

UNDERSTANDING HEALTH CARE PRACTICE AND ETHNO-MEDICINE: AN APPRAISAL OF THEORETICAL PERSPECTIVE

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Abstract

The paper on “understanding health care practice and Ethno-medicine: An appraisal of theoretical Perspective” is a theoretical understanding. It starts with a basic understanding of Ethnomedicine and its brief theoretical and methodological understanding. The historical existence of Ethnomedicine and its relevance today has also been discussed here. Further this chapter has defined various perspectives which deal with healthcare practices such as a) functional perspective b) conflict perspective c) symbolic interaction perspectives. If we elaborate their perspectives we would find that as per the functional perspective, health is interlinked with the society and biological organism. This approach has established the fact that only a healthy society could bring a stable and prosperous civilization. On the other hand the conflict perspectives are based on the Marxist interpretation of health and society. They reflect upon the power structure that exists among the ‘haves’ and ‘have nots’ in terms of the privilege of health accessibility, availability, and affordability in health ecology. The symbolic interactionist perspectives deal with the interaction between the physician and the patients and reflect on its symbolic gesture. This perspective deals with how health, health care and illness of individuals are influenced by meanings and how such meanings are learned through the interaction with others.

Key words: Ethno-medicine, Marxist, conflict, interaction perspectives

Introduction

This paper dealing with the contrasting theoretical perspectives on the existing health practices in society. It will elaborate upon various perspectives such as functional perspective, conflict perspective, and the symbolic interaction perspective. As per the functional perspectives, health is interlinked with the society and biological organism. Further, this perspective has elaborated upon the interdependent and interconnected relationship between the individual and the society as a whole. This approach has brought forth the fact that only a stable society or a healthy society could bring a prosperous civilization. We can link the illnesses of health with societal impact. The second perspective, that is, the conflict perspective is based on the Marxian structure of health and society. It focuses on the economic assumptions of class structure. According to this perspective, the rich people will have better access to the health infrastructure and the poor will have access to underserved infrastructure. The society has structured in such a way that the existence of power relations between the ‘haves’ and ‘have nots’ determines the accessibility, availability, and affordability of health structure/health ecology. Further, this perspective links the ecological and developmental perspectives or the policy impact on society. The symbolic interaction perspective was drawn from Mead and Bulmer’s symbolic interactionism. It focuses on the interaction between the physician and the patients and thereby reflecting the symbolic gesture on it. The symbolic interactionism talks about the situational or contextual aspects of health. The symbolic interactionism deal with how

health, health care and illness of individuals are influenced by meanings and how such meanings are learned through interaction with others. This perspective reflects the behavioral construction of reality.

The review of literature on the ecology, health, and development has broadly divided into four aspects; a) cultural approach b) ecological approach c) structural approach d) integrated approach. The cultural approach primarily deals with the component of human behavior, environment, and lifestyle and health institution. It has viewed culture as an important component of a healthy society. Secondly, the ecological approach is based on the contributions of the ecosystem, that is, the contribution of plants and animals which have its bearing on the development of fundamental aspects of a community structure. It has been observed that the natural environment is the most essential component in the development perspectives. Thirdly, the structural approach reflects the societal existence of health and its impact on the community. Further, it talks about how distance matters in the accessibility of health infrastructure. Fourthly, the integrated approach combines culture, ecology, and health. It is based on the interrelationships between culture and biology, environment and diseases. On the whole, it examines whether diseases are caused by genetic or non-genetic factors. Its interlinkages with the biological factors lead to the development model of health. There are various studies as well which have been analyzed and referred for the current research.

ETHNOMEDICINE: A HISTORICAL BACKGROUND

The concept of health, illness, and disease vary across cultures. The concept of health and the perceptions about health, disease, etiology and the treatment of illness, were evolved around the cultural practices in traditional societies. Social Anthropologists, as well as others, have studied how beliefs, ideas, values, customs, and practices are directly related to the phenomena of health and disease¹.

Ethnomedicine is a branch of medicine concerned with the study of traditional medical practices which is associated with the cultural interpretation of health, diseases, and illness. It also deals with the health care-seeking behavior and healing practices². The system of ethnomedicine is complex and multi-disciplinary in nature constituting the use of plants, spirituality, and the natural environment. It has been the source of healing for people for millennia³.

