

**Inter-Relationship between Man and Nature: The Helping Hand in Survival
of a Local Knowledge System.**

Mushabbiha Farhin, M.A(Sociology),Tezpur University

Abstract

The man-nature relationship has contradictory representations. To bend nature's forces to our own will has been the acknowledged purpose of mankind. But it is also noteworthy that man and nature has a relationship of symbiotic kind. They help and prevent each other. This study has been conducted in a small village of Golaghat district, Chakardhara. Its aims to understand the symbiotic relationship between man and nature which has helped a knowledge system to survive till date.

Keywords: symbiotic relationship, man and nature, commercialization, knowledge system, local

Introduction

It is a known fact that from time immemorial, man has been interested in trying to control diseases and improve human health. Various ways have been undertaken by the medical man, the herbalist, the priest and the magicians to cure man's disease. In course of its evolution and with advances and halts, medicine has drawn richly from the traditional cultures and later from biological and natural sciences and in recent times from social and behavioral sciences. Park (2000), while talking about medical systems said that, in ancient times, medicine was dominated by magical and religious beliefs which were integral part of culture and civilization. A medical historian, Henry Siegerist has stated that medical history is one aspect of history of culture and thus it can be said that study of medicine is related to the study of changes in culture.¹ While talking about primitive medicine, Park tried to verify the statement that medicine was conceived in sympathy and born out of necessity; and that the first doctor was the first man and the first woman, the first nurse (Park, 2000). This statement beholds in it the origin of medicine that how medicine originated through the prehistoric men motivated by feelings of sympathy and kindness, trying to provide relief from sickness and suffering. Primitive medicine is said to be timeless and it is said that rudiments of primitive medicine still persists in many parts of the world - in Asia, Pacific Islands, Africa, South America and Australia.

2 Literature survey

1.Henry Siegrist, as cited in K. Park (2000)

Though the existence of primitive medicine is seen in the earliest civilizations of Egypt, Mesopotamia, Greece and Rome; Chinese medicine claims to be the world's first organized body of medical knowledge dating back to 2700 BC (Park, 2000). The earliest concepts of Indian medicine are found in the Vedas, especially in the passages of Atharvaveda which dates back to 2nd millennium BCE. The Vedas are rich in magical practices for treatment of diseases and also charms that helps in expulsion of the demons traditionally supposed to cause disease. The period of Vedic medicine

lasted till 800 BCE and along with it the golden age of Indian medicine started which continued till 1000 BCE. During the golden age, medical treatises known as the Charaka Samhita which attributed to a physician, that is, Charaka; and Shusruta Samhita, which attributed to a surgeon, that is, a Shusruta, were published.² The medical systems that are truly Indian in origin are the Ayurveda and the Siddha systems. In ancient India, the celebrated authorities of Ayurvedic medicine were, Atreya, Charaka, Shusruta and Vagbhata.³ In India today, the existing systems of medicine are - Ayurvedic, Unani, Homoeopathic, Naturopathy, Yoga and Allopathic. Besides these systems of medicine there are various types of folk and tribal medical beliefs and practices often based on magic and sorcery.

Medicinal plants based traditional systems of medicine has always played an important role in providing healthcare. More than 13,000 medicinal plants have been investigated during the past 5 years (Ravishankar & Shukla, 2007). Morris Brian also talked about indigenous knowledge of the people of Malawi relating to medicinal plants, edible fungi, mammals and insects. Regarding medicinal plants he said that throughout Africa a very close relationship is deemed to exist between plants and medicines and is to the extent that in many African cultures the term for medicine and the term for plants is the same. People there have tremendous knowledge about medicinal plants. Regarding the questions that has always been asked about validity of such folk knowledge and its relation to science, Morris said that folk knowledge isn't only valid but also is essential for survival of human species (Brian, 2010). This kind of situation is seen in India also where there are tremendous knowledge of people regarding medicinal plants which helps in curing various diseases, Ayurveda is a perfect example. But such knowledge has always been questioned on the grounds of its validity and its relation to science.

