# Ritual Healings among the Breast Cancer Patients of Rural Areas of Northern Punjab of Pakistan

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#### **Abstract**

Current study focused on the performances of health rituals of breast cancer in areas of Northern Punjab of Pakistan. Breast cancer patients and their family members were found practicing these rituals with the belief of achieving survival from this illness. Most of the people received the tradition of these health rituals from their elders. Because of the development in health sector and advancement in bio-medical healing these rituals are not being used in urban and semi-urban areas. However performances of these rituals were seen in practice among people of remote areas of the Northern Punjab of Pakistan. Folk knowledge particularly rituals for attaining health remained ignored by the social scientists. This study was an attempt to record how and why rituals were related with removal of illness and seeking health. To understand the apparent and hidden purposes of these rituals ethnographic method was used. Case study, focussed group discussions and informal interviews were key methods of data collection. Method of narrative analysis was used for data analysis. After the analysis of data it was discussed that there were some socio, economic, cultural, spiritual and religious reasons behind the performance of these rituals.

## **Keywords**

Health, rituals, rationality, rural philosophy.

#### Introduction

Present research is aimed at examining the rituals of health seeking practices. It is an attempt to understand the rural philosophy behind the performances of health rituals of the people of rural areas of Northern Punjab of Pakistan. This research probes that, how and why people of rural areas of Northern Punjab of Pakistan practice these rituals for seeking health. In addition it investigates that why they relate these actions with actual phenomenon of illness and health. A lot of work has been done on myths and narratives of health and illnesses by the social scientists but little was done on folk knowledge particularly on the performances of certain rituals for health seeking. This study explored the social, economic and religious reasons and factors causing practice of these particular rituals. The research is also aimed at exploring how the knowledge of these rituals is preserved in presence of advanced methods of treatments. Great significance of beliefs and practices of rituals have been found in functioning of this traditional society.

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#### Literature review

The traditions of a commuity prescribe rituals. These are charactized by traditionalism, sacred sybmolism, formalism and rule of governance and performance(bell, 1997). Leach (1954) saw ritual as actions, which fall into place on a contiuous scale. Rappaport (1979) takes rituals, as basic social acts. For, Staal (1975) ritual is a sacrid action, without purpose and meaning. Interpretations of ritual have influenced the scholars to research it deeply that it is not an ordinary part of social action or labor but an affair of the tremendum (Smith, 1987). Near Levi-Strauss (1966) ritual is similar to a choosen sample of a game. In understandig more about ritual, the world as lived and as imagined both look same (Geertz, 1973). In understanding about rituals there are many disagreements (Leach, 1968). Rituals are like puzzles which emerge in comparative religions (Douglas, 1960). In nineteenth century the term ritual emerged to understand human experience (Bell, 2009).

Current study was done on rural Breast Cancer patients who perform specific rituals for seeking health. Illness behavior of the breast rural cancer patients of Pakistnat can be seen in light of theories as well. There are interconnections in culture (Malinowski, 1922; Radcliff-Brown, 1933). Maliknowski's Functionalism and Radcliff-Brown's Structural Functionalism illustrated cultural interconnections and beliefs and practices strengthning culture as a whole. For example Radcliff-Brown (1933) found that a custom of avunculate supports the matrilineal social structure and social survival. Blyth's (2012) work among Paiute can be illustrated here as a health related example. He found that beliefs about sorcery is appeared as cause of illness. This belief is supporting the lacking police and institutes of justice. So the fear of sorcery shapes illness behavior which ultimately contributes to group endurance and survival (Anderson, 1996, p. 132).

Several health rituals are performed to kill the negative effects of evil eye, envious enemy and the influences of devil. This concept of symbolic causation can be taken a little bit similar to the Evans-Pritchard's (1937) narrations that, how the Azande associated death from fallen granary finally to witchcraft (Evans-Pritchard, 1937). Same findings were found in an Egyptian village, where although the causes of blindness were apparent such as excessive weeping, dirt and untreated eye disease, yet most of the people believed that evil eye is major cause of blindness (Sandra, 2010, p. 251).

In anthropology a term disassociation is used as a rhetorical and social phenomenon: a means of positioning for the practicing of ritual, creating social space, or articulation of particular kinds of self-experiences in certain cultural contexts. Boddy (1988,1993) for instance, explains that in Northern Sudan Zar spirit possession cannot be understood separate from the indigenous gender dynamics and system of kinship where it is found with them (Seligman & Kirmayer, 2008). It was found that rituals of healings were performed by close relatives of the patients. There was an intimate relationship between the systems of family interactions like doctor-patient relationship. Hospital and doctor give a set of regularized mechanism for handling issues of personality adjustment. Family plays the same role as well. So both institutes of family and hospital play same role in certain conditioners, however, these two are different in fundamental respects (Parsons & Fox, 1952, p. 31). In medical anthropology concept of sick role is one of the most influential utilization and appliance of structural functional theory (Parsons, 1951, p. 289).