However, the components of ethnomedicine have long been neglected by many biomedical practitioners for various reasons such as not having a well-defined chemical composition, dosages, and toxicity of the plants used in ethnomedicine, etc.. At the same time, it is interesting to note that the ethnomedicinal uses of plants are one of the most successful criteria employed by the pharmaceutical industry in finding new therapeutic agents for the various fields of biomedicine⁴. Apart from that, some of the outstanding medicinal drugs have been developed from the ethnomedicinal uses of plants. Today about 80% of the world's population rely predominantly on plants and plant extracts for healthcare⁵. The spiritual dimension of health and sickness is deemed to be integral to the practice of ethnomedicinal for centuries. But this aspect is ignored by the biomedicine practitioners owing to the difficulties involved in its scientific validation. The ethnic medical system has two universal categories of disease etiology – the natural and the unnatural (supernatural) causes. Natural illness is explained through the natural forces or conditions

¹ <https://www.ukessays.com/dissertation/examples/health/india.php>

² Krippner S(2003)Models of Ethnomedicinal Healing. Paper Presented at the Ethnomedicine Conferences, Munich, Germany. April 26-27 and October 11–12.

³ Lowe H, Payne-Jackson A, Beckstrom-Sternberg SM, and Duke JA(2000).Jamaica's Ethnomedicine: It's potential in the healthcare system. Canoe Press, University of the West Indies, Kingston, Jamaica.170.

⁴ Cox PA, Balick M. The ethnobotanical approach to drug discovery. SciAm 1994; 270:82–7

⁵ Setzer MC, Werka JS, Irvine AK, Jackes BR, Setzer WN. Biological activity of rainforest plant extracts from far north Queensland, Australia. In: Williams LAD ed. Biologically Active Natural Products for the 21st Century. Research Signpost, Trivandrum-695 023, Kerala,India 2006, 21–46

such as cold, heat or by an imbalance in the basic body elements⁶. Un-natural illnesses are caused mainly due to two types of supernatural forces; occult causes which are the result of evil spirits or human agents using sorcery and spiritual causes which are the results of penalties incurred for sins, breaking taboos or caused by God⁷. And today, the ethnomedical practices and beliefs have gained acceptance from people across the world irrespective of their class, ethnicity, religious beliefs, etc. As per the data released by the World Health Organization (WHO), Ethnomedicine has maintained its popularity in all regions of the developing world and its use is rapidly expanding in the industrialized countries.⁸

THEORY AND PRACTICE OF ETHNOMEDICINE

This section deals with the theoretical perspectives on the study of existing health practices in society. The theoretical understanding available in sociological writings makes it easy to understand the existence of multi-dimensional or plurality of health system and health care even in the changing contexts. It has become highly popular with different names such as 'sociology of health' 'medical sociology' or 'sociology of medicine'⁹. In general, we believe that sociology of health only deals with medical physicians or doctors. Most of the sociologists have interpreted medicine in such a way that it encompasses everything that is related to health and illness and therefore the phrase 'sociology of medicine' implies a particular relation with the medical profession. Hence the contribution of sociology will add to the whole range of knowledge, belief system illness and institutions which are linked with health and thereby associated with the whole range of workers, professionals, semi-professionals, Para-professionals, traditional health practitioner, unpaid workers, and others who are involved in the health industry, including the patients in that industry'(Stacey and humans 1978)¹⁰.

With the emergence of high specialization in modern academia, the social contexts of health were taken up by social sciences. Social explanation of health and disease increasingly became the task of social sciences since the holistic forms of medicine were gradually replaced by biomedicine. The sociology of health and medicine (SOHM) was made possible by the monoculture of biomedicine as more broad-based cosmologies of well-being and health¹¹.

The sociology of health deals with areas such as traditional, indigenous, urban, folk, and ethnic; medical pluralism; health system and sub-system; doctor-patient relations; nursing staff and the medical profession; health behavior, culture, beliefs and practice; and disease, treatment, and illness patterns. The phase was dominated by the structural – functionalist, the integrationist, and behaviorists in terms of theoretical perspectives and approaches.

