life of the villagers. Thus, during important festivals and ceremonies, the blessings of these supernatural forces are sought in advance. These religious rituals can be treated as some sort of precautionary measures of keeping the village and its occupants away from illness and general misfortunes. If, in spite of all these measures, illness should occur, care is taken by approaching the *sirha-gunia*², who would know why the ailment has taken place.

Second category of the practitioners is that of the *sirhas*. *Sirhas* are larger in number - there were 5 *sirhas* in the village under study, and 8 *sirhas* in the near-by village. The *sirha* can voluntarily go into trance to find out the cause of illness and he can provide appropriate remedy for the same, It would be however wrong to conclude that all those can go into trance are *sirha*. There was at least one such person in the village studied who gets possessed during *madai*⁴ in the village but has no experience of treating anybody. However, his tendency to get possessed makes him fit and qualified to become a *sirha* if he wants to acquire the status of a *sirha*.

Other *sirhas* are regarded to be very powerful and are respected for their position. Some of these *sirhas* are also notorious for practising sorcery, and are feared by the people as such. The *sirha* can go into trance at his will, can dance ecstatically, can diagnose illness and interpret the divine commands in this state. It is believed that when he gets possessed, the god speaks from his mouth.

It has been observed that the older mediums act less dramatically than the younger ones while in trance - i.e. the older mediums may simply sit and show moderate trembling of body and head shaking. The younger mediums who are relatively new in line show heightened trembling and other bodily movements, often beating themselves with iron chain and behaving in a frenzied manner. Gell (1978) points out that this difference of intensity of

bodily movements may be there because the older mediums get sort of habituated to the act of trance by getting possessed for last so many years - thus the cognitive disturbances produced in the induction procedure are greatly reduced in intensity. In younger mediums the trance induction procedure effectively produces an altered state of consciousness, and they manifest most extreme behavioural aberrations (Gell *ibid.*).

While the *siraha* uses divination methods for diagnosis and treatment of illness, the third category of curers i.e. *gunias* illustrates a less dramatized version of treatment therapy. They do not go into trance, though they may use some rituals while administering herbal medicine or while they cauterise a patient. They cure diseases caused by both natural and supernatural agents⁵. Number of *gunia* compared to *siraha* was less in village studied (one here, and 3 in the near- by village. One *gunia* of the near- by village was very well reputed as he successfully treated many cases from distant places. His fame attracted patients from all class and various villages. Sometimes, the role of *siraha* and *gunia* may be combined into one, as was noticed in one practitioner, who mainly used trance method for prognosis and treatment, but also reverted to use of herbs and cauterising methods.

The *sirahas* and *gunias* are generally famous and well known for their capacity to diagnose and treat various ailments. They acquire this reputation by successfully handling cases of illness brought to them for treatment. If they can not cure a particular patient after their best efforts, they do not mind sending their patients to other practitioners.

Origin of Healing Power and Training

Most of the practitioners studied in the present research confirmed that the origin of their healing power occurred with the divine call. Role of *pujari* is hereditary, so the present village *pujari* was involuntarily appointed after his father's death. In case of *sirahas* and *gunias*, they either had a dream about their hidden talent⁶, or got the message from divine forces or through hallucinatory experiences that they are the chosen ones for the purpose of treatment. In case of *siraha*, ability of trance induction triggered the inception of healing power. This was combined with his dreams where some supernatural force asked him to use his power for cure.

The role of *gunias* required a practical knowledge of herbs and methods of physical examination along with the divine selection. The curing power of these practitioners increased with time and experience.

The *siraha* need not undergo any formal training as such. He may learn about the divination methods through observation of other practitioners treating their clientele. The mere ability to go into trance and of making right predictions is sufficient for the *siraha* to be known as an able curer. The *gunia* on the other hand must acquire the knowledge of herbs, and other methods

through training. As stated earlier, role of *siraha* or *gunia* is not hereditary. *Gunia* may pass his knowledge to one of his sons or anybody interested in becoming *gunia*.

