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## Health of the aged among the Andro lois of Manipur, India

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### **Abstract:**

*Ageing from sociological and anthropological perspective is seen as a series of transition from one set of social roles to another which is structured by the social system rather than mere biological one. However, the biological and psychological concept of ageing is deniable. Ageing thus is a lifelong process, which is shaped by the cultural institutions and history of the individual. With advancement in ages, the biological function of the body and social roles changes and considered ageing is a time of multiple illness and general disability, thus seems "old age in itself is an illness" true. With all the changes in the body the capabilities of the individual changes and in older aged the capabilities changes and start depending entirely on others, i.e. on the family members in Indian scenario. In this paper, I would like to discuss the health, health seeking behaviour and social condition of the aged among the Chakpa lois of Andro in Manipur, using case studies and an elaborate narrative of the elders and the care givers.*

**Keywords:** lois, chakpa, ageing, care-givers, pana, amaiba

### **1. Introduction**

Population ageing is a globally concerned issue. With the increasing number of aged population the demands and problems resulted from the societies become a global focus of study. Therefore, the United Nations declared the year 1999 as the International Year for the Older Persons and also the Indian government had made announcement for the national policy of the aged. The share of India's population ages 60 and older is projected to climb from 8 percent in 2010 to 19 percent in 2050, according to the United Nations Population Division (UN 2011).

Ageing is universal, natural and irreversible life process, which is generally associated with fatigue and decline in functional of the organs of the body. Old age is also a cultural construction, in much the same way as are the other phrases 'vocations' of life (Srivastava; 2000). However, ageing is understood in many ways, such as, clinically the change in the brain, psychologists have suggested changes in the older people's self-concepts and sociologically in the change of social relations of older people and others. Every living being ages and one cannot cross it without experience, but definition of ageing varied from one individual to other is different. Being old and aged is part and parcel of life and also a combination of various changes, for example chronological age and social age; while the former is reckoned in years counted from the date of birth, the later grades life in terms of activities an individual is supposed to carry out from birth to death (Srivastava, 2000). However, chronological aging is not related with the physiological and psychological age.

To understand social ageing, I quoted van Willgen and Chadha (1999), who gave five themes to express aging, which include biological, cultural, history, social and cognitive structures. Understanding social aging requires life course perspective, which is view and understand in multidimensional way, where it starts with the biological changes (that brought by growth of cells), psychological and social. Secondly, a person's choices in social life are largely conditioned by the cultural institutions that provide arenas of interaction and webs of meaning. Third, social aging is both shapes and shaped by history. Fourth, we recognize that people's social lives are expressions of individual agency (Giddens; 1979) and power (Weber 1947). In these ways social relationships and social aging will reflect the political economic structures within which the individual lives and his or her community exist (Harris 1979; Minkler and Estes 1984). Fifth, the nature of the human mind provides a structure within which social life occurs, thus conditioning a person's social world (van Willgen and Chadha 1999, 3-4).

Economic development and urbanization have brought life-style changes that have led to unhealthy nutrition, physical inactivity, and obesity contributing to the prevalence of diabetics and other lifestyle diseases. Chatterji and et al 2008, reports a high rate of smoking (26%) and inadequate physical activity among Indians. He also found out that 47% of older Indians have at least one chronic disease such as asthma, angina, arthritis, depression, or diabetes.

There are a number of other social developments that distinguish old age. The most common among the working class are the retired individuals; however, aging is more of the functional physical capabilities in the rural agrarian society. There is no specific age of retirement, rather a slow disengagement from the roles and duties assigned to them and as expected by the whole society. The Indian demographic feature is growing as well as its characteristics with the changing family composition, structure and values.

### 1.1. The Studied Community

The Andro *lois* are categories as the *Chakpa Lois* of Manipur who are also called themselves as the original inhabitants of the places along with other eight villages. The *lois* are also the scheduled caste population of the state. Andro is a small town, 27 km from Imphal, in Imphal east district of Manipur inhabited by approximate of 10000 populations in 1003 household (as in October 2012 according to the village *lambuba*). The village is known as one of the oldest village in Manipur and for conserving the cultural identity of the *meiteis*. The main attractions of the village to the tourists are the immortal fire at the *loishang* (the residing shrine of Panam Ningthou as well as the governing body of the village), the Mutua Museum, and the serene scenery of the dam at the foot hills of Nongmaiching hills.

