

A STUDY OF HEALTH CULTURE OF LAMBADAS OF AMBODH TANDA

**A Thesis submitted to the University of Hyderabad for the award of
the degree of**

DOCTOR OF PHILOSOPHY

IN

ANTHROPOLOGY

BY

M.d. ARIF ALI

DEPARTMENT OF ANTHROPOLOGY

SCHOOL OF SOCIAL SCIENCES

UNIVERSITY OF HYDERABAD

P.O. CENTRAL UNIVERSITY

HYDERABAD

JUNE 1996

CERTIFICATE

This is to certify that **Mr. Mohd. Arif Ali**, senior research fellow, Department of Anthropology worked under my supervision for his thesis entitled ' **A study of health culture of Lambadas of Ambodh Tanda**' at the University of Hyderabad for his doctorate degree. The thesis represents his independent work and does not constitute part of any material submitted for a degree here or else where.

Place: Hyderabad

Date: 20 06.1996

Md Arif Ali

M L K Murthy
Prof M.L.K. Murthy
Centre for Regional Studies
University of Hyderabad.

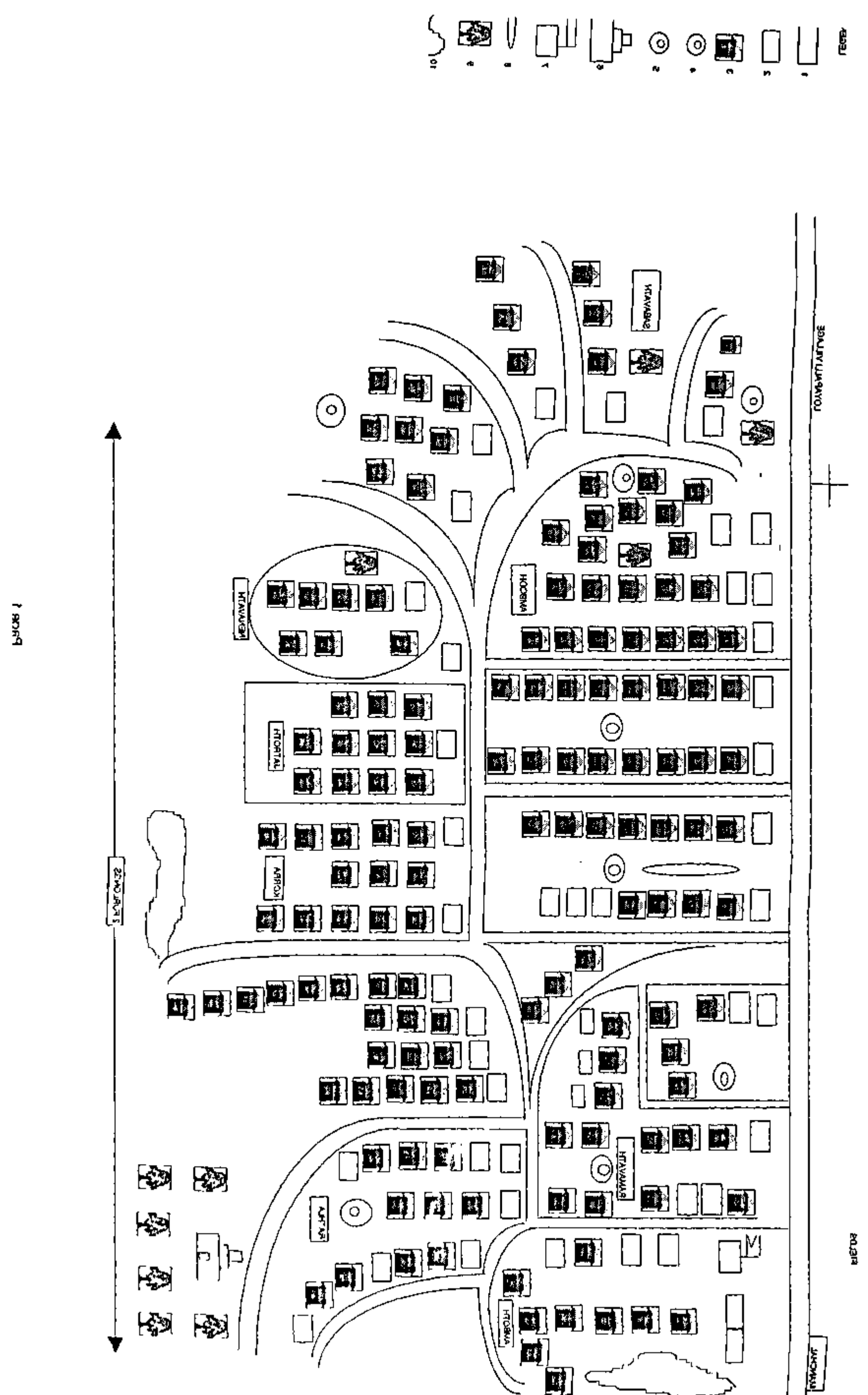
D.V. Raghavulu

TR Sharma
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School of Social Sciences

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ALUMAI MUJERMA TU HAM SEJALIV



ACKNOWLEDGMENTS

I wish to thank all the faculty members of the department of Anthropology, University of Hyderabad, for providing the training which enabled me to work on the thesis. Their useful suggestions and criticism at departmental seminars on the thesis were helpful and enhanced the conceptual and methodological clarity of this study.

I am in i immense debt to my research supervisor Prof. M.L.K. Murthy for his continuous encouragement and guidance during the course of my work. This work would not have been completed but for constant interest and support even under trying circumstances. There are no words to explain the co-operation and research assistance provided by my ex-supervisor Dr. C.G.Hussain khan who is at present works with Dharward University, Dharwad. Prof. Murthy's and Dr. Khan's scholarship has been a source of inspiration over the past several years.

I am grateful to the staff of the Indira Gandhi Memorial Library, University of Hyderabad for their help in aiding my research. I also wish to express my gratitude to the staff of the following libraries and Institutions- National Institute of Rural Development, Administrative College of India. Osmania University. A.P Health University, Institute for Mental Health Studies. Erragadda. National Institute tor Menially Handicapped ana Neuroseience's, Bangalore, Jawaharlal Nehru University Library, New Delhi National Social Science Documentation center. ICSSR, New Delhi, Indian Council of Medical Research, New Delhi, and Ministry of Health and Family Welfare Government of A.P.

I thank the UGC for awarding me a fellowship ana the authority of University of Hyderabad for giving me the opportunity to do research. I appreciate the help and cooperation given to me by the Lambda's. of Ambah Tanda.in giving me the information. In particular I would thank to Madhu Naik, Lachhiram .

Kesya Naik, Painiu Naik, Jaguru Naik. Lachha Naik. and all the members of the village, I also thank the authorities of Manchal mandal, the Public Health Center, Manchal, the Loyapallic grampanchayat Ganna Naik for their love and assistance in pursuing this work

The staff of the office of the Anthropology offered administrative assistance during the period of research. My special thanks to Gupta, Valli for their continued co-operation. I would also like to thank K.Srinivasulu for creating an congenial atmosphere for me to do my research and the love and affection he gave during my research. I also thank Savithri for her continued help in all aspects during my work and her continued support emotionally and without it would have been very difficult to pursue. I still indebted for her care affection and well wishing nature.

I thank Anil, Ershad, Srikant and for their secretarial assistance and Partha and Tarakan tor their invaluable comments on the work

I am extremely indebted to my patents and family members who have always given me encouragement and support in carrying out my work.

Md. Arif Ali

Introduction

Health has **been** defined by World Health Organization as **a** state of complete physical, mental and spiritual well-being and not merely the absence of disease or infirmity. Explicit in this definition is that health, in functional terms does not merely pertain to medical care but **also** is important to an over-all integrated development of the individuals in a society. It has been recognized that in order to lead a socially and economically productive life, **health** is man's natural prerequisite and that it is the result of living in accordance with natural laws pertaining to body, mind and environment.

The importance of social aspects of health has been recognized long back. Ever since the earliest medical systems of which we have historical knowledge, variations in health have been connected with variations in social circumstances and habit patterns. That's the reason why in many cultures, throughout the world, man is seen as continuous with his environment, man is not healthy unless his environment is healthy, or conversely the well-being of his environment depends upon his acts.

Disease and health are important components of all societies, and part of man's view of the universe and his place within it. Humans everywhere, at all times and places and under all forms of cultural design, have had to deal with the threat of disease and illness. Insults and injuries to the human organism have always challenged the ingenuity of human individuals and groups to devise means and forms towards their prevention, control, and treatment. Hence disease is a manifestation of life under altered conditions, and the devises humans produce in order to cope up with this affliction largely depend on their culture and environment. In other words, there is an intimate and inexorable linkage between disease, medicine and human culture. Through the mechanism of cultures human groups respond to combat sickness and **trauma**,

in **the overall process of successful adaptation**. Although disease and health care are universal, they are always marked **by** variability, **because it is culture, which largely determines as to why people suffer from** certain diseases and what types of treatments need **to be followed and so** on.

"Medicine has been practiced one way or another since man became a cultured animal. There is even some evidence that a first-aid technique derives from our primate ancestors, as in the picking and cleaning **of** wounds observed by Devore among **baboons"** (Claune, **1976:5**). Disease and ill-health has been one of the fundamental concern of man since his emergence on the earth. People of every culture conceive of health and sickness in their own way and also create, construct and maintain an indigenous system of diagnosis and treatment. Disease and health of human-beings bears relationship with socio-economic status, family composition, customs, beliefs and values, life-styles, house-types and use of available medical resources in the society. As Ackerchnecht (1947) rightly says "disease and its treatment are **only** in the abstract purely biological processes. Such facts as whether a person gets sick at all, what kinds of disease he acquires and what kind of treatment he receives depend largely on social factors. The physicians have come to recognize that the disorders and diseases now dominant are due not to specific pathogens, but rather to economic, social political and cultural factors. The resultant pathology is manifest in physiological functional behavioral and psychological disorders.

The social and cultural aspects of health paved the way for the interaction of social sciences and medicines. The challenge to the biological orientation of medicine came in the **19th** century when the growing interest in social and cultural dimensions of illness reached a peak as a result of public health problems associated with the Industrial Revolution. This was the period of an impressive development of social medicine, led by

such figures as Villorme in France and Virchow in Germany (Dubos 1959, 1965; Rosen 1963). Virchow and others conceived of medicine as a social science both in a basic and an applied sense; that is, they not only emphasized the need for scientific investigations of the impact of social and economic conditions on health and disease, but they also stressed that a society had the obligation to assure the health of its members, and they advocated social intervention to promote health and combat disease (Rosen 1963). Undoubtedly changes that have occurred in relative importance of certain threats to health have increased the need for medically related research in social sciences. The diseases are related to economic, social, political and cultural factors, and the study of their inter relationship forms the important grist to the mill of social scientists, particularly to socio-cultural anthropologists.

The growing awareness of culture's role in health has been responsible for the development of medical anthropology. The substantial interest in social and cultural aspects of medicine among anthropologists of diverse training, theoretical and methodological orientations gave rise to medical anthropology. The comparative and holistic studies of culture and its influence on disease and health come under the preview of medical anthropology. A comparative approach consists of two or more units of analysis in terms of their contrasts or similarities. Medical anthropologist also looks at the evolution and geographic distribution of disease, the means by which societies have learned to cope up with illness, and ways to improve the delivery of modern medicine in traditional setting. Medical anthropology is not only a way of viewing the states of health and disease in a society but also a way of viewing society itself.

Medical anthropology encompasses the study of medical phenomena as they are influenced by social and cultural features, and social and cultural phenomena as they are illuminated by their medical aspects. These

distributions may be seen as two facts of a set of interrelated phenomena. But, depending on **the** investigator, one or the other may receive greater emphasis or focus of attention. The main focus of medical anthropology is to reveal the relevance of culture in health and health care. Culture determines to a large extent not only the type and frequency of disease but also the way people perceive, explain and treat disease as well as the manner in which persons respond to the delivery of western medicine. Thus the anthropological study of social and cultural influences on health and disease includes not only subjects of immediate therapeutic relevance, but phenomena that have special interest because of their effects on human evolution, and it is not only medical personnel that is the subject of medical anthropology, but society at large, as it is related to health and medical problems (Lieban 1977:15). Since anthropologists consider the medical beliefs and practices as part of the total cultural system of a society, the corpus of data on primitive and peasant medical beliefs and practices was gathered after gaining a total understanding of the societies which they studied.

Anthropologists believe that culture influence all of man's activities both biological and non-biological. Culture determines to a large **extent** :

- a) The type and frequency of disease in a population
- b) The way people explain and treat disease and
- c) The manner in which persons respond to the delivery of modern medicine (Logan and hunt 1978: XIV).

Culture play a dual role in our health, isolating us from some disease, and exposing to others. Medical anthropologist's interests in understanding the ways in which human behavior effects the maintenance of health and the occurrence and control of disease has been used as an aspect of applied anthropology in various etiological and **epidemiological** studies.

The over-all impact of culture on diseases are :

- 1) Culture patterns diseases
- 2) Culture produces personality types, especially vulnerable to certain kinds of illnesses
- 3) Some cultures may produce a higher incidence of given psychiatric disorders through certain child rearing practices
- 4) Cultures may severe certain diseases through proper sanctions and structure on acceptable behavior
- 5) Culture may perpetuate malfunctioning by rewarding it in certain prestigious roles.
- 6) Culture may produce psychiatric disorders differently in given segments of the population through certain stressful roles
- 7) Cultures may produce psychosomatic disorders through the indoctrination of its members with a particular kind of sentiment
- 8) Complexity of a culture may per se, produce psychiatric disorders as voiced by Sigmund Freud in civilization and its discontents. (Freud, Sigmund : 1933)
- 9) Culture effects breeding patterns selectively. Lansbscher discusses Bantu Cross-Cousin marriage and the incidence of schizophrenia. (**Lansbschar : 1965**)

10) Culture through patterns of faulty hygiene can produce toxic and nutrient deficiencies influencing the health condition of the people

The concept of health culture refers to a sub culture within a totality of population. It encompasses "a vast complexes of knowledge, beliefs, techniques, roles, norms, values, ideologies, attitudes, customs, rituals and symbols which are related to health and disease. That means the socio-cultural aspects of health, the beliefs and practices relating to health and disease, the diagnosis and treatment methods, the healers and curers and their recruitment, concepts and organization of medical system etc. Every society irrespective of degree of social organization, and design of culture, has its own sub-culture called health culture, because it is the beliefs and practices these people share to conceptualize the health and disease and produce the appropriate cultural methods to alleviate the pain and distress. In simple terms the subject of health culture focuses on the nature of illness as it is conceived by the natives, their own methods and criteria of classification of disease, the causes and cures, types of therapists that seek to alleviate illness and their skills and social roles, preventive measures the relation between magic and religion, cultural aspects of ethnomedicine, introduction of western medicine into traditional villages, illness behavior and finally the ethnopsychiatry. As Benerji says the culture of a community determines its health culture - that is, culture cultural meaning of the health problems of the community, and the means the community adopts to deal with them.

The study of health culture forms the cultural theme of medical anthropology as described in earlier pages. This health cultures forms of one of the two dimensions of medical anthropology. The first dimension is anthropology in medicine which emphasizes the contribution of anthropological knowledge to the diagnosis and treatment of disease, the second is anthropology of medicine, which concerns itself with anthropological

study of the medical profession. Hence the study of health culture contributes to the understanding of contributions of anthropological knowledge to the etiology. Theory of diseases, diagnosis, treatment of diseases and the place medicine occupies in the lives of the people.

Register used the term Medical Anthropology in 1956 to mean the study of the influence of social, genetic, environmental and domestic factors and the incidence of human disease and disability in any population. Register's orientation was clearly bio-cultural; he noted that such studies include some aspects of physical and social anthropology (Reigister 1956:350). In 1959 Hasan and Prasad used the term "Medical Anthropology" in an important article published in the Journal of Indian Medical Association (Hasan and Prasad 1959). The first major survey of anthropological (and other behavioral sciences) interests in the fields of health was published in 1963 with the title "Medical Anthropology" and Paul spoke of "Medical anthropologists" in his article on medicine and public health in the same year (Paul : 1963). Weaver (1968:1) believes that medical anthropology is that branch of applied anthropology which deals with various aspects of health and disease. In a pioneering definition Hasan and Prasad (1959) pointed out that medical anthropology studies biological and cultural aspects of man from the point of view of understanding the medical, medico-social medico-historical, medico-legal and public health programs of human beings. Professor Weildman (1971:17) identifies five stages of medical anthropology in the process of convergence as :

- 1) a substantive and theoretical area which as developed from anthropology and which looks as health, disease, and medical systems in both evolutionary and cross-cultural perspective.

- 2) an applied field which involves the introduction of anthropological concepts and methods into western medical system.
- 3) a highly specialized substantive and theoretical field involving the integration of concepts from particular facts of anthropology and a particular branch of medicine.
- 4) a substantial and theoretical area which draws from medical behavioral science thereby becoming capable of making unique contributions to general anthropological theory.
- 5) a substantive and theoretical area resulting from the integration and beginning synthesis of anthropological and medical concepts (It), in this sense, is closely related to and possibly identical to "medical behavioral science".

Fabrega (1972:1671) defined the field of medical anthropology as one that (a) "elucidates the factors, mechanisms and processes that play a role on or influence the way in which individuals and groups are affected by and respond to illness and disease and (b) examines their problems with an emphasis on patterns of behavior". After elaborately reviewing the fields of medical anthropology Foster and Anderson (1978:10) suggested a working definition of medical anthropology as (1) the research whose goal is the comprehensive description and interpretation of the bio-cultural inter relationships between human behaviors, past and present and health and disease levels, without primary regard to practical utilization of this knowledge and (2) their professional participation in programs whose goal is the improvement of health levels through greater understanding of the relationships between bio-socio-cultural phenomena and health and through the changing of health behavior in directions believed to promote better health.

Buddadeb Choudary, while discussing about the health problems of tribals, explained the areas of interest of medical anthropologists as ;

- a) Health and culture including the traditional belief in supernatural concerning diseases.
- b) Health, food habit and environment - covering the sanitation, water supply, settlement patterns, the total physical environment affecting health, food-habits, and food during socio-religious occasions.
- c) Medicine, health and community - the traditional and modern health practitioners, their positions in the society, concept and treatment of disease, nature and use of medicine, traditional and modern
- d) Fertility and mortality among the tribals, variations and reasons, the population problems of small tribes, use of traditional and modern practices of birth control
- e) Interaction of traditional and modern system of medicine at various levels, reasons for non-adoption of modern practices
- f) Traditional tribal medicine - its use and application with certain development and modification, study of indigenous methods of treatment.

Long before there were "cultural" medical anthropologists, physical anthropologists taught and did research in schools of medicine, usually in departments of anatomy, and their concern with human biology parallels and overlaps many of the interests of medical doctors. In fact a significant number of physical anthropologists are medical doctors. Hasan and Prasad (1959) listed a number of these areas including nutrition and growth and the correlation of body build and a wide variety of diseases such as arthritis, ulcers, anemia, and

diabetes. Anthropological studies of human growth and development are as much medical as anthropological, as is the study of serology. Fiennes (1964: 23-26) argued that disease as encountered in human populations is a specific consequence of a civilized way of life, dating from the time when agriculture began to provide the basis for the rise and growth of expanded, heavily settled communities.

Physical anthropologists for many decades showed interest in "forensic medicine", an area of medico-legal problems, involving identification of age, sex and race of human remains where foul play is suspected, and through blood types the determination of possible paternity when there is disagreement as to who the father of a child may be. In the development of preventive medicine physical anthropologists have contributed to research on the recognition of high-risk groups such as persons with sickle-cell anemia and carriers of hepatitis. They have also utilized their knowledge of human variation to aid in the field of biomedical engineering, contributing to the development of appropriate arctic and tropical clothing and gear for American servicemen and for US field stations. The astronaut's clothing as well as work spaces were built to anthropological specifications. "Measurements, norms, and standards derived from a host of anthropological studies are used in such areas as general and pediatric medicine, dentistry, surveys of nutritional levels and etiology of disease in diverse populations as well as within a population (Damon 1975:366).

Beginning with their earliest field research 100 years or more ago, anthropologists routinely have gathered data on the medical beliefs of the peoples they studied, in the same way and for the same purpose that they have gathered data on all other aspects of culture, to have as complete an ethnographic record as possible. The diligence of early anthropologists, and of explorers and missionaries who also gathered data on the peoples whom they discovered or among whom they worked, is well illustrated by the first comparative

worldwide survey of beliefs about disease causation by Clement (1932). The work of Rivers "Medicine, Magic and Religion" (1924) is also one of the earliest study done in this field.

Beginning in the mid - 1930's, anthropologists, psychiatrists, and other behavioral scientists began to ask questions about adult personality or character, and the socio-cultural environment in which this character was displayed. This led to the emergence of a new school in theoretical development of anthropology called "culture and personality". The range of topics that interested anthropologists and other behavioral scientists in this new field is illustrated by the titles of representative publications such as: "Anthropological data on the problem of instinct" (Mead:1942); sibling rivalry in San Pedro" (Paul 1950); "Schizophrenia among Primitive" (Demerath 1942); "Aggression in Saulteaux Society" (Hallowell 1940): "Primitive Psychiatry" (Deveraux 1940): "Elements of Psychotherapy in Navaho religion (Leighton and Leighton 1941): "Some Points of Comparison and Contrast between the treatment of functional disorders by Apache Shamans and modern psychiatric Practices" (Opler 1936).

The corpus of data on primitive and peasant medical beliefs and practices that had been gathered by cultural anthropologists in earlier years, their information on cultural values and social forms, and their knowledge about the dynamics of social stability and change provided the needed key to many of the problems encountered in these early public health programs. Although the Rockefeller Foundation had been engaged in international public health work since the early years of this century (e.g., Phillips 1955, on the 1916-1922 hookworm campaign in Ceylon), it was only in 1942 that the U.S government initiated cooperative health programs with the governments of a number of Latin American countries as a part of a broader technical assistance program. With the end of the war, with the extension of US technical aid programs of Africa and

Asia, and with the founding of the World Health Organization, major bilateral and multilateral public health programs in developing nations became a part of the world picture. Health workers in cross-cultural settings came to see far sooner than those working within their own cultures, and particularly those involved in clinical medicine, that health and disease are as much social and cultural phenomena as they are biological. They quickly realized that the health needs of developing countries could not be met simply by transplanting the health services of industrialized countries.

The role of anthropologists are very much valid now because they are in a position to explain to health personnel the traditional beliefs and practices in contrast to the Western medical assumptions; how social factors influenced health care decisions; and as to how health and disease are aspects of total cultural patterns, which change only in the context of broader and more comprehensive socio-cultural changes. In early 1950's anthropologists were able to demonstrate the practical utility of their knowledge and research methods to international public health personnel, many of whom welcomed anthropologists with open arms. Anthropology provided insight into why many programs were less successful than had been hoped and, in some instances, anthropologists were able to suggest ways to improve programs. The anthropological approach was acceptable to public health personnel, too, because it did not threaten their profession. They saw it as a safe approach, in that it defined the problems of resistance to change as lying largely with the recipient peoples. Representative studies dealing with the early participation of anthropologists in cross-cultural and international health programs include Adams (1953), Erasmus (1952) Foster(1952 , Jenny and Simmons (1954), Key (1956), Paul (1955) and Saunders (1954).

The historic roots of medical anthropology as described **by Foster (1974)** are traced **to four** rather different sources: (1) the interest of physical anthropologists in topics such as evolution, adaptation, comparative anatomy, racial types, genetics and **serology**, (2) the traditional ethnographic interest in a primitive medicine, including Witchcraft and magic, (3) the culture and personality movement of the late **1930's** and **1940's** with collaboration between psychiatrists and anthropologists, and (4) the international public health movement after World War II.

THEORETICAL DEVELOPMENTS

Rivers was a pioneer in attempting systematically to relate native medicine to other aspects of culture and social organization. His primary contribution to medical anthropology as mentioned earlier, were *Medicine, Magic and Religion* (1924) and portions of *Psychology and Ethnology* (1926) both published after his death. His formal framework was based on two propositions. The first was that medical practices follow, logically from underlying medical beliefs that is that native medical practices ... are not merely disconnected and meaningless customs ... (but rather)... are inspired by definite ideas concerning the causation of disease (1924:51). His second proposition was that native medical practices and beliefs taken together were parts of culture and constituted a "Social institution ... (to be studied in terms of the same). Principles or methods found to be of value in the study of social institutions in general" (1926:61).

Rivers on the basis of his general proposition formulated a set of general statements concerning the nature of primitive medicine. His basic conceptual model consisted of three sets of variables. His dependent

variable has to do with observed behavior, specially the practices of native peoples in coping with disease. His independent variable is the group's attitude towards the world or **"Worldview"**. The derivative variable is the society's beliefs regarding the nature and causes of disease. Rivers further specified his model by defining three types of worldview and associated belief-systems and three corresponding modes of behavior.

Rivers conceptual model

Worldview	Belief about disease	Practices or behavior for treating disease
Magical	Disease is believed due to magical (human) manipulation of forces	Sorcery or counter sorcery
Religious	Disease is believed due to supernatural forces	Appeals to, or propitiation of supernatural forces
Naturalistic	Disease is believed due to natural processes, to cause-effect relations of natural phenomena	Naturalistic treatment of specific illness or injury.

Rivers attempted to relate types of disease related beliefs and behavior to an associated curer role. He sees soccer plays a key role where magic and sorcery predominate; the priest where religious and supernatural explanations rule; and where the emphasis is on empirical techniques, it is the leech (empirical curer). Rivers's scheme is wholly circular - - he defines the type of medical belief-practices on the basis of role-type and role-type on the basis of the prevailing set of disease-related beliefs and practices.

Clements monograph *Primitive concepts of Disease* 1932 is one of the example for "culture-trait" approach. More precisely, its conceptual model is that of an atomistic historical particularism. He classified disease

causation concepts among primitive people into five categories-sorcery, breach of taboo, intrusion of disease object, intrusion by a spirit and soul loss. He then proceeded to carry out two aims (a) charting the worldwide distributions of the separate traits as reported in the literature and on the basis of charted distributions, (b) inferring relative time sequences and routes of spread for each of the several traits. Clements disease-causation theory includes two traits that can be categorized as causes-sorcery and breach of taboo. The remaining three-disease object intrusion, spirit intrusion, and soul loss-are not causes but mechanisms; each is a result or effect attributed to human, supernatural, or other causative action.

Clements study mainly consists of a lengthy tabulation of each of the five etiologic concepts according to the region, tribe, or local group for which one or more of the concepts have been reported. In all about 300 groups were listed, he then presented a series of world maps summarizing the distribution of the separate traits. Clements interpreted the spatial distribution as indicating that some manifestations of sorcery go very far back in time, where as others may be relatively recent, the next oldest is object-intrusion, followed by soul loss, then spirit-intrusion, and most recent, breach of taboo..

Clement (1932) trait distribution data was questioned by Sapir, who pointed out a series of conceptual hazards and methodological cautions charting the spatial distributions of traits and in making temporal inferences from them.

Ackerchnecht (1942-1971) influenced by the British functionalists, conceptualized primitive medicine as culturally patterned and functionally related elements within a configuration. In a series of papers during the 1940s. Ackerchnecht (1942, 1945, 1946) presented his theoretical orientation, expressing it in the form

of five generalizations. There are: (1) The significant unit of study in medical anthropology is not the single **trait** but the total cultural configuration of the society and the place that the medical pattern occupies within that totality. (2) There is not one primitive medicine, but many primitive medicines perhaps as many as there are primitive cultures. (3) The parts of the medical patterns, like those of the entire culture, are functionally interrelated although the degree of functional integration of elements at both levels from one society to another. (4) Primitive medicine is best understood largely in terms of cultural belief and definition, that is without consideration of biologic, epidemiological, environmental or for that matter material culture factors. He poses the question as to the determinants or causes of native medical patterns only to explicitly reject what he calls "...great temptation to explain the casual necessity of things in terms of psycho-biology, environment or material culture..." (1942:574). (5) Finally Ackerchnecht insisted that the varied manifestations of primitive medicine irrespective of their differences and regardless of the acknowledged empirical efficacy of many primitive drugs and curing techniques, all constitute magic medicine. He further held that "...Primitive medicine is primarily magic-religious, utilizing a few rational elements, while modern medicine is predominantly rational and scientific employing a few magic elements...", (1946:467).

Ackerchnecht's orientation represented an explicit effort to integrate the two primary theoretical currents in the social-cultural anthropology of the time. These were American historicism and cultural relativism, especially Benedict's configurational approach and British functionalist. By focusing on the importance of the culture-whole in snapping the society's medical elements, directing attention to the patterning of medical belief and behavior and emphasizing the functional interrelationships among the parts of the medical pattern and between the latter and the total culture, his orientation stimulated the development of medical anthropology of the 1940s and early 1950s.

The applied issues in medical anthropology were highlighted by Paul (1955) in his book *Health, Culture and Community* collection of articles on applied anthropology and public health. Paul's central concern is not to advance basic research or theory but to examine "...the immediate situation where medicine and community meet..." (1955:4). He designs a model which differs from his predecessors, which is oriented around the concept of system. The system constitutes Paul's strategic and integrating conceptual model. Thus a minimal definition of system is as (a) an entity, which is (b) makeup of identifiable parts which are (c) mutually interdependent, such that each part tends to influence and be influenced by other parts, and (d) together the several parts and their interrelationships form the system as a whole. Exemplifying the focus on systems and system-change are two of Paul's integrative and interpretive statements. "The habits and beliefs of people in a given community are not separate items in a series but elements of a cultural system. The elements are not all equally integrated, however some are central to the system, others peripheral. Hence, some cultural elements can be altered or replaced with little effort, others only by applying great force (1955:15)". He again says "one way to learn what a particular organ contributes to the functioning of the whole organic system is to see what happens when that organ is altered or removed. The same method is applied in the study of social systems (1955:325)".

Paul views culture as a system and the medical pattern as one of its subsystems and he also discussed what happen to the system and sub-system when they are disturbed, that is when new health related elements are introduced. Two propositions which are fundamental in Paul's approach are :

(a) the responses at a given socio-cultural (and medical) system to the introduction of new elements are to be explained not solely by the nature of the system nor alone by the nature and mode of introduction of new elements but by the complex interaction of both.

(b) Reciprocal or feed back processes occur, that is the introduction of new health-related elements can be expected to affect the host socio-cultural (and medical) systems, in turn, the latter will also affect (shape or reinterpret) the new elements.

Paul's system - model advocates the medical systems of modern or complex communities to be as appropriate for study as those of traditional groups. His orientation is a dynamic model, that deals with nature and consequences of change.

The importance of ecological aspects besides socio-cultural, was advocated by Alland (1966, 1970) Livingstone(1958), Wiesenfeld (1967), Dann (1968), and Cracken (1971), and others. The ecological orientation is concerned with dimensions of disease, that is how do factors of biology, culture and environmental pressure influence the process or distribution of disease. And also to see what are the socio-cultural, including the cognitive, consequences and concomitants of a given disease in particular groups. The root source of ecological orientation was the scientific revolution in evolutionary biology that erupted along a broad front of biological disciplines during the 1940s and laid the necessary theoretical foundations for dealing with human evolution and adaptation as the complex interaction of cultural and biological factors under given environmental conditions.

Drawing on the synthetic theory of evolution, Allands explained the interrelatedness of culture, biology, environment, and disease in the adoptive process. "In general, the incidence of disease is related to genetic and non-genetic factors. Any change in a behavioral system is likely to have medical consequences, some of which will produce changes in the genetic system. On the other hand, disease-induced changes in the genetic structure can affect the behavioral system. Such effects may be the result of population restructuring or the emergence of new immunological patterns which alter the possibilities for natural alterations in the environmental field and provide new selective pressures relating to health and disease which must be met through a combination of somatic and non-somatic adaptations (1970 : 49-59)". The ecological model conceptualized health disease as measures of the effectiveness with which human groups, combining biological and cultural resources adapt to their environments. The model also views health and disease in their feed back effects on culture, biology and response to environment.

The place of the medical system and the adaptive equation varies evolutionary. Alland (1970) notes that in primitive and technologically simple societies, past and present, their medical theories and specific therapeutic procedures had and have less direct impact on the control of disease than those customs and behaviors outside the medical systems and that whatever may be the rational they serve to minimize disease through positive feed back from the environment.

Livingstone (1958) undertook empirical research in medical anthropology utilizing the ecological approach with primary interests in biological problems and human evolution. His study relates the distribution of the sickle-cell trait in West Africa to factors of cultural and biological evolution and the interplay under given environmental conditions. He attempts to account for the trait's differential frequencies by recourse to the

operation of multiple and interrelated variables - diffusion of new technology and crops, modification of tropical forest habitats, population increase, spread of malarial mosquitoes, and effects of malaria and population and of the sickle cell gene on malaria. Dann (1968) combines limited data with reasoned speculation about morbidity and mortality and relation to the ecology of hunter gathering life and raises significant issues regarding diseases as agents of natural selection and as dependent and independent variables affecting population size and stability.

McCracken's study which relates cultural evolution and cultural practices to the distribution of a biological trait is a provocative example of ecologically framed research on the interrelationships between cultural and biological variables. He attempts to explain differentials in the worldwide distributions of lactose deficiency by testing the hypothesis that distaste for milk is not simply a cultural, but a biocultural trait. He postulated that lactose deficiency was the normal and universal adult condition prior to animal domestication and during the introduction of lactose into adult diets in certain cultures generated selective pressures among the populations concerned favoring the genotype for adult lactose tolerance. Montgomery (1973) provides a detailed summary of recent research on ecological aspects of health and disease in local populations and laid greater emphasis on the study of disease as an environmental factor influencing human development, combining, medical and anthropological approaches in such investigations.

That both the cultural and biological variables are combined together in medical anthropology was brought to light by Aland (1960). He says that given the broad ecological approach 'medical anthropology may serve as a major link between physical and cultural anthropology, particularly in the areas of biological and cultural evolution'. Thus the scope of the ecological model includes societies and populations, the behavior

of human groups and of microbiota, perceptions of the environments and primary environmental features, definitions of disease and disease itself, ethnomedicine and modern medicine.

Benerji (1981) one of the pioneers in the field of social aspects of medicine opines that interaction between certain aspects of the way of life of a community - its culture - and the environment, in the widest sense of the term determines the state of health and disease in a community. The culture of a community determines its health culture - that is cultural meaning of the health problems of the community, and the means the community adopts to deal with them. He further says "it is very unfortunate that the bulk of the social scientists, who have worked in the field of health culture of the rural populations in India, have been over-enthusiastic in discussing the superstitions, health beliefs, and practices of these people, and that they have not paid adequate attention to the powerful social, economic, and political forces which had been instrumental in causing delay and degeneration of their health culture' (Benerji & Voil 1981).

