



Indigenous Healers and Healing Practices in Jammu and Kashmir in 19th Century

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ABSTRACT: This paper is informative in nature presents a historical overview of medical pluralism in the state of Jammu and Kashmir. It throws light on the healing traditions of the state of Jammu and Kashmir in 19th century. The knowledge of medicine and healing is as old as human civilizations. The first ever man on earth is the first physician, as he adopted one or the other method to keep himself alive and safe. That knowledge continuously evolved and got disseminated through the ages and finally reached down to present times. Jammu and Kashmir in early 19th century followed medical pluralism and healing system of the state was based on Ayurveda, Unani, Amchi systems of medicine as well as on some methods based on faith healing. These methods of healing co-existed and flourished well before the introduction of new system of medicine in later part of the 19th century.

Keywords: Ayurvedic, Hakims, Healers, Indigenous Medicine System, Indigenous Healing Systems, Medical Pluralism Supernatural, Unani, Vaid, Witchcraft.

I. INTRODUCTION

A healer or practitioner is a person who is recognised by the community in which he lives as competent to provide health care by using any of the natural substances available with him like vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background as well as the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and the causation of disease and disability in the community. By this definition all those persons who cured the people either by medicine or by supernatural means could be considered as healers. Thus healers could be of two types one who used medicine to cure and other who used some sort of spiritual power to cure and there could be different healing systems accordingly. People of Jammu and Kashmir in early 19th century followed a variety of methods for their cure depending on a number of factors. Thus medical pluralism existed in the state where a combination of methods was used, for staying healthy.

People were mostly illiterate and related ill health to various irrational and obsolete causes in addition to rational ones. Subsequently there existed various healers who could provide respite to the people from disease like vaid, hakims, pirs, mullahas, tantrics, ojas, sufis and shamans. Economic status of the family, their religious beliefs, availability of resource persons at the disposal of the people, etc. were some of the factors which were responsible for the adoption of healing method by the people. Poverty was a contributing factor in adoption of method for cure and poor people prefer cheapest method for their therapy. High class people of society could afford a family practitioner and common man had to resort to other available option.

The belief in causation of disease was another deciding factor. Some people associate vague causes for the diseases and adopt healing system accordingly. Diseases were sometimes associated to 'Karma Theory' and sins committed in the present birth. Thus a number of medicine-men were available in the state in 19th century, unlike present times, when a professional degree is must, for a practitioner. Therefore due to this pluralism plenty of practices and healers of these practices were rampant in Jammu and Kashmir State in the course of our study. The indigenous health system as a result comprised of all systems, natural and logical (Ayurvedic, Unani and Amchi) as well as supernatural, all streams united to form a mixed system.

II. PIRS AND RISHIS AND SUPERNATURAL HEALING

People of Kashmir state refer to their land as "Pir Vaer" or "Rishi Vaer", which means the valley of Rishis and Sufi Pirs. Foreigners used the word "Pir-Parast" for people of Kashmir which means saint worshippers. These Pirs, Saints, Fakirs were pious persons, spending most of their time in meditation and

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prayers. People walked from long distances to seek healing and hope for a cure and usually there were long queues waiting for glimpse of such a person. These were healing-men, whom people approached frequently for treatment, as people believed in their miraculous powers. Usually, a dead saint was taken as more efficacious than a living priest. People believed that the saints would aid on call of people.

Shrines of various saints like Sheikh Nur-Din, Shukr-ud –Din, Hanf-ud-Din, Nassir-ud-Din, Lutf-ud-Din, and Zain-ud-Din were greatly revered in Kashmir while shrines of Pir Mitha, Pir Dhaai Gaz, Baba Chambliyal and Pir Jiwan Shah were very famous in Jammu region. Various miracles were associated with these Pirs. Sometimes they would not prescribe anything for diseased person but mere their looking or touching the patient would cure him. Thus they cure usually by miracles. It is said about Pir Mitha that queen of King Ajaeb Dev of Jammu, was cured by the mysterious power of Pir Mitha. Queen was ill for a long time and her condition did not improved because of remedies adopted so far, but just by drinking the water touched by the Pir Mitha she recovered from illness. Similarly shrine of Baba Chambliyal (Daleep Singh) was revered by people for its miraculous powers. People from all parts of the state and even from outside the state, visited the shrine of Baba for obtaining “Shakkar” (Clay) and “Sharbat” (water) for curing skin diseases. Even to this day this saint is greatly revered for his astounding powers.

