

**FAITH AND RITUAL HEALING PRACTICES: A STUDY AMONG THE
WOMEN MUSLIM HEALERS IN MALABAR REGION OF KERALA**

*Dissertation submitted to Jawaharlal Nehru University in partial fulfillment of the
requirement for the award of the degree of*

DOCTOR OF PHILOSOPHY

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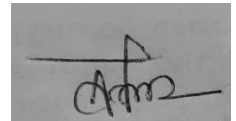
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CAERTIFICATE

This is to certify that the Dissertation entitled “**FAITH AND RITUAL HEALING PRACTICES: A STUDY AMONG THE WOMEN MUSLIM HEALERS IN MALABAR REGION OF KERALA**” submitted by Ms. FARSANA K P in partial fulfillment of the requirements for the award of Degree of DOCTOR OF PHILOSOPHY of this University, has not been submitted for any other degree of this university or any other university and this is my own work.



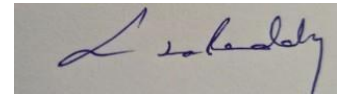
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We recommend that this dissertation be paced before examiners for evaluation.



Dr. Rajib Dasgupta

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Dr. Sunita Reddy

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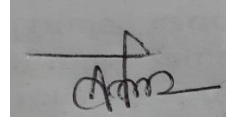
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A rectangular box containing a handwritten signature in black ink. The signature is stylized and appears to be 'Farsana K P'.

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GLOSSARY

All terms are in Malayalam except those marked (A) in Arabic

Aal	: Banyan tree
Anali	: Viper
Arabi-Malayalam	: Script
Asooya	: Envy
<i>Auliya</i> (A)	: A sacred saint who believed to have possessed extra human powers
<i>BadraKali</i>	: Goddess <i>Kali</i>
<i>Barakat</i> (A)	: Blessing
<i>Chathan</i>	: <i>Devil</i> Spirit
Chamundi	: Goddess
Chira	: Pond/ Water body
Durbagyam	: Misfortune
Durdevatha	: witches/ harmful female spirits
Durmantravadam	: Black Magic
Ettadimoorkkan	: Krait
<i>Kali</i>	: Goddess <i>Kali</i>
<i>Kanneru</i>	: Evil eye
Karinkkanu	: Evil eye
<i>Karinakku</i>	: Black tongue
Kavu	: Sacred grave

Kayam	: Asafetida
Kinar	: well
Kindi	: Water tumbler with an exit tail
Kulam	: Pond
Malas	: Verses
Mantram	: Spell/ Chant/ Incantation
Marun	: Medicine
Moorkkan	: Cobra
Mukkuvan	: Fisherman
Mutiyettu	: A form of ritual performance
<i>Namaz (A)</i>	: Prayers
<i>Nercha</i>	: Offering
Orakkillayma	: Insomnia
Ossan	: Barber
Pala	: Alstonia Scholaris
Panineer	: Rose water
Pusalan	: Muslim fisherman
Raktha Rakshas	: Monster
Sadmantravadam	: Positive mantra healing
Sarppam <i>Thullal</i>	: A custom to appease snakes who can cause health problems (especially infertility/impotence)

Sayyid (A)	: <i>Thangal</i>
Shafi	: Sect in Sunni Islam
Shuhada (A)	: Martyr
<i>Thangal</i>	: one of the higher social groups
Thee Chamundi	: Local deity
Ummama <i>Chathan</i>	: Demon
Urus	: Annual Commemoration
Vellikkettan	: Krait
<i>Wulloh</i> (A)	: A ritual washing of Muslims before Prayers
Yakshan	: Male-ghost
Yakshi	: Vampire
Ziyarat (A)	: Pilgrimage

CHAPTER I

INTRODUCTION

Shabitha, a good friend of mine, was born and brought up in a traditional Muslim family in Malabar. She is a strong follower of Islam who leads a religious life. Once, during vacation time, I went to meet her at her ancestral home where she stays with her grandparents. It was after a long time that we were meeting and she was pregnant at the time. I reached there in the evening. The sun started to set soon enough and everyone at her home was getting ready for the Magrib *Namaz*. However, both of us were reminiscing about our school days. Suddenly, her grandma came to us and asked us to get inside. She added, “this is not the right time to stand outside, especially during pregnancy”. I was thinking about her grandmother’s words. What was the problem in standing outside at that particular time? What is a good and bad time? What is the problem with a pregnant woman standing outside? My mind repeatedly asked me these questions. Later, I directly asked her grandmother.

She replied:

For your generation these things are completely unknown. They are not even interested. (After a long sigh, she continued) The almighty- Allah has created many other creatures before Adam; which are Jinn, Shaitan and Ibleese. We all believe in the existence of these supernatural powers because the holy Quran mentioned 29 times about Jinn/Shaitan/Ibleese and also the 72th Soorath itself is about Jinn (Soorath-Ul-Jinn).

She prepared tea for us and continued:

These beliefs are not strictly Islamic; Hindu, Christian and other religions have their own beliefs related to this. But they have their own names for it. According to Islam Jinn are neither innately good nor innately evil and they are similar to human beings; because they eat, drink, procreate, recreate and are subject to the Day of Judgment. We believe that they are invisible entities and on the other hand they can take any other shapes as well. They travel across the world; if they possess a human body it can cause various diseases including mental health issues. Furthermore, infants, pregnant and menstruating women are more vulnerable to possession. Only because of this I told both of you to get inside.

I had heard similar stories on different occasions from my community. Belief in supernatural beings is closely associated with the religion of people in Malabar. These beliefs clearly reflect

their perception, understanding of health, illnesses and healing practices of people irrespective of caste and creed. Hence, they strongly believe that the supernatural beings can cause mental and physical illnesses. Most of their mental and physical illnesses are perceived as one and the same. So, my interest in this subject rose from the above-mentioned incident that I wanted to get a sense of my own community setting in Malabar.

The region of Malabar has been studied by many scholars, by exploring different facets of its socio-cultural life (Menon, 1970). Scholars engaged in socio-political-economic and cultural behavior of the people in various capacities (Menon, 1979). As a result of this some new areas of socio-cultural life have come into the limelight in academic writing. However, one of the major contributions which the region made was in medicine and healing practices. But that area has not yet received the satisfactory attention that they deserve. Through my MPhil I was able to explore the religious healing practices among Mappila Muslims of Malappuram and it showed the wide acceptance and practice of religious healing practices for both mental and physical illnesses. However, there is no study on the women Muslim healers and their healing practices in the region of Malabar. Therefore, I make an attempt to explore the faith and ritual healing practices as well as the role of women Muslim healers in the region of Malabar, Kerala.

The region chosen for the study falls in the broad area of various disciplines especially history. The historic writings on this region have overlooked many aspects of this society. However, as mentioned earlier, my topic has not received adequate attention in the existing academic sphere. Hence, study of people's perception, practice of health and healing, role of the women healers shall be contributory for further research.

My work, therefore, is an effort to understand the belief systems, perceptions, practices and attitude of people towards the concepts of body, health, illnesses and healing. The study also focuses on the causation of illnesses and the nature and modes of treatments that prevailed in the region. Furthermore, the study also looks into the role of women Muslim healers in the lives of people, their health and healing practices, and the health seeking behavior of the region. In other words, this work is also going to be an attempt to revisit the socio-cultural background of the people in health behavior through the cultural prism of healing practices. Similarly, it also touches upon the social history and crossroads of medicine and healing among various strata of society.

Medicine and healing practices are always embedded in the cultural settings of any given society and those are shaped and reshaped by many factor such as socio-political cultural and religious ambiance surrounding it. Each and every community across the world has developed a certain pattern of belief and behavior to adapt themselves to the living environment. The beliefs and practices make them capable of adapting things from the given community through generations. This results in their own perceptions and understanding of the meaning of health problems, modes of treatments and practices. It is also the case among Mappila Muslims.

Many communities across the world still believe that illnesses and diseases are results of witchcraft, black magic, wrath of God and deities and the possession of supernatural beings existing on the boundaries of the village (Yasser, 2012). On the other hand, the claiming so called ‘civilized’ and ‘developed’ society was not an exception in its attitude towards illnesses and diseases. Throughout the period people have developed a more knowledgeable attitude towards these spheres, however the fundamental beliefs still remain the same as before. Hence they also understand these illnesses and diseases are due to unsatisfactory or wrath of God/deity and they include various rituals and ritual performances under the supervision of religious or ritual healers in the community (Ibid).

The Mappila Muslims of Malabar is not an exception in treating the illnesses and diseases they suffered in everyday life. As I mentioned earlier, the illnesses and diseases are perceived as possession of *Jinn/ Shaitan* and fallout of *Shaiks* respectively. Hence, healing practices of Mappila Muslims include a rich mixture of religion and culture. The literature will show us the crossroads of religion and culture in all walks of life in this region. Furthermore, regardless of religion and caste they share a common legacy in the tradition of health and healing practices in Malabar.

Chapterization

This study is divided into eight chapters including the introduction. Chapter 2 of the thesis gives a review of the existing literature in different sections thematically. The first section gives an understanding on concepts on health, illness and healing. The second section deals with faith, religious and ritual healing practices among various communities. Various disciplines have been chosen to understand the issue ‘...’ from a social science perspective, specifically from

sociology, anthropology, public health and women studies. The third section reviews the women in the practice of healing; history and the transition of women healers, and the transformations that have happened in their role. Finally, the section deals with the mental health programs such as NMHP and DMHP and its implementation in the region.

Chapter 3 discusses the methodology used in the study. It begins with the conceptualization of the research problem, and goes on to discuss the research questions, objectives and research design of the study. Furthermore, it touches upon the process of data collection, data analysis and the challenges faced by the researcher and the experiences in the field.

Chapter 4, titled 'Faith and Ritual Healing Practices among Mappila Muslims of Malabar' specifies the socio-cultural and religious life of Mappila Muslims of Malabar, perception and understanding of illness, health and healing of Mappila Muslims of Malabar. The last section of this chapter discusses the perception and its relationship of hygiene, illness, health and healing practices.

Chapter 5 titled, 'Healers on Health, Illness and Healing Practices' discusses women Muslim healers of Malabar region of Kerala, and their socio-religious background. It also lays down their perceptions on illness, health and healing practices and the causation of illness, and goes into the pattern of affliction among people in the region. The next section deals with faith and ritual practices performed by women Muslim healers; the modes of treatment given to the different categories of illness including physical health problems, mental health problems and other problems. The other problems include marital and family problems; childhood problems; missing and misbehaving children; failing business and agriculture. The last section talks about the Islamic astrology, which the women Muslim healers use in their healing practice.

Chapter 6, titled 'Rituals and Ritual Performances', discusses various rituals in the healing practice such as *Uzhinjumattal* or *Ozhippikkal*, *Muttarukkal* and *Nercha Neruka* or *Nercha Kodukkuka* Etc. Furthermore, it discusses the veteran *Auliyas/ Sheikhs/ Shuhadas* and Deities in the process of healing and its influence of Sufism in it. The second section of this chapter focuses on ritual art forms and performances related to healing practice. Ritual art forms and performances such as *Theyyam*, *Ratheeb*, *Pulluvan Pattu*, *Sarpam Thullal*, *Chathan Kali* and

Pootham Kali etc. The purpose of this chapter is to understand the rituals and ritual performances, and to discuss its importance and role in healing practices.

Chapter 7, titled 'Women as Healers', discusses the role of women as healers and various dimensions of their role. The chapter also discusses various reasons for using faith and ritual healing practices in Malabar. It further discusses the power and authority of the women healers through their various roles in and outside healing space. The chapter also deals with their relationship with other healers in the society, and also discusses the Hindu-Muslim crossroads in beliefs and practices.

The final chapter, Chapter 8, titled 'Discussion and Conclusion' discusses the main findings of the study and identifies any research gaps for further studies.

CHAPTER II

REVIEW OF LITERATURE

The human spirit craves for scientific knowledge, and if the right kind is not available, men's desire may easily overcome their prudence. Nowhere are those desires stronger and wider than in the medical field, for is not health the greatest blessing, and the lack or loss of it, the greatest misfortune? This explains also why medical quackery has always flourished and will continue to do so as long as there are distressing and incurable diseases. (George Sarton, 1931: 92)

The history of healing which is as old as human history itself. It is an expensive journey of the history of medicine and healing from the Stone Age to present. It explains that medicine and healing has its origin in the healing lore of Paleolithic hunters and gatherers, nomads and the early sedentary farmers rather than in the academic tradition of doctors and pharmacists. Anthropologists and many scholars described many ways that people have used substances from the immediate environment, along with handed down knowledge and traditions, to heal and treat a variety of ailments and health problems which they encountered in daily life. Each and every culture in the world has their own healing systems which the above mentioned quotes are revealed. And scholars have studied about various communities and their health care systems including faith, ritual and religious healing practices through various dimensions.

This chapter will give an overview of faith and ritual healing practices and related concepts on health, illness and healing practices through a review of the existing literature. The review of the literature explores the concepts, perception, understanding of health and illness, different kinds of faith, religious and spiritual healing and therapeutic methods in various communities such as Muslim, Bahai, Hindu, Jansuri and Nepali community etc. Further the literature looks upon the role of women healers in health seeking behavior and healing systems among Muslims. This review of literature divided into various sections; the first section gives an understanding on concepts on health, illness and healing; while the second section deals with faith, religious and ritual-healing practices among various communities has been dealt with in the existing literature of disciplines relevant to this study. The third section reviews the women in the practice of

healing; history and the transition of women healers; and the transformation which happened to their role and the last section dealt with approach to mental health programs.

SECTION I

Defining Health

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” (WHO, 1997). However, this definition is criticized by scholars, saying that the ‘absolute well-being’ is not possible without analyzing the relationship of an 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’ (Ibid). Questioning the definition in existence in 1984, the 37th world Health Assembly has taken ‘spiritual dimension’ to define health. Later, the special executive committee in 1997 suggested to revise the preamble 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 health into mind, body and spirit (Suman, 2015). So this debate shows the importance of understanding of one’s own health from his or her social and cultural environment. On the other hand, by this definition, we can understand health as a dynamic and multidimensional concept, which cannot be described without the contribution of positive health constructs like spiritual, emotional, behavioral and cultural domains of life. Thus, we cannot consider a person healthy without having a fair mental health. Still, when we talk about health, we have a tendency to think only in terms of physical health, devoid of mental health. According to Mishra (2003), if one has lost one’s mental health, it impacts the capacity to work, to enjoy, to think clearly, and to express emotions properly. For all things, one has acquired are worthless and will bring no happiness. So it’s very important to understand one’s own mental health while understanding ‘health’ (Mishra, 2003). “WHO defined mental health as a state of well being in which every individual realizes his or her own potential, can cope with the normal stresses of life and is able to make a contribution to his or her community” (WHO, 2004). Therefore, “mental health refers to more than just ‘the absence of disease’ but includes a state of complete physical, mental and social well-being”. As I mentioned above, one’s health

should be understood from his or her own social and cultural environment. Additionally each and every community has their own understanding on illness, disease, and health and healing. Irrespective of region, cultural backgrounds, religious beliefs or customs people share certain healing traditions within the community. Scholars understood that all cultures in the world have their own health care systems which help them to ameliorate or improve human health conditions, disability, life way or to face death' (Wing, 1998).

In every culture there are a set of guidelines acquired by men as a member of society, which tells them how to view the world and how to perceive it, and how to act and behave with other people, to Gods and to the natural environment. When it comes to health, illnesses and diseases the people often associate it with religious beliefs and performances (Swartz, 2002). Similarly regardless of geography, cultural origin and beliefs, there are certain healing concepts that traditional cultures share. 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).

However, all hunter-gatherer societies in all over the world practiced shamanism as their first religion (Winkelman, 1992). "Shamanism is defined as a religious system in which practitioners go into a trance to contact spirits and thoughts, which affect living people. It can be operationally defined as including specific characteristics identified in the anthropological literature" (Winkelman, 1992). The practice of shamanism always included the traditional beliefs and practices of the community, which also engage the ability to diagnose and cure various health issues (Pal et al., 2008). Shamanism involves a religious complex characterized by trance, curing and a belief in the possibility of cosmic fight, 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. Most of the time, the majority of the healers and shamans share the basic cultural values of the community. According to Helman, majority of the healers "share the basic cultural values and world view of the communities in which they live, including beliefs about the origin, significance and treatment of ill-health" (Helman, 1994). Similarly each and every community has its own understanding on health and illness. However, 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. According to environmental or evolutionary theory the basic determinants of sickness and healing practices are physical environment and human adaptation to it. 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 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, accounts for the ill health due to physiological changes experienced 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 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 focuses 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). Similarly, in many parts of the world it is considered that spirit possession and demonic possession are the cause of illness and diseases. So, the next section will be dealing with belief on causation of illness.

Belief about Causation of Illness

Huge numbers of studies in various countries show people’s belief about the causation of illness and disease. A huge number of studies examined the African-Caribbean, Bangladeshi, Chinese and Indian samples (Bhui, et al., 2002). Some of the studies included South Asian samples are not homogenous groups with religious, regional and class differences (Rashid et al., 1998). In most parts of the world, the belief in possession by spirits and demons has been historically the dominant theory of illness and especially the conditions that we understood as mental illness. The Arabs, Greeks and the Chinese, the Hebrews, and all believed in some form of possession

and the monumental study by Oestreich with various examples from all walks of the world is evidence of universality of such beliefs (Kakar, 1982). Possession is fully embodied experience; it is not something simply thought about, nor is it ‘just’ a mental state. Indeed, its power lies in the force of its embodiment (Smith, 2014). Scholars defined the term possession in various ways. Defining possession as:

“Possession is a phenomenon in which persons suddenly and inexplicably lose their normal set of memories, mental dispositions and skills, and exhibit entirely new and different sets of memories, dispositions, and skills”(Becker, 1993:11).

“A broad term referring to an integration of spirit and matter, force, or power and corporeal reality, in a cosmos where boundaries between an individual and his/her environment are acknowledged to be permeable, flexibly drawn, or at least negotiable” (Janice Boddy, 1994:407).

As the definition says, people believed in integration of spirits, demons or ghosts, force or power in reality and its possession and play on the human body.

Ethnographic literature shows that most of the human societies still believe in various kinds of possession as the causation of illness. An ethnographic study done by Erika Bourguignon (1976) about 488 societies from the ethnographic Atlas, has shown that various kinds of beliefs such as spirit possession, demon possession, life after death and divination were present in 388 societies from her sample. Jorm (2000) illustrated in his study that in western countries, people believe that the various health problems including mental illness are due to the bad deeds, witchcraft and possession by evil spirits. Due to this he pointed out the greater use of religious and ritual healers among Malaysians. Similarly in traditional Jewish culture, illness is usually perceived as divine punishment, whether it affects or afflicts one person or the entire community (Sharabi, 2014).

Islam is a monotheistic religion that has strongly believed in Allah, his messengers, his holy books and Al-ghayb. According to Islam, human beings and other supernatural beings live in different and yet parallel worlds. Similarly Islamic perspective on illness and disease has been evolved through centuries, and it can be understood from the Holy text itself. According to the Quran there are four major elements explained 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 *aaql* (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 of any factors results in physical, mental or spiritual illness. Additionally, Islam identifies an additional category of illness; which is spiritual illnesses and it is broadly divided into two, which are *Sihr* and *Naz* (Bulbulia & Laher, 2013).

Islam explained about various classes of beings such as *Jinn*, *Shaitan*, *Marrid* and *Farishta*. The word *Jinn* is very common to all Muslims which came from the Arabic word ‘*Jaan*’ and it conveys the idea of protecting, shielding, concealing or veiling. Contrasting to human beings, *Jinn* have different kinds of powers such as to take different shapes (they can take on the forms of birds, animals and even human beings) and they can also travel from one place to another. They usually occupy dark places, graveyards and other polluted places (Dein et al., 2008) and they easily possess those in ‘transitional states’ such as pregnancy, menstruation and postpartum. Various passages from the Quran and *Hadiths* explained about the existence of *Jinn*. Hence, Muslims in all over the world believe that the supernatural powers like *Jinn*, *Shaitan* and *Iblis* can possess the human body and it can cause various mental and physical ailments.

A study conducted among East London Bangladeshis reveals that they divide ‘illnesses’ into various category such as physical illness (*Shordi bemar*), psychological illness (*Sintha bemar/ fagol bemar*) and spiritual illness (*Jinn bemar/ Allah bemar*). The third category is caused by *Jinn* or *Shaitan*. *Jinn* possession caused various problems such as low mood, withdrawal, speaking ‘rubbish’, a failure to do *Namaz*, and many other *Deviant* behaviors. Furthermore, they believe that *Jinn* were also causing physical symptoms such as pain and tiredness and were implicated where biomedical treatments had failed (Dein et al., 2008). Hence, the healers include various techniques in their healing practices, which are often blurring the borders among herbal, traditional and religious healing.

A pilot study done by Al- Habeeb among faith healers in the Kingdom of Saudi Arabia explained that most of their health, mental and spiritual disorders are understood, because of *Jinn* possession and evil eye. He mentioned that all multiple bodily symptoms in all kinds of health problems were various types of pains and aches. And less common somatic symptoms were vomiting, fatigue, paralysis and dizziness. In fact somatic symptoms there were some psychological symptoms including apprehension, fright, or doubt developing into disease and

over thinking and obsessive compulsive disorders. Furthermore, he mentioned that almost all contemporary psychiatrists also believed in supernatural powers and the possession of *Jinn*, but rarely they admit or consider these to diagnose the causes by means of religion (Al- Habeeb, 2004).

Hoffer's study on religious healing methods among the muslims in the Netherlands explained that the Muslims differentiate the cause of their health problems as illness with natural (physical or psychological) causes and those with supernatural causes (the evil eye, magic or *Jinn*). They strongly believe in the existence, the role they play in having, supernatural powers such as *Jinn* and *Shaitan* on the human's health and body. The study reveals that people consult doctors for the health problems with natural causes and they meet religious or Islamic healers for the health problems with super natural causes (Hoffer, 2000).

Kakar conducted a study in northern states of India which mainly explores the Indian cultural traditions, which have its own psychotherapy to cure the mental illness and mostly problems of women's health. Based on this study in his book "Shamans, Mystics and Doctors: A Psychological Inquiry into India and its Healing Tradition", mentioned about the cultural beliefs and healing practices among people in various parts of north India; in that he explained about the beliefs on spirits, ghost, demon etc. and its causation of illness on human body (Kakar, 1982). Similarly Kapur's study in an Indian village documented the coexistence of several healers treating mental illness. According to them, possession of supernatural powers can be one of the causes of mental illness (Kapur, 1979). Another study by Sood on healing in the Balaji temple in Rajasthan explained that the healing takes place in the temple for remedying spirit possession and mental illness caused by supernatural powers (Sood, 2016). Similarly, rural and tribal populations of India have own health care system and most of them still believe that disease is always caused by holistic spirits or by the breach of some taboo (Mishra & Majhi, 2004).

The tribal populations in any part of the world have a strong belief that the supernatural beings may bring any disease and wrath of the local deities' and intrusion of evil spirit is considered as an important reason for various illnesses. On the other hand the doctrine of karma and rebirth still exist among them; and they believe that evil deeds of their ancestors also make them suffer. In the same way, a common belief exists among all tribal communities that death occurs only to the body of a person, but the soul always remains alive (Pradhan, 2013). According to their

belief, the souls of their ancestors roam around the village and if any of them commit any mistake or violate social taboos in their village used to be punished by their ancestors (Ibid).

An ethnographic study by Nair explained about patterns of affliction and modes of treatments in North Malabar. In his study he mentioned that people believe in supernatural powers and its cause of various mental health issues. Most of the mental health issues are understood as their own perception within the cultural context. They perceived it as *Pediyil Peduka*, *Sathrudosham*, *Sthala Virodam* etc. that are caused by the evil spirits and possession. Hence, the *Mana* provides various kinds of treatments for evil eye, possession and inauspiciousness (Nair, 2010). Similarly, a study by Smith mentioned about the possession and related practices in Kerala, which include 'durmantravadam' or sorcery in Kerala and explained about the various kinds of affliction among people in Kerala (Smith, 2006). Another study by Halliburton revealed that variety of possession and the waning of spirit possession among Malayalis in Kerala. Furthermore he shows the reappearance of possession in Kerala (Halliburton, 2003). These studies show that the belief about causation of illness in various parts of the world. It emphasizes the existence of supernatural powers like *Jinn*, spirits, demons etc. and its play on human body and health.

Hence, culture and religion have a key role in the understanding of health, illness and healing practices among people in various communities in the world. There are many studies, which have examined the relationship between religions, health and healing practices of a person and how it influences his or her life (Daniel M. Johnson, 1986). As we know praying for sick and speedy recovery is one of the oldest religious practices and perceptions all over the world. It is believed as a kind of treatment method and one more in the armory weapons available to medicine to fight against illness and disease (Cynthia B. Cohen, 2000). Similarly, many studies show a positive relationship between religion and health. In fact, the idea of religion and health are separate spheres, which are controlled by separate institutional bodies. According to McGuire, the technologically advanced societies are understanding and responding to illness and health and completely rational, with the help of expertise and technological support. However, the religious practitioners are commonly considered as superstitious or magical and ineffective ways of thinking and acting to health and illness (McGuire, 2008), even though studies show a close connection between religion, health and healing practices.

Many psychiatrists and physicians agreed that religious faith and practice are one of the determining factors to physical and mental health of a person. Benson, a physician proclaims the significance and faith for health promotion and recovery from various illnesses. Various research reports found a positive relationship between religiosity, mental and physical health (Levin & Schiller, 1987). Similarly, various studies suggest that a patient's religious and spiritual life help them to improve and maintain their mental health. So not surprisingly we can say that there is a strong relationship between religion and health in one's own everyday life. Hence, within the socio-cultural context they prefer faith, ritual and religious healing practices.

SECTION II

Faith, Ritual and Religious healing practices

There are various studies showing the wide acceptance and practice of faith and ritual healing practices in different parts of the world. A study by Popper Givon gives an account of Arab women healers and their healing practices in Israel. The study presents a wide variety of case studies combined with Givon's personal experience from the field. The traditional woman healer in Israel named as *sheikh*, *darwishah* and *hajjah* etc mainly tend to the female community in the society, treating physical illnesses for there is no successful medical treatment, issues related to upbringing, related to sex, fertility and childbirth. Furthermore, the woman healers also take in hand the emotional problems such as anxiety and depression, as well as life hardships. The problems she treats are both physical and mental ailments, brought on by such perceived causes as the evil eye, witchcraft and demon that possess the body or mind of the patients. The healers use Quranic verses for their treatment of the patients. On the other hand, treatment for the infliction of burns, cuts and bloodletting healers use medical herbs and massage with chanting of Quranic verses. Additionally, the women healers are respected and valued by the patients and their families, because the healers are treating for the ailments, which the medical system fails. The practitioners are reading the Quran for the treatments; it helps the people to literate themselves. It gives legitimacy and status to the women healers in Israel. According to the author, traditional healers were associated with religious and supernatural systems of power in that particular society that had not yet gone through any modifications (Popper- Givon, 2009).

Wasti's (2015) study among the Nepal Urban population shows that the wide acceptance and practice of religious, ritual and faith healing practices. The practitioners who utilize the wisdom, skills and practices gained from indigenous, those are transmitted through generations to the diverse cultural and ethnic group of Nepal. According to them over a period of time, these faith healers in Nepal Divided into different groups depending on which services they provide; *Dhami-Jhankri* (Faith Healers, shamans), *Pundit-Lama-Gubhaju-Pujari* (Priest) and *Jyotishi* (Astrologer) were the important groups (Wasti et al., 2015). Spiritual healing practices are still prominent among both rural and urban areas of Nepal. Similarly another study by Stapley and Wright shows the role of women in ritual healing in Mormonism. Through the review of history, they highlight the interaction of healing rituals and power with the development of the temple and the various healing sites employed by women in Utah. It explained about the use of ritual exercise and practice at times of critical life events such as miscarriages, birth and illnesses (Stapley & Wright, 2011).

Islamic healing methods are widely used by Muslims of the Netherlands. Among them three types of 'Islamic healers' are practicing; the term 'Islamic healer' can be defined here based on his or her work on power inspired by Islam. Three Islamic healers are with an inherited gift; they are basically descendants of the Prophet Mohammed, healers with a teacher and healers who have learned by themselves. All the healers refer to the Quran and *Hadiths* for their healing practices (ISIM, Newsletter). They are healing both mental and physical problems through the Islamic healing. Another study shows that the Muslim population of UK seeks religious and ritual healing from the traditional faith healers for psychiatric and related problems. The author mentioned that every belief system forms their own mode of diagnosis and treatment for both mental and physical illnesses (Gersten, 1997). Muslims all around the world believe in '*Jinn* and *Shaitan*' and its ability to cause harm by possessing a human. *Jinn* can cause physical illnesses, anger or sadness (Bali, 2004) and *Jinn* possession also manifest with multiple behavior and odd movements that may be considered as either psychiatric or non-psychiatric disorders among Muslims (Al-Habeeb, 2004). Hence, in Islamic faith, the religious healers like 'Mullas and Sheikh' are the medium to deal with these kinds of problems and as they are considered well capable to drive the evil and demonic spirits (Syed, 2003). Hence, people believe that reciting Quranic *Ayaths* is the most fruitful method to cure the patients.

In Saudi Arabia, where Islam is highly influential, supernatural powers such as *Jinn* and *Shaitan*, Evil eye and witchcraft are culturally accepted (Al- Habeeb, 2003). Moreover, the religious healing practices are primarily based on spiritual and faith aspects, including reciting ayats from the holy Quran and *Hadiths*. In spite of the advances in the mental health services in Saudi Arabia, a considerable number of populations seek help from faith healers before seeing mental health professionals (Syed et al., 1999). Sangoma is a common term used for the healers in African Tradition (Kale, 1995). The healer plays an important and holistic role as the patient seek help for various illness and disease i.e. Africans visit the traditional (religious and faith healer) for treatment of various illnesses including both mental and physical illness, protection against witchcraft, protection from misfortune and prophecies of future events (Hund, 2004). Ally and Laher studied about the South African Muslim faith healer's perception on mental illnesses (Ally & Laher, 2008). According to them, in order to be healthy the four aspects (*rouh, qalb, nafs* and *aql*) should keep balance. Disparity of any of these parts results in physical and mental illness. Furthermore, they acknowledge an additional category of illness which is spiritual illness and it is classified into two types are *Sihr* and *nazr*. Ally and Laher stated in their study that by removing the outcomes of *Sihr* the religious healers are treating the spiritual aspects of illness. The healers are using *taweez*, the holy water, *Dikr* and *Dua* as their modes of treatment.

The above reviewed literature shows that the wide acceptance and practice of faith and ritual healing practices used for various health problems including mental health issues. Furthermore, the table (Appendix I) gives an account of the various studies on intervention on mental illness (depression) among Muslims in various parts of the world.

The literature and table show the wide acceptance and practice of faith, ritual and religious healing practices all around the world, though India is not an exception. In India, prior to 1500 BC all kinds of illnesses were understood in terms of evil spirits and demonic possession. During the *Vedic* period, prayers and charms were used to fight back the evil spirits and demons. *Caraka Samhitha* attributed the causes of illness into two main causes, which are either imbalance of bodily fluids or consequence of human action. This human action can be anything, like bad deeds, witchcraft or wrath of God or ancestors (Koenig, 2005). According to Mahapatra 'there is a belief among people on the existence of some benevolent and malevolent spirits and ghosts'. He adds that "the spirits of dead ancestors in every culture play an important role in ensuring

health, prosperity and protection to the family. But when their ancestral spirits are not properly honored, worshipped or humored, they invariably inflict some afflictions for the members of the family or cattle and crops” (Mahapatra, 1994). Another study done by Rizvi (1991) among the Jaunsari community, who believes that mental illnesses are occurring due to supernatural causes as a divine punishment for man’s wrong doing. The fear of spirits, demons and ancestral souls and their power are still prevailing among the Jaunsari. Therefore, priests and religious healers play an important role among the Jaunsari community.

Similarly Kakar focused on his study in northern states of India. Through his study he found that there are different types of practitioners such as *Vaids*, *Hakims*, *Swamis*, *Gurus*, *Bhagats* and *Lamas* etc. whom he encountered through interviews and observation. The main therapy/ healing they are giving is that verbal, practically through *mantras* and *Ayaths*, 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 become the mediator between the spiritual and human worlds. In India, there are many shrines dedicated solely for the purpose of curing the spirit and the mind. The ‘Balaji Mandir’; the temple located in Rajasthan is a famous symbolic site well-known for the spiritual healing in the Hindu tradition (Sax, 2009). Demonic and spirit possession, trance and exorcism are common at the temple and it is well-known for the healing of mental illness (Ibid). Similarly, a study shows the diviner’s role in the Northeastern region of India. According to the authors, diviners are the most important mediators between humans and the supernatural world. The diviners explain the unknown cause and means of the illnesses and problems. They provide medication for the case that they have diagnosed and use prayer for the treatment of the illness and ailments (Ramashankar et al., 2012).

Padmavati and others in their study in South India shows that spirit possession has been the major cause of abnormal behavior across all interviews in her research and it her research and it also understood as a common phenomenon. In her study she stated that seeking religious and ritual healer’s help for mental illness is often the first in the management of mental illness as a result of cultural elucidation for the illness. Furthermore, the healing methods are astrology, penance, a visit to *Dargah/ Makham* or spirit possession to negotiate with the possessing spirits,

which are used by the healers. And the people chose a particular (faith and ritual) healer because the healer was known to be able to cure the illness effectively (Padmavati, et.al, 2005). Similarly, Thara and others mentioned that people in rural communities in South India seek help from religious and traditional healers for psychosis, depression and hysteria (Thara et. al, 1998).

Lang's study on healing practices of Mappila Muslims in Northern Kerala reveals the wide practice and acceptance of religious healing practices among them. Using the case of one *Thangal*¹ healer as an illustration of the many religious and ritual healers in Kerala who engage in the healing practices, the author argues that the Psychologisation of ritual healing is part of a wider trend and the increasing number of healers who negotiate science, modernity and religion and their position within the contested field (Lang, 2014), it shows the wide acceptance of religious and ritual healing practices among Mappila Muslims. Rajan studied the faith healing practices in dealing with mental health issues and its related factors. He has noticed that people in Kannur district of Kerala, have the wide acceptance and practice of religious faith healing among the 21 communities in the district. And the result shows that sixty nine percent of the participants have simultaneously taken help from faith healers and psychiatrists. Seventy eight percent of the participants consulted faith healers at the first appearance of their health problems. And a lion portion of the participant (92%) did not seek psychiatric treatment because of fear of side effects. On the other hand, eighty three percent people seek faith healing practices for management of mental illness due to religious beliefs, customs and norms (Rajan et.al, 2016).

These studies show that mental illness due to various reasons are faced by both men and women folks in India and Kakar opined that the prevalence of mental illness in the community (both urban and rural) is higher among women across studies done in different parts of the country. Shah (1980), Nandi (1975), Dube (1970), Carstairs & Kapur (1976) and Issac & Kapur (1986) show that mental illness is more common among women. These studies show that prevalence of common mental illnesses are depression, hysteria, OCD, anxiety, phobia and PTSD which are higher among women in India. Higher prevalence of mental illness in women is a global phenomenon (Davar, 2001). While Sethi (1978), writes,

¹ *Thangals* are an endogamous community in Kerala; as descendants in the line of the prophet Mohammed, the *Thangals* claimed to be the highest religious authority in Malabar and due to their sacrosanct status, many of them practicing as religious healers.

“While it has been reported that a high percentage of male population registered at psychiatric facilities in India, it is by no means indicative of a higher morbidity in male, 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 are significant determinants” (p 206).

The author clearly stated that the womenfolk do not seek mental health care facilities. It is mainly because of their lack of education, superstitious beliefs and reluctance (Ibid). However, studies show that a large number of the rural population reaches to faith and ritual healing practitioners for various mental health issues and it may be because of lack of medical facilities in their areas and other reasons, and availability of large numbers of faith healers at a short distance (Bathla, 2015).

The given table shows the prevalence rate of mental illness reported in studies in India.

Table 1: Prevalence of Mental illness in community- rate/ per thousand

Source study	Place of study	General prevalence	Prevalence		Remark
			Male	Female	
Dube, K C (1970)	U P urban	23.8	15.7	33.3	Excludes alcoholism personality disorders
Vergheese, A (1973)	Vellore urban	66.7	60.4	72.9	Includes alcoholism, personality disorders , drug addiction
Sethi B B (1972)	Lucknow rural	39.4	52.5	24	Includes alcoholism, personality disorders
Nandi, D N (1975)	West Bengal rural	102.8	90.6	114.6	Excludes alcoholism personality disorders, includes addiction
Thacore, V R (1975)	Lucknow sub urban	82	85	78	Includes alcoholism, personality disorders
Shah, A V (1980)	Ahmedabad urban	47.2	39	56	Excludes alcoholism personality disorders

Chakarborthy, A. (1990)	Calcutta	129	92	225	Includes alcoholism, personality disorders
Carstairs and Kapur (1976)	Kota rural	370	320	400	Includes alcoholism
Issac and Kapur (1986)	Rural	161	94	228	Includes alcoholism
Total		109	94.35	147	

Davar, B.V. (1995), "Mental illness among Indian women", *Economic and political weekly*, Vol.30, No 45, pp 2879-2886

The data shows that females have a high prevalence rate of mental illness as compared to male. On the other hand, people are aware about the advances in the field of medicine and biomedical treatment for mental illnesses although, most of them still consult faith and ritual healing practitioners for various kinds of mental illness. Though some of them prefer it alone, rest combines it with modern medicine. Many researchers have reported the faith and religious healing practices in all over the world. Seeking religious help for psychiatric disorders is often a first step in the management of mental illnesses as a result of cultural explanations for the illness (Padmavati et al., 2005). Faith healing practices are an indigenous part of Indian culture, and it is more prevalent in psychiatric disorders (Gautam & Jain, 2010). The mode of healing practices varies upon the religious and cultural background of the people. Mangalore, a coastal city in Karnataka where the study was conducted shows that a large number of people seek treatment from astrologers, priests, local godman, magician for various psychiatric disorders (Pai & Shafeekha, 2011). The study reveals that irrespective of religion people seek help from the religious healers. The study reveals that irrespective of religion people seek help from the religious healers. It is found that 29 out of 56 (51.78%) persons belonging to Hindu religion have undergone faith healing and among 23 persons belonging to Muslim religion 12 (52.17%) have undergone faith healing, where only 14% of Christians (3 out of 23) have tried faith healing practices for the treatment.

Table 2: Religious Distribution

	Hindus	Christians	Muslims	Total
Group A	27	18	11	56
Group B	27	1	2	30
Group C	2	2	10	14
Total	56	21	23	100

Source: Divya Monteiro Pai, Safeekh. A.T. (2011)

This data shows the prevalence of faith healing among the psychiatric population and even before coming into contact hospitals. Another study conducted in the Institute of Mental Health, Hyderabad shows that 35% patients have chosen faith healers as first contact. Supernatural causation of mental illness, black magic and evil eye are the major reasons for contacting faith healers in Indian villages which are very prevalent in India. Furthermore, the majority of the patients got to know about the faith healers through the mouth words of other people in the village. Apart from that the factors like low educational level, low socio-economic status are also reasons for the first contact to the faith healers (Shekar, 2011).

In short, the literature shows the wide acceptance of faith and ritual healing practices in various parts of the world and India is not an exception. As we know faith and religious healing practices always include different kinds of rituals, trance and performances in every religion, similarly, it always involves a drama of evocation, enactment, embodiment and evaluation in a charged atmosphere of hope and uncertainty (Kaptchuk, 2011). There is widespread archaeological understanding on ritual; “ritual is a form of human action that leaves material traces, whereas, religion is a more abstract symbolic system consisting of beliefs, myths and doctrines” and some other archaeologists see religion as primarily, with ritual enacting underlying religious beliefs. People constantly choose to remember, forget, or recreate elements of their religion through various ritual practices (Connerton, 1989). Although particular rituals may remain the same over long decades, its meaning for society is constantly recontextualized accordingly. People transform and change underlying religious beliefs through creation and practice of various rituals (Fogelin, 2007). They are constantly using the rituals as part of their everyday life including their

health seeking aspects (Ibid). Rituals help both people and animals to deal with the troubles, chaos and situations of everyday life (Schechner, 2013).

Healing rituals are encircled with various factors including belief and uncertainty, positive expectancy and worry, anxiety and even fear. On the other hand, people know that healing ceremonies and rituals are sometimes unsuccessful; even though hope sustains the healing process (Kaptchuk, 2011). According to Kaptchuk,

“Rituals and its sensory, affective, moral and aesthetic components transform the mythos into an experiential reality for participants. Metaphors and symbols, the healer’s prestige, social interactions with relatives and community members in the course of preparation and performance of the ritual, and gesture, recitation, costume, iconography, touch, ingestion and the physical ordeal- all provide vehicles for and multidimensional guideposts to a process that is meant to transform a patient from brokenness to intactness”.

He stated that the ritual or ritual components embedded in an authoritative truth or mythos. It gives a power to the person with a divine touch and they believe in its power. Rituals gain powers through various elements which are identified by Bell (1997), identified six features that rituals and ritual like activities exhibit to varying degree; which are formalism, traditionalism, invariance, rule-governance, sacred symbolism and the performances (Schechner, 2013).

As mentioned above, the rituals with all these features play an important role in every day of human beings. Many people equate rituals with religion, with the sacred. In religion, rituals always give new forms to the sacred, it communicate doctrine, and open pathways to the supernatural and mold individuals into communities (Schechner, 2013). Rituals are mainly divided into two, the sacred and secular. Sacred rituals are coupled with expressing or enacting religious beliefs. It is assumed that religious belief systems involve communicating with, praying, or otherwise appealing to supernatural forces. These forces may reside in, or symbolized by, Gods or other supernatural beings or they may be here in the natural world itself. On the other hand, secular rituals include state ceremonies, sports, everyday life activities and any other activities not specifically religious in character (Ibid). In short, people are being part of various

rituals in their everyday and community life. The evidence shows that human ritual practices go back many more years.

Rituals considered as actions and performances. These actions and performances play an important role in individual life and their community life. Emile Durkheim (1965) stated that “performing rituals created and sustained ‘social solidarity’. He insisted that although rituals may communicate or express religious ideas, rituals were not ideas or abstractions, but performances enacting known patterns of behavior and texts” (Ibid). Schechner defined that, “ritual is also a way for people to connect to a collective, to remember or construct a mythic past, to build social solidarity, and to form or maintain a community. Some rituals are liminal; they exist between or outside daily social life”. On the other hand, some other rituals are interwoven into ordinary life. Ritual performance produces communities; it brings a feeling among the participants that they are being part or part of something greater than their individual self. Through this it brings solidarity among the community. In every ritual, symbols are considered as the smallest component unit that still retains specific properties of the rituals, and symbols invariably repeat the message of the entire ritual (Kaptchuk, 2011). Symbols are organized together as complex systems and they transmit various ideas and mythos etc.

