

# From Faith Healer to a Medical Doctor: Creating Biomedical Hegemony

Anwaar Mohyuddin<sup>1</sup>, Mamonah Ambreen<sup>2</sup>

<sup>1</sup>Department of Anthropology, Quaid-i-Azam University, Islamabad, Pakistan

<sup>2</sup>Lecturer, DNFCE, Allama Iqbal Open University, Islamabad, Pakistan

Email: [unwaar@gmail.com](mailto:unwaar@gmail.com), [mamonahambreen@yahoo.com](mailto:mamonahambreen@yahoo.com)

Received 10 December 2013; revised 15 January 2014; accepted 23 January 2014

Copyright © 2014 Anwaar Mohyuddin, Mamonah Ambreen. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. In accordance of the Creative Commons Attribution License all Copyrights © 2014 are reserved for SCIRP and the owner of the intellectual property Anwaar Mohyuddin, Mamonah Ambreen. All Copyright © 2014 are guarded by law and by SCIRP as a guardian.

---

## Abstract

The present research was conducted in Zandra village of Ziarat district in the province of Balochistan. Anthropological research techniques were used to collect empirical data. In this article, an effort has been made to understand the natives' cultural beliefs and practices in health care sector. The main focus of this research was to understand the nature of development, internal and external factors responsible for the changes and the actual beneficiaries of the development. An effort has also been made to find out the health care systems working in the village which included both faith healing and allopathic medicines. Initially the natives were using traditional and spiritual healing systems, but now as their economic condition and literacy rate are increasing, they are more inclined towards the modern methods of treatment. During the last 3 decades, many changes have been witnessed. Awareness through media and shift from subsistence to market economy have increased the use of allopathic medicines due to the fact that the natives have started opting for secondary sources of income. Besides, researcher's endeavor to explore the shift from traditional to modern healthcare and the disparity between natives' health related beliefs and practices, the impact of which has been analyzed in light of world system theory at micro level.

## Keywords

Religious Beliefs; Faith Healing; Amulet; *Niaz*; *Dum*; Allopathic Medicine; Pharmaceutical Industry

---

## 1. Introduction

Healing through faith is also termed as "Spiritual Healing". It is a healing of soul through a frame of mind that is

highly refined in thoughts and feelings, and free from sensuality. It is a concept of intense degree of belief in the power of Divinity to the extent of total dependence for any kind of treatment or solution to problems. Also the belief in supernatural powers leads to total dependence on them for any cure. These activities carry a whole dramatic form.

Muslim faith healers have their own sacred writings and rituals by which they do faith healing. Holistic healing traditions vary significantly from country to country, but all of them have a common substratum, the way of looking at the world, in which solution depends not only on a discrete science of healing, but on the integral totality of habits, behavior and even moral attitudes in the wellbeing of an individual.

*Mazars and ziarats* (shrines) are faith healing centers of Muslims, and belong to deceased faith healers. Their followers visit them to pay their respect due to deep impact left by their doings. They pray for the deceased *pirs* (saint/faith healer), and themselves believing that the faith healers are closer to the God, and showing faith in them will please the God. This satisfies their faith and belief. People also visit shrines for getting solutions to their multifarious problems like cure from any disease, request for a child, liberation from poverty, mental peace, higher crop yield, thanks giving, spiritual cure to their problems, marriage with the beloved, unsolved problems or for any other social or medical problem.

Faith healing is an international phenomenon and plays an important role in regulating social relationships and social structure. The structural functionalist maintained that each custom and belief of a society has a specific function that serves to perpetuate the structure of the society and its ordered arrangement of parts so that society continuous existence is possible [1].

## 2. Locale of Study

The present research was conducted in Village Zandra, District Ziarat, in Baluchistan, Pakistan. Zandra Village is situated 108 km southeast of Quetta just 12 km short of Ziarat town. The village is 8000 ft. above sea level and is surrounded by grey hills, apple orchards and Juniper forest, which is considered to be the 2<sup>nd</sup> largest in the world. Thus, the area is greener than other areas of the province. This area has a pleasant summer and a very cold winter. In January the temperature decreases to -16 degrees Celsius. Total area of the village is 1229 acres, out of which 367 acres are under cultivation. Total population of the village is 3234 consisting of 295 houses. Majority of them is *Pashtoon, Kaker Panizai* by tribe. Area wise Baluchistan is the largest province of Pakistan. It shares its northern border with Afghanistan with major cities of Chagai, Quetta and Zhob. The western border is shared with Iran via districts Makran and Kharan. The eastern end is bounded by the Sind province, whereas the Arabian Sea lies on its south.

## 3. Research Methodology

The methods used for this research include socio-economic survey, participant observation, key informant interviews, interviews, case studies and focus group discussions. For socio-economic survey 100 households were selected through simple random sample. We choose two key informants in the village on our personal judgment basis, which knew most of the people in the village and their socio-economic conditions. Stratified random sampling technique was used. Target population was divided into economic classes and 50 couples were selected randomly from each class. Participant observation was used in order to get first hand and accurate information about the respondents. We participated in the daily activities of the village. In-depth interviews were conducted with the elder members of society to get detailed information. Case studies were conducted to get a detailed presentation of data related to different events. This research was a longitudinal study. First of all a 4 months visit was conducted in 1987, then a couple of month long visits in 1990s and finally in 2010.