While discussing about alternative system of health services, Benerji proposes that the central premise of an alternative health service system will be to start with the people, instead of fitting people within a predetermined framework of health services. A framework must be designed to form a health service system which is specially tailored to suit the requirements of the people. All the technological elements should be designed to serve the people by ensuring that they are in consonance with the pre-existing health behavior, the pre-existing health institutions, and the health care delivery agencies in the community that they fit in with the social and cultural setting and that they can be implemented with the resources that can be made available for this purpose. In other words, people should be educated not to discard the health measures that they have previously adopted unless a convincing case can be made to show that taking into account

their perception of the problem) it is possible to have an alternative technology which will yield significantly greater benefits in terms of the alleviation of the suffering that is caused by their health problems.

The bulk of medical anthropological research has been based on systems approach and a holistic view of health and disease in the context of cultural systems. As in other anthropological community research, participant observation emphasizing qualitative data has been the most productive, research method. To give a comprehensive understanding of the natives beliefs and practices about health systems a medical anthropologist also takes in to considerations such aspects as the settlement patterns, flora, fauna, geographical features, economy and political systems as well as kinship relations precisely because economy, religion, politics and kinship play significant roles in promoting the natives to choose a particular type of treatment or a health. The impact of economic factors in the cause and perpetuation of a certain type of disease has been clearly brought out by May(1960). May noted that some of the villagers in a village in China were affected by the infestation of hookworm, while others were not.. Here all the people who were affected by hookworm were rice cultivators. People engaged in other occupations were not affected by it. The rice growers worked in mud mixed with night soil. This gave rise to the infection of hookworm because for hookworm the night soil and mud are the breeding sources for hookworm. People who were engaged in silk worm farming were free from this type of infection. Thus disease boundaries and social difference showed close relationship in this case.

The influence of culture on occurrences of disease in ecosystems that include human beings is contingent on a variety of factors with which culturally oriented behaviors are linked. An interesting exploration of the intricacies of such linkages is provided by John Whittings (1964) analysis of the parts that post partum sexual

taboos late weaning may apply in protecting infants against Kwashiorkor. Whitting notes that Kwashiorkor is largely confined to areas of high temperatures, and humidity conditions, conducive to the growing of root and fruit crops low in protein. In societies which depend on such foods, he observed, a lactating mother may help prevent the reduction of the already low protein values of her milk - a reduction that could lead to illness for her nursing child, so long as she avoids another pregnancy. He also points out that the prevention of pregnancy in such societies, without alternative means of contraception generally is accomplished by abstinence from sexual intercourse (Whitting : 1964). In essence, as Whitting sees it, in these circumstances prolonged post partum taboos are cultural practices that could have the effect of reducing the frequency of Kwashiorkor both by prolonging the nursing period and by ensuring that the protein content of the collective mother's milk is not lowered below the danger point. Here cultural practices are seen as prophylactic in an ecological situation produced by the interrelationship of certain cultural, biological, and physical variables.

Anthropologists have also shown that some cultural or ritual practices cause or prevent certain diseases. That illness is caused due to a wrong doing is a belief among some people. The attribution of illness to misconduct is a very early form of social control in the development of human societies (Hallowell). "Obuko" is a disease among the Ganda of East Africa. They believe that this is caused due to violation of certain taboos like not observing the restrictions that food should not be shared between parents-in-law and children-in-law (Bannet and Magalulus - Mukibi 1967).

Frake (1961) in his paper "The Diagnosis of Disease among the Subnum of Mindanao" set out five propositions. 1 People depend on cognitive structures to organize their behavior and make their decisions. The cognitive structure of sickness is implicit in utterances which can be elicited from informants by means

at standardized questions (eg. "what kind of illness is that?). (2) In the case of the Subanum, knowledge of skin diseases is structured by means of a taxonomy. Each term is distinguished from any other term by at least one unshared attribute or by a different degree of specificity (i.e. by horizontal or vertical contrast in a taxonomic hierarchy). (3) Although people may disagree about what name should be given to some actual symptom or set of symptoms, disagreement occurs within the shared taxonomy. (4) Disagreement occurs because taxonomy categories are discontinuous but disease and nature are continuous. Disagreement also results from "social role contingencies" (e.g. a speaker's desire to avoid putting his own symptoms into a stigmatizing pigeonhole), dialect variations, and the proclivities of taxonomic hairsplitters. (5) There are no essential differences between the ways in which people organize sickness and other phenomenological domains such as botany. Thus, Frakes paper is a good example of the formal analysis of ethnographic data, but it belongs to the prehistory of medical anthropology.

Arthur Kleinman (1993) one of the most influential and prolific writers in medical anthropology focuses on semantic illness networks in a comprehensive framework. He rejects the physicalistic reductionism of the biomedical model and replaces it with his own scheme. For him disease refers to abnormalities in the structure and or function of organs or organ systems. Pathological states, whether or not they are culturally recognized are the arena of the biomedical model. Illness refers to a person's perceptions and experiences of certain socially disvalued states including, but not limited to, disease. Sickness is a blanket term to label events involving disease and or illness. According to Kleinman (1993) medical anthropologists need to remember that the realm of sickness, even though the specific contrast will be many with regards to illness.

Kleinman's interest in medical beliefs and practices is essentially clinical; for him this means concentrating on what he calls the "core clinical functions", i.e. how systems of medical knowledge and practice enable people to (a) construct illness as a psychosocial experience, (b) establish general criteria suitable for guiding the health care seeking process and assessing the potential efficacy of different treatment approaches, (c) providing healing activities (therapeutic intervention, supportive care) and (e) managing the rapentic outcomes (Kleinman 1993; 71-722).

Arthur Kleinman does not discuss the term "healing" in detail; he uses it as a process by which (a) disease and certain other worrisome circumstances are made into illness (a cultural construction and therefore meaningful), and (b), the sufferer gains a degree of satisfaction through the reduction, or even elimination, of the psychological, sensory, and experiential oppressiveness engendered by his medical circumstances. Kleinman's conception distinguishes healing from curing in a way which parallels the difference between illness and disease. But it is important to recognize that he is distinguishing between culture and nature, not between mind and body. In Kleinman's work, healing is not a mental activity, although it is bound to the feelings, perceptions, and experiences of the individual. For example, pharmacodynamic intervention and its effects on the body are part of the healing process even when they are also part of the curing process, i.e. the process affecting pathologic organic states.

Hence, Kleinman develops a concept called "explanatory models of illness", which is a set of beliefs which contain any or all of five issues, etiology, onset of symptoms, pathophysiology, causes of sickness severity and type of sick role, and treatment. His explanatory model implies that cultures provide people with ways of thinking that are simultaneously modes of and modes for reality.

While talking about medical knowledge Allan Young outlines a scheme for identifying the different kinds of medical knowledge, that appear in people's statements. The scheme describes, (1) theoretical knowledge, which organizes discrete events, experiences, etc. into classes (e.g. this is a case of influenza), (2) knowledge rendered existential coherent with the thinker's previous experiences, his assumptions about human nature, man's fate, etc., (3) knowledge which the speaker has transformed in order to make it intelligible to other people, and (4) Knowledge he has produced by negotiating meaning with other people.

From the theoretical orientations of medical anthropology can be seen the kinds of activities in which medical anthropologists engage, and the many perspectives and foci of concern. Conceptually, these may be merged along a continuum, marked by a biological pole on the one hand and a socio-cultural pole on the other. Toward the biological pole we find those anthropologists whose dominant interests include human growth and development, the role of disease in human evolution, and paleopathology. Anthropology, with these interests, finds much common ground with genetics, anatomists, serologists, biochemists, and the like. Toward the socio-cultural pole we find those anthropologists whose dominant interests include traditional medical systems (ethnomedicine), medical personnel and their professional preparation, illness behavior, the doctor-patient relationship, and the dynamics of the introduction of western medical services into traditional societies. Medical anthropologists with these concerns find overlapping interests with medical sociologists, medical educators, nurses, public health specialists in health education and administration. Midway along the continuum, and looking in both the directions, we find those anthropologists interested in epidemiology and cultural ecology. They share interests with almost any of the above, but their relationships are especially close with medical epidemiologists, ecologists and the emerging group known as medical geographers. Medical anthropology should not be thought of as two loosely joined fields the biological and the socio-

cultural, because at various problems of both require the intrusion of data and theory from the other. Mental illness cannot be studied solely in terms either of physiological and biochemical factors, or as a psycho-socio-cultural phenomenon stemming from stress; both kinds of data are essential for a clear comprehension of what is involved.

1.3 Medical systems

In learning to treat disease, man as a cultural being, has over time developed social institutions, etiological theories, and therapeutic techniques to cope with the social and other dislocations occasioned by illness-induced disability such as: biological adaptive strategies, that underline human evolution; socio-cultural adaptive strategies, that bring into being medical systems; and the culturally based behavior and belief forms that arise in response to the threats posed by disease. The nature of a medical system is apparent from Dunn's (1976:135) definition: "the pattern of social institutions and cultural traditions that evolve from deliberate behavior to enhance health, whether or not the outcome of particular items of behavior is ill health".

Medical systems are both social and cultural systems. A theoretical model of medicine as a cultural system, should specify what that system is and how it functions. It should provide a method for describing individual systems and for making cross cultural comparisons between different medical systems. It also produces a more systematic analysis of the input of culture on sickness and healing than is possible without such a framework. Yet the medical systems of all groups, however simple some may be, can be broken into at least two major categories according to Foster 1979: 1 "a disease theory system" and 2 a "health care" system. A disease theory system embraces beliefs about the nature of health, the cause of illness and the remedies

and other curing techniques used by doctors. Disease theory system deals with casualty, the explanations given by people to account for loss of health, explanations such as breach of taboo, theft of the soul, and upset in the hot-cold balance in the body, or the failure of a human organism's immunological defenses against pathogenic agents such as germs and viruses. A disease theory system is thus an ideational conceptual system, an intellectual construct, a part of the cognitive orientation of the members of the group. It deals with classification, explanation and cause and effect.

A health care system is a social institution that involves the interaction of a number of people, minimally the patient and the curer. The manifest function of a health care system is to mobilize the resources of the patient, his family, and his society to bring them to bear on his problem. A health care system obviously reflects the logical and philosophical characteristic of the disease causality system with which it is linked, in that the latter dictates many of the decisions that are made and the actions taken by the participants in the sick room drama. Each of these disease theory and health care systems fulfill functions beyond their joint role in care for the sick.

Although the medical practices and beliefs of different societies differ, but they have some commoners especially have to do with roles and their obligations, there are always, at a minimum, patients and curers). One of the universals in medical systems is that they are integral parts of cultures. The major institutions of every culture are related to each other and fulfill specific functions in relation to each other. Each institution is essential to the normal functioning of the culture in which it is found and each, in turn, draws on the others for its own continued existence. Medical institutions are no exception. Disease beliefs in many societies are so intimately related to magic and religion that it is impossible to separate them. In short, medical systems

cannot be understood solely in terms of themselves; only when they are seen as parts of total cultural patterns can they be fully appreciated. Medical systems are parts of cultures at a more abstract level. Pellegrino writes that "medicine is an exquisitely sensitive indicator of the dominant cultural characteristics of any era, for man's behavior before the threats and realities of illness is necessarily rooted in the conception he has constructed of himself and his universe. Every culture has developed a system of medicine which bears an indissoluble and reciprocal relationship to the prevailing world view. The medical behavior of individuals and groups is incomprehensible apart from general cultural history". (Pellegrino 1963:10).

Illness is culturally defined in all the societies; it is another universal found in medical system. From a cultural point of view, illness is quite a different thing. It is the social recognition that a person is unable to fulfill his normal roles adequately and that something must be done about the situation. At this juncture it needs to distinguish between disease, a pathological concept, and illness a cultural concept. Human diseases become socially significant only when they are identified as illness, a physiological malfunctioning that is seen to threaten the individual and his society. Societies define illness in different fashions and symptoms that are accepted as evidence of illness in one society may be ignored in the other. Definitions within the same society may also change overtime.

All medical systems have both preventive and curative sides. Simple societies do not recognize the division between preventive (public health) and curative (clinical) medicine. In so far as preventive medicine is based on egalitarian foundations most non-western countries lack the institution of public health. In most non-western societies preventive medicine consists of personal acts rather than legal functions. People believe that illness is sent by angry gods or resentful ancestors. The obvious procedure to prevent it is confession or even

better, the meticulous observations of social taboos and the careful execution of rites and ceremonies owed to the gods and the ancestors.

Medical systems have multiple functions. Like other complex cultural systems within a society, medical systems fulfill a number of functions essential to the well-being of the culture of which they are a part. Functions which often are not recognized by members of the group themselves, are adaptive in the sense they, in some way, promote the well-being of the group. Medical systems are rich and complex organizations that serve many roles and goals. Ostensibly concerned only with the problems of disease and illness, they in fact reflect the fundamental patterns and values of the cultures of which they are a part. Only when viewed in the broad context of a total socio-cultural milieu can the health behavior of the members of any group be fully understood.

1.4 Epidemiology

The study of epidemiology is of great importance in the medical anthropology because, it deals with the distribution in space and the prevalence or incidence of disease as influenced by natural and man-made environments and by human behavior. Epidemiology is essentially devoted to selective distributions of disease and their meanings (Francis 1959). Epidemiological units of investigations are populations and samples of populations. Samples of population, rather than clinical samples which have close relationship to ecology and social and cultural factors, may help in determining the etiology and distribution through the influence on the relationship between a human population and its natural environment, or through the influence on the health of the population. Social and cultural distinctions associated with differences in age, sex, occupations, class, ethnicity and community can have significant effects on epidemiological phenomena.

Age differences have certain significant effects on the health status of the people. The incidence of numerous acute infections is highest in childhood indicating that as people grow older they develop immunities that decrease their vulnerability to these disease (Francis 1959). Obviously these epidemiological patterns reflect biological variations in vulnerability to sickness and death associated with age differences, but the patterns are also subject to social and cultural influences, as exemplified by significant group contrasts in infant mortality rates (Anderson 1958), depending on such factors as nutrition, sanitation, and medical care.

Sex difference is also related to the incidence of certain diseases. Male and female role distinctions in certain cultures can influence differences in the development of illness as well, particularly if the culture emphasizes such role distinctions. Read (1966) points out that osteo-malacia, a disease characterized by softening of the bones and caused by a lack of sunshine, or a deficiency of vitamin D in the diet, occurs with greater frequency in the parts of the world where sunshine is abundant. Speaking of the Bedouin area of N'ger, she says "these Bedouine live in black tents made of goat hair. Men, youth, and children go freely but married women spend most of their lives in tents, wearing a white shawl indoors, but outside heavy black cloth completely covering head and body, leaving a merest slit for the eyes'. The diet of the Bedouins is poor in vitamins A and D and in calcium, and osteomalacia is mainly found" among child bearing women, who are sometimes immobilized by their pains, need a cane for support in walking and can not mount or ride a donkey".

The disease of "Kuru" as described by the virologist - anthropologist Carleton Gajdusek (1963) is found most y among the women folk of the South Fore of the eastern highlands of New Guinea. A striking feature of the cultural pattern is marked separation between the lives of men and woman. In the mid - 1950s South

Fore women, like the women in neighboring tribes, practiced ritual cannibalism, eating the bodies, and especially the brains, of their deceased kinswomen. This custom, and especially the brains, of their deceased kinswomen borrowed from neighboring tribes, was soon ritualized as a part of the mourning ceremonies. Surviving women relatives, were expected to cook and eat the brains of their deceased kin woman, with left over going to children of both sexes. But since the brains often were not thoroughly cooked, the virus present in the woman who died of a victim of Kuru was transmitted to her female kin and to children and the family. Indications are that biological factors play a large part in sexual differences in mortality with females having longer life expectancy.

Occupational differences and their relation to disease have been an important part of the epidemiological literature since the nineteenth century, when studies of social aspects of pathology indicated that susceptibility to disease varied in accordance with means of gaining a livelihood. Workers in asbestos industries run high risks with respect to pulmonary asbestosis and lung cancer. Snows (1936) study on the occurrence of cholera in the Broad Street Pump in London in 1854 is one of the examples of how cholera was high among workers in a percussion cap factory where water from the broad street pump was drunk. Examples showing that occupations of certain kinds generate social and psychological stress, which in turn result in the occurrence of coronary heart disease are found in the literature. Severe occupational stress among tax accountants are shown to be associated with increases in both serum cholesterol and blood clotting time (Friedman, Rosenman, and Carroll 1958; Friedman and Roseman 1959).

Status and ethnic differences associated with disease prevalence and etiology forms a substantial part of epidemiological research. It can be observed significantly in nutritional maladies and in certain infectious-

diseases it is the material conditions of life which the whole spread of disease. According to the study of Lieban, the number of deaths per million population during an outbreak of plague in India, reflect caste differences, in combination with ethnic differences : low caste Hindus (53.7%), Brahmins (20.7%), Muslims (13.7%), Eurasians (6.1%), Jews (5.2%), Parses (4.6%), Europeans (0.8%) (Lieban 1977:19). Differences in disease rates of ethnic groups have been noted by epidemiologists and anthropologists. Various forms of cancer have been investigated in this light Quisenberry (1960) found the highest frequency of cancer of the stomach among the Japanese, primary cancer of liver among Filipino men, cancer of the breast among white women, cancer of intestines among whites, cancer of nasopharynx among Chinese, and cancer of the uterine cervix among Hawaiian women. Etiological explanations of prevalence of such differences are still mostly speculative. Disease rates for cancer of the cervix are a case in point. They are especially low for Jewish women, and this seems to be uniform in various areas of the world. The rates are also low among Moslem and Parse women. Male circumcision is practiced by all these peoples, and much attention has been given to this factor in attempts to account for the low prevalence of the disease among women of these groups. Graham (1963) points out that when hygiene is poor, uncircumcised males may introduce a substance, smegma and since smegma has been found to be carcinogenic to the cervix of mice, the possible relationship between circumcision, smegma, and prevalence rates for cancer of the human cervix have attracted epidemiological interest.

Community differences and associated disease frequency is another focus of interest in epidemiological study. Socio correlates of rural-urban distinctions and the implications for health have been significant problems for investigation. Scotch (1960, 1963) found that when rural and urban Zulu were compared high

blood pressure was found to occur more frequently among urbanites, regardless of sex or age. Scotch observes that urban Zulu are subject to greater frequency and security of social stress than rural Zulu, and he sees this stress as an important factor in the difference in rates of hyper-tension between the two populations. He points out that while acculturation proceeds slowly in the countryside, a considerable breakdown of traditional Zulu culture occurred in the city; yet "acculturation to European modes of life is blocked except for piecemeal adoptions of simpler European technologies" (Scotch 1960). Scotch's analysis is consistent with the view of Carsel, Patrick, and Jerking (1960) that a culture adapted to rural life may increase rather than decrease stress in an urban situation because of the incongruity between the culture of the migrant and the social situation in which he lives.

In contrast to sociologists, anthropologists have been more interested in the epidemiological characteristics of the diseases of non-western peoples including often the so-called "culture-specific" syndromes such as arctic hysteria, amok, cannabis or ganja psychoses (e.g. Rubin and Comitas 1976), Koro, latah, Windigo, and the like. Anthropologists have also been greatly interested in what may be called the "epidemiology of development". For instance the increased incidences of "river blindness", which often follow in the wake of man-made lakes, and the spread of bilharziasis (or schistosomiasis) as the consequence of irrigation schemes, are illustrative of the kinds of epidemiological problems studied by anthropologists in developing countries. Hence epidemiology's goal oriented in that its primary purpose is to raise levels of health and to reduce the incidence of all health threats. In its history, it had notable successes. Goiter, for example, when determined early to be the result of a dietary deficiency of iodine can be easily remedied by iodized commercial salt. The practical end of epidemiological studies is evidenced by the fact that it is the scientific base for a large part of the profession of public health.

Medical aspects of social systems

The belief that illness is a punishment for wrong doing is widespread in human society. This is considered to be one of the early forms of social control and in Paul's (1963) view perhaps the most important indigenous concepts of etiology to provide sanction and support for moral and social system. Where illness is a sanction, etiology is a stringent guide to social expectations. Recourse to the risk of illness as a sanction seems to carry with it certain implications about the availability of differences of other means of social control in a society. Studies provide evidence that the relative prevalence of attributions of illness to magical attacks is an indicator of a society's capacity to avoid disputes and settle them when they arise through legitimate authority. When illness is interpreted as a sanction, medical diagnosis is frequently also a diagnosis of the relationship for attacks against them. And if restoration of health is believed to be contingent on removing the ultimate cause of the illness, medical therapy can consist of social repair, (Lieban:1977).

Talcott person (1958) has devised an approach to illness as a form of deviance and to reactions of society to the sick person, and directed his attention to the "sick role". He saw the concept of sick role, defined by the following characteristics: (1) the incapacity is interpreted as involuntary, the patient is not held responsible for his condition; (2) the incapacity is regarded as a legitimate basis for exempting the sick individual from normal role obligations; (3) this waiving of obligation is conditional depends on recognition by the sick person that to be ill is undesirable and that he has an obligation to try to get well; and 4) the sick person and those responsible for his welfare have an obligation to seek competent assistance principally the assistance of a physician. Socio economic factors can have an important influence on readiness and opportunity to play the sick role as persons defines it. Hence the health of populations is one significant test

of the effectiveness with which a society functions.

1.5 Ethnomedicine

The study of ethnomedicine is one of the sub-division of medical anthropology. The domain of ethnomedicine is "those beliefs and practices relating to disease which are the products of indigenous cultural development and are not explicitly derived from the conceptual frame work of ethnomedicine' (Hughes 1968:99). It is the lineal descendant of the early interest of anthropologists in non-western medical systems. It is also referred to in the literature as "folk medicine", "popular medicine, Popular health culture", "ethnoiatry" (Scarpa 1967), and "ethnoiatrics" (Huard 1969). Ethnomedicine, the contemporary term for the vast body of knowledge that has resulted from the curiosity and the research methods used in adding to it, is of interest to anthropologists for both theoretical and practical reasons. On a theoretical level, medical beliefs and practices constitute a major element in every culture. Consequently, they are interesting in their own right and also for the insights they give into other aspects of the culture of which they are part. On a practical level, a knowledge of indigenous medical beliefs and practices is important in planning health programs for and in delivering health services, to traditional peoples.

Disease classification is one of important area of study in ethnomedicine. Modern medicine classifies diseases in terms of a single taxonomy of universal categories. Hence from the stand point of this taxonomic system a recognized disease retains its identity wherever it occurs regardless of the cultural context. Whereas the disease classifications of indigenous medical systems tend to be confined within cultural

boundaries, in ethnomedicine, there is often a marked variation in disease entities recognized from culture to culture. Foster proposes disease classification into two categories, one is personalistic, and the other naturalistic. Personalistic system illness is believed to be caused by the active, purposeful intervention of a sensate agent who may be a supernatural being like a deity or a god, a non-human being such as a ghost, ancestor, or evil spirit of a human being such as a witch or sorcerer. In naturalistic medical system, illness is explained in impersonal, systematic terms, which Seijas calls "supernatural" and non supernatural categories, and which are close to Foster's mode of classification.

In ethnomedicine the study of disease classification has an important place. Anthropologists take into consideration the natives point of view adopting the "emic" approach to know how and by what criteria the people classify the diseases. Modern medicine classifies diseases in terms of a single taxonomy of universal categories, wherein disease retains its identity wherever it occurs, regardless of the cultural content. Whereas, the classification of disease in indigenous medical systems is directly related to their culture and ecological systems in which they service. So indigenous classification of diseases changes from culture to culture. What is illness in one culture is not considered as illness at all in another culture. Each culture has its own therapy which includes magic-religious, mechanical and chemical procedures. These procedures comprise an impressive series of practices that demonstrate empirical therapeutic knowledge, including trephining, bone setting, removal of ovaries, obstetrics, including cesarean section, leparotomy, uru-ectomy, comparative anatomy, autopsy, cautery, inoculation, baths, poultices, inhalations, laxatives, enemas, ointments, and cupping. Ackerknecht 1942, Simmons 1955, Laughlin 1963 and Huard 1969

The pharmacopoeia of ethnomedicine is copious and includes such proven drugs as quinine, opium, **coca**, cinchona, copaiba, curare, **chaulmoogra**, oil, ephedrine, and ranworfia Ueban: **(1977:21)**¹. Even when a mechanical or a chemical therapy is employed, magic-religious elements may form an essential part of the prescription. The treatment may be regarded as incomplete without attention to mystical factors involved in the etiology of the illness. Many prophylactic practices are widely prevalent in various indigenous medical systems. These include both mechanical and magic-religious measures such as bathing, massage and rapid re-warming to prevent hypothermia, dietary restrictions, surgery, inoculation, incantations, amulets and prayers at shrines (Langhtin 1963 and nushes 1963).

When illness occurs, it may be ignored or treated without the help of a specialist. If treatment is sought from medical practitioner various types of specialists may be available, in particular culture including herbalist's, diviners, shamans, midwives and masseurs. Therapists may specialize in only one type of skill or calling or they may combine several in their practice (Nurge 1958, Lieban 1962; Polgar 1962 and Madan 1969). Qualifications for indigenous medical roles vary considerably. In some cases, no formal training may be required for practitioners; in others, a long apprenticeship may be customary. Some curers acquire the healing techniques only as a gift of supernatural powers (Metzer and Williams 1963 and Madam 1969).

Indian medical system is one of the oldest and richest system in the world. This system existed with professional healers in India for several centuries before and after 2000 B.C. which is along with many other features of Indian life existed. That apart, a few lines on definite nature of medicine are to be found in the earliest literature of India in the Rigveda the data of which may mostly be referred to the later part of the 2nd millennium B.C. is a reference to **Bhishaj Vaidya**. During this period, disease was believed to be mostly

due to the wrath of gods and effect of evil spirits, and healing was followed by prayers. Several hymns and often aided by the administration of herbal remedies and other treatments, and they cured some diseases like blindness, lameness and even leprosy. In the late 5th and 6th centuries before Christ, the traditional Indian medical system formed and reference can be found in the Hindu texts. During this period, there was a strict system of socio-religious taboos followed by controlling the contacts and dieting habits of the people. In course of time the science of medicine, known as Ayurveda, was formed and a line of sages were believed to have carried the original line of the Ayurveda in various recessions, down to historical times. In the later stage Charaka and Susruta contributed a great deal to popularize the Ayurveda in India by bringing Sanskrit medical manuals namely, the Charaka Samhita and Susruta Samhita, respectively. The concept of medicine was a means of preserving health rather than curing disease. It is significant that the purpose of medicine was to prolong life.

Pharmacopoeia of the Vaidya was very large and Susruta alone mentioned over 700 medical Herb's. As regards to the development of surgery in Indian medical profession, there are good number of legendary, and according to those the best Indian surgeons could perform internal surgery for the removal of calculi from the bladder, the replacement of bowels exposed as a result of wound, stitching the stomach wall and cesarean section in the case of mothers who died before giving birth and they were brilliant in external operation.

Traditional medicine simply what is called in India as the "indigenous systems of medicine" - the Ayurvedic the Siddha and the Unani systems of medicine and the folk medical practices of various regions of the country. The term modern medicine simply the medical system which was mainly developed within

the industrialized countries. Unity of man and nature was the fundamental postulate of ancient Indian medicine, which is clearly implicit in the sacred books.

Objectives of study

- a. To understand the Lambadas particular culturally determined set of ideas through which they interpret instances of disease and illness, and which guides their responses to it.
- b. To understand the ways in which human behavior effects the maintenance of health and the occurrence and control of disease, and how in turn it is affected by it.
- c. To study their mechanical and magic-religious diagnosis and treatment processes and how do they perceive these practices and its efficacy.
- d. Finally to understand the role and status of healers, their recruitment, efficacy of their treatment procedures and also psycho-somatic aspect of healing.

Chapter - II

VILLAGE AND THE PEOPLE

2.1 History and layout

Ambodh Tanda (hamlet) (15° 30' and 16° N : 79° and 80° E) is one of the Lambada settlements in the Loyapallie Revenue Village of Manchal mandal, situated in the north-eastern region of Ibrahimpatanam taluk, in the Ranga Reddy district of Andhra Pradesh. It lies at the foothills of Rachakonda hills extension range, encircled by Loyapallie village in the north, and Manchal mandal in the west. This village has an area of 212.13 hectares and is located adjacent to the stream called Ambodh vagu.

According to aged informants this settlement has a two hundred year old history and came into existence during the British rule in India. It is claimed that it was earlier a dense forest, and that its original name was Jhandapeer Tanda because there is a temple of their god called Jhandapeer adjacent to this village. This forest is the short cut route to go to Hyderabad from Devarakonda for the traders and they used to stay at this Jhandapeer temple to take his blessings. These traders were the Lambadas who were salt sellers. They used to pass through this terrain and it was convenient for them to camp at the stream which flows near it. These Lambada traders considered this place as comfortable for them to have settlement; as such it was gifted to them by the Zamindar of Agapale. According to its inhabitants these early Lambada settlers cut down the forest for selling firewood besides trading the salt. This settlement in due course came to be called as Ambodh Tanda by outsiders since among the inhabitants of this village the Ambodh canals

dominant (Table 3). According to the Lambadas of this village the first settlers were **Ambodh Ramu, Ambodh Puliya** and Ambodh Pantu and in memory of these first settlers, many of the Lambda's even today have these names in their families.

Clan

The Lambda's have seven **exogamous** groups (gotra): called Ambodh, **Ramavat, Ratle**, Korra, Nenavath, Jhatroth and Sabavat. They say that Ambodh is the oldest division considered to be superior to other divisions.

2.2 Climate

The climate of the village is that of the district itself and is characterized by hot and moist summer and mild and dry winters. The three seasons the rainy, the winter and the summer are well marked off and these commence in the middle of June, October and March respectively. The months of October and March may rather be regarded as transitional periods during which a shift from rainy to winter and winter to summer respectively takes place gradually.

(a) Temperature : During winter the climate is pleasant. The days are less bright and sun is not hot. In the summer season the village is excessively hot, but nights are quite cooler here than in city. As most of the houses in the village are kachcha (mud-masonry), they are cooler in the day than pucca brick & cement made houses.

During the period between April and June the heat is aggravated by hot winds and clouds of dust. If the wind is from the west it is known as paschima (westerly wind) and if it is from the east, it is called thurupu (easterly wind). While the former is hot and dry, the latter is comparatively cold and contains some moisture.

(b) Rainfall : The rainy season starts sometimes in the latter half of June, seldom earlier. Rain is sometime continuous for four to five days. July and August have the largest number of rainy days.

As a rule the weather remains fine and clear with practically cloudy skies in the winter season. Early in January the first rains of the cold weather occurs. These rainfall occur three or four times in January and February, but are light and extremely beneficial to rabi crops. About 90 percent of the annual rainfall occurs during the monsoon months, June to September. The rainy months are July and August, each contributing about 30 percent of the total annual rainfall.

2.3 Description of Ambodh Tanda

Ambodh Tanda is a nucleated type of village in which houses are packed together in a small area all the fields being outside the village and not interspersed with the habitation.

There are four main streets through which one can enter into the Tanda from any side. In between there are lanes and bylanes on both sides. Houses are built in regular rows mostly adjacent to each other on both the sides of the street. There is a school and a small shop in front on the main road of the village.

The number of houses in Ambodh Tanda were 187 in total. Houses in the village are built mostly by the occupants themselves because this reduces the cost of building. Most of the houses are kaccha, and semi-kaccha and there are about 50 pacca constructions built by the Government of Andhra Pradesh under the weaker section housing construction program. The kaccha houses are wattle and daub with the roofs covered by palm leaves. Whereas in semi-kaccha houses the roofs are same but the walls are made of mud. The pacca houses have roofs covered by asbestos sheets, with walls constructed by baked bricks and cement mortar.

The area of kaccha and semi pacca houses varies from 20.9 to 41.8 sq. meters and in pacca plots it is 29.26 sq. yards to 62.7 sq. meters. Houses have no compound walls. All these houses including the pacca ones are without proper ventilation and lack civic amenities. All the brothers build the huts close together. One can see a number of small huts near by the big huts, and the former are the dwelling places of the'r married sons. Adjacent to their houses they have stockades made of bamboo for the'r livestock.

Ambodh Tanda is located 45 km away from the state hghway. It s connected to the Sagar road by half kaccha and ha f metal road. Every day three buses ply between Loyapal e and lbrah mpatnam v a Ambodh Tanda. Travel by foot and by bul ockcart s an age old pract ce for the nhab tants of Ambodh Tanda Th s v llage has one school, upto 5th c ass; one dr nk ng water bore we ; one Anganwad center of Integrated Ch d Deve opment Program (CDP) and three e ectric transformers The post office s s tuated n Loyapa which is 2 km and the po ce stat on s at Mancha wh ch s of 20 km

2.3 Population Composition

The total population of Ambodh Tanda is 1126 (Table 1), out of which 573 are males and rest 553 females. It is observed that females are almost equivalent to males. The sex ratio is 96 females per 100 males, i.e. women form 49.11 % of the total population. Especially in the age groups of 11-20 and 21-30, females are in majority. The children upto the age group of 10 years form the largest group and those who are of 31 from the smallest. There is a decline in the number of persons from the lower age group to the upper age group, with increase in age. The size of the house hold is 6.74. The predominance of young population reveals the great potential for fast growth. At present there is a school bulding in the village, which is yet to be inaugurated and all the children has to walk down to 2 km in Loyapallie to attend the school.

2.4 Family type and size

Out of the hundred and eighty seven families studied in Ambodh Tanda, one hundred and seven are joint families and eighty are nuclear families. This shows that majority of the families are joint families in nature. The Lambada joint family is composed of parents, the married sons and their wives and children and unmarried children and dependent father or mother. Whereas nuclear families consists of parents and their unmarried children.

Small families consist of three members or less, and the larger ones consist of eight to ten members Table 2 . Majority of the households have five to seven members

Lambada families are patriarchal in nature where father is the head and his authority is respected. They are patrilineal i.e. descent is traced through male line. Property is equally shared among sons. A woman can give ornaments and clothes or any other personal belongings usually to **all** daughters or anyone whom she likes more. As they are **patrilocal** the woman goes and stays with her husband's family. After **marriage**, they are considered as belonging to the husband's clan. (Census of India, monograph series 1961).

Lambadas of **Ambodh Tanda** are also patriarchal, patrilineal and patrilocal. **Girls** until marriage belong to father's clan, but after marriage they belong to the husband's clan. Property is shared among the sons. In case they have only daughters, it is shared among the daughters. The property is mainly in terms of the land and cattle. Gold and silver ornaments are shared among the daughters. Daughters do not get any share in the land and cattle. As they are patrilocal, the wife goes and stays with her husband's family after marriage. But there are good number of neolocal families where the husband and wife live separately from parental families. Among the Lambadas of **Ambodh Tanda** joint families are popular, though but there are also nuclear families. In the joint families, the jointness is maintained by living in the same compound but in separate rooms and they cook their food in a common kitchen. The Lambada women contribute much to the family by engaging themselves in various activities --cooking, washing clothes, cleaning utensils, fetching water, carrying food to the men working in the fields, at the time of sowing, weeding and harvesting.