Health has emerged a dominant factor to improve both the quantity and the quality of the life of people¹². The term health refers to more than merely the absence of illness and that poor health is viewed as the result of social, cultural and economic factors¹³. The sociological perspectives help to understand health with the different approaches such as epidemiological, psychological, public health etc..Also, there are certainly established perspectives embedded in sociology. The Marxist approach talks about health rather than diseases. It emphasizes the causal role of economics in production and distribution of diseases¹⁴. It emphasizes medical knowledge pertaining to class structure. The Parsonian sociology has focused on the functional approach. It deals with

⁶ Foster G. Disease etiologies in non-western medical systems. *American Anthropologist* 1976; 78:773–82.

⁷ Williams LAD, ethnomedicine, *West Indian Med J* 2006; 55 (4): 215

⁸ World Health Organization. Traditional Medicine, 2003, Fact sheet No 134. <http://www.who.int/mediacentre/factsheets/fs134/en/>

⁹ http://shodhganga.inflibnet.ac.in/bitstream/10603/109832/9/09_chapter%201.pdf

¹⁰ Stacey and humans (1978), the sociology of health and illness: its present state, future prospects and potential for health research, sage journals

¹¹ Sujatha V(2014), sociology of health and medicine; New Perspective, Oxford University Press, New Delhi

¹² <http://docslide.us/documents/rethinking-health-promotion.html>

¹³ <http://link.library.deakin.edu.au/portal/Rethinking-health-promotion--a-globalapproach/>

¹⁴ http://www.sagepub.com/upm-data/9405_009114ch1.pdf

the role of medicine in maintaining social harmony by pointing to the non- market basis of professional groups. Parson's work has highlighted the non-economic sphere of society and give an account of the sick role as a social role that is shaped by the social strains of modern society.

Gerhardt (1989) classified the contents of the sociology of health and illness into four theoretical paradigms: structural-functional, symbolic interactionism, phenomenology and conflict theory. Turner (2006) has propounded two approaches to study the sociology of health, one is the individual level which has constructed through the individual perception and the other is the societal level which treats health and illness as the results of societal context. Clarke (1981) has given three perspectives to study the sociology of health; i) positivists ii) naturalists iii) activists. The positivist perspective talks about casual laws. The naturalist aims empathetically to interpret the meaning of the situation and the activist aims to diagnose societies' ills and propose solutions. Foucault (1973) attempted to look at medical knowledge as a product of a specific historical period. He regarded modern medicine as a manifestation of an administered society in which the centralization of information about citizens become essential for social planning. Further, Foucault emphasized the social role of medical knowledge in controlling population like the Parson's emphasis on the disseminate nature of power relationships in modern society. Moreover, as Parson's, he viewed the professions, staff playing a key role in inducing individuals to comply with 'normal' social roles. According to Foucault, the modern societies are systems of organized surveillance where the individuals themselves conduct the surveillance on themselves, by internalizing 'professional' models of appropriate behavior (White, 2002)¹⁵.

The Functional Perspective

The Functional approach views health and illness as the reflection of the level of social normality rather than the physical normality characterizing an individual (Parsons, 1972). This theoretical approach is based on the interlinkages between society and organism. It is not just the body consists of different parts but they are interconnected and interdependent too¹⁶. Therefore, functionalism is less concerned with the individual actions and his or her aims, beliefs and consciousness, rather how these actions and beliefs, etc. function to maintain the system as a whole (Barry and Yuill, 2002)¹⁷.