The literature shows that rituals, actions and performance play an important role in people’s life in all over the world and Kerala (Malabar) is not an exception. Similar to any people in the world Keralites also have their own rituals and performances; those are directly or indirectly related with their health seeking behavior. Some of the rituals and performances are common among Keralites and some of them are based on their religion. . Malabar was a cultural hot spot with the existence of a collection of belief systems, knowledge streams, different practices, rituals, performance and resources. All these factors organized different structures and the various socio cultural groups developed their own healing traditions and these healing systems evolved within the cultural settings with manifold interactions with other cultural arenas, which in turn provided great physical and mental relief to the people of Malabar, Kerala (Rahman, 1984).

As I mentioned above, rituals and performances are either directly or indirectly related with religion, then health seeking behavior. In Malabar, there exists a specific healing tradition, which combines Ayurveda, the Indian system of medicine with *mantravada*. They practice a non-institutionalized form of Ayurveda, as they are trained at their homes by apprenticeship and have

not gained qualifications from any state recognized teaching institutions. They transmit their knowledge regarding health, illness, and diseases and healing to the coming generation. On the other hand, there is mushrooming of health care facilities including both public and private sector throughout Kerala, especially at present in the region of Malabar, even though the widespread practice and acceptance of the faith and ritual healing practices that use chanting, rituals and performances as remedy for various health problems continues (Farsana, 2016).

There are various rituals and ritual performances that are shared among both Hindu and Mappila Muslim community. Widespread offerings (*Nercha*) into *Dargah/ Makham/ Jaram* and temples in the Hindu-Muslim rituals especially in the Islamic practices shows that its ritual and medical significance (Arafath, 2012). Similarly, various hygienic practices as ritual baths, *Wulloh* along with ritual purification and worship are shared among the people. Apart from the offerings, rituals vary according to the health problems and healing. However, the ritual performances such as *Theyyam, Ratheeb, Pulluvan Pattu, Sarpam Thullal, Chathan Kali* and *Pootham Kali* are commonly shared among them and these performances are directly or indirectly part of their healing practices.

SECTION III

Women as Healers

“Cultural myths from around the world describe a time when only women knew the secrets of life and death, and therefore they alone could practice the magical art of healing”

(Achtenberg, 1991)

Women as a healer are a tradition that spans several thousand years, stretching far back into the history when women were honored for their healing abilities. As we know women have always been healers. They were the unlicensed doctors and physicians in various societies. They were pharmacists, herbalists, therapists, midwives, religious and ritual healers and they exchanged the secrets of their uses. As we know they were doctors without any degrees, barred from books and lectures, learning from each other, transmitting their wisdom used for centuries; with the help of religion also they healed people. The women healer responds primarily to the needs of women in her community. However, health care is the property of male healers (members) in the society.

The existing patriarchal system also supported that. In the 19th century there was a long battle to prevent women from entering medical schools because medical education was considered unsuited to women (Brooke, 1997). However many changes took place in the arena of the healthcare system. Presently women are successful in re- entering the healthcare system and they are the majority in health care (Ehrenreich & English, 1970).

As I mentioned above, there have always been healers in various parts of the world. There are many studies, dealing with women as a healer. Many studies address the social context and power related aspects of traditional and religious healing practices and are especially evident in studies concerning men healers and the social context of their activities and practices. In patriarchal societies, men control the power and social structure; however women suffer from socio-political and economic deprivation and lack overt and direct means to promote their own objectives of life (Manecksha, 2017). According to Lewis through the spirit possession cult, at least temporarily women can express their innermost aspirations without being restricted and constrained by their social status in the society. Further, women healers are illustrated as improving their own social status and that of women in their society. Being part of religious healing practices women may acquire authority, power and also influence in the public sphere (Giveon & Al- Krenawi, 2009). Sa'ar (2006) explains that Arab women are perceived as strong, gaining the strength through the excellent functioning in the domestic sphere through various roles such as mother, wife etc. simultaneously they do study, work and are active in their social roles and they do not threaten the public status of the men around them (Sa'ar, 2006).

Feminist researchers have presented women as influential agents who are capable of improving their lives and status and of the women in that society through refuting the common notion of obedience of women in the culture. For example, Schefer- Davis (1980) shows how capable women in Morocco aspire to improve their status by manifesting morality and devoutness, negotiating social knowledge and controlling certain material possessions. However, according to Lambek (1993) "possession is portrayed as a channel for acquisition of superhuman knowledge and consequent power and authority in the society". These studies show the power of women as informal and their influential role; without challenging the existing social structure.

Amy L Alloco (2013) in her article "*From Survival to Respect: The Narrative Performances and Ritual Authority of a Female Hindu Healer*", argues that through narrative performance of

Valliyammal, a Hindu religious healer from South India, she earns respect, creates and maintains her ritual authority in both her domestic shrine and public temple and she acts in her unusual religious leadership role in her society. In *Valliyammal*'s case, she chose her independent path and a life of a religious healer in her life, and the author highlights particular episodes and identifying patterns in the life stories of *Valliyammal*'s performances allowing her to represent and re-present herself as a woman. In her religious and social contexts, the only models were male healers. Similarly a study done by Flueckiger (2006) about the female Muslim healers in Hyderabad notes that the *Amma* (the female Muslim Healer) didn't have any female role models and stories about female leading public lives characterized by ritual authority and economic independence. For her the only role models were the male healers in her society. Amma's own example suggests that women 'must continually negotiate the contradictions they experience between the models they are given to live by, the stories they bear and see enacted, and the lives they lead'. *Valliyammal*'s negotiation of gender role and role as a religious healer may expand the realm of gender possibilities and open up alternative gender ideologies for the many women those who hear and witness her ritual authority and leadership. The author explained about the relationship between the Celibacy and *Cakti* (power). Further, a number of examples from the literature on south Asia religion's points to the convergences between celibacy and ritual activities. *Valliyammal* draws a direct correlation between the withdrawal from sexual activity and familial responsibility and the powers that facilitate her healing practices. Kakar and many other scholars have described the male celibacy in the religious activities in Indian society. However, there are limited studies and focuses on female celibacy in religious and ritual activities in Indian societies.

As mentioned above, the only models were 'male' healers in many societies. A study done by Givon (2009) about Palestinian women healers in Israel explained about the role of women healers among Palestinians in Israel. According to the author the women healer's address emotional problems such as depression and anxiety, as well as life hardships, mostly romantic or financial problems. However, male healers were the dominated faces in the sphere of ritual and religious healing practices. Only male healers wrote amulets and *taweez*. According to Givon, reciting Quran and writing amulets are less common among the Bedouin female healers, who are

often illiterate. According to her reading Quran as a treatment emerged as a part of Islamization² in Israel and was broadly perceived by Palestinian society in Israel. As a result of Islamization the popularity and prestige of male healers increased because they are the ones who treat with Quran and Quranic verses. Further, the prestige ascribed to holy writing and to the healers who use; it encourages the women healers to Islamize their healing practices, through adopting religious attributes it contributes their users' legitimacy and status (Giveon, 2009).

Literatures show that the healers become a kind of social worker, responding to their patients, and relationship counseling and emotional aid during the crisis (Ibid). Women healers contribute not only to the improvement of their patient's health also their gender functioning in the community. They convert the individual nature of healing into more social in nature. In fact, many studies describe healers as expressing, preserving, implementing and transmitting the basic values of their culture (Kakar, 1982). Similarly, the women healer's possess exceptional charisma and thus they play the role of social mediators in the society (Giveon, 2009) as well. On the other hand, healing practices provide the women healers a route to self realization, personal power and self esteem. And the healing practices lead them in social positions and empower their status, among their family members, patients and among the entire community. However, the self-esteem derived from their belief in their ability to diagnose, to see the future and to heal through both medicinal herbs and supernatural entities (Ibid). Hence, it shows the interconnection between the practice of healing and personal power, authority and self-esteem of the women healers.

The literature concerning religious healers accords only limited attention to the women Muslim healers. In most of the studies they are mentioned marginally as part of a broader discussion about the men healers and their healing practices. Most of the studies do not maintain any systematic discussion and analysis about the female healers and their activities. Additionally, these studies ignore the socio cultural context of their activities, healing practices and methods do not relate interpretively to the influence, which they wield in the society. An understanding of women healers is very important because the role of women healers is not always adequately understood in studies (Leininger, 1995). These gaps in literature underscore the importance of

² Islamization is a movement of individuals and groups, departing from some form of traditional religion and following a process which ends with normative Islam.

the present study, which focuses on women Muslim healers in Malabar and their religious healing practices.

SECTION IV

Approach to Mental Health Programs

The above mentioned literature explains the socio-cultural backgrounds of health, illness and healing practices among people worldwide. It elaborates their perception and understanding on health illnesses and healing practices and the role of healers within the community. The literature shows that most of the mental health issues are also perceived through the religious perception for which they consult the faith healers in the community. Hence, it is clear that the wide acceptance and practice of faith and ritual healing practices are rampant all across the world just as much as it is in India.

Mental health is an important and essential component of health. WHO defines “mental health as a state of well being in which an individual recognizes his or her abilities, can cope with the normal stressors of life and can work productively and is able to make a contribution to his or her community”(WHO, 2001). In this sense, mental health is the key for individual well being and the effective functioning of the community. However, World Health Organization states that one in four families at least one member suffers with behavioral or mental health issues (Ibid). But most of the (>90%) still remain untreated due to various reasons. Lack of awareness about signs and symptoms of mental illness, myths and stigma related to it, lack of knowledge on the treatment availability are important reasons behind it.

However, in 1982 India launched a National Mental Health Programme with very comprehensive objectives. India was one of the first few countries in the developing world to launch a National Mental Health Programme (Khurana & Sharma, 2016). NMHP started with objectives of “to ensure the availability and accessibility of minimum mental health care for all in the foreseeable future, particularly to the most vulnerable and underprivileged section of the population; to encourage the application of mental health knowledge in general health care and in social development; to promote community participation in the mental health care service development and to stimulate efforts towards self help in the community”. In short, the main plan of NMHP was to integrate the basic mental health with general health care services.

Khurana & Sharma points out that even after the five years of the implementation of the NMHP it was noticed that although there was some progress but some constraints were also limited its success (Ibid).

Furthermore, in 1996 the concept of District Mental Health Programme (DMHP) was introduced and various changes were also included in the consecutive five year plan with an aim to achieve the objectives of NMHP. DMHP contain five major objectives which are “to provide sustainable basic mental health services in community and integration of these with other services; early detection and treatment in the community itself to ensure ease of care givers; to take pressure of mental hospitals; to reduce stigma, to rehabilitate patients within the community; to detect as well as manage and refer cases of epilepsy”. The two plans mentioned above are implemented “to ensure mental health well being for all and included to prevent mental illness, promote de-stigmatization and desegregation and socio- economic inclusion of persons affected by mental illnesses”. However, the programs had very comprehensive objectives and had lots of strengths. On the other hand, the scenario shows that there were some inherent weaknesses too, the foremost being no longer budgetary estimates for the programme implementation. Similarly, there were no guidelines on the funding would be provided by the state of central government funds. Throughout the years it has been noticed that the focus on community mental health is of utmost importance and simultaneously the DMHP must be strengthened in views of its utilization and coverage. Similarly, public awareness and IEC programs are the most important factors of the plan as is true for many other public health programs. Furthermore, NMHP has gone through various strategic revisions like strengthening PHCs and CHCs for mental health care service delivery under the monitoring of NMHP, Setting district as the unit for the implementation of mental health programs under DMHP, for better implementation of programs incorporate DMHP with NRHM, regular budgetary increment, and periodic evaluation of programs and plans (Gupta & Sagar, 2018).

The unit of service delivery was PHCs and CHCs under the national program. Although, the model had faced many hurdles in terms of its management and implementation. Through the evaluation and analysis of the NMHP shows that it had some inherent conceptual flaws such as budgetary estimation, lack of clarity regarding who has to fund the programme either the state government or central government etc.

When we go through the Kerala scenario, the state government also has taken efforts to implement the programs at the community level. IMHANS Kozhikode leads the programs in the region of Malabar. They have CMHP clinics in various parts of the region. 20 in Kozhikode, 42 in Malappuram, 13 in Wayanad and 15 in Kasargod and in Kannur the programs are run by the department of psychiatry, Government Medical college Kozhikode. DMHP organized community based awareness programs and training programs to identify the patients, rehabilitation and destigmatization. Similarly, there are some Community Oriented Mental Health Interventions (COMHIs) initiated by psychiatrists in various parts of Kerala, that have intended to take the services from beyond the clinic to the community. Marga Deepthi and Mehac are two initiatives by psychiatrists run in different parts of Kerala. They are trying to incorporate mental health components into already existing palliative care units and expanded their activities with interested groups and NGOs in the locality.

These facilities are available and accessible for the people in this region. However, the literature clearly shows that the program has been a blend of achievements and failures. On the other hand, due to various reasons, especially cultural beliefs and stigma related to accessing psychiatric treatment from the institutions are hurdles for the people to access the facilities. As we know beliefs and health seeking behaviours are closely connected with each other and highly influenced by the culture (Biswal et al, 2020). Hence, any kind of illness including mental illnesses is not an exception from the periphery of cultural construction. Here, in this particular context Kleinman's theoretical framework brings importance to the Indian scenario. He has give a theoretical framework of the local health care system which includes three classifications; popular sector, professional sector and finally the folk sector. Elements inside each category vary from one another; even though the model is well grounded beyond the cultural boundaries. The popular sector is largest among this category. Home of lay, non professional or non specialists are included in this category. According to him this non professionals contains different individuals, family, social networks, community belief and other activities. And the decision on choice of treatment comes from this network. Firstly, they would consult friends, relatives, neighbors and old and experienced people in the community for the decision making. Later, based on the opinion they would decide the treatment. On the other hand, the professional sector is organized healing practice in the health- care system and which prescribes modern scientific medicine. The last category is the folk sector which is also known as nonprofessional

and it is a mixture of both the professional and the popular sector.. Shamanism and ritual healing practices are the major focus in this sector. Because of this, healers under this category are considered as nonprofessional healers. Among these categories, the folk sector and popular sector are highly dominated in various societies (Ibid).

The literature in the previous sections showed that healing practices are highly associated with the spiritual traditions since ancient times. This cultural divergence affects the health care system and health seeking behavior of the people. It is commonly found that the mixture of both modern and traditional healers to alleviate health problems including mental health illnesses (Thirthalli, 2016). In the Indian scenario, medical pluralism has been categorized into two; modern and traditional and folk sectors, religious sector and classical sector come under traditional category. However, all these health care services brought together and form a particular healing model known as Eclectic Healing Model (EHM). In this model there are four major sectors such as folk, religious, classical and modern. Each sector keeps uniqueness and follows a certain method of healing (Biswal, 2020). Hence, this model is also deserving of importance in countries like India.

CHAPTER III

METHODOLOGY

“... Social science research has to confront a dimension of human activity that cannot be contained in the consciousness of the isolated subject. In short, it has to look at something that lies beyond the world of atomistic individuals” (Prior in 2004 cited from Biber and Leavy, 2006)

“... at the onset of inquiry, (feminist research) creates the space for an absent subject, and an absent experience, that is to be filled with the presence and spoken experience of women speaking of and in the actualities of their everyday worlds”. (Smith, 1999: 107, as cited in Morris, 1995b:263)

The researcher primarily intended to understand the faith and ritual healing practices in the Malabar, Kerala with a special reference to the Muslim Women healers in this region. The perception and understanding of health, illness and healing practices are always interwoven with the socio-political and cultural aspects of the people. Any engagements without analyzing or understanding these notions of culture will be immature. Socio- cultural and religious impact brings more challenges to the researcher to explore the subject; however these challenges bring its methodological possibilities and it helps to approach this subject in an interdisciplinary perspective.

Conceptualization of the Research Problem

“Health is the 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 an individual in his social environment (Qadeer, 2011). Qadeer stated that 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’ (Ibid). However, in 1997 WHO modified the definition 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). They adopted spiritual well being as well.

As Qadeer (2011) states, understanding of health, illness and healing methods varies from community to community. The cultures do have specialists who work to help those who are ill, and healing methods tend to have a religious, spiritual or supernatural dimension (Cohen, 2003). Stoner states that “the existence and use of many different health care alternatives within societies, is the rule and not the exception the world over” (Stoner, 1986, pp 44). Hence, healers in cultures throughout the world use a wide variety of methods to help people who are experiencing psychological distress and various health problems, otherwise “ameliorate or improve human health condition (or well being), disability, life way or to face death” (Wing, 1998). Sometimes the healers use herbs and plants, otherwise the treatment or healing process combines the physical and psychological, to purify both psychic and mind (Cohen, 2003). However, in most of the cultures, ritual healing is often the treatment of choice for both psychological and physical problems (Hultkrantz, 1992). Rituals can have great healing power by reducing anxiety and distress, relaxing the body, reconnecting the person to the community and saving from all kinds of possessions. They may also mobilize internal mechanisms such as the release of endorphins, the body’s natural pain killers (Mc Clenon, 2002).

The Euro- American notion on separating physical illnesses from mental illnesses generally came from the philosophical legacy of Descartes, whose metaphysical Dualism explained that mind is separate from body (Cohen, 2003). When professional specialties developed in all over the world, physicians concentrated on treating the body, and the psychologists focused on the psyche (variously described as mind, emotions, or personality). However, neither psychologist nor physicians took the spiritual aspects of the soul as their focus. But the conceptual split between mind and body happened very recently in history, apparently the people from various cultures never thought humans were divided in that way, and many still do not (Ibid).

People believe in interconnectedness of mind, body and soul; Islamic perspective on illness and disease has been developing for centuries; it can be 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 *aaql* (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 (Bulbulia & Laher, 2013). According to Islam, a *Jinn* or *Shaitan* can disturb the balance between these four factors. However the religious healers can cure or heal the physical, mental spiritual problems caused by the *Jinn* or *Shaitan* because the healers are much capable to deal with these kinds of problems. The healer can diagnose and cure the illness and they have been credited with the ability to control weather, divination, interpretation of dreams, astral projection, travel to upper and lower worlds and control supernatural power as well. On the other hand, for the healing to be effective, the patient would have to believe that it would be helpful; it can cure or heal illness and disorders. For example, a Navajo might be healed by participating in a tribal ceremony that would have no effect on a non- Navajo (Silversmith, 1994).

Religious healing always includes different forms of rituals in every religion. There is widespread archaeological understanding on ritual; “ritual is a form of human action that leaves material traces, whereas, religion is a more abstract symbolic system consisting of beliefs, myths and doctrines” and some other archaeologists see religion as primarily, with ritual enacting underlying religious beliefs. Through this people are constantly using the rituals as part of their everyday life including their health seeking aspects (Fogelin, 2007). The ritual healing techniques are suited for the treatment of physical, mental and spiritual, because they work symbolically. Rituals and ceremonies are symbolic in nature and the same used for counseling and psychotherapy; it all includes the use of symbols to benefit the client (Sandner, 1991) and the ritual always includes words, ideas, art, myths etc. Counselors and psychologists use words and ideas for their treatments. However, the religious healers primarily use rituals and ceremonies, which always include art, religious beliefs, customs or myths related to their culture.

The current study focuses on the faith and ritual healing Practices in Malabar region of Kerala and the women Muslim healers over there. The study will analyze how the healers heal physical, mental and spiritual problems through the manipulation of ritual, space and time with the theories of Eliade. Furthermore, many ritual healing practices are transpersonal hence, it looks at the various aspects of ritual healing, with a focus on its transpersonal nature since many ritual healing practices and altered states of mind/ consciousness make it transpersonal in nature. And the phenomenological strategy used to understand the lived experiences of the women healers in Malabar.

Research Questions

1. What are different types of healing practices among Mappila Muslims?
2. What are the patterns of illness and health problems?
3. What are the treatments methods used by the healers?
4. What are the patient's and healer's understanding of illness, disease, health and healing?
5. What are the techniques from Islamic astrology used in the treatment?
6. How does Islamic astrology relate with the human body and illness?
7. What kinds of rituals are used for treatments?
8. What would be the symbolic significance of rituals?
9. What is the relationship between healer and the seekers?
10. How do healers influence the decision making of the patient?
11. How the healers exercise authority and power in community social relations.
12. How do female healers differ from the male healers in the healing sphere?
13. How did the body become a space of healing practices?
14. How Sufi healing traditions influence the Mappila Muslim healers?
15. Is there any crossroads between Hindu and Muslim healers and healing practices in Malabar?

Objectives of the study

Broad Objective

To understand the religious, faith and ritual healing practices among Mappila Muslims of Malabar with a special reference to female Muslim Healers and their healing practices.

Specific Objectives

- a) To document the religious, faith and ritual healing among Mappila Muslims of Malabar
- b) To document the healers understanding of illness, disease, health and healing and to describe the methods used by the Beevis for the treatment of the various health problems; including mental health problems.
- c) To understand how male and female healers exercise their authority and power in community social relations. What is the position of Muslim healer vis a vis male healer.

Research Design

Each research has a hidden philosophical world view (Slife& Williams, 1995), and therefore, need to be identified and according to Crewell the research design is always related with the philosophical worldview. Furthermore the methods and procedures of the research that helps in the practice of research (Creswell,2009). This information will help to identify the research methodology for practice (Ibid). According to Creswell, the term ‘World view’ is “a basic set of beliefs that guide action” (Guha, 1990, p. 17).

Research Methodology

For the study I have used qualitative methodology, which is defined as:

... a means for exploring and understanding the meaning indiviDuals or groups ascribe to social or human problems. The process of research involves emerging questions and procedures, data typically collected in the participant’s setting, data analysis inductively building from particulars to general themes, and the researcher making interpretations of the meaning of the data. The final written report has a flexible structure. Those who engage in this form of inquiry support a way of looking at research that honors an inductive style, a focus on indiviDual meaning, and the importance of rendering the complexity of a situation (Creswell, 2007, as cited in Creswell, 2009:9).

In qualitative research there are several strategies used for better understanding, here I have used phenomenology as a research method to reveal the lived experience of the Muslim women healers of Malabar. Phenomenology as:

...a strategy of inquiry in which the researcher identifies the essence of human experience about a phenomenon as described by participants... (Moustakas, 1994; as cited in Creswell, 2007). In this process, the researcher brackets or sets aside his or her own experiences in order to understand those of the participants in the study (Nieswiadomy, 1993; as cited in Creswell, 2007).

Through this strategy 'deep' information and perceptions are gathered. And a comprehensive description of each woman healers, life journey, her connection to the religion and spirituality, her expertise, skills and tools utilized in the process of healing is articulated fully. This strategy used to collect in-depth understanding, information and perceptions of the research participants. It worked through various qualitative methods such as interview, interview guide, discussion and participant observation, and the data is presented from the participant's perception and his or her point of view.

I have conducted in-depth interviews for this research. In-depth interviews try to find out the 'lived experience' of the individual in the society. It helps to get the subjective experience of the respondents. Such interviews are used to explore a particular topic and gain focused information on the issue from the respondents (Hesse-Biber, 2007). I have also looked at the archives pertaining to Kerala, the social and the healer's role in the community well-being and also analyzed the faith and religious healing practices among Mappila Muslims of Malabar region, Kerala. Though, I have mainly used the interview schedule as the primary research technique and also included observation, interaction and discussion as well. For the research an open ended and semi-structured interview schedule used for obtaining maximum information and participation. Through continuous interaction and discussion I could understand about religious life and perceptions on illness, health and healing practices and furthermore, I have held a close interaction with Musaliars and *Thangals* in these localities. I could conduct a group interaction with some other religious healers and leaders who are actively involved in an organization in Malabar. Additionally, I had visited various *Makhams (Dargah)* including *Puthiyangadiyaaram, Mamburam Makham, Puthuponnaniyaram, Sheikintepalli* (mosque of sheik), *Parambilpalli, Odungakad Makham, Parepalli* etc. and also had an interaction with the people who maintain these *Makhams* and who had come to visit *Makhams*. Through the interaction, I could understand their purpose and intention of visit.

I have reviewed relevant literature research papers and articles from peer reviewed journals, online journals and books and theses on this subject. Even unpublished works like thesis and reports, and published local magazines, digital sources and government and non-government reports are reviewed. Also, bracketing was utilized by writing down the researcher's experiences, biases and prejudices (Walters, 1995) before the research study was initiated.

I have consulted libraries in JNU, Delhi University, Calicut University Library, and C.H Memorial Library in Calicut. Also, Quran and its translation were also used for the study, along with some local text written in vernacular languages. I have also collected and read some of the private book collections of some individuals, pamphlets, brochures, and photos. Additionally, the researcher also referred to the diaries of a patient and healer with their consent.

Process of Data Collection

The study was conducted in various locations of the Malabar region of Kerala over a 12 months period in 2018-2019. A semi-structured interview schedule was used for the data collection; which includes a series of questions on Female healers, patients and the healing practices. The patients and their relatives are also interviewed with the questionnaire. The questionnaire originally was in Malayalam, later it was translated into English language.

For this study I have contacted a female healer in my locality Kozhippuram, Malappuram. Then she introduced one of her friends she is also a practicing healer in Malappuram district. Through a snowball sampling method I have contacted 16 female healers in various parts of Malabar region. Out of the 16 female healers that were contacted, only 10 healers responded and were ready for interviewing. For this study Shareefa Beevi is in Kozhippuram, Malappuram; Mulla Beevi in Mavinchode, Malappuram; Atta Beevi in Chelari, Malappuram; Suhra in Kallai, Kozhikode; Khadeeja in Arakkinar, Kozhikode; Fathima in Chaliyam, Kozhikode; Soudha in Peratta, Kannur; Amina Beevi in Irikkur, Kannur; Jameela Beevi in Thalankara, Kasargod; Rasiya in Kanhangad, Kasargod are interviewed. All interviews were conducted at their healing space/ room. Most of the healing rooms are either their house or separately constructed rooms near their house.

Apart from the healers I had interacted with the patients and their relatives who accompanied them to the healing room. These interviews are also conducted in the healing centers.

Additionally, I had met and interviewed some other religious healers and leaders (Male) in these particular localities for the better understanding of socio-cultural and religious life of the people. Apart from these, I have interviewed Kattumadam Krishna Kumar, Kaladan Narayan Pujari and Damodaran Palakkal to understand the religious and ritual healing practices and its crossroads prevailing in Malabar. They were contacted through phone calls. The contact numbers are collected from a friend and a family friend. I was asked to come on a particular date in the month of October 2018.

Table 3.1 gives a basic overview of the women healers of the study.

Table: an overview of the participants of the study

Sl. No	Name	Age	Place & District	Marital status	Education	Area of Specialization
1	Shareefa Beevi	50	Kozhippuram, Malappuram	Married	10	<i>Shaitanic</i> problems
2	Mulla Beevi	55	Mavinchode, Malappuram	Widowed	7	<i>Shaitanic</i> problems, mental and physical health issues, family problems, property issue, marriage related problems, education and for fixing the best time for various functions and ceremonies
3	Atta Beevi	60	Chelari, Malappuram	widowed	7	<i>Shaitanic</i> problems
4	Suhra	56	Kallai, Kozhikode	Married	7	Possession, Mental Illness,

						missing things and other 'troubles'.
5	Khadeeja	70	Arakkinar, Kozhikode	Widowed	7	<i>Manasikarogangal</i> (mental health problems)
6	Fathima	67	Chaliyam, Kozhikode	Married	9	<i>Pediyilpeduka,</i> <i>Vibrandhi,</i> <i>Vishadham,</i> <i>Vasvasetc.</i> (Mental health problems) and different kinds of aches, wounds and crushs. <i>Shaitanic</i> Problems
7	Soudha	55	Peratta, Kannur	Married	10	Mental and physical health problems
8	Amina Beevi	60	Irikkur, Kannur	Married	9	<i>Shaitanic</i> Problems
9	Jameela Beevi	52	Thalankara, Kasargod	Married	9	Mental and physical health problems
10	Rasiya	40	Kanhangad, Kasargod	Married	12	mental and physical health issues, family problems, property issue, marriage related problems, education and for fixing the best

						time for various functions and ceremonies
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Table 3.1 gives a brief outline about the women Muslim healers in the study. The women healers who were interviewed were asked questions from the prepared semi structured interview schedule which focused upon the following themes: experience as a healer, understanding on health, illness and healing practices, Islamic astrology, rituals and healing practice, role of *Dargah* and *Makhams* in healing practice, power and authority as a healer, involvement in community social relations, crossroads between Hindu and Muslim community/ healers/ healing, ritual performances and shape changing sorcery. The lives have been described in detail in appendix II and the interview schedules for the healers have been appended in appendix III.

Other than the 10 women healers, some other male religious healers, leaders and ritual performers were also interviewed to get basic information about the socio-cultural and religious life of the people in Malabar. Furthermore, we were also asked about the rituals and ritual performance among the people. The interview guide with the healers and performers are appended in appendix IV. The table 3.2 would give a brief overview on other key respondents of the study;

Table 3.2: List of Other Key respondents

Sl.No	Name	Age		Place and District
1	Kunjava <i>Thangal</i>	80	Ritual and religious healer & Religious Leader	Mavinchode Malappuram
2	Jaleel Musaliar	55	Ritual and religious healer	Pallikkal Malappuram
3	Hamza Musaliar	60	Ritual and religious healer	Thalankara Kasargod
4	Alavi Musaliar	63	Ritual Performer	Areekode Kozhikode
5	Rayinaji	58	Ritual performer	Mukkam Kozhikode
6	Ashraf <i>Thangal</i>	46	Madrasa teacher	Vallithode Kannur
7	Kattumadam Krishna Kumar	50	Hindu religious and ritual healer/ Astrologer	Valanchery Malappuram
8	Kaladan Narayanan Poojari	65	Hindu religious and ritual healer/ Astrologer	Athanikkal Malappuram
9	Komaram Vasu	48	Oracle	Komaram Padi
10	Damodaran Palakkal	53	Astrologer	Palakkal

Patients and their family members were also interviewed with the women healers whenever possible. It was not possible at many times, as these patients are not in a mood to explain all their personal experience inside that healing room (to an ‘external person’). However, once the women healers introduced me to their frequent visitors, later they were ready to share their lived experience. I have taken consent from all the participants. All the participants were assured that the confidentiality regarding their identities would be maintained except in few participants.

Data Analysis

The study is basically qualitative in nature. Various themes and ideas were identified for analyzing and interpreting the data collected from the field. The data collected through interview,

interview guide, observations, interaction and group discussion, and the collected data analyzed and construed in a thematic order. I have also presented the collected data in the form of case studies, life histories, and their narratives on the health problems, different kinds of afflictions and health seeking behavior, perception, and interpretation of health and illness, various rituals and ritual performances. The local terms and usages were also presented in the data and later translated into English.

Ethical Consideration

The study involves women healers, male and female patients with various kinds of mental and physical illness. I have taken verbal consent from the healers, patients and relatives, ritual performers and other key informants. Later I have given a brief account on the purpose of the visit and study. Through my description they could understand the purpose and intention about my visit and study. Usually, the healers do not allow ‘other people’ into the healing room; because they want to maintain a profound atmosphere inside that healing room. However, I have taken an informal permission from the healers to be part of that healing room.

The interview with patients has been done based on their willingness and availability in the field (Healing room/ space). I have taken permission to take photographs and audio recording during that period. In case of the severe cases, I have interviewed their relatives and the accompanied person. I have respected the dignity of the respondents. So participants were assured confidentiality regarding their identities.

Limitations of the study

Every study has some challenges and limitations in the field. The limitations were lack of my knowledge in Arabic and Urdu. The healers are treating with Quran and *Hadiths*. As the Quran is written in Arabic, lack of knowledge in Quran and *Hadiths* is a problem. It was difficult for me to read some of their texts, since it was mostly in Arabic and Urdu. So, I have taken the help of scholars who are well versed in Arabic and Urdu. Furthermore, being a female researcher it is not possible to enter always in *Makhams* and *Jarams*, so I had to wait outside and interview wherever, there is an opportunity.

Research Challenges and Experience in the Field

Every research has to face some challenges and limitations in the field. So I had also faced the same in my fieldwork. The study is about the faith and ritual healing practices in Malabar region of Kerala. Before commencing the fieldwork in different parts of Malabar region I had visited the places, healers and the key respondents. Initially some of them refused to talk about themselves and their healing practices. However, one of the healers in the study is from my own locality; hence she helped me to put the first step into the field. Apart from her, other healers were not ready to respond; eventually I could explain and assure the credibility to them. I have taken more time to build a rapport with other healers. It was important that they be made to feel secure about letting an outsider be part of their healing process. Several challenges were faced during the period of fieldwork the most prominent is already mentioned.

Secondly, the patients are there in that healing room with various kinds of health issues including severe mental health issues, they were hesitant towards me. I was a stranger for the accompanying person. They don't want to disclose their personal experiences to me. However, gradually the healers introduced me to their various stages of work.

Thirdly, many of the participants (both patients and accompanying people) broke down at the time of interview while explaining about their lived experience and sufferings. Sometimes, this made the situation uncomfortable, even though they never stopped the interview because of this. For me as a researcher, it was more difficult to deal with their 'suffering' which affected their family and personal relationship. Many of the participants (patients) lamented about their relationships and family life due to various mental health issues and sufferings.

Fourthly, time constraint was another challenge faced in this study. Some of the participants are from flood affected (2018) areas in Malabar. So in the initial period of my fieldwork they are busy with cleaning and rehabilitation. Furthermore, the study is entirely about their personal lived experiences and sufferings of the patients, so it took a longer time to gain the trust of the participants, and it was not possible to explain a few key points. Additionally, each and every festival in Malabar has a pre- prepared calendar, so I had to wait till the date for being part of that festival.

Fifthly, the study is on religious, ritual and faith healing practices among Mappila Muslims of Malabar; hence the healers are using various texts and books in Arabic and Arabi- Malayalam for the practice and treatments. The challenges I faced during the course of interviews, the most prominent one being that of language. My lack of knowledge in Arabic language and Arabi- Malayalam was difficult for me to understand various terms and usages, which are used by the healers. The healers were told in advance that my hold over Arabic was not good, and that to forgive me in case I misused or mispronounced some word or if I asked for more clarification.

Lastly, as a whole, this study does not speak about all women healers who practice faith and ritual healing, but instead about women who are located in the region of Malabar, Kerala. This study cannot be generalized to women healers who are practicing in various parts of the world.

CHAPTER IV

FAITH AND RITUAL HEALING PRACTICES AMONG MAPPILA MUSLIMS OF MALABAR

Introduction My work, therefore, is an effort to understand the religious, faith and ritual healing practices which include the belief system, practices and attitude of different communities toward health, illness, disease and healing practices. The study also locates the causation and perception of illness and health and the nature and application of curative and preventive practices that are prevailing in the region of Malabar. Each and every community developed a particular pattern of behavior and belief systems, which help them to survive in that community which they are living in. They are adapting those beliefs and practices from their community. It reflects in their perception on health, illness and healing practices. And which are shaped and reshaped by various factors like political, cultural, religious aspects within the community.

Mappila Muslims of Malabar and their Socio-Cultural and Religious life

The Malabar Coast has been the cradle of trade and commerce since the sixteenth century. The region had a strong network and bond to the Arabian Sea. Various countries from East and near East established a trade links with the region. Muslims of Malabar had a predominant role in the expansion of trade and commerce in this region (Lakshmi, 2012). The process of Islamization had a crucial role in the spread of Islam in the region of Malabar. The process in creation of Malabar was thus through Arabs who came as seamen, merchants, captains and port chiefs.

Hence, the Muslims of Kerala commonly known as Mappilas, were originally from Arab countries; when the Arab sailors and traders married local women and grew through conversions to Islam by Arab Missionaries. Gradually they spread along the regions including the present district of Kerala, namely part of Kasargod, Kozhikode, Malappuram, Palakkad and some areas of Thrissur district (Miller, 1976). This region is commonly known as Malabar. Most of the Muslim community resides in Malabar region. The Mappila Muslims of Malabar were socially, economically and culturally belonging to various groups. Regional differences can be seen in their religious ceremonies and everyday life even though they shared common beliefs and customs. Furthermore there are differences between rural and urban Mappilas of southern Malabar and northern 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, 1980:71).

Within Mappila community, there are many social groups as a consequence of local influence Islamization is a movement of individuals and groups, departing from some form of traditional religion and following a process which ends with normative Islam. mainly; intermarriage, migration and conversion in various period. *Sayyids (Thangal)*, *Keyis*, *Koyas*, *Pusalars* and *Ossans* are the main social groups in Malabar. Some groups are dispersed in all over Malabar and some were predominant in particular areas of Malabar. Sayyids are common in Malabar region; while *Koyas* and *Keyis* are predominant social groups in the coastal areas of Thalassery and Kozhikode. However, *Pusalars* and *Ossans* are common to the entire areas of Malabar (Lakshmi, 2012).

Sayyids are widely known as *Thangal* in Kerala. They claim direct descent from the Prophet Mohammed and they occupy the highest echelons of power in both religious and political organization among Kerala's Muslims (Saidalavi, 2017). *Thangal* established a separate social entity through their 'pure 'pure lineage'. They engage in both religious and secular positions for their livelihood. Even though, mosques and Madrasa are the major functional centers of this social group and they keep moral superiority among Muslims in Kerala. On the other hand, their other roles also include important positions in organizations and institutions, running some educational institutions and trusts, and work of healing through religious saying and Quran, and religious medicine (Ibid). Through these various roles they carefully constructed the superiority among Kerala Muslims.

Among these social groups *Keyis* are the wealthy traders and merchants. The *Keyis* are originally from one lineage, but later they divided into four families, which are namely, *Chovakkaran Keloth*, *Pudiyapura*, *Orkattari* and *Valiyapurayi* Families. *Koyas* have a high status among the social groups because of two reasons; they are the rulers in the region of Malabar and their being rich, prosperous and urban merchants in the region. According to Ummer Koya they are keeping high esteem in Malabar and holding the entire market economy in Kozhikode. *Pusalars* and *Ossans* are found in all areas of Malabar, *Pusalars* are the fishermen community and the *Ossans* are groups of barbers in Malabar. Both *Pusalars* and *Ossans* are endogamous groups and they are considered as the lower groups among the social groups because of their low occupation.

However, Sayyids or *Thangal* are considered as the highest among them because of their 'pure lineage'. Even though they are sharing common culture in Malabar. They are unique in their socio-religious life. Despite their Arab origin, they speak Malayalam, the native language. They used Arabic language only for reciting the Quran and *Hadiths*. However, at the same time Arabi-Malayalam script was used by the Mappila Muslims in Malabar and later it confined only among traditional learned Mappilas (Lakshmi, 2012). These social groups are highly influenced by the Sufis and their ideology.

The Sufis who came with the traders from West Asia and Yemen had been played an important role in the settlement and expansion of Islam and spread of basics of Sufi principles in both Malabar and Kerala. Hence, the beliefs, customs and rituals of Mappila Muslims of Malabar are widely influenced by the Sufi tradition. Muslims strongly believe in Sufis, *Auliya* and other Agnostics in Malabar and who was revered as one with healing power. The *Jifris* were the first religious authorities from *Hadhramaut* who came to Malabar to preach Islam. Sayyid Hasan *Jifri* was the first Ba'alawi preacher who belonged to Alawiyya Sufi Tariqa; he belonged to the most influential clan in *Hadhramaut*. Other *Tariqas* (Sufi order) are also accepted in Malabar, which are *Qadiri*, *Rifa'i*, *Chisti*, *Suharwardi*, *Shadili* and *Naqshabandi*. And the *Jifris* of *Mamburam* and *Kozhikode* became the most influential people among Mappila Muslims of Malabar due to their healing and spiritual power. The veneration of *Jifri(Thangal)*, *Auliyas* and *Shuhada* (martyr) are widely accepted among Mappila Muslims and their *Dargah* become important pilgrim centers in Malabar, Kerala (Lakshmi, 2012).

Ibn Battuta had mentioned his meeting with a theologian at Kannur during the fourteenth century. Similarly, he met Sheikh Shahabuddin an Islamic preacher from Arabia at Kozhikode. Sheikh Shahabuddin became eminent and revered among Mappila Muslims because of his healing power. His tomb is widely known as *Sheikindepalli* and it is an important pilgrim center in Kerala. In the same way, many others settled in different parts of Malabar including Ezhimala, Kollam, Kozhikode, Kannur, Chaliyam, Parappanangadi, Tanur, Ponnani and Kodungallur. Malik Ibn Dinar was the first preacher found in Malabar who built Kodungallur Mosque (First Mosque in Kerala) in the eighth century. Malik Ibn Dinar and his disciples travelled across Kerala to preach Islam and they build mosques all along the Malabar region. Some of the mosques became cult centers in Malabar (Ibid). These are evident in *Malas* (verse) which were

written in *Arabi-Malayalam* script. *Muhyiuddin Mala*, *Rifa'i Mala* and *Puthiya Saifuddin Mala* are popular among Mappila Muslims. Disciples from *Rifa'ITariqa*³ spread the *Tariqa* and *Rifa'i Mala*, widely used in Malabar; it is a poem praising the miracles and power of *Rifa'ISheikh* and it was chanted to get relief from burns and to safeguard from snake bite. The *Malas* are written in *Arabi-Malayalam* script hence it is not widely known outside the region. Even though, Mappila Muslims are widely reciting the *Malas* in their everyday life.

The veneration of these *Auliya*, *Shuhada* and *Thangal* gradually led to the emergence of *Dargah* cult among Mappila Muslims of Malabar, Kerala. The veneration of these patron saints and other related practices are very much visible among Mappila Muslims of Malabar due the influence they made in the everyday life of the people in Kerala. So, naturally, 'the holy men and women' and their graves became the center of attraction after their death. The numerous *Dargahs*, *Jarams* and *Makhams* and related practices are widely visible in Kerala and it shows that the acceptance among people. Each and every year they organize annual commemoration of these *Auliya*, *Shuhada*, *Thangal* and *Beevi* in the *Dargah*, *Makham* and *Jaram* in Kerala. These festivals are commonly known as *Urus*, *Andu Nercha* and *Chandanakkudam*. *Maulud*⁴ is the major part of all these festivals. The major attraction is that; irrespective of caste, class and gender people can access this sacred space not only at the time of these festivals but also throughout the year. The ritual visit to the *Dargah/ Makham* and *Jarams* of the *Auliya/ Shuhada/ Thangal/ Beevi* is a common practice among Mappila Muslims and the visitation is widely known as *Ziyarat*. The main purpose of this *Ziyarat* to get *Barakat*⁵ of the *Auliya/ Shuhada/ Thangal/ Beevi/ Mastan* and people strongly believe in the *Barakat* and their abilities and it paved the way for making vows and votives at the *Dargah* for accomplishing various wishes and needs. Hence, the manifestation of local culture has become part and parcel of all sections of society in Malabar.

