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THE SEMANTICS OF PAIN IN INDIAN CULTURE AND MEDICINE [1]

ABSTRACT. An interpretive perspective offers a counterpoint to the behavioral orientation in the social scientific literature on pain. The present paper develops a meaning-centered approach which focuses on three interconnected aspects of the experience of suffering: (1) the cultural construction of pain sensation; (2) the semiotics of pain expression; (3) the structure of pain's causes and cures. These connections are explored through a variety of linguistic and semiotic forms, including metaphors, etymologies, gestural codes, taxonomies, and semantic networks. The study of metaphor has special value in revealing the cultural construction of pain, especially its sensory qualities, such as temperature, weight, and movement. The concept of semantic network provides a complementary tool for understanding pain experience; the analysis makes pain sensation the center of the network and argues that multiple meanings attach to this sensory core.

The paper examines these perspectives in the context of North Indian culture and medicine, specifically Unani Tibb, or Greco-Arab medicine. Pursuing questions of the "fit" between everyday belief and traditional medicine, the essay traces continuities in the "language of pain" in North Indian culture, classical Unani Tibb, and contemporary Unani clinical practice.

1. INTRODUCTION

Social scientists and medical researchers agree that culture is a key factor in the pain process. People characterize pain in local categories and express their aches and agonies in distinctive behavioral styles. Class, ethnicity, gender – all contribute to the experience and expression of pain. Religious and philosophical guideposts help people-in-pain assay the moral significance of their suffering. Patients' search for therapy takes them to allopaths, spiritualists, herbalists, fortune-tellers, shamans, and many others, who construe pain through the theories and practices – the cultural lenses – of their own therapeutic traditions.

Contemporary ideas in medical and symbolic anthropology are invaluable tools in the study of pain. Semiotics, ethnopsychology, revised theories of medical language, concepts of the person – all can enhance our understanding of the relationship between pain and culture. Working with these perspectives, I outline an interpretive approach which centers on three concerns: (1) the cultural construction of pain sensation; (2) the semiotics of pain expression; (3) the structure of pain's causes and cures. Together these points deal with the meaningful aspects of pain experience and offer a basis for the comparative description of "pain" in a society's popular culture and its various medical traditions.

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A meaning-centered perspective constitutes a counterpoint to the behavioral orientation in social scientific accounts of pain.[2] A major problem with behavioral studies is their lack of attention to the cultural patterning of pain sensation. The widespread idea of the intrinsic privacy of pain has contributed to this neglect. In *Philosophical Investigations* (1968), Wittgenstein defined a stance against a privacy-of-pain position: he argued that public criteria exist for a whole range of mental phenomena, including sensations, and he cited the language of pain as an example.[3] The crosscultural extrapolation is clear: notions of how pain feels, what its rhythms are, how its intensity is marked – all are embedded in a community's everyday life and language.

Behavioral and biomedical studies tend to characterize pain as a physical process grounded in the somatosensory system. Leading pain researchers Melzack and Wall state this position quite explicitly: "Anguish or anxiety without concomitant activity in the somatic-afferent system is not pain," and hence "the 'pain' of bereavement or the 'heartache' of the scorned lover do not legitimately fall within this definition" (Melzack and Wall 1982:71). Anthropological accounts of personhood question this Cartesian separation of mind and body and its crosscultural applicability.[4] People may not perceive or understand pain sensation solely in physical terms, even in Western societies.

An interpretive perspective also suggests new considerations for studying the expression of pain – a favorite topic for behavioral studies. The description and analysis of pain expression properly comprehends a sweeping array of significant signs-of-the-self. Zborowski's (1952, 1969) classic study of pain behavior among patients of four American ethnic groups helped establish the stoical/expressive dichotomy as a guideline for the ethnographic description of pain. This dichotomy is loaded with implicit and possibly culture-bound determinations of pain's salient indices. Zborowski, for instance, tends to equate "expressive" behavior with loud, excessive, or prolonged verbal and vocal activity and pronounced gestural activity such as writhing. In contrast, "stoical" behavior is the negative category: it lacks these particular highly marked forms of expression, appearing to be a style without expression, as it were. This limited descriptive compass, which has been used to stereotype whole cultures and communities, is not sufficient to sketch the person-in-pain crossculturally. The tilt of the sufferer's head, the direction of the glance, a look in the eyes, the grain and pitch of the voice – these and other signs may be powerful indicators of pain in many communities, including those studied by Zborowski. Moreover, we should not overlook so-called "reflex reactions" simply because they are considered to lie outside the range of the sufferer's intentional behavior. The tautness of the skin, the color of the face, and other features may figure prominently in a local semiotics of pain.

A variety of linguistic and semiotic forms offers access to cultural meaning, including metaphors, etymologies, gestural codes, taxonomies, and semantic

networks. These forms, which anthropologists have applied to the description and analysis of illness, emotion, deities, and other phenomena,[5] can similarly elucidate the culturalness of pain – that most "private" of sensations. Metaphors have special value because they capture local understandings of pain's sensory qualities. Metaphors are not esoteric forms of expression restricted to specialized genres of speech and writing; rather, as Lakoff and Johnson (1980) argue, all language is metaphoric, and a society's own language reflects its basic "object-constructions."

The concept of semantic network offers a complementary tool for understanding the meaning of pain experience. The semantic network concept comprehends the meaning of illness as "a 'syndrome' of typical experiences, a set of words, experiences, and feelings which typically 'run together' for the members of a society" (Good 1977:27). The present paper identifies sensation, expression, and etiology as core components of a generalized semantic network for pain. These constituents take on specific contents for various pain-related ailments, and they link up with individuals' community and family relationships, economic position, and other social and psychological aspects of their situation.

India is a challenging arena for a semiotic study of pain. Popular Indian culture reflects ancient philosophies and religions, folk customs, sophisticated artistic traditions, and all the trappings of modern life. The country's medical pluralism is well known: humoral physicians, homeopaths, yoga experts, allopaths, exorcists, and spiritual gurus all claim their share of patients and clients, many of them pain-afflicted. The humoral traditions of Ayurveda and Unani have been revived over the last century, although they face tough competition with biomedicine, which has the lion's share of government funding and the prestige of science and modernity.

Health administrators and social scientists alike attribute the ongoing acceptance of humoral medicine to its "fit" with popular health beliefs and practices; they identify humors, bodily imbalances, and natural remedies as key concepts shared by laypersons and humoral practitioners.[6] How does pain fit into this framework? What kinds of pain categories, expressive codes, and etiologies and treatments predominate in popular culture, and in what ways do they correspond to pain theories in humoral medicine and its clinical processes and remedies? After all, pain is one of the most common complaints presented to healers, and an assumption of congruence between popular belief and indigenous medical theory should be examined in this context.

