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**TOPIC: MEDICAL MISSIONARY WORK: UNDERSTANDING THE SOCIO-CULTURAL MILIEU**

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 “Man is the crowning work of all that God has made.  The proper study of every learner is man.  Science, true and unadulterated, in all its achievements, is to be laid at the feet of the God of science.  Man is a being to be prized.” (Manuscript Releases, Vol.3 p. 335)

We are living in an era where life-style diseases are escalating in the present generation. Feeding on fast foods and dependency on medical drugs even for minor ailments have taken precedent over the nature’s remedial ways. People have departed far from the health model given in the Bible and the pattern exemplified by Christ’s life on earth. Thus, Medical Missionary Work is the need of the hour.

**What is Medical Missionary Work?**

According to Ellen G. White (1952), “Medical missionary work is the pioneer work of the gospel, the door through which the truth for this time is to find entrance to many homes. God’s people are to be genuine medical missionaries, for they are to learn to minister to the needs of both soul and body. The purest unselfishness is to be shown by our workers as, with the knowledge and experience gained by practical work, they go out to give treatments to the sick. As they go from house to house they will find access to many hearts. Many will be reached who otherwise never would have heard the gospel message.”(*Welfare Ministry, p.125*)

**Understanding the Socio-Cultural Milieu:**

Christ’s medical ministry on earth was people-centered. He reached out to people where they were: in their homes, in streets, marketplaces, by the sea, in the fields, in the graveyards, synagogues and cities (Matt 4:23 – 24; 9:23 – 25, 35 – 36; 8 – 9; Luke 6:1 – 4) . He was mindful of their socio-cultural backgrounds and approached them with humility.

Ellen G. White says that we need “To reach the people, wherever they are, and whatever their position or condition, and to help them in every way possible—this is true ministry (*Ministry of Healing, p.156).*  She advocates Christ’s model of approach as, “If you would approach the people acceptably, humble your hearts before God, and learn His ways. We shall gain much instruction for our work from a study of Christ’s methods of labor and His manner of

meeting the people” (*Evangelism, p.53).*

It is essential for a Medical Missionary worker to know about the socio-cultural beliefs and practices concerning health and disease in the given community. Understanding of the socio-cultural milieu of the community will help the Medical Missionary worker to present the health message in the context of the people’s beliefs system towards health and disease.

Culture and Society:

Culture is defined as "that complex whole which includes knowledge, belief, art, law, morals, custom, and any other capabilities and habits acquired by man as a member of society" (Tylor, 1871). Culture is a way of life: a design for living that each society carves for their members’ need fulfillment. Culture consists of norms and values. Norms dictates social rules of how members of the given society should behave; and values are socially shared ideas about what is good, desirable or important. These shared ideas are usually the basis of a society’s norms.

Society, on the other hand, is a collection of interacting individuals sharing the same way of life and living in the same territory. All members of the society possess a culture and culture characterizes a society.

Cultural Concepts of Health, Disease, Sickness and Illness:

People’s perception of health and disease are culturally defined. Health is viewed as preventive, promotive and curative by the people whereas disease is a deviation from health. According to Ackernecht (1947), “disease and its treatment are only in the abstract purely biological processes…such factors as whether a person gets sick at all, what kinds of disease he acquires and what kind of treatment he receives depend largely on social factors”.

At this juncture, it is imperative to make a distinction between ‘Disease’, ‘Illness’ and ‘Sickness’.

According to Young (1982), “Disease is what a medical professional would label as disordered physiology, whereas, illness refers to perceptions and experiences of certain disvalued states of the affected persons who is said to be ill”. Thus, it can be said that disease is a *pathological condition* of the body whereas illness is a *cultural concept*. Eisenberg (1977) states that “patients suffer ‘illness’; physicians diagnose and treat ‘disease’. Moreover, “a medical doctor wishes to cure disease but he treats illnesses, for it is usually the impairment of function and not the presence of disease pathogens that cause us to seek aid”. (Foster and Anderson, 1978, p.40)

Sickness on the other hand, is a blanket term given to events involving disease and illness. (a social construction of disease and illness). In this context, sickness is defined as a process for socializing disease and illness (Young, 1982, p.270). Thus, ‘Sickness’ is community members’ perception of persons suffering from illness.

So, a sick person (as viewed by the community members) lives both with the symptoms and consequences of disease in its physical and mental, medical and social aspects. In the act of alleviating his/her disease, the sick person becomes involved in numerous specific or non-specific, internal or external problem solving processes (health-seeking behavior). In this process, persons may follow prescriptive medicine or adhere to natural remedies (whichever works best for them and which is defined to them by their societal norms).

**Ethnomedical Practices in Trinidad and Tobago:**

Medicine can be interpreted from two aspects:

1. **Biomedical:** which interpret disease along the Germ Theory line.
2. **Socio-cultural:** This interprets disease in terms of spiritual, cosmic, ancestral, supernatural, social, etc. These pathogenic agents/forces that intervene the human body are either driven out or pleased ritually with the help of socio-cultural procedures or ritually with the help of a medicine man.

