

TREATMENT ALTERNATIVES AND CHOICE

PebamKrishnakumari*

With proliferation of treatment options, the importance of the inter-relationship between treatment choices, how choice is made, what influence the choice of treatment for the illness becomes important. Illnesses are generally classified into two groups: those that are curable with modern medicine, and those that can be successfully treated only with folk curing method (Foster, 1958). Treatment choices, in this view, then become predictable on the basis of the diagnostic category of the particular episode, and its status relative to this “folk dichotomy.” Studies (De Walt, 1977) have focussed primarily on the characteristics of the people tending to use different treatment sources. This study asserts that some people in a community use different treatment alternatives because they have different beliefs or expectations about their effectiveness. Accordingly, individual characteristics such as educational level, acculturative status, age and sex would seem likely to show significant relationships with treatment choices.

In an attempt to treat illness people make choice from several possible courses of action available to them. Pluralistic health care system is common in rural communities. The question of choice becomes even more significant in non-western settings, where modern medical services, often only recently having become available, represent alternatives to longer established traditional medical practices and native curing specialists. (Acheson, 1972) People in such settings have varied options and they make a choice from two or more distinct system of medical knowledge and practice in seeking treatment.

There is generally a misconception that the choice of treatment involves only two alternatives: traditional and modern medicine. In fact, there are multiple sources of both modern and traditional medical treatment. There exist several major alternatives, including self-treatment.

* **Post Doctoral Fellow, Department of Anthropology Manipur University**

Once illness is recognized, women opt for one or more of a range of treatments, often sequentially. These include self-denial and inaction, self-care, untrained sources of care, chemists, and finally – usually when symptoms become unbearable – allopathic health facilities (Aral and Wasserheit, 1998). This study will explore how people in Kakching made the choice out of the available alternatives for treatment of illnesses.

About the Field Sites

Kakching is a Municipal Council city in district of Thoubal, Manipur. The Kakching city is divided into 12 wards for which elections are held every 5 years. The Kakching Municipal Council has population of 32,138 of which 15,710 are males while 16,428 are females as per report released by Census India 2011. In 2016, Kakching is declared as one of the district of Manipur. In Kakching there is a private hospital and a Community Health Centre. People in Kakching mostly obtain their formal schooling. 75 percent of them completed Upper Primary. About one fourth of the men in Kakching have no schooling. Though people in Kakching have diverse economic pursuit, agriculture is their mainstay.

On the origin of people of Kakching (Singh NA), Pandit Achouba of the Royal Court of Manipur has emphasized the view that Khamlangba, the legendary God (the head of the ancestors of the people of Kakching who lived in or before the beginning of the first century AD) was an original inhabitant of Kangleipak (Manipur) who for some time went to Takhel (Tripura) for finding out iron ore mines and there, he married Thongnang (Tripura) Chanu Sija Kalika as his second wife. Then they came back to Kangleipak with many servants and followers and settled down at Uripok (Imphal). This was known as the first settlement of the people who later on came to be known as Kakching. From Uripok, they again migrated to Thoubal, then to Kerjing and later on to the present location and settled permanently as early as the first half of the 18th century.

The Pandit further says that during the period of about 300 years beginning from the reign of Meitei Ningthou Thangbi Lanthaba (1302-324 A.D) upto the reign of Khagemba (1597-1652), many immigrants coming from both East (Shan and Burmese) and West (Kachar, Assam, Tripura) merged into this group and many others from different clans also merged through intermarriages. It was this inter-mingled or combined group that later on came to be known as Kakching.

It was said that those who followed or accompanied with SijaKalika from Takhel (Tripura) later on came to be known as “KakchingWairi” and those who had already been with Khamlangba as “KakchingKhullen”. During the reign of MeidinguLamgaingamba (1512-1523 A.D) Mayam Tau from Ahom Kingdom (Upper Assam) migrated to Meitrabak (Manipur) and all the Mayanglambam clans were his descendants.

Treatment Alternatives

This paper will examine the treatment alternatives from the perspective of the local community and the features and significance of the alternatives found in Kakching. Women generally conceptualized the presence of two main treatment alternatives – folk and modern medicine although there are more than two alternatives available in their worldview. The ways of curing illness in their world view is as depicted below.