The people depends their economy on agriculture, brewing liquor and rear pigs and poultry for domestic consumptions, and pottery is also an old age occupation of the married women. Though unemployment is quite high among the youngsters. The settlement pattern is more crowded near the market area than other and the sanitation and hygienic level are also poor. Those at the outskirts have sufficient place to dispose of their waste products. The water scarcity is increasing in the passing years and also the water available for drinking are not well treated. Therefore water borne diseases such as diarrhoea are common.

A PHC is located in the middle of the village since 1980's, which is staffed by two doctors and four nurses which they rotate their duty on specific days. One community health centre and some clinics are located in a nearby town approximately 30 minutes drive distant. The PHC provides biomedical and homeopathy to the patient. There are some traditional healers who practice independently on various fields.

### 1.2. Aims and Objectives

The primary goal of my paper is to understand the concept of ageing, characteristics of the aged and the emerging problems encountered by them in reference to health care and health seeking behaviour.

## 2. Methodology

Data were collected as part of my Ph.D. on health beliefs and practices in Andro *chakpa* of Manipur. The targeted groups are the aged people of the village by purposive sampling and collected case studies regarding their health (physical and psychological), and health seeking behaviour from the aged and their care givers through interviews and narratives.

### 2.1. The Concept of Health and Ageing

Health according to the WHO "is a state of complete physical, social and mental well-being, and not merely the absence of disease and infirmity". Illnesses are generally attributed to both natural and supernatural causes. Thus illness etiologies are both naturalistic as well as super-natural. The knowledge of the germ theories and the biological malfunction of the body are also commonly known, with changes and development in the fields of science and technology, through education, media such as radios, connection of internet, mobiles, etc.

*Ngamdaba*, *laina*, and *naba* are the terms to express the phenomena of illness and disease, and sickness. The people's classification of illness as *naba*; includes the very broad category of sufferings, every form of disturbances and imbalances in the body and mind or bodily humours and disease as *laina* which are caused by pathogens and can be cured by medicines and sickness as *ngamdaba*.

In Andro, health is the result of absence of illness/sickness/injury in the body, and able to do or perform the daily routine at ease as expected according to his or her roles in the society. Many of the respondents feel that a healthy person should have a good appetite and everything that is eatable should taste good. As the population largely engage in agricultural activities and other activities related to manual labour, a healthy person is believed to have a good physique to perform all kind of physical activities in the field and other places; familial and occupational. Being healthy is mostly considered or measured in terms of the function one performs or the functional activities in a given structure or space, however, mentally sound is also very much important to be called healthy. Some of the people also believe that health is to be considered freedom from anxiety, worries and well adjustment with other people around them and can maintain a balance between man and nature.

Ill health is considered to have the following signs and syndromes or the withdrawal of the normal functions. These include the loss of appetite, uneasiness in the bodily organs, those who are confined to bed, who stops performing all daily activities or cannot perform daily routines and those who start hurting or disturbing others' life with their menace act.

Ill health, a major problem to every individual has their own theories of the causal agents. The causal agents are classified as caused by natural phenomena such as heavy workload, irregular and inappropriate intake of food items, changes of weather, etc. while the supernatural causes are the evil eye, sorcery, ghosts, *lai*, etc.

### 2.2. Ageing in Andro

The total number of people above the age group of 60 years are 476, 265 male and 211 female which has a percentage of 4.5% of aged people comprises the whole population (records from PHC, 2013). The community has a special place for the elders and are considered as the knowledge bank of the society. They are always consulted by the younger generations for all forms of queries. They have authority over their family, but lessen it after their sons started a new household as the family is nuclear in structure.

In this village the conception of aging and age groupings has an important role in the society. Through the course of socialisation, and moving from one age group to the next, they acquire the social norms, values and roles in accordance with the prevailing practices. The expected roles are defined by the society as how a boy turns to a man (*thoumi* = a man with responsibilities) and the various roles under the guidance of the *pana* system. The various stages of a person start from the first day s/he is born, s/he is categorized as *angang*

(infant), then naaha (child), pakhang macha (adolescent boy), leishabi macha (adolescent girl), pakhang (unmarried man), leishabi (unmarried woman), thoumi (married man), mou (married woman).

