

PATTERNS OF AFFLICTION AMONG MAPPILA MUSLIMS OF MALAPPURAM, KERALA

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Abstract- Each and every community has its own way of understanding on health and illness; it varies from Culture to culture. According to the Mappila Muslims of Malappuram, the state of pain, distress and misery is understood as an affliction to their health. They believe that most of the afflictions are due to the Jinn/ Shaitanic Possession. So they prefer religious healers than the other systems of medicine for their treatments. Thangals are the endogamous community in Kerala, of Yemeni heritage who claim direct descent from the Prophet Mohammed's family. Because of their sacrosanct status, many Thangals works as religious healers in Northern Kerala. Using the case of one Thangal healer as illustration of the many religious healers in Kerala who engage in the healing practices, I illustrate the patterns of afflictions among Mappila Muslims of Malappuram. Based on the analysis of this Thangal's healing practice in the local context of Northern Kerala, I further discuss about the modes of treatment which they are providing to them.

Key words- Affliction, Religious healing, Faith, Mappila Muslims and Jinn/Shaitanic possession

I. INTRODUCTION

The World Health Organization defined health as a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. However this definition is criticized by scholars, saying that the 'absolute well-being' is not possible without analyzing the relationship of individual in his social environment (Qadeer 2011). According to Qadeer, 'health is a dynamic concept embracing biological and social dimensions of the well-being of a person which was evolved and determined by the perceptions of a group or community which differ from community to community' (Qadeer 2011). Questioning the definition in existence in 1984, the thirty- seventh World Health Assembly took a historic decision to adopt a resolution, which made the 'spiritual dimension' a part of WHO Member States' strategies for health. Then in 1997, the special group of the WHO Executive Board for the review of the Constitution proposed that the preamble be modified to read as "Health is a dynamic state of Complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity" (WHO 1997). According to them what this means is that to be healthy we must also reflect healthy into mind, body and spirit (Suman 2015). So this debate shows the importance of understanding one's own health from his or her social and cultural environment.

Leininger (1991) theorized that all cultures in the world have had a lay health care system, whether it is described as folk, indigenous or generic. Yet, many of these systems are still used to 'ameliorate or improve human health condition (or well being), disability, life way or to face death' (Wing 1998). Regardless of geography, cultural origin or religious beliefs, there

are certain healing concepts that traditional cultures share. However, healing occupies an important position in religious experiences irrespective of any religion. According to the Encyclopedia of Religion 'healing occupies a singular and prominent place in religious experiences and often the most important symbolic figure in any religious tradition is its source. The values and experiences in healing differ from each religious tradition' (Jones 2005).

From the beginning of society people are maintaining their own belief and health care systems in their everyday life. Shamanism was considered as humankind's first religion, practiced by all hunter-gatherer societies (Winkelman 1992). Shamanism defined as a religious system in which, practitioners go into a trance to contact spirits and thoughts, which affect living people. Shamanism can be operationally defined as including specific characteristics identified in the anthropological literature(Winkelman 1992). Shamanism includes a range of traditional beliefs and practices, which involve the ability to diagnose cure and sometimes cause human sufferings by traversing the axis mundi and forming a special relationship with or gaining control over spirits (Pal et.al.2008). According to the ancestors, shamanism involves a religious complex characterized by trance, curing and a belief in the possibility of cosmic flight, centering on an individual (the shaman) believed to possess superhuman powers. A shaman could be both sorcerer and healer, with no contradiction between these two activities. Shamanic practices all over the world include various rituals; which are highly related with their cultural contexts. In shamanic rituals, the articulation of power at different levels; which are psychological, social and religious level of the person (Fridman 2004).

A personal understanding of health and illness varies from community to community. Scholars have proposed a wide range of explanations and understanding for the forms of human sickness and healing. There are three basic theories, which explain it in different cultural and historical settings. Theories are environmental or evolutionary, cultural theory and political economic theory. The environmental or evolutionary theory argues that physical environment and human adaptation to it are the principal determinants of sickness and healing of a human being. However in cultural theory cultural systems of beliefs, values and customs are basic determinants and in political, economic theory, the economic organization and contending relationship of power are the principal forces controlling human sickness and healing (Hahn 1995). Murdock (1980) explained the theory of illness, which was categorized into two subtypes, 'natural causation' and 'supernatural causation.' In his subtype natural causation, he defines that any theory, which is precise and socially accepted that accounts for the ill health due to physiological changes experiences by the patient in certain situations, which has been emerging rationally in the advanced medical sciences. In his second type category of theory, he mainly focused on the supernatural causation of illness in which he has been described in various parts such as 'mystical causation', where he explains the causes, which are due to the uncertain situation, threatening conditions, contamination, and supernatural vengeance. In his 'magical causation' he mainly focused on the causes, which are related to sorcery, exorcism, and witchcraft. Further his 'animistic causation' depicts the causes related to evil possess, soul loss and spirit aggression (Murdock 1980).

