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SPIRITUALITY AND ETHNO - MEDICINE: CASTE LEVEL BARRIERS TO ADEQUATE USE OF HEALTH CARE MANAGEMENT AMONG TWO POPULATIONS GROUP OF NORTHERN INDIA

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ABSTRACT

Ethnomedicine is the study of ethnography of health and healing behaviour in various societies. It also refers to the study of traditional medical practice. It encompasses methods of diagnosis and treatment; to looks at cultural conceptions of the body, health and illness. It focuses on health behaviour as a way to learn about social values and social relations. The present research will address the problem of how people two different castes (Sonar & Rajput) with distinct efficacy of traditional health care practices; the prevalence of illnesses and the distribution of knowledge about illness attributes; the negotiations and instantiation of illness identities; the power of discourse to produce as well as cure affliction; discourse as moral commentary; linkages between medico-religious institutions, models of self, power and the state inhabiting in tehsil Bhatpar Rani of Deoria district.

Keywords: Health, Disease, Medicine, Ethno-medicine, Epidemiological

1. INTRODUCTION

All cultures have systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process. The extent to which patients perceive patient education as having cultural relevance for them can have a profound effect on their reception to information provided and their willingness to use it. Anthropologists using cultural perspective to understand disease patterns view human populations as biological as well as cultural entities. These factors interact and then interaction may be health promoting or deteriorating. Thus, conceptually the health of individuals and whole community may be considered to be the result of many interactions, enumerates the determination of health, these determinants are biological determinants, behavioural, socio-cultural condition, and environmental.

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2. OBJECTIVE

The main purpose of present study was to investigate the various construction of the universe of illness and disease; and cure from both an emic and etic point of view i.e. naturalistic and medical systems in culturally diverse environments.

3. MATERIALS AND METHODS

The present study was undertaken in the rural areas of Uttar Pradesh with two caste groups of Bhatpar Rani, Deoria District. There are 326 villages spread out regions in tehsil Bhatpar Rani; as for the sample division from sampled village, 400 household were selected from both caste group. The total sample size selected for the study includes 800 households, taken equally from both the caste group.

Table 1- Population covered by the Study

Caste	Number of Households	Number of Persons	Size of the Households	Percent
Rajput	400	2040	5.1	54.3
Sonar	400	1720	4.3	45.7
Total	800	3760	4.7	100.0

The respondents were interviewed at their residence and community were judged by observation, group discussion and informal interview and discussion with the subjects. Thus the data collected are both quantitative and qualitative ones. The unit of analysis was head of households. The data analysis was done using the Statistical Package for Social Sciences (IBM SPSS Statistics 17.0).

4. RESULTS AND DISCUSSION

The links between culture and health have been examined mostly at the micro-level in epidemiological studies. The objective of research describes more a profiling nature of the fieldwork output along with the comparisons in terms of distinct aspects of the area.

4.1. Causes of death among the Sonar and Rajput

There are 112 death cases reported from households where 8.9 percent deaths due to heart diseases and 3.5 per cent deaths due to other reasons where people do not know the reasons of death. 7.1 per cent deaths are due to cancer and diabetic both and another 0.8 per cent due to respiratory infections. There are 6.2 per cent of deaths due to complications in pregnancy. While comparing these data, it is evident that the rate of Encephalitis is very high among the Sonar and Rajput that is up to 16.9%; in which percentage of encephalitis cases found among Rajput are more.

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Table 2- Causes of death among Rajput and Sonar

Causes of Deaths	Caste Group				Total	
	Rajput		Sonar			
	No	%	No	%	No	%
Encephalitis	14	20.2	5	11.6	19	16.9
Stomach Ulcers	3	4.3	9	20.9	12	10.7
complication pregnancy	5	7.2	2	4.6	7	6.2
Accident	6	8.6	4	9.3	10	8.9
Diabetic	2	2.8	6	13.9	8	7.1
Kidney failure	8	11.5	3	6.9	11	9.8
Respiratory infection	1	1.4	0	0	1	0.8
T.B	11	15.9	4	9.3	15	13.3
Cancer	3	4.3	5	11.6	8	7.1
Heart disease	7	10.1	3	6.9	10	8.9
Others	4	5.7	0	0	4	3.5
Not Known	5	7.2	2	4.6	7	6.2
Total	69	100	43	100	112	100
Missing System	331		357		688	
Total	400		400		800	

4.2. Usual practice in pregnancy regarding food

Table 3 gives the vivid picture where 406 household believe that during pregnancy take some more proper food; there is consistency also found among 213 household which prefer more food in compare to normal food. This may be due to the fact that for the health the amount of energy required more during pregnancy. The rest 135 of the experience elder among household head of both caste group believe that several food are not good during pregnancy so they restricts these food up to delivery and were attended by the health worker once or twice only.

