

**FAITH AND HEALING PRACTICES AMONG THE HINDUS:
A STUDY IN PASCHIM MEDINIPUR**

THESIS SUBMITTED FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY (ARTS) OF JADAVPUR UNIVERSITY

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submitted by me for the award of the Degree of Doctor of Philosophy in Arts at Jadavpur University is based upon my work carried out under the supervision of **Prof. Ruby Sain, Professor, Department of Sociology, Jadavpur University, Kolkata, West Bengal, India.**

And that neither this thesis nor any part of it has been submitted before for any degree or diploma anywhere/elsewhere.

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DECLARATION

I, Ms. Smita Chakraborty, do hereby declare that the present thesis submitted by me entitled “*Faith and Healing Practices among the Hindus: A Study in Paschim Medinipur,*” in the fulfilment for the degree of Ph.D. at Jadavpur University, Kolkata has been undertaken under the guidance of Prof. Ruby Sain, Professor, Department of Sociology, Jadavpur University, Kolkata, West Bengal.

The thesis is my original work and has not been submitted in any form to any other University or Institution for the award of Ph.D. in Sociology. Previous works in this field have been duly acknowledged as and when they have been referred to.

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List of Tables

Table Number	Title	Page Number
a)	Distribution of Sex	112
b)	Age Distribution	113
c)	Distribution of Caste	114
d)	Marital Status	115
e)	Educational Qualification	116
f)	Occupational Status	117
g)	Income Status	119
h)	Location Distribution	121
1.1	Fasting during Religious Occasion	122
1.2	Reason to Fast on Religious Occasion	123
1.3	Frequent Observer of Religious Fasting at Home	124
1.4	Responses on Giving Reverence to Prasad while Consuming	125
1.5	Responses of Healing Properties of Blessed Prasad	126
1.6	Responses about Offering Daily Food to God	127
1.7	Responses on Following Hindu Dietary Codes	128
2.1	State of Health in the Last 12 Months	129
2.2	Long-Term Illness Limiting Daily Activities	130
2.3	Responses about Quality of Life in Relation to Subjective Well-Being	131
2.4	Level of physical Fitness Comparison among People of Similar Age	132
2.5	Responses About Satisfaction with Physical Health	133
2.6	Responses about Having Critical Surgery in the Past	134
2.7	Consumption of Prescription Drug for Chronic Health Condition	135
2.8	Family Members with Serious Health Conditions	136
2.9	Options to Stay Healthy and Fit in Life	137
2.10	Factors Bringing Stress in the Past Year	138
2.11	Activities to Reduce Stress	139
2.12	Responses on Whether Hinduism Helps to Lead a Healthy Lifestyle	141
2.13	Responses on Getting Anxious about Health	142
2.14	Responses on Whether Faith in God can Heal Disease	143
2.15	Responses on Choice of Healing When One Falls Sick	144
2.16	Responses on Belief Causing Sudden Illness in The Family	145
2.17	Responses on Belief in Ritually Warding Off Evil Eye	146

2.18	Responses on Choice of Remedies When One Falls Sick	147
3.1	Responses on Whether Religion Provides Mental Solace	148
3.2	Responses on Whether Hinduism Promotes Healthy Life	149
3.3	Responses on Whether Religious Attendance Can Avoid Negative Behaviour	150
3.4	Responses on Whether Hinduism Promotes Positive Behaviour	151
3.5	Responses on What does Faith in Hinduism Engender	152
3.6	Responses on Respondents' Regular Visit to Religious Institution	153
3.7	Family Members Who Attend Religious Institutions The Most	154
3.8	Responses on Reading Religious Texts Daily	155
3.9	Responses on Who in the Family Reads Religious Materials the Most	156
3.10	Responses on Praying Daily	157
3.11	Responses to Significance of Religion in the Lives of the Respondents	158
3.12	Responses on Whether Faith in God Moderates Stress	160
3.13	Responses on Acquaintance with Hindu Divine Terms	161
3.14	Responses on Belief in Karma Philosophy	162
3.15	Responses on Frequency of Chanting the Holy Mantras	163
3.16	Responses on Believing in the Pursuit of Tantra	164
3.17	Responses on Believing in God Heals the Sick	165
3.18	Responses on Faith in God Heals the Sick	166
3.19	Responses on Whether Faith in God Reduces Suffering	167
3.20	Responses on Having Disappointments in Prayer for Healing	168
3.21	Responses on Believing Hindu Myths on Healing	169
3.22	Responses on Reading Hindu Scriptures for Mental and Physical Suffering	170
3.23	Responses on Worshipping Daily at Home	171
3.24	Responses on Performing Religious Activities at Home	172
3.25	Responses on Reasons for Performing Religious Activities at Home	173
3.26	Responses on Respondents Savings for Religious Activities	174
3.27 i)	Responses on Reading Hindu Folklores on Healing	175
3.27 ii)	If yes, Whether Respondents Received any Benefits	176
3.28	Responses on Believing Negative Karma Can Cause Health Concern	177
3.29	Responses on Preferred Type of Social Gathering	178
4.1	Responses on Whether Respondents Visit Faith Healers	179
4.2	Responses on Whether Faith Healers Charge Remuneration	180

4.3	Responses on Reasons for Visiting Faith Healers	181
4.4	Responses on Types of Healing Processes	182
4.5	Responses on Whether Tantra Practices Can Heal the Sick	183
4.6	Responses on Whether Faith Healing is a Popular Medical Alternative	184
4.7	Responses on Whether Yoga Enhances Individual Consciousness	185
4.8	Responses on Whether Ayurveda is the mother of All Healing	186
4.9	Responses on the Belief Whether Medicinal Herbs are Better than Biomedicine	187
4.10	Responses on Chanting Holy Mantra for Ailing Family Member	188
4.11	Responses on Reasons for Chanting Holy Mantra	189
4.12	Responses on Whom Respondents Trust the Most	190
4.13	Responses on Whether Respondents have Benefitted from Faith Healers	191
4.14	Responses on Whether Respondents Favor Biomedicine	192
4.15	Responses on Whether Respondents Attend Doctor Due to Societal Pressure	193
4.16	Responses on Choice of Healthcare Provider	194
4.17	Responses on Regular Vaccination of Kids	195
4.18	Responses on Satisfaction with Present Healthcare System	196
4.19	Responses on Belief in Ayurveda	197
4.20	Responses on Choice of Site to Purchase Ayurvedic Herbs	198
4.21	Responses on Past and Present Doctor Visit	199
4.22	Responses on Faith in Faith Healers: Comparing Generations	200

List of Figures

Figure Number	Title	Page Number
1.	Map of Jhargram Block	76
2.	Map of Nayagram Block	76
3.	Map of Binpur I- Lalgah	77
4.	Map of Binpur II- Belpahari	77
5.	Amar Murmu's Daughter	201
6.	Gopal Das	202
7.	Bankim Sardar	205
8.	Noni Tree	205
9.	Mohini Sardar	207
10.	Kashinath Bera	208
11.	Kabita Mahata	210
12.	Kamal Mahata	211

Contents

	Title	Page Number
	Certificate	
	Declaration	
	Acknowledgement	i-ii
	List of Tables	iii-v
	List of Figures	vi
Chapter-1	Introduction	
i)	Medical Modernisation: Rise of Western Medicine and decline of traditional healing practices	1-4
ii)	Sacred Synergy: Faith, Religion, and Health in Wellbeing	4-8
iii)	Cultivating Health: Why Learning about Faith and Wellbeing Matters?	9-12
iv)	Objectives: Aims of Examining Faith and Healing Practices	12
Chapter-2	Literature Review and Theoretical Underpinnings	
i)	Understanding the Dynamics of Health and Religion	13-16
ii)	Medicine and Healing Practices: Navigating Traditions and Transformations	16-26
iii)	Symbiosis of Wellbeing: Intersections of Religion, Health, and Medicine	26-39
iv)	Perspectives on the Holistic Nexus of Health and Healing in Hinduism	39-60
v)	Theoretical Underpinnings	60-74
vi)	The Void: Gaps in Studies on Faith and Healing Practices	74-75
Chapter-3	Research Setting	76-96
Chapter-4	Research Methodology	97-111

Chapter-5	Result Discussion and Analysis	
i)	Socio-Demographic Profile	112-121
ii)	Food and Nutrition Profile	122-128
iii)	Health and Disease Profile	129-147
iv)	Religious Profile	148-178
v)	Faith Healing Profile	179-200
vi)	Case Studies	201-220
Chapter-6	Inferences and Suggestions	
i)	Demographic Discernment: Extracting Key Inferences from Respondent's Demographic Variable	221-230
ii)	Faith's Footprint: Exploring the Faith Healing Practices and its Strength and Area of Influence	230-238
iii)	Community Connections: Impact of Social Variables on Faith and Healing Practices	238-251
iv)	Healing in Transition: Impact of Globalisation and Biomedical Advances on Faith Healing Practices	251-255
v)	Holistic Health: Faith and Spiritual Impact on Wellbeing	256-272
Chapter-7	Conclusion	273-285
	 Appendix	286-331
i)	References	
ii)	Interview Schedule	

INTRODUCTION

*You took my hand and showed me the way
when I was blinded by unfortunate fate.
You took my hand and prayed with me
while my troubles quickly faded away.*

--Gianna Nicole (2010)

A 6-year-old youngster experienced immense joy with the birth of her younger sibling on October 9th, 1997. Due to unforeseen circumstances, the mother of the young girl required hospitalization as a result of excessive bleeding following the delivery of her newborn child. The doctors delivered a grim prognosis, stating that if her blood loss continued for another 48 hours, her chances of survival were very slim. After these incidents, the little girl, who was being looked after by her neighbors, was advised to maintain trust and pray to seek her mother's swift return. Confronted with the possibility of her mother's everlasting loss, the little girl begins to pray, filled with hope and optimism. She found solace and refuge in her unwavering faith. On the following morning, the physicians delivered the positive update that her mother's condition had stabilized, and she was no longer at risk. Filled with elation, she expressed gratitude to the esteemed Hindu deity *Addyama* for rescuing her mother and ensuring her return to a secure state. Even today, she maintains her belief that her mother could not have been healed by physicians alone if not for the intervention of the divine *Goddess Addyama* in response to her plea. Thus, different social situations compel most individuals to rely on their faith. For many individuals, faith is a means to achieve hope and optimism. The traditional folklore and other myths confirm the fact that faith can work in mysterious ways.

Medical Modernization: Rise of Western Medicine and Decline of Traditional Healing Practices

Sir William Osler, a figure of immense historical significance in the field of medicine, is widely recognized as the progenitor of contemporary medicine, having introduced groundbreaking reforms in medical instruction. In 1910, he authored an article in the British Medical Journal titled 'The Faith that Heals,' highlighting several ways in which faith positively

impacts health, healing, and medicine. Subsequently, Dr. Jerome D. Frank concurred with Osler's hypothesis on faith and advocated for its inclusion in the medical school curriculum (**Frank, 1975**). Ancient Greek philosopher Plato suggested that the body should not be treated without also addressing the soul of a human being. With the endorsement of widespread public support, faith healing methods persist in being practiced in many regions of the world in the 21st century. **Kakar (1982)** noted that India has a significant number of healers with expertise in addressing a wide range of biopsychosocial issues. In the current scientific era, when empiricism is highly valued, ancient faith healing techniques are often considered non-scientific methods of curing individuals. In his study, **Watts (1975)** argues that the intricacy of the contemporary Western educational system hinders individuals from exploring the profound positive impact of faith on our well-being. **Kakar (1982, 2003)** and **Kleinman (1980, 1988)** have stated how folk wisdom results from time-tested theories of mind. Typically, these traditional customs offer effective organic remedies for addressing physical or social problems. In his study, **Mckim Marriott (1955)** asserted that the faith healing practices of individuals constitute the 'little traditions' rooted in the general population's beliefs and support systems. A close symbiotic connection between the body and the mind characterizes the relationship between human faith and its impact on healing. The healers strongly believe in the mind's innate ability to cure itself. Through their ancient methods, they actively engage in activities that stimulate and activate these inherent self-healing characteristics of the mind (**Dalal, 2016**).

The emergence of biomedicine has been a recent occurrence. **Micozzi (2011)** provided a chronological chart to understand the evolution of medical practices in India.

<u>Civilizations</u>	<u>Time Period</u>	<u>Emerging Medical Practices</u>
Indus Valley Civilization	2500 BCE	Developed public health and medical practices (exchange with Mesopotamia)
Vedic Period	1500-100 BCE	Vedic Texts; First Medical Classic emerged
	1100-700 BCE	Brahmana and Upanishads emerged. Contributions of Sushruta, the founder of Indian anatomy and surgery
Lord Buddha	560-480 BCE	Jivaka—Indian surgeon under Lord Buddha

Nanda Dynasty	350-320 BCE	Development of Ayurvedic medicine; Greek observation and documentation of human veterinary medicine in India.
Alexander, The Great	327-325 BCE	
Maurya Dynasty	320-185 BCE	
Sunga Dynasty	185-75 BCE	
Kusana Dynasty	1-300 CE	Charaka Samhita
Gupta Dynasty	320-500 CE	Peak of Ayurvedic medicine
Reign of Harsha	606-647 CE	Vagbhata Astangdahrdaya Samhita
Conquest of Sind by Muslims	712 CE	-
Local Princely States	800-1200 CE	Madhava's Treatise on Etiology Vranda's and Vanagsena's Therapeutics
Muslim Conquest of India	1200-1300 CE	Introduction of Unani (Graeco-Arabic medicine)
Sultanate of Delhi	1300-1500 CE	-
Khalji Dynasty	1290-1320 CE	Sarngadhara's Treatise on Medicine Ayurvedic concept of circulation
Tughluq Dynasty	1320-1413 CE	Diya Mohammed's Majmu'e Diya'e Madanapala's Materia Medic of Ayurveda
Sayyid and Lodi Dynasties	1414-1526 CE	-
Mogul Dynasty	1500-1700 CE	Golden Age of Unani medicine; Bhavamishra's Treatise on Ayurveda
British Empire	1700-1947 CE	Introduction of Western Medicine, recovery of traditional medicines
Indian Republic	1947-	Research on Traditional Medicine; Clinical and Pharmacological Studies
Maharishi Ayurveda	1967-	Rejuvenation of traditional Ayurveda; Introduction of 20 th Century, Physics and "Conscious Model" of Ayurveda.

Thus, the Indian subcontinent encountered the advent of Western biomedicine with the British settlement in the early 18th century. **Dharmapal (2000a, b)** noted that India was health literate before the British came into India. The prevalent medical systems, such as Ayurveda, effectively dealt with numerous ailments and medical emergencies. However, the indigenous medical system swept into near oblivion after Western medicine's growing popularity among the masses (**Krishnankutty, 2005; Vidyanath, 2006; Jayasundar, 2010**). The germ theory of disease provided empirical evidence that the causes behind illness within an individual are infection and not one's level of sin commitment. This scientific understanding, along with the introduction of antibiotics, replaced the traditional healing remedies as the proper course of treatment. Over time, religion's role in contributing to patient healing has decreased. Amidst these recent developments in the field of medicine, faith in technology did not take over one's faith in divine intervention (**Schwebel, 2007**). Most traditional healing techniques use rituals to activate the self-healing properties of the human mind; however, biomedical practices omit the role of the mind as a positive factor in bringing about the well-being of the patients (**Diaz, 1997**). This transition from traditional healing practices to Western biomedicine in India reflects a broader global trend towards scientific, evidence-based medicine, and raises questions about the place of faith in modern healthcare systems.

Sacred Synergy: Faith, Religion, and Health in Well-being

James Fowler (1995) was a renowned Theology and Human Development professor at Emory University. His seminal research on the developmental model of faith is essential to understanding how faith develops within a human mind and its positive imprint on human activities. As noted by him, the stages of faith are as follows: *Firstly, primal undifferentiated faith (Stage 0)*, where the infant learns confidence and assurance by being in the care of his/her parents. Fowler says these unique encounters foster confidence in the cosmos and harmony with the divine. Conversely, parental or environmental neglect and abuse at this point can lead to mistrust and dread of the cosmos and divine, setting the roots for eventual doubt and existential anxiety. *Secondly, Intuitive-Projective Faith (Stage 2)*, where children can express themselves using words and symbols. In this era, children are more influenced by the unconscious and flexible nature of the mind rather than structured religious ideas. This model provides a comprehensive understanding of the different stages of faith development, from infancy to adulthood, and their implications for individual beliefs and behaviors.

At this juncture, religion is shaped by narratives, visual representations, influential figures, an innate comprehension of ethics, and uncomplicated convictions regarding God's role in the creation of the universe.; **Thirdly**, *mythic-literal faith (Stage 2)*, where children believe in religious justice and fairness. They have a sense of reciprocity in the universe (e.g., doing good will result in a good result and vice versa) and have a belief in an anthropomorphic image of God. A literal interpretation of religious analogies needs to be clarified. If these promises do not come true, God may seem deceitful. **Fourthly**, *synthetic-conventional faith (Stage 3)* involves the adolescent/adult identifying with a religious institution, belief system, or authority and developing a religious or spiritual identity. People generally overlook conflicts about their beliefs because these conflicts threaten their faith-based identity. In the **fifth** stage, *individuative-reflective faith (Stage 4)*, the person experiences anxiety and struggles while accepting responsibility for their thoughts and feelings. Religious or spiritual ideas can become more sophisticated and nuanced, and there is a higher feeling of open-mindedness, which can lead to problems when various beliefs or traditions clash. **Sixthly**, *conjunctive faith (Stage 5)* is when one recognizes contradictions and transcendent value puzzles. The person transcends his religious traditions and beliefs from earlier phases of growth. Adopting a multi-dimensional perspective that acknowledges "truth" as something beyond a statement of faith can help individuals overcome the challenges at this stage. Finally, *universalizing faith or enlightenment (Stage 6)*, where rarely do people reach this point. A person in this stage sees all beings as worthy of compassion and deep understanding, regardless of religion or spirituality. Here, people "walk the talk" of great religions (e.g., "the kingdom of God is within you"). Thus, Fowler's investigation into faith formation has facilitated comprehension of how spiritual growth occurs throughout an individual's life. His thesis posited that the belief in one's spirituality progresses with other facets of human growth.

Subsequently, **Schwebel (2007)** established a correlation between an individual's religious beliefs and their influence on physical and mental health. The analysis of several interdisciplinary aspects highlighted the beneficial impact of faith on an individual's health. **Jeff Levin (2002)** conducted a sociological study on the correlation between religious identity, adherence to religious principles, and their impact on maintaining a healthy life and protecting against illness. However, in recent years, the significance of religion has been diminished in comprehending its therapeutic impact on individuals' health and well-being. Psychological research has consistently shown that engaging in religious practices can lead to the formation of an emotional reaction, which in turn contributes to the healing process of the

individual involved. Research indicates that most health-related issues are of psychosomatic origin. Therefore, placing trust in one's religious convictions might induce a placebo effect in the individual. Religion facilitates social engagement and serves to express one's feelings, thereby contributing to healing. Similarly, from a theological perspective, it has been noted that religion may act as a safeguard against sickness and contribute to one's overall health and well-being, therefore assisting in healing inside a person.

Oman and Thoresen (2002, 2007) discussed the connection between faith and health, highlighting how religious beliefs might impact health in several ways. They identified three overlapping criteria that attempt to comprehend the interrelationship: a) *Health Behavior*—Religious standards prescribe and prohibit certain health behaviors. Every adherent is required to adhere to the principles for an enhanced existence. For instance, in Hinduism, promoting a nutritious diet, practicing meditation, abstaining from substance abuse, and prioritizing one's Dharma are methods to cultivate a healthy lifestyle. In Hinduism, addiction may be addressed via the practice of a disciplined spiritual lifestyle that includes regular meditation. This practice aids in purifying both the body and mind; b) *Social Support*—Individuals affected by sickness have a progressive reduction in their social life. The religious engagement of patients facilitates their cooperation with fellow believers. This facilitates their interaction and enables them to exchange their views and concerns. In Hinduism, disease is considered a consequence of negative karma in one's current or previous lifetimes, serving as a kind of retribution. Therefore, one's religious affiliation enables one to connect with and engage with other patients, fostering a sense of community and providing strength and optimism for improved quality of life; c) Faith in religion facilitates *the expression of repressed emotions*, positively impacting mental health. It fosters a pleasant psychological state by instilling individuals' optimism for an improved future. It aids in soothing their inner state. Religious teachings provide individuals with emotional healing and empower them to overcome life challenges. People worldwide perceive faith in religion as a guiding light of hope that aids them in maintaining optimism; d) *Super-empirical or psi influences*—Parapsychology is commonly referred to as psi. It is not considered supernatural but a scientific subject that exceeds empirical observation. There is a belief that many religious activities, such as prayer, impact human health. Although this concept surpasses scientific comprehension, religious faith enables individuals to consider alternate approaches to maintaining a healthy lifestyle in conjunction with biomedicine.

Egnew (2005) opined that healing refers to the individual's subjective encounter with surpassing or going beyond pain. The term 'healing' originates from the Old English word '*haelan*,' which signifies 'whole,' and refers to a transformative process encompassing the restoration of completeness in several dimensions of one's being, including the physical, emotional, intellectual, social, and spiritual components. Illness jeopardizes the essence of one's identity, causing the sufferer to become isolated and experience distress. The alleviation of suffering occurs through eliminating the source of harm and reaffirming one's former sense of identity. In her study, **Larry Dossey (2003)** described healing as the processes of recovery, repair, regeneration, and change that enhance wholeness and frequently result in order and coherence, including physical, mental, social, and spiritual aspects.

According to **Corley (2003)**, there is a significant association between religion, spirituality, and the health state of individuals. He has established a correlation between the three categories, namely health, healing, and spirituality. He saw spirituality as nestled between health and healing, with ideas and actions at the flower's core. Spirituality is founded upon the convictions and conduct of individuals. Spirituality encompasses the health and healing of an individual. Only through embracing supernatural beliefs and having confidence in the treatments offered by many religions can an individual fully reintegrate into society and regain normal functioning. Corley supported his argument by providing an example. He explained that if an infertile couple faces societal stigma due to their inability to produce children, religion, in conjunction with biomedicine, may offer them a sense of total security and alleviate their mental anguish. Multiple social research studies indicate a growing amount of data supporting a favorable relationship between religion, spirituality, and psychological well-being. Religion frequently acts as a means of dealing with difficulties and might offer alternate methods of treating illness. Research has demonstrated that spirituality can impact the recuperation process from persistent ailments. Corley effectively demonstrated the interconnectedness of health, spirituality, and healing. Hence, the concept of faith healing is the healing of the spirit.

This transcendental meditation technique was dubbed the "*relaxation response*" by **Benson (1990)**. If a physician possesses knowledge of his/her patients' spirituality, it will primarily aid the physician in comprehending their disease. Additionally, their religious dedication will influence their healthcare choices. Furthermore, it will assist the patient in coping with a severe and ongoing illness. Lastly, it will enable physicians to provide

comprehensive care to their patients. Therefore, physicians must refrain from contradicting their patients' religious convictions and faith. Instead, the patients will become disengaged from the entire medical care system due to this mockery. As ancient Greek philosopher Plato noted, caring for the soul is imperative for curing the body. Therefore, spirituality may serve as a conduit for communication between a patient and a physician, ultimately fostering a medical environment focused on healing and compassionate treatment.

Jesus Christ is linked with four healing traditions in the New Testament—*Firstly*, Christ is revered as an exorcist who alleviates the suffering of the afflicted and bestows upon them an improved existence; *Secondly*, he possesses the ability to mend the bodily injuries of his disciples; *Thirdly*, trust in God is a pivotal element in the process of healing; *Fourthly*, forgiveness serves as a means through which Jesus restores the well-being of his followers. Christianity is, thus, considered a healing religion due to its lack of division between the acts of healing and showing concern.

Religious healing encompasses two elements that are absent in modern medical settings—*Firstly*, religion fosters a profound and individualized subjective connection; *Secondly*, there is a rise in social assistance among the individuals inside the community. Hence, it is crucial not to overlook incorporating both curative and preventive measures in medical settings, as this is the only method for healthcare facilities to offer comprehensive therapy to their patients. Therefore, a growing body of quantitative research is being conducted in medical and social science to explore the correlation between religion, health, and healing. The observed trend is a consequence of the growing inclination of individuals to seek solace in religion or spirituality during trying periods in their lives (**Emblen, 1992**).

Upon the onset of a chronic disease, individuals often begin to doubt the cause of their ailment. *Theodicy* is the term used to describe how religion addresses the existential issues of individuals. Studies have demonstrated a strong correlation between individuals' mental and physical well-being, impacting their overall health. However, according to **Levin (2008)**, physicians commonly overlook faith-healing practices for several reasons, such as being considered time-consuming. From the start of their medical career, medical professionals learn that individuals hold faith healing as a superstitious belief and that faith healing treatments lack empirical methodology and cannot undergo scientific testing.

Cultivating Health: Why Learning about Faith and Well-being Matters?

India is a developing country. It encounters several challenges, encompassing those on health and sickness. Insufficient diet, rudimentary cleanliness, and inadequate medical treatment are prevalent in most areas. A significant portion of India remains in rural areas with a need for sufficient distribution of primary medical care, making it often unavailable to patients. Under these circumstances, many individuals turn to conventional faith-healing methods (**Desai, 1989**).

Hasan (1987) identified two distinct categories of socio-cultural elements that impact the health of individuals residing in rural communities. They are: *firstly*, the health of community members is directly influenced by their adherence to customs, beliefs, religious dictums, and religious taboos, which can both contribute to the spread of certain diseases and their management; *secondly*, the health of the rural community is influenced by indirect variables related to medical care issues.

According to **V. Sujatha (2014)**, bio-medicine was implemented much later, following the end of colonial control in India. Previously, individuals depended on conventional healing techniques. The significance of ancient therapeutic methods such as Ayurveda, Unani, Siddha, and yoga is overlooked in contemporary times due to the need for a formalized association of medical practitioners in this domain. The biological practices are called clinical medicine, whereas the ancient healing techniques are called social medicine. **Kakar (2013)**, in his seminal work, *Shamans, Mystics, and Doctors*, noted that India is a country of healers. Various types of shamans, gurus, has, tantric, priests and faith healers specialize in healing various physical, psychological, and personal problems. For centuries, the Indians have thrived on folk wisdom and have trusted traditional healing practices. Even today, the success stories of traditional healing systems are still an enigma in the world of modern biomedical practitioners (**Dalal, 2011**).

As a religious tradition, Hinduism believes adapting to one's circumstances is the key to a successful and healthy life. **Swami Gautamananda (2019)** brought attention to a profound health concept discovered in the ancient Hindu literature, the Vedas. The Vedas describe several mantras that foster holistic well-being among its adherents. The objective of medicine, as described in the Vedas, is to eliminate the factors that lead to mortality and bestow onto individuals a prolonged and serene state of mental and spiritual well-being. Charaka, a well-

known ancient physician, described health as a condition of balance and equilibrium between the body, mind, and soul. Being healthy indicates that the human body is in a state of 'ease,' which contrasts the notion of 'dis-ease.'

According to **Swami Bhajanananda (2019)**, research has demonstrated a connection between the body and mind. There are two distinct categories of individuals: one with a robust physical constitution that is unaffected by their mental state and another group whose mental well-being directly impacts their physical health, particularly in times of anxiety and stress. In the influential book titled *'The Stress of Life,'* **Hans Seyle (1976)** noted that while the origins of stress are psychological, it serves as the primary catalyst for several prevalent ailments, including hypertension, ulcers, and heart illnesses. According to Seyle, stress is crucial in facilitating the body's growth and development, but excessive stress can lead to physical ailments. Therefore, several studies have sought to demonstrate that while negative emotions can lead to sickness and detrimental alterations in the human body, positive emotions can also promote well-being in the human body. It has been shown that healing can effectively improve physical well-being when humans are well-informed.

The Taittiriya Upanishad elucidates that the human personality comprises five selves, also known as five 'sheaths.' Each of these selves possesses distinct features and fulfils certain functions inside the human body, thereby contributing to forming an individual's identity. The five selves, or *atman*, are the physical self (*annamaya-atman*), the vital self (*pranamaya-atman*), the mental self (*manomaya-atman*), the intellectual self (*vijnanamaya-atman*), and the happy self (*anandamaya-atman*). *Health* may be defined as a condition of internal balance that influences the functioning of life in the physical realm. Individuals can learn about the inner workings of their life energies by adopting a holistic approach to health. In order to attain comprehensive health and wellness, an individual should prioritize the following lifestyle habits: Firstly, controlling one's dietary habits can contribute to achieving holistic well-being; as Hippocrates observed, "*Let your food be your medicine; let your medicine be your food.*" Secondly, prioritizing adequate sleep and daily physical activity—ensuring a satisfactory quantity of sleep and engaging in regular exercise can effectively safeguard the human body against multiple health conditions. It will aid in coping with depression and enhancing the body's immunological system. In addition, dedicating meaningful time to oneself is also a method of attaining comprehensive well-being. It will aid in diminishing stress levels and assist an individual in relaxing to prevent encountering unpleasant social situations. Thirdly,

overcoming mental obstacles, whereby engaging in regular practice to avoid negative feelings, helps promote a positive mindset. Many people choose prayer as a method to eliminate any mental obstacles. Finally, one can expand one's awareness. Life is considered to possess not just the ability to create, maintain, and destroy but also the ability to heal. Directing one's thoughts towards positive feelings might facilitate the development of healing abilities inside oneself. The consciousness possesses inherent healing capabilities that can facilitate the restoration of health and foster an individual's self-directed way of life.

Studies have demonstrated that faith healing can contribute to reaching extraordinary living by adhering to these lifestyle patterns. The ability to cure and rejuvenate one's physical and mental condition is within oneself. Faith healers serve as conduits through which those who are unwell might discover guidance to have a comprehensive and balanced life. It can treat the majority of psychosomatic illnesses. Diseases can also have social, psychological, and behavioral dimensions. Utilizing faith healing techniques is among the several methods to alleviate psychosomatic problems in an individual and promote overall well-being.

Most research has demonstrated that socioeconomic considerations influence an individual's choice of healthcare service. An individual's healthcare-seeking behavior is influenced by the cultural norms and values they are exposed to during socialization. The decisions made by patients typically mirror the community's ideas and conventions around healthcare procedures. Hence, the decision of whether an individual selects Western biomedical procedures or faith-based therapeutic practices is contingent upon the patient's cultural background (**Obermeyer & Potter, 1991; Basu, 1993; Obermeyer, 1993; Bhatia & Cleland, 1995; Goodburn et al., 1995**).

Therefore, the present research examined the Hindu population in the Jhargram district of Paschim Medinipur to determine how they understand their faith and its healing practices to achieve overall health and wellness. In Jhargram, faith healers are commonly known by several names corresponding to their local dialect. These individuals, known as *Sunum Guru*, apply oil to water and then use incantations to examine the resulting oil pattern on the water's surface. By analysing those geometric forms, they may accurately anticipate the anomaly and administer the appropriate medical intervention for the illness. A few others are called *Gunins*, who make their calculations through extreme devotion and meditation to understand the anomaly's cause and how to treat it. In some parts of Jhargram, they are also called *gulins*. Thus, the study aims to address the following questions: a) Whether religious or spiritual

engagement contributes to internal healing for individuals or not; b) whether religious or spiritual engagement facilitates healing in respondents through direct mind-body connections or not; c) whether religious or spiritual engagement result in a reliance on supernatural intervention and does this belief aid in healing or not; and finally, does religious or spiritual involvement lead to improvements in one's health behavior or not. Therefore, this study aims to understand the difference between secular (modern biomedical practices) versus sacred healing (traditional healing practices) and their prevalence among the selected respondents of the study in this contemporary 21st century.

Objectives: Aims of Examining Faith and Healing Practices

A significant increase has occurred in the field of biomedicine during the twenty-first century. The increasing popularity of Western biomedical procedures has been widely disseminated worldwide due to the rapid rise of mass media and globalization. Even as contemporary biomedical treatments expand, the current study attempts to understand the link between faith-based healing practices and the lives of those surveyed. The explanatory sociological research will emphasize the many aspects related to the social phenomena of religion and healing practices in the respondents' lives. To better understand, explain, describe, and show the goals above fresh and innovatively, an explanatory technique incorporating exploratory components, which refer to the qualitative aspects of the research, may be the ideal option.

- To study the socio-demographic profile of the respondents.
- To explore the various Hindu healing practices and analyze the respondents' perceptions and experiences regarding the strength and areas of influence of these methods.
- To explore how class and gender shape the respondents' practice of traditional faith-based Hindu healing techniques.
- To examine the impact of globalization and biomedical practices on faith healing methods among the Hindus in Paschim Medinipur.
- To examine how the respondents' faith and spiritual practices influence their health and social well-being.

LITERATURE REVIEW

This research stage aims to examine the pertinent literature, theories, initiatives, and diverse viewpoints at both national and international levels that have contributed to developing the notion of faith healing among the masses. The research aims to elucidate the comprehension and contextualization of illness throughout Hindu cultures. The study's objective would be to investigate the rich tapestry of individuals' diverse and fascinating beliefs and behaviors around health and healing. The study examines the potential effect of social class and gender on traditional healing techniques within Hinduism. The research explores various perspectives of scholars who have attempted to analyze this aspect.

Understanding the Dynamics of Health and Religion

Sociology, a discipline that examines the diverse connections within human existence, recognizes medicine and health as crucial societal variables. Individuals, influenced by their cultural upbringing, make choices from a variety of therapeutic modalities. These choices, including the biomedical system, Complementary and Alternative Medicines (CAM), and traditional therapeutic systems, are deeply rooted in their religious or cultural contexts. The culture of a location shapes the activities of individuals, including their health choices. The treatment choice is contingent upon the specific region of the sufferer's ailment and the prevalent traditional cultural practices. Hence, the aetiology of disease and poor health in humans is not solely biological but encompasses other elements, such as social, economic, and cultural influences (Sujatha, 2014).

Dipankar Gupta (1988) argued that patients perceive their health status as integral to various social circumstances. Individuals endeavor to explore other methods of self-healing. Although bio-medicine offers a limited way to achieve good health, patients may discover diverse choices within their cultural or religious contexts. **Hans Baer (2001)** observed an increase in the prevalence of what he termed '*New Age Religion*.' This term refers to a spiritual movement that emerged in the Western world during the 1970s and 1980s. It often incorporates elements of alternative medicines and healing systems, which coexist with conventional medicine.

In his 2006 work, **B. S Turner** observed that religion encompasses the processes and structures that make the social world understandable and establish authoritative connections

between persons in society. Consequently, religion has consistently had significant significance. It centers on exploring the beliefs, rituals, and structures of religion.

Robertson (1987) provided a clear description of a social institution. He defined an *institution* as a cohesive collection of values, norms, statuses, roles, and groupings that arise from a fundamental social requirement. Religion has been integral to human civilization since ancient times as a foundational social institution. It satisfies fundamental social needs, fostering optimism for a more promising future. It provides individuals with resilience in moments of adversity. Following this, **Fowler (1981)** emphasized that the reliance on supernatural entities within the framework of communal existence has extensive and diverse ramifications across all forms of global religions.

In his study, **Lawrence Neuman (2004)** observed that religion remains a collection of ideas and activities that revere a deity or a central source of power and purpose. Individuals engage in activities, such as participation in religious gatherings or prayer, to demonstrate respect and devotion.

Clifford Geertz (1966) argues in his influential essay "*Religion as a Cultural System*" that people should examine religions as cultural systems. He defines *religion* as a system of symbols that creates vital, widespread, and enduring emotions and motivations in individuals by developing ideas about the overall structure of existence and presenting these ideas as unquestionable truths, making the emotions and motivations appear exceptionally genuine.

From a cognitive perspective, religion serves as a framework for comprehending the world. Psychologists from various periods have observed and analyzed the origins and beliefs of individuals about religion. **Pavlov (1869)** introduced two aspects for comprehending religion from a psychological standpoint. He stated that religion might be understood from a *phylogenetic and ontological perspective*. Following their evolution from the animal kingdom, humans struggled to comprehend natural phenomena such as rainfall and thunderstorms.

Consequently, they developed religion to acquire the fortitude necessary to endure the relentless forces of nature. Ontogenetically, religion and religious activities are embraced and adhered to by those who experience neurological deficiencies. Only those deemed "weak" by society are permitted to maintain their religious beliefs.

According to **Pascal Boyer (2001)**, religion serves as a means to address a series of occurrences that lack other explanations. Its survival and widespread adoption are due to its ability to resonate with specific cognitive patterns and address particular social interaction demands. Religion and healing, in his opinion, support the idea that a person can get divine healing through prayer and complete surrender to faith and belief.

Sulsamy (2009) contends that religion is the most ancient manifestation of medical practice. Tribal communities regarded shamanism as the customary healing practice in which shamans administered cures to the ill through religious ceremonies. The notion has been kept in Eastern culture, while the advancement of Western medicine has introduced a fresh change in this aspect. There exist two distinct factions throughout society: firstly, individuals who identify as spiritual but not religious, *and secondly*, individuals who identify as religious but not spiritual.

According to **Levin (2011)**, there are five distinct religious experiences:

1. A transcendental experience refers to a situation where human beings perceive occurrences beyond their physical and intellectual capacities.
2. Mystical experiences refer to events that leave a profound psychological impression that differs from one's daily experiences. Besides this, the unitive experience entails a profound sense of oneness with God, establishing a distinct state of interconnectivity with the Supreme Being.
3. Transpersonal experience allows humans to see the restrictions of time and space and their bodily limitations.
4. The noetic experience pertains to an individual's subjective encounters with the divine.

Therefore, Levin's works encompass several subjects, including mind-body healing, supplementary medicines, paranormal events, and more.

Berger suggested that religion can serve as a "*protective canopy*" in relation to health (**Heelas et al., 2013**). According to him, being religious contributes to a more robust social network, more effective marriage connections, and preserving healthy ties with family members. It fosters social cohesion, and participants benefit from receiving emotional support from their peers. It further decreases the likelihood of experiencing social isolation. According to Berger, religious engagement enhances an individual's self-esteem and cultivates a patient's

attitude toward life's challenges by fostering an optimistic outlook. This enhanced social engagement results in the strengthening of one's societal position. He further asserted that religious doctrine assists individuals in adhering to specific guidelines and norms, finally enabling them to live a wholesome life. It diminishes substance misuse, fosters regular physical activity, and advocates for the idea that a healthy body is synonymous with a healthy mind. Religious engagement facilitates adherence to societal norms and rules, promoting patients' compliance with their physician's decisions. Religious engagement can assist an individual in managing anger, despair, and anxiety. It promotes life pleasure and cultivates gratitude for one's blessings. Likewise, engaging in habits that promote a healthy lifestyle contributes to maintaining a sound mental state. Increased engagement in religious activities such as prayer, singing, meditation, chanting mantras collectively, and reading sacred texts positively impact cognitive performance, promoting overall mental wellness.

Hellwig (1990) asserts that religion encompasses two crucial components: belief and faith. The term 'faith' has a spectrum of meanings, ranging from a broad religious disposition to an individual's embrace of a particular system of beliefs. Similarly, **Fowler (1981)** characterizes faith from a human perspective. Before individuals adopt religious or irreligious beliefs, they are already involved in matters of religion. Regardless of whether individuals become non-believers, agnostics, or atheists, they have a common worry over how to construct their lives and choose what will give their lives meaning and value. Fowler asserts that faith demonstrates the characteristics of a mystery instead of a problem. He said that humans are what makes faith so mysterious.

Medicine and Healing Practices: Navigating Traditions and Transformations

Paul Starr (1982) argues that medicine commonly focuses on healing, and contemporary medicine asserts its legitimacy to cure by relying on its scientific methodology. During the evolution of medicine, the focus shifted from providing care to primarily seeking a cure. Consequently, **Cassel (1986)** and **Hauerwas (1990)** recognized that the position of physicians transformed from being "healers of the sick" to being "curers of diseases."

Larry Dossey (2005) conducted a thought-provoking study on healing. The process involves the integration of various facets of an individual's existence, encompassing physical,

mental, and spiritual dimensions, at profound levels of self-awareness. This process aims to achieve harmony and equilibrium, with each aspect equally significant and valuable. Healing, thus, entails attaining or obtaining completeness as an individual. As **Elizabeth Kubler Ross (1997)** rightly posited, a person can heal and start over after a loss.

Eric Cassell (1976) believes that achieving wholeness entails establishing a connection with oneself, one's physical being, the surrounding culture, and one's significant others. Being whole as an individual necessitates being complete to others, and the completeness of an individual relies on the physical, emotional, intellectual, social, and spiritual dimensions of human existence. In addition, **Cassell (2004)** demonstrated in her investigation that healing was not a discrete occurrence that occurred at a particular moment in time. Instead, the healing process usually occurred intermittently and gradually over a prolonged period. This process exhibited nonlinearity and unpredictability. Each individual's journey to healing was discovered to be distinct and deeply personal. In the same way, according to **David Kinsley (1996)**, the concept of healing frequently involves providing meaning and understanding to a patient's life and mortality.

The World Health Organization (WHO) provided the Mental Health Action Plan (2013-2020), which states that people should consider the concepts of recovery and cure as distinct for patients. Treating a medical condition provides a temporary remedy to a patient, whereas recovery encompasses the patient's whole physical and mental health. According to the World Health Organization (**WHO, 2013**), achieving full recovery in mental health leads to "hope, healing, empowerment, and connection."

Udermann (2000) defines spirituality as relating to the spirit or the soul, separate from the physical body. The human intellect is often regarded as the pinnacle of cognitive ability. Religion is a distinct belief, worship, action, and ethics system, generally accompanied by a philosophical framework. Therefore, "healing" originates from the root word "wholeness." It is a reaction to the difficulties encountered in life. Along this line of thought, **Hodge and Derezotes (2008)** stated that religion refers to the structured systems of ideas and practices that a group commonly holds. Spirituality is often viewed as a profoundly personal and individual experience distinct from religion. Hence, spirituality is widely regarded as a profoundly personal and intimate manifestation of religious convictions.

In his study, **Edward Canda (1999)** observed that every culture had structured methods for exhibiting compassion, fairness, and assistance. Historically, these practices have deep roots in spiritual lifestyles. To him, spirituality encompasses individuals' principles and practices to discover purpose, ethical direction, harmonious connections with other humans, and the enigmatic force that permeates everything. Each individual is a precious gem inside this magnificent interconnected cosmic network. The inherent connection between oneself and all other creatures naturally gives rise to a compassionate concern for one's well-being because the welfare of one is synonymous with the welfare of all.

Udermann (2000) examined the correlation between spiritual devotion and survival rates in heart surgery patients. Patients self-identified as either 1) profoundly spiritual, 2) engaged in structured collectives such as a senior center, or 3) uninvolved. At the 6-month follow-up, the mortality rate was 14 percent among patients who perceived themselves as uninvolved, 4 percent among patients who reported involvement in organized organizations, and 0 percent among patients who identified as intensely spiritual. It was reported that the intensity of an individual's belief system was the most reliable indicator of their likelihood of surviving heart surgery. Patients who expressed minimal strength from their spiritual devotion were three times more likely to survive the procedure.

Leanne Lewis Neuman (2004) offered a figure that effectively illustrates how spirituality and religion are influenced by faith in her paper titled "*Faith, Spirituality, and Religion: A Model for Understanding the Differences.*" He observed that faith is inherent to an individual, whereas spirituality and religion are subject to change and development. They exhibit movement. Simply put, one can or should reach no certain level or achievement with any option. Instead, individuals fluctuate along "spirituality" and/or "religion" spectrums. During some stages of life, individuals may have a greater inclination towards spirituality while being less inclined towards religious practices. Sometimes, the tables may turn: someone could be deeply religious but not very connected to their spiritual side. Nevertheless, both essences can nourish and support each other's growth. For example, engaging in religious practices may help an individual develop a stronger sense of spirituality, and conversely, engaging in spiritual practices can foster religious devotion.

In their study, **Kevin S. Seybold and Peter C. Hill (2001)** have shown an intricate correlation between religion, spirituality, and health regarding an individual's physical and mental well-being. Religion and spirituality serve as fundamental pillars of societal

construction. This claim forms the cornerstone of the belief in the effectiveness of faith healing among its followers.

According to **Thoresen (1999)**, three primary areas might demonstrate the connection between religion and health. Firstly, Scheidt's (1996) study found that religious or spiritual practices, such as meditation, prayer, and forgiveness, can reduce the risk of heart disease. *Secondly*, psychosocial possibilities encompass cognitive and motivational behaviors that can contribute to a healthier life. These behaviors include adhering to a balanced diet, abstaining from smoking and alcohol, cultivating a positive self-perception, practicing group meditation skills, and embracing forgiveness towards others. By engaging in these behaviors, individuals can reduce their suffering and achieve a state of overall well-being. *Finally*, socio-cultural influences, such as the belief in health and sickness symbols, influence adopting health-promoting activities. Individuals who tend to reside in collectives and maintain cohesion based on a shared system of beliefs are more likely to adhere to a favorable standard of living.

The **National Institute of Aging (2022)** in the USA established many criteria that indicate various social elements that impact individuals' mental and physical well-being. The beliefs and values of the people are—the believer's religious/spiritual history, their religious affiliation preference, their rate of social involvement, the number of personal leisure activities, their level of coping strategies, their dedication to beliefs and practices, number of social interactions, and availability of social support. In addition to the aforementioned facts, an individual's lifestyle can serve as a means by which their beliefs in religious and spiritual activities can benefit their health.

Jeff Levin (2001) found that frequent religious attendance reduces concern about sickness and treatment risks. Religion is a social support source, primarily when biomedicine cannot give the patient hope.

Rosenstock, Hochbaum, Kegeles, and Leventhal (1958, 1960, 1974) established the Health Belief Model (HBM). The model analyzed the patients' responses to potential symptoms and behavior related to the medical diagnostic procedure. The aim is to determine if individuals will actively take steps to control their medical condition. The model outlines six distinct constructs or stages that patients experience throughout their medical condition. The primary concept is '*perceived susceptibility*,' which pertains to the patient's assessment of the probability of experiencing a potential medical condition. Furthermore, '*perceived*

severity' pertains to the patients' endeavor to evaluate the importance of their condition. Thirdly, *'perceived advantages'* pertain to the patient's evaluation of the possible ways to reduce the disease's effects and the potential positive outcomes of the diagnostic procedure. Moreover, the term *'perceived barrier'* pertains to the patient's evaluation of the cost-benefit analysis before undergoing the diagnostic procedure. Additionally, the term *'cues to action'* pertains to the patient's readiness and perceived methods to actively pursue a medical diagnosis. Finally, *'self-efficacy'* refers to the patient's belief in their ability to act, decreasing their anxiety level. Hence, it can be contended that the patient's belief system plays a significant role in determining the diagnosis of their illness concerning health-related conditions. The patient's social surroundings shape their belief system, which subsequently guides their decision-making process regarding their health. In this line of thought, it can be contended that religion and spirituality are guiding principles for many in making health-related decisions.

In his study, **Barnes (2011)** examined the concept that healing has the effect of putting everything about human existence into perspective. It serves as a framework through which individuals may understand all other experiences, including the significance of well-being in their current existence. The impact of these visions of ultimate potential is frequently reflected in individuals' behavior, motivating them to strive for lifestyles that facilitate such transformative healing. Additionally, he observed that many religions within the culture offer distinct therapeutic attributes through their mythological narratives or alternative healing methodologies. As an illustration in the Hindu religion, Goddess Sitala, the deity linked to smallpox across India, could both inflict and heal the disease.

Dr. A. Satya Narayana (2018) wrote an article on the benefit of chanting Lord Dhanwantari's¹ *mantra* for the healing of all individuals. The most revered *mantra* to attain health and healing is—

"Om Namō Bhagavate Vasudevaaya Dhanvantarāye

Amrita-kalasha Hastaaya Sarva-amaya Vinashaaya

Trilokya Naathaya Dhanvantari Maha-vishnave Namaha"

¹ Lord Dhanwantari is regarded as the God of healing in Hinduism and the father of Ayurveda. He is widely regarded as one of the avatars of Lord Vishnu. He is revered as the divine healer who can alleviate all suffering to restore peace and prosperity.

The abovementioned mantra is believed to be one of the most powerful mantras for promoting healing. Showing reverence to Lord Dhanwantari is a means to relieve oneself from pain and enhance bliss and fortune.

The study conducted by **Baetz and Marcoux (2004)** found that those who actively participated in a religious organization and placed importance on their religious faith and beliefs were less likely to experience depression. Conversely, those lacking religious affiliation were shown to experience a higher incidence of depression throughout their lives.

Harold G Koenig (2001) conducted a study that found that religious beliefs and actions are associated with improved immune function in all five studies examined. In the first case, lower death rates from cancer were observed in five out of seven studies, while seven out of eleven studies showed a reduced risk of heart disease or better cardiac outcomes. Furthermore, fourteen out of twenty-three studies indicated a decrease in blood pressure, and all three studies found a reduction in cholesterol levels. Lastly, improved health behaviors were reported in twenty-three out of twenty-five studies, including less cigarette smoking, increased exercise in three out of five studies, and better sleep in two out of two studies. Therefore, religion has a significant role in fostering physical well-being in society. Research has shown a strong association between religious beliefs and practices and various positive outcomes, including lower suicide rates, reduced anxiety, decreased substance abuse, lower levels of depression, faster recovery from illness, increased feelings of hope and optimism, a stronger sense of purpose and meaning in life, enhanced social support, and greater marital satisfaction, ultimately leading to better stability. Thus, their study inferred that religion enables individuals to abstain from self-destructive activities.

In addition, **Koenig (2008)** suggested three distinct approaches to examining religion: Firstly, it may be seen as an individual's coping mechanism. Secondly, it functions as a force that promotes prosocial conduct. Thirdly, it can be employed to manage behavior. According to him, the essence of religion is ubiquitous. According to the well-known adage that "*There are no atheists in foxholes,*" religion is viewed as a tactic by which individuals may cultivate optimistic expectations during challenging circumstances. Multiple studies conducted by Koenig demonstrate that religious beliefs and practices serve as a significant means for Americans to cope with diseases frequently, resulting in transformative life changes.

Furthermore, according to **Koenig (2004)**, prayer is the most prevalent method among the several potential approaches to attaining well-being through religious beliefs. Prayer is often seen as the second most powerful way to seek healing through religious practices. Some contend that if prayer alleviates psychological distress (particularly among individuals experiencing despair or exhaustion from societal pressures), it promotes physiological well-being. Religion serves as a means of providing social support. According to Koenig, individuals' conviction in the significance of religion tends to increase as they age. As individuals age, they often have various long-term health issues. In these situations, religion or spirituality can be a comforting and reassuring source of support for those who follow a religious faith.

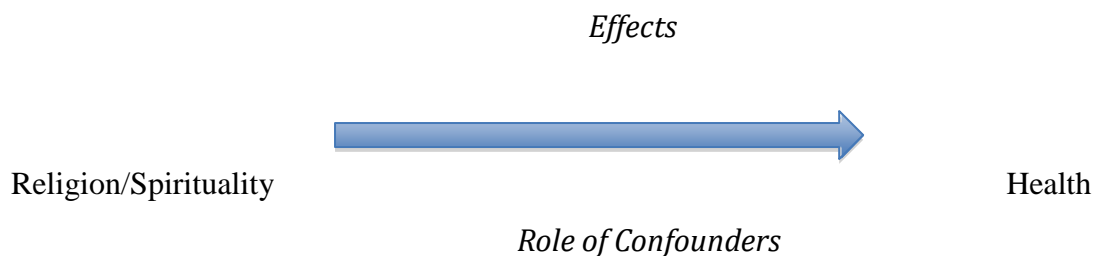
Koenig (1998) observed that 90 percent of the participants acknowledged using religion as a coping method in another research. Additionally, 40 percent of the respondents stated that religion was crucial in sustaining them throughout challenging periods. Research has shown that patients' religious beliefs are associated with several positive outcomes, such as improved coping with depression, reduced anxiety, lower suicide rates, decreased substance misuse, enhanced optimism in life, stronger marital stability, and higher levels of social support (**Koenig 1992, 1998; Idler, 1997; Villani et al., 2019**).

Additionally, **Koenig (2002)** argued that physicians have an obligation to honor and respond to such requests. As a physician, it is imperative not to disregard the patient's beliefs. Physicians can surmount this obstacle by acquiring medical school knowledge and training.

Chandler et al. (2001) defined well-being as emotional, intellectual, physical, social, occupational, and spiritual dimensions. The highest level of well-being may be attained by integrating the spiritual and personal aspects in all five dimensions - intellectual, physical, emotional, social, and occupational. In this light of thought, within Western psychology, **Carl Jung (1928)** observed that spiritual well-being is a crucial equilibrium for attaining optimal health in an individual's life. Various therapeutic modalities, such as meditation, incorporate the idea of harmonizing an individual's body, mind, and spirit. Every human being has an inherent sense of spirituality. It is essential to embrace the spiritual aspect of one's well-being fully. Various spiritual healing modalities serve as means to attain physical and mental well-being.

According to **William James (1902)**, religion encompasses individuals' personal experiences and subjective emotions in connection with entities they see as divine. Religion is inherently social, encompassing several other aspects, such as culture, politics, and economics. Conversely, spirituality is comprehended on an individual basis.

According to **Miller and Thoresen (2003)**, there is a bivariate association between religion and health. Religion and spirituality significantly impact an individual's overall health and well-being. Within this setting, the primary responsibility of a researcher is to identify and determine the confounding variables. A confounder is a factor that influences the variables under investigation, distorting the true association between the actual variables and leading to the pathology. In health research, a confounder refers to an external factor, distinct from the subject under investigation, that has the potential to influence the observed outcomes in a study. Confounding variables, such as socioeconomic position, culture, and individual characteristics, play a significant role in determining how much religion and spirituality can affect health. Therefore, it is crucial to acknowledge that the influence differs across individual communities and cultures and that both positive and negative consequences can occur within the same religious framework. When examining the correlation between religion, spirituality, and health, it is essential to consider these subtle distinctions.



In his study, **Cutler (1976)** revealed that the elderly demonstrate a heightened propensity to align themselves with a specific religious institution. He believed engaging with a religious group increases life satisfaction and pleasure.

Curtis and Gaylord (2004) noted that the magico-religious therapy strategy included initially determining the problem, often with a healer's assistance and using prayer. The cure is attained by dispelling the curse via charms, trances, or rituals. Preventive techniques involve regularly appeasing and maintaining relationships with ancestors and deities and adhering to religious rules and traditions. Magico-religious healing has a modern presence among spiritual traditions, where faith healers use prayer to do distant healing. Additionally, the physician's

white coat and the comforting X-ray significantly impact the patient. Furthermore, their investigation discovered that applying different types of energy externally to the body can alter autoregulation and impact the body's ability to repair.

Kaptchuk (1983) proposes the naturalistic notion that the natural world functions as a harmoniously balanced ecosystem, where the inanimate and living elements interact and rely on each other. Current hazards to the ecosystem's well-being include:

- climate change,
- the encroachment of non-native plants,
- the detrimental effects of acidic precipitation, and
- the discharge of pesticides into water bodies.

Likewise, good health is achieved by a harmonious existence, well-functioning internal bodily systems, and a state of equilibrium with the natural world. Illness arises from a lack of balance due to several factors, including a patient's age, bodily function, physical activity, and personal and social environments. External factors like viruses or poisons can also cause it. Treatment employs naturally derived specialized medicines and methodologies, such as herbs, homeopathic medications, and dietary regimens. Therapeutic methods include massage, physical activity, and relaxation techniques, focusing on preventative and health-enhancing strategies derived from natural sources (**Ardell, 1979**).

Oschman (2000) observed that energy healing is a contemporary interpretation of the old notion of a "vital force," conveyed using scientific language. It acknowledges that different types of energy can promote healing. These forms encompass light, heat, vibration, motion, elasticity, sound, biological processes, electricity, and electromagnetic and other types of radiation.

In their seminal study on quantum physics and biological systems, **Becker and Selden (1985)** observed that all living entities utilize and release energy. Advocates of energy healing assert that electromagnetic forces play a crucial role in structuring living structures and those various other types of energy, such as biological, physical, and biochemical processes, are manifestations of the energy that supports life.

According to **Dr. C.R. Snyder (2002)**, faith may be seen as the coming together of strong beliefs, optimism, and obedience in connection to God or a higher power. Hope is a cognitive attribute of human beings characterized by energetic, constructive, optimistic, and goal-directed thinking, which is a source of motivation. **Dr. Martin and E.P. Seligman (2000)** emphasized the idea of learned optimism. Optimists perceive negative occurrences as transient, manageable, and confined to a particular area. An *optimistic descriptive approach* is a resilient and flexible characteristic that compels individuals to react to their circumstances. He observed that those with a higher level of optimism tend to enjoy faster recovery.

Peterson (2000) suggested that specific factors that contribute to a positive relationship with health include a robust immune system, reduction in negative emotions, engagement in health-promoting behaviors, ability to cope with less stressful life events, improved adherence to medical advice, and decreased likelihood of experiencing depression in individuals.

Taylor (2000) explained the correlation between faith and healing. Believing in something results in the development of positive psychology. A strong belief in God contributes to the growth of the human belief system in religious contexts. An individual begins to have a favorable perception of the ability of God to alleviate the afflictions of those suffering. Illusions are commonly seen as cognitive adaptations of individuals. These delusions of individuals also impact people's health in many ways. For example, emotional states can directly impact the physiological and neuroendocrine factors contributing to disease. This can affect the prognosis of illnesses and the development of chronic diseases. There are also physiological changes associated with altered immune processes. Additionally, having good social relationships can promote healthier behaviors and provide social support, which can be particularly helpful during stress.

Pennebaker (1997) observed that trust is a crucial component of faith. One's belief in supernatural powers enables one to open up to God and divulge one's deepest secrets, confident that one's secrets will remain undisclosed and receive a non-judgmental answer. Individuals afflicted with traumatic illnesses have a sense of emotional relief and solace when they place their faith and confidence in their chosen religion. Individuals' confidence in each other enables them to openly express and alleviate their thoughts and fears, manifesting as dense clouds causing physical and mental unease. Healing is, therefore, a belief that humans accomplish by placing their whole confidence in the abilities of the Almighty, who is considered the only healer.

John Glen Scott (2017) provided a model that offers a more profound comprehension of the healing process from the individual's perspective. The model illustrates that an initial physical or emotional injury results in the experience of distress. The extent and intensity of pain caused by the initial wound vary according to individuals' traits, interpersonal connections, and stage of development. Individuals persevere and cultivate a feeling of security and confidence to aid the healing process. This enables individuals to establish new connections with people and gain valuable resources, such as reframing situations, taking responsibility, and maintaining a positive mindset. Connections and resources are combined to form a more unified and compelling whole.

Further, **Scott (2017)** asserted that the healing process might inspire those who are sick and offer guidance on how to become healthy. Programs aimed at serving patients might utilize these results to synchronize their services and staff training with the various phases of the healing process. These results do not discredit the importance of healthcare providers in facilitating patient recovery but rather provide perspective on their contribution. Every individual inside a healthcare environment, ranging from the medical practitioner to the custodial staff, has the potential to either assist or impede patients in their process of recovery. Gaining insight into the processes that lead from experiencing wounds and suffering to developing healing can provide guidance and motivation for individuals on their healing journey. Additionally, this understanding can enable others to support others seeking recovery.

Symbiosis of Well-being: Intersections of Religion, Health, and Medicine

Pattison (2013) asserts that religion and spirituality may adeptly address crucial healthcare issues. He highlights that every person possesses an inherent want for spiritual fulfillment, and religion is one of the several avenues to pursue this desire. Every religion has its distinct approach to delivering healthcare services to its adherents. Religious groups inherently possess internal plurality and diversity.

Pattison (1989) argued that even if a person believes in the curative potential of religion or spirituality, they may still need a complete understanding of that faith. Religion plays a dual role in healthcare facilities and among healthcare personnel, serving as supporters and critics. Additionally, he mentioned ongoing scientific studies aimed at validating the impact of religion on human health within society. Religion can provide a dominant influence, providing psychological stability to its followers. Religion is often seen as a product of society,

while spirituality is more closely linked to personal experiences. **Miller and Thoresen (2003)** distinguished two types of beliefs and experiences in this context. They identified "unspiritual religiousness" as the practice of following religious rituals for social advantages and "unreligious spirituality" as the feeling of transcendence without any religious basis.

Oman and Thorensen (2002) have delineated four mechanisms via which spirituality and religion might impact an individual's health: Firstly, religious dictums can encourage healthy living through health behaviors. Furthermore, social support can facilitate the establishment of a robust social network among individuals who share the same religious beliefs, enabling them to provide mutual assistance during times of adversity. Likewise, religion/spirituality facilitates a tranquil psychological state among its adherents, hence diminishing the levels of tension and stress inside the human body; finally, the effect of 'PSI' (Patient Safety Indicator²) plays a role in shaping the health pattern of an individual.

Patel et al. (1985) did a study investigating the impact of meditation on cardiovascular illness. The research findings demonstrated a significant reduction in blood pressure among the study participants. **Colantonio, Kasl, and Osfeld (1992)** identified many social variables that include human existence, including marriage, death, divorce, and social support. Individuals who participate in religious services in this particular scenario exhibit a decreased likelihood of experiencing a stroke.

The study by **Curlin et al. (2005)** demonstrated the extent to which physicians stressed the impact of religion and spirituality on a patient's health. Patients and healthcare providers often regard religion and spirituality as non-physical aspects of a person's life, akin to culture, economics, and social standing. Initially, it was discovered that religion was seen as a paradigm for interpreting sickness. Patients often develop a belief that their recovery is dependent on divine intervention, which aids in their psychological acceptance of their sickness and enables them to cope with it more calmly. Furthermore, religion has a crucial role in fostering a cohesive society's development, providing individuals with valuable social and psychological assistance. Religion may sometimes contribute to controversy when it comes to medical recommendations, such as the case of Jehovah's Witnesses, who reject the usage of blood

² The Patient Safety Indicators (PSIs) offer data on safety incidents that may have been prevented and indicate areas where care delivery can be enhanced. Particular attention is given to potential complications and adverse events resulting from surgical procedures or childbirth in the hospital.

products. Patients frequently reject medical instructions and instead rely on prayer for healing. Therefore, the faith-health relationship is both widely acknowledged and widely questioned.

Colón-Bacó (2010) attempts to establish a correlation between an individual's subjective well-being and the intensity of their religious fervor. Two measures, personal happiness, and life satisfaction, assess subjective well-being. According to **Pargament (2002)**, religion is a potent societal influence that may provide significance, foster drive, and aid adherents in managing painful experiences.

Ellison (1991) and Frey & Stutzer (2002) have highlighted the role of religion in promoting subjective well-being among its adherents. Religion fosters a sense of belonging, cultivating a community that provides social support. Additionally, religion imbues individuals with a sense of purpose and significance, forming a robust social group.

Colón-Bacó (2010) employed two metrics to examine the impact of religion on an individual's health: the frequency of prayer and the level of believers' trust in the presence of God. Based on a comprehensive analysis of several studies, it has been determined that having faith in God positively impacts the subjective well-being of believers. This may be attributed to the following factors:

1. Religious gatherings facilitate enhanced interpersonal engagement among followers, fostering a cohesive community where individuals can freely exchange their thoughts and emotions.
2. Religion offers a framework for comprehending human suffering, empowering adherents to find solace and resilience amidst adversity and navigate stressful circumstances.
3. Adherents of a particular religion must adhere to religious principles and guidelines, promoting a healthier lifestyle than the general population.

Consequently, a heightened impact of religion on a community can result in an enhanced standard of living for its adherents (**Ferriss, 2000**).

King (1994) and Asser (1998) discovered that 95 percent of patients willingly express their belief in God, whereas **Gallup (1990)** revealed that around 65 percent of physicians hold a belief in God but do not actively practice any religion. The increasing interest in studying

spirituality and religion may be attributed to several factors. Firstly, religious engagement and spirituality have been found to promote internal healing in patients. Secondly, relaxation techniques such as prayer and meditation serve to quiet the mind and give social support.

Puchalski (1998) noted that it is essential to treat every patient holistically, considering their overall well-being, including their biological, psychological, social, and spiritual aspects. As **Kash (1990)** pointed out, "*To heal a person, one must first be a person.*" Addressing the patient's belief in spirituality can enhance their sense of hope for the future rather than allowing them to succumb to feelings of gloom and despair.

Hatch et al. (1998) argued that the inclusion of coping strategies related to religion and spirituality has been a subject of inquiry in several clinical research. By analyzing many factors, it is now possible to determine how spirituality contributes to a patient's healing process. The rapid expansion of incorporating the therapeutic benefits of religion and spirituality in the clinical domain can be attributed to two factors—Firstly, patients often disengage from medical therapy when they perceive that the therapeutic setting restricts their spiritual demands. This frequently results in the unfortunate demise of the patients. Furthermore, research in the field of psychoneuroimmunology has demonstrated that religion and spirituality elicit feelings of optimism, which frequently serve as a coping strategy for patients (**Sternberg, 1997; 1997a; Kiecolt-Glaser, 1995; Fee, 1997; Ahmadi, 2006; Hefti, 2011; Brown et al., 2013**).

According to **Peck (1997)**, the belief in the healing capacity of spirituality or religion encourages individuals to place greater confidence in this system. Hospice care focuses on alleviating patients' suffering by addressing their emotional and spiritual needs. Consequently, when physicians address the spiritual needs of their patients, it can result in a more robust doctor-patient bond and an increased sense of optimism for recovery and survival (**Delbanca, 1991; Heabert et al., 2001; López-Tarrida et al., 2021; Mueller et al., 2001**).

According to **Post (2000)**, physicians are often respected and followed as those who can cure illnesses in several locations. Thus, physicians are perceived as supernatural healers when it comes to patients in the latter stages of their illness. It will likely augment the placebo effect by bolstering patients' conviction in their self-healing ability. The patients believe that the physician is a conduit for divine intervention, facilitating their recovery from their current

medical circumstances. The ability of a physician to cure is sometimes referred to as the "*Aesculapian power*³".

Immanuel Jakobovits (1975) suggests that people suffering from illness often develop a deep and profound connection with God. Individuals can perceive a heavenly presence in the vicinity of their sickbed. According to **Levin, J.S. (1994)**, while evaluating psychosocial metrics, it has been discovered that religion and spirituality are significant markers of an individual's health. Faith plays a crucial role in the healing process. **Sir William Osler (1910)** advocated that religion is an invaluable asset for maintaining our well-being. Without it, our condition would be significantly compromised.

According to the research of **Levin and Schiller (1986 & 1987)**, religious devotion among adherents positively impacts health. Religion's varied rules and guidelines dictate the adherents' healthy way of living. Religion facilitates the cultivation of a psychosocial impact by enhancing one's social connections with other adherents. Psychoneuroimmunological variables contribute to the enhancement of overall health. The psychodynamics of religious ceremonies often serve to alleviate the anxiety and loneliness experienced by patients, instilling in them a sense of hope for a more promising future. Diverse religious scriptures also fulfill the same objective. The prospect of excellent health and the recovery process enhance the beneficial impacts on the patient. In the present period, there is a rise in the popularity of '*New Age Healing*,' which includes practices such as *pranic healing*, reiki, tai chi, and others. These techniques are increasingly favored by patients seeking spiritual healing.

In their study, **Mueller et al. (2001)** found that terminally sick individuals often ponder the causation of their specific condition. The inquiry stage of a patient's experience is often addressed via the lens of religious or spiritual aspects. Individuals who practice religion tend to have a longer lifespan than those who do not adhere to religious beliefs. Through a comprehensive analysis of several studies, Mueller (2001) discovered that religious psychotherapy had a significant positive impact on the swift recovery of patients dealing with depression (**Propst et al., 1992; Marques et al., 2022**), anxiety (**Razali et al., 1998; Azhar et al., 1994; Boelens et al., 2009**), and drug misuse (**Oleckno, 1991; Wallace et al, 1998; Matthews et al, 1998**). Hence, religious engagement results in an enhanced standard of living. Spiritual and religious practices elicit pleasant emotions such as affection, optimism,

³ The ancient Greek God of Healing.

satisfaction, and atonement. It inhibits the development of unpleasant emotions inside oneself, resulting in reduced stimulation of the sympathetic branch of the nervous system and the hypothalamic-pituitary-adrenal axis.

Dein (1997) noted that the area of palliative care recognizes the increasing significance of religion and spirituality among patients. In his study, **Levin (1996)** noted that research typically avoids demonstrating a causal relationship between loss of religious faith and sickness. He emphasized that spirituality is a significant determinant of health and suggested that doctors should more frequently recommend religious activities to their patients.

Sulsamy (2006) emphasized that physicians are responsible for addressing their patients' spiritual needs. This is based on two main reasons. Firstly, physicians are bound by their oath to provide the best possible care, including respecting and accommodating a patient's religious traditions if they are comfortable. Secondly, physicians should actively promote spiritual healing, such as through meditation or arranging a visit from a chaplain, if they believe it is beneficial for the patient.

According to empirical research conducted by **Matthews, A. D. & Koenig, G. H. (1998)**, it was shown that around 40 percent of patients desire a religious conversation with their doctors, and 50 percent of patients wish to engage in prayer with their doctors (**King et al., 1994; Maugans et al., 1981**). In general, an individual's religious devotion contributes to disease prevention, coping with illness, and recovery from the ailment one is experiencing. Matthew and Koenig further have enumerated four rationales for how religious participation might enhance an individual's health—Firstly, engaging in religious rituals and following religious guidelines encourages the adoption of health-promoting behaviors as dictated by one's faith; Secondly, religious congregations foster the formation of social networks, which contribute to a healthy social life; Thirdly, religious involvement enhances mental well-being and physical health; finally, individuals who engage in behaviors detrimental to health are not accepted by religious communities; thus the fear of isolation deters individuals from engaging in such behaviors.

According to **Udawadia (2002)**, the relationship between medicine and religion is so intertwined that a caregiver is often called a "physician-priest-protector." **Burkhardt (2002)** posited that spirituality and healing are inherently interconnected. In his study, **Puchalski (2001)** discovered that the number of courses focused on spirituality and

health provided by medical schools in the United States was just 3 in 1992. However, this number has increased to 75 by 2001. This fact alone demonstrates the significance of spirituality and healing. Thus, the scientific interest in examining the impact of religion and spirituality on health and well-being is rapidly increasing. **Dyer (2007)** observed that having religious beliefs or being spiritually inclined had a beneficial impact on the death rate of patients. Research has demonstrated that incorporating spirituality into health care might enhance an individual's chances of survival (**Strawbridge et al., 1997; White et al., 2022**), ability to deal with stress (**Yates et al., 1981; Božek et al., 2020**), and process of recuperation (**Harris et al., 1995; Tuck & Anderson, 2014**).

According to **Brady et al. (1999)**, spirituality is often considered an essential focus in clinical settings. Those experiencing pain employ prayer as a pain control technique. Spirituality can also assist individuals in dealing with grief in some instances. Spirituality fosters a mindset of positivity in patients. Participating in specific spiritual activities, such as transcendental meditation, can reduce heart rate, respiration rate, and brain wave activity.

Vanderpool (1994) posited that religion encompasses a collection of "ultimate explanations" that offer a sense of purpose about disease and healing. Various prescriptions and prohibitions stated in the religious doctrines directly impact the well-being of its adherents. Religiosity can be associated with an individual's overall physical, emotional, and subjective well-being. It mitigates the intensity of life events and enhances the overall quality of life (**Ellison, 1991; Hill & Butler, 1995; Jenkins & Paragament, 1995; Lim & Putnam, 2010; Mytko & Knight, 1999; Vang et al., 2018**). In their study, **Mytko and Knight (1999)** determined that there are significant connections between religion/spirituality and an individual's physical and psychological well-being, enhancing their overall quality of life.

According to **Thoresen and Harris (2002)**, a thorough understanding of the impact of religion or spirituality on health requires reliance on scientific research. Throughout history, individuals from diverse cultures have recognized the apparent correlation between religious beliefs and practice and their impact on health and illness (**Rosen, 1993; Frank, 1975; Vang et al., 2018; Keivan et al., 2019**).

Benson's (1996) study pointed out that believing in God positively impacts health. Religion or spirituality has an impact on the level of social support individuals get,

which in turn contributes to a decrease in depression, an improvement in interpersonal relationships, and a moderation in alcohol consumption.

Hummer et al. (1999) revealed in their study that those who do not attend religious services are more likely to have respiratory-related mortality and have an increased risk of infection and cardiovascular illnesses. **Musik et al. (1999)** found that religious participation can be classified into two distinct types: private religion and public religion. Empirical evidence suggests that public religious engagement is associated with decreased mortality rates, although private religious practices do not show the same effect.

Keefe et al. (2007) observed the role of religion or spirituality in pain control in patients. Empirical evidence revealed a direct correlation between higher levels of spiritual experiences among patients and decreased pain levels. Conversely, researchers have also highlighted, as seen in the study conducted by **Exline et al. (1999)**, that those who harbored resentment towards God for causing their disease experienced higher levels of anxiety and sadness compared to those who adopted a forgiving mindset. As **Einstein (1995)** noted, science without religion is lame; in the same way, religion without science is blind.

Similarly, **Testerman (1997)** stated that over 200 publications have been slated in the last 40 years based on the connection between spirituality, religion, and health. There is more to a patient than just their biological needs. They also have social and psychological needs and even spiritual ones.

Pressman et al. (1990), in their research, pointed out that women recovering from hip fractures who attended more religious services and felt that God was the source of strength in their time of suffering could walk further after being released from the hospital. Spirituality adds a more decadent layer to people's lives. It gives the spirit a place to go inside itself. "*Spirituality is incarnated at the social and cultural level,*" Thomas Merton said (**Staden, 2016**). **Testerman (1997)** and **Ayonrinde (2003)** echo this sentiment, writing that the impact of religion on health relies on how the person appropriates it.

According to the research conducted by **Garrett (2016)**, patients who discuss their spiritual experiences do so in terms of actual emotional experiences. It is evocative of the immanence and transcendence of human experience, which is central to the definition of spirituality. The process of healing gives an individual a total metamorphosis. It makes them

less self-centered and more willing to look out for the needs of others. Through healing, a person can lessen the intensity of his negative feelings and replace them with more constructive perspectives. Garrett emphasized a few anthropologists' and social psychologists' perspectives on how people's faith might lead to recovery. For example, according to **Arthur Kleinman's "The Illness Narratives" (1988)**, people's religious fervor is on the decline, and with it, the cultural contexts that helped individuals make sense of their pain. He pointed out that medical care can restore health but not restore wholeness.

Rory Williams (2002), in his work titled "*Religion and Illness*," addressed the lack of discussion around religious beliefs in medical sociology. The rise of new ideas, such as secularization, poses problems for religion. Williams, however, argues that medical sociology needs to focus more on the spiritual lives of individual patients.

According to **Waddell (1997)**, individuals discover several methods to comprehend the profound understanding, ultimately contributing to the healing process. Healing fundamentally alters an individual's life trajectory, instilling a profound sense of divine permeation. On this line of thought, **Coe (1997) and McEwen (1998)** opined that the cognitive activities of an individual often regulate physiological systems through neuroendocrine pathways. Socio-cultural factors influence the health behaviors of individuals. **Kleinman and Becker (1998)** coined the term '*socio-somatics*' to describe this phenomenon. Kleinman and Becker used "*socio-somatics*" to elucidate the correlation between social determinants and physical well-being. This concept expands upon psychosomatics, posing that psychological variables can impact physical well-being.

Nevertheless, *socio-somatics* broadens this viewpoint by highlighting the significance of social, cultural, and environmental influences in expressing physical symptoms and diseases. *Socio-somatics* emphasizes the dynamic relationship between an individual and their social surroundings. It emphasizes that health and sickness are not solely determined by biological and psychological factors but are significantly influenced by society's social and cultural structure. Aiming to treat not just the symptoms but also the underlying social factors that may contribute to a person's health difficulties, *socio-somatics* advocates for a more holistic approach to healthcare that considers the broader social determinants of health.

Levin (1996) has delineated a distinction between the prevalent misconceptions held by individuals on the correlation between religion and health and the empirical evidence

derived from epidemiological studies. He highlighted the disparities between widely popular myths and factual evidence in religion and health. There is a widely held belief that participating in religious activities can promote patient recovery. However, scientific evidence indicates that religious engagement helps patients avoid illness. Furthermore, there is a widespread belief that people with faith do not become ill. However, scientific evidence indicates that patients who place their trust in religion have a reduced likelihood of experiencing illness. Popular belief claims that religion is the most crucial component of health. In contrast, evidence indicates that religion can be one of several variables contributing to illness prevention among its followers.

Good (1994) highlighted the connection between illness narratives and bodily experience in influencing and addressing human suffering. His study showed how moral and aesthetic factors are present in everyday medical practice as well as in other practices of healing. A community's traditional habits and belief system constitute the cultural system of understanding health and illness (**Paul, 1955**). Understanding the great and little traditions of medicine and healing systems is considered imperative to provide holistic care to patients (**Rubel, 1960; 1964; Clark, 1959; Snow, 1974**).

Karl Popper (1972) has outlined a 'three-world' theory related to understanding the context of health and illness from a patient's perspective. The three worlds are:

1. The world of physical objects or the physical state of being.
2. The state of consciousness or the cognitive state of being influences the different behavioral dispositions.
3. The world of objective contents of thought.

Therefore, disease can be a physical object within the human body. However, the sufferer's subjective state of mind is also related to the physical disease he or she is experiencing. Medical knowledge looks into the diseased body with an objective representation. The consciousness of the human being cannot be delineated from the human body. Thus, the diseased body is a disordered agent of experience. There is a growing need to consider both the subjective and the objective state of the sufferer to provide holistic care (**Good et al., 1992; Styron, 1992; Kleinman & Kleinman, 1991; Ponty, 1962; Scarry, 1985**).

According to **McNeill (1951)**, pastoral care was used to refer to spiritual care. The term "pastoral care" has historically been defined as the "*cure of souls*," dating back to ancient times. The priest or minister provided spiritual healing to the ill (**Holifield, 1983; Gerkin, 1997**), whereas the medical doctor provided physical healing. **Clebsch and Jaekle (1967)** categorize pastoral care into four distinct types: directing, maintaining, healing, and reconciling. Medical research has developed a keen interest in exploring the correlation between spirituality and health. Several explanations for this include the following: Initially, there has been a rise in the adoption of holistic medicine, particularly in the field of holistic nursing, where spirituality plays a crucial role.

Furthermore, several healthcare fields, including holistic nursing, have embraced spirituality as an integral component of their practice. Another factor is the emergence and restricted use of qualitative research grounded on empirical data. Studying spirituality and religion poses challenges due to their intricate and highly individual nature. Many scholars have utilized qualitative research to comprehend and elucidate the connection between spirituality and different facets of health.

The publication "*The Handbook of Religion and Health*" by **Koenig, McCullough, and Larson in 2001** examined over 1,200 papers on the correlation between religion and health. More than two-thirds of these studies demonstrated a substantial statistical correlation between religious activities, improved physical and mental health, and reduced utilization of medical services. A third cause for the study boom is a shift in scientists' views on religion and spirituality. For the first eight or nine decades of the 20th century, psychiatrists believed religion was an Oedipal complex delusion. It typically caused neurotic, obsessive-compulsive, and destructive behavior (**Freud, 1962; Ellis, 1983; Watters, 1992**). Freud, Ellis, and Watters felt religion was an illusion, either benign or harmful (**Koenig, 1997; Koenig et al., 2001**). **Bergin (1983), Koenig, McCullough, & Larson (2001), and Levin, Larson, & Puchalski (1997)** analyzed empirical studies on religion and mental health and found Freud, Ellis, and Watters' beliefs supported by the data.

According to **Morrisseau (2005)**, to achieve holistic recovery, it is imperative that healing involves all aspects and includes the participation of everyone, especially males. The notion of all-inclusiveness extends beyond the current understanding of the mind, body, and spirit, as it encompasses every individual within the family, community, and society.

In the study of **Stephen Sagar (2005)**, spiritual intelligence refers to a cognitive process that enhances our desire and ability to find significance, purpose, and worth (**Zohar & Marshall, 2001; Skrzypińska, 2020; Nguyen, 2023; Imani et al., 2021**). The deep self or soul possesses an intellect capable of posing basic inquiries and can reinterpret the responses. This entails a comprehensive process of integrating and surpassing limitations. *Spiritual intelligence* is the cognitive ability that enables individuals to envision and pursue ambitious aspirations, experience profound passion, and actively seek joy and happiness. Spiritual intelligence can serve to reconcile unsolved conflicts, rationality, emotions, and desires. The disintegration and discord of this body-mind network can result in both mental and physical ailments. The intriguing connection between the mind and body is being investigated through in-depth approaches, including psychoneuroimmunology and electrophysiological studies. (**Sagar, 2001; McCain, Gray, Walter, & Robins, 2005; Ezra, Hammerman, & Shahar, 2019**). In healthcare, the integration of spirituality and science has only been established recently, and their mutually beneficial qualities have been acknowledged.

In his influential article "*Medicine, Magic, and Religion*," **Rivers (1928)** discussed the three primary factors contributing to disease occurrence. The items are:

1. When human acts are the underlying cause of sickness.
2. When people blame illness on the actions of a supernatural entity.
3. When sickness is the result of natural factors.

Hence, comprehending the cultural paradigm of a culture is crucial. Every civilization possesses its unique cultural framework for seeing sickness, and these characteristics influence the specific healing practices adopted within that region.