## 4. Theoretical Framework

The world systems theory or the development-of-underdevelopment school would be used to analyze the “under-development of health” in the peripheral region. It will focus on the unequal relationship between core and periphery on health care systems. Theoretical concept have been borrowed from works of Immanuel Wallerstein, A. G. Frank, and Walter Rodney, who logically believe that the development of capitalism in core countries requires a continuous and conscious underdevelopment of peripheral countries for regular supply of raw materials

and cheap labour.

Some of the scholars were very enthusiastic and started analyzing social and health consequences of capitalist expansion at global level. World system theory became popular among the medical anthropologists like Onoge [2], Morsy [3], Baer [4] [5] and Singer [6], who were trying to develop a relationship between political economy and medical anthropology. Some other medical anthropologists including Wasserstrom [7], Ferguson [8] Nash and Kirsch [9] while discussing about exploitative corporations and industries, have pointed out some harmful effects of development of capitalism on health care systems in peripheral regions. Their approach also supports the world system theory. Davison [10] and Heggenhougen [11] in their discussion about the relationship between socio-political configurations and health policies and DeWalt [12] and Whiteford [13] while talking about harmful nutritional impact of rapidly growing capitalist ventures have also highlighted the same issues.

Interest in political economy of health revived in 1970s when dependency theory was put forward by Doyal and Pennell [14], Elling [15]-[17], Frankenberg and Leeson [18], Kelman [19] [20], Lichtman [21], Rossdale [22] and Waitzkin [23]. Works of A. G. Frank [24] [25], W. Rodney [26] and Wallerstein's world systems theory [27] were advanced version of the same theoretical concept, where underdevelopment means the transfer of wealth by exploiting periphery and semi-periphery by core countries which encourages rapid scientific development so that Western medicine and other scientific institutions could surpass underdeveloped countries of the world [28].

Some political economists of health [29] [30] argue that the prevailing situation of poor health and health care systems in peripheral countries is due to the development of underdevelopment by creating technological and economic dependency on the international capitalist system. While explaining health, they borrowed the basic idea from Walter Rodney [26] who was influenced by Frank and Wallerstein. They borrowed these concepts because medical imperialism follows the same path as capitalist expansion. Main features of medical imperialism as pointed out by Doyal and Pennell [14], J. Paul [31], Waitzkin [23], Elling [32] and Franco-Agudelo [33] are as under:

- 1) It extracts human resource from the peripheral countries in the form of trained health workers who migrate to the core countries as part of the brain drain.
- 2) It helps to find out and maintain cheap labor for capitalist industries.
- 3) It creates new markets for medicines, pesticides, medical equipment, and technical assistance.
- 4) It strengthens the class relations of core countries through the medical division of labor.
- 5) It provides covers for counter insurgency and other military efforts.

Berliner [34] and Kelman [20] say that capitalism and biomedicine support each other in their ideological constructs and share the same goals to create ambiguity for socio-economic reasons of health and economic underdevelopment. World system theorists and political economists of health [35]-[37] propose the same solution to the problems related to dependency and underdevelopment, and that is to put an end to capitalism.

Elling [32] [37] has pointed out an important issue in relationship of capitalism with health care systems. The goal of profit maximizing does not always match the goal of maintaining health. The desire for maximum profit leads the employers to pay the minimal remunerations and benefits to the workers due to which they cannot maintain their health. They cannot even purchase commodities and services like food, housing, and education. Often profit maximization does not allow the employer to provide technically safe working environment and the industrial waste causes environmental pollution. A worker living and working in such conditions cannot be a productive worker and the industrialist cannot risk low productivity.

Most of the world system theorists have analyzed its implementation at macro level. The exploitative relation between core and periphery has been studied at state level. In this research this model will be put on test at micro level to confirm, revise or drastically change the reasoning built into this. Its impact would be observed on village economy, education and health care systems. During the last couple of years the researcher is trying to examine how this development of underdevelopment influences the masses at grass root level especially in the field of economy, education and health [38]-[47]. Husain [48] sees the impact of development at micro level. In the field of education Di Bona [49] and Keith [50] have studied the implementation of world system analysis at micro level. Arnove [51] has emphasized the need of further research at micro level.

## 5. Results and Discussion

Internationally, the concept of a faith-healer is that of a person who is a gifted to have direct communication with the supernatural powers of the universe, from where he derives knowledge, belief and strength to be communicated in different expressive and non-expressive forms including magic.

One common denominator in faith healing, irrespective of religion or locale, is that all healing powers are attributed to Oneness of God and God's will. Faith healers have unquestioned faith in the chain of hierarchy or levels of platforms they fall under their guidance from the unknown. "He or she" is the socially initiated, ceremonially inducted member of a recognized religious organization with a rank and function that belongs to him or her as the tenant of an office held by others before him. The source of power given to them in their 'internal society' and institution is the source of their function. They have a strong belief in knowledge and wisdom of the domain they belong to, and believe in, and practice their healing-powers through strictly formatted rituals. These rituals are culturally prescribed, periodically repeated, patterned sequences of behavior and activities strictly followed by them and their followers.

No matter what part of the World one lives in; all human societies have their religious leaders and specialists to guide them in religious practices. Religious beliefs and practices do differ between societies but the commonality between all faith healers is that a faith healer should be a religious specialist. They are considered religious only if they can seek help from the divine or spiritual world for others. In that attempt, sometimes all faith healers are expected to manipulate the spirits or the supernatural forces for the benefit of followers.