In most part of the world, spirit possession and demon possession has been considered as the cause of mental illness. The phenomenon of possession is widespread; but the invading entity varies according to their cultural contexts in which arises (Fridman 2004). Ethnographic literature shows that most of the human societies still believe in spirit possession. Erika Bourguignon (1976), in her analysis of 488 societies from the ethnographic Atlas, has shown that these kinds of beliefs such as spirit possession, demon possession, life after death, divination were present in 388 societies, or nearly four-fifth of her sample. According to Kakar the Arabs and the Chinese, the Hebrew and the Greeks, have all in some form of spirit possession and the monumental study of ostrich, with its hundreds of examples, from all parts of the world and historical areas, attests to the universality of such beliefs (Kakar 1982). When we are going through Kakar's works, it is giving more account about the shamanic practices in India. Kakar in his book "Shamans, Mystics and Doctors: A Psychological Inquiry into India and its Healing Tradition", mainly

explores the Indian cultural traditions which have its own psychotherapy to cure the mental illness and mostly problems of women's health. He conducted the studies in the northern states of India. It was found that there are different types of practitioners (Like, Vaid, hakim, swamis, gurus, maharajas, mataji, bhagat, lamasetc.) whom the author has encountered through interviews and observed in some states of North India. The main therapy they are giving is that verbal, practically through mantras, praising the God or ancestral spirits, nature etc., he described the practices through the lens of Shamans, babas, and other practitioners, the Indian cultural practices and the different understanding of the diseases and the causation of diseases and illness, which disturbs the human day-to-day life (Kakar 1982). Here the shamans became the mediator between the spiritual and human worlds. According to Cox (1994) religion is a 'container of culture' and the rituals, beliefs and taboos of religion are extremely important to the community and are vehicles whereby values and attitudes and beliefs are transmitted between generations (Cox 1994). Here in Indian scenario religion and faith playing an important role in individual's experiences on health and illness. Benson (1996) believes that 60% to 90% of all health problems can be prevented or at least addressed through the relaxation-response and the faith factor, that is, the experience and utilization of 'remembered wellness', through meditation, optimism and positive belief systems and participation in healthy organizations, including churches (Benson 1996). There are many studies in the literature that have examined relations between religious involvement and health outcomes and health condition.

II. RELIGION AND HEALTH

The history of the relationship between religion and health is nearly as long as the history of humankind. There are many studies, which have examined the relationship between religion and health of the person and how it influenced his or her life. The majority of them showed a positive outcome. In fact, faith healing, divinity in healing or healing in answer to pray has been an element of many religious traditions (Johnson 1986). Of course, praying for the sick is one of the oldest religious practices in the world irrespective of any religion. It is considered as a kind of treatment modality and one more in the arsenal weapons available to medicine to fight against disease and illness (Cynthia & Cohen, 2000). However, Kleinman distinguished between illnesses and disease, according to him a distinction that applies ill-health, whether physical or mental. Disease is a biological fact, amenable to investigation and treatments by the medical science through different ways. However, illness is the cultural act of giving the suffering or state

by the disease a meaning and a value, may be it a socially constructed reality (Kleinman 1980). In fact, the idea of religion and health are separate spheres which are controlled by separate institutional specialists. In scientifically advanced societies, understanding and responding to the illness and health are based on rational ways of knowing, scientific expertise and technological control. While religious practices for health and healing frequently considered being irrational (even superstitious and magical) and ineffective ways of thinking and acting (McGuire 2008). However by the mid-twentieth century, many scholars including anthropologist, scholars from religion had come to consider the religious healing practices for health and well-being (Ibid). During the twentieth century, even the anthropology of sorcery has changed. The first change occurred when Bronislaw Malinowski, the founder of the ethnographic method, debunked the prevailing assumptions that sorcery was a manifestation of primitive irrationality. Instead, what Malinowski discovered among the Trobrianders of the western Pacific was that sorcery was a pragmatic practice, a logical means for their overcoming the uncertainties of human life (Nabokov 2000). Once psychiatrists and physicians held that religious faith and practice were detrimental to physical and mental health, Today's scientific studies reveal clearly that religion promotes physical and emotional well-being. Additionally, Benson (1996) is among the many physicians who proclaim the significance of religion and faith for health promotion and recovery from illness. He believes that persons are 'Wired for God,' that is, alignment with religious practices necessary for our well-being and consequently the greater the alignment with the divine, the greater the likelihood of physical and emotional health. Through this, we can understand there have a strong connection or relation between one's own religion, faith and their physical and emotional well-being.

III. ISLAMIC PERCEPTION ON HEALTH AND ILLNESS

Islamic perspective on illness and disease have been developing for centuries, and it can be traced and understood from the Quran itself. According to the Quran there are four major components mentioned as the holistic model of the self. Within the Quran, the model is based on four interrelated factors, which are the rooh (soul), the qalb (connection between soul and the body), the aql (intellect) and the nafs (drives or desires, merging through the dahmeer (Consciousness)). Quran explained that in order to be healthy, the all four factors should be balanced and the imbalance in any factors results in physical, mental and/or spiritual illness. Islamic understandings of mental and physical illness correspond to accept

diagnostic classifications currently as described in the DSM-4-TR and the ICD-10. However in Islam, identifies and an additional category of illness: spiritual illness and which are broadly divided into two types, Sihr (black magic) and nazr/ ayn al husood (evil eye). Whereas religious healers following their own way of healing methods (Bulbulia & Laher 2013).

Here the literature shows that, each and every community has their own understanding on health, illness, disease and healing system. Like this Mappila Muslims of Malappuram have their own perceptions on illness and healing system.