Gopichandran (2015) offered a distinctive viewpoint on seeing faith healing via a medical lens. Faith represents the introspective quest for purpose in an individual's existence. The people have the conviction that a realm exists beyond their corporeal existence. An individual's faith is likely independent of religion and spirituality. Conversely, spirituality pertains to the specific belief or concept that is the focus of one's religion. Whether through prayer or meditation, faith is a fundamental aspect of spirituality (**Miller & Thoresen, 2003; Easwaran, 2009; Edara, 2017; Mohinder et al., 2012**). Spirituality serves as the navigational tool that directs individuals toward their religious beliefs. Religion, however, refers to a society's collective belief and faith in shared principles and rituals concerning holy matters.

Religion relies on faith as a fundamental component. Faith healing is a form of treatment that relies on the power of faith rather than biological procedures to bring about healing.

Gopichandran (2010) even identified several areas that support the acceptance of faith healing as a method of patient treatment. These areas include providing psychological benefits, improved coping mechanisms, enhanced ability to manage stress, and immune system activation. The fields of the placebo effect and psychoneuroimmunology contribute to a deeper comprehension of the rationale described above (**Levin, 2008; Moerman, 2002; Wager & Atlas, 2015; Tresker, 2022**). As the medical culture expands, there is a growing inclination toward adopting patient-centered treatment. This approach prioritizes the patients' wants and aspirations to facilitate comprehensive recovery within the medical system. Healing is superior to curative approaches because it actively engages the patient in treatment. It empowers them to participate in decision-making and offers them spiritual, psychological, and emotional support. Faith healing approaches provide patients with a comprehensive approach to recovery that encompasses the psychological, social, and spiritual aspects. However, in Indian medical procedures, professionals often have feelings of skepticism and disregard towards alternative techniques of healing.

According to **Benson (1997)**, religious rituals like prayer and positive affirmation may significantly impact the autonomic nervous system. There are several ways to access the mental state of meditation. However, the overall outcome is a proportional enhancement of the parasympathetic aspect of the autonomic nerve system, commonly referred to as the relaxation response. **Austin (1999)** noted that there has been a thorough investigation and analysis of the neurological impacts of Zen Buddhism. Normalizing the balance between the sympathetic and parasympathetic branches of the autonomic nervous system enhances health outcomes. This is evidenced by a higher level of heart rate variability that is more consistent and organized. The brain exerts influence on the heart, and in turn, the heart provides feedback to the brain. **Song, Schwartz, and Russek (1998)** observed that the heart's strong influence is seen in its ability to synchronize the brain's electrical activity.

Wendy Cage (2009) in her work contended that religious and biological organizations have significant influence in shaping:

1. The personal encounters of individuals with religion/spirituality and their impact on health.

2. The existing connections among the organizations themselves.
3. The more comprehensive public conversation about several interconnected topics.

According to **Daaleman and Frey (1998)**, religious organizations often host special events dedicated to healing in addition to their regular services that address health issues. Religious leaders and organizations play a crucial role in supporting individuals within their religious communities and facilitating connections between individuals and bio-medical health programs and organizations. Many often turn to religious leaders for guidance, who refer their followers to healthcare professionals. Religious leaders are crucial in promoting health care services at religious centers. They do this by sharing important information, conducting public health checks, encouraging health initiatives, and even establishing health facilities with religious affiliations.

In a study conducted by **Shri Mishra (2015)**, a potential link between religion and health was discovered. The study revealed that religious individuals may experience health benefits through lifestyle modifications. There is a clear correlation between religiousness and lower rates of smoking, alcoholism, and substance abuse. He also noted that religiosity has multiple dimensions and can have a significant protective effect during a disease. Not only does it impede the onset of different illnesses, but it may also slow the advancement of incurable diseases and improve the recovery of treatable diseases. The role of religiosity in health promotion and disease prevention is significant, as it acts as a defense against various diseases such as hypertension, psychiatric illness, suicide, AIDS, and others. Furthermore, it is crucial in treating various physical and mental illnesses. The impact of religiosity on health care has been the focus of significant research efforts. However, it is crucial to incorporate specific elements to ensure the validity and accuracy of these findings.

Perspectives on the Holistic Nexus of Health and Healing in Hinduism

Sharma et al. (2020) emphasizes the rich tapestry of Indian society, depicting a vast population with a myriad of beliefs and traditions. Rejecting the justifications for seeking help from faith healers goes against moral and social norms. The study stated that the local area commonly refers to the faith healers as "community health physicians." People living in rural or semi-urban areas often strongly believe in their divine power. It was proposed that meaningful results can be achieved by combining Western biomedicine with the knowledge of traditional faith healers.

The prevalence of faith healing in rural communities, as first described by **Carstairs (1955)**, is a significant aspect of Indian healthcare practices. With almost 70 percent of India falling under the rural belt, it is crucial to recognize the undeniable and unshakeable confidence in faith healing among most rural populations. As **Hasan (1967)** points out, there is a clear correlation between the health and sickness of a community and the beliefs and behaviors associated with its traditional traditions. This is particularly relevant in regions where Western biomedicine is not readily accessible, leading individuals to rely on faith-based beliefs and traditional practices.

In his research on Hinduism and healthcare, **Arvind Sharma (2002)** delves into the intricate views of health and sickness in Hindu culture. He highlights the central role of humor or *dosa* in Hindu views of health and sickness, which are similar to the Greek elements: *Vata* (wind), *Pitta* (bile), and *Kapha* (phlegm). The maintenance of equilibrium among these three elements is believed to lead to physical well-being. These *dosas* are also associated with a well-recognized and influential trichotomy of the three *gunas* or attributes, namely *sattva* (representing lightness and sublimity), *rajas* (representing vigor), and *tamas* (representing darkness and inertia). According to this theory, *Pitta* is associated with *sattva*, *vata* with *rajas*, and *kapha* with *tamas*. The composition of the three humors in a bio-system differs across individuals and is influenced by lifestyle and nutrition. Hindu medicine has always prioritized the patient's needs and has shown a significant focus on dietary practices. In Hinduism, there is a belief in the continuation of certain beliefs. It is common among Hindus to attribute illnesses to non-medical or even supernatural causes, such as the evil eye or curses. Additionally, Hindus strongly believe in the effectiveness of mantras, yogas, or divine and saintly intervention in curing ailments, even when there is limited scientific evidence to support these claims.

Flueckiger (2015) eloquently introduced the concept of ritual healing and elucidated the perspectives of Hindus towards it. She observed that Hindus seek ritual therapy to address mental or physical imbalances, a phrase that biomedical practitioners would use. Often, individuals may seek the guidance of faith healers not necessarily due to illness but rather due to problems such as infertility, restlessness, marital disputes, unemployment, or setbacks in family businesses. The correction of *adharma*, or the imbalance between the physical and spiritual realms, may be achieved with the assistance of faith healers. Most believers adopt a dual approach to obtaining guidance and treatment, consulting biomedical professionals and

their ritual healers. Biomedical practitioners are said to provide biological cures, whereas faith healers can influence the spiritual realm and facilitate the healing of the soul on a broader scale. The possession of many healing systems is considered a manifestation of the "*polytheistic imagination*" that defines traditional Indian society. For many, it is customary to seek advice from many experts in order to heal an individual. Many people think that sickness might have non-biological causes, such as spiritual factors like demonic possession, sorcery, astrological influences, or curses from enemies.

Schwebel (2007) stated that, according to Indian religion, the negative consequences of one's Karma are responsible for causing sickness. The link between religion and medicine runs deep in the Indian subcontinent. One often believes that acknowledging one's wrongdoing and engaging in regular prayer can aid in the recovery of one's well-being. Engaging in confession and regular prayer may alleviate an individual's anxiety levels and instill a sense of optimism for a more promising future.

Weiss (2009) and Bose (2006) contended that the introduction of biomedicine and its logical validation were integral components of the colonial endeavor in India. The conventional medical practice passed down through generations in India was deemed unscientific, while advanced biomedical technologies were promoted as a promising societal development.

According to **David Arnold (1993)**, the British conquerors aimed to persuade the Indians of the legitimacy of biomedical techniques to gain complete control over their opponents and create a monopoly over their bodies. Nevertheless, conventional medical practitioners recognized the deficiencies and inaccuracies of the biological techniques and advocated for the significance of ancient medicinal practices such as Yoga, Ayurveda, Siddha, and others. The colonists subdued the Indian intellect by introducing Western scientific knowledge. Many *vaidyas* and traditional faith healers, deeply rooted in their cultural practices, argue that Western medicine has disillusioned the world by focusing on physical health. Traditional healing practices and natural remedies, deeply ingrained in the cultural fabric of India, are thought to offer both physical and internal healing, providing a holistic approach to wellness.

Weiss (2009) observed that a medical practitioner may effectively cure a patient's illness if they have a profound spiritual understanding of Indian traditions. It is impossible to completely heal a patient by relying on mechanical devices without a deep understanding of

the human body. Many faith healing groups in India, demonstrating their resilience and adaptability, blend the integration of traditional medicine with Western biomedicine for this exact reason. In his investigation, **Charles Leslie (1998)** discovered that ayurvedic healers in Bombay had integrated biomedicine into their practice as early as 1839.

T.V Sambasivam Pillai (1993) argued for a "sacred science" that combines scientific and spiritual studies into a comprehensive field of inquiry. The medical practitioner's spiritual insight, a key component of traditional healing practices, will enable them to comprehend the therapeutic mysteries concealed from ordinary sight. This holistic approach, encompassing both the physical and spiritual aspects of health, is a unique and valuable aspect of traditional healing practices.

Venugopala Rao (2007) said that the origins of Hindu concepts may be traced to its revered scriptures, the Vedas. Rita and Dharma are two fundamental principles that profoundly influence the human mind. Rita serves as the cohesive factor that harmonizes all things in the cosmos. It serves as a moral compass for human beings. Karma dictates the moral code that governs human actions, specifically the deeds individuals carry out. Positive or negative repercussions are determined by the type of actions, or Karma, that individuals carry out. Rita exhibits a clear cause-and-effect link. Therefore, one's Dharma or obligation is to conduct suitably or morally upright. Hinduism comprises six *Darshans*, distinct views for perceiving existence in diverse ways. Firstly, *Samkhya's* philosophy asserts that the world undergoes an evolutionary process, resulting in many diversities due to unifying factors. Unity serves as a cohesive factor. This oneness eventually fosters the development of reasoning among human beings. Secondly, *Yoga*, where the practice of Yoga Darshana was developed during ancient times in the Yoga Sutras by Patanjali. This view on existence emphasizes that the ultimate objective in life is to achieve union, or Yoga, with the Supreme Reality and attain enlightenment, ultimately reaching the state of Samadhi; thirdly, *Nyaya* focuses on our understanding of the world. It pertains to our perception of reality; fourthly, the *Vaiseshika* school of thought acknowledges the diverse aspects of the Universe and emphasizes the reality of human acts and their potential effects; fifthly, *Mimamsa*, which asserts that action is the exclusive means of existence. Our deeds exert dominion over the cosmos, and finally, *Vedanta* serves as the culmination of the finalization. It implies that our existence results from a singular and ineffable entity, the Brahman. It possesses both transcendent and immanent qualities. The ultimate objective of every individual is to

comprehend and actualize the fundamental origin of their being. Attaining moksha or salvation is possible when one reaches this stage of realization.

The six *Darsanas* represent the comprehensive repositories of knowledge. Ayurveda, sometimes known as "*the knowledge of long life*," was shaped by these perspectives on life. Charaka Samhita and Sushruta Samhita were essential medical texts for treating many diseases and ailments. Hinduism is based on pursuing freedom by attaining unity with the most significant reality, Brahman, or the greater Self. This entity is universally present, representing a well-recognized spiritual doctrine known as Vedanta (TK Venkateswaran, 2000; Junghare, 2016; Nikhilananda, 2023). Prana, derived from the Sanskrit word for breath, refers to the most refined manifestation of biological energy and the vital force that sustains life. Prana holds significant importance in Indian medicine, as Chopra (1993) stated. Pranayama is the discipline of developing and balancing prana, achieved through the ancient exercise of Yoga. Sustaining and preserving prana is crucial because the exhaustion of prana is believed to result in aging and mortality (Chopra, 1993; Srinivasan, 2014; Naragatti, 2022). Aside from yoga activities, Hindus have historically utilized contemplative techniques and prayers as therapeutic methods. *Ayurvedic medicine* is an old Indian traditional practice that has evolved with Hinduism. Ayurveda, similar to Yoga, is an age-old method of preventative medicine that emphasizes the interrelation between the physical body and the mind (Godagama & Hodgkinson, 1998; Pandey et al., 2013; Patwardhan et al., 2015). It is a method that acknowledges the fundamental concept that all illnesses impact the physical body and the psyche. Indian medical traditions strive to address the body and psyche holistically.

Ayurveda employs diverse therapeutic techniques such as Yoga, meditation, ingestion of botanicals or herbal remedies, massage treatment, and modifications to one's lifestyle. According to the Ayurvedic perspective, the human body is a part of the larger Universe. It examines how external factors enter the body and disrupt its normal functioning. It compares the control of human body functions to the changes in the external environment. The critical distinction between biomedicine and Ayurveda is their respective approaches to understanding the human body. Ayurveda primarily examines the physiological aspects and functioning, whereas biomedicine mainly concentrates on the anatomical structure.

Kessler et al. (2013) examined Ayurveda as a traditional modality of Indian medicine. Ayurveda, derived from Sanskrit, directly translates to "*the science of life*." It often contributes as the primary factor to an increased duration of life. The Whole System of

Medicine (WMS) is a medical system that has been in use for about 2000 years in various regions of South Asia. It is considered one of the oldest types of WMS in human history (Kessler, 2012; Witt et al., 2013; Capra, 1996; Bell & Koithan, 2006; WHO, 2003). In India, Ayurveda is highly regarded and considered as important as Western biomedical methods. Over 1.4 billion individuals in India actively engage in this traditional medical system (WHO, 2002; Kessler, 2007; Ravishankar & Shukla, 2008). Ayurvedic treatments embody the principles of salutogenesis (Morandi, 2011; Paley & Johnson, 2023; Jonas & Rosenbaum, 2021). Ayurveda offers a comprehensive approach to patient care, addressing all aspects of their well-being. It employs a multidisciplinary approach to treat patients on a broad scale. It aids in empowering patients and imparts fundamental life philosophies to them. Thus, it adopts a philosophical, epistemological, and spiritual perspective. It aims to connect the broader universal and specific contexts, linking psychological, social, and environmental elements.

Engler (2003) identified two current controversies concerning the legitimacy of Ayurveda in the modern world. Firstly, some advocates assert that Ayurveda is scientific. They believe that Ayurveda is an empirical medicinal system that people have practiced for a long time. Including religion and spirituality in Ayurveda is considered an insertion unrelated to its core principles. *Secondly*, the supporters of Ayurveda argue that religion and spirituality have served as the primary foundation of Ayurveda as a global medical system, emphasizing its traditional nature.

In her study on the significance of Ayurveda in comprehending health and disease in the human body, **Jayasundar (2010)** observed that while Western medicine examines the human body from a structural standpoint, the ancient Indian medical system known as Ayurveda analyses the human body based on the *tridoshas (Vata, Pitta, and Kapha)*. Ayurveda is based on established principles regarding the human body, and its functioning has been known for a long time. The rise of biomedicine over traditional healing methods can be traced back to the British colonization of India. Ayurveda has faced criticisms for its antiquated terminology, lack of connection to modern scientific nomenclature, and the divergence in inpatient treatment methods from biomedical techniques.

The seminal work **Charaka Samhita (2001)** stated that Ayurveda can effectively treat almost all human problems, provided the practitioner thoroughly understands the concepts of health and disease.

According to **Fabrizo (2015)**, medicine in India is influenced by scientific considerations and religious patterns. India exhibits a significant degree of religious diversity. Multiple perspectives on health and healing exist due to this underlying factor. Despite the growing popularity of biomedicine, a significant proportion of India's population continues to adhere to traditional healing practices. While science views disease as an abnormality in the human body, Ayurveda, the traditional Indian medical system, sees sickness or rog as an imbalance in the three humors - *vata*, *kapha*, and *pitta*. Furthermore, some hypothesize that witnessing a violation of ethical behavior may have adverse health effects on individuals. During his examination of the rural regions of West Bengal, it was seen that a significant portion of the population continues to rely on traditional cures or folk treatment methods. This belief system's central tenet is their conviction in the existence of deities, including Gods and Goddesses and supernatural spirits. The healer serves as the intermediary between the sick and the divine. The intermediary is vital in helping the patient experience the healing effects. The healer attempted to restore the lost order that the patient had to confront via ritual healing. Engaging in ritualistic acts aimed at attaining good health serves to enhance one's determination to combat one's specific ailment.

As an illustration, following the faith healing customs observed by Hindus in West Bengal, a healer asserts the ability to cure infertility in women. They are instructed to worship the husking pedal to invoke the energies of *Maa Sitala* and *Dharmaraj* for protection. The health-seekers arrange various sacred objects during the continuing ceremony, including fruits, terracotta creatures, flowers, and *kumkum*. The sacred powers are granted to a cloth stained with menstrual blood, which is then given back to the person seeking well-being as a sacred offering. **Bhattacharya (1975)** hypothesized that this barrier protected the woman from the disease. Therefore, the complete healing process serves as a means of expressing opposition to the present situation in which one finds oneself. Faith healing serves as a "sacred narrative" that functions as a protective mechanism for individuals seeking health, preventing them from experiencing social isolation. Various folklores serve as a foundation for individuals to elucidate their crisis or health issue to their fellow villagers and establish confidence. Integrating macro-history, encompassing folklores and religious healing practices, with micro-history, focusing on the specific ailment or condition afflicting the health-seeker, synergistically fosters a profound feeling of belonging within their community.

Fabrizo (2015) noted that the fundamental factor driving faith healing techniques is the concept of inclusion and exclusion within one's group. The healer is associated with two types of capital—economic capital (or the remuneration for his services) and social capital, which refers to the reputation, power, and charisma that individuals acquire from their society.

The healer interprets the outcome of the ritual to ensure mutual benefit. This ensures that the healer maintains their social standing while motivating and instilling confidence in the health-seekers, preventing their exclusion from the community. Faith healing techniques are regarded as an expression of one's Dharma, providing a sense of liberation to those seeking improved health in their battle against sickness. It proves to the villagers that the healing methods may rectify God's unjust judgment and assist the health-seekers in leading healthy lives in the future. Thus, it is an inherent exercise of power within the rural community, where the sickness or illness is not directly addressed but aimed at being managed. The healing techniques serve to question the authority of higher divine forces, demonstrating that human beings can exert influence over various circumstances.

De Martino (1995) argued that engaging in ritual activities is a protective mechanism and a culturally accepted means of addressing the crises experienced by individuals afflicted with illness. In her influential discourse on the correlation between the philosophy of Karma and psychological recuperation, **Anand (2009)** observed that the Hindu belief system of Karma is deeply rooted in theoretical and metaphysical aspects of existence. According to **Wadia (1962)**, our lives are replete with tragedy. Amidst the everyday commotion of life, Karma provides solace by allowing individuals to evaluate their lives based on their previous actions rather than attributing unfair outcomes to divine intervention. **Kang (2010)** observed that the Bhagavad Gita and the Srimad Bhagavatam advocate that individuals should refrain from anticipating rewards for their acts in life. If an individual continues to pursue worldly rewards, their Karma will inevitably manifest in their subsequent life. It is essential to have the ability to embrace one's destiny and submit to the Divine. This acceptance will provide a psychological boost and facilitate their healing process. Karma serves as a mechanism of societal regulation, whereby individuals exercise self-monitoring and self-regulating their behavior. As past Karma influences one's future, it serves as a means of regulating human behavior.

An individual's Karma is inevitable and cannot be escaped. It is unavoidable. The Bhagavad Gita states that individuals should engage in their actions, known as Karma, without

anticipating any specific results, a concept called *Niskama Karma*. People's Karma is inescapable. Karma is the underlying factor that gives rise to Hinduism's belief in reincarnation (Sharma, 1990; Paranjpe, 1998; Reichenbach, 1988; Hutchinson & Sharp, 2008). This notion inherently promotes psychological healing among the faithful. They possess a rationale for the origin of their distress. They are convinced that assistance will be provided to individuals who have led a virtuous existence without inflicting damage on others.

Several studies have determined the 12 essential laws of Karma in an individual's life. Psychological healing from Karma is available to those suffering or witnessing hardship. It boosts confidence and gives a person a path to positive Karma. Below are the 12 laws: 1) *The Law of Cause and Effect*—Like the proverb "As you sow, so shall you reap," our thoughts, efforts, and actions today will affect our future. Those who behave ethically will receive rewards, while those who behave unethically will face consequences. Good results are not automatic; 2) *The Law of Creation*--Time and energy are needed to achieve our goals. The things we surround ourselves with shape our inner condition. Thus, we may shape our future. We control our fate; 3) *Humility Law*—A person must be tolerant in their attitude. One must accept their circumstances and not criticize them. One should be modest and not label others as enemies or look for flaws. This character quality helps a person recover within. He will learn to embrace his circumstance, not curse it; 4) *The Law of Growth*—Humans only govern themselves. Instead of changing his environment, he should grow spiritually. An individual's future life depends on his inner soul. The rule of growth never stops since humans learn and grow throughout their lives. This is another self-healing method; 5) *The Law of Responsibility* requires individuals to take responsibility for their actions rather than blaming others for their circumstances. We should take responsibility instead of blaming others. Life is a mirror, and our actions impact our circumstances; 6) *The Law of Connections*—Each individual's history, present, and future are interconnected. A minor past event may affect the future. An individual cannot seek rewards for one's admirable conduct. Each life step is counted; 7) *The Law of Focus*—We must concentrate on our daily lives. Focusing on one's actions will highlight one's spiritual values, preventing wrath, greed, envy, and other negative emotions. Though humans are multitaskers, they should focus on their activity at a time to perform it properly; 8) *The law of giving and hospitality* involves selflessness. To put it simply, "Practise what you preach". Giving moral advice without practicing it is not selfless. Only by being selfless can a person develop a genuinely spiritual self; 9) *The Law of Here and Now*—Avoid dwelling on the past and future. Living in the present and helping others will make one

unselfish, not dwelling on previous acts. Past-living hinders present-living. A person must live despite physical or mental illness since life is brief and lovely. Instead of being frustrated by one's history, focus on the present and its solution; 10) *The Law of Change*—One should adjust one's actions if one does not find inner peace and contentment. A common phrase is, "*History repeats itself*". Thus, humans should break the vicious cycle and focus on something that will bring them peace. Many people have discovered a better life after changing their path; 11) *The Law of Patience and Reward*—As the proverb goes, "*Today's tears water tomorrow's gardens*." People must be patient to achieve their goals. One should obey the karma law and be patient to be rewarded. Instead of thinking about the advantages, people should work hard and persistently. Absolute satisfaction occurs when labor pays off without expectations; 12) *The Law of Significance and Inspiration*—Small drops create vast oceans. Any contribution to society, no matter how tiny, enriches the whole. People must share their resources. A person may transform society by giving and caring. Giving people an illusion might brighten their outlook on life. Following the karmic rule should mean living a positive life. It opens our eyes to life from others' perspectives. It aims to create a moral, positive world. An individual's prior immoral or malevolent poisonous actions cause suffering. A little act of compassion may alter oneself and society. Faith healers see Karma as a path to a brighter future.

Therefore, according to **Anand's (2009)** narrative analysis—i) The doctrine of Karma provides a comprehensive understanding and justification of the events that occur in one's life; ii) It assists individuals in accepting and coping with their present pain and trauma; iii) It reinstates their belief and optimism in the possibility of a brighter future if they lead a morally upright life; iv) It also explains the unresolved anxieties and conflicts within one's mind.

In comparative research, **Whitman (2007)** attempted to determine the coping approach that was more acceptable to the Hindu respondents. He implemented a control-oriented pain management approach, including relaxation techniques and physical activities to decrease anxiety levels. This facilitated a reduction in their cognitive and emotional states. Alternatively, he employed an acceptance-oriented strategy in which the participants were encouraged to experience their emotions and physical discomfort without attempting to avoid or suppress them. The case study on Whitman revealed that the respondents considered the strategy of acceptance to be a more practical approach to dealing with one's physical disability. In this approach, they did not have a decisive goal for a specific outcome. Therefore, the

concept of Karma involves a similar perspective on the interpretation of pain. Acceptance enables individuals to acknowledge and reconcile with their present circumstances and embrace the consequences of their actions, known as "*karmaphal*." This concept serves as a gauge for the psychological recovery of those who have confidence in faith healing.

In his influential work, **Zu Gang Sha (2010)** pondered the concept of healing as a pathway to experiencing a sense of empowerment. Engaging in self-healing and assisting others in their healing process is a means to cultivate a sense of assurance in one's life. Quoting his words,

"I have the power to heal myself.

You have the power to heal yourself.

Together, we have the power to heal the world."

S. Radhakrishnan (1970) observed that the initial notion of *Karma* is referenced in the *Upanishads*, namely the *Brhadaranyaka Upanishad*, which the Chandogya and Kausitaki Upanishads subsequently followed. According to **Brodd (2003)**, Karma in Hinduism may be succinctly described as a system of causation characterized by a cause-and-effect link. Within this framework, the advantageous or detrimental behaviors committed in one's past impact their future behavior. This cycle of cause and effect persists throughout the process of the soul's rebirth. As described by **Satguru Sivaya Subramuniyaswami in 1997**, Karma refers to the activity or deed connected to the universal principles of cause and effect. The idea controls the Hindu way of life, involving action and response. In **2004**, **Paramhans Swami Maheshwaranandav** discussed the four methods by which an individual might generate Karma: i) Through his cognition, whereby it is essential to refrain from harboring negative thoughts about people or engaging in conspiratorial actions against them. An individual must cultivate optimistic and constructive thinking for the betterment and welfare of others; ii) Through his verbal expressions whereby, it is inappropriate to engage in speaking or plotting against other persons. One must use caution in choosing words to avoid causing harm, intentionally or unintentionally; iii) Through an individual's acts to articulate their views and opinions throughout society. One's Dharma entails refraining from causing emotional distress to others by their conduct.

Thus, *Karma* serves as a measure of an individual's ethical conduct, influencing the kind of life they may experience. Whether an individual will experience reincarnation is contingent upon their *Karma*, which may be positive or negative. *Karma* and reincarnation are inherently interconnected.

According to **Roebuck (2000)**, the Hindu Upanishad states that Yajnavalkya conveyed to King Janaka the fate of an un-liberated soul after death. He elucidated this by using the illustration of a weaver. Just as a weaver unravels a previously produced pattern to make a more detailed and beautiful design, an unliberated soul negates the effects of its past life's *Karma* and starts a new existence in which it can rectify its immoral actions from the previous incarnation. According to this philosophy, individuals think their past *Karma* determines their health. If an individual is physically disabled, it is commonly thought that their current suffering is a result of their actions in a previous incarnation. The individuals have been granted a second opportunity by a divine entity to rectify the error they had previously made in their prior incarnation. One's *Karmic* past mainly determines one's rebirth.

O'Flaherty (1980) identified two primary arguments about the *Karma* theory proposed by A. K. Ramanujan and Charles Keyes. Ramanujan discussed three fundamental components—*a) Causality*—An individual's ethical or immoral actions may be connected to one or more lifetimes; *b) Ethicization*—The outcomes an individual experiences in their lives are determined by their virtuous or immoral actions. When individuals attain positive *Karma*, they experience a favorable existence in their subsequent reincarnation. In contrast, engaging in immoral actions results in a less fulfilling existence in one's subsequent reincarnation; *c) Reincarnation*.

Similarly, **Charles Keyes and Daniel (1983)** identified three fundamental components central to *Karma*. These components include

1. Describing the current state of life concerning one's past actions;
2. The alignment of one's present behaviors with one's future goals, and perhaps extending beyond one's lifetime;
3. The moral assessment determines the trajectory of an individual's history and present.

The *Karma* of an individual is not viewed as a punitive measure but rather as a subsequent outcome of one's actions (**Cox, 1989; Whitman, 2007; White et al., 2021**). One's own will or

good conduct also alters the subsequent repercussions. Any incorrect activity in the current situation will not lead to adverse outcomes for the individual. For instance, someone born with a physical abnormality might serve as a catalyst for inspiring others to live a constructive life and may assume the role of an influential figure in someone else's life rather than passively lamenting their circumstances or previous misdeeds.

Karma, as described in the Hindu texts, is classified into three distinct components (**Paramhans Swami Maheshwaranandav, 2004**): a) *Sanchita Karma*, which refers to the aggregation or total of all the Karmas from one's past life. Since a single person cannot bear all the karmic repercussions during a single lifetime, this accumulation of Karma is distributed throughout several lifetimes in which the individual is born and persists until the Sanchita Karma is fully depleted. Performing virtuous actions in one's current existence might mitigate the Karmic repercussions in the Sanchita karma; b) *Prarabdha Karma*—This type of Karma is commonly called Karma and yields results or consequences. It is impossible to alter one's history. Prarabdha Karma is the culmination of a person's previous acts and corresponding consequences in one's current life. An individual's current actions can contribute to completing one's previous life's actions. An individual is fated to undergo the adverse consequences of one's previous Karma; c) *Kriyamana Karma*—This refers to all the activities an individual carries out in one's present life. Positive activities are rewarded with kindness, whereas harmful ones are addressed with a vengeance. The *Kriyamana Karma* is added to the Sanchita Karma, which ultimately influences our destiny.

According to the renowned Hindu sage Tulsidas, our fate was predetermined long before our physical existence. By adhering to a spiritual path, individuals might expedite amassing positive Karma. Likewise, a lack of proper guidance and knowledge leads to the accumulation of negative Karma in our current life. The Bhagwad Gita elucidates that the pivotal factor for attaining a contented existence lies in regulating one's mental faculties (**Jeste & Vahia, 2008; Reddy, 2012**). It is the highest kind of sensory perception in the human species. In Chapter 6, Verse 34, Arjuna tells Krishna—

*chañchalam hi manaḥ kṛishṇa pramāthi balavad dṛiḍham tasyāham nigraham manye vāyor
iva su-duṣhkaram*

Translated as "The mind is very restless, turbulent, strong, and obstinate, O Krishna. It appears to me that it is more difficult to control than the wind".

In reply to this above statement, in Chapter 6, Verse 35, Lord Krishna says—

śhrī bhagavān uvācha

*asanśhayam mahā-bāho mano durnigraham chalam abhyāsenā tu kaunteya vairāgyeṇa cha
grihyate*

Translated as "O mighty-armed son of Kunti, what you say is correct; the mind is challenging to restrain. However, by practice and detachment, it can be controlled." By controlling one's mind, an individual can achieve spiritual advancement.

Kang (2010) discusses three primary methods for exerting control over one's mind—i) Engaging in prayer and meditation; ii) Exercising self-restraint over one's desires; iii) engaging in extensive study of spirituality.

In his book "*The Curative Powers of The Holy Gita*," **Seshadri (1997)** proposed that the verses of the Gita, when combined with Yoga and Meditation, have the potential to facilitate faith healing. The author believed that most disorders in contemporary society are primarily psychosomatic. The increasing emotional disruptions cause human beings' lack of tranquility, thus impacting their well-being. The author observed that illnesses are predominantly caused by the excessive or insufficient secretion of endocrine glands, resulting in the release of chemical hormones in the human body. This, in turn, disrupts many bodily functions such as development, digestion, and energy generation. Engaging in meditation, in conjunction with Yoga, can effectively alleviate mental tension in humans. It facilitates mental relaxation. Reciting specific passages from the Bhagavad Gita can aid in the cure of specific ailments. The author recommends chanting the shlokas three times daily (morning, evening, and before closing the Yogic practice) for optimal outcomes.

Paul (2004) attempted to demonstrate the significance of Yoga as a crucial therapeutic method in Hinduism. "Yoga" originates from the root word "*Yuj*," which directly signifies connecting or linking. This relationship exists between two prominent states of consciousness—i) Individual consciousness ii) Universal supreme consciousness

Many people equate the highest awareness with that of God. Ubiquitous cosmic energy suggests the presence of an entity with the energy and one that controls it. The individual consciousness is formed by the soul residing within our body, which establishes a connection

with the global supreme energy, sometimes referred to as the soul or God by many individuals. The link between the two consciousnesses is considered spiritual rather than physical.

According to **Desai (1989)**, humans are conditioned from childhood to appreciate the satisfaction of caring for and healing others. Caring for the ill is often a customary practice within the Hindu religion. In Hinduism, there is a belief that the body, mind, and environment are interconnected and influence each other. They need more differentiation from one another. According to the primary texts of Hindu medicine, namely the Vedas, the concept of sickness and well-being is examined via a traditional view of the body.

The Bhagavad Gita highlights the importance of Yoga for humanity. The science of Yoga was elucidated through a dialectical exchange between Arjuna and Lord Krishna. Patanjali later wrote the Yoga sutras, describing Yoga as a form of physical activity that leads to improved health. Conversely, Yoga, as explained in the Bhagavad Gita, discusses the amalgamation of two consciousnesses. Yoga serves as a secondary outcome for achieving good health. This is because a sound mental state is dependent on physical well-being. 18 types of Yoga are mentioned in the Chapters of the Bhagavad Gita (**Paul, 2004; Yogananda, 1999**)—

i) ***Visadha Yoga*** is also known as the Yoga of Dejection. Arjuna becomes depressed and refuses to confront his brothers in combat in this Chapter. Krishna counsels him in times of distress. A sick patient tells the faith healer his story, finding no other way to recover. Spiritual instruction uplifts and brightens the mind.

ii) ***Sankhya Yoga***—The Road of Analysis. Sankhya signifies ultimate knowledge. It describes how to grasp the absolute logically. We learn to avoid emotional, spiritual, and bodily pain.

iii) ***Karma Yoga*** is also known as the Path of Action. A person must take responsibility without attachment. Only then may one reach the Supreme. Karma Yoga heals by studying the origin of unpleasant emotions and removing them via meditation. People can recover from health and social issues. It can help overcome depression, neurological illnesses, suicidal inclinations, good relationships, thoughtful decisions, and more. One may recover and serve others with Karma yoga.

iv) ***Jnana Yoga*** is known as the Path of Knowledge. It educates us about the world. It links our souls to the Supreme Being. It helps us reflect on our behaviors and ideas. It replies, "*Who am*

I?" It clarifies our existence and incarnations. Our yearning for ultimate knowledge is quenched, and psychological restoration occurs. A genuine spiritual master helps people practice Jnana yoga.

v) ***Karma-Vairagya or Sannyasa Yoga***—Renunciation of Action Path. Renunciation means serving the Supreme Being. An individual can connect with God by his attitude and temperament, not through willful austerities. Embracing true wisdom and self-understanding has the potential to bring about inner healing. vi) ***Abhyasa or Dhyana Yoga***: Practise or Self-Control Path. Known as the Meditation Way. Patanjali's Yogsutra focuses on this Bhagawad Gita chapter, where Yoga is considered a health practice. Asanas, or bodily positions, keep the body healthy. These asanas control the body, mind, and senses. This is Astanga Yoga, the eightfold spiritual path. The eight self-control phases are—

- *Yama* (do's)
- *Niyama* (do's)
- *Asana* (postures)
- *Paranayama* (breath control)
- *Pratyahara* (sense withdrawal)
- *Dharana* (concentration)
- *Dhyana* (meditation)
- *Samadhi* (trance).

Krishna states that true yogis can experience limitless joy and happiness by connecting with the Divine. Thus, most faith healing approaches include Yoga as a fundamental healing component.

vii) ***Paramhansa Vijnana Yoga (Vijnana Yoga)*** is the route to realizing or having wisdom. It helps man discover the ultimate truth. A devout lifestyle helps people escape problems and find serenity in the Divine.

viii) ***Aksara-Parabrahman Yoga or Taraka-Brahma Yoga*** aims to liberate spirits. It is the Path of Imperishable Brahman. As Krishna said to Arjuna, one should not dread death. One should do Yoga and reach Brahman or the Supreme Being to avoid reincarnation. No one should worry about being an intelligent yogi on their dying breath. One will return to Earth and achieve the unattainable aim. True yogis can find spiritual freedom in spirit.

ix) ***Raja Vidya-Raja Guhya Yoga***, also known as the Yoga of Royal and Hidden Knowledge. True dedication is the only way to reach Supreme Being consciousness. The Supreme blesses and protects those who worship him. Trust and faith are needed for this relationship with the Almighty. True dedication to Brahman is life's greatest mystery. An individual can acquire the protection of the Supreme Being if he understands his wrong and worships for the Divine to mend his deeds, even if he fails to become a knowledgeable yogi or commits criminal or unethical behavior. An ill patient may blame his disease on his immoral past, but this Yoga provides him hope for a brighter future by revealing the key to life.

x) ***The Vibhuti YogaPath*** of Manifestation of Opulence. It proves God created the Universe. True yogis are awakened and realize God created everything. Since God gave humans the ability to think and act, those who practice ethics and seek spirituality will be connected to the divine. However, if a man thinks and acts unethically, he will not relate to the ultimate awareness and thus must reincarnate.

xi) ***Vishwarupa Darshana Yoga***—The Path of Universal Form Vision. In this Chapter, Krishna reveals himself to Arjuna. He showed his all-encompassing nature by showing his actual form. He created everything in the Universe; therefore, seeing anything around him connects people to him. To connect with the Divine, people must believe what they observe.

xii) ***Bhakti Yoga***, often known as the Path of Devotion or Love, is a practice. It shows that a person may link with the Divine by putting his heart into it. He must receive all thoughts. He must believe in the Ultimate Spirit, an invisible power. Detachment from earthly affairs and letting go is necessary to join with the Divine and find serenity.

xiii) The Path of Fields and the Knower of the Fields, also known as ***Prakriti Purusha Viveka Yoga***, is also known as the Path of Nature, Enjoyer, and Consciousness. It says God does everything. God is Omnipresent, omniscient, and omnipotent. Each of us has a portion of this Superior Self. Proper Yoga practice reveals God's presence in us all. Optimism is demonstrated in this Chapter. A sick person who feels that his condition is the end of the world may think that his body is more significant. He will honor the Divine and be optimistic about healing himself indirectly.

xiv) ***Gunatraya Vibhaga Yoga***: The Path of Three Modalities ('*gunas*'). Lord Krishna says nature has three dynamic modes. They are—• *Sattva* or Illumination pertains to virtues like

serenity, compassion, patience, contentment, happiness, and discipline. Enforcing positivism helps a man overcome all diseases. • *Rajas* or Passion—Includes anxiety, aversion, and craving for control. Each person is attached to his material world. • *Tamas* (Darkness) manifests as dread, worry, aversion, laziness, drunkenness, and sleeplessness.

xv) ***Purusottama Yoga***: The Path of the Supreme Enjoyer. One can find absolute satisfaction in serving the Supreme Being. By ignoring earthly pleasures, a person can focus on the Divine, which will unuddle his actions and help him find the Divine.

xvi) ***Daivasura Sampad Vibhaga Yoga***—The Path of Divine and Demonic Qualities. Lord Krishna says humans are entangled in desire, wrath, and greed illusions. To be a genuine yogi, one must give up these three things. Only religious people with noble intentions may communicate with the Divine.

xvii) ***Sraddhatraya Vibhaga Yoga***: The Three Divisions of Faith Path. Krishna explained in this Chapter how food, sacrifices, austerity, and charity are linked to light (*sattva*), passion (*rajas*), and darkness (*tamas*). No one is born without faith. Faith forms everyone. Faith relies on a person's modality bias. For instance, if food habits are linked to modality, a person associated with illumination will tend to eat well to increase his longevity, strength, and health. In contrast, a person associated with passion will prefer spicy, salty, bitter, and the like, while someone associated with ignorance or darkness will prefer rotten and stale food. The sort of modality the faith healer uses is vital, and those seeking faith healing should have a suitable modality to get healing. Yoga helps one distinguish between modalities that are necessary to unite with the Supreme.

xviii) ***Moksha Opadesa Yoga***—The Yoga of Liberation. Work, according to Dharma, is demanded of everyone. One should not consider the results of their actions. This selfless mindset can free one from earthly bonds and unite with the Supreme.

Desai (1989) also described how the Hindu tradition treats a sick patient. Patients experience anxiety because of illness. Hindu traditional remedies prioritize the patient's well-being by providing meticulous care and attention, therefore adhering to the principle of holistic therapy. There is a belief that the Hindu body is connected to nature. The *Chandogya Upanishad* 8 emphasizes the connection between the human body and nature. This statement

posits that humans are an integral component of the natural world. Nature itself may hold the remedy for restoring health when someone falls ill. Quoting a verse from the *Charakasamhita*-

*"Health is known as happiness,
while disorder is unhappiness."*

Consequently, Hindus attach great importance to topics concerning one's health. According to the *Charakasamhita*, disease occurs due to an imbalance in the body's humors. Conversely, the *Sushrutasamhita* strives to achieve equilibrium among bodily fluids and promote the well-being of an individual's senses and physical state. Additionally, it addresses mental health matters and offers a comprehensive treatment approach. Ayurveda is regarded as the discipline that encompasses life and energy knowledge. Ayurvedic medicine posits that the most effective remedy for any ailment is the pre-emptive avoidance of the ailment inside the human body. The human body contains five primary components, which are as follows: a) Space—It emphasizes the auditory sense; b) Wind—It pertains to the sense organs of the human body; c) Fire is linked to the visual sense; d) Water is linked to the sense of taste; e) Earth—This last component of the human body is associated with sensory characteristics.

According to the *Charakasamhita*, the *sattva* (mind), *atman* (soul/self), and *sharira* (body) are the fundamental elements that determine the well-being of human beings. Ayurveda, thus, upholds the equilibrium between the environment and the body. Hinduism, therefore, adheres to a harmonious equilibrium by upholding religious duties through the observance of essential rituals and conforming to ancient practices, which provide healing properties. Many Ayurvedic practitioners, often known as *Vaidyas*, utilized Ayurvedic and allopathic treatments (**Shilpa & Venkatesha Murthy, 2011**).

In his study, **Desai (1989)** observed that diseases might impact the human body according to an Ayurvedic doctor (*vaidya*). It is the responsibility of physicians to treat the patient's sickness. Furthermore, the doctor believes that nature has the remedy for all disorders. However, due to the advancement of contemporary bio-medical techniques, individuals have overlooked that nature holds the solution to their ailments. Ayurveda aims to heal an individual inside. According to **Desai (1989)**, faith is the primary factor for healing. Hindus are not limited to engaging in religious rituals associated with their faith. They have the freedom to select their method or approach to healing. In his study titled "*Modern Medicine*

and Folk Cognition in Rural India," **Gould (1965)** highlighted that allopathic therapy is highly regarded for acute conditions, but Ayurveda is favored for chronic conditions.

The Bhagwad Gita not only alludes to the historical conflict between *Dharma* and *Adharma* but also highlights the ongoing struggles that human beings face in their everyday lives, encompassing matters such as life and death, health and sickness, knowledge, and ignorance, and more (**Kalra et al., 2018; Shrivastava, 2020**). Individuals are inherently compelled by psychological conflict to achieve physical well-being, acquire a comprehensive understanding of the Universe, thrive in their personal lives, and adhere to societal norms. A sound physical condition is associated with a sound mental state. The Gita asserts that maintaining a sanitary lifestyle is essential for attaining bliss. It emphasizes the significance of engaging in physical activity in a clean and invigorating atmosphere to maintain control over one's senses and acquire techniques for relaxing the body and mind. Cultivating optimistic thinking, engaging in Yoga, and consistently engaging in meditation might facilitate the process of physical healing in the human body. The 10th Verse of the Gita suggests that sleep is a temporary means of restoring the soul. Meditation is the accurate means to liberate oneself from the illusions of the material world permanently. It facilitates the recognition of man's authentic Spirit (or *Atman*). Verse 41 elucidates the notion that individuals are ensnared inside a relentless cycle.

Hence, rather than succumbing to one's internal worldly cravings, it is advisable to cultivate external self-control. In Chapter 12, Verse 9 of the Gita, Lord Krishna advises Arjuna that if he cannot entirely focus on the Divine, he can still achieve union with God by engaging in regular and repetitive yoga practice.

atha cittam samādhātum na śaknoṣi mayi sthiram

abhyāsayogena tato mām icchāptum dhanamjaya

Hence, upholding a consistent and disciplined routine in Yoga is essential to achieve a harmonious connection with the divine. Suppose an individual cannot engage in meditation and is troubled by their material thoughts. In that case, they should continue to carry out their worldly tasks under the pretext of devotion to a higher power. This belief in God will guide him towards merging with the divine. The Bible teaches that faith is the substance of things hoped for and the evidence of things not seen. Therefore, adherents of Hinduism might derive from the Gita that engaging in righteous deeds would provide them with evidence of the

existence of the Supreme Being, which cannot be directly perceived. It is this conviction that motivates the adherents to embrace faith healing procedures. According to the well-known proverb, "*Where there is life, there is hope.*"

Margarita Alcantara (2017) introduces the notion of Chakra Healing in her work. The word "*chakra*" has an etymological origin that signifies a wheel. The notion of chakra was initially stated in the Vedas, an ancient Hindu scripture, around 1500 years ago. The concept of chakras or quantum physics asserts that all things are composed of energy. Each object has a unique vibrational frequency. Every element in the world consists of its distinct energy centers. The energies can be identified by names such as "*qi, ki, chi, prana, mana, odic force, bioplasm, and life force energy,*" among others. This energy body exceeds the energy field that exists within the human body. The human body consists of many layers of energy referred to as auras. These auras interact with the physical body's energy and the core energy centers known as chakras. Holistic healing occurs when an individual connects with the energy within their chakra. Only via this process can one fully acquire the ability to self-heal. Meditation facilitates the connection between the body, mind, and spirit.

In his study, **Alcantra (2017)** elucidated that when the chakras in our body are in a state of balance, individuals tend to have optimal physical well-being. Similarly, if the chakras become obstructed, individuals may experience emotional anguish and be susceptible to illness. *Energy* is the fundamental essence that underlies all phenomena. In the 21st century, despite the advancements in biomedicine, many individuals are turning to alternative therapies such as reiki, acupuncture, Yoga, meditation, tai chi, and others to improve their lifestyle. One may address and resolve issues through Chakra healing before they materialize in the physical body.

There are seven main chakras within the human body. Each of the seven chakras involves—**firstly**, the *Muladhara* or the root chakra, which provides an individual with a sense of inner fortitude and stability. Additionally, it provides stability and connection to the present moment. If an individual experiences a feeling of insecurity, they may be experiencing an obstruction in their root chakra. **Secondly**, the *Svadisthana*, often known as the spleen or sacral chakra, impacts human creativity. Human sexual energy includes feelings of contentment, excitement, and intense desire. **Thirdly**, the *Manipura* chakra, often known as the solar plexus, instills confidence, positivism, and self-esteem. **Fourthly**, *Anahata*, often known as the heart chakra, expresses love, kindness, compassion, and camaraderie. Individuals experiencing a

lack of affection may benefit from initiating the activation of their Anahata chakra. **Fifthly**, the *Visuddha* chakra, also known as the throat chakra, influences communication, emotional balance, and authentic self-expression. **Sixthly**, *Ajna*, the third eye chakra, is linked to impulses, ideas, insights, and perceptions. And **finally**, the crown chakra or *Sahasrara chakra*. It is the area of spirituality within the human body. Activation of this chakra induces a profound state of tranquility and serenity in the individual.

The top three Chakras are spiritual chakras, which center around an individual's connection to the divine or their Higher Self. The three lower chakras in the human body are known as the physical chakras, which aid in maintaining a connection with nature and grounding oneself. The upper and lower chakras are interconnected with the central chakra, often known as the heart chakra. Chakra Healing is a popular approach for addressing specific ailments or disorders. Some examples include addiction, anxiety, asthma, cancer, sadness, bereavement, headache, infertility, panic attacks, dermatological disorders, and more.

Therefore, apart from the aforementioned studies, it is imperative to understand the interplay between health, healing, and religion from diverse sociological perspectives. This will aid in filling a gap in the existing literature by establishing a diverse body of knowledge relevant to the research issue and drawing attention to the areas where additional research is needed.

Theoretical Underpinnings

Johnson, Dandekar, and Ashworth (1984) stated that forming ideas is essential for a comprehensive sociological inquiry. As researchers, our primary objective is to question and expand our comprehension of the world surrounding us. Many theoretical assumptions allow for a comprehensive investigation and analysis of the acquired data when researching specific issues.

Over the years, the sociological study of religion has captivated many with its profound insights. Scholars have unearthed profound connections between religion and the broader social fabric by examining the impact of religion on society via different theoretical perspectives. Sociologists, in their quest for understanding, abstain from engaging in the discourse over the presence of God and the pertinence of theism. Instead, their focus lies on

the correlation between religious ideals and their influence on individuals throughout society. Sociological studies delve into the depths of different religious doctrines, rituals, and practices and their profound influence on the development of a society, including its culture, values, norms, and regulations. In essence, sociology analyzes religion by considering its functionalist, conflict-oriented, and social change dimensions. The earlier theories of religion, with their depth and richness, examine how individuals adjust to the evolving roles of religion. In contrast, the later theories explore the diverse ways in which religion and religious experiences profoundly influence individuals throughout their lives.

Early Theories on Religion: Evolutionary Scholars

Max Muller (1856) came up with the idea of "**naturism**" (**Van den, 2018**). This theoretical framework is classified within the paradigm of the "Nature-Myth School of Thought." This statement suggests that nature possesses a form of metaphysical or otherworldly influence. Historically, early societies engaged in the veneration of natural elements. Muller's theory of religion explains the widespread practice of viewing the natural world as a divine mother who bestows life. This ideology was heavily influenced by the sensory experiences of individuals to derive rationality in comprehending the unfamiliar. Although religious manifestations are perceptible to human senses, they remain imperceptible and unobservable to them. The visibility of the sun and the moon was apparent to the general populace. However, the underlying rationale behind the occurrence of day and night remained ambiguous.

Consequently, this prompted them to hold nature in high esteem and admiration, engendering a certain degree of interdependence. As a result of their attribution of human characteristics to natural phenomena, they began to engage in the veneration of nature. The social study of religion regards the theory of naturism as a climactic theory. The present investigation reveals that faith healers and most faith healing adherents venerate nature and rely on natural herbal remedies for sustenance instead of modern biomedical practices. The residences of the individuals are encompassed by curative flora and fauna. The community observes various customary events and festivities to honor the bounties bestowed by Mother Nature and reciprocate with devotion.

Edward Burnett Tylor (1920) is a significant figure in the early exploration of religion and its practices among primitive civilizations. He observed individuals using religion to

explain social phenomena, serving as a tool for understanding the unknown. In his theory of **Animism**, he posited that all entities on this planet, animate or inanimate, have a soul or anima. This belief in the existence of spirits or souls persists in modern religious adherents. **Tylor (1920)** also introduced the '**doctrine of survivals**' notion, arguing that different societal entities and processes evolve at different speeds. He emphasized the importance of certain age-old traditions enduring despite the progress of civilization.

Similarly, some traditional hobbies have evolved uniquely while still maintaining their position in the current society. Tylor's, Comte's, and Durkheim's theories on religion, which we will delve into, are not just historical curiosities, but they continue to shape our understanding of religion in contemporary society. According to Tylor, magic lies at the center of human reasoning and reasoning itself. People are more inclined to link two occurrences when they sense a symbolic resemblance between a specific social occurrence and a magical phenomenon. Humans believe in magic because they feel it is a practical way to change their social environment. These logical formulations are deeply embedded in our everyday conversations and lives. As a result, when people cannot find a solution to a problem, they turn to their religion to engage in typical faith-induced actions. For example, family members may use faith-healing approaches to assist a patient who has not responded well to traditional medical treatment.

Functionalist Theories of Religion

Religion, as observed in **Pickering's** study on Comte's biographical work, holds significant sway over both individual and collective aspects of human existence. It impacts our emotions, cognition, and behavior. Religion's functionality lies in its governance over individuals and the various societal spheres they are part of. Comte's view presents religion as a unifying force that fosters consensus and social harmony. It serves two distinct functions, moral and political, depending on an individual's life perspective. Religion guides individuals morally and fosters societal unity politically.

Additionally, he referred to the three fundamental elements of religion within society: doctrine, worship, and discipline. In his seminal work titled "*The System of Positive Polity*" (1851), Comte asserts that the primary objective of the three constituent elements is to fulfill the service of humanity. According to Comte, the central concern of religion lies in the realm of humanity rather than the divine. Its purpose is to direct human behavior in social settings.

Auguste Comte regarded the '*Religion of Humanity*' as the crowning jewel of all religions since it included all the ideals. He stated that this concept of humanity serves as "the immediate regulator of our destinies." Religion encouraged benevolence among the masses by relying on one's faith and affection for one another. It aids in the struggle against egoism and promotes the growth of compassion. In this sense, individuals feel that religion has altruistic principles that help heal people from bodily, mental, and social affliction through faith healing practices. Comte claimed that people's trust in religion should be founded on their judgment of whether they ought to surrender to an external authority or not. Being religious makes people more compassionate towards one another. The notion of faith-based healing practices among the masses aligns with the theory proposed by Auguste Comte. The healers emphasize societal well-being. This is similar to Comte's idea of Positivist Religion, where he tried to project how the religion of humanity can promote social integration through different altruistic actions of the people. Faith healers focus on not just the patient but also the overall societal well-being of the patient. It centers on the community's well-being, resembling Comte's emphasis on prioritizing the communal good over individual concerns. This research examines the similarities between Comte's concept of an altruistic religion and the role of the faith-healing process in current society.

Similarly, another influential book, '*The Elementary Forms of Religious Life*'⁴ by renowned functionalist **Emile Durkheim**, published in **1912**, referred to an invisible force controlling our worldview. This unseen power gives birth to religions and our concepts of divine beings, devils, and other forerunners. Durkheim's textual knowledge classifies him as a positivist, functionalist, and deterministic sociologist (**Bilton et al., 1982; Cuff et al., 1984**). Durkheim invented the phrase '*social fact*,' which he defined as the existence of society inwardly and outwardly to a person. Individuals' behaviors in society are constrained by group solidarity and collective consciousness, which exist both inside and outside of them. According to Durkheim, the essence of social reality is not apparent to humans; consequently, understanding cannot be built only on the meanings that individuals attach to their activities. '*The idea of society is the soul of religion*,' he said. He stated that the two most essential components of religion are--a) the set of beliefs, and b) the people's practices (rites and rituals).

⁴ This seminal work was one of the first works in sociology. It was the first time a sociologist studied religion and its implications from a sociological perspective.

This historical context is crucial to understanding the development and relevance of Durkheim's theories.

Durkheim's theory, a cornerstone in understanding *the social fabric* of society, defines religion as "*a unified system of beliefs and practices relative to sacred things, that is, things that are set apart and forbidden.*" This theory, which encompasses faith in the sacred actions of humans, draws a fundamental division in religion between two dimensions: the sacred and the profane. The sacred, symbols or objects regarded as holy and designated as separate or prohibited by society, instills a sense of wonder and veneration in the society's inhabitants. Conversely, the profane refers to the ordinary and routine acts carried out by individuals. This theory sheds light on the inception of religion throughout society, as the dread of the unknown compels individuals to place their trust in something remarkable that is thought to wield influence over the world through its power.

Religion thus serves to honor the shared emotions and beliefs of individuals coexisting within a community. **Durkheim (1915)** observed that religion fosters social cohesion, ensuring the oneness of the social group. The process of healing an individual is accomplished when the thought processes of the community members are unified. When an individual experiences any form of illness, whether physical or mental, it is seen that by gathering communal feelings, the person might discover a renewed sense of hope and a stronger will to survive. This engenders a constructive vitality inside the individual, facilitating their recovery process. Durkheim stated how social solidarity among the people creates more robust integration. Thus, beliefs and practices concerning one's religious beliefs lead to the building up of their collective consciousness, leading to a shared way of understanding and behaving in the social world. It gives them a sense of meaning and purpose in life. It helps reinforce unity and stability among the masses.

Durkheim was mainly influenced by the works of Naturism (**Muller, 1869**) and Animism (**Tylor, 1871**). These two theories influenced his idea on the theory of Totemism (**Durkheim, 1976**). A totem can be any animate or inanimate object that the believers consider the existence of a spirit or soul. A totem is believed to protect the tribal group and warn them of future harm. Each tribal group has its specific totem (which serves as an emblem/symbol/ or a marker of that group). There are several prescriptions for preserving their totem from any harm. It acts as a mnemonic to the group members, saying that worshipping the totem can help

them escape future dangers. Durkheim pointed out that this reverence of the totem as a sacred entity of the group might have evolved the concept of religion among the primitive groups.

Similarly, the concept of faith healing practices is akin to Durkheim's concept of the practice of sacred exchange. He described the Australian ritual of *intichiuma* to describe this phenomenon of holy exchange. It is a ceremony in which clan members execute a few rites to grow their specific totems at the onset of the rainy season. They undertake ceremonies in specific holy stones, and the totem is grabbed, killed, and devoured by the members throughout this sequence of rites. Members are supposed to obtain supernatural power and a rebirth of the soul with divine life by ingesting the totem. Members give their God (totem) life through this practice, and God returns the favor. Similarly, faith healing is considered a divine exchange, where the believer's trust in the Supreme is rewarded with healing of the body or soul. Thus, according to Durkheimian analysis, faith healing practices are symbolic. It is the society's beliefs that come together to generate diverse healing practices to keep its members from dying. It is the society that aids in the healing of its members by bringing them together and making them feel connected to the group. The underlying motivation for these therapeutic practices is purely societal. It demonstrates to the people that society believes in their existence and good health that they may resume a healthy social life and feel linked to the community. The rites are just a celebration of societal solidarity. As a result, religious healing is a "*symbolic expression of social realities.*"

Following Durkheim's understanding of religion, **Marcel Mauss (1925)**, in his influential essay "*The Gift*," emphasized the need to examine religion as a "*total social phenomenon.*" He argued that evaluating religion as a "*total social phenomenon*" necessitates examining its interconnectedness with other aspects of society. He discovered that religion and its accompanying rituals are fundamentally communal and societal. It fosters social cohesion, promoting harmonious relationships throughout the community. In addition, he conducted research on mana and characterized it as supreme power, the true efficacy of objects that supports their practical actions without negating them. Religion fosters cohesion in society, generating a spiritual force that is a healing source for many individuals. He asserted that exchanging gifts in nearly all countries promotes social cohesion, mutual interchange, and communal responsibility among its members. Exchanging presents and executing religious rites entail symbolic actions that significantly influence preserving social connections. Engaging in the act of giving entails both responsibilities and anticipations for future

reciprocation of services. He asserted that reciprocity is a crucial cornerstone of social existence. Mauss's theory offers valuable insight into how the interchange of services in the context of faith healing practices contributes to the cohesive community life of religious groups.

One of the prominent functional theorists, **Bronislaw Malinowski (1931)**, whose work is widely recognized in the fields of sociology, anthropology, and religious studies, argued that religion emerges not from theory or contemplation, delusion, or misunderstanding, but rather from the genuine hardships of human existence arising from the clash between human aspirations and the reality of life. He believes that individuals have complete confidence in their talents and expertise. While scientific principles often guide humankind, they turn to magic to explain supernatural occurrences such as thunderstorms, strong winds, floods, or droughts over which they have no control. Therefore, religion emerged due to men's everyday actions and necessities. Individuals have devised healing ways to fulfill the spiritual requirements of men. **Malinowski (1948)** also observed that religion bestows the attribute of cognitive coherence upon its adherents. It aids in reintegrating people into a group by enabling them to overcome their sentiments of dread and dismay. It aids in rejuvenating a disheartened spirit into an optimistic one. He opined that "*religion gives us the gift of mental integrity.*" He stressed that religion addresses individuals' psychological and emotional needs, particularly during stress, uncertainty, and disaster. It instills them with a feeling of assurance and authority. It assists individuals in managing their condition of anxiety. The collective system of ideas and practices serves to enhance social cohesion. Rituals contribute to the preservation of societal cohesiveness. Using symbolic rites and rituals within religion aids individuals in addressing, expressing, and effectively managing their emotions. The most effective way to reintegrate the group's broken unity and restore its morale, as stated by Malinowski, is through religion, which "counteracts the centrifugal forces of fear, dismay, and demoralization." Malinowski's viewpoint on religion offers a theoretical basis for comprehending how faith-healing methods cater to individuals' psychological, emotional, and social requirements during health-related crises.

W.E.B Du Bois (1903), a renowned American sociologist of religion (**Zuckerman, 2002**), is known for his unique approach to studying religion. Unlike other classical thinkers who focused on religion's theological role for its followers, Du Bois highlighted the social dimension that religion offers its members. His conclusions were drawn from empirical

research conducted among young African Americans, providing a real-world basis for his findings. He concluded that religious connections offer limited social benefits to their adherents. He examined the role of religious organizations as communal hubs for their adherents. Through his vast study, he concluded that the sociology of religion encompasses not just abstract or spiritual ideas and practices but also the practical and mundane aspects of people's daily lives (McGuire, 1987; Stark & Finke, 2000). Religion facilitates the forming social connections and interactions among individuals (Ammerman & Farnsley, 1997). He observed that the church is a hub for social interaction and fostering interpersonal connections. Religion serves not just to establish a connection between humans and the divine but also to foster connections among fellow human beings. Religion fulfills both sacred and profane roles in society. On one side, it instills a sense of sacredness or religiousness in individuals, while on the other hand, it amplifies the secular aspects of communal life and coexistence in society. He asserted that religious organizations serve as not just places of worship but also as gathering spaces for individuals to engage in spiritual and social connections. Individuals can perceive the emotions associated with communal unity and inclusion. It fosters a feeling of inclusion. It not only satisfies the spiritual needs of individuals but also offers them essential social assistance to navigate societal challenges. The current study aims to determine the applicability of Du Bois' definition of religion in the modern context. The objective is to determine if the faith healing methods observed among Hindus in the Jhargram district of Paschim Medinipur are consistent with Du Bois' sociological perspectives on religion.

Structural-Functional Theory

Talcott Parsons (1951) researched the aspects of social structure from a structural-functional standpoint, and he recognized religion as one of the subsystems that plays a vital part in sustaining society's balance and order. Religion guides people on what they should and should not do in society. It aids in channeling moral bonds among the masses and providing appropriate solace in times of suffering. Individuals' trust in their religious principles provides them hope for a brighter future in times of crisis. It enables them to live as a conformist in their community. It assists them in dealing with unexpected social circumstances or provides them hope for the successful assurance of their activities. Thus, religion builds social peace (Haralambos & Holborn, 1991). Parsons addressed the significance of social institutions in fostering social integration and cohesiveness. Within the current study setting, faith-based healing interventions within a particular cultural framework strengthen collective beliefs,

values, morals, and behaviors. Engaging in religious practices can foster social cohesion and strengthen communal ties.

In the same way, Parsons believed that understanding a person requires understanding the social environment in which he or she lives. He stated that just as changes in the environment cause changes in biological elements, societal changes influence the individual. **Parsons (1999)** attempted to demonstrate that health is biological and social. When a person becomes ill, it prevents them from operating healthy physiologically and participating in social activities. His/her group dynamics are also disrupted. Thus, in many cases, medication is perceived as a means of restoring one's regular lifestyle. Nonliterate communities have traditionally employed religious healing procedures, whereas individuals in modern industrialized societies prefer biomedical practices. However, most patients choose traditional treatment approaches when biomedicine fails, takes longer than expected, or entails a significant financial outlay. Functionalism attempted to demonstrate that each social institution serves a purpose. Thus, religious healing sectors or biological institutions attempt to restrict human disobedience from their assigned societal obligations in the guise of sickness. Parsons' theory of structural functionalism asserts that religion, as a social institution, has a role in fostering the development of a moral and unified society. Faith healing methods are deeply ingrained in religious traditions, fostering social cohesion by restoring individuals' trust and confidence in the customs of their society. Parsons highlighted the impact of cultural values and societal standards on human behavior, contributing to the formation of social order. Within this environment, faith healing practices are firmly ingrained in the cultural framework of the culture. The structural functionalism theory developed by Parsons offers a perspective to analyze and comprehend how religious healing practices contribute to the cohesion of a particular community, the advancement of cultural beliefs, and the preservation of social harmony. The research aims to acquire insight into the roles that promote social cohesiveness, strategies to address health concerns and difficulties, and the potential contribution of religious practices to general societal stability.

Another noted structural-functionalist, **A.R Radcliffe Brown (1946)**, advocated for a more effective correlation between religious concepts and social organization. He hypothesized that if the representation of God is a collective portrayal of the social group, then different types of social organizations will have distinct introspective interpretations of God. He views religion as a crucial component of the social structure by which individuals jointly maintain a

methodical order of social connections. In one of his prominent writings, "**The Andaman Islanders**" (1922), he observed that religious rituals, beliefs, and practices play a crucial role in upholding and controlling social structure and collective emotions inside a culture. According to Brown, healing methods have been present in society since ancient times to help individuals adapt to their circumstances. He emphasized the functional significance of social institutions in upholding order and balance in society. Like Emile Durkheim, he emphasized the capacity of religion to promote social cohesion and govern individual conduct within society. He emphasized the interdependence of each social institution, highlighting its contribution to the overall functioning of the social system. It fosters a feeling of inclusion and collective identification among individuals. He noted that religious rites and practices are symbolic for the group in question and contribute significantly to preserving social cohesiveness and fostering unity. While Radcliffe Brown did not explicitly discuss the significance of religious healing practices in society, his theory offers a crucial foundation for understanding how various social practices contribute to societal function and integration. This research aims to comprehend and examine the roles and functions of faith healing practices in upholding social order and fostering unity and well-being within a society.

Symbolic Interactionist Theory

The theory of Symbolic Interactionism tries to explore how individuals construct and interpret the meaning of a social phenomenon with the use of symbolic interaction. It focuses on the communication pattern and interpretation of objects' meanings. It emphasizes how people interact in society by attaching meaning to symbols (**Redmond, 2015**). In the context of religion, people attach symbolic meaning embedded within different rites and rituals. Faith-based healing practices and rituals share similar significance to symbols and create a shared meaning among the members of the society. **George Herbert Mead (1922)** mentioned how role-taking people imagine themselves into the position and role of somebody else to perceive and apprehend their social situation (**Deegan & Burger, 1978**). In the context of religion, health, and healing, faith healers try to understand the perspective of the patient to whom they are attending, thereby shaping the kind of ritual the healer will be conducting.

Erving Goffman's (1959) Dramaturgical Theory highlights impression management, where individuals strategically present themselves and adopt various social roles to suit the demands of a given social context. In the context of faith healing practices, 'impression management' refers to how faith healers strategically present themselves and their role in the

healing process to suit the demands of the religious and social context. The religious rites and their corresponding therapeutic practices within religion and healing resemble theatrical acts enacted by the faith healer within the community. Everyone in that group actively participates in the theatrical performance and symbolic gestures. The healers utilize their aura and expertise in healing techniques to effectively transmit their faith, sincerity, and dedication to the healing activities through impression management. The healers stage these healing events to communicate specific significance to the group involved. Faith healing techniques encompass public and private acts within the front and backstage performances. The healer utilizes various props to dramatically involve the audience and perform actions that hold great significance for the community residents (**Kivisto & Pittman, 2013**). Employing the metaphor of a stage and considering the roles, scripts, and symbolic elements at play may enhance people's understanding of the social dynamics at work in these domains. Researchers may analyze how individuals actively shape and present their identities, beliefs, and experiences via the theatrical performances of religious rituals and healing practices.

Medicalization Theory

Medicalization refers to the phenomenon in which our daily lives have been subject to the control and influence of medicine and medical supervision (**Zola, 1983**). It is the expanding role that medicine plays in most people's lives. It was not until the 1960s that this idea began to gain traction (**Ballard & Elston, 2005**). "Non-medical issues started to receive attention within the medical community's scrutiny." In contrast to the state, family, and other religious organizations, **Conrad (1975)** posited that medicine is emerging as the predominant institution of social control. **Ivan Illich (1976)** contended that the medical profession is responsible for society's growing reliance on medicine. He claimed that medical authorities have persuaded the public that doctors possess the highest knowledge and expertise. In contrast, the independence of medical institutions has diminished people's ability to care for themselves and effectively manage health and illness. He highlighted that medicine, while claiming to offer healing, was causing harm to individuals in three ways:

1. At the clinical level, due to ineffective treatment methods and the long-term adverse effects of medication
2. At the social level, where people are excessively relying on medicinal drugs
3. At the structural level, where individuals' ability to effectively cope with illness and mortality has been diminished

Ilich argued in his study that the emergence of medicalization is one of the most lamentable advancements in human society. He attributed the current situation of the medical profession to its excessive bureaucratization.

According to Marxist scholars **Navarro (1975)** and **Waitzkin (1979, 1984)**, capitalism benefits from society's growing reliance on medicines in two ways. Firstly, by giving high status to the medical model, people are encouraged to depend on pharmaceuticals as their personalized solution. Selner (2018) states that an increasing number of individuals have become reliant on medications, even for issues that are primarily influenced by social factors. Secondly, the more people became reliant on medication, the more profit the medical sector collected from it. Therefore, by medicalizing all aspects of life, the medical business is profiting financially and maintaining its prevailing societal position. **Fox (1977)** and **Strong (1979)** examined the notion of medical imperialism, in which they raised concerns about the monopolistic dominance of the medical sector in the social aspects of individuals. In this regard, **De Swaan (1990)** introduced an alternative concept to elucidate the increasing medicalization in society. He asserted that the patients are also seeking medical assistance from doctors for reasons that previously would not have prompted them to see doctors. It is called "*patient pressure*" when patients influence their doctors. Consequently, the general population actively seeks medical assistance, and the medical industry readily offers such aid. As a result, the widespread phenomenon of medicalization has become prevalent in the society. The popular belief is that medicine is the prevailing and efficacious approach to address the prevention and treatment of illnesses, increasing the probability of the medical domain expanding further.

The prevalence of medicalization has eclipsed traditional healthcare methods. The traditional healers' knowledge was deemed fruitless and less reliable. Although modern medicine has revolutionized the healthcare system, its effectiveness has presented a significant obstacle to traditional health and healing techniques. There has been a change in the way people in the society seek healthcare. The majority of people tend to favor biomedical therapies over traditional healing approaches. After medicalization, centuries-old indigenous traditions began to be put under scrutiny. According to the Foucauldian point of view, the increasing prevalence of the "*clinical gaze*" in contemporary society has led to an acceptance of conformance to medically defined "normalcy" as the norm (**Turner, 1987; Armstrong, 1995**). For many individuals, the concept of self-care is associated with de-medicalization. Traditional healing

techniques emphasize natural healing methods, but medicalization combines the efficacy of prescription medications to attain good health. This study aims to investigate the potential effects of the increasing influence of medicalization on traditional health and healing practices.

Labeling Theory

Labeling theory was proposed by **Howard Becker**, an American sociologist, in **1963** in his influential work titled "*Outsiders: Studies in the Sociology of Deviance*." The theory examines the societal perspective and reaction to crime and deviance. The article explores "self-fulfilling prophecy," suggesting that expressing a forecast leads to its fulfillment. The idea posits that those who do not adhere to the norms established by the majority are prominently labeled as outsiders or deviants within society. While the society praises those who comply, it rejects those who deviate. While the theory primarily focuses on comprehending the social construction of individuals who deviate from societal norms, it also has extensive applicability. The labeling theory can also be applied to research on health, illness, and healthcare practices.

From the patients' viewpoint, ill persons may be seen as deviant in society due to their inability to fulfill their social obligations adequately. Therefore, the patients seek expedited methods to address their condition and resume their regular lifestyle. This is why there is a rising growth in opting for biomedical healthcare practices over time-consuming traditional healthcare practices. Conversely, in most cultures, the local doctors label the rural populace as aberrant. They are accused of adhering to conventional lifestyles and engaging in religious rituals, which may have adverse effects on their health. From the standpoint of healers, they may hold indigenous healthcare expertise and offer holistic methods of healing that go beyond simply treating the sickness. However, healers are often viewed as deviating from the Western biomedical approach. They are stigmatized for their limited medical expertise and are scorned by medical professionals in the sector for employing religious and spiritual methods to treat patients. This research aims to determine the applicability of Becker's labeling theory in the current study arena. In the context of health and healing practices, the labeling theory will assist in establishing a valuable framework for comprehending the social ramifications of health-related labels and analyzing how these labels impact the identities, interaction patterns, and social experiences of the respondents.

Theory of Post-Structuralism

Michel Foucault (1994), a renowned French post-structuralist, has researched the sociological aspects of health and illness. In France during the early 18th century, he scrutinized the challenges faced by the discipline of medicine. He developed the idea of the 'clinical gaze,' which suggests that biomedicine provides a means to analyze patients, disregarding their subjective experiences objectively. A doctor primarily concentrates on the sickness and illness in the patient's body, disregarding the socio-cultural belief system, the patient's personality, and their comprehension of the condition or treatment process. The term "*medical gaze*" pertains to how physicians watch, categorize, and assert their authority based on their clinical expertise. The concept of the medical gaze pertains to analyzing power dynamics inside the medical institution. The medical experts monitor and analyze the patients' physical state and health status. The concept of the medical gaze is intricately linked to the overarching phenomenon of medicalization. The diverse facets of the patients' lives are solely categorized as medical concerns. Foucault introduced the notions of biopolitics and biopower within this framework. Biopolitics is a political theory that centers around managing life and populations, intending to guarantee, maintain, and enhance life while creating control. Biopower is a type of power that is believed to have a positive effect on life. Its purpose is to control, improve, and spread life while subjecting it to careful supervision and stringent limitations (**Foucault et al., 2008**). Foucault contended that the concept of health has transformed into a manageable entity via the integration of many methods of observation and intervention. His theories offer analytical instruments to investigate and scrutinize the governance and control of health practices inside the biomedical industry. Integrating Foucauldian analysis in this research will enhance our comprehension of the complex connections between power, religion, and health governance.

Indian Sociological Theories on Religion and Society

Sarat Chandra Roy (1928) has consistently advocated for a holistic understanding of human social existence. He posited that a comprehensive grasp of any culture requires a thorough investigation and examination of all social processes. He defines *religion* as a fusion of behavioral patterns, intellectual beliefs, and emotional experiences that a specific social group adopts. To comprehensively study the religion of a particular culture, it is crucial to consider the historical, geographical, and socio-economic factors. He stressed that while religion is a personal matter, it is also within the domain of society. S.C. Roy promotes the

study of religion and its general impact on people's lives. He underscored the importance of studying the folk traditions of human beings, as these traditional roots are key to the intellectual development of humanity. Through the use of the anthropological framework, he aimed to ensure that the examination of indigenous customs could contribute to the resolution of issues and obstacles faced by tribal communities in India. In healthcare, modern techniques often clash with traditional folk healing practices. Therefore, by adopting the research approach pioneered by Rai Bahadur Sarat Chandra Roy, it is plausible to suggest that a thorough examination of the socio-religious practices of rural communities could bridge the gap between them. This could alleviate the social stress experienced by rural communities due to the advent of modernization.

Therefore, the incorporation of sociological theories is instrumental in constructing the conceptual framework for the current research. It aids in the formulation of the research design. Theories identify interactions at both the macro and micro levels within the observable area, enabling comparisons between them. This comprehensive understanding of the research domain helps in grasping the intricacies of society, culture, and the associated social institutions. The inclusion of a theoretical overview in this research enhances the interpretation of the data, ultimately leading to the growth and refinement of sociological knowledge.

The Void: Gaps in Studies on Faith and Healing Practices

The literature review mentioned above aimed to understand the opinions of various theorists and scholars on how the faith-based healing system works in different communities. Various explanations of scholars projected the view on how religion influences faith among the people and how this faith has traditionally led to the use of faith healing practices to restore any health maladies of members from within one's community. Additionally, the diverse theoretical foundations provide another perspective on how traditional faith-based healing practices among people relate to religious, socio-cultural, and medical concepts in understanding the concept of health and healing.

With a solid foundation of knowledge from the literature review, this study sets out to investigate the prevalence of faith-based healing practices in Hinduism. The research site, Jhargram in Paschim Medinipur, has been meticulously chosen, with four main Blocks from

each of the four distinct zones—Lalgarh (Binpur 1), Belpahari (Binpur II), Jhargram, and Nayagram-carefully selected for comprehensive data collection. This thorough selection process ensures that the study captures a comprehensive view of the prevalence and influence of faith-based healing practices in Hinduism in Jhargram.

Several studies have been conducted on how faith-healing practices help a patient to hold onto life. They have explored how to have a hope of survival in the future, and how these healing practices can be medically assessed. However, studies on how much strength of influence these faith-based Hindu healing practices have on the people have been left unexplored. Similarly, studies on how social variables like class and gender have their influence on these traditional healing practices have not been dealt with earlier. Several research explorations have been done on how the patient helps to find a direction with these alternative faith-based practices. The family has yet to consider how they look into these faith-based healing practices for the well-being of the sick. The research tries to spotlight the various reasons behind the respondents' trust in these traditional faith-healing practices regarding the speedy recuperation of their kin. It tries to highlight why they consider these healing practices as an alternate practice to achieve health and well-being. Is it related to one's subjective cause or any other objective issue? The growth of consumerism has played a direct or indirect role in shaping people's belief systems. However, studies have yet to examine how consumerism affects the rise or fall of traditional healing practices among the people of Jhargram. Finally, this study tries to note how rising globalization and medicalization issues affect the faith healers and their healing practices on the people of Jhargram.

