

Ethnomedical Practices Among the Karbis of Gorla Ghuli of Sonapur, Assam, with Special Reference to the Female Health Problems

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INTRODUCTION

Ethnomedicine has long been recognized as an important field of anthropological research. The study of indigenous medical features generally referred to as "ethnomedicine", "folk medicine", "popular medicine", "popular health culture", "ethnoiatry", "ethnoiatrics" and so on primarily aim at exploring the various aspects of folk taxonomy of disease, magico-religious and other therapies, indigenous preventive measures, role of the folk medicine men etc. It also includes the socio-cultural dimensions of indigenous medical features and the relationship between medical phenomena and socio-cultural settings. According to Hughes (cited in Anderson et al., 1978), ethnomedicine consists of those beliefs and practices relating to disease which are products of indigenous cultural development and are not explicitly derived from the conceptual frame work of modern medicine. There is, however, no denial of the fact that all medical systems - the ethnomedical system or the bio-medical system - are concerned with the health of the individual.

THE AREA AND THE PEOPLE

The data for the present paper has been collected from the village Gorla Ghuli situated on the eastern side of National highway 37 at a distance of 38 kms north of Guwahati city and 7 kms from Sonapur. It is a part of the village Kamarkuchi in the district of Kamrup. Gorla Ghuli lies at 24.06 N to 28 degree latitude and 28.40 E to 96 degree E longitude. The village has less than 45 households with the percentage of males and females being 52.43 and 47.57, respectively.

The village is not electrified and the villagers have no access to telephone facility. The roads leading to the village is dilapidated and there is no drainage system in the village. There is a co-educational Lower Primary School in Gorla Ghuli. Except for 8 Christian households, the remaining

majority of the Karbi villagers of Gorla Ghuli are Hindus.

The Karbis mentioned as Mikirs in the Constitution Order, Government of Assam, constitute an important ethnic group in the hill areas of the present Assam (Bordoloi et al., 1987: 52). They are one of the many Tibeto-Burman communities inhabiting Assam (Lyll, 1908:1).

It is believed that the name Karbi came from the latter half of the word *thakarkibi* meaning offerings of sacrifices made to God at the beginning of worship, marriage ceremony, harvesting of crops and the birth of a child. The word *thakarkibi* in course of time got transformed into Karbi omitting the *tha* and *ka* (Das, 1978:73). Racially, the Karbis belong to the Mongoloid group and linguistically to the Tibeto-Burman.

The majority of them inhabit the Karbi Anglong district and some pockets of the adjoining North Cachar hills, Sivasagar, Nagaon and Darrang districts of Assam. According to Charles Lyall (1908), the Karbis inhabit in greatest strength in the Karbi Anglong hills named after them, the isolated mountainous block which fills the triangle between the Brahmaputra on the north, the Dhansiri valley on the east and the Kopilli on the west.

The Karbis are divided into five clans (*kurs*) which are exogamous. The five *kurs* are Terang, Teron, Timang, Inghy and Ingti. Unlike the Hindu caste system, all the *kurs* are equal to one another. From the point of view of habitation, the Karbis are divided into four groups: Chintong, Rongkhang, Amri and Dumrali. Those who live in the plains are called Dumrali while the hill Karbis are known as Chintong, Rongkhang and Amri.

The Karbis follow a patriarchal system. The line of descent is traced through male members only. The common form of marriage is monogamy. However, cross cousin marriage is a preferential one among them. They have no bride price system. The Karbis cremate the dead. The

elaborate death ceremony is called *chomangkan*. This ceremony is an obligatory duty and must be performed by all Karbis irrespective of their social status and economic position.

Agriculture is the mainstay of the Karbis. They practise both shifting and settled cultivation. Settled cultivation is generally practised in the plain areas and shifting cultivation in the hilly areas. Karbi houses in hilly areas are built on a bamboo platform with timber posts. In the plain areas, the houses are constructed on the ground. Weaving, basketry, rearing of livestock and fishing are also practised by them. All Karbi women are expert weavers and produce most of the clothes used by the family members. Silk worm (*endi*) is reared by many families.