2.1 Why this area needs to be studied?

Golaghat is essentially one of the major districts of Assam. Located in the district of Golaghat, Chakar Dhara is a neighbouring village of Golaghat town which falls under the Athgoan „Mauza“. The people inhabiting there is found to practice a knowledge system regarding medicinal plants. Such a system helped them in curing diseases and they even practice the system in their everyday life. This practice regarding the use of medicinal plants was there from earlier times and was transmitted to generations orally until an individual Lt. GunaramKhanikar put that knowledge system into written words by his own further experiments and inventions of medicinal plants. The researcher also found this topic as the one that is important to be studied because earlier no one bothered to ask the people of the village about the who, how, where , when and why of their local medical practices. There is no any earlier sociological study regarding this topic and also there exists no literature pertaining to this topic. It would be interesting to study the attitude of people regarding the use of useful medicinal plants in their everyday life after the death of GunaramKhanikar because he played a very influential role in people's everyday use of the knowledge system. The researcher felt the need to study that how a knowledge system or the medicines used for healing purposes, which was earlier meant for the local people of that village has now been commercialized. This knowledge

system regarding medical plants have been able to survive due to the symbiotic relation between man and nature as the raw materials for preparing medicine is being collected from nature only. So, studying the man–nature relation is important in this regard. Moreover, it is the most debated topic of present day. This study will essentially answer the following questions –

1. What is the relation between man and nature which makes the knowledge system to survive?
2. How a particular knowledge system of herbal medicine, which only meant for local uses, got commercialized in a specific area?

2.2 Conceptual Framework

Sociology of Knowledge

The awareness of diversity has changed the way people view the world today. Various bodies of knowledge operate within culture and which creates various meanings. Sociology of knowledge studies knowledge as culture. The main idea of sociology of knowledge is that everything that human beings experience is being selected and decided the value of such experience. And it is done through language, categories of thought and norms by the intellectuals and moral judgments and through linguistic practices of a social world. Sociology of knowledge is believed to be a field which emphasizes on “social determination of knowledge” (p.1). Berger & Luckman’s, „The Social Construction of Reality“ gave a new direction to sociology of knowledge. It redirected sociology of knowledge from the study of the social determination of ideas to knowledges; i.e the knowledge that guides the lives of people in everyday life. Thus, in Berger & Luckmann’s view, knowledge can be said to be any and every set of ideas accepted by one or another social group; ideas which they accept as real (McCarthy,1996). They wanted sociology of knowledge to focus on commonsensical beliefs, not specialist or scientific knowledge.

2.3 Local Knowledge System

The concept of a „knowledge system“ can be well-understood from the works of Peter Berger and Thomas Luckmann. While describing about „ideas“ and „knowledge“, they said that knowledge is something with which everyone is engaged while ideas are theoretical interpretation of society or such knowledge. A knowledge system can be termed as a conceptually constructed body of ideas, observations and methods for comprehending through understanding and intuition.⁴ The Oxford dictionary defines „local“ as relating or restricted to a particular area or one’s neighborhood. Thus, a „local knowledge system“ can be termed as a body of ideas, observations, methods or beliefs followed by the people of a particular locality.

2.4 Medicine

Webster’s New World Dictionary defines „medicine“ as the science and the art of diagnosing, treating, curing and preventing diseases, relieving pain and improving and preserving health. Medicine has a long history of its own. During the pre-historic times, magic and spells were used as medicines to cure diseases. Magic and religion played a very important role in the medicine of pre-historic times. Administration of a vegetable drug or remedy by mouth was accompanied by

incantations, dancing, grimaces, and all the tricks of a magician. About the early folk medicines before 1800, it has been said that information of such medicines were got from study of drawings, bony remains, and surgical tools of early humans. Modern medicine, as we know it today, started to emerge only after the Industrial revolution in the 18th century.⁵ So, it can be said that „medicine“ includes all such beliefs and practices which are involved in curing of diseases; „medicine“ needn't mean the concrete edible product that we intake during illness.

2.5 The knowledge system

Originally, the term „indigenous“ knowledge was equivalent to „local“ or „folk“ knowledge. But now, the use of the term „indigenous“ is found to be quite problematic one because the word indigenous can easily be taken to imply the notion of discrete and static communities (Brian, 2010). But this isn't possible in the era of globalization and modernization because today hardly any society remains static or isolated and changes are welcomed easily. That is why the researcher would like to prefer the use of the term „local“ instead of indigenous.