According to the functionalist approach, if society has to function as a stable system, it has to be healthy and society should also to contribute to its stability. Consequently, sickness is viewed as a form of deviant behavior that must be controlled by society. This view was initially put forward Parsons (1951) through his concept of the sick role. The sick role is a shared set of cultural norms¹⁸ that legitimates the deviant behavior caused by the illness and thereby channels the individual into the health care system¹⁹. Tischler (2001) mentioned the three components of Parsons notion of sick role: a) the sick person is excused from normal social roles/responsibilities except to the extent that he or she is supposed to do whatever is necessary to set well b) the sick person must recognize that being ill is undesirable and must want to recover. c) the sick person is obligated to seek medical care and cooperate with the advice of the designated experts, notably the physicians. In this sense, although sick people are not blamed for their illnesses, they must work towards regaining their health²⁰. The concept of sick role is used to analyze sickness as a social role, not merely as a biological entity and physical experience. Taking these characteristics into consideration, Parsons believed that illness is dysfunctional for both individuals and the larger society (Kendall, 2011; Tischler, 2011). Further, those people taking on the sick role do so only if they agree to comply with the regime given by the medical practitioner and if they are committed to getting well as soon as possible (Cockerham, 2010; Cockerham, 2007; Barry and Yuill, 2002).

¹⁵ White, Kevin(2002) an introduction to the sociology of health and illness, sage publication ltd,

¹⁶ Thomash K R (2016), "Sickness and in health disease and disability in contemporary America", Springer, New York

¹⁷ Barry & Yuill (2002), "understanding health: a sociological introduction", Sage

¹⁸ Mark Kiby(2000), "sociology in perspective", Heinemann Educational Publisher, Oxford

¹⁹ Tischler L H(2014), "introduction to sociology", Wadsworth Cengage Learning, USA

²⁰ Tischler L H(2001), "introduction to sociology", Wadsworth Cengage Learning, USA

The functionalist perspective is a consensual approach to understand society. It also assumes that the latent or hidden functions of everyday activities have significance for maintaining the system as a whole²¹. According to Parsons, it is important for society to maintain social control over the people who enter into the sick role.

Cockerham (2007) opined that Durkheim has also influenced the study of health professions by marking the transition from mechanical to organic social solidarity with its emphasis on specialization in the modern division of labor. The boldness in Durkheim's work is his insistence that social forces (social facts) external to the individuals- have direct control upon their behavior and can affect their health.

The Conflict Perspective

The conflict perspective is based on the Marxist theory which takes us back to the concern of structure of society suggesting that it is the economic structure of any society that determines the social relations contained within that structure. It is the distribution of the ownership of the means of production that gives rise to specific patterns of class relations which crucially, in all societies are characterized by inequalities of power²². Marxists argue that social change is the product of changes in economic relationships²³. Marxism explains social phenomena as primarily determined by the economic structure of society (Choudhary, 2006). Conflict theory, with its roots in the work of Karl Marx, is based on the assumption that society is composed of various groups struggling for advantage. Inequality is a basic feature of social life and conflict is the major cause of social change²⁴.

Conflict theory which is different from the functionalist approach emphasizes on the social, economic and political forces that affect health disease and the health care delivery system of people in the society. The major issues of concern to the conflict theorists are the ability of all people to obtain health care, how race, class and gender inequalities affect health and health care: power relationships between doctors and other health care workers and the dominance of the medical model of health care: and the role of profit in the health care system²⁵ (Kendall, 2011:64). The sociologists who subscribe to the conflict approach are concerned with the relationship between health, illness and social organization within a society and how their meanings and definitions are influenced by the economic activity. There are various entities in the field of health and medicine that are providing health care services. The focus of conflict theorist in health is on the struggle or conflict between these various entities such as medical profession drug companies, insurance companies, business communities and others (Darulius and Kaminskas, 2007)²⁶. Marx's perspective in conflict theory is seen in the rejection of the view expressed by structural functionalism that society is held together by shared norms and values²⁷.

Marxist tradition in the sociology of medicine specifically attempts to link diseases to structural economic and political developments²⁸. Conflict theory claims that true consensus does not exist, rather society's norms and values are those of the dominant elite's and they impose them on the less privileged to maintain their advantaged position. However, Max and Weber add that social inequality is not merely based on the unequal distribution of money, property, and relationships to the means of production but also on the status and political influence. Since all social systems contain such inequality, conflict inevitably arises

²¹ Barry & Yuill (2002), "understanding health: a sociological introduction", chapter -I 'The sociology of health and illness' pp.11, Sage publication

²² <http://www.drugswell.com/winow/+winowUnderstanding%20Health/33747583-Understanding-Health.htm>

