

Gaddis' Folk Medicine: A Source of Healing

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ABSTRACT Patients seek cures from a variety of medical systems. In the traditional medical systems, medical traditions partly cover other sectors of social life. In contrast to traditional health care system, the official health care system is based on Western science and technology. Gaddis employ different ways in case of sickness. Traditional medical knowledge is coded in to household cooking practices, home remedies; ill health prevention and health maintenance beliefs and routines. Like other rural parts of India, health care in Bharmour among Gaddis is characterised by medical pluralism. Among Gaddis, the health care includes self care, consultation with traditional healers- *chela*; and /or primary health care. Spirit possession is acknowledged as an illness among Gaddis. The cause is a spirit, the effect is spirit possession and the cure is controlled spirit possession. Among Gaddis, deities and evil spirits possess men as well as women. It is believed by Gaddis that traditional medical system is competent of restoring health of the body (herbs) or the mind (*chela*). Modern education, technology, biomedicine has not threatened the traditional therapeutic healing as there are no alternatives. The integration of the two systems is conceptual. These systems just co-exist, side-by-side. To dismiss traditional medical systems as ineffective or weak is to overlook their relevance and benefits in the contexts of their socio-cultural systems. At the same time the shortcomings of modern medical systems: their technical complexity, rising costs, curative rather than preventive focus, and limited accessibility for large population sectors can not be overlooked.

INTRODUCTION

The study deals with the concept of disease and sickness, the different methods of treatment, the official health policies over the years among the Gaddis of Bharmour, Himachal Pradesh. The report gives an account of the ecological, historical and sociocultural factors that contribute to the health perceptions of Gaddis, a transhumant tribe of Bharmour, Chamba district in Himachal Pradesh and the ways and means they employ to counteract suffering of human and animal population. This document deals with 'practiced medicine' of Gaddis and its cultural models which patients and healers generate and uphold together in Bharmour. It includes patients, their care providers and healers for yielding sustained curing and healing practices, skills and understanding. 'Practiced medicine' as explained by Khare (1996) is "an operative cross cultural analytical concept" which can be used in the studies of medicine in India. Practiced medicine in India allows us to see better how India manages not only multiple traditional and modern medical approaches, languages, therapeutic regimens, and material medica, but it also leads us to a sustained moral, social and material criticism from within. As India undertakes the issues of availability, affordability, equity, and disruptive justice in medical care, its practiced

medicine raises issues of "critical consciousness" for state supported medicine.

The health-sickness process is a tangible veracity for all people all over the world. Both lay people and health professionals tend to combine their society's health belief systems with knowledge gained through first hand experience. Therapeutic knowledge, related practices and experiences are defined by social and cultural contexts in which they occur. It provides knowledge and understanding of the diverse cultural traditions in medicine health care. There are diverse and varied notions of causality involved in any one system, but there are different ranges of phenomenon identified as diseases. These have been called as "cultural diseases" by Obeyesekere, because "they are created, at least partly, by cultural definition of the situation" (Obeyesekere, 1976: 207).

The earlier anthropologists gave an account of 'indigenous' practices of healing and their association with the causal conception of sickness and health as part of a particular world view. All cultures have shared ideas of what makes people sick, what cures them of these ailments and how they can maintain good health through time. This cognitive development is part of the cultural heritage of each population, and from it empirical medical systems have been formed, based on the use of natural resources.

Good (1994) observed the emergence of cultural interpretive or 'meaning centered approach' in medical anthropology as a direct reaction to the dominance of the ecological perspective on health issues. On the other hand ecological anthropologists have treated disease as a part of nature and therefore external to culture. Klienman (1980) while stating that disease is not an entity but an explanatory model also draws on cross-cultural examples in order to focus on the relationship between cultural context and healing practices. Disease belongs to culture, in particular to the specialised culture of medicine. In other words, from the cultural perspectives disease is knowable, by both sufferers and healers alike, only through a set of interpretive activities. These activities involve an interaction of biology, social practices, and culturally constituted frames of meanings and results of clinical realities. The various explanatory models comprise one or all of the five aspects: etiology, emergence of systems, pathophysiology, progress of illness and treatment (Klienman, 1987). According to cultural anthropologist Brumann the problems attributed to the culture concept are not inherent in the concept, but are a result of being misused (Brumann, 1999). Romanucci-Ross (1991), while defining medical anthropology as "descriptions and analyses of medical systems which emerge from human attempts to survive disease and surmount death, and are conceptualized as social responses to illness and the sick role within the variety of world cultures", points to a comparative element in addition to focusing on processes of decision making involved in social responses to suffering.

Afterward medical anthropologists in their observation of local medical systems cultivated 'an evenhanded view of medical pluralism (Leslie, 1980). Medical knowledge, related practices and experiences are defined by the social and cultural contexts in which they occur. Csordas and Kleinman (1990) classified the different theoretical approaches to healing (persuasive, structural, clinical and social support) revealing a variety of loci from the diffused communities to Turner's (1964) work on Ndembu to the highly specific approach of Prince (1964) on Yoruba psychiatry. The definition of Lindenbaum and Lock (1993) of medical anthropology as the "study of the creation, representation, legitimization, and application of knowledge about the body in both health and illness" points to body as a cultural

artifact and as the specific subject and research site of medical anthropology. Presently, the focus of medical anthropologists is on the body, power, phenomenology and political economy, to deal with plural healing system and social relations of health management. It provides knowledge and understanding of the diverse cultural traditions in medicine and health care.

Basically, there are two systems of health care in the developing world: one is traditional and the other is *Western* in derivation. Traditional medical systems are embedded in local communities and vary from community to community according to structure and organisation of the society. The concept of traditional medicine is a conventional term used by medical scientists to refer to the empirical medical systems used in different cultures all over the world. Traditional medicine include all kinds of folk medicine, unconventional medicine and indeed any kind of therapeutic method that had been handed down by the tradition of a community or ethnic group. The medical traditions in the traditional system are diverse in their historical background, theoretical logic and practices, their contemporary social realities and their dynamics. Both lay men and health professionals tend to combine their society's individual models of beliefs referred as 'explanatory model' (Kleinman, 1980). Explanatory models provide a structure within which individuals sort out their health problems and understand illnesses, injuries and disabilities. Klienman (1984) grouped healing practices in to three comprehensive sectors:- (i) *professional sector*, which includes both biomedicine and those alternative such as osteopathy and chiropractic which are professionally organised in the United States; (ii) the *folk health* care sector that includes specialists who are neither professionalised nor bureaucratized; and (iii) the *popular sector* includes all the things which patient and his relatives do to cure sickness, using their own concepts of what facilitates or delays healing.

Traditional or local medicine still remains an important source of medical care in the developing countries even though it is not officially recognised by the government health care programs (Kleinman, 1980). The World Health Organization (WHO) estimates that 4 billion people, 80 percent of the world population, presently use herbal medicine, low-cost, locally available treatments, for some aspect of primary health care. It persists in urban

as well as rural settings despite the availability of allopathic health services. In traditional medical systems worldwide, afflictions that beset body and mind can be explained in both naturalistic and super naturalistic terms.

In India, biomedicine has to compete with a number of existing traditional systems and ideas. Patients seek cures from a variety of medical systems. The notion underlying the concept of medical pluralism supposes that medical systems are distinct and bounded. There are different ways in which patients integrate the diverse healing notions in their own quest for cures. Religion, morality and emotion, frame or reflect the integration of diverse healing practices at the level of the individual and community. The traditional health system in India comprises of two social streams - local health beliefs and practices relying on instantaneously available local resources; and the codified organised knowledge based on theoretical foundations (*Ayurvedic, Siddha and Unani*). *Ayurveda* is a qualified system of medicine that originated in India. *Unani* system is of Islamic origin, which both competes and corroborates with *Ayurveda*. These two medical systems include both medicine and surgery, and like western biomedicine, are well documented, practiced in authoritative texts and taught in recognised medical schools. There is, of course in addition, the folk medical system, part of oral tradition, in diverse forms corresponding to the ethnic and ecological diversity of India but using herbal and magical therapies common to folk medicine all over the world. In the traditional medical systems, medical traditions partly cover other sectors of social life. The beliefs and practices of health, knowledge and its transmission, refers as much to the religions and the therapeutics, as to the economic, and the political fields.

In colonial times, authorities frequently outlawed traditional medical systems. In post-colonial times the attitudes of biomedical practitioners and government officials have maintained the marginal status of the traditional health care providers despite being the fact that among rural people in the developing countries the traditional medicine serves an important function. Organisational relationship between modern and traditional medicine can come in to being in four different ways—*monopolistic, tolerant, parallel and integrated*. Factors influencing the status of traditional medicine in policy making

are economic, cultural, national crises (war and epidemics) and international pressure to conserve traditional knowledge, which all otherwise will disappear because of lack of documentation. Indian Medical Council Act formally established the traditional system—*Ayurvedic, Unani and Siddha*—as official components of national health care in India with biomedicine existing in complementary relationship. In Ladakh, a traditional medical system *Amchi* has been incorporated into health planning. It is based on Tibetan medical system, and is holistic, cost effective and locally available (Bhasin, 1997).

In contrast to traditional health care system, the official health care system is based on Western science and technology. The state-supported modern medical system, which tends to be synonymous with a monopolistic medical “establishment” and a doctor-dependent, hospital-based, curative health care model, does not generally recognise, cooperate with, or adjust to the traditional medical systems (Good et al., 1979: 141). Patients may accept some aspects of the scientific health care system as presented to them by a government physician, and they may supplement this with information gathered in consultation with traditional healers. The knowledge of disease theory and health care system of a society enables us to cope more wisely, more sensitively while introducing new medical system among people who have known traditional system previously. Traditional disease causation ideas often persist long after western innovations in health care have been introduced. The notions of efficacy are guided by cultural, political and moral values. The degree of importance attributed to efficacy varies from context to context. The outcome of prognosis is not subject to rational retrospective evaluation. Its meaning lies in its immediate consequence.

AREA AND PEOPLE

In the Himalayas the domestication of animals and transhumant way of life is common among different ethnic groups like Gujjars, Bakarwals and Gaddis who keep buffaloes, sheep and goats. Gaddis, the transhumant sheep and goat herders are one of the most important migratory tribes of the Himalaya. They are found on both sides of the Dhauladhar range in the state of Himachal Pradesh. They are mostly found in the Chamba-Sirmaur regions, Himachal Pradesh. They are also

settled in Mandi, Kangra and Bilaspur, but their main concentration is in Bharmour, Chamba district. According to transhumant way of life, with Gaddis' permanent homes at mid altitude, their movement to high pastures in summer and to low hills in winter with their flocks is tough for both Gaddis and their animals. The Gaddis of Bharmour are extremely backward because of dispersal of their population over enormous difficult areas which lack adequate educational facilities, means of communication, productive and irrigated land, mechanised farming, large landholdings and medical facilities. During their migrations both Gaddis and their flocks face many health hazards with no health facilities at hand. Gaddis employ different ways in case of sickness. Plants are main source of traditional medicine and well being in these parts of Western Himalayas. These areas remained isolated and lagged behind in social and economic progress. Governmental resolve to update the region has brought major changes in these remote hills. It has altered social structure and demographic distribution resulting in erosion of traditional values and religious beliefs and practices. The government run health delivery system does not function properly and so tribal are forced to depend on private medical practitioners even for their basic health needs.

During the British time, it was believed that the large flocks of Gaddis had done enormous damage to the vegetation and forest cover. During 1915 the grazing tax levied on Gaddis was enhanced to discourage them from grazing in the forests and grasslands. After independence, two Himachal Pradesh Commissions on Gaddis reported in 1959 and 1970. Planting of forests and allotment of *Shamlat* lands to landless squeezed the grazing lands thus forcing the Gaddis to abandon migratory system. In 1972, the State Government again issued orders regulating flock size.

