

In September, Loku Manike, with her husband, mother, and elder brother, visited the government hospital in the provincial capital of Badulla, forty miles from Moneravan. This is the only regional hospital equipped to deal with serious illness: operations can be performed, bones set, X-rays taken. She received a full medical check-up plus chest X-rays. According to Sudhu Bandha, the doctors were unable to diagnose her disease and dispensed both liquid and pill medicines. I was unable to determine the kinds of medicines provided or the doctor's diagnosis.

Prior and subsequent to her visit to the hospital in Badulla, Loku Manike consulted private western doctors in the Medagama-Bibile region. Private doctors usually work in government hospitals and villagers believe that they hoard the best medicines for their private practice. Villagers said that doctors have a greater financial stake in curing patients in their private practice and, thus, spend more time diagnosing ailments and dispense better medicines than when they are working in government hospitals.

In November, Loku Manike's uncle advised her to consult a well-known female soothsayer (*vedarala*) in the town of Mahayongana, thirty miles away. The soothsayer, while in trance, reported that an unknown neighbor had placed a curse (*hooniyam*) on Loku Manike and she was "caught" in the "gaze" (*yaksa disti*) of Kalu Yakka (the Black Demon). A small exorcism, *hathadi toovil*, was recommended and proved ineffective. The entire proceedings cost two hundred rupees.

Shortly thereafter, another male charmer was consulted in the neighboring village of Aratemedilla, six miles away. This charmer agreed with the previous diagnosis but said a larger exorcism need be performed. He explained that Loku Manike had inadvertently eaten charmed rice which had remained undigested in her stomach. The rice had been given by an enemy of the family and had attracted the gaze of Seeri (or Riri) Yakka (the Blood Demon). He said that Seeri Yakka was more powerful than Kalu Yakka and would eventually kill her if a larger exorcism was not performed. Loku Manike's family agreed and a February date was set for a full-scale *hooniyam toovil*.

This concludes the description of the series of treatments sought by Loku Manike and her family and sets the stage for the exorcism. Before turning to the exorcism, conclusions drawn from the above data are discussed.

5. Analysis of Treatment Choices

Three conclusions seem clear from the series of choices Loku Manike and her family took to find a cure for her lasting illness. First, the determination of which treatment to choose was always a family decision. The extended family becomes the meaningful decision unit, with Loku Manike acquiescing to their choice of treatment. The subordinate role of women and the hierarchical relations within the kindred empower males, particularly senior male relatives, with decision-making status. Loku Manike's illness affects and involves her consanguineal and affinal kin. The decision-making unit seems to be limited to males, with Loku Manike's mother's brother being the primary decision maker. This is due to his seniority and social and self-acknowledgement of his greater knowledge of folk medicine than other family members.

While women participated in the decision making process, their role was limited to peripheral advice and informal "backstage" influence. Loku Manike's mother and Sudhu Bandha's mother expressed their opinions freely around male family members but, from my observations, they could not initiate a particular treatment decision. This decision making structure reflects the Sinhalese authority structure based on males as dominant over females and senior males dominant over younger males. In addition, as each family member brings to bear different resources and knowledge of cures, such a collective decision-making process implies the likelihood of employing multiple, or eclectic therapeutic strategies for treatment should each preceding treatment option fail (Kleinman 1978).

Second, treatment choices, as shown in Fig. 1, were ordered in accordance with availability and resource constraints.

Fig. 1: Sequence of Treatment Choices and Their Approximate Costs and Distance

Treatments	Cost (in rupees)	Distance
Self treatment	0	0
Local folk healer	5/=	0
Local government hospital	10/=	3 miles
Larger nearby government hospital	20/=	13 miles
Private western doctors	20-30/=	13 miles
Distant Provincial government hospital	50/=	36 miles
Private western doctors	20-30/=	13 miles
Distant folk healer	200/=	30 miles
Nearby folk healer	0	6 miles
exorcism	3000/=	0