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Food or medicine? The food–medicine interface in households in Sylhet

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ABSTRACT

Ethnopharmacological relevance: Bangladesh has a rich traditional plant-medicine use, drawing on Ayurveda and Unami medicine. How these practices translate into people's homes and lives vary. Furthermore, the overlap between food and medicine is blurred and context-specific. This paper explores the food–medicine interface as experienced by Bengali women in their homes, in the context of transnational and generational changes.
Aim and objectives: The aim is to explore the overlap of food and medicines in homes of Bengali women in Sylhet. The objectives are to explore the influences on medicinal plant practice and to scrutinise how catagories of food and medicine are decided.
Material and methods: The paper draws on in-depth ethnographic research conducted in Sylhet, North-east Bangladesh as part of a wider project looking at food and medicine use among Bengali women in both the UK and Bangladesh. Methods included participant observation, unstructured interviews and semi-structured interviews with a total of thirty women.
Results: The study indicates that the use of plants as food and medicine is common among Bengali women in Sylhet. What is consumed as a food and/or a medicine varies between individuals, generations and families. The use and perceptions of food–medicines is also dependent on multiple factors such as age, education and availability of both plants and biomedicine. Where a plant may fall on the food–medicine spectrum depends on a range of factors including its purpose, consistency and taste.
Conclusions: Previous academic research has concentrated on the nutritional and pharmacological properties of culturally constructed food–medicines (Etkin and Ross, 1982; Owen and Johns, 2002, Pieroni and Quave, 2006). However, our findings indicate a contextualisation of the food-plant spectrum based on both local beliefs and wider structural factors, and thus not necessarily characteristics intrinsic to the products' pharmacological or nutritional properties. The implications of this research are of both academic relevance and practical importance to informing health services.

1. Introduction

1.1. Food and medicines

In the context of wider debates as to what constitutes food (*materia dietetica*, substances) and what constitutes medicine (*materia medica,* medicinal substances) this paper investigates how the food–medicine interface translates into people's homes through lay food–medicine practices. The paper highlights the localised nature of the food–medicine continuum, which is subject to multiple familial, societal and transnational influences.

Specifically, the research presented in the paper explores the food–medicine practices among women in Sylhet, Northeastern Bangladesh. It draws on in-depth qualitative research in the region conducted as part of the first author's Ph.D. research. The aim of the paper is to explore the overlap of food and medicine in the homes of Bengali women in Sylhet. The findings indicate a practical but highly contextualised nature to food–medicine categories. Before discussing the methods and findings of the research it is important to look at the context of the research, both in terms of the medicinal practices in Sylhet and research examining the overlap of food and medicine.

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1.2. Medicinal traditions on Sylhet

Bangladesh is rich in medicinal plant-medicine practices that remain widespread, with estimates of up to 75% of the population using alternative and complementary medicines to manage their health care needs (Ghani and Pasha, 2004). However medical pluralism, which is the simultaneous engagement with multiple medical practices, is widespread and dynamic in Bangladesh (Ahmed et al., 2013). Ayurvedic, unani, allopathic, faith healing, homoeopathy and *kobiraji* (traditional healers) are popular and often overlapping in Bangladesh and specifically in Sylhet. The employment of different medical systems is affected by many factors including migration status, class and religion, with many considering 'folk' practices as backward (Gardner, 1995, Wilce, 2004). However, it does appear that folk healers are widespread, and pluralistic beliefs and practices remain prevalent. Turning to Sylhet specifically, Gardner (1995) found during her fieldwork in Sylhet that healers would often employ many systems of health including Ayurveda, homoeopathy and Muslim prayer, with the boundaries of herbal medicine, magic and Islamic healing blurred. In Sylhet, the impact of migration – and particularly migration to the UK – is palpable. Research conducted by the first author indicates that the exchange of both ideas and medicine has an impact on the food–medicine-scape in the homes in Sylhet (Jennings, 2014). Furthermore the findings indicate that pluralistic medical practices are reflected in caring practices among Sylheti women in the home (Jennings, 2014). The use of food–medicines, which this paper explores, is particularly prevalent.