Today Gaddis can be divided into two sections- one are migrating Gaddis that still follow the transhumant way of life. The other section is the Gaddis who have settled down and have taken to farming and services as a major occupation. Even here the tiny homesteads have forced them to maintain the flocks of goats and sheep to generate extra cash. These Gaddis can be considered as sedentary since they do not practice transhumance any more and have adopted many diverse professions (Rawat, 1980). Few anthropological studies of the region include Singh (1961), Kayastha (1964), Newell (1967),

Bose (1973), Negi (1976), Shashi (1977), Parry (1979), Philimore (1982), Bhasin (1988), Noble (1989), Verma (1996) and Kapila (2004). The field work for the present study which deals with the transhumant Gaddis of Bharmour was conducted between the years 1976-79. Thus, the social organisation and the processes working in the area may slightly differ from the present one. However, no major economic transformations have taken place in the area to bring changes in the area.

Ecological Zones in Chamba District

Since ecological conditions and the way in which people live effect their health, a description of the environment in which Gaddis live, those elements of daily life which effect general well being, economic activities, social and religious life have been described. The Bharmour sub-tehsil (at present it is a tehsil) of the Chamba district, Himachal Pradesh, is the homeland of the Gaddis and is called *Gadiyar* or *Gaderan* after its inhabitants.

Chamba district exhibits a pattern of vertical life zones, and these life zones are integrated by human in to resource exploitation strategies. Chamba valley houses three of the Himalayan mountain ranges: Dhaula-Dhar, Pir Panjal or Pangi Range and Zaskar Range (Table 1). This continuity from high ranges to the plains offer excellent migration routes for Gaddis. Chamba district has two tribal areas namely Pangi and Bharmour and two transhumant tribes i.e. Gaddis and Gujjars. While Gaddis inhabit Bharmour and upper parts of Bhattiyat tehsil, the Gujjar are found in Chamba, Churah and Salooni tehsils. The geo-ecology and human adaptations are given in Table 1.

Forests

Forests account for about 36.4 per cent of the whole of the Chamba District and pastures 54.1 per cent. The highest ratio of cultivated land to pasture land and forests lies in the south-west or outer zone and progressively decreases in the middle and the inner zones.

Bharmour: The Environment

The Bharmour tehsil lies approximately between the north latitude 32° -11' and 32°-41' and the east longitude 76° - 22' and 76° - 53'. The Bharmour tehsil is remarkably mountainous; level

Table 1: Geo-ecology and human adaptations in Chamba District, Himachal Pradesh

<i>Geographic Zone</i>	<i>Tehsil/ Sub-Tehsil</i>	<i>Human Adaptation</i>	<i>Crop Grown</i>	<i>Density per sq.km.</i>
Inner-Himalayan Zone 2000-3500 metres Temperate, Severe Winter	Pangi	Dry Agriculture, Transhumance, Sheep and Goat Herding	Pulses, Coarse Cereals, Barley, Wheat Maize, Potatoes	7
Mid-Himalayan Zone 1000-3000 metres Temperate, Cold to Severe Winter	Bharmour, Northern Part of Churah	Dry Agriculture, Transhumance, Sheep and Goat Herding by Gaddis, Buffalo herding By Gujjars, Horticulture	Maize, Wheat, Barley, Pulses, Coarse Cereals	16
Outer-Himalayan Zone 600 to 2300 metres Temperate, Warm To Cold	Chamba, Southern Churah, Bhattiyat	Wet and dry Agriculture Sedentary Farming, Live-Stock	Wet Rice, Maize, Wheat	118

and flat pieces of land are an exception. The lowest altitude is about 1340 metres and the highest about 5900 metres above sea level. Cultivation ranges, approximately, between 1400 metres and 3700 metres. The slopes are considerably for the greater part, and in many places the slope is too steep for average agriculture. The demarcated forests occur between 1850 metres and 2450 metres. The average annual rainfall in Bharmour valley is 1264.4mm. Agricultural lands are mostly rain fed.

Forests occupy an important place in the life of the Gaddis. Bharmour forest consists of 44,962 acres (18, 191 hectares) of land. Out of this reserve forest is 8,395 acres (3,393 hectares); protected forest 9,067 acres (3,669 hectares) and pasture land 27,500 acres (11,129 hectares). The vegetation is usually grass, scrub brush, dwarf oak and *chir (Pinus lonifolia)*. Other vegetation falls in to three classes: (a) fodder, (b) fuel and (c) commercial. Gaddis have occasionally been given privilege for temporary halting of their flocks during their marches to and from higher pastures.

Gaddis: The Sheep and Goats Herders

Bharmour is inhabited by Gaddis. The Gaddis of Bharmour are agro pastoral transhumant and their economic strategies are based to suit their ecological conditions. Severe winters and snow compel them to resource dictated changes of pastures and their movement to different ecological zones. They have homes, substantial village houses, and they own land which they or their family members cultivate. Gaddis spend their summer in Bharmour valley and winters in the low hills of Chamba, Kangra, Nurpur, Pathankot and Gurdaspur, therefore the sowing of Rabi crop is adjusted accordingly.

Gaddis' chief area of concentration is in the Ravi valley, particularly in the Bharmour tehsil of Chamba District in Himachal Pradesh. Gaddis of Bharmour and Kangra were a single group which split up many generations ago. The Gaddis of Kangra district regard them as directly derived from the Gaddis of Bharmour or claim a common or collateral ancestry. In most of the villages of the region through which Gaddis pass during their migration, there is considerable number of sedentary population of Gaddi origin. The Gaddis of Kangra live in more beneficent environment than the Gaddis of Bharmour. The Gaddis of Kangra have more land at their disposal along with irrigation facilities. Though Gaddis of Bharmour and Kangra share common cultural pattern and socio-economic characteristics, only the Gaddis of Bharmour were designated as Scheduled Tribe by Government of India. Gaddis is a caste term in Bharmour, however there is some confusion now-a-days as Brahmans and Sipis are also calling themselves Gaddis because Gaddis have been designated as Scheduled Tribe. (In 2002, the Gaddis of Kangra were accorded the status of a Scheduled Tribe by the Indian government after a fifty year campaign). The scheduled tribes and scheduled castes are entitled to financial benefits, free education and free medical treatment. Anthropologically Gaddis can hardly be called a tribe.

The Gaddis are identifiable from a distance due to their typical dress comprising *topi* (cap), *chola* (an over coat) and *Dora* (rope) support a *hukka* (water pipe) in their hand and *khalru* (a hide bag) containing cereals and other essential articles on their back. The term Gaddi is a generic name and under it are included Brahmans, *Rajputs*, *Khattris*, *Ranas*, *Thakurs* and *Rathis*.

The local inhabitants draw a distinction between the four classes:

- (1) The Brahmans;
- (2) The Gaddis, Rajputs (formed by the union of Rajputs, Khatris, Thakurs or Ranas over several hundred years);
- (3) The Sipis; and
- (4) The Reharas, Kolis, *Lohars* (blacksmiths), *Badhies* (carpenters) and Halis etc.

ECONOMIC PURSUITS

Land, live-stock, and the considerable knowledge of the skills necessary to exploit them effectively are the principal economic resources of the Gaddis of Bharmour. Gaddis are transhumant agro pastoralists' who combine the seasonal movement of livestock with seasonal cultivation. Gaddis practice long distance herding of sheep and goats from one ecological zone to another and their flocks are migratory in nature that move through well defined routes in Himalayan pastures. These animals remain confined to low plains and borders of Punjab during winter season, but migrate to alpine pastures (3000-4,500metres) during spring and summer season.

Although agriculture provides the bulk of the staple food, Gaddis themselves give major importance to sheep and goat rearing. Due to heavy snow fall for about three to four months during winter Gaddis generally migrate to lower hills and plains along with their flock of sheep and goats. Gaddis are circumscribed by the ecological limitation of resources. There are families in Bharmour who do not have enough land or do not rear enough sheep and goats to meet their economic needs throughout the year. The important household industries carried on by Gaddis of Bharmour are spinning and weaving of wool, tailoring, flour-grinding, carpentry, black smithy and oil-crushing.

Livestock, Grazing Land and Pasture Rotation

Gaddis domesticate two types of animals, non migratory and migratory. The non-migratory domestic animals - bulls and cows are kept by Gaddis in the permanent villages of the middle hills. The cattle subsist on wild fodder, which they forage and that which is gathered for them comes from forest trees, brush and grassland. No fodder crops are grown, although chaff, stocks and occasionally grains, are fed to them. During winter months when most of the families

depart, a small percentage of the population is left behind to look after the cattle (that subsist mainly on corn stalks), fields and spinning and weaving of the woollens. Arrangements are made with the families to look after the cattle population.

The migratory flocks of Gaddis consist of sheep and goats, whose survival depends largely on transhumant herding. Sheep are raised mostly for their wool, which is sheared thrice a year. Shearers are paid for their services; they get two and a half kilo wool after shearing of 25 sheep and the rest is sold to the middlemen from the Punjab and Haryana.

Some of the Gaddis' goats are sheared once annually to provide the coarse wool which is woven into rain resistant blankets and the snow shoes for the shepherds. Most important is the milk which is the staple of the shepherd's diet on migration. Of greatest financial value is the meat. To maintain the size of the flock, about 40 percent of the goats are sold during winter.

Pastureland for grazing the herd is essential to the Gaddi life style. General shortage of cultivable land and availability of pastures in Land Settlement has curbed the need for growing fodder crop. The grazing area is spread over three ecological zones, with distinct pasture types: subtropical grazing of the lower hills; sub temperate-temperate pastures of the middle hills; and alpine pastures of the high hills. The altitude ranges between 300 and 4,500 metres. If a man has got many sheep and goats, he takes one or more *puhals* (hired shepherds) with him, but commonly the man accompanying the flock are its owners. Some Gaddis, who accompany the flocks of sheep and goat, take turns months at a time, in shepherding and in cultivation with brothers, cousins, uncles and sons.

Winter Grazing in Lower Hills

The winter pastures are in approximately horizontal line in the foothills, south of Dhaura Dhar, from Nurpur in west to Bilaspur in east. In the beginning of cold weather - October and November, Gaddis flocks are driven to the low hills (Kangra, Nurpur) or plains (Pathankot), locally known as *kandi dhars* or *ban*. In Kangra district these areas are claimed by Gaddis as *warisi* (inheritance). There Gaddis allow their flocks to pasture on fields and receive payments from the land owner because the flocks provide natural manure to the fields. Winter pastures are poor but extensive. Gaddis are in touch

with the people of lower hills while grazing their sheep and goats. During the same period their families are working in the homes of the people in the Kangra hills. Migration towards summer pastures starts in April- May.

Spring and Autumn Grazing

The flocks are brought back to the village in April to manure fields. Meanwhile, the Gaddis prepare for travel to colder places, mending their clothes or even getting new ones. Pastures exist in patches along the valleys where Gaddi camp during the summer. In the beginning of September, shepherds travel down slowly the valley below Kugti to Bharmour, and flocks are brought back to *trakar* pastures. When flocks are in the *trakar* pastures or village fields, the Gaddis join in the various activities of the season of the year. Migration towards summer pastures starts in May. Gaddis walk to different pastures at differing altitudes to graze their herds on nutritious grass of Lahoul and Spiti, even to the border of Ladakh and Tibet. The collection of medicinal plants from the alpine pastures and distance forests is combined with grazing of animals. Gaddis collect medicinal plants mostly for marketing however they keep part of it for self consumption as well.