²³ Barry & Yuill (2002), "understanding health: a sociological introduction", Sage pp.13

²⁴ Cockerham, William C(2016), the new Blackwell companion to medical sociology, Blackwell Publishing Ltd, UK pp.9

²⁵ <http://www.scribd.com/doc/15789935/14-Health-Health-Care-And-Disability>

²⁶ Darulius Z, Kaminskas R(2007) Peculiarities of medical sociology: Application of social theories in analyzing Health and Medicine. Kunas University of Medicine, Lithuania. pp 112-114

²⁷ http://media.wiley.com/product_data/excerpt/85/14051886/1405188685.pdf

²⁸ white K (2017) an introduction to the sociology of health and illness, Sage, UK

and this conflict, in turn, is responsible for social change²⁹. The major focus of conflict theory in medical sociology is on the role of competing interests in health care delivery and policy, other interests concern the sources of illness and disability in work environments, working-class health differences in healthy lifestyles and capitalist ideologies in the physician-patient relationship³⁰.

According to the Marxist approach, the function of medicine is the maintenance of the capitalist system. The medical profession controls labor through its control of the sick certificate. While the theories of disease it develops and enforces individualize the causes of disease and ignore social factors thus performing an ideological function in stabilizing the status quo. Medical knowledge and technology do not have a separate existence from capitalist³¹ (White 2006). Marxists viewed disease and treatment as the outcomes of the capitalist economic system. The key test is found in the Marxist tradition³². Engels regarded disease as the direct outcome of the capitalist's pursuit for profit at the expense of safety; safety not in terms of industrial production but in terms of housing conditions and food quality. In the Marxist perspective, medicine plays both an economic and an ideological role in contemporary society, which can be summarized as follows³³:

"Medicine is the object-centered rather than person-centered treatment of the human beings as things, Disease is seen as a condition to be treated by chemical or electronic intervention to restore balance in the body rather than the outcome of the social relationships. Health is defined as fitness to carry out social role particularly the ability to sell labor and Medicine focuses on the individual and the individualistic conception of lifestyles".

The Symbolic Interaction Perspective

The symbolic interaction perspective is the first major theoretical perspective in medical sociology that challenged Parson's structural-functionalist theory. This perspective is largely based on the work of Mead and Herbert Blumer. The Symbolic interaction perspective maintains that the social reality is constructed at the micro level through the interactions of individuals with one another on the basis of shared symbolic meanings³⁴. Human beings possess the capacity to think and define situations and construct their behavior on the basis of their definitions and interpretation (Cockerham, 2010). Further, the Symbolic interaction perspective focuses on how health, health care, and illness of individuals are influenced by meanings, definitions and labels and how such meanings are learned through interaction with others and through media messages and portrayals (Knox, 2008:37)³⁵. According to Patrick Mc Neill (1990). Symbolic interactionists believe that individuals actively construct understandings of themselves using the evidence that comes from their interactions with others and some of these interactions may lead them to understand themselves as healthy. But, according to the biomedical and social positivist researchers, interactions tend to focus on the more subjective aspects of health.

Symbolic interaction perspective is concerned with how people see and understand the social world.³⁶ The symbolic interactionists believe that man can create and develop new symbolic environments and communities that nurture the sick, develop their skill and motivate their increased participation in the social scene. Symbolic interactionist's perspective on health and health care provides us with new insights on the social construction of illness and how health and illness cannot be strictly

²⁹ http://media.wiley.com/product_data/excerpt/85/14051886/1405188685.pdf

³⁰ Cockerham, William C(2016), the new Blackwell companion to medical sociology, Blackwell Publishing Ltd, UK pp.10

³¹ "Marxist Approaches to the Sociology of Health", Current Sociology, 09/01/1991

³² Engels, F (1974)the Condition of Working Class in England, Oxford University Press, New York.

