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Source: *Sociological Bulletin*, Vol. 51, No. 1 (March 2002), pp. 80-100

Published by: [Indian Sociological Society](#)

Stable URL: <http://www.jstor.org/stable/23620064>

Accessed: 29-05-2015 10:23 UTC

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# **Food: The Immanent Cause from Outside - Medical Lore on Food and Health in Village Tamil Nadu<sup>1</sup>**

*V. Sujatha*

*This paper analyses the ideas and practices about food in village Tamil Nadu and discusses the village-folk's knowledge of health. It is divided into three parts: the first part outlines the content of the villagers' diet; the second part examines their ideas relating to food and its significance, and the norms governing food and eating; and the third part highlights the features of medical lore as a knowledge system.*

*Medical lore*, denoting the medical knowledge and health practices of the village folk, is an important aspect of indigenous medicine in India. It is a body of knowledge emerging from the living experience of the people and is *not* necessarily a diluted version of the medical systems such as Ayurveda and Siddha. The common people in Indian villages have immanent necessity and greater opportunity to address their own health problems, and have thereby acquired considerable knowledge of health and disease. Their health concepts are constantly validated in practice in their quotidian life. At the same time, they coexist with the centuries old textual traditions which have elaborate formulations in the same domain (Radhika and Balasubramanian 1989 and 1990). It is, therefore, necessary to view the medical knowledge of the people in its own right without negating its relation to the formal, textual medical traditions.

A brief look at the important studies on the subject - in anthropology, policy studies and the modern sociology of knowledge - would help appreciate this point. Ethnographic accounts of shamans and rural medicine men have been a favourite subject for the anthropologists: Elwin (1955) has given an account of male and female shamans among

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the Saora tribe of Orissa. In his study of folk medicine in a north Indian village, Carstairs (1955) has argued that traditional medicine persists because it establishes 'faith' and 'assurance' in the patient; lacking this 'aura of conviction', modern medicine is required to justify itself in these terms. Marriott (1955) has also argued that it is not so much the technical skill that gives prestige to the healer, but his spiritual power gained through piety. Jaggi (1973) highlights the role of religious belief, superstition and ritual in village medicine. The changes in traditional medicine caused by the coexistence of allopathy have also been studied (see Hasan 1967 and Leslie 1968). These and similar studies point to the social, emotional and religious functions of folk medicine; the success of folk medicine, if acknowledged, is attributed to factors other than medical efficacy.

Policy studies (see Banerji 1974 and 1976; Djurfeldt and Lindberg 1976; Kakar 1977; Priya 1990; Qadeer 1985 and 1990), which aim at identifying the health needs of the population and evaluating existing policy measures on health, tend to view the common people as 'poor and ignorant masses' needing policy attention. In these studies medical lore is characterised as 'layperson's perception or belief', whose knowledge 'can play an important role in orienting social marketing strategy around key cultural concerns and associations' (Nichter 1980:232). This is understandable as these studies 'assume the supreme efficacy of western medicine' and their main aim is 'to make it more available to the villagers' (Leslie 1988:1-2).

Furthermore, the word 'layperson' projects the villager as incapable of any discrimination. While in some villages many systems of cure may coexist, a villager's choice of an appropriate system will be conditioned by her/his analysis of the role that medicine plays in altering the balance within her/his system and between her/him and the environment. In this the villager draws on her/his 'knowledge capital'.

Influenced by the developments in sociology of knowledge, a new class of social scientists trained in Indian systems of medicine has analysed the content and form of medical texts and the manner in which these are interpreted in practice by professional *vaidyas*: Francis Zimmerman (1978, 1980 and 1988), an apprentice under Shri Vayaskara N.S. Mooss, a hereditary practitioner of Astavaidya caste in the Kerala School of Ayurveda, working in the academic traditions of Gaston Bachelard and Michael Foucault; Margaret Trawick Egnor (1983 and

1987), who studied with Shri Mahadeva Iyer, a master practitioner in a village near Kanyakumari in Tamil Nadu; and Daniel Tabor (1981), a student of Shri Bapalal Vaitya, the retired principal of an Ayurvedic college in Surat. Studies of this genre, which focus on the textual and formal dimensions of Ayurveda and Siddha, have considerably enhanced the epistemological status of Indian medicine. However, studies on the medical lore of the village folk as a system of knowledge in its own right are hard to come by.

