

Health Seeking Behavior of B.P Patients in a Multi-Caste Village in Mysore districts (India)

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ABSTRACT

The study examines if there is any significant difference in the health seeking behavior people belonging to different castes in a multicast village with special reference to B.P in terms of their perceptions of the symptoms and causes of the disease and their patterns of choice of options in a pluralistic medical system. Based on the finding of the in depth case studies of fourteen B.P patients/done using anthropological methods like out of the 38 of them detected during the survey of 1824 person from 389 house hold belonging to all castes in a village of Mysore district in Karnataka State interviews and participant observation over a period the study reveals that there is not significant differences in the perceptions attributable to their belonging to any particular cast. It further refutes the commonly held notions that resort to home remedy, folk medicine, augured are the villager's first option, by pointing to the fact that with the exception of only one all the B.P patients under observation in the study had resorted to modern system as their first option. It also shows that resort to ritual healing goes parallels with modern system. In conclusion, it finds that while the modern system is resorted to address the disease ritual healing is resorted to address the illness.

KEYWORDS: Medical anthropology, contributions, health, Mysore district

1. INTRODUCTION

Medical anthropology studies have made important contributions to the understanding of the behavior of the patients and their family members in seeking health care. Medical anthropologists make a distinction between illness and disease and say the distinction is necessary to understand the perception of ill health (Kleiman, 1980:30) which influences one's health seeking behavior. David Landy has called Medical Anthropologists a heterogeneous lively group busily engaged in myriad activities, studying and writing about behavior of human collectivities and infinities and individuals in understanding and coping with disease and injury (Landy, 1991:3). Harwood discusses the relationship between ethnicity and health beliefs and behavior in his book *Ethnicity and Medical Care* (Harwood, 1981:43). Tipping and Segall talk of two directions in studying the health seeking as "the process" and as "the end point" while the end point directed studies study the utilization of health care services, "the process" directed studies look at how the people seek health and explore the factors that influence illness response (Tipping et al, 1995:2).

REVIEW OF LITERATURE

Dressler points out that health seeking behavior is influenced by such matters as availability of services, transportation and wealth of the patient or his immediate group (Dressler, 2001:462). Leininger is also of the opinion that people who frequently use the popular or folk sector choose this system as they are easily accessible and it is less expensive than the professional sector, (Leininger, 1988:52).

Slikerveer opines that economic status of the patients is the decisive factor in the choice of therapy; (Slikerveer, 1990:244). Freed and Freed have discussed the concept of health and sickness in a North Indian village called Shantinagar. The village was no longer conservative and unchanging. It was exposed to innovations from urban centers. The villagers were using different systems of medicine such as indigenous, western, Ayurveda, unani etc. (Freed et al: 1979, 143). Chrisman's model is a step further in the illness behavior studies. He identified components of health seeking, which include 'symptom definition', 'Illness - related shift in role behavior', 'lay consultation and referral' 'treatment action and adherence'. The significance of this framework is the integration of cultural and social factors into the framework, (Chrisman: 1997, 123).

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In 1970's and 1980 a number of studies conducted in India have emphasized the role of cultural factors in the choice of therapy (Nichter, 1977, 1978, 1989; Bhat, 1976, 1989; Joshi, 1982, 1985). Nichter found that villagers resorted to the use of multiple therapy and the factors influencing the decisions were religious, economic and educational (Nichter: 1978, 47). Bhat in his studies in Karnataka and Meghalaya showed that etiological factors mainly influenced the choice of treatment. Further, he noted that these etiological factors are not constant, but may change from time to time during an episode of illness (1976, 1978, and 1979).

Objectives of the present study:

The present study of health seeking behavior of B.P patients forms a part of a wider study of health seeking process in a multicas village of Mysore district (India). According to Kleinman for each illness there is a set of beliefs about its etiology, onset of symptom development, severity and treatment as well as an appropriate role for those afflicted (Kleinman: 1978, 86). The paper attempts to examine the health seeking behavior of the B.P patients in a Mysore village. It examines the health seeking behavior in the context of the patients' awareness and sensitivity to the symptoms of B.P and the resort pattern in a pluralistic system.