The important medicinal plants are *Gucchi* (*Morchella esculenta*), *Mushakbala* (*Valerina wallichii*), *Balladona* (*Atropa* spp), *Chora* (*Angelica glauca*), *Bichhu-buti* (*Geradiana heterophyllus*), *Kapoor kachri* (*Hedychium acuminatum*), *Banafsha* (*Viola serpens*), *Patish* (*Aconitum* spp.), *dhoop* (*Jurinea dolomiaea*), *karoo*, *Kutki* (*Picrorhiza kurroa* rattan *jot* and *panja*). As collection of medicinal plants from forest and alpine pastures is time consuming, the Gaddis opt for other daily labour based jobs provided by forest department or block office and panchayat.

Traditional Management Practices Adopted by Gaddi Shepherds

The Gaddis are an example of the people for whom agriculture, pastoralism and the economic and social values are all important. Gaddis are managing their environment with their traditional knowledge. The migratory period of the Gaddis coincides with the migratory pattern of their main deity, Lord Shiva. Gaddis's belief in Lord Shiva helps them face all risks and challenges which are an integral part of the *Gaddi* lifestyle. Gaddis

believe that high passes between valleys are occupied by category of beings- *jakhs*. It is customary and obligatory for Gaddis to sacrifice a sheep or goat as they cross with their flocks. Gaddis are expert negotiators in deals for exchange of animal's manure (when animal are allowed to graze on harvested fields of owners) for food and shelter etc. A spirit called *Guga* is believed to cause disease in cattle. It is propitiated with the blood of he-goat sprinkled on iron in the cowshed.

The diseases among animals are fairly under control with a mass vaccination campaign against Rinderpest and availability of vaccines for other principal diseases except the 'Foot and mouth disease' which still debilitates animals with frequent attacks. Traditional health practices of treating animals are in vogue as well. Isolation for a considerable part of the year, has led them to develop their own system of medicine for curing common ailments. Sheep and goats are fed salt after a regular interval for their general welfare. In case of animal sickness during migrations, Gaddis treat them with simple remedies. In case of stomach ailments long grasses found in fields are boiled and are fed to animals or a bottle of *sarson* (mustard) oil is fed to animal. *Sarson* (mustard) oil is a source of energy and fat soluble vitamins; it removes constipation and help in times of stomach ailments. In case of injury bark of *beli* tree or crushed leaves of *karnu* tree is wrapped around the injured portion of animals for quick relief. These have antiseptic properties and are fly repellents and thus help in speedy healing of the injured portion. Sheep get infected by insects resulting in *Khurda* disease. Gaddi wash infected feet with luke warm water and wrap crushed leaves of *karnu* tree around the feet. In case of fever and cold, a concoction of *zira* (Cumin) and garlic is fed to animals. This concoction of *zira* and garlic is analgesic and antipyretic in nature; it improves digestion and thus protects body from common cold. The wool shedding in sheep is prevented by massaging them with a mixture of sulphur and *sarson* (mustard) oil. A mixture of sulphur and *sarson* (mustard) oil helps in the prevention and control of skin diseases and provides nutrition to the wool fiber, thus preventing wool shedding.

RELIGION: BLENDS OF HINDUISM AND ANIMISM

Religion has been held responsible for many

differences and norms affecting the fundamental values and behavioural patterns in life including health behaviour. Gaddis profess Hinduism and worship Hindu gods and goddess. Despite the fact that the Gaddis are devout Hindus and they strongly lean towards Shaivism, the tradition of demon-worship and nature worship still persists. Most probably the religious beliefs and rituals were originally in essence demonolatry, ancestor worship and nature worship. With the passage of time, these religious beliefs were refined and retouched to form a part of the vast religious entity-Hinduism. This transformation was achieved by the absorption of local beliefs and rituals, rather than by their eradication. Demonolatry and nature-worship are an integral part of Hinduism in this part of the country.

The Gaddis worship *Shiva, Ganesh, Narsingji and Durga* in the form of *Lakhna*. They also believe in supernatural powers of soil spirits, mountain spirits, forest spirits and tree worship, and water spirits (*batal*, the spirit of springs and rivers). The *Naag* and *Devi* cults still have a strong hold among Gaddis. The Gaddis believe in a host of smaller gods. *Joginis* (rock spirits) also referred as *rakshanis* and *banasats*; *autars Gugga Naag*; *Kailu Bir* and host of other small deities. The demons, deities, ghosts and hobgoblins are legion. Practically every village has its own special deity and there are families with family deities. There is no essential difference between *devis*, *devtas* and *sidhs*. They all benefit humans and are often associated with black stones. The second group of Gaddi deities is not directly connected with the family or village community and is not member of the larger Sanskrit pantheon. All these various deities have no social importance, but are merely a sort of explanation for certain types of disasters if other explanation fails. Gaddis are generally not scared of these, but consider these as inconveniences which have to be propitiated at times. However, when these deities are attached to particular group, then they become important. Gaddis also respect special sacred places which are marked by vertical trident. In addition to these supernaturals, Gaddis also pay respect to *satis*; the widows who have thrown themselves on their husband's funeral pyre have become divine. This divineness is associated with the miraculous events that occurred before, during and after the *sati*. Gaddis always invoke Lord Shiva's help in sickness, misfortunes and for success in certain

undertakings and perform a special *pooja* called *newala*.

In Bharmour, there are two levels at which gods enter village life: through family worship and caste worship. These village gods are propitiated by *purohits*, *pujaris* and *chelas*.

A *purohit* is ritual specialist, Brahman by birth and is attached to particular families. A *purohit* is responsible for the conduct of rituals connected with birth, marriage and death in the family of patrons. Part of payment is made at the time when services are rendered; part is paid in grain at the harvest and part in the form of gifts at ceremonies.

Pujari is a caretaker of caste shrine in the village. The *pujari* generally belongs to the dominant caste group of the village.

Chela is a religious technician or intermediary between god and human beings. He is a servant of god through whom the god speaks. He reveals gods will by means of trance or in any other form of possession. *Chelas* are spirit mediums rather than 'shamans' in the strict sense, as they act as human vehicles for supernatural forces that overpower and occupy humans who have suspended their own consciousness. *Chela* may be from any caste and is not considered priest. *Gardi chelas* act as medicine man or exorcist. The animistic beliefs and practices of Gaddis essentially derive from outcome of their surroundings and environment. Gaddis strongly believe in *chela* possession and exorcism. However, neither the classical shaman nor a shamanistic world view really exists among Gaddis, though shamanistic practices persist.

Gaddi society is basically a small-scale society and has been given tribal status for the purpose of development. The religious and healing practices and cosmology of the Gaddis does not conform to other societies practicing shamanism.

FACTORS AFFECTING HEALTH

The state of health among the Gaddis of Bharmour has been affected by ecological and socio-cultural factors, like climate, terrain, isolation, beliefs and poverty. The factors affecting the health of these population groups can be divided into two categories: those factors which are responsible for spreading diseases in the people; those factors which affect the health of the people in an indirect way (attitudes and customs of the people and demographic

structure). Factors responsible for producing disease are (i) Settlement pattern and state of cleanliness; (ii) personal hygiene; (iii) consumption pattern; and (iv) addiction.

Factors which affect health indirectly are (i) religion and family outlook on health; and (ii) health care system or Practiced Medicine. An attempt has been made to describe different facets of indigenous health practices prevalent among the Gaddis of Bharmour *Tehsil*. Divergence from traditional way of health practices was also noted among some people.

Gaddis often forget and overlook minor ailments. Their sensitivity to health and disease and health consciousness are of a low order. Gaddis concepts about sickness, the identification and treatment of disease, and the cures they use depend on a number of variables: the age, sex, religious orientation and the place and surroundings. Many of the attitudes toward animal diseases were similar to those held for human diseases, primarily deriving from animistic beliefs.

Disease Incidence

In Bharmour, the climate of the area as a whole is salubrious. Malaria fever which in the past attacked very heavily has almost disappeared from the Bharmour *Tehsil*, because of the intensive spraying with D.D.T. and the other measures under the National Malaria Eradication Programme. No case of small-pox has been detected after 1960, when one case was detected in village Sachuien.

Goitre is noticeable in the Tundah region of Bharmour *tehsil* only. In other parts of the *Tehsil*, the incidence of goitre is very low. Treatment is usually sought on account of a tumour in the neck causing unsightly looks.

The incidence of venereal disease (syphilis) in Bharmour *Tehsil* is about 4 to 8 per cent of the samples of the blood tested. All varieties of Leprosy are present in the Bharmour *Tehsil*.

The staple diet of the people is maize. Indigestion and bowel complaints are common and many patients suffer from appendicular abscess. Symptoms of malnutrition, especially pellagra and night blindness are also common (Table 2). The pellagra is due to the deficiency of vitamin B (P.P. factor) in the diet. Night blindness is due to the shortage of Vitamin A.

The incidence of tuberculosis is common in the Bharmour *Tehsil*. Other chest-diseases such as pneumonia, bronchitis and asthma are also

Table 2: The incidence of diseases in Bharmour Tehsil, Chamba District, Himachal Pradesh

S. Diseases No.	Frequency (in per cent)
1. Digestive Disorders (Diarrhoea and Dysentery) and Worms	48.0
2. Disorders of Respiratory Functions (Pneumonia and Bronchitis)	22.0
3. Fevers (Typhoid/Malaria/Influenza)	6.0
4. Tetanus	4.0
5. Diseases of Circulatory System	0.5
6. Disorders of Central Nervous System	0.5
7. Diseases of Eye, Ear and Nose	2.5
8. Venereal Diseases and Leprosy	0.5
9. Rest	16.0

fairly common. Incidence of hydrated-cyst in the lung and liver is also rather high, because of the Gaddis's association with sheep and goats. To guard them they keep dogs and this disease is caused by the *taenia echino coccus*, a worm found in the dogs. Usually multiple stones are found in the kidney and in many cases bilateral rheumatic infection involving both the joints and the heart is also fairly common. Diseases of the eye such as trachoma, conjunctivitis, and senile cataract are also present. The incidence of the diseases of the alimentary system such as gastric ulcer, gastritis diarrhoea and dysentery, enteric fever, anaemia with or without hookworm and that of injuries, including fractures, is also very high.

Medical Facilities

The medical facilities in the Chamba District as a whole are very scarce mainly because of the widely scattered population and difficult means of transportation (Table 3). It is only 7 per cent of the villages which have medical facility within the village.

Gaddi women lack traditional institutionalised care for pregnant women (including a lack of specialised birth attendants). The Gaddi women simply avail the help of experienced women to help them with delivery of child. Generally women deliver at home, with the assistance of older female family members or neighbour. However, in case the delivery takes place while migrating or at the place of migration, help of who so ever is present is taken. Management of pregnancy is informal, through commonly known advice regarding diet and activities, previous experiences with pregnancy and taking precaution about evil influence and evil eye.

Table 3: Medical and health institutes of Bharmour Tehsil, Chamba District, Himachal Pradesh

<i>Primary Health Centre (Hospital)</i>	<i>Ayurvedic Dispensaries</i>	<i>Maternity and Child Welfare Centre</i>	<i>Family Welfare Centre</i>	<i>Venereal Disease (VD.) Unit</i>	<i>Leprosy Centre</i>
Bharmour	Runukothi Ulhansa Durgethi Tundah Kugti Chanuta Holi Khani	Ohra Tundah Kugti Chanuta Durgethi Runukothi Khani Ulhansa Holi Bharmour	Bharmour	Bharmour	Bharmour Holi

Disease Perception

Every culture has its particular explanation for ill health. Culture provide people with ways of thinking, that are “simultaneously models of and models for reality” Geertz (1973). Religion has been held responsible for many differences and norms affecting the fundamental values and behavioural pattern in life including health behaviour. The ‘medicalisation’ of religion is common phenomenon. Every religion has three aspects: values, symbols and practices. In case of healing rituals, the somatic symptoms are often healed by means of rituals. The distinction between natural and supernatural exists in all cultures. According to Lohmann (2003) a supernaturalistic world-view or cosmology is at the heart of virtually all religions. For him the supernatural is a concept that exists everywhere, even if it is expressed differently in each society. Supernaturalism attributes volition to things that do not have it. On the other hand for Lampe (2003), “supernaturalism” is a problematic and inappropriate term like the term “primitive”.