Family is a unit in which the adult members are the decision makers. Heads of households are usually decision makers. The decision making in some households are **unilateral** i.e. by one sex either husband or wife. Among others it is joint or consultative i.e. that both husband and wife take equal role or consult each other in matters regarding agricultural activities, marketing, schooling and marriages of the children. It is

the husband who takes decisions in majority of cases. In matters of household budget, storing of produce, purchase of clothes, ornaments and household activities, the wife plays a major role. Entertainment in majority of the cases, is decided by both. In the matters of household budget and purchase of household articles, sometimes in-laws take a major role.

Woman plays several roles in the family life. Before marriage the girls help their mothers in household activities apart from agricultural operations and pursuing education. Some of them do needle work, while others look after the young children when the mother goes out for work. After marriage, if it is a joint family she has to play a submissive role, as the in-laws play a major role. She has to consult them on every matter. But in the nuclear families, the woman herself has to look after the all household matters.

2.5 Life Cycle Ceremonies

Birth

In traditional setting if the child is male, there will be beating of drums in the house, thereby the whole Tanda comes to know of the male birth in the family. The elderly women of the Tanda celebrate this by singing folk songs to express the joy. On the third day of the birth of the child, the elderly members of the family break coconuts in the name of ancestors, praying for strength and speedy recovery of the women who gave birth. The Lambadas believe that the woman who gave birth to a child is considered purified only after the coconut breaking ceremony and then only she is allowed to perform her domestic activities. At the time of this ceremony important women of the Tanda are invited. Children also take part at the end of which some elderly women offer prayers to the mother goddess to bless the mother with a male child next time and not

with another girl. (All India Banjara Study Team, 1967). The following day of the child birth both the mother and child are given a bath and on the 21st day, cradle ceremony is performed by Lambadas of Ambodh Tanda and near relatives are invited for it

Among the Lambadas of Ambodh Tanda the following are the practices at the time of the child birth

Naming

The names of the lambadas indicate the sex to which they belong. They have suffix Bai for women and Na'k for men (e.g., Champlibai, Salibai, Madhunaik, Panthnaik). Such suffixes are mainly due to Rajput influence.

No ceremony connected with naming of the child is practiced among the Lambadas of Ambodh Tanda. Name is given by father or grand father or some elders in their clan group. Besides this some nick names, which parents start calling the child will become permanent.

Puberty

Puberty signifies that the girl has come of age. In the Ambodh Tanda the girls segregated for five days and given bath on the sixth day. A ceremony is associated with it. All the clan members as well as maternal kin are called and food and liquor is served to every one. The monthly periods are not observed strictly. They are allowed to move freely in the house and cook and serve the food. They are abstained from agricultural operations and going to temples and offering prayers. After puberty there is change in the dress patterns of girls. They wear anga and blouse and other dress like ha' saris

Marriage

Marriage is one of the big ceremonies practiced by the Lambadas, in their **Tanda**. Even after living along with other communities years together, they do not have any marital alliances with them. They are rigid with regard to marital alliances. Marriages by elopement or force are not uncommon among Lambadas. But there are a few instances of love marriages. Though they are endogamous they observe clan exogamy i.e., members of a particular clan do not marry within their own clan.

2.6 Preferences of marriage

The preferences for marriage are said to be in the following order: at first close relatives (cross-cousins) then distant relatives, thirdly known families. Generally marriage alliances are settled among the residents of the Tanda itself. If it is not so, the alliances from neighboring villages are preferred. Beside these preferences, qualities of both the bride and the groom are looked for. The qualities looked for in a groom are his capacity to work, his nature and behavior and economic status; and in a bride are physical appearance, economic status and her capacity of cooking and doing household activities. Besides these, both sides enquire about the nature and behavior of bride as well as groom.

2.7 Age at marriage

In Ambodh Tanda girls get married between the age of 12 to 16 and boys between the age of fourteen to twenty. Though the marriage are arranged by parents the formal consent of boy and girl is taken into consideration.

Nomadic Lambadas use to celebrate **marriages** during rainy season. As they can do little work or do not travel and can spend their time on marriage celebrations that go on for days together along with feasting and dancing and the marriages are solemnized during nights. But in Ambodh **Tanda**, marriages are performed during day time, at an hour fixed by the Brahmin **priest**. These Lambadas started performing marriages in the post agricultural season, when they get enough time unlike the nomadic Lambadas.

In Ambodh Tanda marriages are performed especially in the months of April to June unlike nomadic Lambadas. Marriage by negotiations is a popular mode, whether in traditional or in urban settings. Traditionally, a bride is chosen by the groom with the knowledge and consent of the Tanda nayak. But in Ambodh Tanda if the boy's party come to know about a particular girl or of any suitable match, the elder members of the concerned family go to the girl's house and know more about the bride's family and physical appearance of the bride. On confirmation of a marriage known as 'sagar'(engagement), as per the Lambada tradition, one rupee is given to the Nayak of the bride's Tanda to indicate final settlement. In Ambodh Tanda, on the other hand, when all matters are finalized, there will be an engagement or betrothal as in the case of caste people. Both the parties exchange fruits and flowers and dawat (feast) is given by the bride's party to the groom's party and marriage payments are decided on that day. In consultation with Brahmin priest, date for marriage is also fixed.

2.8 Marriage payments

Payment of bride-price is very much common among Lambadas in traditional setting. It is paid in terms of cattle or cash and is fixed by Tanda Nayak. Among the Lambadas of Ambodh Tanda too the bride-price is

a common practice. A Tanda is a multi-clan settlement and marriage alliances as between two clans are governed by bride-price. The boy's family has to pay bride price in cash and give two sheep to the bride's family to obtain the bride. This marriage payment is fixed in a clan meeting: so it is a community affair rather than a family affair.

Apart from the above payments, there will be exchange of articles between the two families on the day of marriage. Bride's parents give a silver ring and a wrist watch to the groom and the groom's parents give silver ornaments, sarees and half tula of gold (tal') to the bride. On the day of marriage, the groom wears white dhoti and kurta (chaddar), and the traditional pagadi 'turban' is a must. The bride wears the traditional colorful Lambada dress with a number of bangles and silver ornaments.

2.9 Marriage celebrations

On the day of marriage in Ambodh Tanda a pandal is erected in front of the bride's house, where the wedding takes place. The pandal is made of coconut poles, decorated with flowers and lights. On the day of marriage turmeric paste is applied and Harat is given to the groom before he takes bath. The same thing takes place in the bride's house also. The first ceremony connected to marriage takes place in the groom's house. During the ceremony saditanen, marriage initiation a song called Vadao, which means blessing and advice to the groom, is sung. The worship of the family deity or kula devata is performed the groom's party starts for the wedding along with the band.

In the traditional settings, there are Dhalias, Bhats, Dhadis and Sonars (the sub group of Banjara) who provide various services at the time of marriage. Dhalias are the drum beaters, who beat drum and also on life-cycle ceremonies like birth, naming, death including marriages. Bhats and Dhadis are genealogists who tell family histories and links at the time of marriage. Sonars are gold smiths who prepare the ornaments for the bride. Not all these services are being used in Ambodh Tanda. In the place of drum beating, music band and audio cassettes are being used. The Brahmin priest officiates at the marriage and recites verses.

The wedding party does not go directly to the bride's house; first, they go to the temple of the village and worship the deity and offer coconuts. The wedding party is received by the bride's party and invited to the pandal. From a place located 10 feet away from the pandal, the bride's brother carry the groom on his shoulders to the actual spot. Meanwhile, there will be a worship of family deity at the bride's place. After the wedding party comes to the pandal, the bride, accompanied by married women, is brought to the pandal. The other important ceremonies connected to marriage are ghota, vaya which are performed at the bride's place.

The first ceremony is the preparation of ghota or panakam (sweet liquid prepared with jaggery) and the items required for preparing ghota are brought by the groom's party. After preparing ghota it is distributed to all those, who assembled at the wedding along with guggu (salty snacks).

Vaya is the actual wedding ceremony. It takes place in the pandal erected in front of the bride's place which is supported by four bamboo poles. On each corner of the square four earthen pots are placed. One wooden plank is kept in the center of the square and in between the pots two wooden pegs tied with mango leaves

are kept. Inside the square, four earthen pots are kept on four sides and a thread is tied around the pots seven times. The bridal couple, after the bath and in the wedding clothes, are brought to the pandal. The thread tied round the pots is removed and the groom ties the thread with seven knots in bride's neck. Later he ties the tali around the neck of the bride. The lambadas who cannot afford to pay for half a tola gold, usually buy tali of ½ tula silver. The fire is lit in front of the pandal and the bridal pair walk around it seven times.

During the ceremony they got one or two goats slaughtered, depending on their ability. The raw meat is cut into pieces and some of the pieces are distributed in the Tanda. The rest is cooked, and served in the meals to the relatives.

Besides these, other ceremonies connected with the marriage are washing the feet of groom by bride's parents, Kanvadanam (keeping the hands of bride in the hands of groom by bride's parents), tying the tali to the bride's neck by the groom, pouring rice on each other, tying one end of the chaddar (blanket) to one end of the sari and going around the earthen pots kept in the middle, etc. All these are followed by chanting by the Brahmin priest. The priest recites the names and gothras of fathers and forefathers of both the bride and the groom. He associates the word "nayak" to their names giving them importance.

The marriage ceremony is followed by gift-giving and feast. The meals include sweets, white rice, fried-rice etc. They also serve non-vegetarian food during nights, to some of the close relatives and quor is served on a large scale. The traditional soft drink (ghota) is also served in Ambodh Tanda

Performance of folk dance and folk music are very popular in marriage occasions. Lambada women sing songs in chorus on every occasions of marriage depicting the essence of each occasion. Both men and women play equal role in marriage ceremony. All the activities are centered around the bride and the groom. Married women are involved in various activities, like applying turmeric paste, giving harathi, bringing the bride to the pandal, etc.. The appearance of widow is considered as inauspicious at the time of marriage; they stay in the background. In case of widow, her son and daughter-in-law or any other kin relative perform the necessary acts. Among Lambadas widow remarriage is permissible.

2.10 Death

The dead bodies are buried by the Lambadas of Ambodh Tanda. On the 3rd day they perform a ceremony called kandye. The clan members go to the house of the deceased to offer condolences and he or she carries with them meat and liquor and it will be served to the deceased family.

The mourning period continues for three days. On the third day, the clan members go to the house of bereaved, Dawat (ritual feast) is given on that day. Goat is slaughtered and the meat is distributed to the relatives. On the ninth day the family members and clan members of the deceased go to the graveyard. Ghori (tomb) is built for the deceased and a goat is slaughtered at this place also.

2.11 Dress Pattern Hair style and Ornaments

The dress serves as a cultural symbol with which the Lambada women are identified. The Lambada women are distinguished by their conspicuous dress which consists of phetia (**langa**), kachali (blouse like large back) and a mantle (ghoongata or apron). Their dress is made of coarse print cloth, usually of dark colors and embroidered. According to Jha (1979:52) 'Banjara women wrap their face by their odhani which they keep on the body. They do not walk bare head even before the family members'. Lambada women are known for their good looks and natural beauty. The same is true of Ambodh Tanda women also.

The Lambada men wear barkashi (type of shirt) having twelve knots, pag (turban) and dhoti.

The hair style of Lambada women is another characteristic. The hair is worn in plaits, which is hung down on each side of the face and decorated with beads of silver ornaments. Ate, choonda and chandola are peculiar hair ornaments worn by Lambada women on the back of their neck. Lambada women are famous for their heavy ornaments made of silver or metal. The married wear bangles, made of bone or ivory, between elbow and shoulder. Apart from this ghogari (a type of ornament tied to their hair hanging over the temple), topli (ornaments used along with Ghogari), vankadi (anklet), hasali (necklace equivalent to tal), bhooriye (nosering), are worn by married ones. Unmarried ones wear garatani (anklet made out of small black beads), bangles between elbow and wrist, and teeki (ornament on forehead). They wear the bangles made of ivory or bone.

A tattoo mark on the left side of the nose is a sign of identification of a Lambada woman. They usually have elaborate tattoo designs. Lambadas of Ambodh Tanda have tattoo marks on the sides of foreheads and hands.

2.11 Religion

Worship of particular gods and goddesses and celebration of festivals like Teej and Seetala (which are associated with productive and protective aspects) are popular among the Banjaras in traditional settings (Census of India, Monograph series 1961). Considerable change is seen in the religious sphere of Lambadas of Ambodh Tanda. Besides clan deities, they started worshipping all the gods of the Hindu Pantheon, making offering to deities, going to temples and even fasting on certain occasions.

Lambadas worship their traditional deities like Lokamartan, Gopalswamy, Batukamma, Maisamma, Rangullaswamy etc.. Almost all the members of the Ambodh family worships Rangullaswamy with great devotion. Other clan members also present in token presence when the community led festival is proposed. The clan god of Ambodh family was 'Rangullaswamy', and they believe that he hails from 'Ambodh' clan lived in Ambodh Tanda, for a long time before getting buried at Devarkonda, 60 Kms from here. Lokamastan is worshipped by Ratla and Ramavath families and his temple is situated near Bangalore in Karnataka state. Maisamma is the disease and distress causing deity, if she is not propitiated properly she will cause harm by inflicting disease, and sometimes even death.

Many of the Lambadas worship god Venkateswara Swamy of Tirupati; they offer their har in fulfillment of vows. They also worship Lord Krishna, and make offerings at his temples. Batukamma is worshipped by Lambadas with great respect; and she is believed to be the sister of Maisamma

2.12 Celebration of festivals

The celebration of festivals like teej and seetale by the whole community especially on the outskirts of the Tanda, and under the guidance of the Nayak, is common among Lambadas of Ambodh Tanda. They also worship Tulja Bhavani (Bhavani temple located at Tulja in Maharashtra) during the celebrations of the Dasara festival. This is a festival of sacrifices and offerings by individual families and can be celebrated in their respective households. On that particular day, they decorate their houses, wear new clothes, and invite their relatives. A silver idol of female representing Tulja Bhavani is presented by each head of the family and handed down from generation to generation. The idol of Bhavani decorated with flowers is worshipped with sweet-rice i.e. lapsi (rice, sugar, milk and ghee), cooked or raw mutton is offered to the goddess. Animal sacrifices are offered to appease the goddess. Males coming from the village sing folk songs during the night. Bhajans are also performed by them during the whole night. They also drink country liquor and distribute it to their kinsmen, while dancing singing continue the whole night. This is the festival in which they sacrifice goats on a community level (money pooled together to buy goats) and the meat is distributed to all the households including the poor who have not contributed. Lambadas says that every one should eat meat on that day, then only the goddess will be happy.

Batukamma Panduga is one of the major festivals performed by the Lambadas. This festival is not confined to Ambodh Tanda only but also to 10-15 tandas surrounding it. Even the caste population in this region upto Ibrahimpatanam participate in this festival. This is a post-harvest festival and the Lambadas after the kharif and rabi seasons perform it on community basis, twice in an year, in the month of November and May. This is a village festival and is performed continuously for three days. The dates for the festival are decided and

announced by the clan leaders, after all the people have harvested. This day the idol of Batukamma is prepared and is kept at the center of the village. Irrespective of clan differences all the people of this village perform this with full joy and pride.

All the Lambadas take purificatory bath on the first day, clean their houses and yards and the entire village is broomed and cleaned. The shops are decorated the colors were purchased and kept with them. As in the case of Tolja festival, goats are sacrificed on community basis, and the meat distributed, Each Lambada family brings its new crop (handful of grains) in a plate, with some turmeric, and incense sticks to the idol of Batukamma in the morning around 10-11 AM., and offer the same to the deity. This offerings of new rice continues till the evening. In the evening all the women gather together, sing folk songs and dance. The men folk beat the drums and play Kattimora. This is a play in which men folk took a 3 meter bamboo sticks and each take two such sticks and form a circle of participants and start moving by touching the sticks of his predecessor and successor while moving itself. The dancing and playing continues before the deity till mid night. The next day they splash colors on each other and drink country liquor. On the final day they invite relatives, friends and caste people, to their houses and treat them with sweet rice and country liquor. On this day, the caste people keep aside all the caste barriers and share the joy with the Lambadas.

Apart from these festivals, Deewali and Holi are also celebrated. Usually Lambada women, on the day of Holi, go dancing and singing in groups from door to door for collection of money. Men and women sprinkle colors and throw cowdung water and coal water on each other. All the girls of the village and also who are married outside come together and prepare a solution of coal and cowdung and to that some colors from market were added. It is thrown on men to women than men to men and women to women members. This

exchange of colors on each other were seen mostly on husband and his wife's sister and among cross cousins. The throwing is very less seen in parallel cousins. This is a favorable time for a person to meet his love or lover and exhibit their love. Some times it creates some minor problems in the village but it was sorted out by immediate intervention of others. While throwing of colors, women seems to be very target oriented and they do it all of a sudden without notice, whereas men use to run and hunt for women to throw or reciprocate it.

Festivals like Sivaratri, Sri Ramanavami, Ugadi, Ganesh Chaturthi, Sankranti are also celebrated by them in equal joy and enthusiasm.

2.13 Prayers and offerings to the deities

The Lambadas believe in the mystical powers of deities and bow down before them and pray for the well being of the family or removal of any misfortune. They recite mantra and hymn (magical chants) but do not read from any text. Fasting on days of religious importance is not popular among these Lambadas. To appease the deities Lambadas perform animal sacrifice on special occasions like Tolja Bhavan festival, Batukamma Panduga etc. Apart from these coconuts, flowers scented wicks etc. are also offered to deities. But on festival days or on any other occasion cooked rice sweets etc. are also offered. Offering of animal sacrifices to deities is mainly for protection from evil spirits. They fear that if these animal sacrifices are not offered various calamities like epidemics etc. may occur.

2.14 Social control and Political organization

In every society there are scarce rewards for which people compete; norms regulating the conduct of this competition; and both formal and informal procedures for acquiring roles in decision making. In this sense, all societies are political and engage in political activity. The fundamental concern in political process centers on determination of leadership and the equal or unequal allocation of benefits.

Among the Lambadas of Ambodh Tanda the usual feuds are brought to their clan panchayat and if the quarrel is between two different clan members then it was brought to the Tanda panchayat. The head of the Tanda panchayat maintains the law and order and looks after the general welfare of the community. He is assisted by 4 members from different clans and they give their opinions regarding various matters. The clan panchayat consists of five elders from each clan. It is completely an informal body and has no fixed dates of meeting. But it meets whenever it is called by the clan people in times of feuds, to fix marriage dates, at the time of puberty, negotiation ceremony, death, divorce etc. Its decisions advises, etc., are not binding, but usually the Lambadas will not breach or break its decisions and advises. At the time of feuds a meeting is convened by its members at the house of one of the elders of that clan. The common feuds which are usually dealt with by the panchayat are quarrels between in-laws, husband and wife; rifts; property distribution; theft; elopement; molestation; eve teasing; livestock and grazing problems water distribution etc. The Tanda panchayat looks into inter clan feuds, or matters concerning the whole village such as village festivals, Government officials visiting the village, general elections, etc. This Tanda panchayat has members in which one member is the leader of panchayat who is responsible for the final decisions to be taken on any issue.

Besides the clan panchayat and the traditional panchayat, there are two elected representatives in Ambodh Tanda representing the Gram panchayat (official panchayat of Government of A.P) of Loyapallie. Loyapallie is the center of Gram panchayat and about 10 villages have one or two members depending on the population to represent the village. The member of the gram panchayat, whom the Lambadas call 'member' enjoys the privilege. Those members were elected once in five year and take part in decision making and policy decisions regarding the welfare of the whole Gram panchayat. These two members from Ambodh Tanda also belong to the Ambodh family. The members of the Gram Panchayat need not necessarily form the members of the clan and the Tanda panchayats.

Age is the main criterion for recruitment to positions in the Clan and Tanda panchayats. Sagacity and economic position are secondary. Wealth as a criteria has insignificant role in electing persons. In case of death of a member, his position is filled mostly by informal methods. First, a person from the deceased member's family is sought and in case no person is available they search for other elder of their clan. An outspoken and knowledgeable person is preferred. In co-opting a member there will not be any difference of opinion. In the case of Tanda panchayat also, the election is by discussion of the all clan member and general consensus, sometimes other clan members also suggest a person's name whom they know well.

The decisions taken at the clan and Tanda panchayats are usually respected by its members. If an offense is proved the offender has to pay 'dandaya'¹ (amount fixed by the panchayat for committing offense) of which half the amount is kept for the Tanda development and for festivals and the remaining to serve liquor to the Panchayat members. Non acceptance of 'Dandaya' invites the wrath of the whole village and in one such instance that person and his family were not even allowed to collect water from any of the wells and pumps.

The women will be present at the meetings, participate, express their views, criticisms **and** give witnesses but they will not be made the members. During these Tanda panchayat meetings caste people are also allowed to sit and discuss the issues.

There are certain funds which are not sorted out by the panchayat and which were taken to the court of law. Two land disputes are still pending in the munsif magistrate court in Ibrahimpatnam since 4 years. The analysis of the political structure of the Lambadas indicates the retention of their traditional socio-political system and the associated punishment practices. There is a strong feeling among the elders to maintain their age old tradition and to establish mutual trust and respect towards each other and to their cultural heritage.

2.15 Occupation and Economic Life

Lambadas in the beginning were nomadic traders, but after settling down in the village, they have taken up agriculture and allied pursuits. Some of them migrated to urban areas in search of livelihood.

The Lambadas living in Ambodh Tanda are also settled traders but agriculture is the primary source of their economy for them. They grow kharif and rabi crops with simple technology and with less inputs, though capital farming techniques are practiced in the surrounding villages.

The soils of Ambodh Tanda are sandy and mixed loams. According to Lambadas the r soils were less fertile because they say it was porous in nature. As one of the Lambada commented *that* the r soil is a *most* *ke* jowar flour and if you add water, it becomes coarse and loose and not compact. The *main* crops in the

village are 'varshapanta' (Kharif crop) between July-Sep/October, and 'Sankaratripanta' (Rabi crop) between December and April.

The Kharif crop is cultivated in the beginning of the month of the Hindu calendar Asadh (July) and reaped in the month of Bhadra (September). Rabi crop is sown in Kartik (last week of November) and reaped in the month of the Vaisakha (April). Ambodh Tanda, according to local people, has been famous for the production of good qualities of Hamsa rice, melons, and mangoes. There are fourteen mango orchards in the village producing many varieties of mangoes like Benesha, Totapari and one more is developing fast. The agriculture activity is undertaken by tube-well irrigation. Due to the looseness of the soil, the wells collapse every year because of caving in of the side walls, for which they have to pay a high price. The farmers dig these wells and sink tube wells into them upto 100 ft to get water. The farmers say that every year the water table is going down and due to sandy nature of their soil, they need more and more water to grow the rice crop.

The Lambadas who have no access to the tube well irrigation, when the wells go dry completely grow dry crops like Jowar. All the males get busy during June - July in the preparation of land for the Kharif crop. They eagerly wait for the rains to come, then start ploughing the fields. Till October many Lambadas stay at the farm houses (in the field hut) along with their families to protect the crops. In the month of November they harvest the crops and stocks of grain and fodder are brought to the village house. Not all the Lambadas stay in farmhouses, only those whose fields are 4-5 km distance away from the main village. In the month of November, after harvesting and selling the produce to the traders. Both men and women work as agricultural labourers in the fields of other, either Lambadas or caste population. As the number of Lambadas is few

being land holdings are in the range of 0.4 acres. There isn't much work in their own fields. As such they take seasonal employment. The caste population of Loyapallie hire them as wage labourers.

The Lambadas get paid in cash or kind. When they were engaged in ploughing activity they are paid Rs 50/- to plough one acre land; they charge the same rate even from a Lambada farmer. The activities such as weeding, interculture is performed by women for which they are paid Rs 10/- per day. A group of women (5-6) undertake such works on a contract basis ('gutta'). To weed for one acre of land they are paid Rs 120/- and the time and number of labour required is left to the contracting women. Women are also employed for harvesting and threshing; they are paid 2 kg of rice per day per head. During agricultural season it is difficult to talk to Lambadas. Women fetch good amount of money as well as grain during this period. The Lambada men undertake digging of wells on contract for which they charge Rs.80.00 per one feet of depth.

During the off season periods the Lambadas go to Ibrahimpatnam town or Hyderabad city as construction labourers, rickshaw pullers and auto drivers. Some of them go to the near by forest and hills, cut down the large trees and burn them and make coal. This coal has a good market in Hyderabad. One bag of it costs Rs 80-100, depending on the quality. Women during this time sew and stitch clothes and do embroidery which are their traditional skills. Some of them work along with their husbands in the city as construction labourers.

All the five endogamous groups of Ambodh Tanda are dependent on agriculture and allied activities though not all of them own land (table 9). Out of these 5 groups Ambodh people have more land holdings and Nenavath has very less holdings. The maximum size of land holdings is 4 acres per head of household per

family in this village and people do have rights on the land of the hills and forests for which they have contain document supporting. Land holding refers to land held by unit family whether it is irrigated, dry or fallow.

Some of the Lambadas (who own no land) have either bullocks and plough or bullock cart, which are a source of income for them to transport fertilisers, goods from the market and to carry people to the nearby villages.

2.16 Literacy and Education

Majority of Lambadas of Ambodh Tanda are illiterates. Among the few literates (table 11) their educational background is limited mostly to primary level (table 12). Writing about education among Lambadas, Naik(1988) observes that the government has established primary schools and single teacher schools in some of the Lambada settlements which have some drawbacks in its structure and function. The reasons for discontinuance of education and poor attendance in schools are their involvement in agricultural activities and general apathy of parents towards formal education. Girls do baby sitting at home and household work (Naik 1988). This is to some extent true in the case of Lambadas of Ambodh Tanda; even though there is a school within the hamlet for the past five years but very few of them are literate. Though there has been a school for over 20 years at Loyapallie, just 2 km from their Tanda, the Lambadas have not shown any interest in education, whereas caste population from adjoining village are making use of the school facility

Every child is an economic unit in the Lambada family and a female child usually **looks after the household** activities and baby sitting. In spite of government providing them free books, **tution** fees and other incentives very few of the Lambadas make use of this opportunity. Majority **of** them discontinuing after primary education. This is seen more among girls and this is because of lack of motivation, domestic **work** and **early** marriages. Among the educated **Ambodh** family has more literates than other (i.e. 45 **out** of the **156** literates).

This is because many Ambodh family members are leaders, have more outside exposure than others. Overall the literacy rate among men is 15% and 3% among woman.

2.17 Civic Amenities

Ambodh Tanda has electricity and drinking water facilities. Only street lamps are seen in the night and for domestic purposes the Lambadas usually pilfer from the electric poles near by. They were not given domestic connections because, they have to pay Rs 250/- as deposit for connect on and no one is ready to pay. Only three Lambadas have got official connections and others pilfer from the poles. But for irrigation purposes every one got his own connection in the field, and pay the bill regularly. There is only one hand borewell for drinking water for the entire village. Every day there will be quarrels and shoutings at this borewell. Majority of women fetch water from the irrigation well and in case of power failure there is heavy pressure on this drinking water borewell. There are no public or private lavatories and **bathrooms** in **Amboch** Tanda.

There is a metallic road which connects Ibrahimpatnam on one side and Loyapallie on the other. Everyday four buses ply in this road which connects Ibrahimpatnam. Nalgonda, Hyderabad and **Manchal** Lambadas do not have luxury items in their houses. None of them have a television, but radios, **almirah**, clocks, chairs and cots are seen in some of the houses. They display prominently photographs of family members, calendars of cine actors/actresses and of deities. In some houses decorative pieces are also found on the walls. The Lambadas are using brass, steel and copper utensils in their houses.

There is no public health center (PHC) in the village and in Loyapallie there is a sub center of PHC but the compounder visits this center once in a week. However the multi purpose health worker visits this village once in a week (Thursday) for maternal and child health, to motivate women for family welfare and to give immunization to children and pregnant mothers. P.H.C. is situated 12 km from Tanda and the government hospital is at 30 km. There are two registered medical practitioners (RMP) in Loyapallie village who cater to the needs of these people and the surrounding villages. **Ambodh** Tanda also has one Anganvadi center established under the Integrated Child Development Scheme. One teacher was appointed by the government. She comes daily and with the help of a Lambada woman prepares upma (nutritious food) for the children below 5 years and for pregnant mothers.

2.18 Developmental programmes

The Lambadas of Ambodh Tanda are covered by the Welfare Schemes of the Tribal Welfare Department. A most of them are beneficiaries of one or the other government subsidiary schemes and some have obtained benefit even twice and thrice in fake names. The major schemes which were implemented in its

village are Integrated Rural Development Programme (IRDP), Modified Area Development Programme (MADA), District Rural Development Agency (DARA), Jeevandhara, Jawhar Rojgara Yojna (JRY), Angammen Credit Society, Primary Agricultural Credit Society and Co-operating Banks.

Under the Modified Area Development Programme (MADA) the Lambadas of this village are selected for various government welfare schemes like providing plough bullocks, bullock carts, milch animals, goats electric motors for the wells, cement rings for the protection of wells etc. Every scheme had to be selected separately and financed by District Tribal Welfare Officer of Hyderabad and Rangareddy district, after having consultation with local bodies. The Mandal Development Officer, with the help of Sarpanch of the Village Panchayat and local leaders prepares the beneficiaries list. It will be presented in loan camp which will be conducted in the village. The D.T.W.O. sanctions the loan depending upon the necessity and availability of funds. The bank then takes over the scheme and implements it by getting 70% of the money from government. The remaining 30% has to be financed by the bank and it is its responsibility to recover the 30% of the cost of the unit with minimum interest. Many of the Lambadas are defaulters in the bank and many have even repaid nothing of the 30% cost. In the same way District Rural Development Agency of Ranga Reddy also sanctions loans with 70% subsidiary on milch animals, bullock carts etc. Jeevandhara is a scheme to provide free wells for poor tribal, who have lands registered under their name and here the beneficiary should not repay anything. It's a complete subsidy.

Under the Jawahar Rojgar Yojana, the tribal were given loans for construction of new wells, repair of old wells, electric motors, pension for old women and men about 60 years of age and also for community purposes like construction of school building, watertank, water connections and drinking water bore wells. The present

pacca school building was under the scheme of Jowahar Rojgar Yozana. Under the Anjamum Credit Society scheme the farmers were given crop loans which is to be given before the crop season and the entire amount to be repaid after the harvesting. The Primary Agricultural Credit Society provides loans in terms of inputs for agriculture like fertilizers, insecticides and it to be repaid after the harvesting. Co-operative banks also provides loans for wells and advance for the crop under crop loan scheme. Every beneficiary is to utilize one scheme from one source only. Usually this is manipulated by the officials by taking bribes from tribal and for Lambadas it is the easiest method of getting benefit from the scheme.

In Ambodh Tanda there are 50 houses constructed by the government of Andhra Pradesh under the weaker section housing scheme. In this 34 houses belong to the Ambodh family. This year again another 40 houses are sanctioned for this village under this scheme.

