IMAGE OF SOME EXISTING MEDICAL SYSTEMS AMONG INDIAN RURAL COMMUNITIES

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ABSTRACT: Though a number of medical systems grossly prevail in Indian rural communities, this empirical Socio-medical study makes an attempt to examine the comparative suitability of various systems among them. The parameters adopted in evaluating the suitability of different systems were (a) peoples’ perception of the capacity of these individual systems to cure the illness (b) the economic dimension of the system and (c) the cultural compatibility of the system. Among other findings the study reveals that the Ayurvedic system scores highest in the scale of suitability.

The Medical System in any Community is undoubtedly a part of culture of that community and as the present Indian culture being outcome of long tradition of cultural synthesis, the co-existence of different medical systems and their international resultants in the community has become an obvious feature of medical aspect of Indian culture too. Homeopathic, Ayurvedic, Unani, and various other types of Magicoreligious and domestic medicines, having their roots in different sub cultures are coexisting along with the Modern medicine today and a process of interaction and acculturation, competition and integration are going on among them. Many times Medical and Health administrators in Indian and other developing countries experience great problems while executing some Health programmes where people, practically rural people, do not perceive the programmes as useful one and reject them out right only because philosophical bases of these programmes are not compatible with those of their medical folk culture. In this background, it is also interesting as well as functional for physicians and Medical administrators in general and sociologist in particular, to examine how a common man himself reacts to these different Medical systems; how he evaluates them and makes choice among them and also what is the comparative position of different medical systems in the scale of suitability from people’s own points of view because the attitudes of consumers (here respondents) necessarily may not coincide with those of specialists. This present study examines this Socio medical facet empirically in 5 Northern Indian villages.

METHODS & MATERIALS:

This study as a part of author’s doctoral thesis in Medical Sociology was conducted in 5 villages with 950 families near Varanasi in Uttar Pradesh. The Heads of 462 families, selected through stratified random sampling, were interviewed in this regard with the help of predesigned and pre-tested interview schedule. Some of the Socio economic characteristics of these respondents may be enumerated as below: About 40% of these respondents came from Low Castes group and the same number from middle castes and the rest 20% came from High castes. About 60% of them were illiterate, about one third (29.2%) of them had left the
schooling after primary or middle school; 7.8% were either High School or Intermediate and only 2.6% were Graduate. As regards their occupational structure, half of them were agricultural or other labourers, one fourth of them had their own lands and worked as independent farmer. 12.6% were in State or private Services while rest 12.4% were engaged in miscellaneous jobs. One third of the respondents had their pucca houses while rest two third had mud walled houses.

**PERCEPTION OF THE “MOST EFFECTIVE” MEDICAL SYSTEM:**

In order to make comparative evaluation of images about the effectiveness of various prevalent medical systems*, each of respondent was asked which of the Medical System amongst Ayurvedic, Homeopathic, Unani, modern and Domestic medicine they thought to be the most effective, their responses to this questions being produced below in table No. 1.

One important finding, as revealed from the Table No. 1, is that a meaningful percentage (18.6%) of these rural respondents is not able even to make broad distinction, among these prevalent medical systems and this has precipitated in terms of non response (cannot say) to the question. This table further points out that the highest (38.5%) is the number of those who perceived the Modern medicine as the “Most Effective Medical System”. The reasons behind their such conviction as elicited during probing, included mainly (a) the capacity of Modern medicine to make immediate relief, (b) Provisions of various types of sophisticated techniques and instruments for diagnosis, (c) injection technique and (d) its impressive surgical capacity. For some of our respondents (a) the success of Modern medicine control and eradication of many dreadful diseases like Cholera, Small pox, Plague, Malaria and Tuberculosis; (b) the most frequent and favored option by the Urban people for the modern medicine only, and also (c) the input of maximum mental labour in becoming a physician, were also some of the factors contributing to such image about the Modern Medicine.