As faith healers have strong influence on the behavior of their believers, besides being pious and religious, they should also have social acceptance irrespective of the culture. If the faith healer is popular, he can bring significant changes in the lives of his believers. Their dramatic rituals promote the release of tension from daily pressures by providing a focal concentration for frustration release to maintain social control.

In Pakistan, the image of Muslim faith healers is not much different from the other faith healers around the world. Here they deal with similar problems, but in their own specific way, which is justified in the context of Islam. The most common element is the knowledge of supernatural powers which they are expected to exercise in helping the people.

The villagers consider faith healers as their guide and teacher in resolving their social, medical, employment & economic problems. They seek active assistance from these faith healers and act accordingly. They justify their belief in them by saying, Every person needs someone to supervise/guide them, so they can rely on them in their difficult times. They are considered to be more religious, pious, humble, honest, and wise than ordinary beings. They are qualified in religious matters and superior for having spiritual knowledge. They are expected to have the best possible attributes and are judged by their deeds. The reputation of these faith healers varies depending on their success in treating the problems. The more successful they are the more popular they would be. People consider them as their "teacher", and follow them religiously, believing them closer to the God. Their prayers and accepts immediately.

There is a notion popular among the villagers that the faith healer is not supposed to get worldly rewards like money, and will get his reward from the God. Any faith healer demanding money is considered fake and loses his followers. The followers themselves give *hadya* (presentation in shape of money) but the faith healer is not supposed to demand it. In the village, there was a woman faith healer who asked for gold rings. She turned blind and became unpopular amongst the villagers and people stopped going to her. People believed that she tried to sell the God's name and that's why she has been punished.

These healers do not receive any fixed amount of *hadya* (reward for their services). It varies from patient to patient. Usually this amount is determined by the extent of severity of pain and illness e.g. a person having a headache problem offers less money than that of a person suffering from mental illness. Faith healers are rewarded both in cash and kind. The natives believe that without giving *hadya* to the healer, treatment does not show its effect. Therefore, it is necessary to offer *hadya*, no matter how big or small amount it may be. *Hadya* has to be paid even if the healer is a close relative of the patient e.g. a woman respondent said that her father was the healer who made an amulet for her tooth ache. She offered him 10 rupees as *hadya*.

Female faith healers are also placed at high esteem like their male counterparts. In the village, it was said that the popularity is not gender-related but faith & results-related. Female healers too have their own respective ways of treating their believers, but the common denominator is still the faith in supernatural powers as justified in the context of Islam. Both male and female faith healers being Muslim do not exceed the limitations given in Islam, while making a diagnosis and suggesting a cure.

### 5.1. Treatment of Medical Problems by Faith Healers

There were people in the village who suffered from various ailments like heart problems, blood pressure, diab-

etes, kidney problems, asthma, cancer, and other fatal diseases. Beside doctors in the city hospitals for medical treatment they go to faith healing also. In addition they visit different shrines for prayer and riddance, showing that total reliance on either cure (medicine or faith healing) is not exercised. They however, believe that disease is cured only with the will of the God.

The minor ailments mostly treated by the faith healers are body aches like tooth, head, and stomach etc. The people first visit the faith healers for *dum darood* (blowing breath after reciting Quran) or to take amulet. They also go to dispensary or the homeopathic doctor in Ziarat, or even city hospitals. The ailments like *saya*, evil-eye, and possession are considered to be caused by supernatural forces and can only be treated by the faith healers with knowledge of controlling these supernatural beings.

Such ailments show uncontrollable symptoms much beyond the control of doctors or understanding of human mind. The actions are severe and fatal at times and people attribute the intensity to the uncontrollable supernatural forces. People believe that those who have more knowledge to control these bothersome supernatural beings are the last hope in cure of such patients. Whatever problem may be namely social or medical, if it becomes uncontrollable it is said that the person has been “possessed by the supernatural power” and is considered dangerous enough to cause deadly harm. The presence of supernatural power is also emphasized to show helplessness or loss of control by ordinary means so guidance of the faith healers is sought who is believed to have the knowledge of such supernatural phenomenon.

## 5.2. Treatment of Social and Domestic Problems by Faith Healers

Most of the social problems of the natives are of household nature. They seek help of their faith healers because they feel that these problems cannot be controlled by anyone except supernatural powers. The use of white and black magic is also popular for their solution. It is, however, practiced in secrecy. These social problems include:

- To improve economic conditions and living standards;
- To have better crop;
- To find a good spouse for their daughters;
- To have control over husbands and in-laws;
- To get rid of in-laws;
- To have safe pregnancy and delivery;
- To have children especially sons;
- To protect their belongings (houses, automobiles, orchards etc.) from evil eye.

## 5.3. Faith Healing Practices in the Village

The faith healers and the believers have a reciprocal relationship in which the faith healers guide the believers through specific rituals to be performed without questioning. In fact the believers’ role is to religiously believe in the treatment of faith healers, whereas the faith healers’ role is to strongly keep faith in their medium of treatment. The common element is their respective faith in healing.