In the village of Chakardhara, people possess enormous knowledge regarding plants. Plants like tulsi, henna, ashok, Malabar nut tree, madar, castor oil plant, ginger plant, garlic plant, curry leaf, aloe vera, neem, butterfly pea ; and herbs like coriander, „brahmi“ (*Bacopa Monnieri*), king tonic, Indian pennywort, „methi“ (*Trigonella foenum-graecum*); and even fruits and vegetables like mango, apple, tamarind, the Hog plum, coconut, wood apple, chebulic myrobalan, lemon, papaya, pomegranate, guava, turmeric, onion, etc. possesses numerous medicinal qualities of their own. They are used to fight various diseases like- diabetics, gastritis, peptic ulcer, meleana, chronic dysentery, uric acid, piles, kidney stone, thread worms, asthma, dengue, psoriasis, sinusitis, cancer, leucoderma, semi paralysis, night blindness, irregular menstruation, jaundice, insomnia, sexual debility, eczema, sun burn, allergy, spondalitis and many other.(Farhin,2020).

Through the process of random sampling, the researcher here gained his/her informants from the field which could give various information regarding this knowledge system. A total of 18 informants were selected as samples who belonged to different age groups. Apart from the selected samples, the researcher also encountered with other people who were present at the time of interview session with the samples and who willingly gave their viewpoints regarding this knowledge system. At first, the target population for this study were only the people belonging to the village. But the researcher accidently met some patients in the field, during the study, who were neither a part of the village nor the samples. But a whole lot of valuable information was provided by them also.

Table 2.1: Random sampling analysis

| Sex | Number Of Informants | Age Group | | |
|--------|----------------------|-----------|-------|--------------|
| | | 15-24 | 25-49 | 50 and above |
| Male | 9 | 3 | 3 | 3 |
| Female | 9 | 3 | 3 | 3 |

When inquired about the awareness of the people and the worth of this

knowledge system through the samples that was selected by the researcher, it was found out that most people of the village is aware of the knowledge system and they even use some herbs and plants in their daily life. An informant named Chacindra Bora, aged 46 said “Even every children in each household knows something about medicinal plants because they see and observe us, the parents, using some herbs or plants” roots or leaves in our daily lives. We use to eat certain kinds of roots and leaves in daily life to remain healthy”. This shows that not only in illness, but also in everyday life people use medicinal plants to keep themselves healthy. When the researcher again asked him that from where did he got such knowledge about medicinal plants, he replied “I got to know about how and when to use such medicinal plants from GunaramKhanikar. As I live in the same village that he used to live, I got to know a lot from him. Though my parents told me about usefulness of some plants, I never used them in practical life until and unless Khanikar influenced me; actually not only me but many people as well”. Not only him, but the researcher also came across many people who said to have been influenced by Khanikar. Peter Berger and Luckman said, knowledge can be any set of ideas accepted by one or another social group; ideas which they accept as real (Berger and Luckman, as cited in McCarthy, 1996). Keeping in view this definition, it can be said that the practices which the people of this village use to follow can be called as a „knowledge system“ because they have a belief in such practices and they take it as „real“. Thus, the researcher prefer to call such practices as „local knowledge system“.

There is an old African proverb which says, “ when an old knowledgeable person dies, a whole library disappears”. Though this proverb is somehow applicable to this knowledge system, but not completely. After the death of GunaramKhanikar, there are visibly no any new discoveries or inventions of medicinal plants, like he earlier used to do through self-experiments when he was alive. An informant named Tankeshwar Bora, aged 63 said that – “When GunaramKhanikar died, it brought a kind of remorse to the whole village, he was like a „guide“ to all of us. No matter how and when, if we ask him for help, he never denied. He used to give free treatment to all in need. I fear, that the present generation will not be able to carry forward this tradition”. Another person who falls within the age-group of 50 and above, that the researcher used to stratified samples, said that, “ I don’t feel that this knowledge system of medicinal plants will survive after our generation dies”. It is seen that elderly people who were much connected to nature and this knowledge system have a kind of fear that the coming generation will not be able to preserve this knowledge system. When asked about the reason of their fear, the thing that come forefront was „socio-cultural changes“. They fear that with modernity, society has been changing rapidly and people are getting away and away from nature. Now they prefer to use things that are readily available in the market. They don’t want to take the pain of collecting or searching things in the nature. But this kind of attitude, which the elderly generation fears, isn’t seen to that extent in the younger generation. Though they don’t know that much about the use of medicinal plants like Khanikar used to do , they are still trying to preserve this knowledge system. An informant named