In Kashmir region, the shrines of various other saints like Makhdum Sahib, Hazrat Bal, Zain Shah, and Shah Wali were visited by people to obtain their wishes and regain health. The shrine of Nur Din at Rishipura in the Kotahar valley was visited by people and soil from this shrine was used to cure all kinds of illnesses. These saints and Pirs were also revered by the people as it is believed that if they were not given due respect, they would get angry and could bring misfortunes and disasters. Zain Shah, a revered Pir in Kashmir, once got angry over the issue of using men from his shrine for forced labour by officials, so he caused Lidder River to dry up and inflicted great loss to crops. Makhdum Sahib another saint, who belonged to Tajar, was not given due respect there, as people laughed at his prophecies and preaching’s. So he cursed them and left that place and it became devoid of water.

Due to this notion that certain calamities and misfortunes are due to curse of saintly person, people used to visit shrines in case of a natural catastrophe. People from all parts of the valley, flock to Chrar Sharif in case of scarcity as well as calamities like earthquakes, cholera and drought to confess their sins and beg pardon for their sins.

The belief in power of saints and priests made people to believe that they could do each and every thing and nothing is beyond their reach. Priests and saints would cure sick people and by their blessings a childless women would get a child. Charms and amulets obtained from priests would help to cure as well as avert any unto do event as well as diseases.

III. Peculiar Healing Traditions

The belief in spiritual powers was such that hawans were performed to ward off undesirable conditions. In wake of the cholera epidemics, it became a customary practice in the state to perform ‘Shanti Puja’ by Maharajas of the state, a religious ceremony in which hymns from the Vedas were chanted and Brahmins were fed in order to prevent the disease from occurring. Certain diseases were attributed to wrath of goddesses, spirits or deceased persons, who became bhuts and churels being male and female respectively. Bhuts and churels were thought to cause fever, malignant diseases and usually seize the mind of a person bringing in psychological disorders. In order to escape from them a jantar prescribed by a Brahman were to be worn by a person in silver case. This jantar was a panacea, an influential remedy such that people in later times wore prescriptions given by medical practitioners as jantars..

Certain diseases were thought to be caused for strange reasons. People in Jammu believed that small pox can be prevented by giving due reverence to “Sitala-Mata”. People of “Gaddi” tribe worship Mata Sitala for cure of measles. Muslims in Kashmir were of the opinion that small-pox was caused by an old, imaginary lady, known as shutel-beid (old-pox lady). To cure this disease Muslims killed and presented a hen as an offering to shutel-beid.

In Jammu and Kashmir State where nag cult and naga worship was practised from earlier times, snake bite can be cured by enchanting certain mantras on the person bitten by snake to nullify the effect of poison. In certain parts, snake-charmers by dint of his music on flute and by certain spiritual powers made it obligatory for that snake to withdraw its poison from the body of victim. Fanda was considered as a panacea, a broad spectrum cure for a number of diseases. Various diseases like jaundice, typhoid, fever, body ache, head ache, skin diseases, had their cure by fanda according to the belief of people of Jammu and Kashmir State. Tooth ache is cured by a person who can be a sayana, baba or any other person who can perform a fanda. Usually an iron nail was kept on the affected tooth while performing fanda and after that, that nail was embedded somewhere in a living tree. In certain parts of Jammu and Kashmir State, dog- bite can be cured by applying a mixture of spelled clay and oil on the affected portion.

IV. WITCHCRAFT AND DISEASES

People of Jammu and Kashmir were known for their belief in witchcraft, black magic and sorcery which now-a-days is unknown for civilised as well as educated population. But, once this was believed as realistic and had legal as well as social sanction in Jammu. Although Ranjit Dev of Jammu put a ban on black magic but this practice was not curbed from this region and seen in wild prevalence during Pratap Singh's time.