1.3. Food–medicine interface

The blurring of food and medicine is not new; it is a common theme across multiple contexts and cultures. It was Hippocrates who famously stated "let your food be your medicine and your medicine be your food" (1480-377 BC proclamation, cited in Leonti, 2012: p. 1295). Similarly, Ayurveda has taught the centrality of food to both health and healing (Caldecott, 2011). While the impact of diet and food continues to be recognised in research, food and medicine have largely been studied academically as two separate entities (Prendergast et al., 1998, Frei et al., 1998, Pieroni and Price, 2006). However, several academics from the disciplines of ethnopharmacology, ethnobotany, anthropology and pharmacy have begun to address this dichotomy as they explore the food–medicine interface from various perspectives. Notably Etkin and Ross (1982), looking at medicinal plant use among the Hausa in Nigeria, found that 63 plants out of 235 were used as food as well as medicine; they stress the importance of both local contexts and the pharmacological properties of plants, and highlight the importance of bio-cultural adaptation in relation to what is consumed therapeutically (as food and medicine). Several other studies have explored both the pharmacological aspects of food–medicines as well as differing populations' bio-cultural adaptations in a range of contexts (Owen and Johns, 2002; Grivetti, 2006; Leonti et al., 2006; Owen, 2006; Pieroni and Quave, 2006).

When looking at food–medicine in the context of Bangladesh, there are few relevant studies. Among South Asians in Britain there have been a few urban ethnobotanical studies, all of which reveal a significant food–medicine overlap with 'traditional' food (spices, vegetables) often being utilised therapeutically (Sandhu and Heinrich, 2005; Pieroni et al., 2007, 2010). Vegetables were reported to be frequently used in cooking, and were also viewed as medicinal (Sandhu and Heinrich, 2005; Pieroni and Torry, 2007; Pieroni et al., 2010). Taste was found to be an important factor in determining the medicinal nature of food, for example 'bitter' vegetables were believed to counteract sweetness and therefore could be used for diabetes (Pieroni et al., 2007, Pieroni and Torry, 2007). The study among Bengalis in the north of England (Pieroni et al., 2010) did not delve into much detail regarding the food–medicine interface; however, Asian vegetables in particular were found to be used medicinally. In Bangladesh, one study was identified, conducted by Rahmatullah et al. (2010) examining 'functional foods'. Looking at different plants used by *kobiraji* (healers) in three different villages, plants advised to be consumed for preventative reasons (as opposed to curative purposes) were labelled 'functional foods' by the researchers. These 'functional foods' were consumed for general nutrition, promotion of the health of different parts of the body (hair, eyes, memory, etc.), as blood purifiers, as well as for the prevention of respiratory, hepatic and stomach disorders. The research however did not delve into much depth as to why or how the practitioner viewed plants as food or medicine.

The research above brings to light the various approaches that have been taken to researching the food–medicine interface, as well as the range of contexts and influences on classifications as food and/or medicine. The highly contextual nature of food–medicine, which has been under-researched to date, is explored in some depth in this paper through looking at the context of Bengali women in Sylhet.

2. Aims and objectives

The overall aim of this research was 'to explore the overlap of food and medicine in the homes of Bengali women in Sylhet'. The aim was achieved through two key objectives. The objectives were (1) explore the influences on medicinal plant practices of Sylheti women, and (2) scrutinise how the categories of food–medicine are decided. The first objective provided a background as to medicinal-plant use in Sylheti homes, illustrating perceptions regarding health and medicinal plants, the dynamic exchange of knowledge between generations, differing sources of knowledge, the practical nature of medicinal plant use and the transnational nature of knowledge. The second objective was achieved through looking specifically at the classifications and constituents of food and medicine, highlighting the importance of the purpose of food–medicines, taste and constitution in food–medicine classifications.

3. Methods

The paper is drawn from ethnographic fieldwork conducted by the first author of the paper as part of her doctoral research examining the therapeutic uses of food-plants and the transmission of knowledge among women of Bengali origin in London, Cardiff and Sylhet. This paper reports on the findings from the research conducted in Sylhet. Research in Bangladesh took place over two six month periods (January–June 2011 and January–June 2012). The research focused exclusively on women due to practical reasons and the nature of the project.[1] However, over the course of the research it was found that women were primarily responsible for the cooking and preparation of food in the house, further justifying the exclusive focus on women in this study.

A qualitative ethnographic approach was adopted due to the nature of the research, which aimed to gain an in-depth understanding of the complex dynamics of medicinal and health plant-food knowledge. Such an approach enables one to explore in a flexible manner complex, and indeed fluid, interrelationships as lived meaningful experiences (Denscombe, 2010). Within the

[1] The Ph.D. is part of a larger project, (Migration, Nutrition and Aging (MINA) Across the Lifecourse in Bangladeshi Families: A Transnational Perspective, www.projectmina.org), focusing on Bengali women in the UK and Bangladesh.