After observing the behaviour of sickness in the United States of America, Parson posited the presence of an element of the social structure of sick role (Parsons, 1951). Rural breast cancer

patients of Pakistan were found in same sick role. It was found that the position of patient constantly specify four obligation or privileges. Privilege: No responsibility of having an illness. Privilege: Relaxation from customary duties. Demand: Emotional wants and restoration of health. Demand: should attain care and collaborate with the provider. From the view of structural functional theory sick role of a person puts burden on his or her society and family. However, it reduces societal stress. It creates equilibrium in society (Anderson, 1996, pp. 132-133).

Many times the rituals of health possess emotions of care and cure. As Desjarlais found in his work in ethnography of the Himalayas that, "any reference to emotions implies, by definition, something 'felt'". A body is an "aesthetic" collection of particular cultural groups and social patterns. Further, accepting the body is an important form of emotional experience. (Desjarlais, 1992, p. 101). "Bio-human paradigm" consolidates behavioural and biomedical science through the idea of culture. People organize their lives according to their beliefs, actions and knowledge. People have biological and cultural natures at the same time. Likewise, many diseases are provoked by biology, for example tuberculosis and many are provoked by culture, for example malnutrition and poverty. Medicine, health and healing types including metaphorical actions for healing tells much about how all these are bioculturally grounded (Mclean, 1999, p. 511).

Over past few decades empirical work conducted in different settings presented that it is difficult to define culture and understand social practices like rituals. The idea that culturally-informed epidemiology is hard to achieve without some theoretical and methodological considerations. For this there are three fold challenges to face: focusing the role of culture in social life of people, understanding the cultural ideas, meanings, morals, values, beliefs, symbols and their distribution in social groups and finally constructing the conceptual research methods to understand the bonds between culture and individual respectively shared perspective on the world and personal experience (Janes, 2006, pp. 261-262). Ritual healing is part of culture and it is difficult to define a culture. It takes great care while explaining a culture (Janes, 2006, pp. 261-263). Culture should be understood in promoting wellbeing and reducing waste (Napier, et al., 2014, pp. 1607-1639).

Generally the illness of Cancer is taken as synonym of death, bad luck, bedeviled and bewitched. Further like other chronic illnesses, breast cancer is also attached with profound metaphores of dreadful kind (Sontag, 1978, p. 9). In determining health behaviour medical anthropologists need to focus on character of culture without neglecting the effects of poverty, limited access to public health and structural violence (Pylypa, 2007, pp. 349-368).

#### **Data Collection**

Current research focused on the breast cancer women and their care givers at their home settings and at the healing places of folk and faith healers. A sample of 101 participants was chosen through convenient sampling. These participants included 32 breast cancer patients, 6 folk and faith healers and 63 family members or primary care givers. Cordial ties with these patients and their care givers provided detailed transcriptions and accounts of their treatments. Siraiki, Punjabi, Pothohaari and Urdu, were commonly spoken languages by the respondents. Most of them had great belief in faith and religious healers. Ethnographic method proved helpful in getting detailed enquiry on health issue.

Case-study method was used to study breast cancer patients. To study their care givers Informal Interviews with the help of Interview Guides were conducted. Technique of Participant Observation helped to spend more time with the breast cancer patients and their family members. This ultimately allowed recording their beliefs, feelings, emotions and struggles for survival during their chronic illness. This also helped to understand that why and how breast cancer women and their care givers practice these rituals. It also facilitated to understand that how they relate these rituals with the real situation of illness and health and what type of rural philosophy exists behind the practice of these rituals. Detailed narratives of the respondents exposed that financial hurdles and long distanced hospitals are major reasons of their move towards locally available ritual healings. All this facilitated in gathering detailed information. Field work spans over ten months from July 2016 – April 2017. Major steps of the rituals were photographed at their homes and at the healing places, after the permission of performers of the rituals. This visual information provided deep insight to comprehend actions of the respondents. During data collection all these techniques enabled to go beyond the numerical statistical results and digits out of the behavioural conditions and circumstances.