In witchcraft, two categories of persons were well known:

1. One who inflicts pain, diseases and various problems on others.
2. Another who protects people from spells and ill effects of black magic.

Former was called 'witch' and later was called 'chela.' Although witch was female but this did not mean that their male counterparts were not known. Witchcraft was named so, because it was practised mostly by women. In witchcraft witch, was considered responsible for causation of any bodily harm while chela was curator in such a system. Any expert person in witchcraft can spell or charm a person and could harm him in many ways. There was no scientific explanation for this and it was totally based on belief. Various diseases were attributed to witches who were supposed to inflict them on any person by her black magic using spirits as their agents. These were even supposed to cause death of a person by taking out his liver and so were known as "jigger khor" or liver eater. In order to save that person from dying help of a shaman or chela as required. He could save a person by a phenomenon known as "Jadiyan Khelana" or by placement of some ashes on the forehead of a patient and making him to swallow the rest part of the ashes. In jadiyan khelana, a person was made to dance on a rope at the beating of a drum and hymns.

In Kashmir region too, people believed in exorcism and usually approached darveshes and qazis for curing diseases caused by witches. Verses of Quran written on a paper, which was known as jantar or tawiz, was given to persons in seizure of an evil power, who either drank it by immersing it in water or burn it to inhale its smoke.

V. MEDICINE MEN IN THE STATE

Those health practitioners who generally cure the disease of the people by the medicine available with them were vaidyas, amchis and hakims. These were the real health practitioners and highly valued by people for their skills. These belonged to well known systems of treatment, ayurvedic, unani and amchi.

5.1 Vaidyas and Ayurvedic System

The practitioner of ayurvedic system of medicine was termed as vaidya which means a learned man. In Mahabharata, vaidya is defined as a person who possesses Vedic knowledge. Both Charaka and Sushruta Samhita stressed on certain good characteristics of a good vaidya and prescribed ethical code for a vaidya. According to Sakharam Arjun various categories of vaidyas were present in India. They may be Rajvaidya, who looks after persons of royal household; vaidyaraja who was very efficient vaidya and was well known among other vaidyas; the vaidya, who was an ordinary practitioner of common people; balvaidya, who treats diseases in infants and dhongavaidya who imitates to be a vaidya but had little knowledge.

In the state of Jammu and Kashmir rajvaidyas and local village vaidyas who treat general masses were found. Each small state or rajwara in the region had its own rajvaidya. These rajvaidyas were sometimes hereditary vaidyas of the ruling family. Padha family was the family of rajvaidyas of Basohli, vaid family from Kishanpur was the rajvaidya of rulers of Billawar. Rulers of Ramnagar, Ramkot too had their rajvaidyas, although their family could not be traced out. These rajvaidyas were generally known as "Raizadas" in Jammu region. These vaidyas were there in the State, providing respite and relief to the people in later times also.

Some of the vaidyas of Jammu region had earned a high reputation. Vaidyas of Padha family, Bhimsen Padha, Kunjlal Padha and Jagan Nath Padha were some of the vaidyas who had left their imprints still in the minds of people by their professional efficiency. Vaidya Bhimsen Padha was often called by the Viceroy of Lahore for his treatment. In lieu of his services, the Viceroy had gifted him three bungalows, each at Amritsar, Ba-Khet and Dalhousie. Vaidya Radhey Ram Sharma of Hiranagar was a competent vaidya of nadi-gyan. He was also a famous vaidya of jawar (T.B.) which at that time was considered as a dreadful disease. He cured his patients for free and even did not charge for medicines. These vaidyas had a large clientele from ruling households as well as common people.

These vaidyas prepare their medicines from natural herbs, animal products and minerals. Musk, honey, cow urine, etc were animal products which were mostly used. Gold, Diamond, Pearls, and Precious metals were also used in medicine preparation. Vaidya Ram Dutt Magotra used these metals in his medical preparations but would charge only two annas daily from his patients. The medicines were prescribed to patients by these vaidyas by observing their pulse, phlegm, tongue etc. Some Vaidyas also charged fees for their patients for their services as well as for their medicine. They also advise dietary restrictions known as "parhez". Most of these

vaidyas were only physicians and did not involve themselves in surgery. Vaidya Yashodha Nandan of Hiranagar was an exception to this. He was an expert of "Rakat Mokshan". Besides treatment by medicines he used to bleed his patients by cutting their vein and let them bleed. The vaidya was judged by his reputation. Number of clients and spread of his fame in distant region decides his efficiency. Vaidyas were experts in diagnosis by mere looking at the patient.