This paper explores the folk-health tradition in Tamil Nadu where food is conceived of, as in other rural areas in the country, as the primary cause of health and disease. It is part of a larger effort to understand the medical knowledge and practices of the village folk in Pasumpon Thevar Thirumagan District of Tamil Nadu (see Sujatha 1994). The locus of field work was a group of villages of Thirukolakudi Panchayat situated north-west of Tirupatur town, in the foot of a hill locally called Suramalai. All villages in this panchayat suffer from economic handicaps endemic to the area caused by small land holdings, infrequent and unreliable rains, lack of a permanent source of irrigation and poor productivity of the soil. Dry-land farming and coolie labour are the main sources of livelihood for the majority of the inhabitants, though a few cultivate paddy in their well-irrigated lands.

In this area, extremes in social (caste) and economic (class) differences are less; powerful lobbies of Brahmin and Chettiyar castes are absent. The area is populated by caste groups like the Maravars, Kallars, Valayars, Paraiyars and Pallars. The Valayars are a numerically large caste group in the villages of Thirukolakudi panchayat, and they form about 50 percent of our informants. There seems to be no distinct upper class in the area.

## I

### Diet Content

It is well known that the staple food of most south Indian villagers consists of rice, ragi, maize and millet cooked and taken with a vegetable side dish or *sambar* (spicy gravy). Underlying this apparently simple diet are certain principles which have largely remained uncoded. Variety, for instance, seems to be the most fundamental of such principles.

Variety in diet, however, is limited to whatever is available in the habitat according to seasonal changes. Moreover, variety is sought more in those foods that are consumed in large quantities and frequently, and less in those foods that are consumed in lesser quantities and infrequently.

The villages are in a drought-prone area where dry-land farming is the only major source of sustenance, and wetland farming, particularly rice cultivation, is very less. Finger millet, pearl millet, kodo millet, little millet, maize and sorghum are the food grains cultivated on dry land; besides, pulses like cowpea, green gram, carpet legume, etc. are cultivated side by side. These are the only reliable and perennial sources of food for the people here. Rice and vegetables grow only during specific seasons. With such constraints imposed by ecology and the seasons, how can the variety principle operate?

The dry-land food grains are processed, pounded and cooked. Every day a different food grain is cooked; sometimes two are cooked in one day, separately for the day and the night. Somehow, a rotation of all the available food grains is achieved during the week. A similar, if not more intensive, drive for variety could be found in the consumption of greens: in most households four to 10 varieties of greens are cooked together in the water with which the food grain has been washed. Often, the villagers collect the leaves of any plant that they know is edible and add it to their collection of greens. The greens may not all be tasty; some are quite bitter, while some have a strong smell. Adults and children alike consume a variety of greens of different tastes as often as once a day or at least thrice a week. An exclusive vegetable side dish is not a regular feature in their daily fare. The vegetables grown in their farms, if any, or bought from the weekly village market are cooked along with a spicy gravy made of tamarind juice, known as *sambar*. The *sambar* may consist of two or three pulses.

The non vegetarian food that the Valayars (originally hunters) living in Thirukolakudi consume consists of what they get from hunting - rabbits, squirrels, bandicoots, and cranes and some other birds. The others at times buy some kinds of meat from the Valayars. Thus, the people see to consume a variety of meats.

Some variation from the set pattern of diet in response to seasonal changes was observed: With the onset of rains, many plants grow on the foot of the hill (Suramalai) lending a lush green colour to the landscape.

During this time, several herbs and mushrooms are collected and used in daily cooking.

Most villagers cannot afford to buy fruits from the market. They consume the locally available palm fruit, cashew fruit, ripe cucumbers, and other local fruits. They eat fruits like bananas, oranges, etc. only when they get it cheaply or in case of illness, especially those that require hospitalisation. Groundnut, tamarind seed with jaggery and roasted green gram are consumed as small eats. *Eesal* (winged termites) is the choicest of all small eats.

Foods cooked for festive occasions have perhaps the least variety. Most of the special food is cooked and not deep fried. A majority of Valayars and certain scheduled caste groups in the area observe a religious taboo about deep frying in the household; they have to go to the 'forests' to prepare fried foods.

Omissions in the diet have as much to say as inclusions. Milk and milk products are conspicuous by their absence. This does not mean that they are never consumed; it only means that they do not form a part of the regular fare of most of the villagers. They may be used for medicinal purposes or in special cases, such as a nursing mother. The villagers are not particularly fond of milk, curds and ghee: some people are averse to milk products, others simply avoid them. Many people nauseate at the smell of curds and buttermilk. It is difficult to ascertain whether this aversion has a physiological or socio-cultural basis. Perhaps an insight into their ideas about food-body relationship could throw some light on this matter.