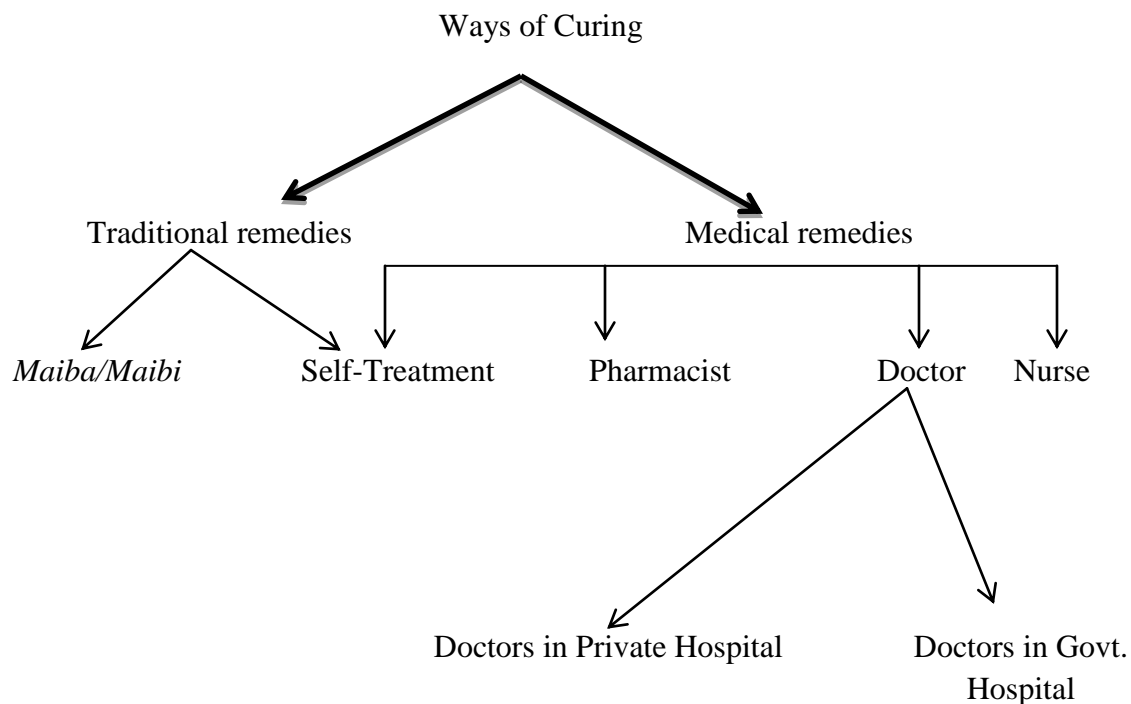


Chart1: Available Treatment Alternatives.

Chart1 depicts the major curative measures available in Kakching Village and ways of curing that people in Kakching recognised and used. At the most general level there is a distinction between ways of curing involving traditional remedies and those that involve modern medical remedies. Those involving traditional remedies include both self-treatment and local healers like *Maiba/Maibi*. Those involving modern medical remedies include doctors, pharmacist, nurse and

again, self-treatment. There is also a distinction in their concept of doctors who provide remedial measures such as the doctors who are working in private clinics, hospitals and at home and doctors in government hospitals. Thus, these are the option available to the people of Kakching for treatment of reproductive health problem.

Considerations to be Made

There are certain conditions which compels a person in Kakching to take up treatment for an illness. Four considerations have emerged: gravity, knowledge of home remedy, faith and accessibility (cost and transportation).

Gravity

Kakching people's perception on seriousness of an illness is a primary consideration in making decision for taking up treatment. Three levels of gravity are recognised: non-serious, moderately serious and grave.

Non-serious: An illness which occurs "briefly" that allowed normal activities to continue, or that did not involve an interruption of daily routine for more than a day or two are perceived to be non-serious. Symptoms like headache, back ache, dizziness, slightly elevated temperature, body ache, slight itchiness of genitalia, discharge which does not wet the cloth that is worn and without smell, scanty menstrual blood etc. are taken as non-serious illnesses.

Moderately serious: Illness which interrupt daily activities requiring one to remain in bed, at least longer than a few days, and especially those that resist initial treatment attempts are referred as moderately serious illness. Symptoms like high temperature, persisting itchiness of genitalia that is disturbing, discharge with foul smell and wet the cloth that is worn, excessive menstrual bleeding etc. will be described thus. Illnesses at this level of gravity are not considered as life threatening although they might become so if not attended to.