MATERIAL AND METHODS

The paper examines with the help of case studies, the symptomatic stage at which the patient becomes sensitive to experience of the disease and seeks to approach the treatment provider, the process of one's becoming aware of being suffering from B.P, exercise of options, and resort to a particular medical system and his norms of adherence. It also examines his resort to a substitute, supplementary or complementary therapeutic system.

The study began with selection of a village convenient in size, population, and conveyance and conducting a preliminary survey to record various demographic socio economic and educational data of the people along with the different kinds of disease and illnesses found in different households.

The second step was a selection of 100 families with at least one ill person, for case studies. Case studies were conducted by collecting data using general anthropological techniques of observation, participant observation and interview.

Out of the hundred cases studied the cases of B.P were selected for focused study of perceived symptoms, sensitizing symptoms, first consultation, referral consultation, awareness of being sick, preference of healing system, adherence to treatment and choice of alternate or parallel systems and adherence.

Varuna village:

Varuna is one of the villages of Mysore city, located 7 km far away in the southeastern route as a part of Taluk. According to the obtained consensus per formed in (2001), the demographic structure of the village is as follows: The family population is amounted to 421, including 2162 permanent settlers. It also comprises 1077 and 1085 males and females respectively. There are 2 schools, 14 tall and short temples, 1 mosque, 1 hospital and other facility in the village. Varuna village economy relies primarily on agriculture. Animal husbandry is the next engagement of the villagers. Raising Cow, Buffalo, Goat and Sheep is the main source of villagers' sustenance. About 80% of Varuna's settlers in Hinduism. Islam is rank next respectively.

On surveying the village it was found that some families either migrated to other places or are not regularly living in the village and only 389 households could be located. The caste wise breakup of the households surveyed and the number of houses found with sick members and their percentage is given in the following table:

Table (1): Caste wise households surveyed and households found with ill members in Varuna village

Sl.No.	Caste	House holds		
		Surveyed	Found with illness	Percentage
1	Adikarnataka-Sc	107	33	30.84
2	Brahmin	09	05	55.55
3	IdigaGowda	12	07	58.33
4	LingayataAradhya	20	06	30.00
5	LingayataShivarchak	17	07	41.18
6	Lingyataveershyva	128	56	43.75
7	Madivalashetty	27	16	59.26
8	Muslim	34	18	52.94
9	Nayak	02	02	100.00
10	Nayanakshatriya	10	08	80.00
11	vishwakarma	23	12	52.17
	Total	389	170	43.70

The people were found to suffer from 56 kinds of illnesses. The names of the illnesses and the number of persons suffering from each illness during the period of study are listed below:

Table(2): The names of illnesses and the total number of persons sex -wise suffering from each illness

No	Name of illness	Male	Female	Total
1.	Allergy	01	01	02
2.	Anemia	01	04	05
3.	Appendicitis	00	01	01
4.	Arm pain	01	00	01
5.	Asthma	08	4	12
6.	Blindness	02	00	02
7.	B.P.	20	18	38
8.	Brain Nerve weakness	00	01	01
9.	Cancer	02	00	02
10.	Carbuncles	01	00	01
11.	Chest pain	02	01	03
12.	Chicken gunya	00	02	02
13.	Cold	02	01	03
14.	Corn	01	00	01
15.	Cough	04	02	06
16.	Deafness	01	03	04
17.	Dengue fever	01	00	01
18.	Diabetes	13	12	25
19.	Ear pain	01	00	01
20.	Eye trouble	08	07	15
21.	Fever	02	01	03
22.	Gas	01	04	05
23.	Half headache	00	01	01
24.	Headache	04	06	10
25.	Heart problem	13	06	19
26.	Heart attack	01	02	03
27.	Intestine pain	01	00	01
28.	Jaundice	04	01	05
29.	Kidney problem	01	01	02
30.	Kidney stone	00	01	01
31.	Knee pain	07	09	16
32.	Leg pain	03	00	03
33.	Leprosy	01	00	01
34.	Loose motion	01	00	01
35.	Mental disease	01	01	02
36.	Night blindness	01	00	01
37.	Paralysis	02	00	02
38.	Pedsu	02	00	02
39.	Physical handicraft	06	03	09
40.	Right Rib pain	01	00	01
41.	Shoulder pain	01	00	01
42.	Skin disease	00	03	03
43.	Stomach pain	02	01	03
44.	Stomach ulcer	02	00	02
45.	Stomach tumor	02	00	02
46.	Swine flu	01	00	01
47.	T.B.	07	00	07
48.	Throat pain	00	02	02
49.	Thyroid	00	02	02
50.	Typhoid	05	02	07
51.	Ulcer	01	00	10
52.	Uterus infection	00	02	02
53.	Viral fever	01	00	01
54.	Waist pain	00	02	02
55.	White discharge	00	01	01
56.	Unspecified	01	00	01