Table 3- Usual practice in pregnancy regarding food

Caste Group	Usual practice in pregnancy regarding food								Total	
	Take some more food		Take food use than normal		Restricts some cereals, fruits, vegetables drink		Take the normal food			
	No	%	No	%	No	%	No	%	No	%
Rajput	214	53.5	92	23	76	19	18	4.5	400	100
Sonar	192	48	121	30.2	59	14.8	28	7	400	100
Total	406	50.8	213	26.7	135	16.8	46	5.7	800	100

4.3. Family used Traditional Herbs and Shrubs for Family Planning/ Abortion/Sterility

Figure 1 shows number of abortions is comparatively less among the Sonar and Rajput and the primary data shows that several people used herbs or shrubs for family planning/abortions/sterility etc.

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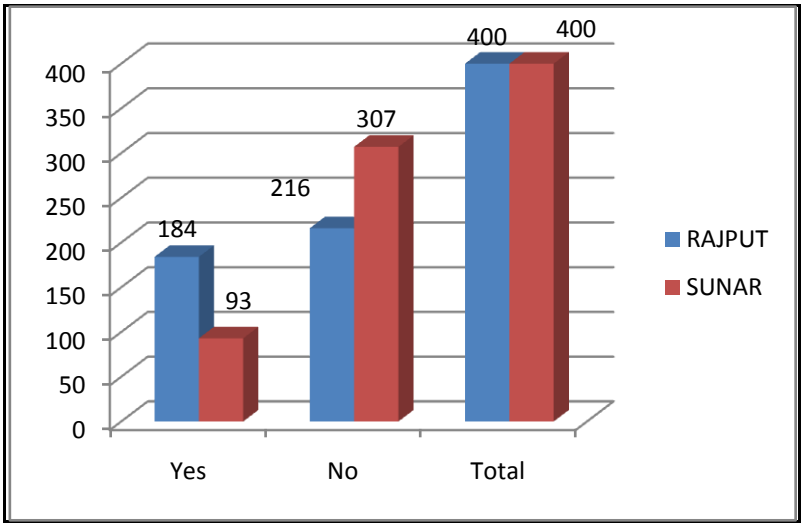

Figure 1- Family used Traditional Herbs and Shrubs for Family Planning/Abortion/Sterility

4.4. Incidence of Illness

From the analysis of the following table on incidence of illness among the Rajput and Sonar, there are 2077 people 55.2 percent of the sample population have either general or acute and chronic diseases. Among them, 1370 people (66 per cent) who have acute and general diseases. 37.7 per cent of them had fever which is very high among the incidences of illness. The other acute or general illness is stomachache (11.3 per cent), headache (9.9 per cent), and infection (4.7 per cent) Diarrhoea (2.4 per cent). There are 5.2 per cent (106 persons) have other minor ailments as others like scabies, accidents, arthritis, sore eyes etc.

Table 4- Incidence of illness among Rajput and Sonar

Type of illness	Caste Group				Total	
	Rajput		Sonar			
	No	%	No	%	No	%
Fever	477	42.8	308	31.9	785	37.7
Headache	83	7.4	123	12.8	206	9.9
Stomachache	94	8.5	139	14.5	233	11.3
Diarrhoea	17	1.5	34	3.5	51	2.4
Blood Pressure	87	7.9	103	10.7	190	9.2
Asthma	78	7	19	1.9	97	4.7
Diabetic	28	2.6	41	4.3	69	3.3
Cancer	9	0.8	13	1.4	22	1
Cardio vascular	18	1.6	21	2.2	39	1.8
Backache	54	4.8	67	6.9	121	5.9
Infection	41	3.7	56	5.8	97	4.7
Psychological disorder	48	4.3	13	1.3	61	2.9
Other	79	7.1	27	2.8	106	5.2
Total	1113	100	964	100	2077	100

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4.5. Attitude and Awareness towards Herbal Medicine

There are 76.3% household among Rajput and 82.7% among Sonar that have heard of herbal medicine but do not use it. There are only few that are about 17% of both caste group people who use herbal medicines in which percentage of Rajput are higher than Sonar that is about 22.2%. This shows that there are informal means of knowing about health aspects, but formal ways are not made use of herbal medicines, about 23% of total household do not know about herbal medicine from both the community.