RESEARCH SETTING

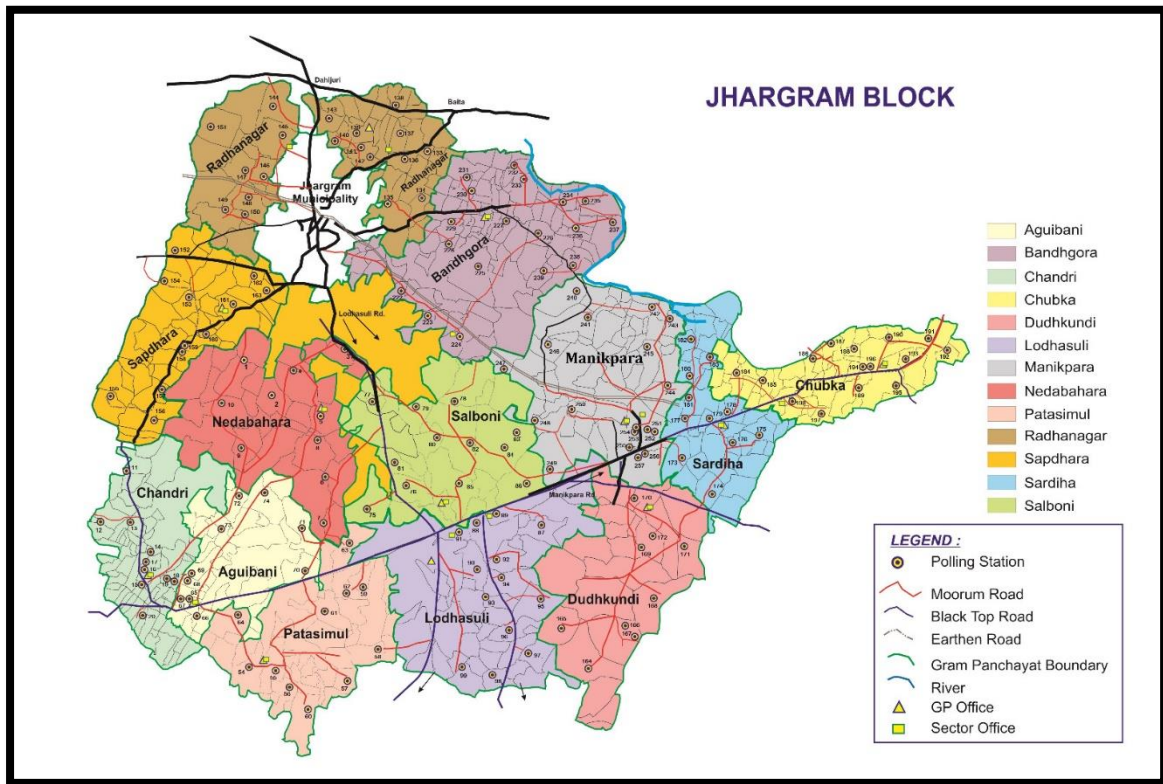


Figure 1: Map of Jhargram Block

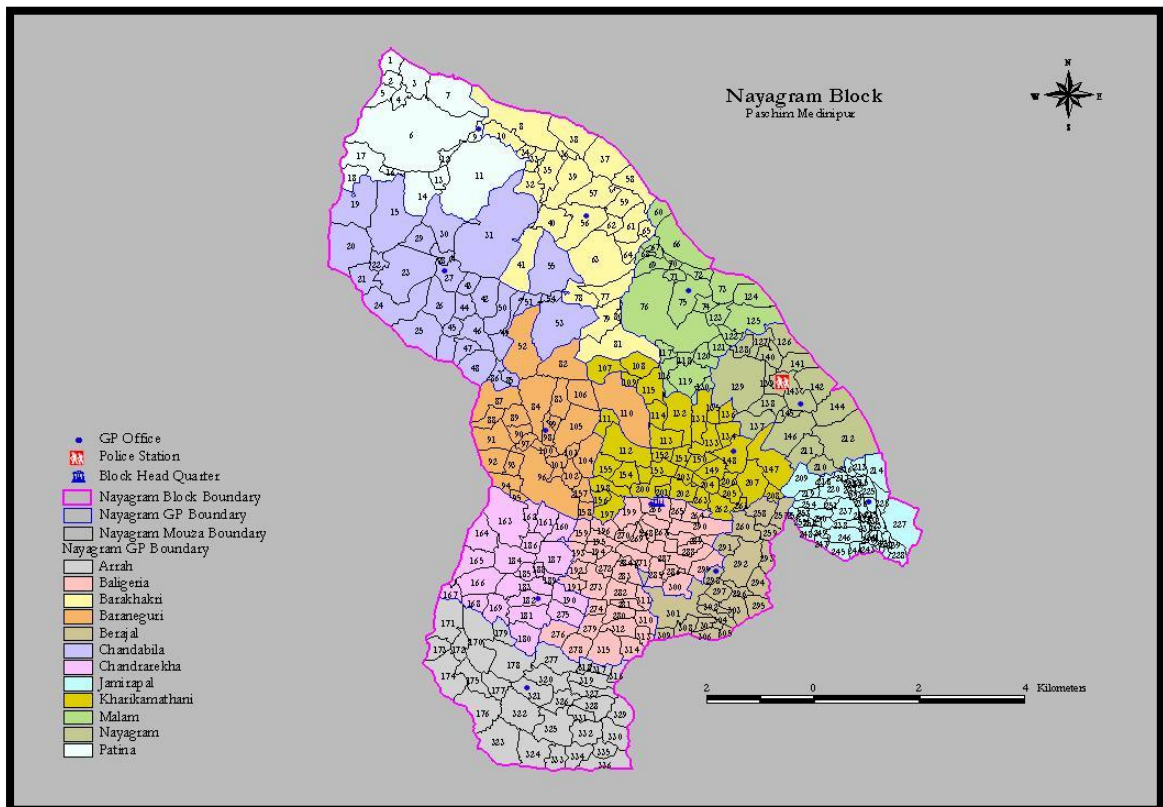


Figure 2: Map of Nayagram Block

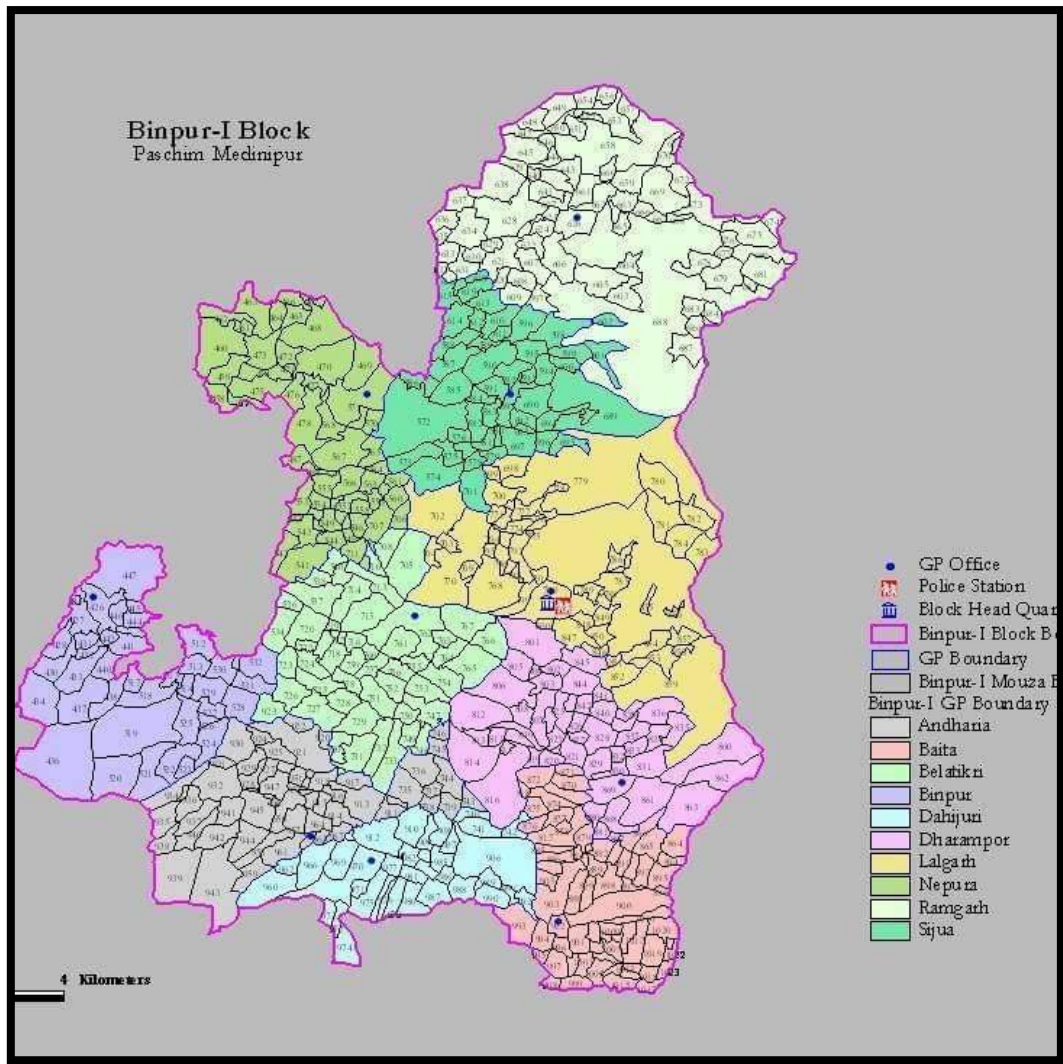


Figure 3: Map of Binpur-I Block (Lalgarh)

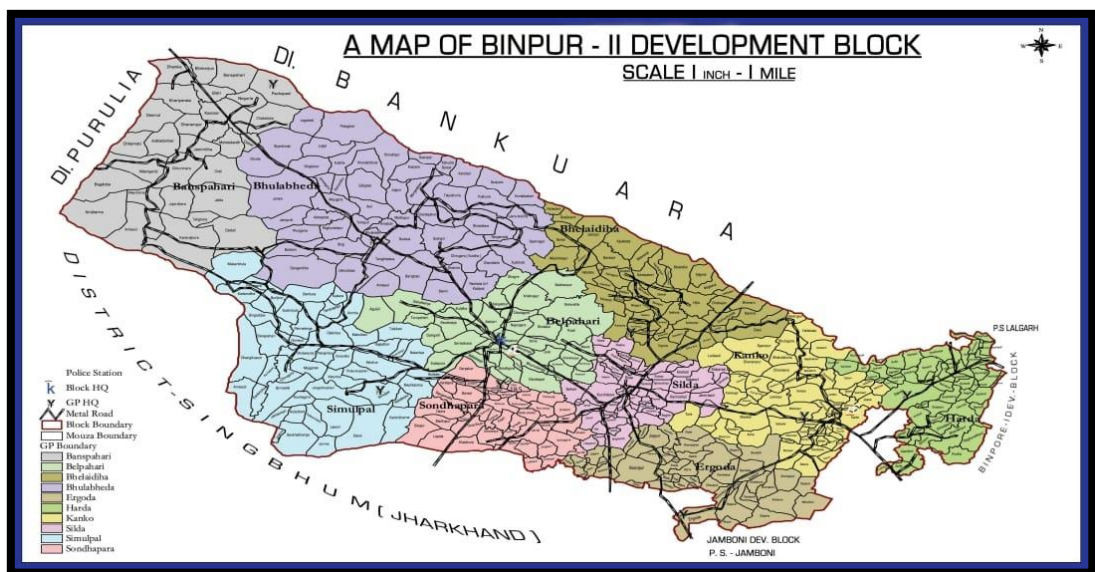


Figure 4: Map of Binpur-II Block (Belpahari)

The research setting is the geographical or specific area where the proposed research will be conducted. The research will be conducted in a specific Jhargram, Paschim Medinipur locale. This research location was chosen because of the unique rural environment where the roots of the healing practices used by the respondents could be traced. In rural areas, faith healing practices are not just a part of the culture but essential in promoting overall well-being and are widely embraced by the community. People are less inclined towards the practices of biomedicine and rest more faith in the traditional healing practices, which are said to be passed down through the generations. The inhabitants of this location have yet to come in direct contact with the forces of social change, such as globalization and the dominance of Western culture. They retain their traditional way of living and mostly rely on faith-healing practices rather than the modern biomedical approach. It is thus essential to study the physical, geographic, and demographic situation of the Jhargram district in Paschim Medinipur.

Physical features:

Area: 3037.64 km² (303764 hectares)⁵

Geographical Location: Latitude—21 52' – 22 48' North; Longitude—86 34' – 87 20' East.

Administrative Setup: Jhargram has a unique administrative setup. This 23rd district of West Bengal was formed on 4th April, 2017. Jhargram is headed by the District Magistrate and Collector (IAS officers). It has one sub-division where a Sub Divisional Officer (West Bengal Civil Service Officer) heads the office. There are eight Blocks in Jhargram, headed by the Block Development Officers (West Bengal Civil Service rank holders). One Municipality operates under the headship of the Chief Executive Officer, and one Zilla Parishad is the Zilla Sabhadipati. There are 79 Gram Panchayats, 2995 villages, and 10 Police Stations in Jhargram.

Population: 1284228 (according to the population distribution as of 01.10.2023), of which 62,9134 are males, 65,5088 are females, and 06 belong to the third gender. The present population structure of the 8 Blocks in Jhargram is as follows:

- Jhargram Block is 2,55,818
- Binpur I (Lalgarh) is 1,74,344
- Binpur II (Belpahari) is 1,81,191

⁵ Source: <https://jhargram.gov.in/about-district/>

- Jamboni Block is 1,23,722
- Gopiballavpur I is 1,49,574
- Gopiballavpur II is 1,18,609
- Sankrail Block is 1,26,981
- Nayagram Block is 1,52,989

Number of Blocks: There are eight Blocks in Jhargram. The table below shows the list of Blocks along with their Block headquarters and respective Block Development Officers.

<u>Blocks</u>	<u>Block Headquarters</u>	<u>Block Development Officers</u>
Jhargram	Jhargram	Shri Joy Ahmad
Jamboni	Gidhni	Shri Debabrata Jana
Binpur-I	Lalgarh	Shri Anal Sarker
Binpur-II	Belpahari	Shri Suman Ghosh
Gopiballavpur-I	Chhatinasole	Shri Shyam Sundar Mishra
Gopiballavpur-II	Belaberia	Shri Nilatpal Chakraborty
Sankrail	Rohini	Shri Rohon Ghosh
Nayagram	Belgaria	Srimati Sudipta Roy

As per the 2011 census, Jhargram needs to be updated as the district had its birth in 2017. In the upcoming 2021 Census report, details regarding the district of Jhargram will be provided. In the current study, the district map of Paschim Medinipur has been consulted to project a picture of Jhargram. The average literacy rate is 72.23 percent, with 80.55 percent males and 63.73 percent females. The sex ratio of Jhargram was 979, and for every 1000 men, there were 979 females. As per the 2011 census report of Jhargram as a Block, no population lived in the urban areas, as the entire population lives in the rural belt.

Out of the total population, 78368 workers were engaged in work activities. The division of the working class is presented in the table below:

<u>Category</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Main Workers	30,365	7,992	38,357
Cultivators	9,800	1,086	10,886
Agricultural Labourer	11,082	4,631	15,713
Household Industries	686	298	984
Other workers	8,797	1,977	10,774
Marginal Workers	19,614	20,397	40,011
Non-Working	35,991	55,738	91,729

Jhargram district is managed by the Jhargram Municipality Office, located at Sadhu Ramchand Sarani, Bachurdoba. The District Magistrate of Jhargram district is Smt. Moumita Godara Basu (IAS).

As the current study is based on faith-healing practices among the Hindus, so at the outset, it is primal to note the religious distribution of the population of Jhargram. The majority of the population in the given area are Hindus. However, there are other religious groups, too, who co-exist peacefully, maintaining a secular culture in the area. According to the 2001 Census report of Jhargram, the distribution of religious population goes as follows:

<u>Religion</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Hindus	78352	76470	154,823
Muslims	3131	3165	6296
Christians	82	97	179
Sikhs	21	16	37
Buddhist	5	11	16
Jains	8	6	14
Other Religion	3952	3981	7933
No Specified Religion	418	381	799

Therefore, the research was conducted in Jhargram, a place that was once a part of Paschim Medinipur but underwent a division on 4th April, 2017. Jhargram, renowned globally for its lush forests and abundant natural resources, attracts people from around the world. The allure of ancient temples, regal palaces, and vibrant folk culture beckons tourists and social researchers alike. This region was previously known as the 'Red Corridor' due to its significant influence by left-wing extremists, particularly the Maoists. However, it is worth noting that there have been no reported incidents of Maoist activities in the district since 2016.

Geographic and Historical Overview of Jhargram

Jhargram, a unique geographical entity, is nestled in the southwestern part of West Bengal. It is enveloped by the districts of Bankura in the North, Purulia and the state of Jharkhand in the West, Orissa in the South, and Paschim Medinipur in the East. The town is approximately 40 km away from the town of Medinipur and approximately 165 km away from

the state capital of Kolkata. Jhargram is a part of the Chotanagpur plateau, boasting a sloping platform towards the East and a hilly landscape towards the northwestern part. The region is blessed with the flow of several famous rivers from the North to the South and South-East direction, such as Dulung, Kangsaboti, Subarnarekha, Silabati, and Kelaghai, which serve as a lifeline for the agricultural laborers.

The unique history of Jhargram traces back to 1547 AD when Mughal Emperor Akbar, as part of his imperialist policy, dispatched Man Singh from Rajasthan to conquer Bengal. The majority of the population at that time were tribals from the Lodha, Mallas, Santhals, and Bhumji communities who inhabited this area. It was known as Jungalkhand, with Malla Raja as its king. Man Singh appointed Sarveshwar Singh and his elder brother to subdue the tribals of Jungalkhand. Raja Sarveshwar Singh led a Rajput military force to attack this area and emerged victorious over the tribals and their king. Later, Man Singh adopted the surname Malla Deb and continued ruling Jungalkhand under the name of Jhargram.

After residing in Jhargram for four months, Man Singh returned to Rajasthan while his younger brother Sarveshwar Singh and his elder brother continued to reside there. Later, the elder brother was crowned the King of Bishnupur (or Mallabhum), and the younger brother, Sarveshwar Malla Deb, was crowned the King of Jhargram. He established the Royal Family in Jhargram. Years later, the King of Mayurbhanj (who was the ruler of the adjoining state) and the Nawab of Murshidabad invaded the Southern zone of Jhargram, thereby captivating Gopiballavpur, Nayabasan and Nayagram. Later, when the East India Company invaded Jhargram, it was recognized as one of the Zamindari estates under British rule. However, even today, the people of Jhargram are loyal to the royal family members, who have reigned them for four hundred years with nobility.

From 1929 to 1950, Prof. Debendra Mohan Bhattacharya was entrusted with the administration of Jhargram. This era was hailed as the glorious peak of the Jhargram estate. Not only did it develop as a town, but several educational institutions were established. A few examples include the Kumud Kumari Institution, Jhargram Agricultural College (which later became the renowned Jhargram Raj College), Vidyasagar Polytechnic College, Vidyasagar Bani Bhaban, Sarada Vidyapith, and more. All these institutions helped the people in this area to come out of their backwardness. The light of education started falling on the people of Jhargram. Though there are still families where their kids are first-generation learners, in this current period, the people of Jhargram understand the importance of education.

Currently, Jhargram boasts an efficient communication system that ensures tourists and researchers can reach their destinations without inconvenience. The nearest airport is Netaji Subhash Chandra International Airport, Kolkata, which is approximately 188 km away from Jhargram. The two most reliable transportation options are by road and railways. By road, Jhargram is about 178 km from Kolkata, the state capital, and by railways, the approximate distance is about 154 km.

Culture and Heritage: An Ethnic History of Jhargram

West Bengal has a history of culture, and heritage that has been going on since immemorial times. The state has a unique blend of urban and rural culture. Folk culture and traditional crafts are still prevalent in the rural belts of Bengal. Tourists worldwide come to Bengal to glimpse its colonial heritage and folk culture. Traditional art and crafts revolve around the lives of numerous rural dwellers even today. The advent of urban culture and rising globalization has not quite affected the folk culture of the rural people of Bengal. These folk cultures mirror the rich cultural heritage that dwells in the lap of Bengal.

The district of Jhargram boasts a distinctive cultural heritage that has captivated global attention. Its repertoire includes diverse folk songs, dances, traditional rituals, and culinary skills, making Jhargram a veritable treasure trove of folk culture. Among the many cultural gems, a few festivals stand out in their significance:

- *Tusu and Makar Parab*: Tusu is a harvest festival, while Makor or Sankrat Parab is a social festival common among the Santhals. Tusu is observed mainly during the last ride of January winter. The locales worship the Folk Goddess Tusu for agricultural prosperity. They ask for her blessings so they always have wealth to take care of their primary means of subsistence. The Santhal, Kurmi, and Mahata clan members participate in worshipping Goddess Tusu. One of the prime attractions of this festival is cockfighting by the local members in Jhargram. Similarly, during Makar Parab, the villagers offer gratitude to Marangburu or Thakur Jiu (life-giver). Marangburu means "The Great Mountain". People worship Marangburu in the shape of nature rather than as an idol. Marangburu is neither a god nor a goddess; it denotes nature, which blesses the community with rain, water, air, land, forest, and all other natural resources necessary for their existence. It is one of the essential ceremonies that brings

community members together in one place. It boosts social interaction and promotes internal solidarity.

- *Baha Parab*: This Parab or festival is also known as the Saharul festival. It is celebrated by the Santhal, Ho, and Munda community members during the spring season. The members worship their tutelary Gods—Marangburu, Joher Ayu, and Mamrek.
- *Karam Puja*: People's aspirations for a kid and the prosperity of farming are the primary themes that underpin this celebration. 'Bhadra Ekadashi,' a day from the Bengali calendar, is a day of celebration for the ordinary people. This festival is intrinsically associated with the people of Jhargram, Kurmi, Bagal, Kumor, Kandhaity, and other nearby communities. The festival grounds are worshipping and revering the Karam tree all over the previous night's festivities to ensure no tree branches are chopped. Only one branch has been cut and is being offered up in adoration. Trees deserve respect because they supply the planet with everything it needs to survive, including food, oxygen, and vital elements. The branch will be submerged in the river the next day, on the day of the Puja. This pooja is primarily performed by young women who are not married. They perform a song which they dedicate to God. The most essential elements are sprouted "chola, moong, matar, kalai," among other things. The Aboriginals think that praying to God at this Puja will bring about the fulfillment of their wishes.
- *Bhadu Utsav*: The Bhadu celebration commemorates the early rice harvest in August and September. A colorful procession of women singing delightful tunes honors Bhadreswari or Bhadu's memory. The locals worshipped her as the Goddess of Crops and held her in high esteem. People seek abundant crops as they receive the blessings of Bhadreswari Ma on the fertile soil.
- *Badna Parab*: This celebration, widely observed in November, primarily focuses on animals. Cows and bulls are adorned with ornaments after being bathed during this event. The festival song, Ohira, pays tribute to the animals and their significance in people's lives. The celebration is based on the belief that animals are an integral part of life, possessing souls like humans. The Santhal community celebrates the natural harvest festival, Saharai, around the same time each year. The village enthusiastically celebrates 'Saharai' as the paddy fields turn golden. The event primarily acknowledges and expresses gratitude to 'Ma Bhagabati,' the cows and bulls, for their contributions. Members of the Santhal community who assisted with the harvest are pleased to share their prosperity with the animals that made it possible. 'Saharai' is sometimes

misinterpreted as representing growth and prosperity. Therefore, people commemorate the festival mentioned above to progress socially and communally.

The current study focuses on four prime Blocks:

1. Binpur 1—Lalgarh
2. Binpur 2—Belpahari
3. Jhargram Block
4. Nayagram Block

Name of Block	Distance from District Headquarter	Sample Size taken	Criteria
Binpur 1— Lalgarh	19.3 kms	30	Shorter distance from the district headquarters. Modern medical facilities are available but have yet to be in close proximity. Lack of medical staff in the nearby available facilities.
Binpur 2— Belpahari	37.2 kms	30	Longer in distance than Binpur 1. Dwellers are not well-educated. Not well-connected with proper means of transport. One rural hospital exists for Block dwellers.
Jhargram Block	The District Headquarter	30	Medical facilities are available in close proximity. Well connected with several means of transport in the locality.
Nayagram Block	83.6	30	Longest distance from the district headquarters. Dwellers need to be well-educated. The nearby super-specialty hospital's medical facilities need to meet the required standard.

Each area, including the Jhargram district, is home to residents who sincerely believe in the power of faith healing practices. Some perform these rituals in the privacy of their homes, while others seek the healing power of specific institutions. These institutions, a significant part of the cultural fabric, are found in almost all the Blocks of the Jhargram district. Here are a few such descriptions:

1. **Lalgarh Block (Binpur 1)**—Lalgarh, one of the villages under the Binpur—I community development Block, is a unique blend of cultural heritage and geographical beauty. The term “Lalgarh” derives its meaning from the juxtaposition of Red (*lal*) and palace (*Garh*). Geographically, Lalgarh is a treasure trove, primarily situated at 22.58°N and 87.05°E. It is around 19.3 km from the district headquarters, Jhargram, and approximately 168.9 km from the Central Business District of West Bengal, Kolkata. Nestled in the lower hill ranges of the Chotanagpur Plateau, Lalgarh is a place blessed with abundant lush green forests, a sight to behold.

The 2011 Indian Census data of Lalgarh provided a fascinating snapshot of the village's demographics. As per the given census parameters, Lalgarh boasts the following statistics—

<u>Census Parameter</u>	<u>Census Data</u>
Total Population	174344 (as of 01.10.2023)
Male Population	87896 (as of 01.10.2023)
Female Population	86448 (as of 01.10.2023)
Total Literacy Rate	72.4 percent (2011 Census Data)
Male Literacy Rate	88.58 percent (2011 Census Data)
Female Literacy Rate	72.42 percent (2011 Census Data)
Working Population	33.3 percent (2011 Census Data)

The primary mode of political administration is through the elected representative of the village, titled the *Sarpanchor* Head of the Village. According to the most recent population data (as of 01.10.2023), the total population in Lalgarh village is 174344. Most of the villagers are from the Scheduled Tribes group, and 20.11 percent (data as per 2011 Census) of the population belongs to the section of Scheduled Castes. A population of diverse lingual cultures exists in Lalgarh. However, most speak Bengali (their mother tongue), and a handful of 4.6 percentspeak Santhali (the tribal language of the Santhali community). Though there exists a

population from the other tribal communities, such as the Lodhas, Mundas, and Sabar, among others, it is the Santhali tribal community that primarily prevails in the Block of Binpur-1, Lalgarh. According to the West Bengal Official Language Act of 1961, Bengali was the official language spoken in all official sectors of West Bengal other than Darjeeling, Kalimpong, and Kurs, long, where Nepali was the language used for official purposes. With the turn of events, the second amendment of the Act in 2012, Santhali was included as the official language among other newly added dialects to the list.

According to the Census Report 2011, most of the population belongs to the Hindu community, which comprises 77.4 percent. People from other religious communities exist in small numbers in the Lalgarh Block.

As per the **District Human Development Report: Paschim Medinipur (2011)**, in the entire Binpur I CD Block, approximately 47.46 percent of families reside below the poverty line. However, according to the four broad classifications of the poverty ratio (very high, high, moderate, and low), Binpur I falls under the moderate poverty level. Most of the residents of Lalgarh are primarily involved in agricultural activities. It is their prime source of income to run their daily expenses. Not all residents own land; instead, they work as laborers on somebody else's land. Most farmers even work as daily laborers in and around Lalgarh or visit other urban areas in search of jobs as daily laborers. Though school dropout rates are high, according to the **District Statistical Handbook: Paschim Medinipur (2014)**, there are about 137 primary schools, 20 middle schools, and 16 higher secondary schools. Lalgarh Government College is established and affiliated with Vidyasagar University, which offers both honors and general courses for students to pursue higher education. Similarly, Lalgarh Police Station is also within the primary jurisdiction of Binpur I, which is responsible for maintaining law and order in the area. Lalgarh got considerable media attention following Maoist activities in the area and Operation Lalgarh ⁶by the government to curb Maoist activity in the area.

Coming to the healthcare facilities in Binpur I, there is one rural hospital for the residents and five primary health centers with a minimum number of medical staff to run the

⁶ Operation Lalgarh was an insurgent action in India against Maoists as well as a group named the People's Committee Against Police Atrocities (they were involved in organizing an armed tribal movement). The police and security forces in Lalgarh, Paschim Medinipur, West Bengal, have organized an operation to reinstate civil order in the region and eradicate any Maoist activity in the area.

medical system. Though Lalgah Primary Healthcare Centre is present, residents primarily rely on the Binpur Rural Hospital for any medical emergency.

The influence of different religious beliefs, folklore, and religious narratives is expected in Lalgah. The villagers worship *Devi Rankini* as the Witch Goddess in the widely known *Daintikori's* Witch Temple. Years before, human sacrifice was also prevalent on temple premises. She was considered the most powerful with the divine powers to heal. The temple is nestled near the banks of the Kansabati and Subarnarekha rivers and offers a serene and picturesque setting. These two rivers were the prime mode of transportation for the locals. There is an area in Lalgah which is named after the *Daintikori* temple. Years later, residents of Lalgah witnessed religious and other cultural influences. Numerous old and dilapidated temples, mosques, and other heritage sites are left without any protection from the government. Various archeological artifacts are vital witnesses to Jainism being preached in the area. In one of the villages of Binpur-I, *Urlidanga*, there is a Jain Tirthankar culture. However, the local Hindu worshippers worship that deity as *Devi Dhanwantari*. They visit *Dhanwantari* in case of "*mannats*" or to fulfill any other personal wish. For example, if there is a dearth of rainfall for a long time, the locals visit *Dhanwantari* and offer her with their utmost devotion, and it is believed that within a few days, rainfall takes place in the village. Similarly, in *Nepura* and *Borokola*, Hindu Devi Khadarani and Devi Sashakhani are worshipped even today for their divine healing powers.

- 2. Belpahari Block (Binpur II)**—Belpahari is one of the villages in the Jhargram district in West Bengal. It is popularly known as one of the most famous tourist destinations in Jhargram. It is around 37.2 km from Jhargram and approximately 209 km from the Central Business District of Jhargram. Belpahari is a tribal village surrounded by tropical forests with various tropical trees on either side of the road. Sal, Mahua, Piyal, Sonajhuri, and Eucalyptus trees flourish in the region. This village's quiet and serene atmosphere is captivating. Ghagra, a little town near Belpahari, has some lovely waterfalls. Tarafeny Barrage is a local attraction worth seeing. Though Belpahari was a politically disturbed area due to the then Maoist activities in the current period, locals of the place are so welcoming that it has transformed into a peaceful and standard weekend gateway for tourists.

Belpahari is geographically located at 22.6331°N and 86.7646°E. Most of the residents of Belpahari reside in rural areas (approximately 96.52 percent), and a handful of people have

migrated to urban areas (approximately 3.48 percent of the total population) in search of better livelihood. The Binpur II CD Block's community headquarters are at Belpahari.

According to the 2011 Indian Census, Belpahari has the following data as per the given census parameters—

<u>Census Parameter</u>	<u>Census Data</u>
Total Population	191191 (as of 01.10.2023)
Male Population	92028 (as of 01.10.2023)
Female Population	89163 (as of 01.10.2023)
Total Literacy Rate	1245 (2011 Census Data)
Male Literacy Rate	682 (2011 Census Data)
Female Literacy Rate	563 (2011 Census Data)
Working Population	46.5 percent (2011 Census Data)

In the Belpahari village, most of the population belongs to the Scheduled Caste category (approximately 17.6 percent), and a handful belong to the Scheduled Tribes section (around 3.9 percent of the total population). Belpahari village of Binpur II CD Block is under the authority of the Belpahari police station. It is well-connected with nearby highways. However, the nearest railway station is around 10 km away. In case of a medical emergency, Belpahari Rural Hospital is the prime government medical facility available in Binpur II CD Block.

Amidst these basic details, Belpahari is equivalent to an unexplored gem. It has various hidden tales which will act as a witness to the rich cultural heritage of the place. Several religious institutions (both big and small) can be located in and around Belpahari. People in the area rest their belief on the divine powers of the deities in these religious destinations in Belpahari. *Gadrasini Hill*, around 6 kilometers from *Khandarani Dam*, is known for its natural beauty. At the summit of the hill, at a height of 300 meters, there lies a temple. Hills, trees, birds, and flowers abound in this serene environment. Belpahari is located 8 kilometers away from Gadrasini Hill. The tranquility of this location helps clear all the inner tensions of the worshippers. The Gadrasini Ashram rests at the foot of the majestic Gadrasini hill. As the Ashram is the heart of spiritual teachings and practices, people from all walks of life come here to spend their time in calm meditation. The center, inspired by the ideas of *Lahiri Maharaj* and *Swami Yogananda*, provides pilgrims with a once-in-a-lifetime opportunity to experience spiritual enlightenment. Two temples are on the property—one

devoted to Lord Shiva and the other to Lord Vishnu. Other spiritual attractions of the place are *Debi Ma Guha* and *Jagadananda Siddhi Guha*. Gadrasingi Hill, far from the madding mob, is a haven for colorful birds and a fantastic spot for finding inner peace.

Another popular destination is the Tarafeni Dam. *Tarafeni* is located 7 kilometers from Belpahari. It is another appealing location where the people are captivated by the sight of the ferocious sway of the river currents on the rough rocks, especially during the rainy season. Here, tourists may stare at the swirling currents of the river that crisscross the zig-zag routes. This barrage provides a vital drinking water supply for thousands of people in the region. *Tarafeni* River gets most of its water from *Mukutmanipur* Dam. Its beauty is enhanced when the barrage discharges excess water from the canals, and the water's dancing and jumping currents leave one in awe of nature's wonders. It is also considered one of the serene destinations to practice meditation and find inner peace within oneself. Near the Tarafeni River is a hamlet named Koratshol under the Belpahari Block. A century-old Jain Tirthankara statue is erected within the village and covered in bushes and shrubs. The statue is revered as Maa Bashuli by the locals. They place their belief that Maa Bashuli is their "*Goram Devata*," or the guardian of the hamlet. The people revere Maa Bashuli as a protector who protects them from harm. She is supposed to have protected the people from surprise attacks by the local wild creatures in the forest. It is a stunning reality that the villagers are worshipping a Jain statue as a female goddess and have the idea that she bears the power to heal and protect the locals from all forms of harm.

Near the *Tarafeni* river, another seminal destination, *Ghagra Waterfalls*, is under the Belpahari Village Panchayat. *Tarafeni Dam* and *Ghagra Waterfalls* provide a peaceful ambiance for the onlookers and are considered an essential destination for patients who need air change.

Another magnificent destination in Belpahari is the *Kanaisahar* Hill. It stands out as a towering glory of nature, surrounded by lush forest. This mountainous site gives a panoramic view of settlements at the foothills bursting with agricultural activities and compatriots going to their daily tasks. People come from all around to pay their respects to the Mountain God. They refer to the Mountain God as "*Boro Debota*" in their vernacular. They rest their beliefs that Gods reside in mountains and hills. As the mountains play a crucial role in protecting the village during heavy rainfall or thunderstorms, they believe the "*Boro Debota*" controls nature to protect the villagers (**Bhattacharya, 1979**). The tribals of this area have a religious

celebration for five days during the fall season (during July). Thousands of people attend to lend color to this ancient celebration. Colorful kiosks selling handcrafted toys, goods, and handicrafts contribute to the mela's frenetic pace. Despite their age, the sight of ladies carrying their toddlers on their laps and older men hiking and navigating the steep slopes of *Kanaisahar* hill sends shivers down the spines of bystanders. It is believed that whoever successfully climbs to the top of the hill will be blessed by "*Boro Debota*." Thus, *Kanaisahar* provides a once-in-a-lifetime opportunity for adventure, sightseeing, and experiencing spirituality through the lives of the locals.

Following these above-stated spiritual attractions in the Belpahari Block, another significant spiritual spot is the foundation of Baba Patal Bhairabh in Orgonda village. The locals hold Baba Patal Bhairabh in high regard because of his enormous divine power. The term "patal" signifies subterranean. It is claimed that Baba Patal Bhairabh walks under the earth, and people may feel the vibration of it even today on different occasions. In order to satisfy someone's wish, animal and avian sacrifices (such as goats, hens, or even pigeons) are customary in front of the venerated God. In the Belpahari Block, this is considered one of the most sacred and cherished destinations.

- 3. Jhargram Block**—Jhargram is a city and a municipality in West Bengal, India. It is the administrative center of the Jhargram district. It is a well-known tourist attraction for its wide range of forest cover, historic temples, and royal residences. The regal touch can still be felt in the nooks and corners of the city. Geographically, it is located at 22.45°N and 86.98°E. The royal history of Jhargram is mentioned in several travelogues of eminent scholars and philosophers. The area is inhabited by a blend of both tribal and non-tribal residents. Seminal tribal groups in Jhargram are the Santhals, Sabar, Munda, Mahato, and Lodha. Jhargram is a newly formed district in Paschim Medinipur, West Bengal. The district is located on the Chota Nagpur Plateau, which gradually dips to the east. Hilly terrain can be found in the district's northwestern corner. According to the District Statistical Handbook: Paschim Medinipur (2014), Jhargram district comprises ten police stations, eight community development Blocks, eight Panchayat Samitis, 79 Gram Panchayats, one municipality, and one census town. Jhargram is around 175 km from the Central Business District of Kolkata in West Bengal.

A considerable part of Jhargram falls under the forest cover. After India's independence, the change in the pattern of the zamindari control over the forest resources brought numerous levels of conflict between the residents and the government. However, in 1989, the

Government of West Bengal initiated the Joint Forest Management (JFM) program⁷. The initiative highlights forest movement collaborations between the state forest authorities and the local populations. Villagers agree to help maintain forest resources by protecting them from fire, grazing, and unlawful harvesting. In the same way, the villagers, in exchange, receive non-timber forest products and a part of the economy generated by the sale of wooden products.

According to the 2011 Indian Census, Jhargram has the following data as per the given census parameters—

<u>Census Parameter</u>	<u>Census Data</u>
Total Population	255818 (as of 01.10.2023)
Male Population	126636 (as of 01.10.2023)
Female Population	129177 (as of 01.10.2023)
Total Literacy Rate	108179 (2011 Census Data)
Male Literacy Rate	60974 (2011 Census Data)
Female Literacy Rate	47205 (2011 Census Data)
Working Population	78,368 (2011 Census Data)

In the Jhargram Block of Paschim Medinipur, caste-wise division of population will provide the data that the majority of the inhabitants belong to the Scheduled Tribes category (approximately 22.7 percent of the total population), and the rest, 14.8 percent of the total population belongs to the Scheduled Caste category. Most people use Bengali as the medium of communication, and around 18.68 percent of the population uses Santhali tribal language. Most of the working population in Jhargram Block are involved in either single proprietorship or employed in some other formal sectors. Out of the total population in the Block, only a tiny group of 15,713 people work as agricultural laborers. Jhargram has two general degree colleges under the West Bengal government—Jhargram Raj College and Rani Indira Debi Government Girls' College (Erstwhile Jhargram Raj College Girls' Wing). Both these colleges are affiliated

⁷ The Joint Forest Management program was developed by a silviculturist named Ajay Kumar Banerjee in West Bengal in the 1980s. One of the significant hardwoods of Arabari is Sal. Mr. Banerjee was conducting trials on this commercially profitable forest crop when he found the locals illegally grazing and harvesting in that area. The Forest Officials contacted 612 families who jointly agreed to take care of some of the given land from illegal harvesting and grazing. The program was successful, and the government shared 25 percent of its profit with the villagers. Other states in India later used this initiative.

with Vidyasagar University of Paschim Medinipur. The first-ever University, Jhargram University, was established in the Jhargram Block in 2018. However, in 2021, the University was renamed Sadhu Ram Chand Murmu University to pay homage to the seminal Santhali educator who gave a new shape to Santhali literature as well as music in the late 1800s and early 1900s in Jhargram, Paschim Medinipur.

Regarding the religious categorization of the population in Jhargram Block, most of them belong to the Hindu community (approximately 91.02 percent of the total population), followed by Muslims, Christians, and other religions in small numbers. Jhargram has a rich cultural history and has several fairs and carnivals. Jungle Mahal Utsav, Jhargram Mela, Yuva Utsav, and Baishakhi Mela are well-known fairs in Jhargram. The Sabala Mela is one of the famous handicraft fairs in Jhargram. It is an effort by the West Bengal government to empower the females of the area to come to the forefront and be economically stable.

One of the most popular places that speaks about the place's history is the Jhargram Palace. Members of the Malla Dev Royal family still reside in the palace. Though the royal family has converted part of the palace into a hotel, one can still find history wrapped around the entire palace architecture.

Another important divine location in Jhargram Block is the famous Savitri Temple. The ancestor deity of Jhargram's Malla Dev dynasty is Goddess Savitri, and people worship her in the form of Maa Durga. This temple does not contain any specific idols, but the worshippers here venerate a stone considered the divine incarnation of the Goddess. The 350-year-old Savitri temple is possibly Jhargram's oldest edifice. According to legend, Savitri Devi prompted Rajput warrior Sarveshwar Singh to return to Junglekhand. For millennia, people have worshiped the Devi's stone idol. During the holy festival of Durga Puja, the priests read the texts from the holy scripture of Devi Mahatmyam for ten consecutive days. It is carried on from *Mahalaya* (from the start of "*Devi Pakkha*") to *Dashami* (the tenth day of the Puja). There is a grand Maha Aarti on the Puja's eighth and most important day, *Maha Asthami*. Ritual drummers (locally called *dhakis*) carry huge drums and demonstrate their skills in front of the worshippers. The Durga Puja rites are still coordinated and conducted by the Royal Family of Jhargram. Most worshippers come to Goddess Savitri to ask for blessings and the fulfillment of their long-standing wishes. Many devotees come to the temple to pray for the healing of their family members and the restoration of serenity in their lives.

Another popular spiritual destination in the Jhargram Block is the Kanak Durga Temple. The century-old shrine nestles in the serene woods beside the picturesque Dulung River. The temple, which is said to be over 500 years old, was constructed under the supervision of the then-King Gopinath. The monarch dreamed of the idol of Goddess Kanak Durga, which prompted him to erect her temple. Kanak, as the name implies, is entirely composed of gold and is around two feet tall. The worshippers revere the Goddess as a divinity of force and energy. Human sacrifice is thought to have been a meaningful ceremony during the reign of the kings. The rite lasted until and unless the sacrificial blood reached the Dulung River. This area contains several uncommon tree, bird, and monkey species. Hundreds of thousands of people from around the region and the state go to this location for the Puja celebration. The main reasons why thousands of devotees visit the temple yearly are to have a trouble-free married life, to heal physical maladies of family members, to assist in curing any mental difficulties, or to fulfill other personal aspirations such as financial independence.

Chilki Garh, a tiny town around 14 km from Jhargram town, is noted for its wooded cover and an ancient royal temple consecrated in honor of *Devi Mahamaya* (a version of Durga). It provides a revitalizing retreat to the greens after a stressful week of city life. Chilki Garh Palace is another notable historical site, about half an hour from Jhargram. This palace, built by the Dhalbhum monarchs of the area, is particularly notable for the multitude of temples on its grounds. The palace's surrounding region contains constructed deities around 300 years old. The construction of the palace was designed to keep the people secure from the Borgis, infamous dacoits who terrorized the entire region for several years. Even now, the temples within the property's grounds hold significant religious significance for those living there. For millennia, people have practiced sacrificing buffaloes and goats to appease the deities.

The Tara Maa Temple, located near Jhargram, is another spiritual destination. A fantastic nursery surrounds the temple. People in Jhargram have great faith in Maa Tara and believe she will grant their requests if they pray to her from the bottom of their hearts. Visitors to the temple come with various desires in mind and expect that they will be granted by the deity when they come to pay their respects.

4. **Nayagram Block**-- Nayagram is a community development Block in the Jhargram subdivision of the Jhargram district in Paschim Medinipur, West Bengal. Nayagram is nestled in the gentle slopes of the Chota Nagpur Plateau. The dense forest cover surrounds a considerable part of

the Block. Its geographical position is located at 22°01'55"N and 87°10'41"E. It is around 83.6 km away from Jhargram and 171.4 km from Kolkata (the central business district of West Bengal). The headquarters of the Nayagram CD Block is in Baligeria. Nayagram Police Station looks after the administration of the Block.

According to the 2011 Indian Census, Nayagram has the following data as per the given census parameters—

<u>Census Parameter</u>	<u>Census Data</u>
Total Population	153989 (as of 01.10.2023)
Male Population	77561 (as of 01.10.2023)
Female Population	76428 (as of 01.10.2023)
Total Literacy Rate	79369 (2011 Census Data)
Male Literacy Rate	46340 (2011 Census Data)
Female Literacy Rate	33029 (2011 Census Data)
Working Population	48.4 percent (2011 Census Data)

Out of the total population in Nayagram CD Block, around 20.32 percent belong to the Scheduled Caste, and the other 40.01 percent belong to the Scheduled Tribe. The majority of the population uses Bengali as the primary mode of communication. Due to the presence of the tribal population, Santhali is the standard mode dialect among the Santhal population (around 55.93 percent of the total population) living in most of the Block. The majority of the population (approximately 41.31 percent) living in the Block is involved as agriculture laborers, and the rest of the populace involves themselves in various other work activities such as being a small farmer, marginal farmers, patta holders, or even Bargadars⁸. Different roads and ferry services connect Nayagram to other parts of Jhargram. However, the nearest railway station is around 25 km from the Block Headquarters. Though the inhabitants of Nayagram are educationally backward, the government has set up numerous educational institutions. The National Programme of Education is trying to encourage most female students to join educational institutions. A state government college named Nayagram Pandit Raghunath Murmu Government College was situated in Nigeria in 2014, and it is affiliated with Vidyasagar University. Similarly, in terms of healthcare, Kharikamathani Rural Hospital is the

⁸ It is a part of sharecropping, where the landowners allow the peasants to work on their land in return for yearly crop share.

primary go-to medical institution in Nayagram. In 2015, Nayagram Super Speciality Hospital was inaugurated to ensure adequate medical treatment among the population.

Apart from the demographic summary of the area, there are a few spiritual destinations in the Block. The locals revere these divine places due to the various mythologies, narratives, and beliefs associated with these places. One such seminal destination is the Rameswar Temple in Nayagram. Lord Shiva is the primary God worshipped at the temple. Many pilgrims come here to worship Lord Shiva during Shravan (July 23rd to August 23rd). The temple, believed to have been constructed by King Chandraketu of Nayagram sometime around the 16th century, holds a significant place in the area's history. Designed in the traditional Odiya style of architecture, the temple is a sight to behold. Every year, during the festival of Ganga Baruni, a large fair is held near the temple. Throngs of devotees pay their visit to the temple to fulfill their wishes.

Tapoban Valmiki Ashram is another spiritual destination for the people residing in the Nayagram Block. Since ancient times, this woodland property has been revered as the holiest place in the community. This location is the 'Ashram' of the famous Valmiki of the Ramayana epic poem. Tapoban is located approximately 8 kilometers from Rameshwar Temple amid a deep green forest of the Chandbila forest range. The lush greenery and diverse wildlife of the forest add to the spiritual ambiance of the Ashram. A notification has been issued by the forest department warning visitors about wild elephants and encouraging them not to trespass into its protected areas—a streamlet known as Sita Nala runs through the grounds of the Tapoban Valmiki Ashram. In the Chandbila forest, it is a tributary of the Subarnarekha River. It joins the Subarnarekha near Khandalpara, today known as the Kodopal Eco-Tourism Spot, where it flows into the Subarnarekha.

In this study, the research setting is comprised of all the regions that were selected for consideration. These sites have been chosen for their significant roles in religious practices and the healing process. These places have been selected for their ability to provide a diverse range of study. There is a distinct mix of individuals from all walks of life in the four settings—Lalgarh, Belpahari, Jhargram, and Nayagram. The primary rationale for picking these four locations is that they contain semi-urban, semi-rural, and rural Jhargram respondents. As the preceding history demonstrates, Jhargram is rich in spiritual traditions. Faith healing methods are still commonplace despite the growth of bio-medical practices in urban areas today. People believe these are places of worship where people may congregate, find spiritual solace, and

seek divine blessings from deities who possess divine prowess and divine might. The adage that little traditions pave the way for larger ones in human civilization has historical support. It may be possible to learn more about how these little traditions give way to larger ones in urban metropolitan life by studying the existing religious healing practices in Jhargram's four selected Blocks.

RESEARCH METHODOLOGY

A methodology, as the analytical study of methods (Peltó & Peltó, 1978), is a crucial aspect of any research. It helps us understand the methods adopted to conduct a study and provides a plausible reason behind the same. This understanding is essential for appropriately interpreting data, grasping the research rationale, and drawing a conclusion to the study. In essence, it is the philosophy of the research process. A methodology becomes the science of methods by assessing how a research investigation is conducted, and the evidence gathered. It sets the standards and principles to guide the choice, structure, process, and use of methods. To summarize, it includes—firstly, the process of theory construction; secondly, the inter-relationship of theory and research; and finally, the procedures of empirical investigation.

In sociology, the conventional method of research is scientific field inquiry. However, for this study titled "*Faith and Healing Practices among the Hindus: A Study in Paschim Medinipur*," a mixed method analysis was chosen. This approach allows us to delve deeper into the topic and provide a comprehensive understanding of the subject matter.

1. Selection of the Problem

Religion is an integral part of the society. People from different cultural backgrounds practice their own religious rules and rituals. Hinduism is a popular Eastern Religion⁹, also regarded as the *Sanatan Dharma*¹⁰. Before the advent of Western biomedical practices, the traditional indigenous population of India used to rely on different folk healing traditions and the ethnomedical knowledge of the vast flora kingdom in case of any health anomaly among their community members. Changes in the social structure began to occur with time. With this wave of development, there was a rapid shift in medicine and health. As the urban population eventually adapted to the new patterns of health and well-being, the rural people faced a conflict between their traditions and the contemporary transformation. While some continued to employ faith healing techniques to heal from health anomalies, others began to seek "better" treatment procedures using the biomedical paradigm; similarly, others used the best of both

⁹ Primarily, the world's religions are divided into--Semitic and Eastern Religions. At the same time, Semitic Religions are the ones that originated among the Semites. The prime Semitic religions are Islam, Judaism, and Christianity. On the other hand, Eastern religions originated in the Eastern, Southern, and Southeast Asian parts of the globe. To name a few of the Eastern religions: Hinduism, Buddhism, Jainism, and Confucianism.

¹⁰ Sanatan Dharma denotes the term "eternal" or the eternal way of life. It prescribes the Dharma or duties that are integral to a human being. Qualities such as honesty, benevolence, patience, and generosity are a few among others.

worlds to attain an ideal living standard. The study aims to determine if respondents in the Jhargram district of Paschim Medinipur still practice faith-based healing techniques and why they rely on traditional treatment methods. The study examines how respondents perceive health and healing in the face of the growing effects of globalization, consumerization, urbanization, and the medicalization of the health industry, as well as whether they regard their faith in traditional healing practices as an alternative to living a healthy life.

2. **Research Framework**

The 'Field' is the technical term for conducting survey research. The Jhargram district of Paschim Medinipur is selected as the survey site for this study due to its rich cultural diversity and significant Hindu population. Out of the eight Blocks in the district, we chose four for our research: Jhargram Block, Binpur I (Lalgarh sub-division), Binpur II (Belpahari sub-division), and Nayagram Block. These Blocks were selected based on their diverse demographics and representation of the Hindu community, which is the focus of our study. The selection of these specific Blocks allows us to capture a wide range of perspectives and practices within the Hindu community.

3. **Time Dimension of Field Work**

The period for conducting research is a fundamental criterion. It helps in the understanding of the cause-and-effect relationship among variables. In this day and age of globalization, urbanization, and growing consumerism (whose effects are felt in the social space), the study explores whether the respondents' faith leads them to believe in traditional healing practices or whether they prefer to rely on modern medical practices or traditional healing practices or try to blend into new techniques without forgetting their traditional practices.

The fieldwork was extensively conducted in the Jhargram district of Paschim Medinipur, West Bengal, India, from 2021 to 2022. A combination of both quantitative and qualitative methods was used to carry out the research. Several studies have tried to distinguish between the two research methods. However, according to **Kuhn (1961)**, qualitative work is a necessary precursor for quantitative analyses. In this study, the mixed method research technique has been used since qualitative research not only offers meaning to quantification but also aids in building a knowledge of the phenomena that serves as the foundation for quantitative research. Likewise, quantification gives qualitative analysis precise and verifiable interpretation. Thus,

this entire time frame was effectively used to conduct the fieldwork and gather relevant data for the study's findings.

4. Research Design

Research Design is also known as the blueprint of research. It acts as a necessary step for planning research, which thereby helps in the collection and analysis of data. The researcher has analyzed the reasons behind the respondent's faith in traditional healing practices to maintain their health and well-being. Modern technologies have significantly elevated the health standards of society. However, this development needs to be more balanced. The kind of health facilities provided to the urban social structure differs from the rural social setup in West Bengal. Therefore, with scientific inquiry, the researcher's objective has been to analyze the relevant causes behind the people practicing traditional healing practices in the modern 21st century. The following stages of research design were followed to conduct this research:

- To conceptualize the concepts of health, healing, and well-being with one's traditional religious practices.
- To consider the Unit of Analysis for the study, that is, what or whom the researcher wants to investigate.
- Choosing the appropriate research methods for the collection of data for the study.
- To analyze the relevant findings of the study to arrive at a suitable conclusion.

Thus, with the help of research design, the boundaries of research activity can be set as the objectives become clear; it also helps in locating the potential research problems for understanding the research process and designing research to help avoid errors and bias involved within the study.

5. Research Strategy

To carry out the current study, quantitative and qualitative research methods have been incorporated. **The survey research** method has been used as one of the research strategies to implement the quantitative method. Through the survey research method, the researcher tries to understand the different social factors influencing the respondents to retain the traditional methods of health and well-being. It helps to give direction to the researcher's inquiry of the respondents. Similarly, with the help of **inductive inference**, the researcher will conclude the

study. The survey research method will help gather the relevant data, which will help describe the subject matter and help identify the social factors influencing the traditional healing practices among the respondents.

6. **Unit of Analysis**

The Unit of Analysis is also known as the unit of observation. It helps develop the researcher's focus to carry out the research process on the specific unit selected for research. To study the relevance of faith-based healing practices and their implications for the health and well-being of the respondents, the family is selected as the unit of analysis for the study. The family is selected as the unit of focus to understand the reasons behind the popularity of the faith healers and their claim to heal the sick with traditional faith-based healing practices. The individual members seek shelter and depend on their family members. Family members act as the prime caregivers when one of them falls sick. They provide them with not just physical but emotional care, too. The decisions taken to heal the sick within the family are jointly taken by the family members. Thus, in any situation of dependency concerning health and illness, the family members have each other's back. Thus, the study comprises members belonging to a variety of age groups and different economic positions. The researcher aims to determine whether faith-based healing practices persist within families and why they practice them. The unit of analysis was characterized based on the following socio-demographic features of the study:

- **Sample Size**—120¹¹
- **Age**: ranging from 23 years to >70 years old.
- **Sex**: Both Male and Female
- **Caste**: General, Scheduled Castes, Scheduled Tribes, OBC and OBC-B
- **Location**: Jhargram district of Paschim Medinipur.
- **Economic Status (per month)**: ranging mostly from Rs. 1000 to Rs. 50000.
- **Educational Status**: Illiterate, Primary, Higher Secondary, Graduate, Post-Graduate.
- **Religious Group**: Hinduism

¹¹ 30 respondents from each of the four Blocks selected for the study, that is Jhargram Block, Binpur-I (Lalgarh), Binpur-II (Belpahari), and Nayagram Blocks, respectively.

- **Marital Status:** Both married and single
- **Family Type:** Mostly joint and a few nuclear families.

7. Sources Of Data Collection

To conduct this study, both primary and secondary sources of data have been used by the researcher.

a) Primary Sources: It refers to the original source of data collected and gathered by the researcher, keeping in mind the study's objectives. The level of authenticity and relevancy is comparatively high. The primary data for the present study is collected based on interview schedules, observation, and face-to-face interaction with the respondents.

b) Secondary Sources: This includes all the sources gathered from someone else's primary data. It includes various information published by the government of India (such as the Census data), literature gathered from journal articles, textbooks, dictionaries, newspaper articles, encyclopedias, other dissertations, and various other archival sources. Literary resources from the Ram Krishna Mission Library and the National Library, West Bengal, have been used to gather secondary data for the study. These sources were selected based on their relevance to the research topic and their credibility in the academic community.

8. Methods of Data Collection

The research design was meticulously crafted after thoroughly analyzing the research problem and identifying the study's gaps. This meticulousness extends to the data collection phase, where quantitative and qualitative research methods were employed to ensure comprehensive research.

a) Quantitative Research Method: This method collects numerical data and establishes a deductive perspective of the link between a theory and research. It has an objectivist vision of understanding social reality. It contains a set of variables that can be quantified and measurable. It entails statistical testing of

the various interpreted data. The primary data has been collected using an interview schedule for the current research.

The following is the process of conducting quantitative research:

Devising Theories → Developing Hypothesis → Planning a Research Design → Devising measures of the selected Concepts → Selecting a Research Setting → Selection of research subjects/respondents to gather data → Collecting data following the research design → Processing the collected data → Analyzing the relevant data → Writing up the Findings and the conclusion of the study

The present researcher has followed the steps mentioned above to conduct this study.

i) Range of Variation

Understanding the range of variation this research is interested in is essential before operationalizing any idea. The present research is interested in understanding the strength and influence of faith healing practices among the Hindus in Paschim Medinipur. Consequently, advanced predictions may be made to estimate why respondents in the twenty-first century follow or do not follow their beliefs in conventional therapeutic procedures. A wide range of factors has been provided to comprehend the underlying reasons of the participants, and the number of closed-ended questions in the interview schedule varies within the 'Yes-No-Sometimes' spectrum. The researcher has also administered similar questions to understand the concrete views of the respondents. Similarly, a few open-ended questions have been included in the schedule to grasp the respondents' subjective judgments without the researcher's influence. This comprehensive approach ensures the research captures a broad spectrum of perspectives and experiences.

ii) Pilot Study

A pilot study is essential to any research where the researcher administers a survey before conducting the final interview. It is done to understand the limitations present within the schedule. It is one of the ways to understand whether the questions incorporated within the schedule become repetitive or out of context. It helps to discover the loopholes within the schedule before conducting the final survey. After conducting the pilot survey, several edits of questions and even the elimination of a few questions were done. A pilot study was conducted

with over 20 respondents for the present study. The final interview schedule was modified and finalized based on this pilot survey, ensuring the validity and reliability of the data collected.

Following this comes the quantification of data. Coding involves quantifying collected data by assigning questions and responses with numbers to facilitate computerized data computation.

iii) Coding

The researcher has assigned numbers to the questions and options by coding the collected data. The close-ended questions in the schedule were pre-coded. In order to analyze the collected data, the researcher used univariate and bivariate tables to establish a relationship between the variables. The univariate tables will be discussed in the Table Analysis chapter of this research, while the bivariate tables will be analyzed in the Main Findings chapter of this study. The independent variables are labeled under the column section (y-axis), while the dependent variables are listed under the row section (x-axis). The quantification of the data and the relevant analysis were done using the Statistical Package for Social Sciences (SPSS), version 28.

iv) Conceptualization (Dimensions and Indicators) and Operationalization

Concepts are referred to as the building blocks of a theory. It sets the stage for how research is expected to be carried out. While undertaking a quantitative analysis, the concepts are measured (either in the form of dependent or independent variables). In this current research, the concept of health and healing is subjected to as dependent variables, and all the other factors like faith, religion, religious practices, traditions, industrialization, urbanization, medicalization, and so on are treated as the independent variables. The concept of health and healing is central to this research, as it forms the basis for understanding the role of faith healing practices in the health outcomes of the respondents.

The concepts undertaken in this study comprise several dimensions. The concept in the current research has various dimensions, including socio-demographic profile, health and nutrition, religious values, and belief in indigenous or modern medical practices. This study's objectives and interview schedule can be referred to for a more in-depth knowledge of the dimensions under consideration.

The study also contains several indicators to measure the concepts. The faith of an individual is a less directly quantifiable concept. For this reason, indicators help provide an in-depth understanding of the concepts. The study schedule can be used to locate the indicators used by the researcher to conduct this study. With the help of face-to-face interviews and a structured interview schedule, the researcher has tried to analyze how the faith of the respondents in their traditional healing practices is related to the concept of health and well-being in this 21st century.

b) Qualitative Research Method: This research method differs from quantitative research techniques. As the term 'qualitative' suggests, this research method is more concerned with the quality of the data gathered rather than the quantification of it. There is an inductive understanding of the connection between theory and research, in which the former is derived from the latter. The second is an interpretative epistemological stance, which emphasizes understanding the social world by investigating how its participants interpret it rather than using a natural scientific model in quantitative research. Lastly, an ontological perspective known as constructionism holds that social qualities are products of interpersonal interactions rather than phenomena that exist "out there" and independently of people who participate in their construction.

The qualitative research method is also seminally regarded as 'seeing through the eyes of the people.' The prime aim of this research method is to have a deeper understanding of the facts with proper probing and analysis. The steps for conducting this research are as follows:

Generating research questions → Selecting a Research Setting → Selection of research subjects/respondents to gather data → Collecting data following the research design → Interpretation of the data → Conceptualizing the concepts and conducting theoretical work → Writing up the Findings and the Conclusion.

Therefore, the empathetic understanding from the subject's perspectives is linked with interpretivism, phenomenology, symbolic interactionism, and verstehen¹². However, there lies

12 'Verstehen' or direct understanding is the methodology derived by an eminent sociologist named Max Weber. The word alludes to viewing the world through the eyes of others. With the help of participant observation and using unstructured interviews, the researcher can try to understand the views and perspectives of the respondents.

the risk of how much deeper the researcher should delve into the collection of data, which is a matter of doubt. However, keeping all the backdrops in mind, the researcher has tried to focus on the study's objectives and represent the field in the best possible way. The techniques used in this research method are as follows:

i) Observation Method: Observation is an essential component while conducting research. It is used to gather data by observing the respondents and their behavior in their natural settings. The observation method has two types:

- **Participant observation**—In this, the observer involves themselves in the life and daily activities of the respondents who are being observed. Involvement at a high degree thus overlaps with participant observation.
- **Non-participant observation**—The researcher collects data from the respondents by keeping a distance and not being involved with their lives and activities.

Regarding this research, the researcher played a dual role as a participant and non-participant observer. Participant observation was used to study healing practices and interact with faith healers. This involved visiting local temples, the hallowed '*Goram Thaan*,' and the residences of faith healers. On the other hand, the non-participant observation method was used to observe the respondents' behavior and reactions in their social milieu. This comprehensive data collection approach ensures the research findings' reliability and validity.

ii) Case Study Method: The case Study method explores and analyzes the lives of a few specific individuals in detail in their social unit. It tries to delve deeper into the respondents' lives and understand the factors behind their social behavior. Case studies can either be a specific part of the life of the respondents, which is studied and observed in detail, or their entire lives in relation to the research topic. The present researcher has undertaken this research method to analyze how the respondents either rely or do not rely on traditional faith healing practices to understand the different social factors behind their social behavior in relation to health, healing, and well-being. The objective of the case studies was to explore the strength and area of influence of people's faith on traditional healing practices and whether they believe it to be an alternate source of treatment or not. In this research,

14 cases have been considered. Finally, a case analysis was conducted to identify the relevant social issues, considering the research objectives.

iii) Audio Recording, Photography And Video Recording Technique: This research has embraced the advancements of the digital age. We utilized cutting-edge audio and visual recording techniques and still photographs to collect authentic data worldwide. This modern approach allowed us to capture the respondents' lives and ways of living in their natural setting with precision and detail, enhancing the depth and richness of our study.

9. Tools of Data Collection

Interview Schedule—This tool was utilized to gather the primary data for the study. It has a list of structured questions prepared beforehand by the researcher. It guides the researcher while interviewing with the respondents. It helps in collecting information on the focused topic of study. The primary difference between a questionnaire and an interview schedule is that the respondents fill in a questionnaire.

In contrast, an interview schedule is filled in by the researcher himself/herself. They keep a written record of all the information provided by the respondents while conducting the interview. In this study, an interview schedule was preferred over a questionnaire because of the social background of the respondents. For those who were illiterate, making them understand the questions became easier when the researcher explained the questions to them in detail. In case of any confusion regarding any questions or how to answer them, the schedule was of much help to the researcher as it helped in the smooth conduction of the interview process and gathering the accurate data relevant to the study.

Both open and close-ended questions were used to prepare the schedule. In an **open-ended question**, the respondents can express their viewpoints. There is no set of options marked for them to put a tick on. Thus, these questions help in the exploration of the subjective perception of the respondents regarding faith-based healing practices that are practiced mainly with the help and guidance of a faith healer. On the other hand, **close-ended questions** were also used to gather the primary information from the respondents. In these question patterns, the researchers provide the choice of answers beforehand. It is easier to answer these questions and helps in the objective analysis of the study. The valuable insights and perspectives shared by the respondents are crucial to the culmination of this research.

10. Techniques of Data Collection

Structured Interview: With the help of a schedule, a structured interview helps bring out the primary data for the investigation of the study. The researcher administered the same pattern of asking questions in all four Blocks selected for the study, i.e., the same interview strength, spirit, and motivation were used to gather information. All the questions were delivered exactly as they appeared on the schedule. The researcher used specific questions to make understanding easier while conducting the survey. The two prime techniques used in this research are interview and observation. The scrupulousness of these techniques ensures the validity and reliability of the data collected.

To conduct a smooth interview, the following facts were kept in mind. They are:

- a) **Knowing The Schedule:** Researchers must know and understand the schedule before undertaking survey research. The questions should not be repetitive, monotonous, or double-barreled. The present researcher has followed these protocols before starting the survey in the selected research setting.
- b) **Introducing the Research to The Respondents:** The selected sample for the study should be given a brief outline regarding the research objectives. Most respondents might hesitate to answer questions (primarily about their faith). They feel they need to be more comfortable sharing their valuable time for the survey. Thus, each respondent is given an introductory rationale before the survey starts. A few of the respondents in this study asked the researcher to come later in the day as they were busy with their daily tasks of going to work or their daily chores. A few of them waited for their husbands to come back home and participate in the survey as they wanted to open up about their views with the consent of their husbands. The researcher considered the respondents' availability at a suitable time to gather better responses. Thus, the ethics of research was maintained while carrying out this study, ensuring the integrity of the research process.
- c) **Rapport:** The researcher tried to build a rapport with the respondents to gather in-depth information. It implies building a quick relationship with the respondents and respecting their opinions, values, and judgments, which can help them share the issues attached to their faith with the researcher. Without building a rapport, respondents might quit the interview process in between or be hesitant to share their personal opinions. Similarly, too much rapport is also unhealthy for any research. It can lead the

study to be value-laden in nature. Therefore, the researcher checked over rapport while conducting the survey. As face-to-face interviews were conducted for this study, it was easier to build a rapport with the respondents, which would not have been possible in the case of telephonic interviews. To reach out to the respondents, the researcher has asked for the help of her students from Jhargram Raj College (Girls' Wing) and colleagues who reside in Belpahari and Jhargram Block, respectively.

- d) **Way of Asking Questions**: As mentioned in the previous subsections, every respondent will be asked the same questions on the schedule while conducting the structured interview. The researcher tried to follow the same procedure while conducting the interview. A few of the questions were explained to the respondents so that they could apprehend the question correctly. The researcher ensured that the respondents felt comfortable with all the questions asked.
- e) **Writing Answers**: The researcher tried to pen down the responses as accurately as possible. Alternatively, the opinions and views of the respondents might vary, which can bring about different results in the study. Though close-ended questions already had the pre-mentioned options, the researcher was careful while writing down the opinions on the open-ended questions. Audio recording of the responses was also done to ensure the researcher got all vital information.
- f) **Question Order**: Other than being alert to tap the exact responses of the respondents, importance is given to maintaining the pattern of the questions asked. The questionnaire has been categorized under four headings—the socio-demographic profile of the respondents, the nutrition profile, the health and disease profile, the religious profile, and the different faith-healing processes used by the respondents (which is again sub-classified into the indigenous process used and the modern techniques used). The ordering of the questions was thus maintained while surveying because variations in asking questions may have impacted the respondents' responses. As a result, proper monitoring of the interview and the schedule were kept in mind to ensure the study's accuracy.
- g) **Probing**: If a respondent avoids responding to a question, probing is essential to gather data from the respondents. Extracting the information becomes necessary if the respondents do not provide a complete answer to a question asked. Despite probing being regarded as one of the uncertain areas in which the interviewer may influence the subject, the current researcher was exceedingly cautious with the method. The subjects were interviewed in their settlement so that they could express their views clearly

without any hesitation. Most shared the different healing practices the family members followed down the generations. The elderly female respondents in this study freely preferred visiting a faith healer or applying traditional knowledge to heal themselves to avoid causing stress to their family members. They openly discussed that caring for their body and not being dependent on any external agency is their way of feeling empowered. In other cases, some respondents hesitated to give examples of their family members practicing faith healing practices. However, the researcher tried to make them feel comfortable and friendly so that they could discuss the issue with the interviewer.

11. Sampling

Sampling denotes the subset of a population¹³. The sampling method helps the researcher choose a group of people on whom the data collection method would be incorporated. The study samples represent the basic characteristics of the entire population. Due to the paucity of time and economic resources, the representative sample helps the researcher obtain the relevant information for the study. Because of its vastness, studying the entire universe or population is difficult. Inferences drawn from the sample represent the larger population. There is no bias in the sample selection process on the researcher's side. The two broad types of sampling methods are:

- Probability Sampling¹⁴
- Non-probability Sampling¹⁵

For this current study, a non-probability sampling technique was used to select the sample and gather data from it. Under this, purposive sampling¹⁶ was carefully selected to choose the sample for the study. In this, the researcher chose only those respondents who might

¹³ A population is the total group you wish to make conclusions. It is the entire collection of individuals, whether that group is a nation or a group of people who share a common attribute.

¹⁴ Probability Sampling is one of the sampling methods in which the selected sample from the population has the chance or probability to be a part of the study. With the help of a few selection techniques, the researcher can choose their sample from the given population. The different types of probability sampling are simple random, stratified, cluster, systematic, multi-stage, and multi-phase.

¹⁵ Non-probability sampling is another technique whereby the sample selection is subjective. In this case, the researcher and the sample are unknown to one another, and the chosen sample did not have an equal probability of participating in the study. The different types of non-probability sampling are purposive sampling, convenience sampling, snowball sampling, quota sampling, and volunteer sampling.

¹⁶ Purposive sampling is one of the types of non-probability sampling, whereby the sample is selected because it has the relevant features requisite for the research. The selection of the samples relies on the researcher's judgment.

be relevant to the current investigation. Similarly, the snowball sampling technique¹⁷ was also methodically incorporated to gather samples for the study. The snowballing approach was implemented with the assistance of students and a few faculty members from Rani Indira Debi Government Girls' College (erstwhile Jhargram Raj College Girls' Wing). The **sampling frame** is a list of all the units in the population from which the sample will be drawn. Thus, the Hindu families living in Jhargram, Belpahari, Lalgah, and Nayagram Blocks were considered for the current study. Thirty respondents from each Block were selected using the sampling techniques mentioned above. The entire study was carried out with meticulous care to ensure the data acquired was accurate. Thus, special care and attention were paid to ensure appropriate representativeness in collecting data from the field.

12. Data Analysis

The primary data was collected with the study's objectives kept in mind. It was further processed and analyzed using the different phases of data analysis. The phases are:

- a) **Editing of Data**: The importance of this phase is to eliminate errors while collecting the data. Thus, screening of all completed interviews is required to update data. This approach ensures that the study's data are accurate, reliable, and pertinent.
- b) **Classification of Data**: To discover significant relationships in data, arranging them into homogenous groups and creating appropriate classes is required. Data with comparable characteristics must be grouped or classified.
- c) **Tabulation of Data**: A substantial amount of data is gathered for this research. Tabulation was used to represent the data systematically. Tabulation simplifies understanding of the numerous research parameters. Then, a percentage analysis was conducted to analyze the collected data. It was applied to compare two or more sets of data. In the context of the current study, its primary goal was to describe the connections between the series.

¹⁷ Snowball Sampling indicates that the researcher assists the respondents in identifying potential respondents for the study. It is also known as chain-referral sampling.

13. **Ethical Issues in The Research Work:**

The present research, conducted with the utmost ethical considerations, utilizes findings gathered from primary data collection. The objectives of this study, unique to this research setting, have never been explored before. The data generated in this research is entirely original, and the findings were gathered from the researcher's field analysis. From an empirical point of view, the research has been conducted ethically and aims to shift perspectives on faith-based healing practices.

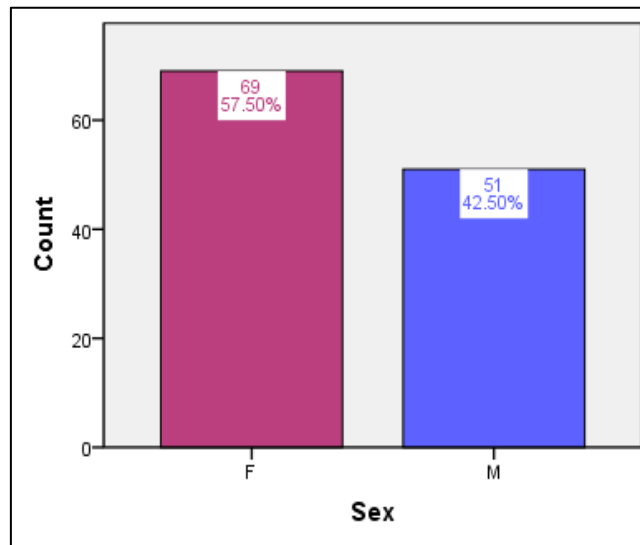
Therefore, the present research has been conducted with extreme care and attention to ensure that the collected data and its analysis stay accurate. The ethics and protocols of conducting research have been rigorously followed, providing reassurance about the research's integrity and the successful data collection from the field.

RESULT DISCUSSION AND ANALYSIS

This section presents the data analysis in a more engaging way, using both tabular and graphical representations. The data was obtained through the administration of the interview schedule and is now presented in the form of univariate tables:

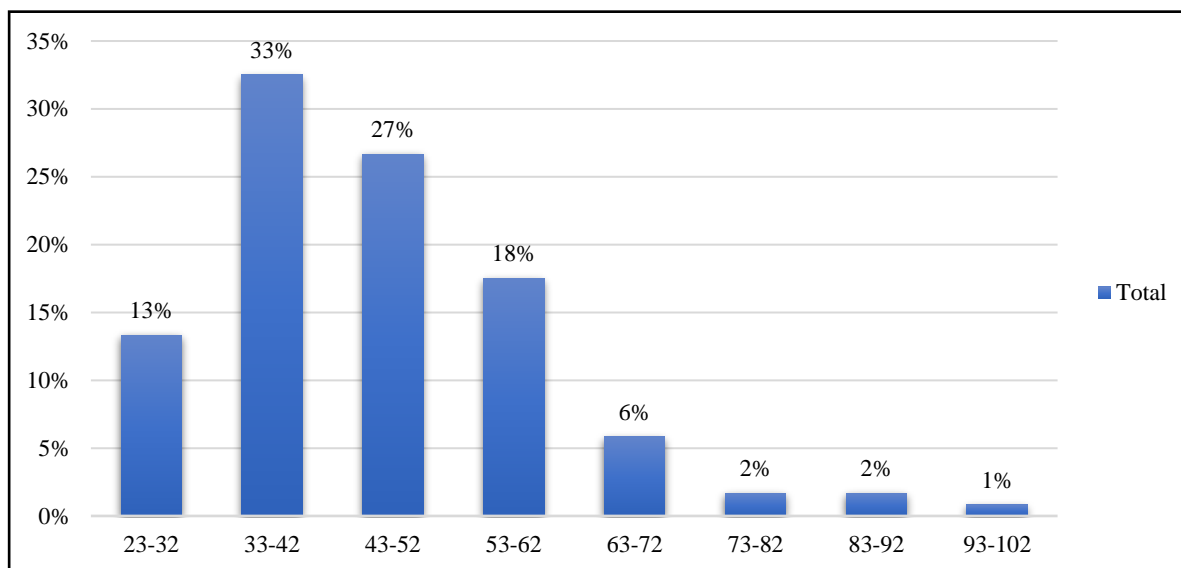
Socio-Demographic Profile

a. Distribution of Sex



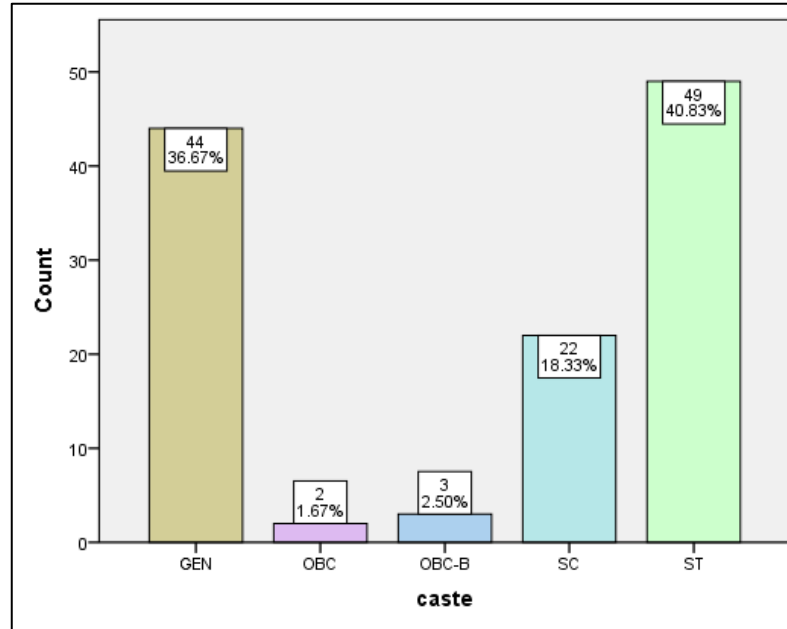
The above chart provides a significant insight into the gender distribution in our study. It reveals that 57.50 percent of the respondents are females, while 42.50 percent are males. This data is particularly noteworthy as it defies societal norms, with several males stepping forward to participate in the interview despite the females in their households being prohibited from speaking to strangers.

b) Age Distribution



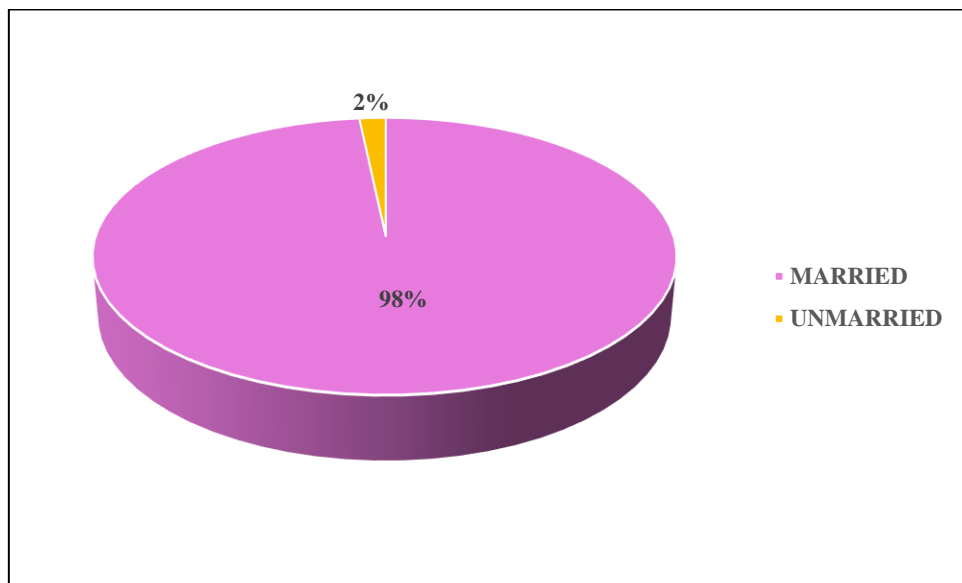
The respondents' ages are divided into categories in the column chart above. The categories in the table above were determined by basing the class interval on the count of ten. The distribution is positively skewed, as most respondents fall inside the right side of the graphical representation, which can be deduced from the column graph. The age distribution of the respondents shows a diverse range of participants, with around 13 percent of them falling within the range of 23 to 32 years, 33 percent within 33 to 42 years, 27 percent within 43 to 52 years, and 18 percent within 52 to 62 years. A minor but still significant part of the respondents, 6 percent, fell between the ages of 63 to 72; 2 percent belonged within the age range of 73 to 82 years as well as 83 to 92 years, and lastly, only one (1 percent) of the respondents belonged within the age range of 93 to 102 years.

c) Distribution of Caste



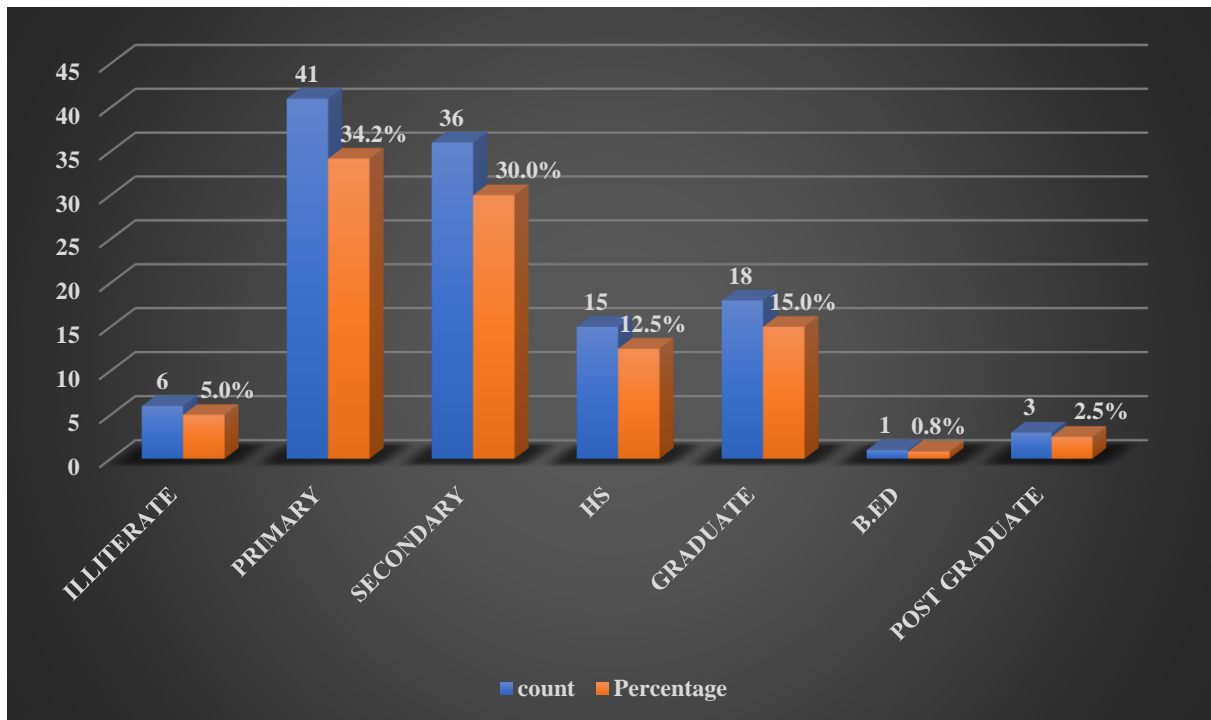
The preceding graph shows the breakdown of the several examined caste groups. 40.83 percent of the population falls under the category of Scheduled Tribes, 36.67 percent falls under the general category, 18.33 percent falls under the category of Scheduled Caste, 2.50 percent of the population comes from the OBC-B sector, and the remaining 1.67 percent falls under the category of OBC. The geographical concentration of these groups is significant as it reflects the historical and social dynamics of the region. The Scheduled Tribe population makes up most of those who live in the region surrounding Jhargram in Paschim Medinipur. Amidst the four Blocks that were chosen for the study, i.e., Jhargram, Lalgarh, Belpahari, and Nayagram, the majority of the respondents who lived in the Belpahari and Nayagram Blocks were classified as belonging to the Scheduled Tribes and OBC categories. In contrast, the respondents who lived in the Jhargram and Lalgarh Blocks were primarily classified as belonging to the General and Scheduled Caste categories.

d) Marital Status



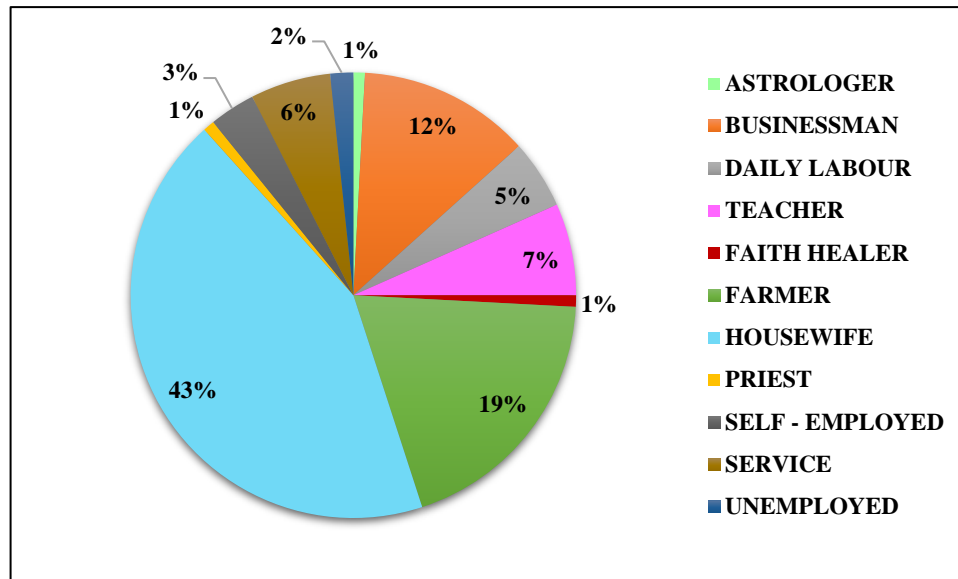
The above pie chart depicts the marital status of the individuals who participated in the study. There were 120 responders; out of those, 98 percent of the population was married, while the remaining 2 percent were unmarried. Looking back through the annals of history, one will discover that the practice of being married at a young age has a long and storied history in Indian culture. Even though the practice of child marriage has been eliminated in the vast majority of regions as a result of the implementation of The Prohibition of Child Marriage Act (2006), the majority of respondents (especially women) still get married at a young age after reaching the legal age of 21 years. Most women have stated that while they were pursuing their higher education at institutions, they were constantly being presented with marriage offers, which forced them to get married eventually. Many households have the assumption that being married at a young age might increase the likelihood of having healthy children in the future. Moreover, because most families would rather have a son than a daughter, marriage at a young age has become a significant cultural norm due to this choice.

e) Educational Qualification



The educational levels of the people who participated in the research are outlined in the table above. It can be seen that 5 percent of the respondents were illiterate; 34.2 percent of the respondents were qualified up until the primary level; 30 percent of the respondents were qualified up until the secondary level; 12.5 percent of the respondents continued their education up until the higher secondary level; 15 percent of the respondents were graduates in a variety of fields; 2.5 percent of the respondents were postgraduate degree holders; and only one of the respondents (0.8 percent) qualified for the Bachelor of Education degree. The government, in recognition of the importance of education, has been making significant efforts to reduce the number of students dropping out of elementary, high, and college. Despite these efforts, people in the more rural areas of Jhargram still face barriers to education. The men in the family are expected to take on the role of breadwinners, while the women are expected to take on the role of bread makers. The majority of the respondents have been prevented from dropping out of school or not enrolling in any formal educational institution due to this sociocultural setting. However, the current scenario is progressively shifting in a positive direction, offering a glimmer of hope for a brighter educational future. In the hope that their children will have a brighter future, parents of today's generation do everything possible to ensure their children receive an education.