In the western world people usually do not make a distinction between illness and disease. Disease is an objectively measurable category suggesting the condition of the body. By definition, perceptions of illness are highly culture related while disease usually is not. To a great extent, research in medical anthropology, make use of a pragmatic orientation, but a powerful alternative position also prevails, focusing on negotiation of meaning as key to understanding social life. The healing ritual can best be understood by combining “Performative” approaches from the anthropology of religion with the “Critical-Interpretive” approach of Medical Anthropology (Sax, 2002)

Indigenous Disease Theory and Causes of Sickness among Gaddis

In urban areas, explanatory models of different individuals and groups on the causes of illness are influenced by variety of factors like income, caste, age, religion, but mostly by social class, and level of education. The Gaddis’s understanding of disease causation, its dynamics and its treatments are elements of their culture. Illness and misfortunes are distributed to a variety of supernatural forces such as attacks by good and bad spirits, witches, sorcerer, forest divinities, spirits of deceased and angry gods and goddesses, breach of taboo and evil eye. The majority of the people in Bharmour have no idea about the causation or prevention of diseases. Gaddis of Bharmour explain, diagnose and treat psychological distress in terms of sorcery and displeasure from spirits or due to other social causes. For the Gaddis, illness is something that may be caused by spirits of envy, hatred and quarrelling. The spirits of enmity and jealousy cause illness through evil thoughts. In Bharmour certain spirits identify with abnormal health conditions; specific diseases, madness, epidemics and the like. Some aspects of many diseases are associated with the influence or intrusion of a spirit. However, some of them do comprehend the natural causes of few diseases like malaria, fevers, cough and cold and gastric disorders.

According to the beliefs of the Gaddis of Bharmour, the causes of illness can be classified into three categories:

Diseases caused by supernatural beings deities, spirits, ghosts and other non-material entities;

Diseases caused by magical means-witchcraft and sorcery; and Mystical causation

By Spirit Intervention

The Gaddis believe in several evil spirits which cause sickness and are propitiated on appropriate occasions. Gaddis ascribe the impairment of health to the behaviour of some personalised supernatural agent a soul, ghost, spirit or god. Gaddis attribute illness to the direct hostile, arbitrary, or punitive action of some malevolent or affronted supernatural being (attacks by evil spirits-*Bhoot-pret*). *Bhoot* are spirits of dead persons who died an early or unnatural death, due to accidents, suicide or child birth. *Autar's* spirits (invisible spirit of dead person) are feared, because these cause sickness: An *Autar* is the spirit of a person who has died issueless. *Kailu Bir* or *Kailung* is a demon causing abortion. Apart from these, there are several hill spirits or super-human agencies like *Joginis*, *Rak-shanis*, spirits of springs, rivers, *Naag* (water contamination makes them angry), *Sidhas* and *Devis* that cause sickness.

Sickness by Human Intervention

Human intervention is another alleged source of illness. Magic, sorcery, evil eye can cause damage to health, psyche and property. Gaddis believe that diseases can be transferred to other people by crossroad motif. Evil eye or *nazar* is considered another cause of sickness. Evil eye is a common concept according to which illness may be caused by person's look. Gaddis use the eye metaphor to emphasise evil emanating from envious eye-to eye contact. The science of parapsychology describes the phenomenon as a type of hypnotism, exercising some kind of mind power, which is held by certain individuals. Causes vary from staring at someone for a long time, showing admiration or envy, gossiping on a person's looks, which can have an effect whether it is negative or positive. Compliments are usually believed to be the cause of the Evil Eye. Common symptoms of the Evil Eye are strong headache, nausea, fatigue or simply a bad mood. According to believers in this superstition, people can only break spells, usually women, who know the right prayers and have been trained to deal with these cases. Practitioners who release victims from the spells pass the prayers on to the next generation. They try to cure the evil eye by amulets and charms or holy water, which they procure from religious practitioners. "Curing the evil eye is, therefore,

difficult because it violates the integrity of the human body and creates an orifice that attracts other sorts of evil" (Fadlalla, 2002).

The Gaddis are superstitious and believe in black magic. They ascribe illness to the covert action of an envious, affronted, or malicious human being who employs magical means to injure his victim. The magician achieves the target by the ritual technique and not by propitiating the spirits. Black magic is used to cause sickness to the enemies. This black magic is practiced by the *chelas* who possess some special power, which is either inborn or achieved by training, to act as magic men. There are four types of magic: (a) *vashikaran* (conjuraton, bewitchment); (b) *maran* (Death-ritual); (c) contagious and (d) others. Sometimes, sickness is brought to the enemy's family by burying hair, *trishul* (trident), ashes of the dead and an effigy of turmeric in the enemy's house with the help of a magician. The evil eye is seen as an unwise and unintentional envious reaction and not, as with witches, a deliberate deed in order to make someone ill.

Mystical Causation

Gaddis elucidate mystical origin of certain impairments of health as the automatic consequences of some act or experience of the victim mediated by some presumed impersonal, causal relationship rather than by the intervention of a human or supernatural being. Fate is reported as a major determinant of ill health among Gaddis. Fate is defined as the ascription of illness to astrological (unfavourable constellation of planets or *greh dosh*) influences individual pre-destination, or personified ill luck. Gaddis attribute mystical retribution i.e. violation of some taboo or moral injunction as causing illness directly rather than through the mediation of an offended or punitive supernatural being.

Health and Hygiene

The concept of health and hygiene among the people of Bharmour is not of a very high order. The drainage system is extremely poor and at places animals and human beings live side by side. In the matter of personal hygiene the Gaddis keep their houses somewhat clean, but have not developed the habit of bathing regularly. The women bathe only when they feel the necessity

of washing their hair which may be twice a month or sometimes, even once. The clothes are not washed regularly; sometimes they are torn even without one wash. The cotton clothes are washed in cow's urine, soap is used as well. A bath is a luxury although it is a common practice to perform elementary toilet by washing the face and hands. Men and women clean their teeth with the walnut bark commonly called *Dandasa*. Because of cold climatic conditions the Gaddis of Bharmour always sleep inside the house and due to the shortage of space, close to each others. In such a situation, coupled with low frequency of bathing, washing and changing of clothes, louse infestation is prevalent. Lice are known to be carriers of epidemic typhus and relapsing fever. No preventive health care measures are taken by Gaddis to prevent illness. However, they have started to realise the efficacy of scientific methods of treatment and prevention as evidenced by their ready acceptance of the small pox vaccination. The additional preventive measures being taken by them are periodic village and family rituals to wards off evil spirits.

The staple diet of the Gaddis of Bharmour is maize bread (*Rot*) with either *Dal* (Pulse) or some locally available vegetables. While travelling or during severe winter, the Gaddis take *sattu*, a powder made of parched corn.

Ghee or *cheedh* (apricot) oil is used as cooking medium. Since the animals are hill-breed, the yield of milk is very low, which restricts the production of *Ghee*. Gaddis have started using hydrogenated vegetable oil. Condiments like chillies, coriander, cummin seeds, the *Hing*, *Maethe* are used by them. Some Gaddis have started growing apples in the area, which are mostly eaten by the local people. Almost all the Gaddis eat meat. Since there are no regular meat shops, people eat meat whenever any goat or sheep is sacrificed. Very rarely a sheep or goat is killed for meat. The Gaddis are fond of consuming tea and prefer *Gur* as sweetener. Gaddis are very fond of *sur* (local beer).

Health Care System

As illness explanations often radically differ from culture to culture, so are the ways and means considered acceptable for curing illness. In Bharmour, various kinds of medical practices co-exist within shared social and cultural spaces. There are different ways in which people approach and often integrate different types of cures in their lives.

There is co-existence of the biomedical system based on western medical training and traditional shamanistic healing traditions in Bharmour. The health care system of Gaddis comprised a use of herbs and plants, ritual cures, treatment by *chela* and allopathic medicine. The Gaddis' belief regarding illness and healing was eclectic, often an article of faith, and at the same time pragmatic. Apart from the Health Centre there was no other allopathic, Ayurvedic or Homeopathic clinic.

The health care being practiced by Gaddis and its cultural model which patients and healers generate and upheld is essentially supernatural. The different categories of illness are treated accordingly. Diseases caused by supernatural beings are treated with worship and devotion accompanied by animal sacrifice. Diseases caused by magical means are treated by exorcism: These systems involve rituals, the medicine man or exorcist and the patient. The attitude towards things supernatural which belong to particular people cannot be grasped or conveyed unless they have mythology and rituals. Gaddi culture is rich on both counts. Whether these gods or spirits of myths ever lived or not is a comparatively irrelevant detail of the cultural history of the area. Gaddis' local medicine is closely tied to the world of spirits and the folk healers are generally empowered by gods and spirits. Traditional healing comprises the fundament of knowledge, beliefs and practices, and has existed even after alternatives have been provided.

Biomedicine

The National Health Programmes in India developed gradually after Independence. Five-Year plans on national health addressed a variety of prevention areas and diseases e.g. programme to fight malaria, small pox, tuberculosis and leprosy; birth control projects and mother infant care as well as extended programmes of basic immunization. The situation of the Bharmour can be well imagined regarding the medical facilities as there were eight hospitals (including one *Ayurvedic*) five Primary Health Centres, 12 Allopathic and 36 *Ayurvedic* dispensaries functioning during the year 1980-81 in whole of the Chamba State. The Bharmour area in 1976-79 was in the initial stages of response to development programmes and modernisation primarily emanating from Chamba and Kangra towns. One aspect of these changes was in the

ways and means of health care. The changes which were occurring with respect to health care were slow and not easy to detect. However, some of the changes were with regard to a greater use of allopathic medicine because a hospital at Bharmour is continuing since State times. A health care system is concerned with the ways and means in which people organise themselves to take care of the patient. There is no even distribution of medical facilities due to geography. More over, health care facilities in Bharmour are limited in what they can do; lack of medicines/technical equipment, drugs and personnel are the main problems of inhabitants of Bharmour looking for help in medical facilities.

Types of Traditional Healers

Gaddis have an indigenous system of health care based on herbs and ritual care. Gaddis of Bharmour depend more on *pujari*, *chela* and *gardi chela* in case of sickness and resorted to primary health services only when other means had failed. The villages close to the health centre availed of the service more frequently than those at a distance. The Gaddi folk healers employ various traditional techniques, using singly or in combination: *jhad-phunk* (blow evil spirit away, *tantramantra* (chanting of *mantra*, entering a trance to tussle with the spirits of disease), animal sacrifice, drum beating and *jadi buti* (herbs).

Herbal Specialists: The local inhabitants of Bharmour have inherited rich traditional knowledge of the use of many plants or plant parts for the treatment of their common diseases. They often have the information on how to use the plants and to take or to apply the medicine for different diseases and health care. Minor ailments are managed at household level. Yet there is no organised Gaddi herbal system with 'herbalist' as professional. Among Gaddis, these herbal 'specialist' in home remedies are generally the elders who do not consider themselves healers, but suggest and give plant remedies in case of illness. These remedies are passed on from father to son. The herbal healers who rely on a number of medicinal plants do not share the knowledge with others which help in checking reckless exploitation of the plants by all and at the same time maintain the prestige of the healer in the society. Gaddi is nature worshipping community. Trees surrounding the shrines are like sacred groves. Gaddis do not cut these trees for mundane purposes.

