

TONA, THE FOLK HEALING PRACTICES IN RURAL PUNJAB, PAKISTAN

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ABSTRACT

Consulting religion and magic for healing is an important aspect of healing belief practices. Magical thinking provides space for culturally cognitive patterns to integrate belief practices. *Tona*, a layman's approach to healing that describes magico-religious (fusion of magic and religion) and secular magic practices in rural Punjab, Pakistan, is an example of magico-religious and secular magical practice. The purpose of this study is to analyse *tona* as it is practiced to cure childhood diseases (*sokra* and *sharwa*) in Muslim Punjab, Pakistan. This is an ethnographic study I conducted using participant observation and unstructured interviews as the primary research methods. The study produced an in-depth analysis of *tona* as a healing belief practice in the light of Frazer's principles of magical thinking and sympathetic magic. The study provides a deeper understanding of the magical thinking in magico-religious healing belief practices.

KEYWORDS: childcare beliefs • folk remedies • religion • magic • magico-religious healing • magical thinking

INTRODUCTION

Healthcare beliefs as an elementary component of the basic human instinct of survival exist in all cultures. Consulting religion and magic to control and manipulate nature and contact divine power is an important aspect of healing belief practices. These belief practices are religious, non-religious or may present a fused picture of religious/non-religious beliefs. Punjabi culture, particularly prominent in rural areas, is comprised of religious and folk healing traditions, sometimes blended in a way that they seem part and parcel to each other. *Tona* is a layman's approach to healing that describes magico-religious (fusion of magic and religion) and secular magic practices in rural Punjab, Pakistan. Different *tona* are practiced for different diseases; however, I primarily focused two childhood diseases cured with *tona*. These diseases named as *sokra* and *sharwa* (by local Punjabis) can be serious and a risk to the child's life. A keen unawareness of its medical causes and the unavailability of modern medical facilities leave no choice other than folk remedies and religious healing. In this way magical thinking helps people connect their cognition of these facts with the belief practices in order to meet magical ends.

During the 2010–2013 period I researched infant healthcare belief practices in rural Punjab. *Tona* was a popular healing practice that was interesting for its religious and

secular aspects. In general, it is a sympathetic magical practice without the involvement of a specialised magician and without any divine intervention. More important is the magical thinking that establishes a causal connection between things, bodies and events. For example, a common *tona* to ward off the effects of the evil eye is to move seven red chillies around the sick child's body and throw them into the fire. Sometimes a petition to God is used in order to be more effective, and red chillies are moved around the body while reciting some Quranic verses (Qamar forthcoming). Hence, what makes *tona* an interesting practice is the space that it provides to fuse magic and religion in line with magical thinking. This article explores the aspects of magical thinking that contribute within magical and religious healing practice to combating *sharwa* and *sokra*. Following on from the ethnographic evidence I had, I concluded that sympathetic magic provides a platform from which to carry out folk and religious medical belief practices. It helps to fuse magic and religion constituting magico-religious approach to healing. James George Frazer refined Edward Burnett Taylor's principles of association into the principle of similarity or resemblance, and the principle of contagion or contiguity. Frazer's subdivision of Taylor's system of magic into sympathetic and contagious magic, and his promotion of this as a fundamental conception of magic, is Frazer's distinctive contribution. His description of associational principles of similarity and contiguity as general features of the human mind has been in use in different interpretative frames of magic since that time (Tambiah 1990). The main thesis of this article is the Punjabi layman's magical thinking involved in health-seeking belief practices and magico-religious synthesis using Frazer's sympathetic and contagious magic as a key analytical tool.

CULTURAL CONTEXT

Rural Punjab has, like the rest of Pakistan, a dominant Muslim majority. It is green, fertile and rich in agricultural production, particularly the cash crops wheat, rice and cotton. Rural Punjabi society is a patriarchal society with strong gender boundaries. Children are valued members of the Punjabi family, and are the foremost desire of married couples and their families. Parents perform rituals designed to protect health within their cultural and religious beliefs to ensure the physical wellbeing of the children, and present a blended picture of religion and folk culture. Punjabis show considerable respect for their religious/spiritual leaders, saints and shrines and seek their spiritual help. Generally, health-seeking belief practice based on religion is performed by religious healers using Quranic verses as incantations, and Quranic amulets. Other healing practices, such as *tona* based on folk healing, are performed by the elders for years and as rituals are passed down through the generations. *Tona* is a layman's medical belief and does not require a 'ritual' setting (or ritual process).