Out of the 389 houses surveyed in Varuna village, B.P patients were found in 38 houses. Among 1824 persons surveyed, 38 persons complained of B.P. It is 2.08% of the population surveyed which is a significant number. This was next only to B.P found in 38 persons. It is followed by Diabetics found in 25 cases.

Table (3): Age group wise number of persons suffering from B.P in Varuna village

No. Sl	Age group	Male	Female	Total	Percentage%
1	21-25	0	1	1	2.63
2	46-50	2	3	5	13.16
3	51-55	4	5	9	23.68
4	56-60	4	0	4	10.53
5	61-65	0	3	3	7.89
6	66-70	7	3	10	26.31
7	71-75	2	2	4	10.53
8	76-80	0	1	1	2.63
9	91-95	1	0	1	2.63
	total	20	18	38	100

The youngest person known to be suffering from B.P in the village is a 24-year old VerashaivaLingayath Girl with two years history of illness and the oldest is a 95 years old LingayatShivarchak man. Both these cases are extremities in terms of age as all other cases lie between the ranges of 46-80 years old. Out of the 38 cases, 36 cases amounting to 94.73% of the cases fall within this range. The highest number is 10(26.31%) which falls in the age groups of 66-70, followed by 9 (23.68%) of 51-55 and 5 (13.16%) of 46-50.

The gravity of the situation can be better understood if we can find out the percentage of people suffering from the disease in the respective age groups for the range of 46-80 as the disease is more prevalent in this particular range.

Table(4): Age group wise distribution of BP cases for the range of 46-80 years old

No. Sl	Age group	Male			Female			Total		
		Surveyed	BP	Percentage	Surveyed	BP	Percentage	Surveyed	BP	Percentage
1	46-50	57	2	3.51	32	3	9.37	89	5	5.62
2	51-55	39	4	10.26	51	5	9.80	90	9	10
3	56-60	29	4	13.79	26	0	0	55	4	7.27
4	61-65	30	0	0	39	3	7.69	69	3	4.35
5	66-70	25	7	28	22	3	13.64	47	10	21.28
6	71-75	27	2	7.41	23	2	8.69	50	4	8
7	76-80	14	0	0	15	1	6.67	29	1	3.45
	Total	221	19	8.60	208	17	8.17	429	36	8.39

Going by percentage, that 28 percent of men in the age group of 66-70 suffer from B.P is really alarming. 13.79% for men in the age groups 56-60 is also significant. 9.37%, 9.80%, 7.69%, 13.64%, 8.69%. And 6.67% among women of age groups 46-50, 51-55, 61-65, 66-70, 71-75 and 76-80 respectively, suffering from B.P is also noteworthy. In the range of 46-80, there are 8.60% B.P men and 8.17% B.P women. Taking men and women together in this range 8.39% are B.P. Again the age group 66-70 shows the highest incidence of the disease at 21.28% followed by the age group 51-55 at 10%. Gender wise, there are, in all, 20 male and 18 female persons suffering from B.P forming 52.63% and 47.37% of the total number of B.P patients identified.

Acaste wise analysis of number of B.P patients found in the 389 households surveyed is given in the following table:

B.P patients with multiple complaints:

Among the 38 persons suffering from B.P, 14 persons have multiple complaints.

Table(5): Number of B.P complaining multiple illnesses

Sl. No	Combination of illnesses	male	female	Total
1	B.P and Asthma	2	1	3
2	B.P and Diabetes	4	6	10
3	B.P and heart problem	2	0	2
4	B.P and kidney problem	1	0	1
	Total	9	7	16

42.11% of the B.P is suffering from multiple complaints. 26.31% of all B.P patients (N=38) and 62.50% of the B.P patients with multiple complaints (N=16) are suffering from Diabetic. This is followed by Asthma with 3 patients. 7.90% of all the B.P patients (N=38) and 21.43% of the B.P patients with multiple complaints (N=16).

