



# Modernisation Of Traditional Medical Culture: An Implication Of Culture Change In Rajbanshis Of Koch Bihar, West Bengal

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## ARTICLE INFO

## ABSTRACT

Most indigenous groups have gradually replaced their traditional medical practices with western medicine over the last 200 years or so due to the development and acceptance of western medicine. The primary driver of this change has been the implementation of health care reform policies, which have facilitated the influx of allopathic medicine into non-codified traditional folk medicine. Nonetheless, the Rajbanshi population in Koch Bihar, demonstrates the coexistence of both with a proclivity for western biomedicine. Western medicine has suppressed the once-dominant medical system. There has been less research done because the historical development of this gradual change system is poorly known. This article aims to investigate how the modernization of Rajbanshi traditional medical culture has affected its ethnicity. Specifically, it seeks to explain how western culture of biomedicine has been sustained in traditional Rajbanshi community through colonial and post-colonial health care repressive policies.

**Keywords:** Culture Change, Modernisation, Traditional medical practice, Colonial and Post- Colonial Health reforms, Rajbanshis

## INTRODUCTION

Culture change is a universal and inevitable phenomenon in every traditional society. Different intrinsic and extrinsic factors play prominent role in bringing about a process of change within the societies, the outcome of which is conceived as a state of social change and the process of change is designated as modernisation. Each traditional society is characterised by its own austerity and secluded nature. Hence the level of modernisation takes varied forms across the societies depending on the nature of force acting upon them as well as the nature of the traditional societies..

### Concept of Modernisation:

The term modernisation has been defined in various ways by various scholars from their own disciplinary perspectives. Keeping aside the discipline centric inclination of the scholars, modernisation as a whole implies a process of change with resultant progression towards enlightenment. Although Rogers (1969) argues modernisation is not always directed towards advancement, thus it is not always desirable. Naidu (2000) asserted that modernisation induces institutional change of society and is synonymous with urbanisation. Singh (2012) inferred structural transformation of society with associated change in cultural values and norms usher in modernisation. Lerner (1966) spelt out modernisation as 'movement away from traditionalism'. This movement does not necessarily imply simple transformation. In the words of Black (1966), it is a 'journey from infinite to indefinite future'. Tessler and Hawkins (1979) opined acculturation with associated elevation in social status brings about change in traditional mind set and ultimately leads to modernisation. Thus the concepts of urbanisation, development, social change, acculturation or even behaviour change being used interchangeably with modernisation have extended the breadth of the term.

The process of change culminating to the state of modernisation may be different as described above but the outcome of transformation initiates some major actions within the society. Jansen (1965) mentions these as secularisation, social mobilisation, participatory bureaucratic administration, development of communication and media exposure while Lerner (1966) adds urbanisation, mass media exposure, literacy and innovativeness. It is argued that motivational thrust towards modernisation comes from both within and outside the society.

Colonialism as one of the external forces had prolific impact on traditional societies in bringing about modernisation and associated culture change in underdeveloped and developing countries of the world. The initiatives of high class nobles and the desire to change among the individuals of traditional society also mooted the process of change from within the society.

This study views modernisation in Rajbanshi society as the process of evolution from conventional to modern medical culture owing to intervention of external and internal forces within the society and takes into account the effect of colonialism and post independent health care reforms as external forces and role of local rulers and the desire to change among community members as internal forces of intervention in heralding modernisation in traditional health beliefs, knowledge, practices and care seeking behaviour of Rajbanshis.

**Traditional Medical Practices of Rajbanshi:** Rajbanshis- the indigenous community of Koch Bihar of West Bengal has its own primitive system of Health care and medicine. Like other folk cultures, any true historical account of Rajbanshi medical culture is difficult to construct by experts due to secretive and non-codified nature of this medical knowledge. In general, the intrinsic qualities highlight its 'Personalistic' and 'Naturalistic' approach (Foster and Anderson, 1978) towards disease, and a robust system of herbal healing pharmacopeia supported by rich biodiversity of the surrounding and faith on natural substances like soil, water, minerals and even animals as medicines. The process of healing in Rajbanshi culture works within two domains: (a) Faith Healing or Supernatural healing and (b) Nature Cure or Material healing. In general in Rajbanshi culture, the idea of healing is based on the "strong belief that faith can suspend natural laws" (Ejiofo, 2015). Medical interventions are often found to be synonymous with magico- religious rituals. Besides, a number of processes under the domain of spirit appeasing services like Exorcism, Incantations, Use of amulets, are practised. Witch craft or Black Magic and Music Therapy are other two techniques of healing, which work at the emotional level of the patients and help in curing diseases. Among Rajbanshis, herbal dietary therapy is probably one of the most popular and widely practiced ways of keeping health free from diseases. Based on the food values and respective therapeutic qualities of different herbs, Rajbanshi healers prepare different dietary plans and prescribe several preparations of food, which in their view, could have a healing effect on human body in a more flexible and effective way. Thus a number of recipes have been included in daily food intakes and have become part of typical Rajbanshi cuisine.