These questions take an especially interesting form in the case of Unani Tibb. Unani's conceptual roots lie in Greek medicine, with its four humors, pulse diagnosis, and rich pharmacopoeia. Islamic civilization in Damascus, Baghdad, Ray, Qum, and other centers of learning preserved this tradition after the decline of Hellenic culture, and Muslims brought it to the Indian subcontinent, where it thrived under the patronage of the Mughal Emperors and various regional rulers

(see Browne 1962; Hameed n.d.; Leslie 1976). Its modern revival has produced its own medical colleges, large pharmaceutical companies, and an official position in the Government of India's Ministry of Health and Family Welfare. In 1981 approximately 30,000 *hakims*, or Unani physicians, were registered with the government (Government of India 1981), with many more unregistered *hakims* in practice. The question of parallels between pain concepts in Unani medicine and popular Indian culture reflects one aspect of the historical accommodation between Hindu and Islamic civilization in the subcontinent. Data for the study derive from fieldwork in Delhi and Banaras, discussions with Unani physicians (*hakims*) and observations of their clinical sessions, and secondary sources, including Unani texts, religious works from Hinduism and Islam, and literature and poetry.

2. PAIN IN POPULAR INDIAN CULTURE

2.1. The Sensory Qualities of Pain

Everyday speech, popular mythology, village love songs, modern novels, and classical poetry in North India are replete with metaphors of pain. These Hindi and Urdu metaphors use familiar images from the realms of home, field, workshop, and weaponry, to describe pain's sensory qualities, which include location, intensity, quantity, weight, temperature, and patterns of movement. Everyday language localizes pain in regions of the body, as in 'pain in the head' (*sir men dard*), 'pain in the stomach' (*pet men dard*), and 'the foot hurts' (*pair dukhta hai*). Expressions of intensity, weight, and quantity register the severity of pain. A more severe pain is 'fast' and 'sharp' (*tez*), 'hard' (*sakht*), 'heavy' (*bhari*), and 'of great quantity' (*bahut dard, zyada dard* – 'a lot of pain,' 'much pain'). Less severe pain is 'slow' and hence 'mild' (*dhima*), 'light' (*halka-sa*), and of 'small quantity' (*bahut kam dard, thora-sa dard* – 'very little pain,' 'a little bit of pain').

Pain's basic mode of action is 'to strike' (as in *dard lagta hai* – 'pain strikes,' or *dard-zada* – 'pain-stricken'). Distinctive patterns of movement and qualities of hot and cold together characterize common types of pain (Figure 1).

1. *Splitting pain* and *bursting pain* primarily affect the head. The 'head splits with pain' (*dard se sir phata jata hai*) and 'breaks' (*sir tutna*). Both the head and the eyes may 'burst' (*sir phorna, ankhen phorna*) with pain as well. A particularly severe form of splitting pain is a 'half-head pain' (*adha sirsa*) which affects only one side of the head. Throbbing (*dharkan*) accompanies the splitting sensation, producing heat and a repetitive pounding movement and sound like the striking of a hammer. Headache makes the head 'heavy' (*bhari*,

		CONTRACTIVE	IRRITANT	PUNCTIVE	SEPARATIVE
COLD	Muscles, Joints	catching			
HOT	Stomach Intestines	pinching (burning) gripping (burning)		piercing ↑	
	Stomach, Chest, Throat		burning	↓	
	Skin		stinging ↔	pricking	
	Head				splitting bursting
	Limbs, Bones (Body)				breaking
	Multiple Areas			throbbing, shooting (radiating)	

Fig. 1. Popular pain categories.

from *bhar* – 'weight,' 'load'; *bojh* – 'load of grain')[7]: to remark that 'the head is heavy' is to say that one has a headache. Popular thought attributes most headaches to excess heat in the system, which can be caused by fever, overexertion, prolonged exposure to the sun, hot foods, and the emotional fervor of anger and passion. The headaches which accompany 'colds' (*zukam, nazla*) are regarded as cold pains linked to excess phlegm (*kapha, balgham*).

2. *Pinching pain* is the pang of hunger. To feel hunger (*bhuk lagna*) is essentially to feel 'pinched'. Hunger pains affect the entrails – the stomach (*pet*) and intestine (*antri*). As hunger increases, the pinching pains become hot. The stomach and intestines 'burn' (*jalna*), and the pain feels like a 'fire' or 'live coal' in the stomach (*pet ki ag, pet ki angar*). A hungry stomach 'talks' (*bolna*), 'twists' (*balna*), and 'tosses-and-turns' (*gargarana*, from *gargar* – 'whirlpool,' 'churn'[8]). The stomach feels like 'rats are jumping around inside' (*pet me cuhe kudna*). Conditions of famine and starvation create even more severe hunger

pains. As novelist Kamala Markandaya narrates in her highly acclaimed *Nectar in a Sieve,* "Your belly cries out insistently, and there is a gnawing and a pain as if your very vitals were being devoured... Then the pain is no longer sharp but dull and this too is with you always" (Markandaya 1954:91).

3. *Gripping pain* is a contorting pain associated with cramps (*marora,* from *marorna* – 'to twist,' 'to bend,' 'to double up'; *ainthan,* from *ainthna* – 'to twist,' 'to wind'[9]) in the region of the stomach, intestine, and womb. It is the pain of dysentery (*pecish,* from *pec* – 'screw,' 'spiral'[10]), menstruation (*masik, rajodharma*) and childbirth (*prasav pira* – 'labor pains'). It consists of 'twisting,' 'screwing,' and 'contracting' sensations.

4. *Piercing* or *stabbing pain* (*cubhan,* from *cubhna* – 'to pierce,' 'to stick'; *cobha* – 'iron nail,' 'iron peg'[11]) produces a feeling of being punctured or penetrated by a sharp object. Sudden, sharp movements characterize these pains. They may register the initial impact of an external injury and they may also affect internal regions such as the chest (*sina*), liver (*jigar, kaleja*), stomach, and intestines. Piercing pain is frequently part of the distress associated with intestinal 'gas' and colic (*shul,* from *shul* – 'sharp spear'[12]).

5. *Burning pain* primarily affects the region of the stomach, chest, and throat (*halq, gala*). It characterizes indigestion (*bad-hazmi*), nausea (*matli, qai*), and 'gas'. The aching stomach-chest-throat area 'burns' (*jalna*) and feels 'heavy'. A 'sour' (*khatta*) or 'bitter' (*katu*) taste frequently accompanies the burning pain. 'Sour' and 'bitter' are two of the 'tastes' or 'flavors' recognized in popular culture: the 'sour' taste is found in limes, pomegranate, and tamarind, the 'bitter' taste in turmeric, mustard-seed oil, and bitter melon. Burning pain is commonly attributed to the consumption of spoiled or excessively spicy foods or foods inappropriate for the particular individual.