After the Modern Medicine, Ayurvedic Medical System comes to occupy the second place in the perceptional Spectrum of our rural respondents where 25.1% of them perceived the Ayurvedic Medicine as the most effective one’. Some important points responsible for their such image in favor of Ayurvedic medicine, as expressed by them, included (a) the capacity of the system to attack on the very root cause of the illness (b) preparation of the drugs by physician (Vaidyas) themselves and not by the lifeless machine as in the case of Modern medicines, and (c) non harmful featured of the medicine (Ayurvedic) as compared to the modern medicine whose actions as perceived by them, are very severe and sometimes very harmful too. For many of such respondents Ayurvedic treatment was only real and permanent though its actions might be slower as compared to other systems. Some of these respondents like the system simply because it is a product of Indian soil while some others were impressed by its being connected with India’s ancient culture religion.
Table 1

Perception of the ‘Most Effective Medical System’

| Medical System          | Ayurvedic System | Homeopathic System | Modern Medicine | Unani Medicine | Domestic Medicine | Do not Know | Total (N) |
|-------------------------|------------------|--------------------|-----------------|----------------|-------------------|-------------|-----------|
| Responses No.           | 116              | 35                 | 178             | 1              | 46                | 86          | 462       |
| Percentage              | 25.1             | 7.6                | 38.5            | 0.2            | 10.0              | 18.6        | 100.0     |

The third position is occupied by Domestic Medicine where About 10.0% of the respondents perceived it as the most effective medicine’. The points that could not let these small no of respondents to regard the system even as the most effective medicine seemed to include mainly (a) the simplicity prevailing in the system (b) it is easy availability in rural homes and environment. (c) it is most economical future and (d) the strong community faith regarding its actions. The Homeopathy has attained the 4th place. This small percentage (7.5%) of respondents who perceived this system as the most effective one seemed to be impressed mostly by its economical feature, the easy and simple techniques of administrating the drug. While some of our simple rural respondents also seemed to be impressed by the classical long and analytical queries made by Homeopaths and providing a sense of deep interestfulness in them, many others also seemed to be impressed by the wonderful capacity of this system in treating many chronic cases.

The perusal of the above table also revels that out of 462 respondents only he has perceived the Unani system of medicine as the most effective one. This evidently means that such picture regarding Unani system of medicine bears no such statistical significance but it actually indicate the state of very low degree of awareness about this system which has precipitated in and grossly contributed to, such negative responses regarding this system.

PRECEPTION OF THE “MOST ECONOMIC MEDICAL SYSTEM”

Economic of any medical system is one of the most potent factors which is determine the phenomenon of making choice for a particular medical system or physician³. Keeping this position in view, the respondents were asked to point out the name of that medical system which they perceived as the most economic one. Their responses have been analyzed in table no. 2 being produced below.

The perusal of Table No. 2also confirms the finding of Table No.1 that a meaningful percentage (17.2%) of rural population is not able to say anything about the comparative expensiveness of these medical system meaning thereby that these rural respondents are ignorant enough to make even broad distinction between these prevalent medical system and their salient features. The Table No. 2 further reveals that amongst all, the domestic medicine has been observed as the cheapest medicines as perceived by the highest No. (42.6%) of respondents. Homoeopathy occupies the seconed place in this respect where 25.0% of the respondents have perceived it as the most economic one. An Ayurvedic medicine comes on the third place in this respect.
This table also reveals that the most prevalent image about the Modern medicine among rural people is that of the respondents have perceived it as the cheapest one. As regards their perception about Unani medicine in this regard, the same tendency as observed in and discussed with the table No.1 may be seen here also. The lowest and negligible percentage (1.7%) of respondent perceiving unani medicines as the most economic one, should be interpreted in the unani medical system. Thus we exclude this system on this rational basis and concentrate our consideration on only formal medical system. Thus we exclude this system on this rational basis and concentrate our consideration on only formal medical system (Having formal Medical Education) thus excluding the Domestic Medicine as well; it may be concluded in order of cheapness of the treatment, homoeopathy has occupied the 1st place, the Ayurvedic medicine second place and the modern medicine third and the lowest place in rural perceptual spectrum.

**THE COMPARATIVE SUITABILITY**

A systematic study regarding rural illness behavior has revealed that generally people evaluate different medical systems and physicians while making choice for them, mainly by three parameters, firstly by (a) the capacity of the system or physician to cure the illness (i.e. by effectiveness of medicine), secondly by (b) the monetary expenditure and thirdly (c) the cultural compatibility of the drug. If we make an attempt to evaluate these three existing formal medical system by these three parameters the following model based mainly on the findings of above two tables, may be reached at, and would be able to indicate their comparative suitability for Indian rural communities.