## II

### The Significance of Food

While the people of Thirukolakudi accord great importance to food, they do not seem to perceive its importance in terms of its basic need for existence. That is, their ideas about the significance of food are not built around the assertions about its absolute necessity for survival. They do not say, for example, that food is primary because there can be no life without it; rather, their conceptions of food are corporal: they seem to conceive the significance of food in terms of its vital functions for the

body. Furthermore, their conceptions are wide in scope, encompassing the idea of 'intake' in general.

The villagers assert, 'For all living beings, food is the source of health and disease'.<sup>2</sup> This seemingly general and an ordinary statement gives an important clue to their ideas of health and disease. It implies that other causes of health and disease, namely, heredity, climate, environment, habits, etc. are only of secondary importance; in the final analysis, food is the determinant of health and disease. While the villagers would be open to discuss other factors related to health and disease, they would inevitably end the discussion by drawing attention to the primacy of food over other causes: 'What are all these? Our intake is the cause for every thing. Disease does not come from body constitution or heredity; it comes from what we eat'.

Proverbs quoted by the informants also signify how 'intake' is vital not only for human beings, animals and plants, but also for the earth and even for mechanical objects like, e.g., petrol for a car. So pervasive is the notion of the primacy of food that it figures as analogy even in discussions not directly concerning food. For instance, on the necessity of manure in agriculture it was said: 'You should have eaten well to lift more weight. Can you eat little and lift more? So is the earth. Only if you feed it with manure will it lift the yield high?'

From various accounts and comments of the villagers, we may delineate two dominant lines of explanation for this overwhelming importance attached to food. Of the various factors that could be associated with health, such as living conditions, hygiene, environment and the like, food alone goes directly into the body, interacts with the body system, and becomes 'internal' to the body system itself. The others do have an effect, but their effect is restricted in comparison with food which, though originating 'outside', gets right into the body metabolism and is later assimilated into it. In other words, it is food which establishes a link between what is external to the body system and what is internal to it. Food gets transformed from being an external input to an internal feature of the body. As an informant remarked: 'Everything germinates from the chemicals we use. We add them to the very seeds we sow on earth. The baby has it when it is born. All we eat; where else will it go?' The 'seeds' that go to make the foetus contain the chemical inputs used in cultivating the food grain consumed. To be able to affect the semen from which the foetus originates, the chemicals in

food should themselves have become an innate feature of the body system.

Another line of explanation stems from the recognition of the formative role of food in the very genesis of the foetus. The dietary habits of the parents are said to determine the properties of their reproductive fluids directly, and the diet pattern of the mother is regarded as having tremendous impact on the body constitution of the foetus. A cryptic comment made by an old man about the older generation paraphrases this idea: 'We are not made of coffee and snacks. Our parents ate food grains and porridge and from it we were made'. In brief, the relation between body and food is considered so profound and far-reaching as to be able to mould the calibre of an entire generation.

Considering the cardinal importance assigned to food as a cause for health/illness, one would expect a meticulous classification and well-formulated prescriptions about foods to be eaten or avoided, etc. However, our informants did not have much to say on types of food to be eaten or avoided, that would be applicable to all. One would tend to attribute this relative absence of universalistic norms to poverty, which could have forced them to accept any food as fit for eating. However, the relative absence of norms concerning food seemed to be compensated by the firm insistence on norms regarding eating. The type and nutritive value of food, which are a matter of quality, vary from culture to culture, depending on a number of local conditions like climate, ecology and lifestyle. It would, therefore, not be wise to have norms that would be applicable to all. On the other hand, it would be necessary to have fixed norms about eating as an activity. Accordingly, we find that norms that are categorically stated and said to hold good for all are those that relate to the latter; the more conditional ones, to the former. Conceptions on the quantity of food to be consumed, however, intersect both - the universal and local conditions.

### **Eating: The Universal and Mechanical Dimensions**

The most fundamental norm according to the villagers, is *regularity* in eating. Eating at fixed hours of the day is regarded as essential. What is eaten is secondary; that something is eaten in time so that the stomach is not left empty is primary. This norm invokes a mechanical conception of



the digestive system as the informants stressed the necessity of eating something at the 'eating time' even when no hunger is felt.

The digestive system is likened to a machine and the most basic requirements for its functioning are highlighted. While there could be exceptions to some health norms, the violation of which may not be very harmful, no exception is provided for the norm 'eat at regular and fixed timings':

Without food you cannot do a thing. If your stomach is empty, the digestive fluids that are secreted will cause burning sensation inside the stomach, the digestive organs would contract, and from these disease would start. If you go and have food later, you will feel the stomach churning and aching. So whatever happens, you must take food in time, at least a little to give some input to the stomach and keep it cool. Three meals a day for all living beings [sic]. From food comes life, disease, and everything (Azhagammai, a female informant).