LakhiKhanikar, aged 35 said that, “After our uncle died, me along with three-four other members have been taking care of the nursery that was so dear to him. We had seen him making medicines out of these plants and we thus came to know about these plants”. Another informant Pankaj Borah, aged 21 said that – “ I agree that I don’t have enough time to involve with our brothers in the process of medicine making or taking care of the nursery with them, but I feel interested in knowing about the qualities that the plants carry and whenever I get time, I do visit them to see what they are doing”. So, it is seen that the fear that the elder generation carries about the survival of this knowledge system is somehow invalid because though the person who used to motivate them is no longer there with them, the people of the village still have a kind of interest in such a knowledge system. Especially, the younger generation who are the future of that society shows interest in knowing about medicinal qualities of plants and also don’t want this knowledge system to vanish.

Secondly, there is a kind of variation seen in the amount of knowledge that woman have and the amount of knowledge that man have about these practices of making medicines out of plants or using some methods or habits of eating which can be helpful for maintenance of good health. A respondent named Arunima Khanikar, aged 38 said that – “I am aware about the use of some herbs and even use them and also let my children eat those healthy stuffs. But the kind of knowledge that my husband or brother-in-law have about plants is richer than me. Sometimes I have to ask them for their help”. Not only her, but many women that the researcher had encountered said that they think that males of their village somehow possesses more knowledge than them. When the researcher tried to find the reason behind it, the reason that came forefront was „gender roles“. Women have to keep themselves busy with various household activities and thus somehow don’t get enough time to engage themselves in the medicine making process or to say visit the nursery that often. Though it seen that there is participation of women in plucking leaves or collecting raw materials required for preparing medicines, the participation of men is much higher than women.

To sum up the findings regarding the objective to understand the value of this knowledge system in the minds and hearts of the people of the village, the researcher found out some interesting points. Regarding the worth of the knowledge system after the death of GunaramKhanikar, it is seen that people still follow this knowledge system with full faith in it even after the one whom they admired or whose advices they used to follow is no more with them. Though increasing modernization created a kind of fear of losing the practices that are so dear to them, they still are able to maintain the practices keeping them alive. In this regard, the younger generation plays a very important role.

2.6 The Coming in of Commercialization

With modernization came the notions of growing market economy and increased privatization. Sturgeon (2007) was of the view that a local knowledge system can get commercialized due to increasing market economy. Apart from that it can be said that demand for „safe“ and herbal medicines are now growing among people which

compel to bring this medical practices, in form of medicines, available to the market. Earlier medicines were sold at a narrow geographical area but lately it is seen that the boundary has been increased; medicines are now even exported outside of India on demand. And what made this knowledge system available to the knowledge of people outside of the locality was written documents, that is books written by Gunaram Khanikar and several other scholars on these practices termed as „herbal medicine“. The researcher went to the field and through the method of observation got to know the process of preparing medicines. The medicines which are used for commercial purposes are prepared mostly by men but women also have a part in collection of raw materials like leaves, fruits or skin of trees that are required for medicine. The researcher tried to trace the starting point of the commercialization of these knowledge system in form of medicines. In this regard, an attempt has been made to get information from those who are involved in selling of medicines. People involved with the GunaramKhanikar Foundation are the ones involved in both taking care of the nursery, museum and export of medicines outside Assam. When asked about why they started selling medicines which was peculiar to their village, Abhijit Khanikar, who is a nephew of GunaramKhanikar said - “ We had no intention of selling medicines, earlier medicines were made for personal use only. But we are forced to do so due to continuous demands of the patients of our uncle GunaramKhanikar. We don’t intend to make a lot of money from selling these medicines. We only charge a minimal amount so that everyone can afford it. We only take that much money through which we can pay our workers”. The researcher asked that if they aren’t selling medicines for earning money than why are they engaging with it. Another nephew of Lt. GunaramKhanikar, DeepjyotiKhanikar said - “ This selling of medicines isn’t profitable but still we are doing it so that our knowledge system survives and get recognition among people”. This shows that they take a kind of value position for their knowledge system and don’t want this system to die out.