Serious: An illness is perceived to be serious when there is potential threat to life. They may involve excessive pain and discomfort, as well as considerable functional impairment. Excessive bleeding either due to abortion or after childbirth is also considered to be serious illness.

Symptoms of serious illness include breathing difficulty, high fever, unconsciousness, heavy bleeding, inability to speak etc. People describe such illness as grave and dangerous.

Certain symptoms are salient while considering the gravity of illness. Body temperature is one of the main criterions while assessing the seriousness of illness. Unusually high fever is always regarded as grave. Any illness which restricts or makes more important vital body functions, such as breathing and eating, is regarded as serious. An illness or injury which involves bleeding is also considered to be moderately serious or grave depending on the loss of blood. Losing of blood signify reduced vitality and strength for life. Unconsciousness is also an important factor while assessing the seriousness of an illness. Duration of illness is another consideration which is relevant to how people determine its seriousness. Most illnesses except those involving extreme symptoms at the onset are regarded as non-serious. However, if the condition persist, and if it resist initial treatment then, such illness are regarded as more serious. Ultimately, the gravity of an illness episode depends on the extent to which they believe as threat to life.

Knowledge of Home Remedy

Another consideration that treatment decision depends upon is whether home remedy is known for the particular type of illness. In most of the cases when self-treatment is considered to be appropriate, home remedy is known and administered. When they do not know about the illness as indicated by the symptoms they will go to the traditional healer or a doctor depending upon the consideration of faith.

Faith

Another factor which is relevant to the choice of treatment is the person's estimate of the potential effectiveness of traditional and modern treatment and remedies in curing the particular illness. This factor is the "faith" that one has towards the type of treatment that is available. This is illustrated by the following comments:

Nupamangba(Type of Illness) can be cured by *maiba*(Traditional Healer) alone. The doctors cannot cure it as it is not their line.

You can go to the doctor for *lok lai hou* (cold with fever) as they can cure it faster. People have more *thajaba* (faith) in doctor than *maiba/maibi* (Traditional Healer) for certain illness”

The first statement explains that people in Kakching have total faith on *maiba* (traditional healer) for treating illness like *nupamangba*, an illness which is perceived to have occurred when a woman have sex during post-partum period. There is no treatment alternative for such illness. Which treatment is more favoured to the people in Kakching depends largely on the particular type of illness involved, and one’s past experience in treating it.

The second comment indicates that doctors are often thought to offer a high likelihood of cure-people have more faith in them. There is also an indication where faith becomes a matter of choosing between the traditional healer and the doctor. Faith is the subjective judgement of the relative probability of cure associated with each of the two forms of treatment.

Faith judgement do not depend primarily upon a fixed dichotomy of traditional versus medically treatable illnesses, although there are few illness type which are regarded as curable only by traditional healer. On the other hand, no illnesses are consistently regarded as curable only with the medical treatment but they represent the greatest likelihood of producing a cure for most illnesses.

Faith preference are often determined by the effectiveness of the treatment which are based on people’s own experiences, and those related by friends and kin, with the particular kind of illness and the perceived successes and failure in dealing with it. Since different people have access to different information about past successes, there is a good deal of variation in opinions about which kind of treatment is best for a given illness. Thus, the most important determinant of faith in a given instance will be recollections of what was successful the last time (or at most the last few times) a similar illness occurred, regardless of the frequency of successful cures associated with a given form of treatment over the long run.

Accessibility (Cost and Transportation)

Among the three alternatives available in Kakching, treatment by a physician is the one where cost factor remains relevant. While all the other treatments involve some cost, the only problem

is the cost involved with the physician. Likewise, the availability of transportation is an important criterion in the decision to consult a physician and was cited as such in the interviews, as most of the hospitals and clinics are located in city areas. In Kakching the Community Health centre lacks infrastructure and the private hospital is costly. Travelling to the city area will cost a lot. Since both of these constraints must be met before a physician is consulted, the physician alternative is not equally accessible at all times or for all people. Traditional healer, on the other hand is equally accessible to almost everyone in Kakching. The cost involved is moderate and usually not problematic. The cost of seeking care by a nurse in Kakching is also an affordable choice.