## Presentation and analysis of data

Among all the 32 breast cancer patients, 14 were rural breast cancer patients and 18 were urban. All 14 rural breast cancer patients were seeking ritual healings. Among all 18 urban and semi-urban breast cancer patients 7 were practicing ritual practices for healing from breast cancer. Here some of rituals are mentioned which were seen practiced by rural and urban breast cancer patients and their family members for breast cancer treatment. Logics and rural rationality behind these practices have also been mentioned.

Sumera (pseudonym) a forty year old, rural, second stage breast cancer patient and her sister in-law (Bhabi) performed a ritual at mid night. Apparently the performance of this ritual looked like a game but it was having deep local meanings and logics with the local perspectives of illness and health. According to the requirement of the task they put the strainer in water filled bucket, picked up the strainer and ran fast to carry the water at the tenth step. The water filled bucket was placed on the ground between them and they performed the task by picking the strainer from the bucket and running together. The task required that if they remained unsuccessful in carrying the water at the tenth step then at least all the ten steps should be wet with the water of the strainer. Sumera and her sister in-law both completed the performance of this ritual in thirty minutes. They were unsuccessful in carrying water at the tenth step but they made all the ten steps wet.

Logic behind the materials, acts and steps of this ritual provides local beliefs and counter mechanism against a chronic illness. Use of old strainer was placed as bad health and its holes gave meaning of chronic illness. Water was used giving the meanings of life. Each time placing strainer into water filled bucket was used to give meanings that health and illness will be removed by new life. Tenth step was used to give meanings of destination of the restoration of health and successful survival. Their running with the strainer and water gave meanings of their struggle for restoration of health and survival. The holes in the strainer were not allowing them to carry water safely at the tenth step so their running was showing their struggle. Selection of the time that was mid night for the performance of this ritual to hide the failure from public that the illness is chronic and survival is not easy but their struggle will make survival possible.

Figure 1. Practice of a ritual using strainer



Use of strainer in ritual by the cancer sufferer and her care giver

Shazia (pseudonym) a 34 year old rural, unmarried and second stage breast cancer patient belonged to a farmer family. Mother of Shazia performed a ritual for her breast cancer healing. On every morning before the dawn she used to fill a water pitcher with fresh water and placed a piece of hard salt of the size of Shazia's tumor under that pitcher. According to her, "My elders used to practice this ritual for the removal of any kind of tumor of body. This ritual (Toona) always proves beneficial for any kind of tumor (Ye shartia elaaj hay kisi bi gilti ka).

Figure 2. Practice of a ritual using water pitcher and a piece of salt



Ritual of killing tumor by using water pitcher and a piece of salt respectively symbolizing life and cancer.

Logic behind the performance of this ritual was completely an attempt to address the tumor directly by performing an act to bring same effects on the given illness. Time selection of the performance of the ritual at early morning gave meanings of new day and new life. Filling the water pitcher with fresh water also gave meanings of new and healthy life. To represent the tumor salt was used because of its quality of easy solubility with the idea that the tumor will be removed like salt dissolves in water. Tumor will disappear like a piece of salt dissolves in water and life will win. The piece of salt was taken according to the size of the tumor of the *Shazia* with the idea that the dissolution of salt in water will put same effects on her tumor and her tumor will disappear like that piece of salt. According to the requirements of the performance of this ritual only sufferer or her closest family member can perform this act. Otherwise the tumor can worsen (iss *per laa per sakta hay*). Idea behind this is the fact that only the sufferer or her closest family member can see and exactly measure the size of breast tumor. For this reason her mother performed this act. Mother of *Shazia* used to perform this ritual daily with the idea of new day, new life and restoration of her health.

Misbah (pseudonym) was a 39 year old rural, married and second stage breast cancer patient. Her mother believed that illness of her daughter was because of envious eye or evil eye (Local words: Perri Nazar ya kali Nazar ya Nazer Bad) of someone from her in-laws. To kill the effects of this envious eye she performed a ritual. She took a raw egg, coloured it yellow with a food colour, recited some verses of Holy Quran on it and moved it around her body in clock wise circles for seven times. With moving the egg around her body she read the names of all family members of her in-laws and said that, "if anybody had evil eye on her, may that eye gets burst, may that eye gets burst (local words: akhan saran, deley tirkin, akhan saran dele tirkin)". After reading names of all family members of her in-laws and saying this sentence she placed that egg on a hot pan and covered it with a lid. She switched on the stove and waited for the sound of bursting of egg. After some time egg bursts giving sound of a blast. She does not take off the lid and allowed the egg to burn in that blast. After some time when she removed the lid, shell of the egg appeared in burnt pieces and inner of the egg was found in black burnt trash.

