

ETHNOGRAPHY OF INDIGENOUS PUNJABI HEALTH PERCEPTION AND PRACTICES

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Abstract: The current paper is also based on a research conducted in a Punjabi village of Pakistan. The main thrust of research was to study indigenous knowledge system and its traditional wisdom attached with the traditional medicine which is called alternative medicine now a days. The study brings forth the worth of traditional medicine, its utilities and consumption practiced by the local and indigenous populations. Moreover, the paper throws light on perception of inhabitants regarding their preferences of seeking a particular treatment pattern and local sensing about health and treatment systems. In a nut shell, the papers highlights why local people have evolved a preference pattern of their own in which they consult either western medicine or their local medicine. The paper also discusses details about domestically held treatments for few major ailments.

Key Words: Indigenous Knowledge System, Indigenous Health Perception, Food Preservation Practices, Indigenous Health Practices

INTRODUCTION

Indigenous Knowledge and its practices are a complete code of social and cultural life when it comes to discuss the particular ethnographies of any population along with its natural resource base necessary for livelihoods. The current world has seen the socio-cultural effect of modern paradigms on development launched in third world scenario that did not bring its expected outcomes. Development in strict human perspective is not GDP per Capita growth only rather has a human face as well. In this regard, the unequaled social and cultural dimensions have their unique implications on today's modernization and development efforts. One can see that scholars from the third world have considerably substantiated the aftermath of modern development strategies and approaches from locals' point of view. Dube (1995) cited in Chaudhry and Chaudhry (2012) pointed out the same trend by stating 'development is not a simple matter of making calculated inputs to raise the output to the desired level.' De Silva along with his associates referred to a similar issue. He states 'the process of economic growth as it has been unfolding in the past quarter century has multiplied the problems of both the

industrialized and the Third World countries, as well as those of individuals within each group. In both groups of countries the creativity and potential of people is unlimited, yet life lacks fullness, resources continue to be misused and major social and political contradictions remain unresolved' (De Silva 1998).

Wignaraja and his team are of the view that 'ideas regarding the up-gradation of indigenous knowledge and technology, organization and the conceptualizing of experience could be provided by Participatory Action Researchers. These action researchers would be a new breed of "organic intellectuals". They would be identified and absorbed in the culture and knowledge system of the people and also be equipped with scientific training. Such researchers, while engaged in the struggle alongside the people, would be interacting with their creative ideas and knowledge and at the same time helping to conceptualize the results of their collective social, political and productive efforts. Finally, Participatory Action Research could help rediscover folk literature and use it to reconstruct a sense of community identity. Such consciousness could reinforce the contemporary

creative quest of the community' (Wignaraja, et al. 1991).

Furthermore, in spite of accepting the utilities of local knowledge and its practices they were simply called 'laggards', the 'fatalists' or the 'conservatives' who were marked to be the change resistant. The point in here is that without understanding the local cultural and its norms no development agency can simply proclaim itself to be the real well-wishers of any local community. Like the development intelligentsia, practitioners, policy makers, agencies, respective governments, the local people and community do have their wish list and a tentative plan to embrace change. The problem arises when their preferences are thought to be obsolete and outdated and resultantly they are looked down upon. The community thus agitates for this discriminatory behavior by responding indifferent to these development efforts. It is thus that the middlemen class enters and gradually becomes the real beneficiaries. This lack of mutual trust and respect also create a gulf between the stakeholders of rural development excluding the local intended population. This alienation of indigenous people of Punjab and the public departments and its representatives is not a new phenomenon rather has its long history since the time of British Raj as pointed out by (Chaudhry and Chaudhry 2012).

'Cultures globally are man-made survival strategy based on responding to various environmental, ecological, demographical, topographical, geographical, political, social, psychological and economic factors for diversity. The point raised here is if the nature accepts the diversity due to which the living styles, languages, dressing, and other related aspects of aesthetics then why don't human accept socio-cultural diversity. The paper focuses its discussion on medical anthropology. Anthropologists have long been involved in studying the health systems of various societies that they choose for research. The understandings of various cultures and its medical practices helped anthropologists to understand why people prefer to have a unique and indigenous thought patterns as regards health notions and practices. Pakistan being a member of third world brethren still holds its position among the conventional medicalization. National life is divided into various strands of

medical belief system and thus practices regarding diagnosis, curing, treatments, rehabilitation. Health bureaucracy blindly follows the Western medical approaches upon which there are intellectual debates internationally to accept the cultural notions in order to improve the global indicators while accepting the local cultures and their interpretations on such vital aspects of man's civilized life. There is a need to reiterate the health policy as well as the brain set of medical care systems to give the cultural perceptions and thus medical anthropology a due role in deciphering the dream into a reality. This paper attempts to educate the readers about the importance of cultural factors in understanding the disease, illness and healing in cultural settings and also to discuss the role of ethno-medicine that has been acknowledged throughout the world' (Chaudhry and Chaudhry 2012).

'Unlike other academic disciplines, Anthropology talks about Health in a broader perspective and deals with it as a complete code held by any population including perception about wellbeing of population, notions on curative and preventive aspects of treatment, treatment patterns according to the severity of diseases and set of practices and associated faiths' (Chaudhry and Chaudhry 2012). Chaudhry et al., (2014) cited Kiefer (2007) that 'it is widely accepted that some of the new attitudes and ways of life that are spreading rapidly around the world as a result of faster communication and transportation have the possibility of endangering healthy local practices. New technology, leisure, and wealth also carry an element of danger. Anthropology offers a powerful, systematic way of understanding what factors are affecting people's health, and how to evaluate public health plans that affect people's behavior.'