### **Modernisation of Rajbanshi Medical Culture**

In the present era, prevalence of once dominant traditional health culture has given its way to modern allopathic system. This paper discusses the factors inducing the process of modernisation in Rajbanshi medical culture particularly from the perspective of colonial and post-colonial health reform policy..

#### **i) Role of Colonial Reform Policy and Native Kings in Modernisation:**

The people of Koch Bihar first came in contact with the British in the year 1772 and it was a landmark in the history of entire northern frontiers of Bengal. The incidence of conflict between Bhutias and Koch kings relating to attainment of supreme political power gave rise to a situation of political turbulence resulting which Anglo-Cooch Behar treaty came into being on 5<sup>th</sup> April, 1773. This treaty with which Koch Bihar along with the north eastern part of the country came in contact with British, also proved prudent for Koch Bihar in forthcoming days, as it initiated the journey of modernisation at this Rajbanshi dominated native state of the country. In 1839, British came in forefront and adopted a few reform policies particularly in administration, land settlement, education, transport and communication and public health which with the support of enthusiast kings of the state ushered in a new era of modernisation and heralded a change in society and also in the lives of the inhabitants. Apart from this, introduction of 'Raj Sabha', establishment of 'State Council', banning of minting coins in the name of the Rajas, deployment of government police force introduced a new era in administrative front of Koch Bihar state. To gain political control over the area, establishment of stable economic condition of the area was also necessary for British administrators. Hence land and revenue reforms were introduced. As a consequence, the state revenue jumped to 394% during 1872-1927 (Ganguly, as cited in Sarkar, 2014). At the same time a large quantum of land was transferred from former Rajbanshi *jotedars* to new non- Rajbanshi *jotedars* due to hike in land rents. The degradation of ruling Rajbanshis to landless peasants and dominance of non-Rajbanshi outsiders in the state initiated a change in rural society of Koch Bihar, which later in 20<sup>th</sup> century culminated to Rajbanshi class movement in search for identity (Sarkar, 2014).

The economic prosperity of the state was revived with the repairment and construction of new roads, bridges and railway lines. It rejuvenated the trading prospects, helped in uniting the remotest part of the state and enhanced the mobility of people. The process of urbanisation was also augmented with the development of transport and communication. Large scale migration along with development of urban centres initiated the process of acculturation which had significant role in introducing cultural change in society.

Initially the British were not interested to revive the education system for the mass of Koch Bihar. The native kings played the role of catalyst in the spread of education among the locals. Reforms in education reached its peak during the reign of Nripendra Narayan, who took initiative in reviving the education of all people irrespective of age and gender. Establishment of schools for adults and females, number of 'Pathshalas', 'Madrashas', and college for undergraduate education were all examples of remarkable efforts on the part of native king. Emphasis on Sanskrit as well as western education was also laid down by them. According to one

estimate, during the period 1877 to 1879, the number of schools rose from 360 to 381 with an increase in strength of students from 9832 to 10,765 (AAR, 1878-79). Besides formation of library, vocational school, press were other improvements in the sphere of cultural enlightenment of the common people of Koch Bihar. With the spread of education, emergence of a new urban, educated elite class also came into being in the state for the first time.

### ii) Colonial and Post-Colonial Health Reforms as catalyst for change:

The pre-colonial health care scenario of Koch Bihar was obsessed with traditional herbal, spiritual and magical therapies under the supervision of *Odzas* and *Kabiraj*. In 1819, the western system of health care was first introduced in Koch Bihar with the appointment of one Indian doctor. Later the native king's keenness allowed the entry of western trained doctors in the state. Accordingly one Indian and another British practitioner joined the medical service in the state in 1842 and 1846 respectively. Thus western medical culture was first introduced. The first dispensary was set up in 1865 at Koch Bihar. Since then a number of dispensaries gradually came up at different urban centres. By the end of 1891, 6 dispensaries and 2 hospitals were serving the people in full swing. According to one estimate, the population served per dispensary was 1: 96478, which was endorsed as far better than Bengal (AAR, CBS 1897-98). The people of Koch Bihar were very much liberal in accepting any initiatives taken by the kings but their reservations in welcoming new health system was noteworthy. Primarily they opposed the alien health culture and continued traditional health care practices. Koch Bihar during those days was afflicted with severe outbreaks of cholera, small pox and malaria. Gradually common people started attracting towards allopathic system of medicine to get rid of the ravages of these diseases. During this period, British undertook some preventive measures e.g. vaccination, sanitations to check the fatal of epidemics. The traditional method of inoculation was banned in 1880 by the government and gradually the number of vaccinated persons rose in the following years. The trend of increase is shown in the following table