The Karbis believe in a number of Gods collectively known as *Arnum Atum*. These Gods are worshipped in different ways. *Arnum sansar richo* or God almighty is considered to be the creator of this universe. The Karbis have no idol shrines or temples but they believe in a form of fetish locally known as *bor*. Among the innumerable deities some are considered to be benevolent and some malevolent. A section of the Karbis have embraced Christianity. Their major festival is *Rongkher* which marks the beginning of new year.

The traditional village council of the Karbis is called *me* and is composed of all elderly male members of the village. The *me* also plays an important role in the distribution of *jhum* lands to the families of the village.

The bachelors, dormitory of the Karbis is known as *farla* or *jirkedam*. However, the institution is gradually dying due to the onslaught of rapid change and development. The ordinary dress of Karbi men is a strip of loin cloth called *rikong*. Karbi women wear a long piece of cloth covering their upper part of the body known as *pini*. The ornaments worn by them are *rup-arior* and the *nothenpi*. The staple food of Karbis is rice.

HEALTH SERVICES AVAILABLE IN GORIA GHULI

The Primary Health Center is situated at Sonapur which is about 7 kms from Gorias Ghuli. The common ailments for which the villagers of Gorias Ghuli visit the Primary Health Center are fever, stomachache, malaria, dysentery and

cough. The Primary Health Center has 3 doctors, 2 lady health visitors, 6 Auxiliary Nurse Midwives, 3 microscopists and 2 pharmacists. The staff strength of the Sub Primary Health Center consists of 1 male health worker and 2 female health workers.

Though medical facilities are not available in Gorias Ghuli village, the villagers can easily avail the medical facilities offered by the Primary Health Center and also the Sub Primary Health Center which is situated at a distance of 2 kms from the village. Again, a Malaria Research Center is situated at Sonapur. At Sonapur an Integrated Child Development Project is functioning which cater to the needs of the children belonging to villages including Gorias Ghuli.

THE KARBI CONCEPT OF HEALTH

Among the Karbis, the term used for health is *saisto/sehera*, which refers to the proper functioning of the body. It is a state of being well or a state of being free from illness.

The Karbi men believe that a healthy person is one who is able to resist illness. He must have a healthy appetite and must be able to work for long hours in the field. Some of the Karbi villagers believed that an obese person is a healthy person- *Anang asehera po mosto maja*. Others who do not agree with this interpretation affirmed that the health of a person is a condition of his mind. It has nothing to do with the external appearance of a person. Another interpretation of a healthy person is one who has a house of his own, a good income and is able to sustain his family properly.

Karbis believe that good health is the outcome of a pious life and illness is the punishment meted out by spirits. In addition, the Karbis also believe that their sufferings have genesis in the deeds of their past birth. In the present birth they have to undergo all sufferings and illnesses in order to balance out the positive and the negative effects of their deeds. This ideology is akin to the Hindu ideology of *Karma*, however the Karbis majority of whom are Hindus to the best of my knowledge never used the term *Karma*. However, they uphold the *Karma* theory.

Traditionally, a Karbi woman is considered to be healthy when she is able to give birth to children up to the age of forty-five. Apparently Karbi women seem to possess good health and are very

hardworking and laborious. Their criteria of good health are that a woman should be able to carry out agricultural activities including transplantation of paddy. She should be able to take proper care of her husband and children and must be able to work for long hours in the loom.

Both Karbi men and women in the village believe that a healthy person is one who looks normal and is free from bodily disorders and disturbances. In their view, the state of being 'normal' denotes a person who does not have any physical deformity and is mentally sound. It must, however, be mentioned that occasional headache, insect bite, body pains are not taken seriously by the Karbis. In other words, even if a person is suffering from such ailments he is treated as a healthy person, which implies that a distinction is made between serious ailments and those, which are not.