³ The *Rifa'ITariqa* was founded by Ahmad bin 'Ali Abu al- Abbas (1118-1183), in the twelfth century in Basra. He was also trained in the *Shafilaw*. Gibb and Kramers, *Shorter Encyclopaedia*. Pp. 475-6.

⁴ The *Maulud* ceremony is a reading of a short treatise celebrating the birth, life, works and sayings of the Prophet, saint or *Beevi*.

⁵ Special grace

Perception and Understanding on Illness, Health and Healing of Mappila Muslims of Malabar

Malabar is a cultural hot spot with a group of beliefs, practices, knowledge streams and various resources. All these organize various structures and the social groups develop their own understanding on illness, health and healing practices. Furthermore, each and every perception and practice are evolved within the cultural setting through the multiple interactions with other cultures and social groups. This section mainly focuses on the intricacies of perception on illness, health, ideas, concepts and healing practices among Mappila Muslims with special reference to the Malabar region of Kerala. Various beliefs, socio-political and cultural functioning and religious and other temporal institutions are directly or otherwise involved in the people's perceptions and practices. Hence, apart from the religious aspects the socio-cultural-political-economic aspects could be seen in the study. It is clear that the concepts of illness, health and healing practices are predominantly constructed through the particular socio-cultural setting in the region.

Religion plays an important role in everyday life of Mappila Muslims in Malabar. Hence, the concepts and perceptions related to illness, health and healing practices are also influenced and interwoven with the religious aspects. Each and every Muslims strongly believe in Iman and Islam factors of the religion. The Iman factors are included i) believing in one unique, eternal and single god – Allah, ii) believing in the angels, iii) believing in the revealed books (*Taurat, Zaboor, Injeel* and Quran), iv) believing in the prophet of God, v) believing in hereafter, resurrection, the day of judgment, life after death and the concept of heaven and hell and vi) both good and bad from the Almighty Allah. Mappila Muslims believe in one unique, incomparable and superior undivided power Allah; and he has never been born and shall never die. The holy Quran says that “He is God, the one and only; God, the eternal, absolute; he begets not, nor is he begotten; and there is none like unto him” (Quran; 112). Being a Muslim each and every one believes in these six factors of Iman. Furthermore, Muslims believe in five pillars of Islam, which are the practical aspects of the religion. The five pillars are *Shahada, Namaz, Zakath, fasting and Hajj*. These five pillars make each and every Muslims more conscious of God and to bring harmony and peace between the physical desires and the spiritual deeds of the human being. *Shahada* is to witness that there is no God but one God and Prophet Mohammed (Peace be

upon him) is the messenger and servant of Allah. Being a Muslim it is necessary to believe in the declaration of *Shahada*. A Muslim has to worship God five times in a day- *Namaz*. *Namaz* in Islam is basically a direct communication of an individual to Allah. It is a highly spiritual and a continuous reminder of one's duty towards Allah. These five time prayers contain verses from the holy Quran, and are said in Arabic language, the language of the revelation. However, the personal supplications can be offered in one's own language and at any time. *Zakath* is mandatory charity in Islam. Islam is the first religion in the world that made *Zakath* as an obligatory on rich people to give to the poor. According to the religion it helps to purify the wealth of a person. However, fasting in the month of Ramadan is compulsory for all adults, sane and healthy Muslims. According to a Muslim it is highly spiritual activity, which helps to keep them more conscious of Allah. Finally, the pilgrimage to Mecca- Hajj is obligatory on every Muslim once in a lifetime that can afford it. These are the fundamentals of the Islam, which each and every Muslim in Malabar strictly follows in their everyday life.

As I mentioned above, Muslims believe in both good and bad from the Almighty. Hence, they strongly believe that both health and illness are given by Allah itself. Similarly, their perception and understanding of health and illness are also influenced by their religion and cultural setting. According to them, Possession, social-moral and biological causes are the major reasons for their illnesses and troubles, which they are suffering.

Muslims believe that, apart from human beings, the Almighty had created three classes of living beings, which are *Malak*, *Shaitans* and *Jinn*. Similar to human beings, these living beings also have space in the earth and among these three; *Jinns* are the most common one, who are encountered in the daily life of human beings. The word *Jinn* comes from Arabic word *Janna*, which means to hide or conceal, veiling and darkness etc. Thus, they are physically invisible from human beings this invisibility is one of the reasons, why some people denied the existence of *Jinn*. However, in the Quran the word *Jinn* had mentioned thirty two times in the thirty-one verse of the Quran (Farsana, 2016). Quranic *Ayaths* and *Hadiths* explained about the features of the living beings, which are included; they have many basic needs similar to human beings like eat, drink, procreate, reproduce and die. Additionally, these other living beings have some power as well. The origin of the *Jinn* can be traced from the holy Quran and the *Sunnah*. God Says:

“Indeed we created man from dried clay of black smooth mud. And we created the Jinn before that from the smokeless flame of fire” (Quran 15; 26-27)

This Quranic Ayath reveals that the *Jinn* were created before human beings. As for their physical origin, Prophet Mohammed has confirmed the above Ayath when he said:

“The angles were created from light and the Jinn from smokeless fire”

This Ayath tells about the *Jinn* and they were created from fire and their nature has generally been fiery and thus their relationship with man has been built upon this. Similar to human beings, they too are required to worship Allah and Islam. Their purpose in life is exactly the same as human beings. Allah says;

“I did not create the Jinn and mankind except to worship me” (Quran, 51:56)

However, some of the *Jinns* disobeyed Allah; hence *Jinns* can thus be Muslims or non-Muslims. And most of them are trying to destroy and distract the health and religious life of the human beings. On the other hand, some of them are good and following Islam. Prophet Mohammed was amazed by the recitation for the Quran by a group of *Jinns*. God orders the prophet to tell the people about this incident:

“Say (O’ Mohammed): It has been revealed to me that a group of Jinn listened and said; ‘Indeed we have heard a marvelous Quran. It guides unto righteousness so we have believed in it, and we will never make partners with our lord’.”(Quran 72:1-2)”

Similar to human beings they eat, drink, procreate and die. Like us, they will also be present at the Day of Judgment and will either go to heaven and hell. However, their life span is far greater than human beings. Furthermore, their powers and abilities are the major factors, which clearly distinguish the *Jinn* from human beings. Allah has given these powers as a test for them. One of the powers of the *Jinn* is that they are able to take on any physical form they like. This, they can appear as humans, animals, trees and anything else. The ability to possess and take over the minds and bodies of other creatures is also a power, which the *Jinn* have utilized greatly over the centuries on earth. This however, is something, which has been prohibited to them, as it is a great oppression to possess another being.

According to the Quran, *Jinns* possess human beings for various reasons. Sometimes, it is because the *Jinn* and its family have been hurt accidentally. It could be due to the fact that *Jinn* have fallen in love with the person. However, most of the time the possession happens because the *Jinn* is malicious or wicked. Through their powers of invisibility and flying they can possess any one at any time. Hence, Mappila Muslims strongly believe in the existence of *Jinn* and its ability to possess human beings. And they believe that possession is one of the major causes of all kinds of illness and unhealthy conditions, which they have or come across in their life.

As I mentioned above Mappila Muslims believe that *Jinn* possession can cause various kinds of mental and physical ailments. *Jinns* are more likely to lead people away from the worship of God through affecting their health conditions. However, the religion has mentioned many ways to get protection from the *Jinn*. Because the *Jinn* can see us while we cannot see or touch them and can cause various health problems including both mental and physical. Prophet Mohammed has mentioned many ways to protect human beings from their harm or possession such as seeking help and refuge in Allah and reciting various *Ayaths* from the holy Quran.

“Say: ‘My Lord! I seek refuge with you from the whisperings (suggestions) of Satan (Devils). And I seek refuge with you, my Lord, lest they may attend (or come near) me.’”
(Quran 23:97-98)

Similar to this *Ayath* there are many *Ayaths* we can recite from Quran for the protection from the *Jinn*. Furthermore, saying Bismillah (in the Name of Allah) before entering one’s home, before eating or drinking, and before having intercourse will also keep the *Jinn* from entering the house or partaking with a person in his food, drink and sexual activity. Similarly, mentioning the name of Allah before entering the toilet or taking off one’s clothes will prevent the *Jinn* from seeing a person’s private parts or harming him, as the Prophet said. Strength of faith and religion in general will also prevent the *Jinn* from harming a person. According to Prophet Mohammed reciting Al-Kursi in Quran (2:255) provides a strong protection from *Jinn*; that he has mentioned from the story of Abu Hurairah (One of Mohammed’s companions) with a *Jinn*⁶. Similarly, there are various explanations in the Quran and *Hadiths* about *Jinn* and its existence in the earth.

⁶ Abu Hurairah was a companion of Prophet Mohammed said: “the Prophet Mohammed put me in charge of guarding compulsory charity collected in the month of Ramadan. Somebody came and began to take away some

Similar to *Jinn* possession people believe in some other possessions as well. All perception and concept of illness are constructed within the cultural consciousness of the people, which also included Hindu beliefs in the region. These beliefs, rituals and practices of Mappila Muslims of Malabar influenced the Hindu people and vice versa. These are very predominant in the region of Malabar. According to them, these beliefs, rituals and festivals bring togetherness and harmony among them. The beliefs related to Hindu deities like *Badra Kali*, *Kutti Chathan*, *Chamundi*, *Raktha Chamundi*, *Thee Chamundi*, *Ummama Chaathan*, and *Raktha Rakshas* and their activities are predominant among people. Both Muslims and Hindus will do various *Nercha*⁷s to the deities. People believe that the Offers and *Nerchas* were not full filled by the believers; the deities will cause various kinds of health problems (both mental and physical health problems). A common belief in Malabar is that if the *Nerchas* to *Kali/ Bhagavati* or *Sheikh/ Thangal* were not fulfilled by the believer it would cause smallpox or chickenpox. Kodungallur *Bhagavati*, *Cheranellur Durga Devi*, *Yahum Thangal Paappa*, *Sheikh Muhyidheen* who were considered to have caused many health problems and cures. In medieval Kerala, small pox was a highly infectious disease, which was very common during summers and people who were infected

food-stuff from it. I caught him and said, ‘I must take you to the Prophet of *Allah*.’ He replied, ‘I am a needy man with a large family, and so I have a pressing need.’ So I let him go. When I saw the prophet in the next morning, he asked me, O Abu Hurairah! What did your captive do last night?’ I said, O Prophet of God! He complained of a pressing need and a big family. I felt pity of him and I let him go.’ The prophet said, ‘he told you a lie and he will return.’ I was sure according to the dying of the prophet that he would return. I waited for him. He sneaked up again and began to steal food from the charity. I caught him and said, ‘I must take you to the prophet.’ He replied, ‘letgo of me, I am a needy man. I have to bear the expenses of a big family. I will not come back.’ So I took pity on him and let him go. I went down to the prophet who asked me, ‘O Abu Hurairah! What did your captive do last night?’ I replied, ‘o prophet! He complained of a pressing need and burden of a big family. I took pity on him and so let him go. Prophet replied ‘he told you a lie and he will return. And that man came again to steal food from charity. Then I arrested him and said, ‘I must take you to the prophet, and this is the last of three times.’’ You promised that you would not come again but you did.’ He replied, let go of me, and I shall teach you some words with which *Allah* may benefit you.’ I asked, ‘what are those words?’ he replied, ‘when you go to bed, recite Al-Kursiverse, for there will be a guardian appointed over you from God, and no *Jinn* be able to approach you to morning. So I let him go. Next morning the prophet asked me, ‘what did your prisoner do last night.’ I answered, ‘he promised to teach some words which he claimed will benefit me before *Allah*. So let him go.’ The prophet asked, ‘what are those words that he taught you? I said, he told me: when you go to bed, recite Al- Kursi verse from beginning to the end by reciting it, then there will be a guardian appointed over you from *Allah* he will protect you during the night, and no *Jinn* or *Shaitan* will be able to come near you until morning.’ The prophet said, ‘verily, he has told you the truth though he is liar. O Abu Hurairah! Do you know with whom you were speaking for the last three nights? I said, ‘No.’ The prophet replied, ‘That was a *Jinn*.’ ”

⁷ Votives

experienced acute social isolation during this period. Regarding this people believe that the affected person might have disobeyed the *Kali/ Bhagavati* or *Sheikh/ Thangal* and the Wrath of *Kali* might also cause the smallpox or chicken pox. Hence, the person has to fulfill the *Nercha* or need of the *Kali/ Bhagavati* or *Sheikh/ Thangal*. Apart from these, Cheranellur *Bhagavati* and Mahishasuramardhini were also worship for mental and physical health problems (Gopikkuttan, 1996). Similarly, people do *Nerchas* to Puthiyangadi *Yahum Thangal Paappa* and *Mamburam Thangal* for smallpox, chickenpox and other physical and mental health problems. People will find final resort to divine intervention for healing. Furthermore, they will do *Nerchas* for the preventive elements for contagious health problems and epidemics.

People in Malabar believed in many local divinities such as *Ayyappan*, *Chathan* who were considered to be protecting from all kinds of animal related diseases and attacks and furthermore, through invoking *Chathan* the person will get power of causing mental and physical problems for the enemy of the invoker (Arafath, 2012). Similarly, they believe that villages are surrounded by evil spirits such as *Chathan*, *Kutti Chathan*, *Chamundi*, *Yakshi* and *Ottamulachi* (Single breasted spirit) and they prayed to them for securing cure and to beget children. And they also have images and idols worshipped at temple premises or at *Kavu*⁸. Fear of these spirits created a parallel culture about body, illness and healing practices in Malabar (Ibid).

Even in this century people have strongly believed in the causative effects of spirits which reside in certain trees like *Pala* or *Aal*, water resources and graveyards. *Jinn*, *Shaitan*, *Ibleese*, *Chathan*, *Ottamulachi*, *Potti* and *Gulikan* are commonly resided in water bodies and graveyard. Here the time and space also matters. Hence, people usually avoid journeys to these places especially at the time of high noon and dusk. These beliefs exchanged through generations to generation. This shows that the power and fear of supernatural elements are not out of question even in this decade.

Similarly, fear of various snakes also existed among people in the Malabar region. *Vellikketan*, *Anali*, *Moorkkan*, *Ettadimoorkkan*, *Ettadiveeran*, *Mandali*, *Rajilam* were the most dangerous and poisonous snakes in the region and they are considered as the symbol of life and death. Graveyard, garden, temple, eyot, Moringa tree, Terminalia tree are the residing places of these

⁸ *Kavu* is the traditional name given for sacred groves across the Malabar region of Kerala.

poisoned snakes. People are worshipping snakes in various temples and *Kavu* in different parts of Kerala. In Malabar, Hindu people constructed many temples for snakes and some of their rituals are based on snakes, which they considered as the spirit of Goddess. And they believe the wrath of the serpent Goddess can be caused by various health problems including infertility, impotence and skin disorders. Majority of the scared groves in Malabar are centers of serpent deities (Arafath, 2012). People used to conduct prayers and *Nerchas* to the temple and *Kavu* for various purposes, especially infertile couples do special offerings to the *Karippal Kavu* in Malabar where rituals perform every year. Here, people mix the medicine with divinity, which shows that the boundaries of medicines, healing, science and religion got shrunk even at present. The fear of snakes can be understood through numerous proverbs with regard to snakes. Proverbs such as ‘*Aleriyal Pambu Chavilla* (too many people can’t kill a snake), ‘*Alamuttiyal Cheraym Kadikkum* (even rat snake may bites as a last resort), ‘*Neerkolikum Visamo?*’ (Even water snake carries poison), ‘*Novich vita Moorkkan*’ (released the harassed Cobra), ‘*Keeriyum Pambum pole*’ (like the cobra and mongoose) is revealed that the sense of fear of snake, snake bite and poison among people in Malabar. As I mentioned above snakes inhabit in certain places, hence people always try to make clean all those places in their everyday life. Apart from that, people used to sprinkle Kayam and Garlic paste water in and around their residence and residing places of venomous snakes. Even today all sections of people are practicing this. Similarly, people use pieces of cloth as sanitary napkins even today; and they used to clean it and reuse it. They believe that the smell of blood attracts snakes and other supernatural powers like *Jinn*, *Shaitan* and *Ibleese*.

Shareefa Beevi talked about the preventive measures, which she suggested to her disciple in the following manner:

“...They (disciples) always listen to my words. Their safety and security is my priority. Hence, I try to protect them from all kinds of supernatural powers and creepers (snakes). For the protection from the snakes and other creepers I used advice them to keep clean the house and surroundings, destroy the crevice and bushes, to use covered chapel/ shoe while going outside, to use lights/torches while going outside at night etc. Apart from this, I always tell them to sprinkle Kayam or garlic paste water in and around their house. Snakes and creepers don’t like smell of Kayam or Garlic paste. On the other hand,

we (People of Malabar) used to do various Nerchas as a precaution. We offer dried coconut and beaten rice to Kunjirayinpaapa (a Sufi saint) and will recite Yaseen for him...” (Shareefa Beevi, 12/09/2018).

“*Marunnum Mantravum*” a form of healing practice existed amongst all sections of society during all periods. Muslim healers like Shareefa Beevi heal with Quranic *Ayaths* and *Marun*. On the other hand, healers from other religions heal with ‘their texts’ with *Marun*. Many texts are dealing with *Marunnum Mantravum* of ‘curing’ written by Kanippayyur Shankaran Nambhoothirippad. *Yanthraavidhikal, Manthraprayogagal, and Dhyaganalum Manthragalum* are some of his books, which show that the *Boothavidhya* (Knowledge of Possessed) are still prevalent in Kerala. People both Muslims and Hindus believed in the harmful and causative effect of *Jinn, Shaitan, Ibleese, Yakshi, Yakshan, Bhagavati, Kali* and many others (Bava Musaliar, 2001).

Ashtavaidhya tradition also considered *Mantra* as the one of the healing methods. Kattumadam Krishna Kumar said that *Sadmantravadam* (positive mantra healing) and *Durmantravadam* (*Maaranam/ Black Magic*) prevail among people in Kerala. *Susrutha Samhitha* and *Charaka Samhitha* also talk about the *Mantra* as a healing method (Vishnu Namboothiri, 1996). Susruthasaid that possession of *Bhuthas* can cause various psychological disorders in patients. Similarly people in Malabar perceive many of their mental and physical health problems due to *Jinn/ Shaitan/ Ibleese/ other supernatural element’s* possession. Their perception and understanding of many health problems are given below;

Kanneru, Durbagyam, Asooya, Karinakku, Sathrudosham, Sthala Virodam, Pediyil Peduka and other health problems are the major perceptions among people in Malabar. Among these, through the *Pediyil Peduka* people may get various mental health problems. They understood mental health problems as *Unmadam, Chithabramam, Vatt, Kirukk* and *Ilakkam, vasvas, Orakkillayma* (Insomnia) and *Duswapnam* (bad dreams), Urinating while sleeping. According to their perception these are caused by the Supernatural powers. Hence, for most of these problems they used to ‘consult’ faith and ritual healing practitioners in Malabar and they mix the medicine with divinity. Kerala has all streams of health care practices, which include Ayurveda, Yoga, Unani, Sidha and Homeopathy. Even though, the practice of faith and ritual healing are widely accepted among people of Malabar region of Kerala.

People believed that *Kanneru* can cause lack of interest, insomnia, disabilities, , impairment of sexual activity, impotency, disorder in menstruation, problems in pregnancy and childbirth, deficiency in breast milk, a baby's refusal to suck milk, unending cry of baby and so on. *Kanneru* was perceived as one of the most dangerous forces that can affect any person at any time. However, the most vulnerable people are young men, beautiful, pregnant and menstruating women. Belief in *Kanneru* was common among all sections of society and it was also known as *Drishti dosham*. Each and every section has their own preventive measures and healing method and they share some common aspects as well.

Fathima opinioned that;

'...They came with different kinds of health problems. However, they can't understand the 'real' problem, which they face. But, I can. Some of my patients (she used to address the people with 'my patients') came with Kanneru. Kanneru can even kill a person. There is no medicine in any modern medicine, which you are getting in the hospitals. But I have medicines in my text. The holy text- Quran is the best medicine ever we get. I read and write from the Quran. It heals. (Fathima, 20/12/2018).

Muslim healer's practices are based on their holy text and their local knowledge tradition. One *Hadith* mentioned by a scholar Imam Muslim Ibn Al-Hajjaj that "Prophet Mohammed Musthafa said: the evil eye is true, and if there were anything in the world which would overcome fate, it would be an evil eye" (Ahmad Shams al-Din, 1998). The evil eyed persons were believed to have represented impurity of mind and body and they could damage the envied person, property and even animals (Upakaram). According to Prophet Mohammed Invoking the Almighty itself is a safeguard against the evil eye and even Allah said to the Prophet Mohammed to take refuge with him from the evil of the envier (Ibid). As Fathima said, according to their religious belief they were advised to wear *Elas*⁹/*Urukku*¹⁰/*Rudraksham* from the healers and saints. Apart from that, they used to hang *Elas/aikallu*¹¹. *Nerchas* and *Ziyarat* to *Dargah/Makham/ Jaram* of saints/*Auliya*. Mappila Muslims classified *Kanneru* into two, which are *Kanneru* by Human kind and *Kanneru* by *Jinn*. According to them, *Kanneru* was normally related to personal enmity,

⁹ Amulet

¹⁰ The folded white paper written Arabic letters and numerals known as Urukku

¹¹ Aikallu is local term used for Amulet/ Elas

revenge, envy etc. And they transmit it by conscious states, communication, touch and so on (Elworthy, 1895). Sometimes the evil eyed person cause dangers habitually and even deliberately. On the other hand, some them are do it unconsciously or accidentally.

However, Kattumadam Krishna Kumar said that most of the Hindu people thronged and do *Nerchas* to *Bhagavati Kavu* to escape from evil eye and other problems. They chant like ‘I prostrate myself to *Bhagavati*’. They believe that her aura will protect them from evil eye. So they used to satisfy her needs. The fear of envy makes people to be very conscious and spending much time in worshipping and taking blessings from Goddess/ Deities and Sufi saints. Problems like misfortune, bad luck and envy are considered as a result of *Kanneru* and they try to remove this by keeping chanted objects and chanting *Mantras*, *Sooraths* and *Ayaths*. “If the eye of the person, possessed of a malign aspect, falls on this object, it is robbed of all power of working mischief either to plants or to anything else” (Visscher, 1860). *Kanneru* was considered as a social punishment by Allah, Goddess and deities. The evil eyed person was socially avoided and isolated among people. Usually people will take precautions like; if the evil eyed person will come in front of them they will speak before the evil eyed person speak or spit into his or her left side and will murmur ‘*Karinkannepo*’.

Similarly, smearing different herbs or herbal oil on the forehead of the newborn baby is a customary practice among Mappila Muslims of Kerala. Application of Kohl on the forehead/ cheeks of baby’s are also protection from *Kanneru* becoming part of their life. They believed that the effect of evil eye can result in various illnesses, behavioral changes, fights and loss of money and prosperity. Furthermore, the play of persons like Odiyan¹² was also common among them and they protect them by doing prayers, burning or hanging dried red chili, broomstick and burning red chili, salt and onion kin etc. On the other hand, in the case of buildings, houses and other properties people use to hang Kolam¹³ against *Kanneru*.

As I mentioned earlier, health problems like Smallpox and chickenpox are caused by the wrath of *Bhagavati* and *Kali*, hence in Malabar people used to conduct Chamundi *Theyyam*, a ritual performance to please the Chamundi to get off the brutality of smallpox and chickenpox

¹² Convert assassinations’ in olden days in Kerala used by people to kill their enemies without leaving any evidence. Odiyan is one who performs Odivela; means killing

¹³ Dummy

(Kuruppu, 1990). People in Malabar worship at Meenkulam temple which was known for curing skin problems and people feed the fishes and an Indian flap shell turtle in the pond and it helps to cure skin problems. People worship *Thoovakkali*, a form of *Kali* who cure *Thoovakkadi*, a skin disease, which was common among People in Malabar. The traditional solution for this disease is to administer tender coconut to the body and offer the same to the Goddess *Thoovakkali*. This was a common practice with *Mantras* among people in Malabar and this was known as *Theyvammattu* in literature.

Mappila Muslims of Malabar understood Grahani (Epilepsy) as ‘being possessed by non-human factors’ (Upakaram¹⁴). However, Ayurvedic practitioners are treating these kinds of disease along with herbal medicines. They widely used herbs such as *Murikkintholu* (Skin of thorny tree), *Kayppavalli* (bitter ground plant), *Kundirikkam* (frankincense), *Tippali* (log pepper) for *Grahani*, which was also known as *Apasmaram* among people. On the other hand, Ayurvedic practitioners considered it as ‘Convert assassins’ in olden days in Kerala used by people to kill their enemies without leaving any evidence. *Odiyan* is one who performs *Odivela*; means killing. Dummy due to the imbalance of tridoshas such *Vata* (air), *Pitta* (bile) and *Kapha* (phlegm) (Sreeman Namboothiri, 2015,) and they divided it into eighteen sections based on various reasons like gender, age, genetics, symptoms and velocity (Maharasam.). Similarly people believed that *Kushtam* (leprosy) was considered as an all out disease for the wrath of God. Upakaram mentioned the Quranic treatment with herbs for the disease (Bava Musaliar, 2001). Herbs such as *Karimjeerakam* (cumin seed), *poovarash* (Portia tree) and *Kanjiram* (poison seed) were used for treatment and mixing of this with Quranic *Ayaths* (Ibid).

According to people, trapped in fear can cause various kinds of mental and physical problems. Most of the time supernatural powers like *Jinn*, *Shaitan*, *Ibleese*, *Chathan*, *Yakshi*, and *Rakshas* play an important role in it. These powers trap the people and it can cause health problems. People commonly understand mental illness as *Bhranth*, *Vatt*, *Chithabramam*, *Ilakkam*, *Kirukk*, and *Unmadam*.

¹⁴ Upakaram, op.cit,p.82, “And lo! Those who disbelieve would fain disconcert thee with their eyes when they hear the Reminder, and they say: Lo! He is indeed mad” (*Quran* 68:51).one can seek protection by saying the prayers called the “Throne Verse”(Ayit al- Kursi) and the two Sooraths: “ The Day break” (Al- Falaq) and “Mankind” (Al-nas) (*Quran* 2: 255, 113: 1-5 and 114: 1-6).

Bhranth is a most common word used for mental illness among people in Malabar. The word originated from a Sanskrit word '*Bhram*'. The word *Bhram* denote that to wander, roam around, rove ramble, to wander through, go about begging, to fly about and to roll about etc. (William, 2005) and similarly the words like '*Bhranthan*', '*Bhranti*' used for the persons who have mental illnesses. These two words have the similar meaning of wandering or roaming around. According to people the person who has *Bhranth*, he or she will wander or has moving nature and will show unsteadiness. Most of the people still quote the story of *Naranathu Bhranthan* (the madman of Naranathu) to say about a mad man or a person with mental health problems.

Ilakkam, the word originated from *Ilakuka*. According to Kunjanpilla *Ilakkam* is disturbance due to excitement, exhilaration, fear, pity, commotion, stir etc. (Kunjanpillai, 1970). Shake, shaking, movement, trembling, tremor, unsteadiness and vacillation are other meaning for *Ilakkam*. People are commonly relating *Ilakkam* to Possession. According to their belief when the supernatural powers (*Jinn/ Shaitan/ Ibleese/ Chathan/ Devi* etc) enter into the body of man/ women they seem to disturbed or shaking their body like in a trance.

Kirukk is another word commonly used among people in Malabar. The word came from *Kirukkam*, which means dizziness, giddiness etc. (Nambudiripad, 1976). Eccentricity is the general meaning of this word and the word is not denoting severe mental health problems. People call the man/ women who act insane as *Kirukkan/Kirukki*.

Chithabramam is another term used among people to denote Madness. *Chitham* means mind or psyche. The word has been mentioned in ancient texts such as *Rig-Veda* and *Atharva Veda*. According to William those texts used the word *Chithabramam* as synonymous for heart, mind, memory, intelligence and reason (William, 2005). Similarly, Ayurveda described *Unmadam* as a severe mental illness. The word *Unmadam* also originated from Sanskrit *un-matta* which means disordered intellect, distracted, insane, frantic and mad (William, 2005). According to *Charaka* there are four causative factors for *Unmadam* which are diet, disrespect to gods/elders/teachers; mental shock due to emotions like excessive fear or joy and finally faulty bodily activity including inappropriate thinking or understanding which leads them to improper actions. Furthermore, some other causes are also there which are sexual overindulgence, stress and vulnerability during battle; sexual intercourse during full moon or new moon; effects of ancestral spirits; violation of social taboos; past life activities and possession of spirits. Ayurveda

explained three types of *Unmadam* due to humor imbalances and the text has classified it into various categories such as *apasmara* (epilepsy), *avasada* (depression), *manasavikara* (neurosis), *chittodvega* (anxiety), and *unmada* (psychosis). Three types of healing recommended for *Unmadam* which are *Daiva Vyapashraya*, *Yukti Vyapashraya* and *Satvavajaya*. In *Daiva Vyapashraya* ritual practices, sacrifice, spiritual healing and recitation of verses are suggested to cure *Unmadam*. Using ghee/oil, milk, decoctions, herbal medicines and certain food restrictions are included in the *Yukti Vyapashraya* healing. However, *Satvavajaya* deals with psychotherapy which helps to cure *Unmadam*. Here it is clear that the beliefs on supernatural powers and its causation on mental illnesses are commonly shared among people and the use of herbs and other Ayurvedic medicine and its mix with divinity.

Sathrudosham is another perception among people in Malabar region. People believe that ‘*Sathrudosham*’ can cause various mental and physical health problems. Shareefa Beevi explained that *Sathrudosham* is the act of *Durmantravadam* that one does to harm or destroy health and prosperity of others; which include exorcism in areca nut, egg, cucumber, tender coconut, copper sheet and Pathiri/Chapati etc. and making the curse happen through *Kutti Chathan*, *Chekkutty Pappa*, and *Karim Kali*. Through sending these evil spirits it possesses or effects their body and place, which they reside. According to Kattumadam Krishna Kumar the initial sign of *Sathrudosham* is that unexplained bad luck and unfavorable incidents in life and also include physical and mental health problems. According to Beevi, there are many people who came to her with various health problems caused by *Sathrudosham*. People came for the health problems and they are not aware about why it happened to them? How it happened to them etc. however, Beevi diagnoses her problem through Islamic method. It helps her to diagnose a disciple’s problem and she will find out a solution or treatments for her disciples.

Shareefa Beevi pointed that; *Sathrudosham* basically come under *Durmantravadam* or *Maranam*. A person can do *Maranam* with the help of any expert religious healer. Usually people from Hindu religion, especially lower caste people are expert in the act of *Maranam*. According to Mappila Muslims doing *Maranam* is the most sinful thing in their earthly existence. Even though, if they needed Mappila Muslims will do this act by the help of Hindu religious healers. The Hindu religious healer will invoke the *Chathan/ Karimkutty/ Chekkutty* into the wooden/ clay/ metal mould and these mould he or she will bury on his/her way or in

front of his/her residence. Once the person come across or pass through this mould, the invoked *Chathan/ Karimkutty/ Chekkutty* will posses or effect his/her body and cause to mental and physical ailments.

Similarly Sthalaprasham is also another perception among people in Malabar, which can cause various health problems. According to Mulla Beevi there are two factors included in Sthalaprasham, which are the structures of the place and the *Vaastu*. While we are constructing a house or any building we have to follow certain rules related with the structure of the land and positions. People strongly believe that if it is not properly followed, it will badly affect the family members and even cause death. Hence, people are much cautious about the selection of land and construction of houses/ buildings. Even in the construction of a house, they will take advice from the expertise related to the position of the kitchen, bathroom and well.

People strongly believe and follow the basic principles of *Vaastu* in their construction. According to them orientation of buildings/ houses in plots are a very important procedure in *Vaastu*. They construct only in four cardinal directions, South, West, North and East. Kattumadam Krishna Kumar has mentioned that houses facing other than these four cardinal directions will not be apt for good and peaceful living. It may cause various kinds of health problems even death. They are following certain rules of *Vaastu sastra* and much cautious about this; which are Cut in the *Eshana Moola* (North-East Corner) or *Kanni Moola* (South-West) or toilet and bath room in this corner, the pace of kitchen, place of stair case, total perimeter of house, place of toilet/bathroom, place of pillar, place of septic tank, place of pooja room/ prayer room and the direction of house must be looked to cardinal directions. Other directions are inauspicious. According to Krishna Kumar *Kannimoola* and *Eshana Moola* are auspicious places of a house. Cuts in these corners must be voided and waste water tanks also be avoided in these two corners. The kitchen should be avoided in *Kannimoola* and it should be placed in the north or east and the master bedroom is suitable in *Kannimoola* or Agni Moola. Staircase should not be placed in front of the main door. These are the common beliefs and rules which people are following while constructing their house. Similarly, people will dig their well according to the opinion of a proficient. Irrespective of religion people follow the rules. People believe that, there is a strong relation between hygiene, illness and their healing practices. Next section will be

dealing with their perception on and relation between hygiene, illness, health and their healing practices.

Perception on Hygiene, Illness, Health and healing practices

In Malabar, people had realized the importance of water and its usage and its relation with their ritual performances in everyday life. People were generally believed to have cleaned their body twice and it was necessary to wash their face and hands before every meal in a day and it's become a habit. Mouth and hand washing after each and every meal was mandatory on part of Islamic community. Similarly, among Mappila Muslims it's mandatory to clean or take *Wulloh* before each and every *Namaz*. There are many historical evidences shows that the construction of Mosques and *Houz*¹⁵ (ablution pool) in Malabar itself giving a clear note on their concept of hygiene in their everyday life. This was part of an established practice of scriptural based Islamic religious community in Malabar who had adhered to the basic principles of hygiene, purity and pollution (Arafath, 2012). Hygienic practices like *Wulloh*, *Janabath*, *Janaza*, Circumcision and other ritual baths are prevalent among Mappila Muslims in Malabar. It became a cultural compulsion among them. Similarly, different styles of bathing were prescribed for various occasions, for its hygienic relevance, like prayer, *masakkuli*¹⁶, *Janabath*, delivery and death. They believe that unhygienic conditions will make them more vulnerable to the *Jinn/Shaitanic* possession. Along with this, eating with the left hand was considered as unhygienic and polluting among people. According to them, the left hand is associated with cleaning the body parts after toilets and considers it as the way of *Shaitan* and *Jinn*. Hence, they always try to keep their body clean and fresh through bathing and *Wulloh*. Historical evidence shows that the special rest houses, which were called as *Darul Muslimeen* were constructed in various parts of Malabar and they were used for doing normal hygienic practices along with their ritual purification and *Namaz* (Wink, 2004). Even at present there are many rest houses and *Houz*, which were constructed for the travelers along with mosques in Malabar. Water bodies constructed near mosques, served as practical, ritual and symbolic use of water and notion of hygienic and purification among Mappila Muslims in the region (Sliwoski, 2007). In the same way Hindus constructed ponds near to temples and it shows that the notion of cleanliness among them. This

¹⁵ Washing tanks in the mosques were used by Mappila Muslims as the common place for purification.

¹⁶ Ritual bath after menstruation is known as *Masakkuli*

reveals that their notion of cleanliness related to rituals were very much part and parcel of their everyday life.

Clothing and cleanliness also have a connection between each other. People always keep a *Kindi* (vessel) filled with water. In front of their house, people can wash their legs, face and hands from outside. In the same way, irrespective of social groups they used to wash their body twice in a day; they massage their bodies every week with coconut oil and rub their skin with coconut fibre and a plant called *Incia*, which will help to remove dirt and filth. They use boiled water of *nalpamaram* and neem for bath; it helps to prevent too violent perspiration. They use Rumals (handkerchiefs), cambay (cloth item from cambay), *thorthu* (long towel) were very common among people in the region.

Perfume and fragrance had a vital role in the cultural setup of Mappila Muslims of Malabar, as they were part of most of the rituals and performances from birth to death. According to them use of perfume, scent and *Aththar* bring a divinity among them and the smell is a main factor in all aspects of life, ill health and even well-being as removing filth including physical, mental and verbal. They use rose water, and some other herbal substances like saffron, jasmine, cinnamon, sandals, frankincense for 'good smell'. Different kinds of fragrances were used by people according to the occasion and place and it was very common in houses, mosques, *Dargah*, *Jarams* and *Makhams*. According to the availability of plants and climatic conditions people used scent and spread the fragrance in the entire residing places. Use of plants like Frankincense was very much common in Malabar. People yielded fragrance from *Thulasi*, Rose flower, saffron, Resins, Spikenard, Sandal Gums and from many other spices like cardamom, ginger and Camphor. Generally, there were no gender constraints to the use of perfume and scent. Women used it for cleaning purposes like face and skin. At the same time, among Mappila Muslims unmarried young women are restricted to use perfume and scent. According to them, it will attract the *Jinn*, *Shaitan* and *Ibleese*. Hence, use of aromatic substances in private spaces is agreeable to them and their involvement in public space was considered unethical (Arafath, 2012).

The smell and presence of aromatic substances and other fragrances were prominent in all kinds of rituals among all sections of society in Malabar region. They always try to complete all rituals with odor and it brings a divine atmosphere. Balakrishnan mentioned that certain plants like

Thulasi, Neem, Peepal, Dhrbha, Kunthirikkam, Uluan were ensured ritual hygiene in all religious and ritual ceremonies and it considered as sacred and believed to have has curing powers (Balakrishnan, 2007). Along with this, widespread offerings of incense, joss stick and other aromatic substances are prominent among people in Malabar and it shows that the medicinal and ritual significance. The significance of the perfume has two facets, which are symbolic and hygienic. According to them, fragrance keeps a divine and hygienic environment in rituals and ritual performances. Smoke of frankincense and joss sticks are associated with purification in ritual and hygienic sense. They wanted to evoke a temporary body of the spirits through incensed smoke of the rituals. They believe that burning of herbs and incenses and perfume were used to awaken the deity or the divine body of the *Sheikh* or *Thangal* (Saints). Similarly, commodities like cardamom, ginger, turmeric, red chili and pepper had a significant role in rituals and sacrificial rituals in the Malabar region.

This shows the strong relation between people's perception on hygiene, health, illness and their healing practices in Malabar region of Kerala. Irrespective of caste, class, gender and religion people share common beliefs, customs and rituals among them. These perceptions and understanding determine their healing practices too in Malabar. Hence, irrespective of caste, class, religion and gender, people go and meet religious and ritual healing practitioners according to their problems and needs.

CHAPTER V

THEY COME CRYING; THEY GO AWAY LAUGHUNG: HEALERS ON HEALTH, ILLNESS AND HEALING PRACTICES

Patients come by foot, by bus and auto from various parts of the country.

They come crying; they go away laughing,

And my Chikitsa are taken even as far as Dubai.

-Shareefa Beevi

The legacy of women in medicine and healing practices span from ancient history to the present times, with women healing practitioners enduring variations in status influenced by the socio-religious and scientific milieu in which they lived (Wynn,2000:668). Even today, among Mappila Muslims of Malabar region, communities strongly accept and avail the religious, rituals and faith healing practices from the women Muslim healers.

In this chapter, the focus is to bring forth various aspects of health, illness and primarily the healing practices of the women healers. Further, the chapter tries to answer the research questions on illness, health, modes of treatments and techniques related to healing, Islamic astrology and rituals practiced related to healing. It is to argue that the perception on illness and health leads to the health seeking patterns and utilization of healing practices among people in this region. This chapter deals with: socio-religious background of the women healers; patterns of illness among people; religious and ritual healing practices as narrated by women Muslim healers; techniques and methods used from Quran and Islamic astrology in healing practices.

The Women Muslim Healers of Malabar

Socio-religious background of the women Muslim healers: As stated in methods chapter, all 10 women Muslim healers are born and brought up in the Muslim families. All of them are strictly following and practicing their religion. They believe in fundamentals of religion and they imbibe all those into their life. However, out of the 10 healers five were from *Thangal* family and they strongly believe in the homogenous entity of their heritage. *Thangal* is endogamous community of Yemeni Descent who began to arrive in Kerala in the mid 18th century as Islamic

scholars and merchants. The *Thangal* families in Kerala directly trace their origin to the Prophet Mohammed. They considered themselves to be the highest 'caste' among Muslims in Kerala. Because of their claimed lineage, they are attributed sacrosanct status and a unique spiritual power (Sathar, 1999) among Muslims.

The women healers from *Thangal* family in this study talked about their lineage in various ways: Shareefa Beevi, aged 50, frail, fair and wearing Purdah with head gear (hizab) was cleaning the prayer room at the time of interview. She related her lineage to the purity of gene and also shared the concerns of mixing of genes through marriage.

... I am born and brought up in Thangal family. We used to say that Thangal families have a different gene. That is why we always marrying within our family to keep our genome pure and clean. We are concerned about the purity of our genes. In some cases we used to allow our boys to get married from outside Thangal families. However, we don't allow girls to get married from outside because in our society children are known by their father... (Shareefa Beevi, 05/09/2018).

Aatta Beevi, 60 years old, looking fair and fat, she used to wear Purdah with white shawl was writing an *Elas* for her patient at the time of interview. She told me about the wedding happened in her family and explained about the specialty of it.

...as I was born and brought up in Thangal's family I am being proud because; we are granddaughters and grandsons of Prophet Mohammed. The sacrosanct lineage gave us unique spiritual powers; to heal, to solve, and to guide the people... (Aatta Beevi, 16/10/2018).

Mulla Beevi, 55 year old, frail and wearing Purdah with a long Muftha (hijab) and she was rearranging her healing room at the time of interview. On the other hand narrated both to the purity and descent from Prophet...she said,

...my parents told me that, we are from Prophet Mohammed's family. Hence we will marry from our family itself. We follow this for to maintain the purity in our blood... (Mulla Beevi 55, Mavinchode).

Amina Beevi, 60 years old and always wearing a long full sleeve nighty with a long shawl and she was confident to say that her family lineage to *Thangal* gave people to trust in her healing powers....

...people believe in my Karamat¹⁷, because I am born and brought up in Thangal's family
(Amina Beevi, 17/04/2019).

Jameela Beevi, 52 years old, frail and short, wearing Purdah with a Salafi Muftha (Hijab) spoke about her abilities to not just heal but also resolve everyday problems of people and that she gives credit to her being *Thangal*. She narrated as

They (people) respect me and they believe in my ability to heal their health both mental and physical ailments; and my ability to solve their problems; my capacity to guide them in their everyday life. The reason is that I am a 'Beevi' (women from Thangals family are usually called as Beevi)... (Jameela Beevi, 52, Thalankara).