Earlier knowledge of herbs and methods of treatment in ayurveda were acquired by new vaidyas from existing ones. Mostly the occupation was carried down in a family. Father used to give all knowledge acquired by him to his son. In case, when a person wanted to learn ayurveda who had no such background he could learn it from any vaidya as his guru. Shlokas of ayurveda were memorised by vaidyas by heart. Vaidya Lakshmi Chand Nagar of Chenani had Ashtang Samhita and Madhav Nidan on his tips. Vaidya Ram Dass Sharma had memorised 5000 shlokas of ayurveda. All these vaidyas strengthened the ayurvedic system of medicine in the state. The vaidyas being only physicians had to depend on other professionals who could act as surgeons in time of need.

5.2 Hakims and Unani System

The practitioners of unani system of medicine were called hakims. Although general notion among people is that unani was a system of medicine mostly opted by Muslims and ayurveda by Hindus. This was because unani system was introduced and patronised in India by Muslim rulers. But both vaidyas and hakims could belong to either Hindu or Muslim family and it was not essential that a Muslim could practise unani system only. But general trend was that hakims were mostly Muslims and vaidyas were mostly Hindus. All sections of society, either Hindu or Muslim, could consult hakims for their treatment. Like ayurvedic system, unani system laid emphasis on herbal medicine as well as on medicines of animal and mineral origin. According to Walter Lawrence, the sovereign remedy of the hakims of Kashmir for all illnesses was chob-i-chin (Smilax china). Rauwolfia serpentine which grows wildly and profusely in Kashmir, was an important herb used in unani system as it contains a number of alkaloids.

Hakims in the state cure common man as well as elite class. During the reign of sultan Zain-ul-Abdin various renowned hakims and vaidyas look after the health of people. Narsimha, Madananga, Shri Bhatt, Karpura Bhatt, Narhari Pandit, Khwaja Abdullah Ghazi, Baba Majnun Narwari, Hakim Inayatullah Ganai, Hakim Nur-ud-Din, Hakim Gulam Rasool, Hakim Baqaullah, Hakim Yusuf, Hakim Mustafa Shah, Hakim Waliullah and Hakim Bahar Shah were some of the hakims of Kashmir revered by people for their invaluable services to mankind. Hakims of the state too enriched the unani system by producing medical works and adding various herbs of Kashmir to materia-medica of unani. Mujaz Aqsara and Qanun which was commentary on Tib-i-Nabavi were produced in Kashmir.

People of the state had great faith in the efficiency of hakims. They were of the opinion that hakims could cure each and every disease and nothing is beyond their reach. They opined that hakim had a solution with it for every imaginable disease. Services and efficiency of hakims of Kashmir were even recognised by foreigners. Even for the treatment of his son from snake-bite, Walter Lawrence took the help of hakims of Kashmir. He himself admitted that at number of occasions, his subordinates too, took advantage of skill of hakims of Kashmir.

In Jammu and Kashmir, hakims were so skilful that they could even diagnose a serious disease just by sight of patient. Hakim Muhammad Javvad was on such living legend hakim of Kashmir. Seeing an undried tikka on a pundit's forehead in afternoon, which otherwise was applied in morning, he came to know about his serious illness and advised him to go home immediately. On reaching home, pundit died, thus giving confirmation to the diagnosing power of hakim. Hakim Muhammad Azim by merit of his efficiency rose to the position of chief physician of Maharaja Ranjit Singh at Lahore. He was son of famous hakim, Mohammad Javvad of Kashmir. About Hakim Ali Naqi it is said that he had cured a patient who was suffering from double pneumonia. His hope of survival was meagre as his case was given up hopelessly by a British Doctor. Another practitioner from Kashmir, Hakim Ali of Chiniot, was so famous for his knowledge that he was appointed as court physician of Mughal emperor Shahjahan.