Figure 3. Practice of a ritual by colouring an egg yellow



Ritual of removing effects of evil eye

Logic behind the performance of this ritual tells that she performed this task to get psychological satisfaction from the fear that anything lost with evil eye of someone is regained. In this performance she was sure that only in-laws of her daughter can put envious eye on the happiness of her daughter and only they are culprits. So she read names of all members of her daughter's in-laws with the intention that among people of these names anyone can be the envious of her happiness. Yellow colour was taken as colour of illness and bad health. Egg was taken as envious eye of her daughter's enemy. She read holy verses and blew on egg with the intension to kill the effects of envious eye. Placing the egg on hot pan was a counter strategy taken from side of the sick person. Putting lid on the egg for bursting gave meaning of complete destruction and removal of envious eye. Broken shells and burnt inner stuff of egg gave meaning of broken effects of envious eye. Moving egg for seven times gave meaning of using odd number which is considered a good symbol in her local religious connotations.

Misbah with her mother was also found attaining healing for her breast cancer from a spiritual healer. The man was famous for his spiritual healing practices. His room (Local word: Baythak) was located in front of the shrine of Maira Shareef. Shrine was famous for its sacredness and restoration of health for the patients of all types of chronic illnesses. The spiritual healer performed the ritual of healing in this way that he told Misbah to sit in front of him. He then took a brush which was used for healing practice and moved it slowly on the body of Misbah. He recited some words silently and kept on moving the brush on her body. He took seven minutes in practicing this process and picked a piece of salt from a pot made of stone and gave it to her mother advising to add it in the salt of her kitchen. He then advised Misbah to give some money in charity to any Mosque after performance of this ritual.

Figure 4. Practice of a ritual by a spiritual healer

A spiritual healer is performing a spiritual activity



A spiritual healer is performing a spiritual activity

Logics behind the belief of *Misbah*, her mother and ritual healer clarified many aspects, such as people of the area had strong beliefs in shrines and saints of shrines, hospital treatment was not available in the town, this type of healing was cheap, affordable, easy to access and was having no side effects. People had respect for shrine and person sitting in shrine was considered trustworthy. That healer had knowledge of culture of local people, had simple living so people had trust on him that he had no needs of money and greed rather he was serving people of Allah. The spiritual healer in this case was a middle age man. He took a brush which was placed near him and moved it on the body of Misbah with the idea that the brush of shrine was sacred, which will remove the illness from her body. He gave salt of shrine to Misbah's mother to add it in the salt of home with the logic to bring blessings (Barkat) of shrine in her food. He advised Misbah to give some money in charity to any Mosque with the idea to put her part in building of betterment of the home of Allah, who will give her health in return. The idea that why only the spiritual healer sitting in the shrine performed this practice and why not the family member or sufferer of the illness cannot perform this ritual, was made clear by the spiritual healer himself that, "I am descendant of the shrine and the power of healing which I possess, other people cannot possess, ( Mujay Izen Hasil hay k Allah k bando ko Rohani elaaj dun) apart from being the descendant of the shrine I am allowed by the owner of the shrine to give spiritual healing to the people of Allah".

Rukhsana (pseudonym) was a rural, second stage breast cancer patient visited a spiritual healer. In this case the spiritual healer was sitting in his visitors' room (local name: Baythak). He was a 60 year old man, wearing white dress (local name of the dress: Shalwar Kameez) and a string of beads (Local name: Tasbih) was in his hands. He gave a full time performance in whole ritual, a beginning, middle and an end action. He did ablution and sat in front of Rukhsana on the ground. He drew five straight lines with a piece of coal and placed a stick in between lines. He closed his eyes and recited selected verses of Holy Quran. After this step he picked the stick in his left hand and started slapping on these lines. While beating on the lines he kept his right hand on the forehead of Rukhsana. He performed this ritual in 14 minutes. After the performance of this ritual he advised Rukhsana to visit six times more for this spiritual treatment (Local name: Dum). "Five black lines symbolize influences of devil on her body and slapping are performed to beat the devil to get separated from her" (spiritual healer).



