

# DIALOGUES IN THE HEALTH CARE SYSTEM OF THE KOM

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## ABSTRACT

Since time immemorial, diseases have evolved along with human physical, mental, and technological changes. The perception of diseases has also changed over time. As society evolved due to socioeconomic and political forces and with the introduction of new belief systems and ideas along with the traditional method of treating diseases during the colonial period, different knowledge systems of proper healthcare emerged. This paper aims to study the different perceptions of disease in Kom society and the conflicting dialogues in defining, managing and treating diseases. The study was conducted among the Kom tribes of Manipur, using an interview method with key informants. With exposure to different knowledge systems, i.e., indigenous ethnic practice, Christian faith healing and modern medical science, the people's health care system is found to be engaged in a complex dialogue within the three health systems. The practice of medical pluralism often creates conflicts within the health care system of the people and leads to health inequality. Proper awareness of disease regarding its cause, cure and prevention is most necessary in the light of their knowledge gain to avoid further conflict within the health care system of the Kom.

**Keywords:** *Christianity; Dialogue; disease; Kom; medical pluralism; perception*

## INTRODUCTION

Disease has always been an inevitable part of human evolution, and humans cannot avoid it. Since the inception of life, the perception of disease has changed continuously depending upon the knowledge gained by people throughout history. In addition, since human diseases only affect people, and people live in various cultural situations, the concept of health is very context-dependent. According to studies in sociology and medical anthropology, people who

believe themselves to be ill vary by gender, class, ethnic group, and less evident criteria like proximity to family members who can provide support [1]. Thus, the definition of various types of health care varies depending on cultural, political, organisational, and disciplinary perspectives. The disease does not exist as a social phenomenon until it is perceived as such.

Over time, humans have given different names and causes to different types of diseases. And so does the definition of health and the health care system continue to change with the acquired knowledge system of the people. In earlier days, people's healthcare system consisted fully in traditional ethnomedicine. Every society has its way of generating a traditional knowledge base suitable for its people and their surrounding environment [2], and the perception of the disease's causal effect is linked with the people's magico-religious belief. However, with the advancement of modern medical research, individuals unfamiliar with indigenous healthcare systems express doubt about the applicability of traditional knowledge, which they sometimes disregard as outdated, limited or lacking [3]. This coexistence of indigenous healing systems with modern medical practices creates a situation of medical pluralism. Meanwhile, with the advent of Christianity in the indigenous society of northeastern India, faith healing can be found in practice along with the former systems. Thus, a dialogue towards the perception of disease and the health care system operates within these knowledge systems, i.e., indigenous ethnic practice, modern medical science, and Christian faith healing.

Considering this, the present paper will focus on the healthcare system of the Kom, who once were an animist society deeply rooted in the indigenous knowledge of their forefathers and were converted to Christianity by missionaries during the colonial period in the late 19<sup>th</sup> century and are now exposed to the modern world.

## **MATERIALS AND METHODS**

The present study was conducted among the Kom tribe of Manipur, India. Located in India's Eastern Frontier Region, Manipur is home to a variety of ethnic groups. It is bounded to the south and east by Myanmar (Burma), to the north by Nagaland, to the west by Assam, and to the southwest by Mizoram. It covers the latitudes from 23°83' North to 25°68' North and the longitudes from 93°03' East to 94°78' East. According to the 2011 census, it is home to 2,855,794 people and measures 22,327 square kilometres, or 0.7% of India's total land area [4, 5]. Imphal, the state capital, is located in the centre of the state at 790 metres above sea level in an oval valley that is around 700 square

miles in size and is surrounded by blue mountains [6]. Roughly 91% of the state is mountainous; the rest is made up of the lacustrine plain of the Central or Imphal valley, the Barak basin, and Jiribam on the western border, with a few hills scattered throughout.

