eSSay

In Defence of Traditional Healers
Not What They're Quack-ed UpTo Be

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The serious concern over quackery is a shared one, and not solely the province of allopaths, or the courts for that matter. In a plural system like ours, this is to be expected. But looking only to the biomedical base of our health system is perhaps a limiting way in which to conceive of the scope of quackery.

On July 4, 1992, marketing sales manager Pramod Verma, with a complaint of fever, was treated with allopathic antibiotics by a Ashwin Patel, a physician trained in homeopathic medicine and surgery. Ten days later, Verma was no more. Eyes turned to the culpability of Patel. On May 10 1996, hearing this case, the Indian Supreme Court ruled in favour of Verma's widow, stating that "A person who does not have knowledge of a particular System of Medicine but practices in that System is a Quack and a mere pretender to medical knowledge or skill, or to put it differently, a Charlatan."[1]

It is difficult to disagree with this definition. But the problem is that this is not the way quackery is typically construed in India.

Quackery, in our discourse today, is assumed to be all that is not allopathic or not sanctioned by the Indian biomedical apparatus. This misunderstanding can arise even from otherwise informative journalistic pieces highlighting the real harm caused by the allopathic practice by those not trained in allopathy–whether or not they are trained in Homeopathy as Patel was, or other codified systems like Ayurveda, Siddha, Unani, Sowa Rigpa, etc (See Pulla 2016). This results in a great deal of speculation, disdain, and mockery of so-called quacks who are defined in litotes--- chiefly as non-allopathic --- not appropriately trained, not modern, not honourable.

While there is no denying the gravity of cases like the one that motivated the Supreme Court ruling on quackery, the conflation of unqualified practice with non-allopathic practice poses an altogether different set of challenges.

For one, quite simply, this conflation misapplies the Supreme Court decision. The Supreme Court indicated that one who practices a system of which s/he does not have knowledge renders him or her a pretender, a charlatan, a quack. This could as easily be applied to an allopath practicing Unani should s/he not have training in that system. But it really isn't. Do we even think twice about what basis an allopath has to advise us to 'add' Triphala or Safi to our regimens?

Somehow, in India's much vaunted pluralistic medical culture, there is no denying a clear hierarchy where biomedicine dominates, and other codified systems of medicine --- themselves hierarchized with Ayurveda occupying the top rank --- are lower in the pecking order across the country (Lakshmi et al 2016; Nambiar et al 2014)). Definitions and disdain for quackery is inflected by this power equation, where allopathy was and always has been seen as the legitimate base for the health system, with all other systems acting in an adjuvant or complementary capacity.

So even when human resource constraints have in some cases led to permission being granted to practitioners from the lower, non-allopathic ranks to prescribe allopathic medicines --- for instance in Punjab and Tamil Nadu --- this is met with great resistance and scorn. Policies are thus vexed and practitioners across systems of medicine frustrated –-- allopaths with their turf being invaded, and non-allopaths with the moniker of quackery for practice that is expressly legal (John 2015).

But what of non-systems of knowledge? India has a rich heritage of traditional healing: "undocumented knowledge" of "local grains, cereals, wild fruits, vegetables and locally available medicinal plants" acknowledged in the 2002 National Policy on Indian Systems of Medicine and Homeopathy. Grouped under the moniker Local Health Traditions, these bodies of knowledge and their practitioners have since been cast aside --- usually as quacks- in the various efforts of the state to register practitioners and codify knowledge.

Why is this? The biomedical hierarchy is mimicked in the 'hierarchification' of expert and non-expert – read 'folk'- practice, ranking systems above non-systems. As Ritu Priya has explained, where AYUSH is read as quackery vis-à-vis allopathy, local health traditions are read as quackery in relation to AYUSH. Of course, even in cases where AYUSH practitioners underscore the value of these traditions as "proponents of the epistemology of systems other than modern medicine, the official public system by and large only attempts to minimize their role." This was clearly manifest in the 2014 World Ayurveda Conference addressed by the Prime Minister, where traditional healers were invited, but granted little more by way of recognition (Chatterjee 2014).

