CULTURE, HEALTH AND ILLNESS IN LADAKH

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Summary
Medical problems must be approached from a holistic point of view, particularly when western medical practice is introduced into a society like Ladakh's with a strong tradition of alternative medicine. Health is more than physical fitness and includes mental and social contentment.

Overwhelmed by rapid advances in contemporary medical knowledge, a doctor trained in western medicine is often unable to recognise that health is not just an absence of disease but is influenced by social, cultural, economic, psychological and political factors. Health planners and doctors should find enough time to recognise the fascinating relationship between culture, religion and health. Health delivery systems can never be really effective unless these other factors are also considered simultaneously with prevention. It is the same as when much effort is being taken to rescue drowning people from a river and then resuscitating them; yet no one stops them being pushed into the stream higher up.

Today Ladakh finds itself in a precarious culture transition period. Some inherited values are being abandoned, others which should be discarded are being retained, yet at the same time, undesirable modern habits are being adopted. The results on people's health is bound to be disastrous. Whilst modern health care systems, including immunization, maternity and child welfare and efficient health delivery systems, together with well equipped district and referral hospitals are certainly important, the need for a healthy lifestyle is easily neglected. The health related behaviour of an individual is influenced by his cultural background which includes knowledge, belief, morality and laws, as well as the habits he has acquired as a member of the society.

If we examine the influence of Ladakhi culture on health and illness from ancient times to the present, we shall perhaps appreciate that health is closely related to culture. In ancient Ladakh health was considered an ecological relationship between man and man; man and nature; and between man and the supernatural world. There were no doctors, but each village had at least one Amchi family, a member of
which would practise Amchi medicine and be much respected. Besides, each householder was his own physician and cared for his family. Spiritual and religious leaders, folk healers and Amchis were much in demand and greatly revered. Many illnesses were attributed to witchcraft, sorcery or the evil eye, or to divine punishment, by gods, spirits or ancestral beings, as a result of sinful behaviour. In most cases, prayers and repentance rather than medicine seemed to cure both sin and sickness. The tools of Amchi medicine were mainly diet, a few painstakingly prepared herbal and mineral mixtures, hot spring bathing and branding (tse-me and mem-bum). Amchis in ancient Ladakh were in a way polymaths as they had to be proficient in astrology and they had to attain a certain degree of spiritual development to enable them to administer medicine accompanied by tantric rituals.

The Amchi system of medicine is believed to have been introduced in Ladakh by the famous Tibetan translator and philosopher Rinchen Zangpo in the tenth century A.D. It was Buddha who gave his teachings in the four principal Buddhist medical treatises "Gyud-bzhi" which were popular in Tibet. Some people believe that the Tibetan system of medicine predates Buddha and is about three thousand years old. Whatever the origin of Amchi medicine, it is intriguing to find in it a strong resemblance to the theory of causation of disease put forward by both Hippocrates (460-377 BC) and Aristotle (384-324 BC). They perpetuate the theory of disease in which there are four humours and four qualities. The humours were designated as blood, phlegm, white bile and black bile and people might therefore have sanguine, phlegmatic, choleric or melancholic temperaments. The four qualities were hot and cold, moist and dry. All matter was thought to consist of earth, air, fire and water. As in Amchi medicine, there is a religious background to Hippocratic medicine. This is evident in the Hippocratic Oath: "I swear by Apollo the healer, by Aesculapius, by health and all the powers of healing, and I call to witness all the Gods and Goddesses, that I shall keep this oath and I promise to the best of my ability and judgement ...." It is of interest in its appeal to the deities, particularly to those concerned with healing. The practice of appealing to the Gods and Deities by performing special prayer ceremonies still exists in modern Ladakh. "gyagi, shenet dulzok, gumik, chasum tsezung" are some of the prayers offered by monks when appealing to the Gods for the promotion of health. The resemblance between Hippocratic medicine and the Amchi theory of medicine amply demonstrates that in the history of ideas there are no monopolies by creed, nationality or any other artificial division of mankind. It also show how cultural beliefs
are sometimes more powerful than facts.

While Hippocrates' theory of the causes of disease was later challenged, in the fifteenth and sixteenth centuries, a student of Amchi medicine should not miss the opportunity to study this subject in greater detail, for in Ladakh it has still not been seriously challenged. Recognising both the Hippocratic Oath and the Amchi vows, western medicine and Amchi medicine in Ladakh are forging ahead in partnership and without rivalry. The Government policy to support the Amchi practice of medicine has definitely been a welcome move. The Leh Nutrition Project and the Save the Children Fund have played a big role in bringing the Amchis of Ladakh to a common forum by holding seminars and workshops. The last two decades of this century can certainly be called the renaissance period of Amchi medicine.

In societies where ill-health and other forms of misfortune are blamed on social causes (witchcraft, sorcery, and the evil eye) or on supernatural causes (Gods, spirits, and ancestral shades), religious folk-healers are particularly common. In Ladakh the cult of trance divination (lhaba or lhamo) practised by groups of folk-healers has been popular since ancient times. While such folk-healing practices have obvious shortcomings and dangers, they may have certain advantages in dealing with psycho-social problems. The flourishing practice of this cult in modern Ladakh, without the support of the Government or any other institution, is surprising. Does it reflect an increasingly insecure feeling in society? Is it part of the trend of modern society in general to look towards alternative medicine? Is it the result of the interaction of many varying cultures coming to live in close urban communities? All these developments and their relationship to the subject of trance divination and folk healing need thorough study by a keen student of anthropology.