Even in situation where money is not a problem, treatment by a physician may be delayed, or not occur at all, because of transportation. Means of transportation is not available at night. The cost of transportation is also a consideration: ill person rarely, if ever, make a journey alone, and the cost of several round-trip fares may add significantly to the cost of a physician's treatment. Sometimes very ill person feel weak to travel, so they resort to traditional healers which is available and can be called at home anytime. Even for childbirth, the women prefer nurse in Kakching over the physician as they are more comfortable with them, do not cost much and can be called at home to do the delivery.

Initial Choice of Treatment in Kakching

The eight rules in the table 8.1, given below specify the four considerations and the subsequent treatment choice taken. Rule 1 indicates that if an illness is non-serious and an appropriate home remedy is known then self-treatment will be the initial treatment chosen. No value is given for faith and accessibility as these are not relevant considerations since self-treatment involves use of either traditional or medical remedies and cost or availability is not an issue.

Table1: Decision table for initial choice of treatment

Rules	1	2	3	4	5	6	7	8	9
Conditions:									
Gravity ^a	1	1	1	2	2	2	3	3	3
Known home remedy ^b	Y	N	N	Y	N				

Faith ^c		F	M	F	F	M	F	M	M
Accessibility ^d			N			N		N	Y
Choice:									
Self-treatment	X			X					
<i>Maiba/Maibi</i>		X			X		X		
Nurse			X			X		X	
Physician									X

^a1 = Nonserious; 2 = Moderately serious; 3 = Serious

^bY = Yes; N = No

^cF = Favours traditional treatment; M = Favours Medical treatment

^dY = Money and transportation available; N = Either money or transportation not available

Rule 2 and 3 indicate that choices will be made for non-serious illnesses when no home remedy is known. In this case the person will estimate whether traditional healer or the physician offers the higher likelihood of cure for a particular illness. If the person has faith in traditional healer *Maiba/Maibi* will be the initial choice and if they have faith in medical treatment, a nurse (Rule 3) will be chosen. The accessibility factor is not taken into consideration as the cost associated with these two alternatives is rarely problematic and is approximately the same for both.

In moderately serious illness, if an appropriate home remedy is known, self-treatment will be chosen unless medical treatment offers higher chance of cure (Rule 4). By rule 5, if no home remedy is known and traditional healer offers the best chance to cure then *Maiba/Maibi* will be consulted. If a person has faith in medical treatment then a nurse is the choice for treatment as per rule 6.

The last three rules indicate the choice of treatment when an illness is considered to be serious. By rule 9, when the illness is serious and when sufficient funds are available to meet the cost and transportation can be arranged, the choice for treatment will be a physician. Only when one has complete faith in traditional healers one will have the choice of getting treatment from a *maiba/maibi* even when the illness is serious (Rule 7). Finally, by rule 8, if access to a

physician's treatment is not possible because of cost or transportation constraints, and the faith judgement favours medical treatment, a nurse will be chosen as a kind of 'poor man's doctor.'

Subsequent Choices of Treatment

When a given treatment fails to alleviate an illness, some other alternative is chosen. The duration people give to a treatment before it is considered a failure varies a good deal, but in general the less serious an illness, the longer the period before they choose an alternative. People use alternatives subsequently rather than concurrently.

Subsequent choices often involve a re-evaluation of relevant conditions. Faith judgement may change in the light of lack of success of a given type of treatment, and changes in the judged gravity of the illness may result in the shift from one ordering of alternatives to another. Table 8.2 shows the subsequent choices of treatment made by the women in Kakching.

Table 2: Decision Table for Subsequent Choices of Treatment

Rules	1	2	3	4	5	6	7	8	9	10	11
Conditions:											
Preceding choice ^a	ST	ST	ST	ST	T- N	T- N	T	N	Dr	Dr	Dr
Gravity ^b		1-2	3	3	1	2-3	2- 3	2- 3			
Faith ^c	F	M	M	M					F		M
Accessibility ^d			N	Y		Y	N	N		N	Y
Choices:											
Self treatment					X						
<i>Maiba/Maibi</i>	X							X	X	X	
Nurse		X	X				X				
Physician				X		X					X

^aST = Self-treatment; T = Traditional healer; N = Nurse; Dr = Physician

^b1 = Nonserious; 2 = Moderately serious; 3 = Serious

^cF = Favours traditional treatment; M = Favours Medical treatment

^dY = Money and transportation available; N = Either money or transportation not available