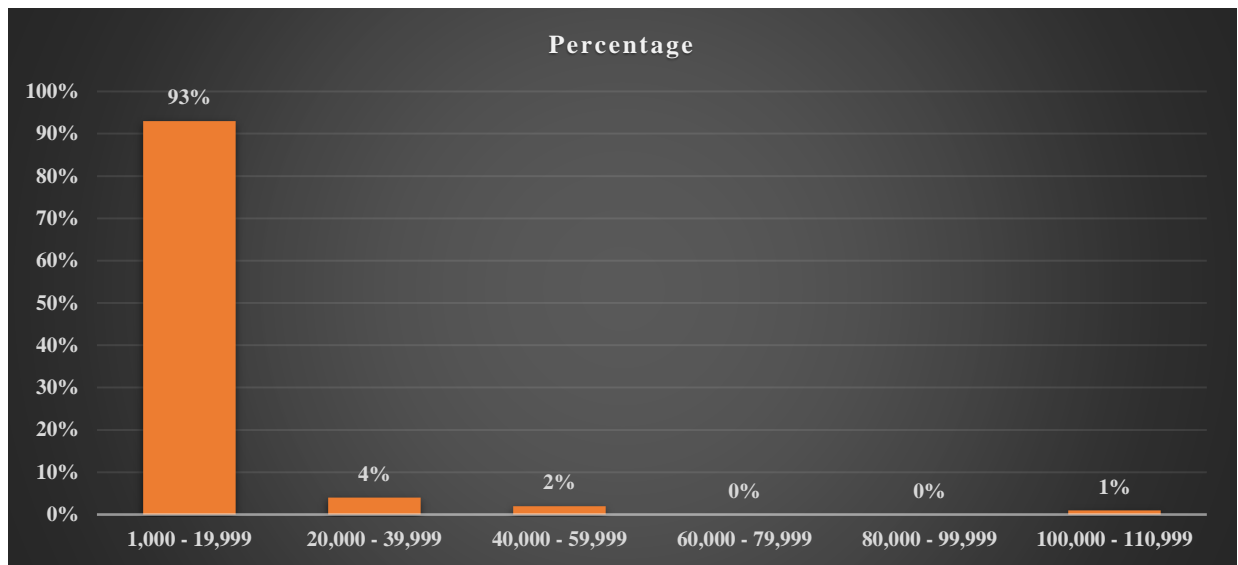
f) Occupational Status



The occupational status of the participants who were chosen for the study is represented in the pie chart above. It is clear from the pie chart that most of the people who participated in the survey fall into the housewife category. Most of the respondents in this survey were female; hence, their opinions indicated that it was generally accepted for women to assume the household's primary caregiver role. They were denied the chance to receive an education and develop their own distinct social identity due to early marriage. Even though some of them worked on farms or as maids in the neighborhood, they preferred to think of themselves as housewives. 19 percent of them were farmers who worked either in their fields or as hired laborers in the fields owned by a local estate owner. 12 percent of the respondents identified themselves as being in the business world. They either had their local businesses as sole proprietorships, where most sold snacks, or worked as store runners in grocery and greengrocery establishments. 7 percent of them are employed in the teaching profession, either in schools run by the local government or as private tutors for kids in the area. Only 6 percent of them worked in the service industry (respondents belonged to either government or private jobs). Daily labor was performed by 5 percent of those who completed the survey. They typically travel to metropolitan areas in search of employment opportunities or hunt for local demands for daily labor so that they can provide for their families. 3 percent were engaged in their own business: selling candy, balloons, or other accessories on a daily train, bus, or other locations. 2 percent of those studied were unemployed, possibly because of old age or because they were waiting for an opportunity to get recruited elsewhere. The remaining 1 percent of the

respondents belonged to professions such as priests, faith healers, or even astrologers for a living. These jobs made up the remaining 1 percent of people. Most people who practice faith healing in these four Blocks do not regard their ability to heal via spiritual means as a profession in and of itself. They only charge a small amount of money to carry out the rituals. Nevertheless, some elderly faith healers view their ability to heal others as a ritual divine vocation.

g) Income Status

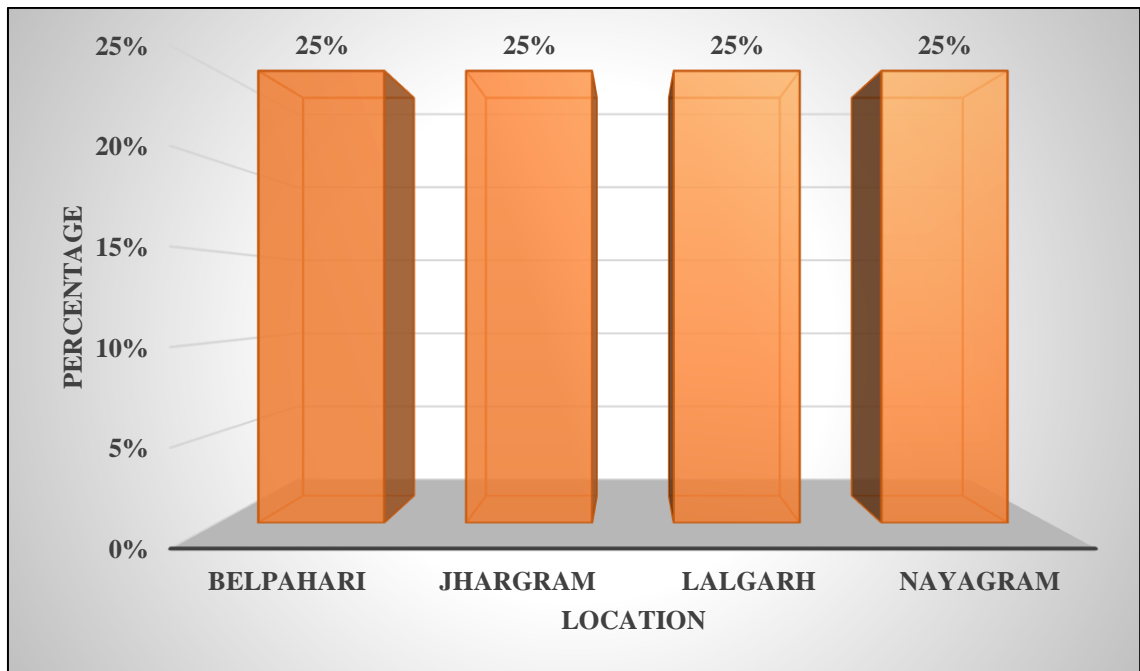


The income distribution of the people who participated in the research is depicted in the column chart above. This distribution allows for precise income segmentation, aiding the analysis of economic conditions and social stratification within the specified range. According to what is shown in the table, 93 percent of the respondents have incomes that fall into the bracket of 1,000 to 19,999 rupees. This group generally falls in the low-income category, with minimal financial resources.

Paschim Medinipur has several distinct areas, but none of them are considered metropolises. Similarly, Jhargram was classified as a semi-rural area. In recent years, with the region's designation as a district, there has been a rise in the number of developmental projects in Jhargram. Most of the population continues to rely on their traditional means of subsistence, mainly agriculture and other farming-related industries. The general populace needed to be made aware of the significance of receiving an education. As a result, most of the respondents' incomes lie somewhere in the first category. 4 percent of those who participated in the survey had an annual income between Rs. 20,000 and Rs. 39,999. This group falls in the lower middle-income group, where their financial condition and struggles are similar to those of the first category of people, but they have slightly higher income. The remaining 2 percent of people who participated in the survey had incomes that fell in the Rs. 40,000–59,999 category (the middle-income group). This group of people has moderate income levels and stable employment conditions. The remaining 1 percent of respondents earned between Rs. 100,000

and 110,999 monthly, respectively. This group falls in the very high-income category and has a significantly stable income and high living standards. The remaining 1 percent of people who participated in the study are residents of the Jhargram Block. These people are actively engaged in successful businesses to support their families. According to the column graph, the distribution is positively skewed because most respondents are on the right side of the graphical depiction. When they become ill, most family members do not have the assurance to go to the doctor since there are only a limited number of economic resources available to meet the demands of the family. They have skepticism over the costs that may be incurred due to the treatment process. For this reason, most respondents mentioned their conviction in the techniques of faith healers rather than going to a medical facility to get treatment for their condition. Considering the restricted resources at their disposal for making a living, the choice to seek healing through the intervention of a faith healer represents a significant cost saving.

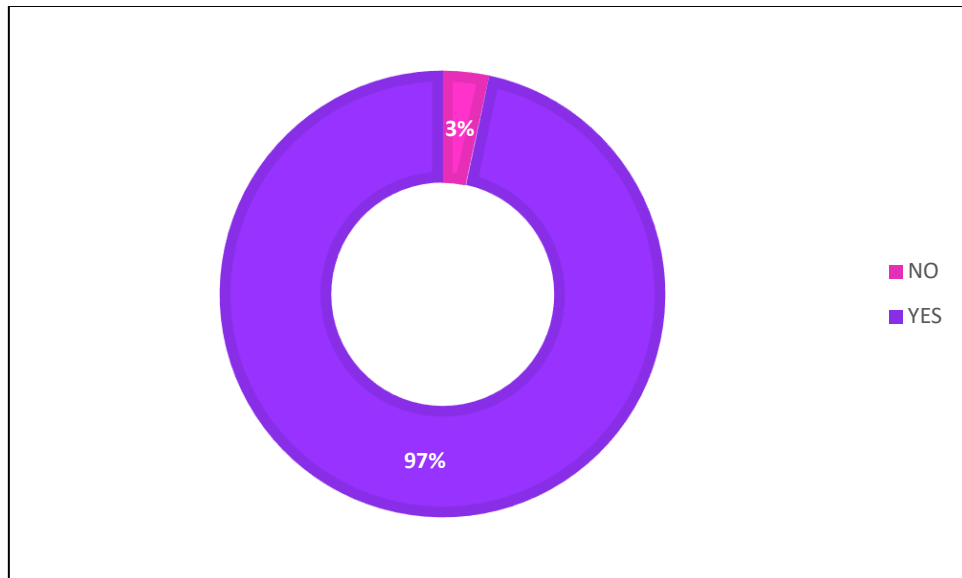
h) Location Distribution



The distribution of the places chosen to conduct the research can be seen in the above column chart. Specifically, the Jhargram area of Paschim Medinipur was studied. The district contains eight total Blocks. However, only the four most prominent Blocks were chosen for this analysis, based on their demographic and geographic significance. The total number of respondents in the sample was 120, with 30 chosen from each of the four Blocks (Jhargram, Lalgarih, Belpahari, and Nayagram). Therefore, 25 percent of the respondents were collected from each of the four Blocks chosen for the research, ensuring a systematic and comprehensive approach.

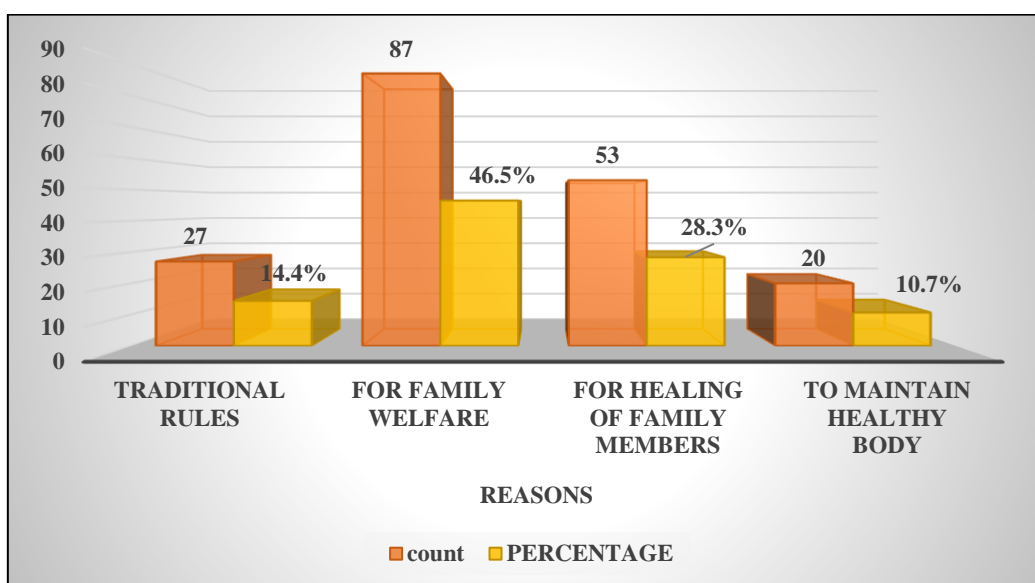
Food and Nutrition Profile

1.1. Fasting During Religious Occasion



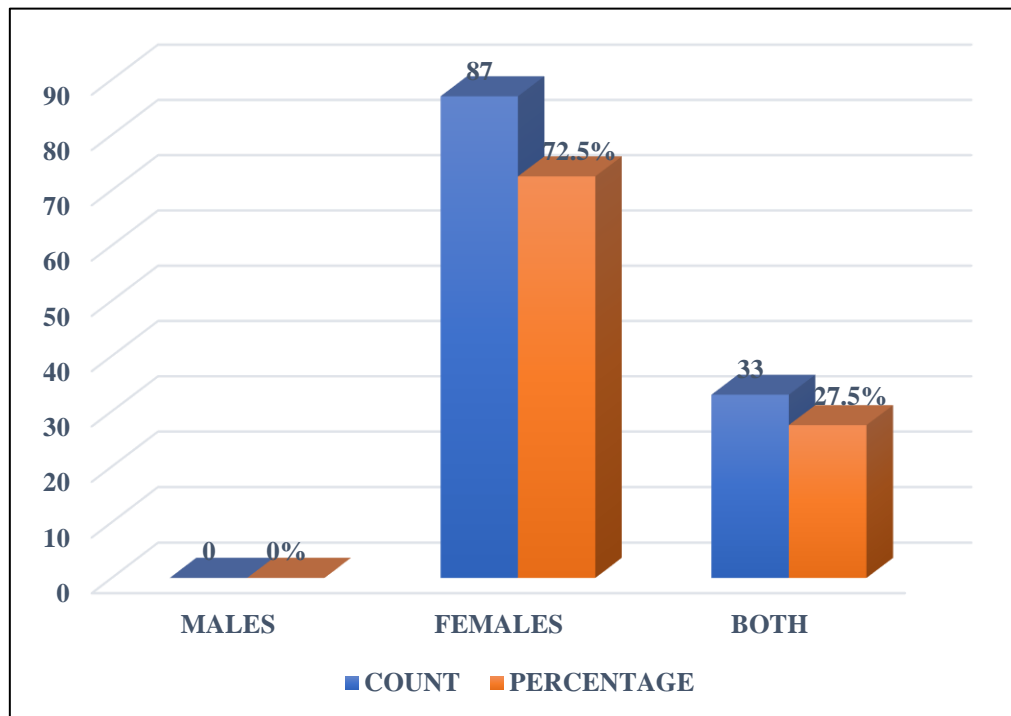
The opinions of those who took part in the survey are depicted in the pie chart, which can be seen above, on fasting for any religious event. The respondents' opinions varied on whether they fasted during religious observances, with around 97 percent stating that they do fast during religious ceremonies and the remaining 3 percent stating that they do not consider fasting during any religious observance. A few of them who selected the answer "no" explained their decision by stating that they do not believe in ceremonial fasting. Throughout the year, several religious rituals are performed in the Hindu religion. Fasting before and during times of devotion is considered a sacred practice. According to what the respondents said, it has been their long-standing tradition to observe fasting from the beginning of a religious ceremony until it is time for them to pray to God.

1.2. Reasons to Fast on Religious Occasions



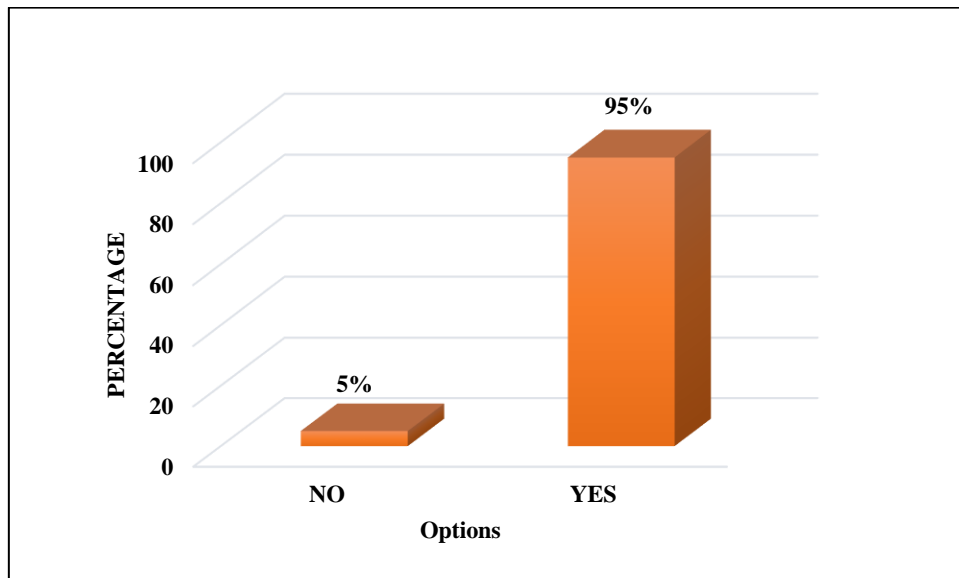
The reasons the respondents cited for fasting at any religious ceremony are depicted in the column graph above. The individuals who participated in the study were allowed to select their responses for more than one of the four possible reasons. In this respect, 14.4 percent of those who participated in the study mentioned that they practice fasting by following the norms and customs of their families. They want to maintain the long-established traditional values upheld in the family by the forefathers. Several respondents claimed that in this world of rapid change, adhering to these basic family traditions will help their children socialize in a way that is based on their culture. The option that they fast while considering the well-being of their family members was selected by 46.5 percent of those who participated in the study. Believers in almost all religions hold that praying regularly and having confidence in the divine can improve one's chances of living in peace and prosperity. According to 28.3 percent of respondents, fasting aids in the healing of ailing family members. They even believe that if one fasts on holy occasions and performs the rite with a clean heart, they may protect themselves from any evil eye. Finally, 10.7 percent of those who participated in the study believe that fasting is beneficial to maintaining a healthy physique. Many studies have been conducted in the medical field that support the idea that fasting benefits the body and can help avoid cardiovascular diseases (Samudera, 2019).

1.3. Frequent Observer of Religious Fasting at Home



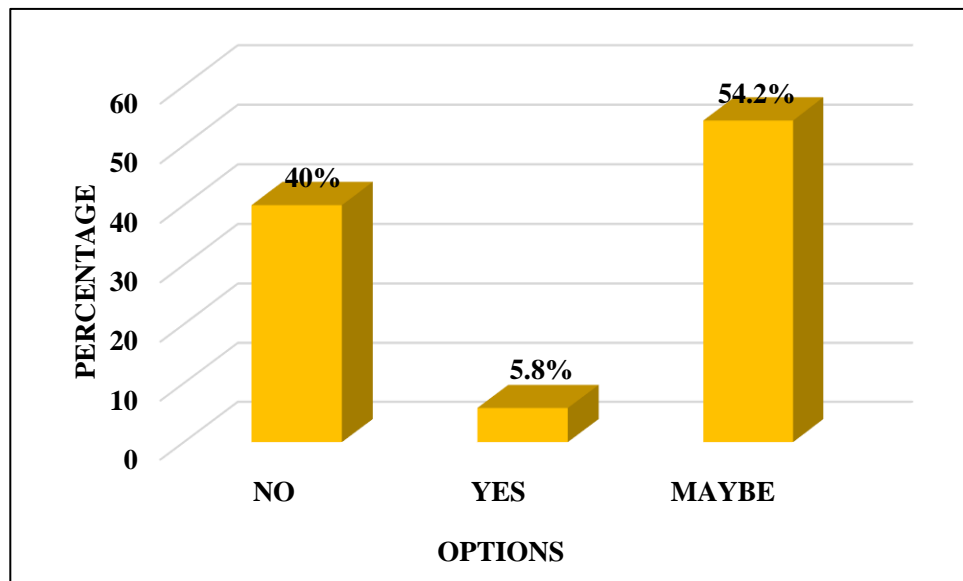
The accompanying chart depicts respondents' opinions on who fasts the most during religious rituals. From the three choices presented, around 72.5 percent of the respondents stated that females are most likely to undertake religious fasting and other rituals within their homes regularly. Although no one indicated that males regularly practice fasting during religious rituals, 27.5 percent of those questioned claimed that both males and females observe ritual fasting at home. According to the religious practices of Hinduism, women are revered as the "*Lokkhi*" (also known as the Goddess Lakshmi) of the household. It is widely held in the Hindu culture that women are the harbingers of prosperity, good fortune, and happiness in the household. As a result, according to custom, the women in the families are often the ones who are socialized to take part in the religious rites while keeping in mind the wellbeing of the members of the family.

1.4. Responses on Giving Reverence to *Prasad* While Consuming



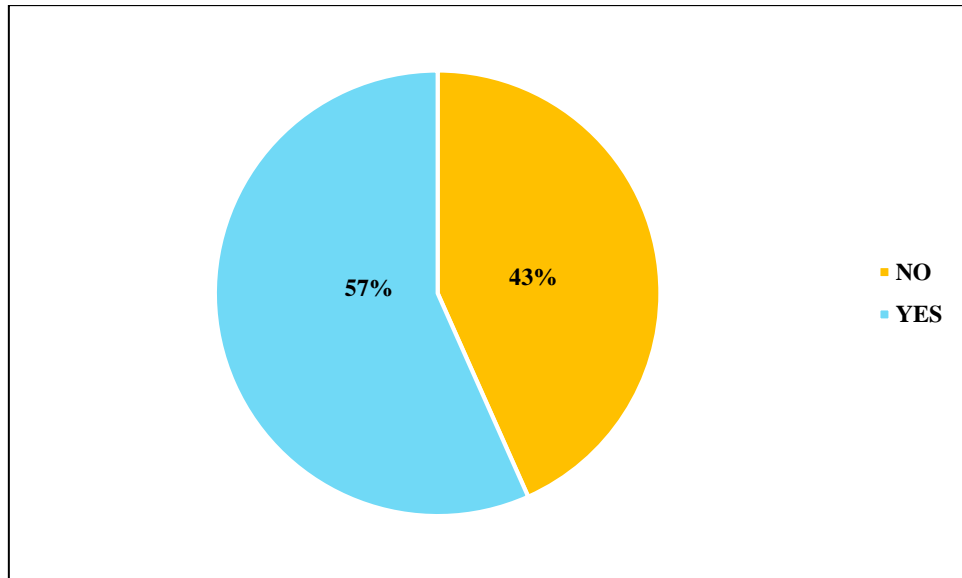
The above column chart shows what the respondents said about whether they pay special attention to the blessed food (*prasad*) when consuming it. In response, approximately 95 percent of them stated that they show their regard to *Prasad* when consumed, whereas 5 percent of the respondents expressed that they do not provide any special reverence to the blessed food. People think that following the end of a religious rite, any food presented to the deity as part of the worship service will be transformed into *prasad*, which translates to "blessed food." The "*prasad*" symbolizes God's blessings on the worshippers. The other 5 percent of respondents who said that they do not accord *Prasad* any reverence claimed that they do not notice any difference in food, regardless of whether it has been offered to God or not. It does not represent anything significant to them in any way. These responders mostly belonged to the Jhargram Block, who had comparatively less faith in the divine.

1.5. Responses on Believing in Healing Properties of Prasad



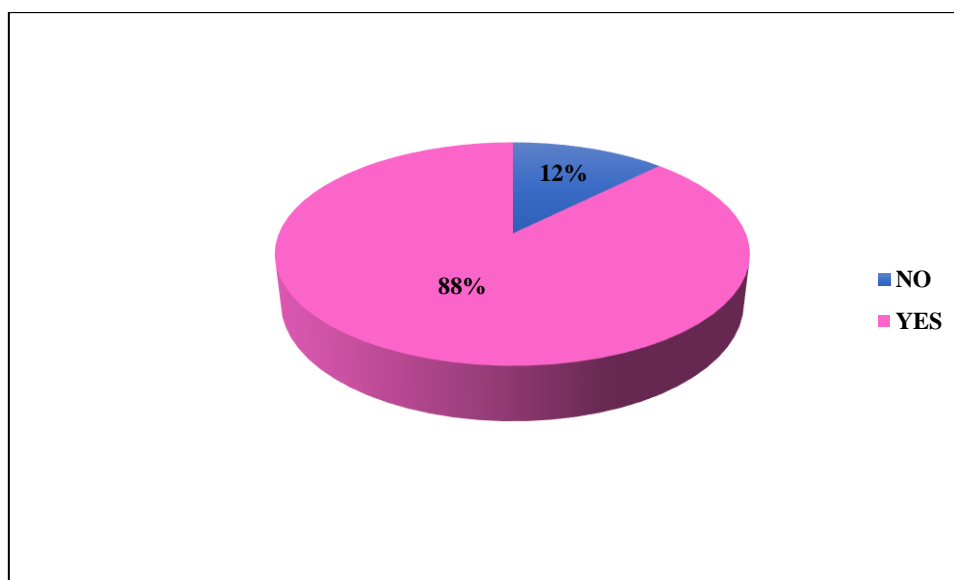
The respondents were asked whether they believe the blessed food (prasad) has healing properties, and the chart that can be seen above depicts their responses. Almost 5.8 percent of those responded affirmatively. According to their point of view, if a person has genuine faith in the healing abilities of God, then that person would realize that the prasad is a symbol through which God blesses us to recover from our illnesses more quickly. Because of this factor, most responders accord "*choranamrito*" the highest respect (a sweet drink of five things- Milk, Curd, Honey, Sugar, and Ghee). It has been called an elixir of life on several occasions. The other 54.2 percent of respondents stated that while they do not know whether *Prasad* includes healing properties or not. They do not intend to discredit the long-standing tradition founded on the idea that it does. They hold the prasad in high regard and consider it a blessing from God, which they then devour. On the other hand, roughly 40 percent of them do not believe *Prasad* has any healing properties. They treat it respectfully but are unsure if it has healing properties.

1.6. Responses about Offering Daily Food to God



The current pie chart shows what the respondents said about whether they offer God food daily or not. In response to the two primary questions, 57 percent of respondents selected the yes option, while 43 percent selected the no option. It is typical in most Hindu families to first offer God the food the family will consume. Through the answers to this question, it was tried to figure out if the respondents felt connected to the divine in their everyday lives. Most people use faith-based healing methods because they believe in God or a higher power. Those who responded positively to this question mentioned that it gives them the feeling that God counts this gesture as positive behavior and will bless them in return. Most responders pursue this practice because they are optimistic it will aid them in the long run.

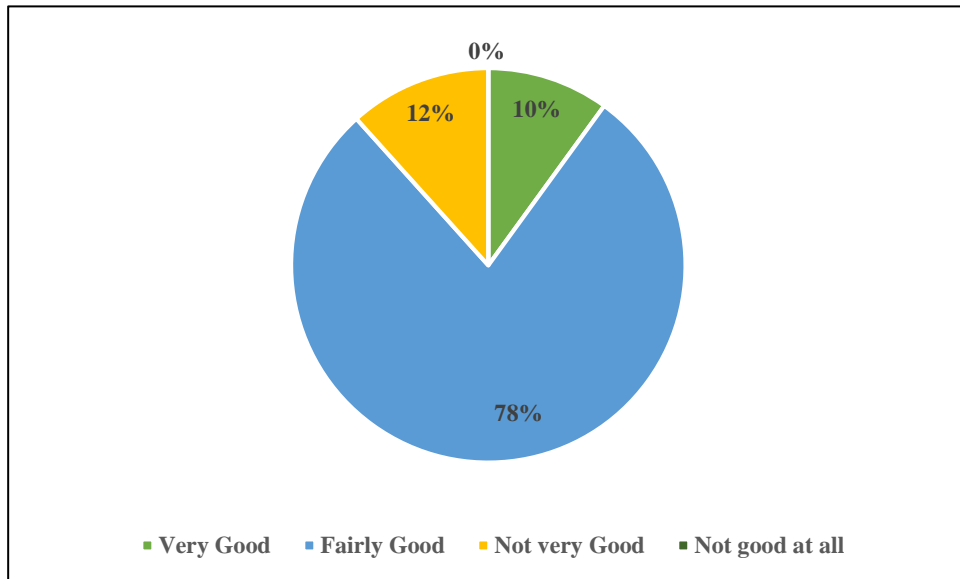
1.7. Responses on Following Hindu Dietary Code



The responses to whether the respondents adhere to the Hindu dietary regulations or not are shown in the pie chart above. In response, a significant 88 percent of individuals said yes, while the remaining 12 percent responded with a no. This high adherence rate reflects the importance of these dietary regulations in the lives of many Hindus. A person practicing Hinduism conscientiously adheres to the dietary requirements of the faith. Even though adhering to the food norms differs from culture to culture, many followers are socialized with certain Hindu dietary habits. Those who stated that they do observe the Hindu dietary guidelines indicated that they do not consume specific types of animal flesh due to their adherence to the codes. They will maintain a vegetarian diet on certain days of the week to show their devotion to the Hindu god they believe in. On the other hand, individuals who responded negatively to this question made a personal choice, often influenced by time constraints or their desires, not to adhere to these dietary standards.

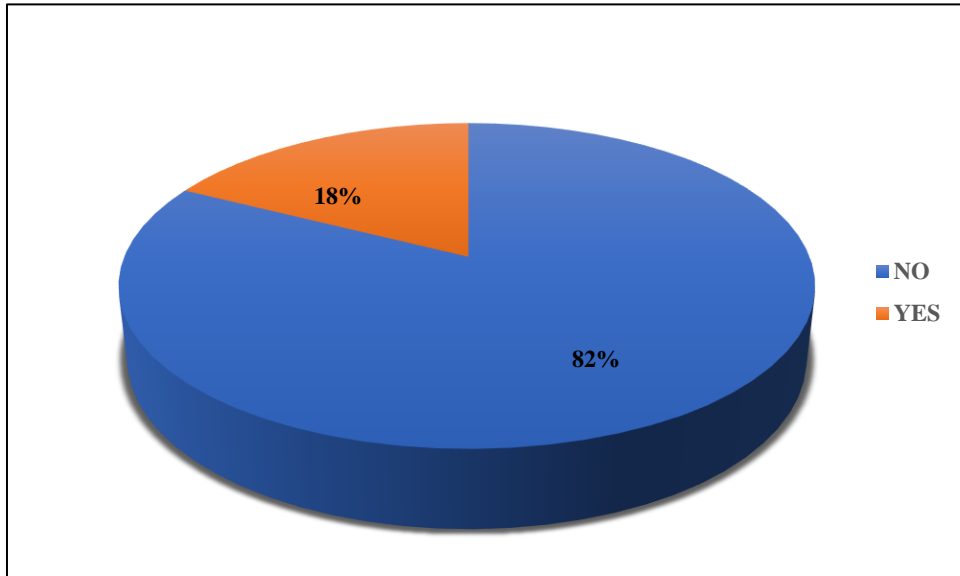
Health and Disease Profile

2.1. State of Health in the Last 12 Months



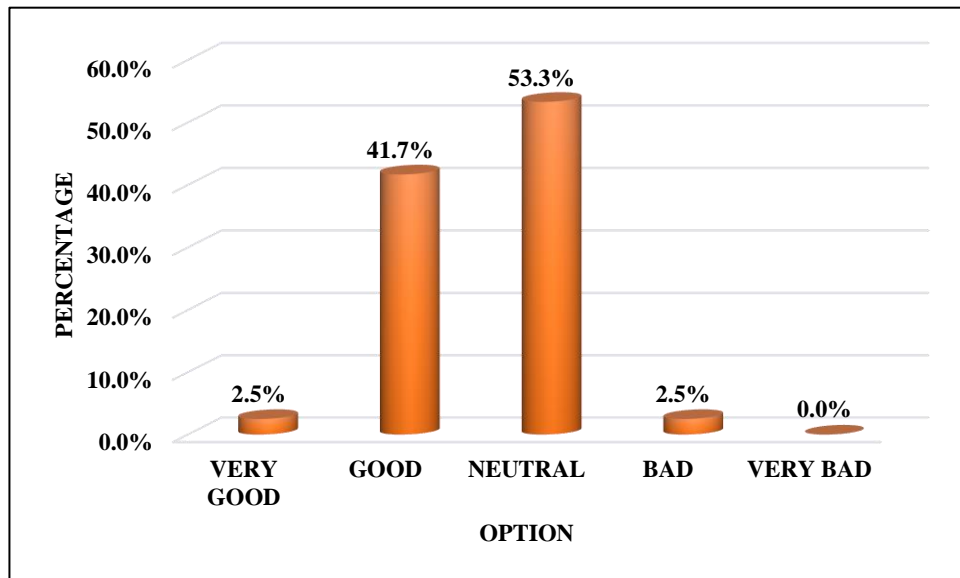
The information on the respondents' health throughout the last year is depicted in the pie chart that can be found above. About 78 percent said that their health was fairly good, a testament to their resilience in the face of the Covid-19 pandemic. Most of them claimed that the epidemic had significantly limited their travel hours compared to before, a change that was not without its challenges. Most of them stayed home, ate home-cooked meals, and said that the best part was being close to nature and away from the hustle and bustle of everyday life. Although the pandemic significantly affected their family's financial standing, they were content to remain at home with their loved ones for their health. About 10 percent of the respondents said their health has been very good over the past year. This view was expressed primarily by younger people who had not experienced health problems in the previous twelve months. However, 12 percent felt their health deteriorated during the last year. They claimed that the last 12 months were not as beneficial for their health as previous years, primarily because of the effects of aging and other health issues.

2.2. Long-Term Illness Limiting Daily Activities



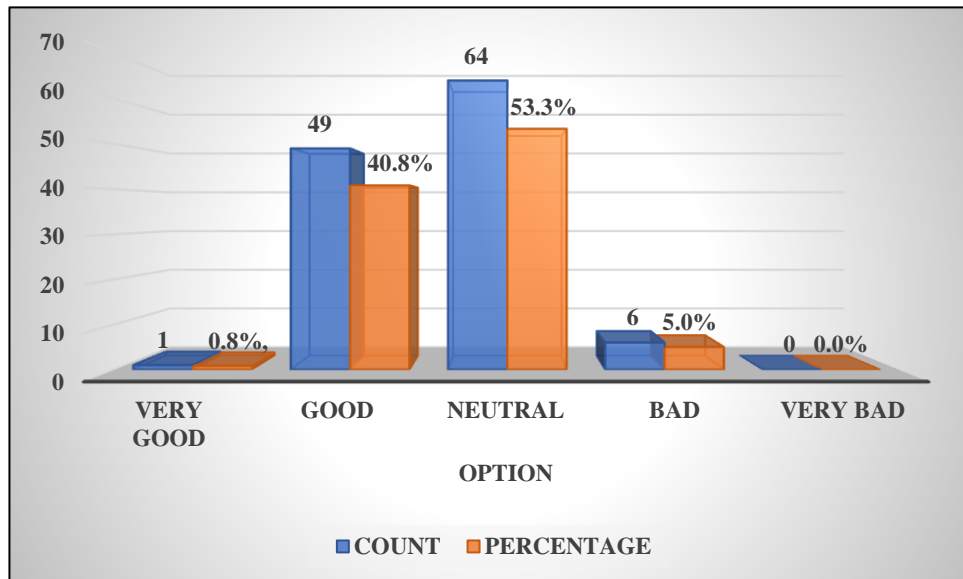
The current pie chart shows what the respondents said about whether a long-term illness limits their daily activities. 82 percent of those interviewed responded with a "No," indicating that they do not experience any form of restriction when going about their everyday activities. Majority of responders did not have any severe and chronic health conditions. They may have been afflicted in the past with ailments, but they may have been cured either by the medical treatments prescribed by a physician or through the spiritual healing techniques used in their community. In contrast, 18 percent of respondents responded positively to the question. They perceive that they are limited in their ability to carry out their day-to-day tasks due to the advent of old age or their extensive medical history.

2.3. Responses about Quality of Life in Relation to Subjective Well-being



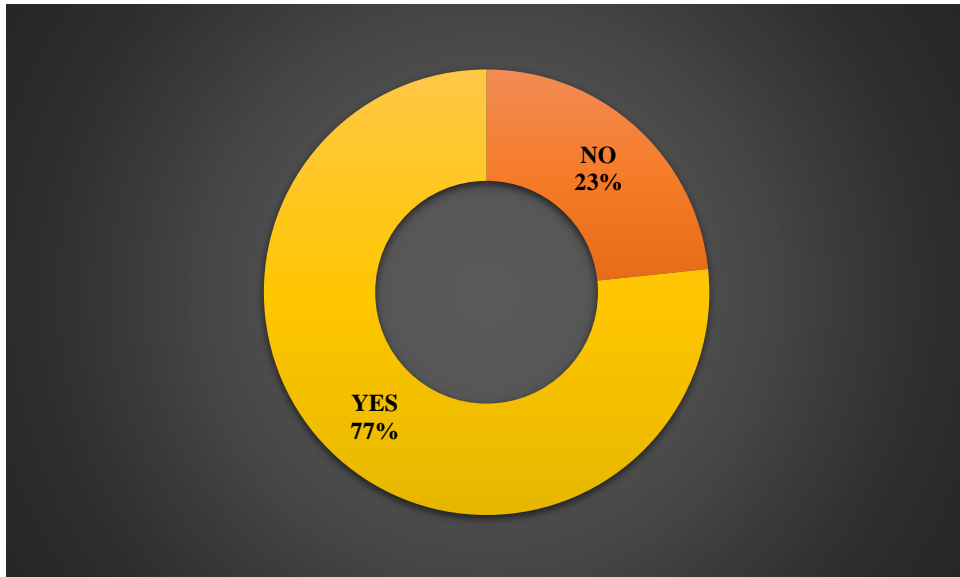
The respondents' views on the connection between their quality of life and subjective well-being are depicted in the above column chart. Fewer than 3 percent of respondents rated their quality of life as 'very good,' indicating they are pleased with their current situation. About 41.7 percent of respondents choose 'Good' to explain that they are content with their current quality of life, which positively impacts their emotional wellness. However, they expect that their situation will improve in the future. Belpahari and Nayagram Block respondents agree that their generation has adapted to the present social situation, but they believe that the next generation deserves better prospects. This is a pressing concern that demands immediate attention. They lack the fundamental capabilities to give the next generation a brighter future. Similarly, around 53.3 percent said they do not have a strong opinion one way or the other. They cannot claim entire satisfaction or total discontent with current affairs. However, about 2.5 percent of respondents chose 'Bad' because they are unhappy with their lives as they are right now and have made it evident that this dissatisfaction impacts their mental health and subjective well-being. Their mental health is suffering as they struggle to deal with mounting financial difficulties and the obligation to provide for family members. Finally, when asked to rate their quality of life and subjective well-being, none of the study's 120 respondents chose the 'extremely terrible' option.

2.4. Level of Physical Fitness Comparison Among People of Similar Age



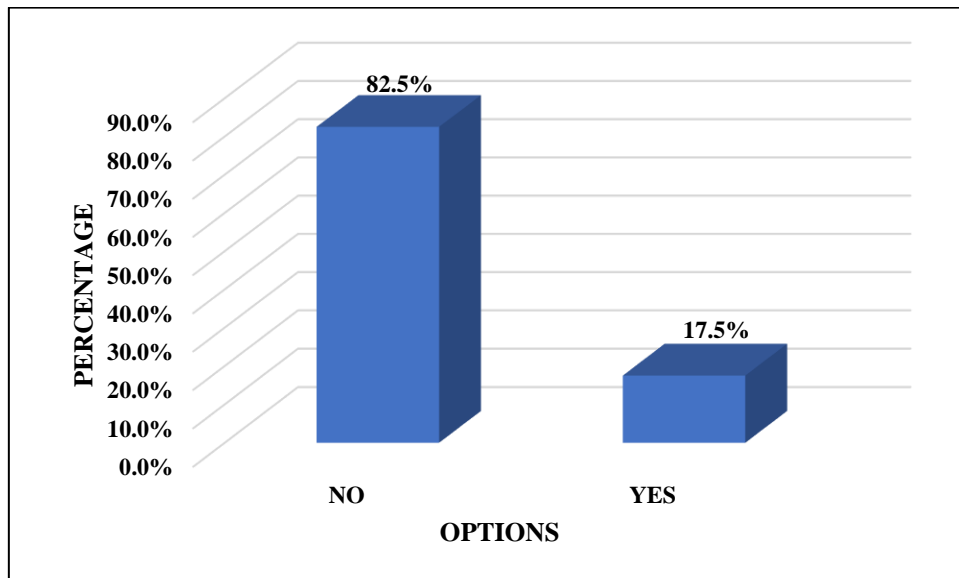
The accompanying bar graph shows how respondents felt about their fitness level compared to their friends and co-workers of similar ages. Only 0.8 percent of the overall sample felt extremely well about how their fitness level stacked against others their age. Similarly, 40.8 percent of respondents rated their level of physical fitness as "good," meaning they are satisfied with how they measure up to others they know in their age group. The number of people who selected "neutral" was 53.3 percent. They said they did not know whether to choose "good" or "bad" for the question. Some choose the neutral choice because they always feel torn between the opportunities and opulent lifestyle of the metropolitan society and their own more modest ways of living. However, about 5 percent of them picked the "poor" option, showing they were extremely unhappy with their fitness level relative to their peers. People whose everyday routines had to change because of a chronic disease reported feeling alone when they were unable to continue working at their previous level of physical health. Lastly, no participants in the survey chose "very bad" as their response.

2.5. Responses About Satisfaction with Physical Health



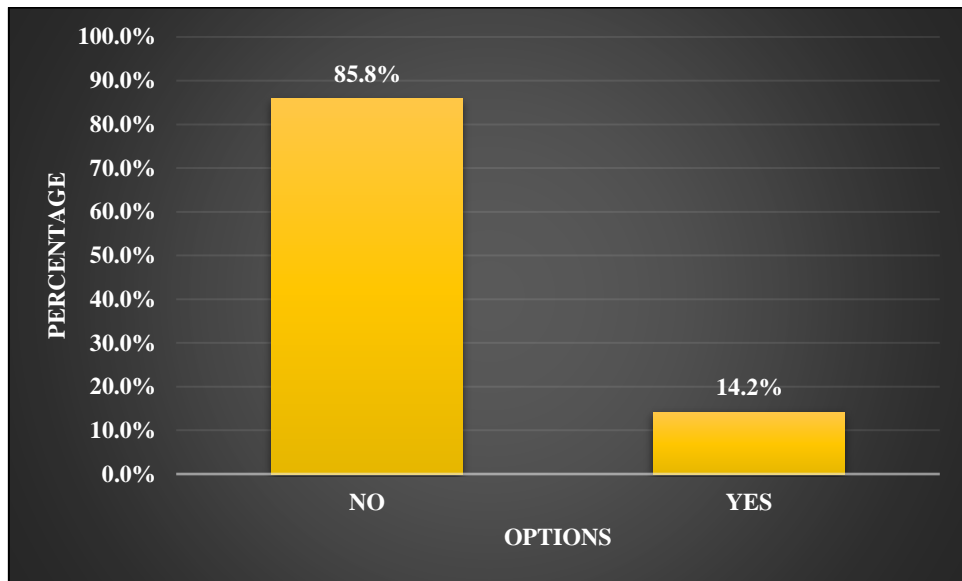
The above graphic illustrates the respondents' opinions regarding whether they are content with their current level of physical health. Approximately 77 percent of those surveyed stated that they are pleased with their current level of physical health. In comparison, 23 percent of those interviewed indicated that they are not pleased with their current level of physical health. Those individuals who responded in the affirmative to the question stated that they are content with their level of physical health because they adhere to a simple way of living, such as regular exercise, a balanced diet, and sufficient sleep. They adhere to a more holistic and natural approach to health and wellness, using methods like herbal remedies and meditation. Most said living in cities is bad for their health, and since Jhargram is home to forests, they follow natural ways of living. When it comes to their health, most of them do not go to the doctor because they refuse to use medicines produced in other countries; instead, they opt to cure their conditions using more natural methods. On the other hand, respondents who stated that they are not content with their current physical health are either experiencing the difficulties associated with aging or are suffering from a disease that has persisted for a significant amount of time.

2.6. Responses about Having Critical Surgery in The Past



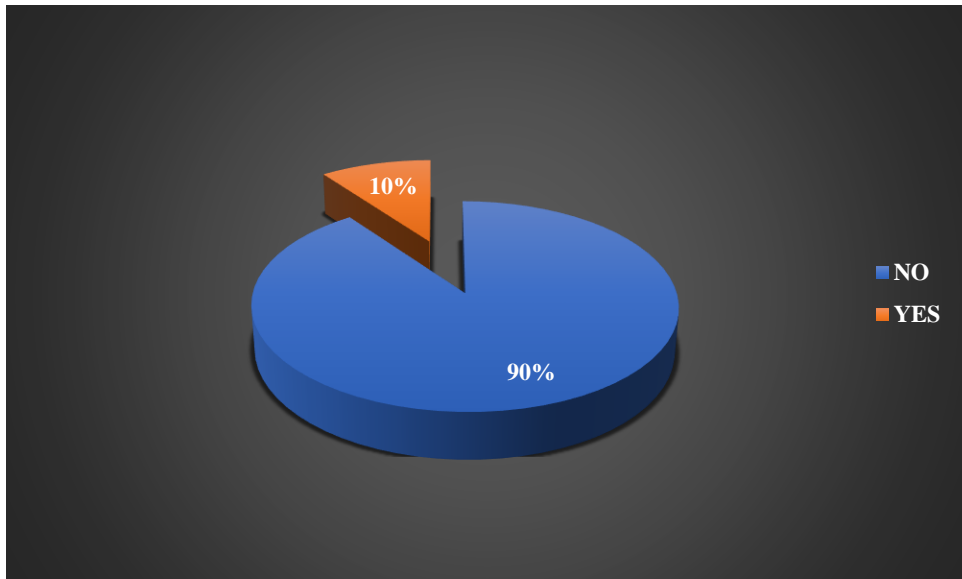
The column chart represents the responders who have had critical surgery in the past. In answer, around 17.5 percent indicated that they have undergone a critical operation in the past, while the remaining 82.5 percent stated that they have never undergone any critical operation. Those who gave a negative response asserted that, although having suffered from severe illnesses in the past, they had never been required to go through any significant surgical treatment to treat their conditions. The believers in faith-based healing practices have stated that they have faith and confidence in the blessings of God and that they follow the herbal ways of treating them from the significant pathologies that they suffer from, which helps them to heal faster.

2.7. Consumption of Prescription Drugs for Chronic Health Condition



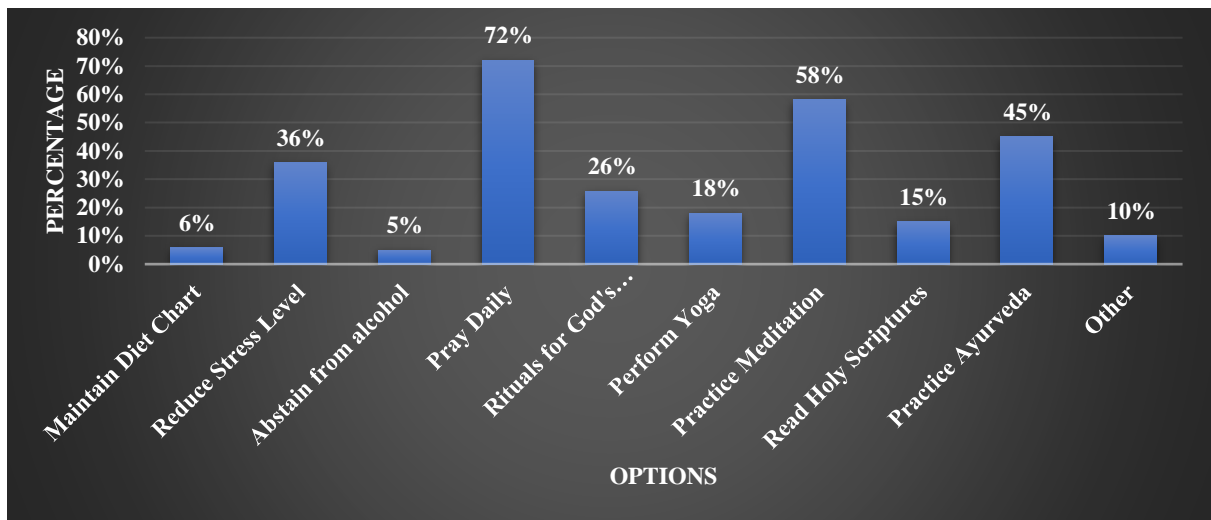
The data in the above column chart indicates whether the respondents reported using prescription medication to treat any current medical condition. Approximately 14.2 percent of those surveyed stated that they use medications for chronic health issues that were recommended to them by their doctor. Most of those who answered "yes" to this question indicated that they reside in the Jhargram Block. Some of them stated that certain health conditions are hereditary in origin (for instance, high sugar level and blood pressure anomaly, to name a few) or that due to the onset of old age, the younger members of the family force them to go to the doctor and take the medications that have been prescribed to them. On the other hand, around 85.8 percent of those who participated in the survey mentioned that they do not take any prescribed medication since they do not have any ongoing health condition. This group provided a diverse range of reasons, including financial instability within the family or a lack of faith in the treatment procedures of the doctors in the medical clinics, highlighting the complexity of the issue.

2.8. Family Members with Serious Health Condition



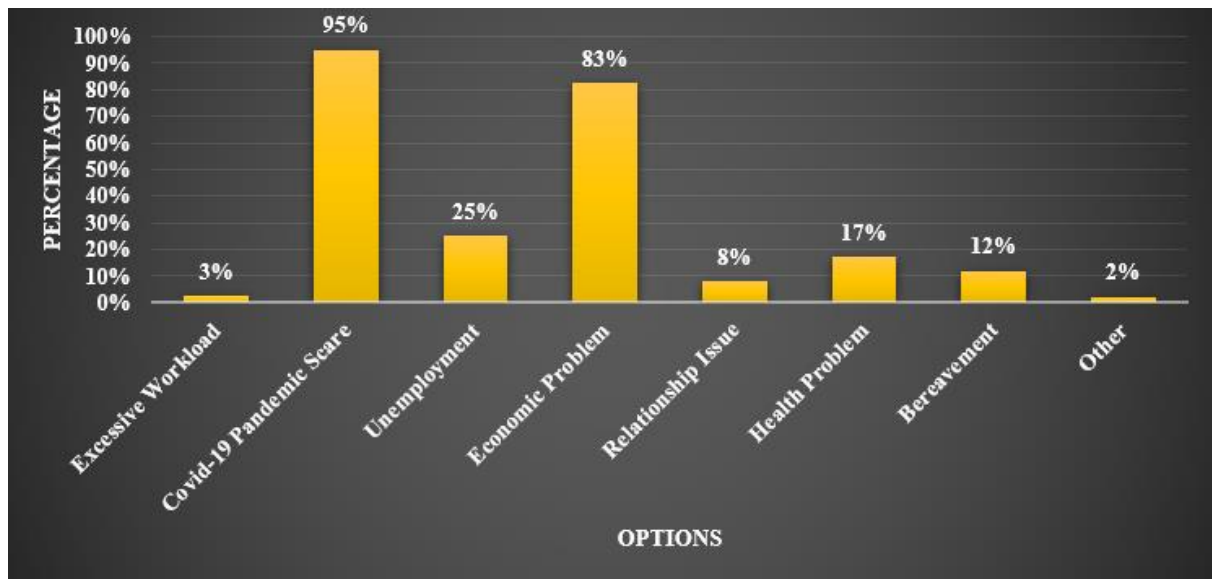
The portrayal of whether any close family members of the respondents suffer from any significant health issue may be seen in the pie chart. In answer to this, around 10 percent of respondents selected the yes option, indicating that they are aware of close family connections battling major health-related issues. On the other hand, almost 90 percent of respondents selected the no option. This question aimed to ascertain if respondents' knowledge of their immediate family members' health status led them to choose faith-healing methods or conventional medical care.

2.9. Options to Stay Healthy and Fit in Life



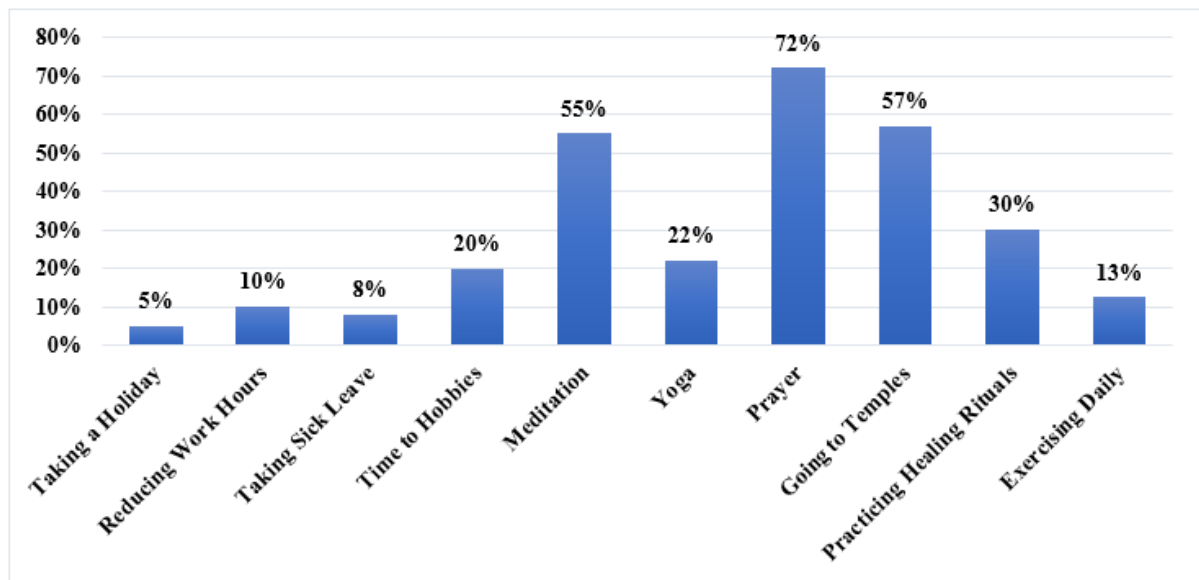
The responses to the question about how people stay fit and healthy daily are shown in the column chart above. Respondents were permitted to select multiple answers per question to understand better the range of strategies individuals employ to maintain their health. Only around 6 percent of people surveyed indicated they strictly adhere to a diet plan to maintain health. Responders who suffered from chronic health issues maintained a nutritious diet to maintain their activity level throughout the day. To stay in top physical condition, they rely on the food they have cultivated as their primary source of nutrition. Approximately 36 percent of respondents stated that they attempt to minimize their stress levels to concentrate on the positive aspects of life. While many respondents acknowledged that financial concerns increased their stress, they reported that they tried to de-stress regularly through activities like meditation and prayer. Roughly 5 percent claimed they had tried to avoid drinking or using drugs in order to improve their long-term health. More than two-thirds of those surveyed (73 percent) said they pray daily to help them deal with stress and maintain concentration. 26 percent said they pray or undertake other religious rituals to ask God for help. They had complete confidence in God and knew that these rites would bring them and their families God's favor. 18 percent of them said they do yoga to maintain their physical wellness. Over 58 percent of them reported regularly engaging in meditative practices. 15 percent of respondents said they turned to the holy books (most often The Bhagawad Gita) for guidance on conducting themselves and solving everyday concerns. About 45% of people believe in and use Ayurveda daily, while 10% have other methods for maintaining their well-being.

2.10. Factors Bringing Stress in The Past Year



The respondents' various alternatives for identifying the causes of stress over the previous year are presented in the column graph. When a person is forced to confront a social circumstance that they are unprepared for, they tend to experience feelings of anxiety and tension. Individuals have increased psychological stress as a result of having to cope with unfamiliar social settings. The respondents have cited quite a few reasons in response to this inquiry. For respondents to effectively convey their points of view, they were allowed to select more than one option. 3% of people reported feeling stressed due to excessive work, while 95% attributed their stress to the COVID-19 pandemic. A quarter of respondents said unemployment increased their stress, with 83% mentioning economic worries. 8 percent of them mentioned that they experienced relationship problems inside the family, which caused them to feel stressed out. 17 percent of respondents reported that health issues in the previous year had led to increased stress. 12% of respondents reported that the loss of a spouse in the previous year had caused them stress. The absence of a partner led to a shift in their living structure and an inability to share both joyful and sad times, resulting in tension. Finally, around 2 percent of the respondents chose "other" to elaborate on other aspects of their lives contributing to their stress levels. The COVID-19 pandemic has brought about a problematic scenario directly and indirectly, such as overnight unemployment of young people affecting family financial stability and growing relational problems in households, leading to cumulative stress for the respondents

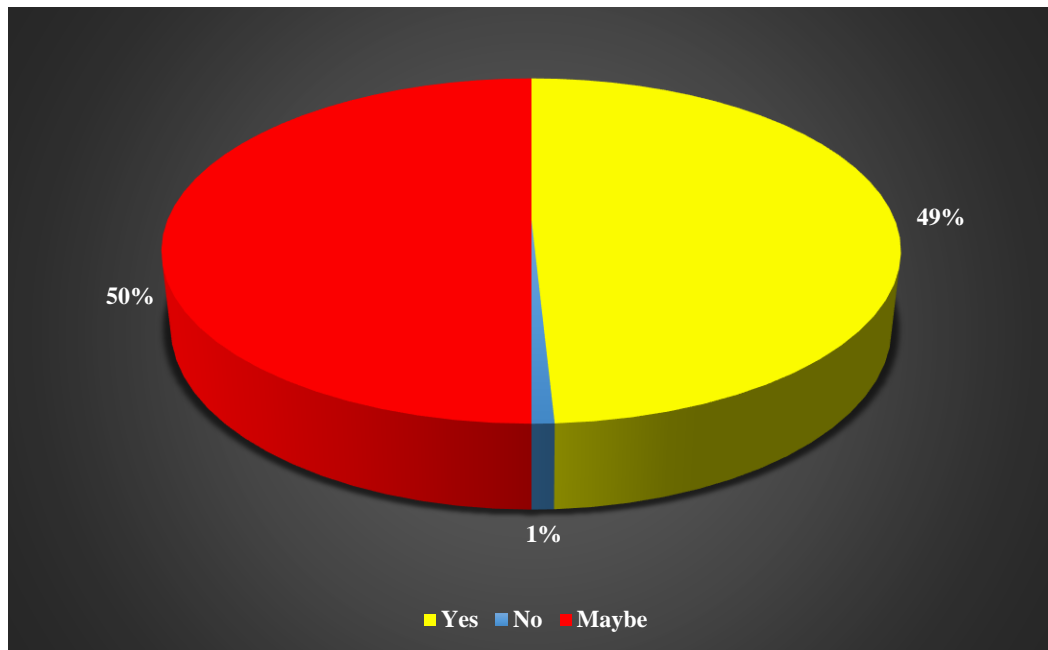
2.11. Activities to Reduce Stress



The above table provides a comprehensive list of stress-relieving activities that respondents partake in. Respondents were free to select more than one response to the given question. This variety of options shows that there is no one-size-fits-all solution to stress. Roughly 5 percent of those questioned stated that taking a break from the everyday task they were engaged in helped them feel less stressed. The monotony of everyday life can cause individuals to experience unnecessary mental stress, especially when combined with other factors. Therefore, going on vacation and spending quality time with family members might help relieve some respondents' stress. Roughly 10 percent of them asserted that cutting back on working hours may assist in relieving stress. Similarly, around 8 percent of respondents claimed that taking time off from work due to illness can assist them in managing the constant stress in their lives. A handful of the respondents who were actively working expressed the opinion that taking time from work due to illness allows them to better care for their health and regain the strength that they had lost as a result of stress. Approximately 20 percent said they try to make time for their hobbies to care for their mental health. The vast majority of respondents, almost 55 percent, mentioned that they try to meditate to improve their health in both the physical and mental realms. As a result, they can find relief from the continual tension caused by several different societal demands. 22 percent of the respondents mentioned participating in yoga to keep themselves refreshed and energized. Most of those who participated in the survey stated that they routinely get up before the sun does. Therefore, as part of this healthy practice, they try yoga daily since it not only assists them in increasing their

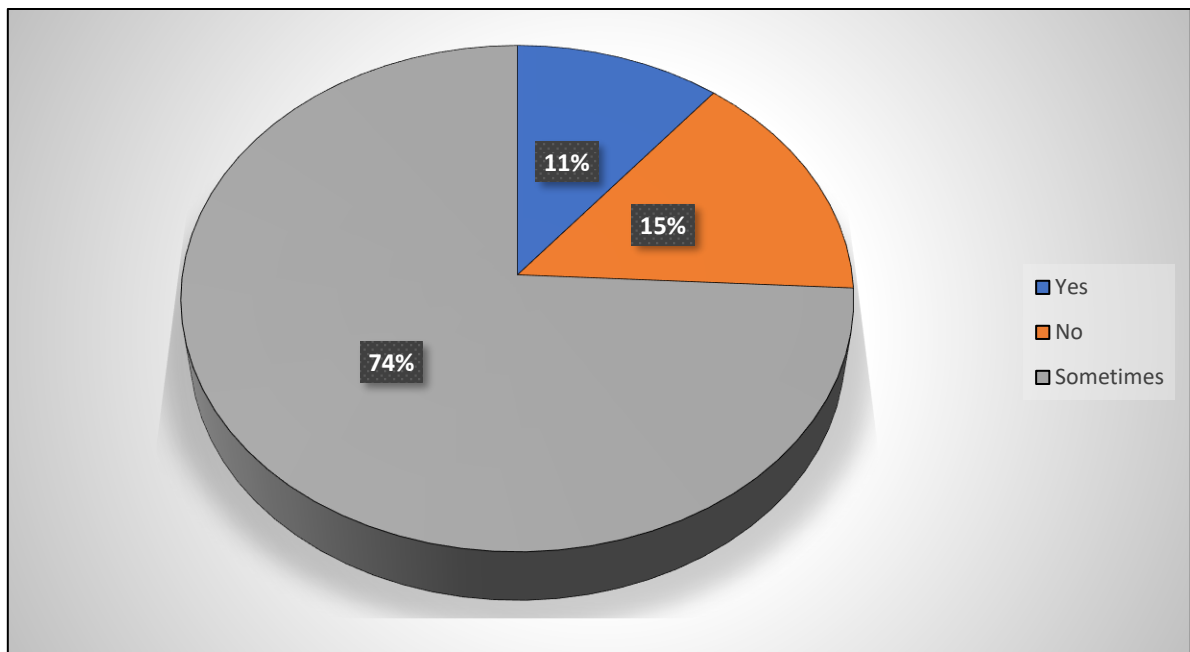
flexibility but also reduces the amount of stress they experience. From the data presented, it is clear that many respondents find relief from their stress through prayer. Invoking their gods and goddesses for guidance and comfort in times of trouble helps believers maintain composure, optimism, and faith in a better tomorrow. The practice of prayer is effective in lowering levels of anxiety, lowering levels of concern among respondents on their ability to cope with challenging circumstances, and assisting in the functioning of improved physical health. It is an intervention that does not include the use of pharmaceuticals and is said to heal a person from the inside out (Simao et al., 2016). 57 percent of those who took the survey said that going to temples is their go-to method for lowering stress caused by their regular interactions with other people. Temple visits have been shown to reduce stress levels by forging a link between the spiritual, mental, and physical aspects of people's lives. Participation in holistic rituals and socializing in temples increases dopamine production in the human body. Dopamine, also known as the brain's chemical messenger, contributes to increased sensations of pleasure and motivation inside the human body. As a result, the amount of stress that people experience is decreased. 30 percent of those who participated in the survey answered that they prefer to contact a spiritual healer and ask for solutions or conduct rituals to alleviate the constant tension that they are experiencing. Most of those who participated in the survey stated that seeing a faith healer was their first choice whenever they needed a solution to a problem involving their family members and restoring harmony in the home. The respondents reported beneficial outcomes from engaging in the rituals, which helped them manage their stress levels. Moreover, finally, about 13 percent of the respondents shared that they make an effort to carve time out of their busy schedules daily to engage in some form of physical activity, such as going for a walk (preferably early morning walks), running, or jogging, or working out, in order to maintain their physical mobility and mental acuity. It enables people to reflect on their decisions and seek ways to deal with the pressure they are under now.

2.12. Responses on Whether Hinduism Helps to Lead a Healthy Lifestyle



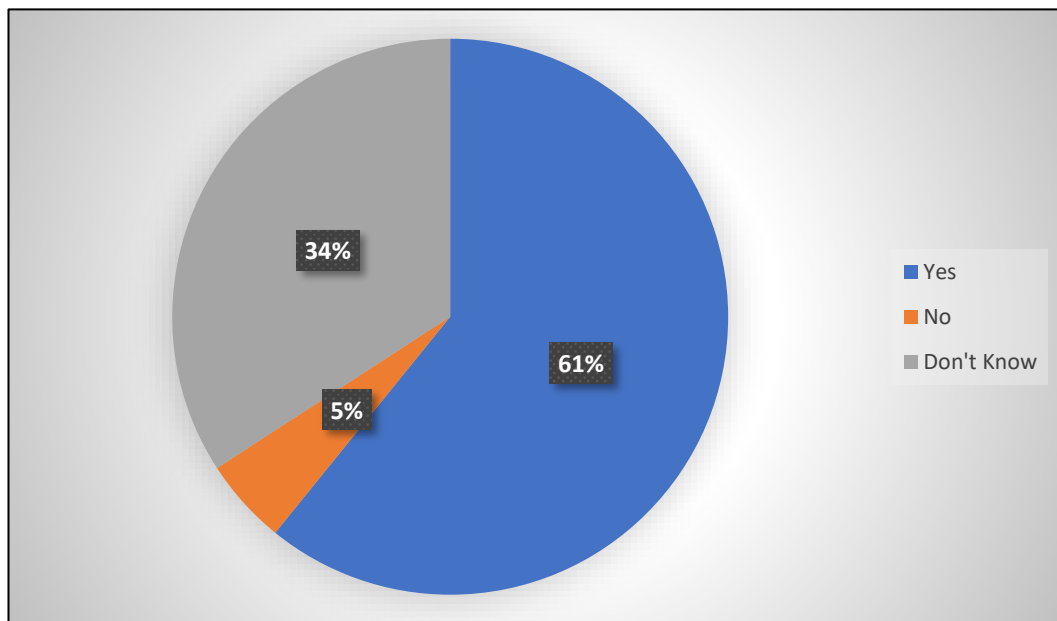
As seen in the preceding pie chart, respondents were asked if they thought Hinduism promoted a healthy lifestyle. Approximately 49 percent of those who believe in Hinduism believe that the religion contributes to maintaining a healthy lifestyle among its adherents. The believers in Hinduism think that adhering to the dictums of Hinduism helps them to keep discipline in their daily lives. The prescriptions and proscriptions mentioned for the followers of Hinduism cover a wide range of topics, including the kind of lifestyle they lead, the eating practices they engage in, and the maintenance of social relationships with other people. On the other hand, just 1 percent of those who participated in the survey stated that they do not believe practicing Hinduism and the rituals and customs might assist in maintaining a healthy lifestyle. Instead, the respondents believe that "to each, one's Karma"—one's Karmic deeds—will assist them in maintaining a healthy or balanced way of life and that this concept has nothing to do with the rituals of Hinduism. Similarly, around 50 percent of the respondents admitted that they do not know whether Hinduism contributes to the maintenance of a healthy and balanced way of life. They speculated that it may happen but could not say for sure.

2.13. Responses on Getting Anxious about Health



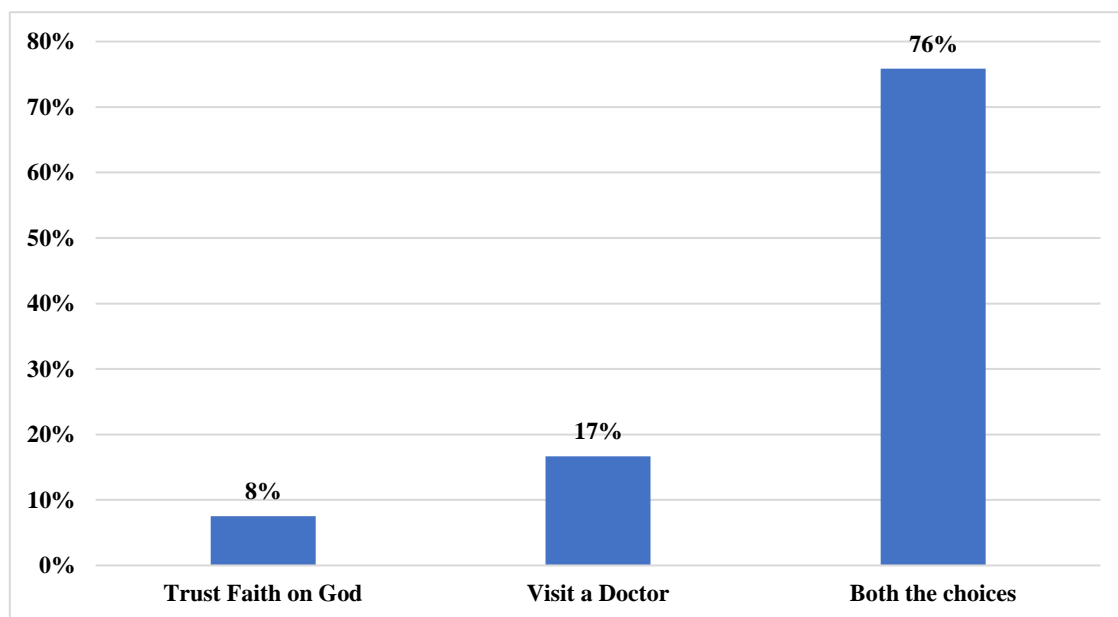
The perspective of the respondents on whether they experience anxiety regarding their health is represented by the above pie chart. About 11 percent of respondents reported experiencing health-related anxiety. Most of them expressed concern about their health and well-being as they age, while others worried about the additional costs affecting their loved ones and themselves. Due to limited financial resources, the family worries about paying for a family member's treatment and their health. On the other side, almost 15 percent of them reported that they do not care about or experience any anxiety over their health. This comment was made in response to this question by respondents from the younger generation. They believe that because they are close to nature, they do not need to worry about their health. Some of them also mentioned that they have the blessings of God upon them, which means that God will protect them from any potential health risks that may arise in the future. Finally, most respondents, almost 74 percent, admitted that they occasionally experience anxiety regarding their health. The concept is not constantly on their minds, yet it is also not utterly absent from their thoughts.

2.14. Responses on Whether Faith in God Can Heal Disease



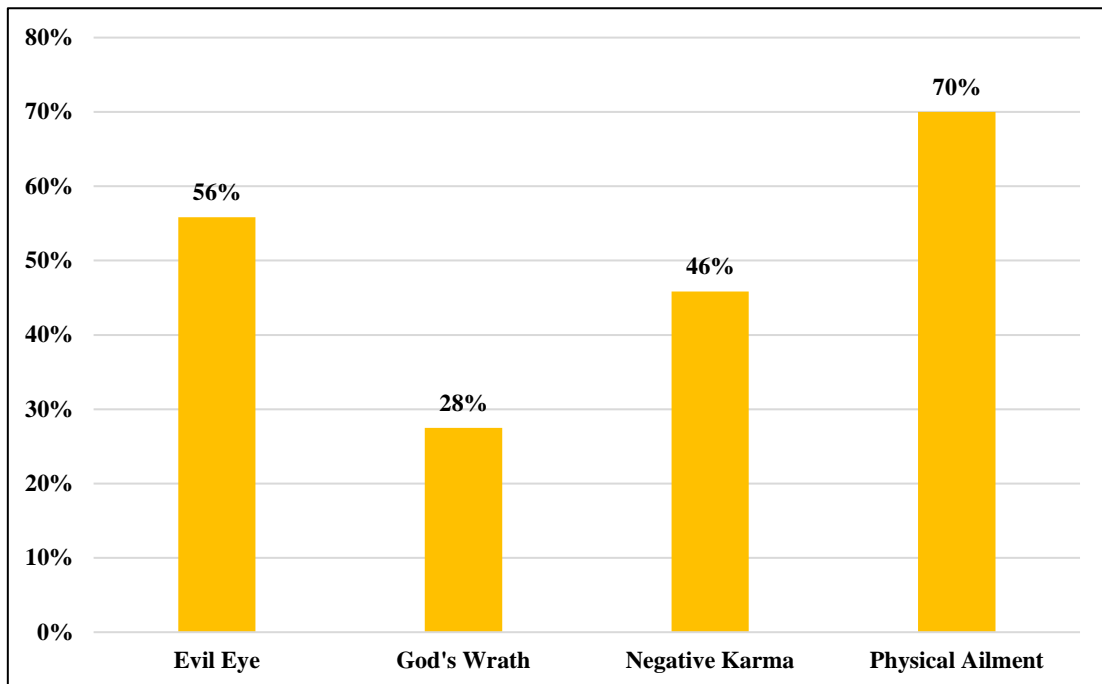
The present table displays whether the respondents find that having faith in God helps heal themselves from their various conditions. In the survey, approximately 61 percent of participants expressed faith in God's healing powers. They said that God was the one who created this world, and because of this, having trust in God's ability to heal provides them the hope and confidence they need to combat the sickness successfully. It offers them the mental power to deal with the circumstances and the ability to think confidently about a brighter future ahead of them. In contrast, around 5 percent claimed they did not trust God's healing ability. They said that if such a heavenly force existed in the universe, it would have safeguarded them from the beginning and never allowed sickness to take hold in their bodies. Between these two extremes, 34 percent of respondents said they were unsure if their religious belief might aid a sick person's recovery. They said that if a person accumulated negative karma, then it was inevitable that they would have to go through some hardship. There is a possibility that praying to God for healing will not be effective at that moment. Because of this, they indicated that they do not know whether having trust in God may assist in the healing process of a sick individual or not.

2.15. Responses on Choice of Healing When One Falls Sick



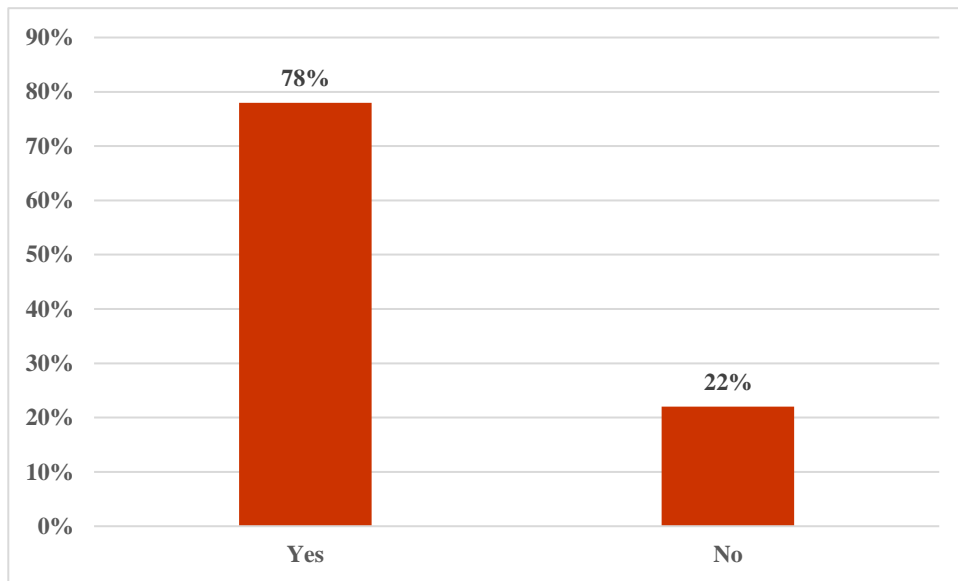
The preceding column graph illustrates the decision between healing and treating an illness when one becomes ill. In response to the two primary questions, 8 percent of respondents said they put their whole faith in God and his ability to restore health to those afflicted with illness. Most female respondents from the Nayagram and Belpahari Blocks of Jhargram answered that they rely entirely on the healing abilities of the divine and do not intend to spend their family's resources on biomedical treatments. On the other hand, around 17 percent of those surveyed claimed they would visit a medical professional to obtain prompt care. They believe in science's evidence-based, logical, and practical nature and its ability to save lives. They asserted that "Doctors are the true Gods. "After this, around 76 percent of those surveyed selected that they opted for both consulting a medical professional and placing their faith in the omnipotence of God. They believe that if they pray for blessings from the divine, the physicians' therapy techniques will be successful.