Table 5- Caste wise distribution of Knowledge and using of herbal medicine

Do you use herbal medicine?	Caste Group				Total	
	Rajput		Sonar			
	No	%	No	%	No	%
Yes	89	22.2	52	13	141	17.7
No	305	76.3	331	82.7	636	79.5
Do not Know	6	1.5	17	4.3	23	2.8
Total	400	100	400	100	800	100

4.6. Preferred System of Medicine among the Sonar and Rajput

Among the Rajput, 85.3 percent households and Sonar are about 79.7 percent prefer Allopathic in compare to Homeopathy it is about 3 to 11.7 respectively; the general trend of Ayurveda is 9 to 7 respectively that is low among Sonar in compare to the Rajput. In the case of Homeopathy, the Sonar households have better preference for homeopathy than Ayurveda.

Table 5- Caste wise preference and practice of system of medicine

System of medicine	Caste Group				Total	
	Rajput		Sonar			
	No	%	No	%	No	%
Allopathic	341	85.3	319	79.7	660	82.5
Homeopathy	12	3	47	11.7	59	7.3
Ayurveda	36	9	28	7	64	8
Other	11	2.7	6	1.6	17	2.2
Total	400	100	400	100	800	100

5. ETHNO MEDICINAL OBSERVATIONS

India with its glorious past of traditional medical system and use pattern of different plants, and it is one of the major centres of origin and diversification, having rich biodiversity. Botanically derived medicinal have played a major role in human societies throughout history and prehistory but with the development of modern civilization, use of allopathic drugs are at increasing rate and use of herbal drugs is either restricted to few communities or areas only. But there are several rural members of the family pockets where use of herbal drugs is the cheapest and only way for the treatment of different ailments. The traditional healers or medicine-men have their own diagnostic and treatment systems, which they have acquired from their ancestors and long history of use pattern. The information about medicinal plants is mainly

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confined to the village physicians, chieftains of different communities. The area Bhatpar Rani under investigation, which was taken for ethno medicinal studies also, came into existence after holistic study of both castes group and able to write ethnographic description.

Table 6 - Herbal remedies Ethno medicinal importance among Rajput and Sonar

Botanical name	Local name	Flowering period	Distribution	Medicinal importance
Acacia Catechu	Khair/ Kattha	August-September	forest areas	Sore throat, ulceration, leprosy.
Acacia Nilotica	Babul	August-October	roadsides of villages	Dysentery, pulmonary troubles, sore throat and mouth ulcers.
Aegle Marmelos	Bel	October	forest areas	Diabetes,diarrhoea,dysentery and piles
Agave Americana Linn	Rambans	June – July	village sites	cancerous ulcers, dropsy, syphilis and dysentery
Amaranthus Blitum	Chaurai	August –October	cultivated fields	snake bite, blood disorders, fever and diarrhoea
Annona Squamosa	Sharifa	August – September	Bagichas and village sites	healing,cancer,rheumatism, syphilis, fever and burning sensation
Anthocephalus cadamba	Kadam	June –July	road sides	fever, high blood pressure, bacterial infection
Argemone Mexicana	Bhatkataia/ Satyanashi	March – June	barren lands/waste lands	jaundice, skin diseases, wound healing, and leprosy
Asphodelus tenuifolius	Banpiyaji	Oct-Nov	croplands	Toothache
Azadirachta indica Juss	Neem	March – April	throughout area	rheumatism, constipation, fever, diabetes, ulcer, bacterial infections, skin diseases, tuberculosis
Biorhythm sensitivum	Lajwanti	August – September	village sites	tuberculosis and asthma, urinary troubles
Blumea lacera	Kukraundha	February- March	barren lands	healing agent on cut and wounds
Buchanania lanzan	Chironji	March- April	forest areas	Skin diseases, snake bite, diarrhoea
Calotropis procera	Madar	February – March	barren lands	leprosy, dropsy and rheumatic pain
Cannabis sativa Linn	Bhang/ Ganja	January – February	roadsides, barren lands	ear troubles, cuts and wounds, skin diseases
Carica papaya	Papita	August – September	throughout the area	piles, diarrhoea, liver enlargement, worm affections