2.7 ‘Nature’ as the Savior of the Knowledge System

Nature plays the major role in survival of this knowledge system. All raw materials are got from nature itself. LakhiKhanikar, who is involved in the commercial matters of making or selling medicines said that – “ We have a chamber in the residence of Late. GunaramKhanikar where people come for treatment of any kind of health issues. We use to make medicines because they ask for them and we thus sell it but at a lower price so that anyone can afford it”. The researcher again asked from where do they get raw materials for preparing medicines, he said - “ We get some things from our own house’s garden, some from the nursery and other plain or hilly areas rich in such medicinal plants”. As cited in an article by Kumara & Babu (2009), Himalayan sage-scholars who practiced traditional medicine said - “*NanaushadhiBhootam Jagat Kinchit*”. This signifies that there is no plant in the world which doesn’t have medical properties. Medical plants can be found anywhere in nature ; in home gardens, in nursery or as scattered trees in croplands. It was known from informants that

they use to collect lot of raw materials from hills of Nagaland and from KarbiAnglong because all kinds of plants aren't available in their village. Especially plants like „*Mejenga*“ which is used for curing skin diseases and „*Himolu*“ which is used to treat the problem of white discharge, are imported from other areas. In making raw materials available for them, forests play a very important role.

In the context of Assam, Das, Barua& Das (2017) worked on SonowalKachari tribe and the research shows how nature provides raw materials for survival of the beliefs and practices related to health care system. In case of SonowalKachari, plants are collected from wild habitats and home gardens with the help of local practitioners known as „Bez“. However, in Chakar Dhara village, there is no such kind of local practitioner but people themselves collect raw products based on their knowledge. This study is being done within a time-period of almost one year and it helped the researcher to carry on the process of observation. Through observation it was analysed how people value the nature. Are they aware of sustainability of nature or not. It was seen that they use to replant trees in every six months in the nursery and plantation has taken a form of tradition there. Regarding homestead, they use to plant trees anytime they want. When the researcher asked the informants about the value of this plantation, an informant aged 51, Bhadeswari Barman said - “ See, can we breathe without plants. No, right. Apart from the fact that we use them for medicinal purposes, these plants are the savior of humankind. We should protect the nature. We use to replant keeping in mind the use of future generation. If we unearth one plant we will plant two in that place”.

The researcher also inquired about whether there is any kind of help or funds that they get from Government. It was found out that earlier when G. Khanikar was alive, funds do came to GunaramKhanikar Foundation which were used for further research and plants are brought from that. Moreover, a mobile bus in which health related treatments were done was also provided. But after his death, no any funds came to the Foundation from the side of the government. It was also seen that some NGOs also claimed to protect this knowledge system for commercial piracy. Prominent among them are - World Wellness Mission and Folk Medicine Healers Association of Assam. But the protector and follower of this knowledge system, the people, didn't allow inclusion coming of any kind of private as well as government organization. So, it can be said that government's role in protecting this knowledge system is very minimal.

2.8 Concluding Remarks

In sociology, „role“ means the behavior expected of an individual who occupies a given social position or status. A role is a pattern of behavior that is socially recognized, and provides means of identifying and placing an individual in society. There are some expectations associated with roles. Role expectations includes both actions and qualities. As for example, a teacher is expected to deliver lectures, assign homework and prepare examinations but also to be dedicated, concerned and responsible. Likewise there are some gender roles assigned to us by the society. World Health Organization defines gender roles as

socially constructed roles, behaviors, activities and attributes that a given society considers appropriate for men and women. Existing literature says claims that women have particularly rich insights in many indigenous cultures and local knowledge systems. But this notion is somehow lacking in the village of Chakar Dhara. It is due to the reason that men are seen to have more insights than women here, because women have to fulfill the role expectations of being a daughter, a mother or a wife which keeps them engaged in other household activities than enhancing or making rich their knowledge on these practices. Thus, it is seen that variation in a local knowledge are influenced by gender, age and personal life experiences.

Demands for herbal medicines due to documentation lead to commercialization of this knowledge system. It was found out that apart from that, economic status or condition of the people of that locality also leads to commercialization. It was said by the people who are primarily engaged in making medicines at a larger scale and selling them in local as well as national level, that, they are not doing this for making large amount of money out of it, they are only charging that much amount through which they can pay the wage to the labourers. They are happy by the fact that people are starting to know about this health care system.