The state is divided into two distinct regions – plain and mountainous – and has 16 districts [7]. The mountainous terrain consists of ten districts: Churachandpur, Tamenglong, Senapati, Chandel, Ukhrul, Kangpokpi, Tengnoupal, Kamjong, Noney, and Pherzawl. The remaining six districts are situated in the valley: Imphal East, Jiribam, Imphal West, Thoubal, Kakching, and Bishnupur. Manipur's population can be categorised into two groups primarily by where they live: non-tribals who dwell in the valley, and tribes who live in the hills. The majority of inhabitants in the valley are Manipuri Muslims (Pangal), Meitei Brahmins (Bamons), and other ethnicities. The majority of individuals who live in the hilly areas, however, are members of other ethnic communities. According to the Indian government, 34 recognized Scheduled Tribes, numbering 1,167,422 people and accounting for 40.8% of the state's total population, are also found in Manipur, [8].

Within this, the Kom are one of the recognized Scheduled Tribes speaking a Tibeto-Burman language, sparsely residing in the foothills of the hilly district of the state. According to the Office of Registrar General and Census Commissioner, Government of India, they made up a total of 14,528 people in the 2011 Census of India. The term Kom is derived from the word “*lukom*”, in which “*lu*” means “the head”, and “*kom*”, means “the act of wrapping a cloth around the head”. They practice a patriarchal, patrilineal and patrilocal social structure, and engage themselves in an exogamous marriage system. Farming and hunting are the primary means of economy, while they are under a chieftainship called *Savang* and his administrative staff. The post of the chief is hereditary, while the administrative staff are elected clan-wise. This administration manages all the cultural, customary, legal, administrative, and political issues. The Kom also have a rich cultural heritage in terms of festivals, dances, songs, musical instruments, dresses and ornaments.

The present data were collected from three Kom villages, namely Khoirentak Khuman and Upper Kom Keirap of Churachandpur district and Thayong of Kangpokpi district during the period of 2020–22. The data were collected using the interview method, and the snowball technique was applied to identify the indigenous health care practitioners and knowledgeable key informants. A total of seven key informants were identified out of which four were indigenous health care practitioners called *Thempu*, two were elders who had a potential knowledge of traditional practices, and one was the local pastor of a church. The

present paper is also supplemented by secondary sources of data. The collected data were analysed thematically and are qualitative in nature.

## RESULTS AND DISCUSSION

### Concept of disease in the traditional knowledge system

According to the Kom, the phrase *nat leh set* goes together in which *nat* means sickness/disease and *set* means unfortunate, implying that every disease is a misfortune for a person. And so does the word *hri leh rai*, where *hri* means the pathogen/causal effect and *rai* means signs and symptoms. It is believed that diseases are caused through *hrise-thlise* meaning epidemic bad winds. The traditional knowledge of the therapeutic process of diagnosing a disease begins as soon as the first symptoms of illness are noticed. This diagnosis process mainly involves physical examination, divination, and trance possession. Here, the diagnosis process also has some latent social implications which are very important in the indigenous context.

Furthermore, the healers of the Kom people have their methods and treatment rooted in supernatural belief systems. Magico-religious activities like divination by chicken, sacrificing of a dog, and sanctifying the village (*Khukham*) in times of epidemic with symbolic implications are performed to ward off diseases, ghost attacks, snake bites, and other related misfortunes. Apart from this, certain taboos were also found to be observed at the family and clan levels. Here, the shaman who does the process of healing is called *Thempu*.

The community faces various types of diseases and has lost lots of life. Malaria, common cold, dysentery, cholera, and chicken pox are the most frequently found diseases. However, traditional systems explain these diseases and their causes differently. The diseases were classified in their own way and treated accordingly. In those days, the only way to curb the spread of the disease during an epidemic was *khukham*. *Khukham* is a ritual practice by the people of the Kom tribe to curb any epidemic that occurs over time. To observe it, which means closure/stopping of the village (*Khu*-village; *Kham*-stop), the village priest (*Thempu*) will conduct the necessary rituals. The villagers shall observe this for seven days; during this period, no one is allowed to leave or enter their respective village. So, before commencing this ritual, all the necessary commodities the villagers need are stocked in the first place.

All the villagers and inhabitants of the neighbouring villages are be given prior information right before starting. Next, all the men from the town gather and close all the possible entrance gates with bamboo and tree beans creeper.

