

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

**SYNOPSIS OF THE
THESIS SUBMITTED FOR THE DEGREE OF
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Synopsis

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Introduction:

The emergence of biomedicine has been a recent occurrence. The Indian subcontinent encountered the advent of Western biomedicine with the British settlement in the early 18th century. Studies 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 emergencies. However, the indigenous medical system swept into near oblivion after Western medicine's growing popularity among the masses. Antibiotics replaced the traditional healing remedies as the proper course of treatment. Over time, the significance of religion in patients' healing process started to diminish.

Amidst these recent medical developments, faith in technology did not supersede one's faith in divine intervention. Most traditional healing techniques, rooted in rituals, aim to activate the self-healing properties of the human mind. Biomedical practices, on the other hand, often overlook the mind's role as a positive factor in patient well-being. Religion, beyond its social engagement aspect, serves as a powerful means for individuals to express their feelings, thereby contributing to healing. From a theological perspective, religion may even act as a protective shield against illness and enhance one's health, aiding recovery.

India is a developing country. It faces various challenges, including those related to health and illness. 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. For centuries, the Indians have thrived on folk wisdom and have trusted traditional healing practices. Even today, the success stories of the traditional healing systems are still an enigma in the world of modern biomedical practitioners. Most research has demonstrated that socioeconomic considerations influence an individual's choice of healthcare service. A patient's healthcare-seeking behavior is influenced by the cultural norms and values they are exposed to

during their socialization process. The decisions made by patients typically mirror the community's ideas and conventions around healthcare procedures. Hence, whether an individual selects Western biomedical procedures or faith-based therapeutic practices depends on the patient's cultural background.

Therefore, the present research examined the Hindu population in the Jhargram district of Paschim Medinipur to find out how they understand their faith and the healing practices connected to it to achieve overall health and wellness. 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 of the Study:

Biomedicine has seen a meteoric rise in popularity since the turn of the millennium. The worldwide popularity of Western biomedical techniques has grown due to the expanse 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 mentioned above in a fresh and innovative way, an explanatory strategy that includes exploratory elements is chosen as the optimal choice.

- 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 explore how the respondents' faith and spiritual practices influence their health and social well-being.

Relevance of the Study:

Considering the research objectives, the current study has significant implications for the present and future generations. As a result of the recommendations made at the study's conclusion, the existing chasm between traditional religious healing techniques and contemporary biomedical practices will be bridged. With this inclusive encouragement, a new comprehensive social environment can emerge in the future.

Review of Literature:

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 within the Hindu culture. The study's objective would be to investigate individuals' diverse beliefs and behaviors around health and healing. The study aims to investigate the potential effect of social class and gender on traditional healing techniques within Hinduism. It also aims to examine various perspectives of scholars who have attempted to analyze this aspect.

The literature analysis is divided into four broad categories:

A) Understanding the Dynamics of Health and Religion

The cultural background one is raised in influences one's health choices and treatment. Hence, the aetiology of disease and poor health in humans is biological and 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 own cultural or religious contexts. Hans Baer (2001) saw an increase in the

prevalence of "*New Age Religion*," where alternative medicines and healing systems coexist with conventional medicine.

From the anthropological perspective, in his influential essay "*Religion as a Cultural System*," anthropologist **Clifford Geertz (1966)** posits that religions should be examined as cultural systems. He defines religion as a system of symbols that not only creates strong, widespread, and enduring emotions and motivations in individuals, but also shapes their perceptions of health. By developing ideas about the overall structure of existence and presenting these ideas as unquestionable truths, religion makes the emotions and motivations appear exceptionally genuine, deeply ingrained in the individual's worldview.

According to Peter Berger, religion can be a "protective canopy" for health (**Heelas et al., 2013**). Participants gain emotional support and social cohesiveness, and it reduces social isolation. Berger believes religious participation boosts self-esteem, a positive view of life's problems, and the development of patience. Increased social involvement boosts social status. He added that religious philosophy helps people follow the rules and live healthily. It reduces substance abuse, promotes regular exercise, and promotes the concept that a healthy body equals a healthy mind. Religious participation helps patients follow social standards and follow their doctor's orders. Religion can help manage anger, depression, and anxiety. It encourages appreciation and life satisfaction; healthy practices help sustain mental wellness.