Figure 5. Performance of a ritual by a faith healer

The spiritual healer diagnosed that illness of Rukhsana was because of the influence of a devil. He diagnosed that unintentionally she had walked into or stayed at a place which was the place of devils (local words: *jga parri the*). He believed that for healing from illness she should attain freedom from the influence of the devil first. Otherwise, this illness will remain there and within time it will increase. Rukhsana was having trust on spiritual healer with this thought that, "I feel that, my illness is horrible just because of the influences of a devil as it does not let me sleep, eat, and live a normal living". The logic behind the use of black coal was this that black colour was considered as colour of devil by the local people. He did ablution before the performance of ritual to make himself clean to fight against the devil and dirty ones. He closed his eyes and recited verses of Holy Quran with the intention to make him strong to fight against the devil with the power of Allah. Five straight lines showed five attacks of the devil on the life of the *Rukhsana* during her illness by the devil. By placing his right hand on the forehead of Rukhsana and slapping on the lines with a stick he was killing and removing the upcoming attacks from the devil. He placed his right hand on her forehead because right hand was considered virtuous in religion Islam. It was a part of religious practices to start any kind of work with right hand with the strong belief that Allah brings blessings on the works done with right hand.

Komal (pseudonym) was an unmarried, rural, young breast cancer patient. Her mother performed a ritual at home for her healing from this illness. She clapped two iron nails in the ground with unspecified distance under the two conditions of half shadow and half sunshine. She measured body of Komal with a thread from head to toe and tied that thread with these two nails. Then she buried the thread in ground after untieng it from nails. Mother of Komal believed that, "All kinds of illnesses are sent by devil and this practice was performed by her forefathers in any chronic illness to kill the bad influences of devil". She performed this action in the same way as she believed it was perfomed by her elders. The logic behind the use of iron nails was her belief that any thing made of iron can give safety form devil becaue of its quality of solidness. The idea behind the selection of only two nails was based on the

logic that she needs to tie the illness of her body from head to toe so she needed two edges which these two nails were providing.

Figure 6. Performance of a ritual by a care giver of the breast cancer patient



She measured her body with this logic that the illness has been measured which will be tied and finally burried. She clapped nails under half shadow and half sunlight with the idea that the shadow represents negativity and death side, while sunshine represents positivity and life. She believed that nails represent a struggle for life or death and meausured thread will be burried with the death side or negativities of her life. The logic behind the burying of thread is to burry the influences of devil which brought illness in body of her daughter. Komal's mother performed this ritual with the idea that performace of this ritual is harmless as this was performed by her forefathers in any kind of chronic illness. According to her this ritual is called, "to tie the influence of devil which came in kind of illness (Local words: *sakhti to bandhna*)".

# Rationality and rural philosophy behind the rituals of healing

Breast cancer patients of rural areas of Northern Punjab and their family members were found performing certain ritual healings. Among certain reasons behind these performances, the major reasons are unavailability of hospital treatments near their villages, expensive city treatments and cultural barriers. Probing into the detailed questions like how and why people of rural areas of Northern Punjab practice particular rituals for health seeking and how and why they relate these actions with actual phenomenon of illness and health. A deep and rational rural philosophy was observed behind their practice of these rituals.

Ritual of running at the tenth step with strainer and water inside it, showed an ultimate defeat in an endeavour. As the holes in the strainer do not allow the water to reach at the tenth step so strainer was used to give the idea of chronic illness, water was used for life and tenth step was used to get the survival or reaching at a point of success that is restoration of health. The

meanings of rituals were not giving idea of healing. *Sumera* (pseudonym, a forty years old second stage breast cancer patient) and her sister in-law (*Bhabi*) performed this ritual at mid night. The logic of performing this ritual at the mid night was to kill the illness in the darkness of night. Experience of illness was related with the darkness of night. This ritual does not look like any kind of magic while it had an unusual rural philosophy. Both sufferer and her close family member were doing difficult exercise which appeared impossible as well. In fact both were accepting the reality that with this illness struggle can be made but guarantee regarding survival is impossible. They performed this ritual at mid night when majority of people had deep sleep with the logic that results of the struggle should not be informed to the people. The task required them that in case of failure in carrying water to the tenth step at least they should make all the ten steps wet. The logic behind making all steps wet gave meaning of struggle for survival.

Performance of ritual of placing a piece of hard salt under the water pitcher by the mother of *Shazia* was a kind of imitative magic. She performed this ritual in morning only because she believed that morning gives meaning of new life and her performance of this ritual will bring new life to her daughter. She used hard piece of salt with the idea that hard salt is like tumour of her daughter and in water it will be dissolved very soon. The use of water pitcher also had local meanings such as she was having belief that a pitcher represents life of a human. Like the unpaved quality of pitcher human life is also not permanent. Water in pitcher represents life. It was her belief that all the materials used in the ritual will bring same results on the health of *Shazia*. In social sciences this kind of act is called "sympathetic magic" which is also called "imitative or homeopathic magic" (Frazer, 1922). The idea behind this practice was the belief that "like produces like" as the mother of *Shazia* was thinking and wanted to bring same results of her activity on health of her daughter. She continued practicing this ritual every morning with the belief that continuity will bring positive results and she will continue this ritual until the coming of same results on her daughter's health.