Religious beliefs and practices might differ tremendously from one society to another, but all are similar in one way that faith healers are considered as religious specialists. Their stature is based on their knowledge and personal ability to relate to the supernatural. They can be primarily religious in the sense that they can seek help from the divine or spiritual world, or they can be more magical so as to attempt the manipulation of spirits or the supernatural forces. Becoming a faith healer can also be the result of a mystical experience or special training or both.

In Zandra, faith healing is an important traditional mode of healing. This type of healing is done with the help of any professional healer who is mostly called as *pir sahib* (saint/faith healer) or *molvi sahib* (cleric). Faith healer is a person having religious (Quranic) knowledge. He also has knowledge of death, birth and marriage rituals and the people perform these rituals with his help. He usually gets this status in inheritance, but he also strives to get this status by getting maximum religious knowledge. Cleric sometimes gets his status by inheritance but mostly he achieves it through his own struggle after gaining religious and Quranic knowledge and sometimes by performing ritual of meditation. He also gets a certificate, to exercise his knowledge in guiding the people, in performing rituals from the local union council working in the village.

The village has two faith healers who are popular all over Ziarat and people come to them from far flung villages for treatment. One is Haji Jan Muhammad, who is about 65 years old and is a matriculate. His ancestors had played an important role in preaching the religion in this valley. He got this profession in inheritance and this profession has been prevailing in his lineage for the last four generations. He started with his work of healing in 1987, after his father's death (who was also a faith healer). He performs this work as a part-time job because his basic profession is horticulture. He got Quranic education and formal training of faith healing from his father. He received a certificate from the local council to exercise his knowledge in guiding people according to Quran in the performance of rituals (birth, death and marriage rituals). He has the capability of seeing the events of the past and future in his dreams. Another famous faith healer of the village is Haji Abdul Qudus. He is an ex-levis soldier and is about 72 years old. He owns a shop of general items and also earns through his orchard. He practices the healing profession as a part-time job. During his service in the *levis* (force which works police), he performed *chilla* (seclusion for mystic communication) for 40 days in Kawas under the supervision of a faith healer. He also learnt recitation of the Quran from him. He formally started treating people after his retirement from *levis* in 1998.

Methods of healing used by these healers include *taveez* (amulet), *dum/dua* (blowing breath after recitation of Quranic Verses), black thread which is tied up around the patient's neck after reciting *dum* on it, and *niaz* (sacrifice of a hen or a goat). These healers say about their diagnostic method that they use a specific formula of *ha-roof-e-abjad* (Urdu alphabets in a special sequence) and trace out the nature and cause of patient's illness. In this method the names of the patient and his mother have to be given to the healer, on which he applies the specific formula. Explanation of the methods used by these healers for healing is as follows:

#### 5.4. Taveez (Amulet)

*Taveez* (amulet) can be given both for curative and harmful purposes. There are different types of amulets which perform different functions e.g.

- 1) Those which are worn around the neck or arm;
- 2) Those which are drunk with water;
- 3) Those which are folded in cotton and then burnt;
- 4) Those which are buried in earth or put in a wall;
- 5) Those which are thrown into river or running stream.

Although magic and amulets are very much similar in their functions yet people have made boundaries between the two. Magic performance involves the use of objects or the recitation of spells or both by the magician. But people in Zandra believe that although both magic and amulets are used for the same ends but the amulet is simply a mystical writing on a piece of paper, while magic involves the personal thing of the victim like hair, nail or the piece of dress. The natives do not like magic. They considered it as worst and dangerous thing in this world. Most of the respondents said that a person who did black magic on anyone is a non-Muslim. Mostly amulets are of two types:

- a) Positive amulet;
- b) Negative amulet.

**Positive amulet:** Positive amulets are used to remove mysteries, troubles, illness, evil eye, demon possession, effects of negative amulets and for social problems like conflicts in family etc. In Zandra, the positive amulets are taken from the specialist faith healers. The amulets are not simply in the written form but also may be in the form of *dum* on water or any piece of stone or any piece of food item. Such type of amulets are never used to harm anyone, but always blessed if employed. They are not secretly used by the people. Positive amulets are also used to protect a new born child from the affliction of evil eye. It is usually in the form of piece of paper for wearing round the neck or for drinking purpose. The most popular amulet is for getting a male child. Women seek it very eagerly. It is considered to be effective and useful. It is tied around the waist till delivery. The second popular one is for release from spirit possession. This amulet is dipped in a bottle full of water then the water is used. It is believed that the water has curative powers.

**Case study:** A three-month baby was very cute and healthy. One day his mother gave him bath, and tried to feed him, but suddenly he refused to take it and started crying. His mother gave him water but he refused to take anything. The mother took him to the village dispensary. The dispenser gave the child medicines for fever. His mother tried these medicines for two days but all in vain. Then she took him to the faith healer who told her the

child is affected by a ghost. Then he gave her an amulet which she tied around the neck of her son. She said, "The next day my son was perfectly alright".

**Negative amulet:** Negative amulet is always performed on enemy very secretly. It brings illness, financial loss and disputes within the family, though it is also written on a piece of paper. In Zandra if someone finds sudden problem in his family and feels that someone is trying to harm him with negative amulet he would go to a faith healer who explores the amulet from victim's house and if he fails to find it even then he gives positive amulet and tells the intention of enemy through his divine power. Majority of the natives believes on positive and negative amulets and especially women take them for their different medical, social and economic problems.