2.16. Responses on Belief Causing Sudden Illness in The Family



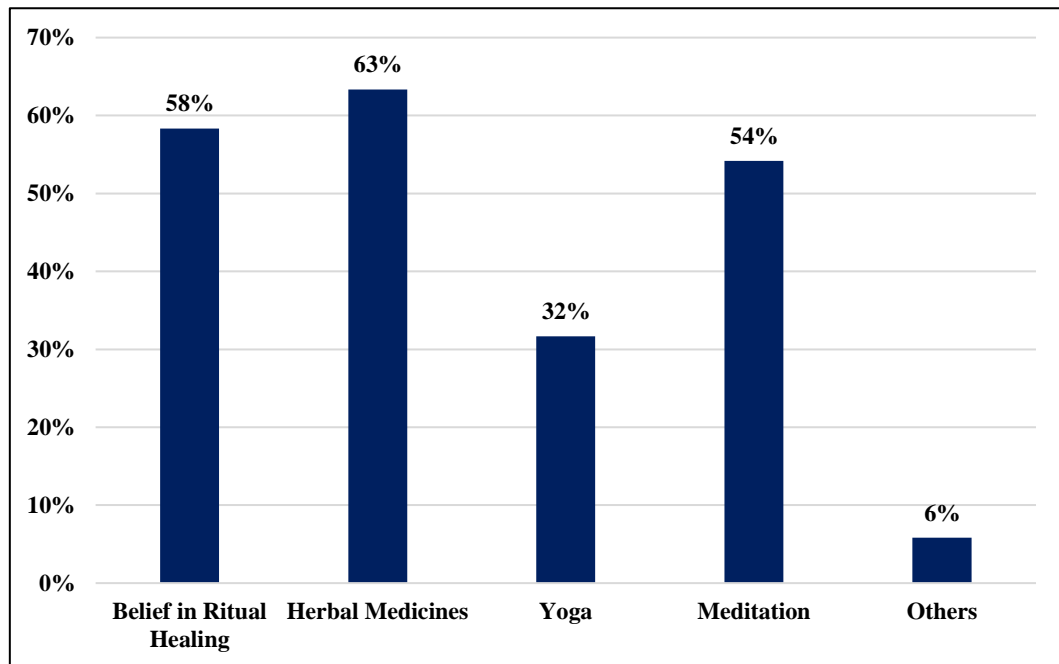
The following table displays the respondents' opinions on what causes a family member's unexpected sickness. There are countless instances in which people report that members of their family are suddenly becoming ill despite the absence of any pre-existing health conditions. Multiple responses were collected for the preceding question to determine the respondents' beliefs. Approximately 56 percent of those who participated in the survey indicated that people outside their family might cast an evil eye at them. An evil eye is a superstitious idea that a malicious look could curse someone. The target is often unaware of the look, which supports the idea that being looked at maliciously can have negative consequences. 28 percent of the respondents said that a sudden sickness is the consequence of God's anger toward them. They think that God's anger towards them can be attributed to a variety of factors, including their failure to perform traditional rites in an observant manner and their inability to interact with people appropriately. The respondents' negative karma was cited as the reason for unexpected sickness by 46 percent of those who participated in the survey. People strongly believe in the proverb, "What you sow, you shall reap." As a result, unfavorable past actions might negatively impact an individual's present-day situation. Finally, over 70 percent of the people who took the survey selected the answer that sudden disorders might be the outcome of an underlying natural bodily condition. Age-related health difficulties or other external variables may be responsible for the illness.

2.17. Responses on Belief in Ritually Warding Off Evil Eye



The respondents' beliefs on whether they believe in the practice of ritually warding off the evil eye are displayed in the present table. There is a widespread notion that giving another person the "evil eye" will destroy all the harmony and contentment one has achieved. It can deteriorate one's health and lessen the person's ability to recover from an illness or injury. If a sudden illness strikes, several specialized rituals may be performed to protect oneself against the influence of a malevolent eye. Approximately 78 percent of those who participated in the survey stated that they are believers in the ritual performed to ward off an evil eye. On the other hand, around 22 percent of those who participated in the survey mentioned that they do not believe in or adhere to such traditions. There have been several respondents who have stated that they do not engage in ritualistic behaviors in their day-to-day lives; however, they do follow the ritual of warding off an evil eye because they believe that doing so provides a safety net that allows them to keep the members of their family in a state of peace, happiness, and good health.

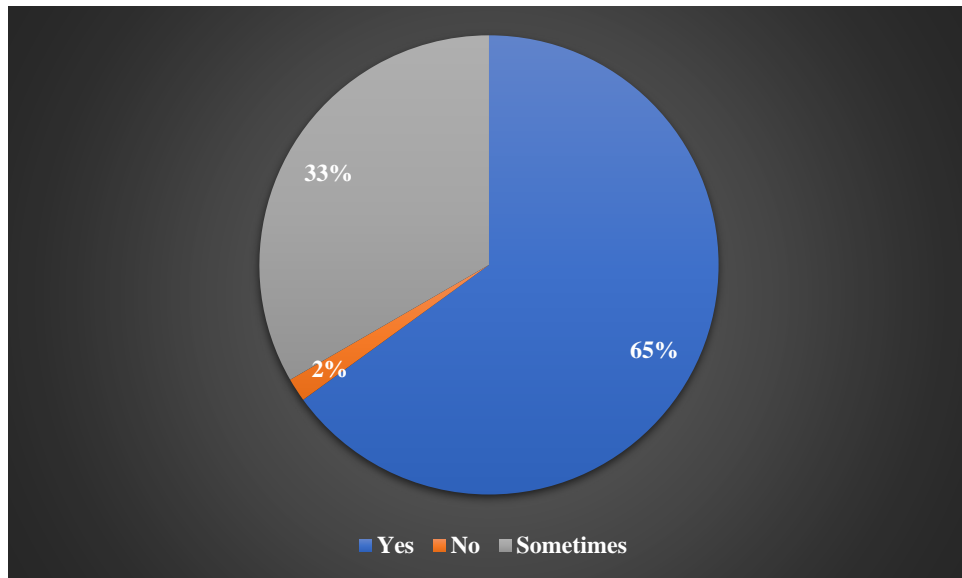
2.18. Responses on Choice of Remedies When One Falls Sick



The remedies the respondents choose when sick is shown in the table above. For this inquiry, the respondents were allowed to select more than one answer option. Nearly 58 percent of those who participated in the survey stated that they trusted the age-old tradition of ritual healing, which involves receiving assistance from a faith healer and engaging in related rituals to regain one's health and resume one's everyday life. Approximately 63 percent of those who participated in the survey stated that they had faith in using herbal medicines as one of the treatment options. Most respondents believed that, just like health, illnesses are a part of nature and that the body requires natural medicines to heal itself. Approximately 32 percent of those surveyed mentioned that they believe yoga may assist them in maintaining a healthy lifestyle. A couple of them mentioned that getting up early and doing yoga may help maintain a healthy lifestyle in the future. Similarly, 54 percent of those who participated in the survey identified meditation as one of the methods that may be used to achieve a healthy state of mind. This is because having a healthy mind is the key to having a healthy body. A few of the respondents even stated that they are aware that meditation is a method that may be used to maintain a healthy body, but they do not know how to put this knowledge into practice. A small percentage of respondents, around 6 percent, stated that they employ other strategies, such as going to the doctor as soon as possible if they experience any health problem.

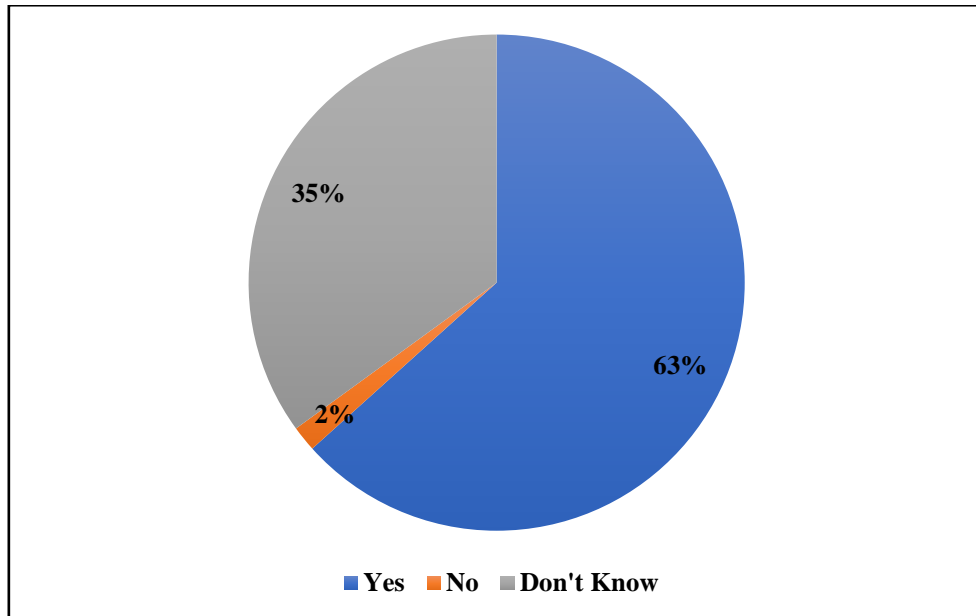
Religious Profile

3.1. Responses on Whether Religion Provides Mental Solace



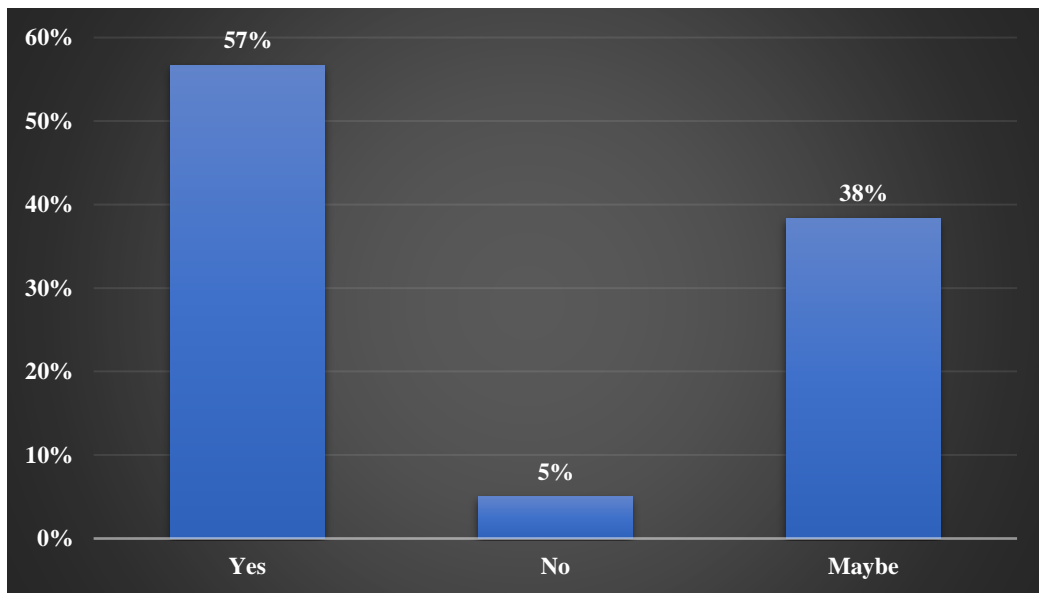
The responses of the survey participants, which are significant in understanding the role of religion in mental well-being, are displayed in the table that follows. About 65 percent of them said yes that having faith in religion brings them mental peace. Many people look to Hinduism and its associated activities as a haven of peace and tranquility among the chaos and frenzy of their day-to-day lives. It offers them a glimmer of hope that they can overcome their challenges. However, about 2 percent of respondents claimed they were uncomfortable with religious practices. They do not rely on religious explanations of social events but on explanations grounded in practice. Roughly 33 percent of the respondents said they occasionally adhere to the notion that religion offers comfort to its adherents. They believed faith gave them the strength to endure adversity and confidence in a brighter future.

3.2. Responses on Whether Hinduism Promotes Healthy Life



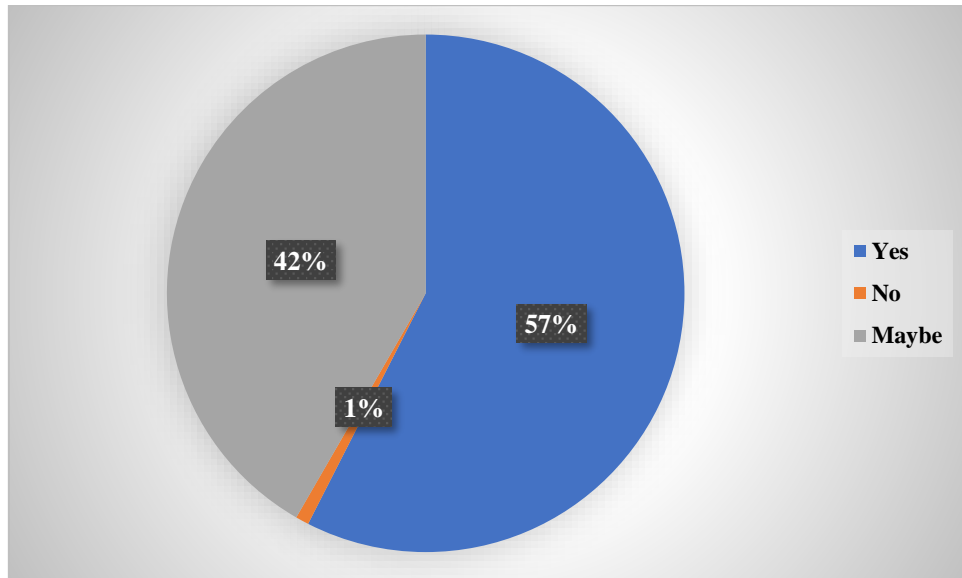
In response to the question as to whether Hinduism encourages its followers to live a healthy lifestyle or not. Around 63 percent of those surveyed provided a positive response. They said that the prescriptions and proscriptions in Hindu beliefs offer a feeling of good direction in leading a healthy and balanced life. Most believers believe that exercising self-control and practicing meditation are the two most effective strategies for maintaining physical health. Similarly, praying to the Almighty God is among the most sought-after mental health practices. A person can achieve complete harmony or alignment in their body, mind, and spirit via yoga. Accordingly, the respondents have a broad consensus that adhering to Hindu dictums helps maintain a good mental and physical state. On the other hand, 2 percent of those polled stated that they believe Hinduism does not encourage a healthy way of life. They think one's way of life is the most crucial factor in keeping a healthy physique, and religion has nothing to do with this issue. About 35 percent of the respondents said they did not know if Hinduism encourages a healthy lifestyle.

3.3. Responses on Whether Religious Attendance Can Avoid Negative Behavior



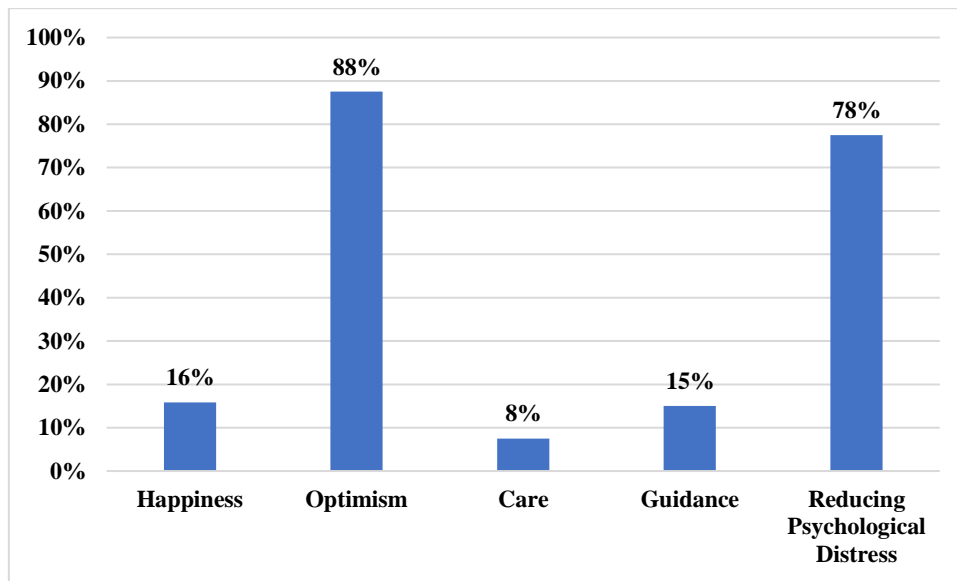
The respondents' opinions are shown in the column chart on whether religious attendance may prevent negative behavior. In response, around 57 percent of them answered that increasing one's religious attendance can assist one in avoiding engaging in undesirable behaviors in their day-to-day life. Attending religious gatherings at temples or going to temples to pray to the Almighty is seen by believers as a means of guiding them toward a more moral way of life. It encourages them to reintroduce positive behavior and restores their faith in the world. It helps people feel at ease, making it easier to make decisions that benefit their lives. On the other hand, about 5 percent of them stated that they disagree that regular attendance at religious services might assist individuals in avoiding engaging in undesirable behaviors. In their view, religion can only provide moral direction from the outside and does nothing to change people's internal dispositions. In addition, almost 38 percent of those who participated in the survey felt that regular attendance at religious services may or may not protect individuals from engaging in undesirable behaviors. They go to the temple hoping for a better life and future, but they are confused about whether religion helps people avoid engaging in negative behavior.

3.4. Responses on Whether Hinduism Promotes Positive Behavior



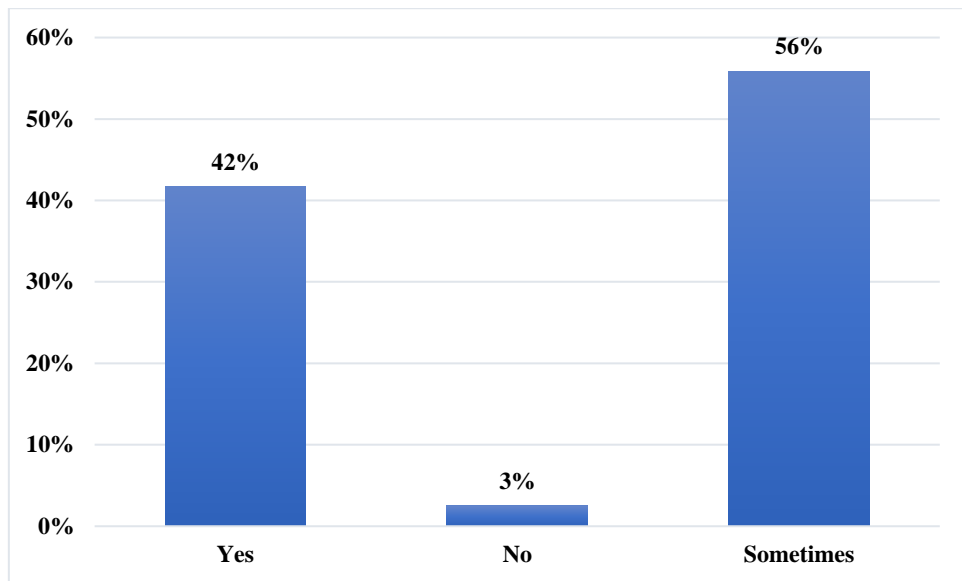
The following pie chart illustrates whether Hinduism encourages positive behavior among its followers or not. Almost 57 percent of those who participated in the survey responded that Hinduism encourages good behavior in its adherents. The Hindu way of life emphasizes several virtues, including compassion, patience, and tolerance. Many Hindu writings focus on methods to live a good life and contribute positively to society. On the other hand, nearly 1 percent of those who participated in the survey stated that they do not think having a belief in Hinduism may lead to more positive behavior. In conclusion, around 42 percent of those surveyed answered that they do not know whether genuine reverence for Hinduism may result in positive behavior. In their opinion, the principles and teachings of Hinduism try to encourage a healthy way of life by taking a holistic approach; nevertheless, they are dubious about how this occurs in practice.

3.5. Responses on What Does Faith in Hinduism Engender



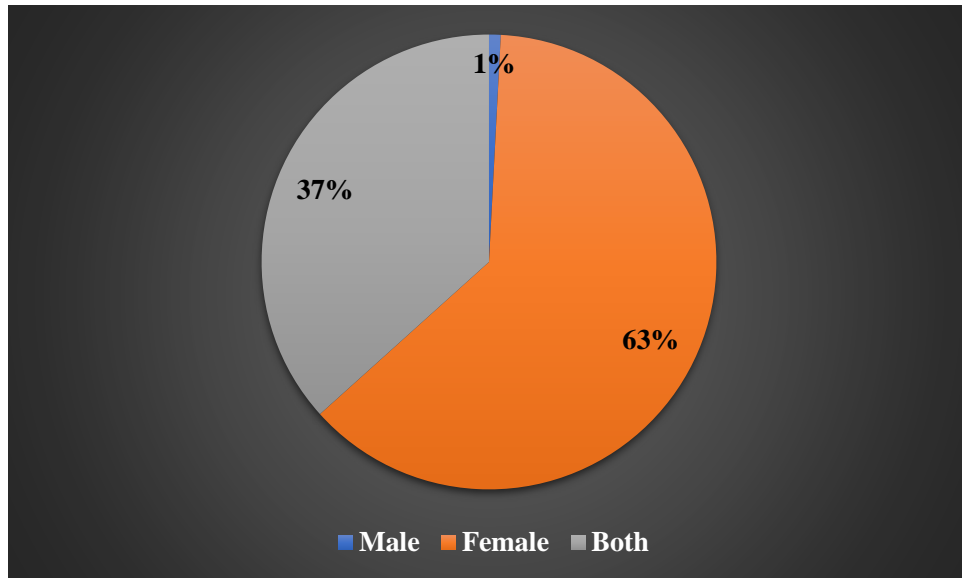
The preceding column chart depicts the effects of belief and religion in Hinduism on an individual. The respondents who participated in the survey were given the option of selecting more than one answer to the question at hand. About 16 percent of those who participated in the survey claimed that adhering to the morals and precepts of Hinduism offers satisfaction and happiness to themselves and their family members. It enables individuals to see past the current difficulty and be glad and content with whatever they are gifted, regardless of the circumstances. Similarly, close to 88 percent of those who participated in the survey mentioned that Hinduism instills a sense of optimism. They can work more upbeat because having a positive attitude might make it easier to maintain concentration and exert more effort to pursue a better tomorrow. About 8 percent of those who participated in the survey said they associate their belief in Hinduism with feelings of compassion and affection. They get the impression that God is always there and watching over everything from above. In a similar spirit, 15 percent of them mentioned that Hinduism gives them a feeling of direction. A couple remarked that God could test people by putting them in problematic social circumstances, but that if people had confidence in God, then the Supreme Being would guide them to make the right option no matter their choice. Finally, over 78 percent stated that having a belief in Hinduism makes it easier for them to deal with emotional anguish. Several respondents mentioned that prayer and meditation are two helpful practices that assist them in maintaining a peaceful state of mind during times of stress.

3.6. Responses on Respondents' Regular Visit to Religious Institution



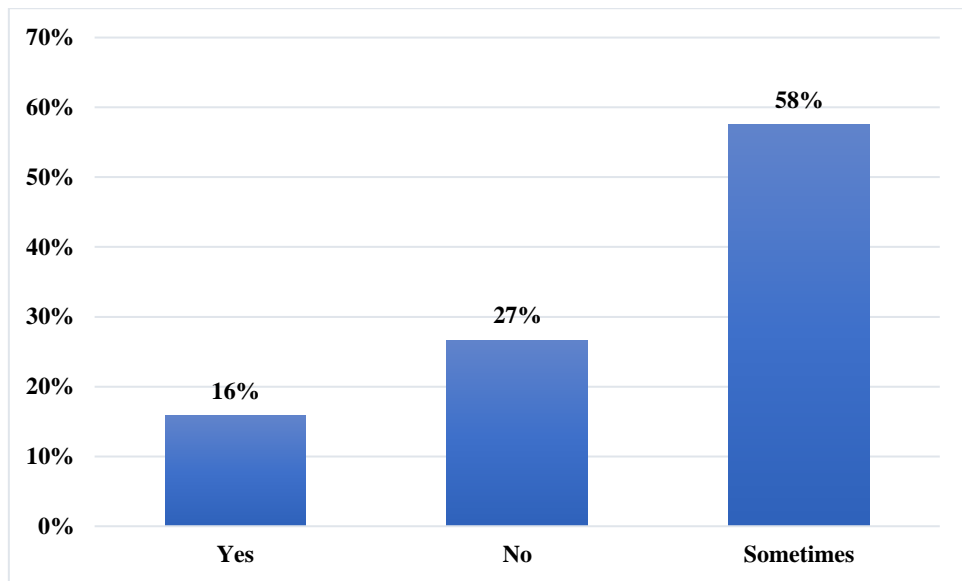
The current column chart shows how often or not the respondents attend religious institutions. About 42 percent of the people who answered the survey said they often go to nearby temples or other places of worship. In certain instances, popular faith healers organize healing rituals, which most of these responders make it a point to attend regularly. On the other hand, close to 3 percent reported that they do not regularly attend religious institutions. They responded that they do not have any faith in the notion that regular attendance at religious institutions might be connected to the health and wellness of one's family in any way. Moreover, almost 56 percent believed that they do not frequently visit places of worship but do so whenever a significant event occurs to pay their respects to a higher power.

3.7. Family Members Who Attend Religious Institutions the Most



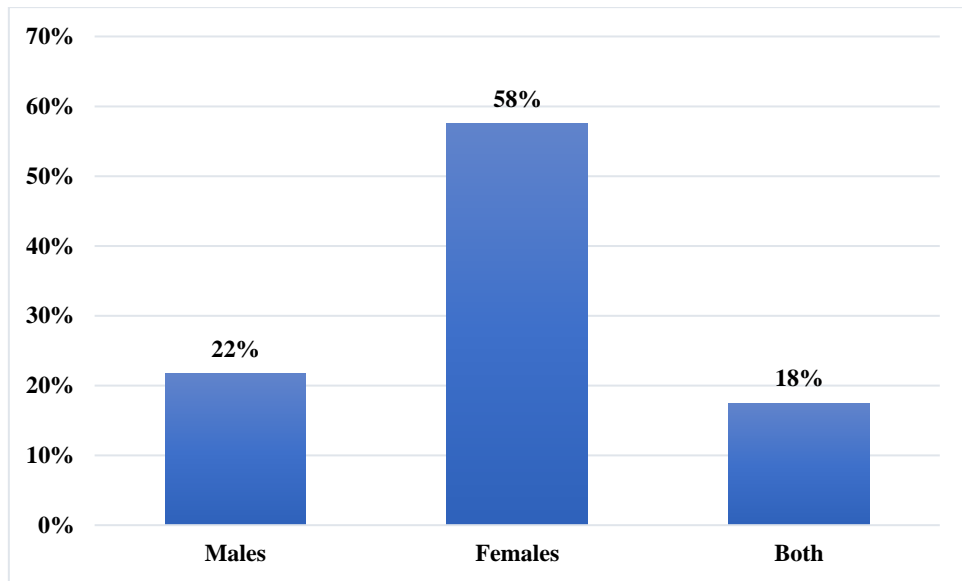
The above pie chart shows who in the family attends religious institutions the most. Almost 63 percent of the respondents claimed that the ladies in the house spend the most time paying their respects at religious institutions. Due to the male members of the family having to travel for work, the female members of the household are responsible for performing these religious rites at home. Similarly, 37 percent stated that both the men and the females in the family are the ones who attend religious institutions the most. They believed that the woman in the house was not solely responsible for ensuring the health and happiness of her family members and that this duty should be shared with the other members of the household, too. It is the Dharma of both the males and the females in the household to cooperate in performing these obligatory religious activities. On the other hand, 1 percent said that the men in the family are the ones who go to religious institutions the most.

3.8. Responses on Reading Religious Texts Daily



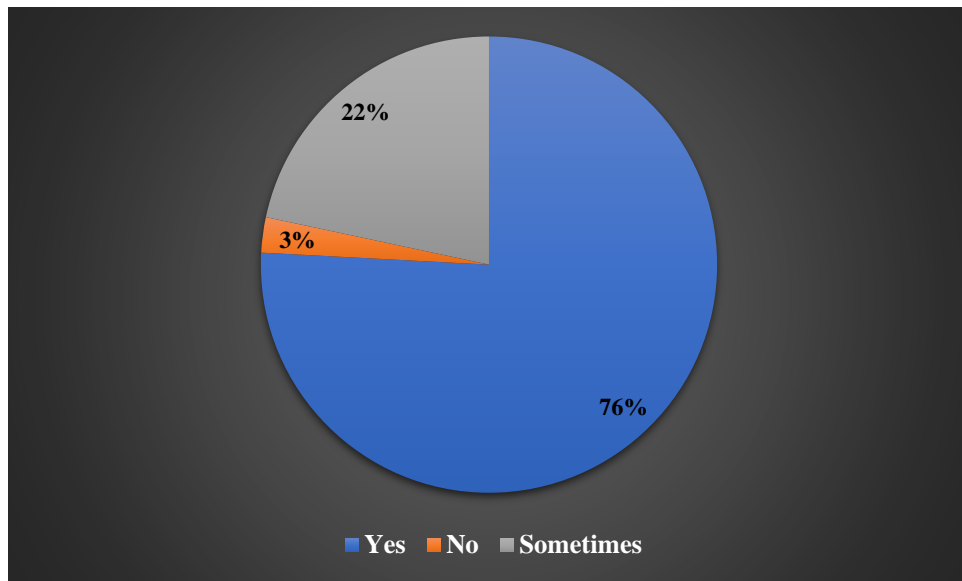
The answers to the question of whether people read religious texts every day are shown in the chart above. In response, around 16 percent of respondents stated they can find time to study religious materials daily. While they offer their daily prayer to God, they try to read the scriptures to seek the blessings of the divine. When they pray to God, they often read translated versions of the Bhagavad Gita or the Hanuman Chalisa. This choice is influenced by their belief that reading these texts during prayer enhances their spiritual connection. On the other side, 27 percent mentioned that they do not read any religious books while praying to God. In a few instances, they explained that one of the reasons they are unable to read religious materials regularly is because they are illiterate. Instead, when they want to pray, they chant the holy mantras. In addition, around 58 percent of those surveyed stated that they do read religious texts when they are in a sacred setting. Several of them mentioned that whenever there is a religious event in the community, everyone gets together and reads the texts aloud as a group.

3.9. Responses on Who in The Family Reads Religious Materials the Most



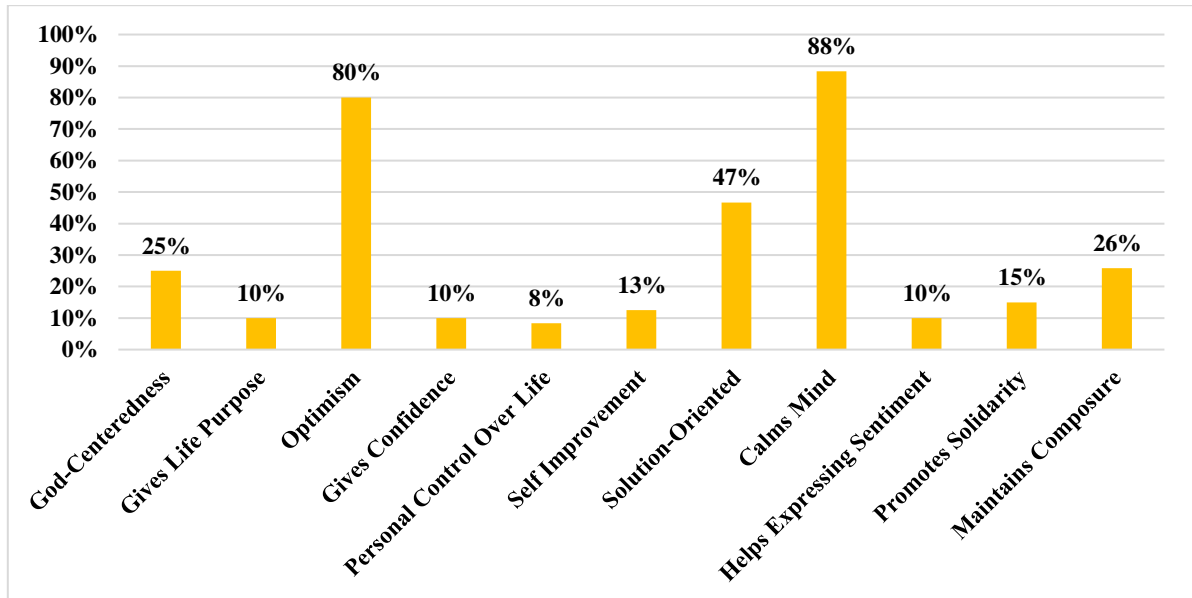
The above chart shows who in the family reads religious texts the most. Around 22 percent of the males claimed that they read it personally. If not daily, then at least on certain religious occasions, they read holy texts since doing so provides them with genuine counsel and hope for how to deal with unfavorable circumstances and lead an optimistic life going forward. About 58 percent of females read the religious texts. It is fascinating that some women recite sacred passages from relevant religious literature despite their inability to read or write. Lastly, around 18 percent of those surveyed claimed that both the men and women in their households read various religious texts. A small number of respondents believed that religion is gender-blind, meaning that religious duties and practices should be equally shared among all family members, regardless of gender. Therefore, it is required that each member of the family—regardless of gender—offer their prayers to the Supreme Being regularly.

3.10. Responses on Praying Daily



The percentage of people who pray every day is depicted in the above pie chart. Approximately 76 percent of people who filled out the survey said they pray every day. They described prayer as one of their most valuable resources, whether in times of crisis or to help them get a good night's rest away from the stresses of life. They can lead a steadier life because they have the hope and the confidence that someone else will take care of the current issue or the challenges of the forthcoming days. This functions as a sense of reassurance that enables them to do so. On the other hand, 3 percent of them answered that they do not believe in praying because they consider that every person is judged according to their own Karma and that praying cannot change what is already predestined for that person. On the other hand, 22 percent of them mentioned that they do pray occasionally. The constant demands of daily life prevent them from praying attentively. However, they do pray on occasion.

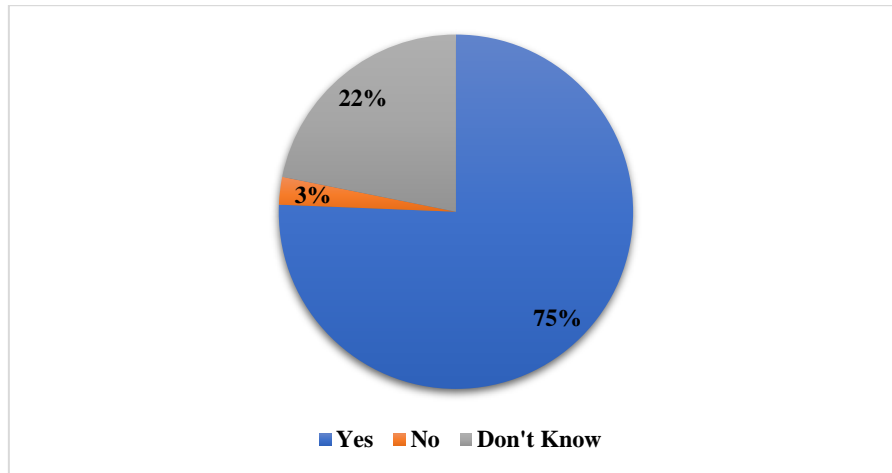
3.11. Responses to Significance of Religion in the Lives of the Respondents



The relevance and meaning of religion in the respondents' lives are depicted in the table above. To gauge their perspectives, they were given the freedom to select from several different alternatives. About 25 percent of those who participated in the survey indicated that religion gives them the impression of being intimately close to God. They consider themselves to be God-centered. They can achieve this sense of being linked to God, with whom they can express their concerns and problems via prayers and sacred chants. About 10 percent of those who participated in the survey stated that religion helps them understand the meaning and purpose of their lives. It points them toward the road of righteousness and encourages them to be friendly to one another. For some people, reading holy books gives them direction in life. Roughly 80 percent of the respondents said they feel more positive and hopeful due to their religious beliefs. The majority of those who responded are struggling with precarious financial situations. Because of this, leading a life free of anxiety becomes quite challenging. On this basis, religion provides individuals with the optimism necessary to hope for better days, continue working hard, and conduct acts of good Karma to have a better future. About 10 percent of them said that religion is one of the things that makes them feel good about who they are. They believe that God rewards Good Karma, and religious teachings give individuals the confidence to do positive things. Because of this rationale, individuals are motivated to undertake charitable acts for other people, which, in turn, helps them feel better about themselves. 8 percent said that religion offers people a greater sense of control over their lives.

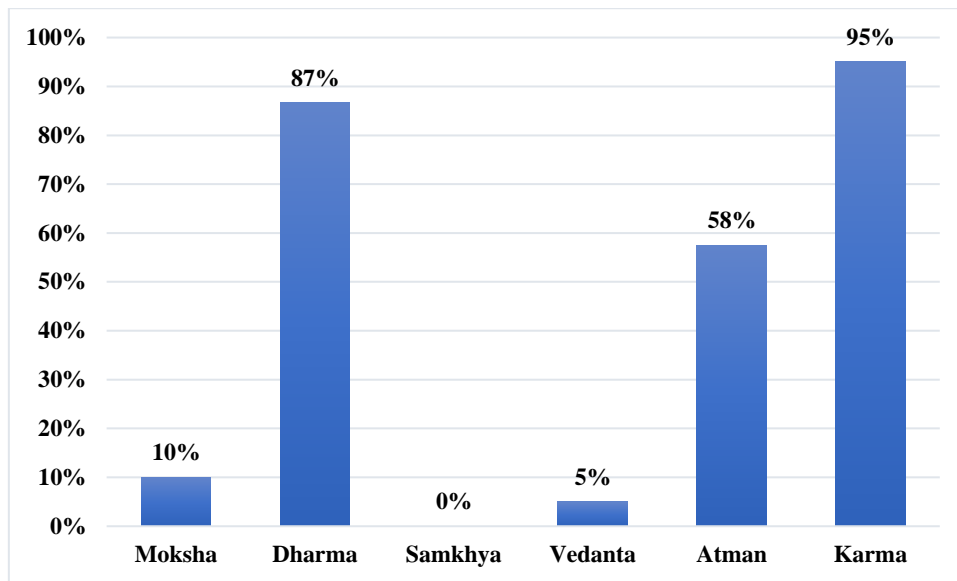
They can concentrate on their lives positive and negative aspects and then seek to improve both to have a healthy future. It assists in finding a constructive path to follow in one's life. About 13 percent of the respondents said that following a religious tradition helped them become more secure in who they are. Religion provides a chance for personal growth to those individuals who, due to their actions, struggle to find their way in the world and contribute to negative Karma. In a recent survey, respondents said that religion helps solve personal difficulties. It is focused on finding solutions. People tend to experience feelings of disorientation several times because of particular social settings. Conversely, religion teaches individuals that there is more than one solution to a problem. One said, "God will open a window for you if all the doors are closed." According to these findings, 88 percent of respondents believe religion helps relax the mind. They can experience a sense of calm and contentment when they engage in religious practices like praying, reciting holy mantras, reading sacred books, or traveling on pilgrimages. It aids them in the process of inner healing. It is beneficial to one's mental health and helps to improve it. 10 percent of them even indicated that religion assists them inappropriately expressing their feelings. Quite a proportion of the respondents stated that they could communicate their sentiments to God while participating in religious ceremonies or when they were attending a religious institution. 15 percent of respondents stated that they believe religion encourages unity. It fosters a sense of togetherness and strengthens the sense of community. They can maintain connections with their contemporaries by participating in various religious events, and feeling on equal footing with one another is facilitated by participating in religious activities as a group. Finally, 26 percent said that religion helps an individual stay calm in difficult situations. People cannot think sometimes, including when they are engaged in a heated debate with another person or when circumstances are beyond their control. Religion helps individuals regulate their anger or negative emotions and keeps their emotions in check at that point.

3.12. Responses on Whether Faith in God Moderates Stress



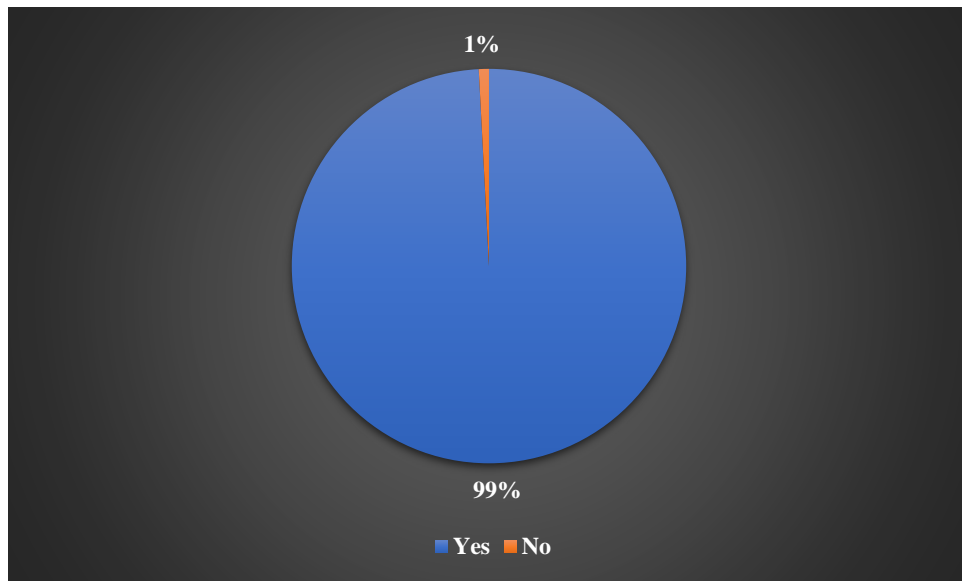
In this pie chart, the answers to the question of whether faith in God helps reduce stress are shown. 75 percent of the respondents responded that religion helps them control their stress levels. In times of flood, religion assists individuals in calming themselves within and maintaining composure. They are better able to maintain emotional control and contribute constructively to the lives of others because of the positive spirit that this imparts to them. On the other hand, about 3 percent of them said they disagreed with the idea that religion can help people deal with tension and stress in their lives. Instead of devoting quality time to religion and the activities connected with it, they believe that concentrating on one's karma might be a more effective way to maintain a stress-free lifestyle. Simply participating in religious events will not make the source of one's worry disappear; it takes more than that. Finally, almost 22 percent of those who participated in the survey stated that they do not know whether religion or the activities associated with it can moderate one's stress level. A few of the respondents even stated that they had been socialized to perform the rituals for which they carry out their responsibilities in the family; however, the factors or causes of stress in one's life did not diminish as a result of that, as a result, they are unsure as to whether or not religion assists in controlling one's stress level.

3.13. Responses on Acquaintance with Hindu Divine Terms



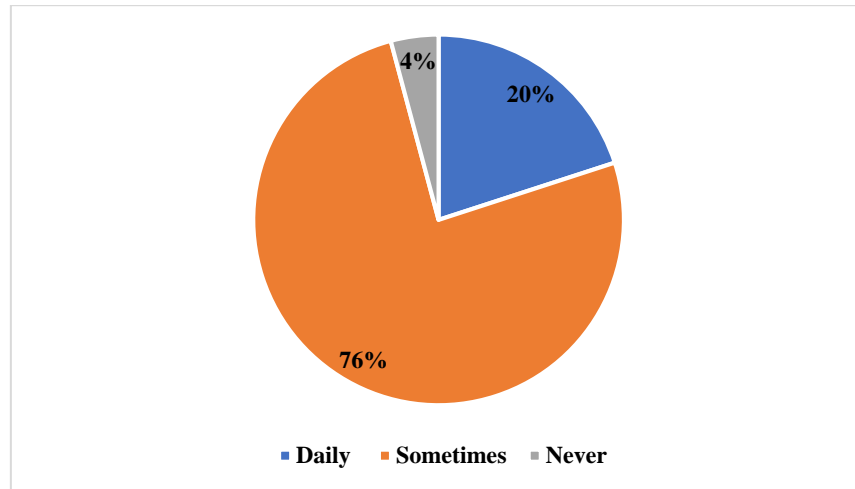
The above column chart shows how well each respondent knows the Hindu divine terms—Moksha, Dharma, Samkhya, Vedanta, Atman, and Karma. The respondents were given more than one choice so that their opinions could be measured. Only 10 percent of respondents claimed they know what "Moksha" means and understood it as "freedom from the cycle of life and death." Most of them voiced the opinion that they do not wish to experience this cycle of life and death once more in one of their subsequent births. Dharma was a concept that was familiar to around 87 percent of the respondents. Dharma is a concept that describes the obligations that one has to himself from a young age. Individuals in society take on various roles, each with its own set of responsibilities. These responsibilities fall into one of several categories. The responders asserted that they were doing all their power to uphold their Dharma to accumulate positive Karma. On the other hand, no single respondent has any knowledge of the Samkhya philosophy. According to their responses, only 5 percent of those surveyed knew of Vedanta. Two of the people who responded to the survey even stated that they have studied all of Veda's books and that they are thoroughly knowledgeable about Vedanta's philosophical system. Around 58 percent of those surveyed are familiar with the concept of "Atman" and believe in the continuity of the soul after death. Additionally, 95 percent of the respondents are familiar with Karma and understand its implications on their actions and future well-being. This belief influences their behaviors and motivates them to engage in virtuous acts to ensure a blessed afterlife and avoid negative consequences.

3.14. Responses on Belief in *Karma* Philosophy



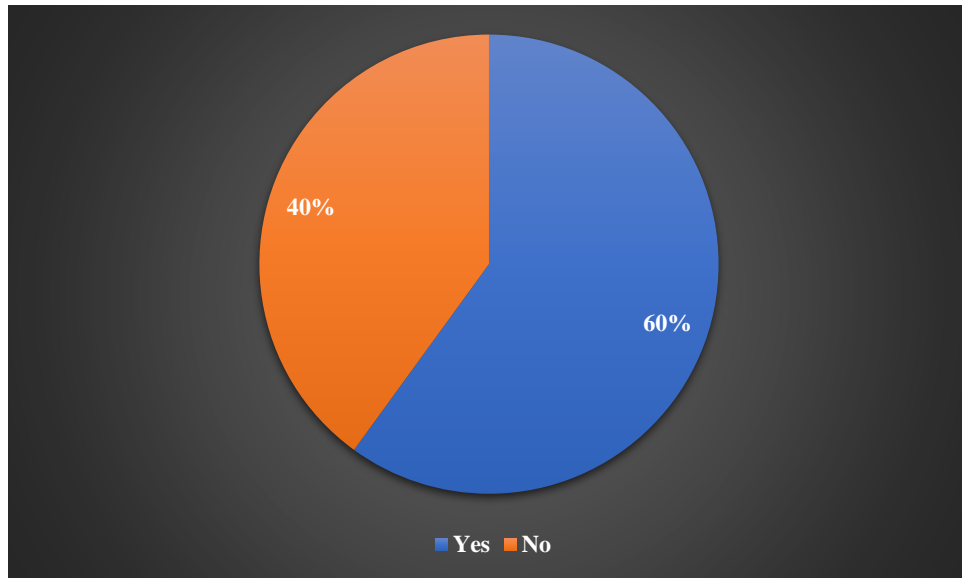
The above pie chart shows whether the respondents believed in the theory of Karma. 99 percent of respondents said they had faith in Karma and the repercussions it brings. Even the skeptics, most from the Jhargram Block, admitted that they had some faith in the karma philosophy. They believed in the existence of this philosophy. The Karma of every individual is a direct reflection of the actions that person takes in the world around them. As a result, performing charitable acts and working toward the well-being of others might help one reap good Karma, but acting despicably and causing harm to other people can lead to one accumulating terrible Karma in the future. Karma assigns a reward or a penalty to each person for the actions that person has taken in the past. On the other hand, just 1 percent of the participants in the study answered that they did not believe in the idea of Karma. The responder thought that no one should engage in positive or negative behavior based on the personal benefits he or she can derive from it. According to him, this belief causes people to be preoccupied with themselves.

3.15. Responses on Frequency of Chanting the Holy Mantras



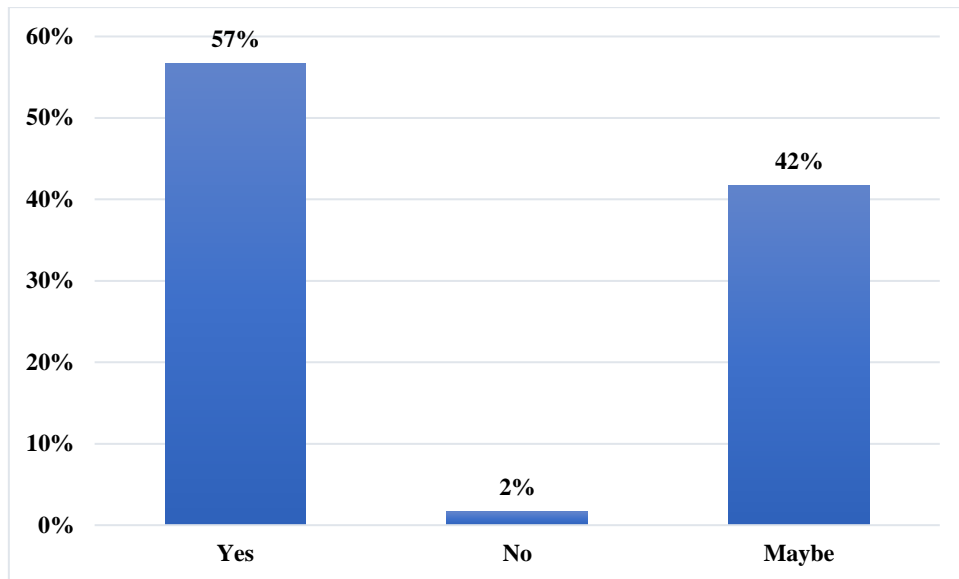
The above chart shows how often people chant the Holy Mantras. Almost 20 percent of respondents responded that they recite holy mantras regularly. Several of them mentioned that while they may not know all the holy mantras, they try to repeat the ones they do know throughout the day as part of their routine. They think that all unfavorable energies will keep their distance from the dwelling if the recitation of holy mantras is done daily. In the same way, most of them (around 76 percent) said that they sometimes chant the holy Mantras. They repeat the holy mantras to keep the evil spirits at bay during religious events, any time a member of the family becomes ill, or when a significant family event is coming up. They reported that reciting the mantras helped them overcome their negative feelings by bringing peace to their thoughts.

3.16. Responses on Believing in the Pursuit of *Tantra*



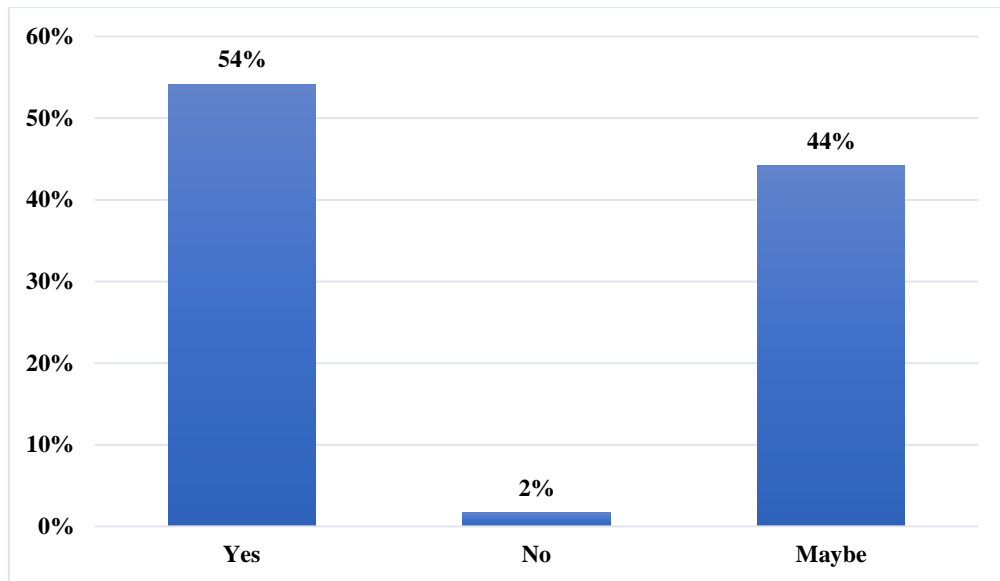
The preceding pie chart displays the respondents' beliefs regarding pursuing Tantra. Tantric practices and the rites that are traditionally linked with them hold a significant place in the cultural fabric of Jhargram, as evidenced by the survey. Approximately 60 percent of those who participated in the survey responded that they had faith in the practice of Tantra and would turn to it in an emergency or to pray for the recovery of a family member. A handful of the people who participated in the survey mentioned that there are some circumstances in which prayers for another person's health are ineffective and that it is at those times that the Tantra Sadhana performed by a faith healer works wonders for them. They related several anecdotes from their own lives to demonstrate the validity of their faith in the practice of Tantra. On the other hand, around 40 percent of them claimed they do not believe in pursuing Tantra under any circumstance. They believed that if Tantra is not practiced correctly, it might have irreversible implications. Because of this, people abstain from participating in these activities. They avoid conventional medicine in favor of visiting local faith healers and opting instead for herbal therapy and procedures.

3.17. Responses on Believing in God Heals the Sick



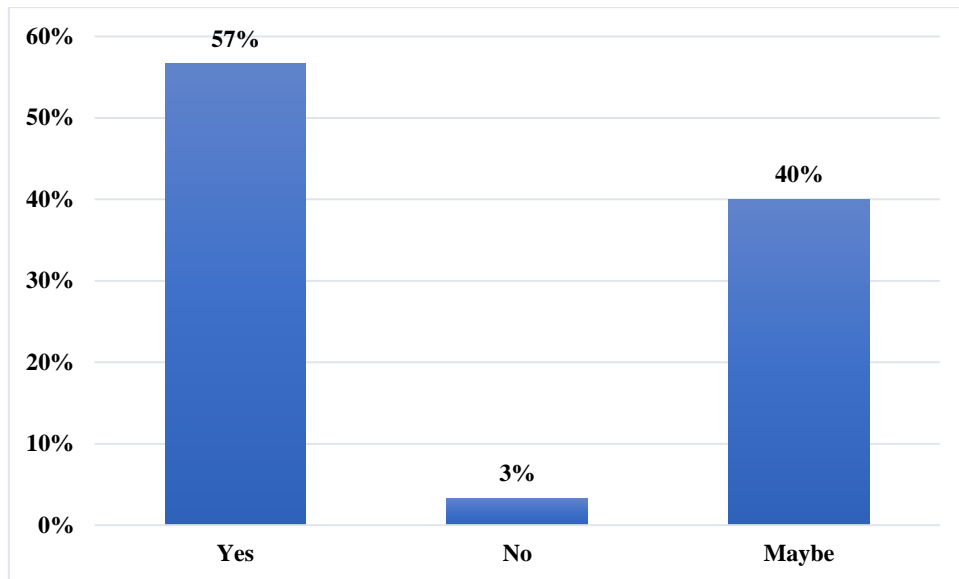
The respondents' beliefs regarding whether they believe that God miraculously cures the ill are depicted in the table above. In response, around 57 percent indicated faith in God's existence and ability to heal people. They stated that God responds to prayers if they are powerful enough and if people can communicate their sorrow to him. They recounted a few instances to demonstrate that having genuine faith in God has the power to heal those who have it. If their followers pray sincerely, the adherents of this religion believe that God would never turn a blind eye to their pleas. However, about 2 percent of respondents said they do not think God can heal the ill through miracles. They believe a patient's disease may be cured only through modern medical knowledge. However, almost 42 percent of respondents selected "Maybe" to indicate they are unclear if God miraculously cures the ill or not. Some opined that God may be curing the ill, but it is also possible that he is not. The positive effects of the herbal medicines supplied by faith healers or even the biomedicines recommended by a doctor are what heal the ill. They have a strong faith in the existence of God and engage in fervent prayer. However, they are unable to state whether these practices definitively are the valid reason for the miraculous cures that occur in their midst.

3.18. Responses on Faith in God Heals the Sick



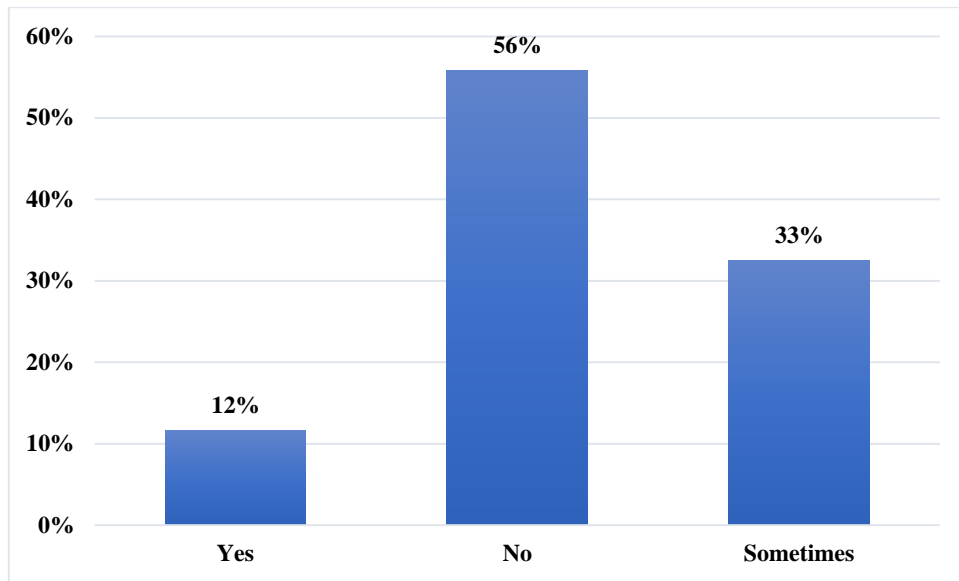
The following bar graph shows the percentage of respondents who believed God could heal them of their illness. In response, around 54 percent of those who participated in the survey stated that they believe God can heal those who are ill. They believed that God's judgment was fair and that when someone was sick, God would cure them according to their actions. In this research, a few participants said, "*Faith may generate miracles beyond our knowledge.*" On the other hand, 2 percent of them stated that they do not believe in any role of God in the healing process of sick people. They put all their trust in scientific advancements in medicine, and the outcomes of biomedical procedures on patients are the only thing that matters to them. Similarly, around 44 percent of those who participated in the survey answered that they do not know for sure whether God possesses the capacity to heal those who are ill. Even though they put their trust in God, they are unable to definitively state whether it was God or the other therapeutic methods that were responsible for the patients' recoveries.

3.19. Responses on Whether Faith in God Reduces Suffering



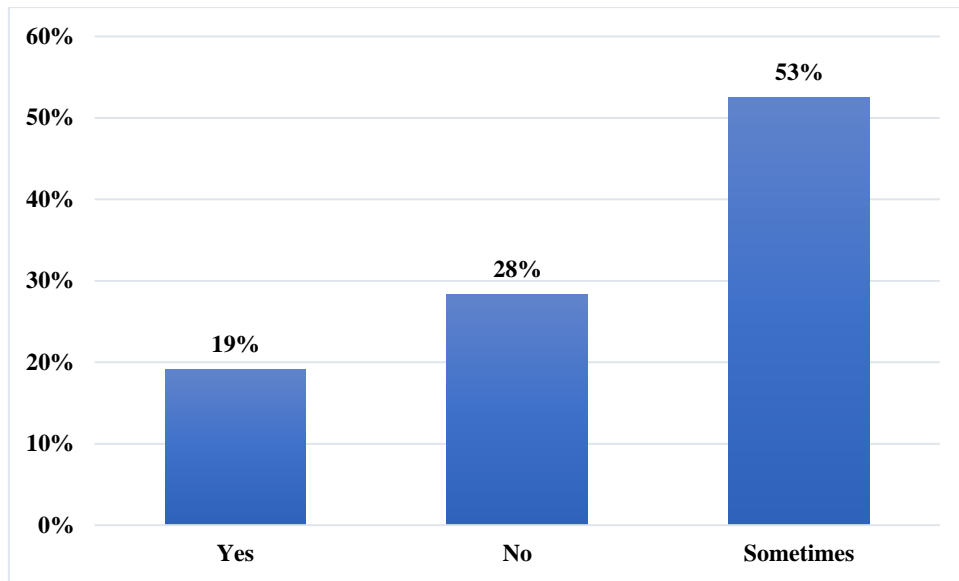
The following table displays the opinions on whether having faith in God lessens one's suffering. In response to this question, almost 57 percent answered that they firmly think that if a person trusts God, their suffering will be lessened. There are two possible explanations for why a patient who places their whole trust in God experiences healing: either the patient is experiencing the placebo effect, or God is answering their prayers and relieving their pain. On the other hand, 3 percent of those who participated in the survey said they do not believe in God alleviating the pain of a sufferer. They asserted that the world is suffering in various ways and that if God and his forces had existed, they would have been somewhat alleviated. In addition, around 40 percent of those who participated in the survey answered that they do not know for sure whether God had the ability to alleviate the suffering of humans. It may or may not happen. As a result, they place their trust in God and allow nature to work its course with the individual going through difficulty.

3.20. Responses on Having Disappointments in Prayer for Healing



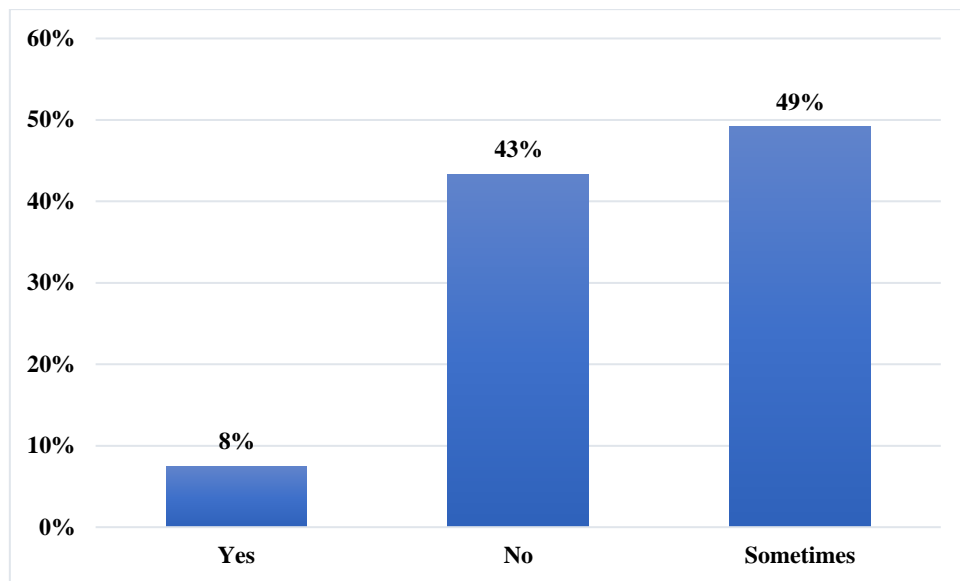
The percentage of responses to the question of whether people have ever been disappointed while praying for healing is shown in the chart above. Around 12 percent of respondents stated they have experienced disappointments when praying for the physical or spiritual health of a family member or another person. They thought that destiny would work out how it was supposed to and that no prayer could heal someone if something else were meant to happen to them. On the other side, almost 56 percent of those who participated in the survey stated that they have never been let down by the outcome of their prayers for someone else's rapid recovery in the past. According to what they said, praying for another person generates positive energy, and it is this positive energy that assists the patient in the recovery process. Similarly, around 33 percent of the respondents admitted that there had been times when they had been let down when praying for another person's healing. They believed that they prayed for members of their family who were experiencing difficulties associated with aging; nevertheless, their prayers were not answered. However, they have also reported favorable outcomes in some other cases.

3.21. Responses on Believing Hindu Myths on Healing



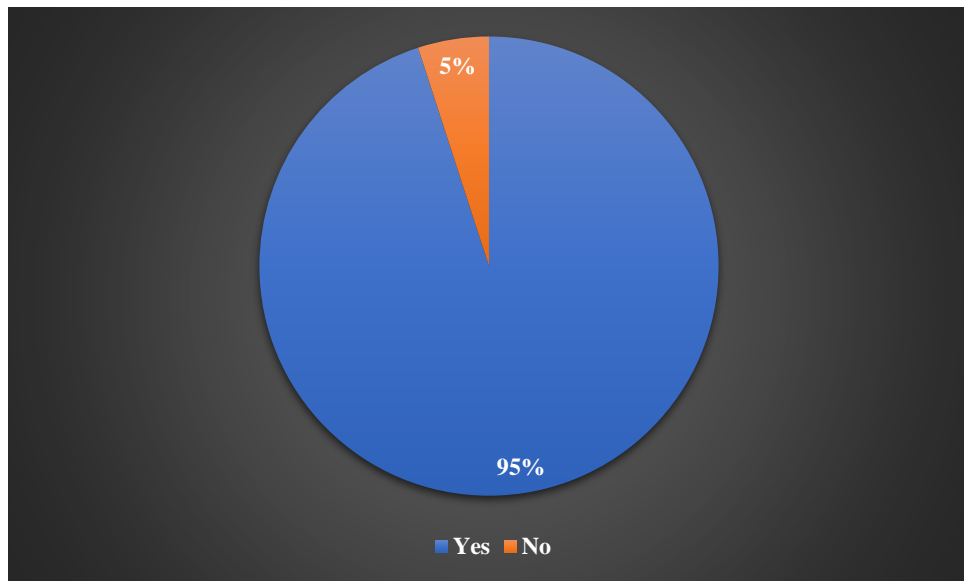
The above table shows how the respondents answered the question of whether they believe in the Hindu myths about healing or not. Several Hindu myths, legends, and folklore explain the miraculous ways God cures those who follow the Hindu religion. Myths are that being a committed follower who practices positive Karma will always result in God's blessings on one's life. As a result, 19 percent of them said that they are familiar with the Hindu myths around healing and that they fully trust the effectiveness of these myths in the culture. Conversely, 28 percent of them mentioned that they do not have faith in these healing myths. Some of them claimed that it is unnecessary for them to be familiar with the Hindu tales about healing and to believe that these stories are true because they have complete confidence in the existence of God and trust in the curative abilities that he possesses. Finally, around 53 percent of those who participated in the survey said they occasionally believe in the Hindu tales associated with healing. Their primary source of faith continues to be in the efficacy of positive prayers for the sick and the belief that leading a healthy lifestyle filled with positive Karma may assist an individual in being blessed with the curative powers of the divine.

3.22. Responses on Reading Hindu Scriptures for Mental and Physical Healing



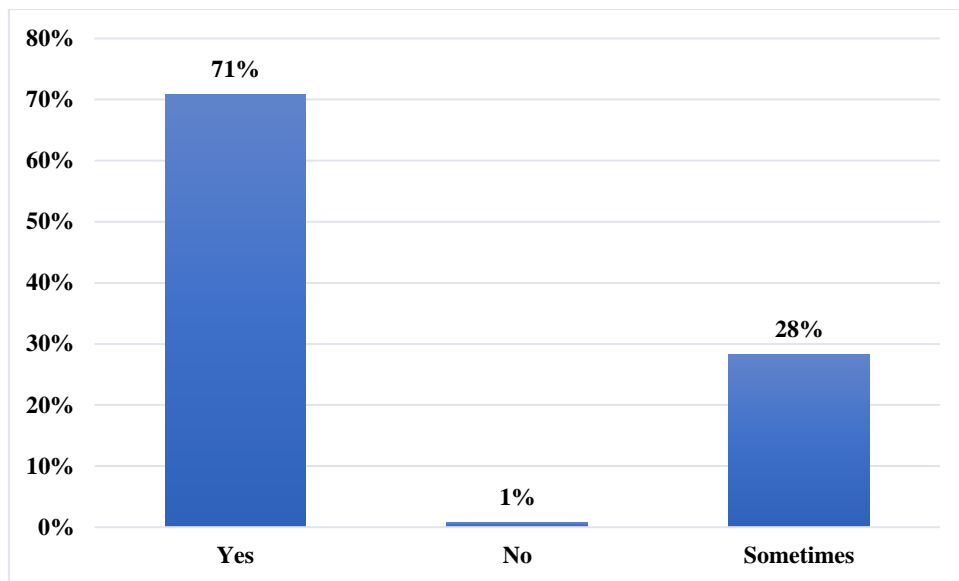
The following chart displays answers about using Hindu scriptures for mental and physical healing. 8 percent of people said they find solace in reading Hindu texts daily. They believe that the key to a healthy body is a healthy mind and that a positive mind is the key to a healthy body. On the other hand, 43 percent of those who participated in the survey expressed that they do not study the holy scriptures for mental or physical healing. Several respondents mentioned that most of their family members are illiterate, and because of this, they cannot study the holy texts on their own. If anybody needs bodily or mental healing, they perform the rituals and use the healing practices. Finally, almost 49 percent of them stated that they only read the Holt texts to heal the body and mind occasionally. During a religious gathering or other religious occasion, they read Hindu texts for the benefit of their family members.

3.23. Responses on Worshipping Daily at Home



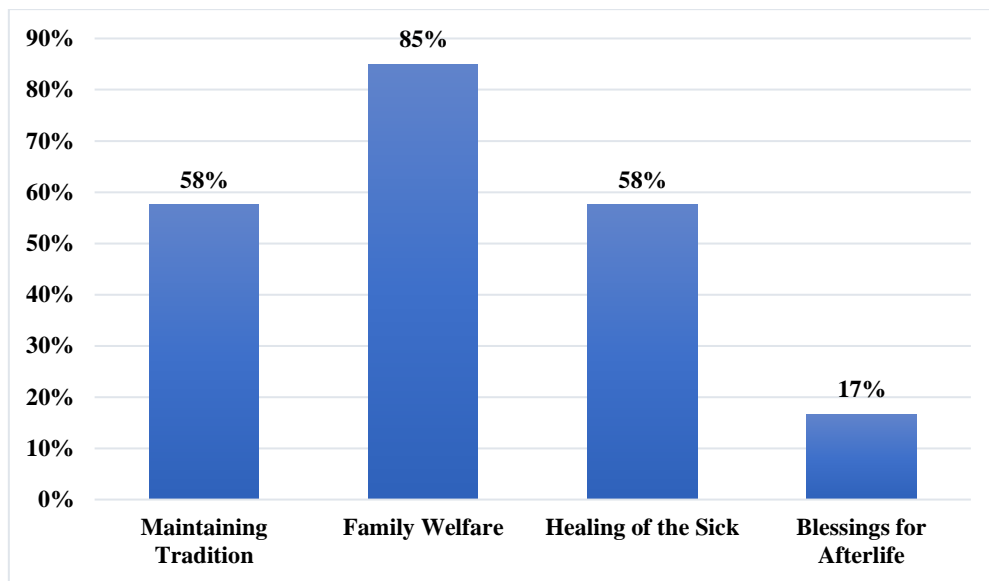
The above pie chart shows how the respondents answered whether they worship at home every day. In response to this question, most of the respondents (95 percent of all respondents) stated that they do daily worship in their homes. Most homes have a room that may be used exclusively for religious activities. They have a variety of medical plants growing all around their home, with a particular emphasis on the Tulsi plant, which, according to Hindu practices, is held in the highest regard. In general, all family members pray to God after having an early-morning shower, and the females of the household are supposed to worship every day at home by performing the required rituals. Most respondents said they do daily religious rites at home after a morning shower because they feel "clean and pure." In contrast, just 5 percent reported not regularly worshipping in their homes. They claimed that they do not perform the ritual regularly at home due to paucity of time or lack of interest.

3.24. Responses on Performing Religious Activities at Home



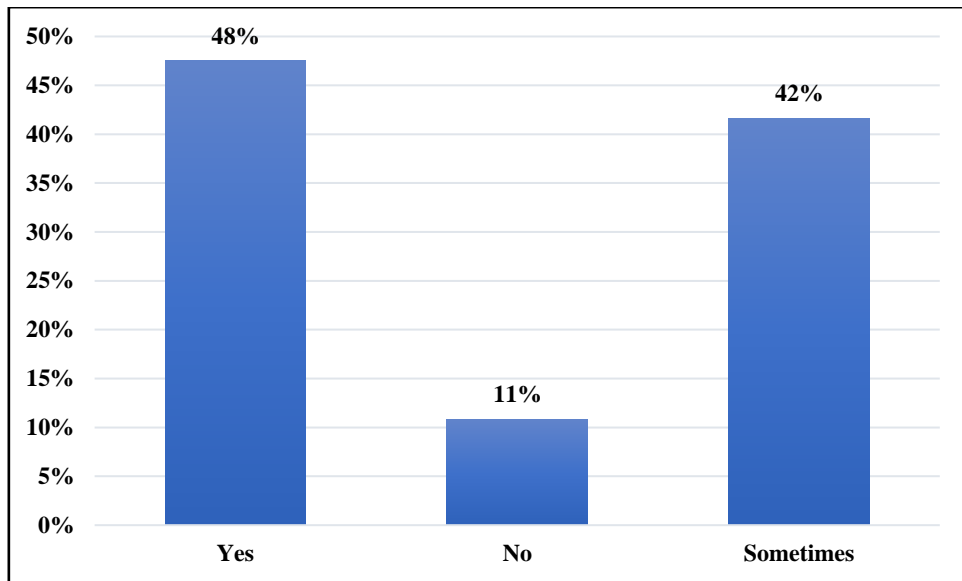
The accompanying graph shows the percentage of respondents who say whether they celebrate religious holidays and events at home. Laxmi Puja, Saraswati Puja, Kali Puja, and Durga Puja are just a few examples of the kinds of religious events that devotees host in their homes. Other examples are Durga Puja and Kali Puja. In response to this question, almost 71 percent said they celebrate the major religious holidays at their homes throughout the year. In most instances, participating in these religious rituals within one's own house has been a long-standing practice. They carry out religious activities at home to ensure these customs' continuation. Some people see these religious activities as a means to get together with all family members who stay far and wide due to work-related reasons. Other people believe these rituals ought to be performed at home for the family members' well-being and a better future. In contrast, 1 percent of individuals stated that they do not engage in religious activity at their residence. Instead, they put that money down in savings and either contribute it to their savings or use it to take trips to tourist destinations with their families. On the other hand, 28 percent of the people who answered said they only sometimes do religious events at home. If there is persistent unrest, they will hold a Satyanarayan Puja or a "Shanti Puja" at their residence to re-establish harmony and contentment among the family members. For some, the inability to afford to host such religious gatherings at home is the primary reason they cannot do so.

3.25. Responses on Reasons for Performing Religious Activities at Home



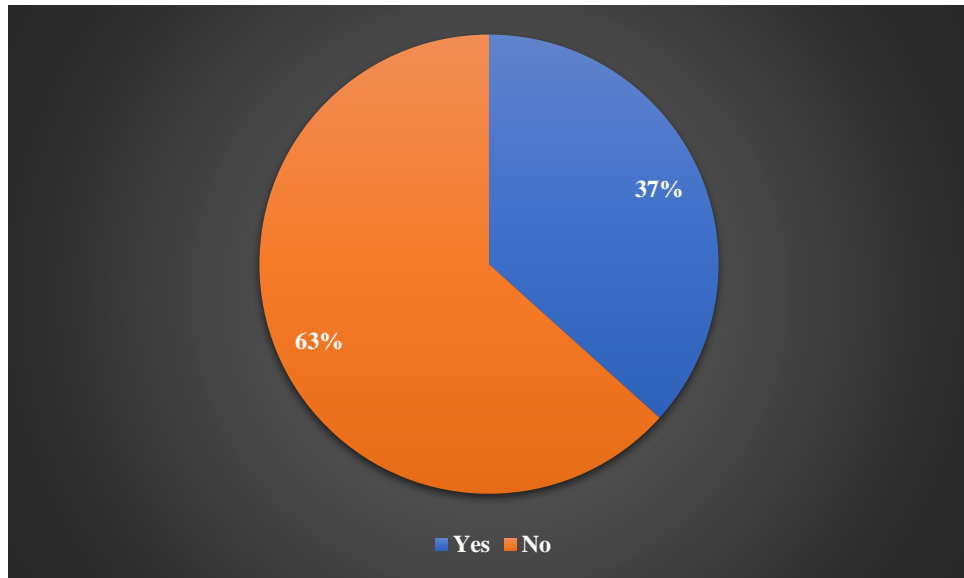
The above table shows why the respondents perform religious activities at home. The respondents were allowed to select from multiple alternatives for the current question. Around 58 percent of the respondents stated that the prime reason behind their performing religious activities at home is to maintain the tradition of the household. These rituals have been performed years down the line. They do not want to put an end to that. Most of them fear that by not being able to maintain the tradition of their families, they will bring disgrace in the name of their forefathers. 85 percent said that they perform religious activities at home to bring about the welfare of their family members. It is believed by many that performing holy rituals at home can ward off the negative spirits or other negative energies from the house and restore positive energy. Around 58 percent of them stated that they perform religious activities for the health and healing of their family members. They explained that performing religious rituals can be one of the ways to make their plea reach God, and they can ask for better health and well-being from family members. They pray for the ailing members of the family, the healing of the elderly members, and also to heal those women in the house who either cannot conceive a child or are not giving birth to a boy child. Finally, around 17 percent of them stated that they hope to receive blessings in their afterlife through performing religious rituals at home. These findings suggest the enduring significance of religious practices in the home and the potential implications for family dynamics and individual well-being, warranting further research and academic discourse.

3.26. Responses on Respondents Savings for Religious Activities



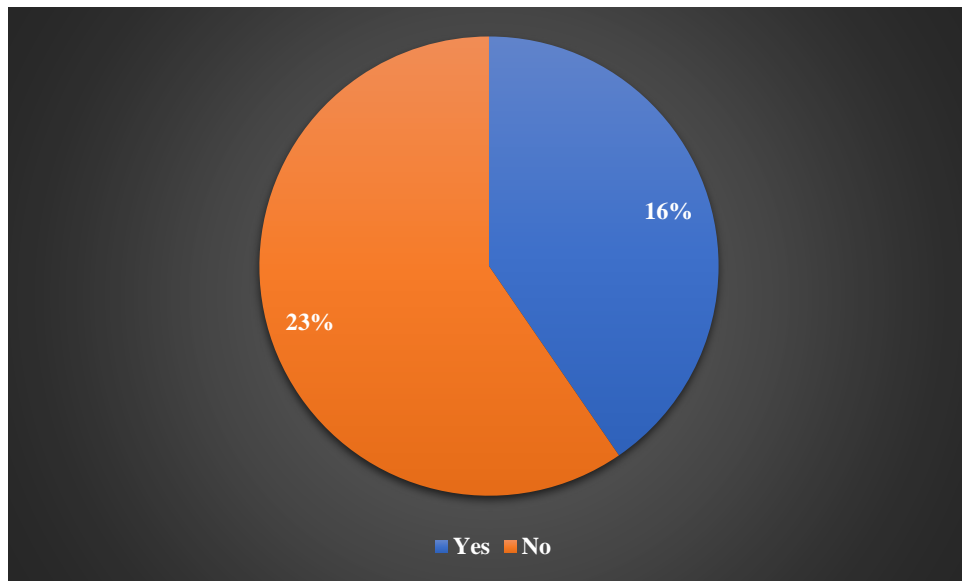
The pie chart illustrates how often respondents allocate a portion of their monthly salary for religious activities. In response to this question, almost 48 percent of those who participated in the survey claimed they set aside some of their earnings to finance these religious activities. Even though they cannot host all the events simultaneously at their own home, they nevertheless try to participate in their community's religious gatherings. They even put aside a specific amount of money in case the family members ever use the services of faith healers to cover the costs associated with those services. On the other hand, 11 percent reported that they do not set aside any money from their regular savings to fund religious activities. Some of them said that they do not make enough money to be able to save money for religious activities. In the event of such a requirement, they organize it carefully before performing the ceremonies. Furthermore, almost 42 percent of those who participated in the survey mentioned that they only occasionally put some of their money aside so that they could participate in religious activities.

3.27. (i) Responses on Reading Hindu Folklores on Healing



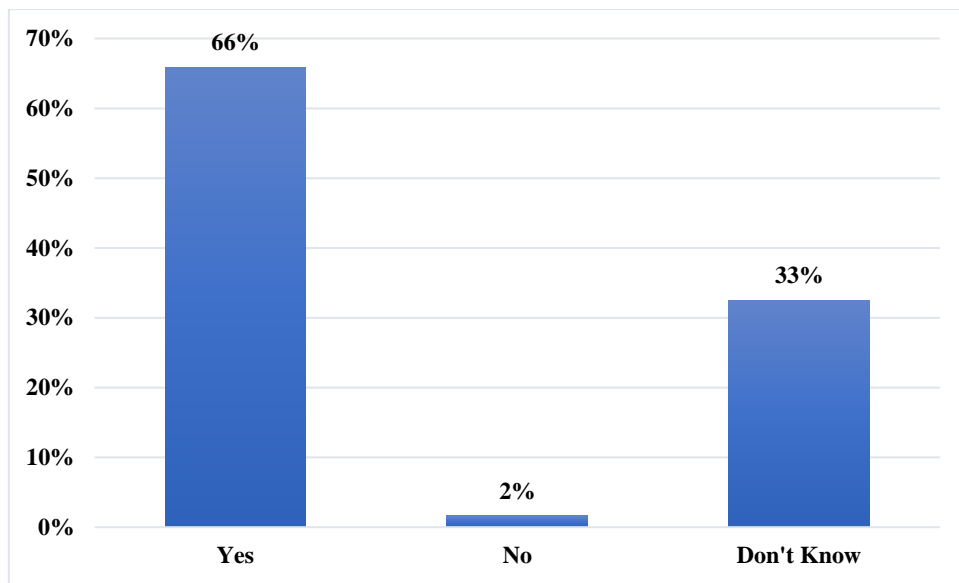
The above pie chart shows the responses to whether the respondents read Hindu folklore about healing. Around 37 percent of respondents claimed they read the healing folklore. Some shared their thoughts on how their grandparents introduced them to these healing folktales and how they continued the tradition by reading the stories aloud to their children and grandchildren. In addition, the majority of those who participated in the survey, about 63 percent of the total, reported that they do not read the Hindu folklore related to healing. A couple of them stated that they were unaware of the existence of such folklore since no one had ever told them about them.