Table 1

Age and sex composition of the Lambada population
Ambodh Tanda

Age (in years)	SEX		Total
	Males	Females	
0-10	172	137	309
11-20	135	149	284
21-30	112	124	236
31-40	91	83	179
41-50	47	46	93
50 above	16	9	25
Total	573	553	1125

Table 2
Family size of the Lambadas
Ambodh Tanda

Sl.No.	No. of members per family	No. of households
1.	less than 3 members	21
2.	less than 4 members	28
3.	less than 5 members	31
4.	less than 6 members	34
5.	less than 7 members	46
6.	more than 7 members	27

Table 3

Clan wise population in Ambodh Tanda

Sl.No.	Clan	No. of Families	Population
1	Ambodh	72	422
2	Ratla	49	321
3	Ramabavath	32	197
4	Sabavath	25	163
5	Nenavath	9	57
Total			

Table 4
Consaguine group (Parallel cousins)

Ambodh	Korra Sathroth Yellamma Sathyamma
Ramavath	Ratla Nenavath Sabavath Katroth Megavath
Ratla	Ramavath Sabavath Katroth Megavath Banavat
Sabavat	Ratla Ramavath Katroth Visalvath
Nenavath	Gugalot Dharavat Banot Kelavat

Table 5

Conjugal group (Cross cousins)

Ambodh	Ratla Ramavath Nenavath Sabavath
Ramavath	Ambodh Malot Regawat
Ratla	Ambodh Malot Degawat Visalvath
Sabavat	Ambodh Malot Visalvath Kelavat
Nenavath	Ambodh Katroth Megavath

Table 7
Village Holdings

Clan	Land holdings (Ac)	% of total holdings
Ambodh	62	32.4
Ratla	47	24.6
Ramavat	42	22.2
Sabavat	29	15.1
Nenavat	11	5.7
Total	191	100

Table 8
The following is the wage structure for different activities
in the village

Sl. No.	Activity	Men / Women	Wage (Rs.)
1	Ploughing (1 Ac)	Men	50
2	Weeding, Interculture, Fert. Appl. (per day)	Women	10
3	Harvesting, Threshing (per day)	Women	10 or 2 kg rice
4	Bullock cart hire charges	Men	Rs. 15 to market Rs. 20 to bring fert. Rs. 30 to carry the grains to mill

Table 9
Sex-wise literacy levels

Sl. No.	Literacy	Sex		Total
		Male	Female	
1	Illiterates	406	453	859
2	Primary (upto V)	71	25	96
3	Secondary (VI-VII)	11	1	12
4	Higher (VIII-X)	3	-	3
5	10 +	1	-	1
	Not applicable (less than five years)	82	74	156
		573	553	1126

Table 10
Number of literates of various clan groups
Ambodh Tanda

Clan	No. of Males	No. of Females	Total
Ambodh	33	12	45
Ratla	29	8	37
Ramavat	12	3	15
Sabavat	7	1	8
Nenavath	4	2	6
Total	85	26	156

Table 11
The following table gives member of clan panchayat

Sl. No.	Clan	Member of clan panchayat	Leader
1.	Ambodh	Ambodh Ramu Ambodh Puliya Ambodh Pantu Ambodh Madhu Ambodh Hariya	Ambodh Pantu
2.	Ratla	Ratla Ramu Ratla Lacchiram Ratla Dudeya Ratla Hariya Ratla Shanker	Ratla Ramu
3.	Ramavat	Ramavat Madhu Ramavat Raju Ramavat Daniya Ramavat Sakru Ramavat Gona	Ramavat Sakru

4.	Sabavat	Sabavat Sitha Sabavat Bhajya Sabavat Bhikra Sabavat Desai Sabavat Pantu	Sabavat Sitha
5.	Nenavath	Nenavath Naria Nenavath Venkatayya Nenavath Govindu Nenavath Jalura Nenavath Hariwat	Nenavath Naria

Table 12

The following is the table shows the members of the village panchayat and their respective clans

Sl. No.	Members	Clan Represent
1.	Ambodh Pantu	Ambodh
2.	Ratla Dudeya	Ratla
3.	Ramavat Madhu	Ramavat
4.	Sabavat Bhikna	Sabavat
5.	Nenavath Naria	Nenavath

Table 13
Cases dealt by village panchayat in one year (during ethnograph study)

Sl. No.	Type of cases	No. of cases	Solution by Tanda Panchayat
1.	Theft (vessels, chickens and grains)	22	19
2.	Inter clan clashes (liquor, land and cattle)	16	12
3.	Eveteasing (attempts to molest women)	19	19
4.	Divorce	9	9
5.	Party clashes (election)	11	4
6.	Issues relating to drinking water and drainage	5	5
7.	Elopment	4	4
8.	Suicide	2	2

Table 14
House types in Ambodh Tanda

Sl. No.	Type of house	Total No.	Percentage
1	Kaccha (mud-masoram)	131	70
2	Semi-pacca	5	2.7
3	Pacca (Govt. constructed + one own)	51	27.3
	Total	187	100

Table 15
Animal census of Ambodh Tanda

Sl No	Clan	Calves	Bulls	Cows	Buffaloes	Goats	Others
1	Ambodh	36	37	19	10	85	
2	Ratla	14	30	16	8	90	
3	Ramavat	21	28	12	7	120	
4	Sabavat	10	14	5	3	105	
5	Nenavath	7	3	1	1	65	1

Table 16
Various types of wells in Ambodh Tanda

Sl. No.	Type of well	No.	Percentage
1	Hand pump-unprotected	1	1.6
2	Open wells with unprotected walls	12	19.6
3	Pacca, protected	4	6.6
4	Irrigated wells in the fields	44	72.2
	Total	61	100

Table 17
Local crops in Ambodh Tanda

	Local name of crop	Duration	Products
	Kharif (Varsha panta)	July-Sep/Oct	a) Rice (Oryzasativa L) b) Groundnut (Arachis hypogaea) c) Jowar (Ghum Brot) d) Vegetables Bottle gourd (Lagenaria Leucantha Rustby) Brinjal:Egg plant (Solanum Melongena L) Broad bean (Viciafaba L) Cucumber (Cucumis Sativus L) Drumstick (Moring a pterigosperma Gaertn) Ridge Gourd (Luffa Aegyptica Mill) Tomato (Lycoperiscum Esculentum Mill) Chillies (Capsicum Annuum L)
	Rabi (Sankaranti panta)	Dec - April	a) Rice (Oryzasativa L) b) Vegetables Bottle gourd (Lagenaria Leucantha Rustby) Brinjal:Egg plant (Solanum Melongena L) Broad bean (Viciafaba L) Cucumber (Cucumis Sativus L) Drumstick (Moring a pterigosperma Gaertn) Ridge Gourd (Luffa Aegyptica Mill) Tomato (Lycoperiscum Esculentum Mill) Chillies (Capsicum Annuum L) d) Jowar (Ghum Brot) e) Watermelon f) Tarbooz

Table 18
List of food stuffs available in Ambodh Tanda

Local Name	English Name	Botanical Name	When available
Cereals :			
Vadlu	Rice	Oryza sativa	Through out the year
Gehum	Wheat	Triticum vulgare	April to Sept. In lesser amounts afterwards Sept. to March
Makka	Maize	Zeamays	Sept. to March
Jowar	Great Millet	Sorghum Vulgure	Sept. to March
Bajra	Pearl Millet	Pennisetum typhoideum	Sept. to March
Sama	Poor man's millet	Panicum colonum	April to Sept. in lesser amounts afterwards
Jao	Barley	Aordeum vulgare	
Pulses :			
Chana	Gram	Cier arietinum	Through out the year. Decreases between Jan to Feb
Pesala		Phaselous mungo	Through out the year.
Mung	-	Phaselous raditutus	
Pallilu	Groundnut		

Table 19
Teeth cleaning methods

Sl. No.	Method	No. of Families
1	Twig of neem	62
2	Use of sand	41
3	Use of charcoal	32
4	Salt powder	21
5	Empty finger	31
6	Tooth paste / tooth powder	-
	Total	187

Table 20
Persons taking bath weekly wise

Sl. No.	Clan	Day
1	Ambodh	Wednesday
2	Ratla	Friday or Saturday
3	Ramavat	Friday
4	Sabavat	Monday
5	Nenavath	Wednesday or Thursday

Table 21

Habitual smokers among the lambadas

Sl. No.	Clan group	Age Groups	No. of Persons
1	Ambodh	11-20	78
2	Ratla	11-20	66
3	Ramavat	21-30	45
4	Sabavat	21-30	34
5	Nenavath	11-20	39
	Total		262

Chapter - III

Physical Environment, Sanitary Habits and Personal Hygiene

The state of public health of a country has to be understood not merely from the incidence of diseases but from the conditions of life in which the bulk of its population lives, their physical environment, sanitary habits and the personal hygiene practices of the people. This chapter deals with the physical environment and various sub-divisions of Ambodh Tanda; conditions of drinking water and its sources; housing conditions, and their affects on the health of the community; methods of disposal of the house sullage water and house refuse; livestock management in the village and its implications on the village hygiene; habits of the Lambadas of Ambodh Tanda pertaining to bodily cleanliness (habits of cleaning teeth, taking bath, washing of clothes, eye care); and other hygienic practices related to eating, drinking, smoking and sleeping.

Ambodh Tanda is a nucleate type of village in which houses are packed together. The entire village is divided into six mohallas (neighborhoods), each one named mostly after a particular elder. Houses in the village are built without any pre-planning and hence they are crowded and huddled together. Every one seems to have built his house according to his whims and fancies. A brief description of the village habitate and its subdivisions would help in understanding the problems of sanitation, water supply and housing.

(i) Pantu vuddi : In the eastern part of the village there are thirty on kachcha (mud-masonry) houses, which according to local people have been constructed long back, but were repaired recently and named after the elder of the village "Pantu". On the southern side of this subdivision there is a dried pond, which is at a lower level than the sub-division itself. In this mohalla there are fifteen government constructed cement houses.

Jaguru vuddi : On the western side of the pantu muhalla, this sub-division is consisted of twenty eight houses out of which seven are government constructed pacca houses and the remaining twenty are kaccha-mud houses. This sub-division has Lambadas with maximum sheep and goat population with improper sheds for these animals to stay and because of very closeness of this house, the smell and faeces of animals and not far from living spaces.

(iii) Haniya vuddi : On the southern and south-western side of Jogaru mohalla, without any big gap between them. Here is a little of open space on the western side of the sub-division tse f between the two rows of houses. The southern row of houses is immed ately fo lowed by f e ds. A collapsed well and a temple of Hanumanji are situated on the western part of th s moha a

(v) Ratla Ramu vuddi : On the western side of Jaguru mohal a, is a zone res ded by 47 households, more of the Ratla family. In between some Ambodh and Sebavat houses are located w'th a gap between the houses. This moha la has e even pacca govemmert constructed houses are located and other are all thatch roof mud houses.

(v) Ramavat Madhu vuddi: This is at the northern tip of the pantu vuddi which is at a higher level than the sub-divisions described so far. The families of Ramavat and Venevath mostly are located in this vuddi. Each house consists of one room with a verandah in front. In this vuddi there is a big dilapidated tile house of a big family that has migrated to the city. As this is deserted women of the neighborhood use it for defecation and the open space around is used for dumping garbage.

(vi) Kesya vuddi : This is the entrance part of the village inhabited purely by Ambodh families. At the southern side of it a metal road leading to Loyapalli village. This is a low lying area and rain water stagnates in front of the houses and sometimes enters inside of the houses.

Drainage

The village is at a lower level than the surrounding fields and this often creates the problem of water logging in the village. The entire village is surrounded by three dried ponds and many low level areas in which rain water accumulates. These ponds have come into existence as a result of digging of earth by the people for house construction. When it rains, water flows into these ponds from the main habitation as well as the surroundings. In the process sinking of the ponds also takes place and the same is dug every year for house construction.

These village ponds and water logging associated with them has many deleterious effects on the health of the people. All the organic materials decay rapidly in water. It is a breeding ground

for pathogenic bacteria, amoebae, infusoria, water flies, algae and saprophytic bacteria. Wells are contaminated through the flow of human faecal material, urine, household waste and the like.

Water supply

An adequate supply of pure drinking water and sanitary disposal of human excreta are not only essential for the prevention of some of the common diseases but also for the provision of facilities for a decent standard of living. In countries where water supply and waste disposal have been properly attended to, cholera, typhoid fever and dysentery have almost disappeared. These measures not only control infant mortality but also intestinal parasitic infection rate in the adults.

The physical conditions of water supply are unsatisfactory in Ambodh Tanda as practically every thing including human and animal faecal material - contaminates the drinking water sources. Water for drinking is obtained from hand bore well as well as from unprotected well. There is only one hand borewell in Ambodh Tanda. As its platform is broken and in pieces, water stagnates around and gets contaminated. Because its wall was damaged, the excess water after hand boring flows outside it there was a big pond which accumulates water for long time. Even it overflows and results in going directly into the Tanda without through a proper channel and get stagnated where ever pond is there. Whereas the open well system due to looseness of soil ways the walls gave in resulting in lots of waste and mud in the water.

Drinking water as a concept had a special meaning to the Lambadas. They believe that if one drinks water from some other place than their own, they may develop colds and cough. They also have a strong feeling that if one goes to visit his relatives, the water of that place may or may not suit him/her and in case he/she falls sick, it is attributed to water. The water of such and such places cause ill health to me is one of the common statements heard in the Tanda. The idea behind such statements is that the drinking wells or sources may vary a great deal and that some may be harmful to the health of persons not accustomed to it, while others are not.

There are certain types of water regarded by Lambadas as "polluted" and impure (chevada pan) and are not used for drinking purposes by the people. The water of a well will be regarded as "impure" if either some animal falls in it or insects (purugu) develop in it. If foul smell comes out of the water drawn from a well, then it will not be used by Lambadas for drinking. There are some indigenous methods of purifying well water when it becomes impure and polluted. When an insect develops in the well water, Lambadas feel that by throwing a few fish in the well, the fish will swallow the insect and purify the water. If foul smell comes out of the well, or an animal falls in it, they drain the well and fresh water comes.

Such concepts with the 'purity' and impurity of water indicate that Lambadas are not aware of the germ causation theory of disease. Water being essential for life is consumed by everyone daily, while safe water promotes health and sustains life, polluted water spreads water-borne diseases. It is estimated that in India, there are about 2 million deaths and about 50 million cases of cholera each year from cholera, dysentery and diarrhea and fevers which could be prevented largely

through the provision of safe water supply and sanitary methods of excreta disposal (Dutta, 1955 p 32). These diseases have almost disappeared in countries where water supply and waste disposal have been properly dealt with. The problem in India is not an easy one. The role of cultural mentality in the problems of health and disease needs to be recognized (Northrop 1959).

Housing

Housing is an important factor intimately connected with the problems of health and disease. It has an important bearing on family life, on the education and future prospects of the young and on general health. Despite the abundance of space around in the Tanda, houses are nucleated together and are poorly built without proper air and light coming inside. Leaky roofs, absence of good flooring and constant presence of dampness are the characteristic features of the majority of houses in this Tanda. These are factors favorable for respiratory diseases, eye troubles and generally lowered resistance. The houses in the village are built mostly by the occupants themselves because this reduces the cost of building. Houses in the Tanda may be classified into three categories on basis of their physical features. These are Kachcha, Semi pucca and Pucca.

(i) Kachcha (Mud-masonry): These are the houses made out of mud which was taken out from the nearby ponds. A thick paste of mud mixed thoroughly with cowdung and straw cowdung is usually one-eighth or one-tenth of the mud and the straw is very small proportion is used for house construction. Lambadas say that addition of cowdung and straw makes the plaster more

durable and prevents the walls and roofs getting cracked. The roof of a room in a kachcha house is usually supported by long wooden beams known locally as **"dulam"**. The height of walls in mud-masonry houses ranges between **10** to 12 feet. The four sides of the walls was elevated and a thatched conical roof is arranged on that. **Inside**, the area will be **10'x10'**, and in front of this hut will be a small verandah. The windows and ventilators are totally absent in such houses; the walls do not reflect light and the net result is a damp and dark house with no ventilation.

Such houses are not provided with a separate kitchen and will be part of a living room. The whole 10' x 10' area consists store room, kitchen at one end and the other end will be the living room. Each house has a small compound with a fencing of dried plants. There is usually no outlet for smoke and the latter circulates in the hut. In many cases goats are also kept inside the house. Out of 187 families studied only 11.2 percent had a separate cattle shed, although all these sheds were attached to their houses. Out of the total **187** houses **131** houses are mud-masonry category.

(ii) Semi-pucca : These are the houses in which one or more walls are made of k In br cks, other things being the same as in a mud-masonry house. One or two windows may also be nsta ed in the pucca wall, and the house consists of a room and verandah, the latter serv ng as k tchen The roof is completely of thatch. They have separate cattleshed adjacent to the r house The e are five such houses in the village.

(iii) Pucca : The houses which are built by government under the weaker sections scheme.

These are well built with one small hall and one attached room with a window to the living room.

These houses are built of burnt bricks and cement plastering and the roof is of cement slab. The height of the wall is greater than in mud-masonry houses and not less than 14 feet. There are fifty such houses. One pucca house was constructed by keshyanaik by himself and it is almost like government constructed type but with more open space at the entrance.

Although the government constructed house looks good, Lambadas do not use it as living room.

In front of this pucca house they construct a thatched annex as their living room and kitchen.

This government house is used as store room; grain, fodder, fertilizers etc. are stored in this house. In the course of discussion the Lambadas revealed that these houses are almost dark, need electric lamps even during day time to live. Lambadas told that these houses are more convenient during rainy season, as rain water does not enter the house.

A close observation for a period of 12 months revealed that although windows are present in some of the houses of the village, these are usually kept closed. Not a single house in the village is provided with ventilators. A constant fear of insecurity due to thefts prevails in this village and that is why nobody wants ventilators.

Sanitary habits

Thus ill lighted, ill ventilated and over crowded houses are the features of the Ambodh Tanda.

Cultural environment, is such a complex matter that it is rather difficult to isolate any one factor from others. The living habits of the people in the village that is the cultural heritage determine the conditions of environmental sanitation and in turn the health status of the population.

Disposal of house sullage water

The water that has been used for such domestic purposes as washing utensils, washing clothes and bathing etc., is termed as house sullage water. This water is to be disposed off by some method or in the other while in the city the drainage system helps the disposal of such water; but in the Tanda the drainage system does not exist at all. In and around the Tanda one can notice a number of ditches and pits which are good breeding ground for mosquitoes and flies.

The Lambada women usually wash the utensils or clothes in a corner of the court yard of the house. No platform is made, she sits on a brick and washes the utensils with collected water. As no passage is made for the water to flow, it wets the front yard of the house. Leftovers of rice and other food stuffs are thrown on the floor and dogs and birds keep moving around. When the leftovers are eaten by dogs the sullage water wets the front yard and sometimes gets dried by sun. In case of cloudy weather and rainy seasons sullage from different houses joins together and enters the Tanda main roads and fills the pits and ponds. The house sullage water carries

some organic contents with it. In the ponds the organic matter decomposes and the whole thing assumes the shape of a black thick fluid. This provides a suitable breeding place for mosquitoes and other insects. No measures are taken for the disposal of sullage water, and to prevent mosquito and insect breeding. No soak pits are provided by the village panchayat

The conditions of the disposal of the house sullage and rain water need to be seen against the background of the local conditions, customs and practices which reflect the lack of understanding of the role of sanitation and hygiene and the knowledge about disease causation on the part of the Lambadas. They are used to the conditions as they are today from times immemorial and they regard these conditions to be in the nature of things, a characteristic feature of Tanda life. Lambadas hardly ever think about it or talk about it. It may not be out of place to quote Karve's explanation of the indifference of the people to environmental sanitation. Karve says, "when people cannot afford to spend adequately even on food and clothing they do not just bother about environmental sanitation — experience strengthens the view that sanitation is linked with the economic and social life of the people, and to the extent to which the latter improves, the sanitary consciousness of the people also correspondingly improves —" (Report, 1957 PP 62-63)". The tribal want all the improvements to be done by the government or the gram panchayat. They agree that dirt causes ill health but they do not want to remove the dirt by themselves and look forward to the government to remove the dirt from the environment. When enquired about the construction of brick made drains for the safe disposal of house sullage water one Lambada replied; It is a village, not the city; who would do all this here?*

Disposal of house refuse

In the city houses are usually swept daily and the refuse is thrown out and it was collected by sweepers of the municipality, loaded in trucks and finally disposed in the outskirts. In some developed areas of the city the refuse is not thrown outside the house but sweepers are engaged to collect it for disposal. As in the city, houses in the Tanda are also swept daily in the morning and the refuse is collected in a corner of the central yard to be disposed off. The Lambadas of the peripheral region of the Tanda collect house refuse in front of the houses at fixed places which are separate for separate families. Thus heaps of house refuse can be seen decaying at the peripheral regions of the Tanda habitation. The families from the interior of the Tanda throw this house refuse either in the peripheral areas or in the open space near their houses. For example near Ramavat vuddi people, where the Ramavat and Ratla families live house refuse could be seen decaying and emitting foul smell. Hence houseflies and other insects are found on a large scale. Each family, mostly the agricultural, has one or more of such heaps of decaying organic matter. During the rainy season i.e. from the third week of June to the end of September, the cowdung is also collected in these heaps of refuse. This is because during rainy season the Lambadas do not use cowdung for preparing cow dung cakes, used as fuel in the village. All the decayed organic matter is finally utilized as manure.

There are frequent quarrels between Ramavath vuddi and Jagurvudd over the throwing of house refuse in front of their houses and locations. Sometimes stealing of cowdung (especially the heaps in the open areas) also takes place. These stealing and quarrels are not

for reasons of sanitary consciousness but for personal convenience and encroachment of their areas.

The lanes and roads inside the Tanda are unmetalled and almost kachcha. During the rainy season the rain water accumulates inside the lanes and the mud and water cause much inconvenience to the outsiders and visitors. For the Lambadas it is of no consequence : they say that it is the part of village life and that these roads are used by humans and animals and not by motor and vehicles. Village panchayat also doesn't take any interest in this because it was never brought to it and discussed at, and more over no one in the Tanda including two elected panchayat members pay any tax.

Domestic Animals

The domestic animals in the village are cows, oxen, he and she buffaloes, goats and poultry. Oxen are used for ploughing the fields and drawing the bullock carts, cows and buffaloes for dairy products and goats for milk and meat. Goats are kept by almost all the households and 76% of the goats are procured from the government's development scheme. Goats are considered to possess cold-producing (chalva) properties in human body and hence used as medicine. Poultry is also kept by most of the families, because the Lambadas are basically non-vegetarians. Besides, there are a few stray dogs in the Tanda

During the day time the cattle are usually in the fields. The cows and buffaloes are taken to fields and orchards for grazing, by children of 8-12 years age. Particular care is taken to ensure that they do not damage the crops. The oxen are kept in the front yard of the houses during the day, when they are not put to work.

In the evening all the animals are brought back to the houses. Cattle are kept by most of the families inside the houses. Out of 187 families, 122 families own one or more animals and 12 of these families have separate cattle sheds.

These cattlesheds are not far away from human habitation. They are very close to the houses.

Goats are kept by all the 122 families. Nine of these families have separate huts for goats whereas others keep them during the night times in one corner of their hut itself. Goats are taken for grazing one or two hours after the cattle leave, to the nearby hills by women after they finish morning meal and other household activities. Fowls are kept inside the house under a "butti" (cover) made up of bamboo. The fowls and small chicken stay near the hearth for warmth

Lambadas keep their cattle and goats within their houses for fear of cattle and goat biting. Out of the 187 household 176 (92 %) did not agree with the statement that diseases may be carried to man through cattle and other animals. The cowdung is collected from the place daily in the morning along with the leftovers of fodder and it is dumped in the garbage heap just behind their houses to get manure out of it.

"The domestic animals have a definite role in environmental sanitation and in affecting the health of the people. Certain diseases of man are known to be caused by infections which occur as primary diseases in domestic animals and are transmitted to man ~~secondarily~~. These infectious diseases are known to be transmitted to man by direct contact and by various vehicles of infection -- milk, urine, faeces, hides, wool, hair, saliva and intermediate insect hosts (Smiley 1943:24)", and he further notes that The bacilli and spores of tetanus (low-jaw) have their natural habitat in the intestines of horses, cattle and certain other domestic animals. The presence of these animals near human beings definitely increases the chances of infection, Rabies and Plague are known to be transformed to human beings from other animals. Tape worms and other intestinal parasites of dogs, cattle, hogs may secondarily infect man (Smiley, 1943:24). General diseases of man, as diphtheria and small pox are found secondarily in certain animals in modified form and may eventually be returned to man. In this Tanda people have no conception that animals are responsible for the spread of certain diseases in humans.

Habits of defecation

Proper disposal of human faecal material is important for the environmental sanitation of a community. In pre-communist China, according to an observer, there were no sanitary latrines. But the people did not defecate in the open fields. Usually a villager dug a ~~small~~ hole in the ground and after defecation covered it with mud (Report on Environmental sanitation, 1957:74). Similarly in Europe even before Pasteur there was sanitary consciousness among the people. In India, a complete drainage system, has been unearthed in ~~Mohenjodaro~~ and ~~in all these places~~,

there are latrines and bathrooms in each house, connected with drains (Ibid P.75).

All men and women of the tanda go to fields for defecation. None of the houses in the Tanda have Kaccha or pucca latrines. Every one from child to elders will go for open defecation.

Women go out to the field to ease in groups. Going in groups serves many purposes. There is a fear of being attacked or molested if a women goes singly, and also that the goddess Maisalamma may possesses her, but if they go in group, there is not much danger. Besides, women take some time off from the domestic chores to meet other women outside for gossip and sharing views about their mothers-in-law, husbands or, other family members. The older women give advice to the younger ones on various problems. Women usually go for defecation only after the dawn of light and it is one of the important social functions of going to the field for women as the chain of talk binds them together and calls them out into the fields every day.

Men in the Tanda go for defecation purpose singly and not in groups. Some of them take a tumbler of water with them for cleaning, but many of them do not do that. They usually sit near a pond and clean with the pond water after easing. This is one of the greatest sources of pollution of pond water. For defecation Lambadas usually do not go very far from the place of residence. They go within a 100 yards from the village habitation. When a person cannot move from the bed during illness he or she can eases inside the house in a comer and the faeces is thrown away by some member of the family. Children below 8 years usually defecate in the yard of the house itself, and it will some times be thrown away into the house refuse or dogs will eat it. This

faeces of children remains unclean for a long time in **the courtyards since their mothers are busy** in their household work.

When inquired as to why they are not showing interest in construction of latrines, the Lambadas reacted by saying that it needs money and space to construct which they **lack**. Even if government provides them funds for latrine construction schemes, they are not ready to accept it because, they have seen how people defecate inside their houses in the cities and every one defecates on each other's faeces, which is completely nonsense.

The existing habits of defecation are greatly responsible for morbidity and general ill health in the area. A large number of diseases are conveyed from diseased persons to healthy persons by means of oral infection. Cholera, typhoid fever, dysentery or diarrhea are the diseases that are spread through the indiscriminate defecation. On the other hand, helminthic infestations take place indirectly through human faeces. A few diseases incapacitate their victims completely - mentally, physically and socially - as does hook worm infection. Hook worms in the bowels, if present in significant number produce a continuing blood loss - anemia (Smiley, op. cit, **p.93**)*. Kochar atoll says that hook worm disease occurs only where infected persons excrete their ova-laden faeces upon the frozen sandy soil and where the human skin without slippers is permitted to come in contact with infested soil. The chances of infestation and **reinfestation** are great in rural areas due to the habits of indiscriminate defecation, and walking bare footed. In the rural **health** survey Bagchi (1960) examined 574 stools for parasitic infestations. He found that 58 % **of** the total stools examined were positive for over or cyst of Different varieties **of worms**.

With the proceeding discussion, it was clear that social and cultural factors which produce an environment for Lambadas of Ambodh Tanda affect the health of the community as a whole.

Hence of health and illness of a community cannot be studied in isolation with socio-cultural factors.

Personal hygiene

Sanitation habits considerably affect the health of the community, where as personal hygiene affects primarily the health of the individual and is largely connected with standard of living. The study of personal hygiene required the understanding of individuals particular habits formed over a long experience and eventually becoming part of their cultural system. In the personal hygiene, the focus will be on to describe the habits of the Lambadas of Ambodh Tanda pertaining to bodily cleanliness which includes habits of cleaning teeth, taking bath, washing of clothes and care of eyes etc.

Folk concepts of cleanliness

According to Lambadas of Ambodh Tanda cleanliness is nothing but purification and rituals play a dominant role in matters of cleanliness rather than hygiene. Rituals are "a set or series of acts, usually involving religion or magic, with the sequence established by tradition' (Winick, 1956 P 460). *Purification is the process of cleaning, washing, sacnfice or similar symbolic techniques. Blood shed, birth, death, defecation etc., may be occasions for purification and purification is

often necessary to restore a state of holiness to an object (Winick, op. cit, P 442). The Lambadas do not recognize germ theory of disease causation nor are they aware of the relationship of body its cleanness and with the diseases that may be associated with it To them, ritual purity is an important concern and the point of practical application here is that where body cleanliness in the scientific sense is impure, it is pure in the ritual sense. For example, Lambadas will not touch the hands of mala and madiga communities (lower hindu caste groups) however neat and clean to might be but he will not hesitate to do so at the hands of a few clean man even if he is dirty in the scientific terminology.

Bodily cleanliness

Since customs and practices with regard to body cleanliness are governed by rites and rituals, there are no differences among the laws of Lambadas in regard to these practices. The present discussion of bodily cleanliness will include ablution practices, cleaning of teeth, taking bath, cleanliness of the head, face and finger nails, care of eyes, washing of clothes and frequency of changing the clothes.

a) Ablution practices

While discussing the habits of defecation it has been pointed out that except in the months of May and June when the ponds are dry, many Lambadas sit near a pond and wash the parts with pond water after defecation. During the month of May and June, many carry (even during other

months, some people carry tumbler) tumbler (brass or copper, silver bowl) of water and wash the parts after defecation. The tumbler (chambu) is then washed after rubbing the mud both inside and outside. Women usually carry the tumbler with them because they sit in the fields rather than ponds. Men get up very easily in the morning and come back after easing, where as women go in the evening mostly in dark. Every day they carry the tumbler for defecation may not be the same both in case of men and women.

b) Cleaning of mouth, teeth and throat

Men after coming back from the fields wash their mouth and face and clean their teeth. Usually they take some water in the same tumbler, which they carried to the field, and wash this near their house. Almost all the men obtain a small, thin twig of neem tree, press one end of it under the teeth sufficiently thus getting this end crushed into fibres. This fibril end is then used as a tooth brush. After sufficient rubbing on the teeth on all the sides, the two ends of the twig are slightly bent and the bent twig is used as a tongue scraper. The tongue is cleaned by moving it upwards down. Finally, the person introduces the third and fourth fingers of the right hand into the throat to expectorate the sputum, and rinses the mouth several times with water.

The women folk as soon as they get up from the bed clean the front yards of ~~their~~ houses and then wash their hands, mouth and face. Some use neem tree twig, whereas others ~~just~~ rub their teeth with empty fingers and then wash their mouth. There are ~~some~~ others both men and women who variously use sand, charcoal and sait as tooth powder.

The children of the Lambadas below the age group of 10 years do not (with some exceptions) brush their teeth and even rarely wash their mouth and face. The parents will not teach them to do this but some children imitate their parents and perform this. Especially children of below six year eat the jowari roti early in the morning, most often without even washing their faces and teeth.

Bathing habits

Care of the skin is largely related with the bathing habit of the individual. There are no sources of bathing water in the village except the pumphouses in the fields. The bore well hardly caters to the drinking water needs of the tanda. The usual way of taking bath for males is to sit under the pump and bathe, but women cannot take bathe in an open place. Women usually take bath inside the house and that too in the absence of men. Since there are more practical difficulties in taking bath for women, the frequency of taking bath among them is very low as compared to that of men. Women take bath with collected or stored water in their compound some time in mid-day, when men are away at work.

The frequency of taking bath among the Lambadas is very low. None of them take bath at least once a day. Some take bath twice in a week, whereas some others take once in a week that too on the auspicious day of the week. Amboth people take bath on Wednesday's because, their god Ragulla swamy took birth on Wednesday and it is the good day for prayers and offerings and functions for them. After continuous work in the field, they only wash their face, hands and tegs and not more than that. Taking bath has more religious and ritual importance than hygiene to

the same way Ramavat clan people bathe on today's, Ratla on friday's or saturday's, Sabavat on Monday's and the Nenavath on Wednesday's or thursday's. Among all these households the Ambodh people take bath regularly or once in week than other families because they claim that they are the originators of the village and they should attend and perform all the rituals and functions.

Women among the Lambadas are considered to be "impure" during the menstruation period. They cannot cook meals during that period. After the menstruation period they take purifying bath and resume domestic work. In the same way, a woman is considered to be 'impure' after child birth and the process of purification consists of four purifying baths. The first bath, known as chathi, is a ceremonial bath on the sixth day after child-birth. There are three more baths for the mother and the child, given consecutively after three days of the first bath. A woman is treated as an untouchable after child-birth till she takes her first bath of chathi.

Children and infants are bathed by their mothers or elder women; more attention is paid to infants than to the grown up children. In the morning, mustard oil is applied on the entire body of the infant before giving a bath. The infant is exposed to the sun during winters for a while. Some of the adults also practice oil massage before bathing but the number of such persons is very small. "The practice of massage is of great value as it not only keeps the body cool, but also renders the skin soft and supple and helps in the formation of fat in the body. The dirt on the body gets absorbed in oil which may be removed by taking bath. Massage helps not only in the exercise of muscles but also quickens the circulation of blood which gives refreshing feeling to the person"

(Ghosh 1945:293). The sunbathe for infants is particularly useful as it helps in the production of Vitamin 'D' and prevents the occurrence of rickets, although the Lambadas are not aware of it.

For the Lambadas bathing means simply splashing of water on the body. Women, however use a paste made up of flour of gram, castor oil and turmeric powder and it is rubbed on the body before the bath. A few of them are using soap while bathing, that too Errasabbu i.e. lifebuoy soap. Men will not use any soap or paste to rub their body, instead they use sand and grass to rub on chest, back, hands and legs and then splash the water on them. Even while taking head bath, no soaps or detergents are applied; they first sit under the pipe from which water is flowing rapidly. Gosh says that "cleaning of the skin is of immense values in facilitating the opening of pores of the skin. If the skin is not cleaned regularly the pores get blocked by dirt and the action of the skin is hindered. The diseases that commonly affect due to improper cleaning of skin are itch, scabies, ring worm, etc.

For children no detergent is used for bathing and they just pour the water on their body at the pump in the field. No special care is also given to them at the time of bath and the parents are not even aware as to how many days before their child had the bath. Hence it is clear that most of them take bath without using any cleaning agent just to purify their bodies. Among the women the people daughters-in-laws and old women take bath less frequently. Because daughters-in-law are most of the time busy in performing all the household and field works and also for want of privacy. Old women take bath on festival days or on important functions, because some one has to fetch water for them to bathe and this will not happen normally.

(d) cleanliness of the head, face and finger nails

Women comb their hair once a week or so. They help each other in picking up lice from the head. Women apply castor seed oil on her head but men rarely apply oil on their head. All the women in the village allow the hair to grow and never cut it. However, men have regular hair cuts, expecting on the occasions when they take vows to a god or a goddess which they do for the birth; to recover from a long sickness, for a good harvest etc. In fulfillment of this vows, they let their hair grow and offer it at the shrine of the respective deity. When they bathe they simply throw water on the head and do not pay attention to the removing of the accumulated dirt.

Most of the adult males of Ambodh Tanda do not shave regularly. One can see that almost all of them remain unshaved for more than a week. They shave themselves, looking into a mirror kept on the knees. First they rub sufficient water to make the beard soft enough and use the blade directly holding in their hand without the razor. They do not use the shaving soap. As a result they cut their face at several places and to stop bleeding they apply wet cow dung on the cuts till the bleeding stops. Lambadas get their nails cut once in three weeks, but not necessarily. They rarely go to the barber to get a shave and to remove their finger nails. Only those are on their visit who to Loyapallie village, if they have time and money go to the barber. Women usually cut their finger nails with knife they have in their house. Nails of children were not cut by the parents regularly.

(e) Care of eyes

Eyes are usually cleaned and washed by all the persons with water once a day i.e. early in the morning when they wash their faces. A substance called kajal (collyrium), is applied to eyes by Lambada women everyday. It is applied to children also. Black soot collected on the earthen pots covered over a mustard-oil lamp is mixed with a little of alum powder and then pounded into a paste with mustard oil. This is then applied to the eyes with the help of a small needle. It is greatly valued for beautification. It is believed that kajal is good for the health of the eyes. Kajal is a good antiseptic is not known by them.

(f) Clothing

Clothing is a biological as well as a social need for man. From the biological point of view he must sustain the warmth of the body and protect it against heat and cold as also from external injuries. Clothing is one means by which the warmth is preserved within the body. As a social need clothing is necessary to cover the body, decency and personal decoration or ornamentation

The material of clothing in the Tanda is predominantly cotton. The same is used during winters because people cannot afford woollen. This does not mean that people have no means of protection against cold during winters. The cotton clothes for winter use are made in such a way that they protect the body from vigorous cold. Clothing in fact varies according to seasonal variations. After the festival of Holi (march) and up to the rainy season men ~~folk~~ wear as few

clothes as possible because the climate remains hot. While they work in the fields, the upper half of the body remains uncovered (it remains naked for the most of the time during these months). This helps in continuous evaporation of perspiration and the body receives fresh air and sun. The lower half of the body is covered by dhoti, a piece of cloth 5 meters in length and worn around the waist with one end passing between the legs and fastened behind the other and tied around the waist. It is a loose dress, and allows radiation of heat from the body. Continuous use of this dress during summer and rainy season without washing for a long time results in accumulation of perspiration and will be a good medium for the growth of the fungus responsible for ringworm.

The Lambada women wears their typical Lambada dress with half saree and blouse and the lower garment. This dress is made up of thick cotton and is very heavy also. Children of three to four years of age remain naked during summer while during winters they wear a shirt and an underwear. Wearing of scanty clothes makes children receive sun for most of the year and this helps very much in preparation of vitamin D in the body and preventing the occurrence of rickets.

Washing of clothes is not frequent among the Lambadas. Once in two weeks they wash their clothes and dress which they wear continuously for about ten days. Men who work in the fields wear their dhoti continuously and whenever they feel the need they wash it with water without any detergent. Their upper cloth is rarely washed with a detergent. Women wash their clothes sometimes with locally available cheap detergents. Most of them wash their clothes without the detergent. They soak the clothes in water for fifteen minutes, beat them on the floor for te*

minutes and rinse them in a bucket of water. The women also, like men, wear their clothes continuously for ten days or so and wash them depending upon availability of water and time. Lambadas are not conscious of the importance of washing and changing clothes at regular intervals in maintaining hygiene. To a question about unclean clothes and hygiene the answer was : "how will one become ill without wearing the clean clothes".

Other practices

Apart from habits, customs and practices connected with bodily cleanliness, habits connected with eating, smoking and sleeping are also important in matters of health and hygiene.