**THE MODEL**

| Different medical system | Degree of suitability on the basis of effectiveness of medicine | Degree of suitability on the basis of monetary expenditure | Degree of suitability on the basis of cultural compatibility |
|--------------------------|---------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------|
| Modern Medicine          | ****(38.5%)                                                  | *(2.4%)                                                   | *                                                         |
| Ayurvedic Medicine       | *** (25.1%)                                                 | ** (10.6%)                                               | ***                                                       |
| Homoeopathic Medicine    | *(7.5)                                                       | *** (25.4%)                                              | *                                                         |
The above model, entirely based on people’s perception, indicates that the Modern Medicine Certainly has the highest score as regards its capacity to treat the cases but simultaneously has the poorest image as an economical medical system. As regards its compatibility with Indian rural culture, it would get the least score mainly because of its origin and development in western cultural contest. For example Modern a etiological concepts of biological and nutritional factors and their interactional resultant, whereas Indian folk culture lays much emphasis on some other factors including “Hot & Cold” concept, scared and religious causes of illness, and observes Non-adherence to the traditional rules of PARHEJ, bad deeds of previous life, anger of deity and Ghosts and evil eyes etc. as various causes of illness these a etiological conceptions are so much prevalent and deeply rooted in Indian folk cultural net work in Indian rural Society that their rejection by the modern medicine has rendered the later such a quality which reduces its cultural compatibility to a larger extent.

On the other hand, if we evaluate Ayurvedic medical system through these three parameters, we find this system at the second place or next to Modern medicine as regards the capacity of the system to combat illnesses. From economic point of view, Ayurvedic medicine has been perceived as costlier than Domestic and Homoeopathic medicine but cheaper than Modern medicine. As regards its cultural compatibility it will have the highest score and is at par with domestic medicine. Though Ayurvedic classics also may not agree with some of the aetiological concept of Indian folk medicine like that of evil eyes, and anger of Diety etc but most of the concepts (i.e. concepts of Hot and Cold, BATA, PITTA & COUGH, stress on PARHEJ & medicinal roles of Herbs plants etc.) of Indian folk medicine have their roots directly or indirectly in Ayurvedic classics and many of them have actually emerged as a result of the process of parochialization* of the Great traditional elements of Ayurvedic physician while explaining the aetiology and management of illness are comparatively more understandable to rural folks and the find them in accordance with their traditional believes and expectations. The intake and prohibition of most of the food items advised and stressed by the Ayurvedic physician under the concept of Parhej are already known to the patients as a part of their medical culture.

If we examine the Homoeopathy through these three parameters, we find that from economic point of view, it has scored highest (excluding domestic medicine) meaning thereby that maximum number of respondents have perceived it as the most economical system but simultaneously it got the poorest score as regards the effectiveness of the medicine. Being imported from western countries, it , certainly has lesser degree of cultural compatibility too. In contrast to their folk medical culture where a tangible and comparatively huge quantitiy of medicine for both internal and external use, is given, the microdozing’ in Homoeopath has always been a secrete and unanswered
question for rural respondents as told by them.

*Parochialization is a process of localization, of limitation upon scope of intelligibility, of deprivation of literary forms, of reduction to less systematic and less reflective dimensions." (Mackim Marriott “Village India” P.205)

SUMMARY AND CONCLUSION:

This empirical study, aimed to examine people’s own attitude regarding some common medical system, co-existing and interacting each other, reveals that a meaningful percentage of rural masses, is actually not able to make even crude distinctions between different medical systems around them which has precipitated as their total denial with reference to their giving comments regarding their comparative efficiency and effectiveness of these medical systems. The analysis of their perceptual pattern regarding the capacity of different systems to combat the illnesses and regarding their economic aspect and also considering the cultural compatibility of these four formal medical systems, it is revealed that Ayurvedic system has secured the highest score and thus, it established comparatively more suitable of Indian rural communities.

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