There is no specific initiation ceremony for becoming a *gunia* or *siraha*. However, few of the practitioners who were interviewed in this study claimed that they annually worship their clan deities and specific deities so that their blessings are bestowed upon the practitioners.

The distinction in the respective role of *siraha* and *gunia* is made in terms of their ability or disability to get possessed, the methods of diagnosis and mode of treatment. Role of *siraha* may also include the role of exorcist, though no case of spirit possession or exorcism was cited from the villages studied. The villagers mentioned existence of many bone-setters and chiropractors from distant villages, but the Murias of villages under study had none. Few of the *sirahas* and *gunias* claimed that they could cure cases of bone fracture and dislocation by use of herbal pastes but did not use any method of physical manipulation as done by bone-setters. Few *sirahas* could also be called in case the case gets complicated⁷.

Social Status of Practitioners

The role of a practitioner certainly elevates a man's position from his normal status. The Muria practitioners are not full-time curers, and farming is invariably their main occupation, while some may have other government vocations. In their part time venture of providing treatment to the needy, they acquire lot of prestige and respect from the villagers. Some of them may be feared for their supernatural power which can also be used to harm somebody. It is assumed that the person who possesses the supernatural power may also use manipulation tricks to acquire a very high position in the socio-political realm.

Though normally the practitioners remain like other normal people outside their healing role, some may acquire social power. This was eminently noticed in case of one ex-sarpanch from near- by village. This elderly man was very famous and people really feared him for his power. He was believed to possess a *dev* that could catch any thief or culprit who may try to harm Dadi's family. His *dev* also protected his wealth and strength.

Analysis of Findings

From the various case studies collected during the research, the main features of Muria practitioners may be summarised. It was reflected in case of all healers, whether shaman or herbal medicine man, that they have their practices of treatment rooted in supernatural belief system. The *siraha* uses the divination method itself, whereby he tries to make prediction about future events or discover the hidden cause behind a malady through his ability to get

possessed (by a *dev*) voluntarily. This indicates a clear link between the *siraha* and the divine forces.

The *gunia*, on the other hand, does not use divination method as such while giving herbal treatment, but before administering the medicine, he makes sure that he obtains blessings and co-operation of his *guru*⁸ and *kul devi-devta*. He acquires major part of his knowledge through dreams, but he does not negate the involvement of supernatural beings in causing health problems — in his process of treatment, he uses method of *jhada-phonka*⁹ for these categories of diseases. Thus, his link with the supernatural belief system is also established¹⁰.

The *sirahas* act as magico-religious practitioners who have the ability to get possessed by the divine force and manipulate it to meet their own interests, or to provide treatment to the people. The trance method used by them is that of possession (Nishimura, 1987). When the *sirahas* are in the possessed state, they are not simply the medium of the supernatural power, rather they are the power personified. Their words and actions are not their own, but it is the god who speaks or acts through them. This explains strong belief of people and the practitioner himself in healing through divination.

Gunias on the other hand mainly uses herbal medicine about which they have mainly learnt through their *guru*. They may also use the techniques of bone-setting, cauterisation, massaging etc as part of their treatment. The latter techniques and use of herb may be included in *siraha's* case also — as indicated in few case studies here¹¹. Few *gunias* are very famous and have been attracted clientele from neighbouring cities.

The *sirahas* are appointed involuntarily in case of Murias but few studies have shown that the art of shamanism may be learnt as well, as noticed by Nishimura in Japanese Society. The act or experience of possession by some god or spirit is taken as a qualifying trait for an individual to become a *sirha*. An individual may get possessed once or twice, and the frequent visitations by the supernatural power indicate latter's will to appoint the individual as its medium. Thus, in Muria context, possession is not seen as a pathological state — it is rather an essential quality for acting as a spiritual healer. The *gunias* can learn the skill of their treatment their will. They learn the methods by observation and through 'divine instructions' (through dreams).

