

Transformation of Folk Healing Tradition in Peri-urban Habitation of Purulia town, West Bengal

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Abstract

Indigenous knowledge in folk healing as heritage of marginal population continues its existence through oral practices based on memory and fulfilling the urgent need of people with less health and hygienic awareness. The rural folk use these kinds of remedies in frequent and minor symptoms and diseases but peri-urban elderly dwellers of small town apply this knowledge at availability of raw materials in respect to their hereditary faith. At present situation, folk healing comes on verge of diminishing due to rapid environmental degradation, clutch of multinational health care companies, devoid of Intellectual Property Right and lack of institutional patron-ship. Codification of verbal tradition also pursues without any sustainability in community property or further conservation and nurturing. In this endeavor, researchers conduct fieldwork among forty families in peri-urban area of Purulia town under West Bengal through conventional Anthropological methods like Observation, Interview, Group discussion to vindicate the existing nature and utilities of folk remedies along with examine its role in Public health enterprises. This endeavor contributes a new look to folk healing tradition from accountability of acceptances in quantitative and qualitative analysis. Transformation of folk healing tradition is also projected in industrialization influenced social cultural milieu of setting under this study.

Key Word: *peri-urban, folk healing tradition, indigenous knowledge system, frequent symptoms, elderly population.*

Introduction:

In the universal health coverage of pluri-culture human society, folk medicine occupies a vigorous window. History of folk medicine like the art on sand has not any codified or evidential back up, difficult to reconstruct the lost knowledge and skills. In whirls of changing socio-cultural perspectives, folk medicine losses its integrity due to lack of cohesive elements like magico-religious beliefs, morality, and ritualistic importance. Information, knowledge and affectivity of folk medicine depend upon embedded socio cultural practices, ethical vision, reflected world view. The voracious patent hunters, pseudo researchers swallow the parts of folk medicine but do very few efforts to revive this tradition. Gradually scope of research on folk medicine has been diminishing.

On the verge of above mentioned crisis, component of this tradition has enormous distribution not in its pristine form but also spark of the glimpses of bygone days. These elements now transcend the people's mind of rural belt but present in urban catch up region, peri-urban and get the link from rural cosmopolitan.

Traditional medicine and therapies come from the knowledge about health that originated in the past before scientific inventions of modern medical system. This is by product of their socio-cultural processes embedded history and maiden experiences of innumerable anonymous members of this particular society. Knowledge has been transmitting through from ancestors to heirs, spread among contemporary members horizontally and vertically.

Literature review:-

Folk medicine has many definitions and is conceptualized through different dimension. 'Diversity, flexibility, easy accessibility, broad continuing acceptance in developing countries and emerging population pressure, simple technology and affordable cost, less reported side effect and growing economic importance are some of the positive features of traditional medicine' (WHO 2002). It has community based existence. 'Sources of folk medicine tell us how life problems are created, constructed and controlled by community wise collective force. It maintains harmony and order, particular society achieved a specific ecological atmosphere and on which understanding of health care phenomenon is possible' (Kleinman,1988). Sunita Devi's (2003 share her research on Meitei of Manipur on the intermixture of religious practices with healing system. Bhasin's (2004) in his another study deals with the causes of underutilization of Biomedicines among the tribal women of Rajasthan in treating sexually transmitted infection (STI) diseases.

From the time immemorial folk medicine help its career in quest for survival. Evidences of folk medicine are found in Greece from 3000BC (Lambert,nd). In India history of folk medicine trace its heritage from pre Aryan period. People of Indus valley were animistic by belief and their treatment system is also conjectured as folk medicine mode.Consciousness of the people, socio-cultural, demographic, economic, educational and political factors help to realizing the health problems of a community. (Shiva Prasad et. al., 2010).Theoretical tools may be made on the basis of functional aspects of health and diseases; systemic relationship between health and disease; differentiated influencing factors; interactions among subjective, qualitative, individualized and personalized management ;.(Unnikrishnan 2009).

While knowledge generation and transmission might vary with cultures, there are several similarities in the value systems and modes of transmission of knowledge among communities. Religion and cosmology are clearly an integral part of the efficacy of Andean healing practices and disease etiology, physical and social environment are complimentary in this concern. (Cloudsley 1999, Greenway 2003).