Sometimes, interesting treatments were prescribed by these hakims to alleviate sufferings of their patients. Hakim Muhammad Bakir once cured a paralytic patient by applying living wasps to the parts of the body that suffered from paralysis. To everyone's surprise, that patient recovered from his illness. Bee sting therapy for curing certain ailments is used today. Hakim Muhammad Azim once prescribed application of cow-dung to a patient over his whole body for his recovery from some unknown illness. Application of leeches for curing some diseases was also adopted by some of the practitioners. Another unani physician, Sahaz Bhat, often recites prayers in Sanskrit or Arabic for a psychological effect on the patient. He was a great calligraphist, and that is why his prescriptions were often preserved by his patients in velvet bags to use them as amulets.

One drawback of the hakims of Kashmir was that they were not known for their surgical skills, although surgery was practised in unani system. They did not get involved in surgical cases and would only

mark the location, which was required to be opened. For surgical work they had to depend on another class of professionals. This work was usually carried on in Kashmir by barbers. C.E. Bates and Walter Lawrence stated that knowledge of unani system of medicine was transferred from father to son. Thus possibility of a any family in the same profession was very high. Unlike present times, no special colleges were there for acquiring knowledge of unani medicine.

It is a general concept that this is more popular among Muslims. But it is not so and this was equally important among all sections of society. Only due to patronage of Muslim rulers of Kashmir, it flourished well in Kashmir region than in Jammu, where ayurvedic system was much popular. A large section of people of opt this method for cure in early half of 19th century. Although modern systems of over shadowed it, but this system did not met its end on introduction of other systems and remained popular among its clients even later. In order to make it more efficient and carry on further research in unani medicine Central Council for Research in Unani Medicine (CCRUM) was established in India in 1979 which through a network of 22 nationwide research units (one of which is in Srinagar) and institutes co-ordinates research in unani medicine.

5.3 Amchis and Amchi System of Treatment

Ladakh, which covers more than 70,000 sq km geographical area of Jammu and Kashmir State, depend on amchi system for cure which was a major health care system of people of this region. This system was named so here on the name of practitioner of this system, which locally is named as amchi. It is derived from Mongolian Am-raj which means “superior of all”. In Ladakh, amchi is positioned high in the society. They were not healers only but were strong community leaders too. Very often they held the position of ‘Goba,’ the head of the village.

Materia medica of Amchis of Ladakh is enriched by animal and plant products and minerals. Gold, Silver, Copper, Iron, pearls, Stones, Shilajit were used in various medical preparations as they were said to have various health benefits. Gold promotes longevity, Silver dried pus, Copper cures fever, Iron cures eye diseases and anaemia and Shilajit was essential for longevity and rejuvenation. Amchis also used a variety of animal products in their pharmacopoeia. Musk Pod of Musk Deer, gall bladder of Asian Elephant, urine of Cow, horn of Wild Sheep and Tiger Bone were some of the animal products used by amchis in their medicines. A total of 38 species of animals and their organs were used in therapy by amchis. They mostly used medicinal plants growing on high altitudes or useful plant products were imported from other parts of the State or from China. Bilva (*Aegle marmelos*), karanja (*Pongamia pinnata*), Amalaki (*Embllica officinalis*), mulberry (*Morus alba*), smag-shing (*Melia azadiracha*) had been variously used in amchi system of medicine. In addition to this mysticism and spiritual powers are also used by amchis for treatment. He focuses his attention on spiritual factors while treating any illness. He vows to regard medicine as an offering to the ‘Sangay Manla’ (Medicine Buddha), who is thought to have taught medicine and all other medicine deities.

Like ayurvedic and unani systems, earlier Amchi system too was taught by father to his son (gud-Pa) or by a guru to his shishya. This transmission of knowledge is by word of mouth as well as practical knowledge. Amchis in Ladakh had to give an oral examination before the whole village and experts in order to have the designation of amchi. This ceremony was called rtsa-mkrid. Family of amchi is known as ‘Lharje’ and each village had one or two such families. In a family this occupation was carried for various generations unbreakably.