Punjabis perceive a sore throat, flu, stomach problems (diarrhoea, constipation, gastric trouble) and fever as common diseases that may be the result of severe weather conditions or an excessive consumption of foods that, according to them, may cause stomach problems. For adults, these diseases are cured with folk medicine or processed food. However, for infants, who are always under parental care, a disease may be perceived as the effect of evil (such as the evil eye). The belief that children are exposed to evil influences is common in the Punjab. Because of its religiously established status,

religious healing is common regardless of the availability of modern medical facilities; however, *tona* is a folk, rather than religious, remedy for different diseases.

FIELDWORK AND RESEARCH APPROACH

This study is part of my research project dealing with infant healthcare belief practices in rural Punjab, Pakistan. During the 2010–2013 period, I conducted six months of fieldwork in a village in south Punjab. The duration of my fieldwork included two months preliminary fieldwork (in 2010–2011), three months fieldwork (in 2011), and a one-month follow up (in 2013). All the interviews were conducted during the second fieldwork period, in 2011. The study was conducted in a village situated in Fort Abbas in southern Punjab. Fort Abbas is an historical *tehsil* (administrative unit) with an area of 2,536 square kilometres located in the district of Bahawlnagar. It is near the Cholistan desert and the surrounding largely unfarmed land (History of Fort Abbas 2007). The village consists of about 200 households with a population of approximately 1,800. The majority of the villagers belong to the Arayin (*ārāyīn*) clan, the largest farming community in Pakistan (Jaffreot 2004). Farming and manual labour are the primary professions. With one basic health unit (a dispensary), one primary school for girls and one primary school for boys, this village provides unsatisfactory health and education facilities. People live in mud and brick houses (mixed construction), usually with wide open courtyards where they have sufficient sunlight and fresh air. They also use these courtyards to dry seeds, cottons and other grain stuff.

Native familiarity with the cultural context is often appreciated for its rich cultural interpretation (Gullestad 1992). My position as a researcher is one of being a native in a wider Punjabi context, and a non-native in a narrower Punjabi village context. I am a Punjabi Muslim and share the language, religion and ethnicity with the study context. I was born and brought up in a big city and in a modern family that also has a rural parental background. My native position provided me considerable knowledge of the context needed to overcome language and cultural barriers. To limit subjectivity and bias, my 'non-native' familiarity with village life and my knowledge and skills (earned throughout my academic and research career) helped me to bracket the native preconceptions of the ethnographic analysis.

During my research, participant observation and unstructured interviews were the primary research methods.¹ For this study, I visited two families and conducted interviews with parents who had had a successful experience of *tona* as a healing practice. Salman, 33, and Najma, 28, the parents of two children, told me about *sokra* and their *tona* practice to heal it. For a follow up, I talked to a mother named Sadia, 30 (in Najma's neighbourhood), a man Rizwan, 26 (whom I met at a shrine²), and the Imam,³ 45, a religious teacher in the mosque. Aslam, 36, and his wife Safia, 30, told me how their two-year-old child suffered from *sharwa*, and about the *tona* they practiced to cure him. The interviews provided me a rich description of *tona* practices and their secular and religious connotation in the healing process. The *tona* practices studied in this article do not show any significant variation in the belief in *tona* (as mentioned by the informants and as observed during fieldwork). The village did not have modern health facilities to deal with these diseases. I have no intention of generalising the findings to the wider

Punjabi context and the findings are limited to the given context (a Muslim village in south Punjab). The data presented in this study and the ethnographic evidence, however, do expose the conceptual understanding of magical thinking involved in magical, religious and magico-religious remedies.

THE CONCEPTUAL FRAMEWORK OF THE STUDY

Healing beliefs are popular in traditional societies for physical wellbeing, and are practiced as folk medical practices following religious and magical traditions. These belief practices may be religious, non-religious or both, depending on the perceptions of the believer and the symbolic explanation of the ritual performance (or belief practice). Symbols (comprised of objects, behaviours, and myths) may not be religious if they do not have a religious meaning in context; and religious or not, they produce action in specific ways (Yamane and Roberts, 2011). Non-religious healing practices may be shaped by magic (de Vries 1962), or a belief practice may be magico-religious if it manifests a fused picture (of magic and religion). To increase its effectiveness, a belief practice may be reinforced with religious practices like prayers and sacrifice even though the belief is not, in itself, part of a religious system (Frazer 1925 [1890]). Frazer conceptualised magic as “mistaken application of the very simplest and most elementary processes of the mind”, and religion as “conception of the personal agents, superior to man”. However, he quotes several examples when describing the fusion of magic and religion in many ages and in many lands (Frazer 1925 [1890]: 54). People routinely mix magic and religion in their beliefs and practices, and magic and religion are seen side by side in practice. Religion, when in practice, it could not avoid the tilt towards magic (de Vries 1962). A belief practice that does not engage any religious icon or spell is non-religious and can be said to be a secular practice (During 2002). Frazer’s sympathetic magic is secular in its nature if divine intervention or religious manifestation is not required. In cases where magic is practiced along with a religious activity (prayers, sacrifice) it is “magic tinged and alloyed with religion” or magic reinforced by religion (Frazer 1925 [1890]: 48). *Tona*, in this sense, is interesting. It is shaped by magic, but also offers a space for religious reinforcement, thus producing a magico-religious effect. As magic, it manifests a secular ritual practiced by a layman as a folk remedy. To increase its effectiveness and to meet the magic ends, a religious healer can reinforce it with incantation (oral or in writing), and guide the patient (or guardian of the patient) to practice the folk remedy accordingly. For example, using words from the Quran in the *tona* ritual to achieve a cure is magical in intent.