Rule 1-4 indicates the subsequent choices made following unsuccessful self-treatment. When they perceive the illness to be serious, has faith in medical treatment and have money and transportation facilities then one will obviously go to a doctor for treatment as subsequent choice of treatment (Rule 4). If accessibility constraint cannot be made even and the faith judgement favours medical system then they will resort to the Nurse (Rule 3). If, following self-treatment, they think that traditional healers offers the highest likelihood of success, they will consult the traditional healer regardless of the apparent gravity of the illness (Rule 1). By rule 2, if the illness is judged not serious and faith favours medical treatment, people will choose a Nurse.

In those cases in which people consulted a nurse and unable to achieve a cure, women do not necessarily rule out medical treatment. By rule 6, if an illness is considered moderately serious and money and transportation are available, a doctor will be consulted. If the means are not available then a *maiba/maibi* will be consulted (rule 8). By rule 5, if the illness is considered to be non-serious, self-treatment will be the option. Otherwise; medical remedies will be the most favoured as prospect of cure is more in medical treatment.

According to Rule 9-11, a person's preceding action involving a physician will resort to traditional healer or change the physician if the illness is not cured. This will be governed by the person's reassessment of his faith and availability of money and transportation. If a person's faith in medical treatment remains greater and the means are available, another physician will be consulted. If a person continues to have faith in medical treatment but has run out of money and if they feel that traditional treatment offers higher probability of cure, the person will consult *maiba/maibi*. Thus, in Kakching, the subsequent choice after the failure of initial treatment took into account the severity of illness, faith in the type of treatment and accessibility.

To conclude, in Kakching four main conditions are involved in illness treatment decision: gravity of the illness, whether home remedy is known for the particular illness, faith in the effectiveness of folk treatment and medical treatment in recuperating the illness, the expenses associated and

the availability of resources to meet them. Treatment alternatives are based on two orderings: the likelihood that use of particular treatment will cure the ailment and the associated expenditure. When the illness is serious and adequate resource to meet the expenditure in a household alternatives are based on the likelihood of cure. In case of non-serious illness, treatment alternative are based on cost. The one involving lowest cost is chosen as treatment measure. In household where resources are scarce and illness is serious economic constraints often limit their choice of highest likelihood of cure and favouring the lowest estimated cost. Self-treatment offers the lowest likelihood of cure relative to other treatment but is also the least expensive. Such treatment is frequent in initial stage of treatment and when the illness is perceived to be non-serious. However, when an illness is serious, preference will be given to the treatment which can provide the probable cure. Thus, people select a treatment alternative offering a higher likelihood of success than self-treatment. Traditional healers are mid-way between self-treatment and physician and in both the estimated likelihood of cure and expected cost. People generally choose a traditional healer over self-treatment when they lack knowledge of an appropriate remedy; and over physician when they perceive the illness to be grave, and they have faith with the traditional healer than with the physician. One's faith is primarily based on one's past experience with the particular type of illness at hand which often varies from one illness episode to another and from one individual to another. People often resort to traditional healer after unsuccessful attempt made with self-treatment. For most of the illness, people in Kakching perceive physician's treatment to offer the highest likelihood of cure. The main constraints they face are the expenses involved and inconvenience of going to the physician for treatment. The gravity of illness is the main criterion involved in determining the overall performance ordering for the treatment alternative. Lack of knowledge of home remedy is a constraint on self-treatment and accessibility determines whether one will choose treatment by a physician and faith serves to establish relative ordering of the traditional healer and the physician. Thus, in Kakching, the choice people made regarding treatment is based on two ordering: cost ordering and probability-of-cure ordering.

Reference

- Acheson, James M. (1972). Limited Good or Limited Goods? *American Anthropologist*. Vol. 74:1152-1169
- Wallace, Anthony F.C. (1970). *Culture and Personality*, New York: Random House
- De Walt, Kathleen M. (1977). The Illness No Longer Understand: Changing Concepts of Health and Curing in a Rural Mexican Community. *Medical Anthropology Newsletter*. Vol. 8(2): 5-11
- Foster, George M. (1958). *Problems in Intercultural Health Practice*. Pamphlet no. 12. New York: Social Science Research Council