³³ White K (2017) an introduction to the sociology of health and illness, sage, UK

³⁴ http://media.wiley.com/product_data/excerpt/85/14051886/1405188685.pdf

³⁵ Knox D,Mooney A L,Schacht C (2015),understanding social problems, Cengage learning,UK

³⁶ http://ddceutkal.org/Syllabus/MA_SOCIOLOGY/Paper-11.pdf

determined by medical criteria³⁷. They are of the opinion that we socially construct health and illness and how both should be treated. For example, some people explain disease by blaming it on those who are ill. If we attribute cancer to the acts of the affected person we can assume that we will be immune to that disease if we do not engage in the same behavior. Non-smokers who learn that a lung cancer victim had a two-pack-a-day habit feel comforted that they are unlikely to suffer the same fate. Similarly, victims of AIDS are often blamed for promiscuous sexual conduct or intravenous drug use regardless of how they contracted HIV. In this case, the social definition of the illness leads to the stigmatization of individuals who suffer from the disease. Although biological characteristics provide the objective criteria for determining medical conditions such as heart disease, tuberculosis or cancer, there is also a subjective component as to how illness is defined. This subjective component is very important when we look at the conditions such as childhood hyperactivity, mental illness, alcoholism, drug abuse, cigarette smoking and overeating all of which have been medicalized (Kendal 2011; Mechanic,1978). The significance of this approach can be seen in relation to understanding health behavior that appears to be irrational. Graham (1993) examined the patterns of cigarette smoking among mothers who belong to low-income households. His study revealed that there were relatively high levels of spending on cigarettes in low-income households. What can be observed or assumed from this is that this behavior might very well indicate a degree of irrationality that contradicts the dominant health messages about the dangers of smoking and diverts limited financial resources away from the family? Graham, however, favors a theoretical approach dependent upon the symbolic interactions tradition of interpreting human behavior in the context of people's own beliefs and meanings.

According to Cockerham and Ritchey, symbolic interaction has had a great influence on studies of mental patients and provides the foundation for labeling theory, a major approach to explaining deviant behavior. Cockerham (2001) put forth the labeling theory as the closest equivalent of symbolic interactions. According to this theory, sickness may be a biological state but illness is created and formed by human perceptions. The treatment of a deviant depends upon the label attached to the health of the deviant by the members of the society. However, the labeling theory could neither explain the cause of deviance nor could it explain whether the deviants themselves share any common characteristics that could account for their deviance.

Goffman (1963) examined the notion of spoiled identity. He identified three main forms of stigma: (1) abominations of the body in the form of physical deformities; (2) blemishes of character in the form of socially deviant behavior; and (3) groups with minority status in society (Cockerham and Ritchey 1997). A variant of symbolic interactionism, Goffman's labeling theory posits that the impact of labeling a person as ill or deviant means that others will respond to him or her in accordance with that label which will be very difficult to shed. At the same time, the Labelling theory and Goffman's conceptualization of various illnesses from leprosy to epilepsy and how stigma changes over time can vary significantly across cultures (Raphael Bryant and Rioux, 2006).

Finally, it can be said that the symbolic integrationists made us aware of the importance of communication between physicians and patients. However, all these approaches have been criticized for overstressing the micro-level issues without giving adequate attention to the macro-level issues such as the effects on health care through managed care, health maintenance organizations, and for-profit hospital chains. The principal function of health could be understood through the Global, National, and Local Perspectives.

The Traditional Health Care System

In developing countries like India, traditional health systems are grounded in long-standing culture and spiritual values. The traditional health knowledge extends to an appreciation of both the material and nonmaterial properties of plants, animals, and

³⁷ <http://www.scribd.com/doc/15789935/14-Health-Health-Care-And-Disability>

minerals. The traditional health systems are needed to enhance health and well being. The traditional health system takes into account mental, social, spirituals, physical and ecological factors, and such a health system is found in many societies. It balances between mind and body, between different dimensions of individual bodily functions and needs, between individual and community, individual /community and environment, and individual and universe³⁸.

Healing practices in ethnomedicine address both supernatural and empirical theories of disease causation. Ackerknecht has said that the primitive medicine is "magic medicine" (1942)³⁹ certainly much of it, and so far as supernatural causes are involved, therapeutic regimes will be based on countervailing supernatural power or events. Thus, the powerful shaman or healer attempts to recover the soul lost or stolen by human or supernatural agents. The intrusion of disease object or disease-causing spirit is treated by extraction or exorcism, and disease which comes as a punishment for breach of taboo is usually treated by divination or confession of the infraction. Forgiveness and reestablishment of harmony with the moral and supernatural order are thus important outcomes of the therapy⁴⁰. In folk medicine, however, there is more emphasis on treatment than on magical or religious utilization even though the latter may be psycho-socially effective in supporting the emotion. (Ackerknecht 1942)⁴¹.