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Botanical name	Local name	Flowering period	Distribution	Medicinal importance
				and heart problems.
Chenopodium album	Bathua	November–December	crop fields	bleeding piles, dysentery, cough and fever
Citrus medica Linn	Neebu	February- March	Cultivated in the area	liver diseases, cough, throat disorders, fever, tuberculosis and arthritis, antiseptic and digestive
Curcuma longa	Haldi	October – November	Cultivated in some areas	cough, skin diseases, diabetes, blood purifier
Cynodon dactylon	Doob	Most part of the year	throughout the area	diarrhoea, dysentery, skin problems, wound healing and diabetes
Dalbergia sissoo Roxb	Shisham	August – September	roadsides and forest areas	Bleeding-piles , diarrhoea, skin diseases, leucoderma and leprosy
Datura innoxia Mill	Dhatura	July – October	barren lands	fever, skin diseases and rheumatism
Dendrophthoe falcate	Banda	January – February	forest areas	used as brain tonic and in menstrual disorders
Ficus religiosa	Pipal	April – May	villages roadsides	blood purifier, skin diseases
Gossypium herbaceum	Kapas	August- September	Cultivated in some areas	malarial fever, leucorrhoea
Hibiscus rosa	Gudhal	Throughout year	gardens and near temples	cough, fever, urinary troubles
Hordeum vulgare	Jau	December – January	Cultivated in the area	stomach disorders, skin diseases.
Lablab purpureus	Sem	September-October	Cultivated as vegetable in the area	used in cough and skin diseases
Lawsonia inermis	Mehandi	August – November	Commonly distributed in the forest areas	Headache, spleen disorders, skin diseases, leucoderma, cough and leprosy
Mentha spicata	Podina	May – June	Cultivated in the area	used in gastro - intestinal disorders; cough, cold, cholera
Botanical name	**Local name**	**Flowering period**	**Distribution**	**Medicinal importance**
Musa sapientum	Kela	March – April	throughout the area	dysentery, blood pressure, respiratory problems, diabetes
Ocimum sanctum	Tulsi	October – February	Commonly found in cultivated form	Used in leucoderma, leprosy, fever, urinary trouble and diabetes;

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Botanical name	Local name	Flowering period	Distribution	Medicinal importance
Phyllanthus emblica	Awla / Aura	March – April	forest areas and cultivated as well	Constipation,diabetesand washing hair
Psidium gujava	Amrud	August- September / March – April	Cultivated in several areas	bleeding gums , cholera and diarrhoea
Ricinus communis	Rendi / Arandi	September – October	barren lands / wastelands	skin diseases, piles and rheumatism
Rumex dentatus	Jangali Palak	December – February	Found near water bodies like ponds	Leaves are used as laxative. Leaf paste is applied externally in sunburns
Syzygium cuminii	Jamun	March – April	Cultivated in the area	Diabetes, diarrhoea dysentery and dental problems.
Tagetes erecta	Genda	October – March	Cultivated in the area	Leaves are used in cut and wounds.
Tamarindus indica Linn	Imli	May – June	Distributed throughout the area	used in fever piles and gastric troubles
Trigonella foenum – graceum	Menthi	Oct – Nov	Cultivated in the area	Seeds are used in rheumatism and diabetes.
Botanical name	**Local name**	**Flowering period**	**Distribution**	**Medicinal importance**
Zizyphus mauritiana	Ber	September – October	Distributed in the forest areas	used for washing wounds and diarrhoea

6. CONCLUSION

The human plant intimate relation dates back to the origin of human on this planet. With the development of social sense in primitive men, their dependence on the plant resources increased, not only for food, but also for fodder, fuel, drug and shelter. Conclusively, it can be said that on the basis of observations and analysis based on the study among Rajput and Sonar of Eastern U.P, the fact that indicates both sampled population is said to be vulnerable to several diseases and social problems. In general sampled population, have their own beliefs and practices regarding health. Rajput still believes that a disease is always caused by hostile spirits or by the breach of some taboo. They therefore seek remedies through magical religious practices. On the other hand, some people of Sonar have continued to follow rich, undocumented, traditional medicine systems, in addition to the recognised cultural systems of medicine such as Ayurveda, Unani, Siddha and Naturopathy, to maintain positive health and to prevent disease.

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