REVIEW OF LITERATURE

Medical anthropology is the primary discipline addressing the interfaces of medicine, culture, and health behavior and incorporating cultural perspectives into clinical settings and public health programs. Health professionals need knowledge of culture and cross-cultural relationship skills because health services are more effective when responsive to cultural needs. Cross-cultural skills also are important in relationships among providers of different cultures when, for example, African American

and Filipino nurses interact with each other or with Anglo, Hispanic, or Hindu physicians. Knowledge of culture is also necessary for work in community settings, such as collaborating with diverse groups and organizations to develop culturally relevant public health programs. Health care providers and patients are more effective in managing their health and care with cultural awareness and the ability to manage the numerous factors that affect well-being (Winkelman 2007) cited in (Chaudhry, et al. 2014). Anthropology is the scientific study of humankind's origin, biology, and culture. It encompasses a vast—and some might say, untidy—body of knowledge that has rarely been organized (Biruté 2006) cited in (Chaudhry, et al. 2014).

'Medical anthropology though a bit new in Pakistani perspective may not be termed as something out of medical context as is common in health domain in Pakistan. The survey of global literature available on medical anthropology helps to bridge the gap between the patient and the medical practitioner. Medical anthropology can serve as a mean of interpretation of cultural elements in public health program. As regards, the massive campaigns on public health, there is a necessity to understand and get help from the cultural perceptions on disease, illness and healing. Failing to which the world has experienced massive failure of financial resources made on improvements in health indicators. Health may not treated solely as something from biological and physiological point of view, rather the applications of health in deeply rooted in culture as it is very much understood and cured in native cultures as well. Similarly, the rise of modern medicine has its roots in ancient mythology and refinements of ancient curing concepts and practices. How could simply, the contemporary cultures and their interpretations of disease, illness and healing is ignored. As regards the cure, the cultural context is mostly undermined due to which person hosting a disease is cure physically or may be psychologically but not culturally unless there is a level of social recognition on behalf of health bureaucracy in Pakistan and other likewise a third world developing countries. Though clinically proven, the successful medical interventions and strategies cannot simply be imposed upon people

especially in a socio-political scenario where the native are always fearful of the malafidies of capitalistic ethos and rumors of snatching the cultural uniqueness of indigenous cultures in terms of their independence' (Chaudhry and Chaudhry 2012).

Gaines and Hahn (1985) also discovered three features 'biomedicine' as a socio-cultural system. Firstly, as a complete set of cause and effect principles on the basis of observations and practices (Lindenbaum and Lock 1993; Gaines 1979, 1982a, 1982b). Secondly, it involved practitioners from within a particular culture without any difference and inequalities as seen in the works of (Hinze 1999; Gaines 1992a, b, c). Thirdly but most importantly, bio-medicinal paradigm frames the role of practitioners as most vital in its continuous updating.

MATERIALS AND METHODS

The research was conducted in Sacha Soda village of Tehsil and District Sheikhpura of Punjab province. The methodology of the study was exploratory. The sample of the study comprised 569 respondents (350 males & 219 females) selected via two stages. The total village population was divided into different strata that comprised education, sex, occupation, education and landholding size. During the second stage of sampling the respondents were selected randomly. A separate in-depth interview guides (one for males and second for females) was prepared for seeking information from the sample. The collected information was converted in SPSS program in order to draw quantitative data for further interpretations and analysis. The second phase of research consisted focused group discussions with the core participant groups of both males and females. The health related perceptions were recorded and interrelated with relevant case studies and life histories of the respondent to get deeper insights to understand the health perceptions and practices of the respondents in the village. The village economy predominated agriculture and related agri-based occupations like livestock, and poultry farming. The village Sacha Soda of Sheikhpura district is a historical place and mostly known for two reasons. Firstly, that village is famous for the historical relics of Baba Guru Nanak (the most revered figure among the Sikhism followers) and secondly for the radical

political groups operational with the village. The political life is very much dynamic and witnesses violence and group conflicts among the village people. Yet the improved education of the villagers has influenced positively. The youth of the village is now avoiding any indulgence into the furious factions of the village in order to have peace and prosperity in the social life of village. The youth of village has established their village based civil society organization dedicated to launch and manage developmental works at local level thus providing the people of village a forum think and practically act for the village problems and other related issues.

RESULTS AND DISCUSSION

The village of Sacha Soda largely comprised small farmers and peasants with their minimal landholdings mostly doing their subsistence agriculture. On the other hand, the village did have a handful of large landholders whose land size ranged from 20 squares of land to 100 squares. The small farmers were found to be traditional regarding their agricultural practices because of the fact that they could not afford the huge costs of mechanized agriculture. To sustain their livelihoods, their preference was to uphold their farming practices in a traditional mode and compensating their incomes with family members' earnings in nearest cities of Sheikhpura and Lahore. As regards, their health their health seeking behavior constituted three preferences. Firstly, homemade remedies (largely traditional and folk), secondly, the village herbalists and para-medical staff and thirdly, going to bigger cities of Sheikhpura and Lahore for medical checkups and treatments. In first, instance the village people seemed to be unaware of the benefits of the modern medical facilities and but this myth was broken when it was observed that the villagers were amply aware of their traditional and folk medicinal practices which was reported to be effective in most of the cases. The current paper is an ethnography of local health practices and its underlying faiths based on its utilizations.