IV. MAPPILA MUSLIMS OF MALAPPURAM

The Muslims of Kerala, known as Mappilas, were originally formed when Arab sailors and traders married local women and grew through local conversions to Islam by Arab Missionaries. The Mappilas were spread along the regions including the present districts of Kerala, namely part of Kasargod, Kozhikode, Malappuram, Palakkad and some areas of Thrissur district (Miller 1976) this region known as Malabar and Malabar is Muslim majority area in Kerala. The Muslims of Malabar, the Mappilas, were socially, economically and culturally belonged to different groups. Regional differences could be seen in their religious ceremonies and everyday lives. There were differences between rural and urban Mappilas of South Malabar and North Malabar. Most of the Mappilas in North Malabar were associated with commerce, and there were many landlords among them. However Mappilas in South Malabar were associated with agriculture and majority of them were tenants (Dale, 1980).

The Mappilas of Malabar constituted mainly of converts from lower castes like Cheruma, Tiyya and Mukkuva and a small number of them were descendants of Arab Traders. The local Hindu people warmly accepted Arabs and merchants. Later they married local women as well. No discussion of the mappila Muslims of Kerala completes without mentioning the Cheraman Perumal was the first Indian who converted to Islam.

Mappila internal social distinctions are not sharply defined but are present. One area of separation is dependent on blood lines, a continuing distinction being fostered by the superiority feeling of Mappilas of Arab descent, by the position of inferiority inherited by Mappilas descended from outcaste communities and by the persistency of caste distinction in Kerala society in general. Other unofficial distinctions are based on position and wealth (Miller, 1976). Sometimes all the factors are combined as in the case of some caste groups in Kerala like Thangals, Malabaris and Kuttichira Muslims. One attempt to

delineate the mappila social system has distinguished five major groups. The first are Thangals, who trace their lineage to the Prophet Mohammed. The second are the Arabis, who are descendant from Arab marriage with Malayali local women. The third group is Malabaris, the bulk of the community, who are the descendants of indigenous converts. The fourth social group is Pusalars and Ossans; pusalars are converts from fishing community and the Ossans are barbers. Other social groups are Koyas and Keyis of Malabar; they are nominal groups in Malabar (Ibid).

In Malabar among Muslims, Thangals played an important role in the shaping of the Muslims in the region. Thangals established themselves as a separate social entity with the help of various controlling mechanisms. Mosques and Madrassas became the functional centers of this social group, and they became stronger through moral superiority. This superiority was carefully constructed through the notion of 'spiritual power' and 'pure lineage', and was based on hierarchy. Because of all these factors 'other Muslims' treated them as 'something special' and they believe that the 'pure lineage' (means direct relation with Prophet Mohammed) gave some spiritual power to them to cure illness and other problems. In the initial stages people are going for treatments only to the thangals, but now situations have changed. Many other people like Musaliar, Mullas and even common people are also practicing as healers in Malabar.

However As I mentioned earlier, Malabar is a Muslim majority populated area, and they are closely related with religion and religious practices. In addition, I have mentioned the relationship between religion and health in all societies and religion, and religious practices are very important and significant in all aspects of Muslims of Malabar as in several communities in all other parts of India. In Islam, among Muslims the mental illness and spirit possession dealt by religious and ritual healers and as they are considered well equipped to drive the evil spirit (Birchwood 2011). Like this Muslims of Malabar seeking help from religious setting or faith healers are a common health seeking behavior among those who are suffering from any kinds of illness. Family and community have a vital role in one's health seeking behavior. The next section will be dealing with the role of family and community in health seeking behavior of a person.

V. PATTERNS OF AFFLICTION AMONG MAPPILA MUSLIMS OF MALAPPURAM

Mappila Muslims of Malappuram are facing many troubles and problems in their everyday life. According to them, the state of pain, distress and misery is understood as an affliction to their health. Most of the time for various afflictions they are

consulting religious healers than medical doctors. According to them most of the troubles and problems are caused by the Jinn or Shaitanic possession.

Jaleel Thangal (the religious healer, people use to call him as Usthad) explained that Jinn possession or spirit possession is the major reason for illness among Mappila Muslims of Malappuram. The word 'Jinn' comes from the Arabic Jann, signifying covering and covertness, veiling and darkness, but also something that lies hidden in the womb as an embryo. The extent of Jinn's power and knowledge is great indeed, although these too are hidden from human beings (Kakar 1982). Usthad explained about the types of Jinn; there are two types of Jinns. A few Jinn (who are 'believers') are benevolent; however many of them are destructive and profoundly amoral beings. Usthad explained that each and every human being has its own Jinn. 'Who is born and bought up with him and die with him. When the Malak (Angel) come to take away the soul of a real man/ women, they kill the Jinn. This is the reason why Muslims bury Mayyith; it is to ensure the death of a man's Jinn. However in the case of a sinful man, Jinn escape by hiding in the organs of elimination, which are impure and cannot be reached by the angel. The Jinn become a demon and will try to make troubles. The same story mentioned by Kakar (2012) in his work. He added that most of the world, spirit and demon possession is the dominant theory of illness, especially of some conditions, which we call mental illness (Kakar 1982). Quran explained about the existence of Shaitans and Jinns. According to Usthad Jinns are the most common and likely to be encountered in everyday life. Jinn can possess everyone, but the taste of blood and flesh matters here. Of course, the best and tasteful blood is the blood of a virgin. Spirit possession/ Jinn possession can cause many illnesses. The Tafirs and the Hadis, the tradition of Prophet Mohammed, can treat or cure this kind of illness.