Then the whole village will collect seven species of turmeric from the wild and pound them in a wooden mortar. In the meantime, the *Thempu* will sacrifice a dog, slicing through its neck and collecting its blood. He will mix the blood with the turmeric juice and fill it into bamboo containers. After this, he will hang the containers on each household doorpost, a creeper of tree beans (*Kangjam*), and a seed of *Ketuki*. Once this is over, he will head to the main entrance gate of the village and sacrifice a red cock for a good omen. Here he will sprinkle the juice near the gate and hang the sacrificed dog's head at the entrance to drive away any evil spirit that brings disease toward the village. Then he will not plant a three-piece nail and threaten/command the disease not to enter the village, nor will the villagers cross the gate. After this, the villagers enjoy the dog feast together and return home.

After seven days, all the men gather and light a fire with the help of bamboo and a dried tree at the house of *Luklakpa* (assistant chief of the village). Each household will take a fire bond from this and light their hearth here. No one is allowed to make their fire by any other means. A person is imposed a penalty, i.e. a medium-sized jar of rice beer, if they make a fire (*Ju Hmajon inkhat*). After this, all the men will go hunting; one cannot open the gate unless one kills a four-footed animal. Here, the animal may be of any kind, including a squirrel. If they could not kill any game the next day, they would hunt for a particular bird called *Simrang*, a river bird with a black and white stripe. If they cannot find this bird, they will go fishing and catch a particular fish named *Ngaleng*, a river fish with a black and white line, by any means. After this, they will hang the head of the hunted animal near the gate and open the village gate. Returning to their place, all the men will beat the wall of every house with bamboo to scare away any evils residing with the family members. After this, all of them will be dispersed and thus mark the end of *Khukham*.

During *Khukham*, the people of Kom used turmeric to cast away evil, as no evil being can touch or enter a person who carries it. It acts as protection against any evil. They also used *Kangjam* (a tree bean's creeper) to close the village gate because it is the strongest and longest rope that, in the mythology the Kom, can even outgrow the earth's seventh layer. The use of the *Ketuki* plant symbolises that it protects the house with its prickles. Sacrificing the dog and using its blood is considered pure, loyal, and protective, while using a red cock brings a good omen/fortune to the ritual conducted. The lighting of fire from the same hearth shows the villagers' unity in times of trouble, and the hunting of animals shows their valour toward disease or evil. The villagers conducted rituals, but this did not mean they were no longer ill or would die dead. Still, they suffer the exact cause and conduct other practices to cure the patients. Here the village *Thempu* will perform some sacrificial rituals and use ethnomedicine.

## **Christians' view toward disease**

According to Christianity, the Bible is the ultimate authority on all matters of practice and belief. Furthermore, the Bible admits the reality of sickness, and there is no denying of its existence. It is real and will continue as long as we are in these bodies. According to the Bible, diseases developed due to Eve and Adam's original sin in the Garden of Eden. They were warned that the death process would start if they defied God. A component of that process is illness. Sadly, they disobeyed God's order and consumed the forbidden fruit. As Paul wrote in Romans 5:12, people have experienced death and dying.

It is said that sickness and disease may have either natural or supernatural causes. Natural causes for sickness include not obeying God's laws concerning health. Sometimes, God sends sickness, disease, and death as a divine judgment. Sometimes, people get sick because they violate the laws of nature which God has established. God gave the nation Israel specific laws to follow while travelling in the wilderness toward the Promised Land. For example, in Deuteronomy 23:12–14, God commanded the people of Israel to keep their sewage outside of where they camped. This law kept the camp holy and protected the people from various diseases resulting from living amongst raw sewage. In the Book of Leviticus, we find that whenever anyone touched something unclean, they had to wash it as God commanded. This included using running water as well as some antiseptic. Again, violating these laws could cause someone to be physically ill and transfer diseases to others. Furthermore, in Leviticus 13:9–11, He commanded those with a contagious disease to be isolated from the people. Thus, sickness does not always have a supernatural cause to it.