Indigenous Notion of Sehat (Health)

While talking to the village population and herbalist of village, I attempted to gather the basic principles of indigenous health practices deemed necessary for better health. The

respondents shared their views on these general principles that are described in the following:

Eating Habits

1. According to a saying of Prophet Mohammad (PBUH) leaving the dinner doubles the speed of ageing. The village people usually observe this saying and also guide the youth to be punctual in taking the dinner. Similarly, after taking dinner going for some other work is prohibited. The elders ask the youth to sleep after dinner so that the stomach effectively digests the food in-take.
2. Large portion of food should contain in-take of vegetables instead of meat.
3. Meat in-take should be appropriate in this regard a religious citation was quoted that meat eating should be at least once every forty days. In this regard, there was a myth about the meat eaters that they get into rage and are angry people.
4. Washing hands before taking breakfast, lunch or dinner. Drying of hands after washing was stopped discouraged under the faith that germs deposit again on hands.
5. Eating slowly and maximum chewing of morsels. The reason for doing so was stated by herbalist was to allow mixing of saliva in morsel so that the chewing is made easier.
6. Sitting posture during eating should be relaxing. Whereas, eating while standing was taken as a symbol of disrespectfulness and non-religious. The elders were found to be warning the youth while seeing them eating in standing posture.
7. Cleaning teeth five times a day was taken as the Sunnah of Holy Prophet Mohammad (PBUH). But at least once a day in the morning is a ritual in all families of the village. Similarly, in this regard, chewing sugar cane and maize is recommended by the elders to be the exercise of teeth.
8. A mild walk is also recommended after food under the belief that the food is well adjusted in the stomach and the digestion process starts immediately.

Sleeping Habits

1. Elders of the village recommended their youth to get in to the bed earlier. This was observed commonly practices among the villagers because of their commitment in their fields.

2. Earlier getting up in the morning was also a ritual among most of families to get ready for morning prayers and work in the fields or getting ready for schools or offices.
3. The elders also recommended that during sleep the pillow should be the one that is soft for providing comfort to the neck. The pillow was said to be about five inches high from head so that blood flow towards head during sleep should be avoided.
4. Sleeping on right side was recommended by the elders under religious instructions of holy Prophet (PBUH). The justification given was that on left side of chest is heart which is busy all the day while cleaning the blood. During night, when people sleep, the heart also slows down its functions and in a way it also rest. Sleeping on right side is basically releasing body weight from the heart side. Regarding bad dreams during nights, the elders also recommended avoiding sleeping on left side or sleep in an upright posture.
5. Young males are advised to drink one glass of water before sleep to avoid the pre-mature ejaculation which is according to local belief system brings physical weaknesses in the body.

Drinking Habits

1. Large quantity of liquids in-take is recommended by the elders of village in order to keep the pores of body smooth and producing perspiration. Perspiration is generally considered to be an indicator of good health.
2. Drinking extremely cold water or any other form of liquid is prohibited. The justification for this habit is told that liquid channel of the body is hot and could create a freeze inside the body.
3. Drinking liquids is said to be in sitting posture with a vessel of open mouth. The drinking habit is supported from a religious saying that Holy Prophet (PBUH) desired all Muslims to sit while drinking water in three sips. Drinking in three sips was also justified by the herbalist of village that in stomach there are fluids that help in digestion. Whereas, drinking in one go thins the liquids of the stomach that further create problems in digestion due to which bad stomach and digestion and pains are commonly reported.

4. Drinking habits also involved a common proverbial that water that is taken before taking food is 'gold', in between food is 'silver' and after food is 'iron'.
5. Cold water in excessive quantity abruptly disturbs the hormonal balance and further creates problems regarding intestines.

Common Health Problems and Diseases

There were a variety of diseases that were found to be occurring in the village Sacha Soda. However, here only the most common disease will be discussed. The common diseases that occurred in the village Sacha Soda are classified in different groups. Some other diseases are classified according to certain other factors that may distinguish members of one group from the members of another group.

The discussion of disease deals with the classification, local name of disease, explanation, symptoms and causes of the disease as provided locally. The discussion also deals with the description of precautions observed in case of every disease. These precautions are mostly referring to the patient. In most cases, however the precautions are recognized but may not always be observed. In most cases, the patient is allowed to eat normal food. These precautions observed by the children are often different from those observed by the adults or the people of old age, even in case of same disease.

General Diseases

In the below, different common practices were observed and documented undertaken by the village people to maintain their good health.

Asabi Tanao (Nervous Tension)

The respondents compared modern life style with traditional one and categorized modern life style as something in which lots of brain's work was involved due to which the people mostly remain engaged mentally. According to the people of village today's life style is of a kind in which most of people complain about the mental weaknesses, headaches, muscular stress in neck, memory loss, hair loss, and eye sight problems. According to view of seniors in village including the herbalist of village are all because of the brain that is always occupied in meeting current days' challenges. The view on such issues described above was that nature has given various organs in human body which are responsible for carrying out various functions. If these organs are

functioning properly then a man can perform all of his commitments and responsibilities accordingly. If these organs start mal-functioning then it is an indicator of bad health.

According to indigenous health practices of villagers that change in appetite, bowel and bladder's tension, variations in saliva and perspiration are basic indicators of poor health and something to be taken care of. A general view on health aspects was that loss in appetite, loose motions, vomiting or enlargement of tummy are indicators of problems in stomach or intestines. In the same way, continual flu, bad throat, nose blockade and headaches lead to the conclusion that a person is supposed to take care of these indicators which further cause weakness in brain.

Particularly, with respect to flu, the indigenous treatment referred to take proper rest and treat this issue with nutritious intakes instead of curing the problem. The reason associated with this faith and practice was that running nose allows the draining of flame from nose, ears. The villagers believed that the treatment of flu causes bad breathe and leads to upsurge of the disease again.

***Fishar-e-Khoon* (Hypertension or Blood Pressure)**

The views of villagers regarding hypertension were very informative. Majority of the people believed that hypertension is because of less physical exertion because people are mostly engaged in mental work. According to the indigenous view, people hardly heard of somebody caught in problems related to blood pressure. It was because mostly of the people were related to farming in which they had to work since dawn to dusk. It was their physical engagement of the body in which the calories were burnt and food was consumed properly. Whereas on the opposite, today people have left the laborious works due to which food cannot be consumed by the body properly due to which hypertension and obesity is commonly observed. In addition to this, the current day food contains oil and fats which further result in aggravated the same diseases. The herbalist was of the view that improper food habits thickens the blood which starts depositing in blood arteries due to which the heart has to work three times more. These deposits in blood arteries and veins disallow

them to spread and contraction which further causes mal-functioning in blood circulation leading to hypertension and later on heart problems.