CAUSES OF DISEASES

Among the Karbis, for all kinds of diseases the term *bemar* and *kiso kila* is used. Illness is believed to be caused either by the physical environment or by the supernatural forces like influence of evil spirit, wrath of God, black magic, evil eye, breach of taboo etc. Karbis dichotomize the world of illness into natural and supernatural. According to them, when there is a disturbance in the intricate relationship between a man and the natural and supernatural forces, he becomes susceptible to illness and disease. The first thing to restore this is by rituals. The most frequent diseases caused by natural forces are cough, fever, malaria, diarrhoea, vomiting and skin diseases. Again, severe headache, shivering and all kinds of mental illnesses are believed to be caused by the wrath of particular spirits. Different causes are found to be responsible for different diseases. Based on the intensity of ailment, the villagers have their own classification.

Dietary habits play a significant role in creating humoral imbalances. The intake of pork, mutton, and jackfruit is less, as they believe that such items generate heat within the body. Milk and rice beer (*hor*) are regarded as 'hot' and cucumber, water-melon as 'cold'

FOLK MEDICINE MEN AND WOMEN

The Karbis of Goria Ghuli have a number of

specialists or healers who are not alike. The Karbi ethnomedical specialists can be grouped into four different categories. (Table 1).

Table 1: Number of folk medicine men and women in Goria Ghuli

Category	Sex	Specialisation	No.
Bez	M	Healer, herbalist, priest and sorcerer	1
Uche	M	Socio-religious specialist who treats chicken pox	1
Kobiraj	M	Herbal specialist who deals with all types of illness	1
	M	Herbal specialist who deals with dental cavities	1
Ethnogy-nacologists	F	Herbal specialist and a midwife who treats gynecological problems	3

Bez or Ojha

A *Bez* or *Ojha* is typically a male job. Females are not allowed to take up this role. The function of a *Bez* is manifold. He performs the role of a healer, priest, herbalist and a sorcerer. A *Bez* is usually a benevolent specialist who can treat various types of illnesses like fever, intrusion of evil spirits, dysentery and jaundice. Sometimes a *Bez* can also take up the role of a sorcerer or a black magician by mastering the spells, charms and technique. The position of a *Bez* is either hereditary or can be learned from others. In Goria Ghuli, a person from any clan can become a *Bez*. Though he is a full time specialist, a *Bez* in his spare time can take up cultivation and collection of roots and herbs for treatment. As the profit motive of such a specialist is negligible, he has to supplement his earning by agriculture or fishing.

Three interesting modes of procedure are adopted by a *Bez* for the diagnosis of a disease. In the first procedure, he picks some grains of rice (around 10 to 15) and scatters them on the ground. On the basis of the direction in which the grains fall, he predicts the cause of the ailment. Sometimes after scattering the grains of rice he counts them in couples. If odd numbers predominate, it is considered as a good omen. This is known as *sang kebang abang* in Mikir dialect and *mangala sua* in Assamese. The latter term is more frequently used in the village.

Another procedure commonly used by the *Bez* consists of the courie (*chobai*) shells. About a

handful of couries are thrown on the ground to find the etiology of illness. Couries with open shells are counted. If they are in majority, then it is considered a good omen.

The third mode is to feel the pulse of the patient (like a doctor) and observe the eruptions on the body.

The paraphernalia of the *Bez* include the following:

1. Grains of rice
2. Couries
3. Mustard seeds
4. Basil leaves and fern leaves (*dhekia*) tied at one end (for wafting)
5. Amulets
6. Herbs
7. Threads of different colours like red and green to make a *jap* considered to be lucky by the villagers. A *jap* is generally worn round the arm.
8. Flowers.
9. Straw (*dhanor kher*)
10. *Akhoi* (A kind of flattened rice)

Usually the things offered by the family members of a patient to the *Bez* consist of the following:

1. A pair of betal nuts and betal leaves
2. A traditional towel (*gamosa*)
3. Money (depending upon the economic standing of the family)
4. Rice beer (*hor*)

Uche

Uche is a socio religious specialist who acts as a medium between the super human forces and the villagers. All the villagers respect him for his benevolent functions. An *uche* is concerned with the treatment of chicken pox (*Ai bhogoboti alado*). He also plays an important role in the performance of rituals.