As can be seen from the above narratives; all the five women healers are proud of their heritage. They glorify the legacy of Prophet Mohammed and their 'lineage' and it help them to maintain their respect among other social groups such as Malabarais, *Koyas*, *Keyis*, *Ossans* and *Pusalars* in Malabar region. For that, *Thangal* used to practice endogamous marriage¹⁸ within the society. Mulla Beevi's narration itself explains that the reason for why they are strictly practicing endogamous marriage in their family. They believe in their purity of blood and it gives the supernatural powers to heal; cure; solve the problems. Furthermore; they are well aware about that the other people (other social groups) are giving respect to *Thangal* family and believe in their *Karamat*. However, other healers in the study are not claiming their healing capacity or practices based on their lineage. Five of them are belong to other social groups and they are not specially mentioned about their lineage. They believe in the religion and its fundamentals and they are strictly following all those in all walks of their life. According to them, their religiosity and spirituality will make them more capable to do their healing practices.

The healers from other social groups are narrated in different ways:

¹⁷ Miracle and Supernatural powers of Auliya, *Thangal* and Sheikh

¹⁸ Endogamy is the practice of marrying within a specific social group, caste, or ethnic group, rejecting those from others as unsuitable for marriage or other close personal relationships.

...I am from a 'common' Muslim family in Kallai; and I married to a Madrasa teacher who helped me in my healing practices. I am strictly following my religion and I got the blessings from the saint where visited a Dargah... (Suhra, 04/11/2018).

...I am born and brought up in a normal family and similar to other Muslim girls I got Madrasa education in my childhood; I become more religious... (Khadeeja, 22/11/2018).

I belong to an ordinary family, I learned Quran and Hadiths from both Madrasa and my mother... (Fathima, 12/12/2018.)

I am from a middle class Muslim family in Kannur... (Soudha, 4/4/2019). I belong to a common family, I learned Kithab from Madrasa and it was my foundation... (Rasiya, 12/05/2019).

The healers from other social groups talked a little about their lineage or heredity. They are not claiming any purity of blood and lineage, which helps them in their healing practices. However, they talked about the blessings, which they got from *Auliya*, saints and *Sheikhs* from various *Dargahs*. Additionally, they learned the basic lessons from their parents and Madrasa itself.

All ten women healers learned the basic lessons from their parents and Madrasa. According to them, being a Muslim they should get Madrasa education and learn the fundamentals and practice of Islam for their earthly existence. Gradually, they started healing practices with the help of their family at their residence. All of them strictly practice and follow their religion and its fundamentals. According to them religiosity will help them to maintain their *Karamat* and ability to heal. They perceive and understand everything through the eyes of religion.

Shareefa Beevi, 50 and Mulla Beevi, 55 are the two women healers in this study talked about religion and the belief in Allah as following:

...Islam is the only religion in the world, which follows monotheism. Allah has created everything in the world, so all the creatures should be responsible to obey his orders; it means as a believer of Allah everyone should maintain religiosity throughout his/ her life.one's health is at the mercy of Allah. So everyone should commemorate Allah in each and every moment of his or her life. If somebody gets diseased; only Allah can treat him/her through his own way of treatments'. And reciting the Quran in everyday life can

bring prosperity and success in life and also it can cure and heal illness and health problems. Quran is the most effective medicine in this world than any other system of medicine. Additionally, practicing Namaz every day helps to maintain mental and physical well-being (Shareefa Beevi, 05/09/2018).

...this cosmos and all creatures in the cosmos are creation of the great Almighty- Allah. Hence, every Muslim should be a strict follower and believer of Allah, his religion and his Kithabs. Each and every Muslim should be responsible to obey and follow Iman and Islam factors in religion. The holy Quran says only Allah can protect the whole cosmos and his creature. Those who are strictly following his religion and its rules and regulations, he will be there always for them and believers will be protected by Allah from all kinds of miseries and problems. All good and bad are from Allah; hence he has remedies for everything. Furthermore, the holy Quran have answer for all queries, remedies and solution for all problems, and it can heal all kinds of wounds and illnesses (Mulla Beevi, 26/09/2018).

They all are strongly believed in Allah and his religion. According to them, being a Muslim they have to follow and practice their religion and its fundamentals. They consider Allah is the creator of the whole world and creatures and he is the savior of all. Keeping religiosity will bring prosperity and wealth; and also save them in both here and life after death.

Perception and understanding of health, illness and healing: Perception and understanding of health, illness and healing practices varies from society to society. Their religion, beliefs, customs and knowledge influences their perceptions and understanding, which they are being part of. Similarly, the Mappila Muslims are strongly associated with their religion and culture of Malabar region of Kerala. Women healers explained their perceptions as below. All ten healers believed in both good and bad from the Almighty- Allah. They talked about their perception as follows:

...one's health is at the mercy of Allah. So everyone should commemorate Allah in each and every moment of his or her life. If somebody gets diseased; only Allah can treat him/her through his own way of treatments (Shareefa, 05/09/2018).

He (Allah) is the only person who creates, protect and destroy everything. He pours both goodness and badness. He used to hear and watch everything in the world. And 'our health is also a grant of the great almighty'. Both health and illness are given by Allah himself. Allah has given solutions for all kinds of problems through his 'Kithab' (Aatta Beevi, 17/10/2018).

We all are protected by Allah from all kinds of miseries and problems. All good and bad are from Allah; hence he has remedies for everything. Furthermore, the holy Quran have answer for all queries, remedies and solution for all problems, and it can heal all kinds of wounds and illnesses (Mulla Beevi, 27/09/2018).

He (Allah) is the ultimate resort for everyone. We are coming and going back to him only. He will decide everything If we have any issues, whatever it is; Allah has its solution. He will show the signs and symptoms for us (Suhra,05/11/2018).

He pours both goodness and badness. He used to hear and watch everything in the world. He protects everyone. And he is the best of planners. Hence, our health is also his grant. And even the illnesses are also given by Allah. Through giving illness, diseases, misfortune or bad time the almighty is testing us. He wants to know that how the creatures are responding or reacting to this situation. At the same time Allah has solutions for all kinds of issues and problems. His Kithab Quran has solutions/hint for every problem (Khadeeja, 23/11/2018).

...everything from the great Almighty ...he is the savior and he is the destroyer (Fathima, 12/12/2018).

...Allah; he creates nurtures and destroys everything in the world. Both health and illness are given by him only and he knows how to heal and solve the problems (Soudha, 04/04/2019).

He is giving everything. Being Muslim we have to obey and follow the religion; otherwise he will curse with illness ad problems (Amina Beevi, 17/04/2019).

He creates, protect and destroy everything. He gives both goodness and badness; health and illness are also given by him only (Jameela Beevi, 02/05/2019).

He knows everything. He decided everything. Everything we enjoyed; from him only (Rasiya, 12/05/2019).

Ten women healers strongly believe in power and abilities of the Almighty - Allah. According to them both good and bad; health and illness are given by him. According to them, religiosity will protect them from all kinds of evil and problems.

Causation of Illness: Their perception and understanding of health and illness are related and influenced by the religion. Hence, Mappila Muslims of Malabar including the healers are perceived the causation of illness and problems through religion. All healers understood the causation of all kinds of illness as follows and they believe in the existence of ‘other creatures and its activities’ on earth. Healers explained as:

Allah has created many other creatures other than human beings in the world. The other creatures’ always try to distract human beings from their religious life. They will create problems and troubles in people’s life. Ibleese and Jinn are the ‘other creatures’ in the world. They can create problems and possess human beings in various ways. It can cause various mental and physical health problems (Shareefa Beevi, 05/09/2018).

We believe in Allah and his Kithab- the holy Quran; it revealed the existence of Jinn and Ibleese and Shaitan and their activities on earth... Jinn possession is the major reason for illness, diseases and various problems (Aatta Beevi, 16/10/2018).

The almighty created many things in the world. Human beings are one of his creations; apart from us he has created Angels, Malak, Jinn, Ibleese, Shaitan and many other...Creators like Jinn, Shaitan and Malak can affect and possess human body; they can mislead us; they can harm us; they can destroy us; they can even kill us... (Jameela,03/05/2019).

We believe in the existence of supernatural powers like Jinn, Shaitan, and Ibleese and other (Hindu demons and Devils) on earth. It can cause various mental and physical health problems. They travel across the world and trying to destroy people’s life (Soudha, 5/04/2018).

Allah has created Angels, Jinns, Shaitans and Ibleese with human beings in this cosmos. Creations like Jinns, Shaitans and Ibleese always trying to distract and mislead the people from religious life. For that, Jinns, Shaitan and Ibleese will make various health issues. Sometimes, it will lead people into worst condition in their life. We believe in existence and bad activities of Jinn, Shaitan and Ibleese in the earthly existence. Now and then Mappila Muslims used to wear Elas for protection from Jinn, Shaitan and Ibleese (Suhra, 16/10/2018).

The above narratives shows that the existence of ‘other creatures’ and its activities on earth. According to the women Muslim healers the other creatures- *Jinn*, *Ibleese* and *Shaitan* can possess human body and it can cause various health problems. They explained in the following manner:

Jinn, Ibleese, Shaitan and other supernatural powers can cause various kinds of health problems both mental and physical; Quran itself said about the causation of illness and possession of all these supernatural powers... (Mulla Beevi, 25/09/2018).

Jinn can disturb one’s thoughts and activities, through that it try to mislead them and provoke them to do bad deeds in their life. And they can cause various mental and physical health problems.....she smiled and continued...They (people) used to call me as Jinn Suhrabi; because i am specialized in removing Jinn possession (Suhra, 16/10/2018).

...most of the ‘mental health’ problems are because of Possession. People believe in many supernatural powers such as Jinn, Shaitan, Ibleese, Chathan, Yakshi, Chekkutty and many others... (Khadeeja, 22/11/2018).

They (supernatural powers) possess our body; it can cause various problems including health problems...and sometimes it can threaten our lives as well. Beautiful and handsome youngsters, virgin women and pregnant women are more vulnerable to possession (Fathima, 12/12/2018).

They can play with our life; supernatural powers can possess and cause various problems including mental health problems (Amina, 18/04/2018).

Islam taught us how to perceive, how to think and how to act; so we understood our health and even illness are through religion itself. Creators like Jinn and Shaitan can cause various health problems; through that they are trying to destroy our religiosity...lack of religiosity also make people more vulnerable to possession. Through this possession it (supernatural powers) tries to mislead us... (Rasiya, 12/05/2019).

All women healers are believed in the existence of supernatural powers; *Jinn, Shaitan, Ibleese* and its activities on earth. Allah has created many things other than human beings on earth. Angels, *Jinn, Shaitan, Ibleese* are some of his creations. According to the women healers, the ‘other creatures’ always try to distract human beings from their religious life. They will create problems and troubles in human’s life in various ways. Quran has explained about the ‘other creatures’; one of the chapters of the Quran itself about ‘*Jinn*’. The word ‘*Jinn*’ comes from the Arabic word *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). Hence, they can easily possess human beings and create problems in various ways.

The women healers are explained about various kinds of *Jinn*. According to them, there are two types of *Jinns*; benevolent and malevolent; many of the *Jinns* are destructive and profoundly immoral beings. They added that every human being has their own *Jinn*. Who is born and brought 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 their *Mayyiths*¹⁹; 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 and illnesses in human life. Furthermore, *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, pregnant women and young beautiful and handsome people. *Jinn* possession can cause many health problems including physical and mental health problems.

¹⁹ Dead body

Patterns of Affliction among Mappila Muslims of Malabar

Mappila Muslims are understood physical and mental health issues as follows; *Kanneru*, *Karinakku*, *Sathru dosham*, *Sthalavirodham* and *Pediyil Peduka*. They consider that through *Pediyil Peduka* people can affect various types of mental health problems such as *Unmadam*, *Chithabramam*, *Vatt*, *Kirukk* and *Ilakkam*. The women healers are talked about the *Pediyil Peduka* as when the supernatural powers affect/ touch or possess human body can cause various types of mental health issues mentioned above.

All ten women healers talked about their patients who has come with *Pediyil Peduka* or *Kandu pedikkuka*; the affected person shows various signs and symptoms and they will murmur continuously; sometimes they behave violently. In this study Shareefa Beevi explained that:

Nafeesa came with her son; who was only 14 years old. Her son Naseem used to go to Mosque for five times Namaz. As Usual he went to mosque for Subhi Namaz (early Morning Prayer)...suddenly on the way to the mosque something was passing across him and he fell down. Then, the people who came to the mosque took him to the mosque and he was unconscious at that time. When he was back to conscious; after sometimes he started making different sounds and become violent. Then Nafeesa brought him to me. At first sight, I could understand that he is trapped in fear; he might have touched or seen Jinn, Shaitan or Ibleese on his way to Mosque.

Similarly Suhra explained that:

Janaki came with her daughter Priyanka of fifteen year old. For Priyanka it was her summer vacation, so she used to take her bath in a pond, which is near to their residence. Janaki waited for one hour but Priyanka didn't return home. Then Janaki went to the pond searching for her; however, Priyanka was unconsciously lying down near to the pond. Janaki sprinkled some water on her face, after that Priyanka opened her eyes; but priyanka was repeatedly murmuring that 'enik pediyakunnu' means I feel scared. Suddenly Janaki brought her daughter to me because she assumed that Priyanka might have seen something from the pond and got trapped in fear. Then I started talking to Priyanka about the incident, which happened near the pond. She explained that she could see an 'Ottamulachi' in the pond. Then she got trapped in fear of Ottamulachi. Evil

Spirits like Ottamulachi, Chathan and Chamundi etc. are residing usually in water resources and some trees. And it is easy to trap virgin girls especially at high noon.

Mulla Beevi explained one of her patients:

Raneesa is my neighbor; she is seven month pregnant now. We don't usually allow pregnant women to walk outside at the time of dusk. That time is basically for the 'bhootha-pretha- pishajukkal'; so if we - human beings make any hindrance for their journey across the land they will easily touch or possess our body. It may cause health problems. On that day, she just went outside to throw something; unfortunately it was 'their' way and time. They possessed her and she was vulnerable too. She started making sounds and act like mad. Then her parents brought her to me. I talked to Raneesa and she explained to me as 'I have seen something passing beside me; like a wind' etc. I could identify that she was trapped in fear of something. I wrote and blew for her.

Three of the women healers explained about their patient who had come with *Pediyil Peduka*. According to them, the intensity of fear will decide their mental situation; according to it they called it as *Ilakkam*, *Vatu*, *Bhranth* etc. the same way women healers are explained some other health problems including mental health problems due to *Sthala prashnam*.

If there is any problem with the residing land or house; it will badly affect the persons who will reside in that particular land or house. People believe that each and everything has its own space on earth. Birds, animals, reptiles and supernatural powers such as *Rakshas*, *Chathan*, and *Chamundi* etc. have their own space. Hence, people have to fulfill their needs before entering their space; otherwise it will badly affect their health and life.

Khadeeja explained as follows:

Similar to human beings they (Jinn, Ibleese, Shaitan and Hindu powers) also have space on earth and they have family too. They eat, drink, recreate and procreate similar to human beings. They travel across; we - the human beings create hurdles for them; buildings, houses and other constructions are barriers for them. Whenever, we are conquering their space they will create problems and troubles in our life through health problems. Hence, people have to consider this aspect too.

Amina Beevi talked about *Sthala prashnam* as:

It is very common among us. If a person buy and construct a house or any building they have to consider various aspects of earth. The site selection is the special area, which needs utmost care. The shape of land, undulations in land, proximity of holy places are to be considered. According to Vastu Sastra or Kanakkuvekkal people have to find that whether the land is good or bad for residing for them. Otherwise it will badly affect their life and health ...one of my disciples constructed a small house in her village. Initially they were very happy and healthy. However, gradually their happiness and prosperity started to fade. They are troubled with continuous health problems and failures. For their health problems they met various doctors and physicians in various parts of Malabar. Unfortunately, there were no changes in their condition. Then, they decided to meet me for their problem. (one of their neighbors is my patient; she has suggested my name to them). With the help of Quran and Kithab I could figure out their problem. Their problem was in the construction of their house, which they are residing. They constructed their bathroom in 'Kannimoola²⁰'; according to Vastu it is not allowed to construct bathrooms or well in Kannimoola. Kannimoola should be clean and tiny. We have to follow some laws while living on earth.

Similarly Shareefa Beevi also mentioned about *Sthala prashnam* and problems related with land and construction of house/ buildings. She explained that:

Geetha is a frequent visitor of mine and last time she comes to me regarding the selection of land and construction of new kitchen in her house. Geetha's house is situated nearby a kaavu (Sacred Grove); hence she is very much cautious about the selection of land for the newly constructing kitchen. According to me, 'site selection' is a special area, which needs at most care. One must be very choosy in selecting plot for the construction; whether it is house or anything else. The shape of land, undulations in land, proximity to holly places and even the flora and fauna in the land will help in identifying the best place for living. Both Muslims and Hindus are believed in this. In case of the Hindu visitors I used to refer them to the Hindu healers or specialists to figure out this. They (Hindu healers or specialists) are more aware about their (Hindus) beliefs and rituals. And I have a little knowledge about Vedas, Puranas and related things' and the verse from Maltsyapuram. Maltsyapuram says,

“sastoushahidrumalatha madhura sugandha

Snigdha sama na sushira cha mahi naranam

Apyadhwani sramavinodhmupagathanam

²⁰ South West corner of the House/plot

Dhathesriyam kimut saswatamandhireeshu” (Maltsyapuranam)

It means a ground, which is soft, even, of sweet smell and taste, and abounding in excellent herbs, trees and creepers, and not hollow underneath, confers all round prosperity even on those persons who may take on rest on it in order to relieve themselves from the fatigue of their journey. If the above mentioned land, surrounded with clock wisely flowing stream, which helps seeds to germinate very quickly and which is very dense, will be all the more auspicious for living and she added that building houses near temples, paddy fields, asrama (Hermitage), and cow shed are to be avoided. This may invite misfortune in many ways.

Mulla Beevi narrated a case of her disciple is:

Mohammed kutty is my neighbor; his livelihood is animal husbandry. He used to come to me for his animals. Last time he came for his cow; his cow was lactating embitterment milk for a few days. He was so upset and tensed when he came to me. I asked about the routine of cow. Last few days he tied the cow in the newly built cowshed. I asked the details of the cowshed; the position and area of it. Then I could understand that the area which he constructed his cowshed is basically the traveling route of Rakshas; he hasn't considered that while constructing the shed. While the Rakshas traveling towards the cowshed it is touching the cow and its Udder²¹. That is the reason the cow lactating soured milk. I told him to change the location of cowshed to an appropriate area. Then a few days later he came to me; he had changed the cowshed and later the cow started lactating normally. Here the problem was not with the cow; it was with the cowshed and its construction. Hence, site or area selection is an important factor even if it is for humans or animals.

Suhra explained about one of her disciples' cases:

Many people used to come to me for asking suggestions and advice on selection of plots for constructing houses and digging well. They know that each and everything has its own place on earth. It should be correct and proper. Otherwise it will badly affect people's life. Razak came to meet me for asking advice for digging a new well on his plot. I looked my Kithab and told him to dig it on the North- East part of his plot. Only that part has water resource on his plot that I could understand through my Kithab.

Women healers explained about *Sthala prashnam*, which was a common perception among people in Malabar. Irrespective of religion and gender they share common beliefs on earth,

²¹ The mammary gland of cow having two or more teats and hanging between the hind legs of the animal

spaces for 'other beings' etc. furthermore, people ask advice and suggestions from expertise, religious healers and astrologers in their locality.

Shatru dosham is another common perception among people in Malabar, which can cause various kinds of health problems including mental health issues. *Shatru dosham* literally means enemy's wrongdoing. If a person has jealousy, quarrel or fight with someone else he might wish to destroy the other or want to see his/ her downfall. Hence, people used to do *Maranam*; *Sihr* with the help of religious healers. *Sihr* is similar to black magic; it is referred as use of supernatural power or magic for evil and selfish purposes and in black magic practitioners invoke the spirits and *Devil* to produce beneficial outcome for them or the people (Baglari, 2015). According to Muslim women healers *Sihr* is considered as one of the seven sinful acts in Islam. Those who are doing *Sihr* they will be expelled from Islam. According to Islam a real Muslim cannot engage in this kind of activities. Even though, many people in Malabar region engaging this kind of activities with the help of other religious healers (Hindu religious healers). Usually people from *Pana* and *Paraya* community of Hindu religion are engaging with *Maranam* or *Aabhicharam*. If a person wants to destroy his enemy he can do it through *Sihr*. Once, a person affected by *Sihr* or *Aabhicharam* he/she will get various health problems and even cause their death. According to the women healers the medical doctors cannot diagnose the health problems due to *Sihr* or *Maranam* or *Aabhicharam* because their syllabus does not teach them about this. Hence, among people in Malabar the activities related with *Sihr* or *Maranam* or *Aabhicharam* considered as a fearful thing. Furthermore, only the religious healers can find solutions and save the person affected by the *Sihr* or *Maranam* or *Aabhicharam*.

Sihr is defined as an act that brings one closer to the evil- by using the *Devil*; *Jinn*; *Chathan*; *Bhairavan* etc. by doing *Maranam* a person can even kill the other one. In most of the times, the motives are based on envy, jealousy or desire, or on hatred. People may not understand the real cause of their health problems. However, the continuous loss, failures and misfortune are considered as the signs of *Maranam*. According to the women Muslim healer's people always take help from Hindu sorceress for this act. They will do *Sihr* on some particular things such as Egg, Areca nuts, coconut, tender coconut, cucumber, bone of dog or pig etc. they will do some acts and *pooja* on these and give to their 'client'. Similarly, Hindu sorcerers invoke *Chathan* or *Bhairavan* into the dummy they mould for this act and give to their client. They can embed or

bury the molded dummy where their enemy resides or walking through. According to the women Muslim healers, once the person passing through the molded dummy or walking on he will be affected by the act. It can cause health problems and even mental illnesses. According to the clients need the Hindu sorcerers will do the act for them.

Muslim healers opined that they could understand the effect of *Maranam* through their abilities and help of their *Kithabs*. Those who are affected by *Maranam* usually came with various kinds of physical and mental illness, which cannot be diagnosed by the doctors. Most of their disciples initially have consulted medical doctors for their health problems. However, health problems due to *Maranam* cannot be identified by the medical practitioners. According to the women healers they (medical practitioners) directly write for health problems, which people came for; but it may not be the real problem or issue. Doctor's medicines and drugs would not be sufficient for the people who are affected by *Sihir/ Maranam*. Religious and ritual healing is the only treatment for their problem. Only its methods can cure their mental and physical illnesses.

Women Muslim healers explained about their patients who are affected by *Sihir/ Maranam/Aabhicharam* as:

Mohammed kutty is in his forties. He was running a stationery shop in his village since 2000. He earned from that stationery shop only. Gradually he started many other shops in various parts with the help of many others. However, he knows that many other people are jealous of his growth and prosperity. Overtly he doesn't have any kind of physical ailments but since last few months he has been suffering from Manasika pirimurukkam which literally means mental stress...he has earned from his business it's a result of his hard work and effort; unfortunately situations have changed. Unexpected losses, not getting the collection as before, finding several difficulties in the working place, etc. and the mental stress was beyond all of it. He had doubt on one of his neighbors because all of his business was a challenge for him. Then he decided to meet me. Through my Kithabs and method I could find his problems; it was Sihir done by the neighbor which he doubted on.

Similarly another women healer Rasiya narrated as:

Nusaiba was just 25 when I met her. She got married in 2009; it is going to be her tenth wedding anniversary this month. Nusaiba told me that she didn't have any peaceful moment in her in-law's place. She had faced many problems there. Unfortunately soon after their wedding her husband went back to Kuwait for job. So she didn't have anyone

there to share her problems and pain. She suffered a lot. Gradually it badly affected both her mental and physical health. She started to suffer from body pain and cough. Then she consulted many doctors and had many medicines. She continued medication for few months. But there were no changes in her health condition. Then one of her neighbors bought her to my healing room. She explained everything to me. I took my Kithab and pen. I looked into it. I drew and wrote for her. I could understand that one of her relatives had done Maranam for her to destroy her marital life. Maranam affected her health condition. That people intended to spoil her health through Maranam and gradually it will affect her family life too.

Similarly, women healers explained about another perception, which was very common among people in Malabar, which are *Kanneru* and *Karinakk*. *Kanneru* literally means evil eye. *Kanneru* is a name for various kinds of illness, misfortune and bad luck, which is transmitted by a person with or without any intentions; those people are envious, jealous and covetous, greedy, pious from among men or *Jinn/ Shaitan/ Ibleese* and other supernatural beings. Women healers categorized *Kanneru* into two; which are *Kanneru* by human beings and *Kanneru* by *Jinn/Shaitan/Ibleese* and other supernatural beings. They will understand *Kanneru* through feeling of physical and emotional tiredness and the person who is affected by *Kanneru* will have unexplained misfortune, bad luck and unfavorable incidents and illnesses in life.

In this study, Rasiya talked about *Kanneru* is:

Kanneru supposed to cause various kinds of problems which included physical and mental illness and furthermore problems related with marital and family, property issue, failing business and quarrels, fighting with houses and neighbors. Apart from that, it also causes drowsiness, drooping eyelids, listlessness, weariness, lack of concentration, unexplained aches, hiccups, diarrhoea, itching and hair loss, drying up of milk in lactating mothers, deficient breast milk, impairment of sexual activity, impotence, etc. However in the case of children or babies never-ending crying and fretting, baby's refusal to suck breast or drink milk and stomach ache. People from various parts of the state came to meet me for Kanneru. I used to write and blow for them. They trust me.

Soudha, women healer from Peratta narrated a story on *Kanneru* from *Hadith* as:

Ibnu Abbas is one of the Prophets of Allah. He said that Kanneru is a reality. He was traveling to Juhfa with his henchmen. At that time one of his henchmen saw a person; his name was Suhlubnu Hunaifa. He was handsome and the words are not even enough to explain his appearance. One of the henchmen wondered and said 'I haven't even saw a beautiful bride even'. Soon after this Suhlubnu Hunaifa fell in fever and weariness. Then,

one of his friends took him to Prophet Mohammed and Prophet asked about the incident. He enquired 'are you doubting on someone or something?'; the one of hunaifa's friends expressed a doubt of being Kanneru. Then Prophet Mohammed closed his eyes and meditate, then he said; Hunaifa was affected by Kanneru. Then Prophet Mohammed chanted some Ayaths then blew upon Hunaifa. Prophet Mohammed said that Kanneru can kill a person...hence, we believe in Kanneru and its effects on human body and health.

Shareefa Beevi explained about one of her disciples who had affected by *Kanneru*;

This time Fathima came with her granddaughter; Anza. She is a frequent visitor of mine. She used to come to me for various problems and needs. Anza is only eight months chubby girl. Fathima was complaining that every evening Anza was incessantly crying and fretting and also refuse to suck milk. I asked about the situations at home. Fathima explained that nowadays relatives and neighbors were frequent visitors at home to see Anza. She doubted that someone must be casted Kanneru towards her granddaughter; it might be the reason for her unending cry and refusal to suck milk. Initially they had consulted a doctor in her village. But the doctor couldn't find any reason for Anza's problem. Then she came to meet me. Kanneru related health problems cannot be identified or diagnosed by any medical practitioners in the world. Only religious or ritual healers can do that. Only they can diagnose and treat the problems related to the same.

Karinakku is similar to *Kanneru*, the person who has *Karinakku* will speak out on person or some objects. If he or she would be affected by *Karinakku*; they might have fallen sick or sudden failures and loss in their life. People in Malabar region are much more cautious about the people who have *Karinakku* or *Kanneru*. People will take precautions to save their health and life from these kinds of people. Most of the time, people take help and suggestions from the women healers. They will read and write from Kithab and their local knowledge.

Fathima talked about one of her disciples as:

*Faizal is a handsome singer in my village. He used to sing songs for functions and festivals in our village. Once, after a function in our Madrasa he lost his voice. He was trying to speak; but he couldn't. Then his brother bought him to me. I asked about the details; then I read my Kithabs and wrote for him. Through I could understand that someone cast *Karinakku* on him and on his ability to sing... there are many people in our country having *Karinakku* and *Karimkannu*; they will speak of. It's become a habit for them; with or without any intentions they will speak on people or objects.*

As I mentioned above, *Kanneru* and *Karinakku* affect not only the people but also the objects, trees, birds, animals and other things as well. Aatta Beevi, One of the healers in this study explained as:

...banana tree farming is the main livelihood of Ibrahim. He used to come to me for the prosperity of his farming and all. And I used to write for that. However, last time he came for the same. He told me that the last two times he had to suffer a huge lose in farming. He is not gaining anything from banana tree farming. I opened my Kithab and wrote for him. It was Karinakku. It affected his farming; and became the reason for his economic loss.

The women healers talked about the perception of Mappila Muslims on *Kanneru* or *Karimkannu*. They perceived many of their health problems as mentioned. For the health problems whatever they suffer people consult religious and ritual healers both for treatments and advice. Once they got relief from their sufferings they used to suggest to other people as well. According to the women healers, they don't give any publicity for their healing practices, which they give. The disciples who got cured from various kinds of health problems are spreading the healing power and abilities of the healers. Mappila Muslims of Malabar region perceived their health problems as mentioned above. Hence, for those problems they prefer religious and ritual healing practices, which are available in Malabar. Their perception on health, illness and healing practices are closely connected with their religious and cultural backgrounds, which they embedded. The major factor is that they are strongly believe in the existence of *Jinn*, *Shaitan*, Ibleese and other supernatural beings on earth and its activities. Furthermore, it can cause various kinds of health problems and can possess human body; through it can create troubles and hurdles in human life. According to the women healers, these are closely connected with religious and cultural perceptions; hence only religious and ritual practices can solve.

Religious and Ritual Healing Practices in Malabar

Religious and ritual healing practices are widely accepted and prevailed among people in Malabar region of Kerala. Traditionally only male members of Muslim community are practice as healers in Malabar. The women folks are only meant to read and recite Quran and *Hadiths* for themselves. However, gradually situations are changed; they started to read and write Quran and often blow whiffed rush of air upon their family members. The women healers in this study are started their healing practices from various conditions and for various reasons which are already

mentioned in earlier part. Here, the women Muslim healers explained their development ‘as a practicing healer’ in their locality. According to the women healers, in the initial stages of practice they didn't get any social support from their community. The major reason they said that the healing space are always only for the male healers of their community. However, they gradually gained acceptability among people due to their healing power.

According to the women Muslim healers religious healing practices are always based on faith and spirituality. Their treatment or healing methods are based on the holy text- Quran; and other *Kithabs* and *Hadiths*. They believe that each and every letter in Quran has its own healing power and Allah has mentioned all remedies and solutions in his *Kithab*. They pointed out that healing practices based on Quran and its letters are the most effective ad perfect treatment method in the world. Fathima, one of the healers substantiated that, “*Vanunsilu minaQurana mahuwa shifahu wa rahmathul muhmineen*” which means Quran will give solace and relief for its believers. They believe that the Quran can cure and solve all kinds of problems and issues in their life. Furthermore, reciting the Quran in everyday life brings wealth and prosperity on earth and will be secured in life after death.

Suhra explained on Quran and its magical power is that:

It is for those who believe a guide and a healing (Quran, 41:44). We believe in Quran and its power; power to heal ad cure. Each and every ayath in the Quran contains a certain amount of healing property. Quran itself revealed that ‘there comes forth from their (bees) bellied, a drink of varying color wherein is healing’ (Quran, 16:68-69) and also Allah said that ‘And we send down of the Quran that which is a healing and a mercy to those who believe... (Quran, 17:82)’ ...hence believe or faith is an important factor I this.

Fathima another healer in this study mentioned that;

Our prophet Mohammed practiced this form of divination by reciting ‘Bismillah Ar-ahman Ar-ahem’ (In the name of God, the beneficent, the merciful) over a glass of water before drinking and eating. It helps to ward off the effects of Sihr and Possession of Jinn, Shaitan ad Ibleese... ‘That is the book, wherein is no doubt, a guidance to the God fearing who believe in the unseen, and perform the prayer, and expend of that we have provided them...(Quran, 2:1-3)’ ...each letter in the Quran is a world on its own with its own spiritual power and attribute. Furthermore, every letter specifically evolves from an element (Water, fire, air or earth) subsequently belonging to either lightness or darkness

and to a corresponding numeric code. The numeric code is a basic factor of our healing practices.

The women healers believe in the magical power of letters in Quran. According to them the Quran itself reveal the same. Reciting Quran is a common practice among Mappila Muslims. Apart from that writing down the names of Allah to be protected wickedness and evil, including wicked *Jinn*, *Shaitan* and *Ibleese*. According to the women healers drawing and reciting of the *Asma-Ul-Husna* (The Greatest Name of God) protects a person against misfortune, bad luck, evil eye and from illnesses. The *Ism Asma-Ul-Husna* is believed to be above all other names of Allah in power and perfection. The women healers prepare *Thakid* and *Elas* with *Asma-Ul-Husna* which is given below;

اللَّهُ	الرَّحْمَنُ	الرَّحِيمُ	الْمَلِكُ	الْقَدُوسُ	السَّلَامُ	الْمُؤْمِنُ	الْمُهَيَّبُ	الْعَزِيزُ	الْجَبَّارُ
الْمُكَبِّرُ	الْحَافِظُ	الْبَرِيءُ	الْمُحِيطُ	الْعَلِيمُ	الْقَهَّارُ	الْوَهَّابُ	الرَّزَّاقُ	الْفَجَّارُ	الْعَلِيمُ
الْقُدُّوسُ	الْبَاطِنُ	الْمُغْتَنَبُ	الْمُتَعَبِّدُ	الْمُذَكَّرُ	السَّمِيعُ	الْبَصِيرُ	الْحَكِيمُ	الْعَدْلُ	الْقَابِلُ
الطَّيِّبُ	الْحَنِيفُ	الْجَلِيلُ	الْعَظِيمُ	الْمُعْتَبَرُ	الْعَلِيُّ	الْعَلِيُّ	الْحَكِيمُ	الْمَقِيبُ	الْمُجِيبُ
الْمُجِيبُ	الْمُتَعَبِّدُ	الْمُكَرِّمُ	الرَّقِيبُ	الْمُجِيبُ	الْمُطِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ
الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ
الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ
الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ
الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ
الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ	الْمُجِيبُ

The above table is *Asma-Ul-Husna* which is the ninety nine names of Allah, written in Arabic. The women Muslim healers prepare *Thakid* and *Elas* with the ninety nine names.

Shareefa Beevi explained that:

Each letter of the Arabic script has its particular power derived from being linked to the four elements, to the heavens and the lower worlds, to numbers and to either light or darkness...also uses individual Arabic letters to chase away evil and Jinn/ Shaitan/ Ibleese...I used to write these letters on Elas/amulets, which is believed to increase their power, as every letter represents its own intrinsic force, and behaves as a unique and living field of energy...all letters in Arabic bear a deep and multi-faceted meaning and it is difficult for outsiders to grasp the constant interchange between the manifest and the invisible and the concept of multiple worlds that is at the heart of the Muslim vision of existence.

The women healers strongly believe in the power of Arabic letters and *Ayaths* of the Quran. They used to write letters and *Ayaths* for their healing practices. Amina, another women healer in this study talked Quran and its benefits related with as:

Quran will give solace and relief for its believers. Those who are reciting Quran in everyday life; it brings Barakath in their life. I used to write Quranic Ayaths and letters for disciples. It can cure many illness both mental and physical illnesses. And also it has remedies for all problems. Prophet Mohammed said that 'Hairalathi walladi Qurana' it means Quran is the most useful and effective treatment.

The basic element of religious healing practice is Quran; its letters. All ten women healers are using Quran as their reference. They use letters, *Ayaths* and *Sooraths* from the Quran accordingly. According to the problems, either it would be health problems or other problems such as problems related with marital and family, property issue, Failing business and quarrels, fighting with houses and neighbors, Missing child or things etc. the women healers write for people. The women healers categorized the problems into three; Physical Health problems, mental health problems and other problems. According to the women Muslim healers the physical health problems are pain, aches, wounds, itches, Scabies etc. on the other hand, the women healers named the mental health problems as *Kandu pedikkuka* or *Pediyil Peduka*, *Bhranth*, *Kirukk*, *Ilakkam* and *Vatt* etc. However, family and marital problems, failure of business and agriculture, childhood problems, misbehaving children are considered as other problems. At the same time, possession can cause all these problems of human beings.

On the other hand, their healing methods are always including various rituals and ritual performances. According to the women Muslim healers the rituals are including symbols,

sounds, words, and actions etc. These are the power and one of the tools of the healing practices of women healers. Furthermore, as a part of the healing practices women healers used to suggest to do visit and *Nercha* to various *Dargahs/ Makhams/ Jarams* in various parts of the country.

It also part and parcel of their healing practices.

Healer’s narration on various health problems:

As I mentioned above the women healers categorized the problems into three, which are physical health problems, mental health problems and other problems. According to them, *Jinn, Shaitan, Ibleese* and other supernatural powers can be caused for all these three problems of human beings. Mulla Beevi, one of the healers in this study talked about her disciple is:

Nazar came to my healing room with his mother. He was very active and energetic; however suddenly his behavior has changed. He lost his energy, he stopped talking with others; even to his family members; he stopped working in the field; he is totally confined in his room. This situation made them more tensed. Then, his mother bought him to my healing room...I took my Kithab, i started to read for him; for that I have to diagnose his problem then only I can treat and write for him. I wrote his name and the name of the land, which he resides in a paper and it converts into Abjad (each Arabic letter has a numerical value it is known as Abjad) then subtracts with twelve, then will get a remainder. From that remainder I will make out a conclusion on his problem. He came on ‘Medam’ (a month in Malayalam era); his calculation of Abjad and this month shows that his residing place was affected by Jinn/ Shaitan/ Ibleese. He has possessed by Jinn. He had changed because of this possession.

Then I wrote for him; recited Bismi and ‘La haula wa la kuwatha Illa Billahi aliyul aleem’ which means ‘there is no power and. no strength except with Allah’ at 86 times then I draw for him and told him to wear on his neck.

العلي	بالله	إلّا	وَلَا قُوَّةَ	لا هؤللا
العظيم	العلي	بالله	إلّا	وَلَا قُوَّةَ
بسم الله	العظيم	العلي	بالله	إلّا
الرحمن	بسم الله	العظيم	العلي	بالله
رحيم	الرحمن	بسم الله	العظيم	العلي

Another women healer Jameela explained about one of her frequent visitors Raneesa is:

She is a young charming girl and very active in all things. When she came to me she was pregnant and she couldn't even recognize that what has happened to her. Her mother told me, in front of other she was normal and cool; but she was not. Sometimes she behaves unnaturally. Sometimes very calm and cool, on the other hand sometimes she was aggressive and violent. Raneesa created many problems in her family life; the worst thing is that she is not even aware about the things happening in her life. Once she became violent and tried to slit her stomach by using a knife. Initially her parents consulted a doctor; for doctors she was normal because they couldn't find out any abnormality in her behaviour. Then, they came to me. I talked with Raneesa; while she was normal. Unfortunately, in between our conversation she was showing signs of her abnormality. I wrote her name, her mother's name and the name of the land, which she resides; then I convert into Abjad. Later, I could conceive from the 'Palkanakk'²² Raneesa was possessed by Jinn. The Jinn in her body was playing with her behaviour and creating problems in her family life... I took my Kithab and wrote for her. I prepared Elas to wear on her body. Furthermore, I have recited Fathiha, Ayath-Ul-Qurusi, Soorath-Ul-Quraish, Al-Ikhlaas and Muvadhidhaini for her and whiffed air upon her. She unconsciously fell down, while I was reciting and blowing upon her; even though I continued. Then I recited Ayath-Ul-Qurusi eleven times and whiffed upon her. Later she was back to conscious...this is what Quran taught us. Everything is inside the text.

However, Fathima another women healer in this study explained that:

Abbas was far away from reality when he came to meet me. He was very active and the only male member in his family. The whole family was depending on him. However, once he came after his job he was behaving unnaturally. He refused to do his daily routine and he didn't go for job; he refused to follow the rules; easily got annoyed and nervous, become violent. His mother was upset and bought him to my healing room. At that time he was looks like normal; but he was abnormal. He was dis-jointly behaving and made different sounds etc. I wrote the name of Allah in a vessel then poured water into that vessel. Later I sprinkled water on his head and body. Gradually he became normal. My helpers were reciting Ayaths and blowing upon him. I told his mother to do 'Ifthikaf' for his sake and cure.

Shareefa Beevi talked that:

Jameela is a widow residing in UKC; she has 18 year old daughter. Last few months she was not normal. She was behaving violently; dis-jointly speaking, she was completely away from reality. She refused to wear even dress. Then her neighbors bought her to me.

²² Palkanakk is commonly known as the process of calculating Abjad.

I looked at her 'Palkanakk20'; I could understand that she was possessed by Jinn. So I have to remove the Jinn from her body then only she will be normal. Hence, I have written Ism of Allah into a violet colored cloth. Then I burned a side of the violet colored cloth and told her to smell it. Through that I could defeat the Jinn which possessed her body. I recited some Ayaths and whiffed air upon her. I had given Zam Zam water for her to drink.

Aatta Beevi, another women healer in this study narrated about her Disciple is that:

Hasna is 12 year old girl from a neighboring village who came with her grandmother. Every morning Hasna used to go to Madrasa at 6:00 AM. However, one day after her class at Madrasa she started to behave unnaturally. She was speaking in some other language which we are not familiar. She was punching her head on the wall; until blood came out. Her parents tried to hold her from that act; but they couldn't. She was very powerful at that time. Later they brought her to me. I tried to talk to her but she refused. I looked at her 'Palkanakk', and then I recite Quranic Ayaths and whiffed air on her head... I drew Ayath- Ul-Qurusi into columns in a Copper sheet and fold into three; then I have recited 13 Soorath- Ul-Fathiha and 3 Soorath-Ul-Yaseen. After every Fathiha I whiffed air upon her and circled the copper sheet over her body. While blowing up on her I said Ishfi. Similarly, after every Mubeen in Soorath-Ul-Yaseen I whiffed air upon her and circled over body too. Furthermore, I suggested them to do the same process twice in a day and have to continue this process for 14 days. Then I told them to burn this Copper sheet after 14 days...they continued this for 14 days. After this, gradually her behavior changed.

The above narratives show that the women healers are treating for mental illness or for abnormal behavior of the people who came to her. They use the holy text Quran and its letters for the treatment. The magical power of the Arabic letters and Ayaths of Quran already mentioned above. They perceived these mental illness and behavioral changes are because of *Jinn, Shaitan, Ibleese* and other supernatural beings on earth. According to the women healers their text and *Hadiths* helps them to diagnose and understand people's problems; accordingly they prescribe or decide the treatment. The women healers read and recite Ayaths accordingly; they can decide *Sooraths* and Ayaths; their divinity helps them to the process of diagnosis. The women healers will do the treatments and rituals at their healing room. Apart from that they suggested to the accompanying person to read, recite and act the rituals accordingly. According to the women healers' faith in the healer and the healing process is also important. The accompanying person has to do the rituals accordingly and sincerely. On the other hand, people from various parts of the state came to the women healers for different kinds of physical health problems, aches and

wounds etc. Khadeeja, a healer in this study explained about her disciples who came for *Chikitsa* for her health problem.