**Case study:** A couple had no children even after two years of their marriage. They consulted doctors, hakims and went to shrines, but all in vain. At last they consulted a faith healer, who told them that they both are afflicted by negative amulet by a close relative. He told them that the time period fixed for the effectiveness of amulet was four years and they were fortunate that they consulted him within the fixed period. Then he gave them positive amulet for the removal of negative effects. By this amulet, they were not only cured but got a child only within a year. Now they have three children.

### 5.5. Dum/Dua

*Dum* is a process most often used for curative purposes and rarely used for harming any one. It is usually performed for health problems. In this method the healer recites verse of the Quran or the name of God under the breath and then the breath is blown on the concerned part of the body or the person who is sick or any edible or drinkable thing such as honey, almond oil or water and the patient has to use them for a certain time period prescribed by the healer. Usually to cure an external pain such as bone ache, the healer casts *dum* on oil and asks the patient to massage the affected part with it. Some faith healers use a thick thread of black colour for casting *dum*, which is given to the patient to tie it around his neck or wrist. A woman was suffering from severe foot ache for four months and Haji Jan Muhammad gave her a bottle of olive oil after casting *dum* on it to do massage of her foot with it for 40 days after which she recovered.

### 5.6. Niaz

It is a method in which "the healer asks the patients" family or guardian to offer a sacrifice of any animal (usually any hen or he-goat) on behalf of the patient and to distribute its meat among neighbors and the poor people. Usually this meat is divided into three or seven portions. A portion of meat is also sent to the healer but it is not an obligation. A female respondent offered a sacrifice of a he-goat when her son did not recover from severe typhoid and also sent meat to all the neighbors. Haji Jan Muhammad said that usually sacrifice was suggested when the patient's life was in danger.

Some female faith healers also practice it in the valley. It is believed that they have possession over the spirits. These women avoid pollution which includes birth and death places and menstruating women. Otherwise, they suffer from illness as a punishment by the spirits. These women get married, give birth to children and also menstruate but according to them their own menstruation and pollution does not affect them. These female healers also do *zikir* (invoking God's name) especially on Thursday or daily to get them spiritually exalted. Though there is no such lady in the village but there are some famous female healers in the surrounding villages and people of Zandra usually visit them to get a solution for problems; especially for health problems. These women are illiterate and cannot write amulets therefore they usually use methods of *dum*, *dua* and *niaz* for curing the people.

The healers mentioned above are of the opinion that every healing method has its own effectiveness. For certain illnesses only one of these methods is used while for certain illnesses more than one method is used for example for tooth ache and headache both *dua/dum* and amulet are used while for Jaundice only *dua/dum* is done by the healer. They further say that intensity of any illness also determines the number of methods used for healing.

### 5.7. Modern Mode of Treatment

Second main mode of treatment includes utilization of allopathic medicines through self-medication and con-

sulting doctors available in BHU Zandra and private clinics in Ziarat. Medical stores are also present in the village. People consult the doctor who gives them treatment after going through a formal procedure of checkup. Natives utilize this mode during illnesses such as in case of a sudden accident or a sudden severe pain in any part of the body e.g. pain in stomach, chest pain, vomiting, dizziness, diarrhea etc. some of them utilize allopathic medicine through self-medication. The ill person himself or any of his family members buys the medicine from any clinic or medical store and utilizes it without consulting any doctor or going through the formal procedure of check-up. There is a variation among the people of Zandra regarding utilization of different modes of treatment mentioned above. This variation is evident in the following table.

**Table 1** shows the ratio of utilization of different modes of treatment in Zandra. It is clear from the above figures that allopathic treatment is getting popular among the young generation. Sixty five percent of the young respondents use allopathic mode of treatment by self-medication and consulting doctor, whereas it was just twenty four percent among the senior citizens. The total number of respondents who use allopathic medicines among all three age groups was 133. These respondents mentioned some causes of utilization of allopathic mode of treatment, which are as follows (**Table 2**).

The data mentioned in the **Tables 1** and **2** have been extracted from the formal interviews conducted in Zandra. More than seventeen percent of the respondents said that they used to adopt traditional methods of treatment when doctors and hospitals were not available in the area. Now the situation is reversed and doctors and hospitals are available in the surroundings, they do not have to go to the cities for it.

The people having secondary level education are considered as educated in Zandra. These educated persons are also a source of inspiration for the people to utilize allopathic treatment. More than 13% of the respondents said that educated people in their community and especially in their families preach for utilization of allopathic

**Table 1.** Modes of treatment.

Sr	Modes	Respondents by age					
		60+	%	41 - 60	%	21 - 40	%
1	Doctor	12	12%	22	22%	35	35%
2	Faith Healers	28	28%	11	11%	3	3%
3	Home Remedies	30	30%	21	21%	6	6%
4	Self-Medication (allopathic medicine)	8	8%	14	14%	20	20%
5	Doctor and Faith Healer	12	12%	16	16%	22	22%
6	Doctor/Faith Healers/Home Remedies	6	6%	8	8%	4	4%
7	Doctor & Self Medication	4	4%	8	8%	10	10%
<b>TOTAL</b>		<b>100</b>	<b>100%</b>	<b>100</b>	<b>100%</b>	<b>100</b>	<b>100%</b>

Source: Field data.