That food must be taken at least thrice a day, is the second norm; though a fourth meal is said to be necessary when work is heavy. This does not mean that overeating is generally encouraged. One is to eat only after the previous meal is fully digested. Overeating and eating between meals are strongly discouraged. That is, *moderation* in eating is stressed.

These norms are regarded as important and the villagers claimed to take great care to follow them. They, no doubt, adjust the timing of their meals to suit their convenience and habit. Yet there was *constancy* in the meal-timings and the basic norm of 'eating thrice a day at fixed hours' remained unchanged. Regularity, moderation and constancy are thus highlighted as the fundamental principles underlying the cultivation of eating habits.

The term constancy suggests something about the quantity of food to be taken. Can this quantity be specified (similar to the minimum and maximum calorie intake specified in biomedicine)? The villager's conception of the food-body relationship initially leads us to think that the quantity of food to be taken is based on the amount of work done. While it is held that people who do more physical work have to and do eat 'more' and that one cannot work if one does not eat 'enough', the villagers pointed out that the actual amount of food consumed by a

person is not determined by the amount of work done by her/him: there are persons who eat less always and yet do as much work as anybody, and vice versa.

What is important in this regard is the 'capacity of the stomach to hold', that is, the requirement of the stomach is considered to be *the* criterion for the quantity of food to be eaten. The term *kannaku* (measure) used frequently in this regard connotes the capacity of the stomach as a standard measure of the quantity of food to be consumed:

You can eat only as much as your body system can assimilate. *That is the measure.* A big tank can hold more water; a small one cannot. If you forcibly fill more into the tank, it will break. So if you consume more than your stomach can hold, you would vomit. Everything is indeed measured (Chinnakaruppan, a male informant).

This criterion is stated in unequivocal terms. Even if the question is twisted - 'Do we have to eat less when we work less, or vice versa?' - the answer is straight: 'Do we have two stomachs, one when you work and one when you don't? You eat the same amount always, don't you?' (*Ibid.*). While the injunction that one should eat as much as the stomach holds may appear to be a universal prescription, subjecting the capacity of the stomach to some specific conditions 'localises' the criterion.

### **Quality of Food: The Local Dimension**

Initially, the digestive system is perceived as an entity *per se* and the purely mechanical aspects of its functioning are spelt out. However, the machine (digestive system) is inside a larger system (body system), it receives inputs (food) from outside (ecology and environment), and its functioning depends on many other factors - the operations of the larger system (work done by the person), the capacity of the larger system (body constitution of the person), and the availability of inputs from outside (economic, geographic and seasonal conditions). These conditions having a bearing on the 'machine' are local' in nature; local to a group of people living in similar conditions. These are highly variable and dynamic conditions experienced, comprehended and

handled by the group of people living under them. These are conditions relating to the quality of food.

*The variety principle and body constitution:* Questions like ‘What foods are good?’, ‘What foods are nutritious?’, ‘What foods are harmful to health?’ and so on, evoke responses like: ‘Everything is edible, man eats even mud and stone with food, even that goes inside, what is not edible?’ (Pothichi, a female informant). ‘What is not eaten? Snakes are not eaten. But they say that the white man eats that; what is left that man does not eat?’ (Kaari, a male informant).

The argument that all foods are good apparently implies that there is nothing inherently wrong about a foodstuff. Each foodstuff possesses certain properties and it becomes good or bad when these properties agree or disagree with the eater’s body constitution. Since what is agreeable to one may not for another, each person has to decide what is good for herself/himself.

It is considered better to eat as many kinds of food as possible to acquire the ‘goodness’ of all of them. Thereby the body gets used to the various properties, good and bad alike, that any further dose of those properties may not cause harm. Thus, the harmful elements can also give strength to the body by conditioning it against further doses of the same. In this way, the *variety principle* paves the way for the control of diseases carried by food. This is particularly true of foods which are part of the daily diet, because it is necessary to familiarise the body to foods that will constitute the bulk of the daily consumption. It is said that people who eat variety of foods are healthier than those who are very choosy. So, for one month after delivery the mother is given all kinds of vegetables and foodstuffs (though in limited quantities) to accustom her breastfed baby to variety in the early stages of its life.