Khadeeja said that:

Faisala is a frequent visitor. For all kinds of problems she used to come and meet me; even if it is related to health or other familial issues. She takes advice and suggestions from me. However last time she came for her granddaughter. Recently her granddaughter shows Seizure; uncontrollable jerking movements of arms and legs and losing her consciousness etc. And sometimes foam and scum is coming from her mouth. I took a glass of water and recited Soorath-Ul-Hujarath then whiffed air into that. Later I had given water to her granddaughter. Additionally I told Faisala to repeat for coming days as well. Additionally, I have prepared column of 16 and written as below and later it converts into an Elas and told her to wear on the body.

أَعُوذُ بِكَلِمَاتِ لَوْلَا النَّامَاتِ مِنْ أَكْثَرِ شَيْطَانِيَا وَهَامَّةَا وَمُنَا عَيْنِيَا لَمَّةَا وَأَسْأَلُ
 اللَّهُمَّ لَا شِفَاءَ إِلَّا شِفَاؤُكَ لَا يُغَادِرُ اسْقَمًا وَإِنَّهُ الْحَقُّ الْبَقِيَّةُ فَسْتَجِيبْ لِجَابِئِ اسْمَارِ بَيْتِكَ الْعِظَابِ يَا جَبْرِيْلَ وَمِيكَائِيْلَ يَا عَزْرَةَ انبِيَاءِ اسْتَبْدَانَا مُحَمَّدًا
 صَلَّأْنَا لَوْلَا عَلَيْهَا وَسَلَّمَا يَا عَبْدَ الْقَهَّارِ يَا أَبَا بَكْرٍ يَا غُثْمَانِيَا عَلِيَّ يَا ضَوْأَنَا لَوْلَا تَعَالْنَا عَانَهُمَا أَجْمَعِينَ

١٢	لا لا لا	لا لا لا	لا لا لا
لا	لا	١٢	لا لا لا
لا لا لا	لا لا لا	لا لا لا	١٢
١٥٥٨	١٢	١٥٥٨	لا لا لا

Suhra another healer stated that people use to come to her not only for the mental health issues but also various problems related to physical health. According to her she used to include some indigenous knowledge on flora and fauna in her healing practices. She will decide the treatment according to the physical health problems. Sometimes treatment is only based on Quran; sometimes she will mix *Marunnum Mantravum*.

Laila came to me for her mother. Her mother has been suffering from breathing problem since last year. They have been consulting a doctor nearby their village. However, her mother didn't have any changes in her health condition. Then later they decided to meet me for their health issue. I suggested her to recite 40 Soorath-Ul-Fathiha after every Namaz. Additionally told her to recite 'Ya Ayyul Khayyum' at 111 times in a day. On the other hand, have to recite Soorath-Ul-Fathiha in the name of Prophet Mohammed, Muhiyudheen Sheikh, Rifayi Sheikh, Khaja of Ajmeer, Abdul Khadir Suhrvardhi (peace

be upon him). And as part of these I told them to do Nercha²¹ to Thathoor Makham; rope and situat²³ are the main object of Nerchaat Thathoor Makham....

Amina narrated that:

Shifna is a college girl; her mother was complaining that she has been suffering from severe headache since last year. They took some self treatments for that. Unfortunately it didn't work out in her case. So they decided to meet me for their problem. Then they came to me. I talked with her; she was ok. I looked at her 'Palkanakk'; it shows that her head ache is due to Kanneru. So I could easily prescribe her Chikitsa. Chikitsa can be only prayer and sometimes I will mix it with some Marun. Here, I told her to face Qibla²⁴, then kept a bowl of water and recited Soorath-Ul-Fathiha at 31 times, Ayath-Ul-Qurusi at 7 times and Soorath-U-Yaseen at once. After every Soorath I blew air upon her head and body and said Ishfi. I suggested her mother to repeat it for 41 days. She will be cured.

Soudha explained about one of her disciples; their problems were related to sleep:

One of my disciples came for her children. Both of them were suffering from lack of sleep and bad dreams. I told her to recite Soorath-Ul- Nabhan for every day. It helps to get sleep and save from bad dreams. Apart from that, I have written La ilaha illa antha, subhanakka i kunthum minalwalimeen in a paper and prepared an Elas to wear on the body. That Elas can protect them from all kinds of evil.

Rasiya mentioned another method, which she has written for her disciple who came with trembling and urinating while sleeping and bad dreams are that;

Banu came to me with a complaint about her elder son; he is studying in tenth standard and grown up now. Even though he is trembling and urinating while sleeping etc. she was upset about this; I told her that there is no need of getting upset about this because I know that all these are play of Jinn/ Shaitan/ Ibleese. So I prepared an Elas for her son, he can wear it on his body... I prepared Elas with the Arabic Numerals;

²³ Situatal is an iron bucket commonly used to shovel water from the well

²⁴ Qibla is the direction that should be faced when a Muslim prays during Namaz. It is fixed as the direction of the Kaaba in Mecca.

٩٩١٢	١٩٩١٧	١٩٩.٩
١٩٩١.	١٩٩١٣	١١٩٩١٧
١٩٩١٦	١٩٩.٨	٤ ١٩٩١

Similarly Rasiya explained about one of her Hindu patients from nearby village. She mentioned that the people from other religions trust her and believe in her abilities to heal. Shailaja is a frequent visitor of Rasiya. According to Rasiya, she used to come to her for various needs and purposes. And many of her villagers got to know about Rasiya through Shailaja. Rasiya narrated that:

She came for her daughter -Shiji. Shiji was suffering from itch on her legs. She was unable to walk because of this. I know that being a Hindu disciple he cannot read and write Quran and its Ayaths. So I took a bottle of water and recited 'Bismillahirrahmanirraheem, Laa awla wala Quwatha Illabillahil Aleeyul aleem' three times and blew into it. Then I suggested washing her legs with this water twice a day. She will be cured.

The above narratives of the women healers show that the various modes of treatments based on Quran and *Hadiths*, which are given by the healers for various kinds of physical health problems in Malabar region. They read and write Quran/ *Kithab* and prepare *Elas* accordingly for their disciples and their sanctity help them to diagnose problems and issues. They will prepare *Thakid* or *Elas* for epilepsy, headache and migraine, itch and scab, problems related with sleep etc. sometimes, they give blew water for drinking or washing the affected parts. On the other hand, they will prepare *Elas* or *Urukk* for the people. One of the healers Rasiya mentioned about a frequent Hindu Visitor- Shailaja. For those who don't know how to read and write Quranic *Ayaths* they will do the rituals for them. This shows that irrespective of religion, people use to come to the women Muslim healers in Malabar. And people's word of are the only publicity for the healing practices.

Possession cases are the most common performances of women Muslim healers in the region. Their spiritual power and *Karamats* are evidently clear in their healing success for those who are present in their healing room. On the other hand, many people come to the women healers as a result of they have heard of women healer's success in the healing area of Failed marriages, fights and quarrels with family members and neighbors, misbehaving children and missing objects, etc. Women healers explained about their visitors who came with 'other problems' like this. For these kinds of problems women healers sometimes open and look *Abjad* and other times they simply talk with the people.

Marital and Family Problems

According to the women healers for these familial and marital problems they sometimes open *Abjad* and other times they openly talk to the person. A young married Hindu woman Shani came to meet the women healer on behalf of her mother-in-law to talk about her brother-in-law they wanted to move out of the joint family and live separately. This situation made their familial condition worse. Shareefa Beevi first asked Shani what it was that she wanted, what she thought would be the best outcome. After narrating the familial situations, Shani admitted that she thought the best solution was for brother-in-law to move out. Only later, Shareefa Beevi gives her *Thakid* to burn in the hearth to 'close their mouths' and arguing with mother. Shareefa Beevi said that the argumentation should be stopped first, and then only they can think and act properly at home.

Shareefa Beevi said that:

I wrote Soorath-Ul-Murawalath in to a Copper sheet and prepared a Thakid for Shani. Then I told her to keep that Thakid under the coat, which he used to sleep. Definitely, the situations will be changed.

Another Male patient, Saleem a young man, came with the complaint that his wife did not listen to him and his mother anymore. He said that 'she used to listen to, but now she does as she pleases. She keeps saying she needs to go to her mother's, or to relatives or friends place, she is annoying my mind' he wants a perfect obeying wife.

Beevi narrated that:

I opened and looked into his wife's Abjad. It shows that her attitude change had been caused by another woman. I prepared an Elas for Saleem. He was sure that his wife would not wear an Elas if he bought one home. So I gave him one written in his wife's name to put in his own purse. Additionally, I gave a Thakid to tie to a stone piece and immerse in a river.

Beevi explained that often people come with a family problem, but as Beevi talks with them—sometimes carefully listen to them, a fuller, more complicated problem generally arrives. A young Hindu woman came with the complaint that her much older husband ‘would not look at her’. She belongs to a middle class family, her family doesn’t have the capacity to give dowry because of that she married a much older groom. At first, she thought that because of this dowry thing his attitude changed. Gradually she finds out that her husband was sleeping with another woman. She sat with the healer for an hour. Later she revealed that the ‘other woman’ is her sister itself. This she could not bear at all. She cried out. Then Beevi took some sugar and recited *Soorath-Ul- Luqman* and whiffed air on it. Later gave to her and told to give that sugar to her husband. Beevi gave to this Hindu woman understanding something tangible to ‘do’ and gave her a hope for change in her husband’s attitude and healing.

Women healers said that there were many women than men who came with problems of marriage and relationships which include physical abuse and violence, men too were often mistreated by wives and came to the healers in despair which is really opposite to the stereotypes of gender relations in Malabar. In such cases the women healers simply listen to their problems and talk to them. Sometimes, if it is needed, she will open and look the *Abjad* of the disciple. According to the women healers, in the case of soured relationships, between husband and wife, between parents and children, or between neighbors, they used to assume the side of the complainant who came to them when they write *Thakid* and *Elas* that command the offending party’s mouth to be shut. The women healers opined that, of course, the other person would have another story to tell. So, in these cases they only do to shut the mouth of offending party; and they don't use the techniques of ‘black knowledge’ against them. The women healers added that men who came with problems are always related with relationships, failure in business and agriculture and other job related problems. However, women patients who came to the healers are specifically for certain health problems and other needs.

Childhood Problems

Childhood problems are the most common problems and illness are brought to the women healers of Malabar. Across religious traditions of India, children are thought to be particularly susceptible to the evil eye in any of its forms, as babies are most inherently beautiful and valued by families (Flueckiger, 2008). In Indian culture, people believe that evil eye effect accordingly how beautiful s/he is. Previously, I have already mentioned that Mappila Muslims believe in *Karinakk* and *Karimkannu*; so to distract from the *Karinakk* and *Karimkannu*, babies often wear *Elas*, *Karivala* (Black Bangles), *Koochi* to wear shiny reflective inset stones, black spots made of kohl on the side of forehead or cheek. But when *Karinakk* or *Karimkannu* successfully casted, it might be caused to babies to fail to thrive, have difficulty in breastfeeding and sleep, and develop fever and loose motion.

The women healers mentioned that many of their infant or child patients have already taken allopathic treatments from hospitals before coming to the women healers. Healers opined that initially they don't tell about the previous treatments they have taken, later they will. The women healers diagnose these cases through *Abjad*, and if the diagnosis reveals a particular kind of Evil eye (*Jinn/Ibleese/ Shaitanic* evil eye or Human evil eye), they write for the problem. One of the healers Khadeeja explained about a patient is that:

Shahida came with her four months baby and complaining that her baby refuses to suck milk and crying endlessly. I told her to recite 'Ya Thawwabu' at 70 times a day and whiffed air on baby and massage her. It helps them to protect from evil of both man and Jinn/Ibleese/Shaitan.

Another case explained by Fathima is that:

Pathumma is a frequent visitor of mine came for her grandson. He is very lazy and refuses to go to school and Madrasa and also crying without any reasons. She was very much upset and crying while talking to me. I tried to support her and I opened Abjad of her grandson. Then I took a clay basin and recited 'Ya haseeb Ya Mukheedu' at seven times and whiffed air into it. Then I poured a little water into the basin and give to her. And suggested to repeat the same for the coming days as well (Fathima).

Apart from this people used to come to the healers for giving a name to the new born babies. I have seen when treatments are successful; mothers often bring back their babies to show off. They often bring 'something' for the women healers; it might be cash, dress or other things. The

women healers opined that people should follow each and every direction of the rituals, which they prescribed; otherwise it would not work. Usually parents are willing to keep the prescription and follow the rituals until a sick child recovers. Furthermore, in the cases of children people have consulted the allopathic doctors before coming to the women healers.

Misbehaving Children

Misbehaving and disobeying children, particularly sons, are common complaints of parents who come to the women healers. In these cases, parents usually don't bring the children with them. On the other hand sometimes they will bring unless s/he is very young. One young Muslim couple Shanavas and Sajitha came with their son Nuhair, 7 year old who had been causing problems by biting both his parents and people at his school. He was creating unending troubles for teachers and other people in his school. Amina, one of the healers explained that...

Both of them were upset and tensed about their son. They explained every incidents and problems, which their son created at school. I told them that they would undertake an expensive treatment for their son. I opened and looked at their son's Abjad and decided the way of treatment. For this, requires a live chicken to be circled their son's head and give to the temple of Kaliyatta Kavvu. I suggested them to recite Soorath-ul-Kafiroon every day after Magrib Namaz and whiffed air up on his head.

Similarly, the women healers explained that most of their disciple came with misbehavior for teenage son, an unwillingness to work, and the ostensibly severe problem for many young men in Malabar of simply 'wandering around'. Kuttikoya a wealthy man working in Dubai came to meet Soudha almost every day for a week during the middle of his 12 months leave of absence from his workplace in Dubai. Last time he came with a complaint about his son who has started to use abusive language to his mother absence of his father and also refuse to go to work and earn. He simply spends what Kuttikoya has earned. Further, Kuttikoya said that his son wanted to marry a girl from another religion. Kuttikoya wanted to get Soudha's advice on this issue.

Soudha said that:

I didn't look his or his son's Abjad to diagnosis of spiritual imbalance or Karimkann were made on him. I simply listened to his words and apprehensions. I told him to bring his son to me and told him to recite Soorath-Ul-Luqman every day after Subhi Namaz...again he came after a few days; unfortunately he was alone. His son might me refused to come with him.

This is what Soudha narrated about her disciples who came for. Similarly more often than one might imagine, people come to the women healers with stories of missing (missing animals and objects), runaway, love affairs, extra marital relationships and missing children. Mulla Beevi talked about people who came to her to get missing things and animals. Frequently she refers them to Bapputty for ‘*Mashi nottam*²⁵’, in which he might see in a vision where the object or animal is, furthermore sometimes she writes *Thakid* to call the animal back and *Thakid* to be burned to the thief to bring it back.

Women healer said that:

I told them to recite ‘*Ya jamih*’ at 70000 times within seven days. And given a *Thakid* as written as below;

		ق	ج
۳	۵۷	۱	۳
۳۷	۴۸	۲	۲۱
۵۱	۳	۵	۴۹

According to the *Abjad* the healer will write and prepare *Thakid* or *Elas* for the person. Then she will explain the way to wear and use the *Thakid* and *Elas*.

Failing Business and Agriculture

Male disciples exclusively come with cases of failing business and agriculture. According to the women healers sometimes the problem diagnosed is with the individual conducting the business or agriculture and other times the problems lays in the place or building itself. The problems with place or business are already discussed in the previous section. The women healers will open the *Abjad* for both and will diagnose the problem and accordingly they will decide the treatments.

Suhra mentioned that:

²⁵ *Mashi nottam* is a superstitious method of finding truths on a betel leaf having ink spread on it. The person performing the trick is believed to have power to view facts on this leaf.

Abdu came with a complaint of business. Last few months he has been facing from failure in his business. His hotel is the only source of income of his family. This failure in the business creates financial strain in his family. Then he decided to come to me. I prepared a Thakid for him to keep in his hotel. It will bring prosperity and success.

ع	س	د	ب
١٩	٣	٤٢	٣١
٥	٣٥	٥	٤٥
٦	٣٨	٣٤	٨

These are the major problems dealing with the women Muslim healers of Malabar region. Many of the narratives are much simpler and are reminders of the human condition in everyday life. People come with various problems and apprehensions and they simply share everything with their women healer. They have strong belief in the abilities of the women healers and the spiritual power of them. The women healers are developed their knowledge in healing practices through various ways, Islamic astrology plays an important role in it. It helps them in the process of diagnosis and healing methods. Next section will be dealing with the Islamic astrology which the women healers using in their healing practices.

SECTION

The above sections mentioned that the women healers are using Islamic Astrology for diagnosing and prescribing treatments for the patients came to them. All the ten women healers learned Islamic astrology in different ways. They explained in the following manner:

I born and brought up in a Thangal family and my father was a well known religious healer in Malabar. I learned all the lessons from him. He blessed me and I am practicing what he had given to me (Shareefa Beevi, 8/09/2018).

My father was a Mulla of a Madrasa and he was a part time religious healer in our locality. He practiced ritual and religious healing practices at our home itself. So, I had seen all his practices since my childhood. In short, my father was my teacher in healing practice (Aatta Beevi, 20/10/2018).

I am elder daughter of Sayyed Muhiyudheen Thangal; who was a religious and ritual healing practitioner in Pallikkal. So, I could learn all lessons of religious and ritual healing practices from my father itself (Mulla Beevi, 25/09/2018).

My father is my first and foremost teacher who taught me the lessons of Quran and Hadiths. Then he gave me some books on Islamic Astrology ad taught me the basics. (Amina Beevi, 17/04/2019).

Similar to any other Muslim girl I learned kithabs from Madrasa. And I got blessings from my father who was a veteran religious healer in Malabar (Jameela Beevi, 03/05/2019).

The above mentioned narratives show that the five healers are learned the basic lessons on religious and ritual healing practices from their father and also from Madrasa. One of them mentioned that her father gifted some books on Islamic astrology. The Madrasa education helps her to read that text for further practice. On the other hand other five healers are explained in following ways:

One day I got an epiphany to practice healing for the needed. Then I learned various treatment methods from different ways. Similar to any other Muslim I learned Quran from Madrasa (Suhra, 07/11/2018).

I got Madrasa education in my childhood; so I used to read the Quran and Hadith in my everyday life. In her childhood she didn't explore much about her religion or Quran. ...after two years of my husband's demise, I started to explore more on religion. Then I started to visit Dargah, Makhams and Jarams in various parts of the country. I got blessed by the Auliya which I have visited and he came told me in dreams to practice for people (Khadeeja, 22/11/208).

I got blessings from the Auliya of Ervadi. Then I talked with the Mulla of our Mosque. He guided me in the healing practices (Fathima, 14/12/2018).

Mamburam Thangal came in my dream and told me to start healing practices for the needy people. Then I met Usthad in Mamburam Makham and he had suggested some texts for reference and I learned it myself. My Madrasa education helped me to read and write the texts (Rasiya, 12/05/2019).

I got an epiphany; then I started practice in my home. The Usthad in our mosque suggested some books such as Mujarrabat al- Dayrabi al- Kabir, Shamsul Anwar, Shamsul Maariful Qubra, Majmuh Latheef etc. for the reference(Soudha, 06/04/2019).

The above five narratives of the women healers explained about their learning process as religious and ritual healing practitioners. Five of them got epiphany and blessings from the *Auliya* which they have visited before. Then they have learned the kithabs which are suggested by the Usthad of their Mosques. Similar to any other Muslim they have learned the basics of the Quran and *Hadiths* through Madrasa education; which helped them to read the other texts suggested by the Usthad. This is how the women healers are learned the Islamic Astrology and which they are included in their healing practice. Through the women healers are opening the mysteries of numbers and letters from the Quran and the Islamic Astrology. In the current section will be looked at in the basics of Islamic Astrology and its relation and role in the process of healing.

Islamic Astrology

Mansila- Thwali-Burooj (Starts-Planet- Zodiac) are the basic elements of Islamic Astrology. By God's grace each *Mansila- Thwali-Burooj* (Starts-Planet- Zodiac) has its own power. Islamic astrology is based on twenty eight starts and activities. Prophet Sulaiman was one of the veterans in Islamic astrology. He opened the way for his disciples in astrology. He taught the lessons for his disciples. *Shardheen, Badheen, Surayya, Dhabraan, Haqath, Hanhath, Dirah, Nasrath, Dharfath, Jabhath, Kharsil, Swarfath, Avwa, Simak, Gafr, Sabanan, Iqleen, Qalb, Shawlath, Naayim, Baldath, Suhood, Sahdudabih, Sahdubalq, Qbiyath, Maqadham, Muaqar, Rasha* are the twenty eight starts in Astrology. Stars have five stages which compared to human life as childhood, adolescent, adulthood, old age and death and also compared to seasons – winter, spring, summer and autumn. So, the changes, space and time of each starts are important in astrology and similarly in healing practice. People believe that the changes happen in the movement of stars and zodiac can cause for various health issues. Hence, religious and ritual healers use the same stars and zodiac for healing practice as well. Similarly believe in the existence of *Burooj*, there are twelve *Burooj* which are *Haml, Sour, Jausih, Sarthan, Asad, Sumbulath, Meesan, Aqrab, Qaus, Jayd, Dalv, Hooth*. In Islamic astrology *Burooj*s are compared to different parts of the human body. *Haml* to head, *Sour* to face, *Jausih* to neck, *Sarthan* to shoulders, *Asad* to chest, *Sumbulath* to stomach, *Meesan* to under navel, *Aqrab* to privities, *Qaus* to thigh, *Jayd* to knees, *Dalv* to ankle, *Hooth* to feet. And third element is *Thwalis*; which are

Shams, Qamar, Mirreeq, Athwarid, Mushthari, Suhrath, Suhal. These are the three basic factors of Islamic Astrology.

Furthermore, these 28 *Mansila* categorized into four seasons which are *Rabeeh* (Spring), *Swaif* (summer), *Kharif* (autumn) and *Shidah* (winter).

<i>Rabeeh</i>	<i>Swaif</i>	<i>Kharif</i>	<i>Shidah</i>
<i>Shardheen</i> (<i>Ashwathi</i>)	<i>Nasrath</i> (<i>Pooyam</i>)	<i>Gafr (Chothi)</i>	<i>Suhood (Thiruvonam)</i>
<i>Badheen (Bharani)</i>	<i>Dharfath</i> (<i>Ayilyam</i>)	<i>Sabanan</i> (<i>Vishakham</i>)	<i>Sahdudabih (Avittam)</i>
<i>Surayya (Karthika)</i>	<i>Jabhath (Makam)</i>	<i>Iqleen (Anizham)</i>	<i>Sahdubalq (Chathayam)</i>
<i>Dhabraan (Rohini)</i>	<i>Kharsil (Pooram)</i>	<i>Qalb (Thriketta)</i>	<i>Qbiyath (Pooruruttathi)</i>
<i>Haqath</i> (<i>Makayiram</i>)	<i>Swarfath</i> (<i>Uthram</i>)	<i>Shawlath (Moolam)</i>	<i>Maqadham (Uthrottadi)</i>
<i>Hanhath</i> (<i>Thiruvathira</i>)	<i>Avwa (Atham)</i>	<i>Naayim (Pooradam)</i>	<i>Muaqar (Revathi)</i>
<i>Dirah (Punartham)</i>	<i>Simak (Chithira)</i>	<i>Baldath (Uthradam)</i>	<i>Rasha (Abhijith/ Patharadam)</i>

According to the *Mansila-Thwali-Burooj* the women healers understand the life of patient/people. Similarly *Abjad* is the primary method of diagnosing in Islamic Astrology. The tradition of *Abjad* gives a numerical value for each letter of the Arabic alphabet. The *Abjad* is also known as numerals of Jumulul Kabeer and it's given below;

ز 7	و 6	ح 5	د 4	ج 3	ب 2	ا 1
ن 50	م 40	ل 30	ك 20	ي 10	ط 9	خ 8
ش 300	ر 200	ق 100	ص 90	و 80	ع 70	س 60
غ 1000	ظ 900	ض 800	ذ 700	خ 600	ث 500	ت 400

So, for example, when one adds up the values of the letters forming the name Abdulla, the total numerical value for the word is 'two' as

$$ABDULLA = 1+2+4+6+3+3+1=20=2+0=2$$

The women healers ask each patient/people's name and that of his/her mother's name and write out of the name of each in Arabic Script; she adds up the numerical value totals for each name and then adds to them the value for the lunar day of the week. The women healers divides the total by three or four (depending on what gives a whole quotient), and the final quotient identifies the cause of the patient's illness or problem and it helps them to determine its appropriate healing methods. The women healers had given an explanation for the numerical value of dividing by 3 or 4, the number four denotes that the four corners of the earth and similarly with three; it denotes the three levels of the universe accordingly heaven, earth and hell.

One of the healers Shareefa Beevi gives an example of Abdulla. He had come on Friday to meet her. She has written his name in Arabic and the day too. The *Abjad* she calculated is given below;

٥٠ , ٧٠ , ٤٠ , ٣٠ , ١٠ , ٤٠ , ٦٠ , الجمعة ١٠

70 للهع, 2ب, 4د, 1ا, 30ل, 30ل, 5ة

142 عبد الله + 205 = الجمعة

This is how the women healers calculating *Abjad* for people. Before calculating *Abjad* the healers have to follow certain rules. They have to recite *Soorath-Ul-Fathiha*, *Soorath-Ul-Ikhlaas*, *Muvadhidhaini* and *Swalath* at ten times in the name of Prophet Mohammed. Then, they can calculate *Abjad*. According to the women healers they can understand the types of illness/ problem through *Abjad*. For that write the name of the patient and the day in Arabic and calculate *Abjad*, later divided by four. The reminder can reveal the type of illness/ problem. The women healers said that if 1 would be the reminder the illness due to the hot-cold condition of human body; if 2 would be the reminder due to *Jinn/Ibleese/ Shaitanic* problems; if 3 would be the reminder the illness/problem due to *Sihr*; if 0 would be the reminder the problem/illness due to either cheating or *Vata-Pitha-Kapha* related problems. Through this *Abjad* the women healers are diagnosing and prescribing treatments for the patients/ people.

Furthermore, sometimes the *Abjad* diagnosis reveals that ‘nothing’ is wrong; but the patient might have been suffering from some kind of problems or have a complaint, there is no spiritual imbalance in the people that can be healed through the women healers treatment. In that case, the women healers may say, ‘it’s nothing’ it’s the work of Allah (*Allah nte masiraanu*) and they will listen to the patient/people’s complaint and narratives and try to encourage them to encounter it. However, the patient/ people often insist the women healers to write ‘something’ or prepare ‘something’ for them; and the healers sometimes complies by giving *Thakid* or *Elas* for him/her. The women healers opined that they will simply give generalized *Elas* for protection from *Jinn/Ibleese/Shaitan*. Other times, they simply listen and talk to them.

The women healers explained the faith and ritual healing practices which prevail in the region of Malabar. They also elaborated the perception and understanding on health, illness and healing practices with detailed narration and their lived experiences as a women healer. Apart from that they also mentioned other systems of medicine and the medical pluralism which has been part of the day to day life of people. Consultation with a particular healer or doctor is always influenced by a set of socio-cultural beliefs and background of the patient and family. Furthermore, availability and accessibility of the healers/doctors are also matters here. The women healer

mentioned that some of her patients are consulted by medical doctors before coming to her. On the other hand, some of them are consulting simultaneously with other systems of medicine. People are consulting multiple healers to get relief from the illness to an extent that a failure or unsatisfied result from a healer which forces them to consult another (Biswal, 2020) is common.

Conclusion

This chapter focused on the religious and rituals healing practices given by the women Muslim healers; techniques and methods used from Quran and Islamic astrology in healing practices. It gave an overview of the healing practices and its methods and techniques; pattern of illness and problems among people in Malabar region. The study found that the pattern of illness and problems are closely interwoven with their religious and cultural perspectives, which they embed. Hence, their healing practices are entirely from religious and ritual aspects. It was also found that irrespective of caste, class, gender and religion people come to the women Muslim healers for various needs and with problems and illnesses. For the people from other religion the women Muslim healers themselves do the rituals and prayers. The study also found that the women Muslim healers not only write and prepare *Thakid* and *Elas* for the problems and illnesses but also for prevention from all kinds of problems and illnesses. According to the problems the women Muslim healers will prescribe the treatment. If there is no spiritual imbalance revealed in the *Abjad* they will simply listen the patient's narratives and complaints and talk to the patients and accompanying person then try to encourage them to encounter it. And also for the people the women healers are also work as a 'counselor' throughout the period. The written words, *Elas* and *Thakid* have its inherent power, but here the women healer's spoken words have extra power in the healing process. The verbal dialogues by the healers such as s/he will be healed; s/he will be cured; the missing child/animal will return home/ the situation will be changed are effective in the process. Patients regularly say that they have been drawn to the women healers due to their peculiarity, and their love and patience. These qualities of the women healers make the patients more comfortable and feel domesticity and relatively relaxed in the healing room.

All the women healers make sure that every possible seating space in the healing room and waiting room; they said that they might be restless if they see patient standing outside or leaning in the wall when there is an empty seat. They mentioned about the individual privacy in the

healing room, and it is clear that listening to the stories of others who may share a particular patient's problems and the success stories of the healer's practice and teaching process (Flueckiger, 2008). This mouth word is the only advertisement of their healing practice. Furthermore, a strong unwritten rule exist in the healing room of all the ten women healers is that the healing room is sacred ritual space is the fact that menstruating and postpartum women are prohibited to enter it. In India, Muslim and Hindu women are observe taboos against entering sacred and ritual spaces for certain period and they are considered as ritually impure for those time (Ibid). Similarly, some of the women healers do not practice on those days.

CHAPTER VI

RITUALS AND RITUAL PERFORMANCES

People perform dozens of rituals in everyday life. They perform waking-up rituals, mealtime rituals, greeting rituals, religious rituals, and so on, all these are smooth out and moderate most of our ongoing social life. However, most of the times many people equate rituals with religion with the sacred. According to Schechner “rituals are frequently divided into two; which are sacred and secular. Sacred rituals are associated with, expressing or enacting religious beliefs. It is believed that religious belief systems involve communicating with, praying, or otherwise appealing to supernatural powers”. According to him these powers may reside in, or be symbolized by, Gods/Goddess and other supernatural beings. On the other hand, secular rituals are associated with state ceremonies, everyday life, sports and any other activity not specifically religious in nature (Schechner, 2013). It reveals that rituals are part and parcel of human life.

In the previous chapter we looked at the women Muslim Healers of Malabar; perception and understanding on health, illness and their healing practices. The present chapter is going to deal with the rituals and ritual performances, which are used in the healing practice of women Muslim healers. As mentioned in the review, a few studies have acknowledged that rituals and ritual performances have vital role in healing practices. Hence, it is important to understand the rituals and ritual performances among people in Malabar and its relationship with healing practices. Similarly, the literature concerning the faith, ritual and religious healers’ accords only limited attention to the women Muslim healers. In most of the studies they are mentioned marginally as a part of a broader discussion about men healers and their practices. Hence, the chapter aims at fulfilling the research question dealing with the role of rituals and ritual performances in healing practice; and women as a healer. The chapter is divided into three sections; the first section deals with various rituals in the healing practices; the second section deals with the ritual art forms and performances including *Theyyam*, *Ratheeb* in healing practice of the women Muslim healers; last section deals with symbols in rituals and performances.

SECTION I

Healing rituals represent the everyday life of people in Malabar. Possession, embodiment, affliction, dislocation, trance are the progressive performances owned and regulated by the people to deal with the body and the universe (Ferrari, 2011) and mind as well. *Uzhinjumattal*, *Muttarukkal*, *Ozhippikkal*, and *Nercha kodukkuka* are the major rituals among the people in Malabar. The women Muslim healers explained various rituals, which they are using in their healing practices;

Uzhinjumattal or Ozhippikkal

Yes, I do Uzhinjumattal for my patients. Uzhinjumattal is basically removing the supernatural powers like Jinn, Shaitan, Ibleese and others from the body. If they possessed the human body; they can control both people's activities and mind. Hence, according to the supernatural power, I will take areca nut and betel leaf, then recite Quranic Ayaths and round the areca nut and betel leaf on the possessed. I repeat this many times; through this I can remove the Jinn from the patient's body (Shareefa Beevi, 12/09/2018).

Mulla Beevi, another healer in this study explained *Uzhinjumattal* or *Ozhippikkal* as following;

Hajara came with her parents to meet me. Through her Abjad I could find out that someone has done Sathrudosham on her by sending Jinn. I decided that Uzhinjumattal is the treatment for her problems. So, I have done all the arrangements for that. With the help of two helpers of mine I prepared a circle; then I told her to sit inside that circle. Simultaneously I suggested to my helpers to recite Soorath-Ul-Yaseen. Then I took a coin and put on her head and recited Quranic Ayaths. After a few minutes, she started to behave in another way and in a different voice; and screamed and shouted. She became violent. Even then we were reciting Quranic Ayaths. After some time she lost consciousness. Later, I continued this treatment for seven days. I have invoked the Jinn into the coin and told her parents to shed that in a river. (Mulla Beevi, 27/09/2018).

Suhra mentioned another way of *Jinn Ozhippikkal* or *Uzhinjumattal* in the following manner:

I will draw a circle in my healing room where the possessed would stand or sit in the particular circle. At the same time my helpers will chant the Quranic Ayaths loudly and will blow into her body. Simultaneously I will ask questions to her; at that time the possessed Jinn or Shaitan would start to respond to my questions. Sometimes the patients start to talk in a different voice, will make a commotion and sometimes they also become violent. On the other hand, sometimes they may not be responding to my questions. At

that time I will use rattan and hit her without any mercy. The usage of rattan is known as chooral prayogam. After this chooral prayogam, I would invoke the Jinn into some objects such as pieces of wood, coin, bone etc. The objects might vary from healer to healer or afflictions to afflictions.

Fathima explained about *Uzhinjumattal* or *Ozhippikkal* she has done for her patient as following;

According to the possession I would decide the way of treatment. Sometimes, I used to prefer Dua and Nercha to remove the Jinn/ Shaitan from the body of possessed. For that I would recite various Ayaths from Quran and blow to the body of possessed. Then I would invoke the Jinn either into the piece of wood or some shape made of clay, which they will drown either in the river or sea. Otherwise I would ask them to make a pothole and put it on that place itself.

These are the various modes of *Uzhinjumattal* or *Ozhippikkal* which are explained by the women healers. According to the Women healers the process of *Uzhinjumattal* and *Ozhippikkal* is collective. They would invoke the *Jinn/ Shaitan/ Ibleese* and other supernatural powers from the body of possessed. They will do *Dua* and recite various *Ayaths* from the Quran at the time of healing practices. While doing so the women healers are creating the atmosphere for their healing practices and performing rituals. According to them, most of the time these rituals are collective and group activity. Their helpers are always scholars and apprentices in this field. Simultaneously, the patient's family members are also part of these rituals and practices; because they can also recite Quranic *Ayaths*. The women healers mentioned that the process of *Ozhippikkal* or *Uzhinjumattal*, always last for hours at a stretch. Furthermore, they would start these rituals after their Magrib *Namaz*. Additionally, Amina one of the women healers mentioned that sometimes she used to refer to some other healers in her locality and take help from other veteran healers specialized in it.

Muttarukkal

Muttarukkal is one of the most powerful acts of the women healers to remove or cast out the *Jinn/ Shaitan/ Ibleese* and other supernatural powers from the patient's body. Sometimes the *Jinn/ Shaitan/ Ibleese* and other supernatural powers will not drive away from the possessed body. In such cases they use this act. '*Muttu*' means 'obstacle' and '*Arukka*' means 'to cut'; so *Muttarukkal* literally means 'to cut away any obstacle'. According to the women healers apart from the possession, the obstacle may be of many forms, it could be failures, and lack of

business growth etc. and only a well capable healer can act this. In the act of *Muttarukkal* the healer breaks the coconut followed by some Quranic *Ayaths*. On the other hand, in some cases the Women Muslim healers refer the patient to do this act with the help of a Hindu Healer who is capable to perform this. According to the women healer, the Hindu healers break the coconut followed by the *Jaladhara mantra*. Similarly the Hindu healers act using the blood of goat, hen and alcohol. According to them if the evil deed is very strong the act of *Muttarukkal* should be more powerful.

Kaladan Narayanan Poojari explained the *Muttarukkal* in the following manner;

Muttarukkal is a powerful act; irrespective of religion people believe in this act. In Muttarukkal, a coconut; after removing its husk is given to the poojari (Priest) in a temple with his or her name and birth star in Malayalam. Then the Poojari in turn breaks the coconut in front of the Bhagavati. If the coconut breaks evenly, it is believed that the Muttu or the obstacle is cut. In case the coconut breaks unevenly, the person (devotee) is asked to bring another coconut and the process is repeated till the coconut breaks evenly denoting that the obstacle is cut. While the offering is being made on his/her behalf, stand before the sanctum sanctorum with mind devoid of all distractions, concentrating on the Devine Presence with utmost supplication and they can be sure that your obstacles will be removed(Kaladan Narayanan Poojari, 23/09/2018).

He has explained the process of *Muttarukkal* as mentioned above. Apart from that he added that Sree Kadampuzha *Bhagavati* temple is the most powerful temple for *Muttarukkal*. Irrespective of class, caste, religion and gender people came to *Muttarukkal*. In this temple the *Bhagavati* or *Devi* is worshiped in three forms. In the mornings she is worshiped as *Vidya Durga* (Saraswati) bestowing knowledge and excellence in career to all. In the afternoon she is worshiped as *Vana Durga* (Durga) in the *Twaritha Devi* form blessing the devotees with health, early marriage, and domestic harmony and in the evening as *Aadi Durga* (Mooladurga - Lakshmi) bestowing the devotees or people with wealth and overall prosperity. Here, the self manifested Divine Presence, is worshiped as a presence only. Unlike other temples, *Kadampuzha* is unique in that there are no idols for the *Bhagavati* or *Devi*. On the other hand, *Muttarukkal* has done by the women Muslim healers as well. Shareefa Beevi, one of the women healers in this study mentioned about *Muttarukkal* as:

...for the Hindu patients who came with problems due to possession I would suggest to doing Muttarukkal as part of the healing process in any of their temples. In those cases

they will do Muttarukkal at Sree Kadampuzha Bhagavati temple at Kuttippuram of Malappuram district. On the other hand for the Muslim patients I will act the Muttarukkal with Quranic Ayaths. (Shareefa Beevi, 15/09/2018).

Shahida one of the patients of Mulla Beevi explained that;

...Beethatha told me to do Muttarukkal as a part of my treatment. I was unable to enter the temple. Kadampuzha temple in Kuttippuram. I had given some amount of money to her for doing the act for me. She had done it for me and she told me that if the coconut breaks unevenly, she will repeat the act till the coconut breaks evenly...(Shahida, 23/09/2018).

The above-mentioned narratives mentioned that *Muttarukkal* is one of the rituals used in the process of healing. Both Hindu and Muslim healers are performing this act for their patient. For this act both of them use coconut to cut away the obstacles due to various reasons. The Muslim healer reveals that the referral, which is including in her healing practices. Irrespective of caste, class, religion and gender, people include this act in their healing practices. Furthermore, the Hindu healers use goat, hen and alcohol for *Muttarukkal*. In case of a Muslim patient, they would do this act with the help of another Hindu devotee in his/her locality. This shows that the Hindu-Muslim crossroads of belief systems in Malabar region. Similarly, *Nercha Neruka* or *Nercha Kodukkuka* is also another ritual practice among Mappila Muslims of Malabar. According to the women Muslim healers they used to suggest doing *Nercha Neruka* as a part of their healing practice.

Nercha Neruka or Nercha Kodukkuka

Nercha is basically used to depict a situation when something is being offered to God/ *Auliya/ Shuhada/* Deities etc. Offering however, can be of any other sort, which means that if something is being offered to some other people too. *Nercha* is the appropriate word used among people in Malabar. All the women healers use *Nercha Neruka* or *Nercha Kodukkuka* as their part of healing practice. People used to do *Nercha* for various purposes, which are including for health, prosperity, success, education and family life etc.

Fathima one of the women healers in this study explained that;

Allah has categorized all his creatures in different levels. According to him each and every one has its own position and importance in the world. Malak, Jinn, Shaitan, Ibleese

and human beings are some of the important creatures of Allah. However, among human beings some people are much closer to the Almighty and he has blessed them with some supernatural powers and abilities (See Chapter IV). Those people are commonly known as Auliya/ Shuhada/ Thangals among people in Malabar. Hence, I used to suggest people do Nercha to their Makhams/ Jarams nearby and their blessings would help them cure from health problems. (Fathima, 18/12/2018).

Another women healer Rasiya mentioned that;

...with my treatment I suggest they to do Nercha to Mamburam Thangal. His Karamat will save us from various health problems and other problems... (Rasiya, 18/05/2019).

Amina and Khadeeja, the women healers in this study narrated as;

...Dharmam Thala Kakkum (Nercha will protect) is a common usage among us. People used to do Nercha for various purposes. According to the treatment I would suggest them to do Nercha to various Makhams in Malabar. Usually, I suggest to my patients to offer eatables, dress, or money to the Makham or Jarams of Auliya or Shuhada... (Amina, 20/04/2019).

...I told Naseema to give something to any Yatheem in her locality. It will help in her treatment. (Khadeeja, 06/12/2018).

...while treatment is going on I told her (a patient) to do Nercha to any of the Kali temple in her locality... (Jameela, 06/05/2019).

The above narratives show that the women healers are suggesting to their patients to do *Nercha* to various *Makhams* or *Jarams* in their locality. The *Auliya* or *Shuhada* in that particular *Makham* or *Jaram* will protect them from all kinds of problems. Most of the people do *Nercha* to the *Makham* for attaining *Barakat* of the *Auliya* and *Shuhada*. Apart from doing *Nercha* to *Makham* or *Jaram* people are suggested to do *Nercha* to *Yatheem*²⁶ or poor people in their (Patient's) locality. They strongly believed in the supernatural powers and *Karamat* of *Auliya* and *Shuhada*.