The system of *Pana* and its enrolment to their respective *Pana* is confined to the male members only. Women are included under their father's or their husband's *Pana*. The boys were first enrolled to the *Pana* as *khangjen* in the dormitory of their respective lup – the ahallup and the naharup, according to their clan. Before they get enrolled, the boys at a certain age group (which is not specific), but according to the population, they are informed or notified that they are now *khangjen* and must enrolled to the lup. Under the guidance of the *Khangjenlakpa*, the *khangjens* work during the Lai haraoba of *Panam* Ningthou and Purieromba. Their main duty, during this time, is to guard the village territory and participate in sports, games and dance. Another duty is to take part on *Lamhaiba* or cleaning of the village boundary, roadsides and other places. And after marriage the man are called as *Thoumi*.

According to the *Pana*, marriages that last for less than six months are considered unmarried and free from the duties of the married man or *thoumi* (man with responsibilities and work). However, such is not in the case of women. The duties include attending the services at loishang for a day after 6 months of marriage and the stages of turning to a man is called *loumi thoubu*. On this occasion, the man takes one rooster and a sum of Rs. 100/- with local liquor to the loishang and is served to the *phamnaibas* after it is offered to the deity. Once he is declared as *thoumi*, there are several stages and roles a man took up in his life. The stages are as follows:

- i) *Khangjen kumba*: the stage where his bachelorhood is denounced, by offering a feast on *Lamhaiba* day to the *khangjenlakpa*. The main dish of chicken and liquor is served. And he remains as *sevari* for one month to one and half months and perform *hiru kaba* ceremony to become a full fledged member of the *Pana*.
- ii) After this, he is a member of the *Pana*, and various services are provided as *kanna hunba*, *yuchangloi* (in making yu and serving it), *shoukrakpa* (prepared meat).
- iii) The person is promoted to *mityeng*, where he has to take care of the younger man, and start entering in management committee.
- iv) After that, his role is more involved in the religious activities, singing and listening to the hymns and perform *khong shuba*.
- v) The final stage according to the *Pana* is *loumihal*, who takes care of the village land.

But a man can retire from all these activities after offering the *Phamchak* (a farewell treat) to the loishang, which includes, sugarcane, *kabok* (puffed rice), *waiyu* (local liquor, prepared by fermenting steam rice with their husk) and *singju* (mixture of vegetables, herbs, chillies, fermented fish, etc). After the *phamchak*, the man still remains in the *Pana*, with new assignments and takes responsibilities till his health permits.

With their duties at the community level, every individual has an expected role at their familial level. The man and woman who have seen their grandchildren do not remain as the other who doesn't have, even though they are young by chronological age. He is expected to be gentler and restricting sexual behaviour, etc.

The women do not have any particular rites and rituals be recognized as in a particular stage unlike the man. But, the categorisation or differentiation exists, and there are three broad stages according to the age and marital stage. They are *angang* (child), *leishabi* (young adolescent till marriage) and *mou* (married). The married women are full of responsibilities and their failures are not accepted by the community. Women are supposed to marry when they know their roles and duties to meet the family life and duties towards the society. The married women are again categories as *naha* (young), *ahal* (older) and *hanubi* (old aged).

### 2.3. Major Health Problems of the Aged

WHO divided the stages of old people as young-old, middle-old and oldest-old. The young-old referred to the age of 65-74, middle-old to the age of 75 to 84 years and oldest old referred to those above 85 years. Therefore the problems among these groups are different and also according to the individual's personal health. Old age is accompanied by many health problems, though the younger aged (60-74) are not sick and continue to live healthy, while on the other hand some become sick and depend on others from young age. However, at the later stage of life on advancing ages, disparities that impair daily life are common. The major health problems among the aged of Andro are problems related to vision, hearing, locomotion, joint pains, respiratory disease, urinary tract infection, and TB. The health of the aged is even worst to those smokers and alcoholics, which is common among the elder male in the society. The people of Andro believe that the health of the aged are more related with the lifestyle when they were young. The eating of meat and alcohol and working all the time makes the body weaken in old age. Therefore, controlling the diet and food habits with some physical exercise keeps the elders more healthy than those who regularly consume alcohols.

During a group interview with 10 aged male of 50-60 years group from different occupational and educational background, "they have the opinion that the life time of the people today are comparatively longer than those of the yesteryears but now people are having so much of health problems that are unknown to the people". There were hardly doctors and nurses in the village to consult but the maiba's simple medicine helps the illness cured. Now, we heard of youngsters having problems of many diseases, which they feel is due to the change in their lifestyle and food habits. Everyone in that group believes that most of the illness are rooted in laziness, but never deny that healthy and well-being are also in the hands of god. However, the group also mentioned that "the number of older people become lesser each passing year in every locality, pointing on the number of older peoples' death". This shows that the older aged who are above 60 yrs of age thinks those above 80 yrs are the older people in the society.