**Table 2.** Causes of utilization of allopathic mode of treatment.

Sr.	Causes	Frequency	Percentage
1	Availability of health facilities	23	17.29%
2	Improved literacy levels	18	13.53%
3	Improved economic conditions	26	19.55%
4	Awareness through media	28	21.05%
5	Village doctors	21	15.79%
6	Introduction of chronic diseases	17	12.79%
<b>TOTAL</b>		<b>133</b>	<b>100.00%</b>

Source: Field data.

medicines. Usually, female respondents said that they utilized allopathic method of healing while acting upon the instructions of educated family members, especially the elder son and husband. They also mentioned that their husbands or the elder sons do not allow them to go to any faith healer and they ultimately have to turn towards the allopathic mode of healing. This response confirms the indirect impact of education on adoption of allopathic treatment.

About consulting other traditional healers they added that even after getting education, depending upon traditional methods of healing would not only cause wastage of time but also health resulting in further deterioration of disease. This cause for utilization of allopathic mode, confirms that education has also direct impact on utilization of allopathic mode of treatment.

## 6. Theoretical Discourse

In Zandra, people use multi-mode treatments. They utilize these modes of treatment stage-wise. At first stage they take self-medication, at second they consult doctors then another doctor then the faith healer and finally faith healer and doctor together. It varies case to case but allopathic medicine and doctors have become their first choice in most of the cases. Sixty five percent of the young respondents use allopathic medicine and consult doctors, whereas it was just twenty four percent among the senior citizens. Awareness and improved literacy rate are two major causes for this shift. Educated families are motivating the illiterates also for the use of allopathic medicines. Mass media also had an impact on the natives' attitudes regarding health care systems. They believe that faith healer cannot treat modern chronic diseases such as cancer, blood pressure, heart problems and T. B. (Tuberculosis) etc. The people are also attracted towards allopathic treatment due to its availability and affordability. So education, economic conditions and availability of health facilities have an impact on natives' health-seeking behavior. Gradually it is becoming a status symbol for the people. Visiting expensive private clinics add to their prestige. This shift from traditional to the modern treatment supports the pharmaceutical industry of the core countries as it creates market for their medical products and assistance.

Modern medical system is more of an economic transaction than the treatment, as many of my respondents said that the doctors treat them like their clients not the patients. They always demand for the money first and if they can't pay their fee they do not admit them in the hospitals. This clientage becomes permanent as the allopathic medicine provides temporary relief and leaves many side effects. This medico-economic transaction always supports the industry as the doctors and the allopathic medicines are the products of industrialization.

Male patients prefer to go to doctor at the initial stage of their illness as compared to females who usually use home remedies at the first stage of their illness. It is because the males have better economic position and can easily avail allopathic mode of treatment. Thus, it shows that economic uplift leads towards adoption of allopathic mode of treatment. Same is the case with education. Educated people prefer allopathic medicines. Somehow or the other economy, education and health complement each other and ultimately benefits the capitalist industry of the core countries. Females have to get permission from their husbands or male guardians for their treatment, for which they have to wait. On the contrary, males decide for themselves and consult the doctors before their illness got severe. It shows that difference in decision-making power leads towards difference in health seeking behavior. So investing on women empowerment in peripheral countries also creates market for pharmaceuticals.

Through medical imperialism they can invade any peripheral country without sending their forces. They can implement their policies in the peripheral territories. They are controlling the labor through doctors and economic resources through pharmaceutical market. People are living in their bodies and their bodies are actually governed and controlled by the doctors in favor of core countries.

The above discussion supports the argument of world system theorists. Main features of medical imperialism as pointed out by Doyal and Pennell [32], J. Paul [33], Waitzkin [34], Elling [35] and Franco-Agudelo [36] seems valid.

## 7. Conclusions

Since the industrial Revolution development was treated as an economic phenomenon only with industrialization as its pre-requisite, during last couple of decades, the pace of the development has really been increase. Even the economically poor peripheral countries are giving great importance to people's income resources,

health and education. The data reveals that this pace of progress has also affected the village which has gone through some major structural changes during recent past. The natives are economically well off, which they consider as development. This development has increased their choices. They have a better access to education and health facilities. Their perception about biomedical healthcare has changed which reduces the clientele of the ethnic healthcare systems and increases the people's expenditures on health care.

According to world system theory, core countries have an interest in growth of the peripheral countries, because such a growth increases demand for the goods produced by the capitalist industry. This, in turn, will promote growth in the core countries. The reverse is also postulated to apply, that is, the developing countries can sell more of their products in the industrial countries when the economies in these countries grow. The main point here is that it is not only the peripheral countries that depend upon the core countries, the core countries are in many areas dependent upon the periphery. So interdependence exists. For periphery, it is for finished products, and for core, it is for raw materials and human resource. This interdependence supports the core countries as the consumer products used in peripheral countries become a source of profit and inexpensive raw material and cheap labor provide them savings. So they are becoming richer and richer at the cost of the peripheral economies.

The world's capitalist economies determine the rout for development of the large part of the world's population in their own favor. Industrialization is a precondition for aggregate growth and economic development of backward societies. Distorted production structure in the peripheral countries and their dependence are results of the dominance of the core countries. The economically backward countries have to pledge considerable resources to set in motion an industrial development process. Technological development brings positive changes all over the world. Some impulsive changes are brought in peripheral or semi-peripheral countries, but the core countries get the most advantage.