It is generally believed that when *Bhogoboti Ai* enters into the body of an individual he is affected by chicken pox. As *Bhogoboti Ai* is symbolised by white all the offerings made to the Goddess are always white in colour like milk, banana, rice grains and white flowers. As a rule, the *Uche* also dresses in white

The ingredients used by an *Uche* to perform a ritual consists of the following:

1. A pair of betal nuts and betal leaf

2. An earthen lamp
3. White flowers
4. Basil leaves and water
5. A small copper pot

An *Uche* is not a full time specialist. The profit motive of such a specialist is negligible and he accepts whatever the people offer him.

Kobiraj

The meaning of *Kobiraji* is herbal medicine and the person who specializes in it is known as a *Kobiraj*. This category of medicine men do not enchant mantras though they believe in the magical action of the herbs. Such herbalists are often trained within the family or they learn the skill from others. The mode adopted by a *Kobiraj* in the diagnosis of an illness includes the pulse beats by touch to feel the body temperature and by observing the colour of the patient. The knowledge of a *Kobiraj* is kept in secret. Usually knowledge about the herbs is passed on from the father to son.

Kobiraj is not a full time specialist. A herbalist or a *Kobiraj* has a proper knowledge of his surroundings. He identifies the herb from the smell, colour and size. To prepare the medicine the herbs are either crushed, mixed, powdered or boiled.

THE ROLE OF THE ETHNOGYNAECOLOGISTS

The village has two categories of midwives the traditional midwife and the government trained midwife. The traditional midwife is also a herbalist who prescribes various herbs for gynaecological problems. Since they are all well versed and trained within their culture and use indigenous systems of treatment, this category of midwife is designated as the 'ethnogynaecologist'. The other category is referred to as 'nurse'.

These ethnogynaecologists who receive some informal training in midwifery are highly respected in the village. They claim to be knowledgeable about hygiene and health care and the medicine to be followed before, during and after pregnancy. Knowledge about midwifery is generally transmitted through female generations. The ethnogynaecologists use traditional tools and locally available technology. The villagers make a distinction between an

ethnogynaego-logists and a trained midwife or a 'nurse'. They seem to be more favourable towards the ethnogynaegologists.

There are 3 ethnogynaegologists in Goria Ghuli. The villagers approach any one of the them available at the time of delivery. One or more persons usually assists the ethnogynaegologists. These attendants are most frequently the elderly female members of the women and the neighbours. In complicated cases the ethnogynaegologists advise the family members to consult the nurse. In case the nurse is unable to help she forwards the patient to the Primary Health Center or Guwahati Medical College.

FEMALE HEALTH PROBLEMS

As it is evident that the health problems of women vary with age, in this segment we present a classification of women based on their age and than discuss their health problems. All types of ailments apart from the gynecological problems are discussed here.

1. In the first category of 6-12 years (pre-pubertal girls) the common ailments are stomach ache, dysentery, cough, fever and headache.
2. In the next category of age group 12-19 years (pubertal girls) the common ailments are menstrual pain, stomach ache, malaria, asthma, constipation, jaundice, skin boils and acne.
3. The third category includes newly delivered mothers in the age group of 19-25 years. The most common ailments of this group are anemia, followed by nausea, fever, cough, malaria, asthma, jaundice, skin diseases, eye problems, cough and fever.
4. The fourth category comprises of married women in the age group of 25-45 years. The incidence of skin boils and gastric ailments are very common in this group followed by anemia, dental cavities, malaria, asthma, fever, dysentery and jaundice. Dental cavities is generally caused by betal nut chewing which is very common among the villagers and the frequency of chewing betal nut increases with an increase in age.