In John 9:1–3, when Jesus' disciples believed that a sin that his parents may have committed caused the man's blindness, the Bible links the disease with sin. In this instance, however, Jesus offered a different perspective, saying that the man's blindness revealed God's splendour, and he healed the man by giving him his first-ever sight. Thus, sickness itself is not a sin. At the same time, while sickness is not sin, sickness can be the result of sin while Paul emphasises that our body is the temple of the Holy Spirit in 1 Corinthians 6:19–20. Sickness sometimes results when people do not take care of themselves. They do not take heed of God's commands and overindulge in alcohol, food, or work. Thus, sickness can result from sin.

The Scripture from Philippians 2:30 and Daniel 8:27 highlights that sickness can result from overworking God's ministry, and one becomes ill from the spiritual battle. Thus, Mark 6:31 and 2 Corinthians 7:13 mention that rest and refreshment are necessary for all humans. As there is time to work, there is time to rest. Thus, the people of Israel were commanded to rest one day a week in

Exodus 16:29–30. Sickness can also result from the lack of exercise; the Bible allows for exercise and rest. If we do not exercise or give our body rest, we will subject ourselves to sickness. Apart from this, God sent sickness to judge his people. He warned the nation of Israel in the Book of Deuteronomy 28:20–22 that they would be judged with disease and disaster if they were not obedient to Him. Some diseases were boils, tumours, festering sores, and itch. For example, in Numbers 11:33, God sent a plague to the people of Israel on their way to the Promised Land. And obeying Him will spare them from the plague in Exodus 15:26. He also sent ailments to individuals for judgment, like Miriam and Gehazi who were struck with leprosy for their disobedience in Numbers 12:9 and 2 Kings 5:27. These instances remind us that the Lord uses disease, sickness and death as a means of judgment. Thus, as written in Psalm 119:67, through sickness, the discipline of the Lord can cause one to change one's habits and thus follow the Lord more closely. From a Christian perspective, God does not punish man. However, he designed the world and its structures so that man punishes himself if he fails to subject himself to them. Disobeying these laws implies inner disorder and, thus, possibly material disorder in the sense of disease. Meanwhile, Luke 13:11–16 states that some illnesses could be diabolical, and disease can come from the devil. In conclusion, there are a variety of causes for illness; hence it is impossible to pinpoint a specific cause for every illness. Indeed, there is a wide range of potential causes for our illnesses [9].

People are susceptible to illness and disease because they do not arm themselves to fight them [10]. One must master self-defence skills, which are found in God's Word, to be prepared to resist illness and disease. Sickness and disease can result in spiritual and bodily servitude, like maladies, rage, violence and immorality. To rebuke and resist sickness and disease, one must overcome the three derivatives of spiritual enslavement: bonds, oppression, and curses. Bondage is defined as servitude or submission to a dominant power or person. In the same way as a man might be held captive by drug use or immorality, a man can also be held captive by illness and disease. One will continue to live with an imprisoned mindset if one is unaware of their freedom from illness and disease as a result of the magnificent work that Jesus Christ accomplished on the cross; our ignorance of and lack of understanding of God's Word causes us to be blind to our freedom. According to Isaiah 53:5, every sickness and disease is represented by the lashes on Jesus' body. In addition to being a form of tyranny, illness and disease are forms of slavery. Oppression is the unjust or harsh use of authority or power and a feeling of physical or mental heaviness. The oppressed must be healed. The act of oppression can manifest itself as an illness. The yoke of tyranny is broken by the power of God working through the anointing of the

Holy Spirit. As Jesus declares in Matthew 11:30 that his yoke is light and easy, one must swap the oppressive oppression that might weigh us down physically or emotionally for the light yoke of Jesus Christ. However, illness and disease are curses that go beyond servitude and exploitation. Disobedience to God's laws and will results in curses. Because of our disobedience, the devil, our enemy, can enter and strike our bodies with his disease-causing darts without resistance. As a result of God lifting His hand and anointing us when we disobey, there is no resistance to the demon.