B) Medicine and Healing Practices: Navigating Traditions and Transformations

Over the course of medical history, there has been a significant shift in the role of physicians. Initially, they focused on providing care, but as medicine evolved, the emphasis shifted to seeking a cure. This transformation was recognized by **Cassel (1976)** and **Hauerwas (1990)**, who observed that physicians went from being 'healers of the sick' to 'curers of diseases'. This historical context is essential to understanding the changing dynamics in healthcare and the evolving understanding of health and disease.

The Health Belief Model was created by **Rosenstock, Hochbaum, Kegeles, and Leventhal (1960, 1958, 1974, 2012)**. This model examined patient responses to suspected symptoms and their behavior during medical diagnosis. The goal is to evaluate if people will actively manage their health condition. The concept describes six stages a patient goes through during their illness. The central notion is 'perceived susceptibility,' which is the patient's judgment of medical risk. As well, 'perceived severity' refers to the patient's assessment of their disease. Third, 'perceived advantages' refers to patients' assessment of disease-reduction and

diagnostic procedure benefits. In addition, 'perceived barrier' refers to the patient's cost-benefit analysis before the diagnostic procedure. 'Cues to action' refers to the patient's preparedness and perceived techniques to seek medical diagnosis actively. Finally, 'self-efficacy'—the patient's confidence in their ability to act—reduces worry. Thus, the patient's belief system influences health-related diagnoses. The patient's social environment also shapes their belief system, influencing their health decisions. This suggests that religion and spirituality drive many health decisions.

Miller and Thoresen (2003) found a bivariate religion-health relationship. Religion/spirituality affects health. In this context, researchers must discover and assess confounding factors. A confounder distorts the genuine connection between the variables causing disease. In health research, a confounder is an external element that may affect study results. The health effects of religion and spirituality depend on confounding elements such as socioeconomic status, culture, and individual traits. Therefore, it is essential to recognize that the influence varies by community and culture and that the same religion can have beneficial and harmful effects. The relationship between religion, spirituality, and health must account for these minor differences.

C) **Symbiosis of Wellbeing: Intersections of Religion, Health, and Medicine**

Religion, as a powerful societal force, offers psychological stability to its followers. However, spirituality is a more personal, individual experience. In this context, **Miller and Thoresen (2003)** drew a clear distinction between two types of beliefs and experiences. They defined 'unspiritual religiousness' as the practice of following religious rituals for social benefits and 'unreligious spirituality' as the feeling of transcendence without any religious affiliation.

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. It might be argued that an individual's faith is 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.

D) Perspectives on the Holistic Nexus of Health and Healing in Hinduism

Hasan's (1967) research underscores the direct impact of traditional beliefs and behaviors on the health and sickness of a community. This correlation is particularly pronounced in Indian culture, where limited accessibility to Western biomedicine necessitates a reliance on faith-based beliefs and traditional practices, thereby shaping the healthcare landscape.

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.

Theoretical Underpinnings

The incorporation of various sociological theories in this research is not just a mere academic exercise, but a crucial step towards a deeper understanding of the topic. The theoretical overview, meticulously divided into four sub-categories, serves as a guiding light in our quest for knowledge. These sub-categories are:

- a) Early theories on religion or evolutionary theories discuss the different socio-anthropological overviews of the origin of religion and its social significance. Under this, concepts provided by theorists such as Max Muller (**Van den Bosch, 2018**) on naturism and **E.B. Tylor (1871)** on animism have been discussed.
- b) Functionalist Theories of Religion, starting from Auguste Comte's (**Pickering, 2009**) idea of religion to Emile Durkheim's (**1968**) functional view on religion, have been discussed in detail. Following them, concepts of Marcel Mauss (**Fournier & Todd, 2015**), Bronislaw Malinowski (**1948**), and W.E.B Du Bois (**Zuckerman, 2002**) have also been discussed, keeping in mind the objective to determine if the faith healing

methods observed by the Hindus in the Jhargram district of Paschim Medinipur are consistent with their sociological perspectives of religion.