### 2.4. Dependence of the Aged and Their Care Givers

The old age dependency is different from one individual to the other and from the family set up they have. Older people depend their living from the family members and as the community has ultimo geniture in inheritance of the family estate or family properties, it is the youngest son's duty and responsibility to take care of their parents. Though, the other sons too take care of their parents and stay

with any of them as per their choice. The elders have the right to choose their own members in the family and it's very flexible. The elders are mainly supported economically and physically by their family members with whom they share their hearth. Once their children are married, the family responsibility is given to their children. After, a person retires from the work he/she did and confine to the house, their responsibility for the family is change to their adult children.

In case of couples who are childless and without a son, the dependence in old age depends on the close kin's children or on their daughter's family. In case of Jugin Singh, 67 yrs of Andro Bazar, is a retired government employee and the couple are childless. They adopted one of their granddaughters from a nephew. They first adopted a nephew, the eldest son of his elder brother. After few years of his marriage, there were problems between the mother-in-law and daughter-in-law and so the parents separated them to a new household. But their eldest granddaughter was very attached to her grandparents and they decided to adopt her. The other extended family happily accepted their decision and the granddaughter has been staying with them for almost fifteen years. She will be the legitimate heir as long as the old couple agrees, but cannot inherit all the properties without the acceptance by the kinsmen. In such cases, the childless couple or the son less parents give some shares to the close kin and the rest to their adopted child or to their daughters.

During the structured interviews the elders 40 of whom I interviewed (50) have their source of income in fact in small amount by making baskets, mats, pottery, pensions, etc. which they can get themselves small things such as bidi or tobacco, match sticks, paan, snacks for their grandchildren, etc. The source of income depends on the skills they have and the exposure to the market. I have seen many older people did not earn from their skills because of lesser knowledge of the market. However, they depend on their children for bigger sum of amount, such as if fallen ill and other family affairs like wedding and death rituals. Many of the older women express that they feel shy to sell of the products from their homestead and share all their products with their near and dear ones and so need to depend on their children for financial purposes.

Physically, they all depend on their children and grandchildren for support, carrying bigger and heavier items such as water for bathing, fire logs, washing their clothes, etc. In the society, those elders who have better economic condition enjoy their independence and have better place in the family and society.

### 2.5. The Treatment Sources

The treatment processes involves the classification of the disease etiologies, the required treatments, decisions making etc. Those are differentiated in different levels. The level shows the relation between the patients and the care givers. The care givers can be classified as the core member and the periphery member, the former are those who are closer to the patient and the family if patient is a minor. The family members are the closest care givers consisting of the kin groups who are also their neighbours and others are close friends, while the periphery group consists of the distant friends and relatives. However, the roles are interchangeable where the distant ones come to the core group in decision making and helping the sick and the family.

The treatment comprises both the traditional and the biomedicine. Today, people depend mostly on biomedicine for all kinds of illness however the role of the traditional healers cannot be ignored at any level. When illness becomes a serious affair everything is related to the supernatural being. The treatment started from the primary household level, i.e. the household remedies that medication are done as per the knowledge of the family members or the popular sector (Klienman, 1980), then the people visited the nearby doctors or the chemists shop to get the required medicines. When the illness becomes very serious, people consult the doctors more seriously and start following the medications as directed by the doctors from the local physician to specialised doctors. At the same time of the medicalization, people do consult the maiba (the local healers) not only for medicine but for other cases such as to find out the presence of supernatural agents in the illness. Therefore, the levels of treatment are not at specific stages but simultaneous. It is the belief of the people that illness may be natural but the life and death are in the hands of god.

The general types of folk curers are the home preparation and the other consulting the maibas. Home-made remedies consist of the daily food components to exotic herbs. Many of the aged knows most of the herbs available in the locality and they advice the youngsters to make the medicines out of the herbs or they made it personally. The medications are done by the experience elders or the maiba's through oral intake or external application. The available medicines are administered in the form of fresh uncooked or cooked food, paste, and decoction. The treatment is accompanied with the avoidance of certain food items such as oily, fermented and sour edibles. It is found that a single person does not have all the knowledge of herbal medicines and thus, people exchange the knowledge with each other. The medicinal values known to the people are almost similar with the healers and the non-healers, and sometimes older people are the source of information. The maibas' who do have some knowledge even ask the elders or learn from other maiba from different places and practice it from their personal experience. The administrations of the medicines by the maibas' are always associated with the incantations over the items. The incantations increases the effectiveness of the medicine over the sick person, because the verbal charms are directly from god and are taught to them by the god through dreams or through their teachers. The patient sometimes self-administered the medicine and the parents treat their children. Friends and neighbours too suggest, using one in a particular formula to get cure and thus increase their knowledge by sharing, learning and experience. Sometimes, people follow a kind of medication on the behest of the other.