Usthad specializes in spirit or Jinn possession, and he is also treating for epilepsy, migraine, infertility, insomnia, etc. Besides these problems he is giving treatment or handling problems like un-employment, marriage issues, family problems, property issues, etc. In short, he has given an account of healing methods. His healing methods included Dua, writing Quranic verses and Ayaths in bowls, reciting Quranic words and blowing to water, writing Quranic words on paper, etc.

According to the healer, the sickness understood as the result of interference into the body of some external or malevolent influence. In many cases, it might be a spirit, demon or Jinn possession. The central metaphor of curing his/her illness is to be the removal of some 'thing' (spirit, demon or Jinn) from the body.

He explained about one of his patient's situations. He has been suffering from chennikkuth (a migraine) and

body pain for more than 5/6 years. The patient himself believes that it is due to his karma. Because of his karma, he is suffering from these kinds of health problems.

Purva-janma-krtam papam

Vyadhi-rupena jayate

‘The fault done in a previous birth takes the shape of disease in this life’ explained by Usthad. Also not only his past deeds/ karma in his life, but also the deeds of his or her ancestors both from mother’s and father’s side are responsible for his/ her problems or illness. Even today also people believe in their karma. Take the following statement by Usthad:

Suppose a woman is having gas trouble for the last 6 or 7 years. Sometimes doctors may declare after repeated checkups, that she has no ailment of any kind. It is in such situation she will approach a religious healer. The healer then finds out the cause of the ailment, which is the wicked deed of the person or her ancestors in the past. It is to be inferred then that the unclean spirit of a dead ancestor has entered the body of the woman. It is also possible to find out, whose spirit has entered her body- whether it is that of her father, mother, grandfather or someone else. The wicked deeds of an ancestor can spoil her life.

Some people are easy prey for Jinn or Shaitans; especially women, pregnant women and children are more vulnerable to possession. Usthad opined that lack of religiosity is making the people more vulnerable to Jinn or Shaitans effects. The fact that Jinn or Shaitans touch some people, it is the same as any other illness, some people can easily catch a cold and cough; other people have good resistance to it. He added that if a Shaitans or Jinn touched a person he/ she will show OCD (obsessive compulsive disorder), doubting on everything, etc. He gave an account about different kinds of troubles and afflictions. As we know that the multitude of affliction is very important as a culturally acceptable way of human experience regarding health and illness.

In this section, I will list the most important afflictions, which are dealt with in this particular religious healing practice. Each and every culture has its way of understanding of health and illness. So the multitude of afflictions is very important as a culturally acceptable way of human experiences regarding illness. They perceive these afflictions as the result of different kind of illness and health problems. Here I am listing the multitude of afflictions among Mappila Muslims of Malappuram.

- Karimkannu (Evil eye)
- Karinakku(Black Tongue)
- Pediyil Peduka or Kandu pedikkuka (Getting trapped in fear)
- Sathru dosham (Enemy’s wrong doing)
- Kaivisam (Hand poisoning)
- Sthala prashnam (Spatial incompatibility)

- Jinn kooduka or Shaitan kooduka (Jinn possession or Shaitanic possession)

These are the major afflictions faced by Mappila Muslims of Malappuram. For these various problems they are consulting religious healers than a medical doctor. According to them these kinds of illness can be treated through religious healing methods. The following vignette will elaborate the ‘experiential’ aspect of affliction of Mappila Muslim of Malappuram.

Vignette 1

Sajida is a young charming woman from the Muslim community. She wore churidar and covered her head with a shawl. She was silent and scratching her legs when I saw her in the veranda of Usthad’s healing room. I sat near Sajida and started talking to her. Sajida is a strong believer of Islam and believes in Allah and his orders. And she believes in the existence of Jinn, Ibleese, and Shaitan. In her opinion they will try to mislead the disciples of Allah and they will try to make problems and troubles. She added that because of the Jinn she got evil eye, it caused her itching.

She continued;

Since 2009 I have been suffering this itching. I have consulted much skin doctors and have taken treatments as well. But I couldn’t get well from this. Initially, I thought that it is because of any bacteria or fungus. So I took treatments from the hospitals. But even after five years, I was not cured. Then I came here to Usthad. Usthad told me that it is because of the onslaught of Karim bhootham (Black demon). There are no marks or scars on my body. But I feel itchy. Usthad opined that it is a Karimkannu of Jinn (Karim bhootham). According to him, Jinn’s evil eye can make physical ailments and problems. However through his treatments, I could gain a positive change. Initially, I have taken treatments from many eminent doctors of skin. Even they could not treat me well. However Usthad could find out the problem and he could treat and cure my illness. She added that Usthad’s treatments are based on the holy text- Quran. He told me to recite ‘ahuoodibillahi minashay thwanirajeem’ seven times and blow it on to the spathe of an areca nut tree. It should be repeated for seven days, and then again done for next forty-one days and this spathe should be kept somewhere in the kitchen. Besides this, he told me to recite Quran daily after Magrib Namaz. Finally, I know one thing-only Quran can solve these kinds of paishachika Prasnagal (demonic problems).