(a) Eating habits

Lambadas eat their meals three times a day : in the morning before going to field around 9.0 clock, lunch about mid-day, and dinner an hour after sunset. Due to shortage of utensils they eat sometimes in the same vessel in which it was prepared. Two or three persons eat in a common utensils because of more people as well as to finish it in their hurry to go to work. Women usually take their meals in the same utensils in which the male members has just taken their meal without the washing utensils.

The habit of washing hands before the eating is absent among the Lambadas. Only a few who visited towns and cities and attended functions of caste people do it, but will not teach to children and their family members. Children will not wash even after eating.

(b) Smoking habits

Smoking of bidis and chuttas (a small pipe made out of the leaves of bubble tree) is common in the Tanda. Smoking serves the commonest and cheapest means of recreation in the Tanda. Whenever they find some leisure time they gather at a place, sit together and gossip. The person in front of whose house other persons have gathered acts as the host and brings the chuttas for smoking. Old generation people smoke chuttas, whereas bidi is smoked by children, youngsters and adults. Bidi may be carried by a smoker in his pocket and the use of bidi is increasing gradually in the village. Tobacco smoking is also prevalent in the village and it was lesser than bidi smoking. An Ambodh will not hesitate to smoke (i.e. share) the same bidi or chutta smoked partially by a fellow Ambodh but he will not share the one smoked by a Ratla or Ramavat. This is the same case also with the other clan groups. To persons of other clans fresh bidis are offered. Any conversation, discussion, or panchayat will start with the distribution of bidis. One can see Lambadas always with a bidi in their mouth.

One of the significant features with regard to smoking is that this habit is prevalent even among the younger ones, in the age group of 8-15 years. Many children in the age of 8 to 10 years play with a bidi in their hand. Parents never object to smoking habits of the sons and they exchange whenever needed. It is observed that 98.4% of the people of this Tanda are habitual smokers. The number of smokers among the women is negligible in the Tanda. No differences in clan wise smoking and all the Lambadas irrespective of age and the group they belong to smoke. Gosh points out that habitual smoking may lead to the cancer of the lip and tongue, sore throat,

disorder of digestion, impaired vision (toxic amblyopia) and nervous tremor and sometimes feelings of depression and muscular weakness. (Ghosh, o.p. cit p. 289).

From the above discussions it is clear that Lambadas of Ambodh Tanda doesn't attribute the micro-organization as carriers of infection and disease and the sanitary practices and personnel negligence are the features of their cultural and social systems. The practices of eating, smoking, religious taboos, rites and rituals play a dominant role in determining the habits of the people.

Chapter -IV

Food habits and food taboos

Introduction

Nutritional ~~status\standards~~ in the tribal and rural areas of underdeveloped countries like India is different from that of economically advanced nations. In rural areas of India the larger part of the diet is obtained from locally produced foods. It is widely recognized fact that the diet of the people of a particular area is greatly influenced by local conditions of soil and climate, the density of population extent of urban contact, local religious customs and traditions relating to feasts, fasts, and food-taboos. Audresy I Richards (1939) has brought out numerous social and cultural factors associated with the dietary pattern of the tribals of Northern Rhodesia. He has shown that the methods of storage or distribution, systems of production and cooperation, economic incentives, or traditional attitudes and values in relation to food stuffs are at the root of special deficiency in diet. "The purpose of dietary surveys which aims at collecting qualitative information on dietary patterns and food consumed, the frequency with which these foods appear in the diet, the sources of supply and the methods of storing, preparing and cooking. The gathering of such information is necessary as a preliminary to quantitative surveys (Food and Agricultural organization, 1949 P.61)

The present chapter deals with the qualitative aspects of the problem of nutrition to customs and practices values and ideas, beliefs, religious taboos and economy of the Lambadas ~~of Ambohi~~

Tanda.

There are three sources of food supply in Ambodh Tanda - one's own field, grocer in Loyapallie and weekly market. A list of cereals, pulses, vegetables, fruits and spices used by the Lambadas is given in the table along with the periods of availability. Salt, spices and many other articles of food are sometimes available within the Tanda, which are brought from Loyapallie and brought by some Lambadas and sold through their petty shops. A few hawkers also visit the village occasionally. A weekly market is also held in Loyapallie which is 2 km from Tanda, on every Saturday.

One of the characteristic features of dietary behavior in villages is that various types of cereal, pulses and vegetable provide a variation in foods of the people in different seasons. In cities or towns there is variation in foods of the people in a single day whereas in the villages there is no variation in food of the people on one particular day or even in a week, but is only after the period of several months that a new dishes were introduced. In kharif and rabi seasons also, because of irrigation facilities they grow rice and the Lambadas preserve the required quantity of rice for the whole season. They also grow or buy jowar which is also stored. Rice is the sole diet of the people during any season and is supplemented by pulses and the jowar roti during the night.

Animal products also form one of the sources of food supply in the Tanda. Milk and milk products like classified butter (ghee), curd (dahi) are also used by the Lambadas. But the quantity and frequency of usage of these food articles varies considerably in different families

Eggs, mutton and chicken also form the part of their diet **Besides these they also hunt animals** like deer, wild cats, rabbits, jungle flows, birds wild **pork**, rats, wild **borer**, monitor **lizard**, giant squirrel, etc. from the hills by men.

Food Processing and storage

Lambadas processes and store food products of leafy vegetables, fruit vegetables, **meat**, butter, flowers, seeds and cereals by their own indigenous methods. The jonna (sorghum) and vaddlu (rice)cereals obtained after the threshing and winnowing processes are spread on cotton sheets on the cot, and sun dried. **Tall** jars of clay known as '**Buchidis**' are made by women before harvest and the dried grains are stored in them. The task of separating the husks from kemels of rice is left to women. Women husk the jowar in a pole-pestle '**Dungu**' set in a corner of the floor.

Drying is not limited to cereals and pulses like peas, mustard only. The seeds of peas or leaves of mint are also dried under the sun and kept in basket clay jars. Unripe mangoes, **peeled** and dried are kept in jars which is used later for flavoring dishes. This is known as khatai. **Mustard** seeds are dried and stored and given to the oil presser when a fresh supply **of oil** is **needed**. Preparation of pickle and sauce (Uragaya and chatni) are other forms of preservation. These are done by spicing and then preserving in oil. Limes may be preserved in common **sat** also.

Equipment

A list of utensils and other household articles is given in the following table. The utensils, used in cooking, serving, eating and drinking are generally made of brass, steel, ~~silver~~ clay or wood. Copper utensils also are used by a few Lambadas. Unpolished copper vessels are recognized by people as injurious or poisonous as they rust soon.

Method of cooking

According to Nutritional specialists the method of preparation and cooking is an important factor in determining the nutritional level of a particular group of people. On it depends to a considerable extent the absorbability of the essential food constituents in the diet (Gangulee, op. cit., P179). Hand pounded rice and stone ground flour are of greater nutritive value than milled flour and milled rice says Arif Hasan while citing about the health habits of Chinaura villagers of U.P. Hence an account of the methods of cooking of various foods and dishes in ~~Ambo~~ Tanda were described.

a) Dishes prepared from cereals

Everybody among the Lambadas prepare rice, and bread made from ~~jowar~~ is eaten during the nights. A decade and a half ago, according to an old women informant, women used to grind cereals themselves in the grinding stones of the houses. But today grains are sent to the flour mill run by electricity situated at a distance of 2 km from the Tanda. The use of ~~milled~~ flour instead of ground flour in the Tanda is an important consequence of technological change. Rice is cooked by the Lambadas in the same way as any other community of South India. The

required rice is soaked in water for some time before cooking it in a hearth. The rice is cleaned and winnowing is not done before cooking the rice. After putting sufficient water and salt in a aluminum vessel and cooked on a hearth which burns with firewood. The water of cooking rice is discarded and this water is fed to the cattle while giving water to them. Then it will be kept on the oven for sometime then removed from it and kept aside. Every small child in the village is acquainted with the preparation of rice, only the measure of rice to cook is known to elders of the family.

In order to prepare bread from jowar, the Lambadas mixes the flour and hot water in her mixing bowl and kneads it thoroughly. This is called pini in the Tanda. When she considers it "soft enough" after sufficient kneading, she takes up the ball of the dough and works it further in her hands, before putting and rotating it into a round flat cake. This cake is then flapped on the griddle which has room for one cake only at a time. This is then turned over with the help of iron tongs, while the second cooks above, the slapping of the third is started. The fuel used by the cook is small twigs and firewood collected by women and children.

Parched grains is one of the snack foods prepared by the Lambadas. The parcher has a day furnace in which he burns leaves and twigs. In the furnace he or his wife heats clay jars of sand and when hot enough it (sand) is mixed with grains until they turn to brown in color. The grains, thus roasted are eaten with jaggery (gud) or with a pinch of salt. During summers parched grain may be ground and the resultant known as sattu may be eaten after mixing with water and jaggery.

The use of flour of coarse cereals in bread, of milled flour in place of stone ground flour, of parched grains and the preference for parboiled rice are the important cultural factors affecting health and nutrition of the people. The use of parched grains has been found to be beneficial. It has been found that parching increases the biological value of certain cereals particularly of gram, field pea, millets and parboiled rice (Acharya et al 1992). It has been found that parching in many cases improves the digestibility coefficient (Ibid 1992). Moreover the use of jaggery (gud) with parched grains or otherwise helps in correcting certain dietary deficiencies because it contains inorganic substances of the plant juices in the fresh state and is certainly more nutritious (Gangulee 1976).

(b) Preparation of pulses

The dish of cooked legumes served with bread or rice is known as dal. The most common and frequently eaten dal by Lambadas is pigeonpea (Kaduva). Most of the dals excepting pigeonpea require soaking in water for a few hours. The dal is cooked in water with a mash of a few red peppers, coriander seeds and turmeric. This is prepared during festivals when relatives visit them.

Preparation of vegetables

Many of the vegetables are available in Ambodh Tanda. But Lambadas prepare these when they have enough time and money, because vegetable preparation needs other ingredients which have to be bought from the shop. There are some vegetables which may be peeled before cooking while other are not. Beerkaya (*Luffa acutangula*), gourd or pumpkin (*Lagenaria vulgaris*) are examples of the former and ladies finger (*Hibiscus isculentus*) and potatoes (*Solanum tuberosum*) of the latter. The actual process of cooking starts by frying a little of fenugreek or pieces of onion in the pan. When this is well fried the chopped vegetable is added to it with a little of water in case of dry vegetables such as potatoes and with no water in the case of green vegetables like beerkaya (gourd) and bhindi (ladies finger). The pan is then covered with a lid, while it cooks, spices are added varying from salt, pepper and coriander.

Preparation of tokku (Chillie paste)

Tokku is a paste made up of green chillie (*Capsicum frutescens*), and tamarind (*Tamarindus indica*) with turmeric and salt. It is stored in earthen bowls and is used for 2 to 3 days.

Animal products

It is true that milk is recognized as an important item of diet in India and owing to its adaptability for combination with various articles of diet, milk has a place of honor in Indian dietary as pointed

out by Gangulee (1976). However this does not mean that all the growing children and adults get milk and even those who get, take it insufficient quantity. Most of the milk produced in Ambodh Tanda is supplied to Loyapallie, Ibrahimpatnam and other nearby towns and main centers. Lambadas do not use clarified butter and few houses make ghee out of it and it is sold in Loyapallie and very little is preserved for home consumption.

It is found that only 7 % of the families are getting a regular supply of milk. The number of persons getting milk was given in the following table.

An interesting point regarding the use of milk needs to be mentioned here. People attach different values to the milk of different animals. Cow milk is recommended for summer use as it is thought to be a 'cold' (chaluva) food. Buffalo milk is regarded as 'heavier'¹ than cow milk and classified as 'hot'. To most of the villagers it matters little if one drinks boiled or unboiled milk. Buffalo milk is not given to infants and children and if given, equal amount of water is added to it so as to make the milk light and easily digestible.

Contamination of milk is so common that it is difficult to get pure milk in Ambodh Tanda. A deep rooted magical concept is responsible for this. Lambadas think that if pure milk is boiled, the mammary glands of the donor animal may get itching or bums. This 'contagious magic' as called by Frazer, is based on the assumption that things which have once been in contact with each other continue to act on each other at a distance even after the physical contact has been severed. (Frazer 1928: 11). It can therefore, be concluded that at every step right from the

milking process down to the vessel from which milk is sold or given to other family members, it is open to serious contamination.

Non-vegetarian food is prepared by Lambadas in a very simple way. A little of onion is fried in mustard oil until it is red and to it is added a grinded mixture of a piece of turmeric, some coriander seeds, a few red pepper and a little of garlic with water. This is then fried for nearly five minutes and then small pieces of meat or chicken are added and seared in it. A ground mixture of chilli is added to it at the time of boiling. And finally water in sufficient quality is added to it. This is cooked for nearly half an hour on the firewood oven. When the meat/chicken is soft enough it is ready for eating with jowar roti or rice.

The goat meat is obtained from the shop situated in Loyapalli village at Rs.45/kg. This is available usually for four days a week. Lambadas rarely buy goat meat from Loyapallie. As they are rearing sheep's and goats they slaughter their own animals on community feasts, marriages and deaths. chicken is most popular with the Lambadas of Ambodh Tanda. Majority of the households have poultry and stealing of chickens is very common in Tanda. Lambadas relish the meat of hunted birds, hares and wild cats. It is also cooked in the same way as other non-vegetarian food. They say that their curry has more green and dry chillies and salt than the preparation of any other caste population. The same is fed to children also. The following table gives the non-vegetarian eating habits of different families of Lambadas.

The Ambodh consumes meat foods more than any other, mainly because since it is the largest

group and the number of rituals and functions performed are more, guests are many, and also that this family is economically better off with an exposure to outside world.

In Ambodh Tanda, Lambadas prepare a number of food items from time to time, season to season and occasion to occasion. The types of foods they prepare can be broadly categorized into prestige foods, ritual foods, food of medicine based on the context in which it is prepared.

Prestige foods

The prestige foods consist of food prepared during marriages, child birth and puberty. All the villagers irrespective of the clan group were invited to such foods. Some non-tribal people also share this food. These foods were prepared by men and the whole community participate in preparing the required food. During marriages Lambadas prepare "pasupannamu" that is also called "pulav" and which is considered as highly valued food. Pulav is made up of rice cooked with onions, spices roasted in oil with "garam masala" (consists of ginger, pepper, cardamom, clove and dalchini). Salt and pinch of turmeric is added to get a better flavor. Along with this pulav they serve a paste made up of curd and onions. This food is prepared on firewood and by the male member of the community.

Tippi Annamu' is food prepared during the child birth and puberty occasions. It is a sweet rice made of boiled rice and jaggery. On this day also prepare a favorite but not common, sweet dish known as 'payasam' which is cooked by boiling rice in milk and adding sugar to it.

Ritual foods : There are the foods prepared on festival occasions, death ceremonies and ~~all~~ are prepared by women after taking head bath. Special dishes are prepared for the days of ~~religious~~ festivals, clan festivals, and other ceremonies. 'Pulav' yellow fried rice with ginger and ~~garlic~~ masala (mixture) is prepared on all functions and festivals. To this they add ghee ~~while~~ roasting the onions and garlic masala. The boiled water is discarded after cooking. Sweet rice is also prepared during the functions especially rice and jaggery which is more common during happy festivals. During Batukamma Panduga festivals Lambadas prepare Pulav from rice and a dish of goat meat. On this festival the whole villagers pool the money together and with that they buy goats and its meat will be distributed to every one. Goat meat is prepared separately as non-vegetarian food with lots of gravy. Along with this they also prepare Dalcha pigeonpea boiled in water and to it add onions, turmeric with few vegetables in it. Curd is served in the last.

During death occasions especially on the 12th day of death, the deceased family prepare small round ball type sweets from wheat four, jaggery ghee and some pulse. While providing food for ancestral gods, Lambadas prepare Breads of wheat flour and which made up of purely ghee. On other festivals like Holi, Deepavali and on Sanakaratri, Lambadas prepare non-vegetarian especially chicken curry with jowar rotis and also sweet rice. Every function or festival ~~will~~ be having a sweet rice dish compulsorily in every Lambada family.

(b) Feeding of the infant

Usually breast feeding continues up to the age of three years and in some cases ~~upto~~ ~~foe~~ years.

though infants start eating bread or rice at the age of 10 months or at the most an year.

Mother's milk is a perfect food for the infant. It is certainly of suitable gross composition, it contains vitamins and antibodies of undoubted value, it may also contain other substances about which nothing is known and it is delivered at a temperature which suits the infant (grundeg, 1948, P. 40). Animal milk is not only contaminated but, if boiled, reduces the calcium content by 50 percent and affects vitamin C contents (Gangulee, op. cit, P. 165). It is, however, claimed that the protein in boiled milk is more digestible than that of raw milk.

Food in medicine

Lambadas take care in feeding pregnant women and nursing mothers. After the woman attains seventh month her diet will have ghee content and less amount of tokku. The pregnant women is also given more of jowar roti than rice and once in fifteen days she is given a mixture of mustard powder and ghee, because according to them, it makes delivery easy and strengthens the abdomen after child birth.

After the child birth, the mother is given some special foods, for the first **few** days after **birth**.

However, certain restrictions are imposed on her also. One special (fish **mew** (a preparation of

dry fruits) given to a women during the early nursing period. Coconut, **dried dates, almonds and** a little cream of jowar are all chopped together was heated in ghee. Refined or raw sugar is boiled until it forms a thick grave. **It** is stirred into the prepared condiments **and the whole** is shaped into balls called laddoo. The same day of child birth the mother is given 1/4 liter of country liquor, for it is supposed to add strength to the mother. However, all the arrack is not given at one time, but is given in several doses.

Another special food given to women after child birth is harira. Aniseed, coriander, parsley, dry ginger and fennel are ground together, to which is added equal amounts of ghee and sugar. This mash mixed with such quantities of water is somewhat like porridge.

The expectant mother as well as the mother of a breast fed child is supposed to avoid eating 'hot' or 'cold' foods e.g. eating of gud, pepper and curd etc. certain substances are given to the mothers which are believed to actuate lactation. A substance called pipri (a kind of medicinal plant) and jaggery are ground and mixed with milk and this mixture is given to the mother. Another preparation of this kind is called chatawar (medicinal plant). They believe that intake of milk by the mother also increases lactation.

The nutritional demands of lactating mothers are greater than those **of pregnant woman as the** nursing mother has to "eat for two". The production of milk by the lactating **women requires extra** calories, additional proteins, minerals and vitamins in her diet **The Lambadas do recognize the**

necessity of special care and diet to pregnant and delivered women. The ~~delivered~~ women after ten days go to collect firewood, carrying on her head and looking after the other ~~children~~. None of them take the immunized injections or the iron tablets, before or after the child birth.

Among the Tanda folk there is a deep rooted belief that it is the quantity of food intake that matters for the health of a person i.e. if a healthy person does not get enough of food that his system demands then the person is likely to lose his health. The idea of quality does not come at all in their way of thinking about food and health, except that certain foods are recognized as 'strengthening'. These are supposed to give superior strength to the already strong or to restore strength to the weak. There are also foods recognized as having special qualities like 'hot' and 'cold'. Eating of 'hot' and 'cold' foods together may create a disturbance in the body. Some of the popularly known cold foods according to Lambadas are cow milk, sugar cane juice, leafy vegetables, water chestnut, curds, butter milk, rabbit meat, water melon, lemon, onions. Hot foods include dal of pigeonpea, raw sugar, jaggery, buffalo milk, meat, eggs, fish, deer meat, bird meat etc., hence these are the product of experiences of generations.

Food taboos

Since the supply of food stuffs and the eating habits are more or less common there is no fundamental difference in the dietary habits of different caste groups in India. Lambadas do not eat the flesh of cows and buffaloes as they consider them as sacred and Ramavat family worships these while worshipping Lord Krishna. They also feel that cows and buffaloes help

them in ploughing the land and in turn in food production. Therefore eating of them is a taboo for them. Whenever, a cow or buffalo dies, it is given to the 'Madiga' (schedule caste) people of Loyapalley, who takes it home and eats it. But Lambadas eat the flesh of dead animals like goats, chicken, rabbits and birds. As they have many goats in the Tanda there is often death of one or the other due to disease, old age or by accident, but the same is eaten by them.

Fasting

Fasting is one of the characteristic features of dietary habits of our people. Hereward Canington (1908:90) defines the term 'fast' as a complete abstinence from all food or nourishment - liquid or solid - for a greater or lesser period of time; the process of abstaining from food, for whatever reason, constituting a fast and the duration of such abstinence constitutes its length. Generally speaking a man is understood to begin his fast with the omission of the first meal. He may be considered as fasting, until nourishment is again administered. The following are the fasts observed in Ambodh Tanda by Lambadas.

- (a) The days of lunar eclipse, Amavasya and new moon days. On these days one meal is taken by women and usually men may not fast.
- (b) On the second day of the death of father or mother, the children especially males do not take any food except water. The next day they drink country arrack and break the fast

- (c) Women fast from morning to evening when they are performing prayers and offerings to the ancestors of the family. Only after sunset they take milk and break the fast
- (d) On the twelfth day of the lunar month (April) being the anniversary of the Ranguia Swamy, all the members of Ambodh family take only one meal in the day.
- (e) On the death anniversary of father or mother also Lambadas fast irrespective of the family or clan to which they belong.

There are certain restrictions, both for men and women on fast days: a man is forbidden to have sexual intercourse with his wife; women should not rub their bodies with powdered saffron and the men to avoid their heads with oil. The children are exempted from fasting, but occasionally children above 10 years may also fast and this may be regarded as a preparatory training for their adult lives. But the fasting are not strictly observed by men of the Tanda.

The effects of fasts on health has not been studied in detail by nutritionists and anthropologists. According to Ganguiee fasting depresses metabolism and it has been experimentally demonstrated that men on a reduced diet for long periods undergo metabolic changes which are in certain physiological reactions such as disturbance of blood composition, neuro-muscular efficiency and changes in the gaseous metabolism etc., but also in the development of psychological abnormalities.

From the study of food habits and taboos certain conclusions may be drawn. It is evident that although there are certain customs and practices that help in correcting the dietary defects, the overall situation is that the food material available to the Lambadas of Ambodh Tanda is mostly derived from the vegetable sources. It includes jowar, barley, maize, millet, wheat (in lesser amounts), rice, vegetables, legumes and rarely fruits, milk and milk products, eggs and meat

Eating Habits

Lambadas of Ambodh Tanda take their meals thrice a day, usually at 9 o'clock in the morning before going to fields or manual labor work, then at about 1 o'clock in the afternoon and finally at 7 P.M. in the evening. Food in the mid-day is carried by children from home and some times women. Morning meal mainly consist of previous nights jowar roti, and some fresh rice is cooked to supplement it. If they don't have any jowar roti left from last night's meal rice is cooked and eaten with butter milk and pickle or tokku. In case of pickle or tokku is absent they collect the decarted water of boiled rice mix it with hot rice and a pinch of salt.

The mid-day meal consists of rice, tokku and some vegetables mostly gaurd, lady's finger or tomato paste. Sometimes dried and preserved unripe mangoes, or pickle prepared from unripe mangos is eaten with the rice. Rarely that they eat rice with dai. They eat rice with butter milk and the tokku. Food is shared by all the family members working in the field. Women and men eat together; women first serve the food to men and eat last. Children join their parents while eating and disperse after completing their mid-day meal.

In the evening, when the farmer comes back from the field he does not get his dinner till after an hour or so of sunset. Lambadas do not take bath in the evening before taking their dinners. In dinner, Lambadas eat jowar bread and to it they prepare some vegetable or sometimes the tokku and pickle. A part of the food is kept at a safe-place. This surplus food, known as bast, is eaten by the children in the morning and sometimes also by adults if sufficient in quantity. There is nothing like a tea or any other beverage in the early morning. There is not a single tea shop in the Tanda. All the foods are eaten with the help of hands, there being no spoons, knives or forks. Its very rare for Lambadas to wash their hands before eating.

Children usually eat four or five times or even more in a day. Their parents feel that children need to eat many a times because they play a lot. Thus, some food is reserved for children for this purpose and is given to them whenever demanded. One Lambada women told that children eat more than the adults in a day although the quantity of food taken by a child at one particular time may be much less as compared to that of adults.

From the above discussion of eating habits of Lambadas of Ambodh Tanda it is observed that the diet of them is not balanced scientifically. A majority of them malnourished as their diet though not only deficient in quantity, but also in quality. A major part of their food consists of cereals and is deficient in high class proteins which is so important for vital activity. All of the Lambadas are non-vegetarians, but the frequency of eating it is very less. Milk is a good source of vitamin A and D and Calcium, is given a place of honor in Indian dietary yet a majority of them do not get

Drinks and drugs

The use of intoxicating drinks and drugs is known to have existed in ancient India. Aryan settlers are known to have used drinks of Somarasa a drink prepared from a plant called Soma (Mitra, 1955:234). However, it is reported that other drinks were disapproved by 'higher' classes and their use was regarded as an offense. The use of liquor and drugs was, therefore, confined to the so called lower strata. The spread of Buddhism showed positive effects on the prohibition of intoxicants which were obeyed by its followers (Report 1955:4). However, consumption of alcoholic beverages and hemp drugs is reported to be in use upto 8th or 9th century AD i.e., prior to the advent of Muslims into the country (Mitra).

The royal commission of 1893 that inquired into the prevalence of opium habit, and another commission appointed by the government of India two years later, collected a mass of information regarding the prevalence and effects of these drugs as a result of which public opinion was roused and people became more conscious to fight the evil (Report). The importance of some of the intoxicating drinks and drugs in trade can be understood by looking at figures. India was known to be one of the main supply points of opium. As late as 1910 about one million acres of land was planted with poppies (The Times of India, New Delhi, 24 May, 1959, Sunday Magazine Section). By 1948 it was reduced to one-fifth of that and in 1958 it came to 75000 acres only.

Drug addiction has been considered to be one of the important social problems in India. Keeping in view the objective of establishing a welfare state, various states introduced prohibition.

schemes. But prohibition carries with it some of the greatest problems for the society. It gives a fillip to illicit distillation, smuggling and sometimes people resort to using denatured spirit. Newspaper reports reveal that newer methods are adopted in smuggling day after day. Sometimes, the drugs are tucked into bales of cotton waste, false bottoms of oil and kerosene drums or between the floor boards of junks.

Definition and classification

The expert committee of the World Health Organization on drug addiction has given the following definition of addiction.

Drug addiction is a state of periodic or chronic intoxication detrimental to the individual and to society, produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include (1) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; (2) a tendency to increase the dose; (3) a psychic (psychological) and sometimes, a physical dependence on the effects of the drug (World Health Organization Technical Report Series No. 21, P7, 1950).

In the present study, it was found that a number of drinks and drugs were used by the Lambadas

as intoxicants but barring a few, the users usually did not feel disturbed if they did **not** get it. **For** majority of people the use of these drugs had recreational as well as religious value. Hence only those individuals were classified as addicts who were using one or more of these drugs, compulsively as periodic or chronic intoxicants and who abused the drug to such an extent **that** it caused physical, mental and socio-economic crises for the individual himself, his family or society.

Arora and Sharma (1955:348) also do not agree with the World Health Organization **definition** of drug addiction as they maintain that addiction means consumption of drugs in amounts that produces effects detrimental to society or to individual and addiction is nothing but a matter of abuse and not of proper use. Further they point out that physical dependence is not a necessary feature of all addictions. They classify addictive drugs into two groups.

1. Stimulants - Cocaine, Benzedrine etc., and
2. Depressants - Opiates and synthetic.

These include analgesic drugs such as methadone and domesol; **hypnotics** and **sedatives** such as chloral, paraldehydrabromide, barbiturates, alcohol and cannabis

Mitra (1955:323-24) has classified such drugs to which people resort **in spite of** the **undesirable** effects on mental, spiritual or physical health, into three **categories**. These are

(1) **Drugs of common structure** : These are the drugs that have a common chemical structure with particular arrangement of atoms within the molecule. morphine, **pethidine**, **methadone** and cocaine are included in this category. There is sufficient evidence to support the belief that drugs of this type interface with metabolism of tissues of the body, specialty of the nervous system. The body of the addict demands a continued supply of the drug in order to maintain its chemical balance and compels the victim to craze for fresh does to satisfy needs. Withdrawal symptoms are **nausea**, vomiting and mental discomfort.

(2) **Sedatives** : These are the drugs that are often used initially under medical advice for relief of insomnia, anxiety, nervous irritability and its use is continued with or without medical advice and justification. Under this category are included **verenol**, **aspirin**, **barbiturates**, **bromides** etc.

(3) **Hemp drugs** : These are obtained from hemp plants, Cannabis sativa and Cannabis indica. From Indian hemp are obtained the dried leaves of **Cannabis sativa**, known as **Bhang**, the oleo-resinous exudate of which is called **charas**, and the flowering top as **ganja**.

Social and cultural aspects of Drinks and Drugs

The use of intoxicating drugs is confined only to a few more commonly used substances and they can be classified broadly into two groups - alcoholic drinks and natural drug. The former include alcohol's ranging from **wine (mandu)**, country made liquor (**sara**) denatured **spirit**, and **toddy**

(kallu). Among the natural drugs the commonly used ones are ganja and bhang obtained from Cannabis. While the use of natural drugs seems to have a social sanction among Hindu castes of India. Common man rarely uses these drugs in Tanda, but the devotees Dhammans and Diviners seem to indulge too much in these drugs and it was often they who become addicted to these drugs. Drugs are a taboo for the children and women among the Lambadas, and adult men are allowed through a of them use it on certain occasions. Where as drink is not taboo for any one in Ambodh Tanda.

Alcoholic drinks

These include country made liquor (sara), toddy and sometimes wine (from Loyapallie village). Country made liquor is consumed by majority of the Lambadas in all seasons. It is drunk by men, women and children at all times depending upon its availability. It was prepare by fermenting rice, millet, barley, jaggery, pasupu puvvu (*Bassia latifolia*) or mollasses for two days. Later on it was heated in a large earthen pot and distilled. This drink is called the Sara (country made liquor). The desire for drinking is common among the Lambadas and more than 40 % of the Lambada families distill liquor inside their houses. It is readily available all the time in the village and cheap enough because it illicit distillation and free from all taxes. One glass (1/4 litre) of the liquor is sold at Rs. 8/- in the Tanda and it is very good source of income to the Lambadas. The caste population, farmers, laborers from the surrounding villages visit Ambodh Tanda for taking liquor and some of them carry it in bottles to their homes. Lambadas after hard work usually take 1/8th litre or sometimes for Rs. 2/- from their other fellow men. in this women are

more involved in collecting raw products, distilling, storing and selling of liquor. Old men and women are more addicted to this country liquid.

The above tables shows that % of Lambadas are permanent addicts to country made liquor and women are no less than men in this. In distilling the arrack **Ratla** families out number the **Ambodh**, because they have less lands and more landless laborers are there and this is one of the important sources of income to them.

Toddy

This drinks is made from the sap of palm trees. An incision is made in the spadix and a vessel is tied to the tree trunk in such a position that the juice rinsing out of the spadix gets collected in it. The juice then fermented after a few hours. The fermented liquor was known as **'kallu'** in the Tanda. All the fields of Lambadas have these palm trees and it is collected by **'Gammarollu'** (a caste known as toddy tapers) from Loyapallie village. Although the trees are in the fields of Lambadas, they have no rights. They get half of the product daily because ithe trees are in their fields and the other half is taken by the tappers who climb the tree with special equipment and collects. Everyday the **'kallu'** is collected in the evening around 6 p.m. and half is given to the field owner and other half is sold in the Tanda and other places. Those **who don't** have toddy trees in their fields, the **landless, and** the laborers buy it from the toddy tappers.

The toddy is taken by all the members of the family like some tea **or** coffee. **I have seen a small**

child age of 4 years of **Ratla** Ramu tasting the toddy in a small glass. No one can be seen **in** the Tanda who has not drunk toddy during its season. The cost of toddy is very cheap and one can get **1/2** a litre for 2 Rs. The landless and the laborers pay in cash, whereas the farmers and field owners pay in kind especially in the form of paddy. The toddy tappers maintain an account and collect the equivalent grain from the lambadas or take them as labourers in their fields. **In** Tanda if two friends meet, they immediately go for taking toddy and then talk about other things.

Those who don't have regular toddy supply (daily), they buy from the toddy tappers whenever they have money or some of their friends may offer them as a friendly gesture. If they are working in some one's field or under a contractor or in well digging work, it is the responsibility of the person who engaged them to provide them each one with 1/2 liter toddy after the work besides their daily wages. One important observation is that women and children are equally interested to drink toddy with men and women also seen sitting near the toddy tappers drinking in a leaf-cup. During evenings one can see a number of toddy tappers standing before the houses of those who take it regularly and some of them running to get enough money to buy it.

The use of fresh toddy obtained directly from the tree is considered to be a strengthening drink. It is also believed that fresh toddy obtained before sun rise did not carry any intoxicants and **they** call it 'Neera'. Lambadas say that they never get pure toddy because it **is diluted by adding** enough discarded rice mixed with water, so that it did not look diluted. They **feel** that **i** **is** contaminated, hence they get addicted and add that there is no other go. The **average drinker in**

the Tanda could drink three bottles of toddy. Spiced preparations were also taken sometimes with toddy also as with any alcoholic drink. Lambadas think that toddy is a **'cold'**; therefore it is given to those suffering from excess **'heat'** and fever.

Social Organization and Drinking pattern

The basic elements of Tanda social organization are kinship and clan (**kutumbam**): and the outside world is looked upon with suspicion. Drinking among the kinship groups is permissible. Male and female members of the same family can sit and drink together. But a woman may feel shy to drink in presence of her son-in-law and she may sit separately to drink. Similarly a daughter-in-law may feel shy to drink in presence of her father-in-law. Drinking among the kinship groups in Ambodh Tanda is noticed usually on festivals or harvest or when a visitor comes to stay. Drinks may also be offered to the would be in-laws at the time of negotiations for marriage and afterwards also when they visit home. Members of the family usually sit on the floor in a circle. The drink is passed on from hand to hand in a small charred clay glass. If they are drinking toddy, each participant takes a bottle of toddy in his left hand.

Drinks are also taken during community functions and festivals in the **Tanda**. After cutting the goat every household of clan group get their own share of goat meat **which** is **cooked and taken** with the drink. Drinks are also served when some one dies in the **family** then **it is the** responsibility of his clan group to come and console the deceased **family with 1/2 liter of country** arrack. The liquor is given to the crying members and **after** the cremation is **over**, to **the next day**.

the deceased family cooks vegetarian food and feeds the clan members with a **drink**. Drinks are taken during holy festivals: they drink and sprinkle color on each other. On **Batukamma** festivals **all** the Lambadas irrespective of clan drink a lot and dance during the nights. Drinks are also served during Panchayat meetings both at the village level and clan level. When there is a **dispute** in a family on land, cattle, grain or theft, wife and husband's quarrel, the panchayat **will** sit and make decisions. The offenders have to pay fine in the form of liquor to all the Panchayat members **and** also to the other party.