People believed in food habits that contain less calories, fats, etc. They believed that good food is the one that digests easily while consuming less time. Whereas, food with oil and fats is digested in longer duration due to which stomach has to function for longer hours and thus causing health related problems. A general recommendation for bulky people was shared by a respondent that raw garlic can lessen the blood related problems as well as thickening of blood. It was suggested by herbalist that early in the morning upon awaking eating seven pieces of raw garlic can help in thinning the blood in the veins and arteries. Similarly, pumpkin soup with dry bread can also help in controlling the thickening of blood. Moreover, it helps in releasing the constipation, and lowering the high pressure of blood. The herbalist recommended cucumber and melon for controlling the high blood pressure. According to him, cucumber is cold food and helps in healthy urination whereas melon is hot and helpful for hot tempered people in urination and lowering the high blood pressure. Water melon is also known to be cold fruit and helpful in urination as well as controlling the high blood pressure by drinking the pulp while blending the pulp and seeds together.

Disease of the Cardio Vascular System or Heart Diseases

Different varieties of the diseases of the heart are found to be occurring among the villagers of Sacha Soda. All the types of heart diseases are however grouped under the title of heart trouble locally known as *dil di takleef*. Heart troubles often occur among middle age males and females. The general characteristics of the disease are given by the villager as having problem in breathing, pain in the chest and sinking of the heart. The patient may also have a feeling of weakness and feels strain on heart in case of physical exertion. Several other complications may also occur in case of severe heart trouble. The disease according to the local belief is caused as a result of the sudden shock/accidents. It may also be caused due to the hot effect in the body. The patients of heart trouble should avoid eating flatulent, beef, oily

foods and cold foods. The patient should also avoid thinking about worries and problems.

Diseases of Digestive System

These are the diseases which are related with the organs of digestive system. These diseases were most common in Sacha Soda. Some of the diseases of digestive system that occur commonly are discussed in detail.

1. Stomach Pain

Locally called "*pait ka dard*". Stomach pain can exist all by itself or it sometimes accompanies some other digestive disorder such as dysentery, diarrhea, constipation etc. since it is often considered a minor illness so it is often treated at home. It may however become serious, or be consulted by village dispenser. The causes of stomach pain are locally described as being basically due to the bad eating habits. Often due to the eating too many sweets due to which mostly children suffered from stomach problems who often keep on eating eatables in short intervals from the village shop.

2. Constipation

The disease is locally known as '*Qabz*'. Constipation is also a disease concerning the digestive system. It is described as the infrequent evacuation of feces. The degree of infrequency however differs from individual to individual. This is a disease which is found among young as well as old people, but most commonly occurring among the children in the village Sacha Soda. The causes of Constipation are also given as bad eating habits, and sometimes it is caused due to increased heat effect inside the body. It is believed that a normal human body must have a balance of hot and cold effect within the body. Any imbalance between this hot and cold may cause different diseases. Normal food is given to the patient and no precautions in case of food are believed to be necessary in case of Constipation.

3. Dysentery and Diarrhea

Locally called "*paichish*" and "*dast*". It is described as a passage of frequent stools, in both cases different in its nature. Both the Dysentery and Diarrhea, however, are often accompanied by vomiting and pain in the stomach. The most commonly occurs in the children as compared to adults or older people. The causes of the disease are described as increasing heat effect in the body and also bad eating habits may mean eating too frequently or eating too much of sweets. Often

no precautions are observed but in some case, the patient is not given solid food such as bread etc. only porridge or milk or other such light food is given to the patient.

4. Stomach Worms

The presence of different types of worms in the stomach causes illness. This type of illness may occur among all ages but children suffer from it. These worms may not be detected at an early stage but the symptoms accompanying it may reveal the real problem. The symptoms of the disease are discussed as sometimes pain in the stomach and other related digestive problems. Moreover, it is believed that it results in the increase in appetite of the patients. The cause of the disease as described by the villagers is poor digestion. Another cause of the disease is also sometimes given as *khauf* (fear). Fright is believed to cause number diseases among children. It is believed that children may get scared of something or some situation and as a result fall sick. In order to keep them safe the children, at an early age, are made to wear a *taweez* (amulet) against fright. In case of stomach worms no precautions are observed. Usually the patient may eat normal food.

5. Flatulence

Flatulence is locally called "*badi*". The disease is common among the males and females of middle and old age. In this disease the patients feel as if there is some gas trapped in the stomach ache. The stomach swells and the patient often suffers from constipation. The cause of the disease is described as eating too much flatulent such as *lassi* (milk water), potatoes, pulses etc. the disease is also believed to develop from other stomach problems. The person suffering from this disease should avoid eating all sorts of flatulent food. The patient should keep himself warm in winter as pain increases due to cold.

Diseases of the Respiratory System

These are the diseases that are related to the organs of the respiratory system. Some of these diseases occur very commonly. Most of these diseases occur in old weather due to cold.

1. Pneumonia

Pneumonia is locally also known as pneumonia. It is a disease commonly found to occur among young as well as adult or old people. The symptoms of the disease are described as high fever, vomiting, headache and pain in the body.

The cause of the disease is believed to be cold. That is why the attack of pneumonia is often in winters especially if sufficient warm clothes are not worn. The precautions observed locally are that the patient is kept warm and the foods having cold effect are not given to the patient.