Here the problem of the patient is karimkannu. Karimkannu means evil eye. According to the Usthad, the evil eye is the names for a sickness or misfortune, which, is transmitted by a person with or without intentions, peoples who are envious, jealous and covetous, greedy or even a pious person from among man or Jinn or Shaitan. Here Jinn or Shaitan plays an

important role in these kinds of afflictions. He classified the karimkannu into two. First one is human karimkannu and the second is Jinn karimkannu. According to Usthad primary symptoms of karimkannu are feeling of physical and emotional tiredness. And the person will have unexplained bad luck or unfavorable incidents and illness. Sajida's narration shows that the perception of illness among the Mappila Muslims. She is one of the representatives of them.

Vignette 2

Anfal he came with his father to the Usthad
He explained about his problem;

Every day he will go to the palli / mosque for Subhi Namaz. Two days before, after he came from the palli he started to burble and he started murmuring things and he became violent. Additionally, he didn't sleep for last two nights. Whenever, he tried to sleep, he started saying 'enik pediyakunnu, enik pediyakunnu' means I am scared; I am scared. And he is not sleeping. We were tensed and confused. We asked many times to Vappa about his problem. While we are talking to him, He will say only this 'enik pediyakunnu' (I am scared). Finally, we reached a conclusion that he must be trapped in fear or Pediyil peduka. He might have seen some Jinn or Shaitan on the way to the palli. Its presence or appearance made him scared. Then we decided to consult Usthad for this. Because we know that no medical doctors learned about Jinn, Shaitan or Ibleese, and their activities on the earth. So they can't treat the health problems, which are made by Jinn or Shaitan. Therefore Usthad can deal with these kinds of illness and problems, and he is specialized in Jinn possession.

As a believer, I can say that Quran can heal any problems, especially Shaitanic problems. Usthad can talk to Jinn, Shaitan, and Ibleese, etc. and his religiosity helps him for that. Through some karmangal (Rituals) he can cure my Vappa's Problems.

The explanation of Ashraf and Anfal was similar to many other ones, which I heard at Usthad's healing room about Pediyil peduka or kandu pedikkuka. This incident also referred as 'enthenkilum kandu pedikkuka', means to see something and get scared. Here the 'something' might be Jinn, Shaitan or Ibleese. During my fieldwork I have heard this same question from many of Usthad's or Beevi's patients or relatives, whether they have seen something and got scared.

Pediyil peduka is almost a dangerous phenomenon, which is caused by an external factor. In the case of Nabeesa, she is suffering from lack of sleep and urinating in the sleep. She is a Muslim woman in her late fifties who is having troubles with her sleep for which she is taking tablets. Because of these tablets, she couldn't wake up in the morning and have

difficulties to work. She wants to stop the modern medicine. She is taking medications for both the problems. However the medicine makes her sleepy, but she didn't get any result for urinating in sleep. When I asked Nabeesa about her disease and the resolving methods, she shared her experience and treatments (religious healing).

Vignette 3

Nabeesa narrated;

There might be something, which is haunting me in the sleep, but I am unable to remember. I have taken medicine for a long time. In a sense, I could sleep at night, but it didn't solve my other problem of urinating in sleep. It was a big trouble in my life. It affected my marital life as well. I came here as a last resort. Soorath-Ul-Faith in Usthad's ability helped me. He tried many ways to understand my problems. Usthad was sure that it is not a biological or physical ailment. Finally, he asked me to recollect my dreams in the sleep. I could recollect, yes; there was some bad play of Jinn. It tried to disturb my sleep in several ways. Jinn tried to scare me, because of that I am urinating while sleeping. Then Usthad asked my name, age, and my umma's (mother) name, the name of parambu (piece of land which she is residing), etc. Then Usthad made some kuripp (prescription), which I have to do for my problem. He wrote the name of some Quranic Ayaths and Sooraths and some rituals I have to do before going to bed. Then Usthad told me to come after fourteen days. So I came after fourteen days, and he gave me an aikallu (other local term of elas) to wear across my waist.

For Anfal's father and Nabeesa it was an insidious onset of fear, which was aroused by seeing Jinn or Shaitan and interference of Jinn in the dreams. During my fieldwork, I could understand one fact that besides what they call Jinn, Ibleese or Shaitan the 'Pedi' or the fear is a major factor for these problems.

Apart from these Sathrudosham is another kind of affliction among Mappila Muslims. Which we can understand through the Navas's experience;

Navas explained

Overtly I don't have any physical illness. But since last year I am suffering from manasika pirimurukkam (mental stress and strain). Whatever I have, I earned myself. I have two shops, one hotel and recently I opened a beauty parlor as well. I was getting a good amount from all of these. Day by day I became rich. But since last year situation has changed. Unexpected loss, not getting the collection as before, finding several difficulties in the working place, etc. happened in my life. I had doubt on one of my villagers; because all my business was a challenge to him. It must be Sathrudosham. Very recently my friend suggested this Usthad. Usthad did kanakku vechu and diagnosed my problem. My assumption was correct. Somebody

had done Sathrudosham on me. That was the reason for all my loss and failures. Later on, Usthad found out a solution for my problem. He asked me to offer food and dress to orphans in yatheemkhana. Then he gave me thakids to keep in all my shops. Additionally, he gave one bottle Zamzam to drink and sprinkled in my shops.