- c) Structural-functional theory, where theories of Talcott Parsons (**1951**) and A. R Radcliffe Brown (**1922**) have been discussed in detail to comprehend and examine the roles and functions of faith healing practices in upholding social order and fostering unity and wellbeing within a society.
- d) Symbolic Interactionist Theory, where George Herbert Mead (**Deegan, 1978**) and Erving Goffman (**1959**) are analyzed to investigate how individuals actively shape and present their identities, beliefs, and experiences via the theatrical performances of religious rituals and healing practices.
- e) Medicalization Theory tries to explain how medicalization is a growing phenomenon in which our daily lives have been subject to the control and influence of medicine and medical supervision. Studies by Ivan Illich (**1976**), Navarro (**1976**), Waitzkin (**1979, 1984**), and others have been incorporated to understand how traditional healing techniques emphasize natural healing methods. However, 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.
- f) Labeling theory by Howard Becker and the theory of post-structuralism have also been incorporated to understand and determine the applicability of Becker's (**1963**) labeling theory, and the integration of Foucauldian analysis in this research will enhance our comprehension of the complex connections between power, religion, and health governance.

Furthermore, the research incorporates the ideas of Indian sociological scholars, such as Sarat Chandra Roy (**1928**). This inclusion broadens the scope of the study, providing a global perspective and highlighting the diversity of sources used. Thus, the inclusion of sociological theories will aid in constructing the conceptual framework for the current research. It will assist in formulating the research design. Theories provide the identification of interactions at both the macro and micro levels within the observable area, enabling the drawing of comparisons between them. It will facilitate a comprehensive comprehension of the research domain and aid in comprehending the intricacies of society, culture, and the associated social establishments. The inclusion of a theoretical overview in this research will improve the interpretation of the data, ultimately leading to the growth and refining of sociological knowledge.

Selection of the Area and Research Gap

The research was carried out in the Jhargram district of Paschim Medinipur, where four Blocks were selected for the survey. The four Blocks are-- Lalgah (Binpur 1), Belpahari (Binpur II), Jhargram and Nayagram. This research setting was selected due to its rural setting, which allowed for tracing the origins of the healing practices used by the participants. Faith healing practices are more prevalent in the rural areas. 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. The selection of these four Blocks from the Jhargram district was based on their proximity to the nearest healthcare center. No research on this above-mentioned research topic has been carried out in this research setting, thereby increasing the importance of this study. A plethora of studies are present on the importance of herbal medicine or the scientific uses of medicinal plants creating a positive impact on people's health, and studies have also been conducted on looking at health and healing from a behavioral perspective. However, studies have yet to be conducted to investigate faith and the associated healing practices from a sociological perspective in the aforementioned research setting.

Research Methodology

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. The survey research method has been used to gather the relevant data, which will help describe the subject matter taken under consideration and help identify the social factors influencing the traditional healing practices among the respondents. In order 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 sample size for the present research is 120, where 30 respondents were selected from each of the four Blocks of the Jhargram district of Paschim Medinipur. Using the non-probability sampling technique, the researcher used purposive and snowball sampling to select the respondents from each of the four Blocks. The interview schedule was used as the data collection tool where both open and close-ended questions were

prepared. The data was analyzed using percentage analysis and case studies of 14 relevant cases. These cases were selected based on their significance and representativeness of the traditional healing practices in the study area.

Main Findings

Traditionally, "*svastha*" has been regarded as the ideal state of being in which all aspects of one's existence—physical, mental, spiritual, and sensory—are in harmony. Any imbalance within this order of existence can lead to a certain disequilibrium within the body, causing an ailment.