2. Asthma

The local name of the disease is *damma*. The symptoms of the asthma are described as sudden attacks. Occurring frequently in which the patient is faced with the problems of breathe properly. In the village this disease is commonly found among the adults or old age people. This disease often inhibits the patient from doing physically exertion. The cause of this disease as given by the villagers is the increased amount of phlegm that gathered in the chest, which is often due to cold. Thus the disease often begins in winter and once a person gets this disease it is often difficult to cure it completely. If a person has asthma he/she should not eat the things that may increase phlegm. They should avoid eating flatulent, beef, ghee and food having cold effect such as *lassi*, curd etc. it is a common local belief that asthma cannot be cured by medicines because even those who tried any treatment found it useless. The intensity and frequency reduces if proper food is taken, avoiding the harmful food.

3. Tuberculosis

Tuberculosis is normally known as T.B. or by its typical name i.e. *purana taap* by the elders of the village. It is disease that may occur among males and females of all ages. The disease is characterized by fever, occasional coughing, vomiting of blood, loss of appetite and as a result loss of weight. Tuberculosis is believed to be caused as a result of lack of good diet. Polluted air can also be a cause of tuberculosis. Men working in factories and mines often become the victims of this disease. Worries and thinking too much about problems result in causing tuberculosis. The patient is not allowed to eat sour things and should avoid eating flatulent. The patients should be given good balanced diet providing high nutritional values and energy.

4. Chest Pain

Chest Pain usually occurs in winter. Sometimes it may accompany some other problems such as cold, cough etc. Chest Pain often increases on deep breathing or coughing. The cause of chest pain is perceived as cold weather or cold effect in

the body due to cold weather. A person may experience chest pain if insufficient clothes are worn in winter. It is also caused by sudden change of temperature.

5. Common Cold

Common Cold is infection of the nose. Locally it is called as "*nazla*" or "*zuka*". The disease is described as having a tickling sensation in the nose accompanied by sneezing. There is a feeling of dryness in the throat. The head feels heavy and the eyes watery. This may be accompanied by slight fever usually in the beginning. The disease is believed to be caused by cold weather or cold effect in the body. One may also experience cold in summer due to the sudden change of temperature from cold to hot. The precautionary measures that should be taken during the course of disease are described as avoiding cold or sour food. The patient should avoid going out in the cold.

6. Cough

The local name of Cough is "*khang*". This is one of the most frequently occurring disorders of the respiratory system. Persons of all ages may suffer from cough. There may be different types of coughs ranging in intensity. It may accompany or lead to other respiratory disorders. According to the local belief cough is caused by changes in temperature or weather. It occurs mostly in winter due to cold weather. It is also caused as a result of eating unripe sour fruits or other sour food, or by drinking water after eating oily food. In winter the person suffering from cough should keep himself warm which is not necessary in summer. The patient should not eat sour or cold food and should avoid drinking cold water.

Tropical Diseases

Tropical diseases are those that exist in the tropical countries and their main cause is malnutrition and poor hygienic conditions. The most effective treatment of these diseases is preventive rather than curative but few of them occur frequently in the village Sacha Soda. A few commonly occurring diseases are discussed in detail.

1. Malaria

Malaria is locally known by the same name, occurs among the children as well as adults and old age males and females. The patients of malaria feel severely cold and experience shivering. The other symptoms of the disease are

described as fever, vomiting, severe headache and pain in the legs. The patient feels severe weakness and may faint as a result. The causes of malaria are described locally as due to mosquito bites. The disease may also be caused due to bad eating habits especially in rainy season. The precautions considered necessary to be observed are different in case of adult as compared to those necessary for children. The adult eat only light food such as soup, meat and *roti*, whereas children given only porridge, milk and bread.

2. Cholera

In the village, there have been few instance of cholera in the recent years. The local name of the cholera is "*haiza*". The disease occurs among males and females of all ages. The people suffering from cholera experience fever accompanied with vomiting and loose motions. The patient feels very thirsty as a result of dehydration. The lips become dry and white. The patient of cholera is given light food only. The young as well as old people are not allowed to eat the food that may create difficulty to digest. It is believed that the disease is more easily caused in the beginning of summer so special care should be taken at this time to avoid this disease.

Infectious Diseases

Infectious diseases or contagious or communicable disease like tropical diseases are caused due to unhygienic conditions or lack of nutrition. A number of infectious diseases may exist and various different organisms may be held responsible for causing these diseases. These diseases are easily transmitted or communicated from individual to the other through various means. The discussion deals with most commonly occurring infectious diseases only.

1. Typhoid

Typhoid is locally known as "*bara bukhar*". Sometimes also termed as "*mayadi bukhar*" as it is believed that it stay for a certain limit of days such as seven days, fourteen days, twenty one days and so on. The disease even if no treatment is done but precautions are observed, leaves after certain limited days. The symptoms of the disease are locally perceived as high fever and pain in the body, increasing headache and drowsiness. There may be some cough. The patient may faint when fever is very high. Local belief suggests that the basic cause of typhoid is the hot effect in the body. Sometimes it is also

believed to develop from the minor diseases. Typhoid perceived to be caused as a result of some shock or tragic events. For the patients of typhoid a lot of rest needed. Special food is given to the patient which consists of light and soft food only i.e., porridge etc. there are however some people who believe that no precautions are necessary for this disease.

2. Measles

Measles or "*khasra*" as locally known is a disease that occurs most frequently among the children. This is the infection of respiratory tract, the skin and the mouth. The disease is described as starting like common cold with sneezing, swelling of the eye lids and watering of eyes. There may be some cough along with. Small spots then appear on the skin later taking form of a rash, which ultimately fades away leaving a stain. The disease is believed to be caused as a result of upsetting of stomach. Among children the disease is believed to be caused as a result of fright. The patient should not walk outside in the open air as it may spread easily. The food given mostly includes food having hot effect so that the rashes come out properly and quickly. Beef is not given to the patient especially in case of children as it frightens them. The patient should not be allowed to go out in cold and to drink cold water.