Magic, in anthropology, is described as a belief system where specific human actions bring about desired changes with the help of magical practices and rituals. Magic is a useful concept with which to identify cosmology, belief and ritual. According to Bruce Kapferer (2002: 20), magical practices are rites of the imagination and abstract conceptions constituting meta-cosmologies that “pattern or bring together acts, events or practices that may normally be expected to exist in different or separate cosmological frames”. Magic is a universal phenomenon found everywhere among all people (Frazer 1925 [1890]; Stephen 1995; Randall 2004; Sørensen 2007). However, in anthropological theory, the interpretation of ‘magic’ is problematic. Magic has been used to acquire

knowledge and practical control over man's environment by viewing it as an effective set of procedures (Lévi-Strauss 1966 [1962]); it has been viewed as an irrational symbolic attempt to placate uncontrollable events, similar to wish-fulfilment (Malinowski 1954 [1948]); it has been seen as an oratory to arouse sentiments rather than make true claims about what experience is represented in what way (Tambiah 1990); or viewed as the universal tendency to pursue symbolic and meaningful likeness between objects and events (Shweder and Levine 1975). However, in all interpretations the underlying magical thinking is a form of reasoning that relates mysterious and unusual events to a non-scientific viewpoint. It is a belief that one's actions can affect the outcome of any chance event, when in fact the likelihood of this event is independent of those actions (Ayala 2014). Magical thinking has been viewed as the thought process of pre-industrialised cultures (Frazer 1925 [1890]) and unreasoned beliefs (Rosengren and Hickling 2000). Frazer proposed principles of sympathetic magic that yield science when applied 'legitimately' and yield magic when applied 'illegitimately'. Frazer's analysis of magical systems is appreciated by authors such as Stanley J. Tambiah (1990: 53), who regards it as "some molten gold in Frazer's volcanic overflow", and Ackerman (1987: 167), who declares it is "Frazer's single most important contribution to the anthropology of religion". Frazer's work is appreciated for its systematic classification of magical thoughts and practices in different cultures with reference to sympathetic magic based on the law of similarity and the law of contract. Paul Rozin (Rozin et al. 1986; Rozin and Nemeroff 1990; Rozin et al. 1992) maintained that the principles of sympathetic magic are not only characteristics of primitive beliefs and rituals but also operative in modern Western culture. They provided examples, such as the belief that a drink briefly in contact with a sterilised dead cockroach is undesirable, or a laundered shirt worn by a disliked person becomes less desirable than a shirt previously worn by a favoured person. Other popular examples are avoiding food that looks like something nasty (such as food that resembles something disgusting), being reluctant to receive blood from a donor of another race, or being reluctant to give blood to an AIDS victim.

Frazer (1925 [1890]) presents and explains two principles applied in a magical system: law of similarity (i.e. like produces like, or that an effect resembles its cause), and law of contact (i.e. things which were once in contact with each other continue to act on each other at a distance). According to the law of similarity, the magician produces desired effects by performing imitative magic. Imitative magic is a type of sympathetic magic in which the performer follows the law of similarity to produce the desired effects by imitation. Under the law of contact, the performer uses objects that have been in contact with the person he or she wants to affect, and thus this is called contagious magic. These two laws of magical thinking originated in the anthropological literature on traditional societies (Frazer 1925 [1890]; Mauss 1972 [1903]; Tylor 1974 [1871]) and were empirically investigated in the last two decades of the 20th century (Rozin et al. 1986; Rozin et al. 1992).