But, there is another dimension to it, they are making medicines available at low price and probably don't feel the need for earning huge profit out of it because they all are economically well-to-do. But at the same time, there is a section of people also who is selling medicines on their own hoping to earn something out of it. For some it has become a source of income. It is due to the reason that those people are economically poor in status and thus felt the need to use their knowledge for commercial purpose. Thus it can be said that economic condition of people can also lead to commercialization of a local knowledge system. Another aspect of commercialization is that, it brought a kind of monopoly of those who are involved in this process of commercialization or selling of medicines. Not only people from outside the village but also those belonging to the village use to buy medicines from them in spite of the fact that they too know how to prepare them. When the researcher tried to inquire about that, most of the people generally said the same thing that - "Emankomdaamotkinibo pai asujetiakosto koru kele. Bostubisariakoowkhodbonautebohuthomoinosto hoi jaai". This sentence means that some people believe that medicines are available for them and that too at a low price; why should they waste their time amidst their busy schedule and collect raw materials for preparing medicine. but it is to be noted that this attitude cannot be applied in general to the people of the village.

But the question of judgement always remains in the mind of the people of that village. To cope up with the changing attitude of people regarding this knowledge system and with the coming of modernization, the process of standardization also came in. In a competitive environment, it is seen that certain aspects of the practices are being changed deliberately and methods that they used to follow or make medicines now became more standardized. Earlier people only used traditional ways to make medicines or seed preservation, and moreover they only

used those raw materials that were available to them in their locality. They, earlier, only used medicines that were purely hand-made and was time consuming in nature. But now, with increasing commercialization, certain aspects of these practices are changed. Now they use modern technologies and tools like tilling machine for preparing land for plantation, dried leaves, roots, etc. are taken to a mill and grinded there so that it become less time-consuming and so on. Thus, in defending their practices that constitute their own speciality, they are somehow compelled to adopt practices that question that same particularity. Local medicine have to borrow arguments and forms of representation from biomedicine or cosmopolitan medicine that may legitimize their existence. Even government agents have an unquestionable faith in the superiority, efficacy and rationality of cosmopolitan medicine and that's why it can be seen that government stopped funding to the GunaramKhanikar Foundation, which is still in existence after the death of GunaramKhanikar. This might not have happened if it was a case with any kind of scientific medicine. There can be seen a process called modernization of local knowledge system. It is not that modernization has taken away from the people of the village only but also gave them something, that is the modern ways to bring more efficacy. There exists a give and take kind of relationship.

Will this knowledge system survive in the coming times like this? Well, it's a matter of concern.

BIBLIOGRAPHY

1. Brian, M. (2010). Indigenous knowledge. *The Society of Malawi Journal*, 63(1), 1-9. Retrieved from – <http://www.jstor.org/stable/29783605>
2. Das, Barua & Das. (2017). Ethno-medicinal practices: a case study among the SonowalKacharis of Dibrugarh, Assam. *Studies on Ethno-medicine*, 2, 33-37.
3. Farhin, M. (2020). Routes to Plausibility: A Local Knowledge System-Its Challenges and Possibilities. *International Journal of Disaster Recovery and Business Continuity*. 11(3)
4. Kumara & Babu. (2009). Traditional knowledge system (Medicine) : a case study of Arakalgud Taluk, Karnataka, India. *Institute for Social and Economic Change*.
5. McCarthy, E.D. (1996). The sociology of knowledge and culture. In *Knowledge as culture:*
 - a. *the new sociology of knowledge*, pp.1-11, 11 New Fetter Lane, London EC4P 4EE.
 - b. Routledge.
6. Park, K. (2000). Man and medicine : towards health for all. In *Preventive and social*
 - a. *medicine*. pp. 1-10, 1167, Prem Nagar, Jabalpur, 482001 (India). M/s Banarsidas
 - b. Bhanot Publishers.
7. Ravishankar, B & Shukla, V.J. (2007). Indian systems of medicine a brief profile. *Afr. J.*
 - a. *Traditional, Complementary and Alternative Medicines*, 4(3), 319-337.

8. Role, Sociology. (1998). Retrieved from –<http://www.britannica.com/topic/role>
9. Sturgeon, J.C. (2007). Pathways of "Indigenous knowledge" in Yunnan, China.
Alternatives:
 - a. global, local, political, 32(1), *The Political Economy of Development in*
 - b. *Indigenous Communities*, 129-153, *Sage Publications*.
 - c. Retrieved from- <http://www.jstor.org/stable/40645205>.