In all the cases B.P was detected later than the other complaint, pointing to the possibility of B.P being a later development.

Case studies

Shivamma:

Shivamma is an uneducated Adikarnataka woman of 68 years old suffering from B.P. She is fat. Her trouble started with swelling of the knee 2 years back her case as narrated by her is given below:

I am getting angry while talking to others. I feel tired during nights. I get vomiting sensation. I experience heaviness of the head, I don't get sleep. Secretion of saliva increases. I used to get burning sensation in the chest. First, I visited the village doctor. On his suggestion went to city and got checked up. It was diagnosed as B.P disease and is taking treatment from Dr. Raja Shekar.

I asked to reduce eating salty food and advised to drink a glass of water in the morning, and eat ragimudde, chapati and rothi, with dishes of leafy vegetables. I am improving. I have not used any home remedy. I have vowed (harake) to offer Pooje (worship) and uruluseve (side rolling) at the Nanjanagud temple.

Madamma:

Madamma is also an Adikarnataka widow of 53 years old, without education and male dependent is living with her daughter and two grandchildren. She is suffering from B.P for the last six months. Her health seeking

behavior is narrated by her as follows: "In the beginning I had pain in the Head and chest. Since the pain used to cease after sometime it did not trouble me. Then I used to get burning sensation in the chest. I liked the chili taste. I used to get burning sensation in the Head, thirst, hunger, tiredness and sleeplessness in the night. When my feet were hurt and bleeding started while working in the field and the injury did not heal even after a week we consulted the doctor. I took treatment at Dr. Rajashekhar Hospital at Nandanahalli. According to doctor I should not eat salty things like chips. I should eat less rice and *chapatti*, *ragimudde* and much more vegetables. I have not taken any home remedies at any stage of the disease.'

The patient further told that she had resorted to the following ritual healing treatment i.e.

1. *Kempuneerinaliithegesuvudu*.
2. *Tayataamulet* from the astrologer of the village AnandAradhya
3. Vowing *harake* to Nanjundeshwara of Nanjanaguda.
4. Vowing *harake* to Mahalakshmi of Mooduganda.

Puttalingamma:

Puttalingamma is a 58 years old, uneducated, landless, Adikarnataka widow living with her two sons and daughters -in -law. The family depends on kooli (farm labor) for their living. She is suffering from B.P. Here is her own narration of her history of illness, "I was suffering from giddiness and severe thirst for a year. Nearly 8 months before I began to pass urine again and again. I used to feel hungrier. I was feeling numbness of the palm and feet. There was no regular meals and sleep. I used to feel tired. Then I fell down in front of my house and had an injury. It did not heal even after two months. When I consulted doctor he got my blood examined and told me that I had the 'sugar disease' (diabetes). I am taking treatment at the J.S.S. Hospital, Mysore.

I have not tried any home remedies. The doctor has advised me to avoid salt containing food and Sweet and oil preparations. He has allowed me to take rice, *chapatti*, *rothi* and *ragimudde*. I am to visit doctor every 3 months for checking.

It was found that she has vowed to offer a *harake* to the Goddess "Devamma" of the village and has arranged a *pooje* for Bethamma of Bhaktaralli.

Nanjundaswami:

Nanjundaswami is a Brahmin astrologer of 77 years old. He has read up to class ten and lives with his wife and his son. He has been complaining of B.P for the last 2 years ago. He states as follows. "I was getting giddiness now and then. I had pain and burning sensation in the chest and head. I was feeling thirsty again and again and felt numbness in the legs and feet. I could not be cured of my fever at the local P.H.C. last year I went to Dr. Subhash in Mysore. I go to doctor over and over for checkup. I have not used any home remedy. I have vowed a 'Harake' to Nanjundeshwara of Nanjanaguda."

Venkayamma:

Venkayamma is an Idiga house wife. She is 61 years old. She is living with her husband, son, daughter-in-law and a granddaughter. The family is landless and depends on farm labor. For the last 5 year Venkatamma has a complaint of gas trouble and chest pain. Though she was alright after treatment at local primary health center. When there was recurrence of the same trouble of chest pain with burning sensation.