In genral it was noticed among the Murias that the traditional practitioners should have good character that includes selflessness and altruism, to be successful healers- for god bestows his blessings only upon those who are pure and true. Both *gunia* and *siraha* are feared by the people — they have the power to control or manipulate supernatural beings, their power can also be used to do evil things such as sorcery. Thus, there is a moral ambiguity about their healing power, and as such they are always addressed/ treated with circumspection and deference (Spiro, 1967).

Cash payment is not done in any case. The healers feel that they perform their duty to god by treated people, hence they do not take any money. The *sirahas* do ask for liquor and some bird or animal for sacrifice (if his possessing god asks for it). After the healing ritual is over some drops of liquor are offered to *dev-devi*, rest is consumed by the *siraha*, the patient and the audience. The sacrificed animal is usually thrown away, or it may be eaten after beheading it. However, the patient or his family must not eat this. Following the fact that they get none or little remuneration and the limited scope of their practice, economic gain does not seem to a motive in becoming a practitioner.

The village *pujari* requires a coconut from the patient — he makes no animal sacrifice and instead he breaks the coconut and offers it to *mata* and later distributes this among all those present during the *puja*, or takes it home.

These practitioners do not either enjoy any special privilege as a citizen. Most of them seem to belong to lower socio-economic rung. Many individuals have also been reported to suffer from psychical disability (not in case of Murias) - it may be inferred that the role of a healer acts as a compensatory mechanism for social and/or physical inferiority. An individual's desire for esteem and admiration for his healing skills is satisfied while he performs the ritual. His supernatural power gives him importance and prestige, within his role of healer — outside this role, he is but an ordinary agriculturist or person. Exception to this was the case study of the ex- surpanch (mentioned earlier in this article), who wielded extreme socio- political power, with ability to manipulate and control the supernatural¹².

All practitioners are paid due respect, and there is very little scepticism, or none, about their role. Even in case of failure in some episode, people attribute it to some technical error rather than blaming the practitioner for his incapability as a healer. More powerful and successful healer receives more respect and prestige as an individual, and he is treated somewhat differently from others.

The methods of trance used by the *sirahas* added dramatic element in the healing process, creating heightened suggestibility. This is demonstrated during *madai* when *sirahas* collectively go into trance and act as gods. The entire atmosphere in which trance is enacted has strong psychological impact on all audience. The powerful symbolism of such acts has been noted in various parts of the world (Gelfand; 1964). These practitioners suffuse religious or magical symbolism in their process of treatment to an extent of making it different from ordinary mundane world. The entire supernatural aura in such group acts or during the process of treatment through divination holds people mystified and they always return home with a more strengthened belief in the supernatural system.

Levi-Strauss (1963) focuses on the symbolic function of the actors and systems in the socio-cultural process of healing. He discusses three elements of shamanistic complex - experience of the shaman undergoing certain psychosomatic states, experience of the sick person, who may or may not feel improvement in his state; and experience of the enthusiastic audience, who get intellectual and emotional satisfaction.

Among the Murias, it was noticed that the *sirhas* have belief in their profession founded upon specific states experienced by them. These states may be produced by their hardships and privations. Experiences of the sick person, according to Levi-Strauss, do not hold important in this system. If the practitioner is not able to cure, and if he continues doing so in frequent cases, it would lead to disappearance of social consensus towards him and the people will seek services of other more powerful practitioner.

In the process of treatment, the *sirhas* also make demonstrations in public, where they make diagnosis in a very vivid manner. Thus, their experiences are rather original and true to them. As they come back to their original, normal self, they abreact, (i.e. they make the patient, and the treatment management group, and the audience relive the initial situation that caused the problem). This explains people's belief in the healers' techniques and the role of supernatural in the entire process related to illness.