In the above context, ***Ethnomedicine or folk medicine*** can be defined as “those beliefs and practices relating to health and disease, which are products of indigenous cultural developments and not explicitly derived from conceptual framework of modern medicine” (Hughes, 1968, p.99).

 ***Ethnomedical practices*** refer to the ways people promote health and longevity and prevent disease and illness through traditional systems of medicine which include magico-religious beliefs and practices as well as involving medicinal plants and physiotherapy; all of which are rooted in their socio-cultural context.

Historical Background:

The Amerindians came by canoe to Trinidad and Tobago from the Orinoco delta; the Spanish were looking for gold; the Africans were abducted by slave traders; the French were displaced by French Revolution and by the capture of other Caribbean Islands by the British; the British came with the colonial establishment; other settlers saw Trinidad and Tobago as a place to make a new start in the New World (Besson, 2000). Additionally, Chinese and Indians were brought to Trinidad and Tobago as indentured laborers to work in plantations. Thus, with the coming of the settlers from multi-ethnic backgrounds, the traditional medicine in Trinidad and Tobago derived its knowledge and practices from intergroup borrowing or medical syncretism (as termed by Languere, 1987). In essence, the Caribbean folk medicine in its wider context is the marriage between European folk medicine, scientific medicine, African-based practices, Amerindian folk medicine, Chinese-based medicine and Indian-based medicine.

Ethnomedicine or Folk medicine is called “Bush Medicine” in the Caribbean. It includes: home remedies, folk etiologies of disease, preventative medicine, reproductive techniques, medicinal properties of plants, anatomical knowledge, and healers.

Doctrine of Signatures:

One aspect of folk medicinal beliefs that is ancient and globally known is the Doctrine of Signatures. Paracelsus developed this Doctrine from a much older set of beliefs. The belief was known in China, India, Africa and South America. The Doctrine claims that features made by God identify the plant with a specific disease or part of the body or more simply ‘like cures like’ (Sofowora, 1982; Etkin, 1988). For example, plants with heart-shaped leaves are good for treating heart diseases; plants exuding milky juice are believed to increase lactation in women. In India, a plant with kidney-shaped leaves (Centella asiatica) is used for treating kidney and liver ailments.

Signature plants were probably first recognized in ancient China, where there was a classification that correlated plant features to human organs.

yellow and sweet = spleen red and bitter = heart

green and sour = liver black and salty = lungs

Yang (primitive male) was associated with strongly acting plants; ailments of the upper half of the body were treated with upper parts of plants. Yin (primitive female) was associated with plants having moderate action and those with bitter, sour, salty, and sweet tastes; ailments of lower parts of the body were treated with below-ground plant parts.

It is now contended that every whole food has a pattern that resembles a body organ or physiological function and that this pattern acts as a signal or sign as to the benefit the food provides the eater.

“The fruit thereof shall be for meat, and the leaf thereof for medicine.”*—Ezekiel 47:12.*

Concepts of Hot and Cold in Ethnomedicine:

People in different cultures throughout the world like the Amerindians, Chinese, East Indians, Portuguese and Spanish view illnesses, symptoms and remedies as “hot” or “cold”. The British expression “feed a cold, starve a fever” is a well-known example of a hot/cold classification.

Trinidad and Tobago folk medicine has a historical classification of diseases into hot and cold.

There are three major classifications: hot, cold and neutral foods.

Hot foods: processed starch food, all flour-based foods (dumplings, dalpuri/roti), cornmeal-based foods, rice, spices and condiments (seasonings), garlic, lemon grass, tea infusions.

There is a common belief that any food that cause constipation is considered to be hot. Thus, it should be balanced by consuming cold foods.

Cold foods: all fruits and green vegetables especially those which are high in fiber, fruit juices, ‘bush tea’. Cold foods are believed to alleviate constipation and allow free bowel movements. One feels ‘refreshed’ when consuming cold foods as it cleans the bowels.

Neutral foods: legumes, tubers (all ground provisions – dasheen, edos, yam, sweet potatoes, potatoes, etc), starchy fruits. Neutral foods can be combined with any hot or cold food and consumed.

It is interesting to note that ‘bush tea’ is considered as both hot and cold drink and is a popular natural remedy for illnesses considered as cold (all respiratory ailments) and hot (pressure due to improper diet – too much starchy foods; stress or drinking; fever). Bush tea is generally prepared as infusions from fresh or dried leaves from the plants or herbs growing in their backyards (mint, basil, orange leaves).

Creolization:

The process of integrating western medicine into the folk medicine is often termed as ***Creolization*** of medicine.

The Creole medical system is fairly flexible and fits the philosophy according to the circumstances. It has a global approach and people utilize all available health care alternatives in a pragmatic way. Preventive medicine is practiced by keeping the body in balance through proper use of diet, drinking ‘bush’ teas to help keep the blood ‘clean’ and keeping the hot-cold balance by avoiding certain behaviors or situations like taking a bath when the body is hot(Hill, 1985).