Tona as folk healing ritual in rural Punjab is a striking example of magico-religious belief practice. Magical thinking provides a pattern to fuse magic and religion. Punjabi Muslims and religious healers seek God's blessing by establishing a human-divine connection, showing their utmost submission and humbly petitioning God as part of religious belief practice. For this purpose, the healer recites (or writes) sacred texts from the holy book (Quran). These incantations of sacred texts intensify the devotion of the

performer and ensure that a divine power is at work. The healer can direct this blessed power to other people or objects. The interesting aspect of the healing is the 'directing health blessing towards the patient'. The healer recites verses and blows towards the patient, touches him/her while blowing, or blow onto drinking water (to turn it into a blessed medicine). Similarly, blessed threads or written amulets (named as *tawiz* in the Islamic world) act as medicine (when the patient wears them). Hence the religious healing is transferred to the patient as a 'contagious' blessing, where the healer with his religious knowledge becomes a mediator to connect the source (divine) with the target (patient). 'Contagious' blessing is described in the Bible (for example Mark 1:41; 5:25–30).⁴ Sick people are cured after receiving physical contact (a touch) from Jesus. Brigid M. Sackey (2002) describes contagious blessing as an important aspect of faith healing and connects it with Frazer's contagious magic.

SOKRA AND SHARWA

Before continuing to describe and analyse healing belief practices, an introduction of the two diseases will be helpful to understand the use of folk healing methods. During my stay in the field, I only saw one child suffering from *sokra*, and I did not witness any child suffering from *sharwa*. Hence it is a bit difficult to give an eyewitness description of the symptoms of *sharwa*. However, in this section I will give a brief but fairly clear description of the diseases based on interviews with parents, and finally on a discussion with my brother who is a medical doctor (practicing in a big city in the Punjab). *Sokra* is a disease that leads to severe weakness and insufficient body growth. The lack of water and the deficiency of essential nutrition in the food causes the child's health to deteriorate quickly. According to the doctor, it can result in rickets. Parents, unaware of the deficiency of vitamins and other nutrition in the food consider it an effect of the evil eye or other evil influences. Likewise, *sharwa* is a local name for a childhood skin disease causing itchy rashes, red spots and pimples. The child feels uncomfortable and has a light fever. The child, because of this agitation, cries often and cannot be fed properly. According to the doctor, this skin disease may be chickenpox or measles. In any case, parents perceive it as *sharwa* because they are unawareness of the symptoms and causes of the disease. To comfort and cure the child, they practice folk healing.

Sokra becomes serious if the deficiency in the diet is not met with proper guidance about the importance of nutrition. Because parents are unaware of medical aid, and because it is unavailable in remote areas, they consider these diseases sickness-evil and practice folk remedies. As there is no serious diet deficiency in this village, *sokra* is not common. Similarly, cases of *sharwa* are rare. *Sokra* is taken as a serious problem. People who can afford to do so, visit hospital in a nearby city keeping magico-religious healing intact. *Sharwa* is seen as a skin problem, and folk healing practices are observed as effective magical remedies.

HEALING SOKRA WITH BLESSED VEGETABLES

During my research visits to various villages, I found the healing ritual of hanging blessed *loki* (calabash) or *bengan* (brinjal) common in rural Punjab. During my research in the village under study here, I discussed this in detail with Salman and Najma. Salman and his wife Najma had two children, a daughter Sobia and a son Haseeb. Haseeb was eight months old and was getting weaker day by day. When I visited Salman again, Haseeb was feeling better. I observed that parents used to seek religious healing for their children, especially if the disease was seen as the evil effects that could not be cured unless treated with healing rituals. In a study to know the causes of childhood diarrhoea conducted in southern Punjab, Melanie Nielsen et al. (2001: 9) describe *sokra* as a “feared illness related to envy and malice” that can be transmitted by the passing of a shadow over the sick child. *Sokra* is one of the diseases that according to the parents come on suddenly and within a few days the child is severely weakened. As they do not see any other reason for the disease (such as weather conditions, drinking water issues), the only reason they can see is the unknown evil influence. Salman and Najma, worried about their son, visited a religious healer to seek a cure for the son. Salman stated:

We visited a religious healer in the neighbouring village. He saw the child and also diagnosed *sokra*. He recited Quranic incantations on a *bengan* and advised us to hang it in the courtyard at a place where its shadow would not fall on other people or animals. As soon as the *bengan* dries out, the baby will recover and become healthy.

Q: And did it work?

Yes, it did. Look, the *bengan* is still hanging there! [He showed me a *bengan* hanging on a string in a corner of the courtyard. The *bengan* was completely dry.]

Q: How many days did it take?

A few days. Haseeb is healthy now. Before religious healing his face was pale, his skin was withered and he was not active, but now you can see his fresh and active face.

Q: What do you think, why did the child suffered with *sokra*?

God knows. Maybe the evil eye.