The increase in skin diseases in the past 10 years, which the allopathic doctors attribute to the ‘unhygienic lifestyle’ of the villagers, is held by the villagers to be the consequence of violation of the variety principle. The depletion of the traditional food grains and loss of many dry-land pulses (due to commercial cropping) have forced them to eat only some varieties of pulses and vegetables (like the red pumpkin, brinjal, etc.) which are available, and which are all *karrapan* (foods that cause skin problems). These are said to vitiate *neer* (water) in the body system and in the absence of neutralising properties, lead to skin infections of various kinds.

The variety principle when carried to its extreme represents an ideal for the villagers. 'Indiscriminate diet', as we may call it, would mean eating the maximum possible kinds of foods. 'A man who eats anything, almost everything without feeling any aversion to smells and tastes becomes the strongest. Nobody can beat him' (Kottaiyan, a male informant). As a rule, informants referring to this ideal inevitably cite the diet of the goat as being typical of the condition of indiscriminate diet: The goat, of all animals, is known to eat all kinds of leaves including the poisonous *Kancarai* (Strychnine tree). It is said that excepting the plant locally known as *aadu todaa ilai* (Adathoda Vasaka), there is no plant that the goat does not eat. The goat is so adaptive, the villagers add, that during times of drought, when pastures are scarce, it eats leeches and even bits of paper, though basically it is a vegetarian. It is enriched by the properties of all those various substances it eats, and the noxious elements, if any, neutralise each other. The goat's milk is, therefore, said to be 'free from disease'.

Despite being a pervasive ideal, 'indiscriminate diet' is not fully achieved in practice, as is evident from the fact that the villagers avoid certain foods and are averse to some. The villagers acknowledge that lifestyle, kind and amount of work done, time available, availability of foods and their compatibility with the body constitution, and so on have a crucial role to play in the realisation of this ideal.

While the villagers say that all food items are good, they would not take milk, curds, ghee and some vegetables, even if they are available. A closer scrutiny reveals that these rich foods are said to be good for the body and its shine and glow, but they do not seem to be regarded as strengthening the body system. The term *caturam* (body frame), connoting the outer appearance of the body, as opposed to the terms *tiregam* and *mel* used to characterise the body system and its inner metabolism, provides the clue to this implicit distinction: milk, curds and the like contribute to the frame only. Growth of the frame (body size) is considered harmful to health and especially antithetical to their lifestyle based on hard work.

The villagers, however, are not negating the nutritive value of the foods like milk; 'it is inadequate for us' is what they say. For the kind and amount of physical work they do, they require foods that are bulky enough to keep their stomachs full during work. Foods like milk, fruits, egg, etc. do not meet their requirement for bulk foods, that is, they are

not filling, it is said. All the food grains, cereals, pulses and greens that they eat regularly are said to supply the needful at low cost. 'We eat all the nine kinds of grains, all available varieties of cereals and pulses; moreover, we eat "mixed greens" at least twice a week and so our blood would be as good and bright as the sparrow's blood' (Raasu, a specialist in treating snake and insect bites).

### **The Nexus of Food, Body, Work, Ecology and Lifestyle**

The villagers do not seem to view the body in terms of anatomy and physiology. They talk about processes and entities, the crucial ones among them being *body constitution* and *quality of blood*. Blood, here, does not have a literal meaning; it is used as an umbrella concept to subsume several body constituents - reproductive fluids, fat, bone marrow, hormones, besides blood proper. Thus, *blood* is regarded as virtually constituting the important fluid contents of the body system, and hence, a vital force in its functioning. Body constitution, on the other hand, is said to include heredity and genetic factors. Basically, it refers to certain tendencies in the body system which give a person her/his physical, physiological and mental traits and 'proneness' to some kinds of ailments. The relation between blood and body constitution is not made clear to us by the informants, except that the tendencies of the body system are generally manifest in blood.

A thing, before it becomes food to us, is part of nature and, hence, an entity external to our body. All substances in nature and, thereby, food also, are considered to possess some properties like heat, water and so on, which are regarded as neither good nor bad. The contact between food and body is first established physically when the food is consumed and digested. Later, food assimilates with the body system; more precisely, it is said to combine with blood and rejuvenate it. It is as though the blood and the body constituents get constituted by the food consumed. In this sense, the body itself is conceived of as being constituted by food, and the relation between food and body is established in the most fundamental way.

Both food and the body constitution seem to be governed by a common classification system whose main elements are heat producing, watery and wind producing. So wise eating calls for a compensatory eating principle to avoid vitiation of the prone tendency. Since the

goodness/badness of foods is ascertained only in their relation to the body (of persons), universalistic criteria for classifying good and bad foods are not applied. However, by relating food consumed to body constitution, the food-body relation is not reduced to the level of individual bodies. There are patterns in body constitution ('hot bodies', 'cool bodies' and so on) which raise the food-body relation to the level of interaction of properties. Furthermore, the body constitution and food eaten are not individual entities but they are themselves a function of larger forces in the ecology, heredity and social background.