Veneration of Auliyas/ Shuhada/ Sheikh and Deities in the Healing Process

The above-mentioned narratives and chapter four reveal that the role of *Auliya/ Shuhada* and Deities in the process of healing and lives of people in Malabar. Chapter four already explained the origin and spread of Sufism and its characteristics in Malabar region, Kerala. It shows that

²⁶ Orphan

the people of Malabar always exhibited humility and respect towards *Auliya/ Shuhada/ Sheikh*. The layman used to visit them to attain *Barakat* and it's become part and parcel of people in Malabar. Similarly, they also show a special esteem to the *Shuhada* (Martyr). They believe that *Shuhada* or the *Shuhadakkal* died in Jihad. Mamburam Thangal, Yahum Thangal Paappa (Puthiyangadi), Kunhi Rayin Paappa, Idiyangara Sheikh (Idiyangara, Kozhikode), Sheikh Kunhi Mohammed Musaliar (Perumpadappu Puthanpalli, Ponnani), *Bhagavati, Kali, Kutti Chathan* and Bhairavan are the major *Auliyas/ Shuhada/ Sheikh* and Deities in the Healing Process of women healers.

Mamburam Thangal

Mamburam Thangal is one of the important members of a remarkable family in Malabar and his *Makham* is considered as the most important pilgrimage in South India. He is known for his *Karamats*. He showed his *Karamats* through various ways which are dividing the sea and walking on water, shrinking the distance of the places, exchange of liquids, speech of lifeless matter, curing diseases, animals obey the orders to them, shrinking and increasing the span of time, getting answers soon after the prayer, predicting the hidden matters, showing patience without eating, drinking etc., seeing the long sight even from behind the curtain, accepting different body structures, knowing minerals of the earth, writing a number of books in a short period, to free from the effect of poison etc. (Farsana, 2016). So he became widely accepted among people in Malabar. Apart from that Mamburam Thangal and his family played an important role in the Mappila Muslim History in Malabar (Sathar, 2012). Irrespective of caste, class, religion and gender people believed in *Karamats* of Mamburam Thangal on ability to cure illness, disease, pest and even mortal wounds with a touch of blessing. Shareefa Beevi talked about his *Karamats* as:

Mohammed Haji is a poor layman in Tanur. He had four daughters who reached adulthood. He didn't have money for their marriage. So he decided to go and meet Mamburam Thangal to talk about his dilemma. After a few days he met Mamburam Thangal and explained about his problems. Then Mamburam Thangal told him to get ready for a journey. He suggested going and meeting Jaar Mohammed in Calcutta and he had given some money for the journey. At the same time Thangal had given some sugar in a jar and told him that it has a medicinal value and it will be useful in your journey. Mohammed Haji started his journey from Bombay by ship. He had been humiliated by his co-travelers for his shabby appearance. Although, he had continued his

journey. In between one of his co-traveler was suffering from a severe stomachache and he was crying for that. At that time he had given a pinch of sugar, which was given by Mamburam Thangal to him. His co-traveler becomes fine after eating that sugar...Then he reached Calcutta and was searching for Jaar Mohammed. Finally, he met Jaar Mohammed at his residence. Jaar Mohammed was a billionaire in Calcutta. He had many businesses at his place. Unfortunately, for a few years he has been suffering from mental illness. Mohammed Haji enquired all about Jaar Mohammed and tried to talk to him; but it became a failure. Then he decided to give 'Sugar' to Jaar Mohammed for his mental illness. Mohammed Haji treated Jaar Mohammed with that sugar. He got over from mental illness. Jaar Mohammed became fine and happy; he had given so many gifts and money to Mohammed Haji.

Hence, people believe in his *Karamats* and used to do *Nercha* to Mamburam *Makham*. According to the women healer's people offer a bunch of plantains, black pepper, coconut oil and pieces of silk. However, according to the financial ability rich people offer rice and sugar sack, liters of coconut oil and money for the maintenance of *Makham*. People do *Nercha* both as a part of their healing process and to attain *Barakat* as well. Similarly, for the precaution they used to offer silk, flags made of pieces of silk, coconut oil and the holy text. The people who visit the *Makham* will get coconut oil and a small pack of rice and black pepper. They believe that coconut oil has the power to heal health problems. While visiting the *Makham* people will recite the Quran in the name of Mamburam *Thangal*.

Yahum Thangal Pappa

Yahum *Thangal* of Puthiyangadi palli is an important *Auliya* in Malabar. His *Jaram* situated in B. P Angadi of Malappuram district. People in Malabar strongly believe in his *Karamats* to heal various health issues. Hence they used to do *Nercha* to *Jaram*. Generally people offer a bunch of plantain to the *Jaram*. *Jaram Moodal* is the major ritual practice people used to do while visiting the *Jaram*. For that either people might bring silk cloth or give money to the Usthad who stands there to do this *Jaram Moodal* ritual. The Usthad who prays with the silk cloth and round his/her head with that silk then covers the sepulcher of Yahum Thangal Pappa. This process is known as *Jaram Moodal*. According to the women healers as a part of their healing process they used to suggest the ritual of *Jaram Moodal* at the *Makham* of Yahum Thangal Pappa. This is to get *Barakat* of the *Auliya* in the healing practice.

Mulla Beevi explained about one of her patients as:

Navas, from Purathoor of Malappuram has strong belief in abilities and Karamat of Puthiyangadi Thangal Pappa. Once he came with his daughter who lost her voice a few days later. I looked at her Abjad and prescribed treatment for her and part of that I told him to do Jaram Moodal at Puthiyangadi Makham and pray for her betterment. As I said he has done Jaram Moodal at Makham. He got coconut oil from the Makham and told him to apply this oil on her tongue. They applied for it and after a few days she got back her voice (Mulla Beevi, 08/10/2018).

Idiyangara Sheikh

Sheikh-Shamsuddhin-Mohamad-Bin-Alauddin-Al-Himsi lived in Kozhikode during the 16th Century CE. He is widely known as Sheikh in Malabar region and he has constructed the Masjid in 1551, at Idiyangara, Kozhikode. Hence, the Masjid/ *Makham* are widely known as Idiyangara Sheikh Masjid. Irrespective of caste and creed people do worship at *Sheikh* of Idiyangara. They do *Nercha* for various purposes, specially the Masjid, gives a peculiar picture of healing. People offer appam; the baked sweet rice cakes to the Sheikh for any kind of diseases. During the annual commemoration festival people visit the Masjid and preset cultivated crops along with cloths and other offerings to the Masjid. Apart from these, people also offer miniature forms of the human body and organs to the Masjid.

Sheikh Kunhi Mohammed Musaliar

Sheikh Kunhi Mohammed Musaliar of Perumpadappu Puthan Palli *Jaram* is eminent *Auliya* in Malabar. This *Jaram* is situated at Perumpadappu of Malappuram. He was born and brought up in an agricultural family. He learned Kithabs from a scholar. Then he moved to Panoor dars and he learned from there. Gradually he started to show his *Karamats* and he became famous in Malabar. He was known for his *Karamats* and became part and parcel of people in this region. Mainly, he has been treated for poison.

Mulla Beevi explained as:

Once Sheikh Kunhi Mohammed Musaliar planned to visit the Holy Mecca; but the people who strongly believe in his Karamats cannot adjust with even his absence during his journey to Mecca. Even so, he strongly stands with his decision itself. Then he took a glass of water and chanted and whiffed air upon it; then told them to pour that water in the well of PuthanPalli. Later, he said 'you can use/ drink this water for medicinal

purposes'. Even now people drink this water for various illnesses including poison and people get over it (Mulla Beevi, 08/10/2018).

So, irrespective of caste and creed people believe in *Karamats* and supernatural powers of these *Auliyas* in Malabar. They visit the *Makham/ Jaram*, do *Nercha* and various rituals are become very common among people.

Ritual Recitation of Moulid, Manaqib and Mala

Recitation of *Moulid* and *Manaqib*²⁷ of Prophet Mohammed and his family, *Auliya*, Sheikh and Shuhada are integral part of Islam in Kerala. Through *Moulid*, *Manaqib* people praise the pious personalities. The hagiographies of the pious personalities are written in both Arabic and Arabi-Malayalam, which show the emotional attachment of the people towards such charismatic figures. People do believe that ritual recitation brings immense *Barakat* in their life. They do prayer to Allah through the intercession of their *Auliya/ Sheikh/ Shuhada* and they believe that it makes them closer to Allah. Furthermore, reciting and sharing virtues of pious personalities are considered as good deeds and it brings prosperity, cure disease and hardship etc.

Similar to *Moulid* and *Manaqib* people recite *Mala* in everyday life. *Malas* are devotional songs written in Arabi- Malayalam in which praise of miraculous life and *Karamats* of the masters of various Sufi orders. *Mala* is very much popular among Mappila Muslims of Malabar because it's written in vernacular language; there are many local idioms and similes are used in the *Malas*. *Muhyidheen Mala* is the most popular *Mala* among people in the region. Moreover, *Muhyidheen Mala* played an important role in the proliferation of many rituals and practices among people in Malabar. On the other hand, people recited these *Malas* for various purposes; specifically *Malas* were chanted to ward off diseases and to cure health problems. *Malappuram Mala*, *Mamburam Mala* and *Manjakkulam Mala* are some other popular *Malas*; among these *Manjakkulam Mala* was recited to cure mental illness, ward of smallpox (during 16, 17 and 18th century) and protection from thieves. The *Mala* tells that:

²⁷ *Moulid* and *Manaqib* are hagiographical description of Prophets, *Auliyas*, *Masthan*, *Shaheed* and so on prepared or composed for recitation because those people are considered as blessed one having special grace called *Barakath* of the God. So according to popular belief among Muslims in Kerala praising these personalities would cause for prosperity, cure disease and hardships and protect from all troubles.

If you recite this Mala

You will be relieved from

The witches of smallpox

The moment, you complete recitation (Manjakkulam Mala, 1970).

Gods and Deities in the healing Process

There are many deities used in the process of healing and *Mantravadam* among people in Malabar. According to Kattumadam Krishna Kumar, one of the chief deities in many of *Mantravadam* and the healing is *Badrakali*. People believe that the *Badrakali* might have appeared in different forms such as *Chamundi*, *Durga*, *Chudala Kali*, *Karimkali* and *Rudhirakali* etc. However, all these local names are connected to *Badrakali* through some local narratives and myths. And the names of deities are originated out of four Varnas. *Chathan*, *Chundalayandi*, *Chamundi*, *Neeli* are still worshiped among the various communities of Malabar. The astrologers sanskritized some names of deities as *Pilla Marutha* into *Balapradkshni*, *Ummama Chathan* into *Unmadha Bhairavan* and *Choor Marutha* into *Raktha Rakshas* (Gopal, 2008). The communities like *Panar*, *Parayar* and *Pulayar* are still using these deities for practicing *Maranam/ Aabhicharam/ Odi* in Malabar.

According to Narayanan Poojari (2018), there are many deities (*Manthramurthy*) used for healing practices and *Mantravadam* in Kerala. *Karimkutty*, *Raktha Chamundi*, *Bhairavan*, *Hanuman*, *Kutty Chathan* are the most important deities for *Mantravadam*. Even though, the chief deity of *Mantravadam* and healing practice is *Kali*. On the other hand some of the families who are practicing *Mantravadam* and healing worshipping *Kutty Chathan* as the important deity for their practice. In Kerala, the Kalakkadu family is worshipping *Kutty Chathan* for their practice. People believe that *Kutty Chathan* comes from Kalakkadu Mana. There are some other stories related with the origin of *Kutty Chathan* existing among people. One version is that *Kutty Chathan* is a gift of God Mahadeva to Kalakkadu Nambuthiri who does not have children. On the other hand, another story is that *Kutty Chathan* is Nambuthiri own child born to a Paraya woman. However the Nambuthiri had rejected parenthood; because he belonged to the lower caste. The story and myths go like that. People believed that after *Kutty Chathan's* death, he was

reincarnated as a servant boy in the Kalakkadu family. He has become powerful and did many miracles. Then he has become a chief deity of *Mantravadam* and healing practices of this family (Gopal, 2008).

According to the problems people meet the healers for their problem. There are three families practicing *Mantravadam* and ritual healing in Kerala which are Kalakkadu, Kattumadam and Kallur; two are in Malabar and other in the state of Cochin (Menon, 1986). On the other hand, there are many other people who learned and practiced in Kerala. The communities such as *Malaya*, *Panan Paraya*, *Vannan* and *Velan* are well known for their *Mantravada* healing practice. According to Kattumadam Krishna Kumar (2018) they use Satvic practice of *Mantravada* in healing in which they avoid the practice of sacrificing animals, secret contrivance (*Koodothram/ Maranam*). However, *Mantravadam* and healing practice of *Malaya*, *Panan*, *Paraya*, *Vannan* and *Velan* included animal sacrifice, *Maranam* and *Odi*. While analyzing the process of *Mantravadam* can find out two traditions of *Mantravadam*, which are Brahmanic and Non-Brahmanic traditions. For example, in Non- Brahmanic tradition they used '*Guruthi*' which means animal sacrifice as part of the rituals and practice. However, in Brahmanic tradition for *Guruthi* they mix turmeric powder and other powders used for pooja to create red water which symbolizes blood (Kattumadam Krishna Kumar, 2018).

Kunjuraman, a *Theyyam* artist and ritual healer from *Malaya* Community talked as;

We treat people for mental illness by using Mantra, Kriyas (Avahana Kriya) and some medicine. The types of Mantra used for practice would vary according to the nature of illness or problem...they come to us mainly to alleviate their mental illness/ conflicts and sorrows in everyday life. On the other hand some other people came with financial problems. (Kunjuraman, 22/10/2018).

They treat according to the nature of problems. Kaladan Narayanan Poojari (2018) mentioned that their healing process is always teamwork. It includes a *Mantravadi*, *Jyothsyan* and a *Vaidyan*. Most of the times, three of them work together in the healing process. The *Jyothsyan* has an important role in the process. He is to diagnose the problem with the help of astrology. Later, the people will either meet the *Mantravadi* or *Vaidyan*. On the other hand, sometimes the same person carries out these three roles in the healing practice. The above mentioned rituals are used by the healers in their healing process. Rituals, worshipping *Auliyas/Sheikh/Shuhada*,

Bhagavati, Kali and *Kutty Chathan* are included in this process. Apart from that there are some other art forms or ritual performances that are included in the process of healing. The healing tradition always lies in rich art forms and performances in Kerala and there are many ritualistic art forms and performances, which have an important role in the healing process and it acts as one of the methods in the process.

SECTION II

Ritual art forms and performances related to the healing practice

The cult of Theyyam

Theyyam is a traditional ritual practice of North Malabar. Unlike many other rituals, it has a high socio-political significance in the village life of Kerala, and it is highly conditioned by myth. They worshipped and performed as *Theyyam*. For them, *Theyyam* is everything; which are directly or indirectly linked to their deities in villages. The people perform *Theyyam* as an indispensable part of their religion, politics, and magic and observe it as their guide, protector, and preceptor. People believe that *Theyyam* possess great power, which is at once inhuman and divine. Its range brings destruction and its fondness gives prosperity. Hence they consider *Theyyam* as their creator and destroyer. The ritual and customs throw lights on the interrelationship between socio-cultural and religious life of people. So *Theyyam* performance and worship of deities are still prevalent in various parts of North Malabar.

People see and adore *Theyyam* as God/ Deities; however the performance is only a part of *Theyyam* worship. All the *Tharavad* in North Malabar worship one or more *Theyyam* as their family God / Deity. According to Calendar or the organizers convenience they organize the performance. From the beginning to the end the performance incorporates various rituals. Further, it includes dance, music, literature, eloquence, facial writing, engraving, caring and a belief system. The performance brings and maintains a network of social relationships in Malabar. The ritual performance is believed to bring about well being for family and society. Irrespective of caste and creed most people of Malabar participate in the worship of *Theyyam*.

Theyyam is one simple manifestation of entire complex socio-cultural and religious values in this region (Freeman, 1991).

All the Hindu castes worship and believe in *Theyyam* and the abilities of their deities of who takes the form of *Theyyam*. The communities like *Malayan, Vannan, Velan, Pulayan, Anjutan, Munnutan, Mavilan, Chingathan, Kopalan, and Karimpalan* are performing *Theyyam*. *Malayan* and *Vannan* are the chief performers of *Theyyam* and the important factor is that the high castes Hindus never perform *Theyyam*; however they make arrangements for the performance, and pay their devotion to it. According to *Theyyam* artists, 300 to 500 forms of *Theyyams* are performed all over North Malabar. On the base of sex the *Theyyam* categorized into two; which are *Ann Theyyam* (male) and *Penn Theyyam* (female). The female also known as *Amma Theyyam*, are the dominant ones, at least in number.

According to the myth of origin and *Thottam Pattu*²⁸ it is divided into several classes. God, Goddess, Ancestors, Hero and Heroine, Spirit and *Devils*, Nature and Animals are the five categories (Damodaran, 2008). Gods and Goddesses as well as the local deities are worshipped through in the form of *Theyyam*. *Madayila Chamundi, Raktha Chamundi, Vishnumurthi, Pottan Theyyam* and *Bhairavan* are also some examples of it. Furthermore, incarnations of Lord Vishnu, Shiva and Goddess Parvathi are also worshipped in this form. Similarly, ancestor worship, belief in soul and its immortality is believed among people in Malabar. People strongly believe in the blessings of ancestors that are most needed for the success of human life; so this belief is very much common in this region. Hence, ancestor worship as *Theyyam* is common here and performing *Kudiveeran Theyyam* is an example for that. In the same way, the invisible and super human powers and spirits are also worshipped in the form of *Theyyam*. *Eri Chudala, Kuli Theyyam, Kandakarnan* and *Pulamaruthan* are the *Theyyam* performances at various sacred centers. The *Theyyams* such as *Vishnumurthi* and *Madayil Chamundi*, worship nature and

²⁸ *Thottam Pattu* or *thottam* songs are the anecdotes of the deity which are recited in the form of a song with the accompaniment of *Chenda*. In Malayalam, *thottam* literally means feeling, creation etc. These songs can be considered as hymns with different outfits and accessories; they wake up the goddess and conjure up the spirit in performers' bodies. *Thottam* can at the same time be the performer too. Before the actual performance of the *Theyyam* with accessories and clothes on, the performer appears in front of the shrine and sings. This is called the *thottam* of the respective *Theyyam*. To reach the final *Theyyam* form he has to undergo this procedure. (Leela, T K, 2016).

animals. In the final category, the heroes and heroines are worshiped in the form of *Theyyam*. *Karimkutty Chathan*, *Uchitta* are some of the examples.

Apart from the above mentioned categories, there are some Muslim characters, which are also included in the *Theyyam* performance. *Kalanthan Mukri Theyyam*, *Ali Theyyam (Alichamundi Theyyam)*, *Ummachi Theyyam*, *Bappiriyan Theyyam*, *Mukri Theyyam*, *Koyikkal Mammad Theyyam* are the most popular Muslim *Theyyams* in Malabar. In this ritual performance, Hindu performer dresses as a Muslim Character, adorns cap and artificial beard, and who after doing *Wulloh*; read out some Quranic verses and performing *Namaz*. Later he becomes one character in the entire ritual performance. The village people gather in the shrine/ temples or in front of the family to see and to get blessings from the *Theyyam*. The *Theyyam* speaks to the villagers and solves their issues by giving different solutions and villagers obey him believing it as God's version. It shows that the followers of Islam are closely associated with its functional aspects and made it a deep rooted in thousands.

Ratheeb

Ratheeb is one of the popular Sufi rituals, which are widely practiced among Mappila Muslims of Kerala. Each Sufi school has their own *Ratheeb*, which is a collection of *Aurad* or *Adkar* composed or compiled by the concerned *Sheikh/ Khalifa/ Saint*. They perform the *Ratheeb* in an appointed time and space with a group of people. *Mohiyiddin Ratheeb*, *Rifai Ratheeb*, *Shadili Ratheeb*, *Haddad Ratheeb* and *Jalaliya Ratheeb* are still very popular among Mappila Muslims of Malabar (Kunhali, 2004). The main item in the *Ratheeb* is to recite *Dikr* loudly and full involvement in it. Firstly the leader would recite *Dikr* loudly and the gathered people would repeat it and would complete the numbers as per the advice of the Sheikh. There are two kinds of *Ratheeb*- *Ratheeb* consisting only of *Adkar* (sing. *Dikr*) and *Aurad* (Sing.wird) and the other types are *Daffu Ratheeb* and *Kuthu Ratheeb*. *Adkar* is also known as *Byth*. In the *Daffu Ratheeb*, a group of people would stand in two rows and they would hold *Daffu*-it's a kind of drum in their left hand that would be beaten rhythmically and reciting the *Adkar*. The *Adkar* is also known as *Byth*. In the *Duffu Ratheeb* the *Adkar* is composed in the form of verse. On the other hand, in *Kuthu Ratheeb* they use knives, sticks, dagger and sword for performing the ritual. And the ritual includes piercing the parts of one's own body like tongue, ears and stomach. The ritual performers strongly believe that due to the blessings and piety of the *sheikh* and the Almighty

will save and secure them from wounds. The performers should practice *Namaz* accordingly. *Kuthu Ratheeb* is popularized by the followers of *RifaiTariqa*'s.

*Ratheeb*s like *Haddad Ratheeb* and *Mohiyudheen Ratheeb* are also being conducted in the mosques and various parts in Kerala. The major attractions of the *Ratheeb* is the rhythmic recitation of the *Adkar*. 'Hu HayyunYaHayyu', 'Hu Hu Allah', 'Ha Hi Hu Hayyun' is 'the repeated *Dikr* chanted in the *Ratheeb* and the performers would take different postures such as standing, jumping and sitting while performing *Ratheeb* (Muhammed, 1992). Slowly they will start and move their body hastily and when they reach in a position of ecstasy and behave like an insane person.

Shadili Ratheeb mainly conducted by the followers of *Shadili Tariqa*. Different parts of Calicut and Kannur have a large number of followers for *Shadili Tariqa*. For performing *Shadili Ratheeb*, the Khalifa makes stand the other performers in a circle and he will lead the *Ratheeb* and stand inside the circle. The performers standing in the circle hold their hands each other and recite *Dikrs*. Later, according to instructions of the Khalifa the performers move slowly by chanting *Dikrs* and gradually the speed of movement would increase. The rhythmic humming of *Dikr* and jumping by holding hands by the performers is the important feature of this *Ratheeb* (Khaleel, 2020).

Pulluvan Pattu

Pulluvan Pattu is a widely performed ritual in Kerala. A *Pulluvan* is a male member of a lower caste named *Pulluvar*. The literal meaning of *Pullu* is a bird of omen. The term must have meant a person who can predict from the sounds of birds. In Kerala, there are many subdivisions within the *Pulluvar* community which are mainly categorized into two; *Nagampatikal* who sing snake songs and *Pretampatikal* who sing ghost songs. The *Pulluvar* community of Kerala is closely connected to the serpent worship. One group among the community considers the snake gods as their presiding deity and performs certain sacrifices and sings songs. This is called '*Pulluvan Pattu*'. This is performed in the houses of the lower castes as well as those of the higher castes, apart from *Kavu*/ serpent temple. As part of the healing process or treatment people practicing *Pulluvan Pattu*. Mostly, for removing '*Sarppadosham*' and satisfying serpent they are doing it.

The musical instruments used by the *Pulluvar* are Pulluvanveena (an on stringed violin), Pulluvankutam (earthenware pot with on string attached to it) and *thaalam* (bell-metal cymbals). These instruments are made by the *Pulluvar* themselves. The *Veena* is made out of a hollow bamboo stick, wood shell and vegetal or brass wire. The *Veena* is played with a small arrow made out of a piece of bamboo. The *kutam* is made of a pot on whose bottom a hole is bored with calf skin attached to the hole. Two small holes are made on the side where the skin is attached, and a string is tied to it. The other end of the string is tied to the end of a long stick. On the side where the string is attached to the stick is placed a small splint to elevate the stick. In order to restrict the movement of the stick, the other end is stamped down by the foot of the player. The string is called *theru*.

The song conducted by the *pulluvar* in serpent temples and snake groves is called *Sarppapaattu*, *Naagam Paattu*, *Sarpam Thullal*, *Sarppolsavam*, *Paambum Thullal* or *Paambum Kalam*. The main aspects of this are *Kalamezhuthu* (Drawing of *Kalam*, a ritual art by itself), song and dance. The serpents are worshipped in front of the *Kalam* and are offered *Noorum Paalum* (Lime and Milk). After the pooja, the head of the family, which conducts the *Sarppam Thullal* gives bunches of areca flowers to the performers who start dancing rhythmically. They are supposed to represent the serpent gods, who accept offerings and grant boons to the devotees. The intensity of the dance heightens gradually. It is believed that prophecies, which the dancer gives at the point of heightened intensity of the dance usually comes true. They fell on the floor in a trance and rubbed off the *Kalam* at the end. This ritual is widely performed throughout Valluvanad.

Sarpam Thullal

Sarpam Thullal is a ritual performance done to appease and soothe the snake Gods and Deities thereby bringing prosperity, health and wealth to the family. Many offerings are made to the snake gods and deities as part of this ritual performance. For this, a colorful *Kalam* drawing on the ground using different color powders in the courtyard of the house and in the *Kalam* featured by *Nagayakshi* and *Ashtanagakkettu*. Two girls are made to sit in front of this *Kalam* and with the complement of musical instruments such as *Pulluvan Kudam*, *Pulluvan Veena* and *Ila Thalam*, they sing songs. They will praise the snake Gods and Deities in the song. *Sarpam Thullal* is basically performed by the *Pulluva* community of Kerala. The *Pulluvan* (male member of the *Pulluva* community) and the *Pulluvathi* (Female member of the *Pulluva* community) sing

songs during this performance. While progressing this performance, both girls get captivated by the rhythm and atmosphere and begin to make serpent- like movements and in the final stages of the trance like dance is a violent frenzy of rhythmic fervor in the end of which the girls 'erase the Kalam with Flower bunches. People strongly believe that doing *Nercha* to the Kavu and conducting this ritual performance will bring prosperity, health and wealth to the family. Apart from these, this ritual presumes as a preventive mechanism for '*Sarpadosham*'.

Chathan Kali

This is a ritual performance prevalent in various parts of Malappuram district of Kerala. *Chathan* is a village deity worshiped in various parts of Kerala. In this performance, grab *Chathan* and they dance with the instrument like *Chenda*. For this, dancers will carry two short sticks in both hands and click these two-make rhythm. Further, a particular kind of *Chenda* is also used for the background rhythm and each dance sequence lasts for ten minutes. A linen cloth and a jingling bell round the waist, a heavy clanking anklet and on the head, a headdress made of areca nut base and tender coconut fronds make up the costume. A face mask of areca nut frond base, with an exaggerated nose also adds to the beauty of this art form. Generally, this ritual is performed during daytime. People in Malappuram perform or conduct *Chathan Kali* to appease the *Chathan*. They believe that while doing so they can be protected by the *Chathan* or wrath/ curse of *Chathan* did not affect their family.

Pootham Kali

Pootham Kali is an art form performed in the *Bhagavati* temples in Malappuram district of Kerala. Usually people from *Mannan* the community perform *Pootham Kali* in temples. The *Mannans* are basically washer man community in Malabar; but they do practice healing as well. *Pootham* is the main character who accompany Durga in her fight with *Darika Asura*. Usually there would be three people in this performance. For this, three of them will undergo a week of austerity before the performance. For this performance they wear colorful and intricately designed masks made of *Pala* and *Murukku* trees. Thudi is the major musical instrument used in this performance for rhythm to dance and which is usually rendered at night. Furthermore, the performers wear a right fitting sash and tie jingle bells on their ankles and the performance lasts for fifteen minutes, which starts slowly and works up to anger towards the end.

SECTION III

Symbols in Rituals and Ritual Performances

The people in Malabar are highly associated with the socio-cultural and religious life through a set of symbolic actions and rituals, which are associated with belief (Mahapatra, 1985). As Mahapatra said symbols and signs are the language of all civilizations. One cannot think without symbols. The same is very much true in the case of people in Malabar, their socio-cultural and religious life. There are many symbols and signs that are enough to express their religious feelings and experiences through rituals and performances. On the other hand, all these rituals and performances are symbolic representation of human life. The above-mentioned section explained various rituals and ritual performances related with healing practices of the women healers in Malabar. Each and every ritual and ritual performances use plenty of symbols and signs. According to Fawcett,

Symbols are not created but born out of life. They do not come into being as a result of man's creative imagination. The symbols of darkness, light and water for example were given to a man with his existence in the world. Symbols appear to be built into man's experience. As such man's symbol making capacity is universal and certain symbols are universal. (cit. Pallath 1995:12).

Hence, the women healers and people observe a universal nature of symbolism in their rituals, performances and healing practices. Oiled lamp, water, fire, coconut, betel leaves, areca nut, flags, joss stick, Frankincense, Oudh perfume, lime, turmeric powder, *Appam*, knife, rice, black pepper are the major materials used by the women Muslim healers in various rituals related with healing practice. Each and every material has its own symbolic value.

Water is an important element in the ritual healing practices. Joelle Allouche- Benayoun, writes that "the rites of water embody the passage from the profane to the sacred, the passage from the 'outer' to the 'inner', the passage from the state of nature to the state of culture. But above all... (They) seem to be a symbolic way of casting out the existential anguish inherent in the thinking human being" (Benayoun, 1999). Similarly, it has the role to purify body and space. Hence each and every women Muslim healers do *Wulloh* before each and every rituals which they do in their healing practice. Various hygienic aspects among people in Malabar already discussed in the

previous chapter. On the other hand, the *Zam Zam* water plays a vital role in their healing. They chant various *Ayaths* and *Sooraths* and whiffed air into the water and give to the patients. According to the women Muslim healers *Zam Zam* itself is a medicine for various problems. It is considered sacred and has medicinal value. *Kindi* is another material used in the healing process. Golden and silver *Kindi* is a water vessel commonly used in Malabar. For ritual purposes they filled it with either water or sacred water (*Zam Zam*) to ensure the ritual purity in the healing practice.

Frankincense, perfume and fragrance have formed a vital role itself in the cultural setup of Malabar as they are part and parcel of rituals. The rituals stretching from birth to death and they were an unavoidable part of it. The use of perfume and fragrance reveal its important role and dimensions; which are symbolic and hygienic. The women Muslim healers used perfume, *Oudh* and Frankincense to bring the divinity and exclusiveness in the healing space. They want to keep a divine and hygienic environment in the healing space. They use it for the moral satisfaction of the God/ Goddess. Similarly, a combination of herbs and incense and scents were used to awaken their God/deity or please the divine body of the saints (Guiley, 2006). The smell featured predominantly in all aspects of life, ill health and well being as removing filth; physical, moral and verbal (Corbin, 1986).

Pepper is a major component in various ritual healing practices. People used it not only in the food preparation as widely practiced, but also used it for various rituals. Irrespective of caste and creed people offer pepper to Puthiyangadi *Jaram* for prevention from chickenpox. It is widely practiced among people in Malabar. On the other hand it is used as an important component in the incense making for various rituals. *Guruthi* is a ritual process also commonly known as *Kuruthi* among people in Malabar. In the process of *Guruthi* the healers satisfying the need of God/ Deities through sacrificing animals and offering the blood to the God/ deities. According to the healers *Guruthi* divided into two; which are *Uthamam* and *Madhyamam*. In *Uthamam*, they mix lime and grinded turmeric in a copper bowl of water, which produces red colored water and the red colored water considered as blood. Later, they offer the red colored water (blood) to the God/Deity. However, in *Madhyamam* they offer fowl and its blood to the God/ Deity in *Guruthi*. At the same time the actor makes a wound in his figure and mixes that blood into that water and

also offers it to the God/Deity. It symbolizes the human sacrifice to the God/ Deity among people and widely still practicing in Malabar (Nair, 2010).

Symbols in Theyyam Performance

The people worship their deities symbolically through *Theyyam*. As I mentioned earlier each and every *Theyyam* represents their respective deity and it has its own appearance, which include the *Mudi*, facial and body decoration, weapons, offerings and sacrifice. Then, the whole performance of *Theyyam* expresses symbolic meaning. Similarly, the facial drawing in *Theyyam* itself symbolically represents many animals and flowers. *Kozhipushpam*²⁹ and *SangumValum* are examples of that. Furthermore, various symbols in body decoration reveal certain meanings in *Theyyam*. The drawing of artificial bosoms represents the feminine character of particular *Theyyam*. According to their myth and character they do facial and body decoration. The scars of bruise of *Karimkutty Chathan Theyyam* represent the marks, which it had received from the beating of his master. Similarly, the performer draws and paints winding serpent on abdomen and chest in *Kandanar Kelan Theyyam* and according to nature and form the *Theyyam* performer wear silver nails. In addition, in *Theyyam* performance the performer uses various types of weapons. People believe that each deity has their own weapons. *Sangumvalum*³⁰ is another drawing which means shell and tail. Hence, the weapons denote the present of particular deity and they believe that weapon as the symbol of protection and security.

On the other hand, there are many other material things involved in the *Theyyam* performance and it has a symbolic value. For the performance people used to offer many things such as coconut, rice, fried paddy, betel leaves ripe areca nut etc. All these are representing their agrarian life of the past. Through these people trying to fulfill the desire of their deity. Similarly, *Guruthi* is an inevitable part of these performances. People believe that through the blood oblation to God and Deity, they can please and get blessings from the God/ deity.

Fire, lamp and water are also symbolic significance of the *Theyyam* performance. People use a lighted oil lamp not only in the *Theyyam* performance but also every auspicious occasion in their life. People believe that the lighted lamp symbolizes the clear mind of the deities. Water is also

²⁹ kid of drawing in Theyyam which reveals Kozhi (fowl)andpushpam (flower)

³⁰ Sangumvalum is another drawing which means shell and tail.

an important factor in the *Theyyam* performance. It has the role of purification of the centre. Before commencement of the performance the sacred centre will be purified with water. Similarly, the performers have to take a bath, or wash face, legs and hand before the performance. It symbolizes the purity which they have to maintain in the performance and the sacred centers.

Conclusion

The aim of the chapter was to highlight the various rituals and ritual art performances related with the healing practices of the women Muslim healers. The chapter found that there are various types of rituals and performance and are widely practiced with healing. *Uzhinju Mattal* or *Ozhippikkal*, *Muttarukkal* and *Nercha kodukkuka* or *Nercha Neruka* are the major rituals related with healing. According to the health problems/ issues the women healers are diagnosing and prescribing the rituals and performances. There are various *Auliya*, *Sheikh*, *Shuhada*, local Gods and Deities who are involved in the rituals and performances. People believed that the wrath, anger or fury of the Gods/ Deities could create various problems and health problems to humankind. So it is important to satisfy the needs of Gods/Deities in everyday life. Hence, they strongly believed that pleasing the saint/ Gods/Deities helps them to maintain health and prosperity in their social life. Apart from that *Karamats* and blessings of these saints, Gods and Deities essential in their healing practices. Similarly, the narration of women healers and performers show that the crossroads between Hindu- Muslim beliefs and rituals. Irrespective of caste and creed they are being part of various rituals, festivals and *Dargahs* in Malabar.

Additionally, the chapter explored the symbolic significance in rituals and ritual performances. According to the women Muslim healers and performers there are many material things played a vital role in each rituals and performances. Each and every material has its own symbolic nature and value in the ritual and performance. People consider each material in ritual as sacred and pure. They believed that it has a divine touch. Similarly, people offer various materials to the *Dargah/Makham/Jaram* and temples/ *Kavu* according to their purpose. According to their beliefs the offering materials has a symbolic value in the healing practice and also has a healing power.

CHAPTER VII

WOMEN AS HEALERS

“Cultural myths from around the world describe a time when only women knew the secrets of life and death, and therefore they alone could practice the magical art of healing” ---
(Achterberg, 1991).

The tradition of women in medicine spans from ancient period to the present. They are influenced by the socio-religious and scientific aspects in which they lived. Many studies show that women have always been healers in various societies (Wynn, 2000). They were the unlicensed doctors and physicians in many societies. They have been faced with fluctuation in their status and role in different stages of their journey. However, as we know, society is hierarchical, patriarchal and patrilocal hence, each and every member of the family is to the patriarch who is considered the family head. The head of the family (father), who holds the power and authority and the decision maker of the family, may not be questioned in the structure. Gender segregation is very common among Mappila Muslim community of Malabar. Women are expected to fulfill certain roles in their daily life; as mothers, daughters and wives that determine their identity and status in the society (Giveon, 2009).

Similarly, the spaces of healing were also male dominated. Only male members are the healing practitioners in Malabar region especially among Mappila Muslim community. However, gradually the women healers, who know the beat and secrets of life, enter into the space of healing in Malabar. All ten women healers had faced many difficulties in the initial stages of their practice. All of them continuously assert and reassert their authority to sit as healers in Malabar. Gradually they got acceptance and recognition by the people in various parts of the state and even outside. I had already explained their journey as healers in the previous chapter. However, in this chapter, focus is on bringing into fore the aspects of various dimensions on women as healer, their power and authority as a healer, relationship between other healers in the society and the crossroads between Hindu and Muslim healers and healing practices in Malabar.

Most of the patients said that they prefer faith and ritual healing practices especially by women healers specifically because they are women whom they consider to be more loving and understanding than male healers anywhere in the world. Similarly, the women healers explained various factors and reasons for why their patients prefer them for their needs and deeds. Those factors will be discussed in this section.

Reasons for using faith and ritual healing practices

Religious beliefs, customs and norms:

As I have mentioned in the previous chapters, religious beliefs, customs and norms are part and parcel of people's cultural life in Malabar region. They are grounded in their culture; in the system of beliefs and practices. Hence, their religion plays an important role in all walks of life. Their culture and religion assert a central feature of human response to illness and health problems (Byron J Good, 1994). They understood their health, illness and diseases from the religious perspective. So, they have their own understanding on causation of illness and disease (Chapter IV). Hence they strongly believe that the faith, religious and ritual healing practices can cure or heal their problems.

According to the women healers:

...people understand their health and illness from a religious perspective. We, the Mappila Muslims believe in the existence of supernatural beings and it can be caused by various health problems. Only religious, faith and ritual healing can solve their problems and health issues due to those beings. More so, they prefer people like me...(ShareefaBeevi,12/09/2018).

They come to me for various problems, especially for Shaitanic problems. According to our belief, the supernatural beings can possess the human body and it can create various problems and our religion itself reveals that in the Kithab. So, it is part of their religious life...(Khadeeja, 24/10/2018).

Islam teaches us how to perceive, how to think and how to act, so that we understood our health and even illness through religion. Creatures like Jinn and Shaitan can cause various health problems, through which they try to destroy our religiosity...lack of religiosity makes people more vulnerable to possession. Through possession it (supernatural powers) tries to mislead us... (Rasiya, 14/05/2019).

No doctors can treat for Shaitanic problems. So, they come to us (Mulla Beevi, 29/09/2018).

The above-mentioned narratives reveal how religious beliefs influence and control their understanding of health, illness and even healing practice. People believe in the magical cure and the divine touch, because their problems and perceptions are highly influenced by their culture and religious beliefs. As I mentioned in the previous chapters, their rituals and norms are closely linked in their health and healing practices.

Others opinion and compulsion:

As we know the family and community play an important role in one's health seeking behavior. According to Sheehan and Kroll (1990) the socio-cultural and religious beliefs of the patients, families and the community contribute extensively to the perception of illness, mental illness, assessment, diagnosis, help seeking and management (Sheehan, W & Kroll, J, 1990). Their beliefs are highly influenced by the perceptions, which prevail in the community and within the family. In India, two-thirds of people with mental health problems and their family members have a strong belief in supernatural causation and possession as a reason for mental illness and these very beliefs force them to consult faith and religious healers in the community (Kar, 2008). Most of the time help seeking is usually undertaken by the family itself. On the other hand, collective decision making will also happen. McGuiness opined that suggestions from important people in the community are easily accepted (McGuiness, 2011). Their opinion and compulsion are one of the reasons people choose faith and ritual healing practitioners in Malabar. All women healers mentioned that most of their disciples and patients came to them either with the help of their neighbors or relatives, because their relatives and neighbors already took treatments from the women healers. They trust and suggest to some other people as well.

The women healers in this study talked in the following manner:

...they come with their friends and relatives; they keep trust in me. (Fathima, 14/10/2018).

Some of my patients from Mangalore (Karnataka) came with their relatives who were my frequent visitors. Through word of mouth the patients from Mangalore got to know about

me and my treatment methods on various problems. So they came and became my disciples and frequent visitors (Shareefa Beevi, 6/09/2018).

One of my patients who was suffering from mental illness (due to Shaitanic possession) came to me by the advice of her Imam in their mosque. Similarly, many of them came here on the advice of some other people (Suhra, 6/10/2018).

Sana is well educated, when she came to me last year she was not even interested to talk to me about her problems. After a long conversation she told me that she came to meet me only because of her mother's compulsion. There are some people like Sana who come to meet me by compulsion. But once they meet me they become my frequent visitors for sure (Mulla Beevi, 26/09/208).

Fathima is my disciple. Whenever she comes to me she will bring anyone from her village who is suffering from any kind of issues or problems (Soudha, 05/04/2019).

The above-mentioned narratives show how other's opinion and compulsion play an important role in health seeking behavior of a person. The healers said that most of their patients came to them with friends or relatives. According to them any one of them didn't give any kind of advertisement regarding their healing practices and specializations. Even though the patients and disciples reach or access their healing space. They added that word of mouth is the only medium of advertisement for their healing practice.

Affordability:

Cost of treatment is an influencing element in health seeking behavior. The women healers in the study mentioned in various parts of the conversation as they didn't charge much for their treatment. There are various systems of medicine available in the region of Malabar; even though people are utilizing the women healers and their treatments. The less cost of treatment is one of the reasons for that. The women healers explained as in the following manner:

Usually I don't ask anything from my patients or disciples. Whatever they give I am willing to receive. (Shareefa Beevi, 06/09/2018).

They can put money into the box, which I have kept on the table. I don't want to ask anything from them. Whatever they wish they can contribute (Atta Beevi, 17/10/2018).

I don't fix any charges for my treatment. I utilize my knowledge for the needy. If they have anything they can give; if they don't have anything I don't want to ask. I don't deny my treatment for anyone (Khadeeja, 23/10/2018).

They give me clothes, food, Oudh, money and even gold. They come from different strata; their financial ability also varies. So I don't ask for anything in particular. Whatever they contribute is welcome and even if they don't have anything I don't have any issue (Jameela Beevi, 03/05/2019).

They contribute according to their ability. I don't ask anything from them... (Rasiya, 13/05/2019).

I receive no direct payment for my service. It's a service. If they have anything they can put into the box which I have kept here. Otherwise I don't have any issue because I know them personally (Mulla Beevi, 26/09/2018).

For my treatment they don't need to give any fixed charges. They can give as per their wish. However, for the rituals they have to bear the expenses personally (Amina Beevi, 18/04/2019).

They are from different financial backgrounds. Some of them are very rich and some of them are not. So I don't fix any particular amount for my service. According to their financial capacity, they can contribute (Fathima, 14/12/2018).