3. Whooping cough

Whooping cough locally called "*kali khansi*" occurs very frequently in village. It is a highly infectious disease of respiratory tract. It occurs among all ages but most of the cases are children under five years of age. The patients suffer from severe attacks in breathing. The attacks are more severe at night. The patient also experiences vomiting. The ordinary cough, if not treated properly, is believed to develop into whooping cough. Sometimes when an epidemic spreads, being highly infectious, many people can become a victim of it. It is also believed to be caused by cold weather, or increases of cold effect in the body. The patient is not allowed to eat sour food, oily foods and flatulent. The patient is kept warm and asked to avoid eating cold food. Since the disease is highly infectious the patient should be kept away from other healthy people especially in case of children.

4. Paralysis

There are different types of paralysis. Some of them may be at birth; however some may take

place in early childhood, mostly as a result of polio fever. Still there are others that specially affect the males and females of middle and old age. This specific paralysis is termed locally as '*fali*'. In the village, the most frequently occurring chances of paralysis are those of the children born with such defects and paralysis of old age. The intensity of paralysis is different in all cases. In all these cases the cause is believed to be some accident or the result of some other disease. If an old man or woman is paralyzed often no treatment is done and similarly no precautions observed. In case of children, different types of treatments may be tried but no precautions are considered to be useful.

5. Rheumatic Pain

Rheumatic pain or the pain in the joints is locally called *hawa da dard*. The disease is commonly found among males and females of middle age and old age. Mostly the persons of lower income class suffer from this disease. The disease is described as pain in the specially joints of legs, increasing at intervals. The pain increased by walking and in winter due to cold. There is lesser pain if a patient lies down or walks slowly. One of the important characteristics of the disease is the loss of weight. The cause of the disease is perceived as weakness due to lack of nutrition and proper diet. As a result of this weakness the bone marrow dries up. When the bone marrow dries the legs and the bones get filled with air and the movement of this air causes pain in the joints. The gradual drying up of the bone marrow results in the gradual increase of pain. According to some villagers no precautions regarding the food are necessary in this disease. Others, however, believe that the person suffering from rheumatic pains should avoid flatulent such as potatoes, pulses, cauliflower, oily food, beef and cold food such as *lassi* or curd etc. in winter, patient should be kept warm.

6. Fever

Fever or *Bukhar* is very common in the village. It occurs among males and females of all ages. It may occur alone by itself or may accompany cough, cold or other such disorders. Fever may be minor or severe in intensity. Along with fever there may be pain in the body specially the pain in legs. The patient may also suffer from headache, and one may faint in case of high fever. The children suffering from fever often get

frightened during their sleep. It is a local belief that fever is caused as a result of hot effect in the body. Among children however, beside this, the disease is also caused by due to fright. When a person has fever he or she needs rest. Light and soft food should be given to the patient. The children are given only porridge and vermicelli's and no *roti* etc, should be given.

General Pains and Aches

General pain and aches may occur in any part of the body. These pains may be due to different reasons. Some of the pains and troubles of different parts of the body that occur most commonly may be discussed in detail.

1. Leg pain or Arm pain

Pain in the body especially in leg or arm occurs quite frequently. The pains are most common among the individuals of middle and old age. Legs often pain due to cold. Sometime, these pains are also muscular pains. Muscular pain is believed to be caused as a result of hard work due to weakness, caused by lack of nutrition. In case of muscular pain it is believed that one should avoid eating flatulent, beef, cold food such as *lassi*, and oily food, in case of ordinary leg or arm pain no precautionary food is necessary. The patient should however avoid exposure to cold weather.

2. Headache

Headache or *sir da dard* is the most common trouble occurring among both sexes and in all ages. The intensity of the pain, however, differs in each case. Sometimes the headache accompanies the cold, cough, fever or any other disease. Headache is also believed to be caused as a result of direct cold or heat to the head. Sudden change of temperature from cold to hot also causes headache. According to the belief of the older people of the village the cause of headache is the habit of drinking tea which is harmful for health. Headache is also believed to be caused as a result of washing hair with soap instead of older traditional ways. A person suffering from headache does not need to eat special eat food. The only precautions considered necessary is to avoid extremes of temperature.

3. Back Ache

Back ache or *kamar da dard* like headache can be due to the fever or it can even exist alone. A person, having pain in the back has difficulty in moving about and making different movement. The cause of the back ache is given locally as due

to the cold or doing some work in which pressure is exerted on the back. Mostly one suffers from back ache in winter. No precautions are considered useful in case of back ache.

4. Tooth Ache

Tooth ache or *dend da dard* is very common trouble of the villagers. Persons of all ages suffer from it. Sometime tooth ache is due to dental decay whereas some time the gums pain. Some time the pain is so severe that the person cannot talk or eat properly. No precautions are necessary in case of tooth ache. It is often treated by home remedies.

5. Throat Trouble

There are different types of throat trouble very commonly occurring in the village. Most common throat troubles are pain in the throat alone or along with cough or sour throat. The cause of throat trouble is believed as eating sour fruit of food or cold food or drinking cold water. Throat trouble may also be caused due to the change of temperature from cold to hot. In case of throat trouble the patient should not eat sour or hot food.

6. Eye Trouble

Different types of eye troubles are common in the village. Weak eye-sight is the basic eye trouble especially among the females, as their eye-sight is never tested or treated. Sometimes in order to avoid operation suggested by the doctor, the eye troubles may become worse. Sometimes the eyes become sore or swollen or painful due to the various reasons. The basic cause of such eye trouble is the increased hot effects in the body, or dirt or dust in the eyes. In such a case the eyes are washed with cold water and some things cold is placed on the eyes, to take the heat out of the eyes. The only precautions observed in such a case are to keep the eyes safe from heat and to give rest to the eyes.