These three Vignettes show the perceptions of mappila Muslims on their illness. According to the religious healer(s) girls, mothers, and infants are considered to be most vulnerable to the attack of spirits (Jinn, Shaitan and other Hindu demons). Time, place and situation are also the factors for their being vulnerable. These case studies show that the patterns of afflictions among Mappila Muslims of Malappuram and their way of understanding on health and illness. For these afflictions they prefer religious healers than the physicians or doctors; because only the religious healer can treat these kinds of problems.

Religious healing methods are based on the Holy Quran. According to the religious healers, (both Usthad and Beevi) Quranic treatments are the most effective and powerful treatment in the world. The history of Islam and life of the Prophets shows the importance of the Quran and its Ayaths in everyday life of a Musalman. Through the various Ayaths, Quran mentioned the use of each and every Ayaths; how can one use the Ayaths for treatment, who can use and how much it is affective, etc. Through the continuous learning of the Quran and the hadiths, they enrich their knowledge in the religious healing practices. Both the healers have learned the healing methods from their ancestors.

The treatment methods vary from afflictions to afflictions, illness to illness or troubles to troubles; however the basic 'medicine' for all the illness are the Ayaths and the Sooraths of the Quran. Healers categorize the modes of healing methods into five- Dua, Dikr, Swalath, Nercha and Jinn ozhippikkal.

Dua

According to a Musalman, Dua is an important part of their faith and belief in Islam. The word means 'to call upon.' In Islam, Dua means to address the Almighty, Allah, with praise, hope and to mention one's needed. It is the highest form of devotion that Allah loves more than anything else. It is the means of keeping in touch with the Almighty – Allah. It causes the increase in reward and helps remove pain and suffering of the human beings in this earthly existence. Dua is considered as a weapon. It is a form of prayer that does not need any fixed time to be observed. It also does not need any specific place or condition to make supplication. However, most of the Musalmans do Dua after five times Namaz. Prophet Mohammed and the Quran explain the importance of Dua in one's own life and actions. Quran explains that Allah said everything is written in taqdeer (destiny), but Dua

(prayer) can change even your destiny too. Usthad made some examples from the hadiths- "once when Prophet Mohammed passed by some people who were suffering from some affliction, he asks them why don't they make Dua to Allah for protection. Similarly, according to a Musalman good and bad times are given by Allah only, and he should exhibit the best of their faith in both times of their life. It is mentioned in the Holy Quran: "Verily we will test you with some fear, hunger, and loss of wealth, life or the fruits (of your acts)." (Ayaths, 2:155).

The Usthad also ensures that the ill health or illness also can be cured through the Dua to Allah. The above given Quranic Ayath sand Hadiths shows the credibility of the religious healing practices.

Dikr

Dua and Dikr are important among devotional acts among Mappila Muslims. Dikr is the name of the devotional act in which one recites Ayaths or Sooraths from the holy text silently within the mind or aloud. The content of the Dikr includes various names of Allah and remembrance of Allah. There are many Ayaths that emphasis the importance of remembrance of Allah through Dikr. Prophet Mohammed opined that 'la ilaha il Allah' is the best Dikr.

Swalath

Swalath can be defined as 'to seek the blessings of Allah through the prophet' by which devotees will get virtues. Swalath can be done either individually or group-wise. Through the Swalath, people remember the Prophet Mohammed and other Prophets and Auliya. People believe that the Swalath can bring Barkath to their life; through this, they will be protected by Allah from various problems. A Musalman can do Swalath at any time with or without Wulloh.

Nercha

Almighty categorized all his creatures in different levels. Each and everyone have its position and importance. Malak, Jinn, Shaitan, Ibleese and human beings are important among them. Among human beings, some people are more close to Allah, and they will get special supernatural powers to cure or solve the problems. Common people called the abilities of the person are Karamath. C.M. Waliyullahi and Mamburam Thangal are the most important Auliyas in Kerala. Through their Karamath they were accepted by the local people. After their death, people made Makhams and Jarams (Dargah) for them. Even after their death people believe in their Karamath and they will do Nercha into their Makhams or Jarams. Means are offering something. Usually, people offer eatables, dress, and money to the Makhham or Jarams. Through this offering, people believe that they will get positive result for their problems and issues.

Jinn ozhippikkal

According to the Mappila Muslims of Malappuram, Jinn possession is the main reason for most of the illness. Religious healers are the 'doctors' for these kinds of ailments in Malappuram. Through various methods, religious healers try to remove the Jinn from the body of the possessed. The process of removing Jinn from the body is known as Uzhinjumattal or Jinn ozhippikkal. According to Usthad, Arabic letters has life; all the 28 letters has its Malak and Jinn. So treatment with the letters does works on the human body. Jinn or Shaitan can travel in the human body through blood. Through these Jinn, Shaitan or Ibleese can make trouble in the human body, which can lead to the ill health of the human beings. Through the Uzhinjumattal healers can remove the Jinn/ Shaitan/ Ibleese from the body.