Hence drinking is done mostly within the Tanda, and it is rare to see Lambadas going out of the town and drink together in the premises of toddy or arrack shops.

During my one year stay in the village a number of functions, festivals and Panchayats held and drinks were followed later on. The following table gives number of times community level drinks held in the village.

Smoking habits

Bidi, 'chutta'(leave of peepal tree) and tobacco is very common among the Lambadas of Ambodh Tanda. Bidi is easily available within the Tanda and a bundle of bidi containing 15 costs around Rs.3/-. It is smoked by all the Lambada males of all ages. When two friends meet, they offer bidis and start the conversation. After hard work, starting of work, middle of any work **bidi is** smoked by Lambadas. Even the children of 4 years of age are seen smoking bids. During

Panchayat meetings, gossips and journeys bidis are seen in the lips of Lambadas. Smoking of **bidis** is just killing of time for the Lambadas. My inquiry reveals that on an average one person smokes 2 bundles of bidis.

Chuttas (leaves of peepal tree)

This is the poor mans bidi in Tanda. The Tanda has three peepal trees and **some people** especially old persons take a big leaf of this tree and twist it in to **a** small pipe, lit it **and enjoy the** smoke. They have to lit it frequently as it bums slowly or goes off. This **type of smoke is found** among the older people and it was smoked by both men and women. All old **men and women of** Ambodh Tanda smoke this 'chutta'.

Tobacco

The intake of tobacco is comparatively less in **Ambodh Tanda**. **Only 15 persons smoke Tobacco**, that too, they put it inside the peepal leaf and smoke. Tobacco **has to be purchased from the** shop in the Loyapalli village and only a **few of them have accesses to it**. Smoking tobacco is a status symbol and formal and informal leaders **are seen smoking tobacco**. Among all Ambodh family people smoke tobacco more than others in **the Tanda**.

Natural Drugs

These are charas, bhang and ganja found to be used in Ambodh Tanda in small quantities.

In Ambodh Tanda these three drugs are used by shamans and diviners only. It is not accessible to common man there. These shamans and diviners **before doing their work consume orally in** the form of small balls. The bhang is taken as a decoction, **and it is used as a cod drink by** Lambadas during summers. Bhang decoction is also used by them during the **Holi** festival and the Batukamma panduga festivals, they drink this and dance the whole night The effect of **this** is said to make the person cool and comfortable.

From the above discussions it can be concluded that most of the health problems the Lambadas face are due to their drinking and smoking habits. As Good man rightly says "the consumption of alcohol is said to be associated with the disturbance in the consumption of other foods. Alcohol is particularly injurious to persons suffering from malnutrition as it causes irreparable damage to the body as such particularly the nervous system. It injures cells by precipitating and dehydrating protoplasm. The concentrated alcohol is an irritant to denuded surface and to mucosa and strong solutions may result in inflammation. Heavy drinkers are often reported to suffer from chronic gastritis (goodman and gillman 1955:98)". It is also true that "the consumption of country liquor is more injurious than crude beer, etc., not only because it contains a high percentage of ethyl alcohol, the toxic limit of which to the human body is more quickly reached and more quickly exceeded (gangulee 1939:192) but also because of other higher alcohol's present in it. (Wilson and Schild, 1959:245). Wilson and Schild have shown that higher alcohol's are more toxic than ethyl alcohol. The following table is reproduced from ~~wilson~~ and schild's applied pharmacology and demonstrates this **fact amply (p:245).**

Wilson and Schild further say that the higher alcohol's present in the country liquor are known collectively as fusel oil and are volatile in their characteristics and it is actually their presence that renders freshly distilled pot of spirit unfit for human consumption (Wilson and Schild 1959:45).

From the study of food habits, taboos, drinks, smoking and drug habits it is clear that majority of Lambadas have their own norms associated with the taking of food item, drinks and drugs. Their society allows and gives its permission through 'community meetings, religious functions to take one or other type of drinks or drugs. Lambadas worldview of health or sickness has nothing to do with either drinks or drugs or smoking. They will not recognize or conceptualize that these habits have effects on their health system.

Chapter V

Concept of health, illness and Etiology

More often than not the concept of health and disease **varies** from culture to culture. **Ideas** and perceptions about health, disease, etiology and treatment of illness are framed mainly in cultural terms in traditional societies. Attention is drawn in the previous chapter as to how beliefs, ideas, values customs and practices are directly related to the phenomena of health and **disease**. It is proposed in this chapter to discuss those cultural factors which are indirectly related to the problems of disease, treatment, prevention and hence health status of the community. In this chapter the main discussion will be on the beliefs of the village folk concerning health, the local classification of diseases or disabilities, the attribution of different causes to different types of disease and the manners in which the problems of health and diseases are met from the local setup. The emphasis will also be on the locally recognized symptoms for various diseases, their diagnosis processes and their treatments and finally the role of urban contacts and Governmental efforts in introducing changes in health practices. These are those social and cultural factors which determine the type of medical aid that is given to the sick and is thus largely related to the problems of medical care, eradication and of prevention of diseases.

Ideas About Health

As regards the concept **of health**, the **Lambadas do not have any specific definition**. They understand health **not only in contrast to disease and hence express the state of being healthy as**

being alright • (accha gavu) implying not having any disease. In general, Lambadas also mean health as right condition of the body, and healthy persons are those who can afford to eat 'strengthening foods', have good muscular bodies and can work hard. People maintain that for health it is essential to be free from sorrows and worries. Different age groups give different responses when asked whether they enjoy health. Old people point out towards their wearing and tearing teeth, their eyes and other parts of the body and say that with the onset of old age the normal functioning of the body gets disturbed and the health deteriorates. Young people usually consider themselves healthy because they can work hard and are usually free from ailments. Everybody in the village held the view that for health, village life is better than life in the city because in tandas one gets open space and ventilation which the latter cannot provide. They are also aware of the fact that the city is hotter during summers than the rural areas.

Health is hardly ever a subject of talk among the people when they sit together for gossip, unless it was initiated (as was the case with me). There seems to be little anxiety concerning health because disease is regarded as a matter of chance, and it is believed that there is very little that a person can do to maintain it. Birth, illness, marriage and death, the so called crises of life are recognized to be controlled by God. There is a deep-rooted belief in the village life that every living creature on this earth is allotted a particular period, for which it has to live in this world. One, whose time has come, can in no way escape death and no one would meet this death earlier than scheduled for him. It is partly due to this very deep-rooted conviction that some of the elderly and middle aged people very proudly claim that, so far, they have never visited a physician in spite of several illnesses they faced in their lives.

The Lambadas of Ambodh Tanda who live in hilly region are away from Primary Health Centre at Manchal Mandal head quarters by 14 km. Their contact with population of towns and cities is **limited** so far as their basic necessities of life are concerned. They depend mostly on the surrounding forest and a few patches of cultivated lands for their livelihood. As such their concepts and beliefs regarding illness, cure and the diagnosis of illness revolve around their natural habitat and supernatural beings in whom they believe. In short, Lambadas beliefs about disease and treatment exhibit their attempts to maintain a harmonious relations between the natural and supernatural beings. To them illness is caused only when one possess disharmonious relations with either natural (Madisi) or supernatural (Baya) beings. Lambadas believe that no individual is wholly healthy at all times and every one has to suffer from one type of disease or another during the lifetime because one's life is always dependant upon the forest, land, rain, sun and climatic fluctuations as well as on the favour of various dieties. Any change in these relations lead to one or another type of disease.

Lambadas believe harmful and unhealthy wind blows at certain times and **this is** accompanied by evil spirits (Bhutani) which cause the disease. Individuals having enough inbuilt strength (takefh) withstand the effect and do not get the disease. But those who lack this ability are prone to various diseases. The harmful winds are always accompanied by disease-causing spirits. **The** epidemic diseases are mostly caused by this Bhutani like **Ammatali**, gattara, **bayallu** (**chicken** pox, cholera and dysentery) accompanying the spirit Mutyalamma. These **diseases** are not confined to humans alone but they also affect goats, bullocks, cows, **pigs** and buffaloes.

They also believe that disease can be inflicted on any individual by another individual by means of witchcraft (chetabadi). This is usually done by invoking the female deity called Maisamma to act on the targeted individual, particularly during the new moon day falling on Sunday (Amavasi adivaram). It is during this period that the harmful winds (Kevudigali) are active in the atmosphere and their regular worship to Maisamma saves them from inflections. The witch-doctor (bavuji) would be successful in harming the individual only when his activities coincide with the presence of Kevudigali in the environment.

Lambadas are conscious of the fact that drinking contaminated water or change in the drinking water also affects the health condition for the individuals. They live in hilly terrain with poor communication and transport facilities, and often go into the forest for the collection of honey, firewood, seethapalkayalu, regikayalu, berikayalu especially when they are free from agricultural activities. They sell their collections in the Loyapallie village. For collecting the forest produce they go into the deep forest and sometimes stay over night. In such situations they will have to drink water from the near by stream or ponds. This change in drinking water as well as its possible contamination, Lambadas say, causes certain diseases.

Lambadas of Ambodh Tanda have a belief that a mensurated woman (bayatachestva) is taboo in the house and she should not come in contact with the other family members as it effects the health of the other people in the house. Since, she is in a ritually polluted (antu) state, a mensurated woman has to keep aloof from regular household activities till the pollution is cleared i.e. up to six days. During this period she is secluded in a corner of the outer portion of house

and she is not allowed to cook food in the house and she should abstain from sex if ~~she~~ is married. They believe that such a woman is likely to earn the wrath (**Kovam**) of god ~~if~~ she enters the house or come into contact with the other members of the family.

A pregnant woman's (neeluadina) husband should not dig holes (**guntalu**) and put roof (**kappu**) upon the house (ghar) which he might be constructing. If he does this his wife will face difficulties at the time of delivery and the infant is likely to be born with physical deformities or with some diseases. It is also possible that the infant's position in the uterus will change and it will be born in a reverse manner. The earth is compared to a pregnant woman. As a woman carries a baby in her womb and bears its weight the earth (**bhoomi**) also carries the weight of human beings like a mother. Hence she is called as mother earth (Bhutalli). If a man digs holes in the earth causing harm and pain (noppi) to mother earth, she will get angry and curses (**sapista**) which in turn will affect his pregnant wife and make her cry when she sees her new born but deformed child. Because of this belief they refrain from such activities in order to guard the health and, well-being of the pregnant women and the would be born child.

Lunar eclipse (**chandraagraham**) and solar eclipse (**survaagraham**) are other factors believed by Lambadas to be affecting the health of individuals especially the pregnant. Eclipse snake swallows the moon part by part and a pregnant woman is not allowed to see the moon on this day. On this day the deity '**Maisamma**' they believe is angry and very tired. If a pregnant woman sees this act of swallowing of moon it may affect the health of the fetus in the womb. All the time of the Lunar eclipse, the pregnant woman ties motion less because she is not supposed to

move any part of her body. If she moves her hand or leg, it is likely that the child may born with the physical deformity of that part of the body which she had moved at the time of ~~eclipse~~.

Ancestral worship is one of the important features of **Lambada religion**. A person even if he ~~dies~~ young demands for puja (ritual) after an year. They believe that **after one year of death he joins** the realm of gods and exhibits some supernatural powers. **After reaping the crop one has to** offer one kilogram of paddy in his or her name and perform the puja, **to propitiate him**, so that he will not get angry and cause affliction or disease. The mostly common **diseases they cause are** 'stomach pain', shoulder pains, high fevers. The ancestors of **the head of the family are** propitiated on all festival days and on their anniversaries. People **often speak of the wrath of** their ancestors and having dreamt of their ancestors asking their pooja.

Praying and fulfilling vows to deities during difficult periods is **very common among the** Lambadas; they promise that if they get rid of their problem they will give ritual **offerings** (naivedyam) to the deity as a token of gratefulness. **When they go deep into the hills and forests** for hunting the animals they pray to their clan deity **for protection from wild animals and a** successful hunt. After coming back home they **give the** ritual **offerings (naivedyam) as per their** promise. If they do not offer the naivedyam **to the deity they say that the health of the** individual(s) concerned will be affected because **of the wrath of that particular Goddess or God**. Thus the Lambada conception of illness **and disease have close bearing on the interrelationship** between the economic and religious aspects **of life in the ecological setting in which they live**. The need for subsistence forces **the Lambadas to go to the interior forest, for collection of honey.**

berries, fruits and game, where one has to guard himself from wild animals. This he **does by offering** worship to his deity. Any lapse in offering worship after his safe return earns him the **wrath** of the deity in the form of disease. When he goes to distant places in the forest, he has to depend on streams and ponds for water which sometimes is contaminated and may bring diseases to him. Hence the etiology of disease is attributed not only to pathological factors but also to the violations of certain socio-cultural norms in their life. The concepts of ritual purity and pollution also have their role in fixing the origin of diseases.

Each family forms a viable economic unit among the Lambadas of **Ambodh** Tanda and each member contributes to the economy of the family. So every one needs to be protected from diseases. However, all ailments are not considered as serious; If they take every small illness as of serious nature their economic activity gets disturbed. No matter what the ailments is, it will be considered as slight when it is first noticed. He or she rarely seeks aids or get treatment on the initial appearance of symptoms.

Based on the etiology of Lambadas of Ambodh Tanda diseases can be classified into two broad categories. They are : diseases caused due to supernatural (**bavu**) and diseases causes due to natural reasons (madisi). The diseases of the first category are believed to be inflicted by the active and purposeful intervention of a sensate agent who may be a supernatural being (a deity), or a spirit (such as a ghost or an evil spirit or the ancestral spirit), or by a human being through the supernatural agents by means of witchcraft (chetabadi). Where as the **origin** of the diseases of the second category is more often explained as due to some impersonal agents. Celestial

bodies and their movements like lunar eclipse are believed to be having important influence especially on the life of the unborn child. The act of witchcraft and magic by one individual upon another, Lambadas say, brings sickness and disease on the latter. The broad classification of diseases among Lambadas seems to coincide with Fosters (1978:53) classification of "personalistic and naturalistic systems" and Seijas" (1973:545) "supernatural and non-supernatural categories".

As far as the of diseases which are ascribed to the natural agencies are concerned, Lambadas of Ambodh Tanda depend on humoral pathology. The encersive cold or excessive heat form one of the fundamental criteria for further categorising the diseases which come under materialistic systems. They believe that a healthy human body possesses, a balanced condition between heat and cold which may get unsettled due to intake of cold and heat foods. Health and disease in their perception are basically dependent upon the maintenance or restoration of the homeo static equilibrium between the humoral elements. This harmony could be disturbed wither through natural or supernatural reasons. They also think of health **interms** of the absence of disease.

Symptoms, Diagnosis and Treatment processers

Disease of one kind or another has always afflicted man since his emergence on the earth.

Disease implies some organic or ptycnic maledy occurring to man; modem medicine **in practice is** broadening this concept to refer to any state -- organic, or psyanic real **or imaginary - that**

disturbs a person's sense of well-being. In this sense, disease may prevent the sick person from functioning as a normal human being or simply from reaching his self selected goals. The outward manifestation of the disease is considered to be its symptoms. Symptoms are crucial in identifying a particular disease and also in rendering appropriate treatment. Diagnosis is a technique by which a curer identifies the exact nature of the disease. Following are the methods of identifying symptoms and techniques of diagnosis as well as treatment of various diseases employed by the Lambadas of Ambodh Tanda.

Cold diseases

The diseases which are caused due to cold are of 7 types. They are (1) Balinta Jabbu (disease of a delivered women) (2) Jabbala Noppi (shoulder pain) (3) Chetulu Gunjuta (striking pains in hand joints) (4) Daad (ringworm type) (5) Kalla Pagullu (splitting of skin) (6) Pakshavatam (Paralysis) (7) Vatam Neelu (body swelling). The etiology of all these diseases are attributed to excess of cold. The technique of diagnosis is testing the pulse (nadi) of the patient. If the pulse beats with a slow rhythm, they believe that this happens when the intestine (pregu) is inactive (Mandaginchindi), and this may have been caused by excess of cold.

(1) Balinta Jabbu (disease of a delivered woman)

The term 'balinta' refers to a woman who has given birth to a child. This usage is applicable to her till the child is 40 days old. A disease that occurs such women is termed as balinta jabbu

The symptoms of such a disease are that the woman who is affected by this disease falls down suddenly and her body, hands and legs becomes stiff. The eye-balls are pushed up and she becomes unconscious. This may lead to her death if she is not treated in time. The healer comes to know about the disease by feeling the pulse (nadi) rate on the ventral side of the right wrist. If the pulse rate is low it is confirmed as "balinta Jabbu".

According to Lambadas excess of cold is the root cause of this disease. They say a balinta loses her normal body heat after delivering a child and she becomes prone to diseases. She needs to be protected from cold and such a woman is not allowed to work or come into contact with anything that brings down her body temperature till the child is 40 days old. It is also caused if the balinta eats the new crop (kottapanta) which is supposed to cause vatam certain other foods are vatam causing : these are flesh of rabbit (kuddumansam), dry fish (enduchepa) Brinjal (vankaya) which are also said to be cold causing food items. The treatment for this disease is as follows. When a woman is affected by balinta jabbu the healer is called. He puts seven burns on certain parts of with a small stick or a small iron rod. The spots where the burns are put are top of the head, back of the neck, in between the breasts, on the sternum, left side of the waist, right side of the waist and on left sole. Then she is instructed by the healer to take only rice (vadlu) and paste made out of garlic and red chilles (Tokku).

An example of such disease is observed and a case study was done. Champli, aged 28 years is the wife of Devalava who is an agricultural land-less labourer. One month after giving birth to her first child, she suddenly fell unconscious. Ambodh phakeera, diagnosed that she had balinta

jabbu by testing her pulse beating rate. People told that she used to fetch water from the well and started attending to household activities after 25 days of the delivery. This made her to develop excess of cold which led to this disease. However, normally, a woman who has delivered will not be attending to the routine household work till a period of 45 days is completed. **Ambodh** phakeera put seven burns on the specified spots of the body. When I saw her it was already 2 days that she had been treated with burns. They accepted to apply the **terramycin** ointment to the burnt spots when I offered it. She had been instructed to abstain from all the household work and be only on prescribed diet for a fortnight. After 20 days my inquiry revealed that she was completely cured of this disease.

(2) Jabbala Noppi (shoulder's pain)

The term jabbala means shoulder and noppi refers to the pain. It is a pain of the shoulder bones and continues for prolonged periods. This is found mostly among the adults. The person who is affected by this disease experiences severe pain in the joints of shoulders and the individual gradually becomes incapacitated. The diagnosis is done after knowing the symptoms from the patient. Lambadas believe that this disease is caused due to excess of cold, mostly when a person's normal heat is lost from his body due to drinking of excess of toddy. **Majority** of Lambadas are suffering from this disease. This disease is aggravated if he or she eats the new y harvested crop. The treatment for this disease is taking the juice of kundeti (leaves of kundeti plant) and the ginger to the patient every day early in morning for five days. These five days the patient should abstain from taking toddy, and should eat rice with the paste made cut of

garlic and red chilles.

(3) Chetulu gunjuta (striking pain in hand joints)

The term chetulu gunjuta refers to a disease which causes striking pains in the hands from the joints of the shoulders to the hand muscles. This disease is found mostly among the adult members. The affected person experiences severe pain in the joints of hands and the shoulders accompanied by pain in the muscles of the hands. This pain makes the patient completely unfit for his routine day to day activities. This disease is also believed to be caused by excess of cold and excess intake of toddy. Lambadas say toddy carries Vatam¹, which causes this disease they consider this disease as serious in nature because which makes a person to take rest, instead of earning his daily bread. The treatment to this disease is to take vatam injections (Terramycin) from the registered practitioner of the Loyapallie village.

(4) Daad (ringworm type disease)

This occurs mainly in children, when the clothes they wear remain wet for prolonged periods. The main symptoms of this disease are white patches (ring type) on the legs and hands of the body. This disease is also believed to be caused by excess of cold through the wearing of wet clothes. Treatment for this disease is application of turmeric powder paste on these white patches and eating the jowar roti instead of rice continuously for five days.

(5) Kalla pagullu

Splitting (pagallu) of outer skin of soles is called 'Kallapagallu'. It pains if allowed to persist without treatment. This occurs due to continuously contact of legs with water during the agricultural activities (mostly while watering the fields) and also due to their extensive barefoot walking in the forest for their livelihood. Hare's intestines are used in treatment of this "kundelu pagullu". The intestines are dried, powdered and made into paste by mixing it with water. The paste is applied on the affected parts of the feet. Hare's meat (Kundelu mamsamu) is advised in the diet for those who have kalla pagullu.

(6) Pakshavatam (Paralysis)

When a person is affected by Pakshavatam generally one side of his body becomes immobile especially leg, hand or one side of face. Such a case is described by the Lambadas as 'Pakshavatam kottindi' (paralysis has struck). They hold the opinion that this disease is caused due to the 'vatam' through excess of cold. For treating 'Pakshavatam', 'pakshavata Aku' (the identity of this plant is kept a secret) is taken and squeezed to extract its juice. This given to the patient three times a day. The roots of the same plant is made into a paste and applied on the affected parts of the body. The diet of the patient is rice mixed with dry chili powder (Tokku) which is given for one month. Though there is relaxation in diet eater but the medicine of Pakshavata Aku' is continued for two months.

A case of Paralysis

Ramavath Achali, aged 45 years, a widow, became paralytic 5 years back. Her husband was an agricultural land less labour. Four sons and four daughters were born to them out of whom two sons and two daughters died during their childhood because of vatam disease. Achali was struck by paralysis 4 months after the death of her husband. She was affected by this disease, while she was working in the field. It struck the right side of her face. She was not aware of this initially. She realized about it only when the rice which she was about to eat did not enter her mouth properly. Whatever she tried to ingest in her mouth fell down, and also her speech got affected. It is said that she used to eat red rice (Vankivaddlu) which she continued even during pregnancy. Red rice is a type of rice which were grown with rainfall and inexpensive. According to Lambadas the 'Vankivadlu' is the cold producing food item, so they say she was affected by paralysis when her main diet was Vankivadlu' for a long time. Her husband was a famous healer in the tanda and later her son Ramavath Madhu Naik entered his father's shoes. Earlier she was treated by her son with traditional medicine, the 'Pakshavatachettu Aku', roots juice and the paste of its roots were applied to her affected parts. But it did not bear good results. After one month, her son took her to a traditional healer at the Loyapallie village. Though she was treated for one full month, by this healer, she did not regain her original shape. She still bears the paralytic appearance on her face. In the process of treatment she said, she lost her sight in the right eyes and still can't see properly. However she can now eat and talk without much difficulty. In the hope that she will be cured, she is still continuing the diet controls like not taking red rice, vatam foods.

(7) Vatam Neelu

It is also called the "Nanzu Vatam", caused due to excess of cold. First symptoms of this disease are swelling of the body parts. It is believed that swelling is caused when water enters into many parts of the body. They say one can feel the presence of water when the swollen part is touched. This disease occurs when one switches over suddenly to new dietary habits like eating recently harvested rice (Kottavadlu) which contain more vatam while the usual food of the Lambadas is jowar and bajra, Treatment for this ailment is a time consuming and prolonged treatment. 'Garamandalu' a bundle of thorny leaves of a particular tree called 'Gara' is made to touch the whole body of the affected person. These leaves have thorns, and it is seen that the thorns strike the swelling parts of the person. After that a mixture is prepared by boiling the leaves of 'Udduku Aku', Tukku Aku, Aampaleu, Vaialaker and 'Nallaredukadalu' in a vessel. Some stones are also kept in the hearth and heated well. The patient is made to lie on the cot and is covered with a blanket. The burnt stones are now dropped into the vessel containing the mixture, and this vessel is kept under the patient's cot. The vapours which come out of it are said to be enter the body of the patient through the cot to dry up the excess water which is present in the body. This they say will relive the patient from the disease Vatam neelu¹.

Diseases causes due to excess of heat

The diseases which are caused due to excess of heat are of 6 types. They are (1) Kattatipulu (2) Mehavuduku (3) Kamarlu (4) Gaddalu (5) Rommusudu and (6) Dhoopuchesindi.

(1) Kallatipulu

This is a disease of pains in joints of legs and legs muscles, caused due to excess of heat. First symptoms of this disease are swelling of the legs and severe pain in the muscles of legs, making it difficult to walk and stand erect also. This occurs when one person works continuously in hot sun without taking proper rest. Such persons who work in hot sun are expected to take adequate butter milk. If one does not consume adequate quantity of butter milk, he is likely to be affected by Kallatipulu. They experience burning sensation while urinating and pass faces which will be whitish in colour. The treatment for this illness consists of a solution made out of the leaves of 'bommidichettu' plant given to the affected regularly after lunch and dinner for three days. It is advised that more and more butter milk be consumed by the patient. He is instructed to take complete rest for 3 days.

(2) Mehavuduku

This is the waist pain experienced by adults when they work continuously without resting and sleep on the rocks during night, in summer. This pain starts first from waist and extends to all parts of the body. For treatment of this disease, the roots of 'Chitramala' plant are collected and pounded and mixed with water. This is given to the patient daily thrice for two days. The person is instructed to abstain from eating anything which is sour (pulupu).

(3) Kamarlu

Kamarlu is a disease that affects all the people irrespective of sex or age. According to Lambadas, the Kamarlu disease is of 4 types.

- (a) Pontha Kamarlu (Jaundice which causes boils)
- (b) Motu Kamarlu (swelling jaundice)
- (c) Telia Kamarlu (white jaundice)
- (d) Gora Kamarlu (red jaundice)

These people consider 'Kamarlu' as a serious kind of disease caused due to excess of heat. It is the excess amount of heat in the body that causes the blood to acquire the form of a gummy substance which leads to 'Kamarlu' disease.

(a) Pontha Kamarlu

When it affects a person, it is immediately manifested in the eyes. The eyes become yellowish in appearance. The patient gradually loses his appetite, and gets fever. His eyes as well as his nails appear yellowish. For confirming the disease, the urine of the patient is taken, and a little rice is added to it. If the rice becomes yellow it is confirmed that the person has been affected by 'Pontha Kamarlu'.

Though this is caused due to excess of heat, change in food habits and fluctuations in day and night temperatures also could cause 'Pontha Kamarlu'. For the treatment of this disease, the healer takes seven fruits (kayalu) of Paparachettu, applies turmeric powder, and makes seven beads (pusalu). These beads are exposed to the incense of a few scented sticks and are tied to the neck of the patient. While tying they chant the name of the deity "Rangulla Swamy". These beads are changed once in a week. Paparachettu has some magical powers and hence its fruits are used for curing the disease. The patient is put on a restricted diet. He is advised a preparation of powdered stems of Nallerudu and Ullipaya Kamarlu to be eaten along with rice daily.

(b) Motu Kamarlu (Swelling Jaundice)

This type of 'Kamarlu' is characterised by swelling in the body especially legs, eyes, hands and stomach. The affected person loses appetite for food. 'Garamandalu' a bundle of thorny leaves of 'gara' tree is used for treating the patient who suffers from Motu kamarlu. Garamandalu is moved over the whole body surface of the patient in such a manner that the thorns come in contact with the swollen parts. It is believed that the touch of the thorns of garamandalu has curative effect on the swollen parts. This is done daily twice for about a week in addition to the tying of the beads of 'paparachettu' around the neck of the patient. The diet is the same as in the case of pontha kamarlu.

(c) Telia kamarlu (White Jaundice)

This is considered as the most dreadful type among the kamarlu diseases by the Lambadas, because it rarely gets detected in its incipient stages. It gets manifested in the lateral stages in the form of white patches (Telia Podalu) on the body of the affected person. The eyes alone appears pale white, and the nails appear whitish. For treating the patient, the root nodules of 'saganara' herbs are cut and made into beads to be worn around the neck of the patient. Before tying it turmeric powder is applied to the beads and kept in the fragrance of few scented sticks for a while. The necklace made out of these beads are tied to the patient on a Sunday which is considered as an auspicious day for administering medicines or treating patient's. These beads are changed once in a week for three times. Diet is the same as in other types of Kamarlu.

(d) Gora Kamarlu (Red Jaundice)

When a person is affected by 'Gora kamarlu'¹ the eyes of the patient becomes blood red. Lambadas believe that during this time the eyes are filled with blood. This is caused due to excess of heating the body and mainly during the summers. Treatment for this is the same as in the case of Telia kamarlu, the root nodules of Saganara herbs are cut, made into beads, applied with turmeric powder and fixed around the neck of the patient. These beads are changed twice in a week for seven times. Diet for the patient is the preparation of the stems of Na eradu and U paya karamu along with rice daily. The patient should not look at the sun directly during treatment.

(4) **Gaddalu** (boils)

Eruption of boils (gaddalu) on the body due to excess of heat (vuduku) is referred to as '**gaddalu**' or Vuduku gaddalu¹. Lambadas perceive that some persons acquire more body heat from their **mother's** uterus (Talligarbhamu) before they take birth. Its completely natural biological development they say. Such persons are said to be possessing more heat in their bodies than a normal ones. When they are exposed to heat even for small duration, they are likely to get affected by "Vuduku gadda". The boils appear especially on legs and hands. Since it is very painful, it affects the normal life of the patient. For treating the boils, leaves of 'Chippataku' plant are collected and immersed in castor oil for a few minutes. It is warmed slightly and then applied on the boils. A bandage cloth is tied on the boils. They say the patient feels the relief after three days. Within three days time the boils open up and the bad blood (cheduraktamu) and puss (semu) flows out. After this the healer applies the terramycin ointment on the wounds. The healer sometimes administers terramycin injections to relieve the pain. This type of allopathic administration of medicines the healers learn from the medical practitioner's of Loyapallie village.

(5) Rommusudu (Women disease)

This is a disease, in which milk solidifies in the breast of mother. It is due to excess of mahavuduku (heat) present in mother's body. For treating this disease, leaves of Rommusudu Aku are cooked, chewed and crushed in the mortar. The juicy mixture is rubbed over the nipples of the breasts of the affected woman. They say that if this is done for two times in a day the milk

gets liquified and comes out of the breasts as normal milk. The mother is not allowed to feed the children for two days after the treatment, because the mother will have pain in her breast and in nipples for two days.

(6) Dhoopuchesindi (sun stroke)

It is caused due to sun stroke, when an individual works continuously in hot sun or moves around during noon in the summer, and sleeps on the rocks. The main symptoms are the patients mouth gets dried, feels thirsty even after drinking water, feels pain while passing the urine (their urine will be yellowish colour), and they also complain of joint pains and body pains. They pass faces which will be whitish in colour. This diseases affects mostly those who go with the sheeps, goats and cows to the forest and hills covering long distances and sometimes take rest stretching on bare rocks.

The treatment for this is a solution made out of the leaves of "bommidichettu" plant given to the affected regularly after lunch and dinner for three days. It is advised that more and more butter milk be consumed by the patient. He is instructed to take complete rest for 3 days.

Supernatural causes and Magico-religious causes

Attr bution of supernatural causes to certain illnesses is common 'n v age Ind a. What seems to be supernatural to Westernized and educated persons is quite natural to v l age fo k. For

supernatural causes of illness magical methods of diagnosis and treatment are followed. This is called magico-religious medicine by the famous Anthropologist Erwin H Ackerknecht (1942).

In India beliefs in magico-religious causes of disease have their *roots* in cultural **history**. **A study** of the vedic records of early medicine reveals that Hindus did not recognize difference between diseases and demon and this distinction developed later in the growth of classic medicine, which attempts to deal with many maladies strictly along the lines of humoral therapy or through surgery (Zimmer 1948:1-3).

Breach of certain taboos is believed by village folk to be responsible for certain diseases. Illicit sexual relations with a non-Lambada man or woman is an unpardonable breach of taboo and is considered to be responsible for venereal diseases. 'Killasavaee' is one of such diseases. Symptoms of this disease are muscle pain (Kandanoppulu), severe joint pains (Killa nopplu) burning sensation while passing urine, irregular swelling of sexual organs, and repugnant body odour. Lambadas do not have any medicine for treating such a disease. They go for modern medicine to the nearby Public Health Centre at Manchal and consult the Civil Assistant Surgeon. Similarly, deadly sins such as molestation of widows, poor, orphans, weak and helpless persons is believed to be responsible for leprosy (Kushturogam). They have no medicine for Leprosy and Lambadas curse such persons affected by leprosy and will not show any sympathy or concern to them. Long back there used to be one leprosy patient in Ambodh Tanda who was deserted by village elders and not allowed to take water or food from the village.

Sometimes, however the sickness does not respond to treatment and it becomes evident that the herbal medicine used does not provide the proper cure. The healer may rediagnose it and some times directs to another specialist. But if this produces no result the suspicion will arise that there is something else in this sickness", which forces them to think of the supernatural in causing the diseases.

Foster's discussion of the personalistic system seems also to be applicable to the Lambadas of Ambodh Tanda. *Because* they believe that illness may be "caused by the active purposeful intervention of sensate agent who may be a supernatural being (a deity or a god), a non-human being (such as ghost, and astol, or evil spirit) or a human being (a witch or sorcerer) (Foster 1978). The sick person literally is a victim, the object of appression or punishment directed specially against him, for reasons that concern him alone". Thus some of the above diseases viz., may be caused by witchcraft. They are madness (pichipattuta), Paralysis (Pakshavatam), and chitabadi Jabbu. Many other types of diseases may also occur due to witchcraft. These diseases depend upon the degree of the seriousness of the witchcraft. These diseases will make the affected person weak day by day and finally leading to death. Identification of the cause of the disease as to whether it is due to witchcraft or natural reasons is of fundamental significance for treating these diseases.

Lambadas of Ambodh Tanda believe that witchcraft is an activity by which an *individual* through his acts causes or affects the health of another individual through supernatural presence. They believe that furious deities ('shudradevatalu') are the supernatural agents through whom a

disease could be imposed by aggravating them with reciting the chants Witchcraft is also done because of jealousy over the other or to gain the favours of a girl who is unwilling to yield or reduce the power and significance of a particular individual in the society or to disturb the peace in a family or even to kill the individual. For this act certain people will be there they will be contacted and such activity is done in secret.

As the symptoms of the diseases remain the same irrespective of their cause, the diagnosis and treatment differ considerably. If the diseases have been effected by evil agencies like witchcraft or wrath of god or goddess, diagnosis about the cause of the disease is done by pulse reading and divination. In the case of witchcraft people go to the mantragadu (witch-doctor) for getting cured where as in the case of wrath of god or goddess, Lambadas propitiate the respective deity. Diagnosis of the diseases caused by witchcraft and wrath of the deities are done by healer successively first by pulse reading and then by divination.

More often it is by reading the pulse that Lambadas come to know about the nature of sickness. If the rytham of pulse is mild or slow it is attributed to natural reasons. If the pulse beats rapidly or shifts from one view to the another abruptly or if it beats unevenly, it is concluded by the healer that the sickness is caused due to witchcraft or the wrath of the deity.