In Muria belief system, this role of supernatural in their mundane life is really heightened. Thus, they believe in the healing practices of the *sirahas* and *gunias*. However, they also reveal ample scepticism in curing ability of these practitioners quite often when they comment that the *sirahas-gunias* of today do not have that power now. This does not mean that they doubt the supernatural intervention. When one healer is not able to cure the patient, the latter keep shifts to other practitioners of various categories, till he recovers or succumbs to the malady. The practitioner, the patient and the audience form a system of apposition and correlation, thus integrating all elements of the total situation.

Concluding Remarks

The unfaltering belief of the local villagers in the treatment methods of the traditional practitioners is well- founded In spite of the fact that folk practices sometimes lack any scientific logic, one cannot deny the fact that the tribals find their ethnomedical traditions to be highly effective. There are many reasons for the tribals to hold such belief.

The confident diagnosis given by the practitioners gives assurance to the patient that he will recover soon. All the people participating in the therapeutic process have faith the diagnosis and treatment — the healer believes that he has made right diagnosis and has faith in his treatment's efficacy, the patient (and the entire treatment management group- TMG)

believes that the healer he has approached is making right prediction. Thus, the belief in efficacy of the treatment at all levels and the assurance given by the healer makes the treatment effective at initial stage and in the latter stages as well.

The whole séance put up by the *sirha* during the act of trance creates a very mystic and dramatised situation, making it an extraordinary experience, both for the *sirha* and the spectators. Verdicts made in such dramatically charged atmosphere are easily accepted by the people. This is suggested even by Carstairs (1955) who feels that if a medical system is to be made acceptable to the people, it should be delivered in a dramatised manner.

All healers in Muria society have their methods of diagnosis and treatment rooted in supernatural belief system. *Sirhas* use various means to establish link with the divine forces to know the cause of illness and treatment to be followed. *Gunia* must summon his *guru* or *kul dev-devi* to make his treatment effective, and may also use magical methods for treatment when illness is believed to possess some supernatural element. Association of the healing practices with supernatural power make them effective and difficult to change.

Apart from this, the trance induction method used by the *sirhas* contains an element of suggestibility. The state of possession demonstrated by the *sirha* implants the idea of role of supernatural powers in the diagnosis made, thus making it undoubtedly true. The *sirha* also makes use of other methods of diagnosis such as balancing wooden slick, divination by chicken grain counting method etc. which have symbolic implications. These methods have psychological effect on the patient and the spectators, and the cause diagnosed by the *sirha* is taken to be correct. It is assumed that once the correct diagnosis is made, the treatment would be effective.

As compared to the practitioners of modern medicine (delivered by the primary health care center and ayurvedic center), the Murias show more faith in their own practitioners. Since these local practitioners belong to the same society as the patients, there occurs no communication gap between the two. Marriott (1955) comments that in order to make a certain mode of treatment acceptable, the concerned practitioner should have some position in the social system. Muria *sirhas* and *gunias* abide to the general framework of Muria culture, hence their diagnosis and method of treatment is considered to be effective by the people.

Apart from this, these practitioners are always attributed positive traits of altruism, selflessness, purity and truthfulness. They do not charge any fees for their ministrations (as mentioned earlier in this article)— at the most they need a bird or animal for sacrifice and some liquor. This too is not solely consumed by the practitioner — it's rather shared by others present during the treatment process. Thus, these practitioners are associated with

the acts of charity and economic gain is not their motive. In fact, most of these healers are poor or ordinary people — their being a healer does not give them advantage in any other field. Outside their profession of a healer, they are but ordinary agriculturist.

The healing power possessed by them earns them respect from others. However, this power can be associated with evil acts as well. In fact often they are suspected to be sorcerers, though no one openly blames them for using black magic because of fear. Thus, their personality is always surrounded with moral ambiguity, and as a result they are always treated with circumspection and fear.

These practitioners, *sirahas* as well as *gunias*, have deep faith in their own profession and skill. They gain lot of confidence in themselves with hardships and privations. While making diagnosis, they provide vivid descriptions. This holds specially true for the *sirhas* who use trance method or other methods of divination to diagnose the cause of illness. They themselves have great faith in the diagnosis made by them — while providing the demonstration of series of events that led to illness, they actually relive them. As they return to their normal self after the whole performance, they abreact or make others relive these events. As such, the whole process of diagnosis has a deep impact on the practitioner, patient as well as spectators, and there is no doubt that the diagnosis is not correct.