She consulted Dr. Shivakumar of the neighboring village. After examination she is giving medicine for B.P and gas trouble. He has advised regular exercise. He has asked me to take salty things, *ragimudde*, *Chapati*, and leafy vegetables. She is not using any home medicines. She has not taken any ritual treatment for the same. She further told that she had no belief in God.

Mahadevamma:

Mahadevamma is an uneducated Lingayat Veerashaiva woman of 56 years old. She is living with her son at her brother's place. She has a history of B.P for 5 years ago. She was addicted to tobacco. She said that, "I had slight stomach pain with frequent belching and burning sensation in the chest. I got the disease because I eat more salty things." She is taking rice, *chapathi*, *rothi*, *ragimudde* and sugar free coffee or tea. She has not taken any home remedies. She visits Bhaktaralli temple every Wednesday regularly and gets *pooje* (worship) done. She also visits Shaneshwara temple of Chorannahalli.

Nagamoni:

Nagamoni is a 24 years old Lingayat Veerashaiva girl who has studied up to class 9, suffering from B.P for 2 years back. His father is no more and he supports his widowed mother and sister by working as a helper with the masons. She was feeling tired and uneasy. She was finding difficulty to get up after lying. They consulted an Ayurveda doctor Murshid Ahmed. On doctor's advice he was admitted to J.S.S. Hospital, in the Mysore city.

She is taking "Pathya" (Prescribed) food and totally avoiding salty and sweet things. She visits hospital every 2 months. She is under the treatment of Dr. Basavannagowda. She has not taken any home remedy. She has visited Shaneshwara temple of Duddagere and offered *harake*, worshipped at Male Mahadeshwarabetta and vowed to offer 'thali' (a pendent) to Devamma of Volagere. The family had to take a loan of Rs 10,000 for the treatment.

Vowed to offer *harakeat* Nanjanagudu temple. She also vowed to offer a hen to Chikkallur Siddappaji. She has also vowed to send her son every month to Kongallibetta. Sakamma is a Vishwakarma widow of 72 years old. She is living with a son, daughter-in-law and three grandchildren. Not educated she is engaged in domestic chores. She has diabetes for 2 years back. She was unable to do any hard work. She could not tolerate the heat of the sun. She could not make much movement due to pain in the waist. Often there were swellings in the hands, legs and knee. When she went to the hospital for treatment for fracture B.P was detected. She takes the tablets regularly every day without fail. She eats more *ragimudde* and less rice, takes sugarless coffee and avoids salt and oily food. She has not taken any home remedy. They have offered *pooje*.

Puttaningamma:

Puttaningamma is 52 years old and, wife of Marishetti is a Madivala Shetty woman. She is engaged in household work. She lives with her husband, son, daughter-in-law and grandson. She has B.P. for the last 3 years and diabetes for the last 1 year. She had problem of frequent urination. In the course of the B.P. treatment she had the feeling of spasm in hands and legs. On consultation with doctor he diagnosed it as diabetes. She has not used home remedies. She has offered *harake* at Duddagere Shaneshwara temple. She got a *tayata* and a locket from Devamma temple.

Perceived symptoms:

The patients always narrate the symptoms as they perceived. The symptoms, they experienced as narrated by them are listed below:

1. Frequent Headache and chest pain
2. Severe thirst for water and hunger
3. Difficulty in doing hard work or walking long distances
4. Burning sensations in the chest or stomach
5. Spasm sensations in hands and feet
6. Numbness of the hand and feet
7. Not getting proper sleep during night
8. Tiredness and fatigue
9. Heaviness of the head
10. Pain in the lower abdomen and waist pain
11. Cough
12. Delay in healing of wounds.

It is found that frequent chest pain headache and boring sensations were a common initial symptom, along with severe thirst and hunger. In addition to this spasm sensation and numbness were in the limbs also found in some cases. Some had burning sensation either in chest or stomach.

Some found that they had B.P during investigations in the course of treatment for diseases like Diabetes or paralysis. Without exception every patient or their family members did not know or suspect they had B.P in spite of the symptoms though 38% of the persons interviewed (N=100) were aware of the name of the disease as *RAKHADOTHADA*.