3.27. (ii) If Yes, Whether the Respondents Received Any Benefits



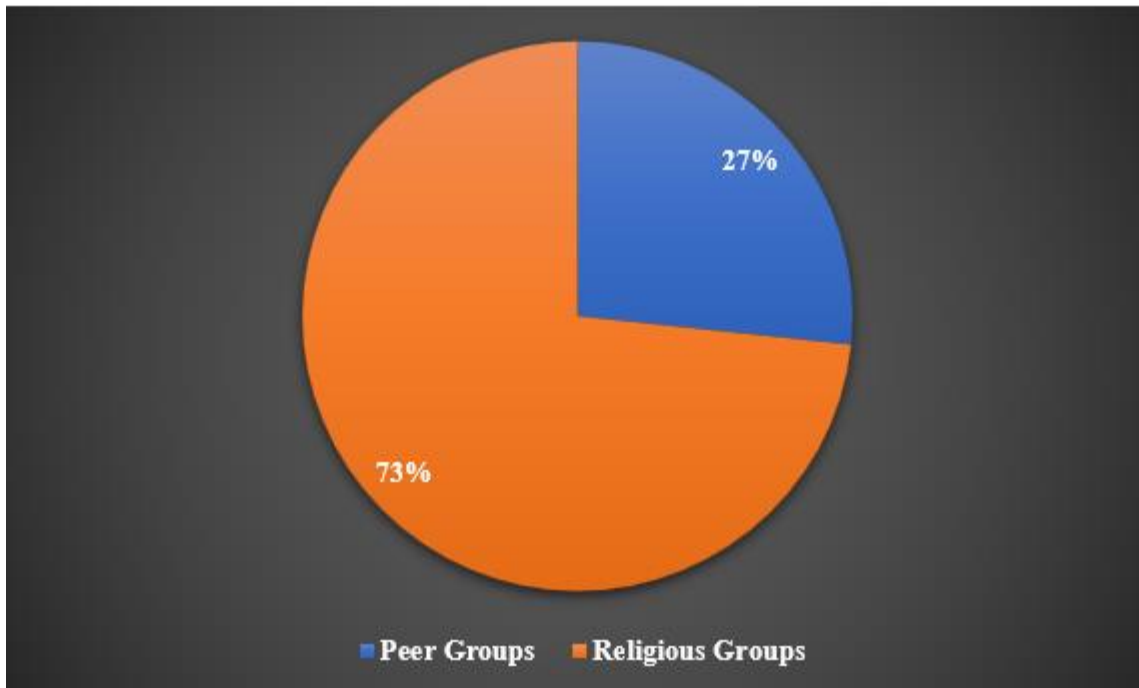
The data in the above pie chart are replies to a follow-up question on whether respondents had read Hindu folklore about healing and, if so, if they had found the stories helpful. The responses were diverse, reflecting a wide range of experiences. In response to this question, around 16 percent of individuals replied yes, they had experienced personal advantages. They emphasized that benefits are not always physical but also subjective. They have a sense of tranquillity and inner peace, which assist them in coping with a particular social circumstance. They have been provided with the hope and inspiration of brighter days ahead, giving them the strength to fight against the odds of the current circumstances. On the other hand, approximately 23 percent of the survey respondents mentioned that, despite reading Hindu folktales about healing, they had never experienced any positive effects.

3.28. Responses on Believing Negative Karma Can Cause Health Concerns



The preceding column chart depicts respondents' opinions about whether they believe that negative Karma might cause health issues. In response, 66 percent of those who participated in the survey answered that they think that negative behaviors in the present situation might lead to detrimental health conditions in the future. Several of them asserted that in some circumstances, the children had no choice but to suffer the adverse effects on their health that were caused by the actions of their parents. There is a widespread belief among many people that children who are born with deformities or other health issues are afflicted with these conditions because their parents or another member of their family accumulated negative Karma. On the other hand, around 2 percent of those who participated in the survey stated that they do not trust such assertions. Even though they try to behave well toward other people, they do not feel that negative Karma and concerns about one's health are related. Moreover, 33 percent of respondents answered that they do not know if poor behavior and subsequent health difficulties are connected or if they are coincidences. They do not have strong justifications to back this assertion, so they choose the third choice as their response.

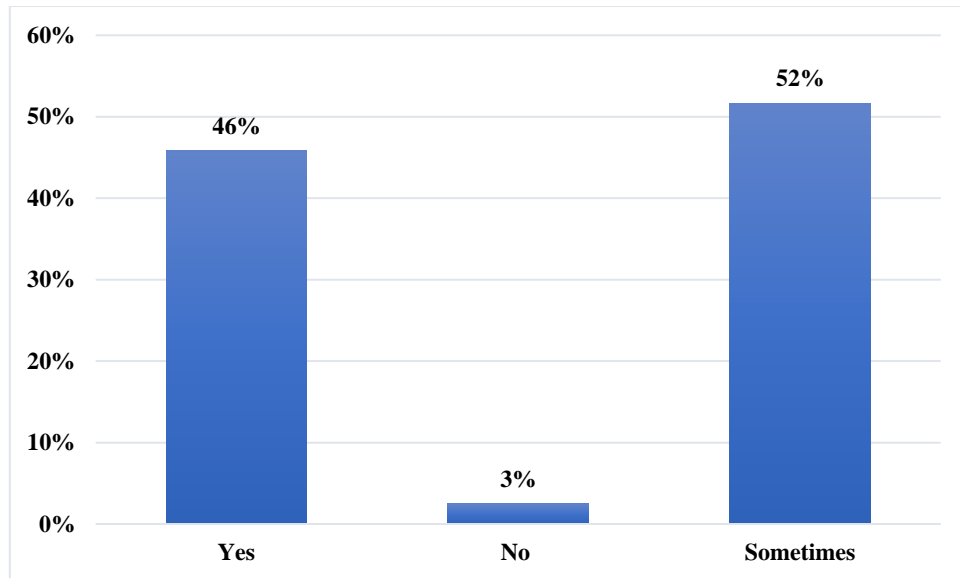
3.29. Responses on Preferred Type of Social Gathering



The preferences of the respondents on the sort of social gathering they enjoy the most are depicted in the pie chart. They had to choose between spending quality time at a religious gathering or with their peer groups. In response, almost 27 percent of the respondents said they value the peer groups the most. A few young married women who participated in the survey mentioned that after completing all the responsibilities of running a family, they genuinely want to get together with their contemporaries in the evening and engage in conversation with them. This peer interaction provides them with the energy they need for the remainder of the day. Conversely, 73 percent of the respondents said they value religious meetings the most. They can experience a healthy interchange of ideas, may learn more about their faith, and are ultimately healed from the inside out due to being a part of these organizations. They are aided in their quest for inner calm by the company of others. Additionally, because everyone participates in the same event together, it fortifies the connections that exist within the community.

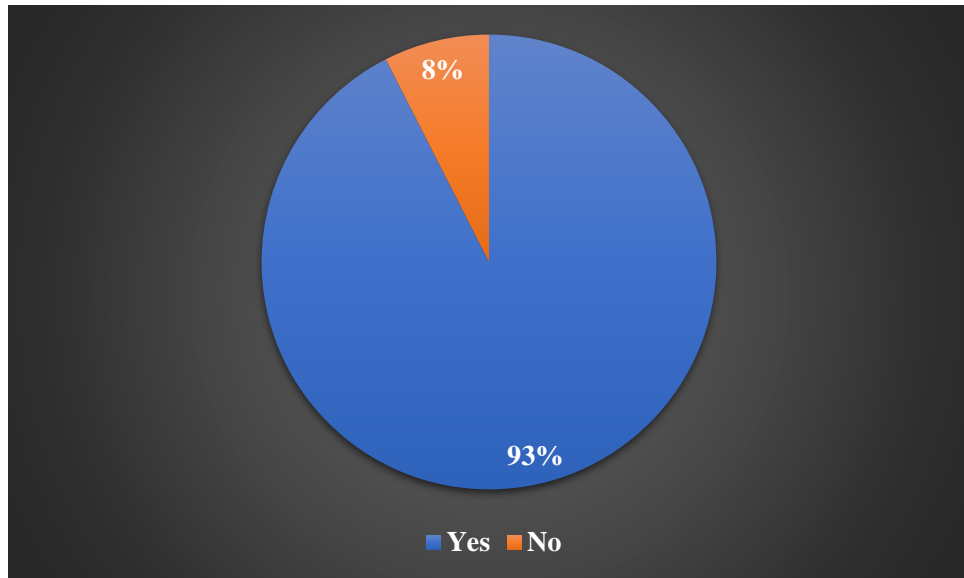
Faith Healing Profile

4.1. Responses on Whether Respondents Visit Faith Healers



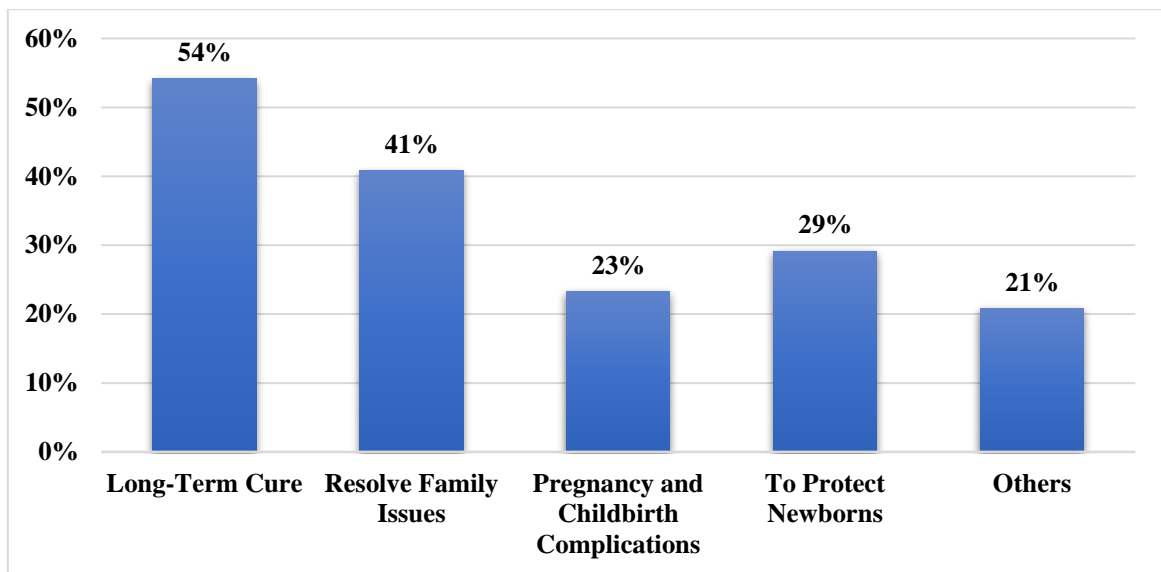
The above column chart shows the respondents' responses on whether they visit the faith healers. Around 46 percent of them replied affirmatively to this. They stated that visiting a faith healer has been a long-standing tradition in their household. A few of them stated that the only doctors they knew were the faith healers. Establishing hospitals, nursing homes, and other medical centers were less prevalent in the vicinity of Paschim Medinipur. For many people, visiting the doctor was equivalent to taking the patient to Kolkata (the urban sector). Due to a lack of proper means of transport, they relied on the healing techniques of the faith healers. They entrust their faith to the healing powers of the faith healers. On the contrary, around 3 percent of the respondents strictly opined that they do not visit the faith healers. They trust the way science and biomedicine work. Thus, they do not rely on these traditional healing procedures. On the other hand, around 52 percent of the respondents claimed they sometimes visit the faith healers. On most occasions, the younger family members force them to visit the doctors, but their faith rests on the working techniques of the faith healers. Respondents sometimes indicated that they primarily depend on natural healing methods. However, if they start to experience symptoms of illness, they seek help from a faith healer.

4.2. Responses on Whether Faith Healers Charge Remuneration



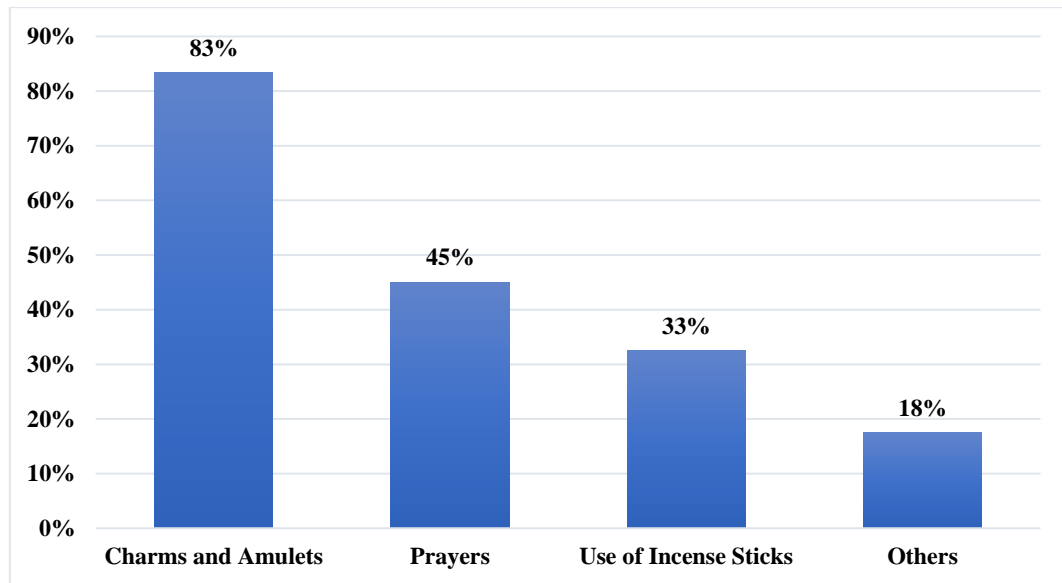
The above pie chart represents the respondents' opinion on whether the faith healers charge any remuneration. Most respondents (around 93 percent) stated that the faith healers charge a remuneration. They also pointed out that the faith healers charge a minimum amount of money to carry out the rituals. A few believers specifically stated that biomedical practitioners run a business in the name of medical cure, but faith healers can heal with their divine power and techniques. They charge the basic amount to buy the necessary goods for performing the healing ritual. On the other hand, around 8 percent said that the faith healers do not charge money. They thought a genuine faith healer would never ask for money from his followers. The true motive of a faith healer is to heal the patient and not to make a profit out of it. They stated that after the patient is healed from the pathology, they contribute a minimum amount of money and other goods of their own will to the faith healer because that shows gratitude.

4.3. Responses on Reasons for Visiting Faith Healers



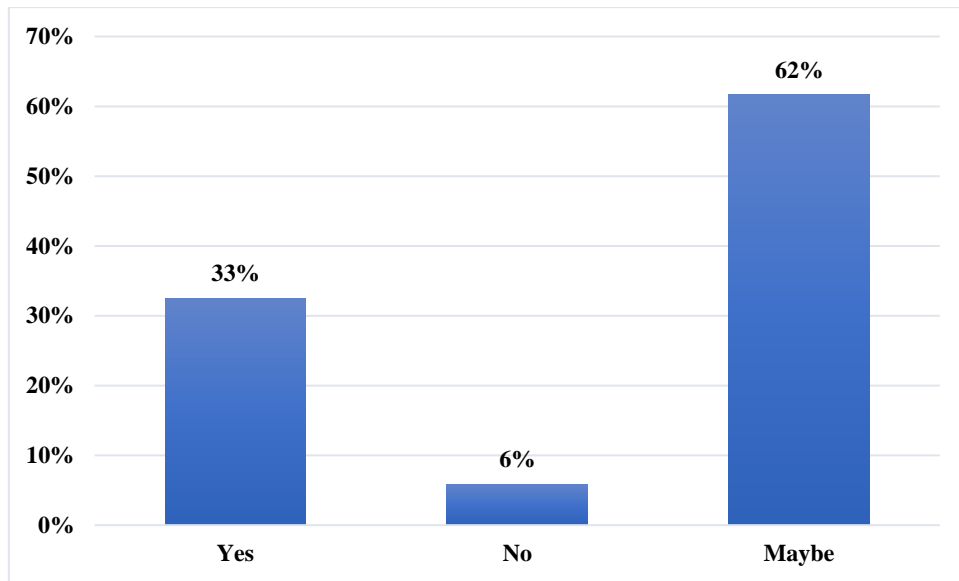
Based on a comprehensive survey conducted among respondents, the following table provides a reliable and comprehensive understanding of why they visit faith healers. The respondents were given multiple options, ensuring a holistic understanding of the question. Most of the respondents (around 54 percent) opted for the option that the prime reason for visiting a faith healer is to have a long-term cure for a given pathology. They stated that someone's evil eye or negative vibes can create long-lasting physical and emotional damage to the victim. Faith healers can ward off negativity from one's life and bless them with a healthy life. Similarly, 41 percent of the respondents said they visit a faith healer to resolve ongoing family issues. In several cases, respondents have stated that disputes among family members continue to exist, creating disharmony within the household. Faith healers can resolve any disputes and negativity within the families. 23 percent of the respondents chose the third option, which is to visit a faith healer if there is any concern related to childbirth complications or other pregnancy issues. Most families yearn for a boy child. They hold this belief as girls will get married away at some point, but a boy child will carry the name of the family in the future. Thus, after repeated birth of a girl child, family members call for the local faith healer who is believed to resolve this issue and conduct a ritual. It is believed that the rituals miraculously work, and the mother is blessed with a son. In certain other cases, such as childbirth complications or when a child does not stop crying, the faith healers perform rituals to resolve the issue. 29 percent of the respondents claimed they visit faith healers to protect their newborn babies in the family against all evil. The rituals are conducted considering the child's safety and healthy future. Furthermore, around 21 percent of the respondents opted for other reasons related to their visits to faith healers.

4.4. Responses on Types of Faith Healing Processes



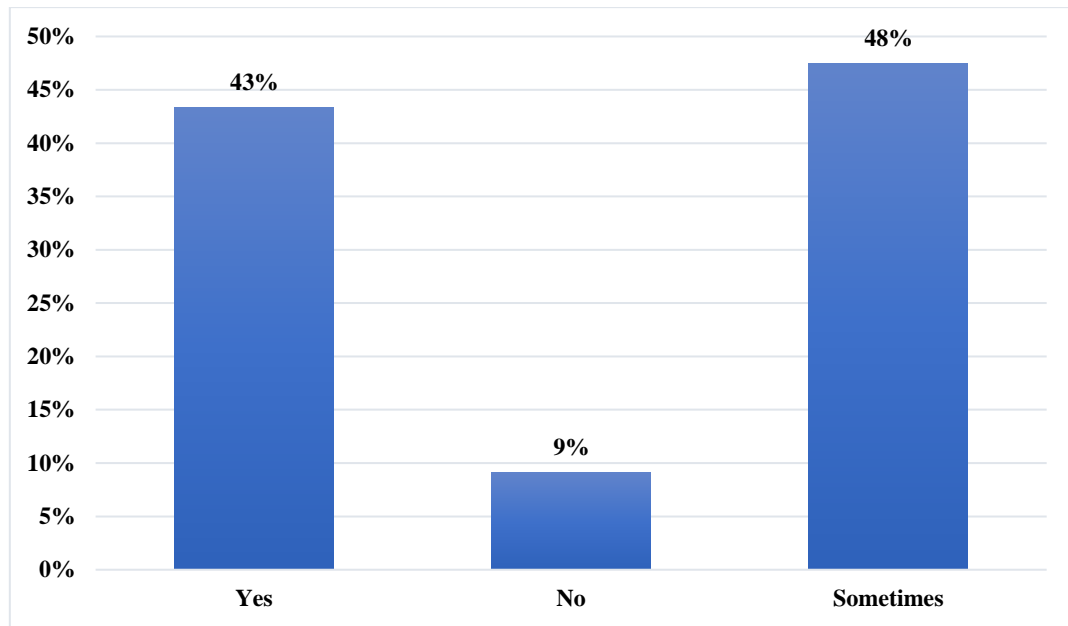
The above table shows the responses to the various methods and processes a faith healer uses to carry out the faith healing process effectively. Most respondents, i.e., around 83 percent, stated that the faith healers give them charms and amulets to wear for a specific period. It is believed that the rituals conducted by the faith healer make these amulets powerful, which in turn protects the individuals in whose name the ritual is conducted. In case of some diseases or sickness that has affected the patient, the ritually blessed amulet given by a faith healer can ward off the evil from the body and restore positive energy—thereby making the individual healthy again. 45 percent of the respondents stated that faith healers use prayers to protect them from all evil. The healers pray using their divine power, and based on this spiritual connection with God, they can heal their patients. 33 percent of the respondents stated that faith healers use incense sticks to perform healing rituals. It creates a certain positive aura that helps them heal their patients. Sometimes, the healers ask their followers to chant a specific mantra and pray daily to God using incense sticks, which will help keep all the negativities at bay. Finally, 18 percent of them stated that there are other methods and processes used by the faith healers in order to carry out the healing rituals—such as the use of fruits, certain vegetables, and flowers, praying on specific occasions such as whole moon night (Poornima) or new moon night (Amavasya).

4.5. Responses on Whether Tantra Practices Can Heal the Sick



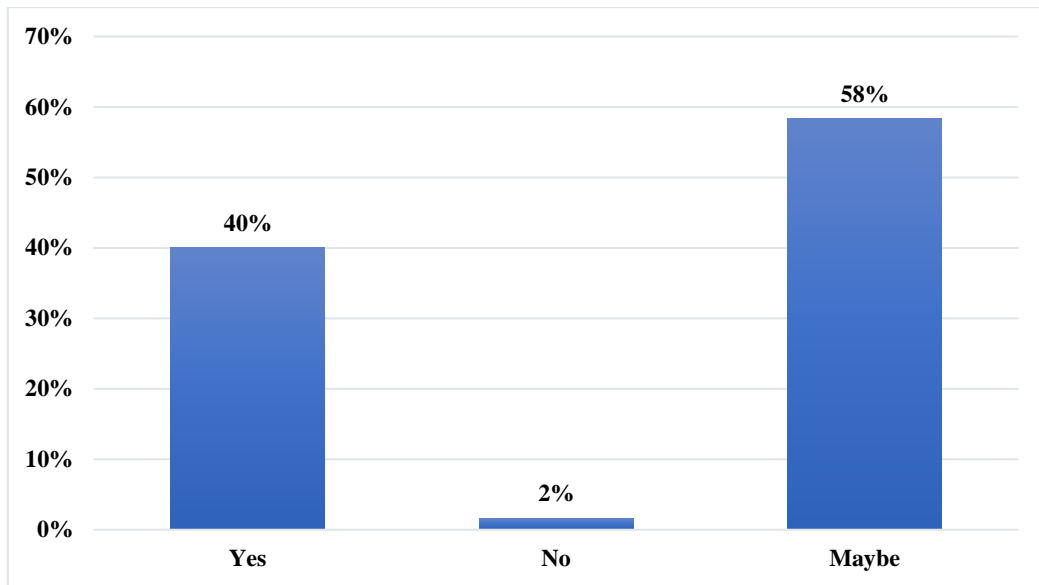
The above table describes the respondents' opinion on whether tantra practices can heal the sick. Around 33 percent of them stated that they believe in the working of the Tantra. Though a few faith healers are adept with the Tantra practices, they are revered by others in the society due to their superior quality as Tantric. A few firmly stated that a true Tantric can bring a dead back to life. However, in most families, tantra practices are viewed from an opposing point of view, for which 6 percent of them clearly stated that Tantra practices cannot heal the sick. Moreover, 62 percent said tantra practices may or may not heal the sick. They stated that not all faith healers are Tantrics, and as they did not have hands-on experience, they could not comment on whether it works.

4.6. Responses on Whether Faith-Healing is a Popular Medical Alternative



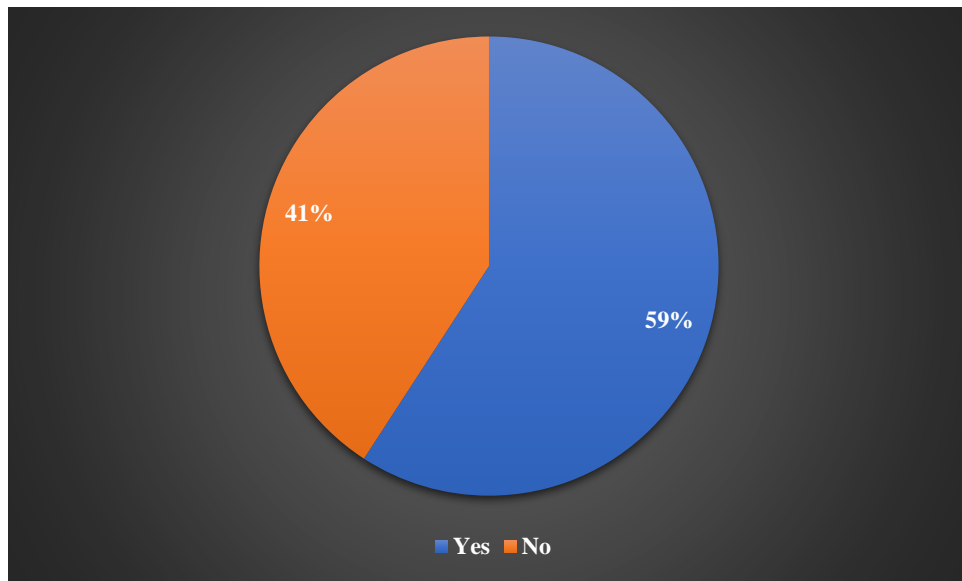
The above table describes whether faith healing practices are a widespread medical alternative to the respondents. Around 43 percent of the respondents stated that they agree with the notion that faith healing practices can be an alternative to biomedical practices. They stated that the job of both a faith healer and a doctor is to cure the patients from their pathologies. They trust the activities of a faith healer more than a biomedical practitioner because they have witnessed successful attempts by faith healers to cure a patient. They believe the world runs because of some divine energy, and a faith healer can restore that positive energy. According to them, a biomedical practitioner treats the human body, but a faith healer brings about the individual's holistic well-being. On the other hand, around 9 percent of the respondents noted that they do not consider faith healing as an alternative to biomedical practices. They are optimistic about science and entrust all their faith to biomedical practices. They thought that most people in the world would not have let these biomedical institutions grow if they did not benefit the people. Moreover, around 48 percent of the respondents said they sometimes regard faith healing practices as a popular alternative to biomedical practices. The respondents have argued that faith healing practices are necessary to make biomedicine work inside the human body. Medicine can only cure the body once the negative energy is removed.

4.7. Responses on Whether Yoga Enhances Individual Consciousness



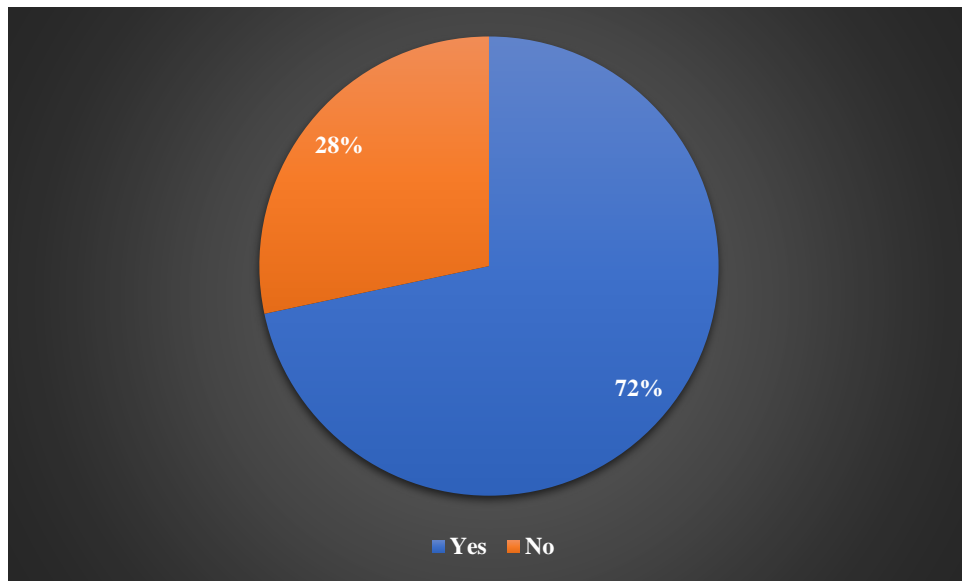
The following chart represents the respondents' opinions on whether practicing yoga enhances individual consciousness. Around 40 percent of the respondents noted that they know how yoga can expand individual consciousness. It can help an individual lead a healthy life and give him positive energy to work throughout the day. It helps an individual to relax and keep his anxieties and depression at bay. It provides a calmness that helps them focus on their everyday life. On the contrary, 2 percent of the individuals stated that they are still determining how yoga works and whether it helps enhance one's level of consciousness. However, around 58 percent of them noted that yoga may or may not help enhance human consciousness. A few individuals mentioned that they have not practiced yoga and, therefore, have yet to learn how it works. However, they have observed the positive impact of yoga on family members who practice it daily.

4.8. Responses on Whether Ayurveda is the mother of All Healing



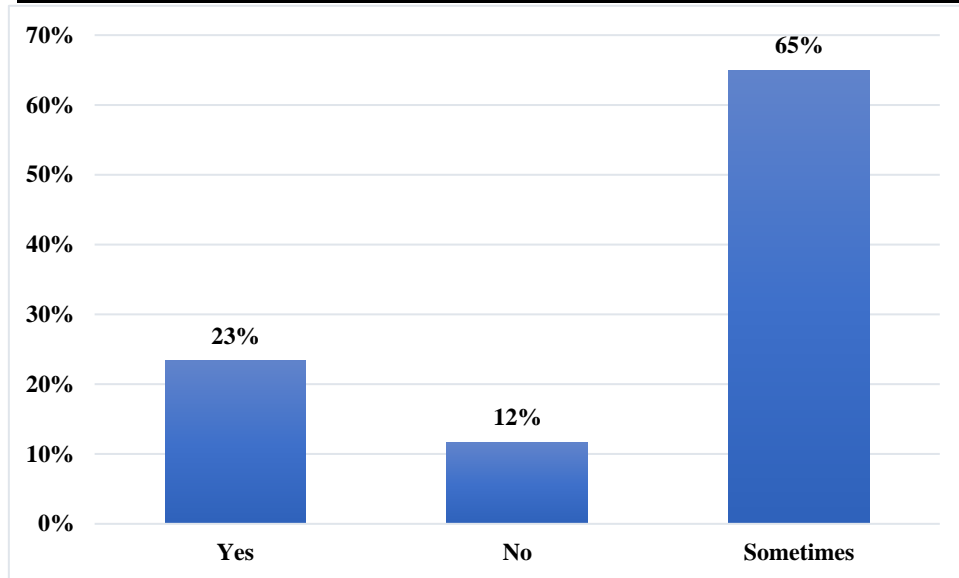
The pie chart illustrates respondents' opinions on whether they consider Ayurveda as the foundation of all healing methods. The literal meaning of Ayurveda is "The Science of Life," and most often, people regard it as the mother of all healing. It helps restore the imbalance caused within the human body. Most respondents, 59 percent of them in the study, have pointed out that they believe in Ayurveda being the mother of all forms of healing. The respondents noted that though it might have been a forgotten history for many urban residents, they continue to restore their faith in the practice of Ayurveda. They believe that human beings are a part of nature and that nature contains all the secrets to living a healthy life. Nature contains all the herbal medicines to treat the maladies within the human body. They also stated that Ayurveda is the only medicine with no side effects on the body. On the contrary, 41 percent of the respondents said they refrain from believing that Ayurveda is the mother of all healing. They stated that though they have the utmost faith in the science of Ayurveda in the current generation, society lacks a true Ayurvedic practitioner. They stated that in the past, several sages and healers had ingrained knowledge about the workings of Ayurveda, and they used to treat their patients accordingly. However, in the current generation, there is no true practitioner on whom the respondents can rely. It is for this reason that they stated No to the above question.

4.9. Responses on the Belief Whether Medicinal Herbs are Better Than Biomedicine



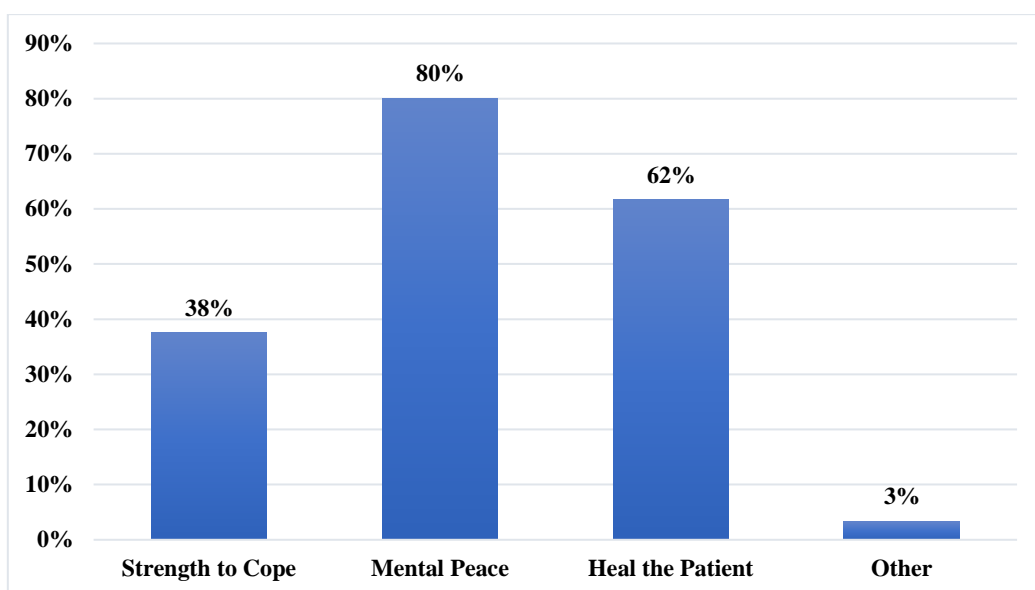
The pie chart above depicts the responses to whether medicinal herbs are better than biomedicine. Most respondents, i.e., about 72 percent, agreed that medicinal herbs are better than biomedicines. Several reasons were stated by them, such as medicinal herbs have no side effects on the human body, it is safe to consume something that contains zero chemicals and is a part of nature, and most importantly, herbal medicines not only cure a specific malady but helps in the total restoration of the human body. It provides holistic treatment, which is beneficial to the human body. They stated that medicinal herbs help prolong the lifespan of a human being. On the contrary, 28 percent said they do not believe medicinal herbs can be better than biomedicines. They reasoned that faith healers today need more knowledge of the workings of herbal medicines, for which they cannot put faith entirely in the faith healers. A few of them stated that biomedicines bring about quick results for which they refrain from believing in the benefits of herbal medicine.

4.10. Responses on Chanting Holy Mantra for Ailing Family Member



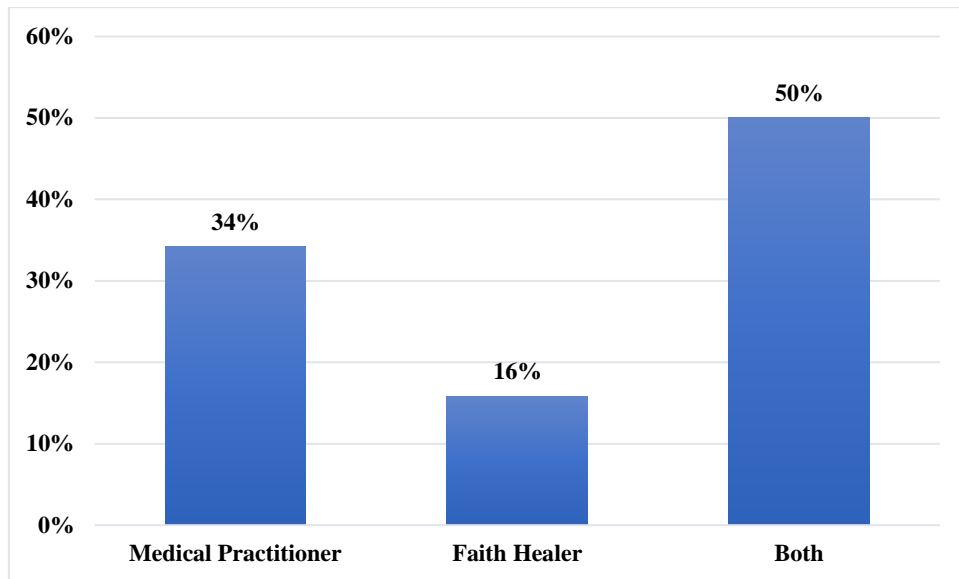
The table above shows whether the respondents recite the holy mantra when a family member becomes ill. It is seen on several occasions that families go to lengths to heal their sick family members. Religion is one pathway that gives them hope for a better future. Around 23 percent of the respondents noted that they religiously chant the holy mantras for the well-being of their family members. It makes them optimistic as they believe God is up there to resolve any disorder in the family. They believe that the holy mantras can keep their family members safe and sound, especially for those who stay far away from their family due to their work. It is primarily the females of the household who chant the holy mantras for the safety and well-being of the family members. On the other hand, around 12 percent said they do not chant the holy mantras when family members fall sick. They take the ailing member to the doctors or nearby medical clinics and try to get the necessary treatment to cure them. Furthermore, around 65 percent of the respondents noted that they sometimes chant the holy mantra if their immediate kin fall sick. When their loved ones fall sick, they gain the strength and hope to fight the situation and expect a better outcome by chanting these mantras.

4.11. Responses on Reasons for Chanting the Holy Mantra



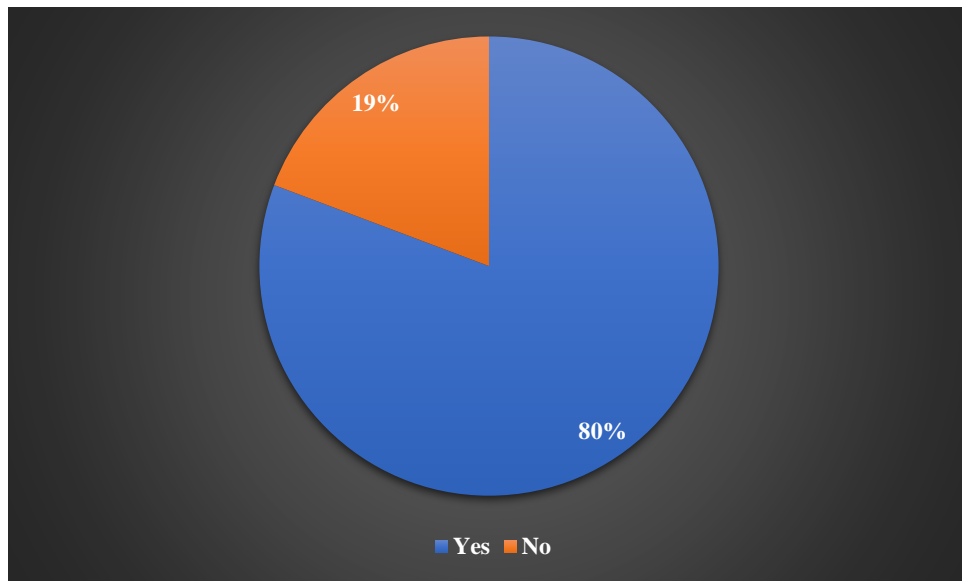
The above table depicts the various reasons stated by the respondents for chanting the holy mantras. The respondents were given more than one option to comprehend better the reasons they stated. Around 38 percent of them noted that chanting the holy mantras gives them the strength to cope with the current situation. They stated that when a family member falls sick, it is the family members too who go through similar trauma, anxiety, and mental breakdown—it is at this point that chanting the holy mantras acts as their refuge. It gives them the strength to face all odds. Most respondents, i.e., 80 percent, pointed out that chanting the holy mantras gives them mental peace. A few mentioned how chanting the Gayatri Mantra helps them achieve mental peace. It enhances their consciousness and makes them capable enough to make the correct decision for the betterment of the ailing member of the family. Similarly, around 62 percent of the respondents noted that they chant the holy mantras in the hope that the power of the mantras can heal the patient. Seeing their family members sick makes them feel helpless; thus, chanting the holy mantra makes them feel contented, thinking that they are contributing in whatever little way possible towards the healing of the ailing member. Moreover, 3 percent of the respondents stated other reasons for chanting the mantras. One of the prime reasons behind them was that they maintained the tradition of the household and that it would keep their family members away from someone’s evil eye.

4.12. Responses on Whom Respondents Trust the Most



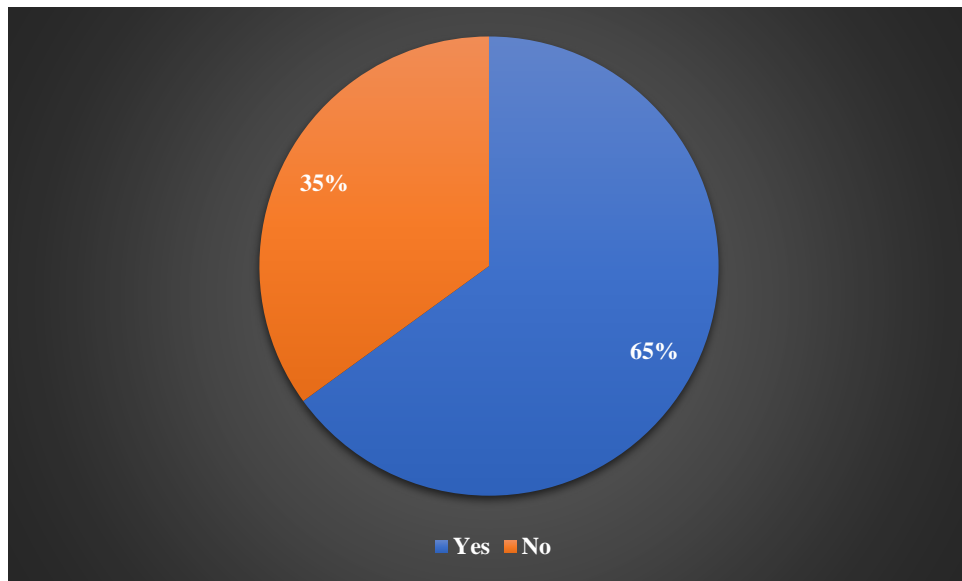
The above table represents the choice made by the respondents on whom they trust more—a medical practitioner, a faith healer, or both. Around 34 percent of the respondents stated that they trust a medical practitioner. They stated that doctors have an educational degree that supports their knowledge of how medicine works. A few of them stated that as they are not literate, they trust educated individuals in treating their family members. On the contrary, 16 percent of the respondents said they believe in a faith healer the most. They have witnessed the success of faith healers in treating patients and are convinced that the faith healers do not operate under the guise of providing treatment. They contain the divine power based on which they heal the patients. A few of them said that opposing the viewpoints of the faith healers is opposing God himself. Moreover, most of the respondents, i.e., 50 percent, noted that they trust both a medical practitioner and a faith healer. As described earlier, they firmly believe that medical practitioners cannot provide holistic treatment to their patients; it can only be done by a faith healer. Thus, keeping their confidence in both gives them the strength and the hope that the ailing member will regain his/her health.

4.13. Responses on Whether Respondents Have Benefited from Faith Healers



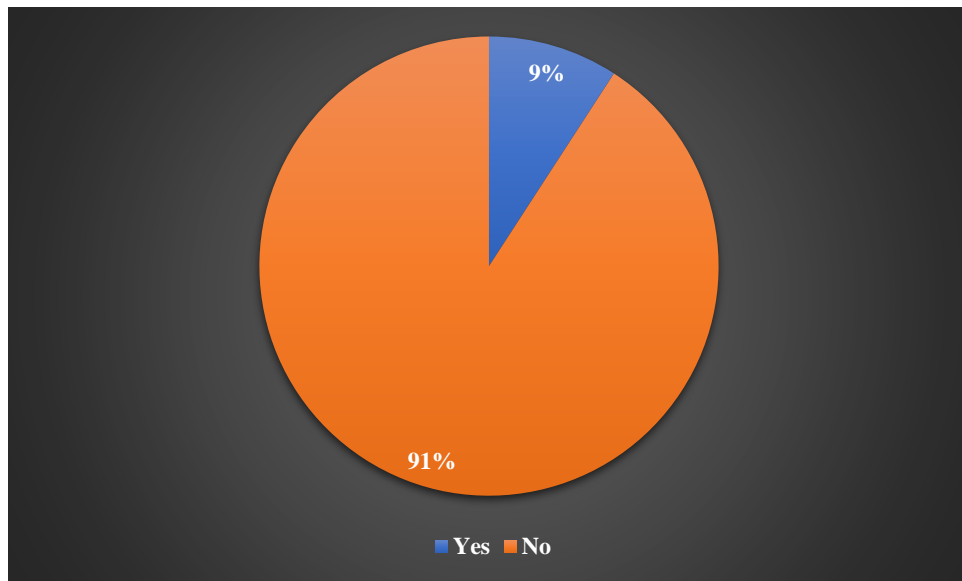
The above pie chart shows whether the respondents benefitted from the faith healers. Most of the respondents (80 percent) noted that the treatment procedures of a faith healer have benefited them. They firmly stated that if one has strong faith and follows the regimes a faith healer states, no individual will ever be disappointed with the result. Numerous faith healers claim to have been blessed with divine energy and have received the healing mantras in their dreams from God themselves. They are the actual mediators between God and the patients. They claimed that even before the development of modern biomedical practices, faith healers could heal people. Therefore, questioning the legitimacy of their power is akin to questioning God himself. On the contrary, around 19 percent of them stated that a faith healer had not benefited them. A few of the younger members from Jhargram Block stated that the elderly members of the family had given them a holy red string or amulets to wear on their arms to avoid danger. However, they do not believe in the rationality of the faith healers. They are more believers in the theory of Karma than in a faith healer's working process.

4.14. Responses on Whether Respondents Favor Biomedicines



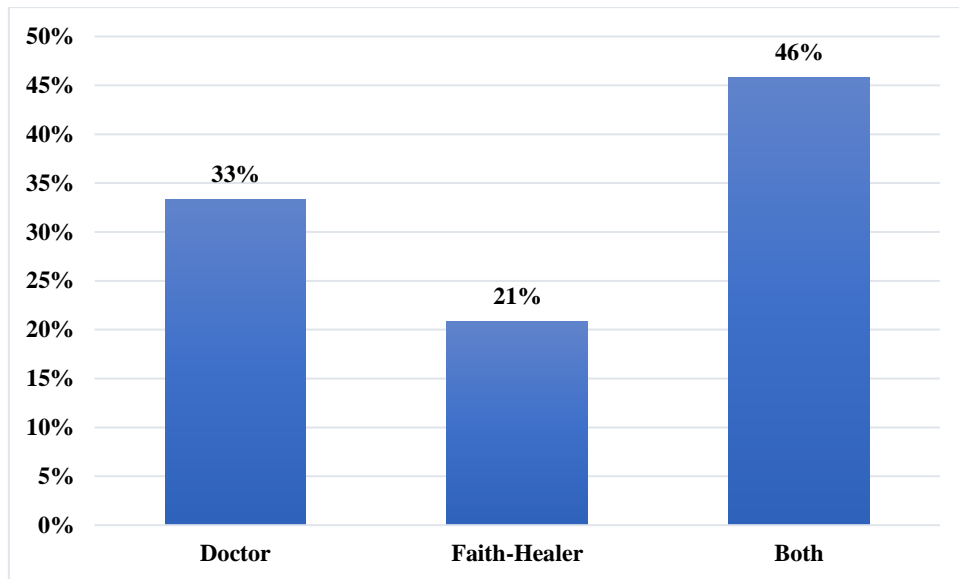
The above chart represents whether the respondents favor using biomedicines or not. Most respondents (65 percent) said they favor using biomedicine. A few noted that biomedicines give quick results to a given problem. They gave examples such as if an individual is suffering from a fever or a bad headache, they use biomedicine to get quick results. Among them, a few others stated that though biomedicine can give quick results to a given problem, the problem might recur in some other way. It is them that a faith healer can resolve the negative energy that is creating a disorder in the human body. A few others stated that they are forced to favor biomedicine by the younger members of the house. On the contrary, 35 percent of the respondents (especially from the Nayagram Block) stated that they do not favor the intake of biomedicine. A few of the elderly respondents claim that biomedicine can force them to get admitted into a hospital where they feel alienated and left alone. Instead, they prefer to live with their community members and rely on the faith healers to resolve their suffering problems.

4.15. Responses on Whether Respondents Attend Doctor Due to Societal Pressure



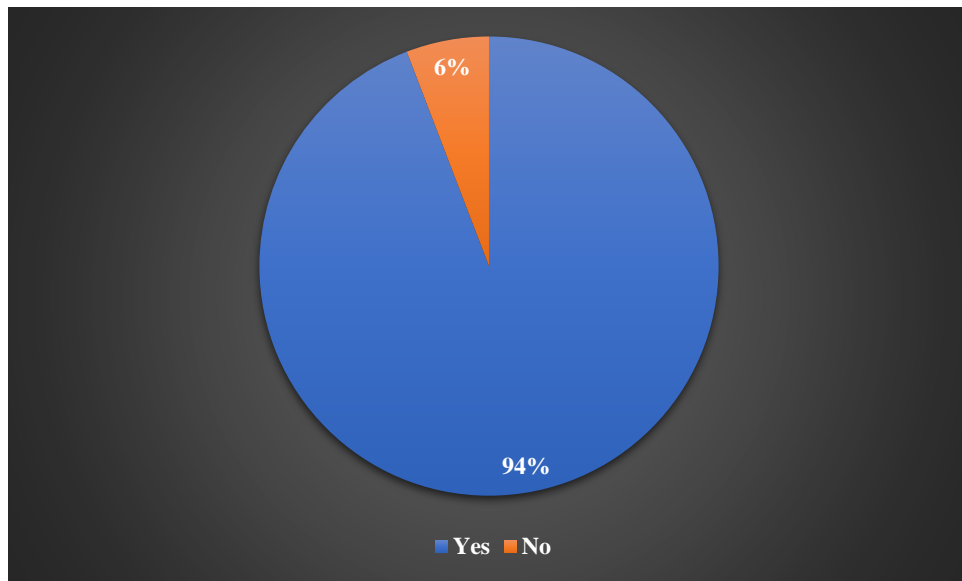
The above table depicts the viewpoints of the respondents on whether they pay a visit to the doctor due to societal pressure or not. Studies have shown that due to traditional taboos, people living in the interior of most parts of the country refrain from paying a visit to the doctor. This question aimed to determine if respondents feel compelled to visit the doctor due to social stigma or other societal pressure. To this, majority of the respondents (91 percent) stated that they do not face any societal pressure to pay a visit to the doctor. The family members respect their wish to visit the doctor or a faith healer. In certain situations, the younger members of the family try to make the elderly in the family to visit a medical center for the scientific treatment of the pathology. However, they are never compelled to do so against their will. The family members respect the decision of the respondents. On the other hand, around 9 percent of the respondents claimed that they feel societal pressure, such as fear of being alienated or being looked down upon, if they stick to the traditional ways of healing. For instance, some people believe that as fashion trends in the 21st century have become more Westernized, those who do not follow the trend will be ostracized. Similarly, visiting the doctor is now seen as a trend in health and well-being. Society coerces to be a part of the trend. From advertisements to the mushroom growth of medical clinics, they claimed that biomedical practices have become a new trend.

4.16. Responses on Choice of Healthcare Provider



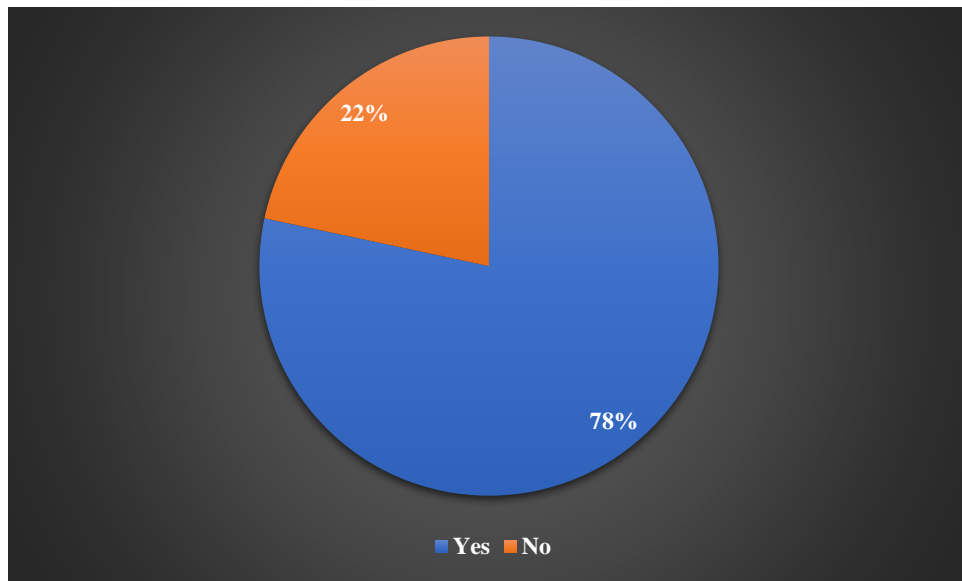
The above table depicts the choice of the respondents on whom they will most likely pay a visit when they fall sick—a medical practitioner, a faith healer, or both. Around 33 percent of them opined that they would visit the doctor. They believe in the work of science, and they consider the traditional healing methods to be superstitious beliefs of the people. They tend to stick to the rationality behind medical science. On the other hand, around 21 percent of the respondents claimed they would solely trust the faith healers in any medical emergency. They stated that faith healers are genuine healers blessed with the divine power to heal their patients. A few of them stated that doctors might need advertisements and hoardings to promote their medical business, but no one will find a traditional faith healer to advertise themselves. Bio practitioners charge sky-high fees, whereas faith healers perform the task of healing with negligible amounts. Most of the female respondents in this study gave this reason behind opting for the second choice. Finally, most respondents (46 percent) opined that they would prefer to visit doctors and faith healers. They reasoned that to have holistic healing, both these two practices are essential, or else the disease might recur.

4.17. Responses on Regular Vaccination of Kids



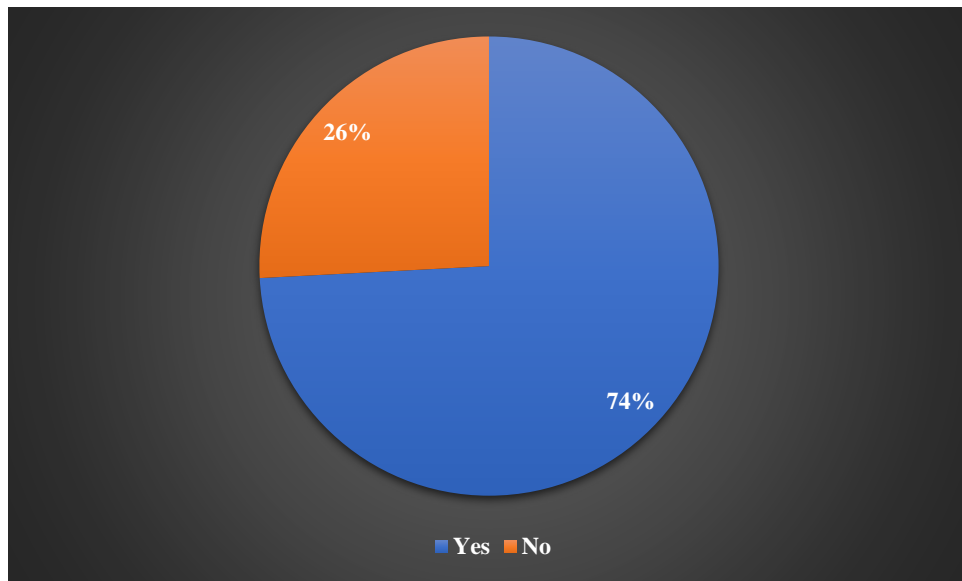
The above chart shows the respondents' responses to whether they regularly vaccinate their kids since birth. Most respondents (94 percent) said they vaccinate their kids as directed by the medical centers. They mentioned that they take their kids to the nearest medical center and get them vaccinated; the record is maintained in their vaccine cards. A few respondents mentioned that though they are apprehensive about these vaccines, they still try to take their kids for immunization. On the contrary, 6 percent of the respondents claimed they do not believe in vaccinating their kids. They do not have any trust in the way biomedical practices work. If the child is a girl, parents may be even more hesitant to vaccinate her because they fear that the vaccines could cause internal changes that might affect her ability to have children in the future after getting married. In certain other cases, the respondents opined that God is there to care for their children, so they do not need external vaccines to be injected into them for medical benefits. They strongly opined that they live in natural surroundings and, thus, no harm can ever come if their kids are not immunized.

4.18. Responses on Satisfaction with Present Healthcare System



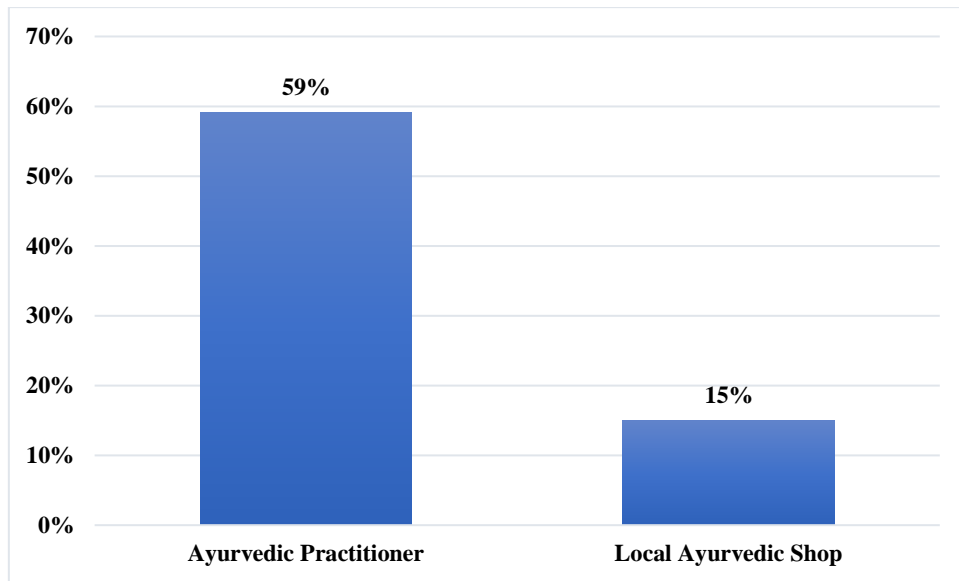
The pie chart above shows whether the respondents are satisfied with the workings of the present healthcare system or not. Around 78 percent claimed they were satisfied with whatever medical developments occurred in their area. A few of them did not want to speak either for or against the government, so they stated that they were satisfied with whatever medical facilities they had at the current time. On the contrary, 22 percent of the respondents stated they are unsatisfied with the present healthcare system. The reasons they stated were as follows: the lack of medical centers near their place of residence, insufficient transportation facilities to reach the medical centers on time, inadequate presence of proper health officials inside the medical centers, and fewer recruitment of female staff within the medical centers, which leads to most female patients refraining from visiting the doctor at these medical centers. Thus, the current medical situation needs to meet their level of expectation, for which they largely remain dissatisfied with the present healthcare system.

4.19. Responses on Belief in Ayurveda



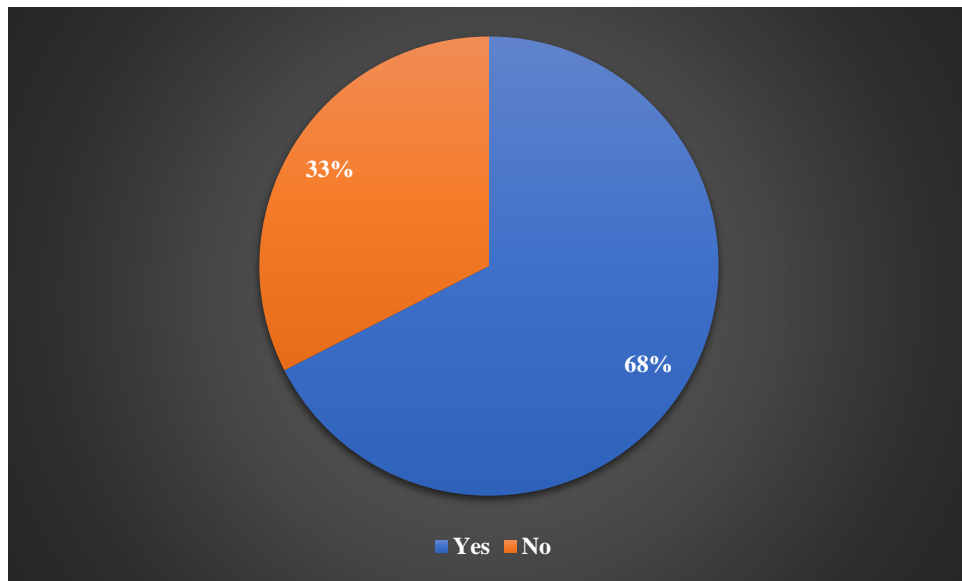
The above pie chart shows the beliefs of the respondents in Ayurveda. Around 74 percent of the respondents stated that they believe in the working of Ayurveda. It is a natural technique to heal the human body from within. It does not contain any side effects or foreign chemicals that affect the human body in more ways than one in their later years. They trust herbal medicines, and a few even stated that Ayurveda promotes a disciplined way of living. In today's ongoing competition and struggle to survive, people primarily tend to have an unhealthy way of life. Ayurveda helps an individual to have a holistic treatment instead and promotes discipline and positivity in one's body, mind, and soul. On the contrary, around 26 percent claimed they did not believe in the work of Ayurveda. They either adhere to biomedical practices or follow the guidance of their faith healers to manage their healthcare conditions.

4.20. Responses on Choice of Site to Purchase Ayurvedic Herbs



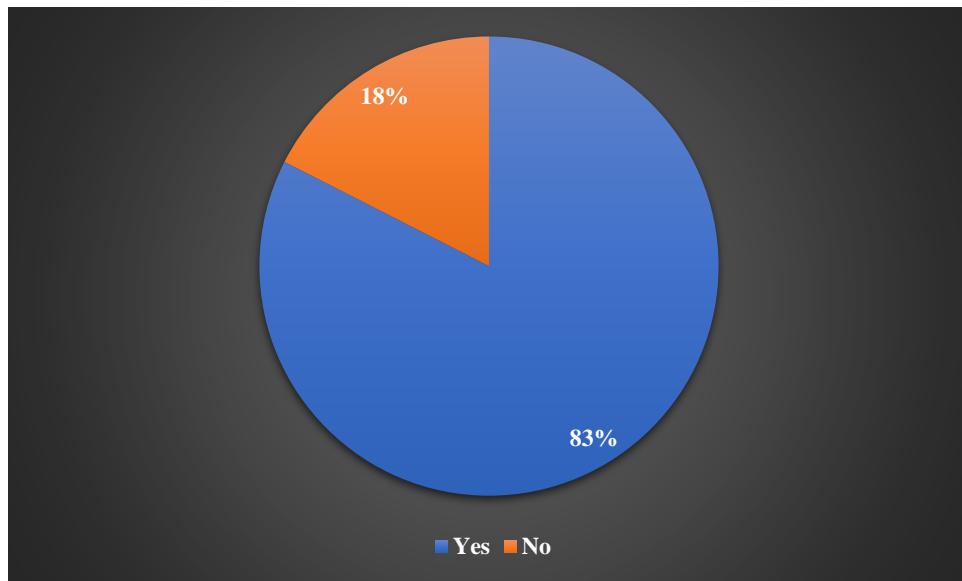
The table above illustrates the respondents' preference for purchasing ayurvedic herbs, whether from an ayurvedic practitioner or a local shop. This question was asked to those who referred with "yes" in the previous question. This question aimed to understand whether the respondents were referring to an appropriate center to purchase their Ayurvedic herbs. Many local shops sell ayurvedic herbs to customers but do not ask for a recommendation for herbal medicines from a practitioner. Most of the respondents in this study (59 percent) purchase medicinal herbs after referring to an Ayurvedic practitioner. The practitioner usually prepares the correct dose and sells it to the customer. This indicates that most respondents have the habit of consulting a specialist in this field before purchasing the herbs. On the other hand, 15 percent of the respondents stated that they purchase herbal medicines from the local ayurvedic shops without consulting a practitioner. A few of them stated that the local ayurvedic shop owners know which herbal medicine to provide for a specific pathology in the human body. So, they rely on that and purchase the herbs.

4.21. Responses on Past and Present Doctor Visit



The above pie chart shows whether the respondents visit the doctors more in the present than they used to do in the past or not. Around 68 percent of them stated that they have to visit the doctor more now than they did in the past. A few of them stated that increasing pollution is creating a permanent impact on the environment that we live in, which is, in turn, creating these newfound pathologies in the human body. One section of the respondents claimed that to promote the medical business and make patients visit the medical centers, diseases like COVID-19 and cancer are on the rise. They claimed to have never heard of such diseases in the past. They blamed this situation on the medical politics that Western biomedical practices have silently started. On the contrary, 33 percent of the respondents opined that they do not visit the doctor more in the present than in the past because they adhere to the natural ways of living. They live a simple life by being in close connection to nature. In case of any malady, they prefer to visit the faith healers rather than the doctors; thus, they selected the negative option for this question.

4.22. Responses on Faith in Faith Healers: Comparing Generations



In the above pie chart, the respondents were asked whether the previous generation had more faith in the faith healers than the present generation. To this, most of the respondents (83 percent) stated that their previous generation was more obedient than the present generation. They respected their tradition and obeyed the decisions of the elderly members of the family. They respected their tradition and obeyed the decisions of the elderly members of the family. For instance, they would often seek the help of faith healers for ailments, using traditional methods such as herbal remedies or spiritual rituals. They did not get a taste of city life, and thus, they lived a simple life with content by maintaining their traditional structures of believing and relying on faith healers. They opined that the amount of faith healers is also decreasing daily in the current generation. In the previous generation, students were interested in learning healing techniques from faith healers. However, in this current generation, youngsters are more prone to live the urban way of life and rely on the science of medical practices. Due to the limited availability of faith healers in modern times, most family members must rely on medical practitioners to treat their illnesses. On the contrary, 18 percent of the respondents stated that they do not believe the previous generation had more faith in the faith healers than the current generation. They stated that though the present generation has their point of view, they do not entirely disregard traditional values. There is an increasing culture of blending traditions with the present culture and forming a separate hybrid culture of their own.

CASE STUDIES

Case Study—1

Amar Murmu (*name changed on request*) is a revered science professor at a government degree college in the district of Jhargram. Residing in Belpahari Block (Binpur-II), he is well-known as the only professor in his village. He got married a year ago and recently welcomed a baby girl. His wife was taken to Jhargram Superspeciality Hospital for safe delivery of the child.



Figure 5: *Amar Murmu's Daughter*

After coming back home, they engaged in a time-honored ritual that was referred to as "*hurtor*." According to this ritual, a midwife comes to the house of the newborn baby, and after chanting a religious prayer, the frenulum of the child's tongue is slit with a sharp object. Performing this ceremony is thought to heal the infant of any future stammering. It is anticipated that with the child's growth, she will have no speech-related difficulties. This ritual is conducted because parents mostly long for a boy child in the family, but if there is a girl child, they take all necessary steps to keep her healthy. The primary reason for this decision is that it will require substantial effort to marry her in the future. It will be difficult for the parents to find a suitable suitor for their daughter with a speech problem.

However, the bleeding did not stop for three consecutive days for Amar's little bundle of joy. With both the parents being scared to take her to a doctor (because modern medicine does not acknowledge the efficacy of these healing rituals), they decided to call over the most elderly male member of the family, who was also a renowned faith healer in the village. He began his healing regimen in the wee hours of the morning. A touch of grains and rice sprinkled cast healing spells upon the child. Within two-three hours after the healing ritual, her tongue stopped bleeding miraculously. She resumed her regular behavior without any change. This healing ritual is called "*ong*". Residents of this village do not favor consuming biomedical products from the local market. Instead, they prefer to resort to the local faith healers to heal them from their current ailment. The people who live in this community put their confidence in faith healers while living in an increasingly globalized society and cosmopolitan attitude.

Case Study—2

Gopal Das, aged 57, is well-regarded in his hometown. He used to work as the head chef of Jhargram Palace. He firmly believes in the power of faith healing techniques. He recalls that in 1980, a doctor diagnosed him with meningoencephalitis (which is a condition involving both encephalitis and meningitis) and partial paralysis on the left side of his body.



Figure 6: Gopal Das

He was hospitalized for 22 days in Jhargram under Dr. T.K Biswas. With partial recovery, after his discharge from the hospital, he started feeling worse. He was trembling violently. Following this, his relatives tied him down on all four sides, and he was taken to a nearby faith healer. He was cured of his illness in seven to eight months after sacrificing a hen and a pigeon using several herbal treatments (such as *kaalmegh bori*) and eating curd and flattened fried rice. Mr. Das has become a devout follower of Hinduism ever since. He fasts weekly and follows a vegetarian diet, believing that vegetarianism heals the body. He believes that faith has the power to work miracles. After he was diagnosed with borderline diabetes, he walked from Jhargram to Tarakeshwar Temple (around 141 km) and prayed with his sacred belief. His blood sugar level miraculously returned to normal. Instead of praying for our desires, he emphasizes that we should pray for the well-being of all human beings. He says, "God does not aid those with self-serving motives."

Despite the best efforts of biomedical experts, Gopal Das's health continued to deteriorate. It was at this point that he turned to faith for solace and healing. His unwavering prayers were focused on a single wish-to build a Shiv temple in the name of his grandchild. Miraculously, a few months later, his daughter-in-law conceived and gave birth to a baby girl. This profound experience underscores the central theme of Gopal Das's narrative-the power of faith to bring about miraculous transformations.

His viewpoint is that illness is nothing more than a punishment from God inflicted on people on earth. Covid-19 is God's means of bringing to people's attention the many transgressions they have made throughout their lives. The area around Jhargram is covered in verdant vegetation. By cutting down trees for construction, human beings are misusing the natural resources our creator, Mother Nature, has bestowed upon us. Consequently, Mr. Das

believes that those with negative karma will have unfavorable outcomes and that the converse is also true. The positive energy builds upon itself. The natural world must not be jeopardized for the sake of globalization and the progression of technology. The village residents have the religious conviction that God resides within Mother Nature and that it is up to the human race to preserve the natural world.

Case Study—3

Ajit Murmu is 45 and a revered "Morol" of the Belpahari Block in the Jhargram district. He opined that faith exists everywhere. Human beings who execute negative behavior towards others are not negative themselves. Social situations have compelled people to commit harmful actions. The faith healer's role is to bring out the good from within the people. Amongst others in the village, Mr. Murmu believes in "ku". Specific individuals from within their village or other nearby villages cannot stand the welfare of their fellow beings. During this time, they curse them with an evil eye (which they locally refer to as "ku"). The adverse effects of "ku" can only be healed by a faith healer. By following specific set guidelines by the healer, all the negative energy is warded off, and the person can start living a healthy life. Similarly, they also believe in "*arai kuli er montro*". This mantra is the harbinger of negativity. Using the mantra can be harmful to the person it is aimed at. The only way to get healed is by administering the rules a faith healer sets down. Sometimes, during *Poyla Maagh* or *Saraswati Puja*, the healing ritual by the faith healer is performed along with the sacrifice of either a goat or hen.

The villagers have the belief that married women are possessed by evil souls more than unmarried women. Mr. Murmu has been a witness to women whom an evil soul possessed. When an evil soul possesses a woman, she starts shaking violently, with closed eyes and starts murmuring things that no one understands. Then, with the prayers and rituals of the local faith healer in their area, the woman was freed from the evil soul that possessed her.

He also believed that faith healing practices would never cease to exist. Despite increasing awareness of the importance of education, there are few jobs for the people of the rural belt. There are a few faith healers of his knowledge whose educated sons returned to the villages with a heavy heart after being rejected from job opportunities. They, thus, resort to learning the traditional faith healing practices from their fathers or the other eldest practitioner in the family. In this way, according to Mr. Murmu, a handful of the urban population will practice biomedical practices. However, the rural population will maintain traditional healing practices that are free from any side effects or long-term impacts.

Case Study-4

Anjali Das (*name changed on request*), aged 29, has been a Jhargram resident since birth. Immediately after graduation, her parents got her married. She was a complete non-believer in faith healing practices before her marriage. Being the youngest one in her in-laws' household, she was expected to follow all the rules and regulations of her family. On many such occasions, she went against her family members and denied them participation in the archaic rituals of their household. On the other hand, her in-laws were ardent believers of faith-based healing practices. Believing that she is possessed by an evil soul, which forbids her from maintaining her family's rules and regulations, they summoned their faith healer (*Gunin*) and asked him to perform a healing ritual. Anjali narrated the entire healing ritual before her and later confirmed that though she was previously a non-believer in these faith healing practices, she became a believer in them after witnessing them. In the middle of a no-moon night, she was taken to their family *gunin*. He chanted a few mantras and smeared colored powder on the floor. While performing a *yajna*, he started throwing "*dhunor guro*" at her while chanting the same mantras. She was then asked to change her clothes after bathing in the middle of the night. Later, a hen was sacrificed, and she started feeling dizzy and sleeping off. The following morning, her mother-in-law gave her herbal milk for one week. She stayed drowsy for most days as if under the faith healer's charm spell. As days passed, she could not talk or go against anything her family members ordered her to do. It was during that period that she started believing in the healing rituals. However, according to her, there is a chance that faith healers can deteriorate a patient's health, which a doctor could have handled better. Residents in her area should visit the faith healer before visiting a doctor. To Anjali, everything on this planet works according to a specific energy source. The laws of Physics also confirm that the world works through the accumulation of energy. While prescribing medicines to patients, doctors try to remodify the energy balance within the body. Faith healers, too, use their traditional powers and herbal knowledge to reinstate the imbalance in energy within the human body. Though Anjali still rests her confidence in advancing biomedical practices and scientific medical observations, her faith in these traditional healing practices remains intact. According to her, these traditional faith-based practices are a popular alternative to scientific medical practices, especially for those who lack the economic stability to afford the treatment cost of biomedical practices.

Case Study-5

Bankim Sardar, aged 59, is a farmer by profession who has become one of the most respected faith healers in Belpahari Block of Jhargram. His journey into faith healing began when he discovered his unique ability to heal through the power of nature. Surrounding his entire home are the most incredible healing trees and plants, which he has cultivated and nurtured over the years. These include famous healing trees and plants like the *neem* tree, *tulsi* plant, and *doob grass* (used for performing the rituals), as well as the vast Noni tree, a particular attraction in his house.

People have been using noni for at least 5,000 years and even longer. Polynesian healers have treated numerous health issues for thousands of years and have relied on noni fruit to aid with anything from diabetes and high blood pressure to rheumatoid and arthritic symptoms and tumors to the aging process and parasite, viral, and bacterial infections. Polynesian legends tell the incredible story of how the Noni fruit saved thousands of lives during times of famine. In traditional medical texts from antiquity, noni fruit is described as a critical component of remedies that rely on natural remedies. Noni helps heal injuries and ease the pain that comes with them. Noni leaves and fruits often heal cuts, bruises, burns, and fractured bones. Healers frequently combine noni with a variety of other medicinal plants to create a distinct medication that may treat a variety of human conditions.

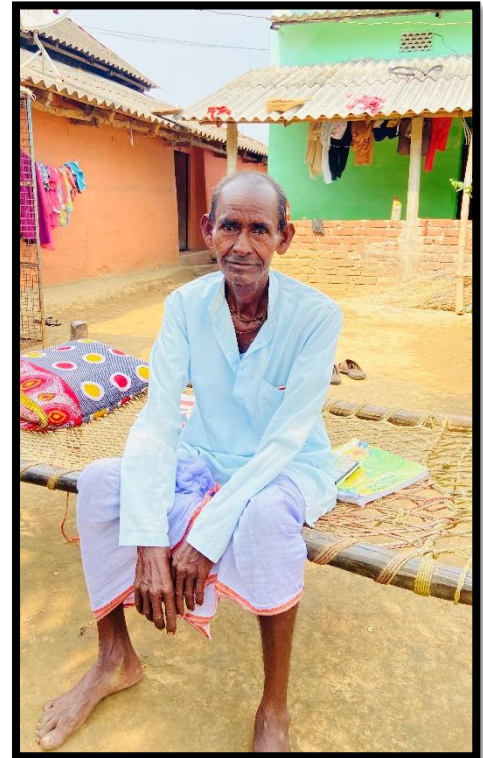


Figure 7: Bankim Sardar

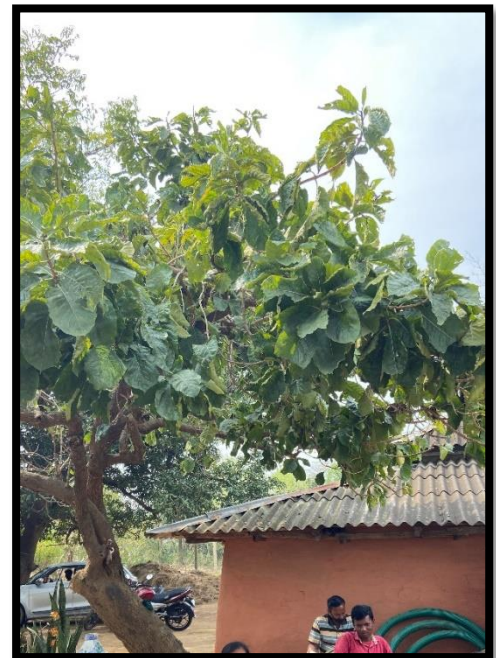


Figure 8: Noni Tree

In conjunction with faith-based healing techniques, these herbal remedies were more prevalent among those who practiced faith healing (Nelson & Elevitch, 2006).

When asked about his belief in faith healing practices, Bankim Sardar explained that he combines his understanding of the symptoms of a disease with the use of medicinal plants to perform his healing rituals. If the symptoms indicate a physical anomaly, he advises the patients to visit a doctor for a proper physical examination and treatment. However, if the symptoms indicate an anomaly caused by his/her social environment (for example, someone's evil eye or someone practicing black magic to make the person fall ill deliberately), he performs the faith healing practice. If a patient is suffering from a spiritual anomaly, then no doctors can help save his life or treat him and give a permanent cure. So, many patients visit him to understand the cause of the disease and then, if needed, pay a visit to the doctor for treatment. In this way, just by residing in Belpahari, Bankim Sardar gets calls for help from people residing in Thane, Pune, Bhubaneswar, and Bangalore. He intently listens to their anomaly and then uses fruits and 16 other spiritual goods (worth Rs. 1600) to perform the healing ritual five times. Using his focused mind and honed meditation skills, he channels his healing abilities to aid those in need. The entire healing ritual costs him Rs. 8000. This is the only amount he asks from his patients who come to him for help and other than this, he does not ask for any extra fees from them because honor is everything to him.

Bankim Sardar is widely concerned about how the world neglects its existence after the evolution of science. He lamented, saying they do not have educational degrees like biomedical practitioners, so they do not get their due recognition. However, the impact of his healing abilities is evident in the testimonials and *personal stories of those he has healed*. People living in the urban sectors consider their healing power as a fluke, but these stories stand as a testament to the power of faith healing. According to him, the only thing that can work wonders is the willingness to try and have faith in these spiritual healing practices. Nothing exists in this world without faith. A relationship, too, depends on faith, understanding, and a little effort. He repeatedly stressed that we should be aware of our social situations. There are people with evil souls who will always misdirect us, but with an alert mind, one can help avoid falling prey to one's evil eyes. When asked about the best way to stay healthy in this vastly polluted world, he opined that each individual should target their lifestyle. Our health depends on the kind of lifestyle we follow. He believes that he might die someday, but the practice of this traditional healing method will never fade away. There is a common saying among the people that if God closes all doors of hope, he will open a window for people to seek help, and for generations, these faith healers are trying to help people to have a better and healthier life.

Case Study-6

Another sought-after faith healer in Belpahari Block of Jhargram is Mohini Sardar. He is the younger brother of Bankim Sardar. Being differently abled, he believes that God has no hand in causing physical or psychological anomalies within humans. It is our Karma that causes people to suffer in different ways. The kind of life we live, whether filled with joy and good health or constant struggle, is determined by our actions and choices. On many occasions, people ponder why newborn babies are born with physical or mental ailments—the answer to this is that the deeds we carry out in our past life get carried over to our present life. In many such cases, where the diseases are untraceable, it is believed that he/she has carried on the disease from his/her past life. It is due to this reason that, on many such occasions, doctors cannot trace the source of the disease.



Figure 9: Mohini Sardar

He is adept at warding off an evil eye, which can be the source of many physical ailments in one's life. In order to conduct this healing ritual, he measures a thread according to the height of the patient; then, he chants healing spells on the thread and later cuts the thread into two halves. This ritual relieves those in distress, especially protecting a person from the malevolent influence of the evil eye.

Following meditation, he can understand the type of symptoms of the disease. If it is a physical symptom, he recommends that his patients visit a doctor. He opined that if a patient needs oxygen, he/she will have to visit a medical clinic for emergency biomedical help. One of his patients resides in Purulia (approximately 140 km from Jhargram). His whole body was shaking; he was feeling numb, constantly feeling thirsty, felt bloated, and was also suffering from insomnia. He visited all nearby hospitals. With no positive result, he traveled to Kolkata (the capital of West Bengal) for better medical treatment but had to return with no hope of treatment. After this, he received Mohini Sardar's contact number, who helped him heal from his anomaly within a fortnight.

According to him, there can be several healers around Jhargram, but only a few can heal the people. A faith healer must possess a pure heart. He can never lie to others. A spell will not work if it does not come from a genuine soul. He shared another story about a newborn baby whose mother did not breastfeed the child. The reason cited by him was that an evil soul was residing inside the mother for which the baby was not sucking her milk. After chanting a few healing spells on a glass of water, the mother drank that entire water, and the baby started breastfeeding again.