7. Ear Trouble

Ear trouble or ear pain is common among all ages. It is usually caused if water goes into the ear or due to some injury to the ear. In winter the ear pain can also be caused due to cold. No precautions can prove useful in case of ear pain. If, however, the pain is due to the cold the patient should keep the ear warm.

Indigenous Food Preservation Mechanisms

The data from the village supported that most food is preserved through thermal processing and

drying. According to the local definition of Preservation “any act when added to a food tends to prevent or retard its deterioration is called preservation”. The general regulations included common salt, sugars, vinegar, spices and substances that incorporated into food by direct exposure to the product of wood smoke. The presence of these materials in foods needs not to be disclosed as preservatives, although natural preservatives may have the same general action as chemical preservatives. In the below, common examples of this type of food preservatives are described:

Benzoic Acid

Benzoic acid occurs naturally in cranberries; therefore these may be easily preserved in their native form. Benzoic acid and its salt and derivatives are a family of widely used preservatives. The sodium salt is more soluble in water than acid and for this reason the former finds preference in use. These were commonly used in preserving margarine, pickles, tomato ketchup and fruit.

Sugar

Sugar is used for sweetness in food or drinks. When the concentration of sugar is high enough such as in fruits, syrups, sweetened condensed milk and honey, it acts as a preservative. This preservation effect is due to two reasons:

1. It reduces the water activity of food to a point where microbial growth cannot occur.
2. It raises the osmotic pressure and thus causing plasmolysis.

Salt

A small amount of common salt is added to foods to improve not only flavor but also to enhance keeping quality. More than 16% salt solution would help to keep the product preserved by producing high osmotic pressure which will prevent microbial growth. The effectiveness of salt as a preservative can be enhanced by reducing pH of the food and storage at a low temperature. Common salt is used in curing of meat, fish, cheese and fruits that are used for pickles.

Preservation of Food by Drying

This is reported as the oldest and cheapest method of food preservation. In drying process moisture is removed either by natural means to a stage of product that it can be kept for longer time without appreciable deterioration. The

following were the advantages of drying told by the farmer community:

1. It is a cheap and simple method of food preservation
2. The dried products are concentrated forms of foods.
3. Dried foods require less storage space as compared to any other form of preserved food.
4. The cost of transportation and distribution of dried food items is lesser than fresh foods items.

Drying in the village was done through natural means that was sun drying. Sun drying is the process where the items are exposed to the sun. This process was still used for the preservation of various food and crop items. The process is done in a dry-yard which is kept free from dust, flies and bees. Usually this method was applied to the preservation of next season crop and fruits. This exercise is done when there is plenty of sun and practically with no rain during the drying season. The fruits are washed, peeled, prepared as desired (slices, quarter, etc) and placed on flat-bottom wooden trays inside a shed. The prepared fruits are treated with Sulphur dioxide so as to maintain their good natural color and avoid spoilage by micro-organisms. Sulphur is burned in an enclosed bin or room. This is done in a small room by burning a known quantity of Sulphur in a pan placed on the floor. The trays filled with fruits are stacked in this room. Wooden trays of 3" into 2" inches with sides about 2" high with flat bottoms are convenient for handling the fruits. Fruits with thick skins like peaches are lye treated to crack the skin or remove the peel to facilitate drying. After Sulphuring, 4 to 8 pounds of Sulphur per ton of fruit trays is placed in the sun with occasional turning of the fruits till it is well dried. The dried fruit is then stacked in boxes or bins to equalize moisture. This process is known as sweating. After this product is packed and stored in a room that is free from insect and rodents and already being fumigated. In general, Bananas, dates, and apricots were process through this traditional method.

Food Patterns

Food is among the primary needs of the human beings. The preparation, consumption and categorization of food are based on the social and cultural indigenous thought system. The

objective of this study has been adding information about the rural food habits and look into the food classification system. Normally daily food includes vegetables, pulses, meat, butter, ghee with dinner being the main meal. Breast feeding up to the age of 2 years is common. Food is served in plates which can be shared among husband and wife, friends and relatives of some age and women and children. Food is exchanged and shared in daily life as well as on ceremonies. Ceremonies and rituals are a way of social life and part of it is to convert their feeling of friendliness and consideration through food. Prestigious dishes are prepared and shared among all *biradari* and village embers. Sweet dishes are prepared on happy occasions whereas saltish dishes are served on mourning and scarifies.

Special care is taken about food in menses, pregnancy and child birth. Menses is believed to be a disease in which light food is taken. Pregnancy and child birth are treated about of normal. During pregnancy, eating of sag and meat gives birth to boy. Boys are a symbol of status and prestige and women love to eat sag and meat. We see that this combination of food provides iron and protein, the main requirement during pregnancy which helps to maintain health. After childbirth a women should not eat anything which is hard and difficult to digest e.g. guava, beef. If a mother eats such food, it leads to pain in the stomach of the child.

All these taboos, preventions and precautions during menses and pregnancy as also the distinctions between *halal* and *haram* were based on the indigenous thought system. The items consumed as daily food have different tastes like sweet, sour, bitter, hot (chilies). These items have also effects as hot, cold, wet, dry, flatulent and phlegmatic. Based on the nature of each individual the people are also categorized as hot, cold, wet, dry, flatulent and phlegmatic. There should be a balance between the nature of people, the taste of the food and the effect of food they consume. If that balance is not maintained, it causes a disease. The only cure for such a disease is to receive the balance with the help of available food.

