Abstract

Culture evolves through input over generations of research and practice. The goal of Indian culture has been health and happiness for all. The conceptual approach behind all these is to uphold quality and development of efficient system in everything including health and disease. If preventive and promotive health has to be inculcated in society, then health concepts, research and practice has to be translated in the language of culture. This process of integration is culturalisation of health.

Keywords: Culturalisation, Sacraments, Primordial Prevention, Curopathy, Health

Introduction

Evidence based research is the main stay of heath interventions today. But the intervention benefits does not reach the common mass either because of their non-acceptance or due to lack of sustainable effort because, community involvement is an essential component for the success of any health program. Function of a community is governed by culture, custom and belief system. Therefore, brainstorming is needed to understand the cultural behavior and practices and identify the steps that can have an impact on health of each and every person of the community so that the universal health coverage becomes possible.

Culture is the social behaviour and norms found in human societies. When used as a noun, a ‘culture’ is the set of customs, traditions, and values of a society or community, such as an ethnic group or nation. Liking with active enthusiasm is the indicator of one’s cultural go’ i.e., active involvement of the people is showing the acceptance for that particular behavior or practice. Similarly, tradition is the basis of instinct, intelligence and presence of mind. Tradition teaches one to be fit to survive which is meaningfully auto-adjusted through custom, convention and culture. It is considered that to ignore tradition is a suicidal offence that affects the race gradually. The ceremonial worship by which tradition appears in success is called the custom.

Cultural bench marks

When we talk of culture, few important points need to be taken note of. The cultural ingredients are built on consensus of the community i.e. it is acceptable to all, applicable to all and to be practiced by all for the larger benefit of the community as a whole. So, the concept of 100 percent is applicable here. The probability approach that is practiced in research can not be forced upon when we talk of culturalisation. Rather, the totalitarian approach that is followed in disease eradication finds a relevance. So, culturalisation is a concept of complete inclusiveness rather than the inclusiveness of convenience that we often witness in political power struggle.

Another concept inherent in cultural framework is quality. The cultural frame work aims at genuine good to the community in long run. It may or may not provide short-term relief. But, it will provide a sustainable solution by laying down a system for easy adaptability by the common mass. It aims at holistic good. It aims at evolutionary march of the community as a group. Therefore, whenever we talk of evidence-based research and applicability of its findings upon a community practice, it has to be extrapolated with caution. The cultural practices are the practices over generations, over centuries and millennium. Let us remember, time is an important factor for consideration in research. The practices get refined over time by shedding out its fallacies, and in this process, the eternal existential march of a community gets nurtured and maintained. This is how the sacraments evolve and gets ingrained into cultural practices. The implication of sacraments in building up a healthy community is discussed separately.
The concept of Curopathy

Humanity is in continuous search of immortality. No one wants to die. All the medical research or health researches aim at achieving this goal. The health systems or different ‘pathy’ (allopathy, homeopathy, naturopathy, etc.) have evolved out of this felt need according to the endeavors over time and place. Therefore, these ‘pathies’ should not be seen as competing or antagonizing each other, rather an outcome of evidence-based research of different communities over time in their quest of immortality and relief from suffering. The lesser known practices like hydrotherapy, magnotherapy, acupuncture, acupuncture, even chanting of ‘mantra’ to create vibrations, etc are on practice in pockets of the human civilization. These can’t be outright rejected without evidences. Inadequate research does not make a practice invalidated. Rather, humanity becomes deprived of this knowledge and its benefit because of this. A scientific mind can’t be a party to such an approach of partisan effort. Rather, all clues need thorough research to achieve the larger goal on human immortality and relief from sufferings.

The culturalisation Process

The culturalisation process should aim at the steps at the level of primordial prevention. This can also be applicable to the health promotion aspect of primary prevention. Beyond that, it would fail under different ‘pathies’ that can be tackled with the ‘curopathy’ approach. These preventive steps have been ingrained in the form of sacraments 4, customs, traditions, etc. Let us examine few examples from the existing cultural practices.

Sacraments aiming at Primordial Prevention

The traditional system of marital matching involves the criteria that ensures genetic compatibility following the principles of eugenics which not only ensures prevention of genetic diseases, but also improves the probability of a better progeny. The ceremonial rituals aim at social and psychological adaptation needed for a harmonious marital life. Marriage which is categorized as one of the vital events, has also been placed under the ten important sacraments that Indian culture tries to safeguard for everyone.

Birth is another vital event. Prevention of maternal mortality and infant mortality are of paramount importance. Therefore, a lot of cultural importance is given to ensure a healthy fetus and healthy infant. There are sacraments to ensure proper safeguard by parents and family members during this period. One of the sacraments in fetal life includes ‘Anabalobhana and simantonnayana’ which is aimed at mental health of the fetus. The sacrament ‘Jaatakarma and Niskramana’ aims at prevention of both maternal mortality and the neonatal mortality.5 The recommendations that after years of evidence-based research uphold, are already in practice through these sacraments.

Steps aiming at Primary Prevention

The steps aiming at primary prevention are practiced in different forms of customs and traditions. These may differ from place to place depending upon the life style and the environmental factors prevalent in that locality. Physical hygiene traditionally practiced for cooking, handling drinking water, handling food, etc are even observed today and accepted as scientific. Research on Yoga, prayer, meditation is unraveling the scientific approach in maintaining mental health. The joint family system was a solution to social security, geriatric care and an above all safeguard for social health.

Culturalising Health Interventions

Culturalisation is a system’s approach. We know human body is the best example of management as every tissue, every organ functions independently and again synchronously to achieve the common goal. In the culturalisation process, the same principle needs to be adapted. The intervention point has to be identified which is the outcome of evidence-based research. Then, according to its importance, it has to be integrated to existing cultural practices of the society. Let us analyse the following example.

The holy basil or tulasi (Ocimum tenuiflorum) is known for its medicinal value. Taking two leaves in the morning in empty stomach everyday is recommended to maintain a healthy physic. One of the major problem that may be faced for this practice at mass level is to make the fresh and clean leaves available at domiciliary level everyday. So, the culturalisation process has labelled tulasi as a plant to be worshiped daily. In other words, every house should plant it and water it and maintain it throughout the year. Now, to ensure this, various traditions and customs have been imbibed in different localities. Again, to ensure that the plant survives hot summer, the rituals include putting a water filled pitcher over the plant. A tiny hole is made in pitcher so that the plant is watered 24 × 7 during the summer. The death related rituals have been linked to use garlands made of its tiny branches. There are many more rituals and customs practiced to safeguard this plant and make it available.

Conclusion

Understanding the cause and effect relationship may be the bread and butter of a researcher but it is beyond the comprehension of a common man. A common person understands only actions points. Hence, the research outcomes need to be translated, camouflaged into social practices, integrated with traditions and rituals. We can
not talk of physical, social, mental and spiritual health in isolation. These all need to be amalgated into cultural packages. When preventive medicine can be seen through the prism of culturalisation, then we can hope for achieving the 'health for all'.

Conflict of Interest: None

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