The information regarding plants was collected from village elders. These people treat the plants with great love and strong sentiments. Gaddis with their subsistence economy, depend on the forest for their needs. They often attribute supernatural qualities to them (*e.g.* they have; a belief that the *Cedrela toona* changes its position during night). Extracting information from these people becomes difficult as they wish to guard it. They know about prevention of certain diseases and fumigation of sick room etc. This knowledge is passed on orally from generation to generation. Information on medicinal uses of tubers, rhizomes or roots used by the Gaddis is given in table 4. Most of these plants occur in alpine pasture lands above the tree limit between 3000 and 4000 metres. During summer migrations when the Gaddis are at higher altitude with their sheep and goats, they procure a permit to extract these minor forest produce. They come and sell these medicinal plants to shop-keepers in Chamba or Pathankot. This is an additional source of income, apart from being used in homely treatments.

Table 4: The diseases and herbal treatments, Bharmour Tehsil, Chamba District, Himachal Pradesh

Name of the Disease	Local Name	Treatment
Cough	<i>Khang</i>	The maize grains are removed from cobs. Then these cobs are reduced to ashes and are administered to patients in small doses. Decoction of <i>Banafsha</i> (Violet) is administered.
Backache	<i>Daka or Pith peer</i>	Massage with mustard oil; fomentation with heated lump of salt wrapped in old cloth.
Fever	<i>Taap</i>	Decoction of green cardamoms and carom seeds is given to patient.
Stomach-ache	<i>Pet peer</i>	Decoction of powdered carom seeds, aniseeds, salt and sugar is given to patient; Thyme and salt with warm water is administered to patient.
Snake bite	<i>Kira Dank</i>	The bite mark is tied strongly with black woolen string.
Eye itching	<i>Chipped</i>	<i>Rasaut</i> (an extract of the root of ammonium anthorrhizum) is both mixed with water or milk and applied inside the affected eye.
Diarrhoea	<i>Jangal</i>	Grinded <i>Belgiri</i> , mixed with sugar is given to the patients.
Dysentery	<i>Marore</i>	Decoction of opium fruits is given to patient.
Scorpion sting	<i>Bichu Dank</i>	Affected portion is rubbed with iron.

For avoiding conception, they take certain wild leaves. They know exactly which leaf will

avoid conception and for how long. No other precaution is taken. For abortion, *Qulth Daal* is boiled and taken in three doses.

The Surgical Treatments

In case of fracture, the broken bones are kept in proper position and are firmly held in form by bamboo pieces which are kept around it. A bandage is rolled on this, and this is untied after three days and after examining, it is again tied for seven days.

To cure a wound, turmeric powder is sprayed over the wound. Sometimes peppers are ground and are mixed with mustard oil. This paste with the help of cotton is applied to the wounded portion.

To stop bleeding, cotton is burnt in fire and a pad is prepared. This burnt pad helps in stopping blood from the wound.

Ritual Specialists and Magico-Religious Healers

There are host of illnesses believed to be caused by evil spirits. The periodic recurrence of attacks when an individual experience fits, the phenomenon of double personality, sudden outbreaks of mania and as sudden return to apparent normality, changes in actions and peculiar losses of control over the natural movements are some of the manifestations that are mostly treated by ritual specialists or magico-religious healer *chela*. He exorcises evil spirits and suggests preventive measures against the attack of evil spirits. Charms and Amulets are also recommended. Certain plants are used in religious ceremonies.

Diagnosis and propitiation is carried out by religious technicians, the *chela* - a medicine man or an exorcist. The *chela*, necessarily a male, is a healer who exorcises demons, and helps to treat illness. The *chela* mediates between human, supernatural and natural. The *chelas* have no social organisation; the *chelas* are simply individuals who, through their possession by a spirit, have certain gifts and duties. *Chelaship* is attached to family lines and roughly hereditary; they often descend from grandfather to grandson. However there is no regulatory about this. It is supposedly, that the gods through visions and dreams make known their will. To enter this sacred profession the individual must receive a supernatural call. To act on one's own

initiative would be both ineffective and unsafe. And so would be the person who receives the summons and refuses to heed the mandate. Most *chela* ceremonies are performed for individuals. Some calendrical ceremonies are performed by *purohit* and *pulari*. Each god in the region has its own *chela*. A *chela* is attached to a shrine. A *chela* of *Keling* can be distinguished from other *chelas* by his red cap. As such there is no binding to wear particular type of cap or head dress for *chelas* of other gods. However, during festivals *chela* put on their ceremonial clothes. Services of *chela* are very important in the lives of individual Gaddis. They must be present at birth, marriage and funeral. They are necessary for ceremonial cleansing from supernatural danger, for blessing and solemnising different undertakings and for exorcising devils. The *chela* is a wise man and understands his people. He understands their fears and intimidation are powerful measures and he makes good use of these means of offence and defense. The *chela* even invades the realism of the occult and takes unto himself the office of prophet. Gaddi gods travel during festivals, the occasion is called *jatr*. Several such *jatr* are in vogue when the deity is carried in a palanquin followed by the *chelas* who while in trance profess the future happenings. It is very important occasions for Gaddis who gather in large numbers to sort out their problems by asking questions to the *chela*. To induce a *chela* into trance, first incense is burnt in front of a seated cross legged *chela*. After sometimes, he begins to sway and shiver and is seized of religious fervor. When he is in a complete frenzied mood, it is the time to ask questions.

These supernaturally caused illnesses are treated by appeasement of the harmful spirits. In case of sickness the Gaddis consult the *chela* or the medium through which god speaks or reveal his will. This may be done by a means of trance or other form of possession. It is believed that the *chela* is receptive to the entry of the deity into his body. The entrance is signaled by a shivering and trembling of the *chela*. Whatever the *chela* does or says after this shivering is believed to be the act and speech of the deity. The curative measures are generally accompanied by animal sacrifice to propitiate the deity concerned with the disease, as all spirits are believed to be non-vegetarian. Sometimes, the *chela* gives some holy water to drink to the patient and the patient is cured.

The *chela* treats a stomachache by giving a thread and purified ash to the patient after chanting some *mantras*. It is believed that after tying this thread around his neck the patient is cured. Fevers, backaches and snake bites, are cured by the *chela* by waving the *Bhang* (the intoxicating hemp *Cannabis sativa*) plant over the patient accompanied by chanting of *mantras*.

In case of chicken pox, measles etc. people promise to worship the *Devi* after the patient is cured. The *chela* waves the *Bhang* (*Cannabis sativa*) plant over the head of the patient. The person suffering from the disease is fumigated with incense of *Harmal* (wild rue), *Setaria* (a genus of grass with flat leaves and tail like bristly spikes) and *dhoop*. Prayers are offered in the *Devi's* praise. Gaddis offer vermilion, *bindi*, *shalu*, *dora*, *sur* and a goat to *Devi Autar*, the spirits of childless couples causing diseases are propitiated on *puranmasi* (full moon) and the *Amawas*. To propitiate this spirit, the patient put on clothes which are made for the spirit along with a silver image of the deceased and worship the *autor* idol which is erected near a stream. The clothes and image are worn in token of the deceased. *Autors* have been admitted in the category of the deities owing to their evil influence on men and women. *Autors* appears in dreams and warn people that they will carry them off to the next world. To ward off such dreams Gaddis perform *jemanwala* and offer four balls, *ghunganian* (boiled maize), nettle baths and bran bread four times at night.

Childless couples set up a *barni*, (a slate or stone images of one foot height of a man and a wife or a man) with a thought in mind that they will be represented in village worship in absence of any descendent. *Barni* resemble *autors* that are erected near any water source, the only difference being that *autors* are set up after the death of childless person by the individual who has been troubled by the dead in the dreams or in other ways. These dead are dissatisfied members of village community who were forced to sell their house or land by others.

Kailu Bir is a demon causing abortion and is worshipped by women only. Women offer a goat, a *chola* (a thick woolen coat), a waist band, a white conical cap (*chukhanni topi*) and fine bread to *birs*.

Gaddis offer *ahri* or beestings, lamb and *ora*, incense and small cakes to *naagas*. *Kailung naag* is worshipped, as is *Shiva*, in the form of *darat*

(sickle) which is always carried by the Gaddis while shepherding his flock.

Batal, the spirit of springs, rivers and wells is also worshipped and offerings of *khichri* (porridge), three balls of *subal* (moss), three balls of ash, three measures of water and a pumpkin are made.

To *joginis*, the rock spirits, three coloured grains of rice, five sweet cakes, a loaf, a flour lamp with red wick, three kinds of flowers, three pieces of incense and a she-goat are offered with prayers.

Chungu is the demon, who is supposed to reside on walnut and mulberry trees and under the *karangora* shrub. Offerings of a coconut, a *chuhara* (dried palm date), almonds, grapes, milk and a loaf of five *paos* (1500 grams) with his effigy in the flour with a basket on his back, a four cornered lamp of flour and a piece of incense are made.

In case of ailment caused by magic, the *gardi-Chela* (the doctor or medicine man) is called. He brings *mani* (Wooden pot) and keeps it in the centre of the house. Some neighbours come at the time of ritual. A red thread is tied around one of the neighbours hand and the hand is placed on the *mani*. The *chela* starts chanting some *mantras* and showers some rice or black pulse. The *mani* starts moving in the direction of the hidden magical objects, the cause of sickness. The whole procedure is repeated thrice, the place is dug and the buried objects are taken out.

Other victims of black magic are also treated by the *Gardi chela*. He propitiates spirits and gods and cures patients. He plays *dupatra* (a string instrument made of the goat's intestines) to the beat of a drum and throws a *cowrie* towards the patient. The *chela* sits cross-legged and incense is burnt before him. The assembled crowds inspire him by shouting slogans in praise of the gods. After a few seconds the *chela* starts swaying and shaking and is seized by religious fervour. In this frenzy, he reveals the name of the witch who has made him a patient. Then the patient is asked to dip his palm and feet into the bucket full of water and the *chela* moves his hands on the patient's body. This process is repeated for days till the patient is cured. The essence of this magical operation is the muttered *mantra*, which contains a benediction. Often these rituals are accompanied by the sacrifice of a black-he-goat. The *chela* sucks its blood and throws the dead body away.

Charms and Amulets

Charms and incantations are also used by Gaddis to bring about cures of different diseases. Once the cause of the disease is decided by *chela*, he suggests the treatment accordingly—that the treatment requires a ritual with animal sacrifice or a charm has to be worn. However, before starting the treatment one may tie charmed amulet for one cannot be always certain of a physical aetiology of the illness. An amulet is an object worn or carried on the person, or preserved in some other way, for magico-religious reasons, that is, to cure disease, provide luck, or protect the possessor from specified danger or misfortune. Tying a charmed amulet is common preliminary act which serves two purposes: (i) if the disease is caused by external agents, then the amulet may cure the disease. The charm also protects the individual against the demonic interference. The efficacy of the amulet is generally for a limited period. If disease is not cured a bigger ritual may be required; (ii) an amulet may act as a protection even if the cause is physical manifestation, for spirits can attack a person in a physically weak state. Enchanted threads are tied round the leg, neck, arm, or waist as a cure for aches and pains. Men and women wear them on their person in the form of necklaces, girdles, bracelets, anklets, or pendants. The material of which the amulets are made depends upon different factors, one of which is the availability of a particular material in the area. In case of child who suffers from an illness or misfortune, a metal charm with crude image of man engraved on it is hung around his neck. This charm is also known as *autor* as the image engraved on it in most cases is of his dead grand father. If grand father is alive, the image of an ancestor is engraved for child's protection. The ancestors are not only for troubling them, however they provide protection too.