6. *Smarting pain* is a warm, stinging pain which affects the body's surfaces. It is associated with burns (*jalan*), wounds (*cot, zakhm*), inflammations (*sujan*), bites (*dansh*), and eye irritations. Smarting pain also includes the prickling of boils (*phora*) and the stinging feeling of salt on a wound. External eruptions such as boils and inflammations are widely attributed to excessive heat in the body and to impurities in the blood.[13]

7. *Shooting pain* (*tis*) is a warm, sharp, radiating pain which quickly permeates the areas that it afflicts. The eyes, nerves, heart, and limbs are especially susceptible. Shooting pain is often accompanied by throbbing (*dharkan*), which is itself a heated condition implicated not only in pain but also in anger, passion, and fever.

8. *Breaking pain* is a sore pain caused by fatigue, exertion, lack of sleep, and fever. The term *phutan* – 'the broken' – refers to bone and joint pain which produces a 'breaking' feeling. The arms and legs may break (*tutna*) with tiredness or fever; when the body is affected by 'breaking' or 'racking' pains, the whole body 'breaks'. Heaviness is typically a part of breaking pain, causing the sufferer to move slowly and with effort. The breaking pain of body fever has a warm, dry feeling; in popular language, the warm dryness of parched chick-peas (*chana bhuna*) images the heated ache of a person in fever.

9. *Catch pain (cik)* is a cold contracting pain which primarily affects the back (*pith*), side (*bagal, janib*), waist (*kamar*), joints (*jora*), and muscles (*peshi*). It may involve a 'cracking' or 'separating ' sound or movement, a feature which also characterizes the bursting of a seed-husk, the opening of a bud, and the cracking of earthenware.[14] It is the pain of a sprain (*moc*), and it is also a central component in ailments known indigenously as 'pain of wind' (*rih ka dard*), which resembles rheumatism, and 'pain of the joints' (*waja-ul-mufasil*), which may be roughly equated with both rheumatism and arthritis. Catch pain can be caused by injury, strain, and exposure to wind and cold air.

These descriptions show that specific types of pain tend to afflict different regions of the body. The head 'splits' and 'breaks', the stomach and intestines 'churn', 'grip', 'burn', and 'pinch', the arms and legs 'break', the muscles and joints 'catch', and surface lesions 'smart'. Shooting and piercing pains are less circumscribed, affecting numerous areas of the body with their quick, penetrating movements. Heat and heaviness figure in most of these pain-types. Heat inheres in the pinching pains of hunger, the sourness of upset stomachs and burning intestines, the stinging discomfort of wounds, boils, and bites, the throbbing of an aching head or a swollen inflammation, and the sharp, quick pricks of shooting and piercing pain throughout the body. Heaviness is integral to headache, burning pain in the stomach and chest, and breaking pains of fatigue and fever.

These descriptions also show that the metaphors which imbue pain with its sensory qualities draw on the familiar surroundings of house, field, and workshop. Pain's hotness is imaged by fire, live coals, and parched chickpeas, its heaviness by a weight or load, especially a load of grain. The tossing-and-turning of an upset stomach is likened to the motions of a whirlpool or a churn or rats jumping about. Gripping pain in the stomach or intestines is like the turning of a screw or the winding motion of a spiral. Piercing pains embody the action-models of an iron nail driving into a solid object, a spear thrusting inward, and an awl or borer perforating a surface. A throbbing pain is a pounding hammer with sound and movement combined. The catching-cracking pain of the joints and muscles is like the bursting of a seed, a bud, or a piece of pottery.

Metaphors of heat, heaviness, and sharp invasive movement recur across the continuum of physical and psychological pain. Popular speech, village songs, and classical poetry use these metaphors to depict the ache of grief, sadness, and love. Sadness and grief make the heart 'burn' and feel 'heavy', the head 'weighs down', and the liver grows 'hot'. The "songs of the twelve months" (*barahmasa*), a widespread village folk-genre, portray the beloved's 'burning' heart that suffers the separation from the lover (Wadley 1983). The widely recited verses of the nineteenth century Urdu poet Ghalib extol the woundful feelings of love-pain: scars in the heart, wounds in the liver, the burning ache of the heart, tearing pains in the liver, glances that pierce the heart, the feverish heat of grief, and the cruel thorns of grief – these phrases dwell on the hot, dynamic, rending qualities of love-pain (Ghalib 1977a, 1977b). These verses make pain itself a metaphor for love: in Ghalib's simple phrase, "love is an ambush of pain." Ghalib's metaphors shift from the workaday world of house, field, and workshop to the conflictful terrain of the battlefield: spears and lances, wounds, tears of blood, torturers, and finally, the ambush – all highlight the sharp, dangerous, 'captivating' entanglements of desire.

This continuity of metaphors across the somatic and the affective dimensions of pain reflects the integrated mind-body system of Indian culture. This system effects the simultaneous manifestation of physical and psychological suffering. The "songs of the twelve months" reflect a coterminous relationship of the physical suffering and emotional anguish of lovers' separation – pains which are mirrored in and ramified through the annual cycle of the seasons (Wadley 1983:68). Erna Hoch, a German psychiatrist working in India, commented that:

> it is very natural for Indian patients to associate certain physical symptoms with a corresponding mental or emotional phenomenon. If one tries to differentiate whether a person who says 'my heart does not feel like it' or 'my liver is not doing its work' actually means the physical organ or some emotional disturbance, one often evokes puzzlement, as a separation of the two has never been made in the patient's way of thinking (Hoch 1960:13, quoted in Kakar 1981:33).

Even transient pains such as a minor headache or stomach ache may be accompanied by distress over the pain itself. Physical pain in Indian culture incorporates psychological malaise, while emotional distress manifests itself simultaneously in both mind and body.

2.2. The Expression of Pain

Pain behavior in India incorporates a range of styles appropriate for specific categories of persons, situations, and types of pain. Pain expression and the interpersonal communication of suffering actually involve both behavioral and what Szasz (1959) calls physiognomic signs. Gestural, verbal, and vocal

displays constitute a broad arena of intentional behavior which the sufferer modulates according to the situation. The sufferer's appearance presents a set of physiognomic signs which combine "intentional" and "involuntary" indications of pain. These signs are monitored by others as quiet indications of the sufferer's condition.

Mild, transient pain generally receives a very low-keyed expression. A person who receives a sudden injury like a cut or burn may exclaim 'uf' or 'hai, hai' – a rough equivalent to 'ouch'. 'Uf' and 'hai, hai' are also used to express disgust, dissatisfaction, and disappointment. A person with chronic pain – particularly someone who is bedridden or elderly – may make a low, repetitive groaning or grunting sound of 'un, un, un'. 'Pressing' (*dabana*) and 'clutching' (*pakarna*) gestures often show the presence of pain: the sufferer may clutch the affected area or press the chest when the whole body hurts. People in severe pain may scream, wail, and cry. 'Writhing' (*tarapna*) and 'beating' (*pitna, marna*) gestures may display these excruciating pains. The person may twist about, stamp the feet on the ground, use the hands to beat the chest or the head, or beat the head on the ground. Beating gestures sometimes figure in the display of emotional trauma; for example, a person may wail and beat the chest or the head to express shock and initial grief over the death of a loved one.

The face and eyes form a highly salient semiotic field in the interpersonal communication of suffering. A 'pale' or 'yellow' (*pila, zard*) face with 'dull', 'lifeless' eyes is a prominent sign of 'pain' and also 'fear' and 'sadness'. This 'pained look' contrasts with the 'rosy' (*surkh, lal*) face and 'bright', 'shining' eyes of someone who enjoys comfort, confidence, and happiness. The sufferer often turns the face and eyes down or away, avoiding visual contact with others.[15] This semiotic centrality of the face and eyes resonates with other aspects of "eye culture" in Indian society, including the intricate eye movements of classical dancing, the power of the gods' 'glance' (*drishti*) to cause harm and destruction, the malefic influences of the evil eye (*nazar*), and the veiling of women's eyes in a gesture of shame and modesty; Hindus do the *darshan* ('viewing') of deities' images in order to absorb their power, and the *darshan* of spiritual leaders, as Kakar (1982) points out, is an intense emotional experience. The importance of physiognomic signs of pain shows the value which Indian culture places on the subtle communication of affect. It is worth noting that Indian film star Shabana Azmi's acting awards acclaim her capacity to convey a maximum degree of emotion with a minimum degree of display.

Codes of pain behavior vary across social categories, with differences between men and women standing as the most marked of these. Men are not generally expected to engage in pronounced displays of pain, while women are considered less able to tolerate pain. At the same time, the sharp separation of the male and female domains and the influence of behavioral codes which regulate shame and sexuality have a repressive influence on women's pain

behavior. In public settings and in the company of men, including male relatives, women may be enjoined to silent subservience. This applies to the general display of pain and especially to pains associated with the sexual and reproductive system, such as menstrual cramps. In female company a woman may complain about her pains, but younger women must still show deference and hence control their display of pain in the presence of the senior women of the household.

2.3. Pain's Etiology and Cure

Popular pain categories describe a direct link between pain's causes and cures and its sensory qualities. Pain's immediate causes are considered to be food, physical activity, emotional state, climatological environment, and injuries. A general etiological principle of like-produces-like underlies connections between these causal influences and pain's sensory qualities, with hot and cold forming the heart of this sympathetic linkage. Heating substances, actions, and external conditions tend to produce hot pains while similar sorts of cold influences produce cold pains. Moreover, etiological agents are both causally and experientially associated with pain sensation; for example, pinching pains are induced by and experientially implicated with hunger; burning pain in the stomach results from and is associated with hot, burning foods; a heated, splitting ache of the head results from and is connected with hot days and arduous activity.

Popular therapeutic approaches to pain involve the allopathic principle of healing by opposites. Remember pain's sensory qualities: they include dynamic movement, heaviness, hotness, and less frequently, coldness. The culturally comprehended process of pain relief works by transforming these qualities into their opposites. Pain relieving substances and actions, then, should soothe pain by 'calming' or 'tranquiling' (*taskin dena*) that which is in motion, by 'putting at rest' (*aram dena*) that which is active, by 'lightening' (*takhfif dena*) that which is heavy, by 'reducing' (*kam karna*) that which is excessive, by 'cooling' (*thanda karna*) that which is hot, by 'warming' (*garam karna*) that which is cold, and in sum, by 'distancing' (*dur karna*) that which is close and ever-present.

A whole gamut of popular remedies based on these principles exists for everyday aches and pains and their related complaints. Home remedies use a multitude of herbs and ordinary foods to prepare drinkable and edible mixtures for such common ailments as colds and coughs, stomach ache, upset stomach, headache, and fever. Home remedies also include externally applied treatments, such as oils, salves and pastes, warm and cool packs, and massage, which aim to alter hot, cold, wet, and dry qualities, and also to loosen blockages, expel 'gas', and so on. Widely available Western allopathic drugs, as well as commercially

prepared Ayurvedic and Unani pharmaceuticals, offer additional sources of pain relief – everything from aspirin to cough syrup, analgesic balms, and antacids, all prepackaged.

Prolonged, severe pain may lie beyond the reach of easy diagnosis and remedy. It may have a disabling influence on the sufferer's familial and economic existence, and result in consultations with a variety of secular and sacred therapists. The etiological framework expands as the sufferer and his family and friends search not only for proximate causes but for ultimate explanations such as God's will, spirits, fate, and other baleful forces.

South Asian culture countenances a whole web of beliefs centered around the experience of pain, the inevitability of its presence, and the virtues of both endurance and transcendence. The theme of the inevitability of pain and suffering is an ancient one in South Asian religions. Buddha's realization of the omnipresence of suffering was one of the instigations of his quest for a means of transcending earthly troubles. Popular Hinduism emphasizes the notion of *sukh-dukh,* or 'happiness and pain', and the unceasing, changeful oscillation of happiness and suffering in the rhythms of life. Many Hindu deities and spirits have the power to cause and to remedy both physical and psychological suffering. Popular ritual pamphlets for the worship of specific gods and goddesses refer repeatedly to the deity's capacity to remove – literally, 'to cut' *(katna)* or 'to distance' *(dur karna)* – disease, sadness, conflict, and pain (see Wadley 1975). In addition, fate (*karma*) frames broad parameters for each person's life possibilities, from health to wealth, and offspring to education; inauspicious planetary influences may make an individual susceptible to specific physical and mental disorders (Pugh 1983).

In Islam, God (Allah) may cause physical and mental pain and suffering as a display of his omnipotence and as a means of punishment for the transgression of moral codes. The process of enduring suffering is most fundamentally a task of 'bearing a burden'. To endure pain is 'to lift pain' (*dukh uthana*), as one lifts a weight. Patience (*sabr*) is a highly valued stance under the weight of pain. Muslims frequently request God to grant them *sabr,* and the Qur'an itself contains numerous verses about the virtues of patience. So do the writings of Delhi's premier mystical writer Khwaja Mir (1721–1785), who adopted the pen-name Dard ('Pain'):

> Complaint and lament are calamities, patience and constancy are blessings and causes of salvation (quoted in Schimmel 1976:73).

He explains his adoption of the name Dard, as Schimmel says (1976:37), "in a soliloquy addressed to himself":

> You have been called Dard not because you should become pained by the pain of things besides God but because you should be completely exempt from corporeal pain and get the pain of the heart which is the means of salvation in both worlds; thus never act in

negligence without pain, and become a remedy for all the servants of God (quoted in Schimmel 1976:37).

Suffering, then, is a blessing from God, and those who endure are rewarded. This endurance augments the sufferer's capacities. In Ghalib's most famous *ghazal:*

> The man habituated to pain,
> For him pain disappears;
> So many have been my troubles,
> That now they are easy to bear.
> (Ghalib 1977b:144)
>
> Ranj se khogar hua insan to mit jata hai ranj
> Mushkilen mujh par parin itni ki asan ho gain.
> (Ghalib 1977a:47)

Pain and suffering come, if not directly from God, then 'from the sky' (*asman se*) and through the workings of destiny. Destiny determines the parameters of life's experiences, including each person's share of pain and pleasure, that is, his 'lot' (*qism,* and hence *qismat* – 'destiny') or his 'measure' (*qadr,* and thus *taqdir* – 'fate'). Pain's divine provenience, controlling presence, and unpredictable emergence are expressed in the notion that pain 'descends from the sky'. In this sense, and for both Hindus and Muslims, pain is part of the broader category of 'trouble' or 'calamity' (*musibat* – 'that which descends from above'[16]).

2.4. Pain: A Generalized Semantic Network

The meaning of pain in popular North Indian culture is embedded in a network of associations among various aspects of suffering (Figure 2).

The semantic network's anchor-point is formed by pain's sensory qualities and their links with body-regions, emotions such as fear and anxiety, and conditions of illness, hunger, and distress. This anchor-point connects with three other facets of pain experience: (1) etiological agents and curative processes, including the afflictions of spirits and the dictates of destiny, seasonal cycles and the flux and blockage of humors, the tastes of food, and the "relief" produced by medicinal remedies; (2) pain expression – the sounds, looks, and gestures of people-in-pain; (3) the sufferer's psychosocial circumstances.

This generalized semantic network takes on specific contents for different ailments and conditions, and for men and women, the young and the elderly, and members of different occupational and class groups. Good and Good's report of an American back-pain case shows the importance of psychosocial components

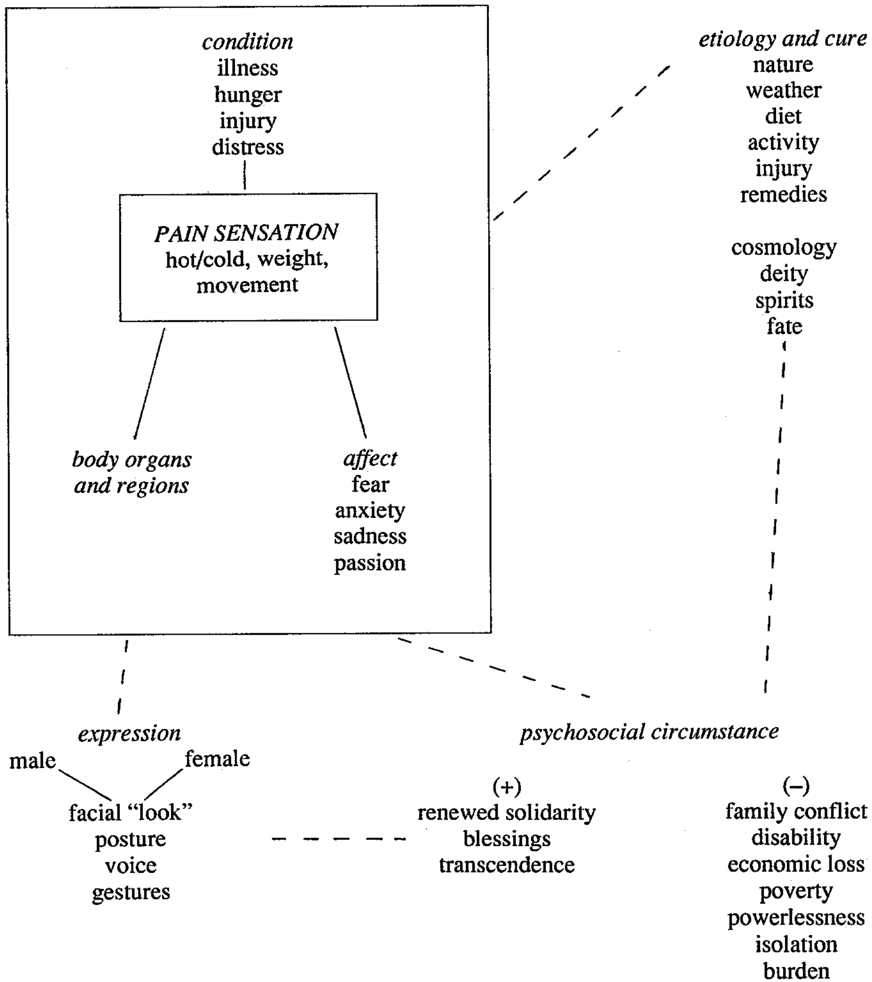

Fig. 2. A generalized semantic network of pain in Indian culture.

of the network: "the patient understood the meaning of his pain in terms of a network of associated stressful experiences involving employment problems, lower class status, self-esteem, personal relationships, and his past" (1981:184). Similarly, North Indian pain experience catches up themes of poverty, powerlessness, disability, abandonment, and social status, and also positive virtues such as renewed solidarity.[17] This generalized network shows pain's broad cultural patterning, while it also depicts pain not as a single, fixed entity but rather as a fluid, context-sensitive constellation of meanings.

3. PAIN IN CLASSICAL UNANI TIBB

Unani's great physicians include Hippocrates, Galen, Ibn Sina (Avicenna), Ibn Rushd (Averroes), al-Razi (Rhazes), and other luminaries. Their ideas and written works reached India through Muslim migrations.[18] In the 1200s Unani physicians came to the subcontinent to escape the political turbulence created by the Mongol invasions of the Middle East (Jaggi 1981:98), and again in the 1500s a great flood of Sunni *hakims* poured into Afghanistan and India in the wake of the Safavid shahs' efforts to convert Persia to Shi'ite Islam (Elgood 1970:70–71). Ibn Sina's *The Canon of Medicine* (Al-Qanun fi-Tibb) has been the most influential text in South Asian Unani medicine – "the last authority of appeal on all matters connected with the healing art" (Jaggi 1981:23). Over the centuries many *hakims* have used it for instruction and produced abridgements and commentaries on its theories (see Hameed n.d.). Ibn Rushd's *The Book of the Whole* (Kitab ul-Kulliyat), which was composed in twelfth century Islamic Spain, circulates in India in Urdu translation; it contains some excellent pain descriptions.

Ibn Sina recognizes pain both as symptom and disease. Severe pain disperses the vital breath, dissipates bodily strength, and interferes with normal organ functions (1930:251, 254). Pain can be diagnosed by the pulse: different types of pulse signal pain and distress in specific regions of the body. Initially, pain increases the body's heat and makes the pulse of large volume, swift, and very brisk. If pain decreases, the pulse declines in size and swiftness; if pain becomes more severe, the pulse becomes sluggish and finally extinct (1930:319). Severe pain may cause death (1930:526).

Ibn Sina's *Canon* defines pain as "a sensation produced by something contrary to the course of nature" (1930:246). It identifies four primary causes of pain: (1) a change in temperature, as when a cold part of the body is heated very quickly, or a hot part cooled; (2) accumulations of gases, fluids, and other materials which distend inner organs and cavities; (3) 'depraved' humors whose qualitative changes create painful sensations; (4) movement and exercise which stretch nerves and bruise muscles (1930:246–248, 252).

Fifteen categories of pain are listed in the *Canon*, along with their causes and anatomical locations. (1) Cold produces 'dull' pain, and hot inflammations 'heavy' pain in organs (such as lungs, kidney, and spleen) and 'throbbing' pain; (2) accumulations of gases and humors produce stretching that causes 'relaxing', 'tension', and 'corrosive' pain in muscles, nerves, and membranes, and 'stabbing' pain in the chest and pleura; these substances also produce the pressure of 'compressing' pain in tissues and 'tearing' pain between bone and periosteum, and the rupture of 'boring' pain in the intestines and a very similar 'pricking' pain in various organs; (3) sour humors create 'incisive' pain; rough, harsh humors 'irritant' pain; acrid, sharp, salty humors 'itching' pain; (4)

laborious toil produces 'fatigue' pain, which can also be caused by gas and sharp humors (Ibn Sina 1930:249–251).

Seasonal changes increase the frequency of specific kinds of pain through changes in temperature and humoral flow. In spring, humoral effusions of blood and fermentations of black and yellow bile may cause angina, abscesses, and ruptured varicose veins, while movement of phlegm contributes to joint pains; if early spring is wintry, coughs become troublesome. The heat of summer disperses the humors, impairing natural faculties and functions. People are susceptible to burning fevers and epidemic diseases, and increases in bile contribute to stomach and intestinal complaints. In autumn the humors accumulated throughout the summer cause lung afflictions and pain in the joints, back, and hips; if a dry autumn follows a rainy summer, people suffer from headaches, coughs, rheumatism, sore throats, and coryza. In winter, increases in phlegm produce colds and coryza (Ibn Sina 1930:187–194).[19]

Ibn Rushd's *The Book of the Whole* describes pain categories in more detail:

1. *Breaking pain* (*torne wala dard,* from *torna* – 'to break') is a symptom of disease in the limb-bones. This pain typically radiates down the limbs, for instance, from the elbow to the fingertips (1980:195).
2. *Piercing pain* (*cubhan wala dard,* from *cubhna* – 'to pierce') figures in hot swellings in the ear (*kan me waram har*) and spreading pain (*phaila hua dard*) in the chest. It may pierce the kidney and intestine like an awl (*barma*) or large sewing needle (*su'a*), and in the liver it may be accompanied by 'heaviness' (*girani*). Cough, phlegm, a high fever, and piercing pain in the side are symptoms of an ailment known as 'pain in the side' (*zat-ul-janib*), which some South Asians equate with pneumonia or pleurisy (1980:195, 198, 200, 203, 205, 207).
3. *Shooting pain* (*tis*) affects numerous organs including the eyes, liver, spleen, and the nerves, veins, and tendons. In the eyes it is accompanied by redness (*surkhi*) and hotness (*hararat*) (1980:195, 203).
4. *Pulling or gripping pain* (*khincao wala dard,* from *khincna* – 'to pull, to draw') affects the intestine, as in colic (*qaulunj*), and the tendons of the long bones. Pulling pain in the liver and spleen is caused by bad digestion and by depraved humors (1980:195, 207, 210).
5. *Burning pain* affects primarily the stomach. The digestive powers of the stomach (*quwwat-e-hazima*) sustain hot conditions which cook or ripen food. Burning pain, which may be accompanied by sour belches (*tursh darkar*), indicates bad digestion and possibly ulcers or tumors (*phora*). Burning pain may be caused by eating 'hot', 'piercing' foods and by an accumulation of windy (*rihi*) or atrabilious (*sodawi*) humors (1980:206–207).
6. *Splitting pain* in the head is known as *sud'a* (from suda' – 'to split, cleave'[20]).

> There are several types of 'splitting headaches'. Depraved humors (*raddi akhlat*) produce an 'egg' headache (*baiza*) characterized by a splitting pain which moves in a circle. These humors simultaneously cause a general decrease in 'mental powers' (*dimaghi quwwat*). Hot and cold imbalances in the person's temperament, stomach disorders, or excessive blood in the arteries may cause a 'split' headache (*shaqiqa*, from *shaq* – 'to split'; *shiq* – 'one half or one side of a thing'[21]). This headache involves a splitting pain on one side of the head and in the temple and eye on that same side. Both kinds of splitting headache are marked by 'fullness' (*imtila*) and 'heaviness' (*girani*) (1980:123–124, 201).

Ibn Sina's and Ibn Rushd's theoretical accounts outline the physiological and anatomical underpinnings of pain. What they reveal is a labyrinthine inner world of fluids and gases, organs and muscles, all moving, stretching, pressing, and responding. Their labels of pain sensation overlap significantly with popular categories. Heat and cold, patterned movement, and heaviness are pain's key qualities.

These texts indicate that Unani pain treatments generally operate on an allopathic principle, that is, pain is relieved by remedies whose qualities are contrary to those of the causes (Ibn Sina 1930:526). Specifically, pain relief is achieved by altering temperatures and humors, dispersing accumulated materials, or producing 'insensibility' (1930:526–527). This may involve dietary changes, cupping, blood-letting, poulticing, and medications. Local insensibility is produced by cooling the affected area or exposing it to toxic substances which interfere with its functions (1930:526–527). General insensibility is created by stupefacients, or narcotics. The most powerful of these is opium, while mandrake, hemlock, hyoscyamus, deadly nightshade, lettuce seed, snow, and ice-cold water are also effective (1930:527). Since Unani narcotics are classified as 'cold', they are especially appropriate for quelling the 'heat' of various pains. Ibn Sina also recommends "walking about gently for a considerable time to soften and relax the tissues, listening to agreeable music, especially if it inclines one to sleep, and being occupied with something very engrossing" (1930:529).

4. PAIN AND THE UNANI CLINIC

Contemporary *hakims* treat many patients who are in pain. Patients most commonly seek help for pain in the head, stomach, back or "waist," kidney, arms and legs, joints, throat, and eyes. They usually state their problem very briefly, and then the *hakim* checks their pulse and asks about their symptoms. Friends or relatives may add bits of information or actually speak for the patient. *Hakims* sometimes make a few notes, and while they do not routinely discuss all

the details of their diagnosis, they may mention humors such as phlegm, bile, blood, or even wind. At the end of the consultation, *hakims* give a prescription for medicines (some have a pharmacy on the premises), and they often make dietary recommendations. In crowded clinics, patients may direct follow-up questions to an assistant. The consultations that I have observed average about four or five minutes, with some shorter and others longer; one famous Delhi *hakim* is said to diagnose more than fifty patients an hour.

A consultation between a Delhi *hakim* and a middle-aged man with body pains and a persistent cough illustrates some general features of clinical communication about pain. This elderly *hakim,* who is virtually blind, practices in the courtyard of a Muslim saint's shrine; his busy clinic is attended by Hindus, Muslims, and Sikhs. This patient has waited in a crowded row of benches, and when his turn comes, he seats himself on a chair next to the *hakim's* cot. Frowning and looking anxious, he tells the *hakim* that this is his third visit for his cough (*khansi*) and he is quite worried (*pareshan*) about his coughing spells – they come every hour or half-hour during the night. He also complains about numerous pains (*dard*) – a stomach ache (*pet men dard*), back or "waist" pain (*kamar men dard*), leg pain (*tangon men dard*), and pain in his teeth (*danton men dard*). He has been taking medicine prescribed by the *hakim.* In the emblematic pose of humoral medicine, the man extends his wrist and the *hakim* checks his pulse, saying: "Have you taken the medicine?" The patient replies that he has tried to take the medicine properly. The *hakim* does not directly discuss the pain, but his assistant – one of the saint's descendants – tries to reassure the man by saying, "These pains may come with the cough."

The *hakim's* diagnosis is reflected in his prescription – a famous Unani compound known as musk medicine (*dawa-ul-misk*). He tells his assistant to write the 'hot' variety on the prescription paper. The medicine comes in 'hot', 'cold', and 'balanced' forms; each uses a base of musk for 'strength' and adds other medicinal substances. The 'hot' variety loosens and expels phlegm associated with coughs and other blockages; the idea that 'cold,' 'phlegmy' conditions require 'hot,' 'loosening' treatment is also found in popular pain beliefs. This prescription indicates the *hakim*'s assessment of a connection between the cough and the pains; by treating phlegm associated with the cough, he also treats internal conditions generating the aches and pains.

This interaction shows the language of pain which typifies many Unani clinical communications. Patients and *hakims* use the common term *dard* for "pain", which they specify by its bodily location – a pain in the legs, a stomach ache, and so on. This *hakim*'s blindness obviously prevents visual diagnosis, so he sometimes uses his own body as a template: he touches or points to a part of his body and asks whether the patient feels any pain there. Patients often mention pain's temporal duration (for example, "It lasts twenty-four hours a day") and the intervals between bouts ("They come every two months, two and a

half months, three months," said one woman). Some patients link increased pain to movements such as sitting down, standing up, and bending.

Popular thought and Unani theory share the idea that each body-region is susceptible to particular diseases and malfunctions and hence to specific types of pain. 'Pinching' hunger pangs in the stomach, a 'throbbing' headache induced by laborous toil, 'cold' catches in rheumatic joints all exemplify these susceptibilities. *Hakims* and their patients do not usually discuss pain's specific qualities, although a patient sometimes mentions 'throbbing' or 'shooting' sensations, for instance, or pain's 'hotness' or 'sharpness'. Patients' and *hakims'* identification of pain-locations encodes shared but often unspoken understandings about a particular pain's sensory qualities. These understandings form a reservoir of terms and concepts available in the flow of clinical interaction.

Hakims usually have detailed knowledge of anatomy, physiology, temperament, and a variety of drugs and medicaments, but they condense and simplify this knowledge into a clinical language built around popular terms and categories. Two related aspects of this translation process are striking. First, the *hakim* shifts from the formal detail of anatomy and physiology to more simple, workaday notions of the patient's "experiential body": this comprises major organs (such as heart, stomach, liver, and intestines) and parts of the body (chest, leg, head, hand, joint, and so on). Patients do not experience and may not have terms for 'membranes,' 'tissues,' 'ligaments,' and other components of the inner body. Second, a *hakim's* linguistic code-switching substitutes Hindi-Urdu for classical Arabic and Persian medical terminology. For example, classical texts and contemporary Unani research use the Arabic term *waja-ul-mafasil* ('pain in the joints') for joint pain and also for arthritis and rheumatism, while in the clinic, *hakims* and patients usually talk about *joron men dard* – 'pain in the joints' in everyday speech.[22] Patients present their pains in this commonplace language, and hakims use and hence validate these terms.[23]

Unani clinical communications embed signs of physical *and* psychological distress. Verbal identification of pain by physical location employs an obvious somatic idiom; references to humors give a sense of somatically articulated processes which may also have psychological manifestations. Several facets of verbal communication enhance the sense of emotional distress inherent in pain. The present patient, for instance, directly mentions – indeed emphasizes – his 'anxiety' about his condition; moreover, he lists and repeats multiple pain-sites, a way of registering the copresence of physical and emotional pain. Like this man, patients in Unani clinics that I have observed rarely engage in dramatic verbal or gestural behavior; rather, their pain and anxiety are inscribed in their posture, their voice, and quiet indications on their face.[24]

Hakims' etiological compass determines their therapeutic emphasis on drugs and diet. *Hakims* can marshall an array of pain-relieving medicines, many reputed to have ancient Greek or Persian formulae. Digestives are among

Unani's most famous drugs: they remedy stomach and intestinal complaints, including pain and burning. Various pills treat liver pain, and lozenges and electuaries with opium and other ingredients treat headache. Externally applied oils soothe joint pain. Some Unani physicians also use Western pharmaceuticals such as aspirin and antibiotics.

Unani pain treatments operate on the idea of remedy-by-opposites. This allopathic principle structures both the therapy's substantive processes and the patient's subjective experiences. Certain oils for chest and joint pain 'warm' the affected area; while other oils are applied to the scalp to 'cool' and 'moisturize' a dry, aching head. Opium and other "narcotics" are classified as 'cold' analgesics which 'cool' the heatedness of headache and 'calm' its 'splitting,' 'throbbing' movement. Hot musk medicines, the remedy which the *hakim* has just prescribed, 'loosens' phlegm and removes internal obstructions which cause pain; cold musk medicine provides psychophysical relief for pain, palpitations, and anxiety by 'cooling' the body's heat and 'calming' the heart. These remedies do not "kill pain" – as far as I am aware, no literal equivalent of "pain-killer" exists in Hindi or Urdu. Rather, they assuage pain meaningfully through the metaphorically constituted experience of suffering.

Some patients, like the man in the present case, may not find a particular drug effective, and the *hakim* may ask them to take it a while longer, or he may change the prescription. Indians generally acknowledge the speed and efficacy of Western pharmaceuticals, but they say that they are drawn to Unani (and Ayurveda) for natural remedies that slowly restore the body's balance.

Unani Tibb's clinical foci and boundaries can be delineated along the lines of pain's semantic network. *Hakim*-patient interactions tap a highly salient segment of this network: their clinical talk may variously incorporate explicit and implicit references to pain sensations and their bodily locations, the 'fear' and 'anxiety' that attend suffering, and some of pain's etiological and curative agents, including seasons, temperament, foods, 'hot' and 'cold' medicines, and humors. These phenomena are thoroughly enmeshed in everyday life: they inhere in the routines of the home and form a whole string of associations built up across childhood and adult life. They partly account for the persistence of this traditional medical system.

Two aspects of pain's semantic network generally fall outside the work of *hakims:* fate, deities, spirits, and other causes of prolonged pain, and the psychosocial aspects of the patient's personal situation. The *hakims* that I observed do not assess the influence of "supernatural" forces: some reject these influences, while others acknowledge their disease-producing powers but do not attempt to diagnose their role in a patient's distress. Also, *hakims* do not usually explore the psychosocial structure of a patient's personal relationships, livelihood, and self-image, although they may characterize a patient's 'temperament.'

Patients whose pains do not subside under hakimi treatment will probably shift, sooner or later, to other practitioners. Prolonged suffering motivates patients to seek a different or expanded diagnosis. Diviners, astrologers, and learned men all may survey a broader etiological field than *hakims*. Muslim learned men (*maulvi*), for example, often combine Unani medicine, divination, astrology, and talismans; they examine not only humors and diet, but the evil eye, ghosts, malefic planets, and sorcery, and they may probe the client's family relationships, financial problems, and other social stresses. The appeal of diviners, *maulvis*, and other such eclectic practitioners lies in their ability to tap virtually the whole course of pain's semantic associations, even if only superficially. What they generally lack is the *hakim's* detailed knowledge of pain's "natural" causes and cures.

5. CONCLUSION

I want to conclude with a few comments on the contributions of semiotics to an anthropology of pain. A semiotic approach shifts the focus of inquiry from normative behavior to meaningful experience. Sensation, expression, and etiology and cure form interconnected facets of pain experience. The meanings which weave them together and ground them in the sufferer's life show the work of culture on the process of suffering. Culture molds pain in both everyday life and medical systems and constitutes their relationship.

The cultural-historical dialectic between Unani Tibb and Indian belief has produced a significant congruence in their pain concepts. Interpreting their notions of pain sensation, expression, and etiology and cure together reveals a broad field of shared concepts. Their ideas of pain sensation join mind and body; the multiple visual, verbal, tonal, and gestural signs in clinical communication display pain patients' psychophysical distress; popular and professional beliefs that link pain to food, activity, temperament, emotions, and weather, reinforce this image of the person-in-pain and its grounding in an interactive environment.

Pain sensation's central place in popular and professional ideas of suffering makes it a fundamental aspect of the pain/culture articulation. It stands at the nexus of concepts that underpin and help make intelligible the spoken and unspoken dimensions of clinical communication. A semiotic approach offers access to these ideas and shows the meaningfulness of pain in its constitution in the public arenas of everyday life and medical practice.

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NOTES

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[2] Anthropological studies on ethnicity and pain behavior include Zborowski (1952, 1969); Sargent (1984); Bates (1987). Wolff and Langley (1968) and Lipton and Marbach (1984) contain useful bibliographies on this aspect of pain research. Sociologists have been interested in organizational aspects of pain, including the careers of chronic pain sufferers (Kotarba 1983), the management of pain patients (Brena and Chapman 1983), and the influence of institutional settings on interactions between staff and pain patients (Fagerhaugh and Strauss 1977). The emphasis here is on behavioral strategies and interactional patterns. Focal topics among psychologists include the measurement of pain (Melzack and Wall 1982), the role of cognitive processes in pain perception (Fordyce 1983), psychological traits of pain patients (Sternbach 1974), and transactions between doctor and pain patient (Sternbach 1974). These studies focus heavily on the behavior of chronic pain patients in institutional or experimental settings. Engel's (1959) depth interpretations of pain as a symbol of endopsychic conflict break with the prevailing behavioral bias by attending to questions of the personal meaning of pain; Kleinman (1986) shows the influence of cultural and political factors on the somatization of depression, which includes a variety of pain-symptoms.

[3] The privacy-of-pain perspective understands pain as a physical process which is difficult to translate into words (Melzack and Wall 1982:57) and which remains hidden unless the sufferer decides to indicate its presence. For further discussion, see Helman (1984:95–99) and Kotarba (1983:15–17). Studies of language and pain include Fabrega and Tyma (1976) on English pain terms, Melzack and Wall (1982) and Melzack and Torgerson (1971) on lists of pain descriptors for Western pain patients, Zborowski (1969:83–87) on the mechanistic body images embedded in the hospital patients' comments, Kotarba (1983:165–184) on the "pain talk" of blue-collar workers in a neighborhood tavern, and Fabrega (1974:239–240) on the way latinos speak about pain.

[4] For representative studies, see Rosaldo (1980), Marriott (1980), Daniel (1984), Scheper-Hughes and Lock (1987).

[5] See, for example, Turner (1967), Wadley (1975), Good (1977), and Rosaldo (1980).

[6] For studies of the relationship between popular beliefs and Ayurvedic medicine, see Egnor (1983) and Obeyesekere (1976). Kleinman (1980) presents a general model of the sectors of a health-care system and their relationship.

[7] See Platts (1982:178).

[8] See Platts (1982:904).

[9] See Platts (1982:115).

[10] See Platts (1982:297).

[11] See Platts (1982:448).

[12] See Chaturvedi and Tiwari (1982:749).

[13] Heat produced by disease-inflicting deities such as the smallpox goddess is widely considered to cause eruptions on the skin.

[14] See Platts (1982:445).

[15] These descriptions of the face are found in everyday speech and in literary depictions of pain. See, for example, Ali (1966), Hosain (1979), Futehally (n.d.).
[16] See Platts (1982:1042).
[17] See Premchand (1962a, 1962b, 1966) for excellent literary portrayals of the social contexts of pain.
[18] The lengthy historical contact between Ayurveda and Unani medicine began quite early. Ayurvedic texts were brought to Middle Eastern centers of learning and translated into Arabic (see Browne 1962; Verma and Keswani 1974). In the Indian subcontinent, Ayurvedic and Unani practitioners exchanged ideas about humors, diagnosis, and pharmacy. Unani's contributions to Ayurveda included pulse diagnosis and the concept of blood as a humor (Leslie 1976:356).
[19] Zimmerman (1980) contains a detailed account of the seasonal cycle from the perspective of Ayurvedic medicine.
[20] See Platts (1982:743).
[21] See Platts (1982:729).
[22] Hindi-Urdu contains many words of Persian and Arabic origin, but the Persian and Arabic terms used in everyday speech may differ from the terms used in Unani texts.
[23] See Helman (1978) for an excellent account of an English physician's linguistic accommodation to his patient's "folk" categories.
[24] Nichter (1981) discusses the presentation of psychological distress in Ayurvedic clinics. Zimmerman (1978) also analyzes Ayurvedic practice.
[25] Pugh (1983, 1984) describes the counseling work of astrologers and *maulvis*.

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