Perception and diseases related ideology also are made from community approach rather individuality (Silverblatt 1983). Changing scenarios of human habitation bring regular modification for necessity but remain present in each and every human habitation at different degree of knowledge and utility. Population mobility spread indigenous knowledge beyond original boundary. In this study of traditional healing system, factors of remote-urban connections have been highlighted by Belluck (1996) and O'Connor (1998). According to them within urban centers, members of immigrant and ethnic minority groups typically use a variety of traditional healing resources along with modern medical facilities.

This article is concerned with peri-Urban habitation. Cocks (2006) traces that migrated people to (peri) urban areas and have become involved in modern occupation but continue previous cultural practices with a sense of well-being and expressing their identity. In his study, such connection was revealed by the fact that majority of medicinal animal traders have the knowledge about medicinal animals was mainly acquired through people of the rural areas, previous herbalists, or relatives (progenitors). Urban zootherapy is often supported by herbalists and by the community, because it maintains and gives value to cultural ties. Cocks (2006) established that concept of culture must be understood as a dynamic process of trans-cultural exchange with constant rearticulations of tradition resulting in the persistence of certain cultural practices amongst members. The concept of *periurban* is essential due to limitations in the dichotomy between rural and urban. Several researches cannot fix the problems of definition. Some authors have argued more specifically that only the dichotomous construct has outlived its usefulness not the underlying distinction between degrees of *ruralness* and *urbaness* (Rambaud 1973). To understand a common and heterogeneous socio-cultural habitation between rural and urban sector the term 'peri-Urban' is useful. This concept explain different circumstances, denotes place, situations and process. Rural fringe areas surrounding cities are called as this place, comes from rural–urban linkages and their connection to institutional contexts. Interfacing of rural and urban activities and institutions construct peri-Urban life. (Drescher, 2000) still with the advancement of clinical sciences folk medicine has an enormous

scope to come in mitigation of human health problems. Miles and Leatherman (2003) in their Andean study emphasize on health research should be relevant in politico-economic context, a recognition of intra-cultural diversity, complex interplay of local and global factors that contribute to diverse area. Traditional medicine has great potentiality as source of knowledge to searching of new drugs to the modern medicine, but still componential analysis of these substances in bio-chemical laboratories, examining validity in effectiveness are in preliminary stage (Ferreira et.al.2012). World Health Organization (2002) reported one third of the global population has no regular access to essential modern medicines in developing and under developed countries due to paucity of fund and essential materials.

Objectives

There are four objectives in this study:-

- a) Trace out the Evidences of Folk Medicines in a Urbanized Population.
- b) Study transformation of folk healing in peri-Urban area.
- c) Find out the motifs in uses of Folk healing system.
- d) Searching relevance of Folk healing system in domain of public health.

Methodology

We also go through Available research trend in reviewed Literature raise a research question about existence and relevance of folk medicine in highly globalised era, which brings the urge of this study. We were conducted this empirical study on 40 families in various communities of peri-urban area of Purulia municipality through random sampling with structured questionnaire. We also took case studies from the key informants. Demographic data were also collected to trace the social landscape of Folk medicine. Statistical analysis like tabulation of data, pictorial representations is also consulted. Outcomes also are clarified through research systematic. Here, I will highlight a part of the whole analysis as it is still under processing.

Field and people:- Purulia district of West Bengal situated in between south western West Bengal and Jharkhand lies on 23°42' north to 22°43' south latitude and 86°54' east to 85° 49' west longitude. The municipality of Purulia set on 1876 A D. Urbanized natures has been nourishing from the influences of coalfield area, iron steel industrial belt and cities like Asansol, Jamshedpur, and Dhanbad. Marginal population is the major stakeholder of this town. This study has been

done on forty families of ward numbers-5, 16, 18 and 21. The family selection made through random sampling. General nature of the town is heterogeneous with population of Marowadi, Kurmi, kayastha, etc. community are observed. Among our study sample 14 families (47.50% of total sampling) come from Kurmi community. Six families come from the tribal groups like Mahali and Karmakar. Twice born caste, i. e. contributes their representation with four families. All the families except single are affiliated by Hinduism by practice. Rest one from Islamic faith. Majority (42060%) of the families earn their livelihood by Business, farming and laborers take 30% of total families. Only 17.50% are involved in Governmental services.