Perceived causes:

Regarding the cause of the disease that almost all attributed it to eating more salt. But there are two persons who believe that their addiction to *beedi* locally made cigarette is also a cause. Two persons attribute it to irregular meals, fasting (starving) and heavy work. One person told that he got it genetically from his father who had B.P. The 24 years old L.V girl referred above was blaming destiny and mercilessness of the god for his suffering. In case of Mamma it was the doctor who suggested that she had inherited it from her parents.

Health seeking:

Indian villages, specially, those in the proximity of the cities are generally said to have medical pluralism. Medical pluralism is defined as the co-existence of more than one method of prevention, diagnosis and cure. Medical pluralism, which flourishes in all class divided societies, tends to mirror the wider sphere of unequal social relationships, with the patterns of hierarchy among co present medical systems being based upon the reigning structure of class, caste, racial, ethnic, regional, religious, or gender distinctions. It is perhaps more accurate to say that national medical systems in the modern or postmodern world tend to be "plural", rather than "pluralistic", in that biomedicine enjoys a dominant status over all heterodox and ethno medical practices (Ember *et al.*, 2004:29).

Home remedies, folk medicines, classical Ayurveda, Yoga, Unani, Siddha, and Homeopathy are the systems said to exist side by side in India. Except Siddha and Unani all these systems are easily accessible to Varuna villagers Mysore city, which is only seven kilometers away from their village with regular and frequent bus services is frequently visited for consulting modern doctors.

Though it is generally thought that the rural people first resort to home remedies enquiries have confirmed that not a single patient suffering from B.P, a Vishwakarma man of 45 years, was taking home remedy. But

some members in some of the families of patients mentioned consumption of *ragimudde*, *garlike grass juice*, and *bitter ground juice* leaves as home remedies for the disease.

A 62 year old Lingayat patient Mariswami had taken home remedies i.e., a white powder with honey and the blood of pigeon, but he took it as a treatment for paralysis in the course of treatment of which disease B.P was later detected.

Devanna, a 65 years old Lingayat farmer has visited many folk medicine practitioners (*NatiVaidya*) in Hubli, Dharwad, Gundlupet, T. Narasipura, H.B Halli and Nattapura but this was for treatment of Asthma when he could not find relief by the treatment of the allopathic doctor in the village. The B.P was detected later by an allopathic doctor, Dr. Prasanna Kumar whom he visited for treatment of Asthma when he failed to get any benefit from *NatiAushadha* (folk medicine).

However, there is not a single case of patient resorting to herbal or folk medicine system for B.P. Another general notion is that Ayurveda treatment is also often sought by the villagers. It was found that only one patient i.e, 24 years old LV girl approached the Ayurveda doctor first, in an acute condition. The doctor, instead of treating him with Ayurveda medicine, suggested him that he should get checked up for B.P and advised him to go to J.S.S Hospital. All others have gone to allopathic doctors / hospitals at the first instance.

In all cases referred above the patients have gone to doctors outside the village. Only two have gone to the govt. Hospital i.e., K.R. Hospital in Mysore, the headquarters of the district and a city of 7.8 lakh population with more than 14 big modern hospitals and one each of Ayurveda and Homeopathic Hospitals, 7 kilometers from the village accessible by regular bus service or ambulances.

Detection of B.P:

B.P was found to be detected generally in referral hospitals or on being tested by referral doctors. Thus, it can be said that the people here perceive that they are suffering from B.P only after it is diagnosed and declared by a doctor by cheek up.

Exercise of option:

Ones the B.P is diagnosed the patients are found to take the allopathic medicines regularly, generally tablets. They are found to adhere to the medicine, dosage and timings prescribed by the doctors.

No one is found to seek, folk medicine, Ayurveda medicine, yoga therapy, homeopathy, for treatments of B.P, but many were found to seek ritual or sacred therapy simultaneously.

Ritual healing:

Except Venkayama.61 year's old Idiga woman, all the patients interviewed and studied have resorted to ritual remedies, along with allopathic treatments. She seems to be anesthetist that she said that, she didn't believe in any God. Ember's observation on medical pluralism that people are quite capable of simultaneous use of quite distinct medical systems in the context of a dominative medical system one healing tradition attempts to exert with the support of the elites of the society (Ember and et al, 2004:29) finds support in the health seeking behavior of the village with respect to ardently resorting to ritual remedy along with the dominant allopathic system. Out of the 38 cases of B.P studied 37 (97.37%) were found to resort to ritual healing along with allopathic treatment. There is not a single case where only ritual remedy is sought.