In the end, the researcher is in full agreement with the views of world system theorists (Doyal, Waitzkin, Eling and Franco-Agudelo) who have been working in the field of biomedical hegemony and political economy of health, following the concept of Wallerstein, Samir Amin, A. G. Frank, Meyer, Arnove and Ramirez. In the light of empirical data, world system theory is found valid and acceptable.

## References

- [1] Hunter, D.E. and Whitten, P. (1976) *The study of cultural anthropology*. Harper and Row, New York.
- [2] Onoge, O.F. (1975) Capitalism and public health: A neglected theme in the medical anthropology of Africa. In: In-gman, S.R. and Thomas, A.E., Eds., *Topias and Utopias in Health*, Mouton, The Hague, 219-232. <http://dx.doi.org/10.1515/9783110888539.219>
- [3] Morsy, S. (1979) The missing link in medical anthropology: The political economy of health. *Reviews in Anthropology*, **6**, 349-363. <http://dx.doi.org/10.1080/00988157.1979.9977458>
- [4] Baer, H.A. (1982) On the political economy of health. *Medical Anthropology Newsletter*, **14**, 1-2, 13-17. <http://dx.doi.org/10.1525/maq.1982.14.1.02a00010>
- [5] Baer, H.A. (1986) Sociological contributions to the political economy of health: Lessons for medical anthropologists. *Medical Anthropology Quarterly*, **17**, 129-131. <http://dx.doi.org/10.1111/j.1937-6219.1986.tb01056.x>
- [6] Singer, M. (1986) Towards a political-economy of alcoholism: The missing link in the anthropology of drinking. *Social Science & Medicine*, **23**, 113-130. [http://dx.doi.org/10.1016/0277-9536\(86\)90360-6](http://dx.doi.org/10.1016/0277-9536(86)90360-6)
- [7] Wasserstrom, R. (1979) Nestle in Mexico: Hazardous to your health. In: Guttmacher, S., Eds., *Imperialism, Dependency, and Health: HMO Packet 6*. Health Marxist Organization, East Coast Discussion Group, New York, 1-4.
- [8] Ferguson, A. (1980) The role of pharmaceuticals in the process of medicalization of Latin America. American Anthropological Association Annual Meeting, Washington DC.
- [9] Nash, J. and Kirsch, M. (1986) Polychlorinated biphenyls in the electrical machinery industry: An ethnological study of community action and corporate responsibility. *Social Science & Medicine*, **23**, 131-138. [http://dx.doi.org/10.1016/0277-9536\(86\)90361-8](http://dx.doi.org/10.1016/0277-9536(86)90361-8)
- [10] Davison, L.H. (1983) Malnutrition in Haiti: A world systems perspective. American Anthropological Association Annual Meeting, Chicago, 16-20 November 1983.
- [11] Heggenhougen, H.K. (1984) Will primary health care efforts be allowed to succeed? *Social Science & Medicine*, **19**, 217-224. [http://dx.doi.org/10.1016/0277-9536\(84\)90213-2](http://dx.doi.org/10.1016/0277-9536(84)90213-2)
- [12] DeWalt, B. (1983) Building a policy-relevant anthropology of agrarian systems in Central America and Mexico.