As the family is not starving, a diet-deficiency does not seem a cause of the disease. Rather, Salman and his wife go for a supernatural explanation, and believe that the effects of the evil eye may have come from human envy. Finding no other medical cause, their supernatural explanation leads them to rely on magico-religious beliefs (Prioreshi 1996). The religious healer used the Quranic powers to eliminate the evil effects and imitate the healing process through a blessed vegetable that dries out after being hung in the courtyard. About the selection of a specific vegetable, *bengan*, Najma said, “*Bengan* or *loki* are popular for this healing ritual and we have seen these two vegetables healers used in healing *sokra*.” People have an explanation that shows their rational opinion. Sadia, another mother in Najma’s village who got blessed *loki* from the healer tried to explain it: “*Loki* and *bengan* are vegetables that dry out rather than rotting. It is also possible to observe that as the vegetable dries, the child is cured.” The selection of vegetable is in accordance with the magical thinking that describes the imitative healing process. *Loki* or *bengan* when hung in the fresh air and in sufficient

sunlight begin withering in a couple of days. This is the effect they want to see, and this is what they can see in connection with their child's health that is observed in an inverse relationship with the blessed vegetable. Naturally the vegetable (hung in the fresh air in an area where nights are slightly cold and days sunny) does not rot and takes a few days to wither completely. People know this natural process, but they see the blessed vegetable as relating to the sick body. In the perspective of imitative magic, the selection of *bengan* and *loki* as potential vegetables to cure disease is meaningful. Both the vegetables have a smooth skin and flesh-like material inside with a certain amount of water. Hence a resemblance with the body of the baby can be imagined. This is the symbolic connection that I can see. However, the Quranic recitation is used as a charm to invoke divine powers to transfer the disease from the ill body to the imitating vegetable. While visiting a nearby shrine, I met Rizwan, a young man of 26, who told me about the ritual as practiced in his village:

When a child suffers with *sokra*, parents go to an Imam [religious teacher in the mosque]. The Imam writes Quranic verses on a *loki* or *bengan* after washing it with water. Then the parents hang the vegetable in the courtyard not far from the child.

Q: Can you read the verses on the vegetable, are they visible?

On a *loki* you can see some impressions of the ink that disappear gradually but on *bengan* you cannot see the verses.

Q: And all the imams can perform this healing ritual?

Not all, most of the imams only write verses for amulets or recite incantations. But some imams have more knowledge of healing and are famous for their successful practice.

During my stay, I did not have the chance to meet the religious healer who cured Salman's son, as he did not live in this village and travelled often. I visited the Imam who used to write verses for amulets and recite incantations. He told me about the process of healing using a *loki* or *bengan*.

Sokra is not a common disease; it happens under the severe evil influences or evil eye effects. Therefore, the Quran is the best method of healing. When parents bring their child to me or I visit them, I ask for a *loki* or *bengan* (if the child is suffering with *sokra*). Then I recite Quranic prayers on the vegetable and the vegetable becomes an absorber of the disease. In order to protect others from the disease the vegetable should be hung somewhere in the house where it does not cast a shadow on anyone.

Q: And I heard, one healer writes verses on the vegetable?

Yes, it is like writing verses on paper, as with an amulet that hangs around the neck. But when the Imam writes verses on *loki* or *bengan* for this disease, the vegetable turns into a device to absorb sickness from the patient, holding the contamination of the sickness.

Q: Is it not like doing magic?

How can it be? No, there is no magic involved. The Imam recites from the Quran and seeks God's blessing by invoking His healing powers. It is because of God's intervention that the patient's disease is transmitted to the vegetable and the patient cured.

The Imam, as religious healer, either recites or writes Quranic prayers in order to obtain divine powers for healing. Writing verses in ink on *loki* or *bengan* is similar to writing verses on paper for amulets, although it works differently. An amulet (*tawiz* in the Punjab) cures with the protective powers of the Quranic verses that repel and remove the sickness of the patient. In contrast to this the *loki* or *bengan* becomes an instrument that helps the patient once the verses are recited or written on it, and imitative magic transmits the disease from the patient to the vegetable. The fusion of magic with religion is evident as the healer uses religion to reinforce magic. The healer appeals to God using the power of his religious knowledge. This prescribed (prayers from the Quran) petition written on the vegetable illustrates two important phases of belief practice; the first establishes a human–God (worshiper–worshipped) relationship based on Muslim belief, and second the conversion of a natural object into a receptive (sympathetic) object (which also relies on the first phase). The first phase makes the whole phenomenon religious, while the second is magical thinking that constructs a magical framework. Patient’s guardians follow the healer’s advice afterward to ensure effective healing. The healer warns them about the vegetable’s shadow and advises them to hang the vegetable somewhere where its shadow cannot fall on other people. Sadia told me: “The healer advised us to avoid the shadow of the blessed vegetable falling on the sick child. The shadow should not fall on other children as they may suffer with *sokra* because of the sick shadow.”