He pointed out how people are increasingly falling sick due to changes in weather conditions. Due to rising pollution levels in the atmosphere and other age-related factors, the need for people to visit a doctor or come to a faith healer is becoming much more prominent. A decent and healthy lifestyle can ensure people have a long, healthy life. We consider nature our mother; thus, we cannot pollute our mother. Increasing deforestation leads to the cutting down of medicinal trees and plants. He pointed out how it takes years for a plant to transform into a tree. Nature holds the key to healing all our anomalies; thus, in the words of Mohini Sardar, protecting and conserving Mother Nature should be the utmost priority of all human beings to ensure the existence of a healthy planet.

Case Study-7

Seventy-year-old Kashinath Bera is another devout follower and practitioner of faith-based healing rituals. He believes that faith in anything can create wonders. If someone fasts on any holy occasion with no faith in mind, then he/she will never receive the fruits of fasting.



Figure 10: Kashinath Bera

Faith and belief in the existence of the divine are necessary for one's spiritual well-being. With daily spiritual practices, any individual can reduce the ongoing stress in their daily lives and help them lead a healthy lifestyle. He believes that the best way to enhance mental health is to offer prayer to God daily, visit the temples often, and follow the healing rituals in case of any distress. He opined that any individual could fall sick for three prime reasons— the vengeful gaze of another person, God's wrath upon them, and one's negative *Karma*. He said that each human being has their own set of *Karma*. For this reason, when a few troubled patients

walk up to him, his prayers and healing rituals do not benefit them. This is because everyone will face the consequences of their actions, and their prayers and rituals will not aid them.

When asked what kinds of difficulties people come to him to be treated through faith-based methods, he said that the most common ones include economic troubles, treatment for any chronic diseases, healing issues relating to birth, and healing infants who cry inconsolably. According to him, doctors do not have the power and ability to solve an ailment from its root. They can only provide the patients with short-term medical answers to their problems. However, the problems will recur after a given period. On the contrary, a faith healer may assist in treating the diseases from their source, and they will make sure that the issue does not occur again. However, he grieved, saying that faith-based healing practices are a dying art in the current century.

He narrated an incident of a distressed father who came up to him with his ailing daughter, who was getting weaker and thinner by the day. She was just fifteen years old when she stopped eating due to her weakness in her body. Her parents took her to a doctor. After conducting all the medical tests, doctors treated her for acute gastritis, but even after a few weeks, her weakness remained. With great hopes in mind, her parents came to Mr. Kashinath Bera. With his divine healing powers, he could discern that the young lady was suffering from a condition known as "*khoy rog*" (decaying disease). He detected that there was a white discharge coming from her urine, which indicated that her body was decomposing from the inside out. All the essential nutrients were flushed out of her system through her urine. He assured that this disease is beyond the spectrum of biomedical practices. Later, it was through his faith-based healing practices that she regained her perfect health. He bemoaned that the role of faith healers is not highlighted or glorified in society. People from the urban localities consider their methods and practices as unscientific. He continued, with a sense of pride in his voice, to say that the faith healers were the ones who had rescued their rural civilization for years. It was with their divine powers that they have helped retain the harmony in their rural communities. He said that biomedical practices entered Jhargram only a few years back, but before that, the faith healers followed the natural ways to treat any ailment that the patients came up with in front of them. Thus, diseases have increased in this modern society as we have started assimilating ourselves with "the unhealthy lifestyle of the urban culture, but with faith in mind and the belief in the powers of the faith healers, biomedicine and healing practices can coexist.

Case Study-8

Kabita Mahata is a 38-year-old resident of Belpahari Block. She involves herself in all religious occasions and believes that religious associations bring about mental solace in an individual. Believing in the theory of Karma, she was confident that if a person carries out negative behavior towards others or intends to harm others, his/her prayers will never be answered by God. For prayers to be answered, one must have a pure soul. The ongoing debate of whether God exists depends on whether we have faith in the concept. As the saying goes, ‘Hope is what keeps us alive,’ and Kabita Mahata lives her life based on this statement. The concept of God is a ray of hope. It gives people the emotional support that no one else can provide during one’s test of time.



Figure 11: Kabita Mahata

She is an ardent believer in faith healers and their healing practices, as she had hands-on experience with a faith healer early on in life after marriage. After marriage, she tried conceiving a baby, but for ten long years, she could not conceive. She went to numerous gynecologists in and around Jhargram, and several tests were conducted to detect why she could not conceive, but all test results came back negative. She took injections worth Rs. 525 each per week. This medication continued for 16 weeks, yet no positive results came out from that. Both her husband and she were medically fit in all aspects, yet she could not conceive. Doctors, at last, gave their hypothetical opinion that she had a mal-shaped uterus for which she could not conceive a child, though no reports suggested that. Later, she went to a renowned faith healer in a nearby place named Jhilimili as her last ray of hope. The faith healer worships Goddess Kali in his temple. Kabita Mahata was asked to come on a particular date early in the morning. She was made to dip in the nearby pond; the faith healer placed a tiny human skull on her head and her husbands’ after changing into new clothes. Immediately, her body started to shiver while her husband remained normal. After this, she was given an herbal liquid, which she had to drink every morning with black cumin and another mixture from barks of different trees, which she was directed to mix with a glass of milk and drink every morning. She was also made to do a “manna” in front of Goddess Kali, where she asked that if her wish of having

a baby came true, she would donate a small piece of gold jewelry to the temple. After following this process for 3-4 months, she finally conceived. Later on, she had a baby boy who was hale and hearty at the time. After narrating this incident, she opined that urban residents will not get stigmatized or labeled for not having a kid. However, people in rural communities stigmatize women who cannot give birth to a baby. It is due to the fear of this social stigma that she tried all her means to conceive a baby. When biomedical practices failed her, faith healing gave her new sunshine. When asked if faith healing practices will exist in the coming days among the modern generation, she mentioned that human beings will never stop having faith.

In the same way, faith in these healing practices will remain intact in the coming years. She said doctors may try expensive and lengthy procedures to help cure a disease, but can they heal a patient from their core? Patients are made to stay inside a cabin for days. Most patients even die due to this strange, lonely atmosphere inside these medical institutions. Thus, according to her, these faith healers, with their healing practices, go the extra mile to treat their patients with a little more care. That caregiving process is missing in modern medical institutions, which is present among faith healers. She mentioned that biomedical practices are considered professional, while faith-based healing practices are considered more personal. In the days to come, these faith-healing rituals will be able to re-establish their position in modern society.

Case Study-9

Kamal Mahata, a 60-year-old farmer, believes that religion and spirituality are connected through faith. "No medicine can work best if you do not have faith in it," he says. Though he prefers to seek medical help for physical issues, he still believes in traditional faith-healing practices. He said that since his childhood, he had never seen his parents pay a visit to the doctor. Instead, all family members were taken to the local *gunin*, who used to do his religious counting and then offered prayer to the Almighty, asking for blessings to make his healing practices for his patients work. He said all

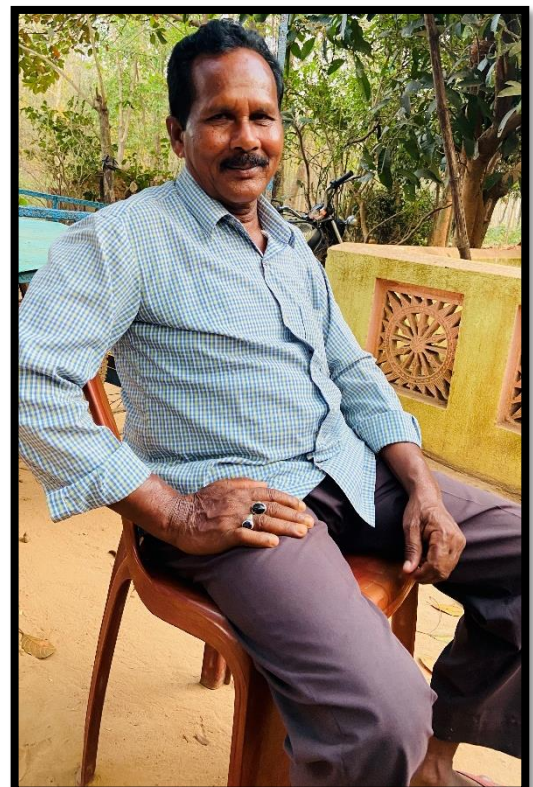


Figure 12: Kamal Mahata

his family members are socialized on the importance of positive Karma in life. They believe that negative behavior in society will reap adverse effects on one's life in later years. For this reason, God might not answer prayers for their negative Karma (maybe in this life or in their past lives).

When asked why he relies more on faith-based healing practices than biomedical ones, he said doctors use foreign instruments to treat patients. These medical equipments can harm the fragile body organs inside a human body. He lamented that many doctors look down on their physical problems as they reside in the rural area. The care they will take to treat patients with better economic positions in society will not give them that amount of care and attention. He narrated an incident when once his elder daughter was having trouble with her menstruation. With this problem, they could not fix her marriage date. She was taken to a nearby clinic, where the doctor prescribed several tests. They could not afford that amount of money to complete all the tests. Following this, they visited their *gunin* to find a permanent solution to this problem. The healing rituals, as well as a few herbal medicines from the *gunin*, helped his daughter get back her regular menses within three months. His faith in the faith-healing practices, thereby, was restored. He suggested that doctors are here to profit from the patients' well-being. With basic knowledge of medicine, doctors utilize patients as money-making machines. He pointed out that women in the traditional days went for normal delivery of their babies. The midwives used to come and carry out the entire procedure. However, biomedical practices in the modern world always suggest that expecting mothers go in for a cesarean section. According to him, these are the ways by which the doctors suck away their hard-earned money. So, visiting the faith healers who traditionally started this noble journey of healing people is always better. The faith healers charge a minimum amount of money to conduct the rituals and give herbal medicines. According to his knowledge, he pointed out that no faith healer in the Jhargram belt utilizes their healing powers to make money from people. They are not members of the upper class. They, too, are involved in normal farming activities, for which they do not cheat people of their hard-earned money. They are the roots of traditional medical practices, and years down the line, this respect and reverence towards the faith healers will remain intact.

Case Study-10

Indranath Mohanta is a 75-year-old resident of Lalgah Block. His entire family follows Vaishnavism. They prefer a strict vegetarian diet, believing it will help them lead a long and healthy life. In the same way, they prefer '*prasad*,' a sacred offering made to a deity and then

distributed to devotees, as it contains the blessings of the Almighty. This 'prasad' is believed to be imbued with the divine energy of the deity and is considered a form of divine grace. He believes that people in this modern world have started losing faith in the powers of God. With scientific advancement, people try to explain all the world's happenings scientifically, but God is beyond any scientific explanation. He questions why scientists cannot control the sudden COVID-19 pandemic despite scientific advances beyond measure. He then explained that science cannot have the answer to everything. It is God who is running this world. It is due to the increasing negative behavior of the people that the pandemic has struck the world. People with positive Karma and faith in God are leading a healthy life, whereas others are suffering from unexplained diseases. Thus, to him, happiness and well-being depend on one's faith in God. The three necessities of life—food, shelter, and clothing, are provided to us because of God's blessings. He staunchly believes that Hinduism provides a positive direction to the lives of its followers.

When asked about his belief in faith healers and faith-based healing practices, he said that faith healers are the intermediaries of God (Lord Krishna). Not all human beings possess divine powers. Lord Krishna has blessed a few with powers to mediate between God and the people; these living few are the faith healers. These faith healers properly channel their energy through God to make a positive impact of their healing powers on the patients. Following this, he narrated an incident from his own life. He was once traveling for work when he met with an accident. It could have been a fatal accident, but as he chants Lord Krishna's name every single day, his life was saved. He believes that his faith in the existence of the divine powers has made him cross 75 years of age. A nearby faith healer treated him for his minor injuries, and he gained his everyday life back within a week after the accident. Thus, he firmly believes that nothing exists in this world without the blessings of God. God is our savior. He said an individual can follow any Hindu God or Goddess, but his/her faith should be 'pure ', a term he uses to describe a faith that is sincere, unwavering, and free from any ulterior motives. He emphasized that God can work his miracles only if we believe in his existence and our faith is pure. Surrendering to God's will is the best way to have a long and healthy life in the future.

Case Study-11

Lalita Mahata is a 70-year-old resident living on the outskirts of Jhargram Block. Jhargram is a hub of development where different developmental features are coming into effect. Jhargram Superspeciality Hospital is one of the go-to places for patients residing in the

district. Amidst numerous cases observed in Jhargram, Lalita Mahata is a specific case study in this research. She is still holding on to her traditional values. She believes that all our dreams, desires, and, most importantly, good health can be maintained through worship. If someone falls sick within the family, praying to God with a pure heart can do wonders. While praying can spiritually heal an individual from within, praying for someone can help the person heal physically.

She suggested that ancient humans relied on faith in religion for survival due to the absence of advanced biomedical practices thousands of years ago. They did not understand God's work but worshiped their Mother Nature as their God. She claimed that if it were not for God's blessings and all the natural remedies that the Earth is already blessed with, human civilization would have decayed a long time back. In addition, she said that biomedicine has its side effects on the human body. Similarly, it is costly. Farmers do not have enough means to afford such expensive treatments. From her seventy years of experience, she said that consumption of modern medicines is leading patients to suffer from a more significant number of diseases. Even if a patient is taken to nearby health centers, there are few doctors and many patients. The doctor-patient ratio is unequal, and they still believe in traditional faith-healing practices. The practitioners of these healing techniques allow them to explain their pathology. "The doctors, on the other hand, will rush to get our tests done...How are we going to afford such expensive tests?". They find that humans connect among the faith healers and not with the doctors. When asked if the children in the family are vaccinated, she replied, "Children are blessings of God; they do not require vaccines to stay healthy." She believes that modern vaccination programs are a hoax. It does not keep them healthy; somewhat, it decreases the average lifespan of human beings in society. On the contrary, the faith-healers use traditional techniques to keep diseases at bay. They not only have the solution to heal them from any physical ailment, but they also have the remedy to solve family problems. Mrs. Mahata pointed out that the degradation of health starts within the family. A chaotic family will have less amount of mental peace, which will later have an aftereffect on their health. Thus, modern biomedical practices will never be able to overtake the faith that people have in faith healing practices. According to her, growing globalization and consumerism might affect how people view their health problems in the urban area. However, rural India will never doubt the traditional techniques of a faith healer. She is confident that like her forefathers and her family will continue to lay their trust in the existence of these faith healers and their healing practices.

Case Study-12

Tumpa Ray is a 31-year-old housewife with a Graduation degree to her credit. After her marriage at an early age, she gave birth to a girl child. Her entire family was disappointed for not having a boy child. Following the two-child policy per family, they decided to go in for having another baby. However, this time, they wanted a boy child who would be able to continue the generation even after their death (which a girl child cannot as she will get married to some other family). She went with her family to a local faith healer who advised her to pray regularly and gave her a *tabeej* (a sacred string) and a few herbal medicines with sacred *belpata*. She was instructed that after the birth of her son, she would have to donate his first haircut in the temple and offer it to God and then pass on the *tabeej* from her wrists to her newborn son's waist. After conceiving, she regularly visited the faith healer to ward her off any evil eye. She chanted the sacred mantras regularly. After following all the instructions the faith healer gave, a year later, she delivered a baby boy. She believes that it was because of her faith and worship that she was blessed with a boy child.

She believes that when all doors close, God keeps a window open for all his followers. So, faith is not just an individual belief, but a shared belief that forms an essential component of human resilience in this rat race. She pointed out that in case of any medical emergency, her family members opt to go to the doctors in the nearby health institutions for a quick remedy. Later on, they visit a faith healer, not just for a solution, but for a sense of community and shared belief. She narrated three other incidents from her life where she witnessed how faith healing practices can heal people—firstly, she saw several examples of how a faith healer effectively treats snake bites. Due to a lack of transportation facilities, taking patients to a hospital for quick treatment is complex. Thus, any snake bite victim is generally taken to a nearby faith healer, who knows how to heal the patient by taking the poison out of the body. Secondly, in the case of fish bone impaction, sacred mantras are chanted by a faith healer in front of a glass of water, and then the person is asked to drink the entire water. This traditional technique heals the person from his discomfort. Finally, any major or minor burn issues can be treated using the sacred oil given by a faith healer. Thus, Mrs. Ray opined that it is impossible for them to arrange for a car/ambulance and to take the patient to a hospital for everyday issues. On the other hand, doctors are not readily available to treat patients at first sight. Even in an emergency, the hospital staff keeps them waiting as the number of patients exceeds the required number of doctors in the health centers. The fear of neglect and the issue of affordability make them have more faith in traditional healing practices than biomedical ones. She claimed that in

the urban areas, the majority of the patients rely on biomedical practices while a handful of them in the techniques of a faith healer; on the contrary, in the rural geographical locations, the majority believe in the techniques of faith healers than biomedicine; thus, the belief of the majority in any given area creates a dominating factor for the people residing in the area to make their choices. Rule of the majority works in any given situation—from politics to belief in faith-healing practices. In this way, with their personal experiences, they put more faith in the traditional healing pattern even today.

Case Study-13

Another case study of Mala Shit, who is a resident of Nayagram Block in Jhargram, is an ardent believer in faith-based healing practices. She narrated that being the eldest daughter-in-law of the family, she has consistently contributed her labor in maintaining all the household chores. She has never been on any medication. Even while having kids after marriage, midwives of her village came to help her deliver her baby. However, during her 50s, she started developing symptoms of rheumatism. She was having extreme joint and muscle pain. Her flexibility started affecting her speed of conducting all the household chores. This had a profound impact on her, affecting her both physically and mentally. Having no other choice, she went to a nearby Kali temple where a faith-healer practitioner suggested that she offer her prayers to Goddess Kali every single day, and along with that, the faith-healer gave her a bottle of herbal oil. She was advised to pray regularly and massage that oil on the joints and other pain-driven areas. Within three months, she recuperated. She has returned to her usual way of life. When asked why she did not prefer to visit a doctor in a nearby health center, she replied that modern medicine is very costly. It becomes challenging to meet ends in a family of six, and meeting her medical expenses is beyond her imagination. She sighed that it is the sole duty of a woman to take care of all the family members; thus, she cannot make her family members spend all their savings to get her treated. To top it all, she believes that all doctors are scammers. They scam people out of their money. In the name of treating diseases, they make low-income families exhaust all their savings.

She claimed that faith gives hope. With this hope and positive vibe from within, people in the village rely on their faith-on-faith healing practices. Natural remedies contain no side effects, which can help them heal faster. She claimed that all Gods and Goddesses are showering their blessings on those who have faith in their existence and divine power—this is why *mannats* and prayers are answered by God. She said, "*While urban residents call them*

miracles, we call them blessings of God. It is our true prayer that God answered. In our little village, we have never harmed anyone because of the theory of Karma." She believes that God can never disown one who does good for others. She asks, "Can God ever harm his/her children?". With this belief and strong faith in heart, Mala Shit supports the divine practices of faith healers in the society. She stated, "*They are the real doctors whom urban dwellers do not give due respect. When doctors were not available, it was they who saved our ancestors. It is because of them that we exist without the fear of succumbing to a disease.*"

Case Study-14

Mamata Mahata (*name changed on request; standing on the left in the picture*) stays in a small government-made shelter on the outskirts of Jhargram Block. Her husband was the sole breadwinner of the family. He passed away a few years back after suffering from jaundice. Following his demise, his wife and two children were left with zero savings. Thus, she started earning for her family by collecting wood from the nearby forest and selling it to local buyers at a nominal rate. Besides this, she wakes up early in the morning and goes to the private estates of the local owners, where she picks up dry leaves. She works from 8 am to 12 noon in the morning and, in return, gets Rs.5 per day. Of the two kids, her son (about 12 years old) helps her with the woodcutting activities. He never went to a school. On the contrary, her younger daughter (around seven years of age) goes to a nearby school named "*Chuni Kotal Pathshala,*" which is a non-profit educational organization run by the Officer-in-Charge, Susil Kumar Barman, of Jhargram Raj College (Girls' Wing). Through baby steps, the Pathshala aims to educate all the kids in the area so that none of them stay illiterate and they can earn a decent standard of living in the future.

When asked about her belief in faith-based healing practices, she commented that her entire family is an ardent believer in it. When it comes to tragedies like snake bites, the victim is taken to a nearby *ojha* first. The village believes that the *ojhas* have no less power than the doctors. Though their techniques of healing patients might differ, their goals are similar—they want to heal their patients out of the anomaly. She narrated the event when her husband often became sick without reason. He was a woodcutter and a honey collector from the nearby jungle. He used homemade remedies to heal himself. However, on one fine day, he fell very sick. With the assistance of the villagers, he was transported to a nearby health center in Jhargram, where he was hospitalized for 12 days. As all their savings were exhausted, he had to return home, but his weakness remained. He was then taken to a nearby faith healer, who detected that he

had jaundice. They have a traditional method of healing patients with jaundice—it is known as "*kopaal kata osudh*". This procedure makes a small incision between the patient's forehead, and herbal medicines are applied. It is believed to cause the infection to drain out of the body and heal the patient from jaundice. However, Mamata's husband succumbed to this disease a few days after coming back home from the health center. She blames herself for not taking her husband to the faith healer first. There is a popular saying in the area on the powers of faith healers—they say, "*Maanle thakur, na maanle kukur*" (if you believe, then it is God, and if you do not, then it is a Dog). Thus, they claim in their community that if doctors and faith healers can recuperate patients from their anomaly, they will better stick to traditional methods of obtaining the treatment. The reason is the physical and emotional care and assurance the doctors fail to provide them.

Case Analysis

After analyzing the abovementioned cases, one can conclude that people's faith in healing rituals is still prevalent in the modern century. These faith-based healing practices have been prevalent since time immemorial. When Western biomedical practices did not evolve, these healing practices have continued to be people's back in times of deluge. Natural ways of treating ailments are considered the most reliable methods to heal. In the current research setting of Jhargram, Western biomedical practices have developed even more after the declaration of the area as a separate district in Paschim Medinipur. Several clinics, superspeciality hospitals, and a few nursing homes have been established recently. In severe ailments, the patients are aware of visiting a doctor at a nearby clinic. The residents are aware of the fact that there are many (fake) faith healers who can dupe them of their money and other resources in the name of treating their members for their ailments. However, the option of visiting a faith healer for final consultation has remained the same in most families. The study has undertaken four Blocks in the district of Jhargram—Jhargram Block, Lalgah Block, Belpahari Block, and Nayagram Block. One of the fascinating points that can be assumed through the case studies is that geographical location and the belief in the rituals of faith-based healing practices are related. The farther a Block is from the Central District Zone (i.e., Jhargram Block), the more intense the belief of the people in faith-healing practices. Most of the residents of the Nayagram Block have more intense faith in the healing practices than the residents of the Jhargram Block itself. The farther the residents are from the assimilation of the modern ways of living, the more adept they are towards their traditional ways of living.

Concerning one's health and well-being, there is a fear within them to adopt the new patterns of living. Most of them fear that the new patterns of health structure will make them forget their traditional beliefs. It is due to this reason that they hold on to their tradition. Their faith in the positive effects of the healing rituals is so strong that they fear adopting Western biomedical practices. Interestingly, the traditional belief structure on the healing practices does not work to that extent in the Jhargram Block. When it comes to health, people from this area prefer to visit doctors and follow the necessary treatment procedures in order to cure their pathology. On the other hand, respondents who reside farther from Jhargram Block tend to focus more on the care-giving nature of the faith healers. Therefore, this care versus cure debate leads believers to retain their faith in traditional healing rituals.

There are several Hindu rituals that the members of the Hindu community celebrate together. The sense of we-feeling is intense when they get together in the name of a ceremony. Similarly, when it comes to treating an ailing patient within the family, the entire village community comes together and gives a mental boost to the family members. This physical support gives them the psychological strength to deal with the anomaly. The practices of the faith healers have a personal touch, which gives the family members the strength to look forward to the healing ritual. They fear that the doctors within a medical institution will not give the personal care essential for a patient's healing. A few respondents believed doctors do not give them the necessary attention as they lack financial backup. They feel looked down upon when they visit any medical institution. Another critical factor is the long wait for doctors to arrive at medical institutions. Thus, that sense of caring for the patients and that personal touch is missing within these institutions, which leads most believers to retain their trust and faith in the healing rituals of the faith healers. The fear of making their ailing parents or kids feel abandoned within the medical institutions is warded off with their trust in traditional healing practices.

The most common factor in all the observed cases is that the people's faith in the importance of the Hindu rituals has remained strong. Apart from the elderly members of the family, the younger generation, too, relies on their belief in the importance of observing traditional Hindu rituals. Regarding health and well-being, the younger generation visits medical institutions, believing in God, and the conditions prescribed by faith healers act as the last hope for a miracle. As noticed earlier, contrary to the residents of other blocks in the Jhargram district, the residents of the Jhargram Block are more adept at visiting a medical institution in case of any physical pathology. The primary reason behind this is that seeking

medical help from biomedical institutions is convenient for many residents in Jhargram. With limited sources of income, most residents suffer from economic crises. Those who can afford to hire a personal car or other means of transport to reach the nearby medical centers go in for medical treatments instead of relying on faith-healing practices. Numerous respondents believed that the rising cost of treatment, along with expensive drugs, makes them unable to seek treatment from medical institutions. The female members of the family bear the adverse effects of this economic crisis. They do not discuss their ailments and the need to seek medical attention; instead, to save the family members from having any expenses, they either rely on traditional home remedies or visit a faith healer to get treated at a low cost.

Thus, the strong faith in the Hindu religious observances within the family since childhood has been one of the leading causes of the majority of believers relying on their faith in the traditional ways of treatment. Many follow the belief that Hinduism promotes a healthy lifestyle. They think it gives them a sense of discipline and direction in life. Observing fast, celebrating the community sentiment of the group, believing in the theory that negativity breeds negativity, and believing in Karma are essential factors behind the respondents placing their deep trust in faith-based healing practices. The faith healers, too, respect the needs of the patients, lend them a patient ear, and give them herbal (natural) ways of treating their ailments. Their faith in nature's healing power and complete conviction in God leads them to believe that a healthy body with a healthy mind can be achieved by following the divine path—the simple ways of living and caring for others.

INFERENCES AND SUGGESTIONS

In the preceding chapter's analysis, numerous underlying social phenomena related to the religious behavior of the people in Paschim Medinipur in connection to their health were sought to be highlighted. **Emile Durkheim (1912)** pointed out that religion is a social phenomenon. Imagery in religious contexts is a form of communal symbolism that conveys a shared understanding of the world. This study aims to shed insight into how people utilize religious symbolism for beneficial health outcomes. The research aims to assess the effectiveness and scope of faith-based healing practices among the Hindu community in Paschim Medinipur. Traditionally, 'svastha'¹⁸ has been regarded as the ideal state of being, where all aspects of one's existence—physical, mental, spiritual, and sensory—are in harmony. Any disruption in this balance can lead to a certain disequilibrium within the body, causing the person to suffer.

Patients suffering from any illness or degenerative condition in their bodies have two primary avenues of treatment from which to select. These include:

- a) Conventional biomedical practices, according to which patients visit doctors and hospitals for treatment. A doctor can aid in diagnosing and treating a patient by seeing their physical manifestations. "External pharmacy" is the most used term for this field **(Bhat, 2019)**.
- b) Traditional or alternative healing practices, such as consulting a faith healer and placing one's trust in one's abilities to assist, form another avenue of treatment. The faith healer, operating from a theological and spiritual standpoint, identifies the root cause of the patient's illness and treats it, a process commonly referred to as 'internal pharmacy' **(Bhat, 2019)**.

The current study focuses on whether respondents from Paschim Medinipur are turning to traditional religious healing techniques in this 21st century, given the exponential rise of biomedical treatments. The study's findings are presented while keeping the overarching goals of this research in mind. They are also related to various sociological theories to provide a comprehensive grasp of the topic from a sociological vantage point.

¹⁸ Health in Sanskrit

Demographic Discernment: Extracting Key Inferences from Respondents' Demographic Variable

The study's primary objective is to delve into **the socio-demographic profile of the respondents**. This crucial aspect provides a solid foundation for understanding the context of the research. Data has been meticulously gathered to assess the demographical features of the research setting selected for the study. The following tables present the correlations of one demographic variable with another, offering a comprehensive picture of the respondent's socio-demographic profile.

- i. **Gender and Geographical Distribution:** Paschim Medinipur, with its unique blend of 96.52 percent rural and 3.48 percent urban population according to the 2011 Census report of India, serves as a fascinating research setting¹⁹. The current study has engaged 120 respondents from 4 Blocks of the district—Jhargram (the district headquarters), Lalgarh, Belpahari, and Nayagram, respectively. **Table A** reveals that 57.50 percent of the respondents were females, and the remaining 42.50 percent were males in the study. The sex distribution, based on the geographical location of the respondents, can be summarized as:

		Sex		Total
		Female	Male	
Location	BELPAHARI	12	18	30
	JHARGRAM	17	13	30
	LALGARH	19	11	30
	NAYAGRAM	21	9	30
Total		69	51	120
Percentage		57.5 %	42.5 %	100 %

The gender breakdown of the study's sampled Blocks was therefore calculated using the data in the above table. Compared to the number of males interviewed, there were more interviews with females. In specific households, the men were absent due to their work commitments.

- ii) **Age Groups and Geographical Distribution:** The following table depicts the distribution of age groups included in the study and the research setting for the present research. This

¹⁹ Source: Official Website of Jhargram (<https://jhargram.gov.in/about-district/>)

distribution provides a clear and vivid depiction of the age distribution among the respondents, shedding light on their relationship with the study's environment.

		Age						Total
		21-30	31-40	41-50	51-60	61-70	>71	
Location	BELPAHARI	1	11	6	8	2	2	30
	JHARGRAM	4	9	8	5	2	2	30
	LALGARH	1	4	14	10	0	1	30
	NAYAGRAM	4	11	5	6	2	2	30
Total		10	35	33	29	6	7	120
Percentage		8.33 %	29.19 %	25.5 %	24.18 %	5 %	5.8 %	100 %

- iii) **Educational Qualification and Research Setting:** The respondents' educational qualifications, in conjunction with the geographic dispersion of their locations, will provide a comprehensive picture of their academic background. The four studied Blocks are spread out across a wide geographic area. A primary goal of this study is to determine whether respondents' levels of education in their respective Blocks are correlated with the degree to which they believe in faith healing.

		Educational Qualification							Total
		Illiterate	Primary	Secondary	H.S.	Graduate	Post Graduate	B.Ed.	
Location	BELPAHARI	2	13	6	5	3	1	0	30
	JHARGRAM	0	7	11	2	9	1	0	30
	LALGARH	2	11	8	3	4	1	1	30
	NAYAGRAM	2	10	12	4	2	0	0	30
Total		6	41	37	14	18	3	1	120
Percentage		5 %	34.16 %	30.84 %	11.67 %	15 %	2.5 %	0.83 %	100 %

The unique educational landscape of the Jhargram Block (the District Headquarters) is a key aspect of this study. It is noteworthy that there are no illiterates in this area, and a majority of its residents hold either secondary or graduate degrees²⁰. This context sets the stage for our

²⁰ There are around four government colleges in Jhargram, two colleges in Lalgarh and Nayagram, and no colleges in Belpahari Block, respectively.

further analysis, which will delve into the correlation between respondents' level of education and their outlook on the prevalence of faith healing in their community.

- iv) **Income Distribution and Geographical Location:** The following table presents a breakdown of the respondents' incomes in accordance with their respective areas of residence. The purpose of this study is to determine whether a respondent's level of income, be it low or high, plays a role in their decision to choose faith healing practices over conventional medicine or whether it is solely the respondent's belief structure that compels them to follow traditional Hindu healing practices.

		Income (in Rupees) per month							Total
		1000-5000	5001-10000	10001-15000	15001-20000	25001-30000	45001-50000	>50001	
Location	BELPAHARI	14	11	2	1	1	0	1	30
	JHARGRAM	6	14	4	2	1	0	3	30
	LALGARH	9	17	1	1	0	2	0	30
	NAYAGRAM	8	21	1	0	0	0	0	30
Total		37	63	8	4	2	2	4	120
Percentage		30.84 %	52.5 %	6.66 %	3.33 %	1.67 %	1.67 %	3.33 %	100 %

As the table shows, the income distribution of the respondents of Jhargram Block varies from Rs. 1000 to Rs. 50000 and above, while the income group of respondents from Belpahari ranges mainly between Rs. 1000 to Rs. 15000. The respondents of Lalgarh and Nayagram Blocks mostly ranges from Rs. 1000 to Rs. 10000.

- v) **Strong Faith in Hinduism in Relation to Gender Distribution:** Gender distribution in relation to faith in Hinduism is a significant aspect of this research. The present distribution will shed light on the opinions of both male and female respondents regarding their trust and belief in God during a medical emergency.

		Gender		Total
		Female	Male	
Faith in God Heals Patient	Yes	33	32	65
	No	1	1	2
	Maybe	35	18	53
Total		69	51	120
Percentage		57.5 %	42.5 %	100 %

The above chart shows that, compared to the men, more women in the study put their faith and hope in God to heal their sick family members. The findings of an analysis of the Pew Research Center on censuses, polls, and other demographic records in 192 countries and territories indicate that an estimated 83.4 percent of women in the world identify with a religious organization. In contrast, only 79.9 percent of men do so. This discrepancy of 3.5 percent indicates that around 97 million more women than males claim to belong to a particular religion across the world as of 2010 (NW, 2016). Within the context of the ongoing research, the socialization of women places an expectation on them to have a more religious orientation. They are the "*lokkhi*"²¹ in the household. The majority of women who participated in the study claimed that even though they do not know for sure whether or not having trust and belief in God may assist in the healing of the ill, they cannot completely discount the idea. There are two main reasons for this; first, the majority of those interviewed responded that they do not know for sure whether God will listen to the prayers of a patient's family members when the patient is enduring the effects of a medical illness. They hold the concept that the patient is experiencing pain due to their karma, which may have been accumulated in this incarnation or a prior one. Second, several of them claimed that they are unable to deny their religion and the fact that they put their trust in God because they are afraid of being labeled as "*olokkhi*"²². Their skepticism of religious traditions and refusal to adhere to them may cause them to be labeled deviant within their family. Moreover, any woman who has a record of failed marriages in the community is either branded as a witch or severely stigmatized. They conform to the rules and expectations of the community because they are afraid of being excluded from the group. On the other hand, the male participants in this research exhibit high faith and belief in God's ability to heal those afflicted with illness. They participate in religious activities in the household and sometimes even set aside a portion of their income specifically for carrying out religious activities at home. However, if a male does not believe in the existence of God or rests their doubt on the miracles of God (as believed by society), then they are not stigmatized in society; instead, their community blames the current educational system for making their sons and husbands not be as religious as they should be in the household. So, when it comes to the belief that God heals the sick, most of the social discrimination is against women and not men.

²¹ Which means "Goddess of wealth and well-being."

²² Goddess of misfortune and misery.

- vi) **Educational Qualification in Relation to Strong Faith Upon Faith Healers/Medical Practitioners or Both:** Most studies suggest that higher levels of education are associated with a decrease in religiosity among individuals. (Hungerman, 2014; Schwadel, 2016; Albrecht & Heaton, 1998).

		Trust Upon			Total
		Medical Practitioner	Faith Healer	Both	
Educational Qualification	Illiterate	1	2	3	6
	Primary	13	12	16	41
	Secondary	14	4	19	37
	H. S.	3	1	10	14
	Graduate	8	0	10	18
	Post Graduate	2	0	1	3
	B.Ed.	0	0	1	1
Total		41	19	60	120
Percentage		34.16 %	15.84 %	50 %	100 %

One of the most intriguing aspects of the study conducted in the Jhargram district of Paschim Medinipur was the diversity of beliefs and practices among the respondents. It was revealed that the respondents' levels of education do not correlate to a lower frequency of religious practices or beliefs. Most of those who took part in the survey believed that a person does not necessarily consult a faith healer in the event of a medical emergency; instead, an individual may also seek the assistance of a faith healer in connection with other issues unrelated to medical concerns. To quote a few of the reasons, "How can a doctor heal a patient from the mental trauma of not getting a job even after having a degree? How can they ward off an evil eye? How can they eradicate the negative energies and help them fulfill their longing for a boy child?". This diversity of beliefs and practices suggests that the role of faith healers is not limited to medical emergencies but also extends to addressing a wide range of personal and social issues. Most respondents believed that a medical practitioner could help locate and eventually treat that following the symptoms in the patient. Most respondents said they would go to a medical doctor and a spiritual healer if they were to put their confidence in someone to treat them in a medical emergency. The reason for this is that a medical professional can cure the illness. At the same time, a spiritual healer can protect the patient from evil spirits and eventually aid in accelerating the healing process. A faith healer is considered to care for the individual, whereas a doctor may cure the illness. Even though practitioners of current biomedicine could entirely dismiss the concept, the respondents of this survey place a

significant amount of faith in both treatment approaches. According to the research findings, an increase in one's degree of education does not lessen one's belief in the various religious practices utilized by faith healers. Though some rejected the concept of placing their faith in faith healers because they deemed them unscientific, most of them placed their faith in the conventional method of treating a disease and the traditional faith healing procedures for warding off harmful energies.

vii) **Income (per month) in Relation to Strong Faith Upon Faith Healers/Medical Practitioners or Both:** Even within the income group, a higher income level is not related to a lower religious belief or having less or no faith in the faith healers.

		Trust Upon			Total
		Medical Practitioner	Faith Healer	Both	
Income	1000-5000	10	11	16	37
	5001-10000	20	7	36	63
	10001-15000	5	1	2	8
	15001-20000	2	0	2	4
	25001-30000	1	0	1	2
	45001-50000	1	0	1	2
	>50001	2	0	2	4
Total		41	19	60	120
Percentage		34.16 %	15.84 %	50 %	100 %

When examining the relationship between the income group of the respondents and their trust and confidence in a doctor, faith healer, or both, we find an intriguing result-the two are unrelated. Some respondents shared that they believed the cost of resolving their issue by a faith healer is significantly less expensive than a medical practitioner. They pointed out two reasons for this: doctors needing to lend a patient's ear to listen to all their problems, and specific issues for which they visited the faith healer because the doctors were not experts in those areas. The data in the table reveals a fascinating trend-most respondents, from various financial brackets, hold the opinion that a person should have confidence in both a medical practitioner and a spiritual healer. One respondent shared a personal experience, stating that a doctor can treat his wife while she is pregnant, even help deliver the baby and prescribe the appropriate medications for both the mother and the child. However, the doctor is unable to fulfill the couple's desire for a boy child because he does not have the necessary knowledge. It is the faith healer who has the information regarding the procedures that must be carried out to

guarantee a son. Another respondent shared a different experience, mentioning that his only son had a skin condition that required treatment. He sought the advice of a physician and carried out all the examinations and procedures that the physician recommended. However, the physician was unable to find a treatment for that illness. The condition of his youngster continued to deteriorate each day. After spending more than 40,000 rupees, he ultimately decided to take his kid to see a spiritual healer. His spiritual practices helped bring his son back to health. The spiritual healer did not charge him more than Rs. 250 for the religious rites and the herbal medications he administered. Therefore, regardless of the respondents' respective financial brackets, they must place their faith in conventional medicines and those associated with traditional healing practices.

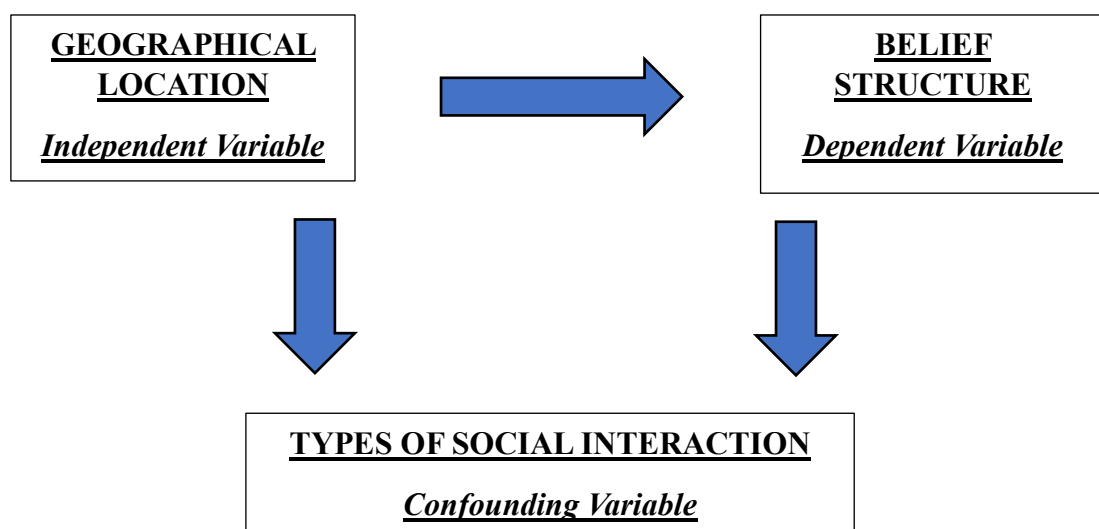
viii) **Benefit from Faith Healer in Relation to Geographical Location:**

		Benefit Received from Faith Healer		Total
		NO	YES	
Location	BELPAHARI	1	29	30
	JHARGRAM	18	12	30
	LALGARH	3	27	30
	NAYAGRAM	1	29	30
Total		23	97	120
Percentage		19.16 %	80.84 %	100 %

The respondents from their respective geographic regions are represented in the table above according to whether they have benefited from the services of a faith healer. Several studies have pointed out that a person's level of religiosity is primarily influenced by the region in which they live. People who live in rural areas have, in comparison to people who live in urban areas, a more significant propensity for adhering to religious rituals and having religious beliefs and reasons for their actions (Nikkhah et al., 2014). Other studies have argued that, compared to urban areas, the rural population is far more traditional in observance of religious traditions (Nelson et al., 1971; Glenn & Hill, 1977). It was hypothesized in Stump's (1986) research that people are socialized into particular religions based on where they live. Chalfant and Heller (1991) concluded that an individual's level of religiosity depends on the type of social interaction they are involved in within a particular place. They claimed that one's commitment to religious observance is influenced by the type of social group in which they participate rather than by geographical location. From the data shown above, most of those surveyed in the context chosen for this study believe faith healers have helped them. However,

it is remarkable to consider that the Jhargram Block, the district headquarter, has a discernibly lower number of believers than the three other Blocks analyzed for this study.

Compared to the other three Blocks that make up the district in Paschim Medinipur, Jhargram has developed into the district's cultural melting pot. An increasing number of people relocating from rural areas to urban centers and vice versa contributes to a more diverse cultural makeup among the population. The locals have a significantly greater level of interaction with metropolitan ideology when compared to the people of the other places examined in this study. This is rapidly resulting in novel modes of communication among the responders. The occupants of this block enjoy more access to the adjacent medical facilities than the residents of any other block. They have more mobility in their region of residence due to the available transportation facilities compared to those of the other three Blocks. On the other hand, since inhabitants of Belpahari, Lalgah, and Nayagram are located some distance away from Jhargram Block, there is not the same amount of cultural mixing inside Jhargram as there is among these three places. These three areas have a significantly higher level of social interaction in relation to following or adhering to traditional religious rituals and practises than Jhargram does. This is because the mode of transport and other amenities are comparatively less available in these areas than in Jhargram. Therefore, if geographical location is the independent variable in the current context and belief in the faith healers and the benefits received from them is the dependent variable, then the type of social interaction that the respondents have in their social setting that eventually determines their belief system on the traditional faith-based healing process is the confounding variable.



The socio-demographic profile of the respondents is a crucial lens through which we can understand the relationship between their faith and healing practices. It offers a unique

perspective on how the believers' and non-believers' views on faith-based healing practices are influenced by their demographic characteristics and area of residence.

Faith's Footprint: Exploring the Faith Healing Practices and its Strength and Area of Influence

The study's second objective is—**To explore the various Hindu healing practices and to analyze the respondents' perceptions and experiences regarding the strength and areas of influence of these methods.** Faith is an essential component in the lives of the people. Not only is faith required to practice one's religion, but it is also needed to find a sense of meaning in life. Faith or '*shradhdha*'²³(in Hinduism) brings hope to the people. It gives them the strength, patience, and perseverance to deal with a social situation. From faith arises trust, Devotion, loyalty, commitment, dedication, and assurance. Faith may arise from simple observation, facts, inference, intuition, assurance, experience, common sense, or even a simple belief. Regarding health and well-being, faith or belief of the people is one of the most vital factors. Different individuals judge faith in terms of healthcare. In the past, people were introduced to traditional health and healing practices, and with modern society's advancement, conventional treatment methods gained prominence. This present research aims to analyze whether these traditional treatment methods are still prevalent in the wake of modernization. Different religious communities believe in addressing the traditional approaches to health and healing. In Hinduism, faith healers are believed to have the power to heal patients by following the traditional model. Modern science rejects it as faith is not empirical, while significant empirical evidence backs medical science and its development. Years later, faith healers in various forms have tried to use their spiritual power to heal the sick. The sole aim of the healers is to get their clients back to their respective social lives by warding off the negative energies, which refer to the spiritual or emotional forces that are believed to cause harm or distress, causing distress. They use their power to heal with the help of different healing techniques. Faith-based healing practices remain prominent in the research setting in the Jhargram district of Paschim Medinipur. The faith healers influence their clients through their divine powers of healing the sick, warding off negative energies, bringing about mental solace, or even healing family members from breaking up due to personal issues. The table shows how many respondents in the study believe in visiting the faith healers for moral, physical, emotional, or social support based on one's geographical setting.

²³ Devotion or faith in Sanskrit

		Visit Faith Healer			Total
		Yes	No	Sometimes	
Location	BELPAHARI	23	0	7	30
	JHARGRAM	6	3	21	30
	LALGARH	10	0	20	30
	NAYAGRAM	16	0	14	30
Total		55	3	62	120
Percentage		45.84 %	2.5 %	51.66 %	100 %

According to the results of the current table, it can be presumed that the respondents from nearly all the Blocks selected for the study pay visits to the faith healers. It is only in Jhargram that three of the respondents claimed to have no faith in traditional practices. To them, the world has advanced, so they should not be behind the development path. The respondents who made such claims were businessmen and economically settled. The respondents who made such claims were economically settled people in business. Their social reach is broader than that of the other low-income members in this study. Though the Jhargram Block has all the modern amenities for their residents and, being the district headquarters, is experiencing rapid social development, most of the respondents from this Block have reported visiting the faith healers sometimes. They cannot let go of their traditional values. Many respondents continue doing so, keeping the family tradition, or respecting the wishes of the elderly members of the family. On the contrary, not a single respondent from the other three Blocks in the research said they do not visit the faith healers. Either they claimed to have complete trust in their faith in the religious healers, or they believed in traditional and modern health and well-being practices. Similarly, the following table shows the respondents' belief in the preferred form of remedies in relation to their geographical location.

		Ritual Healing	Herbal Medicine	Yoga	Meditation
Location	BELPAHARI	21	22	14	19
	JHARGRAM	10	12	6	12
	LALGARH	15	20	9	17
	NAYAGRAM	24	22	9	17

The significance of this research lies in the inference that most respondents place their trust in traditional and modern health practices, seeking overall well-being. While modern biomedical practices may offer physical well-being, faith healers provide a sense of hope for social well-being²⁴. This trust in achieving mental and social well-being stems from the respondents' faith in religious healers and their traditional practices. This underscores the importance of holistic healthcare approaches that address not just physical ailments, but also social and mental well-being.

Another notable concept found in this research was the implication of the theory of Resource Activation. Resource Activation means using the skills and motivations of the patient for therapeutic purposes (**Rivera, 2020**). Resources can be any support involved with one's everyday life that can be therapeutically beneficial (**Grawe, 1999; Antonovsky, 1987**). Everyone has different types of resources, such as spiritual resources, personal resources, and interpersonal resources. While conducting the faith-healing rituals, the healers activate the spiritual resources within their clients. This inevitably helps activate personal resources, i.e., the feelings of trust, positive emotions, and developing an optimistic outlook. As a result of these healing rituals, the interpersonal resources within the clients get activated, i.e., the sense of developing a strong bond with one's healer and close kins. The healer views himself as a conduit through which a transcendent power might work, strengthening both the healer's and the client's conviction in the healing rituals. The healers inspire their clients, making them feel reconnected with their spiritual resources, thereby assisting them in dealing with their problems. The healers help their clients develop a positive outlook and hope for greater well-being instead of focusing on the difficulties and their detrimental health conditions. The healing rituals or therapies create a positive sensation among the respondents, encouraging motivation via resource activation. Overcoming negative emotions²⁵ and developing a healing mindset depends on positive cognition and emotions (**Teut et al., 2014**). Faith healing practitioners have repeatedly emphasized how positive emotions within an individual can help overcome any negative emotions/energies. Positive emotions such as love, trust, mutual support, and affection are prime catalysts for effectively working the healing rituals and developing the disease coping mechanisms.

This research reveals a comprehensive approach to healthcare among the respondents. While they do consult faith healers for various diseases and problems, it is important to note

²⁴ The World Health Organization's definition of health suggests that health is not just physical and mental well-being; it is also related to the social well-being of individuals.

²⁵ Due to ill-health or other social factors

that not all respondents rely solely on faith healers. Many of them adopt a dual approach, seeking the services of both a professional physician and a faith healer to address their health crises. The following table categorizes the problems under two main headings for providing a comprehensive view of their healthcare strategies:

- Physical/Biological Ailments and
- Social Problems

<u>Physical/Biological Problems</u>		<u>Social Problems</u>	
<u>List of Diseases/Ailments</u>	<u>Number of Respondents</u>	<u>List of Problems</u>	<u>Number of Respondents</u>
Headache	2	Family Problem	45
Jaundice	13	Evil Eye	35
Burn Injury	2	Baby Protection	26
Arthritis	2	Son Preference	7
Snake Bite	3	Economic Problem	6
Menstrual Pain	4	Unemployment	3
Irregular Menstruation	3	Protection of a Pregnant Woman	8
Fracture	2	Boosting Confidence	1
Skin Disease	1	Unexplained Behaviour	17
Miscarriage	3		
Fever	3		
Uncontrolled Vomiting	3		
Infertility	7		
Unexplained Body Pain	6		
Uncontrolled Crying of a New-born Baby	5		
Toothache	1		
Stomach Pain	4		
Bath Problem	2		
Allergy	1		
Problem in Breastfeeding	1		
Post-Delivery Pain	1		
Mental Health	1		
Measles	1		

Most of the survey participants frequently observed the issues mentioned above. Each respondent was given the choice to narrate all the problems they went through, where they either consulted a faith healer, professional medical practitioner, or even both for treatment. A few of them retorted that they seek advice from professional medical experts, but to make their prayers heard for the patient's well-being in the house, they seek the help of a faith healer. The various practices used by a religious healer in order to conduct healing rituals are as follows—

<u>Faith Healing Practises</u>	<u>Number of Respondents</u>
Wearing Amulets	102
Use of Prayer	64
Use of Incense Sticks	39
Use of Herbal Medicines	29
Practicing <i>Jharfuk</i>	21
Using <i>Jolpora</i>	4
Conducting <i>Pushghora</i> in House	2
Meditation	2
Use of Sacred <i>Mantras</i>	13

A faith healer uses several methods to conduct the healing rituals. Some rituals occur right before the patients, while others unfold gradually over time. One of the leading practices that most respondents follow is wearing amulets provided to them by their religious healers. Wearing an amulet holds a special significance in warding off harmful spirits. It is a symbol of protection or a defense mechanism to combat evil. With the faith healers' traditional practices and holy mantras, the faith healers make the amulets loaded with positive energy, which is strong enough to ward off any upcoming threats or negative energy. It acts as a *kavach*²⁶ on the user. Most healers vouch for the positive effect of the amulets and that they can heal any medical condition and heal the patient from within. Amulets are believed to bring peace and harmony to the lives of the possessor. Most pregnant women, job seekers, and people experiencing economic difficulties wear an amulet provided by a religious healer. A few other respondents wear an amulet, believing their lucky charm can protect them from any odds due to their mystical power.

As part of their spiritual practices, faith healers often use incense sticks while offering prayers. The healers recommend using camphor or incense sticks due to their ability to create

²⁶ Also known as an armor to protect the user

a sacred atmosphere. Praying is a holy act and an intense personal bond with one's transcendental self; the incense sticks aid in concentration, calmness, and warding off negative energy to foster positivity. The healers believe that even after the incense sticks burn off to ashes, the positive energy they emit through their aroma continues to have a sacred effect for a long time.

Lord Alfred Tennyson wrote in his famous poem 'Idylls of the King,' "*More things are wrought by prayer than this world dreams of.*" Similarly, for centuries, people have prayed in the hope of a better future. There are numerous reasons why an individual offers a prayer. Religious healers advise their clients to pray daily, believing prayers can positively influence health and foster positive social relationships. Numerous studies have noted how prayer is psychologically and physically beneficial to the human body. Prayer promotes meditation, thereby leading to checking one's blood pressure (**Barnes et al., 2004; Anderson et al., 2008**). It helps to boost one's immune system (**Davidson, 2003**), reduce stress, and alleviate a positive state of mind (**Jain et al., 2007**). It even helps to boost one's transcendental self, enable one to endure pain, and help induce hope for a better future (**Wachhholtz & Pargament, 2005**). As humans are social beings, they need psychological support to boost them emotionally and spiritually. Faith healers believe that apart from receiving medical support, faith and security from a specific higher power provide them with the hope to deal with the ongoing situation. Prayer helps in the focused communication with God. A few faith healers opined that they offer prayer to God on behalf of their clients on certain occasions because they might not be in a proper state of mind to offer prayer to God peacefully. Thus, with the use of hymns, chanting holy mantras, and proper concentration, the faith healers pray for the well-being and healing of their clients. Most respondents stated that a doctor will perform their job of providing medication to the patients, but a faith healer stays with them throughout their medical journey. They gather a sense of assurance from their presence and the rituals conducted by them.

Most faith healers give the respondents sacred herbal medicines to heal them from their pathology. Quite a few respondents in the study stated that they could not travel mile after mile to visit a physician for any minor health condition such as headache. They consult a religious healer with their problem and receive natural herbs as medications for their problem. The faith healers state that human beings are a part of nature; thus, using natural remedies with zero side effects should be the most sought-after medication. However, in this era of globalization, with acres of land being deforested and city life encroaching on traditional rural ways of living, people are on the verge of forgetting their traditional forms of medication. Many other faith healers in the selected research setting use Ayurveda as a natural healing mechanism. The

prime aim of incorporating herbal medicines into the human body is to boost the body's inherent healing capacity and treat the problem from its root. Faith healers also provide their clients with a healthcare routine and make specific lifestyle changes to help them have a healthy life in the future. They stated that most people are frequently suffering due to an unhealthy lifestyle, an increase in the level of pollution, and not giving importance to traditional healing mechanisms. Nearly all the houses of the faith healers are surrounded by vital medicinal plants and trees, which they use to heal their patients.

Similarly, a few other faith healers practice *jharfuk*²⁷, *jolporaas*, and pushghora to ward off their clients' negative spirits. Many believe negative souls can reside within one's body and lead to uncontrolled or unknown behaviors. It is mainly the newly married women who are believed to be possessed by negative souls, thereby causing problems within the family, being able to give birth to a boy child or suffering from infertility. They are even blamed for bringing about economic problems within the family. The religious healers use Jharfuk or incantations to tame these newly married women in the household and free them from the grasp of the negative souls. The faith healers opine that each healer should be able to identify the "*uposhorgo*²⁸." In the same way, another healing technique is the use of *jolpora*²⁹. They chant holy mantras in a glass of water, and their clients are instructed to drink the water or sprinkle it around their house to ward off any negative energy causing distress. Pushghora³⁰ is believed to be another healing technique by which the sacred thread, energy-loaded with mantras, can keep any negative spirits at bay, thereby maintaining the household's peace. Other techniques suggested by a faith healer are hanging lemon and chili in front of the main door and planting Tulsi within the territory of their house, among others. Respondents in this study even claimed to have visited the faith healers to restore their health and protect their cattle in the house. Most of the respondents' sole source of income comes from cattle rearing.

Therefore, faith healers locate the stressors within their clients and then try to solve them using the spiritual gateway. Faith healers locate culture as a pathogen, while professional medical practitioners do not deal with this line of thought. Culture is a way of life for everyone in their way. Individuals perceive their world and respond to them accordingly based on one's

²⁷ *Jharfuk* indicates incantation techniques a religious healer uses to ward off evil energies from the body and restore good health.

²⁸ The cause behind the unexplained behavior or any other problem within their clients

²⁹ In this, *jol* indicates water and *pora*, which means to chant holy mantras.

³⁰ Another mechanism used by faith healers is to chant holy mantras on a sacred string and tie it around the territory of their client's house to ward off not just negative spirit but any other soul who did not find liberation from the material world to affect the peace and stability of the client's house.

culture. Most physicians may need to gain this knowledge about the culture of the residents of Paschim Medinipur. They review the patient's medical history, look for possible symptoms, and devise a treatment method. This leads to a gap between the physician and the patient, which may obstruct them from achieving holistic well-being. Most respondents disagreed with visiting a physician in the fear that the doctors "will not understand" them. However, a faith healer resides in the community and is knowledgeable about the culture of his clients. Thus, the connectedness most respondents feel with the faith healers is lacking with the professional physicians. Doctors prefer to focus on physical problems instead of discussing their spiritual connection to them. On the other hand, a faith healer is a patient listener to the respondent's body, mind, and spirit. This generates a certain amount of faith and trust in the faith healers, while the doctors are seen with a level of doubt. Most respondents in the selected research setting³¹ did not separate their religious beliefs and healing. From a medical point of view, doctors are primarily focused on the disease-based model of medicine, where they detect a pathology by running through some medical tests and then treating the disease with the application of prescribed medication. While disease refers to the pathophysiologic process, illness refers to the complete individual—including his physical, mental, social, and cultural standards. Everyone will have his/her take on the illness they are suffering from based on one's culture. However, modern biomedical practices solely focus on health promotion through the DIS-EASE process. On the other hand, religious healers spotlight the HEALTH-EASE of their clients, thereby making the process much more holistic than the biomedical model of health. Religiosity increases the subjective well-being among the respondents. Faith healers help channel their inner energies and give them an intrinsic meaning to life. A faith healer is always available at the beck and call of their clients, while to see a doctor, one needs to make a prior appointment. Thus, even today, the doctor-patient relationship is much more complex, contrary to the healer-client relationship. Most respondents believed doctors can heal temporarily while faith healers can heal the pathology from its root. However, there have been instances where a religious healer himself recommends the patients to visit a doctor because there are new forms of diseases to which the healers have no solution to, new forms of diseases are coming into existence, the pollution level in nature has increased, and nature itself is getting destroyed due to rising forces of globalization. In this circumstance, traditional methods of treatment are lacking. However, most of the respondents claimed to have faith in the healing techniques of a healer for various other social problems that they go through each day, for example, preference

³¹ Especially in Belpahari, Lalgah, and Nayagram Blocks.

for a boy child, solving family problems, improving the economic condition of the household, boosting confidence among the family members, as well as protecting the family members from the evil eye of the society. Thus, the religious healers and their healing practices positively influence most respondents residing in the Jhargram district of Paschim Medinipur.

Community Connections: Impact of Class and Gender on Faith and Healing Practices

The third objective of the present research is—**To explore how class and gender shape the respondents’ practice of traditional faith-based Hindu healing techniques.** Human beings are not born with faith. Faith develops within an individual following their everyday social action, beliefs, and expressions. Faith formation develops a specific perspective within the individual to investigate how the world works. Social variables influence an individual’s beliefs, values, and faith structure. Class and gender are two of the many social variables that influence one’s level of faith and judgment in following healing practices. *Gender* is a social and cultural variable influencing health, faith, and the necessary choice to follow societal healing practices. Different forms of gender roles and norms, as well as gender relations, influence one’s faith structure and belief in faith-based healing practices. In the same way, one’s social class also creates an equal influence on the faith and faith-based healing practices followed in their society. Both social class and gender lead to a specific health-seeking behavior based on one’s culture. It can even contribute to health inequalities—for example, gender disparity among the rural structure can lead to poorer health among females than males (**ACOG Committee Opinion, 2014; Saha & Saha, 2010; Zodpey & Negandhi, 2020**). On the other hand, a class distinction also leads to similar health inequalities, such as people with better socio-economic standards opting for better medical services while others mainly rely on the cost-saving faith-based healing practices prevalent in the local rural communities (**Das & Mohpal, 2016; Balaranjan et al., 2011**).

		Performing Religious Fasting at Home			Total
		Females	Males	Both (Male and Female)	
Location	BELPAHARI	20	0	10	30
	JHARGRAM	24	0	6	30
	LALGARH	21	0	9	30
	NAYAGRAM	22	0	8	30
Total		87	0	33	120
Percentage		72.5 %	-	27.5 %	100 %

It can be seen from the above table that the females in this study perform and follow religious dictums more than the males. Only a few respondents stated that both the males and the females in the household perform religious fasting or other religious activities at home. No matter which geographical location, the females follow the traditional rules and regulations more than the males in the house. **Woodhead (2007)** mentioned in her study that women are more religious than men because they are “double deprived.” She pointed out how males dominate the social sphere by being the prime breadwinners of the family. At the same time, women are socialized as prime caregivers and caretakers of the family. This makes the women inclined towards religion and other spiritual activities back at home. Since they dominate the social sphere, they dominate the domestic sphere³². Thus, gender is a social construct. It is constructed based on one’s socialization. Most women believe themselves to be powerful because of their childbirth capability. They revolve their lives around this idea. It is their sense of right that the males cannot take over. With childbirth comes the different rites of passage surrounding the child. As mothers, females take charge of religious and spiritual activities to protect their kids and other family members, making them more religious than males. In the present study, most women had more faith in religious healing practices than men due to this underlying factor.

		Belief in Healing by Consuming <i>‘Prasad’</i>			Total
		Yes	No	Maybe	
Sex	Female	36	4	29	69
	Male	29	3	19	51
Total		65	7	48	120
Percentage		54.16 %	5.84 %	40 %	100 %

The above table shows the relationship between gender and their belief on whether consuming blessed food or prasad can heal an individual. The females in the study believe that having Prasad can help heal an individual. Be it physical or emotional suffering, consuming Prasad is believed to heal an individual from within. The respondents have this faith that praying is a sacred activity. While praying, they rest their positive energies on religious

³² Including the religious activities.

activity; it is this positive energy, intense positive prayer relegated to God, and faith in things turning positively in their favor that is transmitted to the prasad. It is their faith in God that they believe that God rests his/her blessings on that prasad, which, if consumed, can heal an individual emotionally or even physically.

Each individual has two kinds of perception—Individual perception and Social perception. Through their perception, they can perceive their susceptibility toward any lingering peril³³. After confirming the perceived threat, they turn to their social perception, offering various solutions for their peril. For example, suppose one's perception confirms any upcoming threat in the family, and they note the cause of it as someone's evil eye on their family member. In that case, they turn to their social perception to look for social solutions to get rid of the problem associated with the evil eye. If their social surrounding rests their faith in the positive effect of a faith healer, they will also knock on the services from a faith healer in their locality. However, various influencing factors can shape an individual's beliefs and social perceptions, including gender, age, location, socioeconomic status, and more. Thus, in this current study, the majority of the females' perception is linked with their social perception of having their belief in faith-based healing practices to protect themselves and their family members. Mostly, pregnant women feel more vulnerable during their pregnancy, for which they turn to their social perception of looking into solutions to keep their baby protected from any upcoming harm and have an easy childbirth. Comparatively, the males in this study have a broader social outlook³⁴. They do not have a similar social perception as the females in this study regarding their belief that consuming holy food can help heal them. The following table will clarify whether gender opinion and following the Hindu dietary codes are related or not.

		Follow		Total
		Hindu Dietary Codes		
		Yes	No	
Sex	Females	64	5	69
	Males	41	10	51
Total		105	15	120
Percentage		87.5 %	12.5 %	100 %

³³ Be it physical or emotional.

³⁴ Due to greater mobility for work purposes

The above table shows the gender opinion on following the Hindu dietary codes. Most of the females in this study have opined that they follow the dietary code of Hinduism. A smaller number of males than females in the study believe in and follow Hindu dietary norms. A few of the Hindu dietary norms followed by the respondents are as follows:

- Observing fast during any religious occasions.
- Praying to God before eating *prasada*³⁵.
- Eating vegetarian meals on specific days of the week, for example, eating veg meals on Saturday in honor of *Shani Dev* or the God of Saturn.
- Observing *Ekadashi*³⁶ and eating veg meals on *Ekadashi*.
- Strict abstinence from eating beef.
- Restriction on drinking alcohol on holy days.
- Consuming food in neat and clean places and wiping the place post-meal consumption.
- Consuming Tulsi leaf after taking a shower early in the morning. During religious occasions, Tulsi leaves are placed on top of all the food offered in front of God.
- The Hindu followers celebrate their kid's first rice taste with a sacred ceremony called the "*Annaprashan*."

The respondents in this study shared their reasons for adhering to these Hindu dietary norms daily. Their responses provide a glimpse into the individual motivations that underpin these practices. When asked why they follow these dietary codes, a few of the responses stated by them were:

- It is the tradition of the house.
- They have been socialized into following these dietary codes since childhood.
- They rest their faith on the blessings of the divine.
- They do not want to oppose the age-old tradition and bring God's wrath upon the family members.
- They feel joy and satisfaction by following the rituals of their family.
- Pregnant women follow the dietary codes strictly for the well-being of their children.

They maintain their dietary practices to stay healthy in the future. Most faith healers and spiritual leaders who guide religious practices and their health benefits guide the respondents in following these Hindu dietary norms for a better and healthier lifestyle. In many families, it is often the women who carry the main responsibility for following these dietary practices

³⁵ Blessed or sacred food. It is any food item that is offered to the Gods first before consumption of human beings. It is considered to have the direct blessings of God.

³⁶ Eleventh Day of the Lunar Fortnight.

rather than the men. As they are believed to be the house's caretakers, they follow these Hindu norms and traditions, observe fasting, and take care of the age-old rituals of the family more than their male counterparts. Thus, the social construction of gender in the family influences the faith structure and the related healing practices among the respondents. The following table tries to understand whether or not the performance of religious rituals for the safety of the family members, such as ritually warding off an evil eye, can be analyzed using the gendered perspective.

		Belief in Ritually Warding off Evil Eye		Total
		NO	YES	
Sex	Females	16	53	69
	Males	10	41	51
Total		26	94	120
Percentage		21.67 %	78.33 %	100 %

The above table shows the gendered opinion on the belief in using religious rituals to ward off an evil eye. Compared to the males in this study, most of the females have opined that they believe in ritually warding off an evil eye. A few respondents have claimed that they have had no alternative since childhood than to learn these esoteric techniques of keeping their family members safe. It is believed that the onus of the women in the family is to act as the household keeper. Most female respondents feel powerful for knowing these techniques that the males do not. The male respondents, on the other hand, responded that they have their faith in ritually warding off an evil eye. However, they stated they rely on the elderly females in the household to conduct the practice. However, if the effect of the evil eye is stronger, they ask for help from the local faith healers who perform rituals beyond the commoners' grasp. Most faith healers claim that they have an ascriptive divine power based on which they can ward off strong negative forces affecting their clients. One interesting point is that society primarily targets females for casting an evil eye on someone's good fortune. Moreover, to ward off this evil eye, most respondents rest their faith in the faith healers (mostly male) to ward off the negative spell cast upon them. Thus, within the domestic sphere, the females are relegated to the power to act as the household keeper and keep the family members safe. They are not given any remuneration to relegate this service to their family members. However, when an economic exchange is attached, the family members hire a (male) faith healer to save them from the impending peril. However, the respondents are not aware of this gender gap. They abide by the

age-old practices and customs they are socialized into within their family. In the selected research setting, it is a widespread belief that males and females should look after their families in their way. However, the males will act as the provider of the family (being the breadwinner). The females will act as the keepers of the family's safety (by following the religious rituals and praying for the protection of the members).

The following table will correlate whether class and religion go parallel or not. Nearly all people from across all income groups given below have mentioned that religion provides them with mental solace. For most respondents from the lower income groups, religion helps them to forget about the larger social inequality that they must face due to their low-income group. Few studies have noted that being an active part of the blue-collar working class, the lower-income groups might not conduct religious ceremonies personally or attend religious institutions daily but are subjectively religious (Voas & Watt, 2014; Ashworth & Farthing, 2007). The respondents have noted similar instances in this current study, too. They opined that though they do not have the economic means to regularly visit religious institutions with their family members or conduct religious ceremonies at home, religion gives them peace of mind and hope for a better future. With the day-to-day uncertainties due to the ongoing economic crisis and to meet the required needs of the family, they suffer from mental stress and anxiety. At this point, religious dictums give them a sense of direction. They try to practice positive Karmic deeds to reap positive vibes for their family in the future.

		Whether Religion Provides			Total
		Mental Solace			
		Yes	No	Sometimes	
Income	1000-5000	27	1	9	37
	5001-10000	39	1	23	63
	10001-15000	4	0	4	8
	15001-20000	4	0	0	4
	25001-30000	1	0	1	2
	45001-50000	1	0	1	2
	>50001	2	0	2	4
Total		78	2	40	120
Percentage		65 %	1.67 %	33.33 %	100 %

In the above context, it is remarkable to note that many respondents, despite the stagnant life brought on by the pandemic, demonstrated a remarkable resilience. Struggling to make ends meet and often ignorant about how to meet their economic needs, they found solace in their religious beliefs. With previous savings running out, they were going through a mental

trauma and were desperately hoping and praying for a solution. They stated that religion and its values and morals helped them look ahead for better days during this time. Thus, regarding class status, no matter what, the respondents belong to the income group category, and they mainly stated that religious belief provides them with mental solace. Respondents from the middle-income or upper-income group actively conducted religious ceremonies in order to reinstate their faith in their religious beliefs and to bring about peace and happiness in their respective families. On the other hand, the lower income groups might have the dearth of economic power to conduct/organize these ceremonies actively; they lay their complete faith in the religious dictums and believe that religion provides them with mental solace and acts as their beacon of hope in times of specific crisis or otherwise.

The following table tries to relate the respondents' income group and the frequency of the gender group in the study to visiting religious institutions. The objective is to determine which gender group (the males or the females) in the study are more prone to visit religious institutions based on their economic status.

		Frequency of Visiting Religious Institution			Total
		Male	Female	Both	
		Income	1000-5000	1	
	5001-10000	0	41	22	63
	10001-15000	0	5	3	8
	15001-20000	0	3	1	4
	25001-30000	0	2	0	2
	45001-50000	0	2	0	2
	>50001	0	2	2	4
Total		1	75	44	120
Percentage		0.84 %	62.5 %	36.66 %	100 %

It can be seen from the above table that no matter which income group, it is essentially the females who are more disposed to pay a visit to the religious institution. Especially in the higher income groups, only the females stated that they are more active in visiting religious institutions than the males in the family. The question may arise in this context: Are women more religious than men? Is there a gender gap in actively preaching in one's religion? On this notion, several studies have concluded that the prime reason behind projecting women as more religious than males in society is because of the gendered socialization that runs within the social system. Women are treated as the vulnerable sex who need to be under the protection of someone, be it her family members or God, in general.

In the same way, religious socialization is more directed towards the women in the family than the males. On the other hand, a few respondents stated that visiting religious institutions acts as a recreational gateway to break the monotony of everyday life and be involved with round-the-clock household chores. They get to meet their fellow pals, who are regular temple goers, too. This meeting of the ladies inside a religious institution acts like a social club where they can exchange ideas, listen to each other's stories, and finally get to spend some quality time for themselves. Along with this, they claimed that visiting these religious institutions gives them a sense of pleasure and power because they feel to give back to their own families too—they are seeking the blessings of the Almighty for the welfare of the family members, so though they might not be economically contributing to the family, with this visit to the nearby temples and keeping *mannats*³⁷ for the wellbeing of their close ones makes them feel important within the family. One of the respondents stated, “*ekhaneo jodi purush ra beshi jay, tahole aar amader nijosshyo jaoar jayga beshi thakbena, barite atke thakte hobe*” (if the males start visiting the religious institutions more in number, then the females will be confined to the four walls of their house, they will not have any other place to go”). This social phenomenon is related to the Social Exchange Theory, as pointed out by **Peter M Blau (1964)**. The theory explains how everyone is involved in a cost-benefit relationship in their day-to-day social relationship. Contextualizing Blau's opinion in this research, women feel an intrinsic reward for visiting religious institutions more. The males might receive both intrinsic and extrinsic rewards by going to their workplace and receiving economic rewards in exchange for the social honor of being the family provider. On the other hand, the women who are confined to their homes involve themselves with religious activities more than males because it provides them with an intrinsic reward—that is, the satisfaction and pleasure of being exclusively a part of the religious tradition of the family, of meeting and interacting with their fellow mates, of having the power to pray for the wellbeing of the family members. The males, too, visit religious institutions, but the frequency and knowledge of religious traditions are comparatively lower than that of the females. Thus, it is this desire for social rewards that makes the men and women enter their own set of exchange relationships.

³⁷ A secret wish of the believers which they pray for fruition. It is the vow the believers make to the deities to make their wishes come true.

		Belief in Karma		Total
		YES	NO	
Income	1000-5000	37	0	37
	5001-10000	62	1	63
	10001-15000	8	0	8
	15001-20000	4	0	4
	25001-30000	2	0	2
	45001-50000	2	0	2
	>50001	4	0	4
Total		119	1	120
Percentage		99.16 %	0.84 %	100 %

The table above shows the relationship between the respondents' economic status and their viewpoint in the belief in the doctrine of Karma. One's economic status in society does not defer one's belief in the doctrine of Karma. The respondents' opinions in this regard can be divided into two perspectives, each with its own significance: firstly, those who believed in the religious orientation of the doctrine of Karma—believed that negative Karma could breed negative results in the future. A few of them stated that God is keeping an eye on everyone's Karmic deeds, and it is based on these deeds that one will be rewarded in the future. A few of them believed they might be rewarded for their good Karma in this life and their future birth elsewhere. This perspective highlights the role of religious beliefs in shaping individuals' understanding of their economic status and their actions. On the contrary, if anyone is going through a challenging socio-economic phase or their crops are not in full swing, they tend to believe that God is punishing them for the negative Karma they have been involved with in their past life. The second perspective on this notion is those who believe in Karma from a non-religious point of view, i.e., they hold onto the belief that one should not hurt the sentiments of another human being because "vengeance begets vengeance" in the future. Involving oneself in positive Karma leaves one with intrinsic pleasure and happiness unparalleled by any other source of happiness. On the contrary, negative Karma can leave them with a sense of guilt, which might distract them from focusing on their future. This perspective emphasizes the psychological and emotional impact of one's beliefs on one's well-being and future prospects. Thus, regardless of the class position the respondents belong to, they believe in the doctrine of Karma and thereby try to maintain the prescriptions and proscriptions of the society. It helps shape moral values and norms in society.

The subsequent table delves into the intriguing relationship between age, a discreet social variable, and one's recreational preference. Whether it's a peer group gathering or a religious gathering, this choice of recreational activity serves as a significant indicator of one's orientation to religious belief. It's enlightening to see how age plays a pivotal role in shaping these preferences, reflecting the evolving nature of religious beliefs across different stages of life.

		Choice of Recreation Preference		Total
		Peer Gathering	Religious Gathering	
Age	21-30	4	6	10
	31-40	10	25	35
	41-50	12	21	33
	51-60	6	23	29
	61-70	0	6	6
	>71	0	7	7
Total		32	88	120
Percentage		26.67 %	73.33 %	100 %

The table above shows the respondents' age and choice for religious or peer gatherings. Though there is a common notion that older people are comparatively more religious than males, it can be seen in the above distribution that the young and middle-aged population prefers religious gatherings more than their peer gatherings. The respondents living in the four selected Blocks have limited recreational options. They are socialized into attending religious ceremonies where they meet with the people from their village communities. As the residents do not live far away, they generally get to spend quality time with one another regularly. **Cooley (1909)** developed the theory of 'we-feeling,' stating that members of close communities (gemeinschaft) have more substantial community contact than others living in the city or urban life. In the same way, religious gatherings help them reinstate their faith in the belief that the more the residents pray together, the more God will bless their entire village community. It is one of the coping mechanisms to deal with the uncertainties of their daily life. For the low-income groups, attending these religious gatherings helps them unload their stress by praying to God and hoping for a better future. It makes them feel their village members are with them during a crisis.

It can be seen from the table that the elderly respondents in this research have claimed to prefer religious gatherings more than their peer group gatherings. There are several reasons present behind this preference:

Firstly, for the elderly respondents, religious gatherings hold a profound significance. These gatherings offer a sense of security and comfort, rooted in their religious beliefs. In the context of Hinduism, for instance, the belief in the immortality of Gods provides a source of solace. The respondents, too, pray for their longevity, seeking reassurance from the omnipotent God. This deep-rooted faith and the comfort it provides are key factors in their preference for religious gatherings.

Secondly, another significant aspect of religious gatherings for the elderly is the sense of social security they provide. Gathering with their peers in a religious group allows them to engage in conversations, exchange viewpoints, and share their health and social concerns. This social interaction not only helps them release their pent-up stress and internal insecurities but also provides a platform for them to cope with their fear of aging. The communal support and understanding they receive in these gatherings are invaluable for their social and mental well-being.

Finally, most of them reported that they have become more spiritual with age than they were in the past. Religious gatherings help them provide with a sense of meaning and find coherence in life. It is one of the ways of the elderly members to incur positive Karma and be blessed by God in his/her afterlife. Most respondents stated that all they ask from God is to give him/her a peaceful death so that they do not have to suffer by being a bedridden patient. Most respondents even reported their in-depth fear of visiting medical institutions for treatment in the future. They are afraid of being left alone for treatment in a medical facility with doctors and nurses they cannot connect with. Thus, with these religious gatherings, they exchange information about their faith in the religious way of dealing with health-related problems and having a peaceful death in the future.

The following table finally relates gender as a social variable with the treatment method choice, whether they prefer biomedicines over medicinal herbs or vice versa.

		Medicinal Herbs over Biomedicine?		Total
		Yes	No	
Sex	Female	49	20	69
	Male	37	14	51
Total		86	34	120
Percentage		71.67 %	28.33 %	100 %

Finally, it can be seen from the above table that the females prefer traditional medicinal herbs more than the males in this study. Though many males have also reported having faith in traditional medicines, the number is comparatively less than that of females in this study. The reasons for this are as follows:

Firstly, the females were more likely to use traditional and natural herbs than biomedicine as they lay more faith and trust in the traditional ways of healing than the modern healthcare techniques. They doubted the related side effects that the biomedicines entail with themselves. They firmly placed their notion that biomedicine might cure the disease but cannot solve the problem from the root. Natural homemade remedies or traditional herbs provided by an experienced faith healer can help them heal from within.

Secondly, the females preferred natural medicinal herbs as a method of self-treatment. Being economically dependent on the earning members of the family, they do not want to “bother” them with an additional cost for their health issues. Instead, they find it easier to connect to a local faith healer, describe the problem to him, and find a natural solution.

Thirdly, consuming medicinal herbs rather than biomedicine is cost-effective for the respondents. They stated that consulting a biomedical professional comes with its own set of tests along with the prescribed medicines.

Fourthly, a few others stated that the availability of the prescribed medicines by biomedical professionals is another reason they prefer natural medicinal herbs over biomedicines. Respondents from the Nayagram and Belpahari Blocks have stated that they must travel to Jhargram town to buy medicines. Availing the transport becomes an addition to the medical expenses.

Apart from the reasons mentioned above, the respondents did not reject biomedical practices; instead, they chose to prefer natural medicinal herbs to biomedicine. In case of any medical emergency in the family, such as a member having a heart attack, then the patient is undoubtedly rushed to the hospital to provide him with an immediate cure. However, with their faith in natural medicinal herbs, they try to heal the medical issue from the root. Sometimes, with their faith in the faith healers, they try to erode the negative energies that circulate on their family members. They even resort to faith healers for the quick recovery of the family members or to make the medicines prescribed by the doctors work faster on them. However, their first preference will always remain the natural medicinal herbs. With years of socialization and living close to nature, having faith in natural remedies and traditional medicinal herbs is their prime preference.

Thus, gender, age, and even class as social variables have an active influence on the faith structure of the respondents and their trust in faith-based healing practices. Studies based on the relationship between gender and religion are numerous. The relationship between the two varies from one culture to another. The current research shows that females have a sense of authority and leadership when practicing religious practices within the domestic sphere. They hold a certain sense of power over the techniques and ways of preaching. It creates a little social pocket for the females in this study to exercise their right over the others in the family. They are seen as “*lokkhi*” (Goddess of Fortune) in the household. They worship, pay visits to religious institutions, make arrangements for all work to conduct religious ceremonies within the house, fast on religiously significant days for the well-being of the family members, and so on. However, the same females are labeled miscreants if anything negative happens within the family. Newlywed females are mainly under the target of this. It is typically the females in the family who are believed to be possessed by the negative spirits, and here comes the role of the (male) faith healers who come to the rescue of the family members. This gender gap in religion can be seen from two perspectives:

Firstly, the internal perspective notes that the gender gap in religion is present in the socialization process meted out by the family members to a child. Different taboos and myths target females more than males in society. Women are often labeled as evil sorcerers or even witches (*daini*) by their society. Especially unmarried and widowed women fall into this target of social discrimination more than the males. It is often believed that if any misfortune strikes a family, it is considered a negative omen. Similarly, menstruating women are also marginalized from the religious activities taking place in the household. Thus, though the females are given a more excellent hold of taking care of the religious activities within the household than the males in the family, they are also subjected to these social discriminations. They are at the receiving end of all the negativities in the household.