**Table1: Trend of vaccination (1873-1900)**

Year	Number of vaccinated persons
1873-74	4449
1874-75	7065
1875-76	7825
1880-81	17447
1885-86	28127
1890-91	13755
1895-96	20709
1899-00	16895

Source: H.N. Choudhury

On the national front, leaders like Nehru advocated for western medicine and got the support of many practitioners of traditional system of medicine who were then part of Indian national movement. This national scenario had tremendous impact on regional health care system of the country. In Koch Bihar, the motivations of the rulers persuaded the common Rajbanshis and the change in traditional health care practices started taking place. Prior to 1947, the British government set up Bhore committee to evaluate the health status and condition of the entire country in post-world war period. This committee along with the full report on health care scenario of the country pointed out the incapability of indigenous practitioners in dealing with public health, preventive medicine and surgery related aspects of health care and recommended establishment of western allopathic system of medicine.

### iii) Post- Independence Health Care Reforms:

After independence, the first move of independent government of India was to improve the ailing health status of mass particularly those in rural areas through adoption of an effective health care strategy. Establishment of PHCs as provider of preventive and curative services was the one of the crucial measures taken by the government in this direction. In successive plan period, as per the recommendations of different health survey and development committees emphasis was on uplifting the health status of the countrymen through western system of medicine. Implementation of National Health Policy (1981) and Minimum Need Programme adoption of sanitation measures and provisions for safe drinking water were initiated to develop a far reaching health service in the country. The community participation in promotion of health and well-being of people was incorporated in rural health care policy of the government as part of commitment to Alma Ata declaration in 1978 and adoption of WHO's declaration of Health for All by 2000. The year 2005 could be viewed as watershed in health care policy of the country. Implementation of National Rural Health Mission (NRHM) emphasised on increasing access to health care, promotion and control of both communicable and non-communicable diseases, population stabilisation, family welfare and child care as well as revitalisation of indigenous health traditions through AYUSH. Increasing the number of primary health centres and sub centres, enhancing the expenditures for maintenance of health infrastructure, creation of health workers called

ASHA for upgrading the level of awareness of community people were a few of the prominent objectives adopted to strengthen the overall health care delivery system of the country.

### **Marginalisation of Traditional Medicine**

In post independent period, traditional health care practices always remained as parallel system of health care. Due to over reliance on western system, traditional system took a back seat. As per the proposals of NPC in 1946, the government of India attempted to integrate indigenous system of medicine through absorption of *Vaidyas* and *Hakims* as doctors and health workers, establishment of colleges and schools for training in indigenous system, allocating fund for scientific research on Indian traditional system. But the true intention on the part of government was lacking, which is reflected in meagre allocation of fund for this purpose in whole health care budget. Marginalisation of traditional system of medicine was initiated since first five year plan (Bannerjee, 2003). The blatant support in favour of allopathic system of medicine also aroused a sense of disrespect and mistrust for traditional healers, which also expedited the process of marginalisation of indigenous system. WHO's emphasis on traditional medicine opened up a new vista in health care scenario of the country. Integration of AYUSH into mainstream health care system helped in reducing the burden of patients on health care centres. But all these attempts were made to incorporate only the traditional codified system of medicine (particularly Ayurveda); non codified local health traditions were kept outside this policy of inclusion. Thus, these have been reduced to localised indigenous health care ghettos operating largely for poor people of inaccessible areas.

### **Conclusion**

In the background of colonial and post-colonial reforms and health care interventions, this study has found out the aspect of modernisation in traditional health culture of Rajbanshis of Koch Bihar. Exposure to modern society has ushered in change in traditional practices. The increased level of awareness with increasing literacy level, knowledge on government health care services motivated the use of allopathic medicines. Moreover, the allopathic system of medicine biased government health care policy made people aware of public health care services through persuasion and motivation. Role of health workers and mass media campaign is also immense in this respect. Role of mass media campaign can also not be ignored. As a result, change in traditional faith, knowledge and attitude is predominantly visible in the society. However, more research in multidisciplinary perspective is needed particularly on the rise of information technology and development of science and technology in the sphere of health care delivery as these innovations not only leverage modern health care system but also propel the change in traditional health care culture.

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