Thus, food which seems an innocuous entity from outside, becomes the source of health and disease when it gets into the body and interacts with it. However, the relation between food and body is said to be incomplete without incorporating the functions of the body (that is, work). Food consumed has to be in proportion to the work done, and this is regarded as an important physiological requirement of any body system. Physical work is said to perform the indispensable catalytic role in the assimilation of food and the expulsion of wastes from the body. Any excesses in the foods consumed are said to be expelled from the system through sweat, thus avoiding the possibility of vitiation of constitutional tendencies resulting from food intake: 'The more you sweat, the better, the body will eject the unwanted fluids through sweat. To bring these fluids out, some amount of hard work is absolutely essentially for anybody' (Chinnakaruppan, a male informant). Thus, physical work is another neutralising mechanism in the complex relationship between food and the body (the others being the variety principle and indiscriminate diet, discussed earlier) which is considered to reinforce continually the capacity to work by processing the food in the appropriate manner.

There is more to this interaction between food and work. We know that various food grains are included in the villagers' diet by rotation. These food grains are allocated for the day and the night: finger millet, kodo millet and little millet are consumed during the day; maize and rice are consumed at night. Similarly, a greater combination of food grains is consumed during the latter half of the year (i.e., during the agricultural season), and lesser combination is found in their diets in the first half. The villagers acknowledge these adjustments and explain that heavier and bulkier foods that could withstand 'the absorbing power' of hard physical work will have to be consumed when there is more work.

However, the food intake is not necessarily reduced when work is less: 'What we eat in the day is burnt up in work. What is eaten in the night only "stays" and assimilates with the body. So we can eat heavily, as much as we want in the night' (Konamuzhichi, a female informant).

As we have seen, the amount of food eaten is said to be determined by the capacity of the stomach, irrespective of work done. Nevertheless, this does not seem to be put into practice, because the foods consumed during the day are 'heavy' and those consumed in the night are 'light'. It was clarified that the phrase, 'we can eat heavily in the night' means 'we can eat more of the light foods in the night'. The quality of food eaten, namely, whether it is heavy or light is what is to be synchronised with the work done. Adjustments in the quantity of food taken need not be made according to work done, it is felt.

Apparently, the amount of work done has nothing to do with the quantity of food taken. After all, the quantity of food that a person can eat is said to be related to the capacity of her/his stomach. But, there is a subtle twist here: the capacity of the stomach is itself said to be determined by the amount of work done. Instead of postulating a direct and simple relation between work and food, thereby reducing it to the level of the individual, it is conceived at a much higher level of generality. The capacity of the stomach, according to the villagers, does not seem to refer to the capacity of individual stomachs. It is subject to the proportion of work in one's lifestyle as a whole. Thus, a group of people leading a similar lifestyle and doing the work of similar intensity is likely to have stomachs with similar capacity to hold food.

This idea is almost reduced to an equation by our informants: Less or more work seems to activate the digestive system accordingly, and the food eaten is balanced with the amount of work done. If this is so, why should such great importance be attached to physical work? For an answer, we are taken back to the initial statements about the catalytic role of physical work. The absence of physical work in one's lifestyle, it is said, cannot be compensated by any improvements in nutrition, hygiene, etc.: 'The more you work the more healthy you are. Even if you eat the best and the most nutritious of foods, but do not work enough, the foods eaten will themselves become sources of disease' (Fatima Bheevi, a female informant). Thus, a lifestyle of more work, more food, is always considered preferable.

The food-body relation mediated by work is to be understood in the context of their common existence in ecology. It is said that human beings and the food they consume are of the same order in that they are both living things. Food comes from plants and animals, which are living things. At this level, the body and the food to be consumed are affected individually and collectively by any stimulus to the ecology of which they are a part. It may even be said that they react similarly to such stimuli, and that the reaction to the stimuli by one of them could be a basis for understanding and explaining the same in another.<sup>3</sup> The following comment illustrates this point: 'If the chemicals can be so powerful as to raise the yield from five bags to eight, will its potency not act on the delicate digestive organs at least with half its force, when the food so cultivated is eaten regularly?' (Nalli, a female informant).