All of the respondents I interviewed or talked to mentioned this important precaution. Sadia used to place the *loki* at the side of the baby’s bed, and Najma hung it in a corner of the courtyard making sure that its shadow did not fall in the courtyard. This care protecting other children from the shadow of sick bodies (the child and the vegetable) describes a relationship of the sick body with its shadow. Frazer (1925 [1890]) discussed several studies on the relationship of humans and animals with their shadows. His studies conclude that shadow is seen as a ‘soul conceived as a shadow’, and assumed as a body that can be cured or damaged to bring comfort or harm to the person to whom the shadow belongs. Punjabi people avoid the shadow of the blessed *loki* or *bengan* falling on the sick child. In this case the shadow is the sickness-evil emerged from the sick that can influence healthy people if it falls on them. In everyday life Punjabi people clearly distinguish between shadow and the real body and do not assign such properties to shadow. However, they believe the shadows of the blessed vegetable and the sick child may be contaminated with disease. They do not see this relationship of the sick body and shadow in other diseases. *Sokra* is believed to be a sickness caused by an evil practice, hence a contagious evil remains there with the sickness. The shadow, as part of the sick body, possesses contagious contamination that may influence a person who comes into contact with it. A shadow is just a contagious contamination that lives as long as the sickness continues. Conclusively, the shadow is only a concern for Punjabis when it belongs to a sick body as it carries the sickness-evil. Hence there is a contagious magic, but that is negative and a part of the evil that affected the child. The magico-religious approach of the religious healer is significant because it discloses a connection between magic and religion. He guides the process of imitation with religious invocations and assumes the contagious contamination of the shadow of the sick body. It is even difficult for him to draw a line between magic and religion as he declares it a power from God that enables a vegetable to draw the disease out of the patient. The ‘power’ that

the vegetable acquires is a blessing of healing that God bestows when invoked through ritual. The religion reinforcing sympathetic magic and the healer's warning against contagious magic disclose a complex fusion of magic and religion in which the ultimate objective seems to meet the magical ends. A sickness-evil with its powerful contagious magic is present. The healer needs a magical power that can force this evil out of the body. Where does this power come from? He is not a magician who claims to control and exploit the powers of nature (particularly when he thinks it against religion). Thus he succeeds through religion and his magical thinking, which provide him with a space to use sympathetic magic. Here magical thinking facilitates both religion and magic in a functional relationship against the evil. In this magico-religious cosmology, God is above nature and helps humans (when supplicated) within his natural setting, and man with his magical thinking draws on a relationship with the nature.

HEALING *SHARWA* WITH IMITATIVE MAGIC

The *tona* practiced to cure *sharwa* is different from the magico-religious *tona* for healing *sokra*. In this study, I analyse two popular *tona* for curing *sharwa*. My respondent was a family in which both mother, Safia, and father, Aslam, had 'successfully' practiced healing *tona* for their two-years-old child who was suffering from *sharwa*. They believed *tona* cured their child within days. As both Aslam and Safia practiced two different *tona*, I will describe and analyse them separately here.

A Handful of Wild Reeds

Aslam spoke about the process of the *tona* he practiced:

My two years old son suffered from *sharwa* last year. To cure this disease, there is a *tona* that people usually practice. I went to the fields before dawn, so that no one could see me. There is a bush named as *sarkara* [reeds], and it is in abundance in dry places near my fields. I cut two and a half handful of this wild bush and buried it nearby deep enough that it did not disperse with the wind. Then I came home without looking back. Within a few days, as soon as the buried reeds were dry, the abscess and pimples decreased gradually and then finished.

Q: Where did you learn about this *tona*?

It is quite old; we heard it from the elders.

Q: Can you practice this *tona* with some other wild plant?

No, *sarkara* is specific for this *tona*. This is what we have learnt from the elders.

Q: And why did you go before dawn?

It is because one should practice this *tona* secretly and no one could see him going for the *tona*.

Q: And after finishing the *tona*, you did not look back while coming home, why?

It is said that if one will look back, the *tona* will be ineffective. Perhaps there are some powers at work after the *tona* is practiced. I do not know, but the *tona* should be practiced as advised.

Q: And the child's mother can also practice this *tona* if, for example, the father is not present?

No, how can a woman go to the fields before dawn. It is not good for her. She can practice another *tona* at home.