Belief in evil eye in relation to its negative effects on mind and body was strongly found among this rural community. In case of Misbah a 39 year old rural married second stage breast cancer patient, it was seen that for the removal of effects of evil eye egg was used to burst with a complete ritual performance. The materials and acts of this performance represented that the actors of the ritual want same results on health which they see in performance of this ritual. In social sciences many reasons have been highlighted that why particularly eye symbolizes troublesome incidence. Eye among all five senses is considered more expressive to the brain. "According to the anatomists, eye is explained as the window to the brain; it is also called window of soul by the poets" (Berger, 2012, pp. 1098-103). Mother of Misbah was thinking that the health of her daughter is destroyed by the negative effects of some one's evil eye (Local name: Perri Nazar ya kali Nazar ya Nazer Bad) that was envious to her happy life. The ritual of bursting egg to kill the negative effects of evil eye which brought illness to the Misbah was kind of imitative magic. Yellow colour was considered colour of illness among this rural community. Repetition of specific words while moving the egg around the body of Misbah in clock wise direction gave example of homeopathy magic in which same results are desired with the action. Mother of Misbah read names of all the family members of her in-laws, "If anybody had evil eye on her (Misbah), may that eye get burst, may that eye get burst (akhan saran, deley tirkin, akhan saran dele tirkin)". She had belief that someone from her in-laws must be envious so she read names of all. The burnt raw egg was believed as the broken of the spell of evil eye.

In provision of healing, place of spiritual healer was seen very meanigful and strong among the rural community of Northern Punjab. Many times a spiritual healer was found attached with his or his elder's shrine. Some rituals were performed by the sufferer and their family members and some were perfromed particularly by the spirtual healer only. In case of healing by the spiritual healer the belief regarding healing became very strong because of the perceived spirtual power of the healer. The spiritual healer being saint or the descendant of the saint of shrine was considered one who possessed strong mental power than the common people. Descendant of *Maira Shareef* moved the brush of the shrine on the body of *Misbah*. The act looked irrational but for the local people this act had strong meaning that with the blessing of piouse saint and his shrine the illness will be removed. The words he recited were holy names of Allah which were believed to be source of help for healing from Allah by the spirtual healer. These words could be recited by the *Misbah* and her mother but the recitation by the spiritual healer was considered more strong and beneficial because he was descendant of the saint of shrine who had been "more close to Allah" and had "access to Allah (Allah tak sunwai)". He gave salt to add it in to the salt of the kitchen of Misbah with the intentions to add blessings of shrine into her food with which she will recover soon.

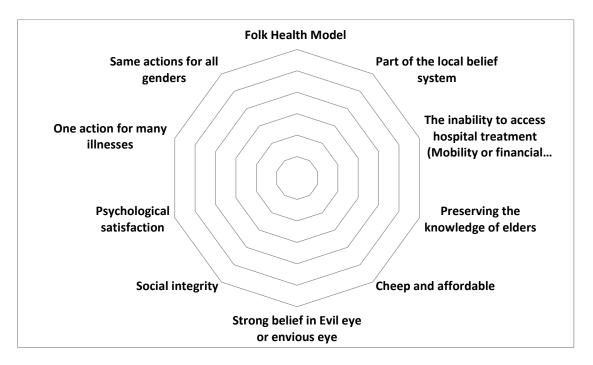
During the research many times it was found that a spiritual healer was not descendant of saint of any shrine but was considered a healer (Local name: Sayana) among the rural population of Northern Punjab. This kind of healer was considered most religious and piouse among the community. His perfromance of any ritual was considered magical. In case of Rukhsana, her spiritual healer was found pious and religious. Being the religious personality he was believed very strong to fight with any devil. He was considered having special knowledge of fighting against devils. With full preparation of fighting with devil he did religious obligations like ablution and recitation of verses of Holy Quran. For a religious or faith healer ablution was considered very important before practice of the ritual. Respondents were the followers of religion Islam among whom having cleanliness was considered having half religion. Devil was considered unclean and fighting become easy if the healer was cleaned from all kinds of bodily dirts such as bodily discharges. During the ritual the healer found acting as he completely knew about the illness of the sufferer. He drew five lines with black coal to show the five attacks of the devil on the health of the Rukhsana. He slapped those lines with the intention that he was killing the devil. Any ritual of removing the spell of a devil was not performed by the common people while they were performed by a special spritual healer who was considered strong enough to fight with him (devil). This spritual healer performed imitative magic with the intention that same act will bring same results.