The earth is here a metaphor for the body. The effect of chemical inputs on earth becomes a means of comprehending the effect of food 'infested' with chemicals on the body. The similarity in the reactions of the human body and other elements in ecology (such as the earth, plants and animals) to stimuli signifies the 'internalisation' of ecology by the body. Food is the vehicle of this internalisation: originating in ecology, or rather, itself being ecology, food takes ecology into the body. This internalisation is established and sustained over a period. In other words, a process of conditioning the body system to the food and thereby to the ecology has to precede internalisation. By eating the foods prevalent in one's ecology over a period, the body gets conditioned to them and becomes immune to the effects of minor imbalances that may be caused by the foods so consumed.

The conditioning to the inputs coming from their ecology, the villagers say, enables them to identify the sources of new ailments. For instance, when they say that chemical fertilisers and pesticides cause particular kinds of illnesses, it is not out of sheer resistance to change, but because of the fact that they produce reactions within the body which they have hitherto not experienced. That is, they know the reactions produced by the foods to which they are conditioned. Thus, experience and the logic of elimination have helped them conclude that the food 'infested' with chemical inputs causes a host of 'heat-related' disorders which their organic foods never did. The following remark of Azhagi, a female informant, illustrates this:



The crops, greens and grains cultivated with chemical fertilisers and pesticides cause excessive production of wind inside the system. It never used to be like this those days. Nowadays poisonous medicines are used in agriculture. We eat the food thinking, after all it comes from our land, what harm can it do? To our surprise the food from our land has itself become a source of disease!

Conditioning to ecology through food can thus keep one perfectly at ease with their ecology. A remark such as, 'we eat it thinking it comes from the earth, after all, what harm can it cause?' brings out the rapport that the villagers have established with the ecology. This conditioning seems to have a crucial function in the occurrence or otherwise of disease. When asked why they continue to drink the unprotected water from the tanks, which the medical personnel in the area consider as the main cause of infections, the villagers would reply: 'They say that there are germs in our tank water; true, but drinking this tank water for years together, we have ourselves become germs' (Meyyan, a male informant). In other words, conditioning can internalise the disease causing agents themselves; by acquainting, or rather, befriending itself with the potential sources of disease, the body controls them.

There is yet another dimension to the nexus in which the conditioning process acquires a wider and profound meaning than before. The body is said to secure a relation to the ecology not only through food (in the sense of meal); the air inhaled, the water used for drinking and bathing, and the herbal medicines taken are also forms of ecology going into the body, reinforcing the internalisation of the ecology. A whole generation of people being so intensely conditioned to the ecology can be expected to pass on the conditioning, to an extent, to their offspring: 'We are not born out of coffee and snacks. Our parents ate food grains and porridge and from it we were made' (Ambalam, a male informant). Thus, the conditioning process is said to thrust its roots into the formative stages itself, presetting the rudiments of a whole generation to come.

Not only do the body and food get conditioned, the water and medicines consumed and the air inhaled by a person get conditioned to each other. Living in a habitat for several generations moulds the body system of the inhabitants, conditions them to its ecology and binds together the various inputs from the ecology consumed by them, thus

creating a nexus of interpenetrating relations. At a specific level, the implications of the nexus would be like this: the kinds of food eaten (for example, organically grown) and the kinds of medicines taken (for example, herbal) would be so conditioned to each other that if a new type of medicine is taken, the medicine may not work well. A whole lifestyle evolves in this nexus of compatible relations between one's body, the foods eaten, the water drunk, the medicines taken, the work done, and the ecology in which these exist and operate. Any radical change in any one of these, not accompanied by proportionate modifications in others, is said to result in incompatibility. The cumulative effect of incompatibilities, in the villager's view, could spell disaster to a whole community by distorting the very rudiments of their life.

We can, thus, understand why the villagers so intensely abhor foods 'infested' with chemical fertilisers and pesticides. The chemical inputs in the foods consumed are said to vitiate constitutional tendencies of heat and wind. Over a period there is an accumulation of the effects of that vitiation. Usually foods consumed over a period ought to get conditioned to the body. Despite taking 'chemicalised' foods for more than 15 years, no conditioning seems to have taken place, the villagers complain. This is because of the gross distortions in relations among food, body, work and ecology that have taken place.

The villagers explain that 'chemicalised' foods are immensely heat producing; they further heat up their bodies already exposed to the sun during the day. The heat so generated could perhaps be offset by consuming more of the 'cooling' foods like milk, curds, ghee, fruit-juice, etc. However, as we know, these foods are compatible neither with their lifestyle of hard work nor with their financial resources. Also, these 'chemicalised' foods are not compatible with their herbal medicines, which are 'cool' in nature. Consumption of such foods requires resort to hospital medicines which are again heat producing and costly. The net effect of all this is that their diet becomes incompatible with their way of life which involves working in the hot sun. The informants thus establish that the chemical inputs in food violate the very nexus of food, body, work and ecology.