In Creole medicine, the treatment begins with an individualized prevention of illness and ends with a specialized therapy. Home remedies are tried for minor illnesses, or if the visiting the doctor is inconvenient due to distance or long waits at the medical facilities. When home remedies fail, specialists are called in after discussion with family, friends and neighbors. Conversely, folk medicine is tried if biomedicine fails. If the natural cause is not immediately apparent, a supernatural explanation is sought. This process of elimination in the diagnosis of the illness is an important aspect of Creole medicine. Two essential points in this medical system is-

1. There are no barrier between mystical and scientific interpretations;
2. Everyone has to determine what works for him/herself.

Significance of number 9 in Folk Medicine:

Studies in tracing the origin of medical practices in India, Africa, South America and Europe indicate the significance of number 9 in their Ethnomedical practices. For example, the Hindu mourning period is 9 days. The Amerindian community practices the nine-night wake before the burial of the dead. There are other reasons for number 9 being important in Trinidad and Tobago culture. For example, the novenas or nine days/nights of prayer and nine first Fridays in the Roman Catholic religion are observed. In Hindu culture, *navratri* is a nine days/nights of fasting and festivity before the festival of lights, that is, *Diwali* is celebrated.

Amerindian-based Knowledge:

Amerindian culture was almost completely Hispanized by the Catholic missionaries who set up missions along the east and south coasts of Trinidad.

Bereton (1981) has written that the Amerindians influenced the lifestyle of rural Trinidadians before they disappeared, especially through the Spanish and ‘peons’ of Venezuelan origin. It is from the Amerindians comes the use of plants to excite dogs to hunt. Other aspects are rituals that include tobacco, and the significance attached to dreams. The intoxication of fish before capture is considered to come from Amerindians. The use of Lignum vitae for women’s problems and sexually transmitted diseases has Amerindian origins.

The Amerindians believe that all human relationships are potentially dangerous. This theme underlies in their ***couvade*** and other rituals and purifications and the Amerindian theory of sickness. Couvade is a widespread custom among the native peoples, whereby the father, during or immediately after the birth of the child, complains of having labor pains and is accorded the treatment usually shown to pregnant women. The social function of couvade is held to be the assertion by the father of his role in reproduction or of his legal rights to the child. The underlying belief is that the souls of the babies are weakly attached to their bodies and the couvade and practices of rest and dieting protect the soul for the first nine days after birth (Taylor, 1950).

African-based Knowledge:

New slaves arriving from Africa had some impact on the local culture. One example of the Creolization process is given: *surelle* means sour in Old French while *sorrel* is a sweetened drink made at Christmas time from *Hibiscus sabdariffa. Hibiscus sabdariffa* is used for hot and cold drinks in Sudan and Egypt (Ali et al, 1991). Specialists in folk medicine may have been among those abducted from Africa. All of these factors increase the probability of borrowing medical knowledge from other groups.

Personalistic explanations of sickness of African origin are classified under the term ***Obeah***. An Obeah man is sought for illnesses caused or influenced by another human. Obeah includes healing as well as a whole range of ‘magic’ that is used for success in love, career and harming enemies. Obeah is associated with male practitioners, can be counteracted by another practitioner, by the use of talismans or by Catholic prayers. According to Honychurch (1986)*Theretia nerifolia, Abrus precatorius, Hippomane* *mancinella, Nerium oleander* have associations with obeah and can only be cut at certain times of the moon. Some brews are left overnight in the dew to acquire maximum efficacy.

Indian-based Knowledge:

On May 1845 the first ship, the Fatel Rozack brought 225 Indians to Trinidad as indentured labors to work in plantations. After that there was a steady influx of 141,615 people and their knowledge. Successive waves of immigrants strengthened the Indo-knowledge base and also brought plants and animals. Settlers added Indian culture to the Trinidad mosaic.

The types of healers found among East Indians are “Vaidyas”, “Ojhas” and “masseurs”. The “Vaidyas” are the physicians using medicinal plants for treatment. Their medical knowledge is derived from the Ayurvedic system of medicine. “Ojhas” (Hindu pundit or Muslim Imam), have magico-religious forms of healing. They resort to “jharay” or shaking away the illnesses or evil eye spell by waving a leafy branch of Neem. The “masseurs” provide more a physical healing called ‘cracking’, ‘rubbing’, and ‘vein pulling’. They also have a special ability to massage away pains affecting the muscular and skeletal system.

**Anthropological Model for Medical Missionary Work:**

**Internalization of the health message will transform lives.**

**Christ’s Model for Medical Missionary Work:**

“Make Christ’s work your example. Constantly He went about doing good—feeding the hungry and healing the sick. No one who came to Him for sympathy was disappointed”(*Welfare Ministry, 53).*

According to Ellen G. White, “Genuine medical missionary work is bound up inseparably with the keeping of God’s commandments, of which the Sabbath is especially mentioned, since it is the great work of restoring the moral image of God in man, this is the ministry which God’s people are to carry forward at this time” (Testimonies to the Church, Vol.6 p. 266).

In conclusion, let us join us hands together in moving the Medical Missionary Work ahead and prepare souls for Christ soon return.

“Beloved, I wish above all things that thou mayest prosper and be in health even as they soul prospereth”( *3 John 2)*

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