In addition to freshening and numerous other types of surgery, bone setting, massage, bloodletting, dry cupping, bathing, immunization are also found. Most of the modern health system medicine was adopted or derived from the knowledge production and experience of the indigenous knowledge system. The folk medicine or preventive medicine is a product of cultural practices by traditional people which were used for various purposes. Its functional purpose is primarily for health benefits. Thus, notably, the hygienic purpose is served by many religious and magical practices such as prevention of building house on a land in which a death has occurred, theories of contagious "bad body humor" which necessitates daily bathing, distinctions of "hot" and "cold" food and water which require boiling or cooking and the like could influence these objects for evil consequences.

Other cultural practices relevant to health have a more general ecological basis. This may include customs regarding cosmetics and clothing, house styles and settlement patterns. Changing economic incentives and circumstances that disrupt the adaptation of cultural activity to its environment frequently create health hazards. The study of folk medicine has important theoretical implications for the persistent questions regarding the "magical" versus "scientific" orientation among the non-western people⁴².

Erasmus (1952)⁴³ has used the data from South American Indian population to contend that the inductive epistemological framework of folk medicine is essentially similar in structure to that of modern scientific medicine, but the latter differs chiefly in its amenity to generalization and degree of predictive success. In folk medicine, the changes of natural recovery are in favor of predictive success, but more often than not in modern scientific medicine, the theoretical propositions underlying such predictions are merely coincidental rather than functionally related to the phenomenon in question.

The possible implication for the sociology of knowledge is apparent. So long as any activity or set of activities produce sufficiently high proposition of success, there will be little elaboration or alteration on the conceptual framework of orienting the activity. Cognitive frameworks related to the disease are instruments in the total process of adaptation. And they change, evolve, and respond when their viability and acceptability are challenged.

³⁸ Bodeker, Gerard (2004) integrating traditional and complementary medicine into national health care: learning from the international experience, in the book, packer Lester etl..(ed) herbal and traditional medicine: molecular aspects of health ,Marcel Dekker, New York

³⁹ Ackerknecht, Erwin. H. 1942. Primitive Medicine and Culture Pattern, *Bulletin of the History of Medicine*, 12: 545-574.

⁴⁰ http://www.encyclopedia.com/topic/Medical_care_quality.aspx

⁴¹ http://www.encyclopedia.com/topic/Medical_care_quality.aspx

⁴² <http://www.encyclopedia.com/history/modern-europe/british-and-irish-history/medical-carequality>

⁴³ Erasmus, Charles. J. 1952. Changing Folk Beliefs and the Relativity of Empirical Knowledge. *South Asian Journal of Anthropology*, Vol. No- 8, pp. 411-428

Conclusion

After going through the different perspectives to study health practices in society such as functional perspectives, conflict, symbolic interactionism, etc., it has become evident that the health practices in different regions have been performed differently with the change of structure, culture, and community. There are interlinkages between the society, individual, ecology, and development in which emphasis has given to health aspects. It has found from the global debate, the Indian debate and the local debate that there exist pluralist medical practices. The practice of traditional medicine and modern medicine co-exist in society. The tribal population mostly practice traditional medicine. It has been observed from the above studies that the marginalized communities have been neglected from the public health system. The accessibility, availability, and affordability to health services by the tribals are mostly undermined. As the tribals have their own health traditional practices such as supernatural power and natural healing practices, the government should allocate more funds to preserve the indigenous medical knowledge system.

Although the concept of well-being and the notion of the disease varies among different tribal groups, yet, in tribal habitats, a person is usually considered to be afflicted with some disease if he/she is incapable of doing the routine work which is usually being expected to be carried out by that individual in the society. Incapacitation from work is the universal index of poor health among the tribal groups. Thus, the concept of ill health becomes a functional and not clinical.

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