Some of the rituals of killing the effects of the devil were performed by the close family members of the sufferer of an illness. In this case it was considered that devil cannot act against the performer because of the nature of the activity. Mother of *Komal* clapped two iron nails in the ground with unspesified distance under the two conditions of half shadow and half sunshine. This ritual against the devil performed by common people was considered harmless because of the involvement of nature such as half sunshine and half shadow. Among the local people it was considered that devil's influence on the performer becomes ineffective because laws of nature like sunshine and shadow are very strong as both are sent by Allah and devil's influences become ineffective in this performance. Mother of *Komal* measured the body of *Komal* with a thread, tied it with two clapped nails and then buried it. She called this ritual "to tie the influence of devil which came in kind of illness ( *sakhti ko bandhna*)". Among social sciences this ritual is kind of "contagious magic" (Frazer, 1922) in which things once in contact of some one have influences afterwards. Buried thread has measurement of *Komal's* 

body which was considered powerful and will have effects in kind of release of her body from the influence of devil.

A famous term "biocultural" modal implied by McElroy, connotes a model in which cultural information is gathered and combined with environmental and biological data (McElroy, 1990, pp. 243-265). On the same lines a folk health model can be understood in which folk, spiritual and religious healings are practiced. This model can easily be understood in the context of South Asian rural communities. Model shows that there are many social cultural and economic reasons behind these apparently seemed irrational rituals for healings.

Figure 7: Folk health model



Folk Health Model is showing the reasons of the practicing ritual healings by the people of the rural areas of Pakistan

## **Suggestions and Recommendations**

Some of the major suggestions and recommendations have been reduced here.

- To believe in good and bad destiny and influences of bad devils was part of the belief system of the people. So, to understand this belief system of people, researcher must spend maximum time with them and must have knowledge about the language of the people.
- For a researcher the knowledge about the religious history of the people is also important to know as in the research the beliefs of people regarding black eye " *Kali Nazer, Nazer Ka Lag Jana*", caught by an evil eye "*Nazraran jana*" or an envious eye of any hidden enemy were attained from Islam and Hinduism.
- Rural people having low annual income are found to be unable to get private hospital treatments or to approach government hospitals because of travel expenses. For them perfromances of these rituals were source of the most availabe and cheep treatment. but it is important to find out that why urban people, besides faith system, follow ritual practices for healing practices despite the fact that they have hospital treatments in their cities.

- It is important to get rich transcriptions and accounts of the people practicing ritual healings that whether one ritual practice can be used for all chronic illnesses and for both male and female or not.
- It was found that performance of several rituals is time specific. So, it is important to know why timing is important for practices of these rituals and what kinds of effects it puts on the patients illness.

## Conclusion

In the field of medical anthropology all medical systems are established as cultural systems (Kleinman, 1986, pp. 85-93). Culture is not only as the Geertz said, "Web of significance", but also "web of mystification". Culture not only develops meanings but also generate its own legitimations and justifications (Singer, Davison, & Gerdes, 1988, pp. 370-385). People of the Northern rural areas of Punjab were found performing these rituals for healing from chronic illnesses which they learned from their elders, local folk healers or by their own experiences. There are also many socio economic reasons behind the performance of rituals such as unavailability of cheap and accessible treatment. These actions or performances seemed irrational but the reasons and objectives behind these actions were rational. The place of these actions in culture can be understood after understanding some key facts such as; these actions were part of their local belief system and their inability to access hospital treatment (Mobility or financial hurdles). These were cheap and affordable for them, practicing these rituals were source of preserving the knowledge of their elders, social integrity and giving them psychological satisfaction.

#### References

- Anderson, R. (1996). *Magic, Science, And Health The Aims and achievements of Medical Anthropology*. Fort Worth: Harcourt Brace & Company.
- bell, c. (1997). Ritual: Perspectives and Dimensions. New York: Oxford University Press.
- Bell, C. (2009). Ritual theory, ritual practice. New York: Oxford University Press.
- Berger, A. S. (2012). "The Evil Eye-an Ancient Superstition.". *Journal of Religion and Health*, 51(4), 1098-103.
- Blyth, B. W. (2012). Paiute Sorcery. New york: The viking fund., 1950.
- Boddy, J. (1988). Spirits and Selves in Northern Sudan: The Cultural Therapeutics of Possession and Trance. *American Ethnologist*, 15(1), 4–27.1993.
- Boddy, J. (1993). Subversive Kinship: The Role of Spirit Possession in Negotiation Social Place in Rural Northern Sudan. *PoLAR: Political and Legal Anthropology Review*, 16(2), 29–38.
- Desjarlais, R. R. (1992). Body and emotion: the aesthetics of illness and healing in the Nepal Himalayas. Philadelphia: University of Pennsylvania Press.