The discussion with Aslam revealed that there are particular steps to follow for a successful execution of *tona*. The first is secrecy. You should go to the fields before dawn. It is very important that nobody sees you. Second, the reeds must be buried deep enough in the soil that they do not blow around. Third, when coming home after carrying out the *tona*, you should not look back, otherwise you may stop the *tona* from working. These steps are fixed and give rise to the imitative magic. Aslam had an idea that there might be some powers whom he had put to work after practicing this *tona*. "I don't know how. Perhaps there are some powers in nature that worked if you do the whole thing in this way," Aslam said. He neither contacted a religious healer nor recited religious or non-religious spells to invoke divine powers. He practiced a *tona* that he believes worked like magic. The magical thinking of the informants helped me to see the cognitive pattern of the imitative magic. First of all the natural property of *sarkara* (as a plant) itself gives meaning to the symbolism in this healing practice. *Sarkara* is a kind of wild bush that can cause itchy rashes when rubbed against the skin, a property that resembles the symptoms of the disease *sharwa*. Hence, *sarkara* symbolically imitates the disease *sharwa*. This is also a reason why the *sarkara* is buried deep to stop the disease further affecting the skin. Otherwise, if the *sarkara* spread around with the wind, the rashes and pimples might further affect the body. *Sarkara* buried in the soil gradually dissolve and congruently the skin rashes and pimples disappear. However an important question is, why do they not choose another plant with similar characteristics? Talking about magic practices based on sympathetic magic, Jesper Sørensen (2007) addresses the problem of taking similarity as the defining feature of magical practice. He cites Marcel Mauss (1972), who argued that there is a logical realisation of the connection established in sympathetic rites. Sørensen refers to George Lakoff and Mark Johnson (1980), who explained that these rites are more than a reference to perceptual similarity and added the role of experience, conceptual structure and conventional connection. Therefore the perception of likeness depends on cultural models to a large extent, and to a limited extent on how the two things are alike. According to this view, perception of the likeness of the disease *sharwa* with *sarkara* is a customary part of ancestral folk knowledge; as Aslam said:

Yes, there are other plants that can cause itching on the skin when touched just like *sarkara*. But for *tona* this plant is used. We heard from our elders that it has been used effectively for years. We have never tried another.

The perception of likeness with respect to a particular plant is culture-specific and based on folk knowledge that provides a prescribed conventional connection. Once the *sarkara* is buried, the *tona* has been initiated, and once initiated, looking back to the site of the *tona* will disturb the process, rendering it ineffective. Reaching home without looking back is a successful execution of the whole *tona* process; within a few days, the buried *sarkara* will dry, resulting in the disappearance of the rash and pimples as an outcome of magic. Thinking is doing and hence the steps of the ritual were linked with

the informant's magical thinking. It is his belief that he established an imitative connection between the reeds and the sickness.

This *tona* is practiced by male members of the family (mainly the father). Women do not go out in the dark, although they can practice a different type of *tona* at home. Men have male work outside, and female work inside, a binary opposition. Women also do not feel safe outside in the dark.

The Seven Gobar-Thapi

The seven *gobar-thapi* is the second *tona*, which Aslam's wife practiced at home. Safia talked about her belief practice:

Early in the morning, I prepared seven *gobar-thapi* [round-shaped pieces from processed cow dung], and pasted them in a line on the wall in the courtyard. It is said that as soon as the *gobar-thapi* dry out, the *sharwa* will disappear.

Q: In which direction did you paste the *gobar-thapis*, horizontally or vertically [I moved my hands in both directions]?

I pasted them vertically, but people also paste horizontally.

Q: So which *tona* do you think worked for your child's health, the one that your husband practiced, or yours?

I do not know, perhaps both because we did it almost on the same day.

Gobar-thapi is an Urdu word, while in Punjabi it is *goya-pathi*. A *gobar-thapi* is prepared in a round shape with cow dung and chopped dry wheat straws kneaded together. After drying, it is used for everyday domestic fuel needs. This is primarily a woman's job, which they do two or three times a week. The use of *gobar-thapi* in healing *sharwa* seemed popular as a couple of other parents also reported its successful use. Using *gobar-thapi* is symbolic and points to imitative magic practice. *Gobar-thapi* prepared with cow dung and wheat straw symbolically portray an effected skin with pimples and rashes. Pasting *gobar-thapi* on a wall in a column or row symbolises a person standing or lying. *Gobar-thapi* are also pasted in a corner of the courtyard so that nobody passes under it. Once there care must be taken to avoid its shadow since the disease is symbolically present. Therefore, a disease is imitated in the form of a *gobar-thapi* that, when dried in the sun and open air, results in the curing of the *sharwa*. Another key aspect is the number seven. In 1956, George A. Miller described the human fascination for the number seven and discussed its magical connections with different areas of cognitive research. Here, the number seven gives an impression of the complete treatment, because in religious beliefs (both in Islam and Hinduism), it is necessary to perform different religious rituals seven times (see Flood 1996; Farah 2003; Pomeroy 2007). Unlike the *tona* practiced for *sokra*, in which a vegetable imitated the body, here the sickness is embodied as *gobar-thapi*. However, the contagious magic of the sickness-evil present in the shadow remains the same as with the *tona* used to cure *sokra*. As no religious expert or religious knowledge is involved, this *tona* is purely a secular magic practiced by the layman with the help of folk wisdom learnt from elders.