Through the kanakku vekkall religious healers identify the type of Jinn or Ibleese that has afflicted the patient. Then they will make Kalam (box with rows and columns) according to the patient's problems. There are primarily four kalams-khumasi, thulasi, subhasi and subhahi. The healers would write Ayaths or letters into the kalams according to the problem. While they make these kalams they recite Ayaths and Sooraths which suit the kalams. Through this, they can understand the solutions for the patient's problem. Knowledge in religion and the text make them capable of understanding the situation and the kind of problems of the patient.

Healers opined that there have 6666 Ayaths in Quran, where each and every Ayath has its importance and usage. It is the ability of the healer through which they can understand the Ayaths suitable to treat the patient. On the other hand, according to the healers, the methods of the treatment might change, though the basics will be the same that is, the use of the holy Quran and its Ayaths.

Nu's experience on her illness;

Usthad asked my name, age, umma's name, husband's name and the name of the parambu, etc. and noted it down in his diary. Later on he made boxes and wrote some Arabic letters and the Usthad calculated 'something' (she don't know exactly what Usthad had done). Then Usthad told me that somebody had done Sathrudosham on me. That person (she didn't mention the name of that person) had done that to spoil my marital and family life. Their act of Sathrudosham ruined my health. Usthad told me to do some karmangal for my problems. Through the kanakku vekkall Usthad decided one suitable day for my chikitsa. On that day we (my mother-in-law, my mother and I) reached at Usthad's healing room. There were two more Usthads to help him. They were reciting Quran from the beginning of the chikitsa. Then Usthad took one coin and put on my head and started reciting Ayaths from Quran. After that, he

made a circle on the floor and told me to stand inside that circle. The helpers were standing beside me, and they were reciting Ayaths continuously. Soorath-ul-yaseen was the important Soorath, which Usthad recited. After some time, I started talking in 'some other manner, in a different voice' and I screamed and shouted. They tried to control me. Even then the helpers were reciting the Quran. After some time I lost my consciousness. Usthad continued this chikitsa for seven days. On the last day, Usthad invokes the Jinn into a piece of wood, and he told us to shed that in a river.

In Nu's case through the Sathrudosham the enemy had sent the Jinn to spoil her health. Through the karmangal Usthad removed the illness- causing Jinn from her body. This is one of the ways of Jinn ozhippikkal. Most of the time, the process of Jinn ozhippikkal is collective. Simultaneously they will do Dua and recite Quran to make an atmosphere for the chikitsa. Usthad or Beevi will be the head or the controlling person in this process. Other helpers (scholars and apprentices in this field) and the patient's family members will be there for help. The process of Jinn ozhippikkal would last for hours at a stretch.

Thus, through different examples, the religious healers explain about the various healing methods, which they use in their practice. Both the Beevi and the Usthad categorized the modes of treatment into fives- Dua, Dikr, Swalath, Nercha and Jinn ozhippikkal. According to them, these are the most effective treatment methods in the world for any problems and troubles. Apart from the healers view, the patients also believe in the religious healing practices and the effectiveness of the treatment using the holy Quran. Their lived experiences made them strong believer

CONCLUSION

Kerala has remarkable achievements in health sector almost comparable to that of developed countries. The successive governments before and after independence played a vital role to make this gain. Home remedies and Ayurveda were the practiced medicinal system before the arrival of British in Kerala along with Unani and Sidha medicines. Apart from these Mappila Muslims of Malabar has their local understanding of health and illness and healing system as well. Frequently they prefer treatment from the religious healers for their health problems than other system of medicines.

A personal knowledge of health and illness varies from community to community. They not only believe that the ill health is because of bio-medical causes, but there are some other supernatural causes, which makes the person ill. Additionally, there are other contributing factors such as socio-economic, political,

cultural, religious and environmental factors. Similar to Murdock's 'supernatural causation', in this study too, a person in Islam is conceptualized as the combination of four interacting parts which are Aql (mind), Jism (body), Nafs (self), Ruh (spirit). According to them, all four parts should interact each other to maintain balance in the body. When this balance is interrupted, illness and disease occur. According to a Muslim, Jinn possession or Shaitanic possession can interrupt the balance of the body (Shah 2011, . This understanding is clearly defined in the Quran-

"I take refuge with the Lord of the day break from the evil of what he created, from the darkness when it gathers, from the evil of the women who blow knots, from the evil of an envier when he envies"(Abdussalam Bali, 2004)

It was found in the study in Malappuram that the Mappila Muslims have their understanding and perceptions on various illnesses. They understand their health and illness within their socio-economic and cultural background. The Mappila Muslims of Malappuram considers a person to be healthy when he/she is mentally, socially and physically free from all kinds of illnesses. According to them the religion-Islam help them to understand and interpret their health condition. They define illnesses in their own experiential understanding. Acceptability of the religious healing practice among Mappila Muslims of Malappuram is found to be associated with the degree to which Quran and appeals to Allah were part of the healing process. Additionally, factors like stigmatization and secrecy lead them to seek treatments from the religious healers. Most participants acknowledged that mental illness is stigmatized among Mappila Muslims, especially if the patient is a girl. Thus they are hesitating to seek help from a general practitioner. They admit that the stigma associated with seeing a psychologist and psychiatrist, and doing so is associated with madness, added to which are cultural expectations that are emotional difficulties (psychological problems) should be dealt without the help of the professionals. They also mentioned the embarrassment faced by the families when a member (Daughter) has mental or psychological problems. The patients tended to keep the illness or problems a secret from their families as well as their community. According to them the confidentially does matters here. Sethi in his study mentioned that there are many factors such as lack of education, superstitious and reluctance on the part of the womenfolk and the social stigma and bleak chances of matrimonial placement in our culture that are significant determinants of health seeking behavior of a person (Davar quoted Sethi, 1978). In scientifically advanced societies, understanding and responding to the illness is based on scientifically advanced ways. However religious healing practices