Most of the healers claimed their power to be "gifts" (as also among other communities, garro 1990) from god and those who practice to harm others achieved their knowledge from performing rituals related to bhoot prît, etc. The gifts are manifested in their ability to communicate with the spirits and act as spiritual mediator. They mediated through trances, dreams and alter state of consciousness. It gives a reason and help people in making sense of what is happening around them. The treatments are mostly under the general belief of illness cause by supernatural agents and the natural agents. The super natural agents are named as *lai*, which they are categories as benevolent and malevolent. The benevolent protect while the other harm the people. However, the benevolent too cause illness and

disease if made mistakes and made him/her angry. The maibas are mostly related to the religious rituals where illness is affected by the malevolent agents.

Sl no.	Plant name		Used part	Remedy for
	Local name	Scientific name and English name		
1	Nongmangkha	<i>Athatoda vesica</i> Nees.	Leaves, flower, roots	To relieve bronchial congestion, cold and cough
2	Meitiei-tilhou macha	<i>Allium ascalonium</i> Linn. (local onion)	Bulb	Post natal complication, ear infection
3	Maroi-napakpi	<i>Allium hookeri</i> Thw. (winter leek)	Leaves	Decoction is applied on forehead in excessive body temperature, reducing blood pressure, stomach ulcers
4	Maroi-nakuppi	<i>Allium odorum</i> Linn.	Leaves	Urinary tract infection and urinary disorder
5	Yendem	<i>Alocasia indica</i> (Roxb.) Schott (Indian Malayan taro)	Stalk, leaves, root	Blood purifier, apply decoction of petiole reduces dizziness, useful in piles, constipation.
6	Kihom	(Pineapple)	Leaves	Stone cases
	Nungai piruk		The whole plant	
	Lai piruk		The whole plant	
	Piruk	<i>Centella asiatica</i> (L.)	Whole plant	
7	Lam thabi	<i>Wild cucumber</i> (cucurbitaceae )	Leaves and stalk	Jaundice
8	Langthrei		Leaves	Burning sensation of stomach due to hot chilly
9	Pungthol	(Guava)	Leaves	Dysentery
10	Laibakngou	<i>Artemisia nilagirica</i> [Clarke]Pamp.	Leaves	Dysentery
11	Utin	(mole)	Meat	Malnutrition
12	Laidreng		Leaves	Diabetes mellitus
13	Shamba	<i>Oxoxylum indicum</i> Linn.	Fruit	Dental problems
14	Meipokpi	<i>Physalis minima</i> Linn.		Burnt
15	Kekru	<i>Sapindus mukorossi</i> Gaertn.		Stomach ache, fever, dysentery and high blood pressure
16	Mukthubi	<i>Zanthoxylum acanthopodium</i> DC.	Leaves and fruit	Cold and cough
17	Heibong	<i>Ficus auriculata</i>	Leaves	Control blood sugar and high blood pressure
	Kuthap		Leaves	
18	U Akhaba		Bark	Cold and cough, sore throat
19	Aloe vera	<i>Aloe vera</i>	Stem	Burnt, cuts and pimples
20	Shougree mana (gongura leaves in Telegu)	<i>Hibiscus cannabinus</i>	Leaves	Fever
21	Chongalaba (bird)		Meat cooked with white <i>gangouyen</i> leaves (creeper)	Stone case