Amchis provided services to their clients free of cost. Amchis usually treat the patients of their village and they not paid for their services in cash but were paid in kind. Traditionally amchis were primarily farmers and medical practice was their secondary occupation. Sometimes they were helped by the villagers in their work of harvesting and ploughing the fields. At many times, the villagers collect any crop, usually barley and offer it to amchi family in lieu of their services. Amchis of Ladakh believed in curative as well as preventive health care. They led great emphasis on cleanliness of springs for supply of safe drinking water to the village. Hot springs had been used by amchis for cure of patients also. Bathing in Chumathang spring was prescribed for cure of backache, in Chilling for cure of backache and sciatica, in Markha for itching. Pugga, Serccan and Panamik springs are rich in sulphur and were recommended for persons suffering from rheumatism. They encouraged good diet and healthy life practices for people. Although surgical methods were employed in amchi system, but amchis in Ladakh did not practise it to a higher degree.

Ladakh, which politically was a part of Jammu and Kashmir, but culturally it, was more nearer to Tibet and China. In other parts of the state ayurvedic and unani system were practised, but in Ladakh amchi system of medicine was adopted by people to ward-off disease and illness. It was widely accepted system of medicine in Ladakh and was used by people to cure chronic diseases.

VI. MIDWIFE OR DAI AND FEMALE HEALTH CARE

People of Jammu and Kashmir were very conservative in their outlook. They kept women folk insulated from outside world and believe in ‘purdah’ system. In case of minor illness elder ladies of the house

prefer treatment of their younger counterparts at home by their home remedies. However in cases of severe illness women visited hakims or vaidas or amchis whichever available in their locality. But gynaecological cases were referred to and were treated by special class of expert women known as 'Dais' in Jammu region and 'Warren' in Kashmir region. These were obstetricians of the society dealing all cases related to reproductive health. These dealt female cases in totally female environment. Cases of pregnancy were confirmed as well as looked after by them. From pregnancy till child birth mid-wife played an important role to look after the health of women. She looks after the health of mother and baby and also prescribed diet as well as work routine for expecting lady. A lady had to deliver her child in mid-wives presence. Delivery was conducted in patients home without any medicine. Dai could not perform any surgery and could only assist in natural birth.

Like other professions which were transferred down in a family, art of mid-wifery too was transferred from mother to daughter. Usually these mid-wives visited the home of their patients to look after them unlike other cases where vaidas or hakims were visited by their patients at their respective places unless and until there is some severe illness when patient was not able to walk.

The delivery was conducted by dais in patient's house and usually on the floor. In Kashmir region the floor where delivery procedure was carried was buttressed with dry grass called hur. It was obligatory for dais to start late for the home of her patient. That's why Gulzar Mufti called dais as slow creatures who do not understand the urgency of the situation. In Kashmir, if someone is slow in working habits he was sarcastically compared with dais, which were being considered as sluggish and slow. A proverb generally used for this situation is: 'chu gochuk wareni nadas sozun' which means, 'you are not the person to be asked to call a midwife from her home'. The midwives inserted a variety of things in vagina like rags, strings, pellets of grey earth, quince seeds, and intestine of fowl, straw, even dung of cow and roots of holly-hock herb for easing the process of delivery. Instead of easing the delivery these practices worsen the matter and resulted in deaths. The midwives sometimes tie something tightly round the waist to press the child down forcefully.

Dais were completely ignorant of the physiology or mechanism behind the child birth. In the normal deliveries they were successful in delivery of the child and thus this gave them applause and aplomb. If death occurs during childbirth, which was common in those days it was taken as will of the God and dais was not answerable for that. But, the obnoxious practices, adopted by dais during childbirth, as well as the unhygienic conditions of the place where delivery took place, were mainly responsible for mortality of infant as well as mother. But the views about deliveries processed by dais were looked down with this approach when their work was being compared with modern gynaecologists. Earlier their place in society was sole care taker of female health.

VII. BARBERS AS SURGEONS AND DENTISTS

In ancient times surgery was limited to barbers mainly who perform it as their secondary job. In Napoleonic wars too, barbers of his army, performed the work of surgeons. Amputation of limbs, wounded in course of war was their prime task. In 18th century, UK too was dependent on barbers for surgical assistance.