- American Anthropological Association Annual Meeting, Chicago, 16-20 November 1983.
- [13] Whiteford, M.B. (1985) The social epidemiology of nutritional status among Costa Rican children: A case study. *Human Organization*, **44**, 241-250.
- [14] Doyal, L. and Pennell, I. (1976) Pox Britannica: Health, medicine and underdevelopment. *Race and Class*, **18**, 155-172. <http://dx.doi.org/10.1177/030639687601800203>
- [15] Elling, R.H. (1976) Political influences on the methods of cross-national socio-medical research. In: Pflanz, M. and Schach, E., Eds., *Cross-National Socio-Medical Research Concepts, Methods, Practice*, Georg Thieme Publishers, Stuttgart, 144-155.
- [16] Elling, R.H. (1977) Industrialization and occupational health in underdeveloped countries. *Inter-national Journal of Health Services*, **7**, 209-235. <http://dx.doi.org/10.2190/MQDB-PRC3-9P6W-M76D>
- [17] Elling, R.H. (1978) Medical systems as changing social systems. *Social Science & Medicine*, **12**, 107-115.
- [18] Frankenberg, R., and Leeson, J. (1973) The sociology of health dilemmas in the post-colonial world. In: deKadt E. and Williams, G., Eds., *Sociology and Development*, Tavistock, London, 255-278.
- [19] Kelman, S. (1971) Towards the political economy of medical care. *Inquiry*, **8**, 30-38.
- [20] Kelman, S. (1975). The social nature of the definition problem in health. *International Journal of Health Services*, **5**, 625-642. <http://dx.doi.org/10.2190/X5H6-TC5W-D36T-K7KY>
- [21] Lichtman, R. (1971) The political economy of medical care. In: Dreitzel, H.P., Ed., *The Social Organization of Health*, Macmillan, New York, 265-290.
- [22] Rossdale, M. (1965) Health in a sick society. *New Left Review*, **34**, 82-90.
- [23] Waitzkin, H. (1978) A Marxist view of medical care. *Annals of Internal Medicine*, **89**, 264-278. <http://dx.doi.org/10.7326/0003-4819-89-2-264>
- [24] Frank, G. (1969) Capitalism and underdevelopment in Latin America. Monthly Review Press, New York.
- [25] Frank, A.G. (1972) The Development of underdevelopment. In: Cockcraft, J.D., Frank, A.G. and Johnson, D.L., Eds., *Dependence and Underdevelopment: Latin America's Political Economy*, Anchor, Garden City, 3-17.
- [26] Rodney, W. (1974) How Europe underdeveloped Africa. Howard University Press, Washington DC.
- [27] Wallerstein, I. (1974) The modern world system, vol. I: Capitalist agriculture and the origins of the European world economy in the sixteenth century. Academic Press, New York.
- [28] Gish, O. (1979) The political economy of health care and health by the people: An historical exploration. *Social Science & Medicine*, **13C**, 203-211.
- [29] Turshen, M. (1977) The impact of colonialism on health and health services in Tanzania. *Inter-national Journal of Health Services*, **7**, 7-35. <http://dx.doi.org/10.2190/L9G4-KJVK-AW7A-Q9JD>
- [30] Doyal, L. (1979) The political economy of health. South End Press, Boston.
- [31] Paul, J.A. (1978) Medicine and imperialism. In: Ehrenreich, J., Ed., *The Cultural Crisis of Modern Medicine*, Monthly Review Press, New York, 271-286.
- [32] Elling, R.H. (1981) The capitalist world system and international health. *International Journal of Health Services*, **11**, 21-51.
- [33] Franco, A.S. (1983) The Rockefeller Foundation's antimalarial program in Latin America: Donating or dominating? *International Journal of Health Services*, **13**, 51-67.
- [34] Berliner, H.S. (1982) Medical modes of production. In: Treacher, A. and Wright, P., Eds., *The Problem of Medical Knowledge*, Edinburgh University Press, Edinburgh, 162-173.
- [35] Brown, E.R. (1979) Rockefeller medicine men. University of California Press, Berkeley.
- [36] Waitzkin, H. and Waterman, B. (1974) The exploitation of illness in capitalist society. Bobbs-Merrill, Indianapolis.
- [37] Elling, R.H. (1981) Introduction: Relations between traditional and modern medical systems. *Social Science & Medicine*, **15A**, 87-88.
- [38] Mohyuddin, A., Chaudhry, H.R. and Ambreen, A. (2012) Economic empowerment of women in the rural areas of Balochistan. *Pakistan Journal of Women's Studies: Alam-e-Niswan*, **19**, 239-257.
- [39] Mohyuddin, A., Chaudhry, H.R. and Ambreen, A. (2012) Kinship system and social organization of a village in Balochistan: World system analysis at micro level in anthropological perspective. *Academic Research International*, **3**, 322-335.
- [40] Mohyuddin, A., Chaudhry, H.R. and Ambreen, A. (2012) Development in education sector in Zandra, Balochistan (Micro analysis of world system theory in anthropological perspective). *Journal of Humanities and Social Science*, **4**, 40-44. <http://dx.doi.org/10.9790/0837-0444044>

- [41] Mohyuddin, A., Chaudhry, H.R. and Ambreen, A. (2012) Perception and process of development in Zandra, a village in Balochistan: World system analysis at micro level in anthropological perspective. *Asian Journal of Management Sciences & Education*, **1**, 66-79.
- [42] Mohyuddin, A., Chaudhry, H.R. and Ambreen, A. (2012) Economic structure of a village in Balochistan: World system analysis at micro level in anthropological perspective. *International Journal of Economics, Commerce and Research (IJEER)*, **2**, 82-101.
- [43] Mohyuddin, A., Chaudhry, H.R. and Ambreen, A. (2012) Contribution of women in economic activities in rural Balochistan: World system analysis at micro level in anthropological perspective. *Academic Research International*, **3**, 548-556.
- [44] Mohyuddin, A. and Chaudhry, H.R. (2012) Impact of technology on traditional irrigation system in Balochistan: World system analysis in anthropological perspective. *Asian Journal of Social Sciences and Humanities*, **1**, 127-138.
- [45] Mohyuddin, A., Chaudhry, H.R. and Ambreen, A. (2013) Apple economy of village Zandra in light of world system theory: Micro level analysis in anthropological perspective. *Open Journal of Applied Sciences*, **3**, 39-43. <http://dx.doi.org/10.4236/ojapps.2013.31006>
- [46] Mohyuddin, A., Khan, S., Chaudhry, W. and Ambreen, A. (2013) Transition from spiritual healing to modern medicine: A world system analysis at micro level. *La Pensee Journal*, **75**, 2-19.
- [47] Mohyuddin, A., Chaudhry, W. and Ambreen, A. (2013) Changing diagnostic techniques and modes of treatment: Creating biomedical hegemony. *La Pensee Journal*, **75**, 47-60.
- [48] Husain, M. (1976) Education and culture. National Book Foundation, Karachi.
- [49] Di Bona, J.E. (1977) The development of educational underdevelopment in India. *Asian Profile*, **6**, 615.
- [50] Keith, S. (1978) An historical overview of the state and educational policy in Jamaica. *Latin American Perspectives*, **5**, 37-52. <http://dx.doi.org/10.1177/0094582X7800500204>
- [51] Arnove, R.F. (1980) Comparative education and world-systems. *Comparative Education Review*, **24**, 48-62. <http://dx.doi.org/10.1086/446090>