As one can see from the above narratives, all women healers are lenient on their charges. They don't ask any direct payments for their treatment. All of them have kept a box on their table and the patients or the disciples can contribute the money according to their wish or ability. According to the women healers, their patients and disciples represent various strata or categories of society. They are rich/ poor, educated/uneducated, employed/unemployed, male/female, married/unmarried/divorced etc. So their financial abilities also vary. Hence, all of the women healers said that they didn't put any fixed charges for their treatment or service. One of the healers mentioned that she receives whatever they give - as clothes, *Oudh*, cash and sometimes even gold. It shows that they keep tenderness regarding their treatment cost. Similarly, the women healers mentioned that they are much familiar about each and every patient and disciple who come to meet them. They are well aware about their financial and personal affairs. One of the healers said that some of her disciples and patients came to them without permission of their husbands or in-laws. So they might not have money to give the women healers. So the women healer doesn't ask anything from the people like them. The above narratives show that affordability is one of the reasons to choose women healers.

Availability of healers:

Availability of the healers in the community plays an important role in health seeking behavior. There are many studies that show that majority of the Indian population utilizes religious, ritual and indigenous healing practices more than other systems of medicine. Neki (1979) mentioned in his study that the majority of Indian population has been taking primary help and treatment from the religious and indigenous healers in the community. Consultation with a particular healer is always determined by many factors such as socio-cultural beliefs, background of the patients and followed by accessibility and availability of the healers. Similarly, the exploratory factors of illness is also one of the reasons faith healers become the first choice to be consulted by the patient. Furthermore, the decision makers for the treatment often include family members, relatives, neighbors, friends and people in the community. These decision makers influence the patient/ family members to stick on faith/ religious healing or modern medical practices according to their own experiences (Biswal, 2020). For the people with mental illness, the decision makers suggest to consult the faith healers in the community itself. Easy availability of the healers within the community makes the people it as their first choice of treatment for various illnesses.

Social stigma to see psychiatrist (Mental Illness)

All ten women healers provide treatments for various kinds of mental illness due to *Shaitanic* possession. They perceive and understand mental illness in their own way. So, they have been utilizing faith and ritual healers' even more than modern medicine. Prevailing social stigma in the society is the major reason for that. Many studies show that there is a stigma associated with psychiatric treatments, which is very common in India. The patients themselves tended to keep mental illness a secret from their families as well as their community at large. Similarly, the patients are even reluctant to disclose their mental health issues to the general practitioners in the community and show hesitation to take treatment for the same. Furthermore, the embarrassment faced by the families when a family member had mental illness is another factor and especially in the case of a woman. All these are the major reasons for the social stigma associated with psychiatric treatment in India. Hence people prefer faith, ritual and religious healers within the community for mental illnesses.

The women healers mentioned the social stigma which prevails in the community in the following manner:

I provide treatment for various kinds of mental illness due to Shaitanic possession. As you know, Shaitanic possession and mental illness are widely stigmatized among people in Kerala. Hence, they don't prefer going to hospitals. They come directly to me (Shareefa Beevi, 05/09/2018).

People hesitate to consult psychiatrists or psychologists due to the stigmatization of mental illness (Mulla Beevi, 03/10/2018).

They faced embarrassment when her daughter had a mental illness. It was because of Jinn's possession. So she directly came to me for the solution (Atta Beevi, 19/10/2018).

Sana was 25 when she came to meet me. She had been suffering from depression and tension. She was not even able to share those things with her family. One of her friends suggested my name and she directly came to me for solution (Suhra, 07/10/2018).

...in our community people see the patients who have mental illness in a different light and especially if they are taking treatments from a psychiatrist. So, people would want to avoid that gaze from the community. Hence, they prefer me (Khadeeja, 27/10/2018).

...they keep the illness or mental health issues as a secret from their family as well as their community due to the stigma (Fathima, 14/12/2018).

They keep it as a secret because they know the stigmatization, which prevails in the community. So they are much worried about the perceptions of others (Soudha, 08/04/2019).

The above narratives show the stigmatization, which prevails in the community. All the women healers said that their patients or disciples are worried about the notion of other people in the community. They want to keep mental illness and the treatment a secret from their community, because if a person is said to have taken treatment for mental illness, then s/he might have to bear that name until their death. Furthermore, they mentioned that people are much concerned about the female patient from the family. The social stigmatization of psychiatric treatment is one of the reasons to seek help from the faith and ritual healing practitioners in India.

These are the major reasons to seek help from the faith and ritual healing practitioners for mental health issues. Similarly, people have their own reasons for not preferring psychiatric treatment from hospitals. Fear of side effects, long duration of hospital stay, and fear of dependence on

medicine, economic burden, social stigma and prejudice are the major reasons for not using and preferring. The women healers explained those reasons in the following manner:

They are worried about the side effects of psychiatric treatments. Furthermore they know that faith and ritual healing have no side effects...(Shareefa Beevi,05/09/2018).

They came to me for various kinds of mental health issues due to Shaitanic possession. Only people like me can get them treated for that. They fear the side effects of psychiatric treatments in the hospitals (Atta Beevi, 19/10/2018).

They trust me. I don't do anything worse for them. I work for their wellness (Khadeeja, 27/10/2018).

They believe that Allah's medicine has no side effects. Hence, they prefer me (Fathima, 14/12/2018).

The Quran and rituals have only good sides. It doesn't harm people. It brings prosperity. So they come directly to my room (Mulla Beevi, 03/10/2018).

They have fear of dependence on tablets and medicine. Hence, they don't want to go for psychiatric treatments. According to them, it is a side effect of psychiatry. They know that (Soudha, 08/04/2019).

Shahana, one of my patients said that she had taken psychiatric treatment before she came to me. According to her, during her treatment she started to lose weight. She understood it as the side effect of her treatment. Then she came to me (Amina Beevi, 19/04/2019).

The above-narratives reveal that a deep notion regarding side effects of psychiatric treatment prevails. People strongly believe that psychiatric treatment and medication has side effects and it badly affects people's health. According to them, losing weight and weakness are the main side effects suffered by their patients who have taken treatments before. The fear of side effects is one of the reasons for not using psychiatric treatments by the people in Malabar. The women healers mentioned that faith, ritual and Quranic treatment has no side effects, but psychiatric treatment does. Hence, people keep strong trust in that and they prefer them for their mental health issues. Similarly, they fear long duration of hospital stay. According to women healers, most of the patients or families are from middle class backgrounds. Their financial capacity is based on their daily work. Hence, long duration of hospital stay for treatment is very difficult for them. However, faith and ritual healing practices given by the women healers don't require long stay.

Their treatment methods and techniques can be done at their own home according to their prescription. Furthermore, the rituals and performances can be done according to the advice of the healers. It does not need any kind of stay at the 'healing room' of the healer.

These are the major reasons to choose and get faith and ritual healing practices and not using psychiatric treatments in Malabar. Similarly, there are many reasons to prefer women healers for treatments and for various purposes. The next section will be dealing with the mentioned.

Availability, Accessibility and Affordability

Availability, accessibility and affordability are important factors of the health seeking behaviors of a person. These three factors influence the people of Malabar to choose faith and ritual healing practitioners. These make people more comfortable to choose women healers for various purposes. According to the women healers, they stepped into the healing space by sacrificing many other factors in their life. Being a woman they have to do family and household responsibilities similar to any other women in the society. However, once they entered into the healing space, which is dominated by male; they started to make a space for them. According to the women healers, if a woman takes up the role of faith and ritual healer, she will have to have someone else in the house to take on these responsibilities. Then only they can give their time for the needy. All the ten women healers handed over their household duties to someone else in the house to spend the entire time for the healing practice. They talked about their availability for the patients as:

There is no time bound for them (patients), they can come at any time to me (Rasiya, 14/12/2019).

I don't close my doors in front of anyone. It will always be opened. So they can meet me at any time (Jameela Beevi, 05/05/2019).

I will be here in this healing room with my pen and kithabs (Amina Beevi, 19/04/2019).

My services can be availed of at any time. My room will always be opened (Soudha, 08/04/2019).

They don't need to book previously. Directly come and meet me here. I will be here only (Fathima, 14/12/2018).

The healing room will always be open except during Ramzan. During Ramzan I will engage in fasting and reciting the Quran. I will give a short break for healing practices in the healing room. However, they can still avail me on the telephone (Khadeeja, 27/10/2018).

I am always here for them (Suhra, 07/10/2018).

My gate will always be opened for them. They can meet me at any time (Atta Beevi, 19/10/2018).

I spend my day and night with them. I don't expect anything from them except wish for their well being. During the month of Ramzan I usually don't open the healing room. They can talk to me on the telephone. The month of Ramzan should be the complete dedication to Allah (Mulla Beevi, 03/10/2018).

I changed my role from home maker to a healer which requires me to be here (healing room) always (Shareefa Beevi, 05/09/2018).

The above narratives show that all ten women healers are full time practitioners and are always available for their patients and disciples. They understand it as a service with a divine touch; hence they are always ready to meet people and talk to them. On the other hand, some of the healers mentioned that during the month of Ramzan they don't open the healing room. However, the patient or disciple can meet or talk to the women healers at any time. According to them, the month of Ramzan is meant for complete dedication to the Almighty-Allah. Similarly, according to the women healers during the month of Ramzan people usually don't come to the healing room. Instead, they talk to the healers over the telephone. In short, the women healers are always ready to listen and talk to the people. This makes their patients more comfortable to access their services. Similarly, people choose the women healers because they are the few external sources available to them in difficult situations in their life. At such times, the women healers are an available and accessible resource who provides the patients/ disciples with guidance and strong support.

Similarly, there are other influencing factors to choose women healers:

Trust or faith

Faith is an important factor in the process of healing and the healer as well. Levi- Strauss (1963) classic work on shamanism emphasizes the importance of faith and belief on the part of the

victim, the sorcerer and the group as a whole. Similarly, Osler extolled in his article ‘the faith that heals’, especially in relation to the putative salutary role in health, healing and medicine. He has pointed out that ‘nothing in life is more wonderful than faith’ and faith has played a vital role as a popular measure of cure. Hence, the studies show that faith; health and healing are closely connected and depend on each other. In the same way faith and trust to the healer is also important in the healing process and which is revealed by the women healers in the following manner:

They trust me more than anyone else (Shareefa Beevi, 05/09/2018).

They should have faith or trust in me. Then only my treatment would be effective for them (Mulla Beevi, 03/10/2018).

Building trust is an important factor in healing practice. They should believe in my abilities to deal with problems (Atta Beevi, 19/10/2018).

Faith is important both in Almighty and the healers like me. Then only the treatment will get results (Suhra, 07/10/2018).

They share everything with me; because they trust me... (Khadeeja, 27/10/2018).

They came to meet me with many problems and they keep trusting on me that I will find a solution for their problems (Fathima, 14/12/2018).

Every secret is safe in my heart. They know it very well. So they share everything with me. That secret might be ‘completely a secret’ even from their family (Soudha, 08/04/2019).

Confidentiality does matter. They expect that from me. I always give priority for that. So I keep their secrets with me. That makes them more confident to come and talk to me (Amina Beevi, 19/04/2019).

They trust me more than anyone else. It’s not an easy task to build trust on me. It was a gradual process. Trust is the main reason behind the strong relationship between me and my patients/ disciples (Jameela Beevi, 05/05/2019).

They believe in Allah and they keep trust in my abilities to deal with their problems. Hence, I am responsible to keep and maintain that (Rasiya, 12/12/2019).

The narratives of the women healers show how important trust is in the process of healing. They mentioned that building trust among their patients is not an easy task. Through their treatments and methods they build a rapport between them. So, the women healers always maintain their

trust of their patients and disciples. According to them, 'trust' makes their patients more comfortable to share their personal matters to the women healers. Similarly, patients/ disciples spend their time and share their problems, experiences, difficulties and even their happiness with the women healers. Furthermore, the women healers opined that the patients should have faith and trust in the abilities and capacities of the healers; then only the treatment would be effective and will get results. So, trust and faith are important elements in the process.

On the other hand, there are some other reasons mentioned by the women patients and disciples about their women healers, that being a woman, they are filled with many emotions of a mother, sister, daughter etc. One of the patients opined that

women healers love, care and affection - a mother's love and care- which are a reflection and a small tiny proportion of the love of Almighty and his care and affection. The women healers have the love and care of a hundred mothers. They carefully listen and respond with patience. They don't have any time bounds similar to the doctors. They are always ready to listen (Najma, 08/05/2018).

Another patient explained:

A woman has a very big heart. It's bigger than a man's. So she can understand what we are talking about and she is more capable of understanding our pain and distress (Shahida, 29/09/2018).

...She has a courageous heart. Allah has sent them into the world with a divine touch. She knows the beat of our life and she is capable of dealing with our problems (Pathummakutty, 26/10/2018).

She has Karamats to cure, heal and solve our problems. She can understand my pain better than anyone else. She was there for me in all my ups and downs (Shanavas, 20/12/2018).

I heard about her from a friend. I talked with her about my concerns and problems; she listened carefully and found solutions for my problems (Alavi, 22/12/2018).

She is a woman, so she can understand all emotions. So I share everything with her and she gives me solace (Salma, 22/12/2018).

Sometimes her hug or touch can heal my problems (Ramla, 18/09/2018).

The above-mentioned narratives of the patients show that they accept women healers more than men. There are many reasons for that which I have mentioned above. They pointed out that as a

woman the women healers can understand all their pain and troubles than male healers. They keep strong belief in the *Karamats* of the women healers and their divine touch. They believe that the women healers can cure, heal and solve all their problems with various natures. That trust and believe are the main component of the relationship between the women healers and patients/ disciples. Similarly, patients said that they can share everything with the women healers that they cannot share with a male healer. On the other hand, if they go and meet a male healer; sometimes it paves the way to a black mark. They think that there is a chance of exploitation of their emotions and troubles. Hence, among women healers they can go and share whatever they want without any fear and apprehensions. All these factors make the women healers stronger and a charisma among the patients and disciples. They are dealing with various roles in their healing room as a healer; as a counselor and as a decision maker etc. through these various roles the women healers can play an important role in the life of their patients and disciples. On the other hand through these the women healers address the needs of the individuals and the demands of their community.

Power and Authority of the Women Healers

Many studies dealing with the social context of traditional, indigenous, faith and ritual healing assume that various types of healing systems reflect power ratio in society (Al-Krenawi 2000, Adib 2004). The factors like religious, economic, and political or gender, educational etc. affect the way in which illness and health are experienced, the accumulation of knowledge about it and the legitimacy accorded to it. Power related aspects of religion and tradition are manifested in studies concerning women healers and the social context of their activity (Bourguignon 2004; Glass- Coffin, 1998).

Furthermore, feminist researchers attempt to refute common notions regarding the passivity of women, presenting women as influential agents capable of improving their lives. Despite these studies, the women healers lack the power and authority among people and their community. On the one hand they are strong and efficient, who gain their strength and prestige from excellent functioning in the healing practice. On the other hand, they also deal with their roles as mother, wife and in-laws. Similarly, the women healers help the patients and disciples in all walks of life and make them stronger too. Apart from the role of a healer, they work as a counselor, preceptor,

decision maker, mediator and ultimately as a mother. All these roles give power and authority among their patients/ disciples and within the community.

As a Counselor:

The women healers in this study work as a counselor similar to any other institutionalized psychologist or therapist. They offer guidance to individuals, couples, families and groups who are dealing with issues that affect both their mental and physical health. All the ten women healers dealing with life hardship of their patients/ disciples. The women healers listen to problems and troubles and do both counseling and write Quranic Ayats or prepare *Elas* for them. The women healers narrate as follows:

Shifna, one of my disciples who came in April with a family problem, I talked to her- perhaps more important, listen to her- completely. She complained that her much older husband 'would not look at her'. She was much tensed and worried about that. I talked to her; later I took her husband's number and told him to meet me. Then he met me in the healing room. I talked with him about his wife's concern and tension. I carefully listened to him and he told me that 'she doesn't have neatness'; that was his complaint about her. Later I talked with both and problems got solved (Shareefa Beevi, 08/09/2018).

*Sheeba is a teenaged married Hindu woman brought by her mother. Sheeba was very tense and worried about her fertility because it's been three years since she got married. She was losing weight and sleeping. I simply listened to her and talked for an hour. Then I prepared an *Elas* for her and told her to pray to the Almighty... (Mulla Beevi, 29/09/2018).*

*Ramla, a middle- aged woman who sat in front of me, sobbing, eventually said that her husband had been fighting with her and had been mostly stubborn for the last three months. She complained that he was not like that; he was loving, supportive and much affectionate. And she told me that they have four children and that the husband does not speak to them either. I opened his 'Palkanakk' and found that his behavioral changes happened due to Kanneru. So I prepared a *Thakid* and told her to keep it in their bedroom. After that I talked with her and consoled her for her worries. Then told her to come and meet me after ten to fourteen days (Atta Beevi 25/10/2018).*

The women healer's narratives show their role as a counselor. According to them, in the cases of soured relationships, whether between husband and wife, between parents and children, or between neighbors, the woman healers always assumes the side of the complainant who has

come to her and she writes and prepares *Elas* or *Thakid* to solve their problems. Later they talk to the complainant and console them. According to the women healers, of course the other person whom a patient is complaining might have a different version to tell. If possible, the women healers talk to them too. They added that it does work in many cases. On the other hand, in case of family issues and marital problems, the women healers do not ask the complainant to psychologically analyze the dynamics of the relationship and the reasons they developed (Flueckiger, J B, 2008). They are very direct and confidently talk to the complainant and if possible with the other person too. According to the women healers, the patients often leave the healing room with new confidence that something can actually be done about the problems because of the women healer's promise that healing will take place.

As a Preceptor:

The women healers also work as preceptor or teacher in the healing room. For their patients or disciples, the women healers have taken on the role of preceptor. Irrespective of caste and creed people came to meet them. So they advise each of them. Their treatment is based on the Holy Quran. According to the women healers, some of their patients are capable of reading and writing Arabic and some of them are not. On the other hand, some of the patients can even understand the meaning of Quranic verses and some of them are not. Hence, the women healers have to teach them the verses and its meaning. Similarly, the women healers teach them the ways and stages of treatment for their disciples. The women healers mentioned that as a part of their treatment the patients have to perform some rituals and have to recite some verses. On the other hand, other performers will also perform the rituals for the patient. In both cases, the women healers will advise and teach the stages and the ways of rituals and performances. The women healers explained about their role of preceptor or teacher as following:

Sometimes, they came with a blank mind. I have to fill the mind. It's my responsibility to do so. Hence, I should teach them (Rasiya, 14/12/2019).

Janaki is a Hindu woman who came with various problems. She doesn't know Arabic and even the rituals. Each and every time I used to write treatment for her with a prescription, which includes the stages of treatment in our mother tongue (Jameela Beevi, 03/15/2019).

I used to write in Arabic; because the Quran is written in Arabic. However, I will explain the verses for them and teach them (Amina Beevi, 18/04/2019).

Some of them can read the Quran. But they don't know the treatment and its stages. So I should tell them the ways. I used to explain it until they could understand (Soudha, 05/4/2019).

Treatments vary accordingly. The verses also vary. So, each and every time I should explain and teach them. For Hindu patients I would write it in Malayalam (Fathima, 14/2/2018).

The world of Kithab is very big. They (Patients) don't know how to use it. People like me should tell and teach them how to use it (Khadeeja, 22/11/2018).

They might be able to read and write Arabic but they don't know the secrets of the treatment. So I will explain it to them. And tell them the stages of treatment and steps of rituals and its performance. It's my responsibility (Suhra, 05/14/2018).

The women healers perceive it as their responsibility to take on the role of a teacher. According to them, the patients or disciples are from various religious backgrounds, who are not capable of reading and writing Arabic. Apart from the role of a healer all ten women healers have taken the role of a teacher too. They explain and re-explain the treatment methods for their patients and his/her families. Sometimes, they write down the stages of treatment in a paper and give it to the patient or relatives who accompany them. Similarly, as part of the treatments patients have to perform some rituals or arrange some rituals; for that the women healers explain those too. According to the women healers' majority of their patients are not aware about the treatment methods. So it's their duty to explain it for them. Apart from the treatments or rituals the women healers share and teach many lessons from their life or from their lived experiences.

As a decision Maker:

Being a decision maker a woman healer plays an important role in the life of their patients and disciples. They took vital decisions not only in the treatment methods but also familial, religious, educational and even political aspects of their patient's/ disciple's life. According to the women healers most of their patients/ disciples came to meet them for various health problems including mental illness due to *Shaitanic* possession. However, gradually they consider the women healers an inevitable part of their life. They believe in the *Karamats* and abilities of the women healers to solve or deal with the problems, which people are suffering in their life. Gradually, a kind of

dependency is created between the healers and patients. They come and discuss everything with the healers. There are no limits or boundaries for that; endless stories. The women healers opined that they are always ready to listen. The women healers explain how they become a decision maker, capable of influencing the decision of their patient's/ disciple's as:

They come with health problems and many other problems. They trust me and my abilities. So I can control their activities (Shareefa Beevi, 07/19/2018).

They know that I will do everything good for them. So they will come and meet me for every single aspect in their life. They know that my decision will be correct. So they take my decision as final (Mulla Beevi, 29/09/2018).

They meet me to ask to fix the date and time of ceremonies; traveling time, familial factors etc. in short, they will ask my permission for all these. I can decide the time and date for all ceremonies in their families. They will definitely follow me (Atta Beevi, 18/10/2018).

They believe in the divine touch in me. My words, my acts will bring good for them. So, my words are final for them (Suhra, 10/11/2018).

I used to fix time for various ceremonies and even cultural festivals. They ask me my opinion on political affairs, casting votes etc. If I say that you should cast your vote for these party; they will do the same (Khadeeja, 24/11/2018).

Their family relations are going based on my advice. They obey my words and they know that I will advise only well for them (Fathima, 14/12/2018).

The above-mentioned narratives show that the women healers can influence all walks of life of their patients and disciples. According to them, the patients or disciples came to meet them for health problems. However, gradually a bond was created between them. The patients and disciples trust the women healers blindly and share everything with them. Furthermore, people believe that the divine touch of the women healers make them capable to deal and solve problems. And their suggestions and advice would be strong and correct. Additionally, people strongly believe that if they are disobedient; the women healers curse them and it will affect them badly. Fear and curse are some of the factors for being obedient to the women healers. On the other hand, once the women healer's suggestions and advice bring prosperity and well being in their life and they become obedient and follow the women healers and their words. The factors like trust, fear, and divine touch are closely connected with each other.

As I mentioned above the women healers influence the people in all walks of life - socio-economic-political-educational-religious and even health seeking behavior of the person are included. The factors such as trust, fear and the divine touch make them capable to influence the people. The women healers often take the role of referee in their day to day life. Often they suggest doctors, specialists, *Vaidyas* and other healers in this region. Similarly, some of the healers mentioned that they also suggest their patients to attend some programs and camps which are conducted by the department of health in their village. On the other hand, ASHA workers used to come and meet the women healers for both their personal needs and related to their work. They convey the information which they have received from the department of health on various activities. According to the women healers often they act as a referee between the people and the health department. Due to their charisma, people take into account their every word. In short, the women healers handle multiple roles in their everyday life.

The above section dealt with the various roles of women healers and the power and authority of a healer in the life of their patients/disciples. The women healers keep a good and healthy relationship with other healers and performers in the society. Other healers and performers are including both male and female and Hindu and Muslim healers in their locality. The relationship and crossroads with other healers and performers smoothen their healing practice. This section explores the relationship and crossroads with other healers in the society.

SECTION II

Other Healers and Performers

I often asked both the women healers and patients whether they knew other healers both male and female and other ritual performers in their locality. Most respondents first responded affirmatively and talked about their relationship with other healers and performers in various parts of Kerala. According to the women healers, their relationship with many other healers and ritual performers, including both Hindu and Muslim, help them in the process of healing. They share and get advice from others (healers). Similarly, as I mentioned in previous chapters almost all modes of treatments; including various rituals and ritual performances, are also part of their healing process. Some rituals are performed by the women healers or the patients. However, the

ritual performances are performed by experts. Hence, all ten women healers take help and support from other ritual performers too. The women healers explained their relationships as:

Sometimes, my knowledge will be insufficient for a particular treatment. In such situations, I take advice from Thangal (Kunjara Thangal, who is also practicing in her village. He is a veteran religious healer and leader) (Shareefa Beevi, 12/12/2018).

I talk with my contemporaries. And I discuss my patients and their problems. If needed I will take their opinion and suggestions in the healing process (Mulla Beevi, 02/10/2018).

I know many religious, ritual healers and performers practicing like me. We usually keep a good healthy relationship among us. Sometimes we used to suggest another one for better. (Atta Beevi, 20/10/2018).

My healing methods always include various rituals and performances. Sometimes, I will do rituals, sometimes they (patients/relatives) can perform. On the other hand, for some ritual performances we need the help of experts. So we usually communicate and keep in touch with them (Suhra, 10/11/2018).

I always read and write for them. Most of the performances are done by some other people; who are professional performers. So I suggest meeting them. Apart from that I used to talk to the performers about the rituals and the need of that performance (Fathima, 15/12/2018).

We meet frequently and discuss various cases. Sometimes, that discussion will be helpful in the healing process (Soudha, 10/04/2019).

I learned some lessons from other healers in the locality. The relationship with them helped me more in the initial stages of my practice. We used to talk frequently and share thoughts and ideas (Khadeeja, 05/12/2018).

The help and support of other healers are important in the healing space. It helps us more in the process (Amina Beevi, 20/04/2019).

If I have any doubt on the mode of treatments, I used to call Fathima Beevi, another healer from Kannur to clear that. Furthermore, I used to take advice from her (Jameela Beevi, 05/05/2019).

The above narratives highlighted the relationship among the healers. They keep a strong and healthy relationship with the healers in various parts of Malabar. Similarly, they believe that the advice and suggestions from the other healers help them in the process of healing. Furthermore,

they know that healers are specialized in different areas. Hence, their advice in the specialized areas makes the other healer more clearly in the process. On the other hand, the women healers mentioned that, most of the rituals are done by the healers and the patients/ family members. However, the ritual performances have to be performed by the expertise itself. Those performances have their rules and regulations. So, the women healers prescribe the rituals and suggest the patient to meet the particular performers. Additionally, the women healers talk and describe to the performers about the need and importance of that particular ritual performance in their healing process. The women healers mentioned that communication with other healers and performers make the process easier. Furthermore, irrespective of caste and creed all ten Muslim women healers keep in touch with the women Muslim healers. According to them, Hindu healers and ritual performers from various casts are being part of their healing process. A Hindu-Muslim crossroads is visible both in the beliefs and healing practices.

The women healers explained it as:

You can see many Hindu people also come to meet me for various purposes. I used to protect their beliefs and practices as well (Fathima, 14/12/2018).

People in Malabar share common beliefs and customs. They believe in the existence of Jinn, Shaitan and Ibleese and also the existence and travel of Kali, Kutty Chathan, Bhairavan, and Rakshas on earth (Khadeeja, 14/11/2018).

Some rituals are done by the Hindu performers. So, for that particular ritual I used to tell my people to meet them (Mulla Beevi, 08/10/2018).

As a part of my healing practice I suggest people to do Nercha to various temples in Malabar; especially to remove the wrath and possession of Hindu demons and Devils (Atta Beevi, 18/10/2018).

If needed, I used to talk with Krishna Kumar who is a practicing healer in Valanchery (Suhra, 12/11/2018).

We share common beliefs and practices. Hence, I send people who came with problems due to Hindu demons and Devils to the Hindu healers near me. Similarly, they (Hindu healers) send their patients to me as well (Shareefa Beevi, 12/09/2018).

The above explanations by the women healers show their relationship with Hindu healers and performers in their locality. According to the women healers, people of Malabar share common

beliefs, customs and practices. So, their beliefs on health, illness and healing practices are also common (discussed in previous chapter). The women healers mentioned that their patients or disciples always include both Muslims and Hindus. Irrespective of caste and creed they meet people in their healing room. Both of them believe in the *Karamats* and abilities of the women healers and their healing practices based on the Quran and its *Ayaths*. Furthermore, the women healers added that sometimes they suggest their patients do *Nercha* into temples and *Makhams*. As a part of their healing process both Hindus and Muslims do *Nercha* into *Makhams*, *Dargah*, and *Jarams* and into the temples as well. It is important to note that Muslims cannot enter into the temple premises; even though they can do *Nercha* into the temples. According to one of the patients, they do *Nercha* into the temples with the help of any Hindu believer in their locality. Similarly, Hindu people do *Nercha* into *Makhams*, *Dargah*, and *Jarams* by themselves and they can enter through a different way in the *Makham*. These are based on the shared common beliefs among the people.

Similarly, almost all modes of treatments include various rituals and ritual performances. According to the women healers, rituals are decided based on the health problems. Some of the rituals are done by the women healers themselves. On the other hand, some can be done by the patients or their relatives. However, ritual performances such as *Theyyam*, *Ratheeb*, *Pulluvan Pattu*, *Sarpam Thullal*, *Chathan Kali* and *Pootham Kali* are performed by experts. The expert performers have to follow certain rules and regulations of the ritual performances. So, for those ritual performances the women healers are always suggested to meet the performers to do the same. And also the women healers talk either directly or on phone with the ritual performers and explain about the need and importance of that particular ritual in the healing process. Then, both the healers and the performers decide the time and space for the ritual performance to take place. We can see the women healer's relationship with the other healers and performers are very close and interwoven with each other.

Conclusion

The aim of this chapter was to highlight the various dimensions of women as healers and their power and authority in various aspects of their patients and disciples lives, their relationship with other healers and ritual performers in society, crossroads between Hindu-Muslim believes and

respective practices. The chapter found that women healers have taken on many other roles such as counselor, preceptor, decision maker and mediator apart from as a healer. All these roles are effective for their patients and disciples in and outside of the healing room. Most of the women healers explained various factors and reasons of their patients availing and believing their healing spaces. Furthermore, the women healers keep and maintain those factors throughout their life. So, people trust and believe in their *Karamats*. It is important to understand that the women healers are not asserting any power on any of their patients or disciples. According to the women healers, they simply advise and explain to the people. Their charismatic figure and their *Karamats* make the people obey and conserve their words and acts.

Similarly, the chapter found that a strong and vigorous relationship of the women healers with other healers and ritual performers in the society. Women healers have taken advice, suggestions and opinion from other healers from their locality. They meet and discuss about various cases of their patients and disciples. According to them, the discussions with other healers help them in healing practice. In the same way, the women healers keep a strong bond with the ritual performers from various communities and castes. The healing process always includes various rituals and performances accordingly. Hence, it is important to keep relationship with the ritual performers who are experts in it. Furthermore, the chapter found crossroads between Hindu-Muslim communities, in the shared believes customs and practices. The crossroads can see in various aspects people's life in Malabar. For example, the land of the Puthiyangadi Yahum *Thangal* papa's *Jaram* was donated by Ambatt Tarawad, a Nair family in Malabar. Similarly, at the time of annual *Nercha* (commemoration) the oil to the lamp was given by another Hindu family, the Kizhedath family, and the beaten rice was provided by the nearby temple Kuruvilkkavu temple. Such kinds of shared beliefs and practices can be seen in Malabar.

CHAPTER VIII

DISCUSSION AND CONCLUSION

From the ancient period to the present day, women have been considered as society's healers in all cultures (Brooke, 1997) and the process of healing has been regarded as the natural responsibility of female members of the family (mothers and wives) (Minkowski, 1992). According to Dossey, healing is defined as the return toward the natural state of integrity and wholeness of an individual and it brings the aspects of one's body-mind-spirit together and leads toward integration and balance. Furthermore, the process of healing is always interwoven with many factors such as faith, belief, spirit, religion, family and community support, the web of everyday life and altered states of consciousness (Institute of Noetic Sciences, 1993). However, it is important to understand the role of women healers in the process of healing and it has not always been adequately understood. So, the current study aimed at bridging the gap by studying the various dimensions of women as healers, faith and ritual healing practices of the women healers in the region of Malabar.

This study was conducted among 10 Muslim women healers in the Malabar region of Kerala. These Muslim women healers were contacted with the help of friends, relatives, religious leaders and healers in this region. The philosophical world view of feminist research was used to collect information from the Muslim women healers. The phenomenological strategy used for inquiry to understand the lived experience of the Muslim women healers, through in-depth interview technique. And the theories of Eliade were used to understand how the healers heal physical, mental and spiritual problems through manipulation of ritual, space and time.

Furthermore, the intersectionality paradigm is used to analyze the available data. The major purpose of this paradigm is the social inclusion of excluded or ignored populations in the society. This approach helps to understand the lived experience of people (Hankivsky & Cornier, 2009), a comprehensive description of each Muslim women healers, their life history, their specialization and expertise, skills and abilities, tools and techniques used in the process of healing are articulated fully. The purpose of this chapter is to discuss the major findings of the study.

Socio- Cultural -Religious Background and the Healing Practice

Irrespective of geography, cultural origin or religious beliefs, there are certain healing concepts that share traditional culture in society. These concepts reflect not only the understanding of healing but also the world view of the respective culture; especially their belief about human relationship with each other and with a supreme being (Wing, 1998).

The components of chapter 1-3, briefly gave the objectives, methods and also field experience. In chapter 4, socio-cultural- religious background, faith and ritual healing practices of Mappila Muslims of Malabar were discussed. The findings have stressed upon the fact that healing concept and practice are not purely determined by one factor but are influenced by innumerable factors including socio-cultural-religious background of the person, the social location of the person and the support from the family and community, and the acceptability in the society. In order to understand the concept of healing practice, it is important to use the intersectionality paradigm as it provides essential tools to perceive such experiences through a multifarious standpoint.

It was found that many factors influence the Mappila Muslims of Malabar in the healing practices which they follow. They are highly influenced by the socio-cultural religious aspects in everyday life and they are unique in their socio-religious life. Similarly, their Arab origin and the influence of Sufi ideology play an inevitable role in their cultural belief. It was found that all social groups are highly influenced by the Sufi tradition and it reflects in all walks of their life. The veneration of *Auliya*, *Shuhada* and *Thangal* led to the emergence of the *Dargah* cult in Malabar. The veneration of these patron saints and other related practices are visible among Mappila Muslims of Malabar due the influence they made in the everyday life of the people in Kerala. So, naturally, 'the holy men and women' and their graves became the centre of attraction after their death. The numerous *Dargahs*, *Jarams* and *Makhams* and related practices are widely visible in Kerala and it shows their acceptance among people. Additionally, directly or indirectly it has become part of the healing practice in Malabar region.

Perception and Understanding of Illness, Health and Healing Practice

Mappila Muslims of Malabar developed their own understanding on illness, health and healing practices with the influence of a group of beliefs, practices, knowledge streams and various

resources in the region. Their perceptions and practices have evolved within the cultural setting through the multiple interactions with other cultures and social groups in Malabar. It was found that religion plays an important role in the everyday life of Mappila Muslims in Malabar. So, their perception of illness, health and healing practices are also influenced and interwoven with the religious aspects of the people. Hence, all ten women healers and Mappila Muslims of Malabar perceived and understood their health, illness and healing are based or influenced by the religion. They believe that both good and bad come from Allah; both health and illness are given by Allah itself. People strongly believe in the existence of other creatures (*Jinn/ Iblees/ Shaitan*) and their ability to possess both human body and mind. The ability to possess and take over the minds and bodies of other creatures is also a power which the Jinn have utilized greatly over the centuries on earth. According to them, possession, social-moral and biological causes are the major reasons for their illnesses and troubles that they are suffering from. The intersectionality paradigm helps to understand the perception of health, illness and healing by intermeshing several axes. The literature on perception and understanding of people on health, illness and healing practices however, is either medical in nature, or purely social without establishing any connection between these two. The study was found that the women healers can understand the nature of the illness (natural or unnatural causation) and they can differentiate accordingly.

Patterns of affliction among Mappila Muslims and the Women Healers

The study found that the Mappila Muslims understood most of their physical and mental issues as due to *Kanneru, Karinakku, Shatru dosham, Sthalavirodham and Pedyil peduka*. According to the women healers these afflictions badly affect their health condition. Through Pedyil peduka people are affected by various types of mental health issues which are commonly known as *Unmadam, Chithabramam, Vatt, Kirukk and Ilakkam* among people in Malabar. According to the women healers, the intensity of the fear will decide the mental situation of the affected person and accordingly they are named as *Ilakkam, Vatu, and Kirukk* etc. Similarly, through the affliction of *Sthala prashnam and Shatru dosham* people can be affected by various types of mental health issues, which were mentioned before.

The study found that *Kanneru, Karinakk, Sthala Prashnam, Shatru dosham and Pedyil peduka* are a common perception among People in Malabar. Irrespective of caste and creed people share

common beliefs on ‘other beings’ and its space on earth. Furthermore, its play on earth and human body and mind can cause various health problems. So, they ask advice and suggestions from experts like faith and religious healers and the astrologers in the locality. Usually only male members in the Muslim community are practicing as a healer in Malabar. The space of healing only meant to them. The women folks are meant to only read the Quran and *Hadiths*. However, gradually they entered into the space of healing. This study found that in the initial stages of their (all ten women healers) healing practices, they had various kinds of difficulties in the ‘field’. The healing space was only meant for male healers in the community. Women are supposed to only read and recite the Quran in everyday life. ‘Writing’ for the afflicted was not allowed. This was the first hurdle they came across. Even though they started their practice with the support of their family, through word of mouth people got to know about their abilities and *Karamats*. Later, they became widely accepted and recognized among people in the region.

All ten women healers in the study started their practice from different backgrounds and for various reasons. Chapter 5 explains the development of how these women healers grew into a ‘faith and religious healer’ in their locality. All of them mentioned the difficulties in the initial stages and they didn't get any kind of social support from their community. However, gradually they earned acceptability among people. The women healers practice based on faith and spirituality. The holy Quran, *Hadiths* and *Kithabs* were the basic things which the women healers used in the treatments. All ten women healers believe in the magical power of letters in the Quran. They state that the Quran and its letters are the most effective and useful medicine on Earth.

The history of the relationship between religion and health is nearly as long as the history of humankind. There are numerous studies examining the relationship between religion and health. In fact, religion and health are separate spheres which are controlled by different institutional specialists. A comprehensive study of 200 research reports found a positive relation between religiosity and both physical and mental health (Levin & Schiller, 1987). So, people prefer faith and religious healing practices for their problems. As we know, praying for the sick is one of the oldest religious practices in the world irrespective of religion and it is considered as the treatment modality as well (Cynthia B. Cohen, 2000). Literature in this area shows that prayer as therapy, meditation and worshipping the Almighty influence people either directly or indirectly. And the studies show that these factors reduce the level of both psychological and physiological

stress. Similarly, one of the key findings of chapter 5 was that praying for various problems is very common among Mappila Muslims of Malabar. Apart from that, according to the women healers they suggest many other modes of treatments according to their problems.

Modes of treatment

The holy Quran and its letters are the basic element in the healing practice of the women healers in Malabar. The magical power of Arabic letters can cure any kinds of health issues including both mental and physical ailments. Apart from those categories, women healers write from Quran for marital and family problems, Business and agricultural failures, childhood problems and for misbehaving children as well. In fact, for all kinds of problems and issues they write from the holy text. They open up the mysteries of numbers and letters from the text and the Islamic astrology.

The women healers explained that the Islamic astrology has three basic elements which are *Mansila- Thwali- Burooj* (Starts-Planet- Zodiac) and these elements have their own power. Similarly, there are 28 stars and people believe in its power and activities. Stars have five stages which are compared to human life as childhood, adolescent, adulthood, old age and death and also compared to seasons – winter, spring, summer and autumn. So, the changes, space and time of each star are important in astrology and similarly in healing practice. People believe that the changes in the movement of stars and zodiacs can cause various health issues. Hence, religious and ritual healers use the same stars and zodiac for healing practice as well. Similarly believe in the existence of *Burooj*, there are twelve *Burooj* which are *Haml, Sour, Jausih, Sarthan, Asad, Sumbulath, Meesan, Aqrab, Qaus, Jayd, Dalv, Hooth*. In Islamic astrology, *Burooj*s are compared to different parts of the human body. *Haml* to head, *Sour* to face, *Jausih* to neck, *Sarthan* to shoulders, *Asad* to chest, *Sumbulath* to stomach, *Meesan* to under navel, *Aqrab* to privities, *Qaus* to thigh, *Jayd* to knees, *Dalv* to ankle, *Hooth* to feet. And the third element is *Thwalis*, which are *Shams, Qamar, Mirreeq, Athwarid, Mushthari, Suhrath, Suhal*. These are the three basic factors of Islamic Astrology. With the help of Islamic astrology all ten women healers diagnose the problem of their visitors through the process of '*Palkanakk*' or through calculating '*Abjad*'. Chapter 5 discussed the stages of calculating *Abjad* in detail.

Abjad helps women healers to diagnose problems including physical, mental, spiritual and others. However, sometimes the *Abjad* reveals that 'nothing' is wrong with the person but the

person might have been suffering from some kind of problems or have a complaint. Even if there is no spiritual imbalance in the people that also can be dealt by the women healers. After diagnosing the problems, the women healers prescribe the treatments which include various rituals and performances.

Faith and Ritual Healing Practices and the Women Healers

Chapter 6 discussed various rituals and ritual performances related to healing practice and the study found that healing rituals represent the everyday life of people in Malabar. The literature shows that possession, embodiment affliction and trance are progressive performances owned and regulated by the people all over the world to deal with the body and the universe (Ferrari, 2011) as well as the human mind. Similarly, the study among women healers in Malabar revealed the existence and wide practice of various rituals and ritual performance to deal with their various problems including mental, physical and spiritual problems. The rituals related to healing are namely *Uzhinjumattal*, *Muttarukkal*, *Ozhippikkal*, and *nercha kodukkuka*.

Dua and reciting various *Ayats* from the Quran and *Hadiths* are the main elements in each ritual. Similarly, all these rituals are collective in nature. Scholars, helpers and apprentices are always there in the ritual practices such as *Uzhinju mattal* and *Ozhippikkal*. Simultaneously, the patient's family members are also part of these rituals and practices, because they can also recite Quranic *Ayaths*.

However, in '*Muttarukkal*' the ritual is performed by any expert in the field. All ten women healers in the study mentioned that they prescribed the ritual for their patients according to their problem (mental or physical). According to the process of '*Palkanakk*' the ritual is performed either by the women healer or some other expert in the locality. All women healers mentioned that they took advice or help from other healers or ritual performers in the area either from their community or Hindu community to perform this. Muslim women healers commonly use coconut for the *Muttarukkal*; however the healers from Hindu community prefer goat, hen and alcohol apart from coconut. The study clearly shows the Hindu - Muslim crossroads in beliefs and practices.

Nercha Kodukkuka or *Nercha Neruka* is also an important practice in the healing process. All women healers included this either directly or indirectly in their healing practice. *Nercha* is basically used to depict a situation when something is being offered to God/ *Auliya*/ *Shuhada*/

deities. On the other hand it can be offered to some other people too; such as poorest, widowed or divorced. Irrespective of caste and creed they do *Nercha* for various reasons. The women healers mentioned that people do *Nercha* not only for cure but also as a preventive measure they do it in their everyday life. Chapter 4 and 6 clearly described various *Nerchas*, places and processes in Malabar. Similarly, the women healers explained about the veneration of *Auliyas/ Shuhada/ Sheikh* and Deities and their role and importance in the process of healing.