University Trained Doctors

Another group of specialists who cater to the needs of Gaddis are university trained doctors. In communities with strong traditional health care system for managing health, the introduction of biomedical facilities to provide health care is often met with indifference (Jeffery et al., 1988). The biomedicine is characterised by repeated secularisation and shift away from

religion and so-called superstitions. However, among Gaddis occurrence of herbal medicine, ritual cure and other healing resources do not prevent them from availing biomedical facilities.

TREATMENT STRATEGIES

In the Bharmour valley, at the top of religious hierarchy are the Sanskritic gods, Lord Shiva and his consort Parvati, who live on the top of Mt. Kailash are the main gods of Gaddis and determine the life pattern of Gaddis. Then there are local gods closely connected with the Gaddis, either through family or village or through their animals and goods. There are also other spirits and supernatural beings that need to be propitiated as and when they interfere in the life of Gaddis but who otherwise are left alone.

The Gaddis have been used to a way of life which has continued for a long time without any major disruption i.e., most of the activities are primarily based on the experience of the past. The beliefs pertaining to various diseases and their cure are also based on the past experiences and traditional logic. The individual experiences have come to be interpreted through a system of collective symbols. The widespread popularity of religious and non-medical faith healers bears witness to the fact that people have deep-seated faith in cures brought through faith healing. Such people attribute supernatural causes to disease and for them it is important to know whether a particular disease in a patient is due to the wrath of a goddess, the work of an evil spirit, sorcery, witchcraft, or the breach of a taboo. There are different reasons for the Gaddis that the way they manage their illness. There are particular diseases that are associated with the supernatural (small-pox with *shitla* mata). Propitiation of supernatural agents is a common means of securing relief for the community or individual from many diseases. Gaddis are like many south-Asians that adhere to medical belief system which falls into the broad class of what Foster calls a personalistic etiology (Foster, 1976; Foster and Anderson, 1978). Apart from being culturally oriented, Gaddi circumscribed by their ecological conditions and transhumant way of life have to depend on traditional healers in addition to biomedicine.

In the hills, the ecological factors constitute a significant factor in the socio-economic status. These areas remained isolated and lagged behind in social and economic progress. Governmental

resolve to update the region has brought major changes in these remote hills. It has altered social structure and demographic distribution resulting in erosion of traditional values and religious beliefs and practices. Tribal communities in Himalayan districts are in front of a related dilemma. Their own systems of health care are being replaced by state-sponsored hospitals; primary health centres; private dispensaries and so on. The government run health delivery system does not function properly and so tribal are forced to depend on private medical practitioners even for their basic health needs.

Self or home treatment is usually the first step in medical care, consisting primarily of concoctions of herbs, barks of trees, flowers, roots, leaves, seeds etc. and change in diet. Traditional medical knowledge is coded in to household cooking practices, home remedies; ill health prevention and health maintenance beliefs and routines. Treatment is generally a family based process, and the advice of family members or other important members of a community have a main influence on health behaviour and the form of treatment that is sought.

The strategy a person chooses for the treatment of his or her illness or that of a relative depends on personal experiences and preferences. The Gaddis' response to health problems reveal a multiple and simultaneous usage of home remedies and multiple therapy. The various practitioners whose services are sought are *pujari*, *chela*, *gardi chela* and public health practitioners. The tribal traditional medical system is based on personalistic tradition of super natural healers and their ministrations. The theoretical side of traditional medical system, their religious background, particularly the belief in the fear of evil spirits, healing performed according to spiritual rites explains the persistence of indigenous system. These traditional healer-diviners operate within a religious paradigm, with no printed or written material to conform or support the tradition. This system works on the accepted popularity of the individual methods, reputation and performance. The indigenous medical system has sustained in society's social cultural complexes through deeply rooted processes. It is a set of concepts of health and illness that reflect certain values, traditions and beliefs based on people's way of life. It is a "constant process of conformity to contemporary psychological needs with in a recreated cultural identity."

(Wijsen and Tanner, 2001). Levi-Strauss (1967) description of the Shaman and his healing techniques sheds light on the relationship between process and consequences of healing. The "Shaman provides a language (p. 198) and like psychoanalyst, allows the conscious and unconscious to merge". This he achieves through a shared symbolic system and curing of one sick person improves the mental health of the group. According to Press (1982) "the major therapeutic component of healing is always symbolic, although the symbolic aspect of illness is always present". Suggestion and persuasion is the healer's influence on the cognition or behaviour of the patient. Suggestion is therapeutic because it can relieve anxiety, offer the patient new ways of coping, and change maladaptive to adaptive behaviour (Frank, 1961: 96; Kiev, 1964: 7-8). Persuasion goes beyond suggestion to imply a preexisting condition of suffering and heightened dependence on the healer (Frank, 1961) In this context, the patient performs a very important "social function and validates the system by calling into play the groups sentiments and symbolic representation to have them" become embodied in real experience" (pp. 180-182). For these healers, the mind, the body, and the experiential field are one. The *chela* can best be understood as a healer of the mind and body as well as community. This is achieved through his status as the interpreter of symbols, those cultural instruments for perceiving and arranging reality. They are significant vectors of a force that compels mind, matter and experience (Romanucci-Ross, 1980 b). The ritual healers are specialists possessing power to heal or prevent illness and disaster. It is believed by Gaddis that illness emanates from a disjunction of a quasi-equilibrium maintained between man, his environment and the supernatural. An individual or super individual force can disrupt the established order. The reinstatement of the order or the return to the health can only be achieved through a healer. *Chela* has recourse to rituals with the help of which he goes into trance and counteracts the evil forces. All the spiritual beings gods and demons have a specific character, they are considered sensitive, rather demanding, easily irritated, but never the less are basically well meaning. They do not give any thing free. They constantly require respect, offerings and sacrifices. These supernaturals are in need of daily prayers and recitation of hymns.

Gaddis are religious and take care to observe all rituals properly. Even when if some body falls sick, Gaddis consult *chela*.

The Gaddis who can avail the facility of biomedicine do so without being familiar with the theoretical principle of medical system. For example, an infant who is being given prescribed medicine for diarrhoea may also be taken concurrently to a *chela* for the evil eye or given home remedies. Although only indigenous healers cure certain illnesses such as evil eye, this does not preclude the use of biomedicine to treat the symptoms. There is interplay of local perceptions and biomedical views influencing the concept of health and illness of the people of Bharmour. In Bharmour like Guatemalan, the symptoms are treated with biomedicine, while the cause of illness is dealt with through a folk specialist (Gonzales (1966). Traditions are strongly observed in order to maintain health. However, with the increase in the interaction with recent technological advances, scientific explanations have already begun to influence the old customs and traditions used in managing health. Even then, majority of Gaddis believe that certain diseases are caused by supernatural beings. Ceremonies and rituals are persistently performed in an effort to cure sickness, improve body functioning, promote health, secure good harvests and other good things of life. Traditional theories of illness aetiology are often multifactorial and multilevel (i.e. immediate and ultimate levels of causation) which permits the use of different treatment resources for different causal factors and levels (Cosminsky, 1977). As a person is simultaneously a body, a self (psyche) and a social being, so are the healers. As explained by Adams healers "pursued a dialogic, relational remedy for its patients through reciprocal relationships that encouraged community, such as in gift giving to spirits and etiologies based on real social conflicts" (Adams, 1992: 154).

A general quantitative survey on the utilisation of multiple therapy system among Gaddis gives an impression that they have inclination towards indigenous type. However, Gaddis fail to see conflict between medicines and healing rituals. Throughout their lifetime they have used the two (the ritual healing and herbal administrations) simultaneously. In areas where biomedical institutions are within the reach of the Gaddis, they do not hesitate to use the medicine in addition to herbal and ritual cure. Gaddis do not find

odd to use 'medicines' alongside the rituals of *chela*. The traditional model is an ideology shared by healer and patient. Among Gaddis these therapeutic sessions seem to psychologically enabling actions that help them overcome the trauma of their lives.

According to Cosminsky and Schrimshaw, economics is the leading factor in the treatment of sickness. Ryan (1998) argues that it is not economics, but other factors, such as medical variety, that dictate the choice of treatment. Ryan examined the health behaviour of the people in a small village in Cameroon. He identifies seven treatment modalities that were available to people: *waiting* (to see if the illness would not just pass); *home remedies* (treatments administered by non-specialists with products not purchased at the local stores); *pharmaceuticals* (drugs bought without medical specialists advice); *traditional healers* (with *kom* medical knowledge), *clinic*, *hospital* and *nurse*. Results suggests that informants tried to find out ways to treat it within their own means first waiting, home remedies and traditional healers, and then, if this did not help, sought help from outside sources (clinic and hospital).

People modify pre-existing practices if the economic costs are within their reach. There is a change in overt behaviour of people, but it does not necessarily explain or mean changes in the belief system. In the study area, it was found that the traditional beliefs about fertility, pregnancy and abortion have remained unchanged though some females delivered their babies at health centre. The Gaddis of Bharmour despite having their traditional medical system strongly supported by beliefs and practice were when offered government sponsored medical services, accepted them and put these to test even if as a last resort. The open, pragmatic and nondiscriminatory attitude towards various options among Gaddis is similar to what Wagner found among Navaho (Wagner, 1978: 4-5). As far as curative and preventive medical services are concerned, Gaddis accepted both. They were ready to immunize their children for small pox after lots of persuasions; however they continued with rituals as well. They accepted environmental sanitation (D.D.T spray for malaria control) too. As there are multiple medical systems available to people to opt for, the course of action to follow depends on the situation and condition of the sick. The strategies that underline these

decision-making processes have come to be called the "hierarchy of resort in curative practices." (Schwartz, 1969).

Among Gaddis of Bharmour a sequence of resort does not seem to exist; although the trend is to begin with home remedies to *chela* to biomedical doctor, as the course of the illness proceeds and become more serious. However, there is also a back and forth movement between resources or a shorten approach, often based on referrals and advice from relatives and neighbours and other practitioners, which seems to be associated with desperation over the perceived increasing severity of an illness. When a person is sick, he or his family members are primarily interested in getting his health restored, for which they unhesitatingly combine different treatments irrespective of their ontological, epistemic, moral and aesthetic foundation. Medical pluralism results out of this orientation where attainment of health is primary objective and the individual is treated in its holistic self. When one system of treatment fails to provide relief, individual moves onto another and if this treatment fails to provide relief, individual moves on to another and this is individuals or his group's choice.

Each medical system is not only a product of particular historical milieu and cultural apparatus; it has also its own cognitive categories. Human beings caught in illness episodes are less bothered about the issue of combination; they are singularly concerned with recovery and relief. For this, distinction between 'rational' and 'non-rational' methods of diagnosis and treating illness is abolished. Here the distinction between, 'science' and 'faith' categories collapses; and so is the distinction between magic and religion. Systems of thought and explication, like astrology and Sufism, which primarily are not medical, are approached for curative as well as therapeutic purposes, on the premise that religion is to be resorted in case of suffering, and illness is a kind of suffering, the alleviation of which can be sought through prayers, touch invocation of spirits, sacrifice; libation, appeasing the unfavorable planetary configuration and wearing talisman and charms on body.

The therapeutic cures of any medical system are successful because the therapeutic cures actually help the patient recover from illness. As in case of biomedicine, the use of antibiotic in bacterial infection in any part of the body helps. Likewise, studies of ethnobotany have shown

that herbs used by local healers actually have properties beneficial in treating many diseases.