Data representation and analysis:-The empirical data is analyzed through objective oriented tabulation and interpretations.

Table-1

Preferences of treatment system among male with various age

AGE GROUP	MALE						TOTAL
	FOLK MEDICINE		ALLOPATHY		OTHERS		
UPTO 17	NO	%	NO	%	NO	%	21
		15	71.43	5	23.8	1	
18-37	19	52.78	16	44.45	1	2.77	36
38-57	4	12.13	28	84.84	1	3.03	33
58-67	2	28.57	5	71.43			7
68 +			2	100			2

IT shows different treatment system among the male members. If we go through the family size wise population rely on different treatment systems, it is revealed that middle family size (i.e. having 5-6 members) use folk medicine at larges frequency at 62.50%. The smallest category of Family Size (i.e. having 2-3 members) comes next (with 47.62%) in this concern.This correspondence to treatment category denotes frequency and next bar represent the percentage. The females of ‘up to -17’ category get the maximum frequency (61.11% of total individuals) in use of folk medicine.

Table-2

Preferences of treatment system among female with various age

Age group	Female						TOTAL
	FOLK MEDICINE		ALLOPATHY		OTHERS		
	NO	%	NO	%	NO	%	
UPTO 17	11	61.11	7	38.89			18
18-37	12	36.37	19	57.57	2	6.06	33
38-57	1	3.84	23	88.46	2	7.70	26
58-67			5	100			5
68+			2	100			2

People prefer folk medicine for different reasons. One half of the total population has a faith in folk medicine due to both low cost of materials and beliefs in this age old tradition. Here female of first two age groups choice folk medicine because they have generally minor health problems and they get advice from elderly from their family. women of age group more than 58 have many health problems and their confidence also come at lower level and they have to go for allopath treatment system.

Table-3

Education of the people and their choices of treatment system

AGE	EDUCATION	MALE				TOTAL	FEMALE				TOTAL
		FOLK		OTHER			FOLK		OTHER		
		No	%	No	%		NO	%	NO	%	
UPTO 17	UPTO – X	13	65	7	35	20	10	55.55	8	44.45	18
18-67	ILLETRATE	1	7.70	12	92.30	13	2	6.25	30	93.75	32
	X	16	50	16	50	32	3	20	12	80	15
	XII	7	43.75	9	56.25	16	5	83.33	1	16.67	6
	XII +	6	35.30	11	64.70	17	3	25	9	75	12
68 +	ILLETRATE			1	100	1			2	100	2
	X			1	100	1					

Educational status enhance acceptance of choosing treatment system through existing knowledge and experiences. Female members with a education of 10th level have a good support (55.55% of total female of this category) from folk medicine in their healing need. Among the male members a peculiar trend is found. Influence of family members is also taken consideration in

interpretation of this table. People with an education of ‘Up to 10th level’ take folk medicine system as maximum level (65% of this category). Illiterate people of medium aged (18-67years) do not rely upon folk medicine due to lack of their complete and effective knowledge.

Table-4

Rationalities behind the use of folk medicine

FAMILY SIZE	LOW COST		BELIEF		BOTH		OTHERS		TOTAL
	NO	%	NO	%	NO	%	NO	%	
2-4	6	28.58	3	14.28	10	47.62	2	9.52	21
	5	31.25	1	6.25	10	62.5			
5-6	5	31.25	1	6.25	10	62.5			16
7+	1	33.33			1	33.33	1	33.33	3
Total	12	33.33	4	10.00	21	52.00	3	7.50	40

Collection of materials also reflects the basis of use folk medicine. Materials of folk medicine are found generally in surrounding land of homesteads, be collected in free of cost. Major materials come from the field, outside the homestead but inside habitation land. Next to this (32% of total case considered) are collected from their kitchen gardens. Very rarely (1.36% of total case) they have to collect their materials from shop.