Notwithstanding this, we found in the course of a two year ethnographic study in Karnataka, Kerala and Tamil Nadu (2014-2016), that traditional healers were even more stringent in their definition of quacks than the Supreme Court. The issue was deeper than merely practising forms of healing in which one hadn't the knowledge. The very acquisition of knowledge, in the view of many we spoke to, was accessible only to those with a sacred calling to heal, thus predetermining who could be a healer in the first place, and what it took to remain a healer over one's life course. Traditional healers did not feel that being a healer was as simple as getting training. No. To them, piety, sincerity, passion, were all essential; all characteristics that may not be gleaned merely in the interstices of technical coursework. Demands would be placed not just on the candidate, but also the selector, teacher, preceptor, and guarantor for the candidate.

Further, many emphasized the need for service orientation; that to profit from healing was a profanity to the calling. As one practitioner from Tamil Nadu explained:

> I am in a service motive … This, I consider punyam (virtuosity). If the disease is treated, he will be happy and bless me. That is enough. …The sages would tell, "people are dying, you keep this medicines with you and treat them." Whatever they gave is with us. They also didn't give it us for a price. We also didn't buy it from them. I am continuing the same service. … Even in our sasthras, it is told that you shouldn't ask for money in vaidhyam. Respect will go.

Finally, to be a traditional healer, one had to go beyond the segmented role of diagnoser and prescriber that many of us have come to expect. The requirements and demands of a traditional healer, aside from piety and a lack of desire to profit from his/her practice, included careful observation of not just symptoms, but conditions and contexts of the environment and nature; knowledge of and command over the selection and preparation of medication, and the exercise of interventions in harmony with a range of factors beyond the

individual, even as the nature of medicaments may be highly customised to an individual's particular comportment and context. In most cases, herbs are collected and prepared as part of the healers' practice (often by family members), and in some cases, with a charge. This was often an elaborate process of going to the forest on particular times of the year and day. In the case of some traditional healers, the process included reciting mantras and practising penance in the process of collection. It also mandated sensitivity to ecological sustainability. As one traditional healer from Karnataka laid out for us:

> We are trained not to cut from all sides of the bark of the same tree. The tree will die. We cut a little and then move on to the next tree….We are the ones who collect and use, so we should take care that the trees do not die. You cannot simply cut anywhere.

As this and other healers pointed out to us, having a degree in a particular kind of medicine falls far short of the set of requirements to be a traditional healer, which is why it was most common for local health traditions to be passed down within families, even as younger generations were often additionally equipped with Ayurveda or Siddha degrees to keep astride contemporary expectations. Never was this degree a substitute for the heft of training and practice that came with being a traditional healer. 'Doctory', we concluded, is quite a different matter from healing.

It was hard for us to group these practitioners into the ambiguous category of quacks. Particularly since they looked with disdain upon cross-practice, pointing out the distinctness of their space from that of allopathy on the one hand and the limitations of their practice on the other. An adivasi healer from the Nilgiris put it plainly:

> I will also tell them to go to hospital if I cannot do anything. All diseases cannot be treated by me, right. That which cannot be done, I ask them to go to hospital.

It seemed to us that this awareness was keen among the traditional healers we spoke to, and that this, in fact, would go a long way to ensuring that quackery is done away with over time.

The serious concern over quackery, thus, is a shared one, and not solely the province of allopaths, or the courts for that matter. In a plural system like ours, this is to be expected. But we are increasingly convinced from our research that looking only to the biomedical base of our health system is a limiting way in which to conceive of what is within and beyond the scope of quackery. Further, it is time we looked not with disdain but for lessons from our traditional healers. Their models of selection, training, and practice appear, in fact, to be more stringent and at the same time more expansive than our biomedical imaginary allows.

Expanding our mind and our view in this way may, in fact, help shift our attention from symptomatic disease management and medications to what produces health and well-being.

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Notes
[1] Supreme Court of India. Poonam Verma vs Ashin Patel and Ors on 10 May 1996. http://indiankanoon.org/doc/611474.

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