considered being irrational and ineffective acting in this modern society (McGuire, 2008). Dein (2008) argues that 'modernity' (as opposed to the 'tradition') doesn't necessarily transform beliefs about illness causation of and healing in a globalized world (Dein, S., Alexander, M., Napier, A.D, 2008). Some scholars, such as Keith Thomas (1971), have assumed, following the earlier unilinear evolutionary views of Frazer and Tylor that magic declines with advances in modern science. However, like science, magic uses logical principles. Magical thinking is found in all times and places (Malinowski, 1948). Its powers address human questions that science cannot always explain. More recently, many scholars have recognized that magic will accommodate science, even stand as part of it (Horton, 1982). Thus self-reporting of their health conditions is the best evidence, though seen as unscientific. The 'experiential' aspects of illness in anthropological literature, is an important aspect, which all the faith healers depends on and for the patients to seek treatment from time immemorial.

REFERENCES

- [1] Birchwood, S. R. (2011). Muslim Faith healers' views on substance misuse and psychosis. *Mental Health, Religion & Culture* .
- [2] Cox, J. L. (1994). Psychiatry and Religion: A General Psychiatrist's Perspective. *Psychiatric Bulletin* , 18, 673-676.
- [3] Csordas, T. J. (1998 december). Practice, Performance, and Experience in Ritual Healing. *transcultural psychiatry* .
- [4] Cynthia B. Cohen, S. E. (2000). Prayer as Therapy: A Challenge to Both Religious Belief and Professional Ethics. *The Hasting Center Report*. Vol. 30 , 40-47.
- [5] Dale, S. F. (1980). *Islamic society in the South Asian Frontier, The Mappilas of Malabar 1498-1922*. Oxford: Calarendon Press.
- [6] Daniel M. Johnson, J. S. (1986). Religion, Health and Healing: Findings from a Southern City. *Sociological Analysis* , Vol. 47, No. 1 (Spring, 1986), pp. 66-73.
- [7] Hahn, R. A. (1995). *Sickness and Healing: An Anthropological Perspective*. New Heaven Yale University Press.
- [8] Halliburton, M. (2006). "Just some spirits": The Erosion of Spirit Possession and the Rise of "Tension" in South India. *Medical Anthropology: Cross Cultural Studies in Health and Illness*, 24:2 , 111-144.
- [9] Jones, L. (2005). *Encyclopedia of Religion*. United States of America: Thomson gale.
- [10] Kakar, S. (1982). *Shamans Mystics and Doctors: A Psychological Inquiry into India and its Healing Traditions*. New Delhi: Oxford University Press.
- [11] Kleinman, A. (1988). *The Illness Narratives Suffering, Healing and the Human Condition*. United States of America: Vincent Torre.
- [12] Lang, C. (2014). Trick or treat? Muslim Thangals, Psychologisation and Pragmatic Realism in Northern Kerala, India. *Transcultural Psychiatry* 0 (0) , 1-20.
- [13] McGuiness, E. S. (2011). *Muslim Mental Health Awareness*. Project Report for Auckland District Health Board. Affinity Services. Auckland.
- [14] Miller, R. E. (1976). *Mappila Muslims of Kerala: A Study in Islamic Trends*. madras: Orient Longman Ltd.
- [15] Nabokov, I. (2000). *Deadly Power: A Funeral to Counter Sorcery In South India*. *American Ethnologist* , Vol. 27, No. 1 (Feb., 2000), pp. 147-168.
- [16] Qadeer, I. (2011). The Challenges of Building Rural Health Services. *Indian Journal of Medical Research* (134) , 591-593.
- [17] Sax, W. (2014). *Ritual Healing and Mental Health in India*. *Transcultural Psychiatry* vol. 51(6) , 829-849.

- [18] Suman, L. N. (2015). Spiritual Practices for Emotional Healing: Implications for Training Trauma Therapists. *Psychology and Behavioral Science International Journal*, 1-3.
- [19] WHO. (1985). *Handbook of Resolutions and Decisions*. Geneva, Switzerland: WHO Publication.
- [20] Wing, D. M. (1998). A Comparison of Traditional Folk Healing Concepts with Contemporary Healing Concepts. *Journal of Community Health Nursing*, 143-154.
- [21] Winkelman. (2000). *Shamanism: The Neurology of Consciousness and healing*. Westport, CT: Bergin and Garvey.
- [22] Zysk, K. G. (2010). *Medicine in the Veda Religious Healing in the Veda*. New Delhi: Motilal Banarsidass Publishers Pvt. Ltd.