It is also true that any cure may be successful regardless of the procedure taken by a biomedical doctor or a folk therapist. It has been shown by research that common diseases are self-limiting or psychosomatic. Medications are used for only reducing unpleasant symptoms.

Another reason for recovery is believed to be the *placebo* effect. That is, a patient may be cured because he believes in the efficacy of the treatment even though it really has done nothing to intercept the disease. *Placebos* are especially effective when both the patient and the healer believe that they really can cure an ailment and is highly cultural related.

Argument

This study was carried out in a remote tribal area where a transhumant population faces a dilemma of change in their traditional setting. Like other rural parts of India, health care in Bharmour among Gaddis is characterised by medical pluralism. Medical pluralism is the synchronic existence in a society of more than one medicine systems grounded in different principles or based on different worldviews. These medical systems are complementary, alternative and unconventional. The status, growth and evaluation of co-existing therapy systems are influenced of by cultural ideology, ecology, political patronage and changing social institutions. Indulgence in multiple therapies appears to be fairly widespread in prolonged period of illness. However, it is not easy to derive an exact pattern. Among Gaddis, the health care includes self care, consultation with traditional healers- *chela*; and /or primary health care. The psychosomatic treatment in tribal aetiology includes appeasement of evil spirits and forces by sacrifice of animals, by offerings of grains and liquor, use of charms and amulets depicting sacred symbols. Magical spells are used to divert the undesirable effects of evil spirits.

Two ethnomedical perspectives on illness and its treatment emerge from the analysis of the data collected from Gaddis of Bharmour. One dimension of therapeutic rituals and discourses about sickness and body reveals its underlying logic. It is concerned with cultural construct of sickness and therapy among lay people and folk healers. Here popular therapeutic rituals are

structured for certain kinds of sickness. The discourses and practices concerning of health and sickness are interwoven in the context of everyday life. The Gaddis have retained their deep-rooted animistic faith and totemic concepts with a high level of superstition in spite of winds of change. Among Gaddis religion provide ethical guidelines for living, for interpreting natural events including disease, misfortunes and disasters. Anything, which can not be explained pragmatically, is considered supernatural manifestation. The demonolatry religion of the Gaddis is the outcome of their environs. There are cultural, social and psychological conditions that produce and maintain supernaturalism among Gaddis. Supernaturalism provides the needed explanation as cause of suffering and is emotionally satisfying. According to supernaturalist explanation, suffering is caused by evil spirits, evil eye, even good spirits if not kept in good mood or neglected or offended unwittingly. Spirits are propitiated by performing certain rituals accompanied by animal sacrifice and direct communication in trance by religious technicians. The supernaturally caused illnesses are treated by exorcism and appeasement of the spirits. They all have powers greater than man's and are harmful or potentially harmful. The findings of the study show that among Gaddis there is wider tendency of sticking to indigenous therapeutic practices both herbal and ritual. However, the belief in supernatural causes exists alongside the belief in natural causes as in case of general health problems and reproductive health problems, tribal start with home remedies and herbs. They are familiar with some conditions, which point to the cause, and so the treatment. Tribal are fastidious about the etiology of the disease as this is important for therapeutic measures. Diagnosis is necessary before selecting the right treatment. The diseases that follow a particular route of treatment have been described as "fixed-strategy diseases" (Beals, 1980).

The second dimension is spirit possession and exorcism by *chela*. Tribal theory of sickness describes a different source of evil caused by invisible spirits that exist outside their social boundaries. These spirits inhabit trees, rivers, lakes, mountains and deserted places around the habitation. It is alleged that spirits and ghosts cause various kinds of suffering and are agents of illness and fatality. Spirit possession is acknowledged as an illness among Gaddis. When

a person starts acting bizarrely or a person has a sickness that does not respond to ordinary remedies, Gaddis consider it as a case for ritual cure. *Chela* suspect spirit possession and makes an effort to force the spirit to reveal itself. The system of cause, effect and cure is thus a circular and enclosed system of knowledge. The cause is a spirit, the effect is spirit possession and the cure is controlled spirit possession. The system of knowledge discloses the underlying explanation and restrains disorder, chaos and inexplicable circumstances. There is a close relationship between spirit possession as an altered form of consciousness and parapsychology. To believers in spirit possession it provides a manifest function of the causes and effects of illness and misfortunes. Possession is a powerful belief system prevalent in many parts of the world. Spirit possession is the concept that gods, demons, or other disincarnate entities may temporarily take control of a human body, resulting in notable change in the behaviour. All spirits are not purely good or evil; the term demonic possession is commonly used is when the spirit is malignant. Unlike demonic possession where the person is thought to be taken over by the devil or his demons for harm, spirit possession is voluntary, culturally sanctioned displacement of personality. The spirits, be they deities, angels, demons or the dead ones are invited to enter a human person. Possession is used to explain unusual occurrences and behaviour.

Spirit possession as illness has been reported from other parts of India as well. The basic pattern of the precipitating event, behaviour during the attack, diagnosis and treatment show extensive range. There are regional differences in the way people behave during an attack; make use of spirit possession as a mechanism of controlling others; and ascription of wide range of illnesses and misfortunes under the label of spirit possession. Freed and Freed's description of the features of victims of spirit possession of Shanti Nagar, a north Indian village near Delhi- shivering, moaning, feeling weak, loosing consciousness, going in to trance and eventually recovering (1964) is different from Opler (1958) account of eastern Uttar Pradesh in which aggression and threatened physical violence seem to dominate the attack. Though, spirit possession among the Gaddis is non aggressive and is a more general form of social control than in Shanti Nagar. Like eastern Uttar Pradesh, spirit possession among

Gaddis involves accusation of witchcraft not common in Shanti Nagar.

Among Gaddis, deities and evil spirits possess men as well as women. The people initially become possessed by being penetrated by the spirit in the form of an illness. The afflicted Gaddi comes to seek the guidance of the ritual specialists (who themselves are possessed by various deities) to know (discover) the cause of persistent illnesses, to resolve personal problems, to be relieved of sorcery spells and possessing demons. Spirit possession is considered a problem to be remedied through the intervention of spiritually possessed ritual specialists. In certain instances, spirit possession is a method by which status quo is maintained. Women gain control over their lives within a male-dominated society through the ritual possession of spirit. Demonic possession is, "a culturally constituted idiom available for women for expressing and managing their personal problems" (Nabokov, 2000: 71). Possession by familial spirits is a common occurrence. These spirits usually possess their relatives at moments when ceremonial protocol at festivals such as marriage, birth ceremonies has been breached.

In the tradition of spirit possession, icons as well as effigies are used to communicate with, and to symbolise good and evil spirits. The exorcists cast their curses upon small effigies of their victims so as to hinder victim's reproductive, vocal or mobile capabilities. Conversely, mediums use effigies to rid people of their demons. In ritual exorcisms, mediums make effigies of the victims, and offer gifts attractive to demons in order to lure them out of the host. Ritual drumming and incantations is a symptom of the trance-like state the spiritually possessed are in. Cultural history of the people and their gods and goddesses; myths or powers of any of the goddesses decide why or how they choose certain individual to become ritual specialists.

The spirit possession and going in to trance ritual, despite its outwardly trappings, is generally sought out by petitioners to achieve down to earth goals: -curing of sickness and other miseries. Trance-like state is indicative of spiritual possession. The cure involves the intercession of a spirit that has the power to expel the offending demon. The spirits use medium as vessel to help victims with their problems caused by demons. Likewise, the victims become vessels for communications for the demons. The

supernatural powers are channelised through human hosts. Gaddis believe that in cases of possession the cure is not accomplished by the *chela* as he merely act as vehicle of treatment. The *chela* enables the divine spirit to come in contact with the spirit, affecting the hapless victim by facilitating the encounter. Thus during the encounter the exorcist and the victim are very much alike –they are both simultaneously possessed by an alien spirit. However, there is one important difference. The patient was disinclined and taken unaware during his sleep, while attending a funeral or walking under a haunted tree or any such place. On the contrary, the shaman by virtue of his training and qualifications is in a deeper consciousness and heightened state of awareness and is not as much of the victim of the possession. His possession is voluntary and thus a participant in the spirit world. By vehemently entering this expanded state, the shaman is able to exercise a limited control over the spirit. Thus, while it is the spirit and simply spirits that can affect cure, the shaman by virtue of his ability to interact with both the world of the spirits and world of man is able to direct the consideration of spirit toward the suffering and sickness caused by possession. Possession is cured by contact with a more powerful spirits, not by expansion of consciousness from within. This is an adaptive social function, or as described by Spiro (1966: 120), it (spirit possession) is the basis of *social stability* in potentially unstable and disruptive social circumstances. It has the similar function that witchcraft belief, as described by Evans-Pritchard (1937: 63-83), have for many African societies. The beliefs and institutions surrounding spirit possession fulfill the function as stated by Spiro (1966, 121) of providing a "culturally approved means, for the resolution of inner conflicts (between personal desires and cultural norms" (cited from Jones, 1976). Powers of strong faith, courage and great patience are the source of healing. The ceremonies of visiting the traditional healers have established a relationship of psychological therapeutic dependence on the part of the Gaddis with regard to healers. This dependence on the part of the Gaddis with regard to healer is deeply rooted in their psyche. Medical system's degree of productivity depends on the effectiveness of its armamentarium and technical skills of the practitioners

The empirical reality of such phenomenon is

less important in comparison to the connection between occult belief and the social problem. This is a question of 'empirical' and 'rationalists' link as that between distorted perceptions and tendencies towards scapegoating. The complexity and multiplicity of such phenomenon (human intervention) is not simple. "Witchcraft and sorcery are best seen as occupying their own space (seemingly a hyperspace) outside of set frameworks of social or psychological analysis" (Shanafelt, 2004: 329).

Anthropological studies have been carried out featuring spirit possession (Freed and Freed, 1964; Danforth, 1989; Nabokov, 2000). Freed and Freed (1964) discussed spirit possession as illness in Shanti Nagar, a north Indian village near Delhi. They conceptualised that "spirit possession is like hysteria and is caused due to the individual's intra-psychic tension and a precipitation condition due to an event or situation involving unusual stress or emotion. The basic condition of spirit possession is psychological. Danforth (1989) study presents Anastenaria religion of Greece and focuses on the worship of the healing power of Saint Constantine. In Northern Greece, the traditions of Anastenaria are upheld through dancing and fire walking, icon worship and spirit possession. Nabokov (2000) presents a Tamil Nadu study of Southern India where individuals worship the healing powers of various Hindu goddesses. The Tamils are a mixed group consisting of mediums who channel the spirits of the goddesses, and victims who are possessed by demons

Some anthropologists have analysed shamanism from a functional point of view (Berreman, 1964; Mandelbaum, 1964), while Eliade (1964) maintained that shaman's ecstatic experience is a "primary phenomenon" and is not the result of a particular historical moment, that is, produced by a certain civilization. It was fundamental in the human condition; and its interpretation and evaluation has changed and modified with the different form of culture and religion.

In South-Asia, shamanism has been modified and incorporated within the cosmology of Hinduism and Buddhism. Among Gaddis it exists as a "complimentary" religious rite to Hinduism as was professed by Berreman and Mandelbaum for their respective studies. On the religious plane, there is convergence of two elements in the Bharmour region. The first of these is indigenous shamanistic (*chela*) cult which is

limited in means and scope, with no political power and no social organisation beyond the village or regional level. The second is Hinduism with its cult of high god Shiva and other Sanskritic traditions. In this area, religions have not destroyed each other; they cohabit and influence each other. Depending upon their caste, individual seeks the services of Brahman *purohit*; however everyone consults the *chela* for healing, divination and appeasing of hostile spirits. Their ancient protective deities are derived from animistic religion. Rituals and ceremonies are persistent need of Gaddis in contemporary time to engage in at the time of birth, marriage, death and healing without consciously believing in the religious elements of these rites. Ritual is a prescribed action related to a deity or super human being, while ceremonies are an elaborate form of social behaviour.