A few of the prime findings of the study are as follows:

- The study points out that 57.50% of the respondents were females, and the rest, 42.50%, were males in the study. Compared to the number of males interviewed, there were more interviews with females. This is because, in some homes, the men were unavailable as they were at work.
- 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 Lalgah and Nayagram Blocks mostly ranges from Rs. 1000 to Rs. 10000. Nearly 93% of the respondents belonged to the income group of Rs.1000-20000 respectively.
- The study found that women are more religious than men, and the underlying social factor behind this is—their pattern of socialization, where the females are branded as "*Lokkhi*" of the household if they are obedient to the traditional rules of the family. Males, too, are religious and save a part of their income for religious activities. However, they are not stigmatized as "*olokkhi*" if they do not adhere to the traditional norms of the household.
- The study found that an increase in education does not mean lessening one's belief in the religious practices of the faith healer because they do not visit the faith healer only during a medical emergency. There are many social problems for which the faith healer is the only solution giver. Few visit doctors and faith healers because faith healers can accelerate the healing process through sacred rituals.
- The study revealed that the income level is related to the respondents' visit to a faith healer. They fear the cost of the treatment procedure might be. One of them stated that

they have a living example of people from their neighbors who are in massive debt for not being able to repay the loan taken for his son's treatment.

- The study discovered that belief in faith healers/doctors varies by area. Jhargram is a cultural melting pot where villagers face urban ideologies. Additionally, transit and healthcare access are simpler than in the other three Blocks studied. Thus, if geographical location is the independent variable and belief in faith healers and their benefits is the dependent variable, then the confounding variable is the type of social interaction respondents have in their social setting that determines their belief system on the traditional faith-based healing process.
- Resource Activation Theory—using the skills and motivation of the patients for therapeutic purposes. It can be spiritual, personal (trust, optimism), or interpersonal resources (strong bond with others). The healer works as a conduit that activates positive emotion. Thus, while doctors go in for **Dis-Ease**, faith healers go in for **Health-Ease**.
- Coming to Gender, Linda Woodhead (2007) said women are double deprived. It was found in this study that pregnant women feel most vulnerable when they go in for traditional faith healing practices. Females perform all the religious rituals and ceremonies at home. They act as the keeper of the household.
- Peter. M. Blau's (1964) Social Exchange Theory is related to this criterion, where women feel an intrinsic reward for visiting the temples. At the same time, the males receive both intrinsic and extrinsic rewards at their workplace and by being the family's breadwinners. On the contrary, women feel powerful with their power to pray.
- People from all income groups claimed that religion gives them mental solace. The study's majority lack economic affluence, for which they celebrate and perform religious ceremonies in a small-scale structure. Most of them claimed that though they might not be able to celebrate religious occasions in a large and pompous way, these small-scale religious gatherings are their source of recreation. Therefore, they have a strong sense of we-feeling. The collective conscience is strengthened by coming together in these ceremonies, which is related to Durkheim's theory of social integration.
- Another essential concept mentioned by the respondents was that they believe in the theory of Karma. For which they try not to harm others consciously. They try to protect Mother Nature. Do not deforest trees because, to them, nature is the only way of

survival. It can either make or break us. So, COVID-19 was God's wrath upon the people for harming nature. Though the virus did not infect them, they had to bear the brunt passively—such as going through economic hardship, Loss of jobs, and stress due to the economy.

- McKim Marriott's (1969) Universalization and Parochialization and Robert Redfield's (1969) Little and Great Tradition can be merged in the analysis of this research finding. With globalization, the percolation of great traditions has happened in the rural structure (from Western biomedicine)—Parochialization. On the other hand, little traditions have been universalized because a few Faith Healers opined they have clients across Indian states.
- With growing consumerism and medicalization, the world has seen biomedical treatment procedures advance. This effect has also affected the traditional faith healing practices in the areas under review in this study. The reasons mentioned by them for this decline were—
 - ❖ Declining interest in the young generation to learn traditional healing practices
 - ❖ Medical policies and Health schemes of the Government
 - ❖ Medicine shops at subsidized rates
 - ❖ Lack of infrastructure for the faith healers due to growing urbanization and rururbanisation
 - ❖ Migration of the young generation to urban areas in search of better livelihood
 - ❖ However, amidst all these recent developments, the faith of the respondents in the capacity of these religious rituals and the efficacy of the divine healing practices stays intact.
- Different theories explain how an individual's faith is related to his/her well-being. For example:
 - ❖ *Passive Catharsis*—Psychoanalytic theory by Joseph Breuer (2009), where suppressed unpleasant emotions are brought to acknowledge.
 - ❖ *Cognitive Reframing*—to change a negative perspective to a more positive one. It helps to refrain from the negative thoughts that the mind dwells on.
 - ❖ *Placebo and Nocebo effect*
 - ❖ *Theory of Sense of Coherence*—Aaron Antonovsky (1987) said there is a connection between Body, Mind, and Health. Three facets of this theory are: COMPREHENSIBILITY (the ability to comprehend the situation—they cannot