An examination of the perceived efficacy of *tona* in curing both childhood diseases (*sokra* and *sharwa*) can be seen summarised in table 1 below, where I highlight *tona* practice (for the two diseases) to see the difference and similarities.

Table 1. Comparison of the Belief Practices for Healing *Sokra* and *Sharwa*

	<i>Sokra</i>	<i>Sharwa</i>
Performer	Religious healer	Father/mother
Time	No specific time	Before dawn/early in the morning
Place	The religious healer can perform it at his house	The father practices it outside the house in the fields/the mother practices it in the house
Material	Vegetable (<i>loki</i> or <i>bengan</i>)	Plants (<i>sarkara</i> (reeds))/organic matter (<i>gobar-thapi</i>)
Super-natural	Religious (invoking divine powers)	Non-religious (absence of any divine intervention)
Magic	Imitative magic reinforced by religion – a magico-religious approach	Imitative magic
Symbolism	Magical thinking – imitative magic Vegetable – imitating human body to receive the sickness of the patient	Magical thinking – imitative magic <i>Sarkara/gobar-thapi</i> – imitating disease of the sick patient gradually heals in accordance with the drying objects
Instructions	Hang or place the vegetable near the patient	Bury the <i>sarkara</i> reeds deep/paste <i>gobar-thapi</i> in a column or row on the wall of the courtyard
Precautions	Magical thinking – the contagious magic of the sickness-evil Avoid shadows from sick bodies	Magical thinking – contagious magic of the sickness-evil Do not look back after the magical practice/avoid the shadow of the object imitating the sickness
Perceived efficacy	Doctrinal efficacy ensuring operational efficacy (magico-religious)	Operational efficacy (secular magic)

There are several similarities in *tona* practices. First, they are time-, place- and material-specific. Second, the law of similarity initiates imitative magic (as a benevolent magic), whereas the law of contact describes contagious magic (as dangerous and caused by sickness-evil). Third, special instructions are similar, if seen with respect to the imitation involved (i.e. imitating the patient's body or sickness). Fourth is the precautions involved, which are almost similar in their effect if not followed strictly. However, the main difference is the role of divine power, which makes *tona* for *sokra* a magico-religious folk remedy. On the other hand, *sharwa* is cured by the parent's secular magic practice, believed to work only because it was said to by the elders. In this way, one kind of *tona* is seen as more powerful and effective when reinforced with religion. This *tona* takes the form of a ritual when practiced by (and under the guidance of) a religious expert. However, *tona* for *sharwa* is a layman's magical practice that follows some rules (of imitative magic) that are learnt from the elders. As this *tona* does not require a magician's expertise or a religious intervention, I describe it as a secular magic practice, a folk remedy based in ancient beliefs and experience.

CONCLUSIONS

Tona is a type of folk healing belief famous in rural Punjab practiced against different diseases. *Sokra* and *sharwa* are the two diseases parents cured with two different kinds of *tona*. Parents choose magico-religious *tona* involving ritual performance by the religious healer, and also practice a *tona* without any religious or divine intervention. The religious picture of conservative Punjabi society in which magic is religiously forbidden gives a complex fusion of magic and religion in the form of *tona*. The trust and confidence that Punjabi people have in religion and in God shapes their folk healing practices. The severity of sickness and parental distress further strengthens their belief in religious healing. However, using natural objects, practicing the prescribed processes of *tona* and performing religious invocations highlights the magical thinking and the role of symbolism in fusing magic and religion for healing. It is also evident that religion can be used to reinforce this magic. The study of cultural healing practices in medical anthropology will be ineffective unless religion, magic and the relationship between them are not investigated with context specific research in order to understand the underlying processes of magical thinking. Further empirical studies of magical thinking in infant healthcare belief practices in diverse cultural context are needed. From my research in rural Punjab, I assume that magico-religious healing belief practices are used to cure and heal most childhood diseases, although the outcome may vary in this pluralistic medical culture.

NOTES

1 For ethical considerations all the respondents were informed about the research project. All the sensitive or personal information they provided was kept confidential. Names used for the respondents in this study are fictitious.

2 Shrines are the sacred places where saints are buried. Devotees visit these shrines to receive blessings.

3 Imam is the title used for the religious teacher who leads prayer in the mosque. People contact the Imam for religious healing such as incantations and written verses for amulets.

4 Quotations from the Bible are from the King James Version.

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