Once it is known that a person is affected by the supernatural the healer directs the patient to approach the diviner for divination. The cause of the disease is known through the diviner who gets possessed by his family god. In Ambodh Tanda there are five such diviners. Generally of

divination is performed during nights in front of a fire. First the Bavuji (diviner) sits on the mat and two of his assistants sit on both his sides, beat the drum (steel plate with spoon) in front of the fire and utters the names of gods and goddesses of lambada community. The diviner along with his assistants sings in a **rythemic** way, continuously for some time and at one point he gets suddenly possessed by his family deity. The possession is easily identified the moment he starts shivering and becomes furious. All his body shakes and his long hair falls on his front and he rolls on the mat, and this time his assistants speed up the beating of drum and he sings the songs speedily. The diviner begins uttering in a loud and commanding tone. It is at this Juncture that the family deity, brings ail the deities known to the affected person and asks them to sit around him. Then the family deity asks the deities who is responsible for the sickness of the affected person and acts as the medium between the deity who caused the sickness and kinsman of the affected person and answeres their queries. If sickness is caused due to witchcraft the diviner gets possessed by the family deity of the sick person.

The family deity of the diviner communicates with the deity who caused the sickness and speaks through the diviner. It will be revealed whether the sickness of the person is due to **non-**fulfillment of his vows to the deity or due to an act of witchcraft by his enemy. The de ty also spells out the remedies or rituals that need to be performed to get rid of the sickness. **However** f there is an emergency case of sickness, and the divination becomes extreme y necessary to save the life of the affected person, the diviner performs the **divination** even during the day t me

Case study

Amboth Ramu's sickness is a typical case of the wrath of his family god 'Rangulla swamy'.

Amboth Ramu, aged 27 years lives with his wife, old parents and two children. This is an agricultural family owning 2 acres of land. Ramu looks after the major part of the agricultural activities. Rangulla swamy is their family god. When I met him, he was suffering from severe stomach pain, and headache, continuously for three days. Though he took herbal medicines from the tanda healers, he did not get relief. Then his mother thought it better to take him for divination to know the real cause of his sickness. When the divination was performed his family deity Rangulla swamy responded that he was responsible for the sickness of Amboth Ramu. Because he had gone back on his words. Ramu once took a vow to offer his hair and coconut and betel leaves to the deity if his wife begets a son. He got a son as he wished, but he did not fulfill his vow. After the birth of his son he never visited the temple and offered the said offerings. This angered the deity which resulted in his sickness. Amboth Ramu conceded his lapse and assured the deity that he will visit the Rangulla swamy temple without fail after the kharif harvest to make the offerings. Then the deity forgave him and said that he would be relieved of his sickness immediately. The very next morning when I inquired him about his condition he told me that he was feeling better and is ready for his routine work.

The ancestral worship is regarded with respect and as one of the important responsibility by the Lambadas. Every year agricultural families after their harvesting of first crop worship the ancestors and performs the pooja. One who fails to perform pooja gets affected by some or the

other disease. One such example is Nenavath Hasili. Hasili is the wife of Nenavath **Maria**, farmer. She is of 29 years age and has four boys and three girls. One day she complained of severe head ache, body pains and shoulder pains and unable to perform her day to day activities. She took medicines and herbal juices from the healer of **Ambodh** Tanda and also allopathic medicine from Loayapallie, but got no relief. Then she decided to go for divination and expressed her wish to her husband, who arranged for it. The family deity of the diviner told that her mother-in-law, (mother of her Nenavath Naik) was responsible for this sickness as she was not propitiated since two years. The diviner through whom the deity told that the ancestor of Naik was longing for pooja which should be done immediately or else she will gain the wrath of her deceased mother-in-law. The next day Nania performed this ritual before his house spending Rs. 85/- on that day and offered the pooja to his deceased mother. Later my enquiry revealed that she was relieved of the pains and attending to her day to day activities without any difficulty.

The example of Ramavath Haniya's death due to sickness is illustrative of the act of witchcraft believed to be practiced among the Lambadas. People of Ambodh Tanda say that Ramavath Hania who is father of Ramavath Gotiya died because of witchcraft (chetabadi) done to him by one of his enemies. Ramavath Haniya was an agriculturalist and most influential man in the village during his life time. He also worked as a police Talaria and also as an active panchayat member of the village. First they say he suffered from stomach pain (kadupunopp) for which he took the traditional medicine. But when it did not help he was taken to a government hospital at Ibrahimpatanam and x-ray was taken. Even then the doctors could not diagnose his sickness properly. On the otherhand he was later affected by yellow jaundice (pontha **kamarlu**). Then he

wife went to a diviner and asked him about the cause of her husband's disease. She was told that somebody had done witchcraft to harm his life. The diviner **also** made it clear that the witchcraft had been done through a *turmeric smeared* yellow doll (*pasupu bomma*) and that it had been thrown later in a running stream. But Haniya does not give importance to *the diviner's* words and neglected. Since it was already too late to counter-act the effects of witchcraft, nothing could be done to save him. He died later.

The epidemic diseases as they result from the wrath of 'Maisamma' deity . One characteristic feature of the beliefs concerning the treatment of these diseases necessitates community participation of the whole village. 'Maisamma' is one of the deities whom the Lambadas worship regularly. She is referred to as a ferocious deity (shudradevata). She will cause havoc if a vow taken in her name is not fulfilled. There are three such temples in Ambodh Tanda and every field has one idol of Maisamma. Once in a year they worship the deity. If any disease is caused due to her it is taken seriously by the villagers and she is propitiated by the entire community participation. All the villagers act as a single unit and participate in the rituals to ward off the disease from their village. These are construed as contagious diseases which can occur to both humans and the cattle. They take quick action in mobilising the support of the whole village to get rid of the epidemic. Following are such diseases, their symptoms, diagnosis and treatment

Ammatalli (Chickenpox)

Ammatalli is one of the disease caused by **Maisamma** when she becomes redevolent due to the non-fulfillment of a vow made to her. This disease is considered as one of the most dreadful diseases. The symptoms are fever blisters (bobbalu) on the face, legs, hands, chest and some times on all parts of the body. Later they turn to black colour even if the disease is cured. In this case, Lambadas do not treat the affected person by administering him with allopathic medicines. They believe that if the patient is taken to a doctor, Maisamma gets angry and may cause even death to the effected. There are certain taboos that should be observed by the patient and his household members. The patient should not cross the boundaries of the village. No medicine, allpatheic or herbal, should be given to the person; no non-vegetarian diet should be prepared or given to the patient; and no ritually or bodily polluted man or woman should touch the patient. The patient's diet is rice and dry powder of chilli and garlic (tokku). He should not take bath till the disease is there. A light should be kept near the patient, and some one should stay near the affected the complete night. The disease is said to be severe up to seven days and later on its effect gradually gets reduced and the patient will feel relieved by the eleventh day. On the eleventh day a ritual bath is given to the patient with neem leaves and offer ngs to **Ma'samma**. Every day the patient's body is applied with paste of neem leaves and songs are sung n propriation of the deity.

A case of Ammattalli occured in Ambodh Tanda during my field stay. **Amboch** Ba a, a sch^olc fc-y aged 12 years, was affected by Ammatalli. Once **Bala** came from Hyderabad **on winter vacation**

On the second day of his arrival, small blisters appeared on his body. His mother identified it as **Ammatalli**. The boy was confined to the hut and no polluted person was allowed to see him. In front of the hut an iron rod was placed to protect him from evil-spirits **entering** the hut. The boy was looked after by mother and brother's wife. They took all precautions to see that he *is* not affected by *pollution* (antu) by others. Because slightest contact of pollution may lead to his death. He was put on the diet of rice and tokku. All the members of the household abstained from eating or cooking non-vegetarian food. The blisters which appeared small during the first two days began to enlarge day by day. I was told that they would go on enlarging upto seven days and there after the size of the bubbles gradually get reduced. Hence his parents and relatives were not worried by seeing this enlargement. They daily applied the paste of neem leaves on the body and face. On the thirteenth day most of the blisters disappeared. He was given bath and the whole family worshipped 'Maisamma'. On the appearance of 'Ammatalli' the mother of the patient had set aside some money (0.25 paise) known as *mudupu* and had tied it to the tree in the name of the goddess 'Maisamma'. On the eleventh day of the disease, the mother of Balu dreamt of 'Maisamma'. In the dream Maisamma had informed her that she would be relieving the boy of the disease and hence she should be offered an animal sacrifice. On the twenty first day the parents of Ambodh Balu took the 'mudupu' (the money they saved) and added some more to it for purchasing Jaggery (Bellam), coconut (kobbar), **rice** (vadlu) and other cooking materials and prepared food called *naivedam*. They went along with the **r k. nsmen** to their field in which the deity of Maisamma is there to offer **na vedyam** (ntua offerings and **animal** sacrifice. It is believed that the blood of the **sacr ficedhen** satiates **Ma samma**. The carcass of the hen (kodi) was not *eaten* by anyone. The food prepared as **navedyam alone is eaten**. After

eating, they again worshipped 'Maisamma' by pouring cold water mixed with neem leaves, over the stone image of the deity. This is done to cool her excited tempers. While returning all the earthen pots in which food was cooked were destroyed to make sure that the evil effects of the deity are left behind.

Gattara (Gastroenterities)

This is also considered as one of the most dreadful diseases caused due to Maisamma's wrath. It is contagious and spreads quickly to others in the village. Continuous motions and vommitings are the salient symptoms of this disease. As a consequence of dehydration the patient becomes weak day by day. It is likely that the patient may die about three days. The onset of this disease alerts the members of the whole village and prompts to take all precautionary measures. The neighbours, relatives and others make powder out of Gattara Aku (identity of the plant kept secret) and tie it in the form of amulets so that they do not get affected.

The entire village community has to observe certain restrictions and taboos. During the time of the epidemic, no one cuts goats, or hens or any other animal for eating as eating non-vegetarian food is completely prohibited. No one is supposed to eat food prepared by the frying of onion, garlic and other associated substance in the oil and then mixed with many food items (Tirugubatu). The family in which a person has been affected is supposed to undergo several restrictions: they should not smear the front yard with the cowdung water kalapu. They have to go daily to the temple of Maisamma to wash her stone idol with butter milk. When the epidemic

subsidies, all the villagers go to Maisamma temple in the outskirts of the village to prepare and offer the naivedyam to her. Later the naivedyam is distributed and eaten by all. When they return to their houses, they are not supposed to bring either the remaining food or the cooking pots. Because it is believed that they may have evil effects and hence should be left behind. After a few days the villagers join to have a community feast by cooking non-vegetarian food items and on this occasion they also drink liquor and dance to celebrate the relief from the epidemic disease.

Since the disease causation theory regarding chicken pox and Gastroenteritis differs from that put forward by modern medical science, the vaccination campaign does not fit in with the 'cultural mentality' of the people of the village. Villagers do not like to be vaccinated. The staff of public health rarely visit the village to vaccinate the people.

Belief in spirit intrusion is also common in Ambodh Tanda. Two types of commonly recognized spirit intrusion in Ambodh Tanda are 'Maisamma' and 'Gali'. Thus both diseases are caused by Maisamma. Maisamma possesses the physical body of the affected when one urinates at places of her abode; when one shows disrespect to the deity by walking with slippers near the idol; and when pregnant women pass through the way in which the idol of Maisamma was installed. Such patients are treated by the same diviners through divination process and with the help of the deity coming to compromise and by satiating Maisamma as per the commands.

Another interesting and widely accepted belief connected with health and disease is the effect of evil eye. Children are considered to be most susceptible to the effect of evil eye, though it is not confined only to them. It is believed that as soon as a person, including a close relative admires the child "how beautiful the child is", the child is bound to have a mysterious evil effects on its health. The child may suffer from diarrhoea, develop fever and cry too much and in a short time may become weak. These are the symptoms by which evil-eye (dishti) is recognized among children.

For evil-eye, Lambadas do not take the child to the physician, as many people in tanda know how to treat it with small stems of neem tree. They touch with the neem leaves on the body three times from top to bottom and bottom to top and the child's legs are washed with water later on. They utter certain incantations and then whiffing at the face of the affected.

Evil-eye, is known to affect adults also but in a different manner. This is connected with eating. For example, a person is eating a particular food. If another person watches it and feels like eating the same, but does not get it, then there may be a mysterious effect of the evil-eye of the second person. Indigestion will result, vomiting may occur, and diarrhoea may also be caused sometimes.

Certain preventive measures are also taken against disease conception. A black dot is marked on the forehead of the children, especially on those who are fair complexioned or are healthier than normal children because they are more susceptible. The idea is that the black spot will

the beauty of the child and the spectator will not be able to judge the beauty correctly and pass a remark on it. Hence the child will be saved from the attack of the evil-eye. Two preventive measures are usually taken against the evil-eye on foods. First, and foremost is not to eat in the presence of any person other than a family member. Second, but equally important is the procedure to throw a bit of the food before one starts eating because it is believed that even animals, especially lizards eat and dogs may watch and affect the food.

Lambadas procedure for treatment depends entirely on the etiology rather than on symptoms of the disease; of course the cause of a disease is known only through symptoms, but there should be different causes for the same symptoms. The etiology constitutes an important aspect in the Lambada medical system. Though the concept of equilibrium of body humors rules the etiology, the attribution of the effects of supernatural agents and magico-religious elements is not ruled out. When a sickness does not respond to the treatment of the healers, Lambadas take it as due to the cause of a deity or spirit or due to witchcraft of an enemy. In such circumstances there is no other alternative but to resort to the diviner. It is the diviner who suggests, through his divine powers, the remedies for the sickness. Accordingly the sick person and his family are obligated to perform the retributive rites and ceremonies or arrange for counter witchcraft as the case may be. Thus certain kinds of illness ascribed to the displeasure of the deities and spirits not only demand the attention of the patient and his kin but also brings about the collective participation of the whole village as a single community.

Their views on disease, symptoms, diagnosis and treatments enter around both natural and **supernatural** causes. Reference of sickness to the divine wrath and displeasure serves as a **mechanism** of control. The possibility of automatic punishment for a social lapse in the form of diseases provides a means of imposing moral code where other mechanisms are not capable of doing.

CHAPTER VI

Healers and Healing Techniques

Earlier, the healers and medicine men of non-western societies were referred to by anthropologists, doctors and other scholars as 'quacks', 'charlatans', 'magicians' etc. They thought that healers of *non-literate* societies practiced superstitious medicine and the whole indigenous systems were seen as riddled with irrational thinking and perception with an over-powering dependence on magic and witchcraft. But of late, indepth ethnographic investigations have revealed that the medical systems of non-western societies are not totally based on magic and witchcraft but also embody certain principles of human physiology as understood by natives.

The role of the healer in traditional societies is not only to diagnose, the disease and administer various medicine but also serve as a mediator between ordinary persons in their earthly environment and the spiritual world. The healers attain this position through special endowment, achievement or spiritual selection. The healer possesses special secret or semi-secret knowledge, some of which may not even be shared with other healers.

It has been shown that in the village there are three sources of medical treatment magico-religious, secular and scientific. Magico-religious, and secular methods of treatments are evolved from within the native culture and are determined by the folk concepts about sickness and its treatment. In this chapter it is, however, proposed to discuss, the types of healers existing in the village, their healing techniques including the method of diagnosis, their recruitment, social position in the society.

focus will be to study the place of the scientific or the western system of medicine, which is **not** evolved from within folk culture, their practitioners and the conditions under which the Lambadas prefer such treatments. It is also to see the efficaciousness of the traditional and western medical systems.

The Lambadas of Ambodh Tanda depend preponderately on the traditional healers who are more readily available than any other source of Primary medical care. No dispensary or the facility of a modern private doctor is readily available in Tanda. The traditional healers of Ambodh Tanda cure the diseases through herbal medicine supplemented with certain supernatural powers. There are four such persons are there who suggests the remedies purely through divination. Recruitment to the healers role occurs through the method of inheritance form parent to child or through kin, The diagnostic technique or skill one inherits from his family or kin is actually learnt by means of observation and continuous practice. For divination one has to get a call from a divine power through dream. Only a few attain the power to suggest remedies through divination. To get the sk'll of divination one should belong to the family in which his father or fore-fathers were practicing t. Not all the children of the diviner would get this skill; Only either the eldest son or the youngest son ga ns this experience. Lambadas consider divination as a holy knowledge and only those who mainta n ritual purity along can acquire it. Some of the healers who use herbal medicines acquire rud mentary knowledge of modern medicine and techniques of treatment by closely associating w th the modern doctors wherever they visit the village. Acquiring some knowledge of modem medicine depends entirely upon individual interest, his outside contact and also h's capac ty to team.

Among the Lambadas of Ambodh Tanda, healers seem to cover a wide range of occupational positions (landless labour, farmer, wage labour, honey collector etc) tending mainly towards those of equal social status with others. The healers role is a part-time one combined with a full-time occupational role. There are two full time healers, who are aged persons and they cannot do other than healing activities.

Lambadas recognize that the number of people able to cure is very limited while, in contrast, everyone can reasonably expect sometime during his life time fall ill, to be a patient. It is in their sense that role of patient is universal while that of the curer is severely restricted. The curers and healers of Ambodh Tanda their roles are life long, where as for most patients, the condition is temporary. The superordinate-subordinate dimension describes the hierarchy of dominance-submission, marks the doctor-patient relationship among the Lambadas of Ambodh Tanda. The healer is incharge: it is his responsibility to make decisions, to take action. The patient is subordinate, largely passive position; it is his obligation to follow the instructions of the curer if he wishes that particular curer to continue to attend to him.

As is almost always the case with cultural generalization exceptions can be found. Thus, although historically illness usually has been regarded as a temporary state- the patient whether recovered or died, control and elimination of infectious disease in recent years has saved increasing numbers of people to become victims of chronic illness in their later years. Permanency thus characterized the role of many patients. And although dominance subordination marks any continuing doctor-patient relationship, the degree of authority may be far from absolute. Thus among the Spanish

people of salsipuedes, a California urban barrio, the curers role is not authoritarian. "Curers may advise, but they may not dictate. Medical advice may be followed only if it is sanctioned by the powerful members of the patient's social group". (Clark 1959:213).

In Western societies medical specialization is increasingly the rule: internal medicine, surgery, cardiology, neurology, optometry, pediatrics- the list grows with each year passing year. But in the Lambada Tanda, the degree of specialization is less marked, it is a poor community indeed that does not recognize distinct curing roles. The basic dichotomy in Ambodh Tanda is between the Diviner, or witch doctor - highly trained, usually supernaturally endowed healers - and the herbalist - wise in nature's ways, but less professional in status and behavior. Hence the indigenous medicine men and healers of Ambodh Tanda can be classified into broad categories.

- (a) The healers who are specialists in diagnosing and determining the etiology of the disease.
- (b) The healers who not only diagnose but also prescribe treatments for the ailments.
- (c) Diviners, who through their powers conduct divination and recognized the cause of ailments and suggest remedies for sickness.
- (d) Visiting drug sellers and healers.
- (e) Visiting multipurpose health workers and physicians from Primary Health Center

(f) **Anganvadi teacher** who is suppose to give first aid to the children and pregnant women.

(g) Midwives.

(h) Magico-religions healer who chants and blows for minor illness.

These categories are the specialists most commonly observed in non-Western societies. And, just as medical specialists are graded in prestige in the west, so in other societies there, is a hierarchy of status, with the supernaturally endowed healer out ranking the others.

(a) Healers who are specialized in diagnosing

There are six such healers in Ambodh Tanda. These healers (vaidulu) are not full time healers. They cannot be said to belong to a school of medical practice (like some of their counter parts in other parts of the world who belong to the schools such as Ayurveda or acupuncture). Their specialty is in testing the pulse (nadi) of the patient and determine and identify the disease and its cause. All these healers have one element in common and that is these 'Vaidulu' would have acquired most of their techniques and skills of diagnosis from their respective fathers or a paternal relative through training and apprenticeship.

There is always a choice of norms available to the actor to cope with the emergencies of the sick and disease. In Ambodh Tanda, the alternatives open to the sick in the search for help

and treatment depend on many factors. They include of course, dyadic consultation with family members, kin, with fellow beings, with neighbors and friends. The Lambadas prefer to seek the help of the healers who only diagnose the disease in such circumstances when the other type of healers are not readily available or when they think that the sickness is not severe or when the sick is a close kin of the healer. In the latter case, it is incumbent that a sick man or woman should first consult the healer who is a relative and then go to other healer for treatment. A brief account of life and method of diagnosis of the healers of this category are given below.

Ambodh Puliya

Ambodh puliya belongs to the lineage 'Ambodh' and is of 47 years of age. He is an illiterate. He learnt the technique of diagnosis from his father who also was a traditional healer in the village. He tests the pulse (nadi) of the patient and determines the nature of sickness based on excess of cold or evil spirit (Devara). He said that if he feels that the pulse (nadi) of the person is beating irregularly or jumping or giving sudden jerks, it is due to evil spirit (Devara) and hence the patient is recommended to go for a diviner for divination (Bavuji) to know the exact cause of the disease whereas when he feels that the pulse of the person beats slowly, the ailment is due to excess of cold and accordingly the sick person is asked to take the herbal medicine (mandu) or go to the healer who gives treatment if the sickness is severe. With his method of diagnosis he said he can clearly locate the cause of three types of diseases. Sickness caused due to evil spirit, sickness caused due to excess of cold and heat. He said most of his neighbors and his close one of the well off persons in the tanda. He said that he knows only the techniques of diagnosis but does not know about the medicines to be given for curing the ailments which he identifies. He himself depends on another healer sometimes for the treatment of himself and his family. For diagnosis of the ailments he does not charge any payments.

Even though he belongs to Ambodh lineage, he sees the patient from all clan groups. He says there is no difference in treating the other clan groups and no one is seen with special interest. Ambodh pul'ya is one of the famous healers in the Ambodh Tanda and even the non-tribal from Loyapalli do visit him and consult him.

Ambodh Phakeera

Phakeera belongs to the clan of Ambodh. He is thirty five years old one of the youngest healers of the tanda. He has four children, three sons and one daughters. He is an agriculturist and has 2 acres of cultivable land and fourteen acres of dry land. He is known to be a specialist in diagnosing of certain diseases but does not prescribe medicines to the patients, because he says he is not an expert on medicine and is apprehensive about the consequence. Once he showed me his method of diagnosis when his brother's son who fell down and became unconscious was brought to him. He held the wrist of the child to test the pulse and after about five minutes started questioning the person who brought the child to know how the child fell and how it reacted after the fall. Depending on the nature of the pulse and also on the answers to his questions, he proclaimed that the child is affected by Devara (evil-spirit), because his pulse is giving jerks and jumping. There after he directed the child's parents to take him to the Bavuji (diviner) for the divination to know the exact cause of its illness, and who is responsible for the follow up treatment procedures.

He is considered to be one of the best healers for the sunstroke (Dhoopuchesindi) diseases. Usually children are more affected by sunstroke and Ambodh Phakeera is consulted by the parents of the affected every time. Phakeera doesn't see the patients on New Moon Day, Full Moon Days and Sundays coming on New Moon Day. He says on these days the knowledge he acquired will not be put to use because the gods and goddesses will be active during these days and he should devote to worship the goddess to give efficaciousness in his diagnosis. Phakeera doesn't charge anything for his services but the villagers give him some betel leaves and some b'd's after the diagnosis. He

enjoys respect in the Lambada society and every child in the village knows him very well.

Sabavath Bhikana

Bhikana is a member of Sabavath lineage, an agriculturist, aged about forty two years. He owns half an acre of agricultural land. He learnt the technique of diagnosis from his maternal uncle, who was a famous healer in the neighboring village Yellamme Tanda, seven kilometers from Ambodh Tanda. When he was a child he spent most of his time in his uncles house and got more attached to his uncle, who is an agriculturist and also a healer . Bhikana use to go along with his uncle to f'elds, and to patients houses and observed the method of diagnosis and therapeutic interviews. This made him acquire an interest in this profession which he finally learnt.

Bhikana stays in the field. Which is four km form the main tanda, and near his field where another *thirteen* families of Sabavat clan group resides. He is the best person to consult for the Bh kana lineage people for every ailment because they have to walk 8 km to-and-fro to see an a lopath c doctor. Bhikana is an expert in detecting the diseases of jaundice and types of it and the et ology of the diseases. Even the Lambadas from the main tanda walk down to h*m to conf rm whether a disease is jaundice or not. Bhikana makes only a diagnos's of the d'sease but never treats the ailments by prescribing medicines.

Ramavath Paricuiya

Paricuiya is a member of Ramavath lineage, an agriculturist, aged about thirty five years. He was a honey collector, wage laborer and sometimes burns the wood to make coal. He believes in the Hindu God Venkateswara swamy of Tirupati, because it is this god who, he said, cured him once when he was critically ill. He visits the temple and worships annually and pays his obeisance. His method of diagnosis is by testing the pulse of the patient, and by examining the eyes of the affected. He also puts a number of questions to the patient to know the symptoms of sickness and then arrives at a conclusion about the etiology of disease. He cures mainly diseases like Dadda(ring worm), Jabbala noppi(shoulder pains).

(b) Healers who diagnose as well as treat the ailments

Ambodh Bhojya

Bhojya is one of the older persons of the village. He is about fifty five years old and owns two acres of irrigated land. He learnt the techniques of diagnosis and treatment from his father who was a popular healer in Ambodh Tanda. During the British rule his father worked as a village watchman (Kavallodu) to keep a watch in the hilly-forested region to protect the travelers from road side dacoits and also to represent village when officials from outside visits the village. Ambodh Bhojya besides agriculture also burns the trees and wood to make coal. Sometimes he also herds his sheep and goats to the nearby hilly-forests and returns in the evening. Bhojya learnt the indigenous treatment

and herbal medicines from his father, while helping him in the collection of medicinal plants and making herbal medicines. He learnt the names and healing powers of the **Herb**'s and plants as **well** as their uses from his father. **Ambodh Bhojya's** father imparted the knowledge of treatment to him on an **amavasa** **adivaram** day (Sunday coming on new moon day). Bhojya goes to the forest to collect the medicinal plants, roots, leaves and herbs on auspicious days and on such occasions he has to observe certain taboos like keeping himself away from polluted persons or abstaining from attending a funeral feast etc, lest the herbs and roots lose their **efficacy** . The herbs and plants are supposed to contain magical powers of gods and goddesses, and hence they need to be kept away from pollution (antu). He said that he is not supposed to eat or participate in the feast arranged on the day of the clearance of pollution due to death (Karma Bhojanam), birth and puberty in the lineages (Vuddi) other than his own. Because such a participation would divert him of his healing powers. Whereas his participation or eating the Karma feast in his own family or in any family of his own lineage (vuddi) is not a taboo to him. He keeps away from coming contact with the woman of his household for five days when they menstruate to avoid pollution (antu). He cooks his own food during this period. Like his father he has become an expert in healing such ailments as snakebite, scorpion bites, wounds, cuts and fractures. He treats the people of Ambodh Tanda irrespective of their lineage (vuddi), status or sex.

Bhojya knows few allopathic medicines and techniques of treatment. He said he learnt the allopathic medicines and treatments from a registered medical practitioner called **R.M.P** doctor **Satyanarayana** at Loyapallie village by befriending him. He diagnoses the sickness by testing the pulse and by examining the eyes of the affected and also by questioning the patient about the **background** of

illness. While his diagnostic techniques and determination of the etiology of diseases are based primarily on the traditional methods, his treatment of some of the diseases is entirely based on the allopathic medicines he knows. In other words, he translates the traditional etiology of sickness to fit into the allopathic treatment of modern medicine and gives appropriate allopathic medicine. In such cases he also gives intramuscular injections in addition to tablets. He maintain a medical kit containing syringes, bandage material, ointments and tablets. Following are the ailments for which he gives injections and tablets after diagnosing the disease in the traditional manner.

Bhojya administers allopathic tablets to such patients who do not take injections and also when the ailment is not severe. However injections, he said are essential when the disease is severe, irrespective of the dislike of the patient.

He purchases these allopathic medicine from Loyapallie village or sometimes from Ibrahimpattanam. He doesn't charge for treatment and is reluctant to accept whatever his patients offer him like fowls or grains. He is known in Ambodh Tanda and in surrounding villages as an expert in treating waist pains for which his father was also popular.

Raamavath sakuru

Sakura belongs to the lineage Ramavth, is about thirty seven years old. He is also an agriculturist owning two acres of irrigated land and besides this he goes to forests and has to hunt rabbits and to collect honey. He is considered to be an expert healer in treating jaundice, kamatu. He

says that he learnt the techniques of diagnosis and treatment from his father **Ramavath** Madhu, who was **also** considered to be an expert in his days. He also puts the **'Ganimantram'** (chants) for injuries. His method of diagnosis of jaundice is examining the eyes, nails and face of the patient. He confirms it by putting rice in the patient's urine. **If** the rice turns yellow he pronounces it as jaundice.

Then Sakuru ties a string of seeds of the plant called saganara after applying turmeric and **exposing** them to the fumes of samranic (scented material). While tying, he prays to 'Gopala Swamy' because this god, he says dwells in this plant and it is he who gives power of healing to the seeds. He instructs the patient to observe certain dietary restrictions. Exactly after a week and on the same day, he takes off the old string of saganara plant seeds to substitute with a new one. The old one is thrown on any green tree. He is also an expert in treating wounds by some magical chants called 'gavu mantram'. It is said that when 'gavu mantram' is chanted by him the blood flow stops suddenly. He also doesn't charge for his treatment as he only collects the seeds of the saganara plant and makes the beads out of it. Because his diagnosis and treatment involves **magico-religious** aspects he keeps himself away from the pollution of death, birth, puberty and **menstruation**. He treats the Lambadas of Ambodh Tanda irrespective of their lineage status or sex.

Sabavath Sitha

Sitha is a member of Sabavath lineage and is forty years old. He is an **agricultural labourer** and owns five acres of dry land. Sabavath Sitha learnt the skill of **diagnosing and healing** from his father.

was from his father that he gained the knowledge of the medicinal value of various plants. S'tha is regarded by the people of the Ambodh Tanda as an expert in dealing with a post-partum disease called 'balinta jabbu'. This disease is regarded as one of the most dangerous for women among the Lambadas. To treat the 'balinta jabbu', Sitha burns at nine spots, on the body of the women and later gives herbal medicines. People believe in his healing techniques, and 'balinta jabbu'¹ cases are always referred to him. Sitha charges about Rs. 20/- for the treatment. In some cases he also accepts grains, meat of goats, fowls or honey instead of money.

Sitha stays three km from the tanda in the field. Lambadas call on him whenever his services are required. To treat the patient, Sitha visits the house of the affected a number of times, till it gets cures completely.

Nenavath Naria

Naria is another healer who does both diagnosis and curing. He belongs to the lineage of Nenavath and an old man of more than sixty years of age. He has three acres of agricultural land which is mostly looked after by his son and daughter-in-law. Nenavath is an illiterate but worked as watchman in the government school at Loyapallie for about fifteen years. He treats the ailments by giving traditional herbal medicines and chanting magical spells called 'mantram'¹. He gives medicine for dog bite, injuries, toothache and also treats injuries and wounds by chanting 'gavumantram'. Sickesses like 'vatam neelu', muscle pains, waist pains are also cured by Naria. More often saw him looking after the health of small children and he prescribes Ambodh Bhogya in collection of herbs and roots.

Ambodh Taria

Taria belongs to the Ambodh lineage and he is also an agriculturalist **He is about thirty years old.** **He is known** in the village for the treatments of scorpion bite and snake bite. **People say that he knows** witchcraft and also knows how to counteract it. For treating scorpion bite and snake bite, he utters the magical spells (**mantramulu**) to propitiate the Nagadevata (snake god) in **addition** to administering herbal medicines. He is known in Ambodh Tanda as **Mantrataria**. **For this purpose** he completely abstains from eating non-vegetarian food, but he drinks alcoholic **liquor and toddy** a lot. People say he cannot treat the patient without consuming the country liquor. Taria is also **expert** in catching the snakes and killing them. He removes the skin of the snakes which he sells in **Ibrahimpattanam**. Since Ambodh Tanada lies near the hilly forests there is always the threat of snakes and scorpions to these Lambadas. Taria also treats the animals who were bitten by poisonous snakes. He classifies different types of snakes on based their color, length and poisonous.

Ambodh Taria always keeps with him the ready made **herbal medicine** for **snake bite and treats** whenever a patient or his kinsmen approach him with a complaint **of snake or scorpion bits**. **He first** makes the patient lie down, utters the magical spells, **and keeps** his **right hand on the chest** of the patient. He says with the power of magical chant he can stop **the movement of poison** from the effected part to the heart. Then he collects urine of a **boy below ten years (persons in whom sperm** has not developed) and puts the herbal medicine in the urine, so that it **get dissolved** **The patient** is asked to **drink** the dissolved solution, and after **half an hour the patient will be completely cured**.

He also diagnoses and cures the patients who suffers from stomach pain (kadupu noppi)., Even though he is addicted to drinking, people of Ambodh Tanda do not hesitate to take the treatment from him.

Harinath Pantulu

Harinath pantulu, who is about thirty years old is a native of Devarakonda. He is not a Lambada; he belongs to Baliya caste one of the backward communities of Andhra Pradesh. He is a teacher in the primary school of Loyapallie but lives in Ambodh Tanda as he purchased land here and constructed his own house. Besides teaching in the school he also does agriculture. He is a trained teacher, educated upto graduate level. He also treats the Lambadas by giving only modern medicines like tablets and injections for minor ailments especially for stomach, fevers, body pains and children diseases. Since Harinath worked in a medical shop before he joined in the educational department, he says he has acquired some knowledge about the medicines and injections. He doesn't demand money from the people for his treatment. However, he gets gifts in the form of cows or grains from those who get cured from him. He brings medicines from Ibrahimpatnam town

Harinath Pantulu believes in the native medicine of the Lambada healers in Ambodh Tanda and accepts it from Ambodh Bhojya and others when he falls sick. He even believes in the indigenous system of divination (Bavuji) and consults the Lambada diviner when he feels its necessity

(c) Diviners who heals through divination

The Lambadas of Ambodh Tanda, seek the services of the diviners in the village when the above mentioned healers diagnose the symptoms of the disease as due to supernatural reasons, like wrath of a deity (devara) or an evil spirit 'gali' or due to Maisamma or due to witchcraft (chetabadi). There are four such diviners in the Ambodh Tanda.

Ambodh Antiram

Ambodh Antiram, forty five years old is a diviner who belongs to the lineage Ambodh family. He diagnoses the ailments through divination and suggests remedies. It is said that he got his divine powers and skills of divination from his father who was a famous diviner in Ambodh Tanda and in the surrounding villages during his times. He is the eldest son of his father, and his divine powers are also attributed to his caliber. However his detractors say that he lacks masculinity and hence none came forward to give his daughter to him in marriage. People of Ambodh Tanda believe in his divine powers and his divination and they say god has given certain powers to him. People come to him, when they are affected by misfortune or a disease which persist for a long time despite of treatments, and to know the exact cause of their sufferings. It is said that Antiram through divination is capable of finding out the exact cause of various physical and mental problems. The process of divination is initiated on the request of the patient or his kinsmen and continues for five to three hours. Antiram charges people to the tune of Rs 15/-. People pay his fees along with betel leaves as a mark of respect.