5. The fifth category comprises of women in the age group of 45-60 years. Apart from menopause related problems which are very common in this age group, the other ailments include rheumatism, dental cavities, cough, dysentery, malaria and jaundice. Malaria is widespread in the whole area of fieldwork since it is a low lying and flood affected area.
6. The last category comprises of women above the age of sixty. The common ailments in this category are rheumatism, dental cavities, cough, dysentery and fever.

For the treatment of ailments like fever, malaria, jaundice, etc., the Karbi women of the village visit the Primary Health Center. For other ailments like dysentery, rheumatism, dental cavities, skin boils they take recourse to herbal medicine prescribed by the *bez* or the *kobiraj* and for ailments like cough and acne they depend on folk remedies.

GYNAECOLOGICAL PROBLEMS

It should be noted here that the gynecological problems interpreted by the informants may not be a gynecological problem according to the bio-medical system (Table 2).

Majority of the Karbi women of the village perceived a lack of understanding as to what constituted a gynecological problem. Many women perceive gynecological problem as a normal aspect of womanhood. In the village, the specialists(ethnogynecologists) dealing with

Table 2: Local terms and symptoms of gynecological problems

S. No.	Local terms	Symptoms
1.	<i>Khorai</i>	Pain and burning sensation while urinating
2.	<i>Boga Sap</i> (white discharge)	A liquid discharge from the vagina
3.	No local term	Cramps during menstruation
4.	No local term	Excessive bleeding during menstruation
5.	No local term	Irregular periods
6.	No local term	Absence of menstruation
7.	<i>Akrang</i>	Dryness in the vagina
8.	<i>Nari lora</i>	Pain in the lower abdomen
9.	<i>Nari bagora</i>	Prolepse of the uterus
10.	<i>Abang ki unhona orah</i>	Menopause
11.	<i>Oso ki honhe</i>	Inability to conceive

gynecological problems are all women. Not a single male specialist ever conducted a gynecological examination. This is because women's domain is clearly bounded and is well guarded by women. Men are not allowed. By and large, the common reason given by the Karbi women for not visiting the Primary Health Center is the shyness of undergoing a medical examination.

However the female health workers are trying their best to overcome the shyness of the Karbi women and to educate them on the basic concepts of cleanliness, proper diet and hygiene by organizing camps in the village.

For the treatment of the gynecological problems, folk remedy is the first option of cure. Otherwise the Karbi women visit the ethnogynecologists and follow the line of treatment in the form of herbal medicine prescribed by them. Rarely they visit the Primary Health Center.

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ABSTRACT The beliefs and practices concerning diseases, their treatment and perceptions of health vary from group to group depending on the nature of culture. The need for undertaking specific studies dealing with tribal health, disease, medicine and treatment cannot be over-emphasized. The tribals occupy a distinctive position in India due to various socio-political, cultural, historical and demographic factors. In today's context, it has become imperative to explore the socio-cultural dimensions of tribal health, to understand the efficacy of their treatment, disease causation, religious performances connected with the treatment of diseases and so on. Moreover, the health status of tribal women is an area which has so far not received adequate attention. Though studies dealing with tribal health, disease, medicine and treatment have been undertaken by a number of scholars, yet information on the health problems of women continues to be scanty. The present paper envisages to describe the native concepts of health and illness among the Karbis of Gorla Ghuli of Sonapur area, in the district of Kamrup, Assam. An attempt is being made to describe the medical beliefs and practices prevalent among the Karbis particularly those concerning female health problems.

REFERENCES

- Bordoloi, B.N. : *Chomangkan*. Tribal Research Institute, Guwahati (1982).
- Bordoloi, B.N., Sharma Thakur, G.C. and Saikia, M.C.: *Tribes of Assam (Part 1)*. Tribal Research Institute, Guwahati (1987).
- Charles, L.: *The Mikirs (From the papers of late Edward Stack)*. United Publishers, Guwahati (1908)
- Das, S.T.: *The People of the Eastern Himalayas*. Sagar Publications, New Delhi (1978).
- Foster, G.M. and Anderson, B.G.: *Medical Anthropology*. John Wiley and Sons, New York (1978).