As always, the villagers do not reject anything saying it is absolutely bad. They point out that the 'chemicalised' foods could perhaps be less harmful to the middle-class urbanites, who need not have to work in the

hot sun, and who can consume 'cooling' foods such as milk, curds, etc., and who can manage with and afford hospital medicines. According to the villagers, compatibility is thus the crucial condition of health and disease.

### III

#### **Inherited and Incorporated Knowledge**

At any particular point in time, the medical lore of the people consists of both *inherited knowledge* and *incorporated knowledge*. The knowledge that is already there, handed over or acquired, is what is inherited: Medical texts and other reading material on the subject, the teachings of saints and *sadhus* who are well versed in medical texts, and the fund of knowledge transmitted from one generation to another constitute knowledge that is inherited. On the other hand, incorporated knowledge is what is created, modified and transformed in the ongoing process of life. The entire process of reckoning with the available resources and making them compatible with needs yields a lot of knowledge and experience. There is constant interaction between the two components of the lore, namely, what is inherited and what is incorporated, each reinforcing and modifying the other.

The most crucial source of the villager's incorporated knowledge is practice. Conventional sociology of knowledge distinguishes between 'theory' and 'practice' ( see Merton 1972; Parsons 1970). However, the medical lore is not a diluted version of the texts, nor is it the mere application of textual tenets in actual practice. It is a system of knowledge that has evolved from practice and living experience. This practice is not antithetical to theory, but is itself its source and its end, like Bourdieu's (1990) 'habitus', Marglin's (1990) 'techne', and Lévi-Strauss's (1962) 'bricolage'.

The concept of compatibility discussed above is central to other local health traditions (Nichter 1980) and the textual traditions (Dasgupta 1975; Dwarakanath 1967; Dwarakanath and Vaidyanathan 1977; Govindananda 1989;<sup>4</sup> Pillai 1929; Shanmugavelu 1987). There are many more basic principles on which the different health traditions in India converge. The medical lore of a particular region, however, is an independent working out of concepts and practices by its people, within

a broad framework of basic common principles. The villagers constantly try to comprehend and solve their health problems; their health concepts are a by-product of this very experience of living. For instance, physical work which is assigned such great importance in health in the folk tradition of Thirukolakudi, does not seem to find equivalent emphasis in the conceptions of the Ayurveda and Siddha practitioners in the locality.

Each villager can discuss for hours how his body responds to changes in seasons, food and habitat with analogies drawn from nature and other human beings. The older women can distinguish about 12 types of effects of indigestion in infants by feeling and patting the stomach and hearing its sound, by observing the stools and by the sound of the infant's cry. The knowledge so gained is constantly reinforced and refined by use in daily life. By virtue of its validation in living experience, it renews itself through adaptation. Edible oils, beverages, and chemical fertilisers and pesticides introduced in the region have been analysed and incorporated into their 'materia medica'. Their diet patterns have helped them survive 10 years of drought in the past without problems of malnutrition and deficiency (see Sujatha 1993). This adaptation seems to be built into their health culture as in the case of many other village communities in India (Jodha 1991).

The lore is a health tradition in the sense of Lath's (1988 a and b) *Parampara*, an ongoing process in which the confluence of inherited and incorporated knowledge is effected through the crystallisation of experience. Continued living in a habitat for several generations, and the conscious experience of the body, disease, and the remedies have built up a knowledge tradition. By 'befriending' food elements outside the body system, by inducing variety in food intake, by adapting to the ecological conditions, the body-food dialectic has yielded a health *Parampara*, whose continuity is ensured by its orientation to informed practice.

### Notes

1. I am grateful to Prof. G. Sivaramakrishnan, Department of Sociology, Bangalore University, for his comments on an earlier draft of this paper. The people of Thirukolakudi village, where the fieldwork for this study was conducted, are among the most important contributors to this paper. Their knowledge and skills provide information for this work; their sense of values gives valuable insights into life. I am also thankful to the anonymous referee for his/her valuable comments and suggestions.

2. The interviews on which the present study is based were conducted in Tamil. Informants' statements reproduced here are free translations into English rendered by the author.
3. If the effect of chemical fertilisers and pesticides on the soil is translatable into the effect of a similar intake on the body, it connotes a fundamental unity underlying the functions of intakes for the various ecological systems - human body, plants and animals.
4. Personal communication in 1989 by *Vaidyar Govindananda*, Head, Sri Narayana Guru Ayurveda Hospital, Pillayar Patti, Tamil Nadu.

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