Secondly, the external perspective whereby women do not participate extensively in the workforce, for many women can dedicate their time to the religious traditions of their household. Sociologist **Landon Schnabel (2016)** claimed that women who participate in the labor force are less religious than the ones who are not. He suggested that working women do not seek social validation for devoting time to religious activities in comparison to those women who follow gender roles and norms. Another reason for the gender gap in religion is the lack of education among women. Most women in this study lack a school leaving certificate. Thus, lack of education restricts them from joining the workforce, thereby making

a few groups of women devote more time to religious activities and gaining a status for praying for the well-being of the family members.

Following gender, another social variable that equally influences the faith of the respondents in following the healing practices is the concept of class. It has been found in this study that respondents with low incomes are remarkably resilient in their religious orientation. They have faith and pray for the well-being of a better future despite the daily uncertainties they face. From following the Hindu dietary codes to believing in the doctrine of Karma, the respondents from this class positively indulged their faith in following the religious proscriptions and prescriptions. The reason behind this faith is to have God's blessings upon them for a healthy future with a long and happy life. On the other hand, the respondents from the upper-income groups, while not as overtly religious, are still spiritual. They have the means to organize religious ceremonies in their own household; a few maintain the traditional religious tradition, though they do not believe in it as much. They might have the means to visit a doctor and opt for the best possible medical treatment, but their faith in the positive effect of praying for the well-being of their near and dear ones is uninterrupted by their class status. Thus, members from different class positions have different approaches to propagating their faith and believing in the traditional healing practices in society.

Healing in Transition: Impact of Globalization and Biomedical Advances on Faith and Healing Practices

The fourth objective of the research is—**To examine the impact of globalization and biomedical practices on faith healing methods among the Hindus in Paschim Medinipur.** Globalization has helped establish connections among people across the globe. It has helped reduce the geographical barriers among nations and spread ideas, information, and ideologies globally. It has helped alter the pattern of economic structure, opened job opportunities, and increased interconnectedness among the people. The faith healers and their healing practices, too, have benefitted from the gradual development of globalization in society. Instead of creating a cultural gap, globalization has helped to bridge this gap. In the traditional days, faith healers worked in their local settings and provided healing benefits to those who needed it. The study has found that with the rising growth of modern society, there has been an increasing globalization of faith healing practices. This can be explained using McKim Marriott's concept of Universalization and Parochialization and Robert Redfield's concept of Great and Little Tradition. In his study, **Marriott (1955)** noted that parochialisation denotes the percolation of

the Great Traditions into the village/rural structure, and universalization denotes the reverse cycle of the Little Traditions from the village culture spreading globally across all other cultures. Thus, this study has noted a similar fashion among faith healers and their parochial healing practices. With the spread of globalization, faith healers are receiving clients from across the globe. Mass media, such as mobile phones, help communicate with their global clients and solve their problems by residing in Paschim Medinipur³⁸. Thus, the growth of mass media and increased communication among the masses is leading to the universalization of local traditions. On the contrary, there has also been an increasing parochialization of universal biomedical practices in village communities. The rural community residents have access to medical treatments using scientific medical practices. They are aware of the growth of biomedicine as an alternative treatment method. Though there has been a common generalization that the growth of scientific ways of living is leading to the declining rate of religious belief among the people—the current study has found an alternate angle to this notion. It has been observed that following the growth of globalization and the dissemination of modern ways of living did not deter most respondents' traditional faith and belief structure in this study. Most respondents seem to believe in applying both traditional and modern treatment methods to bring about the holistic well-being of the patient, showcasing the adaptability of faith healing practices.

The researcher has observed that with the increased infiltration of newly generated biomedical knowledge and introduction of modern medicines into local pharmacopeia, the majority of the respondents relied on their faith in traditional medicines as it provided them with a holistic perspective of human health. "*Doctor shorir er photo tulte pare, mon er photo kibhabe tulbe?*" ("Doctors can conduct X-rays to understand the functioning of the human body, but how will he understand the condition of my mental state? There is no X-ray machine for that"). Most of them stated that biomedical practices provide them with a solution. However, belief in their religion and the associated healing practices provides them with the hope for a better future—this hope keeps them going, even during times of crisis.

On the other hand, belief and faith in a better life (in this life or after death) are also projected in the world of social media. A few of the respondents residing in Jhargram and Lalgarh Block have stated that they watch Hindu religious programs on their television. The speakers on those programs talk about the confluence of science with spirituality. The daily anecdotes help them to understand the importance of both worlds. They do not reject science

³⁸ The research under Case Study 5 has highlighted a similar study.

and its development; instead, they project that one should remember their faith in the traditional structures of society. The respondents even stated that during the pandemic, people from their neighborhoods used to come and join them and watch these religious programs together. It was one of their ways to preach their practices and share their thoughts. A few of them stated that they keep the Gayatri Mantra as the ringtone of their mobile phone devices. It reiterates their faith in the power of the Mantra to heal and protect them from any evil or upcoming danger. Thus, as they become used to modern technologies as a part of their lifestyle, their faith in their religion is not diminishing. Along similar lines, a few of the respondents belonging to the higher income group stated that the growth of consumerism and change in lifestyle patterns does not take away their belief and faith in God. On the contrary, having faith in God and practicing religious rituals are ways to seek God's blessings so that they can maintain the current style of life in the future, too. They pray for eradicating any negative energy that can affect the peace and economic stability of the family. They stated that with growth in material culture, the family members retained their faith in God—thus, they stay connected with the spiritual world and do not disavow it in any way. Similarly, the presence of both the doctors and the faith healers creates a confluence between the world of science and religion, where logic meets hope.

One of the imperative influences of globalization is the growth of consumerism among people. The increasing level of consumption of goods and services has resulted from globalization. Thorstein Veblen has described the concept of conspicuous consumption, where individuals purchase goods and services to display their economic standard in society instead of fulfilling their basic needs. Apart from all these, several studies have noticed how there has been an increasing growth of consumerism of biomedicines (**Little, 1981; Goldstein & Bowers, 2014; Latimer et al., 2017**). There has been growth in the competitive healthcare market where medical companies are trying to conduct business and acquire profit by selling their medical goods and services. Different medical insurance companies are having their mushroom growth due to the growth of healthcare consumerism in the modern era. Following this research, people's beliefs and faith can also be globalized. With the help of mass media, a few respondents have stated that they practice healing practices, as shown in the Facebook or YouTube reels. They perform several home cleansing rituals, aura cleansing rituals, and other healing techniques that can be conducted at home to maintain the family members' peace, happiness, and health.

Nearly all the respondents have stated how the pandemic has led to the growth of stress in their daily lives. With the acute economic crisis and increasing unemployment, there is

growing stress and anxiety about providing for the basic needs of the family members. A few of them are worried about not being able to get their daughters married due to the economic crisis at home. In this context, it is their faith in the power of God to help them sail through this crisis. Performing these traditional religious practices helps them not just to restore their faith in God but also to heal themselves emotionally. It acts as one of the ways of meditation to calm the soul from the rising tension and anxiety. Table 2.10 describes the factors leading to stress among the respondents, where the majority of the respondents have stated how the COVID-19 pandemic, rising economic problems, and unemployment are acting as factors leading to piling up of stress and anxiety among them. Similarly, Table 2.11 shows the different activities indulged by the respondents to curb their stress and anxiety—Among them, the prime activities noted by them were praying to the Almighty, visiting temples and offering their prayers to God, performing meditation, and practicing healing rituals in the hope of better days in the future. Despite the formidable challenges posed by globalization, traditional healing practices continue to thrive, offering unique health solutions. This resilience, a testament to their enduring value and the deep-rooted faith they inspire in their practitioners, underscores their significance in the context of our research.

- Declining interest in learning to practice traditional healing practices. There is an increasing turnover among the young generation who opt to be faith healers in their community. They are looking for salaried jobs by which they can take care of their family with confidence. Faith healers do not charge lumpsum money from their clients. Instead, they give them the cheapest form of herbal treatment or sometimes practice rituals for spiritual reasons. Thus, it is not a well-paid, assured job. For this reason, most youngsters opt out of the profession their previous generation used to profess.
- The government is organizing free medical camps for the residents of West Bengal. Recently, the state government has started a policy called "*Duaare Daktar*" (Doctors at Doorstep), by which biomedical practitioners are reaching the doorsteps of the residents of Paschim Medinipur. Most respondents, thereby, are encountering biomedical practices and are becoming active consumers of biomedicines.
- The government has opened several medical shops that provide subsidized medicines³⁹. This is changing the dynamics of the healthcare industry and turning patients into consumers of biomedicines. Therefore, patients visit doctors, consume medicines from subsidized medical shops, and receive treatment from the modern healthcare system.

³⁹ With a discount of 70 percent or more.

- Recognizing the need for accessible healthcare, central and state governments have introduced health schemes for residents below the poverty line. These initiatives, coupled with the issuance of health cards, aim to provide affordable healthcare to all, fostering a sense of inclusivity and social responsibility.
- With the rapid growth of urbanization and rururbanisation, faith healers are facing significant challenges. They require more extensive infrastructure to practice their faith healing practices, but corporations are buying lands, trees are being deforested, and hotels/resorts are being constructed in the name of development. This situation is causing a loss of faith-healing areas and making most medicinal plants inaccessible due to rapid deforestation. As a result, there has been a sharp decline in the number of clients seeking healing benefits from faith healers, a concerning trend for those interested in traditional healing practices.
- Globalization is also leading to increasing migration among rural residents. Most respondents claimed that most of their relatives have shifted to the urban localities in search of a better job and a decent livelihood. This gradually makes them feel lost in the connection to their roots. The young generation in this new urban set-up might be spiritual but faintly understand the workings of a faith healer and how they used to be the go-to person in crisis. With the rise of modern structures and amenities, the young generations are on the brink of losing touch with their roots and traditional ways of living.

The reasons mentioned above show how traditional faith healing practices are negatively affected by the rising forces of globalization in society. Thus, with globalization's growth, there are positive and negative influences on the faith healing practices in Paschim Medinipur. On the one hand, faith healers benefit due to the development of modern mass media and advanced communication technologies. On the other hand, there is a gradual decline in the practice of these traditional faith healing techniques among the people due to a need for more professional experts. The respondents in this study have mainly provided a mixed approach toward modern and traditional ways of looking into healthcare practices. On the one hand, they rely on doctors, biomedicines, and medical tests to ascertain their health status; on the other hand, with traditional faith healing practices, they are ascertaining their family members' physical and mental well-being. Most of the respondents in this study believed that doctors could help treat the disease, but a faith healer could provide care for the soul, and it could help make the medicines work in the human body, keeping all negative energies at bay. Thus, it amalgamates modern and traditional ways of living a healthy life.

Holistic Health: Faith and Spiritual Impact on Well-being

The final objective of the research is—**To explore how the respondents' faith and spiritual practices influence their health and social well-being.** Each year, the World Health Day is celebrated on 7th April. Observing this day is to promote "Health for All." A healthy life ensures the overall well-being of an individual. Health depends not just on the physical fitness of an individual but on the emotional well-being too. Most individuals refer to this as the **spiritual health**. It indicates the interlinking of one's self with one's social, environmental, and transcendental dimensions (**Gomez R and Fisher JW, 2003**). Spiritual health ensures one's lifestyle and gives one a sense of meaning and purpose in life. It helps improve mental health and directly connects to physical health and well-being (**Ghaderi et al., 2018**). However, the meaning of spiritual health varies from one person to another. A few of them might believe that spiritual health is one's direct connection to God or with one's self, a healthy connection with one's society, or even having a close relationship with nature. The choice depends on the faith of the individuals.

Most individuals stated that religion as a social institution helped them lead a steady social life. Life is a mixture of both ups and downs. Religion, for many, acts as a comfortable cushion onto which they can lean and forget about the negativities present in their lives. From having a critical economic situation to someone suffering from a severe health issue, religion acts as a coping mechanism for numerous individuals. The respondents in the current research belong to the Hindu religion. It has been found that not all the respondents are religious; a few of them are atheists and even agnostic. However, most of their family members (especially senior citizens) believe in Hindu ideals and customs to lead a smooth life. When asked about whom they offer their prayers for a healthy life, the respondents have opined about the following God/Goddesses on whom they lay their inner faith and believe that their prayers are looked after by God—

- To believe in the power of Maa Kali to save them from all negativities. Most of them opined that the elderly members of the family chant sacred mantras to offer their worship to the deity. Every Tuesday and Saturday, they pray to Maa Kali for the well-being of the family members.
- Having faith in Bajrang Bali and chanting the *Hanuman Chalisa* daily after bathing. It is a common belief among the people that whoever will chant Hanuman Chalisa daily will be blessed by Lord Hanuman, and all his/her woes will pass away. Lord Hanuman will give them the strength to fight against all odds, be positive, and face all challenges in life with grit and determination. One of the verses from the *Hanuman Chalisa* recites

as –"*Nase rog harai sab peera, Japat nirantar Hanumant beera*" (Verse 25:40), which indicates that all pain and suffering of a human being would be healed if one chants the *Hanuman Chalisa* daily. Apart from chanting the Chalisa, the believers pray to God every Tuesday (be it in their home setting or by visiting a nearby Hanuman Temple).

- Nearly all the households visited during the survey; it was seen that most of them had a Tulsi plant in front of the entrance of their house. They worship it regularly and offer their prayer after bathing early in the morning. The respondents believe the Tulsi plant brings peace and prosperity to the house—the faith healers also reverence the utilities and benefits present within a Tulsi plant. Several scientific studies have also concluded that there are high nutritional properties within a Tulsi leaf. It is said that consuming Tulsi leaves will counter “metabolic stress through normalization of blood glucose, blood pressure, and lipid level;” furthermore, it also helps to reduce psychological stress and enhances the brain’s cognitive function (Cohen, 2014). That is why the Tulsi Plant is considered an herb for all reasons.
- A few respondents stated that they worship Maa Durga to acquire strength and power to strive through the hard-hitting times of life. As the symbol of female strength, the female respondents stated that worshipping Maa Durga provides them with the strength of mind to look after their kids and deal with the negativities of life.
- During religious occasions, many people choose to fast to show respect to the God or Goddesses they believe in. They follow the Hindu dietary codes and consume vegetarian food on a few sacred days. The majority of the respondents stated that they consume veg-food on Saturdays⁴⁰ and Tuesdays⁴¹, while a few others also noted that they consume vegetarian meals on Mondays⁴² and Thursdays⁴³. Consuming vegetarian meals on these specific days of the week reiterates their faith in the powerful presence of these deities and their strong belief in their profound positive impact on their lives. As one of the respondents stated, “Gods are omnipotent; all we can do is follow these simple customs to pay our homage towards them. They are taking care of the entire world, and giving respect by following these traditions and customs is our way of showing our regards to them.”

⁴⁰ Showering their respect towards Lord Shani Dev—also known as “*Boro Thakur*” by the locals

⁴¹ For paying their respect to Lord Hanuman

⁴² For showing reverence to Lord Shiva

⁴³ With regards to Goddess Laxmi

- A few respondents stated that they organize *Gita Paath* in their homes at certain times of the year. Sometimes, they organize in their own home, and sometimes, they visit their neighbors who organize a *Gita Paath* occasion. It is believed to provide them peace of mind and spread positive/holy energy in their household, keeping all negativities at bay.
- A few respondents said they *paath* 1176 Hare Krishna every morning to offer their devotion to Lord Krishna. Krishna Naam Jap is one of the ways of reaching out to God and surrender in front of him. It is believed that people's wish to achieve moksha is fulfilled, and it washes away all the present and past sins by chanting Krishna Naam every day.

Thus, choosing the devotional path to obtain the blessings of God is one of the many ways the respondents take care of their spiritual health. It helps them develop a different perspective on life. The reasons for which they practice these holy rituals and divine ways of living are—that it provides them with internal happiness; it helps them build an optimistic view towards life; it develops a sense of love, care, and affection among them; it helps develop internal strength and guidance to try and look into the alternatives to deal with the negativities of life; and finally, it helps them reduce their psychological distress from the daily humdrum of life. It gives them that sense of satisfaction that God's blessings are upon them.

Several scientific studies have also proven that visiting temples and worshipping benefit the human body. Studies prove that there is a mind-body connection among all human beings. Thus, worshipping in temples has benefits for the human body, too. It is found that visiting a temple and worshipping the choice of deity increases one's level of dopamine within the human body. Devotion among people helps them meditate, increasing the amount of melatonin within the human body. Increased melatonin helps induce better sleep, giving the necessary rest to the otherwise restless mind. It is also seen in scientific research that by visiting a temple or practicing a sacred ritual, all senses within a human body get activated, thereby increasing one's level of awareness and consciousness of the things happening around them. For example, religious idols, temple architecture, and other sacred materials inside a religious institution enhance the visual experience. Chanting mantras or ringing bells enhances the auditory experience. The sense of touch is activated by participating in rituals or observing the architecture. Lastly, the sense of smell is activated by incense sticks, sandalwood, and the fragrance of flowers. Thus, people who practice their faith in religion suffer from low anxiety and improve their concentration and confidence (**Fascinating Hidden Mind Body Health Benefits of Worship in Temples – Lyfas Life Care, 2022**). Beyond the scientific explanation

related to the benefits of practicing religious rituals on the human body, most of the respondents visit a religious institution or practice their faith because it has either been the custom of their family down the generation or they are going through a time of crisis or they might want to look after their spiritual health (i.e., for their peace of mind).

In this line of thought, on certain occasions, the respondents lay their faith in the healing practices performed by the faith healers. Most of them stated that not everyone knows the appropriate ways of making their prayers reach God. These faith healers possess the divine power to transcend into the spiritual world and make the prayers of the respondents reach God. In short, they act as the middlemen between the preacher and the divine. A few other respondents believe that faith healers possess the divine power to transcend into the spiritual world and look for remedies for physical or mental ailments beyond the material world. They possess the other-worldly power to heal the sick from their objective or subjective pathologies. The local terms with which the respondents refer to the faith healers are—

- Guin
- Gunin
- Kobiraj
- Dhormiyo Niramoykari
- Gulin
- Sadhu baba

No matter which names they refer to, faith healers are believed to have the spiritual power to heal the sick. The custom of having their faith in the faith healers is familiar. It is being followed down the generations. Most families have a traditional faith healer to whom they are obliged and who asks for help in times of crisis. Thus, the numerous reasons why the believers chose to have faith in a faith healer and their faith-based healing practices can be summarized as follows—

- **Relationship between religious attendance and belief in faith healing**—Most respondents have stated that they have been socialized since childhood to visit religious institutions. These religious institutions are meeting grounds for many people across the Block. The exchange of ideas, beliefs, and ideologies occurs in this social gathering. Quite a few respondents have claimed that visiting temples and meeting their fellow residents of the Block has helped them know about the faith healers and their spiritual prowess, thereby making them visit them in times of physical or emotional crisis. Thus,

visiting religious institutions is among the many ways people's belief and faith in faith-based healing practices have developed.

- **High religiosity leads to greater reliance on faith healing**—Quite a few respondents in this study have stated that they are religious. They follow the rules and regulations related to performing the rituals. Faith in their religious beliefs gives them the hope to look forward to a better future. It also helps them strengthen their community bonds by performing the rituals together. It gives them a common ground based on which they can initiate an interaction and build a social bond. Thus, it has been found in this study that stronger religiosity among the respondents leads them to have greater trust and confidence in faith-based healing practices. They consider the faith healers as mediators of God, who has the divine knowledge of healing them using the natural path. Believing in the power of faith healers and engaging in their healing rituals can positively impact one's mental well-being. It helps build their aspiration, hopes, and optimism for a better and healthier future with their family members.
- **Regular reading of sacred texts reinforces faith in faith healing practices** — Reading religious texts helps the respondents to develop trust in the divine promises of well-being. Nearly all religious texts describe the ways and means by which hard work and initial struggle days are always rewarded by God at a later point in life. Hinduism mentions that God tests their followers by making them deal with sorrows and suffering. Those who can live through this negative phase of life are rewarded by God with a better future either in this life or in their next birth. It is based on this hope that people deal with their suffering and carry out positive Karma. As the theory of Karma in Hinduism suggests, God rewards positive Karma; thus, the respondents who believe in such philosophy are conscious, aware, and hopeful that God will bless them in the future. Similarly, reading religious texts thus reinstates a follower's faith in God, thereby believing in the divine healing practices. The faith healers are a medium based on which the respondents receive the divine blessings of God to lead a healthy and better future. Several respondents in this study have reported that they either do 1176 Krishna Naam Jap or read holy texts like Bhagwad Gita daily to reinstate their faith in God's blessings upon them, even in times of crisis. A few of them purchase religious books based on the life and histories of the Hindu Gods and Goddesses and are inspired by them. It brings them both mental peace and hope for a brighter tomorrow.
- **Relationship between faith healing and physical problems**—To preserve good health, one should care for one's physical and mental health. Not just physical well-

being but spiritual and emotional well-being also contribute to a healthy state of being. Most medical experts in the contemporary era have supported this fact. Channeling one's emotional well-being through the religious path is one of the ways by which one can achieve a healthy state of being. It was found in the study that quite a few respondents believe that having their trust in faith healing can help heal physical problems. Prayer, observing rituals, or practicing traditional healing practices are believed to work wonders on the physical problems of the respondents. A few of them stated, *"If we try to visit the doctor for every anomaly in the body, then we will not be able to run our family. We will run out of our economic resources."* It was mainly the women in this study who stated that they believe in having faith in traditional healing practices and that they have received benefits from them. One of the respondents opined that her fractured bone was healed with the use of ayurvedic medicines and a daily dose of prayer. Quite a few respondents stated that one should completely surrender themselves in front of God because he will take care of the rest. Thus, the relationship between having faith in traditional healing practices and the therapeutic effect of curing physical ailments was found in this study.

- **Unbalanced mental health leads to increasing belief in faith healing practices**—As mentioned earlier, emotional well-being is one of the most essential criteria for maintaining a healthy body. It was found in this study that the majority of the respondents stated that believing in the dictums of Hinduism and following the rituals helps them achieve peace of mind. One of the respondents gave an example in support of this statement— *"why do we organize Saraswati Puja on the eve of the exams? It is to boost the kids' mental health, and I look forward to giving a better examination. It gives them the mental strength to face all odds and sit for the exam with a clear and confident mind."* Thus, in the same way, these healing practices act as a placebo effect for the respondents to deal with their current crisis and look ahead to a better future. This is also known as positive religious coping, which makes them feel safe and surrounded by the blessings of the Almighty when practicing the healing rituals. It psychologically boosts the respondents' ability to encounter challenges in their everyday lives. The hope for a better future helps them to sail through the present condition and deal with their stress, anxiety, and panic attacks.
- **Faith healers build social connectedness, which positively affects the respondents' health**—The faith healer lends a patient ear to the dilemmas and anguishes of the respondents. The client-communicator relationship is informal, which is not the

condition between a doctor and his patient. Thus, it becomes easier for a respondent to approach a faith healer instead of a doctor. A doctor might ask for the family history of diseases, while the faith healers are acquainted with the medical history of the respondent's family. This is because, in most households, the members have their go-to faith healer, as handed down by family tradition. They act as their family physician and contain all medical information about the family members. The respondents feel attended to, and the sense of personal touch helps them narrate their difficulties easily (without fear of being judged for having a traditional belief structure). On the other hand, most respondents stated that they do not find this inclusive atmosphere within a formal medical environment. The faith healers act as their caregivers. On the other hand, patients are given explanations about the pathologies they are suffering from. Most respondents stated that this care and compassion is lacking in a formal medical environment. They feel confident about the faith healer's increased sense of mastery over the illness using natural and divine methods. This shared belief between the healer and the client increases social connectedness, strengthening their trust in faith-based healing practices.

- **Belief in faith-based healing practices leads to "passive catharsis"⁴⁴**—The majority of the respondents have claimed that belief in faith healing practices leads to catharsis⁴⁵ of emotions. Their pent-up emotions get addressed before a faith healer as they can lay their trust in them and speak their heart out. On most occasions, faith healers heal their families through the generations so the patients can open up about their fears, doubts, and problems that they are facing. The respondents noted that faith healers can understand their physical or mental issues without the patient verbalizing the problem. The respondents believe in the spiritual power of a healer and how they can understand the working of the spirits to help solve an anomaly within the human body. Because of this, most respondents in this study trust the perceived religious efficacy practiced by the faith healers. Various mental health issues get addressed, and the patients derive confidence, hope, and positivity in life through this process.

⁴⁴ Finkler, 1985.

⁴⁵ Catharsis is a part of the psychoanalytic theory developed by Josef Breuer. According to him, catharsis is the phenomenon by which suppressed unpleasant emotions, events, or behaviors are brought to be acknowledged. It helps in the eradication of negative emotions related to either trauma or any other social events. The term 'catharsis' is derived from the Greek 'katharsis', which means cleansing.

- **Faith healers help in cognitive reframing**⁴⁶--Most respondents have claimed that faith healers help change their perspective on life in a more positive direction. For example, those families visiting a faith healer for son preference in their upcoming pregnancy are guided by the faith healers to have a positive perspective towards the outcome. A few of them stated that a faith healer's positive orientation to life is much more assured than anything else. Their way of saying "*shob thik hoye jabe*" (everything will turn out well) is a positive assurance for the patients. This is related to the concept of cognitive reframing, where the faith healer helps develop a positive attitude towards life and provides them with the hope and guarantee for a better future. One may view life as a glass half empty, but the faith healers (using positive words towards their patients) help change the perspective to a glass half full.
- **Fear of social stigma**⁴⁷—A few Belpahari and Lalgargh Block respondents have claimed that fear of being stigmatized for not visiting a faith healer makes them consult a healer. As most members in the locality are believed to have found benefits from a faith healer, they are equally expected to consult a healer. For example, one of the respondents stated that he knew that proper consultation with a doctor after a snakebite could help save the victim's life. However, the members of his locality refused to believe in the practices of a biomedical practitioner. Feeling afraid of being left out, he gives in to the majority's demands. On the other hand, one of the female respondents from Belpahari Block claimed not having a child for a long time. Even after visiting the doctors on multiple occasions, she was told that she would not be able to conceive. Fearing social stigma for not being able to conceive, her family members took her to a pronounced faith healer in their locality. On the other hand, a few respondents claimed to have visited a faith healer to maintain their social status. In case of any health-related issues, they pay a visit to the doctor. They fear losing their socio-economic status due to someone's evil eye or the working of an opposing spirit upon their family. The fear of losing their social and economic standing keeps them from making changes that could enhance their current lifestyle. In this way, a particular group of people believes in these traditional techniques of faith-based healing due to the community pressure and fear of social stigma.

⁴⁶ Cognitive Reframing is a concept that means to change the perspective of an individual from a critical and negative view to a more positive direction. It helps in reframing a certain thought process, which creates a negative impact on the individual.

⁴⁷ The concept of social stigma was developed by Canadian sociologist Erving Goffman, who defined the concept as the "situation of the individual who is disqualified from full social acceptance' (Goffman, 1963).

One of the reasons for the faith in traditional religious healing practices is the fear of **the nocebo effect** and the effectiveness of **the placebo effect**. People who fall sick undergo a specific treatment to heal from that ailment. It is known as the placebo effect if the patients believe in the treatment procedure and rest their faith in recovering soon enough⁴⁸. On the other hand, dwelling on the negative suggestions and lack of trust/faith in the treatment process or believing that one will not recover from the ailment leads to the nocebo effect⁴⁹. This research found that most respondents who laid their faith in faith healing practises are leading a mentally contented life. They believe that any ailment is caused by either spirits or some negative energy surrounding them and that it is only the faith healers who possess the power to either eradicate the negativities through their spiritual power or provide them with natural treatment methods (such as herbal medicines) in order to cure them from their ailments. This mental contentment is the result of one's placebo effect. The healers conducting the healing practices to ward off negative energies are giving the respondents a sense of assurance that things will improve in the coming days. On certain occasions, few herbal medicines can lead to a placebo effect and heal the patient due to his/her deep trust in the healing method.

On the other hand, the respondents can also suffer from the nocebo effect. Quite a few respondents (especially the elderly respondents in this study) have expressed fear of the medical gaze⁵⁰. They fear biomedical practice as it is an entirely alien environment for them. They need to be attuned to the Western biomedical surroundings. Instead, they are used to the wonders of the faith healers in their locality. Patients who were coerced to visit the doctor or stay in the hospital suffered from depression, anxiety, and fear of the unknown. This leads to the nocebo effect—where the patients are sure that the modern treatment procedures will not help them heal in the long run. They want to return to their safe zone. It is due to this reason that a few of the elderly women do not share their physical pathologies with their family members for fear of this medical gaze. Instead, they either try to heal themselves using the traditional healing practices they know or visit a faith healer to carry out treatment.

⁴⁸ Physical or mental health improves When people take a placebo or 'dummy' therapy. It is the relationship between a patient's body and mind, where improvement in the health of the patient is noticed due to the patient's trust in the treatment procedure (either real or fake).

⁴⁹ It refers to a condition when the patient develops symptoms because he/she believes that adverse or negative symptoms will occur. It occurs when the patient's mind is involved in negative ideas that can cause detrimental effects on one's health.

⁵⁰ Michel Foucault developed the concept of medical gaze in his seminal work named "The Birth of the Clinic," where he stated that doctors can alter the stories of the patient's health to match the biomedical model and keep aside all the non-biomedical information (Foucault [1963] 1973).

Another related explanation found in this research was the **theory of "sense of coherence"⁵¹** developed by a seminal medical sociologist named **Aaron Antonovsky (1987)**. He emphasized that humans have a deep connection to their environment. They cannot be separated from each other. He also stated that change and chaos are normal stages of human life. With change, new forms of development would take place in the society. Therefore, stress, tension, and the basic fight for survival are constant phenomena in society. He perceived that one of all human beings' significant challenges is managing this change and developing coping mechanisms to deal with the ongoing stress level, as has been found in this research that most of the respondents mentioned their daily challenge to meet the ongoing economic crisis. In the past year, Table 2.10 reveals the social factors contributing to the growing stress level among the respondents. It can be seen from the analysis of that table that the COVID-19 pandemic scare and rising economic problems were the two most important things that brought about the increasing amount of stress among the respondents. The COVID-19 pandemic can be referred to as the chaos that brought about changes in the social world, and with that came a rapid economic crisis (job insecurity, growing unemployment, and so on). According to Antonovsky, people must locate and deal with these stressors effectively to lead a healthy life. Remaining healthy is a way for the brain to maintain its coherence. It creates an alignment between the:



The theory of Sense of Coherence is made up of three parts:

- **Comprehensibility**—The ability to apprehend what is happening around the ego's environment. It refers to the ability of the individual to grasp his/her feelings, understand his relationship with others, and comprehend the reason for his existence. In the present research, it is evident that most respondents place their faith in the healers due to their deep-rooted generational relationship with them. They are emotionally convinced about the profound wonders of their spiritual power, which they believe can heal their anomaly. The relationship with their faith healers is their most immediate and intimate interpersonal relationship. On the contrary, biomedicine is a realm of uncertainty for them. As has been noted by a handful of respondents, they fear venturing into the unknown. Due to the limited knowledge regarding Western biomedical

⁵¹ The theory of Sense of Coherence (SOC) refers to the normative attitude of people to be more robust to point out daily stressors and find effective ways to be healthy to enhance a healthy lifestyle.

practices, they feel anxious about its outcome. For this reason, many respondents either avoid visiting a biomedical clinic altogether or lay their trust in both the modern and the traditional modes of treatment.

- **Manageability**—It denotes the way the ego handles a situation. It depends on how well the ego can manage his/her feelings and make decisions in life. From the perspective of faith healers, they play a crucial role in observing their patient's condition, and after comprehending the situation, they provide their insights. If they are confident about managing the situation through their convictions, they guide their clients in the religious path of attaining holistic well-being. On the other hand, if they are unsure about the anomaly's origin or are convinced through their spiritual powers that the patient has a genuine physical anomaly, they recommend that they visit a doctor. On the other hand, most respondents stated that when doctors give up hope and ask them to pray for a miracle, they lay their trust in the faith healing practices. It helps them gain the confidence to manage the situation and turn them positively in their favor. Many respondents have mentioned turning to a faith healer to manage their social lives. The faith healer guides them in traditional healing practices to address physical or mental issues they are experiencing.
- **Meaningfulness**—It determines the ability to make sense of an experience, which increases the coping capacity of an individual. It points out how meaningful the ego thinks about his/her life choices. Most respondents have focused on the notion that their belief in faith healing practices enhances their emotional stability and helps them deal with their prolonged negative experiences in life. The faith healers act as a medium by which they can confront and overcome all the negativities of life. The believers are convinced about the authenticity of the powers of a faith healer or the traditional healing practices. This belief boosts positive emotions and decreases fatigue, burnout, and stress among most respondents. They feel reassured that even if the biomedical practices fail them, the traditional healing practices will help heal the person from within. The patient will receive the necessary care and guidance, which (most of the respondents believe) the biomedical practitioners will fail to do. Thus, it helps develop their cognitive function and maintain a balance among a human's physiological, emotional, and cognitive patterns.

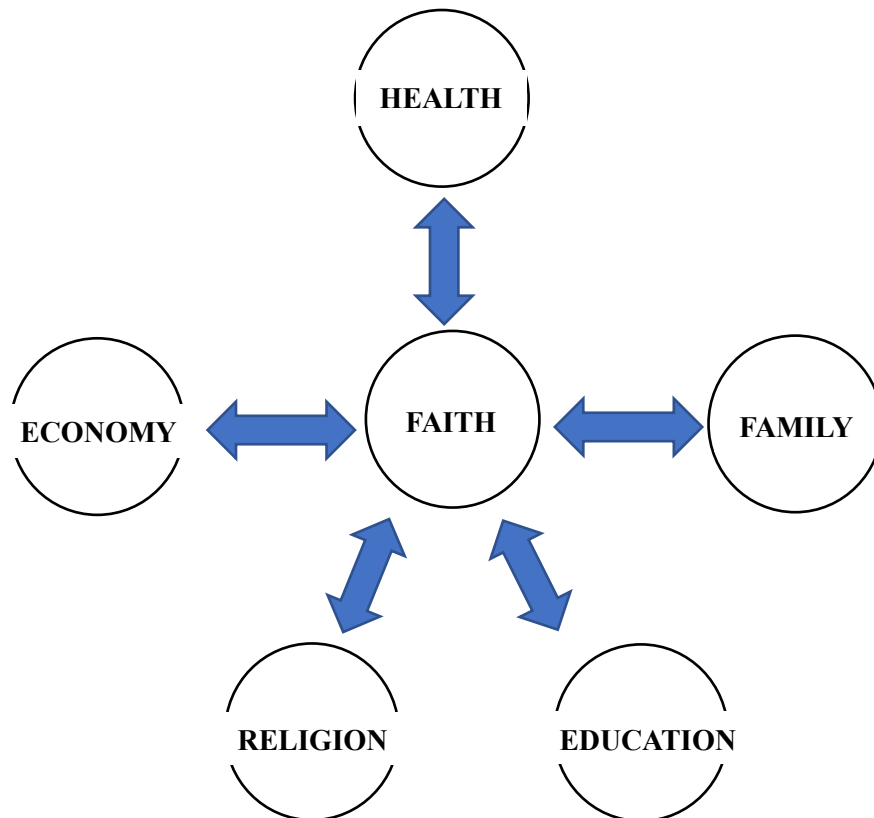
Therefore, the current analysis reveals that the concept of faith is not a simple one, but rather a complex construct with five distinct layers. These layers, each with their unique characteristics and influences, are:

- **It is Personal (P)**—Faith is a subjective feeling. It varies from one individual to another. People hold their faith to themselves. Their social environment determines the level of faith one has. The socialization process plays a vital role in making a child understand the meaning and value of having faith in their community. Thus, different faith-based healing practices are being followed down the generations. For a long span of years, a specific section of people has never seen an alternative to it. Their lives revolve around their belief in traditional religious practices that heal their family members. With modern education and the growth of biomedical practices, community residents have an alternative to healthcare facilities. Based on this, a few chose to retain their faith (based on their confidence in the tradition), a few chose to let go of these traditional healing practices and start believing in modern healthcare practices, and a few others tried to retain both the traditional as well as the modern healthcare practices in order to achieve a holistic wellbeing of their family members. All these choices are highly personal choices of the individuals. Society plays a vital role in guiding these beliefs and practices, but in the end, the individual's subjective feeling makes him believe or disbelieve in his faith.
- **It is Interpersonal (I)**—Belief in faith is interpersonal too. It depends on the type of social environment in which an individual lives. It influences his/her decisions in terms of his/her healthcare preferences. In other conditions, faith can develop or be influenced by one's conjugal partner. It can originate or be influenced within relationships. On most occasions, partners motivate each other to accept or follow each other's faith and choices in healthcare practices. Most of the respondents in this study have claimed how the elderly members in their family impose their choice of visiting a faith healer for health remedies for their family members. Thus, partners or close kins influence their decision/choice or level of faith within a social setting.
- **It is Institutional (I)**—Religious institution is another crucial factor influencing or reinforcing the level of one's faith in society. A few of the respondents in this study have narrated events stating how they were complete atheists in the past, but after falling sick and being gifted with life with these traditional healing rituals, their faith in these practices got reinstated. In certain other cases, a few of the respondents have stated how visiting the religious institutions and interacting with fellow residents of the

community (and by listening to their narration of past events of how these traditional practices have helped in gaining back their health) have helped in reinstating their faith in the faith-based healing practices. The religious institutions are a center of collective prayer, reading of holy scriptures together, and chanting the mantras together—which helps develop community camaraderie and influences one's belief of having/reinstating faith.

- **It is Collective (C)**—Faith depends on the collective belief in one's community. Community sentiment influences one's faith structure. An individual's shared values and culture determine their level of faith. Collective celebration of the religious rituals also contributes to developing one's faith. In the current context, a few respondents have narrated their experience of how the community members have boosted them and helped them regain their faith in the wonders of God's blessings in times of deluge. When the world seemed dark, and without any possible way out to treat their family members, it was their neighbors who prayed daily, read the holy texts, organized '*naam jaap*' in their house, made them contact with popular faith healers (on whom they have concrete confidence due to benefits received from them in the past) and so on. Sometimes, it may not be an active influence of the community members. However, their presence during critical periods helps restore faith in their religion, traditional healing practices, and, most importantly, in humanity itself. On certain other occasions, the community's pressure helps individuals restore their faith in accepting traditional healthcare practices. Ritually warding off an evil eye is one such example where the members of the society are blamed for their malevolent glare on one's family member. Another example is the social stigma for not being able to procreate. The women in the family are blamed for this "incapacity." If medical science cannot provide them with a solution, they try the traditional religious way to be able to bear a child. Thus, the mass's collective belief influences an individual's faith structure.
- **It is Situational (S)**—Social situations condition one's level of faith. The hope that something good might happen in times of crisis restores one's faith. Social situations compel human beings to either make or break their faith. Engagement in religious practices helps people to have subjective control over the situation they are going through. An individual's beliefs, hopes, and faith are shaped by the social environment in which they find themselves. Different situations can affect one's level of faith in the society. In some instances, the economic situation affects one's level of faith. A few of the respondents stated that not being able to afford biomedical treatment procedures

makes them opt for traditional healing practices to restore the health of their family members. Thus, there can be different social situations based on an individual's faith structure. The situations can be—economic situation, health situation, the situation of the family members, level of education and the intensity of religious beliefs, and so on.



Thus, different intrinsic and extrinsic situations can affect the intensity of an individual's faith. All these factors can create an impact within individuals that can lead to their faith development. Sometimes, negative situations, such as death in the family or someone suffering from severe illness and the inability to do something constructive to help them out from that situation, lead them to lay their faith in the religious path.

Therefore, according to the evidence gathered from the present research, a few seminal reasons can be noted behind why people in the Jhargram district of Paschim Medinipur lay their faith in the traditional healing practices in the modern 21st century; they are—

- **Trust-relationship between a healer and a doctor**—To the respondents, approaching a faith healer is much more convenient than approaching a doctor. The family members have followed relationships with a faith healer or believe in traditional religious healthcare practices down the generations. They are socialized in this social environment. In this context, contemporary medical science and its advancements have

not yet been set into the social environment among the people living in mostly Belpahari, Lalgah, and Nayagram Block.

- **Lack of understanding**—Most respondents cannot comprehend how biomedical practices work. Most elderly members prefer to choose the traditional ways of living rather than opting for modern healthcare practices. A few of the phobias that can be associated with their fear of medical intervention are Tomophobia⁵² and Nosocomophobia⁵³. For these reasons, most individuals skip visiting a biomedical setup.
- **Fear of being left out or stigmatized**—Most respondents have claimed that when their neighbors and close kins lay their trust in traditional healthcare practices, it becomes difficult for them to deter their choice and visit a doctor for treatment suggestions. A few of them have stated that the community members believe that the hospitals or any other medical setups are the sources of pathology that can destroy the entire village community. Most of them proudly stated that their community members did not have to worry about being affected by COVID-19 due to their minimal association with any medical health setup. On the other hand, it is not always the fellow community members who fear being stigmatized for visiting a doctor; it is the medical representatives themselves who stigmatize the patients for belonging to a different cultural background. A few respondents have claimed that doctors do not listen to their problems patiently, and the nurses critically judge them for their cultural background. One stated, “*Amra jungle er shontan, ete dosh kisher?*” (We are the children of this forest belt; what problem should one have with that?). This fear of being judged silently discourages them from visiting a biomedical setup.
- **Lack of economic stability**—This limits the choice of respondents to go for alternative healthcare practices. A few respondents have shared how, in the past, their close kins had to either sell off their lands or borrow money with hefty interests from the money lenders to support the cost of treatment. Due to this fear of being able to support the family economically in the future, they opt for traditional healing practices (on which the entire community lays its trust and confidence).

⁵² Fear of surgical procedures or any other biomedical intervention. Most respondents opt out of visiting a doctor due to this psychology.

⁵³ Traumatic incidences in the past with relation to medical history within the family or any close kin can cause this phobia. It deters them from visiting a doctor in the future.

- **Language barrier**—Most respondents have stated how language is a barrier between a doctor and a patient. The majority of the respondents are not fluent in the Bengali language. They falter in explaining their problems to the doctor. The doctors do not speak the regional languages spoken in Jhargram district. Thus, most of them stated their fear of being prescribed the wrong medicine for their inability to explain their problems to doctors.
- **Fear of side effects from biomedicines**—Most respondents shared their reasons for apprehension about opting for biomedical practices. It is the side-effects that the medicines might have on their body, for which they give a second thought in opting for treatment under medical science. On the other hand, traditional health remedies are herbal and have little or no side effects in the long run. A few of them have also stated that there has been an increase in the growing dependence on biomedicines as natural treatment methods are not available for new diseases affecting people. However, most preferred traditional health remedies are herbal/natural remedies.
- **The inability of doctors to build trust among the patients**—The use of medical jargon sometimes makes the respondents unable to lay their faith in the doctors. This unsettling situation often leads patients to seek help from a faith healer to understand and address the unusual symptoms they are experiencing. A relationship with a faith healer is personal, whereas a similar relationship with a doctor is professionally oriented, creating a gap between the doctor-patient relationship. The respondents also stated that doctors have their limitations. They cannot provide medicines to ward off an evil eye or an evil spirit causing a disturbance in their household. The doctors fail to boost their patients emotionally. They prefer talking in technical terms, creating an emotional toll among the respondents for not being heard. Instead, the faith healers have a therapeutic environment that tunes into the patient's experiences.
- **The absence of female doctors in biomedical setups** is a significant factor contributing to the hesitation of most female respondents to seek medical care. This is particularly true for females with gynecological issues, who often feel uncomfortable discussing their conditions with male doctors. As a result, they either wait for medical camps to be organized in their locality (where they can consult a female doctor), or they opt for the familiar route of visiting a faith healer. This preference for faith healers is

rooted in a dynasty trust ⁵⁴that they can address any health issue, both physical and mental.

- **Fear of diseases affecting everyday life**—With the ongoing level of mental stress, anxiety, and lifestyle choices of individuals, there is an ongoing fear of diseases affecting their daily lives. Most individuals fear being unable to lead a healthy and peaceful life. Concerning this, the majority of the respondents have stated that they prefer going to religious gatherings, organize religious rituals at home, call in faith healers to ward off evil spirits or malevolent glare from their households—these are the best-known plausible ways for the respondents to ensure peace and stability in their household. A few of them stated that a doctor treats his/her patient after the patient falls sick; on the other hand, faith healers use traditional home remedies or conduct religious rituals to ensure that they do not visit a doctor anytime in the future. “Prevention is better than cure”—believing and laying their trust in the faith healers is one such way of avoiding visiting the doctors in the future.

Therefore, in the present 21st century, where globalization is shrinking the barriers of the globe, modernization is ushering in new thoughts, ideas, and ideologies among the masses, and rapid urbanization for a better livelihood in an urban environment, the faith of the people stays intact. There might have been a global shift in the religious orientation of the people, but this sweeping change did not affect their faith elsewhere. With the number of healers declining, research has also found that faith healing practices are deteriorating in the current era. Despite these obstacles, people’s faith stays integral. Religion implies ‘Doing,’ while faith implies ‘Knowing’—thus, most of the respondents in the present research have vociferously claimed how they lay their trust in faith-based healing practices⁵⁵. It is not that having trust in traditional health remedies makes them oppose modern medical practices. Instead, they prefer to keep the best of both worlds. Apart from the limitations they face in modern healthcare practices, they do not object to the advancements in medical practices. The sole wish of all the respondents was to make the biomedical environment friendlier, inclusive, and cost-effective so that patients from variant cultural backgrounds do not hesitate to come up and describe their physical or emotional pathologies.

⁵⁴ A dynasty trust is a long-term trust established to distribute money from generation to generation while avoiding estate taxes. (Dynasty Trust Definition, n.d.)

⁵⁵ Even though it is a declining art.

CONCLUSION

“It is more important to know the person suffering from a disease than the disease itself”

--Hippocrates

The present research, titled "*Faith and Healing Practices among the Hindus: A Study in Paschim Medinipur*," delves into a unique and significant aspect of healthcare. It aims to understand the power and importance of faith-based healing practices. In the face of the increasing medicalization of health and illness, this study was carried out among 120 respondents in the Jhargram district of Paschim Medinipur to determine the current prevalence of these practices among the general population.

Maintaining good health and physical fitness are vital in life. It dictates our lifestyle, influencing our actions and choices in recreation, amusement, nourishment, and even repose. **Bircher (2005)** stated that health is a constantly changing condition of overall well-being, encompassing physical and mental capacities, that enables individuals to meet their basic needs. In contrast, **Larson (1999)** sought to elucidate the four fundamental frameworks for comprehending the significance of health and well-being:

1. The medical model defines *health* as the absence of disease or infirmity.
2. The WHO model perceives health as complete physical, mental, and social well-being rather than the absence of disease or infirmity.
3. The wellness model explores health to promote optimal functioning, vitality, comfort, and the harmonious integration of the body, mind, and spirit.
4. The environmental model focuses on adapting the human body to its physical and social surroundings without pain or discomfort.

In addition to these health models, **Talcott Parsons' (1972)** sociological approach to comprehending health is equally pertinent. In this perspective, health is perceived as the optimal capacity of an individual to fulfill their social responsibilities successfully. Therefore, all these health models incorporate biological and social perspectives to comprehend health and well-being. It provides a holistic model of understanding the health system. This study's overarching goals have been—firstly, to illuminate the myriad cultural and social elements that profoundly influence people's health and wellness and, secondly, to delve into the numerous healing mechanisms that the respondents choose (or do not choose) when they experience any anomaly.

With the inferences drawn in the previous chapter, it can be observed that apart from the growing relevance of biomedical practices in the Jhargram district of Paschim Medinipur, most respondents also entrust their faith in traditional healing techniques. The holistic health system posits that falling ill and recuperating depends on the patient's will, actions, and choices. The doctor serves as an intermediary to administer treatment to the patients. Retention of faith among the patients or their family members provides them with optimism and hope for a better future. This observation underscores the significance of faith-based healing practices, inviting us to explore their potential in the context of modern healthcare.

Viewing health and wellness from the biomedical perspective can give people a limited and one-way understanding. A comprehensive comprehension of health and wellness may be attained by considering both the biological perspective and the patient's adherence to traditional practices. Contemporary medicine focuses exclusively on the physical aspects of the human body, disregarding the intricate influence of the human mind and personality in the event of any anomaly. The biomedical approach is commonly perceived as considering the human body as a mechanical system that can be restored in the event of any malfunction. This way of thinking about medical science makes patients optimistic that they can find a cure when they visit the doctor. According to **Ralf Damwerth (2019)**, the human body is only a superficial aspect of our personality. In his book "*Love Instead of Valium*," **Ellis Huber (2000)** observed that doctors possess a restricted perspective of the patient. Instead of diagnosing the patients' concerns, they focus on identifying and treating the symptoms. According to an anonymous physician from 2022, doctors have become disconnected from the human element of medicine. Doctors have gotten so focused on physically treating patients that doctors have become emotionally illiterate. The pursuit of curing a disease has overshadowed understanding the patient's emotional journey. Most participants in this survey have expressed their views on the absence of empathetic comprehension among medical practitioners. Hence, it is imperative to ensure the expansion of medical viewpoints to facilitate bridging the gap between healthcare providers and their patients. Instead of the physician focusing on the patient's disease, considering the patient's mental health might also be advantageous for the patient. Ralf Damwerth emphasized the importance of active participation from the patient and the physician in implementing holistic treatment. The physician serves as a therapeutic ally and health advisor, but the patient must comprehend their essential function in recuperation and restoration. The patient has the natural ability to self-heal, which is an inherent aspect of natural medicine. The role of holistic medicine is to enhance the capabilities of both the physical and mental aspects. According to Swami Vivekananda, the essential tools for overcoming a medical

condition are an individual's faith and willpower. At this point, spirituality plays a crucial role in guiding patients to enhance their faith, activating the inherent capacity for self-healing. Contemporary society is heavily influenced by materialism to the extent that individuals equate pleasure with the accumulation of material possessions. Instead, research shows that faith can help us understand that happiness is not somewhere else but inside of us (**Lovato, 2019**). This understanding can empower individuals to take control of their health and well-being.

Many physicians adhere to the three-stage protocol for providing treatment to a patient

1. to ascertain the symptoms the patient is experiencing,
2. to assign a specific label to the issue for identification *and*
3. to administer a pharmaceutical intervention to cure the patient.

The use of this three-step guideline enables a physician to efficiently attend to a larger volume of patients within a given timeframe, as opposed to engaging in lengthy conversations with each individual patient. If the current healthcare system adopts a non-profit-focused strategy, it may integrate conversation-centered medications to establish a comprehensive medical system. This integration could potentially bring about a more holistic approach to healthcare, incorporating the spiritual and mental aspects of healing alongside the physical, thereby enhancing patient outcomes and satisfaction.

An individual's faith contributes to the cultivation of self-healing. It is an approach that pertains to the act of restoring and harmonizing our mental and physical well-being. When someone is ill, it is not just their physical body that experiences pain, but their mind and spirit also endure agony. Physicians may administer medicine, but the patient's lack of responsiveness may be attributed to a diminished capacity of the mind to facilitate healing. Self-healing can help a person lower their stress, become more creative, and move from a state of mind where their spirit is growing. Conventional medicine is sometimes known as having 'pill power' due to its reliance on pharmaceutical drugs, whereas alternative healing methods are often referred to as 'skill power'. By making changes to their lifestyle, individuals can activate their inherent ability to heal themselves. Therefore, by having a firm belief, an individual has the ability to autonomously control their own healing mechanism (**Bhat, 2019**). The impact of individuals' beliefs on their healing process is a significant aspect to consider in the context of healthcare, as it can influence treatment outcomes and patient satisfaction.

As the world's population continues to expand, so does the prevalence of diseases and illnesses. However, new insights into natural healing have the potential to alleviate much suffering. By harnessing one's inner strength and changing the modern way of living, it is possible to attain a state of equilibrium between the mind and body, thus fostering optimal

health and overall well-being. It is essential to consider the limitations of medication and instead focus on utilizing one's internal bodily processes to achieve healing. According to Vedanta, it is acknowledged that the apparent solution may not always be accurate. The seeming simplicity of a problem could be a hindrance that stops people from exploring other potential solutions. Svastha refers to self-reliance, which can be accomplished by breaking down the barriers between conventional medicine and faith-based healing methods. The current medical system excessively prioritizes the attainment of physical well-being while neglecting the significance of mental health. The pivotal role of the human touch in facilitating the healing of the soul is disregarded mainly within the realm of biomedicine (Swami Tyagananda, 2019). The respondents in this study have expressed that physicians need to be more attentive to their mental anxieties and concerns. Obtaining medication for a specific medical condition is not the ultimate solution to the challenges experienced by the patient. Instead, a physician should prioritize delivering medical treatment and compassionate support to the patient. It is via this approach that a patient can experience true healing. Words have the power to heal. Language is a reflection of social and cultural traditions. It aids in strengthening specific ideals inside an individual. Genuine conversations have the power to alleviate mental illness. It can cultivate tranquillity inside an individual's inner self. Engaging with a doctor in a professional environment may not facilitate the patient's willingness to express themselves openly, but unrestricted communication with a faith healer frequently results in mental healing (Luu, 2018).

Another significant finding from the study is the widespread availability of healers within the community. The availability and accessibility of faith healers significantly influence individuals' health-seeking behavior. Most research indicates that Indian individuals prefer faith healers as their primary source of healthcare for various medical treatments. The selection is influenced by the socio-cultural views of the individuals as well as the presence and ease of access to faith healers. The respondents in the current study preferred getting aid from spiritual healers before consulting a doctor since their decision was influenced by their family members and fellow community inhabitants (Neki, 1975; Subidhi, 2017).

The current study has discovered the efficacy of the placebo effect and the existence of the nocebo effect among the participants. The nocebo effect is when unfavorable outcomes manifest in the human body due to the belief that a therapeutic process would cause damage. This pertains to the capacity of an individual's cognitive processes to impact their emotional state. It is well known as the malevolent counterpart of the placebo effect. The placebo effect

is associated with an individual's inherent optimistic mindset, allowing them to concentrate on the perceived advantages of a therapy.

In contrast, the nocebo effect refers to the skepticism towards the effectiveness of treatment and the contemplation of any adverse effects it may have on the individual. Within the scope of the current study, it has been discovered that the notions of placebo and nocebo effect are prevalent among the participants. A select group of respondents, primarily young individuals, have expressed skepticism over the enduring conviction in the mechanisms of faith healing. They have said that their visits to a faith healer are motivated by the presence of elderly relatives in their households. Among this group of participants, faith healing techniques elicit a nocebo effect. They have skepticism regarding the effectiveness of the therapy and exhibit a propensity to place greater trust in the developments of the contemporary medical system. Conversely, a few percent of respondents have held that contemporary medical therapy has a negative placebo impact, whereas traditional methods of faith healers have a positive placebo effect on individuals. However, most participants have said that they prioritize considering both traditional and contemporary medicine methods to avoid any potential health risks. Their predominant belief is that modern medications will only be efficacious once the faith healers successfully dispel evil spirits. Therefore, their experience of the nocebo effect causes individuals to trust the efficacy of healing treatments based on faith, resulting in a placebo effect. People who pursue faith-based healing methods hope their beliefs will protect them from negative stereotypes about contemporary medicine's side effects and symptoms.

Thus, the present study has discovered that the respondents strongly uphold their esteemed confidence in the abundant gifts of nature. The respondents in the study shared similar views as **Max Muller (1856)**, who, through his theory of "naturism," posited that people often see nature as a divine mother who gives life to humans and that nature has all the answers to people's health problems. Several respondents have indicated that contemporary pharmaceutical companies manufacture medications using naturally derived ingredients. Due to this rationale, practitioners of all faith-based healing techniques have fortified their places of residence with medicinal plants. They believe that by safeguarding Mother Nature, one will receive refuge and protection in return. Furthermore, the respondents in this survey also believed Tylor's idea of Animism (1920) to be applicable. Most participants have held the concept that there are both malicious and benevolent spirits who can either safeguard or cause damage to individuals in specific circumstances. Therefore, by observing ceremonial customs and traditions, individuals can pacify supernatural beings and beseech them for their well-

being. In this setting, individuals typically participate in faith-induced behaviors, such as praying, when they cannot discover a solution to their problems.

The research has also uncovered a profound sense of connection and support that the community derives from their faith-based healing practices. Auguste Comte's conception of the 'Religion of Humanity' and Emile Durkheim's functionalist perspective on religion in society are not just relevant but deeply ingrained in the lives of the current participants. Comte's concept of Positivist Religion explores how the religion of humanity might foster societal cohesion by encouraging individuals to engage in various philanthropic endeavors. This study has revealed that faith healers prioritize not just the patient's well-being but also the broader societal welfare of the patient. In contrast to medical professionals who seek symptoms to treat patients, faith healers provide care and cure to their patients, not just their anomalies. Religious activities and faith-based healing remedies serve as a means for society to foster social cohesion and integration. Engaging in these customs and traditions offers them essential societal support, fostering favorable social interactions among individuals. They experience a profound sense of inclusion and connection. Both the patients and their family members experience a sense of companionship. They derive resilience and assistance from their fellow community members. They receive essential emotional support during periods of upheaval. Through the collective resilience of the community, family members uphold various health-promoting behaviors, thereby mitigating their stress and anxiety levels. The respondents revere the sacred space of their villages—commonly called the *Garam Thaan*, where they worship the totems of elephants and horses and subaltern Hindu deities such as *Goddess Manasha* and *Sitala*. This sacred space is believed to hold positive energy together, and members of the villages offer their prayers to these totems and deities and seek the security and well-being of their family members. However, due to the growing popularity of the medicalization theory, the dominance of the commercialization of medical science has surpassed conventional healthcare approaches. The traditional healers' wisdom is considered futile and less dependable. While modern medicine has transformed the healthcare system, its efficacy has posed a significant challenge to traditional health and healing methods. A few of those changes can be noted below:

- There has been a shift in the way people seek healthcare. Conventional healthcare procedures have experienced a decline in cultural authority. The emergence of medicalization has resulted in the erosion of traditional healers' cultural influence over people.

- The increasing advancements in medicine have led to the stigmatization of traditional healing techniques, sometimes labeled as 'unscientific' by the medical fraternity. This exacerbated the marginalization of the healers and their traditional healing practices.
- Rising globalization and the adoption of Western culture have led to a change in how individuals seek healthcare. The current study revealed that the younger participants preferred contemporary medical healthcare practices over ancient healing procedures. This shift in preference can be attributed to several factors, including the perception of traditional healing as outdated or ineffective, the influence of Western education and media, and the allure of modern technology in healthcare. Another growing issue among faith healers is the lack of enthusiasm in the next generation to acquire knowledge about traditional healing practices and continue this long-standing tradition in the future. This is increasing the deterioration of the local health traditions. In stark contrast to the prevailing trend, this study has unearthed a remarkable resilience within the community. Despite a decrease in the number of traditional healers, most respondents continue to place their trust in faith-based healing methods. They fervently pray and devote themselves to Hindu deities, hoping their wishes will be answered. While they may seek medical specialists for specific ailments, their unwavering faith in traditional healing methods and associated activities remains steadfast. They believe that by doing so, they can ward off negative energies and ensure the efficacy of their treatments. This unyielding belief in the power of their ancestral practices instills in them a sense of hope and optimism for a more promising future.

The World Health Organization (WHO) has declared that the optimal doctor-patient ratio is 1000:1. As to the National Health Profile (2019), the doctor-patient ratio in West Bengal was at 1:10,411, while the national average was 1:11,082. This failed to meet the doctor-patient ratio standard set by the World Health Organization (WHO). As per the latest numbers from the National Medical Commission (2022), the doctor-patient ratio in India is 1:834, which exceeds the ideal threshold set by the World Health Organization (WHO). The numbers indicate an 80 percent availability of registered allopathic physicians, 5.65 lakh AYUSH doctors, 34.33 lakh registered nursing professionals, and 13 lakhs Allied and Healthcare Professionals in the nation. Amidst all this data, the participants in this research have been griping about the medical facility's staffing shortage. Some individuals have mentioned that they see faith healers because there is a shortage of medical specialists in their area, making it a more practical option for them. They have expressed dissatisfaction with the attitude of most healthcare professionals and nurses, who disregard them and fail to take their concerns

seriously. A few respondents have said that they cannot afford treatment from private healthcare institutions due to economic constraints. The respondents have provided several explanations for their lack of trust in government healthcare services, including:

- Lack of availability of healthcare professionals within the government hospitals.
- A cultural disparity exists between the medical practitioners and the patients. The respondents are concerned that the physicians may not comprehend the pathology they are experiencing.
- Often, language serves as a hindrance in the communication between the patient and the doctor. The patient cannot articulate their health-related issue thoroughly, and they cannot comprehend the medical jargon used by healthcare providers.
- Several respondents from Jhargram, Lalgah, and Belpahari Block have preferred obtaining medical facilities outside the Jhargram district. Their primary destination is the Medinipur Hospital in Paschim Medinipur, around 38 kilometers from the Jhargram area.
- Some of the older people who participated in this study have expressed concerns about being in a hospital environment. They have feelings of claustrophobia and separation anxiety from their family members, which prevents them from attending the medical facility.
- Numerous participants have voiced skepticism and apprehension over the potential long-term ill effects of drugs, leading them to depend on natural remedies, herbal treatments, and ayurvedic therapies offered by local religious healers.
- A significant number of responders have expressed concerns over the cost-effectiveness of drugs and the whole treatment process. Despite the implementation of healthcare efforts such as '*Swastha-Sathi*' by the West Bengal government, a significant portion of the population remains unaware of these governmental projects.

Thus, with growing medicalization, emphasis is now being put on the institutional power of biomedicine. It is a revolution in the field of health and well-being that is gradually marginalizing the cultural authority of traditional healthcare practices. The physicians are trained to customize the treatment based on the patient's specific pathology. In this way, the social issues and concerns that bother the individual from within are not considered (**Conrad & Bergey, 2015**). The reasons behind this outlook can be narrowed down into a few points:

- *Firstly*, emphasis is put mainly on the biological aspects of the patient. Diagnosing the patient and developing a possible cure has made physicians examine human problems

physiologically. This modern medical outlook vastly overshadows other social determinants, such as the patient's socioeconomic status, education, and place of residence.

- *Secondly*, physicians have limited time for patient consultation. With the massive influx of patients each day, physicians are limited to the biomedical assessment of the patient, giving less attention to the social context.
- *Thirdly*, there has been an increasing specialization within the medical fraternity, leading to a fragmented approach to healthcare and its practices. Medical specialists are concerned with diagnosing the specific part of the body, thereby neglecting the holistic understanding of the patient's health within their social environment.
- *Fourthly*, with the disease-centered approach, there has been an increasing focus on utilizing medical technology and technical diagnostic assessment tools to identify and treat the patient's condition. These technologies might help in the physiological diagnosis of the human problem, but the psychological factors that influence the patient's health are largely kept under the carpet.
- *Fifthly*, following this, physicians have limited training in social sciences, and this training gap makes most healthcare professionals less knowledgeable about addressing complex social issues affecting patients' health.
- *Sixthly*, several disorders within the human body do not require pharmaceutical intervention. If the physician can look into the social causes afflicting the patient's mind, non-pharmacological solutions can help heal the patient. It is not always the 'magic pills' that can solve an anomaly. For this reason, the biopsychosocial model discusses the interrelationship among the biological, psychological, and social factors that can affect health and diseases.
- *Finally*, due to the commercialization of the health structure in the modern century, there has been a growing trend among physicians to prioritize medical procedures and treatments that can generate more revenue for medical institutions. For this reason, physicians sometimes fail to consider the patient's social context, focusing only on the physical anomaly.

Therefore, rather than considering patients as passive recipients of medical treatments, there is an increasing need to move beyond modern healthcare facilities' purely physiological approach and actively engage in a holistic understanding of the patients. Physicians are a set of actors in the struggle to control their patients' bodies, health, and illness. The pharmaceutical

companies are "selling sickness" in the society. They are often referred to as disease-mongering companies that try to convince consumers that any mild ailment needs urgent drug treatment.

Amidst this evolution of the medical community, certain groups of people are working in silence. Faith is all the spiritual healers have to offer. This faith gives their clients the hope and optimism to look for a better life. Spiritual and faith-based healing is an ancient tradition passed down from generation to generation. With the advancements in society (especially in the field of health and medicine), no one has questioned the belief structure of faith of individuals. With the rising socio-medical research on the link between religion and faith on an individual's health, there is a rise in questioning the unquestioned. This research has been a humble effort on the researcher's part to understand the respondents' socio-cultural viewpoints in relation to whether faith-based healing practices are still prevalent among the Hindu residents of the Jhargram district of Paschim Medinipur. The research has endeavored to uncover whether various social forces, such as globalization, medicalization, and health and well-being commercialization, influence the rise or fall of traditional faith-based healing practices. With the notes collected from the respondents, it can be concluded that though modern developments in the field of health and medicine are percolating down to the grassroots level of society, people's faith in the efficacy of traditional healing practices remains intact. They accept that medical advancements are necessary, but to have a holistic understanding of the human body, understanding people's faith is aptly essential. Recognizing and understanding people's faith and research on the efficacy of age-old healing practices can contribute to a more patient-centered, holistic, and culturally sensitive approach to health and well-being, offering a hopeful future for healthcare.

Suggestions:

The suggestions can be categorized into three distinct groups:

1. At the State level
2. In the healthcare system
3. At the Individual level

The State Level

- The State should prioritize and integrate interdisciplinary collaboration into the medical curriculum to ensure that physicians have a comprehensive understanding of the socio-cultural viewpoints of individuals rather than just focusing on the medical aspects of

the human body. This understanding is crucial in fostering empathy and providing patient-centered care, which is the cornerstone of a holistic approach to healthcare.

- The government could launch initiatives and promote awareness at the local level to encourage the adoption of a healthy lifestyle. These initiatives could include health education programs, community health fairs, and the establishment of local health centers. The prevailing lifestyle choices and the majority of individuals' socio-economic circumstances are contributing to the rise in health disorders, including hypertension, cardiovascular illnesses, anxiety and panic attacks, and stress-related ailments, among others.
- The State should launch door-to-door health initiatives. These could involve healthcare professionals visiting households to provide health check-ups, distributing health and wellness information, and addressing any health concerns or questions. This will help the State comprehend the factors influencing specific individuals' lack of faith in the doctors accessible in their neighborhood.
- The government should establish public policies to ensure that those facing financial limitations can access comprehensive health coverage during emergencies. This will enhance the number of patients seeking medical care.
- The State can implement a public policy in which a small number of volunteers are chosen from each village in West Bengal to serve as intermediaries between the residents and the doctors. This approach can effectively overcome the language barrier between physicians and patients.
- More social research should be conducted on religion, health, and wellness so that researchers can better comprehend the people's viewpoints at the grassroots level.
- Additional medical personnel, including physicians and nurses, should be recruited in the rural areas of the Jhargram district. Most respondents favor faith healers as their primary healthcare providers because of their widespread availability, easy accessibility, and cost-effectiveness. If similar progress is made in the biomedical sector at the grassroots level, it can lead to the development of improved healthcare facilities.

The Medical Institutions

- Illness should be addressed primarily from a behavioral perspective. This means that physicians should consider the patient's behaviors, lifestyle choices, and social context when diagnosing and treating illnesses. Physicians demonstrating this level of

comprehension towards their patients will facilitate their willingness to confide in them. This will aid physicians in determining the actual cause of the patient's ailment.

- There is a growing need to widen the medical perspective. Medical institutions should shift their attention from pushing just for biological treatments as the only answer to health issues and instead promote a holistic view of health and well-being. This means considering not just the physical health of the patient but also their mental, emotional, and spiritual well-being. This approach will enable the exploration of new possibilities in the healthcare field. Medical professionals should not dismiss or underestimate their patients' religious and spiritual beliefs. Physicians should comprehend the efficacy of religion and faith in assisting individuals in coping with certain medical conditions. For example, most respondents reported that their reliance on religious rituals and spiritual structure enabled them to cope effectively with the challenges of the COVID-19 outbreak.
- The empirical and scientific medical community should reconsider the societal role of faith healers. The healers possess expertise in the traditional herbal remedies specific to the region and a comprehensive understanding of the family's medical background. They can serve as a helpful ally to physicians in promoting a comprehensive knowledge of health and wellness. The four Codes of Medical Ethics, namely Beneficence (the act of doing good), Non-Maleficence (the principle of avoiding damage), Autonomy (granting patients the right to make independent choices), and Justice (ensuring justice), can be upheld in this manner.
- The medical institution must also prioritize the implementation of a qualitative approach to healthcare. Efforts should be made to devise strategies for fostering a robust doctor-patient rapport. The patients should feel inclined to express their perspectives to their doctors. Particular emphasis should be placed on the gynecological department, where patients should feel comfortable expressing their worries and concerns without hesitation.
- Faith-based healing techniques serve as a catharsis for the patients. Although doctors should not try to dissuade patients from having religion, they should make them aware if they are engaging in superstitious behaviors in the name of their faith. Some spiritual healing methods can induce a placebo effect and protect against the nocebo effect in a person. Hence, the practitioner-patient interaction must possess sufficient adaptability to foster mutual respect.

- Medical professionals should acknowledge that patients' cultural and religious backgrounds are crucial in shaping their attitudes about health and sickness. The respondent's religious beliefs shape their view of health, sickness, and disease. The physicians must possess the ability to understand that having faith is not rooted in superstition. Instead, healthcare providers should attentively listen to their patients to offer holistic well-being.
- The medical community should not stigmatize the faith of individuals. Belief is a crucial element in the process of recuperation. The beneficial functions of health, healing, and medicine must be considered. Most research has indicated that faith is a widely recognized factor in obtaining healing. Therefore, physicians should consider religion's influence in promoting health and overall well-being.

The Individual Level

- Dependence on faith and healing practices can assist individuals in breaking free from the detrimental cycle of negativity. It can aid in regulating their anxiety and stress levels.
- If an individual possesses unwavering confidence in their faith healers and traditional approaches to health and wellness, they should also consider the viewpoint of medical professionals. While faith healers may not always provide the optimal answer for health-related issues, it is crucial for individuals to recognize the significance of breakthroughs in the medical profession and to consider consulting specialists for comprehensive therapy.
- Women should prioritize and attach significance to their physical well-being as well. Having been socialized to be the family's provider, they prioritize their family's needs over their own health and wellness. They refrain from burdening their family members with their health difficulties and worries. Girls and women should be educated to have a conscious understanding of the need for self-care. They should be vocal about their health issues, too.
- The predominant factor motivating most respondents to seek assistance from faith healers is psychological distress. A specific set of people and their families have a reluctance to see medical professionals and discuss their mental well-being. Instead, they opt to communicate and seek treatment from a spiritual healer, who is conveniently accessible. It is important to create a culture where people feel safe discussing mental health without fear of judgment. Silence only perpetuates the stigma surrounding mental health.

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Interview Schedule

Socio-Demographic Profile of the Respondents

<u>Sr No</u>	<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Caste</u>	<u>Marital Status</u>	<u>Educational Qualification</u>	<u>Occupation</u>	<u>Family Income (per month)</u>

1. Food/Nutrition Profile

1.1. Do you fast during religious occasions?

-Yes

-No

1.2. If yes, why?

-Traditional rules

-For family welfare

-For healing of the family members

-To maintain a healthy body

1.3. If no, then why?

--Do not believe in ritual fasting

--Others _____

1.4. Who performs religious fasting the most in your home?

--Males

--Females

--Both

1.5. In order to keep a healthy body, which food items do you prefer?

1.6. Do you eat normal food when you are sick?

-Yes

-No

1.7. If no, list the disease and the associated diet when you fall sick.

1.8. Do you give special importance to the blessed food (*prasad*) while consuming?

-Yes

-No

1.9. Do you believe that having blessed food (*prasad*) can heal an individual?

-Yes

-No

-Maybe

1.10. If yes, why?

1.11. Do you offer daily food to God?

-Yes

-No

1.12. Do you follow the Hindu dietary codes?

--Yes

--No

1.13. If yes, then why?

2. Health and Disease Profile of the Respondents

2.1. How was your health in the last 12 months?

- Very Good
- Fairly Good
- Not very good
- Not good at all

2.2. Do you have any long-term illness that limits your daily activities?

- Yes
- No

2.3. How would you rate your quality of life in relation to your psychological or emotional well-being?

- Very Good
- Good
- Neutral
- Bad
- Very bad

2.4. How would you rate your level of physical fitness in comparison to others of your age?

- Very Good
- Good
- Neutral
- Bad
- Very bad

2.5. Are you satisfied with your physical health?

- Yes
- No

2.6. If no, state the reason.

2.7. Did you have a major surgery in the past?

--Yes

--No

2.8. List the diseases that you have suffered from or currently suffering:

2.9. Do you have a long-term condition requiring prescription drugs?

--Yes

--No

2.10. Do you have a close family member with a serious medical condition?

--Yes

--No

2.11. What do you do to keep yourself fit and healthy?

--Maintain a healthy diet chart

--Try to reduce stress levels

--Try to reduce or give up alcohol

--Pray daily

--Perform faith-based rituals for God's blessings

--Perform Yoga

--Practice meditation

--Read Holy Scriptures

--Believe in and practice Ayurveda

--Others _____

2.12. Have any of these following behaviours ever been a part of your lifestyle?

- Smoking
- Drinking Alcohol
- Taking illegal drugs
- Inactive lifestyle
- Eating too little
- Eating excessively
- Others

2.13. Over the last year, which of the following brought you under stress?

- Excessive workload
- Covid-19 Pandemic scare
- Unemployment
- Economic problems
- Relationship issues
- Health related problems
- Bereavement
- Others

2.14. What is the best way by which you reduce your stress?

- Taking a holiday
- Reducing working hours
- Taking sick leave
- Giving time to your hobbies
- Meditation
- Yoga
- Prayer
- Going to the temples
- Practicing healing rituals
- Exercising regularly

2.15. Do you think Hinduism helps its followers to lead a healthy lifestyle?

--Yes

--No

--Maybe

2.16. Do you get anxious about your health?

--Yes

--No

--Sometimes

2.17. Do you have faith in the belief that God can heal your diseases?

--Yes

--No

--Don't know

2.18. When you fall sick--

--Would trust your faith on God

--Would go to see a doctor

--Follow both the above choices

2.19. What do you believe causes a sudden illness in your family?

--Someone's evil eye

--God's wrath upon them

--His/her own negative Karma

--Physical ailment

2.20. Do you believe in ritually warding off an evil eye?

--Yes

--No

2.21. If yes, what do you do to ritually ward off an evil eye?

2.22. Which of the following remedies do you think work for you or your family members?

--Belief in ritual healing

--Herbal medicines

--Yoga

--Meditation

--Others _____

3. Religious Profile of the Respondents

3.1. Does religion provide mental solace?

--Yes

--No

--Sometimes

3.2. Does Hinduism promote a healthy lifestyle?

--Yes

--No

--Don't know

3.3. Do you think frequency of religious attendance can avoid negative behaviors?

--Yes

--No

--Maybe

3.4. Do you think Hinduism promotes positive behavior?

--Yes

--No

--Maybe

3.5. Does faith in Hinduism bring—

- Happiness
- Optimism
- Presence of love and care
- Guidance
- Reduction of psychological distress

3.6. Do you regularly visit religious institutions?

--Yes

--No

--Sometimes

3.7. Who visits the religious institutions more in your family?

--Males

--Females

--Both

3.8. What is the primary reason behind your visiting the religious institution?

3.9. Do you read religious texts daily?

--Yes

--No

--Sometimes (when in distress)

3.10. Which member in your family reads religious materials the most?

--Males

--Females

--Both

3.11. Do you pray daily?

--Yes

--No

--Sometimes (when in distress)

3.12. Check which ever applies to you—

- Religion provides personal closeness to God.
- Religion gives a sense of meaning and purpose in life.
- Religion gives you a sense of hope in the future
- Religion helps you feel good about yourself
- Religion gives you more sense of control about your life
- Religion helps improving you as a person
- Religion helps in solving your problems
- Religion gives you a sense of peace and comfort
- Religion helps in expressing your feelings
- Religion helps you bring closer to people
- Religion helps to keep your emotions under control.

3.13. Do divine beliefs moderate the association between stressors and mental health outcome?

--Yes

--No

--Don't Know

3.14. Are you familiar with the following terms?

- Moksha
- Dharma
- Samkhya
- Vedanta
- Atman
- Karma

3.15. Do you believe in *Karma*?

--Yes

--No

3.16. How often do you chant the Holy mantras?

--Daily

--Sometimes

--Never

3.17. Do you believe in the pursuit of *Tantra*?

--Yes

--No

3.18. Do you think God miraculously heals the sick?

--Yes

--No

--Maybe

3.19. Do you think strong faith and confidence in God can help heal the sick?

--Yes

--No

--Maybe

3.20. Do you think those who have faith in God relieves them from their suffering?

--Yes

--No

--Maybe

- 3.21. Have you had disappointments in respect of prayer for healing?
--Yes
--No
--Sometimes
- 3.22. If yes, can you elaborate the incident?
- 3.23. Do you believe in the Hindu myths on physical or mental healing?
--Yes
--No
--Sometimes
- 3.24. Do you read any Hindu scriptures for mental health and physical healing?
--Yes
--No
--Sometimes
- 3.25. If yes, which scriptures do you prefer to read?
- 3.26. Do you worship daily at home?
--Yes
--No
- 3.27. Do you perform any significant religious activities at home?
--Yes
--No
--Sometimes

- 3.28. If yes, why do you perform religious activities at home?
- Tradition of the household
 - Welfare of family members
 - Healing of members who are sick
 - For God's blessings in afterlife
- 3.29. Do you save enough money from your monthly income to perform religious activities?
- Yes
 - No
 - Sometimes
- 3.30. Did you ever read Hindu folklores on healing?
- Yes
 - No
- 3.31. If yes, did you ever have any benefits from reading them?
- 3.32. Do you believe negative Karma can bring about health related problems?
- Yes
 - No
 - Don't know
- 3.33. Which gathering do you prefer the most?
- Peer gathering
 - Religious gathering
- 3.34. Justify your answer.

4. Faith-Healing Processes used by the Respondents

4.1. Indigenous Processes

4.1.1. Do you visit the faith healers?

--Yes

--No

--Sometimes

4.1.2. Do the faith healers charge fees?

--Yes

--No

4.1.3. Why do you visit the faith healers?

--For curing long term ailments

--For continuous family troubles

--For curing problems due to pregnancy or child birth

--Protection of newborn babies

--Others, specify _____

4.1.4. What healing processes do faith healers use?

--Charms and amulets

--Prayers

--Use of incense sticks

--Others _____

4.1.5. Describe the healing practices that you have currently used (or used in the past)?

4.1.6. Do you think *Tantra* practices can heal the sick?

--Yes

--No

--Maybe

4.1.7. Do you consider faith healing practices a popular alternative to medical practices?

--Yes

--No

--Sometimes

4.1.8. Do you think yoga expands an individual's level of consciousness?

--Yes

--No

--Maybe

4.1.9. Do you consider Ayurveda as the Mother of all Healing?

--Yes

--No

4.1.10. Do you believe that medicinal herbs are better than biomedicine?

--Yes

--No

4.1.11. If anyone in the family falls ill, do you chant the holy mantras of Hinduism?

--Yes

--No

--Sometimes

4.1.12. If yes, why do you chant the holy mantras?

--To give you strength to deal with the situation?

--To bring about your own mental peace

--To heal the member from his/her illness

--Other reasons (specify)_____

4.1.13. Whom do you trust the most?

-A medical practitioner

-A faith healer

-Both

4.1.14. Justify your answer.

4.1.15. Have you ever benefitted from faith healers?

--Yes

--No

4.1.16. If yes, kindly narrate the incident.

4.2. Modern Techniques

4.2.1. Do you prefer using modern medicine?

--Yes

--No

4.2.2. Give reason for your answer.

- 4.2.3. Do you visit a doctor due to social pressure?
--Yes
--No
- 4.2.4. Who would you prefer to go for healing when you are sick?
--A Doctor
--A Faith Healer
--Both
- 4.2.5. Give reasons for your answer.
- 4.2.6. Have you vaccinated your kids regularly since their birth?
--Yes
--No
- 4.2.7. If no, then why?
- 4.2.8. Are you happy with the current healthcare system?
--Yes
--No
- 4.2.9. If no, then what do you think is the apt alternative?
- 4.2.10. Do you believe in Ayurveda?
--Yes
--No
- 4.2.11. If yes, from whom would you like to purchase the ayurvedic herbs?
--An Ayurvedic practitioner
--From Local Ayurvedic Shop

4.2.12. Are you visiting the doctor more now than in the past?

--Yes

--No

4.2.13. If yes, then why?

4.2.14. Did your previous generation have more faith on faith-healers?

--Yes

--No