Antiram performs the divination first by beating the drum in front of a fire and recollects all the names of gods and goddesses in a rhythmic way. He does it continuously for sometime and at one point he gets suddenly possessed by his family deity 'Rangullaswamy'. The possession is easily identified the moment he starts shivering and becomes furious. He then begins uttering in a loud and commanding tone. It is at this juncture that Rangullaswamy calls all the deities known to the affected person and communicates with the responsible deity regarding the reason for the grief. Then the deity starts telling through the diviner the reason for the particular disease. It will be revealed whether the sickness of the person is due to his non-fulfillment of his promise to the deity or due to an act of witchcraft of his enemy. The deity also spells out the remedies or rituals that need to be performed to get rid of the sickness. Once the sufferer concedes his or her lapse and assures the deity that the rituals will be performed or offerings will be made without fail in the stipulated time, then the deity forgives him and the family deity withdraws from the diviner. The withdrawal of the deity is seen when the diviner starts shivering, goes into a trance and becomes unconscious. After 10-15 minutes he recovers and becomes a normal person.

Ratla Hasali

Ratla Hasali belongs to the lineage of Ratla. She is a widow aged fifty years, diagnoses the ailments through divination and suggests remedies. Hasali married Ratla Bhojya and came to Ambodh Tanda.(before marriage she belongs to the lineage of Korra). She began worshiping **Lokamastan** deity of Ratla lineage after marriage and she became a devotee of him. The deity, she says, used to come in her dreams and forecast the future happenings. Gradually she became a diviner. Like Ambodh Antiram, she also gets possessed when drums are beaten and performs in the same way. Those who have faith in the Lokamastan usually go to her for divination. It is said that Hasali through divination is capable of finding out the exact causes of various mental problems.

(d) Itinerant drug sellers and healers

In addition to the above mentioned local healers and the diviners, the Lambadas of Ambodh Tanda also depend on a few non-Lambada outsiders who come periodically to the tanda to sell drugs as well as to treat some diseases of both humans and domestic animals. They also come at other times when called for to treat a person who is critically ill.

Savedi Muttiah

Muttiah, aged thirty five years, visits the Tanda thrice in a month and sells vatam medicine injections for various diseases. He comes from Gowrellie, a village about 14 km away. He diagnoses the disease by testing the pulse and gives native as well as modern medicine. He is continuing the tradition of his father who also used to come to the village. He learnt the techniques of healing and preparing drugs from his father. He is not a full-time healer or drug seller. He has three acres of land and does agriculture in addition to selling the drugs and healing. Muttiah is known for selling tablets made from herbal mixtures especially the "avo znanam" tablets (made by him) which are given to children when they suffer from stomach problems.

He gives injections depending upon the severity of disease, but tablets are generally given to the patients whose case is not serious. He renders his service only on payment, either in cash or kind. Some people believe that injection gives relief faster than tablets, Muttiah gives injection to those who assure him of money or grain, otherwise he just gives tablets and goes away.

Gangiah

Gangiah, a man aged forty years, who visits Ambodh Tanda monthly twice on a bicycle to sell balintajabbu mandu and vatam mandu (medicine for diseases of de-vered women and of excess of cold). At times he also diagnoses the symptoms to identify whether the ailment is caused due to excess of cold or heat. He is a native of Agapale village, which is 20 km away from Ambodh Tanda.

His father also used to prepare such drugs and he got this knowledge from his father. He also visits other adjacent villages like Loyapallie, Saalyam tanda, Yellamma tanda, Bodekonda etc..

The medicine for delivered women diseases sold by Gangiah is of tremendous importance to the Lambadas of Ambodh Tanada, because it is used all the diseases which are caused to the delivered mother. It consists of two cylindrical rods one is black and another is red. These rods are powdered together and mixed in water and given to the patient twice a day after lunch and dinner for one week. Gangiah sells these medicine for Rs 10/- a packet.

Pandariah

Pandariah comes to this tanda by foot once in a month from Manchal. He is about forty years old. He is known for the treatment of injuries and other sicknesses which are caused due to evil-eye (dishti). He ties a black thread to the affected parts of the body or to the limbs of the affected person after exposing the thread to the smoke of scented sticks. The black thread believes to be having magical powers when exposed to scented sticks because it was kept before the god in the temple. People who want to protect their children from the evil-eye beforehand ask him to tie the black thread to the hands and legs of their children. The villagers believe that this thread has certain powers and provides immunity from the effects of evil-eye. Pandar'ah also treats the disease called kallateepulu by tying this black thread. He renders his service on the payment of Rs 2/- per person.

Venkatesh Potla

He is a schedule caste person aged about forty years and comes only when summoned from Chunduru. Since he is a sorcerer (mantragadu), the Lambadas of Ambodh Tanda were very hesitant to divulge his name and place or origin. Only persistent inquiries revealed his name and place. Venkatesh is called to execute counter witchcraft to such persons when the local diviner has diagnosed as having been affected by witchcraft. When called, people say Venkatesh comes to the house, draws designs (muggu) with white powder called 'muggu pindi' and slaughters a hen or goat and asks the affected to cross over the muggu. People believe that the affected person would be relieved of his sickness after such an act. Venkatesh charges money for his services, and his charges are high compared to others because witchcraft is a complicated process, which if done wrongly, may take the life of the sorcerer himself.

(e) Visiting multipurpose health workers and physicians from Public Health Center

Ambodh Tanda comes under the administrative jurisdiction of Manchal mandal, and as such under the Primary Health Center (P.H.C) of Manchal mandal. The PHC's have one multipurpose health worker, medical supervisor a public health officer and a physician are supposed to visit the villages under their jurisdiction. All these officials visit Ambodh Tanda but not regularly.

Vasantha : Multipurpose Health Worker

Vasanta, an young woman aged 22 years is a Multipurpose Health Worker. She visits Ambodh Tanda every Tuesday and Saturday to and provide the pregnant women delivered women and

children below 5 years with multivitamin tablets, and to attend to the minor illnesses like fever and cold to the children. The health worker also has to provide immunization to the children for tetanus, whooping cough, vaccination against polio and also immunization to the pregnant woman at regular intervals. Besides these she is also entrusted with the responsibility of motivating women for family planning. Vasantha who is a married woman, visits the tanda once in fifteen days and finishes her work in the village in a few hours. She explained to me that there is a problem of transport to these villages, that the buses are irregular, and that she has to cover five villages in two days. On her visit, Vasantha provides the multivitamin tablets, immunization, B-complex injections and polio vaccines once in fifteen days. The women are given identity cards in which their case history, dosage, and dates were written and Vasantha fills these columns as per their schedules. The Lamabadas do not have any faith in her treatment, but they utilize it because it is free of cost, and done at their door step. The table showing the immunization of children and pregnant women in the past 10 years (The records of the Multipurpose Health Worker) was given in the end.

The table shows the steep increase in the immunizations provided to the children and pregnant women in Ambodh Tanda. The official record of immunization are maintained in the Primary Health Center office in Manchal. The following table shows the family planning motivation in Ambodh Tanda.

Most of the women who have undergone family planning operation have done so after fourth child. No woman has undergone after second or third child. The incentives provided by the health department are one of the motivating factors for family planning operations. These operations are

conducted in the **Manchal** Manual **P.H.C.** at Manchal.

Medical Supervisor: Narsimham

Medical supervisor Narsimham is expected to visit once in fifteen days to Ambodh Tanda to check the functioning of multipurpose health worker and to provide basic training to the Anganvadi teacher in first aid. But in reality Narsimham comes once in two-three months and instead of checking health workers, work he signs the register and spends a couple of hours in the village. He is also to note the progress of family planning program in the village, talk to the elders and leaders of the village to motivate their women for family planning. He has to check into the complaints of the villagers regarding the medical aids and facilities they are getting from the Primary Health Center. He also notes any news of epidemics like chickenpox, cholera and gastroenteritis. Medical supervisor also comes along with the physician to the medical camps and other official visits to the village. Many of the Lambadas don't know Narsimham and his duties, because he hardly comes and stays in the village. He also revealed to me that lack of vehicle is one of the important cause for his regular visits to the villages.

Public Health Officer: Janardhan Rao

Public Health Officer Janardhan Rao visits the village once in a month to check fire safety and public health facilities in the village, train Anganvadi teacher. He is also responsible for providing safe drinking water through chlorination. He also checks the work of multipurpose health worker

talks to the leaders of the village regarding any problems they have in getting safe drinking water. The public health officer rarely visits Ambodh Tanda, but he comes once in two months to Loyapallie panchayat to check the drinking water supply. The Lambadas of Ambodh Tanda are totally unaware of the of public health officer and his services to them. During my one year field work in the vi lage he never visited Ambodh Tanda village, but I met him in Loyapallie a couple of times.

Medical doctor: Dr Bhaskar

Dr. Bhaskar, medical doctor is the incharge medical officer of the Primary health center of Manchal and he is responsible for catering to the health needs of people of Manchal mandal. He has to v st each village once in a month within the jurisdiction of its mandal and should hold a camp along w th Medical supervisor and deal with minor ailments. The doctor is also expected to talk to the v lage elders and convince them for family planning operations. He also has to supervise and check the health facilities provided to them through his subordinate officials and see in particular the progress of vaccination, and immunization programs. The Medical doctor, Dr Bhaskar, v s ted Amboth Tanda thrice in a year and conducted three camps, and discussed with the v lagers and the r women on various health problems. The doctor accepted the delay of services done by h s staff, but assLred that it will improve in due course of time.

During these three camps, maximum Lambadas ut ized the services of the doctor. The doc or brought with him paracetimal tablets, mu tiv tam n capsules B-complex penc irecto s etc to de with minor illness. He treated all the fever cases, body pa ns musc e pa ns and gave then the pa

killers **and** asked some of the patients to visit **P.H.C.** at Manchal for further treatment. **The** villagers **donot** have faith in these camps, and they say that the doctor gives same medicines, that too cheap medicines, for all the diseases.

(f) Anganvadi teacher

Anganvadi center is established by the government of Andhra Pradesh under women and child welfare program. It is a center of integrated child development scheme and under this scheme a teacher is posted to the center who has to look after the basic educational and health needs of children below 6 years of age, and also to provide them nutritious food once in every working day. One such teacher, Waheeda, is appointed, and she is 25 years old. Waheeda use to stays in the Ambodh Tanda itself and looks after the center. She, everyday, with the help of a female ass'tant visits houses brings the children to the center and teaches them basic literacy health habits like cutting of nails, washing hands and legs before taking food, taking bath every day, use of detergents for cleaning body and clothes etc. Waheeda prepares upma a nutritious food from rice flour, and feeds to the children and the pregnant women in the village. She also keeps a first-aid kit with her and gives basic medicines to the villagers, especially for dysentery, diahorea, fevers, colds, cough and headaches. Villagers have trust in the Anganvadi teacher because they know her for long time as she is the daughter of one of former village assistants and she also speaks the Lambada dialect.

(g) Midwives

Ambodh Tanda has two midwives, Ramavath Zhamku and Sabavath Achali. Both of them are Lambadas are widows and practicing this for the last 10-15 years. These two women assist in delivery, bathing the new babies, cutting the umbilical cords, and cleaning the pollution. Sometimes midwives from nearby villages also visit this village whenever required. These two women serve the whole Lambada community irrespective of lineage, status etc. They are paid Rs 15/- and a one handful of grain after cleaning of all the pollution of the delivered woman. When a pregnant woman starts getting pains then the midwife in the village is called in case she is not available then they call the one from other villages. These two women learnt the technique of midwives from their mothers who were traditional dayas. For these two women of Ambodh Tanda this is only a part time job as they are otherwise involved in agricultural activities.

(h) Magico-religious healers who chant and blow for minor illnesses

Ambodh Tanda has three such healers who chant and blow for minor illnesses. They are Ratla Dasuru, Ambodh Ramu and Ambodh Puliya. These three are consulted when a child cries continuously, for right side pain in the abdomen, back pain, severe headache etc. These healers take a string of neem leaves, chant magical spells, touch the affected part with these neem leaves and blow on the face and affected part of the patient. These healers are part time. They follow no restriction on food habits or pollution. This healing is performed instantly with no prior process or preparations. Most of the cases brought to these healers are children's problems. After chanting the magical spells Ratla Dasuru blows on the face of the child who is believed to be scared (the effect of a shade, or evil-eye) and after some time the child stops crying. The healers perform this

healing free of cost, sometimes they were offered beedis by the children parent. Pains in one side of the body are also mostly dealt by these healers who believe that magical spells have healing powers; and blowing over the neem leaves on the face and affected part brings relief quickly. These healers do this chanting and blowing mostly at the time of sunset and not before it because they consider it the most appropriate time for healing, because they think this time the deities are more active.

Modern Medical Facilities

As it was mentioned earlier Ambodh Tanda doesn't have any modern medical facilities. Not a single allopathic practitioner exists in the tanda. People go to the Loyapallie village from the Tanda to avail modern medical facilities. There are two registered medical practitioners (RMP) in Loyapallie who administer allopathic medicines and they cater to the needs of eight villages. In case of severity Lambadas prefer to go to Ibrahimpatanam Government Hospital, because it is easy to reach the hospital than the P.H.C at Manchal. Some Lambadas go to the MBBS doctor (private) at Ibrahimpatanam for better medical aids. They give more importance to the behavior of the doctor with the patients, the manner of talking to them and his method of diagnosis and treatment.

The following table shows that the Lambadas do utilize the modern medical facilities only in case of severity. The main reason for very limited utilization is economic problems as well as communication problem. Lambadas have developed their preference for certain methods of diagnosis and treatment while seeking medical aid from the modern physician. They prefer to be examined with the help of

the stethoscope and to be asked a number of questions by the doctor. They also attach greater curative value to the injections and tablets in the preference scale; these are the situations where the technical competence of the physician is indirectly questioned. A village patient often expects things from the physician which may not at all be needed or necessary in the process of treatment

Studies of G Marris Carstairs and Mackim Marriot (Paul:1955) have shown that the Western system of medicine does not fit in with the cultural climate of India. Gould (1957), however, studied the implications of technological change in the acceptability of scientific medicine in Indian village. He has shown that the folk medical practices are employed by the people of Sherupur whenever the person's complaints were classifiable as chronic non-incapacitating dysfunctions, while doctor's help is sought in complaints that may be classified as critical in incapacitating dysfunctions, though the citizen of Sherupur is unaware of the distinction. However, Ambodh Tanda presents a slightly different picture with regard to the acceptability of modern scientific medicine mainly because of existing traditional methods of healing, and medical knowledge in the village. Only in case of severity, when all their attempts to cope up fail then as a last resort scientific medicine or its practitioners are consulted.

From the foregoing discussions it is evident that the Lambadas of Ambodh Tanda preponderantly depend on their own traditional healers, diviners and sorcerers for the treatment of their sicknesses. Their firm belief in traditional medicine makes them less dependant on the modern doctor. P.L.C Health Center but also the physical distance and the expenditure act as barriers between the people

and the modern medical facilities. They go to the hospital only in the most serious cases. The traditional healers of Ambodh Tanda village engage themselves in diagnosing and healing activities in addition to their regular economic pursuits like, agriculture, hunting and wage labour. Most of the pharmaceutical knowledge and the skills and powers of healing and diagnosing are transmitted in the patrilineal line i.e, from father to son. Some are specialists only in diagnosing the ailments and quite a few manage both diagnosis as well as treatment. There are four healers who perform divination to know the etiology of sickness and to suggest remedies. Among the healers some collect fee for their service, others render their service either free of cost or collect in kind.

At the traditional method of treatment is closely related with their magico-religious aspects, some of the healers like Ambodh Bhojya observe ritual taboos to retain their power of healing. The traditional healers occupy a high status among the Lambadas of Ambodh Tanda.

The most common technique of diagnosis is by testing the pulse (nadi) or by divination. Divination is resorted only when its need is felt and illness does not respond to the treatment, or when it is diagnosed that a person is affected by supernatural factors like wrath of god or malevolent spirits. The patients choose the healer depending on their relationship with him as well as the kind of disease one is suffering from. If one has to go to a specialists and experts like Ambodh Bhojya or to a healer who is considered an effective doctor who uses both traditional as well as modern techniques for treatment, the relationship factor is over ruled. The Lambadas of Ambodh Tanda choose healer among the various available healing techniques and healer depending upon the type of disease, etiology and its severity.

Though the traditional healers of A t Jh Tānda are not whole time medicine *men*, they are held in high esteem by the lay villagers. They attend to the sick and carry out their curing activities in addition to their day to day subsistence activities. Most of them do not charge for their treatment and diagnosis. It is the principle of patrilineal descent and patrilineal kin affiliation that decides the transference of magical or divine powers and the knowledge of healing techniques. Since the indigenous methods of treatment and diagnosis is intricately related with their magico-religious beliefs, the healers observe certain diet restrictions and ritual taboos to retain and enhance their powers.

Conclusion

Matters of health and disease concern people every where and all societies have developed their own means of coping up with the problems of health and disease. The present study with regard to attitudes, etiology and diagnostic procedures of diseases and the therapeutic strategies among the Lambadas of Ambodh Tanda, reveals the deep rooted value orientations, that shape their worldview and influence their social relations in everyday life, also act upon the cognitive system of the ethnomedical scene.

In the present study, attention has been centered only on a single village, Ambodh Tanda. What is important is the results presented here have implications in the context of the region and are applicable to other villages in this zone, in general. The influence of urban life has already percolated into the rural areas and deliberate efforts are being made to introduce changes in the village life. The beliefs, customs and practices, (in short, the ways of life of the people) and perceptions with regard to health and diseases are in a constant process of adjustment and readjustment. There are two types of social and cultural factors that effect the health of any community: (a) factors that directly effect the health of the community because certain customs and practices, beliefs, values and religious taboos create an environment that helps in the spread or control of certain diseases: and (b) factors that indirectly effect the health of the community. These are the factors that have no connection with the spread or control of diseases but are related with the problem of medical care to the already sick and invalid persons of the community.

In Ambodh Tanda, the houses are huddled together in a small area, and all the fields are outside the village. The village habitation at a lower level than the surrounding lands and this is often responsible for water logging in the village. The village habitation is surrounded by several ponds (pits dug by the people themselves for the clay used in the construction of houses). These ponds are the breeding grounds for mosquitoes, insects etc. The conditions of potable water supply are extremely unsatisfactory. "It is estimated that in India there are about two million deaths and about fifty million cases of illness each year from cholera, dysentery and diarrhoea and fevers which could be prevented largely through the provision of safe water supply and sanitary methods of excreta disposal (Dutta, 1955:32).

Despite the abundance of space in the countryside, houses are crowded and are of poor quality. Though air and light are available in abundance in the countryside, the Lambadas do not take advantage of these gifts of nature. Leaky roofs, absence of flooring, darkness and dampness are the characteristic feature of the majority of the houses in Ambodh Tanda. These form a favourable environment for respiratory illness, eye troubles, etc. Houses are neither large enough, nor well-lighted and ventilated, and in most of the houses there is no separate kitchen. Due to the absence of the drainage system in villages, water usually gets collected in a pit dug outside the house which serves as a good breeding place for mosquitoes and insects.

Although cleanliness inside the house is greatly valued by Lambadas and houses are swept daily, no care is taken regarding the sanitary conditions outside the house, ie. heaps of house refuse can often be seen usually on the peripheral regions and some times in open central spaces also. These

heaps, mostly consisting of animal excreta, vitiate the environment of the whole tanda. House flies and other insects grow here on a large scale and transfer germs to healthy persons through food etc. **The** lanes and bylanes of the village are usually non-metalled. During rains, the rain water accumulates in the pot holes in the lanes and the mud and water causes much inconvenience (especially to an outsider). The villagers do not show any concern for all this and take it in the nature of things.

Lambadas keep domestic animals like cows, oxen, buffaloes, goats, dogs, cats and poultry. These animals play a negative role in environmental sanitation and effect the health of the people. "Certain diseases of man are known to be caused by infections which occur as primary diseases in domesticated animals and are transmitted to man secondarily. Animals, therefore, assume sanitary importance primarily as a source of infections. These infections diseases are known to be transmitted to man by direct contact and by various vehicles of infection - milk, urine, faeces, hides, wool, hair, saliva and intermediate insects hosts" (Smiley and Gould 1943:24). The presence of these animals close to human habitation definitely increases the chances of infection. Rabies and plague are known to be transferred to human beings from other animals. Tapeworms and other intestinal parasites of dogs, cattle, may secondarily infest man. Several diseases of man, as diphtheria and small pox are often found secondarily in certain animals in modified forms and may eventually be returned to man.

Disposal of night soil is a major public health problem in Ambodh Tanda because of the habits of defecation of the Lambadas. Both men and women go to the fields for defecation purposes. The

present habits of defecation are greatly responsible for morbidity and general state of ill health in villages. Cholera, typhoid, dysentery or diarrhea are the diseases which are spread through indiscriminate defecation. "Hook worm disease occurs only where infested persons excrete their ovaladen faces upon the unfrozen sandy soil and where the human skin is permitted to come in contact with the infested soil. The habit of walking barefooted by village folk and the habit of indiscriminate defecation increase the chances of infestation and re-infestation" (Kocharetal 1979).

To Lambadas, bathing means simply splashing of water on the body and most of them do not use soap or any other cleaning agents merely because of poverty and ignorance. Bathing is not a problem in summers but during winters the number of persons taking bath decreases considerably. Since cleaning of skin is not practiced regularly in the village, certain skin troubles are often common among Lambadas. Ring worm and prickly heat are the most common skin troubles during summers. The Lambadas are not habituated to wash their clothes at regular intervals. It is true that their standard of living is very low due to poverty but it is also true that they are unclean at least partly due to ignorance. Washing of clothes and bathing are, therefore matter of rites and rituals to the Lambadas of Ambodh Tanda and not of health and hygiene.

The habit of eating out of common utensils and smoking from the same bidi or cigerate are common among the members of same clan group. Lambadas considering it as a symbol of brotherhood believing that it promotes affection and cordial relations among them. These habits are unhygienic from the medical point of view and increase the chances of transferring infection from a sick individual to a healthy person. Excessive drinking of toddy and arrack on festive occasions, marriage parties,

and death ceremonies is a regular feature among all the clan groups of Lambadas. It is also believed that it wards off cold and increases the power of endurance. Drinking habits are common among all age groups and men and women consume it equally it affects the general health of the Lambadas to a great extent.

There are certain other types of social and cultural factors, concerning health and disease which determine the manner in which the problems of health and disease are met from within the local set-up in the village. The Lambadas of Ambodh tanda, are away from a public health centre at Manchal by about 12 km and are without proper communication or transport facilities. They depend on the surrounding forest and a few patches of cultivated land for their living. As such their concepts and beliefs regarding illness, cure, diagnosis have a bearing on the inter-relationship between economic and religious life in a particular ecological setting. In fact, Lambadas cognition about health and disease reflect an attempt to maintain an harmonious relation between the natural and supernatural beings.

The Lambadas of Ambodh Tanda see the meaning of health in contrast to disease. According to them all individuals suffer from some disease or the other in their life time. Occurance of disease among human beings and animals is thought to be similar. In their view, there is not much difference between plants and humans which as a matter of fact reveals itself in their symbiotic existence in nature. However, diseases to these natural beings are caused by both natural and supernatural agents. Their beliefs and interpretations of etiology and treatment of diseases manifest a harmonious relations they endeavour to maintain between the natural and supernatural beings.

There is always constant interaction between natural and supernatural forces in nature. Sickness is caused to an individual either by the malevolent and harmful winds or by the harmful spirits who sometimes accompany these winds. Those who have enough inherent body strength and resistance withstand the effects of these winds and spirits whereas others who are weak and wanting in the inherent strength of the body get readily affected by diseases. They are also conscious of drinking contaminated water from the stagnant ponds. Thus the Lambadas also explain illness in naturalistic terms and evince considerable interest in physical and pathological process. The most common reasons adduced for the occurrence of disease caused due to natural reasons are change and variation in climate or food habits which in turn bring about a disturbance in the equilibrium of body humors. Whereas the other kind of diseases are believed to be due to, the wrath of a deity or spirit. Any sickness can be given a magico-religious dimension. In the traditional sense, this might be taken as an attack by a malevolent spirit or withdrawal of support by a generally benevolent deity or spirit. Such influence may be suspected in a broad way in many cases of sickness. It is not only individuals, but also the people of the village as a whole may earn the wrath of gods and deities or spirits when they do not fulfil certain ritual or social obligations towards them or when they commit a breach in social norms. Witchcraft of an enemy through a supernatural agent also may cause diseases to individuals. Frankel while discussing the Huli response of illness, rightly points out that "the particular mix of diseases concepts, techniques and organisation that constitute each society's medical culture relates in various ways to other aspects of the society". (1986:182)

The diagnostic procedures and the methods of treatment among the Lambadas include both secular and magico-religious elements. Most common diagnostic techniques are feeling into the symptoms

of the sickness by questioning the patient and his attendants. Among them testing the pulse is held to be a central feature of diagnosis as it is through this test that a practitioner gets a quick perception of the patients. If this diagnosis and the treatment fails it is presumed that he or she must have committed a breach of norm with other people or with the supernaturals. Such a situation is also attributed to the effect of intrusive spirit or to the witchcraft. Persons affected by such causes are commonly the individuals beset by difficult social relations, generally centering around close kin. In such cases, people go to the diviner to seek solutions. According to the diagnosis of the diviner the affected person and his family have to perform retributive rights or counter witchcraft depending upon the remedies prescribed by the diviner. However, this sort of uncertainty does not arise in the case of such diseases which are caused entirely due to the wrath of the deities like 'Maisamma'. Nothing more than the performing of propitiation rites by the whole village clears the people from the scourge and its entailing devastation. Thus certain kinds of illness attributed to the anger of supernaturals not only demand the attention and solidarity of a single individual with his family members but also effects the group participation of the whole community as a single unit.

Since the Lambada beliefs have certain bearing on social and ritual obligations of individuals the ascription of sickness to divine wrath reveals strategies of social control. An individual's sickness may be ascribed to disrespect shown towards a deity or misbehaviour with an elderly relative. The risk of disease infact reinforces various moral and social values of lambadas. If an has cheated or wronged another member of his village, he is likely to be affected by some sickness which will make him suffer before the latter's eyes.

Their indigenous medical system also reveals a direct bearing on their food habits and economic activities particularly their dependence on forests, and ecological niche in which they live. Most of the medicines Lambadas healers prepare are the extracts and mixtures of leaves, roots or fruits of the plants and herbs found in the surrounding area. They consider that every tree in the forest has its own value and many among them are said to be having medical importance. However, the names and identities of those medicinal plants is jealously guarded by him as a secret, and this knowledge is transmitted only to his son. This they say is done in order to prevent the commercialisation of the treatment of diseases. Some plants, Lambadas believe, have divine and magical powers as certain deities dwell in them. These powers get activated when any of its parts like leaves or fruits are exposed to the fumes of scented sticks. One such plant is 'sagavara' whose fruits are used for treating jaundice; such plants and trees are protected from ritually polluted persons like a menstruating woman lest the powers of the plant get diminished. Lambadas attribute curative significance to the meat of some animals like rabbit. Those who suffer from excess of heat, they say must eat the rabbit's meat to cool their bodies. The faces of the rabbit is used to treat the split soles called 'Kalla pagallu'.

The relationship between such aspects as cosmology and illness is evident among the Lambadas when they discuss about the influence of the movement and position of the celestial bodies like sun and moon on the life of people, especially the pregnant woman and the unborn child. The earth is viewed by Lambadas as mother earth and they compare it to a pregnant woman. They say as a pregnant mother carries a baby in her womb, the mother earth also carries the human beings in her womb. Hence, digging of the earth which is looked at as inflicting injuries to earth, is avoided by a

man whose wife is pregnant, last his child born with any physical dieformity.

Lambada's medical system is not a monisticone. The diversity is revealed through the different types of causes attributed to the origin of diseases and the varieties of corresponding treatments given through herbal medicines as well as magico-religious procedures. It is this fact which opens up many alternatives for a patient to seek the cure for his ailments. In the initial stages, the minor ailments are managed at home. People approach the healer only when they realise that the sickness is not a minor one.

Though the traditional healers of Ambodh Tanda are not whole time medicine men, they are held in high esteem by the lay villagers. They attend to the sick and carryout their activities in addition to their day to day subsistence activities. Most of them do not charge for their treatments and diagnosis. Transmission of magical or divine powers and the knowledge of healing techniques takes place in the patrilineal side. An individual gains these skills through apprenticeship by virtue of being close with one's father or with a patrilineal kinsmen. Since the indigeneous methods of treatment and diagnosis is intricately related with their magico-religious beliefs, the healers observe certain diet restrictions and ritual taboos to retain and enhance their powers.

The Lambadas firm belief in their traditional medical system coincided well with the fact that the indigenous treatments are not easily accessible and intelligible but also it works out more economical to resort to their own systems rather than to go for the modern facilities for which they have to pay. More over the primary health centre is located away from their village. Nevertheless they go to the

modern hospitals only when the case becomes most serious and terminal in nature. This is not to say that Lambadas do not accept the modern type of treatments, and medical pluralism is non-existent in Ambodh Tanda. The modern techniques of treatment are availed by the people through the native healers. Some of the healers, who are exposed to allopathic medical system have adopted modern methods of curing and treat their patients through tablets and injections. Nevertheless the basic etiology, diagnosis and interpretation of symptoms of the diseases still remains indigenous. They simply see them as techniques which act directly upon the disease. Nonetheless, this adoption of modern techniques of treatments by Lambadas throws ample light on the manner in which the traditional societies like that of Lambadas accept the modern medicine. In the very first stage, at which modern system could be introduced is at the level of the techniques of treatment. They get acceptance if the modern procedures are translated in terms of the indigenous concepts regarding the etiology and diagnosis of the diseases for which they are meant. Janzen rightly points out ".... the widespread pattern of lay therapy management presents separate therapy systems from becoming irreconcilably disparate" (1978:222). Subsequently when the people become convinced of the efficacy of modern treatments, one can go ahead to educate the people about the modern Diagnosis and etiology of diseases.

There are elements other than superstition in the people ideas of disease causation and the supernatural does not cover the whole range of ideas. Lambadas of the Ambodh Tanda have learnt many things by experience and contact with other people and attribute physical or natural causes to a number of diseases. For example excessive heat or cold, wrong combination of foods and impurity of blood etc are some of the popularly recognized causes for certain diseases and may be

classified under physical causes. Sometimes a disease is explained in supernatural terms while at other times it may be regarded as 'natural'. Natural and supernatural are often interchangeable in folk mentality. That is a disease may be regarded as natural but the treatment may be sought in **supernaturalism**. For example snakebite, scorpionbite. The inference is that contradictions are possible in folk causality as the folk mentality is not afraid of contradictions. However, in most of the diseases recognized to be caused by physical causes certain materia medica of animal, vegetable or mineral origin are commonly used as a treatment, some of which are really found useful by medical experts.

Several types of specialist from within the folk setup are found in the rural areas. Exorcists, blowers and conjurers against rheumatism, snake bite curers, bone-setters are some of the common practitioners from within the village. Their healing art is based on charity and the payment is usually indirect in kind and not cash. Further, quacks also visit the village and deceive poor villagers with the nostrums they sell in the name of medicine. It is important to note that the indigeneous curers operating from within the village can not be regarded as charlatans because a specialist practising 'blowing', and conjuring or applying certain materia medica for others is subject to the same type of treatment under similar circumstances when he himself falls sick or he uses the same techniques for his family members or near relatives etc. People are usually not firm in their ideas in matters of health, disease and treatment. They often depend upon the advice of their neighbours, relatives, kinsmen, castemen, village elders, etc and advice from several persons may be solicited simultaneously.

Indigeneous medicine flourishes in villages for all its success or failure just as does the scientific medicine in sophisticated cultural. If the patient is cured the credit is given to the treatment and if it fails, treatment was not considered wrong but the patient was considered beyond help. It is true that most of the customs and practice with regards to health and disease have no scientific bases, yet folk medicine is successful in villages. Indigenous medicine is successful because a number of effective factors such as massage, blood letting, bone setting and certain efficacious materia medica of vegetable, animal or mineral origin are found in it. This was used in magical as well as secular ways by local healers. The another important factor for success of these medicine because the psycho-social support the curing rites frequently provide to the patient and the members of his society who attend him, indicate the importance of the indigenous therapies over the modern ones. Such therapies which play a major role in meeting the health care needs of the people need to be encouraged. The members who attend the public curing ceremonies too receive positive benefits from the cure, and in turn the presence of the family and friends is assuring to the patient who feels they are all working to restore his health.

G.M. Carstairs speaking specifically about mental illness say "there are two striking advantages of non-western treatment over its Western counterpart; first the patient is not exposed to the undesirable side effects of many of the newest psychotropic drugs; and second, spiritual healing requires the participation of other persons in addition to the patient and thus helps to reintegrate the mentally ill patient with the rest of the community from whom he has become estranged" (Carstairs 1969:409). Another establishment therapeutic technique, public confession, reflects, the extent to which the actions of the patient are believed to have endangered not only the patient but also

society. In addition to providing emotional catharsis and a sharing of guilt, confession often induces a reliving of painful experience (abreaction), which may in itself be therapeutic (Torrey 1972 : 64-66).

"The traditional medical beliefs and practices from a social point of view are necessary and morally imperative because they are socially approved ways of dealing with disruptive and anahralous events that cannot be allowed to persist. From a cognitive point of view, they are meaningfull since they communicate important ideas about the real world and they provide the means for confirming and presenting this sense of reality". (Young 1974-75:88). Thus the traditional medicine gives psychological satisfication to the people.

A small but growing body of evidence demonstrates that many folk remedies have important psychological effects that cannot be attributed to magic. Our understanding of the efficacy of herbal medicines is still rudimentary, however, and systematic procedures for evaluating them are just now being developed. Information on a plant's known chemical constituents and their physiological effects can thus be used. Possibly valid, or invalid according to bioscientific understanding or whether the available information is inadequate to make a juadgement at this time. The study of health culture helps to understand the ethnobotonical importance of various plants from the native's point of view, and it was studied not in isolation, but as one of aspect of socio-cultural system.

In fine, indigenous medicine as practiced among the Lambadas of Ambodh Tanda is grounded on some basic value orientation which also moulds their view on various aspects of life. Lack of understanding of the human behaviour from the natives perspective might retard the efforts to

formulate an acceptable rural health plan. Any action to improve the health care system in rural India through the introduction of Western or modern medical practices ought to take into full view the already existing intricate systems of ethnomedical beliefs and practices. That is the reason, today in the world health organization and in the agency of International Development, serious thought is being given to incorporating non-western curers and parts of non-western therapies into national health plans. If it comes true, it reduce the cost effectiveness of the medical aid to the third world population to a great extent. It is more appropriate to end as Mc Kim Marriot has done while discussing the medical practice in a North Indian village. "The successful establishment of effective medicine here appears to depend largely on the degree to which scientific medical practice can divert itself of certain Western cultural accretious and cloth itself in the social hemespun of the Indian village". (1955:268)

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