- Douglas, M. (1960). Purity and Danger. New York: Praeger.
- Evans-Pritchard, E. (1937). .1937 Witchcraft, Oracles, and Magic among the Azaae. London: .1937 Witchcraft, Oracles, and Magic among the Azaae. London: .1937 Witchcraft, Oracles, and Magic among the Azaae. Witchcraft, Oracles, and Magic among the Azaae. London: . London: Oxford.
- Frazer, J. G. (1922). *The Golden Bough: A Study in Magic and Religion*. london: Abridged ed. macmillan and co,.
- Geertz, C. (1973). The Interpretation of Cultures. New York: Basic Books.
- Janes, C. (2006). Commentary: 'culture', cultural explanations, and causality. *International Journal of Epidemiology, 35*, 261-263.
- Janes, C. (2006). Commentary: 'culture', cultural explanations, and causality. *International Journal of Epidemiology*, 35, 261-263.
- Kleinman, A. (1986). Concepts and a Model for the Comparison of Medical Systems as Cultural Systems. Social Science and Medicine. *Soc. Sci. & Med*, *12*, 85 93.
- Leach, E. (1954). Political Systems of Highland Burma. London: Bell.
- Leach, E. R. (1968). "Ritual," in The International Encyclopedia of the Social Sciences (Vol. 13). (D. L. Sills, Ed.) (New York: Macmillan.
- Levi-Strauss, C. (1966). *The Savage Mind, trans.* (G. W. Ltd, Ed.) Chicago: University of Chicago Press.
- Malinowski, B. (1922). Argonauts of Western Pacific. Prospect Heights. IL: Waveland Press.
- McElroy, A. (1990). Biocultural Models in Studies of Human Health and Adaptation. *Medical Anthropology Quarterly*, 4(3,Steps toward an Integrative Medical Anthropology), 243-265.
- Mclean, A. (1999). The Cultural Context of Health, Illness, and Medicine/TheAnthropology of Medicine: From Culture to Method. 3rd ed. *Medical Anthropology Quarterly*, 13(4).
- Napier, A. D., Ancarno, C., Butler, B., Calabrese, J., Chater, A., Chatterjee, H., et al. (2014). Culture and health. *The Lancet*, 384(9954):, 1607-1639.
- Parsons, T. (1951). The Social System. England: Routledge & Kegan Paul Ltd.
- Parsons, T., & Fox, R. (1952). Illness, Therapy and the Modern Urban American Family. *Journal of Social Issues*, 8(4), 31.
- Pylypa, J. (2007). Healing herbs and dangerous doctors: "fruit fever" and community conflicts with biomedical care in northeast Thailand. *Medical Anthropology Quarterly*, 21(4), 349-368.

- Radcliff-Brown, A. (1933). The Andaman Islanders. Cambridge: The University Press.
- Rappaport, R. A. (1979). *Ecology, Meaning and Religion*. Calif: Richmond, Calif.: North Atlantic Books.
- Sandra D. Lane, B. I. (2010). Sociocultural aspects of blindness in an Egyptian delta hamlet: Visual impairment vs. visual disability. *Medical Anthropology*, 15, 251.
- Seligman, R., & Kirmayer, L. J. (2008). 'Dissociative Experience and Cultural Neuroscience: Narrative, Metaphor and Mechanism. *Culture, Medicine and Psychiatry*, *32*, 31-64.
- Singer, M., Davison, L., & Gerdes, G. (1988). Culture, Critical Theory, and Reproductive Illness Behavior in Haiti. *Medical Anthropology Quarterly*, 2(4), 370-385.
- Smith, J. Z. (1987). *The Domestication of Sacrifice," in ViolentOrigins*. (R. G. Hamerton-Kelly, Ed.) Stanford: Stanford UniversityPress.
- Sontag, S. (1978). Illness as metaphore. New York: McGraw Hill Ryenson Ltd., Torronto.
- Staal, F. (1975). *The Meaninglessness of Ritual* (Vol. 2.6). Numen.