In Bharmour, there is no medicalisation of folk-medicine by western medicine-the active attempt by official providers of health care to impose a standard structure on diagnostic and curing practices as discussed by Romanucci-Ross of medicine in Italy (Romanucci-Ross, 1997: 2). Bio-medical systems as a rule stand in sharp contrast to the indigenous ones, although a study done in Kerala and Punjab has suggested that there are numerous indigenous medical practitioners who used western medicine, including penicillin injections (Neumann, 1971: 140-141). It is believed by Gaddis that traditional medical system is competent of restoring health of the body (herbs) or the mind (*chela*). Among Gaddis, the failure of the cure did not call for questioning the efficacy of the system, but on the dissonance of ritual behaviour. The total commitment of the believers in the traditional system (which is sometimes doubted by failure) persists and so does the belief of the patient in the healer, regardless of result.

Ardales and Harges (1998) found that the co-existence of modern and various traditional medicines is particularly prevalent in societies where one medical system alone cannot meet the health needs of the entire population. This is the case with the Gaddis, where the available biomedical facilities are not in proportion to transhumant Gaddi population. The Gaddi shepherds' claim to both vertical and horizontal pastoral resources in the mountain commons are founded upon long standing customary usage. These practices are sustained by institutions of

transhumance, a response to ecological demands whose design rests on constant and mutual adjustment between herding and cultivation both at higher altitudes and lower mountains, to insure against specific seasonal risks. They travel for around six hundred kilometers in all. Migration towards summer pastures starts in May. It takes around two months to travel mere hundred kilometers. Much of these two months are spent in Bharmour valley, as Gaddis have permanent homes and fields here. The journey to the alpine pastures is harder with few stopping places and steep slopes to traverse. There they spend two to three months in a tree less land and survive on goat's milk and *sattu* (parched barley flour that requires no cooking) and sometimes *dal* (pulses) and *makki-ki-roti* (maize flour *chapattis* cooked on cattle dung). Unlike Changpas of Ladakh, who stay in their *rebos* (tents) during their migrations (Bhasin, 1996) Gaddis carry no tents. They are under open sky, with their *gardus* (blankets) and kilted homespun cloaks for protection from cold winds. The downward journey faces the same problems and follows the same routines. During winter migrations their families also travel with them. Even as they are on move, they are exposed to health hazards with only herbs and rituals to take care of them. Local therapeutic practices take priority because Gaddis are bound by strong cultural traditions and possess knowledge of herbs and rituals to be performed. Moreover lack of communication facilities and distance of health institutions from the traditional routes of migration restricts the use of biomedicine. Biomedical aid is availed by Gaddis just in serious cases. Distance traveled and mode of transportation is associated with longer health system delay. The socio-cultural conditions in the region in which the study was conducted, found that women were more likely to have longer patient as well as health system delays. Women and men have different health seeking behaviours and reasons for delay, in most instances it being more difficult for the women. While self-medication was quite extensively used and more men in the study area did resort to it, it is interesting to note that while a higher proportion of men used cough syrups women had to resort to house remedies- suggestive of differences of access to care outside the four walls of one's home. Gaddis depend on local healers, who besides relying upon certain occult phenomenon deal with various herbs for preparing medicines

for therapeutic use and are convenient for them. In these areas people are obsessed with the uncanny, unearthly activities of spirits, ghosts and deities. The disease thought to be caused by supernatural, demand magico-religious remedy. In case of trouble, session with *chela* is an embedded healing system and an effective survival strategy for large number of people and traditional healers, who form a final authority for the diagnosis and treatment of particular forms of ill health, are often sought. These are aimed at holistically assuaging suffering, strengthening and sustaining and harmonising the patients with their environment. The physical, psychological and social impact of the ritual on the patient, sanctify healing as a symbolic cultural mechanism stemming from ritual expression. Among Gaddis, the situation is like Durkhiem's focus on the social system: religion holds the society together, reinforces primary social values, and provides a charter for social organisation. Radcliffe-Brown associates religious ideation with the creation of that anxiety which such ritual practices are designed to alleviate: "while one anthropological theory is that magic and religion give confidence, comfort and a sense of security, it will equally well be argued that they give man fear and anxieties from which they could otherwise be free" (cf. Levi-Strauss, 1963: 67). Laderman and Roseman have suggested that, "the healing effects of performance are on one level, caused by catharsis that can occur when a patient's unresolved emotional distress is reawakened and confronted in a dramatic context" (1996: 7).

In addition there are financial reasons that restrain the availing of biomedicine. If they do not have to pay for doctor and medicines, the majority of the Gaddis would favour biomedicine. Nowadays, young Gaddis do not regard all *chelas* with confidence and support. Gaddis of Bharmour are like other transhumant groups of Himalayas-Bhutias of Lachen-Lachung, Sikkim and Changpas of Chanthang, Ladakh in their response to health and sickness. Both the groups are cultural outposts of Tibet. Bhutias and Changpas profess Buddhism with its elements deriving from pre-Buddhist shamanic *Bon* religion. They also believe in a vast array of gods and spirits who must be propitiated at appropriate time for the general welfare of society. The Bhutias and Changpas place great emphasis on coercive rites of exorcising and destroying demons. The execution of religion among Bhutias

and Changpas is in the hands of trained specialists *Pau* (male), *Nejohum* (female), Lamas; *lhama* (female), *lhapa* (male), lama and *amchi* respectively. Spirit intervention and human intervention is alleged source of illness. Both believe that diseases can be induced by magic, sorcery and evil eye. Both culturally Tibetan and politically Indian have been subjected to development programmes, Indian military and influx of tourists. Like Gaddis, both the transhumant groups are not averse to biomedicine however lack of communication facilities and distance of health institutions from the traditional routes of migration restricts the use of biomedicine. Biomedical aid is availed by Bhutias and Changpas just in serious cases. Both depend on local healers, who besides relying upon certain occult phenomenon deal with various herbs for preparing medicines for therapeutic use and are convenient for them (Bhasin, 1989, 1996, 1997, 1999, 2007). A healer persuades the patient that it is possible to define the patient's relationship to a particular part of the mystic world. The healer attaches the patient's emotions to transactional symbols. The healer manipulates the transactional symbols to assist the transaction of emotion.

The role of traditional healers in the control of diseases has to be seen in the light of the fact that they have other socio-cultural and religious externalities, which may be beneficial to the communities concerned. The World Bank too reported that traditional healers could be important potential public health providers of essential clinical services if governments give them appropriate training, information and incentives. While exploring the reasons for delays, the study could not find any association with most of the socio-demographic factors; past studies have found that older age was associated with longer delays. Other studies found factors such as knowledge, literacy and socio economic status influenced delay in availing biomedicine, and however this study found that their cultural orientation, difficult means of communication and non-availability of public health centres nearby are reasons for delay. In circumstances where public health system alone cannot meet the requirements of the population in the area, the services of traditional healers are being used. In Puerto Rico, spiritism offers a traditional alternative to community health services. Practitioners of 'espiritismo' the major traditional healing system in Puerto Rico are mediums that

can exorcise illness-causing spirits and assist clients to acquire enlightened spirit guides and protectors. Ortega (1988) reports that two systems of health care co-exist in Ecuador. The traditional system combines elements of the indigenous system, the modifications brought by the Incas, and elements of Medieval European medical theory and practice. The official medical system comprising both public and private institutions is inaccessible for large sections of population due to shortages of manpower and materials and high cost of services.

In Latin America, particularly in the Andean countries, there is interdependency of medical systems. In a culturally diverse and socially stratified population of Latin America, medical systems constitutes a social representation resulting from the historical relationships between autochthonous medical cultures and those from other latitudes. "The impregnation of scientific and popular knowledge results not only in the incorporation (and often expropriation) of folk in professional or scientific medicine, but also in the increasing 'medicalisation' of popular medicine and traditional therapeutic practices" (Pedersen and Barriffati, 1989). The degree of competitiveness, co-operation or integration among medical systems depends mainly on asymmetrical distribution of power and resources, and is conditioned by the population's behaviour in the management of disease.

It is often alleged that tribal are so steeped in superstition that they will not utilise any modern health facility. What is often not recognised is that inaccessibility is probably a more important reason than prejudice for the poor utilisation of health care facilities by tribal. The Bharmour area has remained clear of Tibetans, Gorkhas or Muslims invasions. In the 19th century, the British colonial rulers established dispensaries in other tribal areas that catered to the needs of officials rather than the masses. They were more concerned with the controlling the tribal territories to exploit their forests and other resources. They were followed by protestant missionaries, who provided medical care with a view to ultimately converting them to Christianity. However, Bharmour region has not been affected by such developments due to its geographical position and ecological conditions. The ecological conditions of the area and difficult means of transportation and communication did not encourage migrations. Indian medical policy is comprehensively

pluralist, since biomedicine, in all its forms, from hospital based surgery to health centres to dispensaries is being fully utilised along with the traditional systems. The pluralistic medical situation of doctors and deities in Bharmour provide flexibility and fulfills different needs of the community. The folk systems are open as manifested by eclecticism of both the clients and practitioners, who adopt and adapt from an array of co-existing medical traditions. This openness of folk systems, as Press (1978) point out, is manifested by the acceptance of inputs from other/alternative health systems, and also inputs from institutional sectors such as religion and family. According to Landy (1974) the traditional healer role stands at the interstices religion, magic and social system and gain its power from this position. Gaddis do not view these sessions with ritual practitioners as magical affairs. For them it is the use of spiritual powers to achieve explicit endeavor by an expert who manipulates chains of cause and affect for the betterment. This is comparable to the classical anthropological notion of magic as "belief that supernatural powers can be compelled to act in certain ways for good or evil purposes by recourse to certain formulas." (Haviland, 2003: 671).

The co-existing of different medical system within a selected milieu seeks interaction and integrated health system. The likelihood of an integrated health system, combining both traditional and biomedical healing practices is always looked for. However, in Bharmour no such integration was found. The situation in Bharmour is like what Nazrul Hasan (2005) depicted in his study of Philippines. In Bharmour, biomedical and traditional health practices exist in parallel and their healers prefer to work in their own fields. There is little possibility of physicians and *chelas* working together. There is socio-economic disparity between biomedical professionals and traditional practitioners, but there is no tension between the two. Gaddis do not have easy access to allopathic medicine while they are on move. Even when they are in homes, the situation remains more or less the same as the hospital at Bharmour is not well stocked with medicines. The Gaddis are hard put to in emergent cases because there is no private chemist or pharmacist in the village. Easy availability and low price of medicinal herbs makes it easy for Gaddis to make use of local health traditions. Gaddis feel that this herbal system is valuable and should be

encouraged and saved for the next generations. However, the area does not have any institution to train local people in the medicinal plants usage. There is no published book that is available on household medicines. The knowledge is transferred at the household level only. Modern education, technology, biomedicine has not threatened the traditional therapeutic healing as there are no alternatives. The integration of the two systems is conceptual. These systems just co-exist, side-by-side. To dismiss traditional medical systems as ineffective or weak is to overlook their relevance and benefits in the contexts of their socio-cultural systems. At the same the shortcomings of modern medical systems: their technical complexity, rising costs, curative rather than preventive focus, and limited accessibility for large population sectors can not be overlooked.

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