Table 1: List of locally available and homemade medicines and the illness

In this village, older people have a special place in the community. They are considered as the knowledge bank of the society. They have the authority over the family and the kinsmen. The eldest are seated at the first place in every social events, they are served before everyone else, etc. However, it is expected that older people are weak, accompanied by various physical discomforts and so confined to the house and disengaged from the previous roles are accepted as normal and not as sick unlike in the case of younger people. When an older man is sick, the care givers are his family members and so are his kinsmen like in other case of young people. Along with all the kinsmen's suggestions and efforts, a friend's (may be distant) suggestions and advices are also taken into consideration for their experience and knowledge. For example, when a woman was diagnose with blood cancer and the family couldn't afford the fees and medicine, her sisters and other relatives help her and the family both financially and in providing care to the sick and old. The old aged are considered nearer to god, which means the days of his/her has come to an end, accompanied by weakness and other health problems which is called as the "old age disease". There is no hope of recovery for health in old age, but keeping in that health condition as long as they can and so people wait for their last days providing every possible care they can give. The sick lady was undergoing bio-medicine treatment and blood transfusion from time to time, at the same time a *maiba* (traditional healer) was also observing her, being at her bed side. He did required rituals and oblations whenever her health deteriorates from the

present condition. One of her sister who was besides her more often than the other sisters says, “everybody knows she will not recover, but we just can’t let her die all alone, death is in god’s hand but the needs are to be fulfilled by us until she lived”.

When an old lady, 99 years old who was about to be 100 in few days, grandmother of a friend of mine was ill and confined to bed for almost three-four years, her health conditions become more serious and one or the other person of the family needs to be besides her. As most of the family members stay away from home, their father’s sister came and stayed at her house to be with the ill mother. My friend used to say that, our grandmother may die anytime, she is not eating nor drinking, just depend on the glucose that infuse through her veins and so we need to be home all the time. She proudly says that her grandmother lived till her golden age and also express that the time has come for the departure for another world.

Another is a case of a retired teacher, who was diagnosed with diabetic and after 5/6 years his kidney failed and lived on dialysis for almost a year. When the family found that his health will not recover anymore, the only option was kidney transplant, the family couldn’t find a donor and it become more of a financial burden undergoing dialysis on alternate days in Imphal. The patient knew he will not recover, he surrender and ask his children to take him home in the village, and told them that he wants to die at home instead of a hospital bed.

His main care givers are his wife, his unmarried daughters and sons. His married daughters and sons-in-law do come and stay at his house whenever they can come. His second elder son-in-law takes care of their paddy field when the two sons are busy taking care of the ailing father along with the service in Manipur police of the elder son and studies of the younger son. His wife often says, “because of his ill health I haven’t gone out of the house for a long time”. The local chemist shop owner does visit him regularly to give him the doses of insulin. Every night the woman from his neighbour come to stay with the family, and everybody was ready for the emergency situation. Everyone was involved in providing service to the sick and his family. The young girls from the neighbour help the family in fetching water from the nearby hand-pump and in cleaning the house.

When the treatment of dialysis and insulin were given regularly, the family perform all the required rituals to keep his health in the present condition. The family consulted the local *maiba* and they performed the rituals to the ancestral deity, to the *lam lai* (the deities inhabit outside the house), etc.

In all the cases, when a patient is taken to hospital or other places for treatment, someone who is educated and know the places well from among the close groups accompanied the sick as a care giver and thus responsibilities do not confine to the family members, rather the whole member in the group of the sick and his/her family are involved in decision making and care giving. This explains that when the illness becomes chronic especially for the aged, people prepare for the dead as no one wants their dear ones die unattended. The family takes the sole responsibility to the aged and sick and everyone ones to die at home being with their near and dear ones. It is also because of the concept that those who die unattended are either a person with less social life or childless or a person hated by all. Therefore, people advice each one to love others and to be loved so that there is someone or the other to be at the bedside when you are at the dying bed crying for your lost.

### 3. Conclusion

In this village, age and aging are equally related to role taking, value orientations and modes of behaviour of which varies at different age stages of members of a society. The chronological aging is not directly related to the social aging and biological aging is not simultaneous for every individual. For some they aged earlier than the other which is related to the health of the individual, which is again directed to the person’s diet and food habits. A good diet in their life keeps someone is healthier than those of alcoholics and smokers. And also importantly that aging and death are interconnected and everyone including the aged and care givers are prepared for the departure to the other world.

The various ethno medical practices have deep rooted history within the culture derived to overcome the impediments on the way to healthy life. All these practices are effective within the framework of the social and environmental context. The effectiveness of no single practice is suspected even though it is failed to produce the expected result. The household therapies prove that the family as a basic social unit address to the illness of the individual in addition to the psychological strength. Similarly, magico-religious activities apart from inducing self confidence and courage also provide medicine as shaman is also a good herbalist. When we examined the course of treatment the above mentioned practices are not administered in serial but are employed simultaneously in the true sense of medical pluralism.

### 4. Acknowledgements

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