These above data represent the transition phase of folk medicine. We get here old cobweb, ant hill soil, red chalk as reminiscent of village life of present peri-urban dwellers. A number of herbs in this chart have to collect from the surrounding habitation. These are still available in Purulia due to some bushes, fellow land, free space between two city building or open yard of the slum. People as live in a urban setting have ushering rationality, huge body of knowledge about the physiology and clinical phenomenon. They also make their treatment from everyday media, educational sources and conscious interactions with health care personnel. Replacement of rag by bandage also indicate the transformation whether rag is also prescribed by less influenced informers. The peri-urban dwellers use to take some

medicine like anti-gastric, pain killers, headache solution. These types of knowledge come in amalgamation of folk healing. Messages, poultices, taking vapor and gas are also embedded traditional part of folk healing. In the golden days of Folk medicine normal activities, each and every health problems were protected by a number of taboos, preventive rituals. Here we can find a large extent of absence of ritualistic prescriptions. A Supplementary prescribed food also observed here for more affectivity of healing. Food prohibitions and taboos are present here like other treatment systems but these are better indicator of influence of Ayurvedic tradition than traditional folk healing. Expertise folk healers are absent because lack of possibilities to established as professional folk healers in this peri- urban area. people with fraction knowledge have low tendency for enquiry or practicing skill for sufficient availability of treatment.

After this discussion we can reach at following findings:-

- 1) The peri-urban area of purulia municipality have some rural nature, lack of advance city life and sufficient liberal mind to grasping globalized rationale social thinking. These conservative minds are capable to reserve the age old healing tradition.
- 2) Evidences of folk medicine are found regularly but complete and practical knowledge is fewer. This factor indicates diminishing nature of the tradition.
- 3) In the social network few individual utilize this tradition not only for personal but they help their neighbors specially children by this knowledge. Sometime utilizes are not admirer of folk medicine but take at urgent need.
- 4) Knowledge dissemination do no9t express the exchange and interaction of same age groups but interested people come in discussion by their necessity, urge, and practices.
- 5) Women folk of this peri- urban have less contact among their counterpart, engage more in other sphere of city life like enjoy in entertainment of visual media. They are also aware of their empowerment and available benefits. For this reason, practice of folk medicine is not observed among them.
- 6) People under the study area are less aware about the preliminary' clinical, 'know how'. For this reason some persons misguided severally in modern healing system and rely upon in folk medicine.

7) Low cost, ready available and common sense about the raw material bring people to depend upon folk medicine. Embedded religious and social-cultural beliefs attract person to go through the folk medicine.

8) Public health as integrated system of an administrative unit come from beyond any physical and cultural level. It needs holistic solution to disease, illness and symptoms from the both points of preventive and curatives. In this concern folk medicine occupy a crucial space in the domain of public health.

9) Many people have fragment of knowledge on folk medicine which does not support them to use this mode of treatment system. Utilization of incomplete knowledge do not get proper efficacy and some people do not take risk to practice this tradition.

10) Purulia, a district head quarter with a sadar hospital, homeopathic college, and other clinical compliances, people less suffers in paucities of medical facilities. In this situation more than 40% people use folk medicine. This is silver line of our Endeavour.

Conclusions:

-This empirical study gets some evidences of continuation of folk healing tradition in completely urbanized area. Vibrant web of modern medical commodities, western mode of health consciousness cannot wipe this age old, nature-sustainable heritage. Social scientists make endeavor to conserve, examine the socio-cultural and bio-psychic nexus and bring it in domain of present public health. Strong research dimensions of oral history, ethno-history, innovativeness in preservation of this tradition will come help in this endeavor in this concern Porde s formulalation is necessary to bring the rehabilitation folk tradition from diminishing to scientific platform. The stake holders in research in specialized field enlarged the debate on 'medicine'. This interactions are part of the heuristic approach of a larger task, which essentials to bridge research and action through a reflection on the articulation of the production of scientific knowledge and its implementation (Pordié, 2005). We have to go a long pathway through universal health coverage and multicultural adaptive co-existence.

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