Ritual healing may be classified into two main groups as services in the temple and magic formulas. The temple services include, *pooja*(worship)*uruluseve* (side rolling around the temple) offering money or material, feeding people and *mudiarpisuvudu*(offering hair). The other activities of ritual healing in clude *stayata*, amulet *kempuneeru*, *katteodesuvuidu*, *kalabear*.

The deities and the temples visited by the B.P patients studied include Devamma temples of VarunaVillagere, Nanjundeshwara of Nanjangud, Mahadeva of Male MahadeshwaraBetta, Shaneshwara of Duddagere and Chorahatti, Bhetala of Bhaletaralli, Ahalyadevi of ArathiUkkada, Mahalakshmi of Moodaganda, Siddappaji of Chikkalluru and Mallappa of KongelliBetta. While Nanjundeshwara, Mahadeva, Mallappa, Shaneshwara and Siddappaji are male deities the rest are female deities.

Only one person expressed the futility of his resort to ritual healing out of the ii patients. A comparison of the deities served or offered services and material offering and the other ritual practices done by B.P patients with the similar ritual actions of patients suffering from other diseases, one finds that these practices either in terms of the deities or the practices but not unique to them.

Diet:

All the patients told that they are reducing or totally avoiding salt, sweets and oil preparations. They reduce eating salty food and take more *ragimuddeor chappati*. They try to conform to the advice of the doctors as far as possible.

Utilization of public health care service:

Though there is no hesitation or reservations against visiting local P.H.C, it is found that B.P is always diagnosed in referral hospitals. Of these referral hospitals 2 are Govt. Hospitals. Both the Madivala Shetti woman Puttaningamma and the Vishwakarma Achari Woman Sakamma have no dissatisfaction against hospital services, though they are not fully well and the treatment is still continuing. Others have gone to private hospitals.

Cost:

Naturally those who had gone to private health care providers had to spend more. Some had to borrow money. The young Girl had to discontinue studies and work for settling the loan and buy medicines regularly besides supporting the family.

Conclusion:

B.P was found in 9.67% of the households, 2.08% of the population and 8.39% of the population of the age group of 51-80 in the village. Out of the 11 castes, Lingayat Aradhya and Nayak did not have B.P patients. The age of the youngest B.P patient is 24years old. Though 57% of the 100 persons interviewed knew the name of B.P, the actual patients were neither sensitive nor aware of their suffering from the B.P, on the onset of the symptoms and all were aware of their suffering from the disease only on biomedical laboratory investigation and doctors' diagnosis at referral levels outside the village.

Eating salt and sweet are considered to be the main cause, while a few think addictions to *beedi* and irregular meals and starving are also the causes of the disease. Once diagnosed all go for allopathic treatment i.e. And tablets. No one among the patients use home remedies, herbal remedies, Ayurveda, unani or homeopathic medicines. With the exception of one atheist, all resort to simultaneous ritual healing.

Though B.P is considered to be a life-style disease attributed to sedentary work habit, junk food and stress, there is nothing to show that the people of the village have taken to the modern life- style though there is the possibility of poverty related stress. This calls for looking at B.P in Indian villages from a different perspective than the western perspectives.

What is most significant for the health care managers, mainly policy makers and planners is the ignorance or indifference to the early symptoms of B.P and the delay in reporting to health care providers for diagnoses and treatment. An extensive and intensive awareness-cum- sensitization programmer on the early symptoms and threat perceptions like incapacitation and limb amputation in the event of delay in treatment is recommended.

As it is found that all are accepting the modern biomedical systems of diagnosis and treatment it is not necessary to discourage resort to ritual healing. While biomedical therapy acts on the disease, ritual or the sacred therapy acts on the illness i.e. the psychological aspect, reducing the stress which may otherwise not only aggravate the condition of the B.P patients but also lead to many other complications.

Biomedical researches with new perspectives and more anthropological researches on the behavior in different socio- cultural settings are needed. Intervention be taken up to stall the advance of the disease before it engulfs the whole society, as the impact of B.P on the work force has the potentiality of crippling the whole rural economy besides disturbing the peace and happiness of the patients and their families. It is the duty of the public health care managers to undertake planned exercises for prevention of such dreaded disease and promoting positive health.

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