Apart from this, these practitioners make diagnosis within the accepted etiological framework as a result of which there is no clash between them and their clientele. Usually they have some knowledge about the patient, his past history and events preceding illness. This holds all the more true when the healer belongs to the same village as the patient. Others report that the shamans sometimes have secret societies who tell them about general events and gossips in the village, which helps the shaman to make appropriate diagnosis. As a result, the diagnosis made by them only validates or verifies an already existing opinion.

Some of the Murias displayed scepticism towards the healing power of present day *sirhas* and *gunias*. Couple of Muria informants commented during the fieldwork that most of these healers are not as good as they used to be in yester-years. However, their faith in the belief system underlying the folk healing practices remains undeterred.

In some other situations, the treatment provided by these practitioners may not be effective, or it may worsen the patient's condition — in extreme ease the patient might succumb to the illness. But people is belief in the healer or his medicine does not change.

People tend to adopt fatalistic attitude towards illness and death — blame is never put on the practitioner as such. Thus in any case, the belief system remains unaffected and people continue to have same faith in them.

It may be inferred that the traditional practitioners play a critical role in maintaining social integrity in the Muria society. Through diagnosis of illness, they point towards areas of tensions and conflicts within the society, thus helping in social adjustment and co-operation among the people. The therapeutic process falling under the domain of traditional system, thus, has important social implications as well. It aims to uncover interpersonal conflicts and to overcome them by institutionalised methods by eliminating source of disorder from society. It helps to maintain social balance. It helps man in maintaining equilibrium not merely with his community members but also with natural and supernatural world.

The role of the traditional practitioners is being widely recognized now and many attempts are being made to integrate the traditional medicine with the accepted western systems of health and medicine. There has been growing interest in Traditional medicine/ Complementary and Alternative Medicine (TCAM) world over, especially in the developing countries, which still to stick to their traditional roots. These forms are being popularized in the developed countries as well, where one can find trained and license holding acupuncture and acupressure specialists.

Formal attempts of training and integrating the local herbal practitioners were seen in case of field study of a village in Udaipur district. Here, Jagaran Jan Viaks Samiti (JJVS) an NGO working at grass root level, identified the local herbalists and trained them in formal herbal medicine. This proved to be a highly effective measure in terms of acceptability of practitioners by the local people (Baranwal, 1995).

WHO's research into the area of traditional medicine and elaborate discussions on TCAM point towards the fact that it's high time we contemplated over their integration the mainstream health system (Payyappallimana, *ibid*). WHO however, cautions that such an amalgamation of the traditional and more formal medical/ health systems should be attempted with lot of caution, so as to avoid any risk involved in the process.

NOTES

1. The village had a sub- center in its vicinity, the primary health centre was far away.
2. Sirhas are the supernatural healers using religious methods for curing, while the gunia is the herbal practitioner.
3. In local terms, *devi darshan deti hai*
4. *Madai* is a local festival, which is very important in the area, where large number of people get possessed through trance induction method. Here, their skill of getting possessed are best demonstrated when clan deities are brought out from their place of abode and are worshipped.
5. Sometimes, they may be summoned to retrieve lost property or discover culprits in certain cases, and also render their healing services.

6. Sometimes, the appointment of *gunia* is done on the basis of his dreams.
7. There are no mid-wives among Murias - the delivery cases are handled by women of household or from neighbourhood.
8. Who may or may not be alive.
9. Simple rituals.
10. We can conclude that the Muria belief system of ethnomedicine is invariably linked to supernatural world.
11. Distinction between *siraha* and *gunia* is marked by former's ability to get possessed.
12. By using his supernatural powers, he not only acquired the curing power, he also kept away the police, received god's blessings for economic assets and protected his property from thieves and thugs!

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