Medicine, like any other discipline, is an art of civilization, flourishing best where it is well supported. The Moravian missionaries in the nineteenth century were perhaps responsible for introducing the Western style of medicine into Ladakh. From 1960 onwards, the Ladakhis were served by their own doctors trained in allopathic medicine. Immunization, family welfare, maternity and child welfare programmes have helped to reduce infant and maternal mortality to the present level. Although one may find much wanting in the District Hospital due to financial constraints, yet it is easily one of the best hospitals for the general public, and for the poor in particular. Dedication and a human approach to the patients have been the strengths of this hospital; modest contributions on the academic side include original research into environmental pneumoconiosis, koilonychia and the carotoid bodies at high altitude.
As clinicians practising in Ladakh, we have seen great changes in health, both for good and ill, within the Ladakhi community. While infectious diseases like smallpox, measles and whooping cough have been controlled, the progressive adoption of an unhealthy lifestyle has brought in the diseases of an affluent society. Today obesity, diabetes, coronary artery disease, gall-stones, cancer of the stomach, cervix and uterus and lung cancer are increasingly being diagnosed in Ladakh. Tuberculosis of the lung and extra-pulmonary tuberculosis continue to be big problems. The recognition of environmental pneumoconiosis has brought an awareness of the additional hazards of domestic fire pollution and environmental dust which hopefully will improve the respiratory health of the population. An anti-smoking campaign and preventive measures against environmental pollution require the total involvement of the community.

The probable relationship between the Ladakhis' high salt intake and the prevalence of hypertension, strokes and even cancer of the stomach is an example of the links between culture and ill-health. At least 12 - 15 cases of cancer of the stomach are diagnosed each year in a population of 80,000; the expected average would be 4 - 5 cases. Hypertension affects 16% of the adult population, one of the highest rates in the world, and stroke is the commonest cause of death. The fact that these diseases are particularly common in monks and the nomads of Changthang, whose consumption of salt tea is high, further supports the salt factor hypothesis.

There is world-wide epidemiological evidence to favour this association and a plausible scientific hypothesis to explain it. Since high salt intake in the form of salt tea has cultural sanction, it needs to be tackled at a socio-cultural level. We therefore beseech the many Government and non-government organisations which claim to concern themselves with culture, to initiate measures to convert this society to a low salt culture. One needs to realize that values and customs associated with ill-health are part of a wider culture and cannot be effectively tackled in isolation from it.

Viewed in a cultural context, the individual perception of symptoms such as pain varies from culture to culture. Ladakhi culture plays down the emotional expression and response to injury and tends to make light of its symptoms. This is in contrast to certain other cultures in which people in general expect an extravagant display of emotion in the presence of pain. Ladakhi women consider dysmenorrhea, labour pains and the menopause as part of the business of being a woman, whereas in western societies analgesia is demanded for dysmenorrhea and labour pains (epidural analgesia) and hormonal replacement therapy for the menopause. The stoicism, restraint and
the playing down of symptoms in a society which minimizes the response to pain, and the unchecked expression of pain in a society which expects such disclosures, are two languages of distress, both of which may have a negative effect if a patient is receiving treatment from a clinician with a different cultural background. While Ladakhi patients might have their sufferings ignored as they continually underplay their symptoms, Italian or Kashmiri patients might be dismissed as "over-emotional" or "hypochondriacal" by a clinician from a cultural background which does not expect an emotional response. While evaluating people in pain, clinicians should be aware of the cultural influence.

The influence of culture on psychiatric illness is so profound that psychiatrists all over the world find difficulty in standardising diagnosis. Lack of hard physiological data, vagueness of diagnostic criteria, subjectivity and social and cultural influences are all factors responsible for the lack of consensus in diagnosing psychiatric diseases. In every society there is a spectrum between normal and abnormal social behaviour. The peculiar mourning behaviour in Ladakh where the female mourner expresses her grief in song and her solo singing is soon joined by other women in chorus has social sanction and is not considered abnormal behaviour, although a western-trained psychiatrist from a different culture may label this as mass psychotic behaviour.

In nonwestern societies such as Ladakh, mental illness is usually explained by spirit possession, witchcraft, the breaking of religious taboos or the capture of the patient's soul by malevolent spirits. This perspective carries the risk of neglecting the biological causes of mental illness such as brain tumour or dementia.

In primitive societies like Ladakh, illness whether somatic or psychological is considered a social event which intimately involves the patient's family, friends and community. The treatment consists mainly of ritual attempts to repair the social damage, to resolve the conflict causing the illness, to restore group cohesion and to integrate the patient in normal life. In this sort of cultural healing, mental illness seems to be more easily cured and far more short-lived. Patients are not exposed to the toxic effects of modern anti-psychotic, mood-stabilising anti-depressants and anti-anxiety sedative agents. Modern psychiatric treatment, in contrast to the Ladakhi style of cultural healing, serves to isolate the patient even further from society.

With the mad rush towards unplanned development, the social structure of Ladakh is threatening to collapse and as a result mental illness is bound to increase. The recent rise in the rate of suicide among young people is a warning sign of deteriorating mental health
as Ladakhi society modernises.

In conclusion, we wish and pray that the elite group of Ladakhis, the well-wishers of Ladakh, and those Government and non-government organisations which take a keen interest in preserving Ladakhi culture, will use their committed leadership to help the community to prevent disease by maintaining the virtues of Ladakhi culture while discarding those elements within it which impede progress.

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