Barbers known variously known as 'nais', 'naevid' in Jammu and Kashmir, were the class of professionals associated with cutting and shaving hair. In this State too like the rest of the world, surgery was the work to be performed by barbers. The cutting or stitching of a living part was assigned to that person who mostly deals with dead and sometimes unwanted part. This could explain the aggravation of their work.

This surgery was not like the modern surgery, but it was restricted to amputation of wounded limbs, and making a cut in veins for letting out blood as bleeding was prescribed by medical practitioners for cure of diseases. This vein was marked by a vaid or hakim. Although barber did not know about basics of surgery but still was preferred for this, as he had the courage to see blood oozing out of person's body, to which he was accustomed.

In addition to surgery dentistry too was attributed to barbers. In case of teeth infection, he would pull out the teeth by his iron hook. Teeth fixing was also known to people of Kashmir and that too was done by barbers. They could fix the broken tooth either to the gum or to the stump by means of wiring it to the other undamaged teeth for teeth for support.

Barber did not contain a long list of tools at his disposal in his surgery tool-box. He had a sharp razor or knife which he used for shaving as well as transmitting the disease from one client to another. As he did not sterilise his razor, and used same razor for all, so possibility of transmitting the disease of last man to next was very high. This razor was also used for making incisions. In addition to razor, he had a pair of scissors, hooks and few pieces of wires, which were used in dentistry. The attributing of a very important and vital function of surgery to unskilled and non professional barbers was a serious drawback of the medicine prior to modern allopathic medicine. Though the surgery of earlier times was totally different from that of the present and it required amputation of limbs injured in wars or opening of vein for bleeding yet the physicians considered it as a menial work and did not perform it and let barbers to perform it.

bone setter

In order to treat orthopaedic trauma cases such as dislocation of joints and fracture of bones, a class of specialists known as bone setters were available in the State who was well-known for their professional skill. Without any X-Ray facility available at that time, mere by their touch they boasted that they could know the problem. In cases of dislocation or fracture bone setter would apply an herbal paste and through a sudden jerk would bring the dislocated or fractured bone to its place. Then he applied a bandage tightly over the affected portion which was kept intact until the problem was cured. Any sprain or strain in spine, ankles, and wrists and digits were seen and treated by bone-setters. This tradition of bone setting as well was transferred from generation to generation without documentation.

With the coming of modern orthopaedic treatment the profession of bone setters suffered the risk of extinction. With the exception of far flung areas the traditional orthosurgeons seems nowhere. The is because the principle on which bone setters worked was considered as obsolete by modern orthosurgeons. The bone setters massaged the fractured portion with oil and turmeric. This was in antagonism to the modern system of orthopaedic treatment as it violated the principle of immobilisation.

VIII. CONCLUSION

From the foregoing account, it can be said that medical pluralism was there in the state and various healing methods logical as well as based on belief were used for cure in the state. The indigenous medicine were renowned for skilled physicians, exhaustive materia-medica and sophisticated medical therapies as well as some systems of cure which were based on belief and could be described as obsolete by scientific way of thinking. These methods could cater to the needs of society very well in their own time. In the light of non availability of health care institutions and notion of public healthcare as government's sphere of influence, the indigenous systems of treatment played an imperative role in satisfying to the needs of the masses. These systems entered a period of overshadowing, marginalisation and decline after the introduction of western or allopathic medicine, which became the official health care system, in the state from the last quarter of the 19th century. This was because of certain weaknesses in some of the indigenous healing systems. Also due to lack of patronage, these systems could not compete with the allopathic system of medicine and their position was relegated. With the coming of new system of medicine these indigenous systems were considered obsolete and inefficient. It could be unjustifiable and unintelligible to declare all of them except few as outdated. Each and every system is scientific according to its own time. With new inventions and discoveries, older ones seemed to be archaic and useless, but actually no system becomes altogether futile. Even though they did not get fit in the new scenario, but it is because of their foundation that new system could be generated. For this reason indigenous systems of medicine have been in practice even in modern times.

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