comprehend the medical environment); MANAGEABILITY (the Faith Healer tries to manage the situation, and if they cannot they refer them to a doctor); MEANINGFULNESS (to make life's choices meaningful, to not to regret later, so the respondents visit a Faith Healer too for fear of not warding off the negative spirits to make the medicine work)

- Therefore, there are five layers of Faith:
 - ❖ **Personal**—it is a subjective feeling. So, biomedical advancement does not alter their subjective faith.
 - ❖ **Interpersonal**—the social setting an individual is involved with influences his/her preferences.
 - ❖ **Institutional**—religion is institutional. It develops community camaraderie.
 - ❖ **Collective**—faith is influenced by community sentiment and celebration.
 - ❖ **Situational**—social situations condition one's belief, hope, and faith.
- Faith is therefore influenced by FAMILY, EDUCATION, RELIGION, ECONOMY, HEALTH
- Amidst the development of biomedical advancement, the reasons behind the respondents opting for traditional healing practices from the faith healers are as follows:
 - ❖ *Trust relationship and charismatic authority of the faith healers.*
 - ❖ *Fear of being left out in a hospital setting*
 - ❖ *Stigma*
 - ❖ *Available, affordable, accessible*
 - ❖ *Language Barrier*
 - ❖ *Fear of Side-effects*
 - ❖ *Lack of Female Doctors*
 - ❖ *Fear of disease affecting everyday life*
 - ❖ *Tomophobia (fear of surgical procedures) and Nosocomephobia (fear of incidents from the past)*

❖ *Fear of medical gaze*

❖ *Lack of trust in Govt Health Centers--Lack of availability of doctors, Cultural Disparity, Lack of Transport Facilities, Cost-Effectiveness, Concept of Selling Sickness*

- In a report published by The Statesman on 24th March 2024, it was stated that in the Awareness Summit on Illness to Wellness” under the Associated Chambers of Commerce and Industry of India (ASSOCHAM), Chairperson of the Parliamentary standing committee on Health and Family Welfare said that India has achieved the doctor-patient ratio of 1:900, against the WHO prescribed ratio of 1:1000. BUT in the findings of this data, the respondents’ opinion reflected a different view.
- Therefore, faith cultivates self-healing. Today, we need the combination of Pill Power and Skill Power. The faith healers prioritize not just physical but social well-being; the respondents feel included and connected with the faith healer and feel a sense of belongingness.

Suggestions:

STATE LEVEL:

- The State should prioritize and integrate interdisciplinary collaboration into the medical curriculum to ensure that physicians have a comprehensive understanding of the sociocultural viewpoints of individuals rather than just focusing on the medical aspects of the human body.
- The government could launch initiatives and promote awareness at the local level to encourage the adoption of a healthy lifestyle, which can help deter the rise in health disorders, including hypertension, cardiovascular illnesses, anxiety, panic attacks, and stress-related ailments, among others.
- The State should launch door-to-door health initiatives to learn why people avoid biomedical treatments.
- The government should establish public policies to ensure that those facing financial limitations can access comprehensive health coverage during emergencies.
- 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.

MEDICAL LEVEL

- Illness should be addressed primarily from a behavioral perspective rather than a medical one. Physicians who demonstrate this level of comprehension towards their patients will facilitate the patients' willingness to confide in them.
- 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.
- 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.
- The empirical and scientific medical community should reconsider the societal role of faith healers. 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.
- 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 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.

INDIVIDUAL LEVEL

- Dependence on faith and healing practices can assist individuals in breaking free from the detrimental cycle of negativity. However, 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.
- 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.
- It is essential to promote a culture where individuals feel comfortable discussing mental health concerns without apprehension of societal scrutiny. They must recognize that their silence and reluctance to discuss mental health concerns contribute to perpetuating the stigma surrounding mental health.

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