### **Perception of disease in modern medical science**

What counts as a disease changes over time, partly due to increasing expectations of health and partly due to changes in diagnostic ability, but primarily for social and economic reasons. Generally, sickness is an abnormality that affects a living being. It is a medical illness characterised by a pathogenic event and a distinct set of symptoms. Each disease process has an underlying cause or aetiology, yet some diseases may exhibit various contradictory symptoms, making identifying or diagnosing them challenging. Autoimmune, bacterial, blood, cancerous, digestive, heart, nerve (or neurodegenerative), sexually transmitted, or thyroid illnesses are some examples of disease categories. There are both communicable and non-communicable diseases. Acquired viruses or bacteria are examples of external causes of disease, whereas autoimmune or genetic dysfunctions are examples of internal causes. Some diseases are chronic, which means they are perpetually present and may take a long time to manifest symptoms. Thus, diseases may be classified by cause, the mechanism by which they are caused and symptoms. The type of causes may include airborne, foodborne, infection, lifestyle and non-communicable diseases. Diseases can be prevented by introducing proper sanitation, nutrition, adequate exercise, vaccinations and other self-care and public health measures.

Humans generally associate disease with pain, distress, or social problems. Thus, in medical treatments, efforts to cure or improve a disease are made through medications, surgery, medical devices, and self-care. Deviant behaviours, impairments, disorders, traumas, infections, and syndromes might be mistaken for true illness processes or operate as usual variations in structure and function. Certain disorders may disappear with time, while others call for therapies that stop the progression of the illness or eradicate its underlying causes. Some disorders may not be curable, so pain management therapy may be used to address the disease's symptoms.



### **The conflict between the three perceptions**

We are aware that a patient's cognitive assessment and individual comprehension of a medical condition and its potential repercussions constitute their experience of sickness [11]. This understanding of illness also emphasises how a person perceives and conceptualises living with a disease [12]. These perceptions include optimistic and pessimistic illness beliefs, affecting how well a person can cope with their condition and whether they see it as treatable or life-threatening [13]. Due to conflicting views on various ailments, the Kom community's residents frequently struggle with choosing a healthcare system because they have access to various healthcare expertises.

We are aware that spiritual healing is common in indigenous societies. Additionally, these civilisations had their native cures for social and physical ills that had withstood the test of time and outside influences [14]. Animism is the Kom people's traditional religion, and they also practise indigenous healing techniques alongside their religious beliefs. They were engaged in magico-religious healing practices, which markedly contrasted with their conversion to Christianity and their applicability to modern medicine. According to their traditional belief, the disease is considered a misfortune to the patient and is caused by evil. Here, if the patient is diagnosed with a known mild disease, he/she can be cured by some methods of ethnomedicine. Depending upon the severity of the cause, if the shaman detects the presence of a supernatural cause, a sacrificial prayer will suffice to solve the problem. So do the cases of witchcraft and sorcery, sanctification and sacrificial acts with symbolic implications.

In Christianity, the disease results from sin, overworking, or the devil's work. Thus, by accepting the following points, a person will be disease-free. First, one must understand and believe that one has been set free from sickness and disease by Jesus Christ on the cross. Second, only the power of God through the Holy Spirit can heal disease. Lastly, the resistance against disease or evil by God's hand will be lifted if we disobey Him.

On the other hand, in modern medical science, disease is considered an abnormality in the living organism due to some causal pathogens like bacteria, viruses, and other microorganisms. And these abnormalities can be healed by proper medication, treatment, and other supplementary needs. Here, while the ethnic practices and Christianity believe in supernatural effects, modern medical science asks for proof and logic. The cause and effect of the disease are simple in the medical term that certain medications can eliminate. At the same time, the ethnic practices and Christianity engage in the supernatural realm for deliverance from disease. Thus, the Kom people are trapped in conflicting knowledge regarding the perception of disease and its cure.