Similarly, all women healers in the study explained various ritual art forms and performances related to the healing process. *Theyyam, Ratheeb, Pulluvan Pattu, Sarpam Thullal, Chathan Kali* and *Pootham Kali* are the major ritual arts and performances detailed by the women healers. They use any of the ritual arts or performances in their healing practice accordingly. Unlike many other rituals, *Theyyam* has high socio-political significance in the community life of people in Kerala, especially in Malabar region. The people perform *Theyyam* as an indispensable part of their religion, politics, and magic and observe it as their guide, protector, and preceptor. People believe that *Theyyam* possesses great power, which is at once inhuman and divine. Its range brings destruction and its fondness gives prosperity. Hence they consider *Theyyam* as their creator and destroyer. The ritual and customs throw light on the interrelationship between socio-cultural and religious life of people. So *Theyyam* performance and worship of deities are still prevalent in various parts of North Malabar. The women healers prescribe or include the performance as part of their healing practice or people do *Nercha* to conduct *Theyyam* accordingly. Simultaneously, the performance also shows the religious harmony and community crossroads in the region.

Likewise *Ratheeb* is a popular Sufi ritual performance widely practiced among Mappila Muslims of Kerala. Chapter 6 explained its types and categories in detail. Similarly each and every performance explained in chapter 6 has high significance in the socio-cultural and religious life of people in the region. Apart from that it has an important role in the process of healing and it plays a vital role in the health behavior of people.

On the other hand, the women healers explained about the symbols and its significance in rituals and performances; material and non material aspects in rituals. All women healers observe a universal nature of symbolism in their rituals, performances and the healing practices. Oiled lamp, water, fire, coconut, betel leaves, areca nut, flags, joss stick, Frankincense, Oudh perfume, lime, turmeric powder, Appam, knife, rice, black pepper are the major materials used by the

women Muslim healers in various rituals related with healing practice. Each and every material has its own symbolic value.

The study found that rituals, ritual arts and performances have a vital role in the process of healing. However, it found that rituals can be done by women healers themselves or the patient/relative of the patient. On the other hand, the ritual arts and ritual performances are done by the expertise in the field. All ten women healers have taken help from the other ritual performers or healers. It shows that irrespective of caste and religion people's share some common culture in Malabar and it determines their health seeking behavior and healing practices.

Women as Healers

The literature shows the role of women in healing practice throughout history. However, the women in the healing space and as a healer; they got limited attention especially in the patriarchal society. They always were meant to be homemakers and rearing children etc. the head of the family- father or husband hold the power and authority in the structure. This gender segregation is also very common among Mappila Muslims of Malabar. Even though they have gradually broken the boundary line and entered into the healing sphere, which they were not allowed before in the Mappila Muslim community. All ten women healers mentioned about the struggles which they faced in the initial stages of their practice. All of them continuously assert and reassert their authority to sit as healers in Malabar. Gradually, they got acceptance and recognition by the people in various parts of the state and even outside.

Practice and the support of the family

It was found that the natal family played a very enabling role in the lives of all the women in the study. All women healers received support from their natal families, including parents and siblings. In this patriarchal society women are expected to fulfill certain roles as mothers and wives that determine their identities and status (Giveon, 2009). Furthermore, they are required to be submissive and modest, to compromise their personal aspirations to fulfill the needs of their family and to preserve their families honor (Ibid). However, among the women healers they received all the support of their family to be a healer for their society.

The women healer's activities take place within the domestic sphere- within their house. All women healers in this study are practicing within their house or within their compound wall. Often their waiting area is not separated from the healing room. The women healers always tried to maintain privacy for their patient in the healing space. Sometimes, the healer's entire house becomes the treatment/ healing area; including the objects and things within it. Sometimes, the treatment takes place in the kitchen and the materials used resemble those used in recipes (Giveon & Ventura, 2009). Here we can see that the entire house becomes a space for healing and sometimes the family members are also part of it. So, the help and support of family members and siblings are needed.

The study had all ten women healers explain to me that their family members become proud because they got recognition in society. Furthermore, through the practice of healing they become financially independent and they could support their family as well. On the other hand, women healers use the money which they get from the practice utilized for many others.

Practice: Support of Male Healers, Ritual Performers and the Society

Both the public sphere and healing space are always dominated and controlled by the male members in the society. Similarly, here also the male members are dominated the healing spaces of Muslim community. Writing is traditionally a male healing practice among Muslims; women read and recite the Quran and blow healing prayers upon only family members, but they rarely write (Flueckiger, 2008). All Muslim women healers in the study explained that they had faced many difficulties and disagreements from the male healers from the society; because the healing space always controlled by them. However, the gradual recognition among people helps the women healers to assert their space in the healing sphere in the society. The women healer's role as social worker, responding to patients in their need of welfare services, relationship counseling and emotional aid during their ups and downs make the healers vital in their everyday life. On the other hand, the women healers convert the individual nature of healing into more social. Similarly, they are transmitting cultural values. Many studies described traditional healers as expressing, preserving and implementing the fundamental values of their culture (Graham & AL-Krenawi, 1996) as the faith and ritual healers in the society. Women healers are considered by their community as the people responsible for moulding and mediating the fundamental social values.

Women Healers and Various Roles

Apart from the role of a 'healer' all the women healers in the study handle various roles in the healing space such as counselor, preceptor, a decision maker, social worker and a mediator. The power and authority of the women healers work in all walks of life in their patients and community. They gain their strength and prestige from their excellent functioning in the healing practice which helps them to influence their patients through different roles. The study found that all women healers work as a counselor similar to any other institutionalized psychologists or therapist in the region. They offer guidance to individuals, couples, families and groups who are dealing with issues that affect both their mental and physical health. All the ten women healers deal with hardships of life, especially family, financial and romantic problems of their patients. The women healers listen to problems and troubles and do both counseling and write Quranic *Ayaths* or prepare *Elas* for them.

The women healers also work as preceptor or teacher in the healing room. For their patients or disciples the women healers have taken the role of preceptor. Irrespective of caste and creed people came to meet them. So they have to advise each of them. Their treatment is based on the Holy Quran. According to the women healers, some of their patients are capable of reading and writing Arabic and some of them are not. On the other hand, some of the patients can even understand the meaning of Quranic verses and some of them are not. Hence, the women healers have to teach them the verses and its meaning. Similarly, the women healers teach them the ways and stages of treatment for their disciples. The women healers mentioned that as a part of their treatment the patients have to perform some rituals and have to recite some verses. On the other hand, other performers will also perform the rituals for the patient. In both cases, the women healers will advise and teach the stages and the ways of rituals and performances.

Similarly, being a decision maker each and every woman healer plays an important role in the life of her patients and disciples. They took vital decisions not only in the treatment methods but also familial, religious, educational and even political aspects of their patient's/ disciple's life. According to the women healers most of their patients/ disciples came to meet them for various health problems especially shaitanic problems. However, gradually they consider the women healers as an inevitable part of their life. Because, they believe in the *Karamats* and abilities of the women healers to solve or deal with the problems which they have suffered in their life.

Gradually, a kind of dependency created between the healers and patients. They come and discuss everything with the healers. There are no limits or boundaries for that; endless stories. The women healers opined that they are always ready to listen and try to help them.

Furthermore, the women healers often take the role of referee in their day to day. If the situation is needed they will suggest various doctors, *Vaidyas*, specialists and other healers and performers to their patients. The women healers recognized that some of their patients have consulted multiple healers or doctors to get relief from their illnesses. People consulted multiple healers due to a failure or unsatisfied results from one healer/doctor; which forced them to consult another. Family, friends, relatives, neighbors and peer groups play an important role in consultation with a particular healer; however, once they become patient of the healer then the healer would be the decision maker. The opinion and suggestions of the healer reflect in all facets of people's life. Furthermore, the study also found that the women healers often take the role of referees/ messengers of the department of health. The ASHA workers come and meet the healers for both their personal needs and work related activities. ASHA workers communicate the programs and activities from the department of health and the healers convey 'this' to their patients.

On the other hand, the women healer opined that most of her patients are not aware about the programs, activities and facilities available in the existing health care services. Most of the time people got to know about it from the women healers itself. Most of their patients explained various reasons to not avail the health care services in this region. Lack of awareness, causation of illness, approachability, and social stigma associated with the mental illness and the attitude of psychiatrists and health professionals are some of the reasons for the reluctance from the people. Hence, people approach the women healers for various reasons and they have been replaced by many roles. Similarly, there are some factors determining the choices for healing practices which are included strong belief of the decision makers; easy approachability; causation of illness; social stigma associated with the psychiatric consultation; lack of awareness among people; attitude, approach and deficiency in the existing mental health services in this region (Biswal, 2020). Hardly any cultural/ religious paradigms filtered into the community mental health care; the women healers and people felt that the psychiatric treatment and mental health care still remained insufficiently 'indianized' (Ginneken et al, 2014).

Hence, it is important to recognize the new model into the existing health care services. The model is known as the 'eclectic healing model' (EHM) which prevails in countries like India. India medical pluralism is mainly divided into two- traditional and modern health care systems. The traditional health care system is again classified to different categories such as folk, religious and classical sectors. However, all these health care systems taken together form a new model which is known as the eclectic healing model. Here in this study also found that people use multiple sectors for their health issues. Sometimes the women healers become the mediators between these systems. The decision makers such as friends, family, relatives and the peer groups are highly influenced by the women healers. So it is important to recognize the vital role of women healers in the health seeking behavior of people and the existing health care system in this region.

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APPENDIX I

The given table will give an account on various studies on intervention on mental illness (Depression) among Muslims in various parts of the world.

Sl.No	References	Study Design	Intervention	No. of depressed Muslim clients described (Total no. of cases described in the paper)	Setting
1	Al-Abdul-Jabbar and Al-Issa (2000)	Commentary þ case descriptions/vignettes (from authors' experience)	Psychotherapy	Findings based on authors' experience þ 4 cases (4)	UK
2	Al-Subaie (1989)	Commentary with illustrative vignettes	Medication and Psychotherapy	Findings based on the author's experience as a native Saudi and literature review þ 1 case (2)	Saudi Arabia
3	Al-Krenawi et al. (1994)	Case report (from author's experience of treating	Islamic psychotherapy	2 Israeli Bedouin (4)	Clinic for Bedouin clients,

		clients)			Israel
4	Ali et al. (2004)	Commentary þ illustrative vignette (description of a real case, written in third person)	Psychotherapy	Author's experience þ 1 female (1)	USA
5	Alyamy (1995)	Doctoral thesis– commentary þ case description	Art therapy	Author's experience þ 1 Saudi male (3)	Clinic, Saudi Arabia
6	Ansari (2002)	Commentary þ illustrative vignette (describes recommended practice)	Islamic psychotherapy	Author's opinion þ 1 female (1)	UK
7	Azhar and Varma (1995)	Randomised controlled trial	Control group: psychotherapy; Treatment group: psychotherapy þ religious psychotherapy	32 participants in each arm of study þ author's conclusions (64)	Malaysia
8	Aziz (1999)	Doctoral thesis– advice for practitioners	Mental health treatment for Afghan immigrants	Report to sensitise clinicians to issues and provide guidelines for treating	USA

				Afghan clients, based on review of studies and author's experience (0)	
9	Cinnirella and Loewenthal (1999)	Qualitative interview study	-	13 female Pakistani Muslims (52)	UK
10	Coker (2005)	Qualitative interview study (participants were asked to respond to clinical vignettes)	-	209 lay people; 106 psychiatric patients þ their families; 26 psychiatric nurses/ social workers (341)	Egypt
11	Fonte and Horton-Deutsch (2005)	Practice review	Nursing care of patients with postpartum depression	Findings based on author's expertise and references (0)	UK
12	Gesundheit et al. (2008)	Case description (reprint of	Advice by letter from a	1 male, cousin of	Cairo, Egypt

		therapist's letter to client þ commentary)	Jewish therapist (Maimonides) in 12th century	Saladin the Great (1)	
13	Halliburton (2000)	Doctoral thesis– anthropological study, including interviews	Islamic, ayurvedic and biomedical treatment	1 Indian Muslim male (25 interviewed, _4 case reports)	Mosque and clinic, Kerala, India
14	Healy and Aslam (1990)	Case descriptions (third person)	Various	2, both males (2)	Britain
15	Inayat (2005)	Commentary plus illustrative vignettes (from author's experience as a therapist)	Spiritual healing	2–1 male þ 1 female (2)	UK
16	Mohammed (2003)	Commentary	Description of Islamic psychotherapy in the 11th century	Findings based on author's opinion, plus references (0)	Location not stated
17	Mubbashar (2000)	Commentary	Description of various treatments	Findings based on author's experience and	Pakistan

				knowledge of Pakistan (0)	
18	Nielsen (2004)	Case report (from author's experience as a therapist)	Rational Emotive Behavioural Therapy	1 female (1)	USA
19	Rothermel (2009)	Doctoral thesis– literature review þ findings from discussion groups		4 Arab-Americans (4)	USA
20	Saeed et al. (2000)	Observation of faith healers þ questionnaire to assess condition of clients according to DSM criteria prior to treatment (no assessment of outcome)	Faith healing	24% of the 298 screened had depression according to DSM criteria (298)	Clinic of 5 faith healers, Pakistan
21	Sembhi and Dein (1998)	Commentary with illustrative vignette (observation)	Various	Literature review; 2 Muslim males (3)	UK
22	Tse (2002)	Commentary accompanying write up of study a training	Islamic background bilingual community	16 community workers were	Australia

		programme for community workers	mental health workers	trained, findings on impact on Muslim clients are based on the author's opinion (16) Literature review (0)	
23	Worthington and Sandage (2001)	Commentary on "Religion and spirituality"	Religious accommodated psychotherapy		Authors based in USA (review of study in Malaysia)
24	Yilmaz and Weiss (2008)	Case description (observation), "Cultural formulation"	Psychiatry and spiritual healing	1 male, Turkish (1)	Switzerland
25	Youssef and Deane (2006)	Qualitative interview study		5 or more of the Arabic speakers interviewed (35)	Australia

Walpole et al (2013), *Journal of Affective Disorders* 145 (2013) 11–20

APPENDIX II

LIFE STORIES OF THE WOMEN HEALERS

Here I give an overview of the life stories of the 12 Muslim women healers who have participated in the current study. It would give a reflection of the life situations and circumstances under which these women healers are practicing.

Shareefa Beevi

Shareefa Beevi is a middle aged women (when I met her in 2015, she was in her mid-fifties) who identified herself as a *Beevi* (Wife of a *Thangal Paappa*, direct descent from Prophet Mohammed) who meets patients in her healing room and writes amulets for them. She was born and brought up in a Thangal family. Thangals are an endogamous community of Yemeni Descent who began to arrive in Kerala in the mid 18th century as Islamic scholars and merchants. The Thangal families in Kerala directly trace their origin to the Prophet Mohammed. They considered themselves to be the highest ‘caste’ among Muslims in Kerala. Because of their claimed lineage, they are attributed sacrosanct status and a unique spiritual power (Sathar, 1999) among Muslims. Hence, some of them work as healers among Mappila Muslims of Kerala, especially in the region of Malabar. She married Pookkoya Thangal; he is also from the thangal families of Malabar. She has four children, two boys and two girls and these four of them also got married from the Thangal families itself.

Through this endogamous marriage she maintains purity of gene and they are transmitting their sacrosanct status and spiritual power. She got the spiritual power from her parents and she learned all the healing methods and techniques from her parents. Gradually she started her practice as a healer in her house and later shifted her ‘healing room’ near to her house. The healing room is not a fully developed ‘healing room’; it is a small shed with a concrete roof. And it is painted with white color and light green and one side full of windows. Beevi kept chairs and benches for the visitors who came to meet her and buckets of water and glass are also available in the ‘healing room’. They used to refer to the ‘healing room’ as ‘*Chikitsa room*’ and it is always open for those who are needed.

In her *chikitsa room* Beevi used to wear *purdah* and she covers her head with a *muftha* (cloth which is used to cover the head). And the Muslim visitors who came to meet Beevi also wore *Purdah* and cover their head with *muftha*/ scarf. Other people (non-muslims) used to wear their traditional dresses. Through their dress code; one can easily understand the religion of the visitors. Beevi talks to her visitors in a soft tone and she listens to everything that her visitors have to share with her. Then she will write the ‘medicine’ and explain it later. Irrespective of caste and creed, people come from great distances to visit *Beevi* for their problems. However, a notable factor in her *chikitsa room* is that she put a curtain there; and the male visitors used to sit beyond this curtain and she used to hear them. She doesn’t see or touch her male visitors. According to Islam, women are forbidden to see or touch men other than those of blood relation and husband. As a practicing Mappila Muslim she strictly follows the religion.

Her treatment methods are completely based on the holy text- the Quran and Islamic astrology helps her to diagnose the problems and issues of her visitor/ patient. Then she writes ‘medicine’ from the Quran. According to her Quran and its each and every ayaths has its own power to heal and cure the problems. Hence she used to treat these Ayaths from the holy Quran. She added that reciting the Quran and practicing namaz in everyday life can bring health, happiness and prosperity in one’s life. And she opined that the Quran is the most effective medicine in the world.

Beevi guarantees treatments, for all the troubles and problems caused by *Shaitans* or *Jinn*. Many patients come to *Beevi* with very specific complaints such as infertility, fever or gastroenterological problems, disobedient children (including teenage sons who do not study or work but just roam around here and there), stolen things, marriage alliance, love failure, failing business, property issues etc. Some other people come with some generalized issues like ‘I don’t sleep well or general troubles in the shop or house’. She will identify the reasons behind these generalized problems. Most of the time people come with psychological problems or troubles rather than physical ones. Whatever it is, she will help them to recover from their problems through the holy ‘*Quran*’.

According to *Beevi*, women come to her than do men and she added that the pre constructed notion on women’s responsibilities; women are primarily responsible for the most problems or

illness that concern family health and well-being of the family members. Women come with many more issues such as health and all aspects related to family. However, men come with their problems often concerning housing, business, marriage alliance, infertility and mental and physical health. Her healing room always includes conversations, disputes, compromises, and decisions, etc.

Mulla Beevi

Mulla Beevi is a Fifty five year old religious healer practicing in Chelari since 2000. She is a full time practitioner in this locality. According to the villagers, she has an important role in health care services in this locality. If someone falls sick or ill they will directly meet Mulla Beevi and get treatment or advice from her. She builds a small single room shed near to her home and practices there. The roads are connected to her 'healing room' from nearby town; hence it is not a difficult task to reach in her 'healing room'. There are frequent bus connections through Chelari; so people can get down there and get an auto to Mulla Beevi's place or they can walk towards their destination. On the other hand, some of them will come with their own vehicles; possibly avoid the gaze of the villagers.

She is widely accepted and recognized among Mappila Muslims of Malabar because of her ability to cure health problems and other issues. Furthermore, her lineage as a member of Thangal family is also helpful for her healing practices. People from Malabar strongly believe in *karamath* of Thangals and Beevis. Mulla Beevi is the elder daughter of Sayyed Muhiyudheen Thangal; who was also a religious and ritual healing practitioner in Pallikkal. So, she learned all lessons of religious and ritual healing practices from her father itself. She studied in *Darul Huda Madrasa* at Kozhippuram till seventh class. She learned the Quran and other *kithabs* from Madrasa. Apart from that, she learned many other religious texts and Hadiths from her first teacher; her father. After her marriage she moved to Chelari. In 2000 she started healing practices at Chelari. Initially, she didn't get any recognition from her locality. According to Beevi, the healing spaces are always dominated by the male healers in Malabar. However, she struggled and continued religious and ritual healing practices. Gradually, she gained acceptability among the people.

According to Mulla Beevi, she gives treatment for various kinds of aches in the initial stages of her practices. Later, she started to specialize on various mental and physical health problems caused by Jinn and Shaitan. She opined that most of the mental health problems are due to the possession of Jinn and Shaitan. Only people like me can cure these kinds of problems. No doctors or Vaidyan can treat mental and physical health problems caused by Shaitan and Jinn. They don't study about this causation of illness. Only religious and ritual healers are well known about this. People used to come to meet her for various health problems which include both mental and physical health problems. According to Mulla Beevi, most of them came for *Pediyil peduka, Vibrandhi, Vishadham, Vasvas* etc. (Mental health problems) and different kinds of aches, wounds and crushes. She is more expert in *baadha ozhippikkal*, which means removing Jinn, Shaitan, Ibleese and other affected things from the body of the affected person.

Most of her disciples are females from various parts of the state. And they are from different strata of the society. Some of them are very rich and some of them are not. However, for Beevi everyone is equal. According to her, people from all walks of life used to come to meet her for various purposes. Whoever it is, whatever it is; she welcomes with her two hands. And she doesn't have any fixed fee or charge. She will receive whatever they give to her. For the most part they put money in the box which Beevi kept on her table. Furthermore, people give other things like rice, cloth etc. They used to give according to their financial ability. Beevi mentioned that most of her disciples are middle aged. The middle aged disciples are always the head of their family and all-rounder. Hence, they have to deal and solve all kinds of their familial issues; whether it is health issues or not. They come for their own issues, for their kids or for their relatives or neighbors etc. they keep strong belief in her, on her abilities, on her *thavazhi* (lineage), on her *karamaths* etc. And With the blessings of all these Auliyas and her parents she continues her practice.

Aatta Beevi

Aatta Beevi is a sixty year old Muslim healer, who is practicing as a religious and ritual healer in Mavinchode, Malappuram District. She is a full time health care practitioner in this locality. Beevi refers to her healing room as a '*Chikitsa muri*' and it is currently located in Mavinchode; a concrete shed near her house. And the roads are connected to the village nearby town, so it is not difficult to reach Beevi's *Chikitsa muri*. There are frequent bus connections between

Ramanatukara, the nearest town and Kondotty, around nine kilometers far from Mavinchode. Most of the clients or patients make use of this bus connection to reach Mavinchode though; I have seen many of them getting down this stop and walking to his place. However, some of them will come with their own vehicles; possibly avoid the gaze of fellow travelers or the villagers. People are coming from different parts of the state to meet Beevi. Aatta Beevi is commonly known as *Beethatha* among her disciples. She is very famous and widely accepted among the mappila Muslims of Malappuram. Her abilities and karamats are well known among them.

Aatta Beevi is born and brought up in a Thangal Family in Malappuram, due to this sacrosanct lineage they are attributed unique spiritual power among Mappila Muslims in Malabar region of Kerala. Hence, people believe in her spiritual power to cure and heal various kinds of health problems. Beevi explained about her lineage and their *Karamat* to deal with various problems. She learned the '*Kithab*' from her parents itself. Her father was a *Mulla* of a Madrasa and he was a part time religious healer in his locality. He practiced ritual and religious healing practices at his home itself. So, Aatta Beevi had seen all his practices since her childhood. In short, her father was her teacher in healing practice. On the other hand, the 'lineage and legacy' are an advantage for her healing practices.

Aatta Beevi specialized in Shaitanic problems. According to her most of our health problems are because of Shaitan, Jinn and Ibleese. She explained that apart from human beings there are many other creatures living in this *Dunia*. They (the other creatures) have the same rights to live in this *Dunia* similar to us (human beings). When we trespass their space and time they will create problems in our daily life and most of our problems are because of this. Hence, she learned the '*Kithab*' to save human life and health; because only Allah's *Kithab* has solutions for these kinds of problems. Her disciple has strong faith in me and my abilities to deal with their problems. So, I hold their hands strongly, whatever they have.

Irrespective of caste, sect, religion and gender people come to her for their problems. However, most of her disciples are female and they are from various parts of Malabar. She doesn't have any kind of advertisement for her healing practices apart from the mouth word of her disciples. Most of her disciples used to come to the *chikitsa muri* with the help of their relatives, neighbors etc. and they all are already disciples of her. They assure the faith and trust of others too and she

also assures the same to her disciples. She keeps confidentiality in each and every case of her disciples. They came with various kinds of issues; problems like mental and physical health issues, family problems, property issues, marriage related problems, education and for fixing the best time for various functions and ceremonies. Apart from that she specialized in shaitanic problems. According to Beethatha people come for *Pediyil peduka* (Trapped in fear), *Kanneru* (Evil eye), *Karinakku* (Black tongue), *Baadha kooduka* (effect of spiritual powers), *ilaki parayal* (trance), *Sathru dosham* (Of Enemy's wrongdoing) and *Sthala virodam* (Spatial Incompatibilities) and *vavu prashnagal* (lunatic problems) etc.

Suhra

Suhra is a spiritual healer who has practiced in Kallai since 1987. She is known as jinn Suhrabi among Mappila Muslims of Kozhikode. The mappila Muslims of Malabar believe that Allah created many 'other creatures' with man; which is Jinn, Shaitan and Ibleese etc. according to them these 'other creatures' can create or cause many mental and physical ailments. Suhrabi is expert in treating Jinn affected illnesses and ailments. Hence, villagers started to call her as 'Jinn Suhrabi'. And she is happy about it.

Suhrabi is born and brought up in a common Muslim family in Kallai, Kozhikode district. She married Koya Musaliar who works as a Madrasa Teacher in Chakkum Kadav near Kallai. They are practicing the 'Veetu Piyapla system'; in this system the girl and her husband (and her children) will stay back at her own house even after their wedding. This system is prevalent in some areas of Malabar, especially coastal areas of Kozhikode, Kannur and Kasargod. So, Suhrabi could stay back at her own house even after her wedding. She has two daughters and both of them are staying with her in Kallai.

As I mentioned above she has been practicing since 1987, the long 32 years of experiences she used for the mental and physical well being of her community.

Similar to any other Mappila Muslim in Malabar she was used to visit various Dargahs and Makhams across India. However, suddenly she got a call and blessing from a saint who visited before. Then she learned various treatment methods from different ways. Similar to any other Muslims she knows how to read and recite Quran and Hadits in her everyday life. Gradually she started her healing practice in her house with the help of her husband. In the initial stages of her

practice nobody knows about her 'healing room' and her healing ability of various mental and physical ailments. However, gradually through different ways, especially through mouth words people got information about Suhrabi's healing capacity. And, irrespective of religion, caste or gender she widely accepted in Malabar. Gradually, two of her disciples started being part of her healing room. They (her disciples/ stander) will help her to roll or fold the papers, clean the healing room, search *kithabs* and hadiths etc. and they will distribute the tokens for the people who used to come to meet Suhrabi. Somehow, they are also part of the healing room. According to Suhrabi,

Usually, people use to go and get medicines from 'Beevi's healing room and people like me are an exception in this healing space. But people believe in my ability to cure and heal their ailments, especially mental health issues. They trust me and I will try to keep their trust in me. That is the basic factor of my existence in this healing space.

According to Suhrabi, people from various parts of Malabar used to come to meet her for different purposes. She is an expert in treating mental health issues. She treated some of her patients for depression, mood disorder, obsessive compulsive disorder and sexual dysfunction. Apart from that people visit her healing room for solving family issues, property issues, marriage, and unemployment issues and even for educational related aspects. In short people ask permission and ask her advice for the above mentioned aspects. Suhrabi opined that she has disciples in all walks of life. Those are included educated- uneducated, employed- unemployed, rich- poor, male- female etc. she added that money doesn't matter here in this healing room. They can come to meet me even without money. Sometimes, they used to bring other kinds like clothes, sweets, homely grounded nuts etc. on the other hand some rich people bring gold coins, home appliances and costly perfumes for Suhrabi. They gifted all these things soon after their fulfillment of desire. Most of her visitors are middle aged women; they used to come for their family or family members. According to Suhrabi, most of the time the female member of the family will take the responsibility to deal with all 'these kinds of problems', especially religious and religiosity are meant for female members of the family. And it is not necessary to be the head of the family to find a solution for this. She pointed out that people from all age groups used to come to meet her. And even the newly born babies are also coming to her healing room. Suppose if they (newly born babies) have any health issues, continuously crying or if they are

not sucking the nipple; parents bring them to Suhrabi for remedy. Hence, age is not a matter here.

Khadeeja

Khadeeja is veteran religious healer in Arakkinar (Kozhikode district) and has been practicing since 2000. She is a full time practitioner in her locality. For people she is known as Khadeejumma. According to her, people meet her for all their needs and deeds. Directly or indirectly she keeps in touch with their life. Her healing room is currently located near her house; a newly constructed outhouse. There are two rooms included in her healing room; one is her room in which she meets people and another one for people there who can wait for their turn. It is very easy to reach Arakkinar. There are frequent bus connections between Kozhikode to Meenchandha. According to Khadeejumma most of her patients/ disciples make use of this bus connection to reach Arakkinar. On the other hand, some of her disciples will come with their own vehicles or rent autos/cars; possibly avoid the gaze and queries of the villagers. Even though, people from various parts of Malabar and even out of state come to meet Khadeejumma for various purposes.

Khadeejumma is born and brought up in a common Mappila Muslim family at Kottakkal, Malappuram District. Similar to any other Muslim girl she got Madrasa education from her nearby Madrasa. She used to read the Quran and Hadith in her everyday life. In her childhood she didn't explore much about her religion or Quran. After her marriage she moved to Arakkinar, stayed with her husband and in-laws. She continued her life as any other Muslim girl. However, after two years of her husband's demise she started to explore more on her religion. She started to visit dargah, makhams and Jarams in various parts of the country. She started to read more on Islam and related aspects. Suddenly she got an epiphany from Almighty Allah. She had some changes in her behavior; started talking in different ways and different languages which she didn't know before. She was reciting the Quran and Hadith loudly and fervently. After a trance she became a 'healer' for everyone. People got to know about this and started to come for various purposes. Initially people come for issues like craving, non stop crying of babies, migraine, various aches etc. Gradually through the mouth words of people she got recognition in her village. Later on she became a full time healing practitioner for people. Whereas people

from various parts of Malabar even from Mangalore, Gundoor etc. came to meet her. And she is always ready and happy for them.

As I mentioned above people from various parts of the state come to meet Khadeejumma. Irrespective of caste, class or gender; they meet Khadeejumma. For them distance or travel is not a problem to meet Khadeejumma. Because they know that, once they meet Khadeejumma they will get a solution/remedy/ heal for their issues and problems. Hence, they are ready to take any risk or effort to meet Khadeejumma. Khadeejumma's healing room is basically for '*manasika prashnagal*' it means she is specialized for mental health issues. According to Khadeejumma most of the 'mental health' issues are caused by Shaitan/Ibleese or Jinn. She pointed out that doctors can only treat 'physical health' problems. However, for the mental health issues people like her can treat or heal; because most of the mental health issues are due to Shaitanic/ jinn possession. And she added that Mappila Muslims perceive mental health problems in their own 'local' understanding. *Pediyil peduka, Ilaki parayuka, Vibrandhi, vasvas, vishadam* etc. are the major mental health problems among her patients. All these problems are caused by Jinn/ Shaitanic possession. No doctors or physicians can diagnose Shaitanic/Jinn possession or its signs or symptoms. Only people like religious or ritual healers can understand and diagnose these issues and only they can find a solution for these problems. People from all kinds of economic backgrounds came to meet her. There is no difference between haves and have-nots. According to Khadeejumma,

I don't fix any consulting fee or anything like that. I receive/ accept whatever they are giving. According to their financial ability they will give some amount to me. I don't receive the money directly. I used to keep a small glass box on my table; they can drop money into that box. I don't check the amount which they drop. On the other hand, some people give me things like clothes, perfumes and eatables etc. things like that I will receive by hand. Without any complaints I will accept everything. At the same time, if they don't have anything to give me; I don't have any complaints either.

She mentioned that her disciples are from various strata of society; included well educated-illiterate, rich- poor, employed – unemployed, students, housewives and bureaucrats etc. Majority of them are housewives. The disciples usually come with their friends, neighbors or

relatives and most of them are middle aged. They bring their children, grand children etc with them for various purposes.

Fathima

Fathima is veteran religious healer in Chaliyam of Kozhikode District. She has been practicing here since 1990. However, Fathima born and brought up in Beypore is nine kilometers away from her current place. She is the youngest member in her family in Beypore. Similar to her siblings she got Madrasa education in her childhood. So, she knows the basics of Arabic, Quran and hadiths. According to her she learned *Kithabs* in *Arabi Malayalam* (Arabi Malayalam is a writing system- a variant form of Arabic Script with special orthographic features- for writing Malayalam) and that is enough for a Muslim to learn from *Kithabs*. So she learned basics from both Madrasa and her mom. She got married at the age of sixteen and then she moved to Chaliyam to her Husband's place. Similar to any other Mappila Muslim she leads a religious life; she read Quran and hadiths every day. Apart from that Fathima and her family members strongly believe in the Karamat of Auliyas, Thangals and Shuhadakkal in various parts of the country. Hence, they used to visit various Dargah, Makhams and Jarams in various parts of the world. Years back Fathima and her family visited Ervadi in Tamil Nadu, where they were part of the *Uroos* and festival in Ervadi. Soon after her visit she got an epiphany for 'those who need your helping hand, you should be there for them'. Then she started a small healing room at her house. Initially, she has done *Manthrich Kodukkal*, *Kothik oothal*, *Noolu kettal* etc. for the people. Gradually, through the mouth words of people she got accepted by the villagers and day by day increased the number of the visitors. She became all in all for the village people.

According to Fathima, people from various parts of Kerala used to come and meet her for various purposes. She pointed out that most of them came for *Pediyil peduka*, *Vibrandhi*, *Vishadham*, *Vasvas* etc. (Mental health problems) and different kinds of aches, wounds and crushes. She is more expert in *baadha ozhippikkal*, which means removing jinn, shaitan, Ibleese and other affected things from the body of the affected person. On the other hand, people come to meet Fathima for other purposes like, issues in family, unemployment, disputes in relation/neighbors, losing things etc. through her 'magical power' she will find a solution for her people.

As I mentioned above irrespective of gender people come to her; even though most of her disciples are women from various parts of the state and also from different strata of the society. Some of them are very rich and some of them are not. However, for Fathima everyone is equal. According to her, people from all walks of life used to come to meet her for various purposes. Whoever it is, whatever it is; she welcomes with her two hands. And she doesn't have any fixed fee or charge. She will receive whatever they give to her. For the most part they put money in the box which Beevi kept on her table. Furthermore, people give other things like rice, cloth etc. They used to give according to their financial ability. Beevi mentioned that most of her disciples are middle aged. The middle aged disciples are always the head of their family and all-rounder. Hence, they have to deal and solve all kinds of their familial issues; whether it is health issues or not. They came for their own issues, for their kids or for their relatives or neighbors etc. They keep strong belief in her, in her abilities, and in her *karamats*.

According to her, the Quran has medicine for all problems, whether it is health problems (Physical or mental) or any other issues. Only people like religious or ritual healing practitioners can handle these kinds of problems. Especially problems related to mental health are caused by supernatural powers like *jinn*, *shaitan* and *Ibleese*. According to the Islamic astrology religious healers diagnose and find out the solution for their problems. Islamic astrology is based on the movement and circuit/way of *Mansila- Thwali- Burooj* (stars-planet-zodiac). The treatments vary from person to person, because each patient is staying in a different place. And furthermore name of the *parambu* (name of the land which he/she resides), name of his/her mother are mattering in each treatment. She treats accordingly.

Soudha

Soudha is a fifty five year old Muslim healer, who is practicing as a religious healer in Peratta, Kannur district. She is born and brought up In a Middle class Muslim family. Her father was a Madrasa teacher in Peratta and mother is a homemaker. Soudha and her elder sister are grown up together in a joint family. They learnt all the basic lessons on religion, Quran and Hadith from both Madrasa and family. Both of them went to *Hayathul Islam Madrasa* in Peratta where her father was working. Their religion, beliefs, rituals and customs are reflecting all walks of their life. They are strictly practicing Islam and following the rules and regulations of the religion. Since her childhood her father was a religious healer in her locality. He was not a full time

healer, even though he was available for the people. He used to give enchanted threads, *elas* and other eatables for the people according to their problems. Hence, she saw many people come to meet her father for various purposes and they went back happily and relieved from their problems. For those days she used to help her father to make *elas*, rolling or folding papers etc. Sometimes, in the absence of her father she used to write Ayaths for the patients and she is proud that her father was a well known person and good healer in Peratta. Then gradually she started to read more on the Quran and Hadiths. She tried to understand the meaning of each ayaths from Quran and Hadiths; and how can the ayaths heal the problems etc. she started her healing practice at the age of 45 with the help and blessing of her father. With all kinds of support her family was there for her. Gradually she became a full time health care practitioner for the villagers.

Soudha is known as Soudha *itha* among her visitors. Most of the visitors utilize the auto service which available in Peratta possibly avoids the gaze of co travelers or the villagers. According to Soudha, people are coming to meet her for various purposes; she addresses them as patient. She writes for both mental and physical health problems. She is always ready to listen to her patient. Her healing room is always open for her patients. For the initial stages of her practice she used to treat and write for the unending cry of a baby, craving for food, not sucking breast milk, trapped in the fear, urinating while sleeping, sleep walking etc. Gradually she learned more and became a specialist in possession related health problems. Apart from the various health problems, people come to her for solving family problems, property issues, marriage related problems, problems with neighbors and relatives, problems on 'space', education, employment and fixing the time for various functions and ceremonies. According to Soudha *itha* people perceive their various health problems as *Pediyil peduka* (Trapped in fear), *Kanneru* (Evil eye), *Karinakku* (Black tongue), *Baadha kooduka* (effect of spiritual powers), *ilaki parayal* (trance), *Sathru dosham* (Of Enemy's wrongdoing) and *Sthala virodham* (Spatial Incompatibilities) and *vavu prashnagal* (lunatic problems) etc.

People from all walks of life come to meet her for various purposes. According to her, they are from various background or strata of society; they are included well educated- illiterate, poor-rich, employed – unemployed, students, housewives and bureaucrats etc. Majority of them are housewives. Patients are usually come with friends, neighbors or relatives. Soudha *itha* didn't

give any advertisements or notices regarding her healing practice and her ability to cure various kinds of health issues. Through the mouth word people got know about her healing practice in Peratta. So, they came with another person. She added that most of them are middle age. Once they come and meet Soudha *Itha*, later they will bring their friends, relatives, children and even their grandchildren because they are satisfied and self realized with her. So, here age is no matter. Furthermore, both male and female patients are visiting her; even though female patients are huge in number. According to her, female members of the family are more aware and cautious about their family matters, especially health of their family members. And usually male members of the family are busy with out-side chaos and they don't find time to read and recite quran and ayaths every day. However, even in household chaos women will find time for these. Hence, most of the visitors of Soudha *itha* are women from various strata of society.

According to *Itha*, religion has an important role in everyday life. If people have any problems they depend and find solutions with their religion. They keep their own religious understanding on health, illness and healing practices. She mentioned about the understanding of Mappila Muslims on health, illness and healing. Through that we can understand the role and influence of religion in everyday life.

APPENDIX III

TOOL FOR THE OTHER MALE HEALERS'S INTERVIEW

BACKGROUND INFORMATION:

Name of the respondent

Age/ Family details

Educational Qualifications

Occupation

Place

1. Your experience as a healer
 - a) How did you start your practice?
 - b) When did you start your healing practices?
 - c) Where did you start?
 - d) How was your learning process?

2. What are your experiences with patients?
 - a) What kinds of patients are coming to meet you?
 - b) What kinds of problems they are suffering from?
 - c) What is their socio-economic status?
 - d) Male patients or female patients?
 - e) What is their age composition?

- f) Are they going to some other places for treatment or healing?
 - g) If yes, where are they going?
 - h) Are they going to some other religious healers? Women healers?
3. Are there any women Muslim healers practicing in your locality?
 4. What is your understanding on women Muslim healers in your locality?
 5. According to you are they efficient for healing practices?
 6. How does your religion see women as a healer?
 7. Is this allowed for women in your religion?
 8. Are the women healers referring to you?
 9. Do they come and meet you for suggestions and advice?

APPENDIX II

TOOLS FOR THE PARTICIPANT'S INTERVIEW

BACKGROUND INFORMATION OF PARTICIPANTS:

Name of the respondent

Order of birth/ number of family members

Educational qualifications

Nature of the practice

1. Your experience as a healer
 - a) How did you start your practice?
 - b) When did you start your healing practices?
 - c) Where did you start?
 - d) How was your learning process?
2. What are your experiences with patients?
 - a) What kinds of patients are coming to meet you?
 - b) What kinds of problems they are suffering from?
 - c) What is their socio-economic status?
 - d) Male patients or female patients?
 - e) What is their age composition?
3. What is your understanding of religion and religiosity?
4. What is your perception about faith?
5. Understanding Health?
6. Understanding Illness and disease?
7. Causation of illness?
8. Relationship between religion, faith and health?

9. Relationship between religion and healing
10. Role of religion in health and healing
11. What is Islamic Astrology?
 - a) Your understanding on Islamic Astrology
 - b) How does Islamic astrology relate with the human body and illness?
 - c) What are the techniques from Islamic astrology used in healing practices?
 - d) Time and space in Islamic Astrology?
 - e) More on Islamic Astrology
12. Role of rituals and healing practices
 - a) Relationship between faith, rituals and healing practices
 - b) What kinds of rituals are using for healing practices?
 - c) Symbolic significance of rituals?
 - d) Time and space in rituals?
 - e) Other related aspects with ritual practices?
 - f) What is the role of *Kuthu Ratheeb* and *kuthu beith* in healing practices?
13. Role of *Dargah* in healing practices?
 - a) Ritual practices related with healing in Dargahs
 - b) Material and non materials aspects related with Dargah
14. How do you become part of the decision making of the patient?
15. How do you exercise your power and authority in community social relations?
 - a) Your role in community activities?
 - b) Your role in religious festivals?
 - c) Your role in religious and cultural life people within the community?
 - d) How do you become part of the decision making of health aspects of a person in the community?
 - e) How is your relationship with other women healers within the community?

- How is your relationship with other male healers within the community?
- How is your relationship with other religious healers within the community/
- Is there any crossroads between Hindu and Muslim healers and healing practices in Malabar?
- How do Mappila Muslims of Malabar understand the crossroads among Hindu and Muslim healers?

17. How did the body become a space of healing practices?

APPENDIX IV

INFORMED CONSENT FORM

I, agree to participate in the research study of Farsana K P.

The purpose and nature of the study has been explained to me.

I give permission for my interview with Farsana to be tape- recorded.

I understand that I can withdraw from the study, without repercussions, at any time, either before it starts or while I am participating.

I understand that disguised extracts from my interview may be quoted in the thesis and subsequent publication if I give permission now.

Please tick one:

I agree to quotation/publication of my extracts from my interview

I do not agree to quotation/publication of my extracts from my interview

Signed:

Dated: