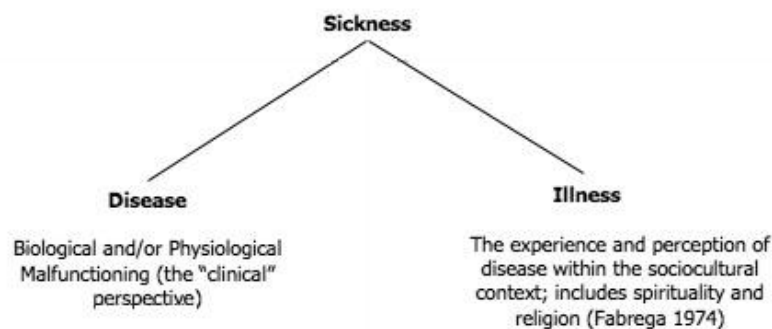**Defining the concepts health, illness, sickness, disease, healing and wholeness:** The term "Health" is best defined by the World Health Organization (WHO). According to WHO "health" is "a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity". According to the Webster's Dictionary (1913) health is defined as "the state of being hale, sound, or whole, in body, mind, or soul; especially, the state of being free from physical disease or pain".

Illness on the other hand is defined is seen by Kleinman (1978) as the socio-cultural dimension within which a person experiences disease.

Susser in 1973 tried to define the term "illness" by referring it to the inner sense of an individual's feeling unwell. According to him, illness does not refer to any explicit pathology, but refers to a person's subjective understanding of it, such as discomfort, tiredness, or general malaise. We can even regard the concept of sickness as such a notion that combines the biomedical model (disease) with the socio-cultural context of the patient (illness).

Sickness

Disease — Biological and/or Physiological Malfunctioning (the "clinical" perspective)

Illness — The experience and perception of disease within the sociocultural context; includes spirituality and religion (Fabrega 1974)

Coming down to the concept of disease, we can presume that disease is an abnormal, pathological state that affects either parts of a human being or all the parts of individual. According to the Dorland Medical Dictionary, disease is often interpreted as a medical condition that is associated with explicit indicators and signs. Disease is a pathological process which makes an individual to deviate from his normal state of being.

In medical sociology, a disease is defined as "an adverse physical state consisting of a physiological dysfunction within an individual, as compared to an illness (psychological awareness of a disease) or a sickness (a social state)". (Cited, Cockerham, 1997)

Healing is defined as a course of action for the restitution of health of an individual. An unbalanced, diseased or injured organism regains his normal health back and functions properly and healthily in the society by the healing of the pathology he/she suffers from. Healing was correlated with the themes of wholeness, narrative, and spirituality. Spiritual healing is one such factor that is promoted by nearly the members of all society. It promotes a healthy lifestyle among those who are spiritual in nature.

Wholeness of an individual can be achieved by the proper healing of the person from the pathology that he/she suffers from. On one hand, greater wholeness can be achieved by the

natural process of tissue regeneration. On the other hand, healing can also be achieved through religious measures. Signs of hope and belief in the existence of power in the "other world" make people to entrust their faith on religious processes and thereby, achieve wholeness of one's physical and mental state.

Medical sociology—the sociological study of health care uses: Medical sociology has developed in the recent past and it focuses on the study of health, illness and disease as well as its nature, operation and the uses of different medical systems to regulate the human social activity. Sociology has always tried to keep itself up with the issues of public health. Referring to the work of Emile Durkheim (1951), it can be seen that it is one of the first socio-medical treatises i.e. Suicide, where he tried to assess the point of people's dislocation within the society that is taking a heavy toll on their lives. Max Weber in his work The Protestant Ethics and the Spirit of Capitalism (1958), too, viewed the dislocation caused in the society which led to the transition in the cultural beliefs of the religious groups and how it affected the life chances i.e. the mortality rate and the morbidity rate of the people.

According to the functional perspectives, society is seen similar to the human body where the concept of parts function for the benefit of the whole plays an important part. As society is made up of different social structures similarly, the human body too is made up of different parts which work conjointly for the proper functioning of the whole. If any one part of the body suffers from a dysfunction then the total organism suffers from it, in the same way, it can be seen that in the society if any one social structure breaks down then the total system suffers from chaos and confusion, thereby disrupting the normal pattern of the society. Talcott Parsons elaborated this concept in the sphere of medical sociology through his concept of "sick role". To Parsons, illness is a social phenomenon rather than a physical condition. He defined health as:

'The state of optimum capacity of an individual for the effective performance of the roles and tasks for which s/he has been socialized.' (Parsons, 1951)

Therefore, within the functionalist perspective health is one of the pre-requisite for the smooth functioning of the society. If a person falls sick then he cannot fulfill the objectives meted out to him by the society. Illness is therefore an "unmotivated deviance".

The Marxist perspective of health and illness under medical sociology denotes that economy is the base of the society on which lies the superstructure. The superstructure, according to Marx, consists of the political, legal, educational, religious and health systems and so on. Health, under the capitalist economic system, is viewed at two major levels—

Firstly, health of a worker is affected either directly through industrial diseases and injuries, stress-related ill health due to work pressure or indirectly through the process of commodity production. The various industrial activities leads to pollution in the environment which in turn causes long term health consequences among the people in the capitalist system such as eating processed foods, chemical additives, car accidents, rise in obesity and so on.

Secondly, income and wealth of an individual determines his/her standard of living, access to health care services, educational qualifications and so on. Therefore, a person who is devoid of larger income within the capitalistic social structure then he/she will also be deprived in terms of one's health care facilities. Therefore, all these lead to significant changes in the pattern of health in the society.

According to the Symbolic Interactionist theory the social identities that the people possess are manipulated by the reactions and attitudes of others. So if we exhibit any abnormal or 'deviant' behavior then it is expected that the society will attach a label to that individual. This can bring about vital changes in the people's self-identity. Erving Goffman's (1968) work on "social stigma" is vital on this occasion, where a person is stigmatized in the society on the account of his being unable to perform the normal role in the society. For example, if a person is suffering from the disease AIDS, then he/she is stigmatized in the society and is in most of the cases out-casted from the society.

Thus, the sociological approach to medicine is one of the biggest sub-sections of the important component of health care disciplines such as public health, health care management, clinical medicine and nursing. It involves a sociological analysis of medical practice. The field of medical sociology regularly interacts with the sociology of science, knowledge and technology studies, while also working alongside social epistemology. Medical sociologists are interested in the experiences of patients and are frequently found working at the fringes of public health, social work, demography and gerontology.

Medical sociology, therefore, comprises of different elements such as---

➢ Social epistemology, the study of socio-economic, demographic and behavioral factors in the causes of disease and mortality.
➢ Development and organizational dynamics of occupations and professions in health care, hospitals, health maintenance and long term care organization. This includes inter-organizational relationships between patients and physicians.
➢ The reaction of societies to illness, including cultural meanings and normative expectations.
➢ The social politics, social movements, politics and economic conditions that shape and are shaped by health and disease within countries as well as in a comparative international context.

Role of Medical anthropology in health, illness and healing: Anthropology as a social science field views or provides a profound understanding of humanity, human existence, viewing human kind holistically and human health. Medical anthropology is the study of human health and disease, health care systems, and bio-cultural adaptation.
According to Scrimshaw, (2000), medical anthropology is an interdisciplinary field which studies "human health and disease, health care systems, and bio-cultural adaptation". (Cited, Nkosi, 2012)
The various subfields of medical anthropology are—
  • Ethno-medicine

- Medical Ecology
- Bio-cultural medical anthropology

Anthropologists using an ecological perspective to understand disease patterns view human populations as biological as well as cultural entities. According to Dickson (2001) **medical ecology** is a branch of social science that investigates the effect of the environment on human health and illness. A key concept in medical ecology is "adaptation," the changes, modifications, and variations that increase the chances of survival, reproductive success, and general wellbeing in an environment. Alexander Alland, Jr. (1970), was one of the first to apply the concept of adaptation to medical anthropology. Humans adapt through genetic change, physiological responses (short-term or developmental), cultural knowledge and practices, and individual coping mechanisms. Health of an individual depends on the kind of environment he/she resides in and whether one can adapt into that environment or not. During the colonization period of India, many colonizers came into India from their own motherlands, but couldn't suit themselves to the weather of India and thereby succumbed to deaths therefore, health and illness largely depends on the kind of social as well as environmental factor that a person resides in. Thus, according to McElroy (1996:3), medical ecology assumes that illness or disease categories are universal.

The second highlighted dimension is the concept of ethno-medicine. According to Inhorn, (2010) **ethno-medicine** is a sub-field medical anthropology that deals with the study of traditional medicines. The term 'ethno-medicine' is frequently used to identify the object of study in ethnographic research on indigenous, usually non-Western, forms of healing and classifications of disease and illness. Ethno-medicine is itself defined as 'ethno-medical' as the focal point of enquiry is the explication of indigenous concepts of sickness and its relevant treatment. According to McElroy (2002:4), ethno-medical perspective focuses on health beliefs and practices, cultural values and social roles.

A key concept in ethno-medicine is "explanatory model," introduced by Arthur Kleinman (1980). Explanatory models (EMs) are notions about the causes of illness, diagnostic criteria, and treatment options. Ethno-medicines are based on the concept of cultural values and norms and perception on the cultural causes of illness and treatment. Another focus or research domain by ethno-medicine is the study of traditional healers; investigation of the comparative efficacy of 'traditional' and 'biomedical' approaches to the treatment of mental illness, or ethno-psychiatry.

The third dimension deals with **Bio-cultural medical anthropology**. John (2009) defines bio-cultural medical anthropology, as a discipline that emphasizes understanding how health and healing are shaped by both biological and cultural processes. It examines disease, illness, human biology, embodiment, public health, methods, and belief systems, from the biology of stress to the bio-politics of medicine. Bio-cultural examines all the aspects of health and human being and how illness or diseases are defined culturally including healing. The central feature of bio-cultural approach is an effort to combine the biological and cultural aspects of medical anthropology. Leatherman & Goodman (2005) states that "human health and well being is cultural" and the notion that human health and illness are interwoven bio-cultural process. This bio-cultural perspective on health and illness is essential to the understanding of different health

related factors such as reproductive health, child growth and development as per one's culture, treatment, choice and method of healing adopted in accordance to one's culture.

Therefore, as a subfield of cultural anthropology, medical anthropology has emerged as a need to describe and define human health in society from a cultural context.

Classifying health problems: People classify their health problems according to their own culture. The International Classification of Disease[1] (ICD) is published by World Health organization (WHO) is considered as one of the most standard diagnostic tool for epidemiology, health management and clinical purposes. It analyses the general health situations of population groups and is used to monitor the major incidences of diseases across different countries and their populations. It is made as per the Western biomedical standard. Many a times it also proves to be of little help because after the terrorist attack in USA in the year 2001 (September 11) medical personnel couldn't classify the cause of death as well as the health problems of the survivors found on the ICD-10. Anthropologists found out many other health problems from around the world and they referred it as culture specific syndromes. A **culture-specific syndrome** is a health problem with a set of symptoms associated with a particular culture. The following figure[2] depicts the list of symptoms of culture specific syndrome—

Name of Syndrome	Distribution	Attributed Causes	Description and Symptoms
Anorexia nervosa	Middle- and upper-class Euro-American girls; globalizing	Unknown	Body wasting due to food avoidance; feeling of being too fat; in extreme cases, death
Hikikomori	Japan, males from adolescence through adulthood	Social pressure to succeed in school and pursue a position as a salaryman	Acute social withdrawal; refusal to attend school, or leave their room for months, sometimes years
Koro	China and Southeast Asia, men	Unknown	Belief that the penis has retracted into the body
Peito aberto (open chest)	Northeastern Brazil, especially women, perhaps elsewhere among Latino populations	Excessive worry about others	Enlarges the heart and "bursts" through it causing "openings in the heart"
Retired Husband Syndrome (RHS)	Japan, older women whose husbands are retired	Stress	Ulcers, slurred speech, rashes around the eyes, throat polyps
Soufriendo del agua (suffering from water)	Valley of Mexico, low-income people, especially women	Lack of access to secure and clean water	Anxiety

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[1] ICD is used by physicians, nurses, other providers, researchers, health information managers and coders, health information technology workers, policy-makers, insurers and patient organizations to classify diseases and other health problems recorded on many types of health and vital records, including death certificates and health records. In addition to enabling the storage and retrieval of diagnostic information for clinical, epidemiological and quality purposes, these records also provide the basis for the compilation of national mortality and morbidity statistics by WHO Member States. (Source: http://www.who.int/classifications/icd/en/)

[2] Sources: Chowdhury 1996; Ennis-McMillan 2001; Faiola 2005; Gremillion 1992; Kawanishi 2004; Rehbun 1994; Rubel, O'Nell, and Collado-Ardón 1984.

Social factors such as stress, fear, or shock often are the underlying causes of culture specific syndromes. **Somatization**, or embodiment, refers to the process through which the body absorbs social stress and manifests symptoms of suffering. For example, **susto**, or "fright/shock disease," is found in Spain and Portugal and among Latino people wherever they live. People afflicted with Susto attribute it to events such as losing a loved one or having a terrible accident (Rubel, O'Nell, and Collado-Ardón 1984). Susto symptoms include appetite loss, lack of motivation, breathing problems, generalized pain, and nightmares. It is also found by many researches that social marginality, or a deep sense of social failure, can place a person at a higher risk of dying.

In many occasions, people fasts during religious festivals. This prolonged period of fasting creates biological malfunction and studies suggests that extended fasting makes the body unable to deal with ingested food. Thus, medical treatment may involve intravenous feeding to override the biological block. Sometimes nothing works, and the affliction is fatal. Thus, culture influences the classification of one's diseases and this classification of health problems varies from one culture to another.

Cultural and social factors that affect health: Health is determined by several factors including genetic inheritance, personal behaviors, access to quality health care, and the general external environment such as water, air and living conditions of the people. Social variables such as Socio-Economic-Status (SES) or poverty state of a person determine their health status. Other kind of social factors such as weakening of social support or job related stress makes man to suffer from health hazards. In recent years, social scientists and social epidemiologists have turned their attention to a growing range of social and cultural variables as antecedents of health. These variables include SES, race/ethnicity, gender and sex roles, immigration status and acculturation, poverty and deprivation, social networks and social support, and the psychosocial work environment, in addition to aggregate characteristics of the social environments such as the distribution of income, social cohesion, social capital, and collective efficacy.

Educational attainment of a person is also many a times linked with one's health. The relationship between lower educational attainment and worse health outcomes occurs throughout the life course. For example, infants born to Caucasian mothers with fewer than 12 years of schooling are 2.4 times more likely to die before their first birthday than infants born to mothers with 16 or more years of education (NCHS, 1998). The pattern of association between maternal education and infant mortality has been described as a "gradient," with higher mortality risk occurring with successively lower levels of educational attainment (NCHS, 1998).

An individual's income level is also associated with one's health status. A person's chances of having good health (e.g., avoiding premature mortality) improve with each incremental rise in income. Income enables individuals to purchase various goods and services (e.g., nutrition, heating, health insurance) that are necessary for maintaining health. Additionally, secure incomes may provide individuals with a psychological sense of control and mastery over their environment. Many a times, less income of an individual compels him/her to addictions like smoking, or drinking alcohol which invariably degrades the health condition of the person.

The levels of prestige, authority, power, and other resources that are associated with different positions in the labor market also affect the health status of an individual. In the traditional occupational health field, researchers have focused on the physical aspects of the job, such as exposure to chemical toxins or physical hazards of injury (Slote, 1987). Researches indicate that ill health (e.g., depression or alcoholism) is a major cause of downward occupational mobility. Higher status (and non-manual) occupations are less likely to be associated with hazardous exposures to chemicals, toxins, and risks of physical injury. Higher status jobs also are more likely to be associated with a healthier psychosocial work environment (Karasek and Theorell, 1990).

Thus, it can be well portrayed that SES affects the health structure of an individual to a great extent. In these conditions where the individual faces less amount of motivation and no door to turn to then it is religion which guides and entrusts their faith on his so that the person regain their mental state back and can heal himself/herself to strive further in life. Religious beliefs thus encourages and motivates the people to face all odds in life; it's in this way that healing among the individuals is promoted in the society.

Health, disease and Illness among different tribes: Each and every tribe has got their own rules and regulations. The tribes have got their different cultures according to which different health patterns are followed and similarly there are different ways of looking into one's illness and disease. Tribal communities in general and primitive tribal groups in particular are highly disease prone. Also they do not have required access to basic health facilities. They are most exploited, neglected, and highly vulnerable to diseases with high degree of malnutrition, morbidity and mortality (Balgir, 2004). Their misery is compounded by poverty, illiteracy, ignorance of causes of diseases, hostile environment, poor sanitation, lack of safe drinking water and blind beliefs and so on. Some of the diseases of genetic origin reported to be occurring in the Indian tribal population are sickle cell anemia, alpha-and beta-thalassemia, glucose-6-phosphate dehydrogenase (G6PD) deficiency, etc. (Balgir, 2004b). Night blindness, sexually transmitted diseases are well known public health problems of tribals in India.

The tribals are mainly dwellers of the forested areas. Their system of medicine is termed as the 'Traditional Health Care System'. Plants, flowers, seeds, animals and other naturally available substances forms the major basis of treatment; this practice always had a touch of mysticism, supernatural and magic, often resulting in specific magico-religious rites (Balgir, 1997). Faith healing has always been a part of the traditional treatment in the Tribal Health Care System, which can be equated with rapport or confidence building in the modern treatment procedure. For example, the doctor priests of the Saora tribe utilize several herbs and roots in conjunction with their magico-religious rites in Orissa. Health problems and health practices of tribal communities have been profoundly influenced by the interplay of complex social, cultural, educational, economic and political practices.

In most of tribal communities, there is a wealth of folklore associated with health beliefs.

Knowledge of folklore of different socio-cultural systems of tribals may have positive impact, which could provide the model for appropriate health and sanitary practices in a given eco-system. There are many ways by which a tribe gets afflicted with a disease. The tribals are much more prone to the communicable diseases as matters of health and sanitation are

properly followed and maintained in the tribal areas. The tribals have got their traditional healers who treat them whenever any tribal member suffers from any kind of pathology.

Medicare and Medicaid: Medicaid and Medicare are two governmental programs that provide medical and health-related services to specific groups of people in the United States. Medicaid is a means-tested health and medical services program for certain individuals and families with low incomes and few resources. Each state sets its own Medicaid eligibility guidelines. The program is geared towards people with low incomes, but eligibility also depends on meeting other requirements based on age, pregnancy status, disability status, other assets, and citizenship.

Medicare is a Federal health insurance program that pays for hospital and medical care for elderly and certain disabled Americans. The program consists of two main parts for hospital and medical insurance (Part A and Part B[3]) and two additional parts that provide flexibility and prescription drugs (Part C and Part D).

Thus, programs like Medicare and Medicaid (which evolved in the year 1965) are acting as beneficiaries the promotion of good health and healing and the eradication of disease from the society. If policies and initiatives like these will come up in each and every society then a day would soon come when people will have the wisdom on how to combat a disease from which he/she is suffering from.

Health, Illness and healing in the age of Globalization: Health, illness and healing is coming up as one of the biggest concern in the studies of numerous researchers. People in the modern century are becoming so health conscious that if any disease strikes the members of the society then day and night researches are carried out to provide the people with the solution of the disease and the way to recuperate faster. Science and technology are having their development hand in hand, thus different techniques are evolving in the society by which people can be healed faster and their health can be restored to the normal state by the eradication of disease. In the current age the world is turning to a global village by which inventions that are taking place at one part of the world is easily shared with the other part of the globe. Therefore, ways of providing quick healing to the individuals are indeed improvising day by day. In the same way, centers of health and healing are also turning as the centre of "business". People who can put in more amount of money gets better medical facilities than the people who are devoid to do so. Negating the negative picture that is coming up in the society on matters of health and healing and thus creating class polarization in the society, it can also be argued that health and healing are two primary concepts on which people focuses and are evolving different way outs to eradicate illness from the social paradigm.

Conclusion: It can thus be presumed that people of all society expects a healthy life so that they can play their respective roles in the society. Religion do plays an unavoidable role in the era of globalization and helps the members of the society to be healed both from their physiological as well as mental distress.

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[3] Medicare Part B is also called Supplementary Medical Insurance (SMI).

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