CONCLUSION

Health related traditional practices were still dominant in the village because people had more

faith in the herbalists as compared to the doctors in the village. The change factor observed in this field was that people took allopathic medicine as an alternative source of cure. It was found that health related beliefs and practices were very much practiced in the village. People used to rely on their traditional methods firstly at home, then the village herbalist and lastly the doctor. The negative and bad impacts of antibiotics were very much understood by the villagers therefore they even preferred to consult a homeopath instead of straightly going to the doctors. Whereas among the rich class of the village, doctors were consulted frequently but this did not qualify that they only consulted doctors. The rich class of the village used all possible means in order to solve their health issues. Sickness and disease are a universal threat to survival. Thus every society has developed its own means to cope with the problems of this threat. The pattern of treatment however may be different in every society. In the village, there were different curers to help the villagers to cure the variety of disease that occur in the village. There were several diseases commonly found in the village. These diseases however were presented and described, by the local population, in their own way. They had their own concept of the disease i.e., physical or spiritual. The precautions and symptoms were also perceived according to their own belief system and thought pattern. Just as the villagers had their own understanding of the disease, so do they had their own treatment pattern also. There were different curers in the village. Beside domestic healers there were village religious guides, different shrines and faith healers, village herbalists and a village dispenser. There were also other local specialists such as bone setter, injector and mid-wife. All of them were skilled in their respective field of treatment, and play an important role in the treatment of the villagers. There were also qualified doctors who were consulted by the villagers. Thus, there were different practitioners available to the villagers. These practitioners are village-based, folk, religious and professional practitioners. These practitioners were consulted depending upon the nature of the disease and the personal belief.

REFERENCES

- Biruté, Mary F. Galdikas
2006 Foreword, Encyclopedia of Anthropology in H. James Bix, editor. Sage Publications, Inc. California.
- Chaudhry, Abid Ghafoor, and Hafeez ur Rahman Chaudhry
2012 Development Chronicle of Pakistan: A Case of Colonial Legacy. FWU Journal of Social Sciences 6(1): 48-56.
- Chaudhry, Abid Ghafoor, and Hafeez ur Rahman Chaudhry
2012 Anthro-Medical Orientation: Reflections on Medical Anthropology and Cultural Riddle. FWU Journal of Social Sciences 6(2): 146-165.
- Chaudhry, Abid Ghafoor, and Hafeez ur Rahman Chaudhry
2012 Indigenous Model of Sustainable Development: A Case Study of Techno-Traditional Wisdom in a Punjabi Village. Journal of Gender and Social Issues 11(1): 39-60.
- Chaudhry, Abid Ghafoor, Aftab Ahmed, Haris Farooq, Altaf Ghani Bhatti, and Mahwish Zeeshan
2014 Health, Marital Status and Mode of Living: An Anthropological Study of Ageing Community in Rawalpindi. Medical Forum 25 (5): 46-50.
- Chaudhry, Abid Ghafoor, Aftab Ahmed, Mahwish Zeeshan, and Rashid Mehmood
2014 Income Status and Medical History of Older Persons in Rawalpindi: Anthropology of Ageing. . Medical Forum 25(6):13-17.
- Dube, Shyama Charan
1995 Tradition and Development. Vikas Publishing House New Delhi.
- De Silva, and Ginige Vernon Stanley
1988 Towards a Theory of Rural Development. Progressive Publishers, Lahore.
- Gaines, Atwood D.
1992a Ethnopsychiatry: The Cultural Construction of Professional and Folk Psychiatries. Suny Press.

- Gaines, Atwood D.
1992b From DSM I to III-R; Voices of Self, Mastery and the Other: A Cultural Constructivist Reading of U.S. Psychiatric Classification. *Social Science and Medicine* 35(1): 3-24.
- Gaines, Atwood D.
1992c Medical/Psychiatric Knowledge in France and the United States: Culture and Sickness in History and Biology. In Atwood D. Gaines (Ed) *Ethnopsychiatry: The Cultural Construction of Professional and Folk Psychiatries*. Albany, State University of New York Press.
- Gaines, Atwood D., and Robert A. Hahn
1985 Among the Physicians: Encounter, Exchange and Transformation. In *Physicians of Western Medicine*, Springer Publishers Netherlands.
- Gaines, Atwood D.
1979 Definitions and Diagnoses: Cultural Implications of Psychiatric Help-Seeking and Psychiatrists' Definitions of the Situation in Psychiatric Emergencies. *Culture, Medicine and Psychiatry* 3(4): 381-418.
- Gaines, Atwood D.
1982a Cultural Definitions, Behavior and the Person in American Psychiatry. In A. Marsella & G. White (Eds.) *Cultural Conceptions of Mental Health and Therapy*. Springer Publisher Netherlands.
- Gaines, Atwood D.
1982b Knowledge and Practice: Anthropological ideas and psychiatric Practice. In Noel J. Chrisman Thomas W. Maretzki (Eds.), *Clinically Applied Anthropology: Anthropologists in Health Science Settings*. Springer Netherlands.
- Hinze, Susan W.
1999 Gender and the Body of Medicine or at Least some Body Parts: (Re) Constructing the Prestige Hierarchy of Medical Specialties. *The Sociological Quarterly* 40(2):217-239.
- Kiefer, Christie W.
2007 *Doing Health Anthropology: Research Methods for Community Assessment and Change*. Springer Publishing Company. New York, USA.
- Lindenbaum, Shirley, and Margaret M. Lock
1993 *Knowledge, Power and Practice: The Anthropology of Medicine and Everyday Life (Comparative Studies of Health Systems and Medical Care)*. University of California Press.
- Wignaraja. Ponna, Akmal Hussain, Harsh Sethi, and Ganeshan Wignaraja
1991 *Participatory Development: Learning from South Asia*. United Nations University and Oxford University Press, Karachi.
- Winklelman, Michael
2009 *Culture and Health, Applying Medical Anthropology*. John Wiley and Sons San Francisco.

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