## **Wisdom dialogue of the Kom people**

Prior to the last few hundred years, numerous presumptions about the nature of health and sickness were held by individuals who experienced suffering and those who sought to alleviate it. Elite groups of healers evolved as cultures advanced in complexity, and many of their theories and methods started to depart from accepted notions of health and illness [15]. These medically pluralistic societies offer a variety of treatments that health seekers may choose to utilise successively, exclusively, or simultaneously [16–19]. In the case of the Kom community, the people's healthcare system provided various choices, including traditional ethnic practices, Christian faith healing, and modern medical science. Although traditional knowledge is static, its unchanging longevity may indicate its robustness, adaptability, and sound underlying principles. Furthermore, with modern pharmaceutical products expected to become more expensive, people opt for the cheap and known healing process they have acquired from their forefathers.

With the introduction of education and development of science and technology, the younger generation of the Kom is more inclined towards modern medical science. As they are far from the knowledge of their indigenous people, the attachment to ethnomedicine has also lessened. On the other hand, with the advent of Christianity, the people slowly disengage themselves from shamanistic practices. Instead, they would opt for spiritual awakening and faith healing practice.

We are aware that the availability, usability, and affordability of health services provided by various medical and healthcare systems are essential to the sustainability of health. However, when there is a barrier to accessing resources and services, the disparity in access to healthcare and medical systems results in health inequality and inequities [20]. The Kom community's bad health is not caused by a lack of healthcare resources; instead, it is a result of the coexistence of numerous knowledge systems that interfere with one another's ability to provide adequate care. Syncretism of their gained knowledge in treating a specific sickness has resulted from their inability to pay for modern medical therapy and their tendency towards religion. These distinct medical systems are seen as producers of therapeutic alternatives and choices in pluralistic societies where traditional notions and practises are contrasted with biological or scientific therapies [21].

For example, when a person gets sick, he or she would at first seek treatment based on the severity of the illness. Here, if the patient is diagnosed with a mild known disease like headache, fever, common cold, and dysentery, he/she would be treated with general traditional ethnomedicine. And, if the disease is left

uncured, one would seek treatment based on the patient's and family's trust in any of the three healthcare systems. That is – to continue with ethnomedicine and get help from the shaman, seek help from Christian faith healing or modern medical science. Usually, people would go to the hospital for a proper disease diagnosis.

Furthermore, if the patient is diagnosed with severe diseases like kidney failure, stroke, cancer, and liver dysfunction, people would ask the visioner for prayer and seek help from modern medicine. During this process, if the visioner reports a supernatural cause, one has to withdraw their treatment from modern medical care, provoking a conflict of interest in the patient and the family members depending upon their faith and trust in the medical system. Since people have converted to Christianity, one should no longer engage in the shamanistic ritual but can still seek the ethnomedicine treatment. Sometimes, one cannot simultaneously take a parallel treatment from the three healthcare systems. This creates conflicting dialogues within the people's knowledge system. Thus, one has to choose based on the severity of the disease, exposure to education, and faith in any healthcare system.

Here, after a particular healthcare is chosen, the therapeutic process ends if the patient is cured. If he does not respond to that treatment or the condition of the patient deteriorates, another healer or treatment method is sought. This process continues until the patient is cured or has succumbed to the illness.

## CONCLUSION

From the above discussion we can understand that people's perception of health and disease, its acceptance, and management of different diseases has changed before and after the intervention of modern medical science. Throughout this change, people have been facing a dilemma in managing and treating the disease based on their acquired knowledge as they perceive and believe illness to have natural, supernatural, and societal causes. The people of Kom were found to opt for different healing systems taking advantage of the medical pluralism within the health care system. At the same time, their rationality towards the choice of treatment depends on the severity of the diagnosed disease, knowledge gained by the patient and peer members, and the inclination of their trust and faith in a particular healthcare system, i.e., ethnomedicine, Christian faith healing or modern medical science.

Thus, the integration of these three domains into the primary health care strategy is necessary for supporting the patients' needs towards making necessary decisions. And understanding the perceptions of the causes of ill health

in indigenous communities is necessary for helping policymakers to design effective integrated primary health care strategies to serve these communities. Finally, proper awareness of the cause of the disease, its prevention and care are most essential among the indigenous people in the light of their learned knowledge to avoid further health inequality in society.

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